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Warwickshire County Council.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1964

September, 1965.

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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 1964.

INCREASED BIRTHS AND THE MATERNITY SERVICES

Last year an increase in the birth rate was reported but this year a greater increase has taken place. (Birth rate 1963—18.26) (Birth rate 1964—18.58). Last year ten thousand, five hundred and eighty-one babies were born ; in 1964 the number had risen to eleven thousand, one hundred and thirty-two.

The number and situation of hospital maternity beds provided by the Regional Hospital Board and the number of new beds proposed by them was fully set out in my last annual report, but it is clear that the birth rate continues to increase much faster than the provision of maternity beds. However, if further beds were available the serious staff shortages would be still more apparent.

The method of early discharge of maternity patients has been developed still further. This places a strain on the staff inside the hospitals, and on the domiciliary midwives who still attend more home confinements, and, in addition, the domiciliary midwives visit a large number of cases soon after their discharge from hospital. (Early discharges 2,620 in 1963, 2,940 in 1964). Wherever possible, we are using part-time married midwives for this work.

INTEGRATION OF SECTIONS OF THE HEALTH SERVICE.

The movement towards integration of the three sections of the Health Service continues. General practitioners are taking an increasing interest in having surgery accommodation in local authority health centres in various parts of the County. The work of some health visitors has been arranged so that they can work far more closely with general practitioners. As far as possible the health visitors' cases which previously covered a geographical area have been changed to cover the doctor's patients. General practitioners and health visitors both feel that their work is more effective and the system is working well ; as integration proceeds, it is found that each side has much to contribute. Prevention and early treatment are valued more, and in the main the general public co-operate well and desire these changes.

PREVENTION OF CANCER.

Many sections of the public are actively making strong demands for specific preventive medical services ; this is particularly apparent in the case of cytological examinations to detect pre-cancerous lesions of the cervix of the uterus. Some limited progress has been made with the setting up of clinics for this purpose.

On pages 24 and 25 are diagrams shewing deaths from cancer in various sites of the body. At the top of the list for men is cancer of the lung, one cancer which could largely be prevented and which kills many people before they are old. Many do not care to bother until they feel the first symptoms and then it is too late. Some good preventive work has been carried out

in the schools imparting information on the danger of smoking cigarettes, but the long time lag (perhaps thirty years) makes the subject appear unrealistic to some young persons.

In women, the highest rate is cancer of the breast, which could be detected in a fairly early stage; the operation results on early cases are generally good. Cancer of the lung in women is gradually increasing.

OPERATION OF THE CLEAN AIR ACT.

Although much work has been done, progress is much slower than had been expected. There is no doubt that much preventable bronchitis still remains with us.

Routine observations on the state of the atmosphere continue. In place of the atmospheric charts usually shewn in this report (which I regret to say are very much the same for 1964 as for 1963) a new chart is printed, shewing the effect on the atmosphere in a narrow street before and after the traffic had been diverted (page 27).

The change is striking and the work is of considerable educational value. It has been carried out by Mr. R. A. MARGOSCHIS, a Health Inspector of Atherstone Rural District Council.

School children have been interested in the value of clean air and have been to a one day conference. About two hundred and fifty children entered for a poster competition which was held in the schools.

FLUORINE AND THE PREVENTION OF DENTAL CARIES

The value of fluoridation of water supplies in preventing dental caries is becoming more and more widely appreciated. It has been discussed every year in these annual reports since 1952. Parts of the County which obtain water from the Birmingham supply have received fluoridated water since July, 1964. We are monitoring this water with a Lovibond Nessleriser using the Palin test and now record at 0.8 parts per million.

The Principal School Dental Officer has made a detailed study of the children's teeth in these areas, in order that we may have a clear base line against which we can shew the improvement which will be brought about. The results of these dental examinations are shewn in the diagram on page 36 and it will be noted that in these areas the amount of dental decay varies.

ACTIVE IMMUNISATION.

The success of the active immunisation schemes is such that diphtheria has been eradicated (thirteen years since we had a case); only one case of poliomyelitis has been notified in the last four years—a sixteen year old boy who had not been vaccinated; whooping cough is greatly reduced (but one baby aged one month, who had not been immunised, died in 1964).

Very satisfactory results are believed to have been obtained from tetanus immunisation, but as this disease is not notifiable no statistical proof of a reduction of cases can be recorded (10,248 children completed a primary course of immunisation as compared with 9,496 last year).

The routine smallpox vaccination level is only moderately satisfactory. Although only a small proportion of people have been recently vaccinated it is an aid in the control of the outbreaks of this disease which happen from time to time. If everyone were in a state of recent vaccination, the disease would completely disappear. It is fortunate that this is an immunisation procedure producing a quick immunity; consequently, unlike some of the other immunisations, it can be used during an epidemic and so bring it under control.

This year a diagram of cases of measles (a virus infection) is being shewn because at last active immunisation is in sight. Diagnosis is usually made when the rash appears, but it is in the few days preceding the rash that the virus is most infectious. Isolation is therefore only of limited value. The number of cases in the County varies from about 3,000 a year (1964) to 7,000 a year (1963). More than half the cases are in children under five and the remainder mostly between the ages of five and nine years, and these bring about a loss of hundreds of days schooling. Measles may kill as many as three persons a year and inflict serious complications (a number of which are permanent) on many children. All this will be abolished when

it is possible to bring a measles immunisation programme into operation. The difficulty has been to obtain a reaction-free vaccine with a substantial degree of protection which is sustained. During 1964, trials of measles vaccines were undertaken by the Medical Research Council in order to study the chemical and serological responses in young children. A second study is now in progress to assess the amount of protection which can be obtained.

The anti-tuberculosis work and reports on other infectious diseases are described in later paragraphs.

THE BURDEN OF CHRONIC ILLNESS.

All these active procedures make effective disease prevention possible on a large scale, but it will be noted that we carry a huge weight of chronic illness and debility. The Home Help Service is largely provided for chronic cases and these increase every year. It seems that we are far from any saturation point and this is discussed further on page 14.

The idea of day hospitals for geriatric patients and for mental patients (many of whom are chronically ill) is developing. At present regular journeys by the Ambulance Service are made with a number of patients to two hospitals within the geographical county, and in addition several journeys are made to other hospitals outside the County. Another day hospital has recently been opened at Banbury and will draw some of its patients from the south of the County. The extension of this work necessitating more vehicles and ambulance men would seem to be justified, as by its means many patients could be kept out of hospital. When certain chronically ill patients are not taken to day hospitals members of their family may also eventually become hospital cases themselves from the strain of looking after their chronically ill relatives.

Large quantities of equipment are out on long-term loan and a very high proportion of the work of district nurses and general practitioners is concerned with people over seventy-five and still more with those over eighty.

It will be interesting to see whether, after receiving the benefits of the Health Service and improved social conditions, the oncoming generations entering their seventies will be fitter than those who have gone before.

In the meantime road accidents take an increasing toll of people, many of whom are in good health and in the prime of life.

BOUNDARY CHANGES.

During the year Solihull attained County Borough status, and for purposes of this report all figures relating to Solihull have been omitted for the whole year and from earlier comparative figures unless specifically stated. Preparations for further boundary changes affecting Coventry and Staffordshire also went ahead during the year. These changes took effect from April, 1965, reducing the County population by about 28,000. A Birmingham overspill development is planned to take place in the Chelmsley Wood area during the next few years and will add an estimated number of 60,000 to the County population.

DEATHS FROM ACCIDENTS AND FROM SUICIDES.

Two hundred and eighty-eight Warwickshire people died during the year through accidents and suicide compared with two hundred and ninety-six in 1963. Accidents involving motor vehicles accounted for ninety-two deaths, the same number as last year. The majority of these deaths occurred in males (76%) and over half were under thirty-five years of age. Of the twenty-two female deaths, 45% were under thirty-five years of age.

Other types of accident showed a decrease to one hundred and thirty-three compared with one hundred and fifty-four last year. In this group the female rate was higher than the male; fifty-six men and seventy-seven women. Many of the accidents to children are due to drowning, burns and scalds; in old people these are often due to falls in the home or accidental gassing. Of the males who had accidents, 68% were under sixty-five, and in the females 26% were under that age. Safeguards in the home are continually stressed through Health Education.

Deaths from suicide totalled sixty-three during the year, compared with fifty in 1963 and forty-two in 1962. The proportion was again higher in males than females (thirty-four males and twenty-nine females). The main increase occurred in females living in urban districts.

Previously a much higher number of men than women committed suicide but in recent years the difference has been narrowing; this has been a national trend.

	<i>Numbers in Warwickshire.</i>			<i>Rate per 100,000 population.</i>	
	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Warwicks.</i>	<i>England & Wales.</i>
1962	30	12	42	7.86	11.98
1963	32	18	50	9.15	12.15
1964	34	29	63	11.23	11.74*

*Provisional

The suicide rate in the County is increasing and it is now very near to the national level. These rates give a general indication and only limited deductions can be drawn from them.

Although Warwickshire figures are comparatively small, the 1963 and 1964 figures show little difference between the urban and rural rates in males. In females however, the rate was much lower in the rural districts. The highest rates of suicide occurred in the older age-groups. Nearly 45% of the deaths in men were in the forty-five to sixty-four age group, with a further 20% in the sixty-five and over age-group. In women 41% were between forty-five and sixty-four and 31% aged sixty-five and over.

No complete information is available in this country on the number of attempted suicides each year, but from Ambulance calls we know that there are a large number. There were one-hundred and thirty-five cases of overdose of drugs in adults, and twenty-three cases of gassing (not all were necessarily suicide attempts). It should be noted that many of the drug overdose cases were in young people. In addition, fourteen emergency calls were received to persons suffering from what appeared to be self-inflicted wounds.

ACCIDENTS ATTENDED BY THE AMBULANCE SERVICE.

Last year (1963) a pilot survey was made of certain accidents attended by the County Ambulance Service. A similar survey was made during 1964, and additional information was obtained.

The table set out below gives a comparison of the similar information collected over the past two years.

		<i>Road.</i>	<i>Works.</i>	<i>Home.</i>	<i>Other Places.</i>	<i>Total.</i>	<i>Patients Involved.</i>
1963	...	1,746	192	382	396	2,716	3,581
1964	...	2,301	201	456	520	3,478	4,703

In the 1963 figures the Coal Board and certain categories of minor accidents (from works, home and other places) were not included but during 1964 these additional details have been obtained and the total figure of accident calls attended was 5,052 as follows:—

Road	2,301
Works	899
Home	884
Other places	968

Four thousand and five accident calls were attended during the daytime (8 a.m. to 10 p.m.) and 1,047 during the night (10 p.m. to 8 a.m.).

In all these accidents, 6,277 persons were injured (1,184 of whom were persons sixteen years and under).

As will be seen from the table the number of road accident calls attended has increased. Many of these casualties were non-Warwickshire persons who were passing through the County.

Over a third of the 2,301 road accidents were attended by Warwick (477) and Rugby (404) depots, and the highest number of home accidents to which the ambulance service was

called, occurred in the areas covered by Nuneaton (183) and Rugby (173) depots. The 544 accidents at the collieries of the National Coal Board in the north of the County, included under Other Places, were dealt with mainly by Bedworth (96), Dordon (186) and Nuneaton (244) depots.

A provisional classification was made by ambulance personnel of the types of injury sustained (one patient may be included in more than one category). Of particular importance was the number of very severe and severe fractures recorded—229 fractures of the skull, 192 fractures of the femur and 37 fractures of the pelvis. There were 91 cases involving very severe or severe internal injuries and 47 cases with multiple injuries. The severe lacerations totalled 1,375. The majority of serious injuries were the result of road accidents.

In forty-seven cases the patient's recovery was promoted by using resuscitation by the Minuteman equipment or direct (mouth to mouth) resuscitation as against forty-one cases recorded last year. Four of the depots carry three sets of Minuteman Resuscitation apparatus and the remaining four depots, two sets each.

The number of known fatalities from all categories of accident was 104 (compared with 146 last year), but this only represents those victims who were found to be dead at the scene of the accident or who died on their way to hospital or immediately on arrival at hospital. The final number of seriously injured patients who were taken to hospital and subsequently died is not known.

Discussions have taken place with the County Surveyor who is doing all he can to prevent accidents on the roads. Accident prevention talks are being carried out in the schools.

The information contained on the accident reports is being made available to the Ministry of Transport Road Safety Unit who wish to know especially the nature of injuries caused to occupants of vehicles with different types of windscreen.

Tuberculosis—Pulmonary. (Diagram page 33 and Tables 30 to 36).

Although the number of new cases of pulmonary tuberculosis has been declining for some years now, this disease still remains a serious health hazard. New notifications during 1964 numbered 120, compared with 119 last year. Of the cases notified, seventy-four were men (as against seventy-eight last year) and forty-six were women (compared with forty-one last year).

During the year a small pilot scheme for annual heaf testing was undertaken in four of the rural schools in the Rugby area. An acceptance rate of 89% was obtained, and of the 252 children tested, ten gave positive results. Eight of these children were in one school, and subsequent investigations and chest X-rays revealed three cases of tuberculosis in the children. Testing was then extended to all children between the ages of five and thirteen in the Area (children over thirteen having already been tested under the B.C.G. vaccination scheme). Of the 7,629 children tested, 6,833 (90%) were negative, and 796 (10%) positive. Of the 796 children showing a positive result, just over one third (292) were known to have had B.C.G. vaccine.

The remaining 504 children were referred to the Chest Clinic for X-ray, priority being given to the higher grades of reaction. In view of the large number of children who were strongly positive, advantage was taken of a visit of the Mass Radiography Unit to take 70mm. films of the children aged twelve and over. No case of tuberculosis, other than the three children in the pilot scheme, was discovered amongst these children. Investigations by the Chest Physician amongst family contacts however, resulted in two adults being referred for treatment. It is now proposed to repeat the heaf testing annually in this Area, but B.C.G. will not normally be given until a child reaches the age of thirteen years.

B.C.G. vaccination continued to be offered to all contacts of open tuberculosis cases throughout the County during the year, and 436 persons were vaccinated under this scheme; these were mainly children. Under the routine B.C.G. vaccination scheme for school leavers and students, a total of 6,520 were offered B.C.G. vaccination throughout the County. An acceptance rate of 84% was obtained. Of the 5,091 who were skin tested, 16.8% were positive. A total of 4,002 received B.C.G. vaccination. In addition, 69 children were known to have received vaccination other than through the County's own arrangements.

Certain countries, particularly in Asia, are still subject to a high rate of tuberculosis. Some immigrants are believed to be infected with resistant strains of tubercle bacilli. In order to tackle this problem long-stay immigrants arriving in this country are now to be given information in various languages (Hindi, Urdu, etc.), on how to use the Health Service, and the desirability of registering with a medical practitioner immediately on arrival at their place of residence. Port Medical Inspectors will obtain destination addresses where possible, so that these can be forwarded to the Medical Officer of Health of the Authority concerned. This will ensure that new immigrants are visited on arrival and informed of the general health services available in the district and the need to register with a general practitioner, with a view particularly to chest X-ray where this is appropriate.

Of the 120 new cases notified during 1964, eleven were born outside England, Scotland or Wales. Nine (seven of whom were Indian) had been resident in this country for two years or less.

Of the thirty-four new non-pulmonary tuberculosis cases notified, eleven were born outside England, Scotland and Wales, but only one had been resident in this country for two years or less (an Italian).

Dysentery. (Table 24).

The number of cases of dysentery notified during the year was considerably less than last year, 212 compared with 545 in 1963. Cases for England and Wales as a whole also showed a considerable reduction.

The disease is highly infectious, and the highest incidence usually occurs in young children. It is most important to ensure a high level of personal hygiene in order to keep infection to a minimum. Greater emphasis needs to be placed on the importance of providing more toilet and adequate free washing facilities of a good standard for public use.

Typhoid and Paratyphoid Fevers. (Table 24).

Fewer typhoid cases were reported during the year, both in the County and England and Wales generally. Three cases were notified in Warwickshire compared with seven last year. Two of the cases were adults, one man and one woman both of whom contracted the infection abroad. The other case, a boy of nine years was believed to have been infected by a carrier who had contracted the disease abroad many years previously. No deaths occurred.

Three paratyphoid cases were notified compared with two last year. One case was a boy of fifteen who contracted the infection abroad. The other two cases were a woman and a girl of four years.

Venereal Disease. (Diagram page 35 and Table 44).

The number of new cases of gonorrhoea continued to rise during the year, but slightly fewer cases of syphilis were recorded in the County. In England and Wales however, syphilitic cases have continued to increase during the past few years.

Figures relating to the age and sex distribution of primary and secondary syphilis cases in England and Wales for 1963 became available for the first time during the year. The proportion in each age group of both syphilis and gonorrhoea cases are given below:—

	<i>Primary and Secondary Syphilis.</i>		...	<i>Gonorrhoea.</i>	
	<i>Males.</i>	<i>Females.</i>		<i>Males.</i>	<i>Females.</i>
Total patients	925	174	...	24,101	7,446
Under 20	6.7%	24.2%	...	8.0%	27.6%
Aged 20-24	25.6%	35.0%	...	30.9%	35.0%
Aged 25 & over	67.7%	40.8%	...	61.1%	37.4%

The Co-operative Clinical Group of the Medical Society for the study of Venereal Diseases has collected a large quantity of useful information on the distribution of Venereal Diseases and this will be of value in Health Education.

Lectures on these subjects are included in Health Education programmes throughout the County.

Congenital Malformations. (Tables 3, 9, 10, 11, 13).

About eighteen children in every thousand Warwickshire births were reported as having a congenital malformation during the year. The exact incidence of such cases for the country as a whole is not known, but as from January, 1964, all such cases were classified and returned to the Ministry of Health to enable national figures to become available on this important subject.

It is desirable to obtain a full notification rate, so that adequate follow-up of the children is maintained and local differences fully surveyed. Primary notification is by the birth notification card, subsequent cases are notified by health visitors, hospitals, etc. The Local Medical Committee, Executive Council, Regional Hospital Board and Secretaries of Hospital Management Committees have been notified of the procedures adopted. Stillbirth and infant death records are scrutinized for any additional cases. Discussions have been in progress during the year with the Regional Board regarding the introduction of a uniform maternity discharge form which would give details of a congenital malformation and other conditions at birth requiring special follow-up.

Of the two hundred babies with congenital malformations who were recorded during the year, just under one in five was stillborn. Although some local variation was expected between areas, the following figures tend to suggest that a full notification rate has not yet been obtained.

	<i>No. of cases.</i>		<i>Rate per 1,000 notified births.</i>	
	1964	(1963)	1964	(1963)
Sutton Coldfield	20	(20)	13.7	(13.6)
Nuneaton	19	(17)	15.7	(15.4)
Atherstone/Bedworth	16	(17)	12.8	(15.3)
Eastern	27	(22)	18.5	(14.7)
North Western	35	(17)	19.2	(10.3)
Central	56	(42)	22.4	(17.4)
Southern	27	(21)	18.3	(16.6)
Total	200	(156)	18.0	(14.8)

Of the children notified, one hundred and sixty were found to have one defect, whilst the remaining forty had two or more malformations. Although the Warwickshire figures are comparatively small, the sex differences found between certain types of malformations followed the known trends, e.g. a higher number of anencephaly, spina bifida, cleft palate and dislocation of the hip among females and a higher rate of cleft lip among males. A higher rate of other malformations of the alimentary system was noted in males. An analysis of the defects found is given on page 49 (a child with two defects has been entered in each relevant heading).

The cause of most malformations still remains obscure, but some cases are known to occur after maternal rubella in early pregnancy, and following drug intoxication. Other cases are believed to be associated with genetic and environmental factors and much research still continues on the subject.

Nowadays, many children with severe malformations receive operative treatment and/or training in the use of artificial limbs etc., at a very early age. Follow-up is maintained wherever

possible, and on approaching school age such children are reviewed as to the type of schooling desirable. When the handicap permits, ordinary schooling is suggested, otherwise special schooling is recommended.

Mortality. (Table 3).

Of the 5,473 Warwickshire people who died during the year 2,883 were males and 2,590 females. A detailed table showing the age and sex distribution, together with the cause of death, is given on page 44.

Deaths in Childhood.

It will be noted that of the 250 children under the age of fifteen who died, three-quarters (188) were under one year of age. Most of these infant deaths occurred within the first few weeks of life (113), the major causes being prematurity, asphyxia and atelectasis, congenital malformations and birth injury. The incidence amongst boys was as usual much higher than girls.

The main causes of death in children aged four weeks to one year were congenital malformations, gastritis and enteritis, pneumonia and accidental causes. In this age-group the number of boys and girls was about the same.

Deaths amongst children in the one to five year age-group (35) again showed a far higher number of boys. Accidents, congenital malformations, pneumonia and bronchitis and malignant disease were major causes in this age-group.

Among children of school age—five to fourteen years—27 deaths were recorded. Accidents and malignant disease (including leukaemia) accounted for a large proportion of these.

Young Adults.

In young adults between fifteen and twenty-four, 75 deaths occurred, and well over three-quarters of these (58) were males. A high proportion (60%) were due to accidents, particularly road accidents.

Deaths in the older age-groups.

In the older age-groups, deaths from malignant disease (including leukaemia) and coronary heart disease stand out.

Malignant Disease (including Leukaemia). (Diagrams pages 24, 25, 26 and Table 3).

The number of cancer deaths rose to 1,003 during the year (558 males and 445 females), compared with 950 (512 males and 438 females) for 1963. The age and sex distribution of these cases showing the main sites affected will be found in Table 3. Mortality rates for England and Wales as a whole showing the changes which have taken place over a ten year period are shown in the diagrams on pages 24 and 25.

Cancer of Cervix and Body of Uterus.

For some years there has been a slight decline in the mortality from this disease probably due in part to earlier diagnosis and treatment. Cancer of the cervix is now however considered to be largely preventable if routine cytological screening of mature women at suitable intervals can be carried out.

In cancer of the cervix, the incidence is found to be higher in married women (especially those with children) than in single women, whereas in cancer of the body of the uterus rates tend to be higher in single and infertile married women.

Cytological testing is regarded as advisable in mature women from the age of about thirty, and this should ensure many cases being detected in the pre-clinical stage of the disease.

Shortage of trained technicians has in the first place hampered the extent to which such facilities could be offered in this country, but a number of training units are now in operation. It will however be several years before enough technicians are available to operate a full service.

During 1964, the first Midland clinic (other than in a hospital) was opened in Warwick for cytological screening. The clinic is partly organised by a local group of the Ladies' Circle; one of their members has also received training in the examination of cervical smears.

A woman doctor has been provided by the Local Hospital Group, and premises have been provided by the County Health Authority.

Cancer of the Lung.

A further increase took place in the number of deaths from lung cancer during the year, 209 men and 39 women compared with 183 men and 23 women last year. In England and Wales there are over 25,000 deaths each year. Although part of the large increase in this disease is believed to be due to better diagnosis, the greater part is due to a real increased incidence.

We all know of the association which has been shown to exist between lung cancer and smoking. Surveys indicate that three-quarters of the men and half of the women in this country smoke, and of this population who smoke 61% of men and 31% of women smoke over ten cigarettes a day. It has been found that cigarette smoke contains minute amounts of various substances which can produce cancer and irritants which chiefly affect the bronchial tubes.

Estimates have shown that for a man of thirty-five who is a heavy smoker his chance of dying in the next ten years is 1 in 23, whereas for a non-smoker the chance is 1 in 90. Besides affecting the bronchial tubes, nicotine acts on the heart, blood vessels, digestive tract, kidneys and nervous system. Chronic bronchitis, coronary heart disease, cancers of the mouth, throat and gullet have been found to be more frequent in smokers.

Health education is being directed to all sections of the general public including children in the schools to discourage this habit.

The effect of air pollution on respiratory disease including lung cancer is under constant study.

Leukaemia.

Although a great deal of publicity is often associated with cases of leukaemia, the death rate from this disease is relatively low. Warwickshire figures for the past three years given below follow the national trends: in childhood leukaemia forms a high proportion of the total deaths from malignant disease, and there is an incidence peak in childhood and again in old age.

	<i>Age group.</i>							
	<i>Under 15</i>	<i>15-24</i>	<i>25-44</i>	<i>45-64</i>	<i>65-74</i>	<i>75+</i>	<i>Total.</i>	
All malignant disease	...	24	18	168	1,109	822	799	2,940
Leukaemia only	...	9	4	10	20	19	23	85

Mortality figures for England and Wales which are based on much larger numbers have shown a gradual upward trend in leukaemia rates for some years now. This increase has been confined to older people and could be due in part to better diagnosis. It is possible however that environmental factors have played some part in this increase.

Much research is being carried out into the various aspects of this disease, e.g. chromosome abnormalities, viruses, exposure to X-rays and exposure to benzene.

Coronary Disease and Angina. (Table 3).

It will be noted that there were over 1,000 deaths from this disease during the year—657 males and 388 females. Over 40% of the men who died were under sixty-five years of age, compared with only 15% of the women. The increasing number of cases over the years in comparatively young men gives rise to much concern.

No single factor is believed to be responsible for this disease. In certain cases a hereditary tendency does appear to exist, but obesity, lack of adequate physical exercise, hormonal effects, heavy smoking and long periods of mental stress seem to play an important part in the causation of the disease.

Bronchitis. (Table 3).

There are about 30,000 deaths and 30 million lost working days attributable to bronchitis in England and Wales each year. Many more men than women suffer from it and the incidence increases with age. In 1964 there were 286 deaths from bronchitis in Warwickshire (194 men and 92 women).

There is more bronchitis in Britain than in any other country and it is especially prevalent in densely populated industrial areas. It is believed that some people are constitutionally more susceptible than others, but the onset and progress of the chronic form appears to be influenced by air pollution, cigarette smoking, infection, dampness and fog. The reduction of atmospheric pollution depends on action by the community.

Nursing Services. (Tables 15, 17, 18).

A short course on "A Functional Approach to Bronchitis" was held at the King Edward VII Memorial Chest Hospital during the year; this course was attended by nine members of the nursing staff (health visitors and district nurses), the object being to keep nursing staff up-to-date in the methods of prevention and the care and nursing treatment of patients with chest diseases. The interest shown by the nursing staff in the individual patient prevents relapse, and maintains continuity in the exercises and treatment learnt by the patient at the Chest Hospital. Two similar courses have been arranged for 1965 and it is hoped that others will be held in the future.

Midwifery.

The number of births in the County continued to rise during the year, and an increase was reflected in both domiciliary and hospital confinements. The number of early hospital discharges also increased (12% rise in 1964) and this, to some extent, helped to relieve the pressure of beds in the maternity hospitals. There is not, however, the same interest for many of the domiciliary midwives in patients booked for hospital confinement and early discharge as with mothers booked for home confinement, and this is where the part-time married midwife plays an important role assisting in the running of the midwifery service by undertaking the maternity nursing of early discharged patients.

In June 1961, a scheme was started for the domiciliary training of Part II pupil midwives in Sutton Coldfield and Rugby. Over the last three and a half years fifty-three pupils have passed through the training and, at the present time, there are seven teaching midwives in the County.

There still continues to be a shortage of midwives, particularly in the industrial areas of the County. Midwives work in groups of three or four for relief purposes but even in sections of the County where it appears that there is a full complement of midwives, it is often necessary for midwives to cover as many as three districts at once owing to circumstances which cannot be avoided such as compulsory refresher courses, sick leave, car accidents and compassionate leave. This is another instance where the part-time married midwife is a most useful member of the team in helping to meet the demands on the service.

Home Nursing Service.

Arrangements were made to commence a period of In-Service training for State Enrolled Nurses who are in full-time employment in the District Nursing Service. This training consists of one study day per week over a period of ten or eleven weeks and is followed by a practical and written assessment of each nurse. Following the successful completion of this course, the nurses who are at present on the temporary staff will become part of the permanent nursing service, thus giving more security to these State Enrolled Nurses, who are a valuable part of the district nursing team.

The trend to nurse patients for longer periods at home is continuing and is shown by the average number of visits paid to each patient over the last few years:

Year.	1951	1952	1953	1954	1955	1956	1957
Average No. of visits paid per patient:	20.9	23.1	26.6	26.9	28.4	30.4	30.8
Year.	1958	1959	1960	1961	1962	1963	1964
Average No. of visits paid per patient:	30.0	31.8	32.3	32.0	32.1	32.0	34.1

(all years include Solihull except 1964).

The day and night nursing service given by the Marie Curie Memorial Foundation, is much appreciated.

Health Visiting.

The work of the health visitor is constantly expanding :

- (i) in the mental health field
- (ii) in geriatric care—visits amounted to 9,838, an increase of over 50% from 1963
- (iii) in the testing of deafness of young children—more health visitors have qualified to do this testing.

In some areas we are handicapped by a shortage of health visitors, and such investigations as the early detection of squints cannot be carried out.

Arrangements were made for some health visitors to work in close liaison with general practitioners during the year. Although the travelling of these health visitors has increased and the organisation of the scheme has caused extra work many advantages have been gained :—

- (i) the home visiting by the health visitors has been more selective
- (ii) the doctor and health visitor meet frequently and any difficulty is discussed and problems are tackled in co-operation
- (iii) this arrangement is interesting and stimulating to the doctor and health visitor who both feel that the patient benefits.

It continues to be difficult to communicate with some of the immigrant families, particularly those from India and Pakistan who have settled in Leamington Spa. Simple written instructions have been issued on various aspects of baby care but many of these mothers are unable to read their native language. Tape recordings have not proved satisfactory because it is impossible to know whether the message has been understood. However, in 1964 an interpreter offered her services and attended some of the Child Welfare Centre sessions. The health visitors were grateful for her assistance and felt that it was of benefit to mothers who spoke one of the two languages in which she was fluent.

Following the publication by the Council for the Training of Health Visitors of the outline syllabus, arrangements were made for four health visitors to receive the special two week course arranged for Fieldwork Instructors. When this new syllabus is commenced in October 1965, it is planned that four health visitors should assist in the practical training of six student health visitors.

Nurseries and Child Minders Regulation Act, 1948.

The number of persons registered under the above Act increased from forty-two to fifty during 1964, and was made up as follows :

	<i>Number of registrations.</i>	<i>Number of children.</i>
<i>Open all day.</i>		
Child Minders in own homes	12	82
Child Minders in other premises	1	24
Nursery Groups in own homes	1	16
Nursery Groups in purpose built buildings ...	1	30
<i>Open for Half Days only.</i>		
Child Minders in own homes	4	33
Nursery Groups in own homes	11	136
Nursery Groups in own homes where special structural adaptations have been made	1	20
Nursery Groups in other premises	3	46
Play Groups in own homes	8	48
Play Groups in other premises	8	140

The Nursery Groups are virtually nursery schools, most of which are run by trained and experienced teachers.

All Play Groups are registered even though they only function for one morning per week.

Child Welfare Centres. (Table on page 50).

One hundred and three Child Welfare Centres were in operation throughout the County during 1964. New centres were opened at Harrison Road, Sutton Coldfield, St. Nicholas Park

Estate, Nuneaton, Galley Common, Nuneaton, and Shrubland Street, Leamington Spa. The use of caravan centres in scattered rural areas of the Southern Area continued.

The majority of children born during 1964 attended a Child Welfare Centre and in all a total of 27,010 children under five were seen.

During the past few years well over 36,000 babies have been tested for the very rare disease phenylketonuria. The incidence of this disease is believed to be in the region of one case in 50,000. A simple test is carried out on all babies between the age of six weeks and three months and of those so far tested by health visitors no positive case has been found. When the disease is detected at a very early age and a special diet instituted, a good prognosis is possible. If however a case is left undetected, severe mental deficiency results.

A case of phenylketonuria was recorded during the year. The baby had moved into the County at three weeks of age and was admitted to hospital at six weeks of age because of failure to thrive. The child had a congenitally malformed heart and a wide cleft of the palate, and routine testing at the hospital also revealed phenylketonuria. Although a special diet was instituted and some progress was being made, the baby eventually developed a respiratory infection and died.

The Illegitimate Child and its Mother. (Diagram page 23 and Tables 4, 5, 7, 19).

The rising number of illegitimate births in recent years has been previously commented on in my annual reports. During 1964, numbers continued to rise, and one in every eighteen births registered was illegitimate (total 619). The proportion of illegitimate live births (5.57%) remained below that of England and Wales as a whole (7.2%).

A large proportion of these unmarried mothers come to the notice of the Social Worker, and during 1964 the number rose to 503 compared with 423 in 1963. Well over 20% (113) were aged seventeen or under, a higher proportion than in the preceding year (17%).

The number of unmarried mothers who required ante-natal and post-natal accommodation rose to 160 as against 145 last year. Over 70% were aged twenty or under. In all, 108 were admitted to the County Council Hostel; twenty-two required ante-natal accommodation only, forty-seven post-natal accommodation only and thirty-nine required both ante-natal and post-natal accommodation. The average ante-natal stay was twenty-five days, a little longer than in 1963 when the average was twenty-two days. The average post-natal stay was however a little less, seventeen days as against eighteen last year. In forty-nine cases accommodation was provided in outside homes. In those cases where post-natal accommodation could not be provided, the babies were fostered out. A few beds continued to be made available during 1964 for Solihull cases, but this will cease when their own hostel becomes available (in mid 1965).

In addition to those cases requiring ante-natal and post-natal accommodation, a further 183 cases were in need of help and advice only. Because of the greatly increased number of cases it has been found more and more difficult to give much help other than making the necessary arrangements for the stay in the Hostel and the actual confinement, but with the appointment of an additional Social Worker (part-time), more individual help is now possible.

Help has been given to expectant mothers by finding them temporary posts when needed during pregnancy. Some girls were put in touch with other Agencies who could help them with a particular problem. Residential posts have been found for unmarried mothers with a child. Advice and help has been given when it has been necessary to take out Affiliation Orders. Applications to a Voluntary Society for a grant towards the support of a child have on occasions been made.

The increased number of beds at The Limes has meant that fewer girls have been sent to outside homes; this has enabled parents to visit frequently, a factor which is particularly important when the baby has been born and the unmarried mother needs to discuss the future of her baby. Personal circumstances vary greatly; a girl whose parents will give her support needs far less help than a girl who has no parents or comes from either a broken home or a problem family. The latter frequently needs from the Social Worker the support a family would normally have given her, in addition to general guidance.

Often there is a lack of understanding between parents and daughter; the parents are hurt and bewildered, they feel a sense of failure, the girl reacts by withdrawing from her parents and

perhaps becomes sullen and rebellious. The Social Worker acts as an intermediary and is able to promote a better relationship. It is interesting to note that more of the girls' fathers now express a wish to be present at the first interview with the Social Worker.

Most girls tell their parents, but those who are reluctant are always encouraged to do so.

Dental Treatment for Expectant and Nursing Mothers and Pre-School Children. (Diagram page 36 and Tables 21, 22).

The figures of treatment of expectant and nursing mothers again show a decline as more and more mothers are being attended by their Dental Practitioners and can be supplied in this way with free dentures. The figures for pre-school children continue the steady upward trend noted over the past five years. Now that the treatment of school children is, with the help of the General Dental Service, being more satisfactorily covered, more effort can be put into active campaigning to persuade mothers to bring children for examination at three years of age. It is intended that more should be made of this section of the dental service, where usually only a minimal amount of technically simple treatment is needed to keep mouths dentally fit. Very young children when properly handled accept dental treatment quite easily, and are less concerned when more difficult procedures may have to be undertaken in later years.

Birmingham Corporation introduced fluoride to their water supply during the year and gradually this is being built up to the level of one part of fluoride in a million parts of water, which level has been found to give substantial prevention of dental caries. In order to study the effect of the fluoride a base line survey of five year old children living in the part of the Meriden Rural District which receives its water from the City of Birmingham Water Undertaking has been carried out. It is planned to repeat this survey at intervals until children who have drunk water containing fluoride since birth enter school. It should then be possible to assess the effect of correcting the fluoride content of water to the optimum level. It is intended also to follow up the children first seen to see whether any effect is noticeable in the teeth which have already been formed before the correction of the fluoride level. Quite a marked difference in the number of teeth decayed was noticed in different schools examined and it will be interesting to see whether there will be any levelling out. The figures varied from 3.20 teeth affected by decay to 7.06 out of twenty teeth in the primary dentition. The average was 5.03 for boys and 4.65 for girls, but the percentage of children who showed no sign of decay was higher for boys than for girls, being 20.77% and 18.39% respectively.

The boys showed a higher proportion of untreated decayed teeth and the girls a higher proportion of teeth treated by filling. There was no significant difference in the proportions which had been extracted.

Families with Multiple Problems.

The establishment of family case workers is four, and at present we have four. During 1964 the number of family case workers varied between three and two, and these workers covered 86 cases. Of these, 25 were in the Leamington Spa area, 5 in the Rugby area, 2 in the Stratford-upon-Avon area, 10 in Coleshill and 44 in Nuneaton. These figures exclude families at the Ettington hut encampment and certain families requiring occasional visits.

In the Leamington Spa area eight cases were closed as satisfactory. One case in the Rugby area was closed automatically when conditions became so bad that the younger children were taken into care; the father (the only parent) had been sent to prison and the Council had to repossess the house. Ten cases were closed satisfactorily in Nuneaton.

Close co-operation with both statutory and voluntary bodies is practised. When several agencies are concerned with one family it is often arranged that the case worker should act as co-ordinator; an illustration is the case of a family who, in the early part of 1964, returned home after a period of training at a rehabilitation centre. The Housing Department agreed to rehouse them in an old house with a view to their being given a new house at a future date if they proved suitable and satisfactory. The Welfare Department provided all the furniture and floor covering and delivered it to the house; the Health Department arranged for crockery, cutlery and kitchen utensils; the Children's Department provided toys, some clothing

and a small grant to stock the larder and a charitable fund gave a donation for bedding and a supply of coal. With the help and co-operation of all these departments the house was ready, complete with food in the cupboard and coal in the outhouse, for the family's return. When the eldest child started school the Education Department provided clothing and footwear. This excellent start after the training period has proved worth while and the experiment has been a happily successful one. The family has been visited frequently and given continued help and support. This is now a stable and happy home where the mother manages well although her husband is away much of the time.

There are a few families who need only temporary help and guidance to stabilize them. Usually they have been able to manage quite well in the past but have been overwhelmed by sudden misfortune. For instance, a young woman may be left to cope with several children on an income cut to less than half, by the sudden death or serious illness of her husband. Often the family has been furnishing a house on hire purchase on terms well within their means while the husband had regular well-paid employment. Suddenly the crisis comes—the housewife tries desperately to manage on pension and allowances. She falls into arrears of rent and is soon far behind with repayments on the furniture. She becomes ill with worry and does not know how to begin to sort out her difficulties. Eviction may be threatened and court orders pour in. In such a situation the case worker offers help and encouragement, takes steps to prevent eviction, contacts creditors to arrange a substantial cut in monthly payments, helps sort out the weekly budget and may arrange material help in the form of clothing and household necessities. If a recuperative holiday is recommended the Children's Department may be asked to arrange temporary foster care for some of the children. Help and encouragement is given in finding employment so that the mother can work and meet her commitments. Such a family which was on the way to breaking up has become a self-supporting and independent unit within a year.

However most of the families referred for help have multiple difficulties and are likely to be on the case worker's files for years because they are without the capacity to deal with the simplest day-to-day problems unless they have constant support. There are also some families who need intensive help over a period of crisis and can then manage fairly well provided that support is given speedily whenever anything happens to cause additional strain. These remain under long term supervision.

Home Help. (Diagram page 37 and Tables 39 to 42).

During the year 3,535 cases were helped for a total of 511,244 hours. This compares with 3,157 patients helped for 475,035 hours in 1963. Of the increase in number of patients, 240 were under the age of sixty-five and 193 of them needed only short term help. An additional 138 were over the age of sixty-five and 114 of these needed long term help. A total of 42,764 hours were worked in the homes of short term patients (an increase of 4,761 hours), and 468,480 hours for long-term patients (an increase of 31,445 hours). From these figures it can be seen that the growing provision of short term help (which is mainly for maternity and surgical patients, including those discharged early from hospital) involves some expansion of the home help service, but the major factor in expansion is the need for long term help mainly by patients over the age of sixty-five, especially those in the seventy to ninety age group. The diagram on page 37 and the tables on pages 39 to 42 give more detailed illustration of the growth of the service in the County as a whole and the areas in relation to population.

It seems probable that the demand for home help will continue to grow for years to come with the implementation of policies encouraging community care for the sick and aged. Patients are already discharged earlier from hospital after confinement and acute illness than a few years ago, and efforts are made to rehabilitate elderly patients with chronic physical or mental disabilities so that they can go home after treatment. Usually if home nursing and domestic help is adequate, the patient prefers to remain in (or return to) familiar surroundings and the cost is less than that of a bed in hospital or an old people's home.

The provision of home help in Warwickshire in 1964 was 911 hours per 1,000 population (870 in 1963) whereas in England and Wales as a whole, it was expected to be about 1,300 hours. One reason for the lower figure for Warwickshire is that the population is slightly younger than the average for England and Wales. A notable exception is the Southern area

which has a comparatively elderly population where 1,430 home help hours per 1,000 population were provided in 1964. The Ministry of Health has estimated that by 1973, the equivalent of 0.79 full-time home helps per 1,000 population will be needed; this provision approximates to 1,675 hours per 1,000 population. A personal inspection of a large number of homes in the Southern area where help was provided gave me the opportunity of meeting a number of people who certainly could not manage at home without the service—the help given was the minimum necessary.

In view of the expected further growth in demand and the limited number of potential home helps available, the home help organisers play an essential role in keeping the service efficient and economical. In addition to office work, they see new home helps in their homes and try to select the most suitable help for each household. Supervisory visits are paid to helps when they are working in houses, and the aim is to give some guidance in the special skills required. Every new patient is seen at home and sometimes in hospital. They are visited every few months while a home help is attending. It is hoped that the interval between visits can be reduced to two months, to ensure that the limited help available is deployed to the best advantage.

Care and After-Care Equipment. (Table 37).

Each year sees an increasing demand for nursing and sick room equipment issued under the Care and After-Care Loan Scheme. In 1964, 3,760 patients were issued with equipment, whilst total items issued numbered 5,504.

With the continuously increasing population and greater proportion of elderly people in the community, the widest use of hospital beds for active treatment has become imperative. Adequate domiciliary nursing care together with the provision of sick-room equipment is therefore essential both for the after-care of patients discharged early from hospital and also for preventing hospitalisation of many acute, chronic sick and infirm cases.

Besides the many permanent articles of equipment on loan, greater use is being made of expendable items such as incontinence pads and sputum cups, and in 1964, 40,691 incontinence pads and 1,200 sputum cups were issued. These are usually disposed of by incineration.

Chiropody Service. (Table 46).

During the year the number of Chiropodists working on a sessional or per capita fee basis direct for the County rose considerably, and 50% of the patients were treated under this direct scheme compared with 23% last year. The remaining 50% received treatment through arrangements made by voluntary organisations, re-imbusement being made by the County.

The demand for the service continued to grow, and 3,393 patients in all received treatment compared with 2,744 last year (an increase of 24%). At the end of the year the number of patients who had applied for treatment direct to the County but had not received it amounted to 553.

Of the 1,698 patients treated by direct arrangement with Chiropodists, just over a third were treated in their own homes. These domiciliary cases received an average of 2.4 visits per patient, whilst patients who visited surgeries or clinics received an average of 3.1 treatments.

Of the 1,695 patients treated through voluntary organisations, almost half were treated in their own homes. The average number of treatments given to these patients whether at home or at surgeries, averaged four per patient.

Health Education.

The developmental work foreshadowed in the 1963 report has taken place and the Health Education Officer is currently assisting health visiting staff and teachers with the expansion of health education teaching. One of the major problems in the field of preventive medicine is communication. Health is too often regarded in a negative way, i.e., the absence of disease, when it really needs positive thought and action. The negative approach leads to apathy, which in turn renders the communication of ideas extremely difficult. Where health education is given on an individual or small group basis it is comparatively easy. Group numbers are growing however and the teaching problems presented require a new approach. To this end research is being conducted into teaching methods and materials within the County. A library of audio-visual aid material has been developed to the stage where the basic requirements can be met

from stock. New techniques are continually under development and, after a trial period, are absorbed into general use. A close watch is kept on the developments which are taking place in other counties and elsewhere in the world. Any new approach which could have useful application in teaching is carefully examined for its potential. The Health Education Officer attends meetings, conferences and exhibitions specifically in order to learn of new approaches and ideas.

Mass communication methods are extremely expensive to operate so that a new approach is being tried by using supporting material in the clinics, when large scale campaigns are mounted by such agencies as the Ministry of Health. In this respect attempts have been made to support the recent campaigns such as Venereal Disease, Smoking and Lung Cancer, Personal Hygiene and Food Poisoning by exhibitions, talks, films and informal discussions. However the point of saturation has almost been reached in the attitude of the general public towards publicity; the fact that a campaign is in progress has to be pointed out to them.

Evaluating the effects of health education is extremely difficult because of the danger that the evaluator gets the answers that he wants rather than the real answers. In addition the progress of preventive medicine is such that dramatic immediate change is no longer likely, and the positive effects of health education programmes now being undertaken may not be truly apparent for a generation or more. This is especially true of the health teaching in schools, which is expanding rapidly at the present time. Whilst the retention of information received can be tested, the real fruits of success will not be harvested until we can see how the present generation of schoolchildren teach their children the fundamentals of healthy living. The growth of new clubs and other organisations helps in this respect. Adult groups can be kept informed of the progress of modern thinking in health through the media of films, demonstrations and talks. Through these groups such topics as diet and nutrition, home safety and problems of the aged can be discussed. Many of the Child Welfare Clinics now have Mothers' Clubs run on a voluntary basis which, under the guiding hand of the health visitor, expand the teaching begun in the ante-natal classes in a pleasantly social atmosphere. The activities of such groups stimulate other associations and increase the demand for assistance; for example the demand for audio-visual material has trebled within the last year.

Mental Health. (Tables 49 to 51).

During the latter part of 1964 the first hostel for adult mentally subnormal persons was in use in Warwick in a building which was previously a Children's Home. The hostel is staffed by a resident warden and matron and a second resident matron, and can accommodate twenty-one patients, all of whom, it is anticipated, will be either in employment or suitable to attend the local Senior Training Centre. The places are gradually being filled and there are now five male and three female patients at the hostel. Six of these are in employment.

There were thirty children admitted to the residential unit at the Ridgeway Training Centre at Warwick for varying periods during 1964, the total occupancy in terms of bed/nights being 335. The highest number on one night was five. The unit has given considerable relief to those parents who have taken advantage of it, and it is anticipated that more use will be made of the facilities as parents become accustomed to it. The Brooke Junior Training Centre at Rugby received children in July, 1964. It has forty-eight places, and this centre, like its predecessor at Warwick, has a residential unit enabling six male and six female children to be admitted for short periods of temporary care. Similar centres are in the process of erection at Coleshill, Nuneaton and Sutton Coldfield.

Community Care of the Mentally Subnormal.

There were eighty-one mentally subnormal persons added to the list of those receiving community-care visits by the Council's Mental Health Visitors and Mental Welfare Officers during 1964, and at the end of the year the total receiving visits was 749 as compared with 718 at the end of 1963.

Mentally Subnormal Patients awaiting Admission to Hospital.

At the end of 1964 there were sixty-one persons on the waiting list for admission to hospital, as compared with fifty-five at the end of 1963.

Training Centres for the Mentally Subnormal.

A total of 187 juniors and adults were attending the Council's Training Centres at Warwick, Rugby, Nuneaton and Sutton Coldfield at the end of 1964. A further thirty-five living near the borders of the County were attending Training Centres of other local authorities. During the year the Training Centre at Knowle was transferred to the Solihull County Borough Council.

Sixty-four children from the Council's Training Centres spent a week's holiday at Weston-super-Mare and forty-three adults spent a week at Skegness, all the parties being accompanied by staff from the respective centres.

Residential Homes for Mentally Disordered Persons.

One residential home for mentally disordered persons has been registered and this is Hampton Manor Homes Limited, Hampton-in-Arden. This home can admit up to twenty-eight female subnormal patients over the age of sixteen.

Psychiatric Hostel and Centre.

The Council also provided at the end of 1964 a hostel for recovering psychiatric patients. The hostel, which is staffed by a resident warden and matron, is situated on the first and second floors over a new clinic in Leamington Spa. There are beds for twelve patients—six male and six female—and it was intended that these beds would be available for patients not requiring hospital care but who needed some measure of help and guidance before returning to full community life. Up to the present, the demand for this type of accommodation has not come up to expectations and there have never been more than two persons in residence at any one time; at present there is only one. Of the three residents who were admitted and have now been discharged, however, two have found lodgings outside and are in employment and the other returned to live with her parents.

Milk and Dairies Administration. (Diagram page 34 and Tables 56 to 59).

Since 1957 the whole of the County has been a "specified area" in which all milk retailed must be sold under the designation "Pasteurised," "Sterilised" or "Tuberculin Tested." The latter designation was, however, discontinued during 1964, and from the 1st October the designation became "Untreated." In some isolated hamlets no milk retailers were available, and the Ministry of Agriculture, Fisheries and Food gave special dispensation to three farmers for the sale of milk from their Tuberculin Tested herds to several families without the necessity of bottling the milk under licence. The milk from these herds was submitted to biological examination for tuberculosis and brucellosis, and in 1964 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 are more than fifty "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/Untreated" 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 were also submitted to biological examination. None of the 270 samples submitted was reported to contain tubercle bacilli.

During 1964 all milk samples submitted for biological examination were examined for brucellosis. Of the samples, seven were reported to be infected with brucella organisms. The seven herds, from which the positive samples were obtained, were investigated, and seventeen cows were 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.

Seven pasteurising plants and one sterilising plant were in operation at the beginning of 1964 in the County licensing area, and the licences issued 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 1964 is reflected in the results obtained from the

samples of milk submitted to the prescribed test to check the pasteurising process. Of the 716 samples, four were reported as failing the phosphatase test, and three of these failures were at one dairy due to an intermittent fault in a batch pasteuriser, which was subsequently remedied.

As part of the routine checking of the licensed dairies, sixty specimens of washed bottles (consisting of over 350 bottles) were examined for cleanliness, and rinses taken from parts of the pasteurising plant. Eight of the bottle-washing results were unsatisfactory, and the plant operators were advised on better methods of machine 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 end of 1964, 287 licences for the retail sales of designated milk by dealers with premises in the County area were in force. Samples of milk taken from dealers' premises, vehicles and vending machines during the year totalled 1,250. One sample failed the phosphatase test and forty-two others the methylene blue test. The methylene blue failures (keeping-quality) were attributable mainly to two causes—(1) imperfect storage of the milk, and (2) failure to retail stocks in proper rotation. Again, a number of the methylene blue failures occurred in samples obtained from vending machines, and several owners or operators were warned regarding poor maintenance and stock rotation. A sample of sterilised milk, originating from outside the County area, failed to satisfy the turbidity test. The Authority in whose area the milk was sterilised was unable to find any fault with the plant, and subsequent samples were found to be satisfactory.

Of the 457 schools participating in the Milk in Schools Scheme, all but three were supplied with pasteurised milk, and the remainder (small isolated schools) with raw "Tuberculin Tested/Untreated" milk. Samples of the former were submitted to both the phosphatase 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 the time of delivery, than those taken under the Milk and Dairies Regulations. Repeat samples taken at the time of delivery, following these failures, proved satisfactory on examination. There were no phosphatase test failures. The raw "Tuberculin Tested/Untreated" milk samples were also submitted regularly for biological examination for tuberculosis and brucellosis, and all gave negative results.

During the latter part of the year arrangements were made with one school milk supplier for one-third pint bottles to be replaced by non-returnable cartons. This method of delivery has many advantages, but in the main overcomes the danger of the small glass splinters which may pass undetected in bottles. It is hoped to experiment further with these cartons in 1965.

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 542 samples were taken, of which twelve failed to satisfy the methylene blue test and one the phosphatase test. Again, most of the methylene blue failures were due to them being taken under more exacting conditions than those taken under the Milk and Dairies Regulations. 'Follow-up' samples at the delivery point proved satisfactory. The phosphatase failure proved to be due to delivery of a churn of raw milk instead of pasteurised.

During the latter half of the year arrangements were made to examine milk samples for the presence of antibiotics. These samples were taken from supplies of milk retailed untreated and from milk consigned to dairies where no laboratory facilities were available. Some eighty-six samples were examined and all gave satisfactory results.

All samples of milk and miscellaneous samples submitted for bacteriological examination were examined by the Public Health Laboratory Service in Coventry. The Director of the Laboratory and his staff have provided my Department with excellent service and advice, and I should like to express my appreciation for their co-operation throughout the year.

School Swimming Pools

During the past two years a number of schools have constructed, or are negotiating for the construction of, swimming pools. By the end of the year there were twenty-one pools in use, and a further seven were proposed or in course of construction.

Of the twenty-one in use, fifteen are regarded as small learner pools. Two of the earlier pools were built without a filtration or chlorination plant, but since these were built it has been agreed that no plans for a pool will be considered unless these provisions are included.

County Ambulance Service. (Diagram page 38, Tables 52 to 54).

The accident calls attended by the ambulance service and the conveyance of patients to day hospitals has been mentioned elsewhere in the report.

The number of patients conveyed by the Ambulance Service and the W.V.S. Hospital Car Service during the year was 184,495 and the number of miles covered 1,251,278, which shows a decrease of 610 (0.32%) patients but an increase of 31,306 (2.56%) miles in comparison with last year's figures.

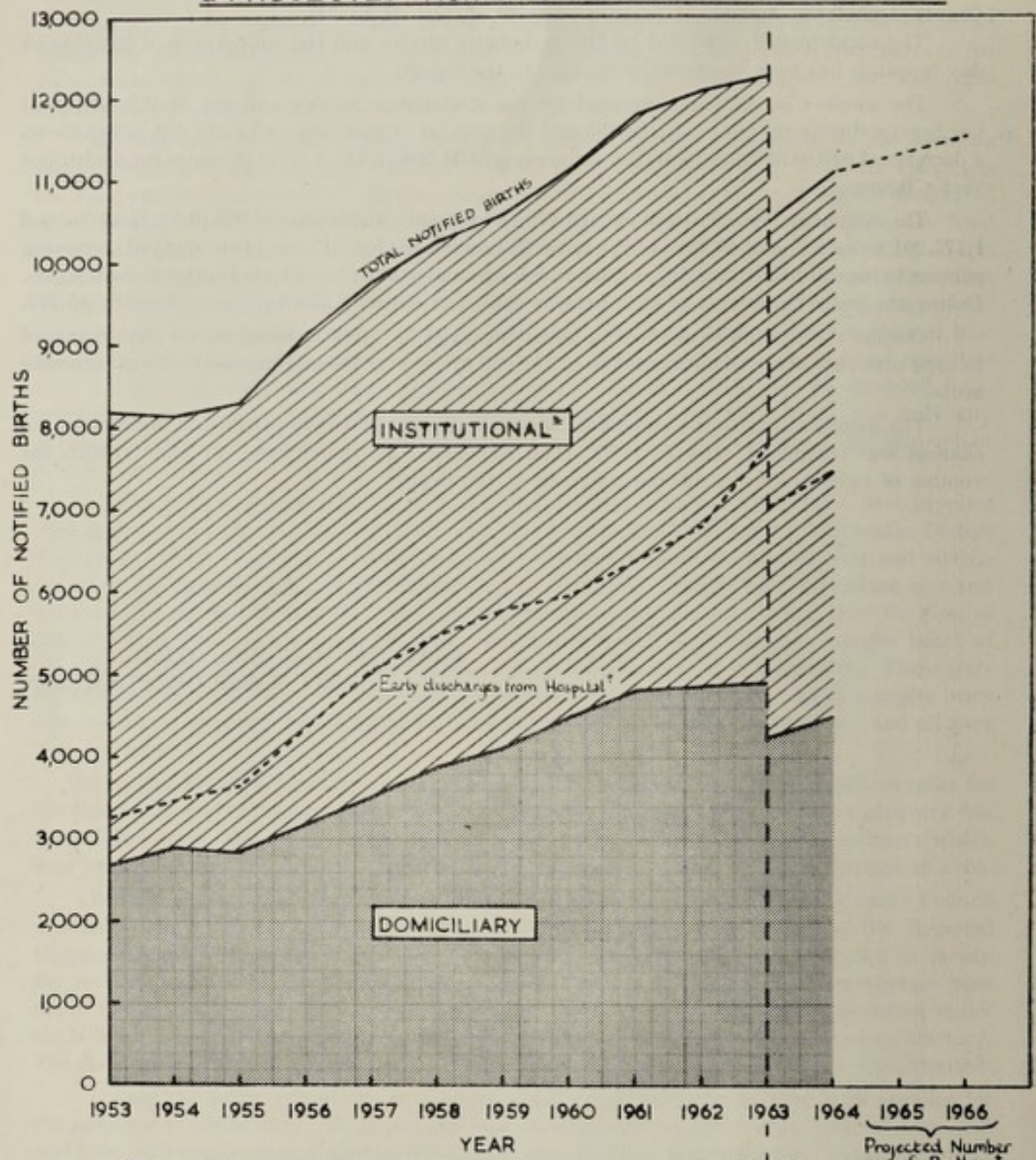
The Ambulance Service itself carried 179,860 patients, an increase of 968 (0.5%) and covered 1,177,201 miles, a rise of 48,421 (4.3%), notwithstanding the loss of some of the work of conveying persons to mental health training centres which was undertaken by outside transport contractors. During the year the number of such persons conveyed fell by 2,339 and the mileage by 15,272.

Despite the difficulties at times in filling vacancies for driver/attendants, we have managed to cope with the extra commitments but at the end of the year the staffing position was becoming acute.

The modifications to the ambulance service radio equipment to permit the use of a second channel was completed early in 1965. This has succeeded in reducing, to some extent, the volume of radio traffic in the control room at the depots.

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

**DOMICILIARY & INSTITUTIONAL BIRTHS 1953-1964
& PROJECTED NUMBER TOTAL BIRTHS 1965-1966**



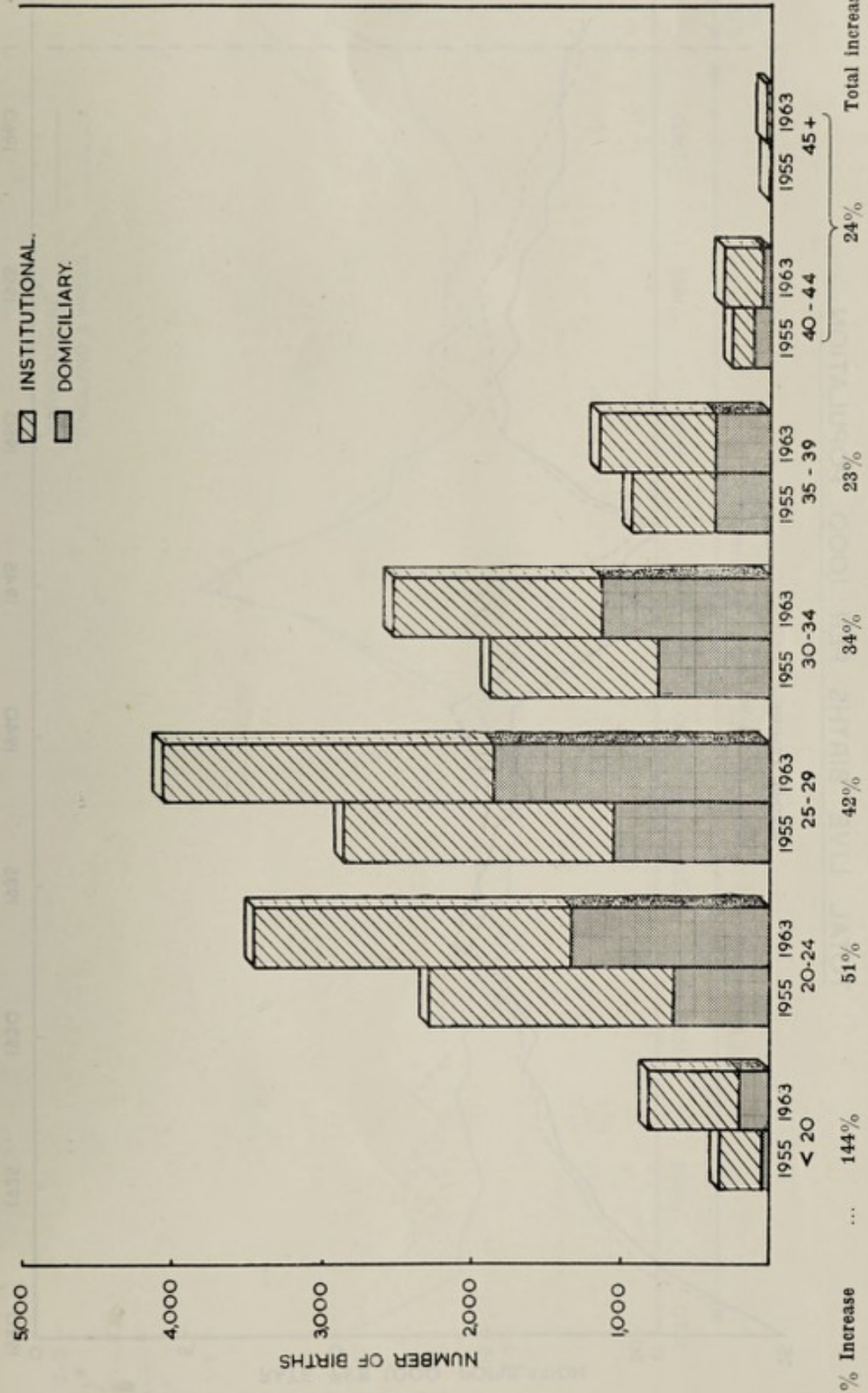
%	INCLUDING SOLIHULL											EXCLUDING SOLIHULL		
	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Domiciliary	:33	36	35	35	36	38	39	41	41	40	39	41	41	41
Institutional	:67	64	65	65	64	62	61	59	59	60	61	59	59	59

* Includes Private Nursing Homes † Before 10th day - 1960 onwards

‡ Allows for Staffs & Gov. Boundary Changes

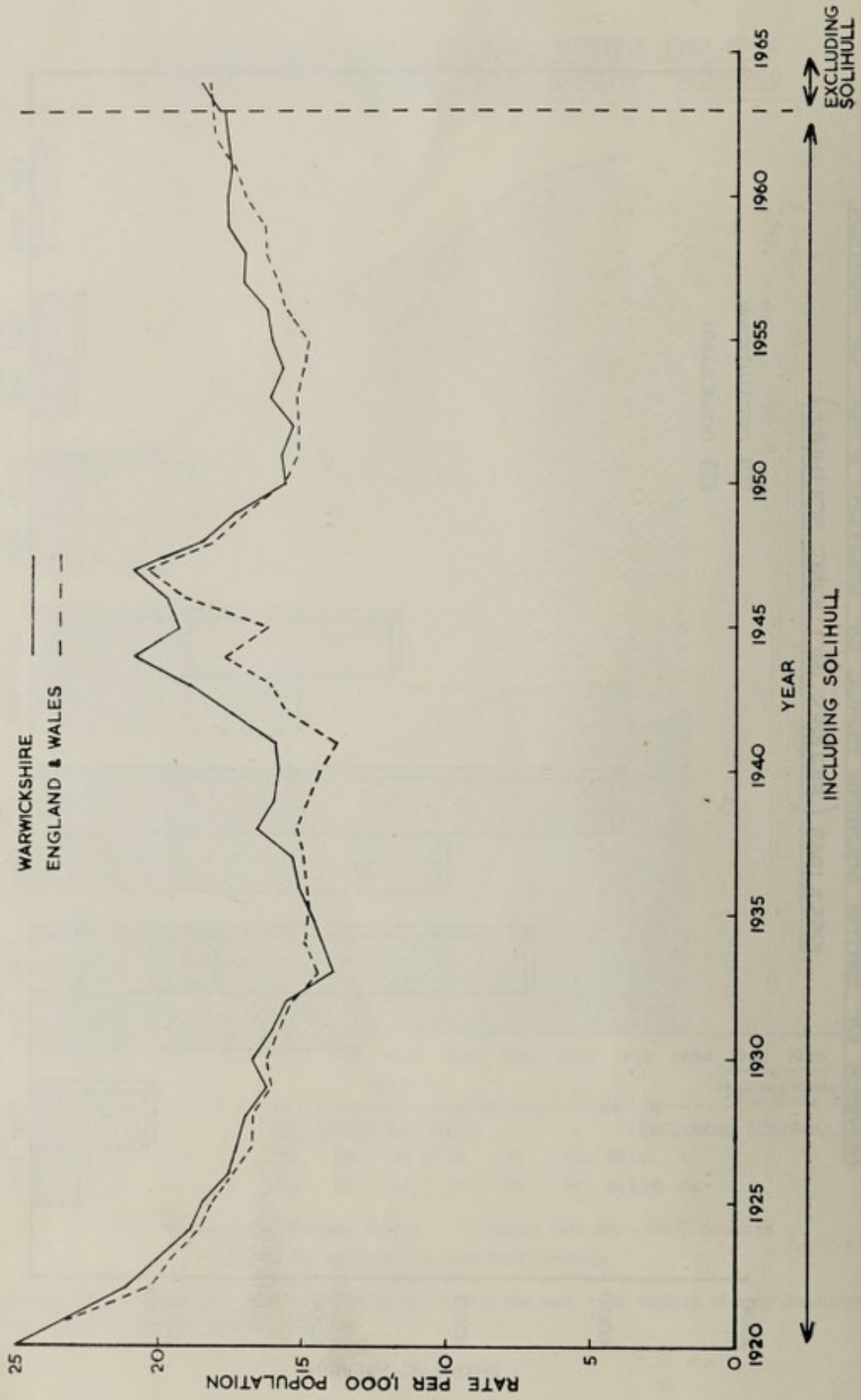
A further sharp increase took place in the birth rate during the year. The method of early discharge of maternity patients has been developed further.

**NUMBER OF BIRTHS SHOWING PLACE OF DELIVERY & AGE OF MOTHER
1955 & 1963 (FIGURES INCLUDING SOLIHULL).**

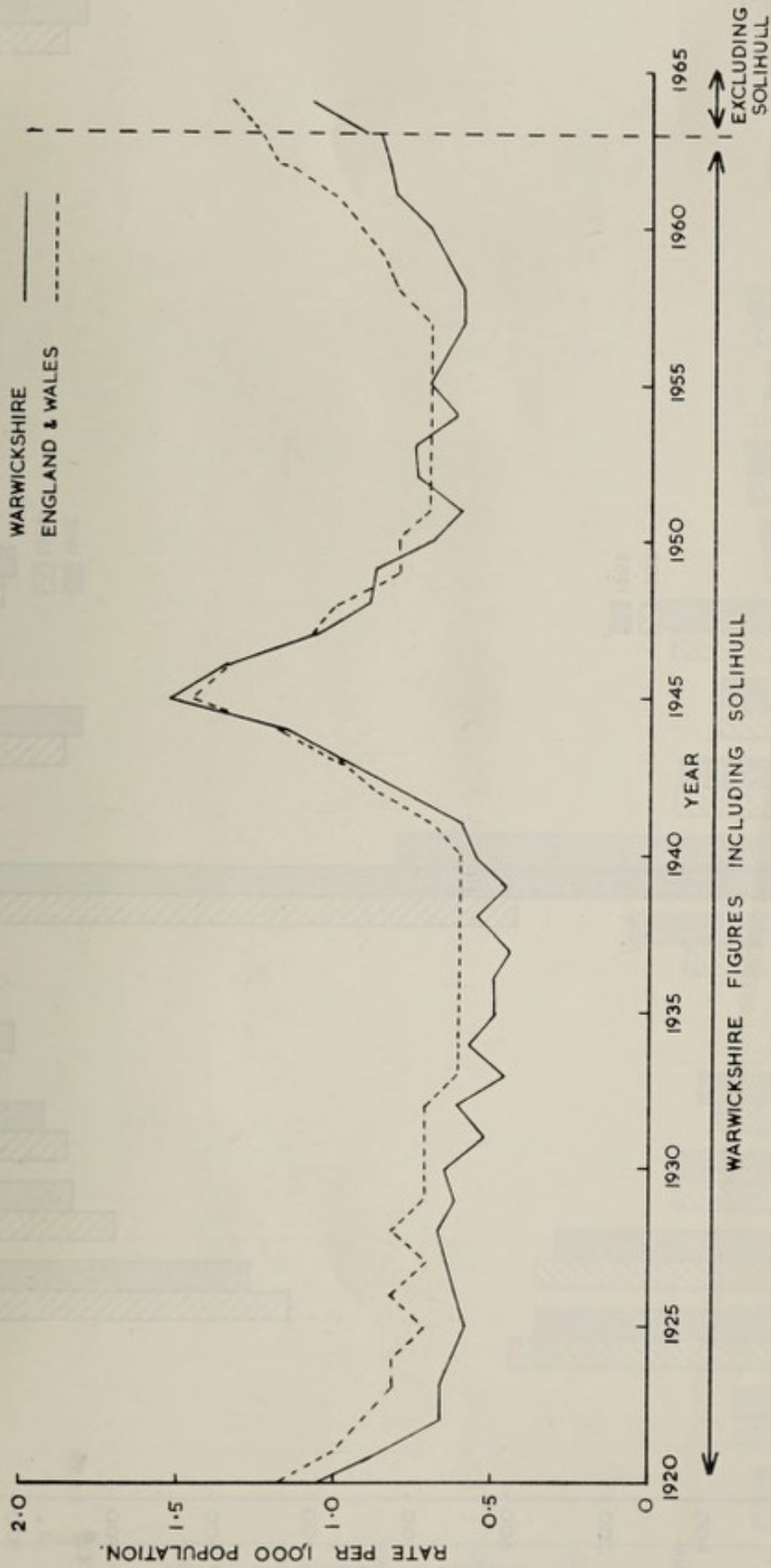


It will be noted that the greatest proportionate increase was in the under 20 age-group.

TOTAL LIVE BIRTHS PER 1,000 POPULATION

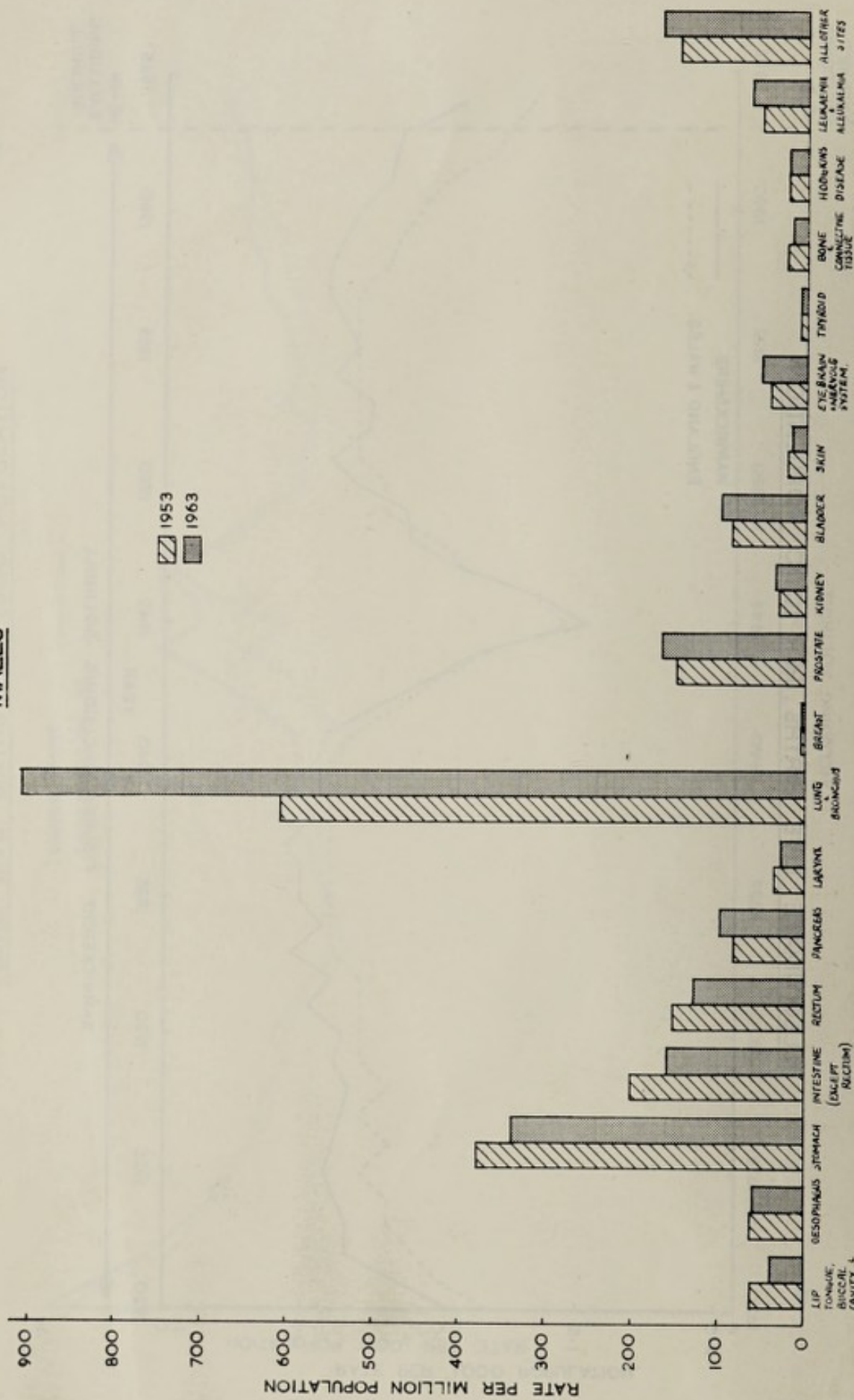


ILLEGITIMATE LIVE BIRTHS PER 1,000 POPULATION



CANCER DEATH RATES PER MILLION POPULATION BY SITE (ENGLAND & WALES)

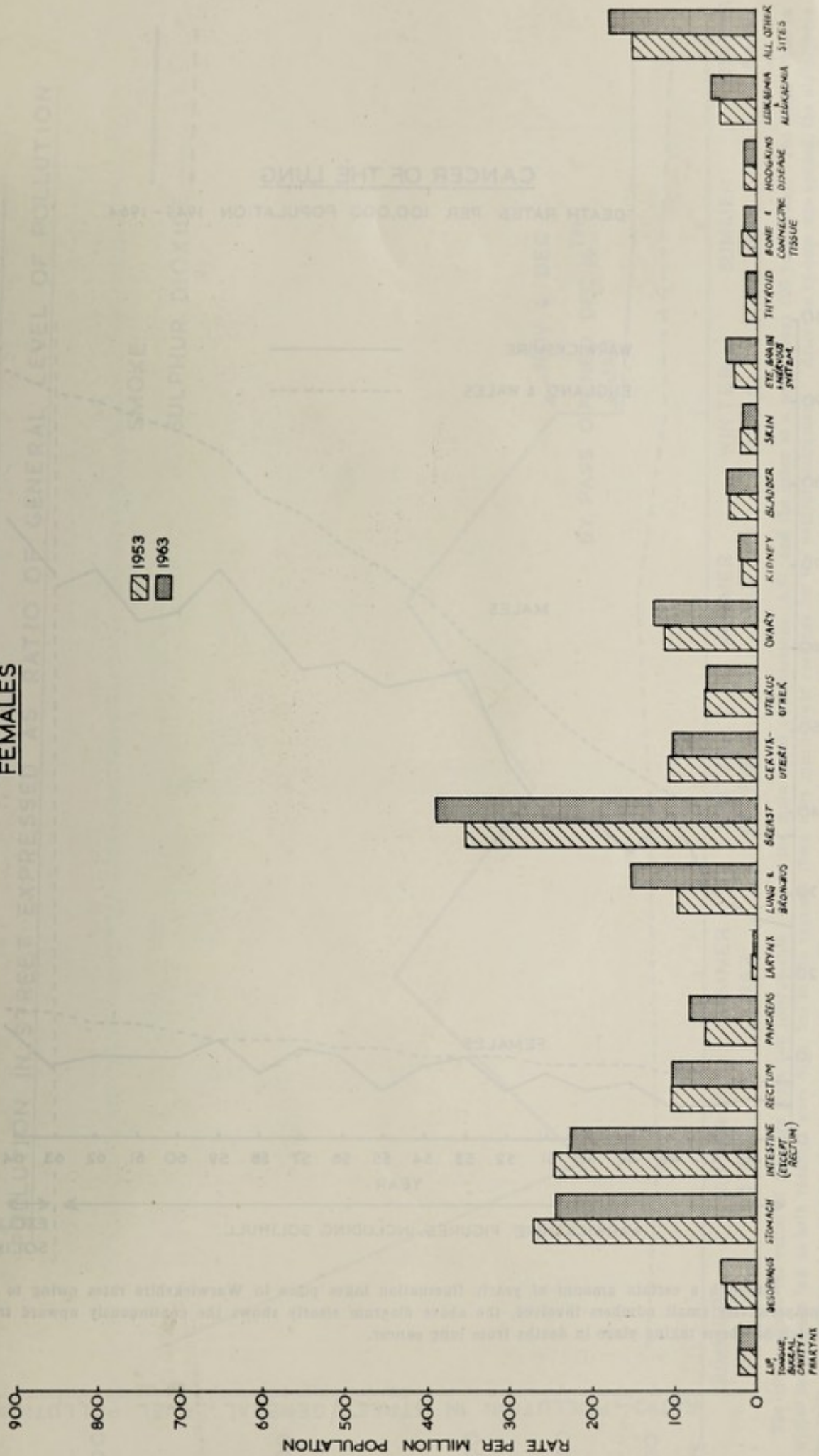
1953 & 1963
MALES



This diagram shows deaths from cancer divided into various sites of the body. The high death rate from cancer of the lung in males, and the increase

CANCER DEATH RATES PER MILLION POPULATION BY SITE (ENGLAND & WALES).

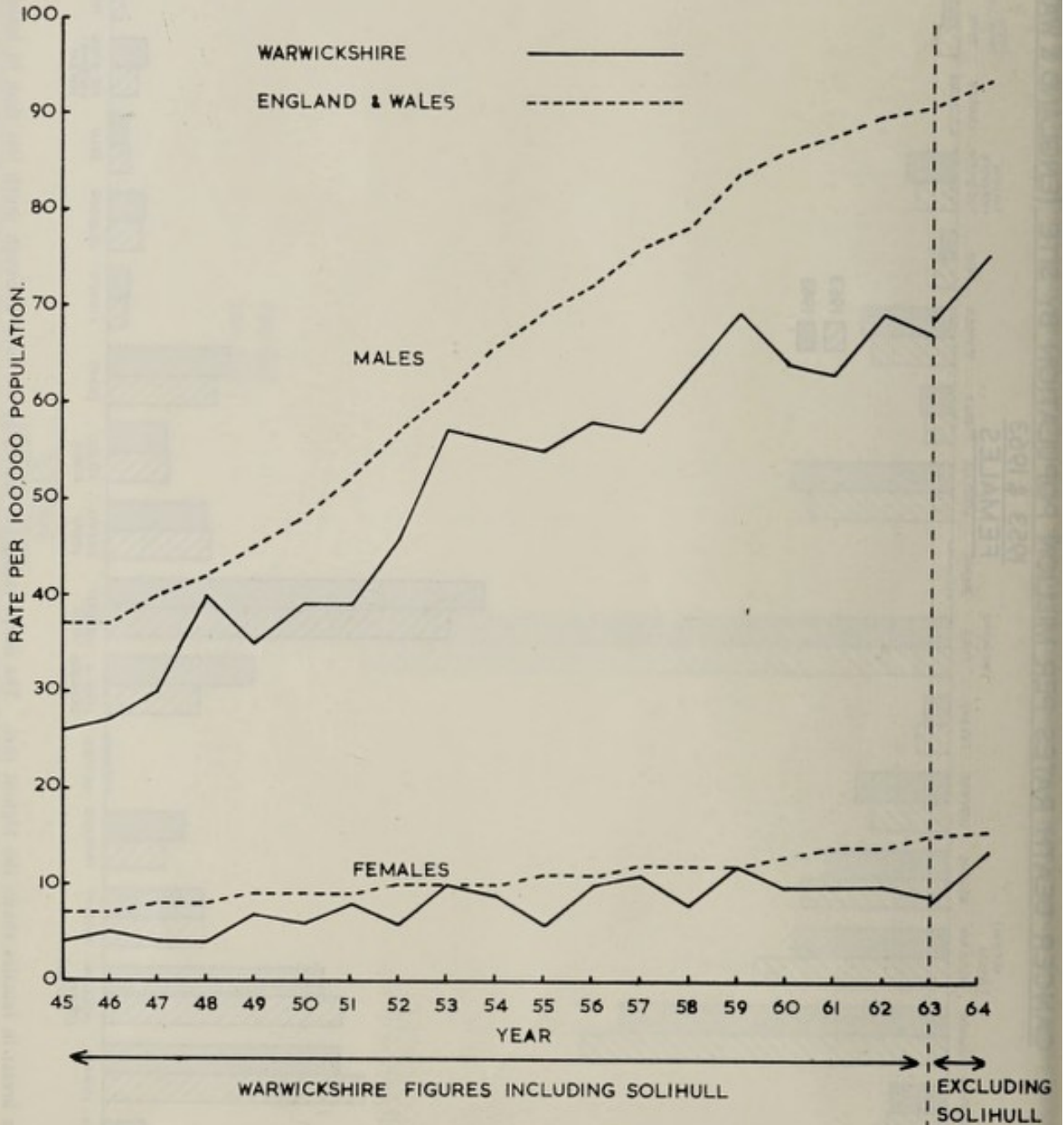
**1953 & 1963
FEMALES**



Cancer of the breast in females shows the highest rate. The death rate from cancer of the lung although much less than in males has been steadily rising.

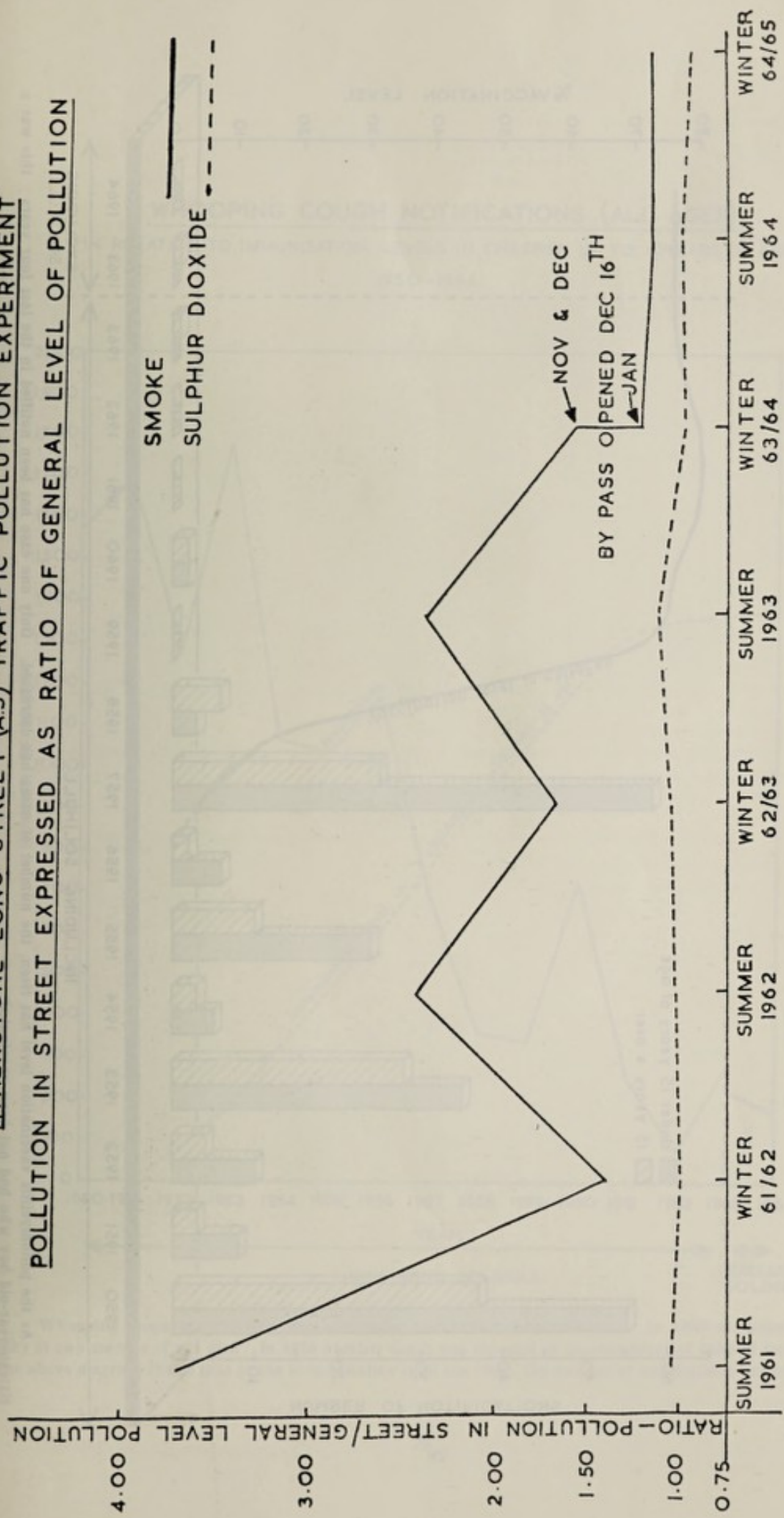
CANCER OF THE LUNG

DEATH RATES PER 100,000 POPULATION 1945-1964.



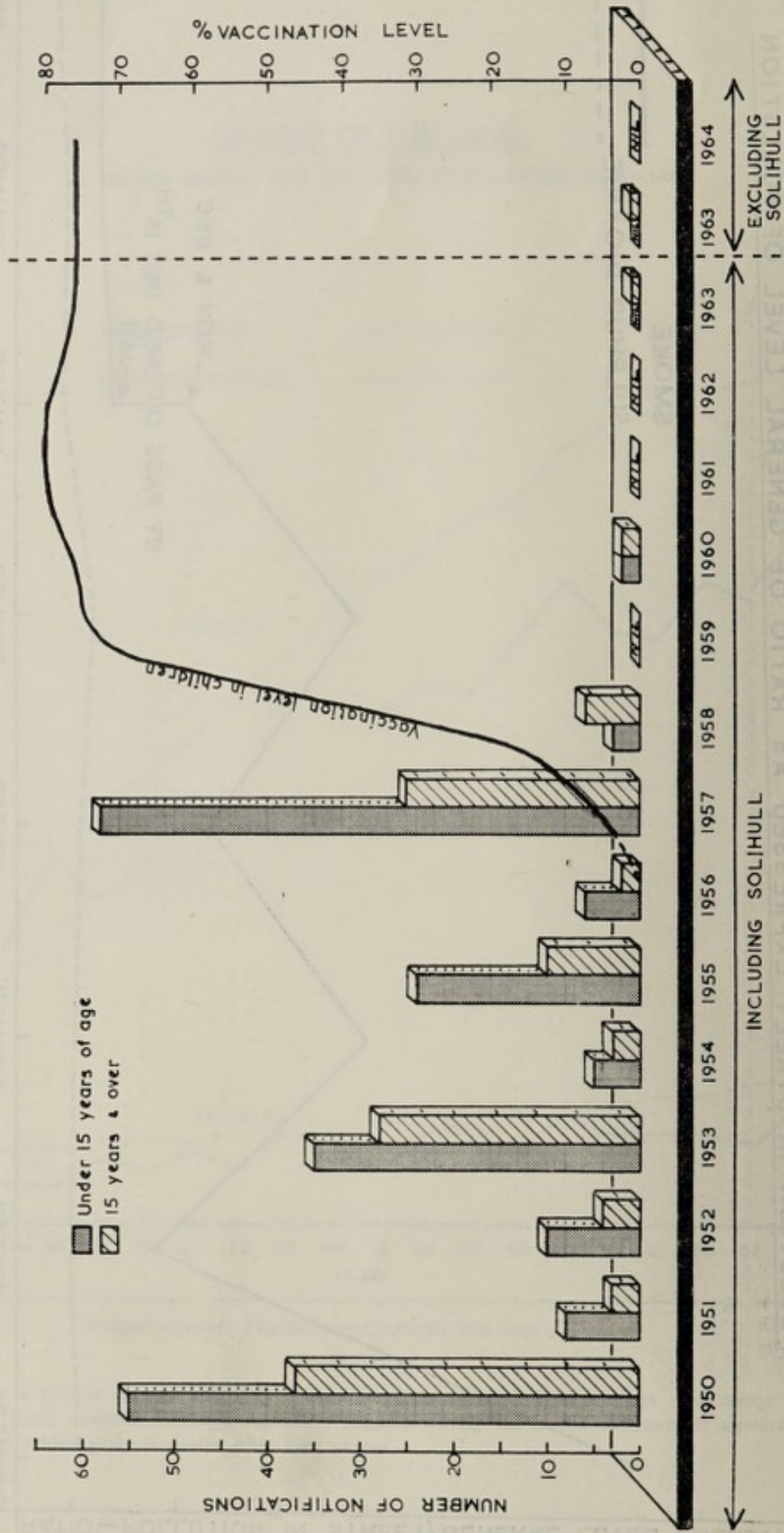
Although a certain amount of yearly fluctuation takes place in Warwickshire rates owing to the comparatively small numbers involved, the above diagram clearly shows the continuously upward trend which has been taking place in deaths from lung cancer.

ATHERSTONE LONG STREET (A.5) TRAFFIC POLLUTION EXPERIMENT
POLLUTION IN STREET EXPRESSED AS RATIO OF GENERAL LEVEL OF POLLUTION



The graph shows the ratios of readings from two instruments—one in the main street of Atherstone (A.5), and the other at a point about 100 yards away. The smoke ratio in the winter months was low as both readings were high, but in the summer there were much lower readings for the control instrument. After the by-pass was opened, the atmosphere in the main street improved to give an almost constant ratio. The number of vehicles on the A.5 dropped from 12,736 per day to 3,500, and approximately one-third of the smoke pollution was removed. The experiment was devised and carried out by Mr. R. A. Margoschis, a Health Inspector of Atherstone Rural District Council.

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

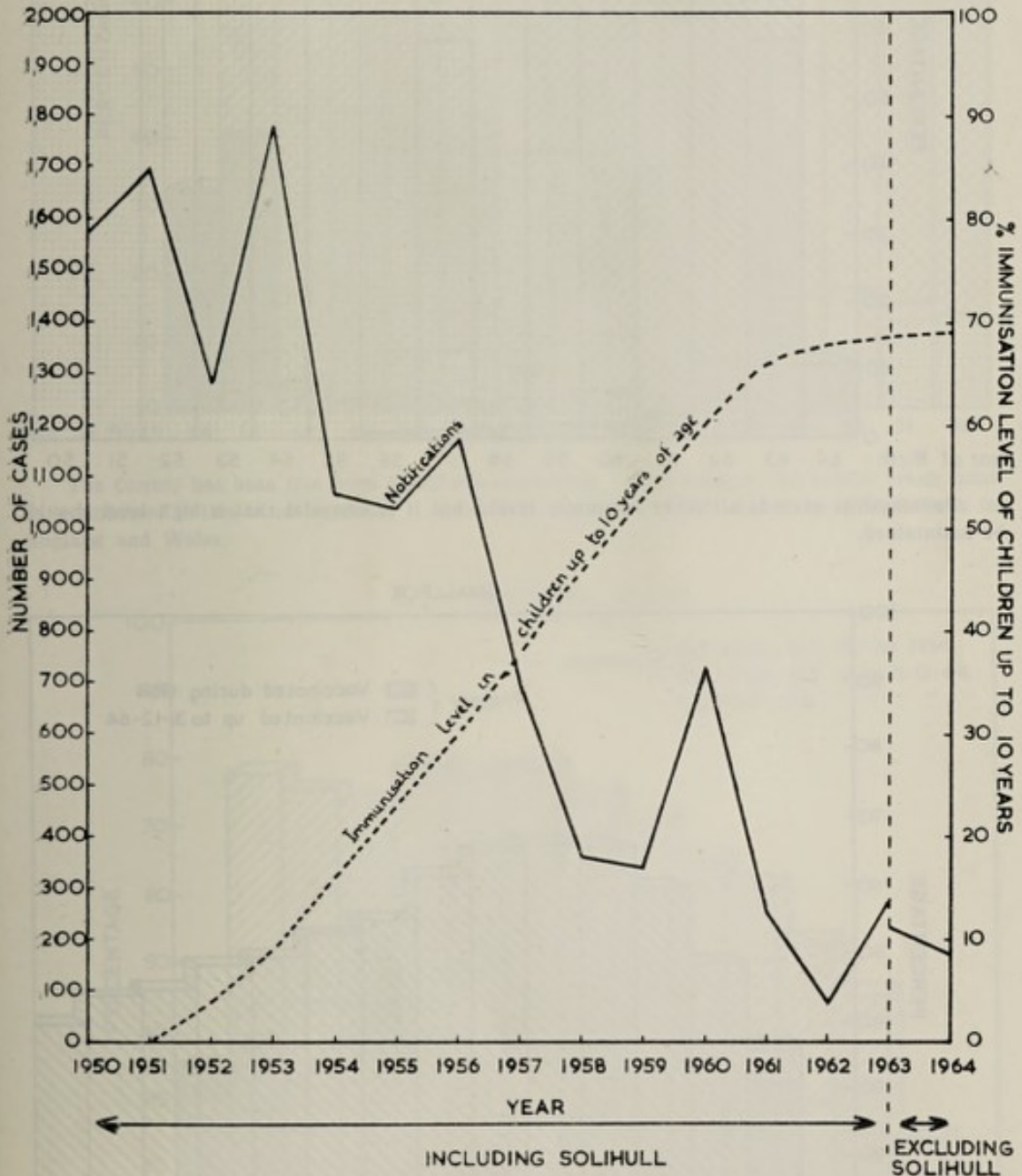


As the poliomyelitis vaccination level has risen, the number of cases has decreased. Only one case has been notified in the last four years; this was a sixteen-year-old boy who had not been vaccinated.

WHOOPIING COUGH NOTIFICATIONS (ALL AGES)

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

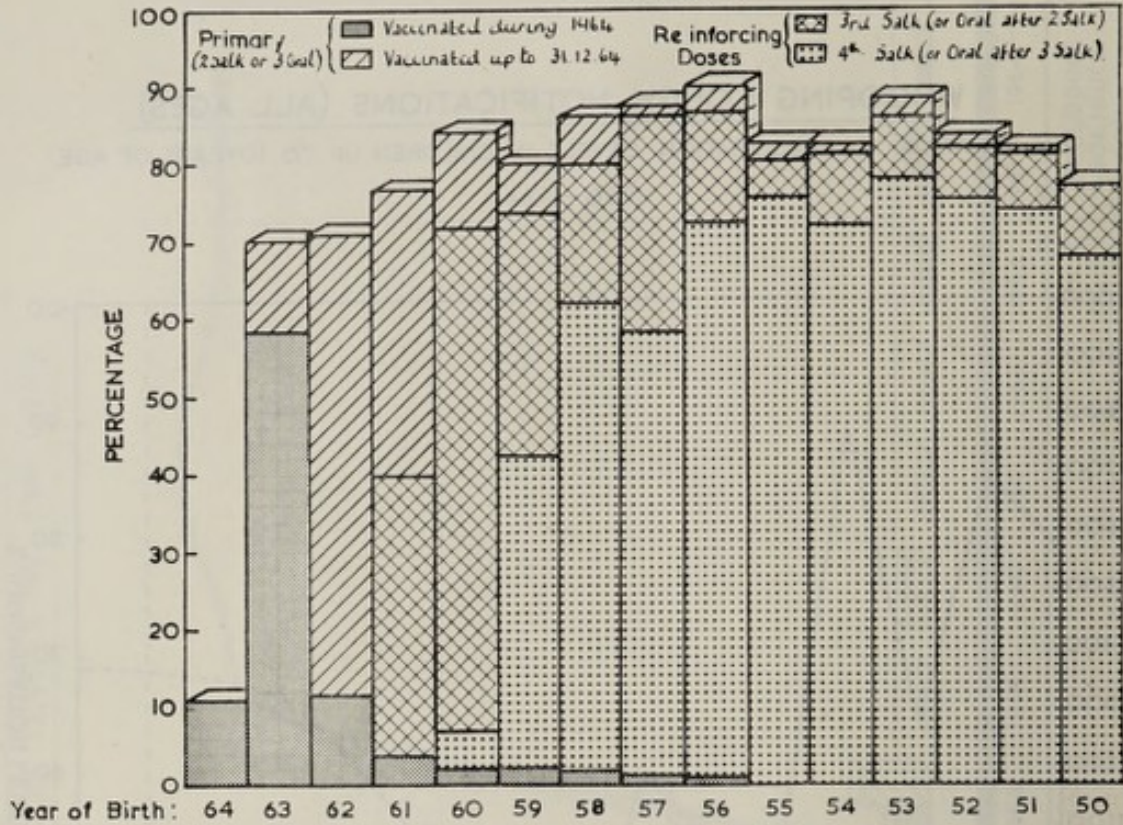
1950 - 1964



Whooping cough can still be a very dangerous disease in young children. In 1963 an unimmunised baby of two months of age died; in 1964 another death was reported in an unimmunised baby of one month. The above diagram shows that as the immunisation level has risen, the number of notifications has decreased.

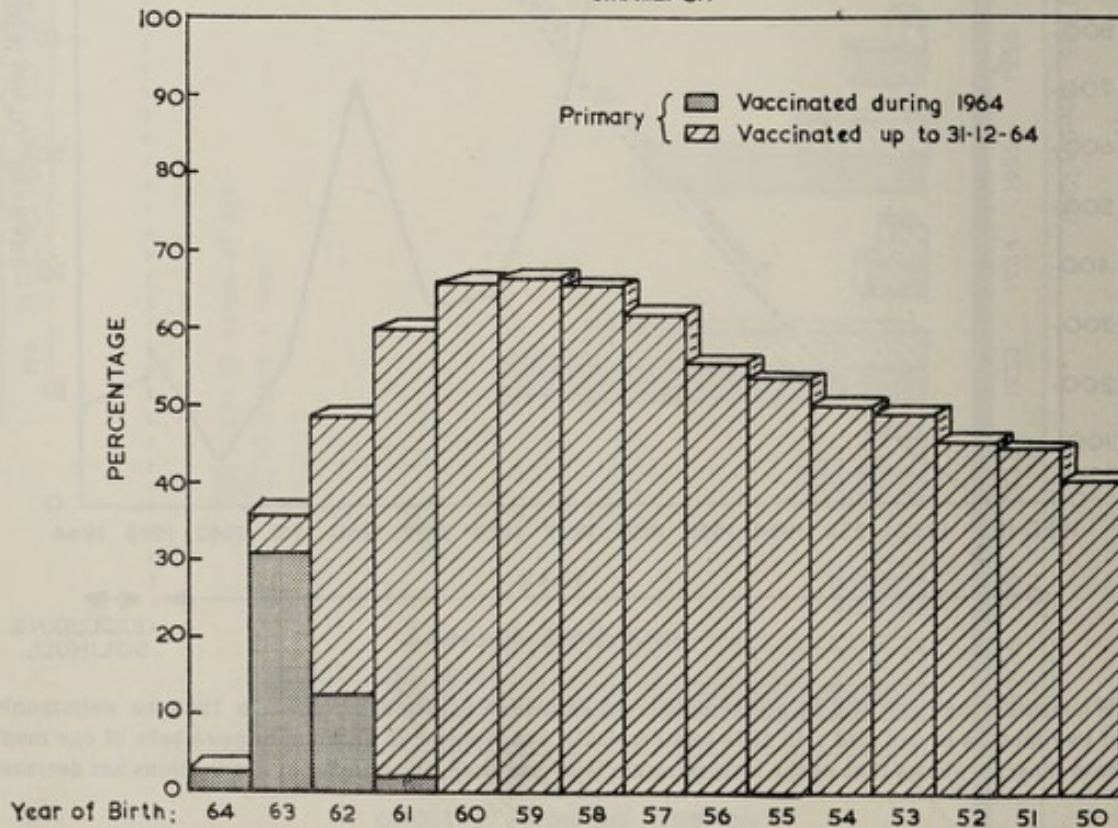
VACCINATION LEVELS OF CHILDREN.

POLIOMYELITIS



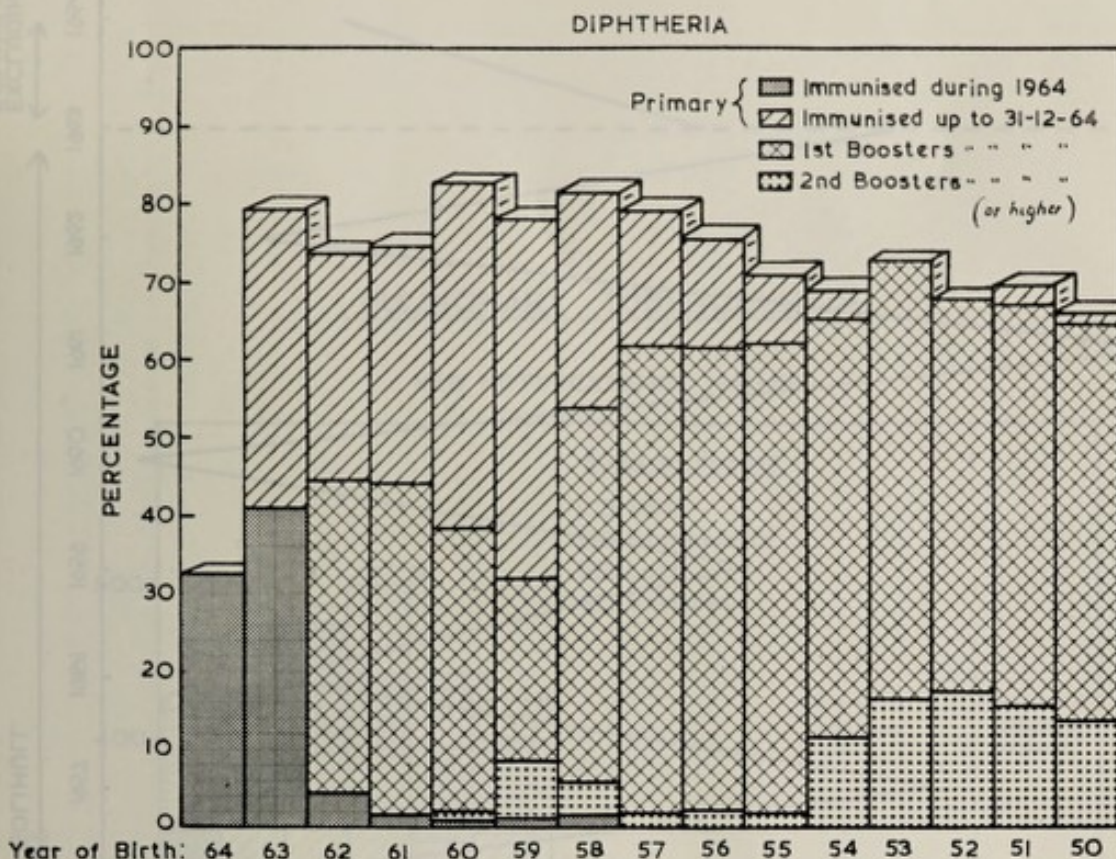
Poliomyelitis exceeds all other immunity levels, but it is essential that a high level should be maintained.

SMALLPOX

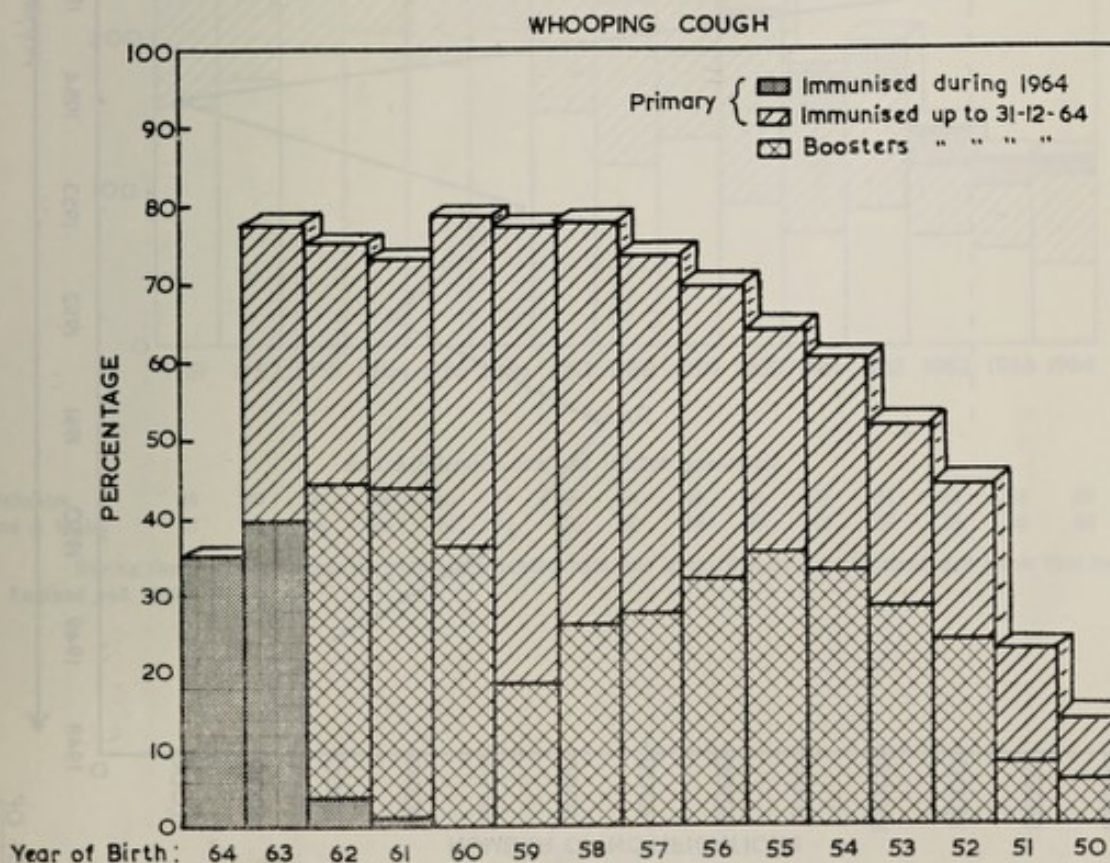


The smallpox vaccination level still remains well below others, but the 1961/62 outbreak resulted in a greatly increased demand for vaccination.

IMMUNISATION LEVELS OF CHILDREN.



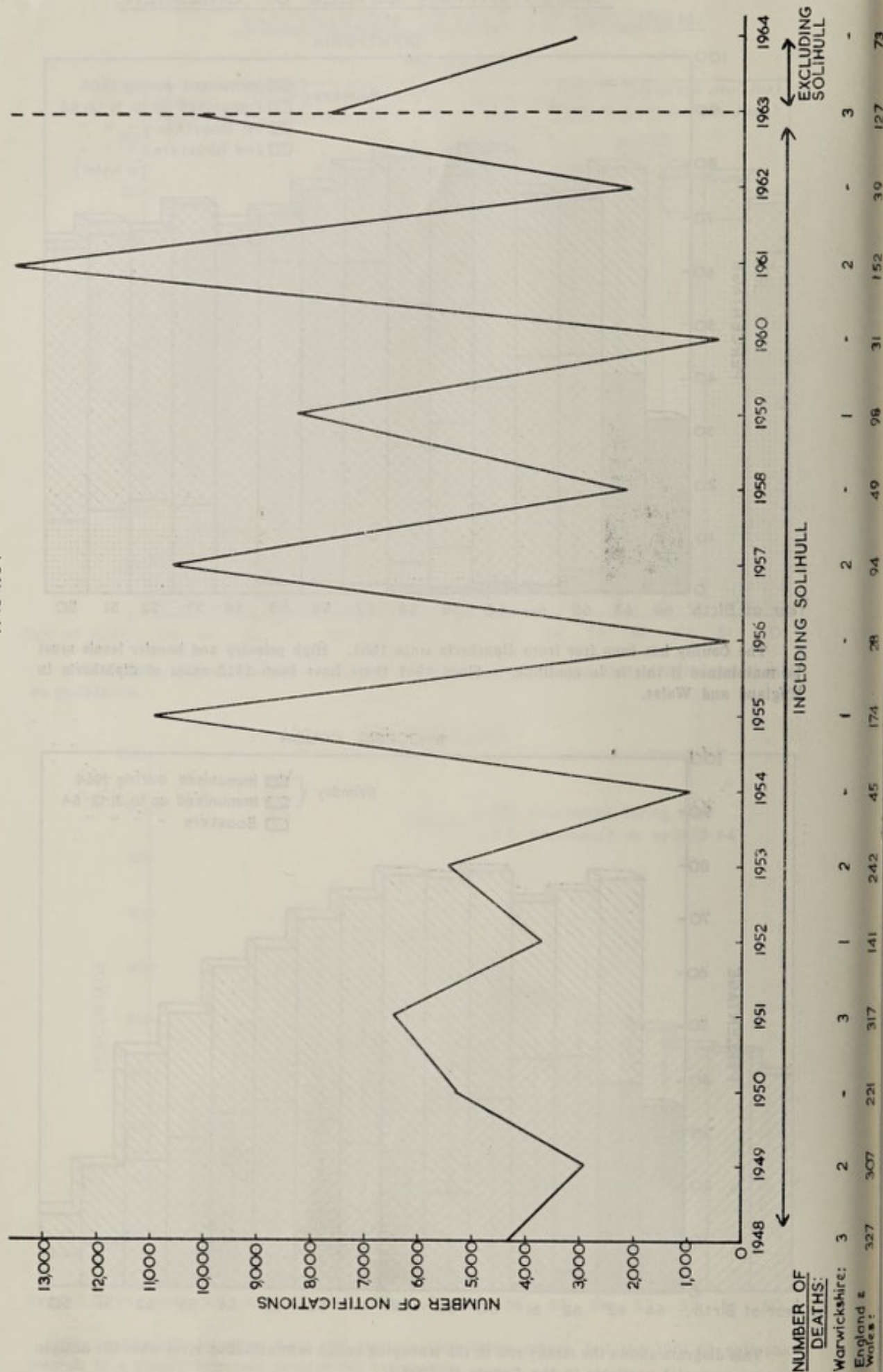
The County has been free from diphtheria since 1951. High primary and booster levels must be maintained if this is to continue. Since 1951 there have been 1412 cases of diphtheria in England and Wales.



This diagram shows the steady rise in the whooping cough immunisation level since the antigen became generally available in the County in 1951.

NOTIFICATION OF MEASLES

1948-1964

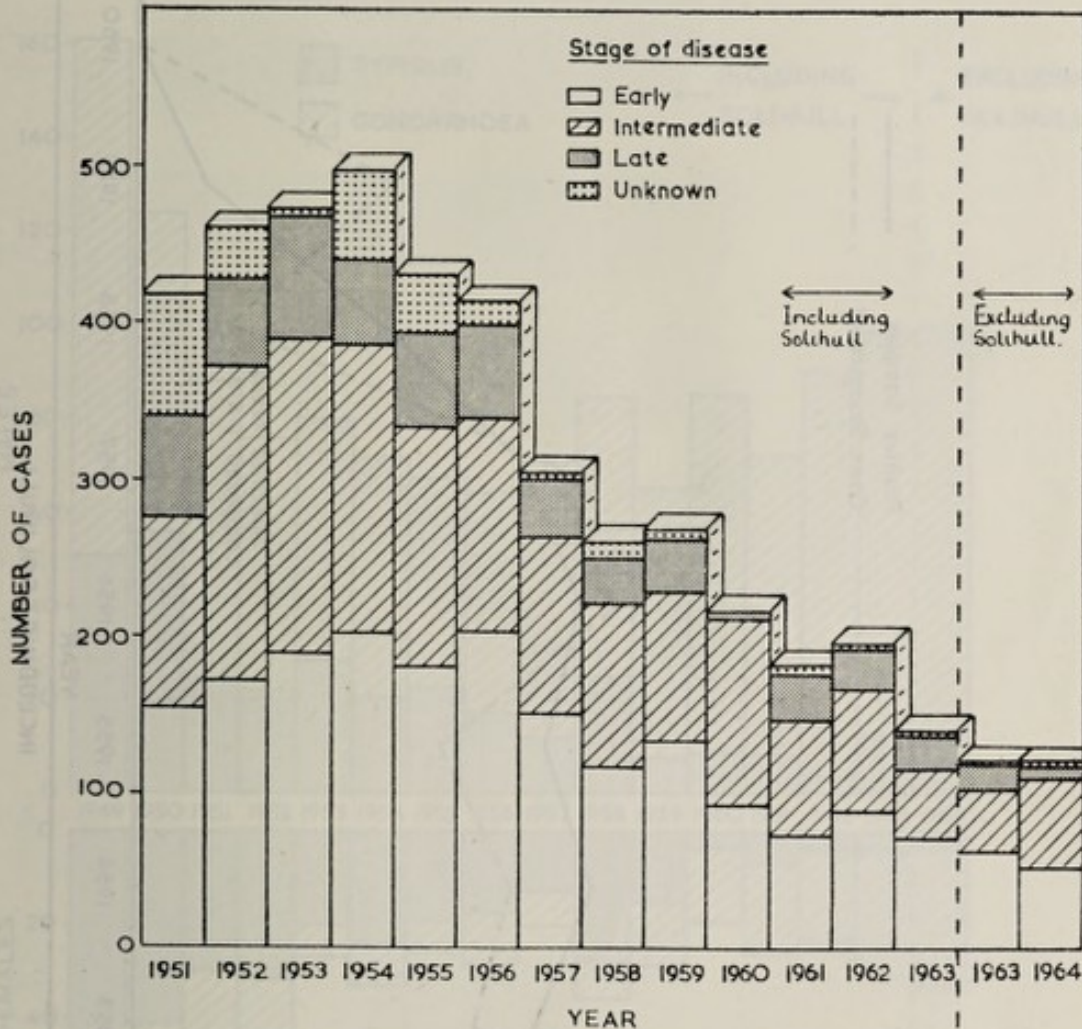


NUMBER OF DEATHS:

Warwickshire:	3
England & Wales:	327
1948:	2
1949:	307
1950:	221
1951:	317
1952:	141
1953:	242
1954:	45
1955:	174
1956:	28
1957:	94
1958:	49
1959:	98
1960:	31
1961:	152
1962:	30
1963:	3
1964:	-

PULMONARY TUBERCULOSIS

NEW NOTIFICATIONS 1951-64.

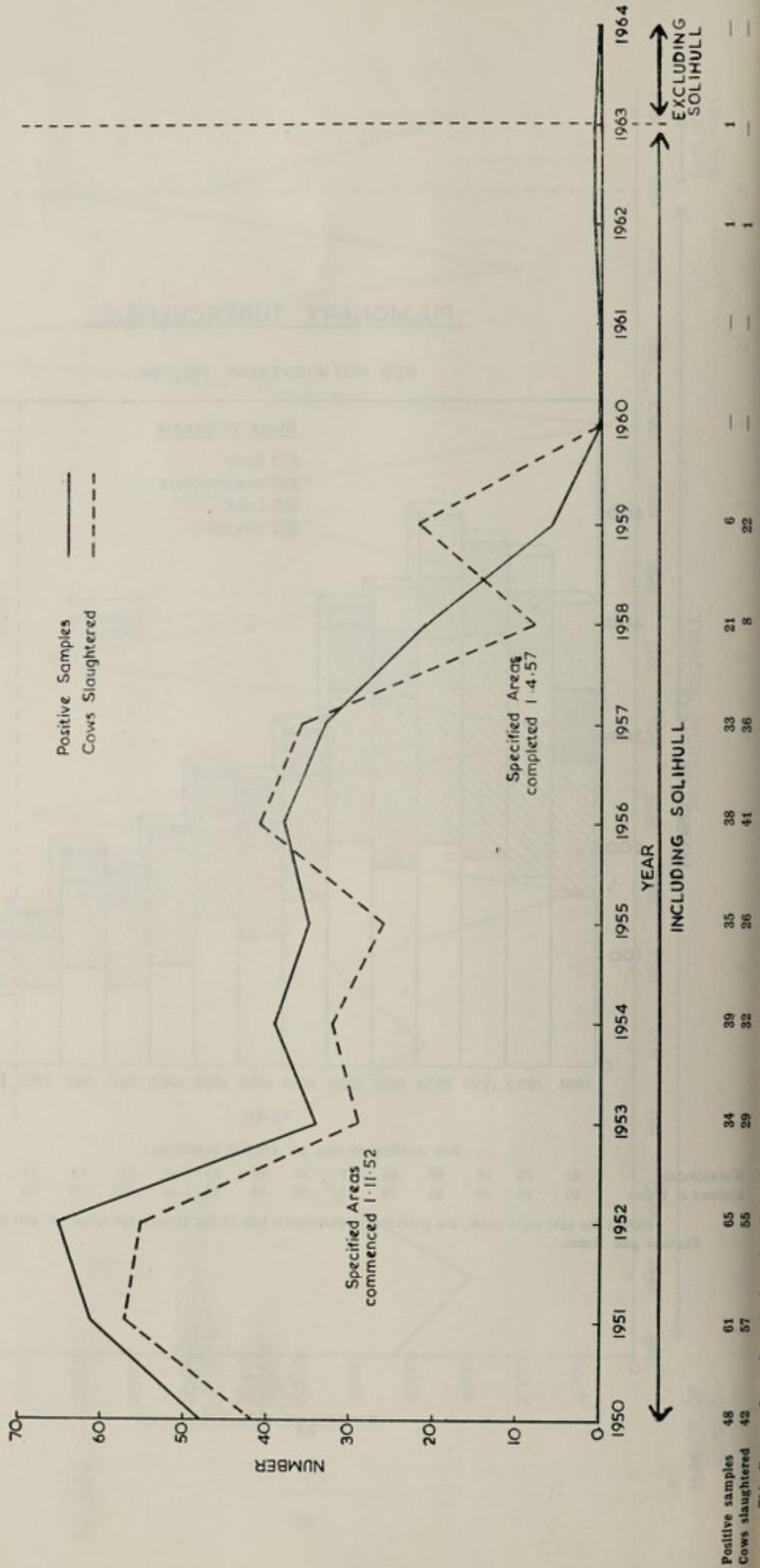


New notification rate per 100,000 population

Warwickshire	85	93	96	98	83	77	55	46	46	36	29	31	21	22	22
England & Wales	97	95	93	84	76	71	65	58	54	46	42	39	35	35	32

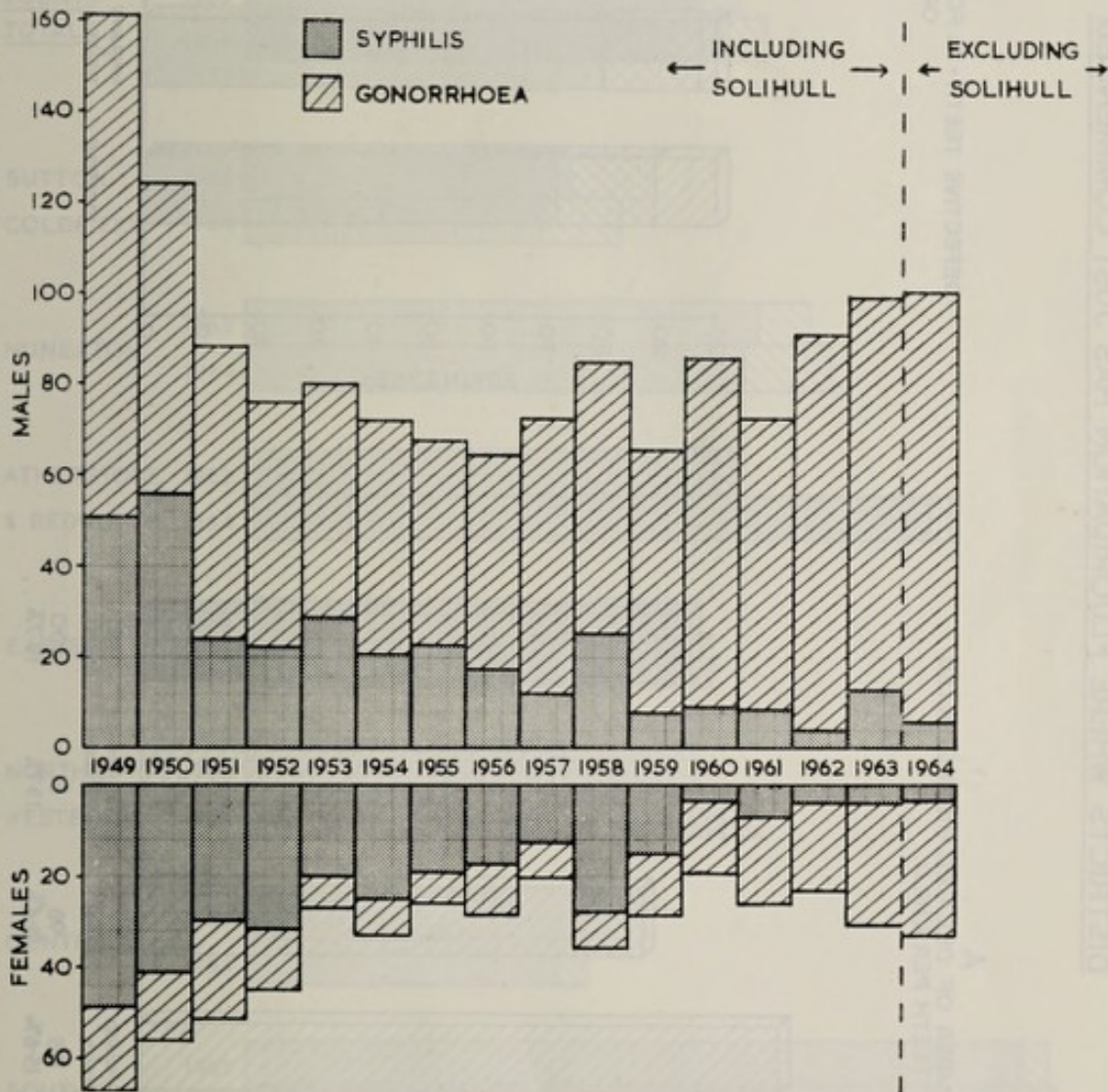
During the past eight years, the pulmonary tuberculosis rate in the County has remained well below that for England and Wales.

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



VENEREAL DISEASES

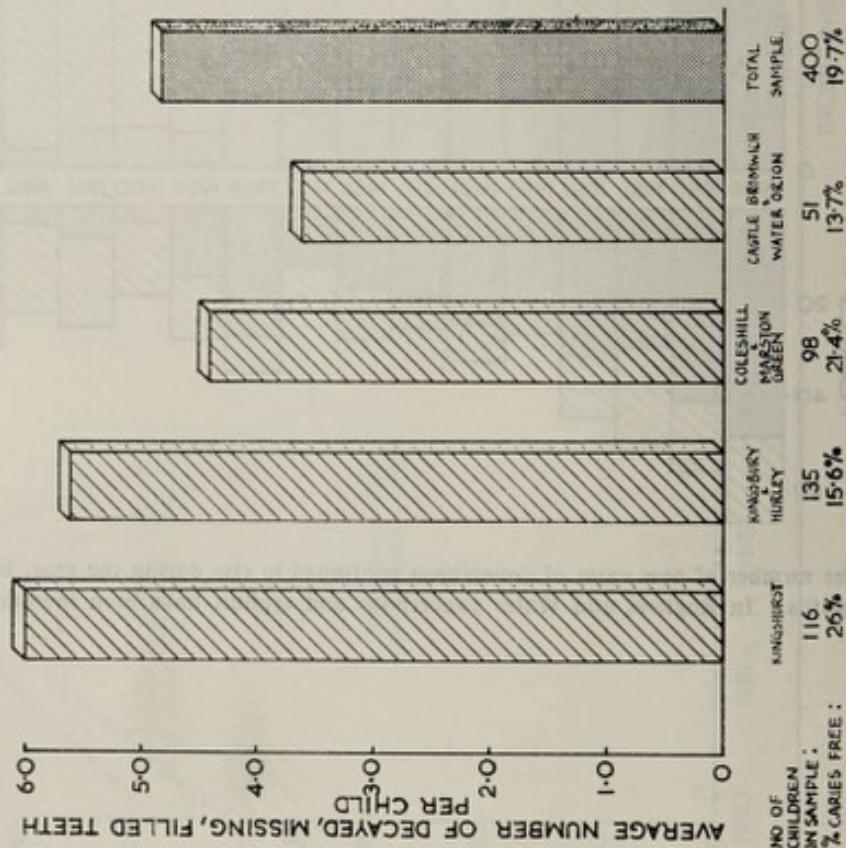
NEW CASES ATTENDING CLINICS 1949-1964.



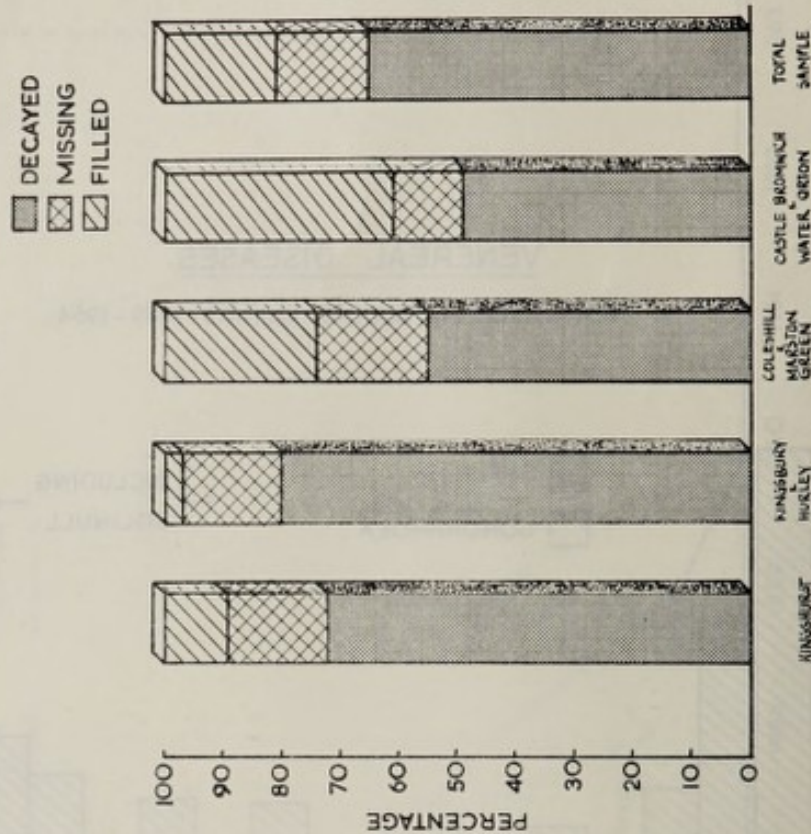
The number of new cases of gonorrhoea continued to rise during the year, but there were fewer cases of syphilis. In England and Wales gonorrhoea and syphilis have been increasing.

BASE-LINE DENTAL SURVEY OF 5 YEAR OLD CHILDREN WHO LIVE IN WARWICKSHIRE DISTRICTS WHERE FLUORIDATION HAS JUST COMMENCED.

A
AVERAGE NUMBER OF DECAYED, MISSING, FILLED TEETH PER CHILD.



B
DEFECTIVE TEETH - % FOUND TO BE DECAYED, MISSING, OR FILLED



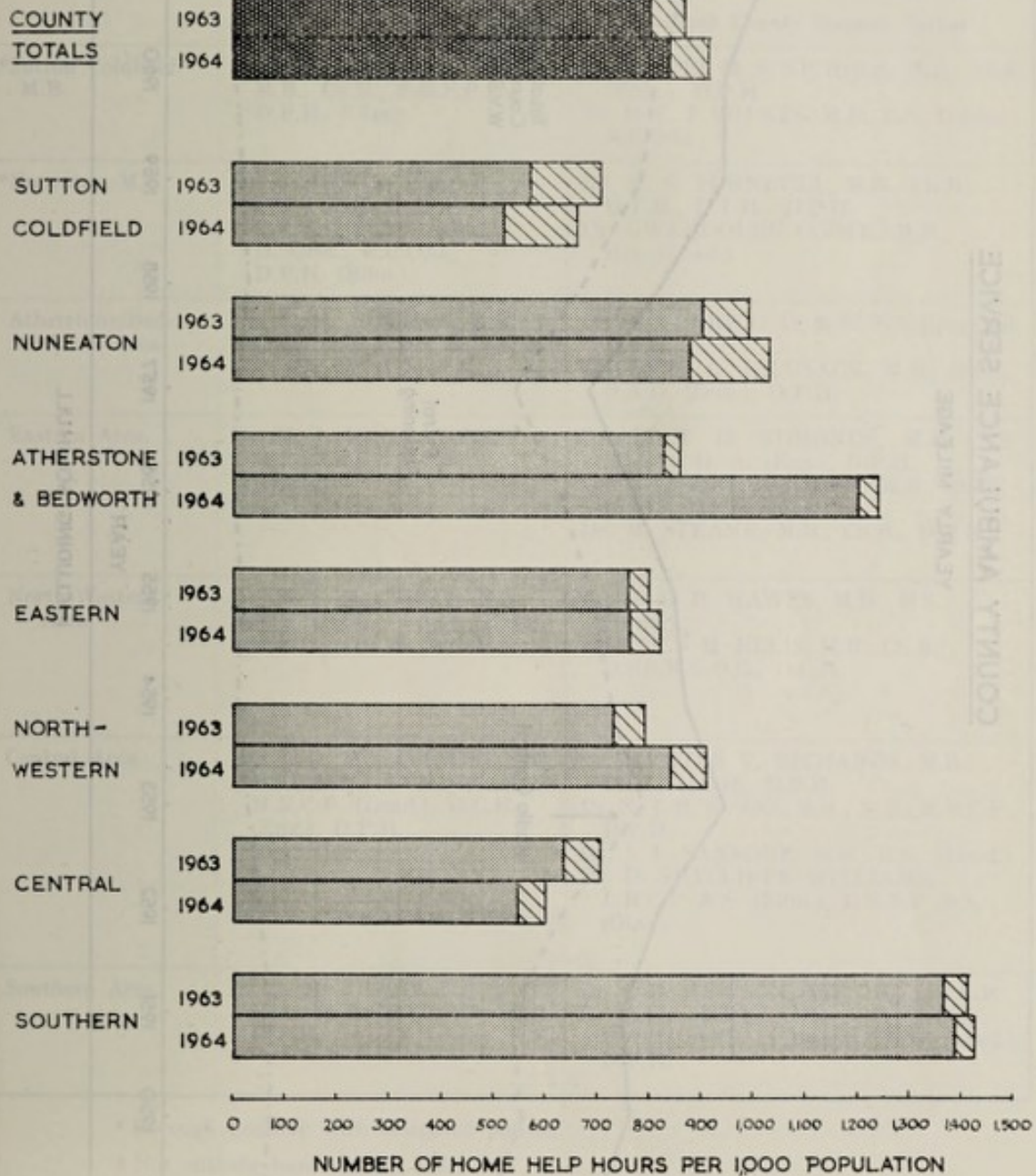
The diagram shows the results of a base-line dental survey of five-year-old children who live in the Warwickshire districts where fluoridation has just commenced. These results will be compared with a similar group of five-year-old children at a future date to assess the results of fluoridation.

HOME HELP SERVICE 1963 & 1964

- ▨ SHORT TERM CASES (Under 3 months - Acute illness & maternity)
- ▩ LONG TERM CASES (Over 3 months - Chronic illness & old age)

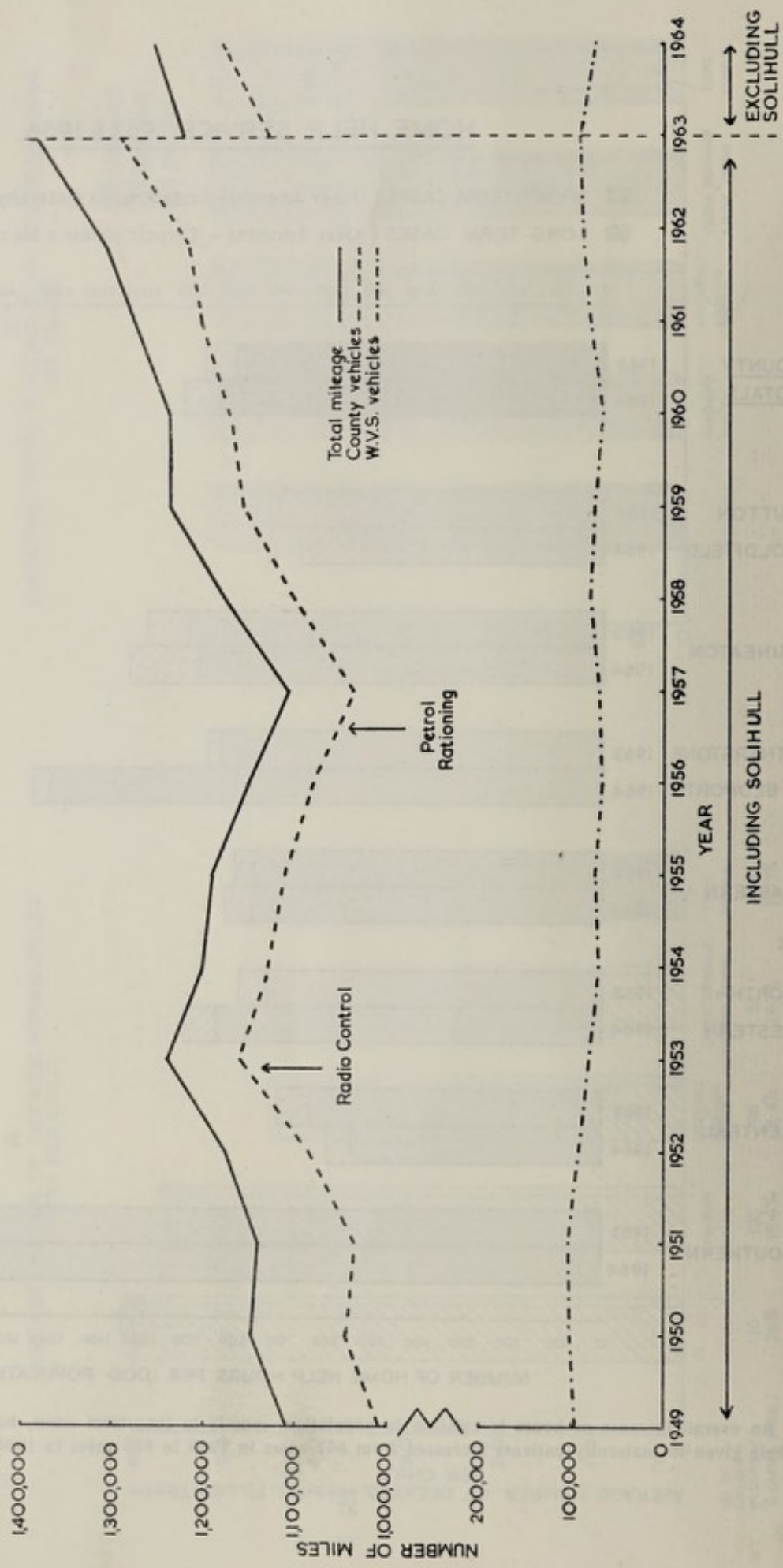
0 100 200 300 400 500 600 700 800 900 1,000 1,100 1,200 1,300 1,400 1,500

**COUNTY
TOTALS**



An overall increase of hours in relation to population, mainly in long-term cases, has taken place. The help given to maternity patients increased from 547 cases in 1963 to 639 cases in 1964.

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. ISOBEL M. S. NICHOLS, M.B., Ch.B. (Edin.), D.P.H. Dr. M. C. T. WILKES, M.B., B.S., D.Obst., R.C.O.G.
*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. B. C. BARDALAI, M.B., B.S. (Gauhati), D.P.H. Dr. ANNE L. J. CUSACK, M.B., B.Ch., B.A.O. (Dub.), 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.), D.P.H. Dr. J. G. M. MORTIMER, M.B., Ch.B. (Glas.), D.C.R.O.G.† Dr. M. STEANE, M.B., Ch.B., D.P.H.
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. LUCY M. ELLIS, M.B., Ch.B., D.(O).R.G.O.G., D.C.H.
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. MYRTLE V. RICHARDS, M.B., Ch.B., D.C.H., D.P.H. Dr. N. J. B. EVANS, M.A., M.B., M.R.C.P., D.P.H. Dr. J. F. SANSOME, M.B., B.S., (Lond.). Dr. D. SUTCLIFFE WILLIAMS, L.R.C.P. & S. (Edin.), L.R.F.P. & S. (Glas.).
Southern Area.	Dr. J. B. BRAMWELL, M.A., M.B., B.Ch. (Cantab.), D.P.H.	Dr. J. P. HEWSON, M.R.C.S., L.R.C.P. Dr. A. L. KIRKLAND, M.B., B.Ch., B.A.O (Belf.), D.Obst. R.C.O.G. (Lond.), D.P.H.

* Borough Councils with delegated powers.

† Not entirely based in the area.

To attend D.P.H. Course—Drs. H. M. RICHARDS and M. H. J. MARTIN.

Principal Dental Officer :

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

Dental Officers:

Sutton Coldfield M.B.	...	...	N. G. EVANS, L.D.S. (Birm.).
Nuneaton M.B.	...	...	{ Miss P. M. McDONAGH, B.D.S. (Durh.). Miss E. B. NASMYTH, L.D.S. (Durh.).
Atherstone/Bedworth Area	...	...
Eastern Area	...	...	Mrs J. READE, B.D.S. (Birm.).
North-Western Area	...	...	W. DOUGLAS, L.D.S. (St. Andrew's)*
Central Area	...	...	R. A. LEWTY, L.D.S. (Manc.)* Miss G. M. BAKER, B.D.S. (Brist.). C. M. B. DU BOIS, B.D.S. (Birm.). Miss A. MARTINOV, B.D.S. (Durh.).
Southern Area	...	...	Mrs. E. I. COLDRON, B.D.S. (Edin.).

*Senior Dental Officers.

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

(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. R.C. ANSLOW.
Sutton Coldfield M.B.	...	{ M. O'DONNELL.† M. NELSON.†
Nuneaton M.B.	...	{ P. C. MORGAN.† R. CALLANDER.†
Atherstone/Bedworth Area	...	N. V. WHITE.
Eastern Area	...	K. G. CODLING.
North-Western Area	...	W. J. DUIGENAN.
Central Area	...	C. ROBINSON.
Southern Area	...	P. M. OVERTON.

† These officers carry out Health and Welfare duties.

Mental Health Visitors :

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

Family Case Workers :

Mrs. M. BARCLAY.
Miss A. L. DICKENS.
Miss J. G. ORTON.
Miss P. E. WHITE.

Statistical Officer :

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

Chief Clerk :

L. J. ALLEN.

Health Education Officer :

T. T. PAYNE.

TABLE 1.

GENERAL STATISTICS, 1964.

	Acres.	Population.		Live Births.		Total Deaths.		Number Still-births.	Number Infant Deaths.	Number Mat-ernal Deaths.
		Mid-1963	Mid-1964	Number.	Birth Rate (adjusted) (Per 1,000 pop.)	Number.	Death Rate (adjusted) (Per 1,000 pop.)			
SUTTON COLDFIELD M.E.	13,978	76,570	77,980	1,472	16.61	597	9.63	15	16	—
NUNEATON M.B. ...	11,757	59,330	60,010	1,207	19.71	598	12.45	23	16	1
ATHERSTONE/BEDWORTH AREA.										
Bedworth U.D. ...	7,851	34,250	34,890	710	18.32	401	11.60	7	15	—
Atherstone R.D. ...	21,945	25,340	25,710	528	20.32	283	13.43	8	10	—
TOTALS ...	29,796	59,590	60,600	1,238	19.31	684	12.58	15	25	—
EASTERN AREA.										
Rugby M.B. ...	6,992	54,290	54,950	1,021	19.51	583	11.46	21	20	—
Rugby R.D. ...	80,630	23,700	24,460	436	17.47	221	11.66	6	9	—
TOTALS ...	87,622	77,990	79,410	1,457	18.62	804	11.99	27	29	—
NORTH-WESTERN AREA.										
Meriden R.D. ...	62,541	62,430	64,240	1,261	16.69	446	10.55	17	28	—
Tamworth R.D. ...	22,042	21,170	22,150	547	21.23	155	9.85	8	7	—
TOTALS ...	84,583	83,600	86,390	1,808	17.89	601	10.18	25	35	—
CENTRAL AREA.										
Leamington Spa M.B. ...	2,875	43,540	44,300	926	20.06	571	13.15	13	21	—
Warwick M.B. ...	5,057	16,620	16,870	294	18.13	196	11.96	7	5	—
Kenilworth U.D. ...	5,967	16,410	17,480	365	19.00	164	12.94	4	3	—
Southam R.D. ...	62,527	16,740	17,150	338	20.89	148	11.05	3	5	—
Warwick R.D. ...	56,605	28,310	28,880	502	15.99	296	9.02	3	12	—
TOTALS ...	133,031	121,620	124,680	2,425	19.02	1,375	12.33	30	46	—
SOUTHERN AREA.										
Stratford-upon-Avon M.B. ...	6,900	17,040	17,400	276	16.17	227	12.12	3	5	—
Alcester R.D. ...	37,524	17,120	18,270	421	23.04	207	10.65	6	7	—
Shipston-on-Stour R.D. ...	53,339	8,780	9,000	173	21.53	127	9.17	2	2	—
Stratford-on-Avon R.D. ...	86,096	24,800	27,500	501	18.95	253	10.21	8	7	—
TOTALS ...	183,859	67,740	72,170	1,371	19.84	814	10.23	19	21	—
COUNTY TOTALS ...	544,626	546,440	561,240	10,978	18.58	5,473	11.40	154	188	1

TABLE 2. REVIEW OF BIRTH AND DEATH RATES
for the years 1933-1964.

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)
<u>Including Solihull.</u>							
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
1963.	17.88	11.61	0.05	1.74	17	17	0.24
<u>Excluding Solihull.</u>							
1963.	18.26	11.75	0.05	1.74	17	17	0.19
1964.	18.58	11.40	0.04	1.79	17	14	0.09

TABLE 3.

CAUSES OF DEATH BY AGE AND SEX, 1964.

Cause.	Sex	Age at Death.											Total 1964	Total Deaths	
		Under 4 wks.	4 wks- 1 yr.	1--	5--	15--	25--	35--	45--	55--	65--	75+		1963	1962
1 Tuberculosis—Respiratory	M	—	—	—	—	—	—	2	2	4	6	2	16	21	19
	F	—	—	—	—	—	—	1	1	1	2	1	6	7	5
2 Tuberculosis—Other forms	M	—	—	—	—	—	—	—	—	—	1	—	1	4	2
	F	—	—	—	—	—	—	—	—	—	—	—	—	2	1
3 Syphilitic Disease	M	—	—	—	—	—	—	—	1	2	1	—	4	2	5
	F	—	—	—	—	—	—	—	—	2	2	—	2	1	4
4 Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5 Whooping Cough	M	—	1	—	—	—	—	—	—	—	—	—	1	—	1
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6 Meningococcal Infections	M	—	—	—	—	—	—	—	—	—	—	—	—	1	1
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7 Acute Poliomyelitis	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8 Measles	M	—	—	—	—	—	—	—	—	—	—	—	—	3	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9 Other Infective/Parasitic Diseases	M	—	—	—	—	—	—	1	3	2	—	—	6	8	14
	F	—	—	—	—	—	—	—	3	2	3	1	9	8	7
10 Malignant Neoplasm—Stomach	M	—	—	—	—	—	—	2	8	23	19	27	79	70	76
	F	—	—	—	—	—	—	1	2	6	10	12	31	41	52
11 Malignant Neoplasm—Bronchus	M	—	—	—	—	—	—	6	24	67	83	29	209	183	179
	F	—	—	—	—	—	1	4	4	16	9	5	39	23	28
12 Malignant Neoplasm—Breast	M	—	—	—	—	—	—	—	1	—	—	—	1	—	—
	F	—	—	—	—	—	—	7	22	36	23	18	106	91	87
13 Malignant Neoplasm—Uterus	F	—	—	—	—	—	1	8	4	10	12	6	41	32	47
14 Malignant Neoplasm—Others	M	—	—	3	3	3	5	18	18	49	71	82	252	245	291
	F	—	1	1	1	4	4	3	33	37	52	79	215	239	198
15 Leukaemia/Aleukaemia	M	—	—	1	1	1	—	—	2	1	4	7	17	14	13
	F	1	—	—	1	—	—	—	1	1	5	4	13	12	16
16 Diabetes	M	—	—	1	—	—	—	—	1	6	6	3	17	20	11
	F	—	—	—	—	—	—	1	3	6	15	14	39	26	27
17 Vascular Lesions—Nervous System	M	—	—	1	1	1	—	3	17	39	99	126	287	300	292
	F	—	—	—	—	1	—	3	15	26	103	278	426	446	422
18 Coronary Disease and Angina	M	—	—	—	—	—	3	18	78	172	214	172	657	642	615
	F	—	—	—	—	—	1	5	8	49	128	197	388	396	356
19 Hypertension/Heart Disease	M	—	—	—	—	—	—	—	—	8	12	13	33	51	38
	F	—	—	—	—	—	—	—	1	3	20	30	54	66	72
20 Other Heart Diseases	M	—	—	—	—	—	2	6	11	26	53	131	229	250	253
	F	—	1	—	—	—	6	5	11	16	54	208	301	334	351
21 Other Circulatory Disease	M	—	—	—	—	—	—	3	12	23	32	53	123	108	122
	F	—	—	—	—	—	2	3	9	13	35	88	150	132	128
22 Influenza	M	—	—	—	—	—	1	—	3	1	2	10	17	6	20
	F	—	—	—	—	—	—	—	—	1	6	4	11	3	25
23 Pneumonia	M	3	2	1	—	1	1	2	4	15	37	97	163	201	198
	F	1	2	3	—	3	1	3	2	10	35	147	207	237	214
24 Bronchitis	M	—	—	1	—	1	—	—	4	8	38	66	76	194	229
	F	—	1	1	1	—	—	—	3	5	24	57	92	91	77
25 Other Respiratory Diseases	M	—	—	—	—	—	—	1	6	10	27	12	56	34	41
	F	—	—	—	—	—	—	—	1	—	4	5	14	26	9
26 Ulcer—Stomach/Duodenum	M	—	—	—	—	—	—	2	3	3	6	10	24	23	33
	F	—	—	—	—	—	—	—	—	3	4	8	15	13	21
27 Gastritis/Enteritis/Diarrhoea	M	—	2	1	—	—	—	—	—	2	3	4	12	11	15
	F	—	4	—	—	—	—	1	1	2	4	10	22	16	18
28 Nephritis/Nephrosis	M	—	—	—	—	2	1	1	1	3	—	1	9	13	17
	F	—	—	—	1	1	1	2	—	2	5	3	15	8	13
29 Hyperplasia of Prostate	M	—	—	—	—	—	—	—	1	1	9	15	26	28	23
30 Pregnancy/Childbirth/Abortion	F	—	—	—	—	—	1	—	—	—	—	—	1	2	4
31 Congenital Malformations	M	22	9	2	—	1	—	4	1	1	—	—	40	24	34
	F	12	12	5	1	1	—	—	2	1	1	—	35	33	26
32 Other Defined and Ill-Defined Diseases	M	63	7	6	6	9	5	7	12	26	44	64	249	188	194
	F	34	3	—	3	—	3	6	15	26	41	98	229	227	234
33 Motor Vehicle Accidents	M	—	—	1	2	27	9	4	6	9	3	9	70	77	77
	F	—	—	—	2	6	2	4	1	1	2	4	22	15	15
34 Other Accidents	M	—	4	4	4	8	3	2	5	8	3	15	56	76	64
	F	1	2	3	—	1	1	1	3	8	6	51	77	78	82
35 Suicide	M	—	—	—	—	3	4	5	7	8	5	2	34	32	30
	F	—	—	—	—	—	2	6	3	9	5	4	29	18	12
36 Homicide	M	—	—	—	—	1	—	—	—	—	—	—	1	1	3
	F	—	—	—	—	—	—	1	—	—	—	—	1	—	—
All Causes	M	88	25	22	17	58	34	91	235	547	806	960	2,883	2,865	2,862
	F	49	26	13	10	17	27	65	148	290	610	1,335	2,590	2,623	2,551

TABLE 4.

LIVE AND STILLBIRTHS, 1964.

	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate</i> <i>(per 1,000</i> <i>Pop.)</i>
LIVE BIRTHS—Legitimate	5,384	4,983	10,367	17.55
Illegitimate	320	291	611	1.03
Total	5,704	5,274	10,978	18.58
Illegitimate live births % of total live births: 5.57				
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate</i> <i>(per 1,000</i> <i>total births)</i>
STILLBIRTHS—Legitimate	73	73	146	13.89
Illegitimate	4	4	8	12.92
Total	77	77	154	13.83
	<i>Males</i>	<i>Females</i>	<i>Total</i>	
TOTAL BIRTHS—Legitimate	5,457	5,056	10,513	
Illegitimate	324	295	619	
Grand Total	5,781	5,351	11,132	

TABLE 5.

INFANT MORTALITY, 1964.

	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Rate</i> <i>(per 1,000</i> <i>live births)</i>
UNDER 1 YEAR—Legitimate	100	66	166	16.01
Illegitimate	13	9	22	36.01
Total	113	75	188	17.13
UNDER 4 WKS.—Legitimate	77	43	120	11.58
Illegitimate	11	6	17	27.82
Total	88	49	137	12.48
EARLY NEO-NATAL (Under 1 Wk.)				
Legitimate	70	38	108	10.42
Illegitimate	10	6	16	26.19
Total	80	44	124	11.30

TABLE 6.

MATERNAL MORTALITY, 1964.

<i>Number of Maternal deaths.</i>	<i>Mortality Rate (per 1,000 total births).</i>
1	0.09

TABLE 7.

PERINATAL MORTALITY, 1964.

(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	143	111	254	24.16
Illegitimate	14	10	24	38.77
TOTALS	157	121	278	24.97

TABLE 8.

TOTAL PREMATURE BIRTHS SINGLE AND MULTIPLE, 1964.

Total notified births 11,175.

<i>Weight Group.</i>	<i>Number of premature births.</i>		<i>Of those born alive:—</i>				<i>% Survival of live births 1964</i>	<i>% Survival of live births 1963</i>
	<i>Born dead.</i>	<i>Born alive.</i>	<i>Number died within 24 hrs.</i>	<i>Number died 1 to under 7 days.</i>	<i>Number died 7-28 days.</i>	<i>Number survived.</i>		
2lbs. 3ozs. or less... ..	21	25	12	11	—	2	8%	9%
Over 2lbs. 3ozs. and up to 3lbs. 4ozs.	30	54	26	6	2	20	37%	47%
Over 3lbs. 4ozs. and up to 4lbs. 6ozs.	20	116	10	10	—	96	83%	81%
Over 4lbs. 6ozs. and up to 4lbs. 15ozs.	8	133	3	3	1	126	95%	95%
Over 4lbs. 15ozs. and up to 5lbs. 8ozs.	17	362	5	6	1	350	97%	97%
TOTALS	96	690	56	36	4	594	86%	87%
TOTALS, 1963	99	612	45	26	7	534		

TABLE 9.

CAUSES OF STILLBIRTH FOR THE YEARS 1961—1964.

Cause.	% of total still-births attributable to cause.			
	Excluding Solihull.	Including Solihull.		
	1964	1963	1962	1961
Congenital malformations	24.2	22.5	23.4	19.3
Toxaemia of pregnancy and accidental A.P.H.	17.7	27.8	18.2	21.4
Conditions of cord and placenta	21.6	18.5	17.2	14.9
Difficulties in labour	8.5	3.9	5.8	6.4
Haemolytic disease	4.6	4.9	4.3	4.3
Chronic ill-health of mother	0.6	2.9	0.5	0.5
No obvious cause discovered	22.8	19.5	30.6	33.2
TOTALS	100.0	100.0	100.0	100.0
Number of reports received	153	205	209	187
Number of registered stillbirths	154	205	220	191
Stillbirth rate	13.8	16.6	18.1	16.4

TABLE 10.

CAUSES OF NEO-NATAL DEATHS,
1961—1964.

Cause of death.	With prematurity.				Without prematurity.				Total.			
	Excl. Sull.	Incl. Solihull			Excl. Sull.	Incl. Solihull			Excl. Sull.	Incl. Solihull		
	1964	1963	1962	1961	1964	1963	1962	1961	1964	1963	1962	1961
Prematurity	30	24	36	30	—	—	—	—	30	24	36	30
Asphyxia, Atelectasis	24	27	22	23	5	10	8	6	29	37	30	29
Congenital malformations :												
Alone	14	9	10	7	18	19	15	22	32	28	25	29
With Asphyxia	1	1	1	—	—	4	2	—	1	5	3	—
With Pneumonia	2	1	—	—	3	2	1	2	5	3	1	2
Totals	17	11	11	7	21	25	18	24	38	36	29	31
Birth injury	10	14	6	13	9	8	10	15	19	22	16	28
Haemolytic Disease	2	3	1	1	1	2	2	3	3	5	3	4
Bronchitis and Pneumonia	3	4	4	2	1	4	1	2	4	8	5	4
Misadventure	—	—	—	—	—	1	—	—	—	1	—	—
Other	11	6	11	11	3	8	4	3	14	14	15	14
TOTALS	97	89	91	87	40	58	43	53	137	147	134	140

TABLE 11.

CAUSES OF DEATH OF INFANTS ONE MONTH TO ONE YEAR
1961—1964

Cause of Death.	With bronchitis or pneumonia.				Without bronchitis or pneumonia.				Total.			
	Excl. Solihull	Incl. Solihull			Excl. Solihull	Incl. Solihull			Excl. Solihull	Incl. Solihull		
	1964	1963	1962	1961	1964	1963	1962	1961	1964	1963	1962	1961
Bronchitis and Pneumonia	3	22	15	14	—	—	—	—	3	22	15	14
Congenital Malformations ...	3	9	3	4	15	11	22	12	18	20	25	16
Gastro Enteritis ...	1	1	—	1	5	—	7	3	6	1	7	4
Whooping Cough ...	1	—	—	—	—	1	—	1	1	1	—	1
Misadventure ...	—	—	2	—	6	6	8	8	6	6	10	8
Central Nervous System infections ...	—	—	—	—	—	—	4	4	—	—	4	4
Other ...	3	—	—	3	14	15	9	9	17	15	9	12
TOTALS ...	11	32	20	22	40	33	50	37	51	65	70	59

TABLE 12

AVERAGE BIRTH AND DEATH RATES IN COUNTY DISTRICTS FOR
THE FIVE YEARS 1960-1964 INCLUSIVE.

Live births.		County district.	Stillbirths.		Infant Deaths.		Neo-natal mortality rate.	Mortality rate one month to one year.	Stillbirth plus Neo-natal Mortality rate.
No.	Rate.		No.	Rate.	No.	Rate.			
7,285	17.99	Sutton Coldfield M.B. ...	125	16.95	91	12.48†	8.11†	4.37	25.06†
5,194	17.24†	Nuneaton M.B. ...	116	21.98*	102	20.15	15.41	4.74	37.39*
3,286	17.65	Bedworth U.D. ...	58	17.44	68	20.74	14.61	6.13	32.05
2,159	16.68†	Atherstone R.D. ...	48	22.12	47	21.76	12.79	8.97	34.91
5,062	19.09*	Rugby M.B. ...	92	17.78	106	21.10	15.18	5.92	32.96
2,074	17.71	Rugby R.D. ...	36	17.20	37	17.78	12.49	5.29	29.69
5,877	17.15†	Meriden R.D. ...	95	15.95	102	17.26	12.16	5.10	28.11
21.45	20.07*	Tamworth R.D. ...	37	17.05	42	19.71	14.02	5.69	31.07
4,520	20.21*	Leamington Spa M.B. ...	67	14.53	88	19.44	13.92	5.52	28.45
1,349	16.54†	Warwick M.B. ...	26	18.92	25	17.86	11.26	6.60	30.18
1,460	17.20†	Kenilworth U.D. ...	19	12.72	11	7.82†	5.80†	2.02	18.52†
1,523	20.25*	Southam R.D. ...	24	15.63	32	20.86	13.93	6.93	29.56
2,489	17.80	Warwick R.D. ...	34	13.77	41	16.65	11.84	4.81	25.61
1,322	15.69†	Stratford-upon-Avon M.B. ...	17	12.68	19	14.41	10.67	3.74	23.35
1,620	19.23*	Alcester R.D. ...	22	13.60	27	16.48	12.13	4.35	25.73
743	16.76†	Shipston-on-Stour R.D. ...	8	10.07	8	11.10	11.10	—	21.17
2,238	18.45	Stratford-upon-Avon R.D. ...	39	17.21	44	19.72	16.19	3.53	33.40
50,346	18.14	All County ...	863	16.88	890	17.72	12.63	5.09	29.51

* Significantly higher than the average for the whole County.

† Significantly lower than the average for the whole County.

TABLE 13

CONGENITAL MALFORMATIONS
ANALYSIS OF DEFECTS NOTIFIED IN CHILDREN BORN DURING 1964.
 (A child with two or more defects has been counted under each relevant heading).

Site	MALE			FEMALE			ALL CASES		
	Live-born.	Still-born.	Total	Live-born.	Still-born.	Total	Live-born.	Still-born.	Total
CENTRAL NERVOUS SYSTEM									
Anencephalus (No brain) ...	5	7	12	2	13	15	7	20	27
Hydrocephalus (Enlargement of skull a/c fluid) ...	1	8	9	4	6	10	5	14	19
Spina Bifida ...	4	5	9	8	6	14	12	11	23
All other C.N.S. ...	2	—	2	—	1	1	2	1	3
Total ...	12	20	32	14	26	40	26	46	72
DEFECTS OF EYE OR EAR ...	1	—	1	1	—	1	2	—	2
ALIMENTARY SYSTEM									
Cleft lip ...	11	—	11	3	—	3	14	—	14
Cleft palate ...	6	—	6	9	1	10	15	1	16
Tracheo-oesophageal fistula, oes., atresia & stenosis ...	3	—	3	—	—	—	3	—	3
Rectal & anal atresia ...	3	—	3	—	—	—	3	—	3
All other ...	2	—	2	—	—	—	2	—	2
Total ...	25	—	25	12	1	13	37	1	38
HEART AND GREAT VESSELS ...	11	—	11	11	1	12	22	1	23
RESPIRATORY SYSTEM ...	1	—	1	1	—	1	2	—	2
URO-GENITAL SYSTEM ...	9	1	10	2	—	2	11	1	12
LIMBS									
Reduction deformities ...	—	—	—	1	1	2	1	1	2
Polydactyly (More than normal number of fingers or toes) ...	3	—	3	2	—	2	5	—	5
Syndactyly (Webbed fingers or toes) ...	5	—	5	2	—	2	7	—	7
Dislocation hip ...	4	—	4	8	—	8	12	—	12
Talipes (Club foot) ...	17	1	18	19	2	21	36	3	39
All other... ...	1	—	1	7	—	7	8	—	8
Total ...	30	1	31	39	3	42	69	4	73
OTHER SKELETAL DEFECTS ...	3	1	4	5	—	5	8	1	9
OTHER SYSTEMS ...	1	1	2	2	1	3	3	2	5
OTHER MALFORMATIONS ...									
Mongolism ...	6	—	6	2	—	2	8	—	8
Other defined or ill defined ...	—	—	—	4	1	5	4	1	5
Total ...	6	—	6	6	1	7	12	1	13
GRAND TOTAL—DEFECTS ...	99	24	123	93	33	126	192	57	249
TOTAL CHILDREN ...	84	17	101	78	21	99	162	38	200

AGE AND PARITY OF THE MOTHER.

Parity.	Age of Mother.						Total.
	Under 20 yrs.	20-24	25-29	30-34	35-39	40 & over	
0	17	35	13	6	1	1	73
1	2	17	21	8	3	1	52
2	—	2	18	9	7	3	39
3	—	1	6	8	—	—	15
4	—	2	1	3	1	1	8
5-9	—	1	—	6	4	1	12
10-14	—	—	—	—	1	—	1
TOTAL	19	58	59	40	17	7	200

CHILD WELFARE CENTRES.

Where held.	C. or V.	When held (all meetings at 2 p.m. unless otherwise stated).	Number of children who attended during the year and who were born in:			Total.
			1964	1963	1959-62	
SUTTON COLDFIELD M.B.						
Bannersgate ... Reay Nadin Drive	C.	Every Friday p.m. ... Alternate Fridays a.m.	90	125	270	485
Boldmere ... Boldmere Road ...	C.	Every Tuesday and Thurs. p.m. & Wed. a.m.	240	246	450	936
Falcon Lodge ... Churchill Road ...	C.	Every Tuesday 2 p.m. & every Thursday all day	223	220	709	1,152
Four Oaks ... Mere Green Road	C.	Alternate Fridays 10 a.m. Every Monday & Wednesday 2 p.m. Alt. Tuesdays & every Friday 10 a.m.	377	489	947	1,813
†Hill ... Harrison Road ...	C.	Thurs. p.m. & alt. Tues. a.m.	84	62	92	238
Minworth ... Kingsbury Close, Kingsbury Road	C.	Alternate Tuesdays ...	22	28	55	105
Sutton Coldfield ... 49, Holland Street	C.	Every Mon., Wed. & alt. Tues. a.m.	156	198	415	769
Walmley ... Walmley Road ...	C.	Every Thurs. p.m. & Thurs. a.m. once per month.	104	119	249	472
TOTAL ...			1,296	1,487	3,187	5,970
NUNEATON M.B.						
Nuneaton ... Riversley Park Clinic (Coton Road)	C.	Every Mon. & Wed. ... Toddler Clinic every Tuesday	345	299	730	1,374
Nuneaton ... Ramsden Avenue, Camp Hill	C.	Every Tuesday & Thursday Toddler clinic—by app.	267	179	198	644
†Nuneaton ... St. Nicholas Park Estate ...	C.	Every Thurs. all day & Toddler clinic by appt.	183	106	161	450
†Nuneaton ... Galley Common Clinic (St. Peter's Church Hall) ...	C.	Every Friday ...	55	30	19	104
Stockingford ... Cross Street Clinic	C.	Every Monday & Wednesday Toddler clinic—by appt.	174	180	276	630
TOTAL ...			1,024	794	1,384	3,202
ATHERSTONE AND BEDWORTH AREA.						
Ansley ... Social Club ...	C.	Every Wednesday ...	48	55	31	134
Atherstone ... Station Street ...	C.	Every Wednesday & Friday	145	162	156	463
Baddesley Ensor ... Liberal Club ...	C.	2nd & 4th Thursday	60	43	35	138
Bedworth ... Newtown Road ...	C.	Every Monday & Thursday	316	190	132	638
Bulkington ... Chequer Street ...	C.	Every Wednesday & Thursday	141	116	169	426
Dordon ... Parish Hall ...	C.	Alternate Tuesdays ...	62	7	5	74
Polesworth ... Memorial Hall ...	V.	Every Tuesday ...	78	80	78	236
Keresley ... Bennetts Rd. Clinic	C.	Every Tuesday ...	76	50	61	187
TOTAL ...			926	703	667	2,296
EASTERN AREA.						
Bilton ... County Clinic ...	C.	Every Monday & Wednesday	235	275	406	916
Binley ... Village Hall ...	C.	2nd & 4th Wednesday ...	41	39	54	134
Bramcote ... Bramcote Camp ...	C.	1st & 3rd Tuesday ...	10	26	20	56
Brinklow ... Church Rooms ...	V.	1st & 3rd Wednesday ...	41	58	74	173
Clifton-on-Dunsmore Townsend Memorial Hall	C.	2nd Thursday ...	34	22	45	101
Dunchurch ... W.I. Hall ...	C.	2nd & 4th Thursday ...	29	41	64	134
Hillmorton ... Coton Road ...	C.	Every Monday ...	126	173	93	392
Long Lawford ... Memorial Hall ...	C.	Every Tuesday ...	85	67	98	250
Newbold ... Church House ...	C.	1st & 3rd Friday ...	25	34	51	110
New Bilton ... Methodist Church Hall, Lawford Rd.	C.	Every Wednesday ...	139	159	119	417
Rokeby ... Rokeby County (P) School	C.	1st & 3rd Saturday 9-30 a.m.	45	53	88	186
Rugby ... Temple St.	V.	Every Tuesday and Friday	267	323	336	926
Stretton-on- Dunsmore Village Hall ...	C.	1st & 3rd Thursday ...	43	61	47	151
Wolston ... Village Hall ...	C.	2nd & 4th Thursday ...	29	29	57	115
Wolvey ... Village Hall, Sharpe Street	C.	2nd & 4th Tuesday ...	34	26	70	130
TOTAL ...			1,183	1,386	1,622	4,191

CHILD WELFARE CENTRES—(continued).

Where held.	C. or V.	When held (all meetings at 2 p.m. unless otherwise stated).	Number of children who attended during the year and who were born in:			Total.		
			1964	1963	1959-62			
NORTH-WESTERN AREA.								
Amington	The Band Room	C.	Alternate Wednesdays	33	43	19	95
Arley	Miners' Welfare Hall	V.	Alternate Tuesdays	39	35	30	104
Balsall Common	Women's Institute	C.	1st & 3rd Wednesdays	51	60	36	147
Castle Bromwich	Hurst Lane	C.	Every Tues. & Thurs.	161	151	262	574
Coleshill	Town Hall	V.	Every Monday	129	113	81	323
Eastern Green	Parish Room	C.	Every Friday	108	79	84	271
Fillongley	Village Hall	C.	1st Friday	15	14	11	40
Hampton-in-Arden	Women's Institute	C.	1st & 3rd Thursdays	12	31	20	63
Hurley	Village Hall	C.	2nd & 4th Monday	40	31	31	102
Keresley	Welfare Centre Hut	C.	Every Thursday	86	96	78	260
Kingsbury	Methodist School Room	V.	Alternate Tuesdays	41	55	26	122
Kingshurst	Marston Drive	C.	Every Monday & Friday	169	149	226	544
Marston Green	Free Church Hall	C.	Every Friday 10 a.m.	73	62	79	214
Meriden	Village Hall	C.	2nd & 4th Mondays	49	39	30	118
Nether Whitacre	Methodist School Room	C.	3rd Friday	17	27	18	62
Newton Regis	The Institute	V.	Alternate Wednesdays	23	17	21	61
Water Orton	Church Hall	V.	2nd & 4th Wednesdays	64	68	72	204
Wilnecote	Parish Hall	V.	Every Monday	146	26	23	195
Glascote	Argyll Street	C.	Every Thursday	109	104	110	323
				TOTAL	1,365	1,200	1,257	3,822
CENTRAL AREA.								
Baginton	Village Hall	C.	4th Monday	6	9	13	28
Barford	Village Memorial Hall	C.	3rd Wednesdays 10 a.m.	7	19	30	56
Bishops Itchington	Memorial Hall	C.	2nd & 4th Wednesdays	18	29	23	70
Bishops Tachbrook	Victory Club	C.	2nd & 4th Tuesdays	25	12	14	51
Burton Green	Village Hall	C.	1st Wednesday	7	8	24	39
Cubbington	Methodist Sunday School	C.	Alternate Tuesdays	32	46	12	90
Fenny Compton	Village Hall	V.	3rd Tuesday	16	21	35	72
Finham	The Hostel	V.	2nd Monday and every Tuesday	88	84	96	268
Gaydon	R.A.F. Station	C.	2nd & 4th Thursday	48	53	18	119
Harbury	Village Hall	C.	2nd & 4th Wednesday	34	33	42	109
Hatton	Village Hall	V.	1st Wednesday	12	10	16	38
Kenilworth	Station Road	C.	Every Tuesday & Thursday	264	244	129	637
Lapworth	Village Hall	C.	3rd Wednesday	13	16	12	41
Leamington	62, Holly Walk	C.	Every Thursday & Friday	423	323	257	1,003
Leamington	Brunswick Clinic, Shrubland St.	C.	Every Monday & Wednesday	152	88	53	293
Lillington	Crown Way	C.	Every Thursday and Friday	177	196	142	515
Long Itchington	Village Hall	C.	1st & 3rd Wednesday	30	43	35	108
Napton	Village Hall	C.	1st Tuesday	9	15	16	40
Radford Semele	Village Hall	C.	2nd Tuesday	20	14	17	51
Southam	C.W.C. Hut	V.	Every Tuesday	96	80	64	240
Stockton	Village Hall	C.	3rd Thursday	8	14	17	39
Stoneleigh	Village Hall	V.	3rd Monday	11	8	6	25
Warwick	Cape Road	C.	Every Monday, Tues- day, Friday	333	267	241	841
Whitnash	W.I. Hut	C.	Every Friday	95	131	76	302
				TOTAL	1,924	1,763	1,388	5,075

CHILD WELFARE CENTRES—(continued).

Where held.	C. or V.	When held (all meetings at 2 p.m. unless otherwise stated).	Number of children who attended during the year and who were born in:			Total.
			1964	1963	1959-62	
SOUTHERN AREA.						
Alcester Church Hall ...	V.	Every Friday	102	83	28	213
Alderminster ... Village Hall ...	C.	4th Wednesday ...	7	10	4	21
Aston Cantlow ... Working Men's Club (Caravan)	C.	1st Monday	17	23	32	72
Bearley W.I. Hut (Caravan)	C.	4th Monday	14	12	11	37
Bidford-on-Avon ... Welfare Hut ...	C.	Every Tuesday ...	47	38	32	117
Brailes Village Hall ... (Caravan)	C.	3rd Wednesday ...	19	12	3	34
Clifford Chambers Jubilee Hall ... (Caravan)	C.	2nd Wednesday ...	11	6	7	24
Earlwood Village Hall ...	V.	2nd & 4th Monday ...	31	24	20	75
Henley-in-Arden ... Public Hall ...	V.	Alternate Mondays ...	60	73	43	176
Hillcrest Hillcrest Trailer Park (Caravan)	C.	1st Thursday a.m. ...	18	19	18	55
Hockley Heath ... King George VI ... Memorial Hall	C.	1st & 3rd Tuesdays ...	21	21	24	66
Kineton Village Hall ...	V.	Alternate Fridays ...	28	29	50	107
Long Compton ... Village Hall ... (Caravan)	C.	4th Tuesday	9	11	12	32
Newbold-on-Stour Village Hall ...	C.	2nd Wednesday, 1-30 p.m.	13	24	12	49
Quinton W.I. (Caravan) ...	C.	2nd Monday	12	19	9	40
Salford Priors ... Village Hall ...	C.	3rd Monday	15	24	3	42
Snitterfield ... Village Hall ... (Caravan)	C.	3rd Wednesday, 10 a.m.	12	16	7	35
Stratford-upon-Avon Area Health Dept., Arden Street	C.	Every Tuesday and Wednesday	212	169	115	496
Studley Baptist Hall ... (Caravan)	C.	Every Thursday ...	124	88	59	271
Tanworth-in-Arden Village Hall ... (Caravan)	C.	1st Wednesday	14	21	33	68
Tysoe Village Hall ... (Caravan)	C.	2nd Tuesday	9	12	11	32
Welford-on-Avon Memorial Hall ... (Caravan)	C.	4th Wednesday, 10 a.m.	23	27	31	81
Wellesbourne ... Conservative Club (Caravan)	C.	2nd & 4th Thursday ...	52	81	54	187
Wootton Wawen Wootton Hall ... (Caravan)	C.	Alternate Fridays ...	42	33	49	124
TOTAL ...			912	875	667	2,454
COUNTY TOTAL ...			8,630	8,208	10,172	27,010

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

† Centres opened in 1964.

TABLE 14. ANTE-NATAL MOTHERHOOD AND RELAXATION CLASSES, 1964.
(1963 in brackets).

	Number of women who attended:—			Total attendances made.
	Institutional booked.	Domiciliary booked.	Total.	
Sutton Coldfield M.B. ...	328 (415)	83 (103)	411 (518)	2,042 (2,291)
Nuneaton M.B. ...	131 (63)	209 (171)	340 (234)	2,045 (1,353)
Atherstone/Bedworth Area	106 (56)	267 (196)	373 (252)	1,781 (1,110)
Eastern Area ...	118 (147)	74 (98)	192 (245)	903 (998)
North-Western Area ...	160 (122)	113 (68)	273 (190)	1,287 (884)
Central Area ...	134 (150)	296 (300)	430 (450)	2,416 (2,112)
Southern Area ...	226 (168)	70 (63)	296 (231)	1,021 (887)
TOTAL ...	1,203 (1,121)	1,112 (999)	2,315 (2,120)	11,495 (9,635)

TABLE 15.

MIDWIFERY.

NUMBER OF MIDWIVES PRACTISING AT THE END OF EACH YEAR 1960-1964.

Year.	Domiciliary.		Institutional.	
	Employed by the County Council.	In private practice.	Employed by the Hospital Management Committees.	Employed by Nursing Homes.
1964	129	5	147	7
1963	132	10	131	3
1962	123	11	126	3
1961	123	12	127	4
1960	111	6	113	7

TABLE 16.

NUMBER OF NOTIFIED BIRTHS DURING 1964 IN EACH AREA

(1963 in brackets) (adjusted to Area of residence).

	Adjusted number of notified births.		% Domiciliary.		% Institutional.	
Sutton Coldfield M.B. ...	1,458	(1,469)	36	(37)	64	(63)
Nuneaton M.B. ...	1,204	(1,106)	51	(49)	49	(51)
Atherstone/Bedworth Area...	1,249	(1,113)	49	(52)	51	(48)
Eastern Area ...	1,458	(1,494)	42	(43)	58	(57)
North-Western Area...	1,825	(1,656)	45	(45)	55	(55)
Central Area ...	2,498	(2,456)	41	(41)	59	(59)
Southern Area ...	1,483	(1,269)	24	(25)	76	(75)
Total ...	11,175	(10,563)	41	(41)	59	(59)
.. 1962 ...	10,258		41		59	
.. 1961 ...	9,880		43		57	
.. 1960 ...	9,412		43		57	

TABLE 17.

HOME NURSING.

CASES ATTENDED DURING 1964 and 1963.

(1963 figures in brackets).

Number of cases aged under 5 ...	293	(318)
Number of cases aged 65 and over ...	4,268	(3,468)
All other cases ...	2,946	(2,866)
Total ...	7,507	(6,652)

A total of 256,265 visits were paid during the year compared with 240,715 in 1963.

TABLE 18.

HEALTH VISITING.

VISITS MADE DURING 1963 AND 1964. (1963 figures in brackets).

	First Visits.		Total Visits.	
	1963	1964	1963	1964
Child Welfare—Children under 5 years	42,759	(42,487)	128,345	(120,781)
Ante-natal	1,793	(1,667)	2,807	(2,740)
Persons aged 65 and over	3,017	(2,446)	9,838	(6,303)
Mentally disordered persons	115	(88)	423	(328)
Discharges from hospital (other than mental hospitals)	143	(138)	246	(197)
T.B. households	814	(879)	1,831	(1,929)
Other infectious disease households	20	(58)	49	(114)
All other cases	908	(616)	1,828	(1,143)
Total	49,569	(48,379)	145,367	(133,535)
School Nursing :				
Personal hygiene follow-up	...	...	931	(878)
Other follow-up	...	...	3,660	(3,300)
Special visits to schools	...	...	1,999	(1,772)
Total	...	...	6,590	(5,950)
Grand Total	...	...	151,957	(139,485)

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

NEW CASES NOTIFIED IN YEAR ENDED 31ST DECEMBER, 1964
(The 1963 figures are given in brackets).

Source of notification.	Number of cases notified.			
	Requiring ante-natal or post-natal accommodation, help, and advice.	Requiring help and/or advice only	Not requiring help or advice.	Total.
Moral Welfare Societies	23 (15)	15 (8)	25 (19)	63 (42)
Medical Officers, Nurses and Midwives	24 (25)	55 (45)	119 (111)	198 (181)
General Practitioners	45 (46)	38 (28)	5 (1)	88 (75)
Probation Officers	6 (2)	— (5)	— (2)	6 (9)
Hospital Almoners and Matrons	26 (20)	47 (37)	5 (4)	78 (61)
Self-referred	17 (17)	17 (9)	1 (1)	35 (27)
Miscellaneous Sources	19 (20)	11 (8)	5 (—)	35 (28)
TOTALS	160 (145)	183 (140)	160 (138)	503 (423)
<i>Age distribution :</i>				
17 and under	52 (30)	33 (32)	28 (10)	113 (72)
18 to 20	62 (61)	56 (50)	53 (26)	171 (137)
21 to 25	38 (36)	50 (23)	40 (55)	128 (114)
26 to 30	5 (9)	25 (19)	24 (17)	54 (45)
31 to 40	3 (6)	14 (13)	10 (20)	27 (39)
41 to 50	— (3)	4 (1)	3 (6)	7 (10)
Unknown	— (—)	1 (2)	2 (4)	3 (6)

The marital state of these women was as follows :—

Single.	Married.	Widowed.	Divorced.	Separated.	Not known.
404 (326)	14 (25)	8 (6)	12 (12)	46 (42)	19 (12)

Of the 404 (326) single women 60 (45) had previously borne children [76 (60) babies].

TABLE 20.

ANTE-NATAL AND POST-NATAL CLINICS.

Clinic	Medical Officer and when held	Ante-natal		Post-natal	
		No. of women who attended	No. of attend- ances	No. of women who attended	No. of attend- ances
NUNEATON M.B. Cross Street, Stockingford.	Mr. D. W. HENDRY 1st & 3rd Thursday, 2 p.m.	51	132	9	13
ATHERSTONE/ BEDWORTH AREA Newtown Road, Bedworth.	Mr. D. W. HENDRY Every Tuesday, 10 a.m.	286	1,242	24	24
EASTERN AREA Temple St., Rugby.	Mr. J. R. OWEN Every Wednesday, 2 p.m.	242	443	1	1
The service for blood sampling on G.P.'s requests continues in Sutton Coldfield	TOTALS 1964 ...	579	1,817	34	38
	TOTALS 1963 ...	526	1,554	31	40

TABLE 21. DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN, 1964.

	Expectant and Nursing Mothers.				Pre-school Children.			
	Exam- ined.	Need- ing treat- ment.	Treated. *	Made dent- ally. fit.*	Exam- ined.	Need- ing treat- ment.	Treated. *	Made dent- ally. fit.*
Sutton Coldfield M.B.	70	66	37	38	260	184	103	126
Nuneaton M.B. Atherstone/ Bedworth Area	15	15	14	6	117	107	77	67
Eastern Area ...	—	—	—	—	33	17	8	7
North-Western Area	15	12	10	5	163	126	101	64
Central Area ...	28	25	24	15	176	131	106	79
Southern Area ...	31	29	33	28	158	80	62	43
Totals 1964	30	30	28	15	88	62	42	36
1963 ...	189	177	146	107	995	707	499	422
1962 ...	189	175	135	104	906	603	523	447
1961 ...	230	223	217	180	804	549	495	436
1960 ...	312	299	261	178	786	573	503	406
	270	256	242	156	647	490	453	376

* Including cases carried over from previous year.

TABLE 22. FORMS OF DENTAL TREATMENT PROVIDED.

Number of	To Expectant and Nursing Mothers.	To Pre-school Children.
Extractions	204	558
Teeth filled	327	624
General Anaesthetics	23	248
Dentures—Complete	24	—
—Partial	29	—
Crowns	4	—
Inlays	—	—
Other treatments	331	587

REGISTRATION OF NURSING AND MATERNITY HOMES

TABLE 23 NURSING AND MATERNITY HOMES ON REGISTER,
31st DECEMBER, 1964.

	<i>Home.</i>	<i>No. of Beds</i>				
		<i>Maternity.</i>	<i>Other.</i>	<i>Total.</i>		
Sutton Coldfield M.B.	" Hartopp Court," 26, Hartopp Road, Four Oaks.	—	29	29		
	" Roxton," 154, Birmingham Road, Sutton Coldfield.	—	17	17		
	" Sutton Coldfield," 71, Lichfield Road, Sutton Coldfield.	—	12	12		
	The Warwickshire Cheshire Home, 38, Vesey Road, Sutton Coldfield.	—	16	16		
	" Wylde Green," 158, Birmingham Road, Sutton Coldfield.	—	11	11		
Central Area.	" Breton Lodge," 93, Holly Walk, Leamington Spa.	—	18	18		
	" Claremont," 19, Beauchamp Avenue, Leamington Spa.	—	28	28		
	" Dunara," 34, Lillington Road, Leamington Spa.	—	14	14		
	" Eversleigh," 2, Clarendon Place, Leamington Spa.	4	13	17		
	Lapworth Convalescent Homes Ltd., Chesetts Wood Road, Lapworth.	—	12	12		
	" River Park," Blackdown, Leamington Spa.	10	14	24		
	Royal Midland Counties Home for Incurables, Lillington Road, Leamington Spa.	—	42	42		
1964 Number of Homes	12	Number of Beds	...	14	226	240
1963	9	14	171	185
1962	9	14	164	178
1961	9	14	164	178
1960	10	21	164	185

TABLE 24. NOTIFICATION OF INFECTIOUS DISEASES.—Summary of Returns of Medical Officers of Health for the year ended 31st December, 1964.
(For notification of Tuberculosis see Table 29.)

	Scarlet Fever.	Whooping Cough.	Measles (excluding Rubella).	Acute Pneumonia (Primary or Influenza).	Meningococcal Infection.	Acute Poliomyelitis.		Acute Encephalitis.		Typhus Fever.	Dysentery.	Ophthalmia Neonatorum.	Puerperal Pyrexia.	Smallpox.	Paratyphoid Fever.	Enteric or Typhoid Fever.	Food Poisoning.	Erysipelas.	Malaria.*
						Paralytic.	Non-Paralytic.	Infective.	Post-Infected.										
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
SUTTON COLDFIELD M.B.	48	31	617	3	—	—	—	—	—	—	2	—	3	—	—	—	—	2	—
NUNEATON M.B. ...	3	15	407	17	1	—	—	—	—	—	31	—	2	—	1	—	—	3	1
ATHERSTONE/BEDWORTH AREA.																			
Bedworth U.D....	11	16	174	5	—	—	—	—	—	—	7	—	—	—	—	—	6	1	—
Atherstone R.D. ...	5	—	36	6	1	—	—	—	—	—	28	—	3	—	—	—	1	—	—
Totals ...	16	16	210	11	1	—	—	—	—	—	35	—	3	—	—	—	7	1	—
EASTERN AREA.																			
Rugby M.B. ...	16	14	380	27	—	—	—	—	—	—	7	—	1	—	—	—	2	3	—
Rugby R.D. ...	22	5	268	5	—	—	—	—	—	—	1	1	—	—	—	1	1	—	—
Totals ...	38	19	648	32	—	—	—	—	—	—	8	1	1	—	—	1	3	3	—
NORTH-WESTERN AREA.																			
Meriden R.D. ...	25	25	376	13	—	—	—	—	—	—	106	—	9	—	1	—	—	—	—
Tamworth R.D. ...	10	6	84	3	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—
Totals ...	35	31	460	16	—	—	—	—	—	—	106	—	9	—	1	—	2	1	—
CENTRAL AREA.																			
Leamington Spa M.B. ...	3	12	74	6	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—
Warwick M.B. ...	5	8	66	1	1	—	—	—	—	—	8	—	—	—	—	—	1	—	—
Kenilworth U.D. ...	1	5	109	—	—	—	—	—	—	—	1	—	—	—	1	—	2	—	—
Southam R.D. ...	—	3	41	6	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Warwick R.D. ...	6	9	126	18	—	—	—	—	—	—	13	—	1	—	—	—	18	—	—
Totals ...	15	37	416	31	1	—	—	—	—	—	24	—	1	—	1	1	21	—	—
SOUTHERN AREA.																			
Stratford-upon-Avon M.B.	—	—	180	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcester R.D. ...	3	8	133	31	—	—	—	—	—	—	6	—	1	—	—	—	—	—	—
Shipston-on-Stour R.D.	5	13	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Stratford-on-Avon R.D.	3	5	102	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Totals ...	11	26	425	32	—	—	—	—	1	—	6	—	1	—	—	—	1	—	—
COUNTY TOTALS	166	175	3,183	142	3	—	—	—	1	—	212	1	20	—	3	3	33	11	1
1963	155	221	7,714	118	3	1	—	—	1	1	545	45	128	—	2	7	74	15	1
1962	191	38	2,074	112	7	—	—	—	—	—	497	22	96	—	1	1	73	9	—

* Contracted abroad.

Diphtheria—last case notified in 1951.

DIPHTHERIA IMMUNISATION.

TABLE 25. NUMBER OF IMMUNISATIONS CARRIED OUT DURING 1964.

	<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.	1,147	221	35	1,403	1,568
Nuneaton M.B. ...	662	249	117	1,028	1,080
Atherstone/Bedworth Area	819	85	30	934	826
Eastern Area ...	1,167	68	23	1,258	1,579
North-Western Area	941	166	34	1,141	2,036
Central Area ...	1,416	255	29	1,700	2,172
Southern Area ...	1,123	82	31	1,236	2,714
Total 1964 ...	7,275	1,126	299	8,700	11,975
Total 1963 ...	6,873	1,575	461	8,909	12,754
Total 1962 ...	6,446	1,435	566	8,447	11,578
Total 1961 ...	6,732	2,062	806	9,600	9,658
Total 1960 ...	6,802	1,540	484	8,826	8,850

WHOOPING COUGH IMMUNISATION.

TABLE 26. NUMBER OF IMMUNISATIONS CARRIED OUT DURING 1964.

	<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. ...	1,340	14	1,354	1,108
Nuneaton M.B. ...	899	56	955	1,076
Atherstone/Bedworth Area ...	904	30	934	519
Eastern Area ...	1,235	16	1,251	1,141
North-Western Area ...	1,098	10	1,108	874
Central Area ...	1,671	16	1,687	1,153
Southern Area ...	1,195	4	1,199	858
Total 1964 ...	8,342	146	8,488	6,729
Total 1963 ...	8,355	170	8,525	7,277
Total 1962 ...	7,641	223	7,864	7,341
Total 1961 ...	8,478	505	8,983	4,806
Total 1960 ...	8,215	245	8,460	4,459

TETANUS IMMUNISATION.

TABLE 27. NUMBER OF IMMUNISATIONS CARRIED OUT DURING 1964.

	<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>			
	0—4	5—14	Total.	
Sutton Coldfield M.B. ...	1,355	161	1,516	1,473
Nuneaton M.B. ...	910	117	1,027	885
Atherstone/Bedworth Area ...	995	423	1,418	519
Eastern Area ...	1,288	296	1,584	1,542
North-Western Area ...	1,126	568	1,694	1,216
Central Area ...	1,671	46	1,717	1,387
Southern Area... ...	1,205	87	1,292	1,401
Total 1964 ...	8,550	1,698	10,248	8,423
Total 1963 ...	8,547	949	9,496	7,507
Total 1962 ...	7,553	541	8,094	5,842
Total 1961 ...	7,995	467	8,462	1,819
Total 1960 ...	4,991	123	5,114	302

POLIOMYELITIS VACCINATION.

TABLE 28. NUMBER OF VACCINATIONS CARRIED OUT DURING 1964.

	<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. ...	1,431	19	15	1,465	151	1,042
Nuneaton M.B. ...	878	14	7	899	84	318
Atherstone/Bedworth Area ...	851	31	17	899	72	766
Eastern Area ...	1,468	37	14	1,519	28	429
North-Western Area ...	2,143	142	179	2,464	543	1,364
Central Area ...	1,837	26	19	1,882	189	875
Southern Area ...	1,291	24	27	1,342	52	1,021
Total 1964 ...	9,899	293	278	10,470	1,119	5,815
Total 1963 ...	9,231	433	619	10,283	4,471	8,489
Total 1962 ...	8,327	1,250	3,799	13,376	21,256	10,361
Total 1961 ...	12,373	3,053	11,095	26,521	32,528	37,841
Total 1960 ...	11,278	5,004	22,338	38,620	47,452	—

* After primary course of Salk.

TABLE 29.

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. ...	193	642	12	29	876	158
Nuneaton M.B. ...	3	238	3	22	266	49
Atherstone/Bedworth Area ...	49	303	15	34	401	20
Eastern Area ...	41	898	9	60	1,008	314
North-Western Area ...	54	867	38	62	1,021	170
Central Area ...	149	798	5	74	1,026	332
Southern Area ...	131	629	72	25	857	530
Total 1964 ...	620	4,375	154	306	5,455	1,573
Total 1963 ...	882	2,594	240	435	4,151	1,552
Total 1962 ...	4,111	6,207	12,222	20,053	42,593	47,942
Total 1961 ...	2,813	1,773	320	415	5,321	1,160
Total 1960 ...	3,478	603	219	354	4,654	1,120

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/Bedworth 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)	(iii) St. Cross Hospital, Rugby.
		(iv) and (v)	(iv) 2, Park Road, Coleshill.
		Dr. R. B. ILLING (iii)	(v) St. Editha's Hospital, Tamworth
Central Area Southern Area.	} † Dr. P. G. ARBLASTER.	Dr. L. E. BURKEMAN	(vi) Warneford Hospital, Leamington Spa.
		† Dr. ROSEMARY DAVIES	(vii) 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.

‡ Shortly leaving this appointment.

TABLE 30.

TUBERCULOSIS, 1964.

	PRIMARY NOTIFICATIONS.						OTHER NOTIFICATIONS.						NO. OF CASES ON CLINIC REGISTER AT END OF 1964.						DEATHS.				MORTALITY RATES (per 1,000 population)						
	Pulmonary.			Other Forms.			Pulmonary.			Other Forms.			Pulmonary.			Other Forms.			Pulmonary.			Other Forms.			Total.	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			Per- nec- essary	Other Forms.	
SUTTON COLDFIELD M.B. ...	7	6	13	—	3	3	2	2	4	—	—	194	148	342	12	27	39	—	—	—	—	—	—	—	—	—	—	—	
NUNEATON M.B. ...	9	5	14	5	1	6	6	3	9	—	—	111	91	202	26	23	49	5	1	6	—	—	—	—	—	—	—	0.09	
ATHERSTONE/BEDWORTH AREA. Bedworth U.D. ...	6	5	11	—	2	2	3	3	6	—	—	179	157	336	16	24	40	1	—	1	—	—	—	—	—	—	—	0.03	
Atherstone R.D. ...	1	1	2	—	2	2	1	2	3	—	—	62	42	104	10	16	26	3	—	3	—	—	—	—	—	—	—	0.12	
TOTALS ...	7	6	13	—	4	4	4	5	9	—	—	241	199	440	26	40	66	4	—	4	—	—	—	—	—	—	—	0.06	
EASTERN AREA. Rugby M.B. ...	14	5	19	2	2	4	10	5	15	—	2	201	145	346	11	24	35	1	—	1	—	—	—	—	—	—	—	0.02	
Rugby R.D. ...	4	4	8	—	1	1	3	4	7	—	1	72	37	109	2	6	8	1	—	1	—	—	—	—	—	—	—	0.04	
TOTALS ...	18	9	27	2	3	5	13	9	22	1	2	273	182	455	13	30	43	2	—	2	—	—	—	—	—	—	—	0.03	
NORTH-WESTERN AREA. Meriden R.D. ...	8	3	11	2	—	2	10	12	22	—	—	211	145	356	18	36	54	1	1	2	—	—	—	—	—	—	—	0.03	
Tamworth R.D. ...	4	—	4	—	—	—	1	2	3	—	1	41	27	68	8	6	14	—	—	1	—	—	—	—	—	—	—	0.04	
TOTALS ...	12	3	15	2	—	2	11	14	25	—	1	252	172	424	26	42	68	1	2	3	—	—	—	—	—	—	—	0.03	
CENTRAL AREA. Leamington Spa M.B. ...	9	5	14	4	—	4	5	2	7	—	—	105	54	159	6	5	11	—	—	—	—	—	—	—	—	—	—	—	
Warwick M.B. ...	3	3	6	1	1	2	2	1	3	—	—	40	24	64	8	4	12	2	1	3	—	—	—	—	—	—	—	0.18	
Kenilworth U.D. ...	2	—	2	—	2	2	3	3	6	—	—	35	20	55	3	3	6	1	—	1	—	—	—	—	—	—	—	0.06	
Southam R.D. ...	—	—	—	—	—	—	—	—	—	—	—	14	21	35	7	1	8	—	—	—	—	—	—	—	—	—	—	0.06	
Warwick R.D. ...	5	3	8	1	2	3	1	1	2	—	—	94	41	135	5	9	14	—	—	—	—	—	—	—	—	—	—	—	
TOTALS ...	19	11	30	6	5	11	11	8	19	—	—	288	160	448	29	22	51	3	2	5	—	—	—	—	—	—	—	0.04	
SOUTHERN AREA. Stratford-upon-Avon M.B. ...	1	1	2	—	2	2	—	—	—	—	—	21	18	39	4	3	7	—	—	—	—	—	—	—	—	—	—	—	—
Alcester R.D. ...	—	1	1	—	—	—	1	—	1	—	1	21	14	35	—	8	8	—	—	—	—	—	—	—	—	—	—	—	—
Shipston-on-Stour R.D. ...	—	—	—	—	—	—	1	1	2	—	—	13	4	17	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—
Stratford-upon-Avon R.D. ...	1	4	5	—	1	1	—	—	—	—	—	32	27	59	7	5	12	1	1	2	—	—	—	—	—	—	—	0.07	
TOTALS ...	2	6	8	—	3	3	2	1	3	—	1	87	63	150	11	19	30	1	1	2	—	—	—	—	—	—	—	—	0.03
COUNTY TOTALS ...	74	46	120	15	19	34	49	42	91	1	4	5	1446	1015	2461	143	203	346	16	6	22	1	—	1	—	—	—	0.01	
.. 1963 ...	78	41	119	9	20	29	43	40	83	2	4	6	1478	1056	2534	141	192	333	21	7	28	4	2	6	—	—	—	0.05	
.. 1962 ...	105	68	173	19	14	33	48	48	96	2	4	6	1605	1163	2768	154	200	354	19	5	24	2	1	3	—	—	—	0.01	
.. 1961 ...	97	60	157	16	21	37	49	65	114	5	6	11	1653	1201	2854	152	203	355	17	2	19	—	2	2	—	—	—	0.01	
.. 1960 ...	120	81	201	13	27	40	62	51	113	1	6	7	1720	1250	2979	152	211	363	23	8	31	3	2	5	—	—	—	0.01	

TABLE 31. NEW NOTIFICATIONS OF PULMONARY TUBERCULOSIS, 1963 and 1964.
BY AGE, SEX & STAGE OF DISEASE (1963 figures in brackets).

	Males.						Females.									
	Early.		Inter.		Late.		Total class-ified.	Total unclass-ified.	Early.		Inter.		Late.		Total class-ified.	Total unclass-ified.
	T.B.—	T.B.+	T.B.—	T.B.+	T.B.—	T.B.+			T.B.—	T.B.+	T.B.—	T.B.+	T.B.—	T.B.+		
Under 15 ...	3 (2)	— (—)	2 (—)	— (—)	— (1)	— (—)	5 (3)	2 (—)	5 (5)	— (—)	1 (1)	— (—)	1 (—)	— (—)	7 (6)	— (—)
15 to 24 ...	4 (2)	3 (4)	2 (1)	2 (2)	— (1)	— (1)	11 (11)	— (2)	6 (11)	1 (1)	2 (2)	1 (—)	— (—)	— (—)	10 (14)	— (—)
25 to 34 ...	3 (5)	1 (—)	— (2)	2 (3)	— (1)	— (—)	6 (11)	— (—)	4 (5)	1 (—)	4 (1)	1 (—)	— (—)	— (2)	10 (8)	— (—)
35 to 44 ...	2 (6)	1 (2)	2 (2)	3 (4)	— (1)	2 (—)	10 (15)	— (—)	2 (4)	— (1)	1 (—)	7 (2)	— (—)	— (—)	10 (7)	— (—)
45 to 54 ...	2 (—)	1 (—)	3 (1)	3 (5)	1 (—)	2 (—)	12 (6)	1 (—)	2 (1)	— (1)	1 (—)	1 (1)	— (—)	— (—)	4 (3)	— (—)
55 to 64 ...	4 (3)	1 (5)	4 (6)	8 (3)	— (2)	2 (2)	19 (21)	— (—)	2 (1)	1 (—)	1 (—)	— (2)	— (—)	— (—)	4 (3)	— (—)
65 and over	2 (—)	1 (4)	1 (1)	3 (1)	— (1)	1 (2)	8 (9)	— (—)	1 (—)	— (—)	— (—)	— (—)	— (—)	— (—)	1 (—)	— (—)
Total ...	20 (18)	8 (15)	14 (13)	21 (18)	1 (7)	7 (5)	71 (76)	3 (2)	22 (27)	3 (3)	10 (4)	10 (5)	1 (—)	— (2)	46 (41)	— (—)

TABLE 32. NOTIFICATIONS OF NON-PULMONARY TUBERCULOSIS, 1964.
(Primary notifications and posthumous notifications).
ANALYSIS BY SITE.

Site.	1964.		Total 1963	Total 1962
	Male.	Female.		
Glands—Mainly	6	8	14	15
Cervical ...	—	—	—	1
Meninges ...	4	—	4	2
Bones and Joints	1	1	5	2
Abdomen ...	5	8	6	12
Genito-Urinary	1	1	2	2
Misc. ...	—	—	—	—
TOTAL ...	17	18	32	34

TABLE 33. MASS RADIOGRAPHY SURVEYS IN WARWICKSHIRE 1964. *

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 pulmonary tuberculosis divided into age groups. (Information obtained from Chest Clinics six months after referral).					Total.
	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.	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.	
Nuneaton M.B.	30	470	770	790	630	500	50	3,240	—	—	—	—	—	—	—	
Atherstone R.D.	50	110	190	300	240	120	50	1,060	—	—	—	—	—	—	—	
Bedworth U.D.	30	360	400	500	360	120	40	1,810	—	—	—	—	—	—	—	
Rugby M.B.	10	330	400	530	450	190	60	1,970	—	—	—	—	—	—	—	
Rugby R.D.	40	160	190	190	140	30	10	760	—	—	—	—	—	—	—	
Meriden R.D.	10	210	300	350	340	180	50	1,440	—	1	—	—	—	—	1	
Tamworth R.D.	—	40	120	60	60	80	—	360	—	—	—	—	1 (1)	—	1 (1)	
Leamington Spa M.B.	20	400	400	490	460	160	100	2,030	—	1 (1)	—	—	—	—	1 (1)	
Warwick M.B.	60	320	540	620	380	210	50	2,180	—	—	—	—	—	—	—	
Kenilworth U.D.	—	20	70	120	40	10	—	260	—	—	—	—	—	—	—	
Southam R.D.	—	60	160	230	280	340	210	1,280	—	1 (1)	—	—	—	—	1 (1)	
Warwick R.D.	—	220	200	300	130	90	90	1,030	—	1 (1)	—	—	—	—	1 (1)	
Stratford-upon-Avon M.B.	—	—	20	10	20	10	—	80	—	—	—	—	—	—	—	
Alcester R.D.	—	30	30	20	10	10	—	100	—	—	—	—	—	—	—	
Shipston-on-Stour R.D.	—	130	110	150	50	20	20	480	—	—	—	—	—	—	—	
Stratford-on-Avon R.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTAL	250	2,980	3,990	4,730	3,660	2,140	750	18,500	—	4 (3)	—	—	—	1 (1)	5 (4)	
									Number of notified cases per 1,000 X-rayed.							0.27
									—	1.34	—	—	—	0.47	—	

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

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

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

TABLE 34.

B.C.G. VACCINATION, 1964.

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.	55	49	49
Nuneaton M.B.	82	40	40
Atherstone/Bedworth Area	47	28	47
Eastern Area	98	80	61
North-Western Area	52	52	70
Central Area	49	48	88
Southern Area	58	55	81
Total 1964	441	352	436
Total 1963	434	399	484
Total 1962	565	478	533

TABLE 35.

B.C.G. VACCINATION, 1964.

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.	—	—	—
Nuneaton M.B.	1,117	1,081	1,081
Atherstone/Bedworth Area	744	611	611
Eastern Area	392	344	324
North-Western Area	543	328	317
Central Area	1,201	968	967
Southern Area	1,094	702	702
Total 1964	5,091	4,034	4,002
Total 1963	3,974	3,218	3,159
Total 1962	5,360	4,152	3,914

TABLE 36.

TUBERCULOSIS CASES ASSISTED DURING 1964.

	<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.	1	1	2	4	—	—	—	—
Nuneaton M.B.	8	4	—	12	—	—	—	—
Atherstone/Bedworth Area	11	7	—	18	—	—	—	—
Eastern Area	5	—	—	5	1	—	—	1
North-Western Area	13	1	1	15	—	—	—	—
Central Area	12	3	—	15	2	3	—	5
Southern Area	3	4	—	7	—	—	—	—
Total 1964	53	20	3	76	3	3	—	6
Total 1963	57	24	5	86	13	8	1	22
Total 1962	87	39	4	130	16	9	4	29
Total 1961	109	36	2	147	18	4	3	25
Total 1960	135	44	4	183	28	9	3	40

CARE AND AFTER-CARE.

TABLE 37.

LOAN SCHEME.

	ITEMS ISSUED IN 1964.							TOTAL ISSUES.			Items still on loan at 31st Dec. 1964
	Sutton Cold-field M.B.	Nun-eaton M.B.	Ather-stone and Bed-worth Area	Eastern Area	North-Western Area	Central Area	South-ern Area	1964	1963	1962	
Beds and Bedding.											
Beds, Hospital and other types	20	8	23	27	16	54	28	176	191	167	166
Beds, Cot, Adult	12	—	—	—	—	1	—	13	7	1	6
Beds, Side Rails	9	—	7	6	2	20	4	48	62	27	26
Blankets	13	—	14	—	11	—	18	56	109	103	131
Mattresses, Dunlopillo	47	10	44	18	14	88	33	254	260	273	240
" Other types	—	—	1	1	—	—	1	3	—	6	4
" Covers	—	—	1	—	—	—	—	1	—	—	1
Pillows, Staff	5	—	4	—	—	—	3	12	3	2	32
" Foam & Dunlopillo	8	—	4	6	3	8	13	42	57	41	58
" Cases, Staff	5	—	4	12	—	—	25	46	64	48	109
" Plastic	—	—	6	—	—	—	3	9	4	5	4
Sheets, Staff	8	4	34	—	32	3	40	121	116	119	146
Sheeting, Rubber & Plastic, Yds.	105	31	40	104	68	286	36	670	746	560	629
Bed Accessories.											
Air Rings	28	10	5	31	13	58	14	159	158	154	103
Alarms, Enuresis	46	26	29	33	61	59	55	309	310	224	190
Back Rests	73	33	8	58	39	133	32	376	282	298	250
" Covers	—	1	—	—	1	6	1	9	6	17	10
Bed Blocks, Prs.	—	—	5	—	2	4	1	12	19	4	15
" Boards	—	—	—	2	3	11	12	28	50	18	29
" Cradles	27	18	8	24	11	38	21	147	171	119	104
" Pans	106	38	57	111	89	216	65	682	641	528	472
" Tables	6	—	—	2	1	7	2	18	24	18	14
Bottles, Urine	34	9	8	29	24	82	14	200	189	173	169
Cushions, Dunlopillo	8	1	2	14	7	10	21	63	79	41	65
Poles, Lifting	44	1	4	14	7	21	9	100	73	53	82
Pressure Pad Units	7	—	16	12	4	26	11	76	50	40	18
Sheets, Draw	—	61	25	—	—	5	45	136	121	153	131
Orthopaedic Accessories.											
Carriage, Spinal	—	—	—	—	—	1	—	1	2	2	2
Chairs, Invalid Folding and Self-Propelling	98	33	64	66	58	125	79	523	456	434	468
Chairs, Push, Twin	2	—	—	—	—	—	—	2	2	1	3
" Feeding	—	—	—	—	—	—	—	—	1	1	—
" Baby modified	—	—	1	—	—	—	—	1	—	1	1
" Working	1	—	—	—	—	—	—	1	1	1	4
Chairs seat lifting and Powell	1	1	—	—	—	—	—	2	2	—	2
Crutches, Pairs	2	—	4	1	—	4	—	11	15	21	12
" Elbow, Single	45	6	2	2	2	13	7	77	56	28	82
Hoists	7	—	—	5	3	8	2	25	21	25	26
Slings	15	—	2	7	5	21	5	55	47	43	50
Splints	—	—	—	—	—	—	—	—	1	—	1
Sticks, Walking, Tripod and	60	28	45	58	43	86	47	367	283	232	451
" Quadruped	—	—	—	—	—	—	—	—	—	—	—
Walking Aids	6	—	1	5	8	7	2	29	22	15	40
Miscellaneous.											
Commodes, all types	113	42	56	88	74	172	57	602	533	420	442
Cups, Feeding	—	—	—	2	1	3	—	6	5	8	—
Dish, Kidney	—	—	—	—	—	1	—	1	—	2	—
Fireguards	—	18	4	—	1	2	—	25	22	21	52
Fires, Electric	—	—	—	—	—	—	—	—	—	—	—
Mugs, Sputum	—	—	2	1	—	—	—	3	7	4	5
Pails, E.I. c/w lid	—	—	—	—	—	—	—	—	—	—	2
Seats, Bath	5	2	—	—	—	—	—	7	5	3	5
" Toilet, Inflatable	—	—	—	—	—	—	—	—	4	—	2
Sandbags	—	—	—	—	—	—	—	—	—	—	3
Towels	—	—	—	—	—	—	—	—	—	—	—
TOTAL	966	381	530	739	603	1,579	706	5,504	5,277	4,454	4,857

In addition to the above articles on loan, 1,200 expendible sputum cups and 40,691 incontinence pads were issued

TABLE 38. NUMBER OF CASES ADMITTED TO CONVALESCENT HOMES
1964.

	Men.		Women.		Pre-School Children.		Total.	
	No. of Cases.	Total Weeks.	No. of Cases.	Total Weeks.	No. of Cases	Total Weeks.	No. of Cases.	Total Weeks.
Sutton Coldfield M.B.	2	4	4	8	—	—	6	12
Nuneaton M.B. ...	—	—	3	5	—	—	3	5
Atherstone/Bedworth Area ...	1	6	6	12	—	—	7	18
Eastern Area ...	1	2	10	20	—	—	11	22
North-Western Area ...	2	4	11	21	—	—	13	25
Central Area ...	5	10	9	19	—	—	14	29
Southern Area ...	8	15	7	14	—	—	15	29
Totals 1964 ...	19	41	50	99	—	—	69	140
" 1963 ...	20	41	35	73	—	—	55	114
" 1962 ...	23	47	46	91	1	4	70	142
" 1961 ...	17	33	51	117	—	—	68	150
" 1960 ...	27	51	73	164	3	12	103	227
Average stay in weeks :								
1964 ...	2.2		2.0		—		2.0	
1963 ...	2.1		2.1		—		2.1	
1962 ...	2.0		2.0		4.0		2.0	
1961 ...	1.9		2.3		—		2.2	
1960 ...	1.9		2.2		4.0		2.2	

TABLE 39. HOME HELP SERVICE.

	Cases attended during 1964.							Total.	No. of home helps employed 31st Dec. (part-time)*
	Aged 65 or over.	Aged Under 65					Total.		
		Mat-ernity.	T.B.	Chronic Sick.	Mentally Disordered	Others.			
Sutton Coldfield M.B. ...	259	199	1	26	4	78	567	62	
Nuneaton M.B. ...	265	39	—	10	2	34	350	74	
Atherstone/Bedworth Area ...	273	25	—	39	4	7	348	87	
Eastern Area ...	314	121	1	46	2	33	517	72	
North-Western Area ...	265	70	2	35	7	31	410	137	
Central Area ...	457	132	1	52	8	62	712	101	
Southern Area ...	469	53	—	67	—	42	631	115	
Total 1964 ...	2,302	639	5	275	27	287	3,535	648	
" 1963 ...	2,164	547	9	204	17	216	3,157	605	
" 1962 ...							3,029	591	
" 1961 ...							2,611	518	
" 1960 ...							2,360	453	

* No full-time Home Helps employed.

A Home Help Organiser is employed in each Area.

HOME HELP SERVICE (contd).
SIZE OF SERVICE IN 1964.

TABLE 40.

	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. 77,980)	14,220	37,496	51,716	201	5,046	663
Nuneaton M.B. ... (Pop. 60,010)	5,384	56,454	61,838	99	9,668	1,030
Atherstone/Bedworth Area (Pop. 60,600)	9,809	65,395	75,204	177	12,045	1,241
Eastern Area ... (Pop. 79,410)	15,486	50,110	65,596	218	5,896	826
North-Western Area (Pop. 86,390)	17,329	61,130	78,459	217	9,151	908
Central Area ... (Pop. 124,680)	12,582	62,649	75,231	113	4,609	603
Southern Area ... (Pop. 72,170)	16,308	86,892	103,200	258	9,570	1,430
Total ... (Pop. 561,240)	91,118	420,126	511,244	180	7,429	911

TABLE 41. SHORT-TERM CASES HELPED IN 1964.

	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. ...	279	50	39	67
Nuneaton M.B. ...	70	36	13	60
Atherstone/Bedworth Area	40	38	7	63
Eastern Area ...	162	57	23	72
North-Western Area ...	100	57	13	85
Central Area ...	212	81	19	60
Southern Area ...	95	30	15	33
TOTAL ...	958	349	19	62

TABLE 42. LONG-TERM CASES HELPED IN 1964.

	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. ...	29	209	4	281
Nuneaton M.B. ...	15	229	3	392
Atherstone/Bedworth Area	35	235	6	433
Eastern Area ...	41	257	6	302
North-Western Area ...	45	208	6	261
Central Area ...	43	376	4	277
Southern Area ...	67	439	11	483
TOTAL ...	275	1,953	5	345

NIGHT "SITTER-UP" SERVICE.
CASES HELPED DURING 1964.

TABLE 43.

	Number of Cases.		Total hours provided.
	Short-term.	Long-term.	
Nuneaton M.B.	3	—	103
Atherstone/Bedworth Area	6	29	5,504
Eastern Area	15	1	1,436
Central Area	8	—	905
Total 1964 ...	32	30	7,948
Total 1963 ...	40	7	6,206

VENEREAL DISEASES.

TABLE 44. NEW CASES DEALT WITH AT CLINICS DURING THE YEAR ENDED 31ST DECEMBER, 1964.

Clinic.	Syphilis.		Gonorrhoea.		Total V.D.		Not Venereal Disease.	
	M.	F.	M.	F.	M.	F.	M.	F.
Warneford Hospital	2	—	21	6	23	6	63	37
Coventry and Warwickshire Hospital	1	1	24	9	25	10	89	25
General Hospital, Birmingham	3	—	32	9	35	9	145	26
Hospital of St. Cross, Rugby	—	1	5	—	5	1	26	8
Nuneaton V.D. Clinic	—	1	13	6	13	7	51	26
Totals 1964 (Excluding Solihull)	6	3	95	30	101	33	374	122
Totals for 1963 (Including Solihull)	13	4	86	27	99	31	356	128

TABLE 45. REGISTRATION OF BLIND AND PARTIALLY SIGHTED PERSONS.
NEW CASES REGISTERED DURING 1964.

	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	19	3	—	48	70
(b) Treatment (medical, surgical or optical)	51	18	—	69	138
Total	70	21	—	117	208

138 Persons newly registered as blind.
70 Persons newly registered as partially sighted.

TABLE 46.

CHIROPODY SCHEME, 1964.

	<i>Patients treated under County Scheme</i>				<i>Total patients treated.</i>	<i>Total treatments given.</i>
	<i>By direct arrangements with Chiropractors.</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. ...	392	217	—	—	609	2,023
Nuneaton M.B. ...	—	—	137	181	318	1,247
Atherstone/Bedworth Area ...	—	—	159	162	321	1,450
Eastern Area ...	317	326	12	7	662	1,634
North-Western Area ...	—	—	280	239	519	2,409
Central Area ...	53	11	154	176	394	1,053
Southern Area ...	340	42	123	65	570	1,904
Total 1964 ...	1,102	596	865	830	3,393	11,720
Total 1963 ...	473	214	1,285	772	2,744	8,747
Total 1962 ...	194	25	1,112	587	1,918	6,423

TABLE 47.

NEW CLAIMS FOR NATIONAL INSURANCE
SICKNESS BENEFIT, 1960-1964.

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>				
	1960	1961	1962	1963	1964
March Quarter ...	15,920	21,548	19,999	18,396	20,048
June Quarter ...	10,961	10,664	12,227	11,857	11,931
September Quarter ...	9,360	9,038	8,784	10,038	10,232
December Quarter ...	13,382	14,005	14,710	13,596	14,434
Total ...	49,623	55,255	55,720	53,887	56,645

TABLE 48.

UPTAKE OF VITAMIN PRODUCTS.
AVERAGE WEEKLY ISSUE DURING 1963 and 1964.

	<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>	
	1964	1963	1964	1963	1964	1963
Sutton Coldfield M.B. ...	485	452	29	37	38	38
Nuneaton M.B. ...	209	173	22	22	26	24
Atherstone/Bedworth Area ...	220	181	17	17	25	21
Eastern Area ...	355	346	22	26	28	34
North-Western Area ...	464	388	39	40	45	40
Central Area ...	636	554	37	39	51	50
Southern Area ...	298	252	19	20	20	20

MENTAL HEALTH.

TABLE 49. ADMISSIONS TO MENTAL HOSPITALS ARRANGED BY MENTAL WELFARE OFFICERS.

Admission arrangements.	<i>Number of Patients.</i>
Compulsory powers under Mental Health Act, 1959	282
Informal Basis	234
Total ...	516

TABLE 50. NEW CASES REPORTED AS MENTALLY SUB-NORMAL DURING 1964.

<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 ...	34	22	56
Moved away or died during the year ...	1	7	8
Remaining under investigation at end of year	—	—	—
Total ...	37	34	71

Table 51. NUMBER OF PATIENTS ASCERTAINED AS MENTALLY SUBNORMAL AT 31.12.64.
(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 ...	369	373	742

COUNTY AMBULANCE SERVICE.

TABLE 52. DETAILS OF DEPOTS AND MILEAGE, 1964.

Depot.	Staff. at 31-12-1964		Vehicles. at 31-12-1964				Total Mileage 1964.	Total Mileage 1963.
	S/L.	D/Att	Amb.	Cars.	Car- Version	Dual- Purpose		
SUTTON COLDFIELD (Supt. E. TOWERS)	3	18	4	2	—	2	125,665	116,603
NUNEATON (Supt. J. P. MELVIN)	3	19	4	1	—	4	132,023	139,588
BEDWORTH. * (Supt. J. P. MELVIN)	1	5	2	1	—	2	63,577	63,513
DORDON (Supt. S. BURNETT)	3	17	3	2	—	3	182,236	172,047
RUGBY (Supt. A. J. BURTON)	3	17	4	1	—	3	137,209	149,194
COLESHILL (Supt. J. H. BOTTRILL)	3	18	4	1	—	2	140,997	138,344
WARWICK (Supt. G. D. WHITING)	3	20	5	—	1	3	185,365	167,560
STRATFORD-ON-AVON (Supt. E. T. SAUL)	3	17	6	1	—	2	210,129	181,931
COUNTY TOTALS	22	131	32	9	1	21	1,177,201	1,128,780

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

TABLE 53. ANALYSIS OF TYPE OF CASE CARRIED—1964.
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	6,317	51,599	—	—
Maternity	2,337	35,806	—	—
Others	6,701	80,838	—	—
Total	15,355	168,243	—	—
<i>Non-emergency.</i>				
Hospital Sick	149,327	889,107	4,414	69,542
Maternity	1,618	14,059	—	—
Infectious Diseases	245	2,933	—	—
School children	1,952	9,847	221	3,008
Mental Health Training Centres	10,619	62,478	—	—
Others	744	6,124	—	—
Total	164,505	984,548	4,635	72,550
<i>Non-Patient carrying journeys</i>	—	24,410	—	1,527
Total	179,860	1,177,201	4,635	74,077

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

MAKE OF VEHICLE.	YEAR OF MANUFACTURE.									Totals
	1956	1957	1958	1959	1960	1961	1962	1963	1964	
AMBULANCES.										
BEDFORD (P) ...	—	—	—	—	2	13	4	—	—	19
MORRIS (P) ...	—	4	—	—	—	—	—	—	—	4
MORRIS (D) ...	—	4	—	5	—	—	—	—	—	9
TOTALS ...	—	8	—	5	2	13	4	—	—	32
DUAL PURPOSE VEHICLES.										
BEDFORD (P) ...	—	—	—	—	—	2	3	3	3	11
MORRIS CARVERSION (P) ...	—	—	—	—	1	—	—	—	—	1
DENNIS (D) ...	1	—	—	—	—	—	—	—	—	1
MORRIS (D) ...	—	5	4	—	—	—	—	—	—	9
TOTALS ...	1	5	4	—	1	2	3	3	3	22
CARS.										
MORRIS TRAVELLER (P) ...	—	—	—	—	2	—	—	—	—	2
AUSTIN (D) ...	—	4	3	—	—	—	—	—	—	7
TOTALS ...	—	4	3	—	2	—	—	—	—	9
TOTAL NUMBER OF VEHICLES : Ambulances ... 23 Petrol 9 Diesel = 32										
Dual Purpose Vehicles 11 Petrol 10 Diesel = 21										
Carversions ... 1 Petrol — Diesel = 1										
Cars ... 2 Petrol 7 Diesel = 9										
Totals ... 37 Petrol 26 Diesel = 63										

TABLE 55. 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 Van	VAC 409	Portable Centre † Equipment	Mrs. J. M. MORRIS.
Morris Van	PNX 940	Welfare Foods †	B. SHARP.
Morris Van	NX 5864	Stores Deliveries †	J. RICHARDSON.
Ford Popular	8606 AC	Staff Car	General.
Ford Popular	UAC 352	Staff Car	General.

† The work of these vans can be interchanged

FOOD AND DRUGS ACT, 1955.

SECTION 31.

TABLE 56. TUBERCULOUS MILK INVESTIGATIONS—ROUTINE MILK SAMPLES TAKEN FOR BIOLOGICAL EXAMINATION DURING THE YEAR 1964.

NO. OF SAMPLES.

<i>District in which sample was taken.</i>	<i>Number of Samples.</i>	<i>Positive Results.</i>
SUTTON COLDFIELD M.B.	34	0
NUNEATON M.B.	40	0
ATHERSTONE/BEDWORTH AREA.		
Bedworth U.D.	—	—
Atherstone R.D.	12	0
EASTERN AREA.		
Rugby M.B.	17	0
Rugby R.D.	40	0
NORTH-WESTERN AREA.		
Meriden R.D.	14	0
Tamworth R.D.	7	0
CENTRAL AREA.		
*Leamington Spa M.B.	—	—
Warwick M.B.	9	0
Kenilworth U.D.	4	0
Southam R.D.	21	0
Warwick R.D.	14	0
SOUTHERN AREA.		
Stratford-upon-Avon M.B.	7	0
Alcester R.D.	—	—
Shipston-on-Stour R.D.	29	0
Stratford-on-Avon R.D.	22	0
Total	270	0

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 R.D.

TABLE 57. SAMPLES TAKEN UNDER MILK IN SCHOOLS SCHEME, 1964.

<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 :</i>	<i>Meth. Blue</i>	<i>Meth. Blue and Phosph.</i>
Pasteurised ...	454	41	999	31	—	31	—
Tuberculin Tested/Untreated	3	3	8	2	—	2	—

Total Failures : 3.27% of all school milk samples as compared with 5.58% in 1963.

MILK (SPECIAL DESIGNATION) REGULATIONS, 1960 and 1963.

TABLE 58. MILK SAMPLES FROM LICENSED RETAILERS, 1964.

District in which sample was taken.	No. of Samples.			Tests failed.		
	Pasteurised	Tuberculin Tested/ Untreated.	Sterilised.	Meth Blue.	Phos.	Turbidity.
SUTTON COLDFIELD M.B. ...	(Food & Drugs Acts Authority)			—	—	—
NUNEATON M.B. ...	(Food & Drugs Acts Authority)			—	—	—
ATHERSTONE/BEDWORTH AREA.						
Bedworth U.D. ...	58	—	44	1	0	0
Atherstone R.D. ...	70	—	29	2	1	0
EASTERN AREA.						
Rugby M.B. ...	(Food & Drugs Acts Authority)			—	—	—
Rugby R.D. ...	72	2	2	3	0	0
NORTH-WESTERN AREA.						
Meriden R.D. ...	194	5	90	4	0	1
Tamworth R.D. ...	35	5	7	0	0	0
CENTRAL AREA.						
Leamington Spa M.B. ...	(Food & Drugs Acts Authority)			—	—	—
Warwick M.B. ...	75	4	10	3	0	0
Kenilworth U.D. ...	35	—	—	1	0	0
Southam R.D. ...	66	3	3	1	0	0
Warwick R.D. ...	73	9	5	8	0	0
SOUTHERN AREA.						
Stratford-upon-Avon M.B. ...	97	—	3	12	0	0
Alcester R.D. ...	54	—	18	2	0	0
Shipston-on-Stour R.D. ...	35	2	—	0	0	0
Stratford-on-Avon R.D. ...	131	—	14	5	0	0
Total ...	995	30	225	42	1	1

Total Samples—1,250.

TABLE 59. MILK SAMPLES FROM LICENSED PASTEURISING AND STERILISING PLANTS, 1964.

Code No. of Dairy.	No. of Samples :—		No. of Failures.	Test failed :—		
	Pasteurised.	Sterilised.		Pasteurised.		Sterilised.
				Meth Blue	Phosph		Turbidity.
4/1/1	94	44	5	2	3	0
4/1/2	103	—	3	3	0	—
4/3/1	100	—	1	0	1	—
6/18/2	52	—	2	2	0	—
7/7/1	106	—	1	1	0	—
7/8/2	156	—	0	0	0	—
7/16/1	105	—	1	1	0	—
TOTAL	716	44	13	9	4	—

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 : 1.8% compared with 0.8% in 1963.

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

BOROUGH AND AREA OFFICES :

BOROUGH COUNCILS WITH DELEGATED POWERS :—		<i>Borough Medical Officer.</i>	<i>Telephone No.</i>
Sutton Coldfield 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.
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
<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.		Arden Street,	
Shipston-on-Stour R.D.		Stratford-upon-Avon.	
Stratford-on-Avon R.D.			

Ambulances.	Usually ordered by medical practitioner or hospital. In " <i>emergencies</i> " only, members of the public may call for an ambulance and any telephone exchange will connect them to the nearest ambulance depot.
Ante-natal and Post-natal Clinics.	The addresses and times of all such clinics are given on page 55.
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 50.
Chiropody.	This service is offered when available, for expectant mothers, registered handicapped persons, women aged 60 and over, and men aged 65 and over. A small charge is payable except in certain cases. Application should be made to the Borough or Area Medical Officer (address on page 75).
Convalescent Treatment.	A period of recuperative convalescence may be arranged for persons whose doctors consider they need it. Patients are required to contribute towards the cost of such convalescence in accordance with their means. Requests for this service must be made by the patient's family doctor or hospital and addressed to the County Medical Officer of Health, Shire Hall, Warwick, or to the appropriate Borough Medical Officer. All requests must be accompanied by brief medical details of the case.
District Nurses.	Cover all districts for nursing the sick of all ages in their own homes. Addresses and telephone numbers are shown in telephone directories under the heading " <i>Nursing Service.</i> "
Health Visitors.	Are appointed to cover all districts, to give advice about the care of mothers and young children and social problems affecting any member of the family. They act as school nurses and T.B. health visitors.
Home Helps.	This service exists to provide help in the home when the mother is ill or is being confined at home, or when required by lone or aged and infirm persons. The charge for this service at present is 4/8d. 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 75).
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 75). 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, Shire Hall, 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, Shire Hall, 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— “ <i>Nursing Service.</i> ”
Occupational Therapy.	A scheme exists whereby persons confined to bed or to their homes, suffering from injury or illness of some months duration, or from tuberculosis, may be supplied with materials with which to occupy their time in making various articles of their choice. Materials supplied at cost price but may be free in necessitous cases. Enquiries should be addressed to the local District Nurse, the Health Visitor at the nearest Welfare Centre, or to the Borough or Area Medical Officer (address on page 75).
Private Nursing and Maternity Homes.	Persons desiring to open private nursing and/or maternity homes must first apply for registration to the County Medical Officer of Health, Shire Hall, Warwick.
The Illegitimate Child and its Mother.	The Health Committee employs a Social Worker whose duties include the giving of assistance and advice where such is needed by mothers of illegitimate children. An Ante-natal and Post-natal Hostel is also maintained by the Committee in which, in certain cases, mothers may be sheltered for a short time before and, if necessary, after the birth of an illegitimate child. Enquiries should be addressed to the County Medical Officer of Health, Shire Hall, Warwick, at the earliest possible date before confinement is due.
Tuberculosis.	There are Chest Clinics in most Areas of the County (for addresses see page 60). 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 60).
<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 75).
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 50) or to the Borough or Area Medical Officer (address on page 75). 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 50. Information about other distribution points may be obtained from the Borough or Area Medical Officer (address on page 75).
General County Health Services.	General queries not covered by the above should be referred to the County Medical Officer of Health, Shire Hall, Warwick.

1. The first section of the report deals with the general situation of the country and the progress of the work done during the year.

2. The second section deals with the work done in the various departments of the country, and the progress of the work done in each of them.

3. The third section deals with the work done in the various departments of the country, and the progress of the work done in each of them.

4. The fourth section deals with the work done in the various departments of the country, and the progress of the work done in each of them.

5. The fifth section deals with the work done in the various departments of the country, and the progress of the work done in each of them.

6. The sixth section deals with the work done in the various departments of the country, and the progress of the work done in each of them.

7. The seventh section deals with the work done in the various departments of the country, and the progress of the work done in each of them.

8. The eighth section deals with the work done in the various departments of the country, and the progress of the work done in each of them.

9. The ninth section deals with the work done in the various departments of the country, and the progress of the work done in each of them.