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WORCESTERSHIRE COUNTY COUNCIL

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER FOR THE YEAR 1948.

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present the Annual Report dealing with the health in the county for the year 1948.

The year 1948 saw the initiation of extensive administrative changes in the health service of the county which appreciably alters the work of the Health Committees. The National Health Service Act 1946, operating from the 5th July 1948, provided for all Hospital services (general, special, infectious disease, maternity and mental) and the specialist clinic services being the responsibility of the Birmingham Regional Hospital Board.

The County Council, through the Health Committee, has some new responsibilities under Part III of the Act:—

- (1) A district nursing service
- (2) Ambulance service
- (3) Domestic and home help service
- (4) Mental after-care service
- (5) Convalescent home provision (where treatment is not required)
- (6) Health centres.

Details of these arrangements are given later in the report.

From the same date the care of "deprived" children became the responsibility of the Childrens Committee, acting under the direction of the Home Office.

Treatment of disease will in future be separated from the preventive services, the hospital and specialist service being a national provision administered by the Central Government, the domiciliary services (other than medical and dental) remaining as duties of Local Health Authorities.

These changes present a complete reversal of the policy of twenty years ago when, following the Local Government Act 1929, the Health Committees became hospital authorities with a resultant linking of the preventive and curative services.

The record of health of the County during 1948 is generally satisfactory. The transfer of functions on the 5th July operated without undue difficulty although the amount of administrative work concerning these changes resulted in a congestion of work which had to be undertaken within a limited period.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area in acres	...	...	...	...	438,221
Population, Census 1931	...	...	...	...	308,781
Registrar-General's estimate of resident population, mid-1948	...	...	...	...	387,980
Rateable Value (1st April, 1949)	...	...	...	...	£1,958,082
Sum represented by a penny rate	...	...	...	...	£7655

	Males	Females	Total
Live Births—Legitimate	3,443	3,119	6,562
—Illegitimate	178	157	335
Birth-rate per 1,000 of estimated resident population			17.8

	Males	Females	Total
Stillbirths	86	79	165
Rate per 1,000 total (live and still) births			23


	Males	Females	Total
Deaths	2,041	1,928	3,969
Death-rate per 1,000 of estimated resident population			10.2

Deaths from Puerperal Causes:—

	Deaths	Rates per 1,000 live births	Rates per 1,000 total (live and still) births
Puerperal Sepsis	3	.43	.42
Other Maternal Causes	4	.58	.57
Total	7	1.01	.99

Infant Mortality (Infants under one year of age):—

All Infants per 1,000 live births	...	30
Legitimate Infants per 1,000 legitimate live births	...	28
Illegitimate Infants per 1,000 illegitimate live births	...	57
Deaths from Measles (all ages)	...	2
Deaths from Whooping Cough (all ages)	...	4
Deaths from Diarrhoea (under 2 years of age)	...	15
Deaths from Cancer (all ages)	...	703



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ADMINISTRATION.

The three main health committees under the old arrangement, viz:—

- (1) The Public Health and Housing Committee;
 - (2) The Tuberculosis and Sanatorium Committee; and
 - (3) The Administrative Health Committee
- ceased to operate from the appointed day.

The new Health Committee operated from the 5th July with the following sub-committees:—

(a) Public Health Sub-Committee. This sub-committee deals with the work undertaken by the old Public Health and Housing Committee. These are mainly duties under the Public Health and other enactments but excluding duties under the National Health Service Act, 1946.

(b) Mental Health Sub-Committee (Section 51)

(c) Maternity and Child Welfare Sub-Committee (including Midwives, district nurses and domestic helps)

(d) Ambulance, Prevention and After-Care Sub-Committee. This Sub-Committee deals with the ambulance service and also with Vaccination, Immunisation and Convalescent Homes.

(e) Welfare Sub-Committee. This deals with the duties of the County Council under the National Assistance Act.

(f) Area Sub-Committees. Two have been established so far:—

1. Oldbury Borough
2. Kidderminster Borough, Bewdley Borough, Stourport Urban, Kidderminster and Tenbury Rural Districts.

(g) Finance and General Purposes Sub-Committee.

The decision to include the welfare service as a duty of the Health Committee is of interest; the use of Part III services under the National Health Service Act 1946 should in this way be facilitated. The records of the school health service and the past experience of the Health Department with certain handicapped persons, such as the Blind, will be fully available to the new sub-committee. The District Welfare Officers at present undertake duties as Authorised Officers under Section 51. This arrangement has proved convenient and economical in staff; further, it is of advantage that all the work of the officers should be under the control of a single committee.

STAFF.

I do not propose this year to give a detailed list of the staff as was done in last year's Report but the following are the Chief Administrative Officers:—

County Medical Officer of Health and School Medical Officer:

Wyndham Parker, C.B.E., M.C., M.B., Ch.B., D.P.H.

Deputy County Medical Officer of Health and School Medical Officer:

J. W. Pickup, M.D., Ch.B., D.P.H.

Senior Administrative Medical Officer, Maternity and Child Welfare:

Sara C. Walker, M.D.B.S., M.R.C.S., L.R.C.P., D.P.H.

Divisional Area Medical Officers:

Kidderminster,

C. Starkie, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Oldbury,

E. V. Connolly, M.B., Ch.B., L.M., D.C.H., D.P.H.

Chief Tuberculosis Officer:

R. B. Mayfield, M.D., D.P.H.

Chief Dental Officer:

B. D. Britten, L.D.S.

County Welfare Officer:

R. A. Macdonald.

Chief Clerk:

G. P. Cooper.

Superintendent Health Visitor:

Miss N. Ashton, S.R.N., R.M.N., S.C.M., H.V.Cert.

Superintendent of District Nurses:

Miss V. Meadway Russell, S.R.N., S.C.M., Q.S.

Non-Medical Supervisor of Midwives:

Miss E. M. Hands, S.R.N., S.C.M., M.T.

County Sanitary Officer:

R. W. T. Owen.

County Ambulance Officer:

G. L. Pitt.

Mental Health Administrative Officer:

W. Phillips.

Dr. S. C. Walker, Assistant County Medical Officer, was appointed as Senior Administrative Medical Officer for Maternity and Child Welfare as from the 7th June, 1948.

Dr. F. S. Melville was appointed an Assistant County Medical Officer on the 1st September, 1948, to fill the vacancy caused by the appointment of Dr. S. C. Walker as Senior Administrative Medical Officer.

Dr. N. Baster was appointed Assistant County Medical Officer and Medical Officer of Health for the Bromsgrove Urban and Rural and Redditch Urban Districts on the 1st February 1948, (vice Dr. L. J. Bacon).

Dr. H. F. Green was appointed on the 1st June, 1948 as Assistant County Medical Officer and Medical Officer of Health for the Malvern Urban and Upton-on-Severn Rural Districts, (vice Dr. A. F. Turner).

Laboratory Services.

The bacteriological work formerly done in the County Laboratory is now undertaken at the Medical Research Council's Laboratory at the Worcester Royal Infirmary but certain work is still performed in the County Laboratory in order to assist.

The work of the County Analyst, dealing with Food and Drugs, Water and Sewerage and other activities still however continues. Through the courtesy of Mr. M. M. Love, the County Analyst, the following details of the work done in 1948 are given:—

Chemical Analyses.

Fertilisers and Feeding Stuffs	...	...	...	...	207
Food and Drugs	...	...	...	...	2,625
Miscellaneous	...	...	...	...	153
Sewage and Effluents	...	...	...	...	185
Water	...	...	...	...	1,088
					<hr/> 4,258 <hr/>

Bacteriological Examinations

*Diphtheria	...	...	...	...	2,144
Ice Cream	...	...	...	...	398
Milk; Designated	...	...	...	...	2,352
Milk; Undesignated	...	...	...	...	223
Milk for Tubercle	...	...	...	...	91
Miscellaneous	...	...	...	...	733
*Tubercle (Sputa etc.)	...	...	...	...	2,191
*Typhoid and Dysentery	...	...	...	...	163
Water	...	...	...	...	1,703
					<hr/> 9,998 <hr/>

Total number of samples and specimens examined during the year 14,256

* As anticipated in the Report for 1947, responsibility for the bacteriological examination of all pathological specimens was formally transferred to the Public Health Laboratory Service on the 1st October, 1948. The examination of water and milk for hygienic quality, which from the consumer angle forms an integral part of the Health Service, is still undertaken in the County Laboratory by arrangement with the Medical Research Council on an agency basis.

In addition, the County Council continues to provide its own bacteriological service covering the examination of:—

1. Water; ... samples submitted by Water Undertakings and privately.
2. Milk; ... sterilised and pasteurised for licensing purposes; raw or heat-treated samples submitted by dealers or privately.
3. Ice Cream; ... samples submitted by local authorities and manufacturers.

It should be emphasised that the chemical laboratory is not in any way affected by the change in functions of the bacteriological section. Under the Food and Drugs Act, 1938, the County Council is required to appoint a Public Analyst, the appointment being subject to approval by the Minister of Food. The chemical laboratory, therefore, is a distinct unit, entirely dissociated from the National Laboratory Service and not subject to any control from the Medical Research Council.

Of the 2,625 samples of Food and Drugs, 2,520 were submitted formally or informally for the purposes of administration of the Food and Drugs Act, 1938.

Of these, 1911 were samples of milk of which 180 were adulterated, representing a percentage of adulteration 9.4.

The average composition of all samples of milk examined was Fat 3.6 per cent, and Solids-not-Fat 8.8 per cent.

Of the remaining 712 miscellaneous samples of food and drugs 45 were adulterated.

The percentage adulteration of all samples was 8.6.

The total milks examined bacteriologically from all sources (apart from the samples specially examined for T.B.) comprised:—

	No. of samples
Accredited	704
Heat-Treated	208
Pasteurised	505
Sterilised	76
Tuberculin Tested	859
Undesignated	223
	2,575

Of the 91 samples of milk examined for the Tubercle Bacillus, two were positive.

Under the Gas Undertakings Acts, the number of testings made by the County Gas Examiner, of gas supplied by the various Gas Undertakings in the County was 460.

MATERNITY AND CHILD WELFARE.

Births, Birth rate and infant mortality.

Year	Legitimate Births	Illegitimate Births	Birth Rate live births per 1000	Infant Mortality rate	Still births	Rate per 1000 births
1937	4,874	155	15.2	52	217	41
1938	5,053	180	15.6	48	202	37
1939	5,352	196	16.3	49	213	37
1940	4,675	178	13.6	56	205	41
1941	5,511	229	15.3	54	173	30
1942	6,203	279	17.4	40	237	32
1943	6,419	351	18.3	39	215	31
1944	6,992	423	20.2	41	190	25
1945	5,990	576	18.2	43	177	26
1946	6,506	460	18.9	36	178	25
1947	7,059	353	19.7	36	196	26
1948	6,897	335	17.8	30	165	23

Infant Mortality Rate.

The rate of 30 (deaths of infants under 12 months per 1,000 live births) is the best figure recorded so far in Worcestershire. The improvement is national as well as local, the rate for England and Wales being 34.

The marked difference in the chances of survival of legitimate and illegitimate infants is shown in the following table:—

	1948	1947	1946	1945	1944
Infant Mortality Rate. Legitimate Births	28	35	33	42	40
Infant Mortality Rate. Illegitimate Births	57	54	69	59	52

The percentage rate of illegitimate births for 1948 is 4.6; this is a little lower than 1947 (4.8%) but still remains higher than the pre-war figure of 3 to 3.5%.

Stillbirths.

The stillbirth rate of 23 per 1,000 births is a new low record. The improved nutritional standard of diet of the expectant mother as well as improved ante-natal and maternity services have contributed to the marked reduction in the stillbirth rate during recent years.

Maternal Mortality.

Year	Deaths from Sepsis	Other Causes	Total Maternity Mortality rate per 1000 births
1937	...	16	4.57
1938	...	15	3.31
1939	...	10	2.41
1940	...	5	2.47
1941	...	7	1.63
1942	...	12	2.5
1943	...	13	2.3
1944	...	8	1.7
1945	...	5	1.19
1946	...	5	0.86
1947	...	6	1.08
1948	...	4	0.99

The figure for 1948 is a slight improvement on 1947, being just under 1 per 1,000 births, but it is not as good as the record low figure of 0.86 for 1946.

While the reduction in deaths due to sepsis during recent years is mainly due to the introduction of the new drugs,—the sulphonamides and penicillin—the reduction in deaths due to other causes has resulted from improved ante-natal and maternity services. Of the seven maternal deaths in the year, six occurred in Hospital and one in a Nursing Home. Two of these patients were delivered at home and were subsequently transferred to Hospital. Three deaths were due to pulmonary embolism, one to eclampsia, two to post-partum hæmorrhage and one occurred during a Cæsarean section operation.

OPHTHALMIA NEONATORUM.

There were 14 cases in 1948. Eight were treated at home and six in hospital, and all recovered with unimpaired vision.

PREMATURE OR UNDER-WEIGHT BABIES.

The following are the details for 1948:—

	County M. and C.W. Area	Oldbury	Kidderminster Borough
No. of Premature Babies and Under-weight Babies, i.e., Birth weight 5½-lbs. or under	298	29	79
Born at Home	145	15	27
Born in Hospital or Maternity Home	153	14	52
BORN AT HOME:—			
No. Nursed at Home	137	13	25
No. sent to Hospital	8	2	2
Died within 24 hours	9	—	2
Survived at end of 1 month ...	127	15	23
Died within 1 month	*9	—	2
BORN IN HOSPITAL:—			
Died within 24 hours	13	1	—
Survived at end of 1 month ...	130	11	49
Died within 1 month	*10	2	3

*Infants who died within 24 hours are not included in this figure.

When the infant is very small, or complications exist, or where home conditions are unsatisfactory, the best results are obtained by nursing in a hospital with a special premature baby unit. The premature baby unit attached to the Sorrento Hospital, Birmingham, has been very helpful in admitting County cases. It is hoped that the Regional Hospital Board will consider the provision of a similar unit, probably at the Worcester Royal Infirmary, which would serve the South of the County.

For premature and under-weight babies, other than those mentioned above, the best results are often obtained by home nursing.

A number of premature baby cots and outfits are being placed at various centres in the County, to be issued on loan for use in the home.

Certain selected midwives will be sent for special training in the care of the premature baby. A senior midwife attached to Kidderminster Part II Training School, attended such a course at the Sorrento Hospital, Birmingham.

DISTRICT NURSING SERVICE.

Under the National Health Service Act, the County Council assumed responsibility for the District Nursing Service from 5th July, 1948. Meetings of members and officers of the County Council, with members of all the local District Nursing Associations, were held prior to 5th July, to arrange details of transfer and future co-operation. I should like to pay tribute to the Nursing Associations for their past work in the establishment and maintenance of a most efficient District Nursing Service and I greatly appreciate the fact that the County Nursing Association and the great majority of the Local Associations have agreed to remain in being to assist and advise the County Council on questions relating to district nursing.

Affiliation with the Queen's Institute of District Nursing has been maintained. On July 5th there were 65 District Nursing Associations, including Kidderminster and Oldbury.

108 Nurses were transferred to the employ of the County Council, including 50 Queen's Sisters, 18 State Registered Nurses, 35 Village Nurse Midwives and 5 Assistant Nurses.

SUMMARY OF DISTRICT NURSES WORK DURING 1948.

General Nursing Cases	...	...	...	7,036
Midwifery	..	..	...	1,924
Maternity	..	..	...	1,011
General Nursing Visits	...	...	...	126,613
Midwifery	..	..	...	35,338
Maternity	..	..	...	18,884
Casual	..	..	...	18,921
Ante-natal visits	...	...	...	19,304
Public Health Visits	...	...	...	31,014

These returns include Kidderminster and Oldbury. Since July 5th three Nurses from Birmingham and four from the Nursing Institute, Worcester, have paid visits to nurses working in rural areas of the County.

Post-graduate courses are being arranged for district Nurses as opportunities arise. The difficulty experienced in filling staff vacancies continues, a general result of the national shortage of nurses. It is found, however, to be much easier to fill posts where a good house or flat and means of transport are available.

Progress is being made in the provision of houses, and in this connection the action of certain District Councils in making a house available for a district nurse is much appreciated. The position with regard to provision of new cars has steadily improved owing to the co-operation of a firm of motor manufacturers, and to the priority scheme of the Ministry of Health.

Isobel Morcom Medal and Prize.

This Medal and Prize are awarded annually to a Nurse who is considered to have rendered outstanding service to the County either as a district nurse or midwife. The award in 1948 was made to Miss Meadway Russell, County Superintendent of District Nurses for the past twelve years. Miss Meadway Russell is the first Queen's Nurse in the County to receive the award. She has given excellent and devoted service to district nursing and her help during the administrative changes of this year has been invaluable.

MIDWIFERY SERVICE.

Institutional Midwifery.

On July 5th the five County and the one Kidderminster Borough Maternity Homes were handed over to the Regional Hospital Board.

The following table shows the number of cases admitted into these Homes from the 1st January to the 4th July, 1948:—

Maternity Home	Total cases
Avonside	156
Lucy Baldwin	175
Blakebrook	68
The Croft	131
Rigby Hall	127
Mary Stevens	215

Worcestershire Patients admitted to other Maternity Homes or Hospitals during the same period were:—

Worcester Royal Infirmary	34
Kidderminster and District Hospital	7
Birmingham, Loveday Street	171
Birmingham General	3
Queen Elizabeth Hospital, Birmingham	18
Hallam Hospital, West Bromwich	115
Sunnyside, Cheltenham	3
Private Nursing Homes	227
St. Chad's, Birmingham	1

The County Council have been asked to act as the agent for the booking of admissions, other than emergencies, to all Regional Hospital Board Maternity Homes in the County. This

arrangement has the advantage of maintaining a link with the Maternity Homes. All applications are considered by a Medical Officer and applications on grounds of difficult circumstances or unsuitable home conditions are investigated and followed up by one of the County Health Visitors or District Nurses. Thus, where needed, advice and assistance is available to the expectant mother.

Domiciliary Midwifery.

The National Health Service Maternity Medical Services Scheme provides for the service of a doctor for any mother who wishes to book under the scheme. The doctor undertakes to provide a minimum of two ante-natal examinations, attendance at the confinement if considered necessary and a post-natal examination.

The County Council remain responsible for payment for medical aid required by a midwife for a patient who is not booked with a doctor under the Maternity Medical Services Scheme. A list of general practitioners in the County who are available to answer medical aid calls, has been drawn up by the Executive Council.

It is important in the interests of the mother and her baby that a very close co-operation should be maintained between the doctor and midwife in this new service. They should work in partnership, the midwife undertaking an agreed responsibility for ante-natal care and usually dealing with the conduct of the normal delivery.

During 1948, 275 midwives gave notice of intention to practice.

The domiciliary midwifery service is undertaken partly by district nurses who are engaged on combined duties, and partly by full-time Midwives. The latter are employed mainly in Urban areas in the North of the County. During 1948, 3,742 confinements were attended by district nurse-midwives (including those in Oldbury).

The independent midwives play a small part in the County domiciliary service, only 117 births being attended by them in 1948.

Supervision of Midwives.

Miss Hands was appointed as non-medical Supervisor of Midwives and took up her duties in August, 1948. This appointment has proved very useful in co-ordinating the work of midwives throughout the County and provides them with an adviser on the many problems which may arise in midwifery practice.

Gas and Air Analgesia.

Good progress has been made in the training of midwives and in the provision of apparatus.

By the end of 1948, 72 out of a total of 95 Midwives held the gas and air certificate. Further courses of instruction have been arranged, so that before the end of 1949 it is anticipated that practically every midwife employed by the County Council will hold the necessary certificate and will have been supplied with the necessary apparatus.

Training has been given at the Loveday Street Maternity Hospital, the Sorrento Maternity Hospital and at the Mary Stevens Maternity Home.

Maternity Outfits.

A maternity outfit, containing the necessary sterilised equipment, is provided for every home confinement.

Specialist and Consultant Services.

The Regional Hospital Board became responsible for these services on July 5th. Specialists have been provided, at the request of general practitioners, to see patients in their own homes and in Maternity Homes.

During the year, 19 special consultant ante-natal sessions were held in the County. Mr. S. Davidson acted as Consultant Obstetrician until his resignation in September, 1948, when he was succeeded by Mr. Mills.

A total of 101 patients were seen, this number including patients booked at Maternity Homes and cases referred by general practitioners and Medical Officers of ante-natal clinics. These figures are exclusive of the large number of complicated cases seen at the out-patient departments of hospitals.

Maternity Emergency Flying Squad.

The Mobile emergency Maternity Unit, based on the Birmingham Maternity Hospital was summoned to patients in North Worcestershire on 7 occasions during 1948. Such a service is often a life-saving provision and there is need for a similar unit based on the Worcester Royal Infirmary or some other Hospital to deal with cases in the South of the County.

Medical Aid.

Medical aid was required by Midwives in 1,184 instances:—

Domiciliary cases	...	...	...	...	995
Nursing and Maternity Homes	...	...	...	...	189

These figures do not include Oldbury, where, since 5th July, 56 domiciliary cases required medical aid.

Puerperal Pyrexia

During 1948, notification of 54 cases of puerperal pyrexia were received; in 11 instances in-patient treatment in Hospital was provided. Doctors are encouraged to notify the border-line case as the use of penicillin and the sulphonamide drugs is so successful that the temperature frequently falls at once, which may make notification, according to the strict definition, unnecessary.

These figures do not include Oldbury, where, since 5th July, 4 cases were notified.

Training of Midwives.

The Kidderminster District Nurses Home is recognised as a Part II Training School for the Central Midwives Board Certificate. Six pupil midwives are accepted for training each year:

Post-certificate refresher courses for midwives employed by the County Council are to be arranged as opportunities arise.

HEALTH VISITING.

Miss Davies, School Nurse in Stourbridge, retired after 20 years devoted and excellent service; and she will be greatly missed in the area. Miss Aspinall, Mrs. Dovey and Miss Hollins, resigned to take up posts near their homes. Miss Abbott was appointed to Halesowen, Miss Webster to Stourbridge and Miss Withers to Malvern.

The County staff was further increased from 5th July, by inclusion of the Oldbury staff of a Senior Health Visitor, 4 Health Visitors and 2 School Nurses; and by the Kidderminster staff of 2 Health Visitors, 1 School Nurse and 1 Nursing Assistant.

Two Student Health Visitors—Miss Coward and Miss Wedgwood—came on to the full-time Health Visiting staff in May. Miss Coward was appointed to Stourport, Areley Kings and Astley, where the population increased greatly during the war years and it was no longer practicable for the District Nurse to carry on the Public Health work. Miss Wedgwood was appointed as an extra Health Visitor for Bromsgrove.

Student Health Visitors.

Four students were accepted and began the Birmingham Regional Course in September. By arrangement with the Corporation of Worcester one of these will be going to work in the City of Worcester. The Health Visitor Training Scheme, under which students taking the Birmingham Course do some practical work in the County, was continued with advantage, I think, to the Birmingham Training Unit and the individual trainees. The County Health Visitors participating in this scheme have been thanked for the valuable work they have done.

Miss Ashton, County Superintendent Health Visitor, has been appointed as an Examiner for the Health Visitor Certificate of the Royal Sanitary Institute.

47 District Nurses undertook part-time Health Visiting duties in rural areas.

The following was the number of visits paid during the year by all Health Visitors (excluding Kidderminster and Oldbury):—

	<i>First Visits</i>	<i>Total Visits</i>
Expectant Mothers	1,535	9,649
Children under 1 year	4,942	31,730
Children between 1 and 5 years		40,581

The corresponding visits paid during 1948 in Kidderminster and Oldbury are given below:—

Kidderminster.

	<i>First Visits</i>	<i>Total Visits</i>
Expectant Mothers	162	295
Children under 1 year	706	4,295
Children between 1 and 5 years		6,698

Oldbury.

Expectant Mothers	148	193
Children under 1 year	883	4,053
Children between 1 and 5 years		4,854

Post-graduate Courses.

Three Health Visitors, Mrs. Jones, Miss Mellor and Mrs. Wall, attended Courses for two weeks duration during the year, in accordance with the Rushcliffe Committee's recommendations.

Teaching of Child Care.

At Bromsgrove, at the request of the Children's Officer, Miss Hopkins gave a course for the girls at the Birches Hostel.

At Malvern, Miss Furnish and Miss Withers gave courses as required, for all senior school girls, in co-operation with the scheme for study of domestic science.

There is a need for the greater development of this side of the educational work, both in schools and at ante-natal clinics and infant welfare centres. Birmingham has been approached as to the practicability of running a course in methods of teaching, as they have done for their own staff. A number of County Health Visitors are keenly interested and it is hoped that some may be able to attend such a course in 1949.

Adoptions.

The Worcester Diocesan Moral Welfare Association acts as the agent of the County Council in the handling of adoptions.

Close co-operation continues between the Officers concerned in this work, regular meetings taking place between the Organiser of the Moral Welfare Association, the Children's Officer and members of my department.

Child Life Protection.

With the coming into operation of the Children Act, 1948, this work ceased to be dealt with by my department and became the responsibility of the Children's Department. Close co-operation has been maintained between the two departments. My Senior Administrative Medical Officer for Maternity and Child Welfare, acts, on my behalf, as Medical Advisor for the residential nurseries. A scheme was worked out in conference with the

Children's Officer and was adopted by the Children's Committee, whereby the Superintendent Health Visitor, the Senior Health Visitors and all full-time Health Visitors remained as Child Life Protection Officers. All routine visits to foster children are carried out by the Health Visitors until the child reaches 8 years, when the supervision is transferred to the Boarding-Out Officer. This obviates the difficulty of two Officers visiting the same child in its early years and provides that the Boarding-Out Officer will get to know the child before he or she leaves the Junior School.

INFANT WELFARE CENTRES AND ANTE-NATAL CLINICS.

On July 5th the County Council became responsible for all Infant Welfare Centres and ante-natal clinics in the County, with the exception of those ante-natal clinics attached to Maternity Homes, which were transferred to the Regional Hospital Board.

The County Council are greatly indebted to the Committees of the Voluntary Centres which existed prior to July 5th, who all, without exception, agreed to continue to support and assist with the work for mothers and young children.

A number of alterations and improvements of clinic premises were carried out during the year. Work was completed at the Cradley Clinic. Adaptations are planned at Avonside (Evesham), Coventry Street (Kidderminster), The Old Vicarage (Redditch), and the Langley and Wesley Street Centres (Oldbury). The Church Council of Astwood Bank Parish Hall kindly made available a more suitable room, for the Medical Officer's use, the County Council making a grant towards the cost of the improvements. A new infant welfare centre, with provision for examination of expectant mothers, was started in Hartlebury, at the Parish Hall.

Examination of Toddlers.

The regular attendance of children from infancy until school age, at the welfare Centres, has always been encouraged. It has been a general experience that many children not in regular attendance at a welfare centre, enter school suffering from some undetected defect, usually of a minor, but sometimes of a major, character. A scheme of periodic (annual) medical examination of toddlers is to be introduced, when the mother will receive an invitation and appointment to bring her child to the centre.

Mobile Infant Welfare Clinic.

The County Council have agreed to the use of a van to carry equipment for the setting up of infant Welfare Clinics, in certain rural areas at present without this service. The service is to be experimental and visits will be paid to different areas as required.

Artificial Sunlight Clinics.

An Artificial Sunlight Clinic is held in Stourbridge; 14 children under 5 years attended during 1948.

A similar Clinic is held in Oldbury; during the period 5th July to 31st December, 1948, 58 children under 5 years of age attended.

Pathological Examinations.

Dr. P. Kidd, who is in charge of the Department of Pathology, Worcester Royal Infirmary, kindly agreed to carry out any special examinations, such as blood counts, for patients attending County clinics.

Dr. Weiner, Medical Officer in charge of the Regional Blood Transfusion Department, Birmingham, also kindly agreed to carry out blood grouping and rhesus tests for ante-natal patients.

The location of, and average attendance at, Centres are given below:—

<i>Infant Welfare Centres.</i>		Held	Attendance Average	
Bewdley Borough	Wribbenhall ...	Fortnightly ...	41	
Bromsgrove Urban	Bromsgrove ...	Weekly & Fortnightly	47	
	Catshill ...	Weekly ...	37	
Bromsgrove Rural	Rubery ...	Fortnightly ...	40	
	Alvechurch ...	Fortnightly ...	20	
	Beoley ...	Monthly ...	17	
	Belbroughton ...	Fortnightly ...	14	
	Cofton Hackett	Fortnightly ...	18	
	Clent ...	Fortnightly ...	14	
	Hagley ...	Fortnightly ...	28	
	Tardebigge ...	Fortnightly ...	23	
	West Heath ...	Weekly ...	27	
	Wythall ...	Fortnightly ...	38	
	Droitwich Borough	Droitwich ...	Weekly ...	37
Droitwich Rural	Crowle ...	Monthly ...	22	
	Cutnall Green ...	Monthly ...	14	
	Hartlebury ...	Fortnightly ...	31	
	Omersley ...	Fortnightly ...	18	
	Stoke Works ...	Fortnightly ...	11	
Evesham Borough	Evesham ...	Weekly ...	34	
Evesham Rural	Ashton-under-Hill ...	Monthly ...	9	
	Badsey ...	Monthly ...	26	
	Beckford ...	Monthly ...	16	
	Bretforton ...	Monthly ...	21	
	Broadway ...	Fortnightly ...	32	
	Honeybourne ...	Monthly ...	22	
	Kemerton ...	Monthly ...	22	
	Littleton ...	Fortnightly ...	21	
	Halesowen Borough	Blackheath ...	Weekly ...	65
		Cradley ...	Weekly ...	51
Halesowen ...		Weekly ...	84	
Kidderminster Bor.	Broadwaters ...	Weekly ...	39	
	Franche ...	Weekly ...	16	
	Mill Street ...	Weekly ...	45	
	Prospect Lane... ..	Weekly ...	47	
	Foley Park ...	Weekly ...	63	
Kidderminster Rural	Chaddesley			
	Corbett ...	Monthly ...	10	
	Cookley ...	Fortnightly ...	17	
	Rock ...	Fortnightly ...	9	
Malvern Urban	Wolverley ...	Monthly ...	20	
	Malvern			
	(Lansdowne)	Weekly ...	26	
	Malvern Link ...	Weekly ...	45	
Martley Rural	Malvern			
	(Newtown) ...	Weekly ...	33	
	Broadheath ...	Fortnightly ...	14	
	Hallow ...	Fortnightly ...	22	
	Clifton-on-Teme	Monthly ...	9	
	Little Witley & Hillhampton	Quarterly ...	14	
Shrawley ...	Quarterly ...	10		
Great Witley ...	Quarterly ...	21		

Infant Welfare Centres

			Held	Average Attendance
Oldbury Borough	Langley	...	Twice weekly	79
	Warley	...	Twice weekly	62
	Wesley Street	...	Twice weekly	75
Persnore Rural	Fladbury	...	Fortnightly	19
	Bredon	...	Monthly	16
	Norton	...	Monthly	18
	Persnore	...	Fortnightly	29
Redditch Urban	Astwood Bank	...	Fortnightly	35
	Feckenham	...	Monthly	18
	Redditch	...	Twice weekly	43
Stourbridge Bor.	Lye	...	Weekly	54
	Pedmore	...	Fortnightly	30
	Stourbridge	...	Twice weekly	60
Stourport-on-Severn Urban	Areley Kings	...	Fortnightly	18
	Stourport-on-Severn	...	Fortnightly	41
Tenbury Rural	Tenbury	...	Fortnightly	22
Upton-on-Severn Rural	Hanley Swan	...	Monthly	12
	Kempsey	...	Monthly	44
	Upton-on-Severn	...	Fortnightly	14
	Welland	...	Fortnightly	17

Weighing Centres.

Weighing Centres are held by district nurses in the following rural areas:—

- (1) Alfrick, Bransford, Brockamin, Leigh—monthly.
- (2) Aston Somerville, Childswickham and Sedgeberrow—monthly.
- (3) Fernhill Heath—fortnightly.

Arrangements are made for a Medical Officer to visit these centres periodically.

Ante-Natal Clinics.

The average attendances and first visits are set out below:—

			Held	Average Attendance	First Visits
Bewdley and Wribbenhall	...	...	Monthly	15	38
Bromsgrove	...	...	Twice weekly	11	151
Blackheath	...	...	Weekly	10	90
Cradley	...	...	Weekly	13	98
Droitwich	...	...	Fortnightly	11	60
Evesham (District Nurses Clinic)	...	...	Weekly	10	92
Evesham, Avonside Hospital	...	...	3 Times weekly	10	264
Halesowen	...	...	Weekly & Fortnightly	11	134
Kidderminster, Stanmore Nurses Home	...	...	Twice weekly	16	221
The Croft	...	...	Weekly	28	262
Lye	...	...	Weekly	20	141
Lucy Baldwin Maternity Home	...	...	Twice weekly	10	296
Mary Stevens Maternity Home	...	...	Twice weekly	12	272
Newtown, Malvern	...	...	Fortnightly	10	51
Oldbury, Langley	...	...	Weekly	19	311
" Warley	...	...	Weekly	21	179
" Wesley Street	...	...	Weekly	29	227
Redditch	...	...	Weekly	14	100
Rubery	...	...	Fortnightly	10	46
Stourbridge	...	...	Weekly & Fortnightly	19	182
Worcester	...	...	Weekly	21	715
West Heath	...	...	Fortnightly	8	30
Wythall	...	...	Fortnightly	13	62

Attendances at Infant Welfare Centres 80.

Post-Natal Clinics.

Special post-natal clinics are held in Oldbury. During 1948, 26 sessions with a total of 161 attendances, were held.

There are no other post-natal clinics in the County, but 258 cases were seen at ante-natal sessions.

Since the National Health Service Act came into operation on 5th July, attendances at Infant Welfare Centres have been well maintained. Attendances at ante-natal clinics, on the other hand, have fallen. This is a result of the setting up of the Maternity Medical Services Scheme, under which an increasing number of expectant mothers book a general practitioner who undertakes the ante-natal care.

It is important that the preventive and educational side of ante-natal work should be maintained and local health authorities may have to consider the provision of a special type of ante-natal session, where educational work is carried on and to which general practitioners would refer their patients.

CONSULTANT SERVICES.

Dr. A. G. V. Aldridge acts as Consultant Pædiatrician to the County Council.

Children under 5 years of age are covered by the Eye, Ear, Nose and Throat, Orthopædic, Psychiatric and Tuberculosis Services, which, prior to 5th July were provided by the County Council, but which are now provided by the Regional Hospital Board.

MOTHER AND BABY HOMES.

The Worcester Diocesan Moral Welfare Association provide a trained staff of outside workers. In addition they maintain two homes for unmarried mothers and babies and a "shelter" where some accommodation for mothers and babies is provided.

The County Council make a block grant to the Association to assist in the maintenance of these Homes.

I should like to record my appreciation of the excellent work done by Miss Marshall, Organiser of the Association, who retired this year, and also to extend a welcome to her successor, Mrs. Heading Mitchell.

Greenhill Hostel, Kidderminster.

This Hostel provides accommodation for 12 mothers (ante and post-natal) and for 25 babies. Each girl normally spends four months in the Hostel. The County Council make the necessary arrangements for confinements to take place in a maternity home.

St. Catherine's, Malvern Link.

This Home is for post-natal unmarried mothers and their babies. 18 mothers and babies can be accommodated; 6 places are reserved for Worcestershire cases, 14 of whom were admitted in 1948.

A special feature of this Home is that provision is made for the very young mother. Some very encouraging results have been obtained.

St. Faith's Hostel, Malvern.

This is primarily a shelter for girls in moral danger and for homeless girls, but a few expectant mothers and unmarried mothers with their babies are admitted. 11 girls and 2 or 3 babies can be accommodated.

The aim in every case is to help the girl, where possible, to retain her baby and to re-establish her in life.

NURSING HOMES.

The registered Nursing Homes are regularly visited by the Assistant County Medical Officers.

Three additional Homes were registered and 5 relinquished their registration during 1948, bringing the total of registered Homes in the County (including Oldbury) to 18 on the 31st December, 1948.

Of these Nursing Homes, 9 provide accommodation for maternity patients.

DAY NURSERIES.

Day nurseries are provided by the County Council at Bromsgrove, Oldbury, Redditch and Stourbridge. The demand for accommodation continues and new nursery provision is proposed in Kidderminster, Redditch and Oldbury, the latter to replace the existing nursery which is housed in unsuitable premises.

Day nurseries undoubtedly serve a useful purpose in meeting certain social needs, for example, when the mother is entirely responsible for the financial support of her family, or to meet family illness or emergency. It is generally agreed, however, that for the young child, especially one under 2 years old, the best environment is the home with the individual care of his or her mother.

Training of Students.

All the County nurseries, with the exception of Oldbury, are recognised as training nurseries for the National Nursery Examination Board Certificate. Students at present attend a two years'

training course on two days a week in Birmingham. It is intended, that next year, arrangements will be made for training to be carried out in the County, under the direction of the Education Department. Close co-operation in training will be maintained between the Education, Children's and Health Departments. It is hoped that the Children's Department will be able to offer to day nursery students a period of training in their new residential nurseries. In this way a serious gap in the present training will be bridged.

Nurseries and Child Minders Regulation Act, 1948.

This Act which came into operation on 30th October, 1948, provides for the registration and inspection of nurseries and child minders. Two nurseries in the County were registered, but none of the applications received from child minders were found to require registration under this Act, as either the number of children under 5 years of age did not exceed two, or the children did not come from more than one household.

HOME HELP SCHEME.

The Women's Voluntary Service, under the direction of Mrs. Moore Ede, their County Organiser, operate the home help scheme on behalf of the County Council.

Good progress has been made during the year. Services now operate in Bromsgrove, Evesham, Halesowen, Kidderminster, Malvern, Redditch, Stourbridge and Stourport. It is intended to extend the service to other towns and to recruit, where possible, occasional helpers for work in rural areas which are inaccessible from town services.

At the end of the year 17 full-time, 12 regular part-time and 17 occasional Home Helps were employed. During 1948, 510 cases were attended, including 132 maternity cases. Certain financial alterations have been made which came into operation on 1st January, 1949:—

1. *Remuneration of Helpers.* Whole-time and regular part-time helpers, previously paid at the rate of 1/6 per hour are to receive 1/7 per hour, increasing by 1d. per hour after each twelve months service to a maximum of 1/10 per hour. Occasional Helpers will be paid 1/9 per hour instead of 1/8.
2. *Recovery from Householder.*
 - (i) Where the householder is able, or for any reason wishes to pay the full cost, the charge will be 1/9 per hour for full-time or part-time help. There will be no enquiry as to means.
 - (ii) Where the householder's payment is to be assessed, information must be obtained as to the income of the

applicant, the number of dependent children, and the cost of rent and rates, to apply the following formula:—

	£	s.	d.
Gross weekly income*			
(excluding Family Allowances)			
<i>Less</i>			
(a) 30/- for husband and wife ...			
or (b) 18/- for one adult			
(c) 12/6 for the first child ...			
(d) 7/6 for each subsequent child			
(e) Rent and Rates			
(f) N.I. Contributions			
Net Income			
Less one-third†			
Maximum liability to pay			

Subject to this maximum weekly sum the charge will be at the full rate of 1/9 per hour. There will be a minimum charge of 2/6 per week, but in the case of pensioners who receive supplementary allowances through the Assistance Board, help may be given without charge for an initial period of 3 months and afterwards subject to the approval of the County Medical Officer.

NOTES.—*Members of the family, living at home but earning wages, will be entirely excluded in applying the formula unless the services of the Home Help are of direct benefit to these members.

†Where help is needed for more than 6 weeks the deduction from net income for the seventh and subsequent weeks, is to be increased to one-half, so reducing the maximum liability to pay.

Apart from help for maternity cases, for mothers with young children and for cases of illness or accident, the service is proving of particular value to old people, many of whom with the occasional assistance of a Home Help, are able to continue living in their own homes, when otherwise they would either become dependent upon relatives or seek admission to an institution.

The County Council are greatly indebted to the Women's Voluntary Service and to Mrs. Moore Ede for the excellent work they are doing on behalf of the service.

Nursing in the Home.

The County Council, through the County Nursing Association, had over a period of years, built up a service of domiciliary nurses and midwives which completely covered the Administrative County.

The 67 District Nursing Associations normally employed 108 nurses:

- 52 undertook combined duties (district nursing, midwifery and part-time health visiting)
- 19 undertook combined duties (district nursing and midwifery)
- 13 „ district nursing only
- 24 „ midwifery duties only.

Much thought was given to the altered position arising when the County Council became the authority responsible for the district nursing service i.e., from the 5th July 1948. Prior to this date contributions by Local Authorities were permissive to voluntary bodies providing this service but it was not a duty of the Council. It was decided that all midwives and district nurses employed by District Nursing Associations should from the 5th July be employed directly by the County Council, but that the County Nursing Association and the District Nursing Associations should be encouraged to remain in being with the object of assisting the Local Health Authority in providing an efficient service backed with local knowledge and voluntary help in such matters as the maintenance of houses or residences and other matters referred to them which the voluntary associations were willing to undertake.

The County Council decided to affiliate to the Queens Institute so that no Queens Nurse in the employ of any association would be prejudiced by the change over. The relationship between the voluntary associations and the County Council has always been good; as some doubt existed about the form of future administration it was arranged to hold a number of local meetings when either representatives of a single nursing association or small group of associations were convened and free and frank discussion took place. These meetings disclosed one very obvious concern, namely, the position of the older district nurse-midwife who had under existing schemes inadequate pension provision and in view of age was either excluded from the County Council's superannuation scheme or alternatively could not serve a sufficient number of years to earn a reasonable pension. Some of these nurses had had long periods of excellent service in the County.

This matter was reported to the County Council and after review of the position of every domiciliary nurse, 26 were included in the Council's Superannuation scheme prior to the 5th July which allowed their past service being taken into account when their time for retirement comes.

An up to date review was undertaken of accommodation provided and transport facilities available for the district nurses. As a result authority was given for the purchase of 12 new cars and two second hand cars in good condition. Application was also made to the Ministry of Health to build a small number of houses for midwives, this step being necessary as it became impossible to fill vacancies in rural areas where no suitable house was available. To assist the County Council several District Councils made available

council houses as the procedure for obtaining ministerial approval, quite apart from building the house, operates so slowly. The cars, autocycles, bicycles, nursing equipment and other moveable property belonging to Nursing Associations were purchased by the County Council at the valuation figures fixed by the District Valuer. In many instances it is contemplated that this money will be paid to the County Nursing Association who are raising a fund to meet the cost of including in the superannuation scheme the 26 nurses previously mentioned.

I have to record the valuable assistance given by members of the County Nursing Association, Miss Meadway Russell and her clerk (Miss E. Richardson) the Deputy County Superintendent Miss M. Richardson (and later Miss M. A. Price her successor) in these many negotiations and the subsequent framing of future policy. The fact that only one nurse decided to retire and that all cars save one (which was sold in the open market) belonging to the associations were handed over to the County Council is proof of the value of these efforts; and what is even more important, the Council can rely on local interest and help in maintaining and improving the service in the future.

This statement is applicable to both district nurses and midwives so it will be unnecessary to repeat the details in the Midwifery section of this Report.

DENTAL TREATMENT OF NURSING AND EXPECTANT MOTHERS, AND PRE-SCHOOL CHILDREN DURING 1948.

Prior to July 5th, 1948, the majority of dental treatment for nursing and expectant mothers was undertaken by private dental practitioners. Patients who, in the opinion of the attending Medical Officer, were in need of dental treatment, were referred to private dental practitioners who had indicated that they were willing to undertake the necessary treatment. The treatment given included fillings and extractions; the fitting of dentures being an exceptional provision. For this work the County Council made payment on similar terms to those in force in the National Insurance Scheme. Figures of the actual amount of work done on these cases are not known, but during this period twenty-one cases were referred under the County Council's scheme.

After July 5th 1948, it was no longer found possible to refer cases to private practitioners for two reasons. Primarily these practitioners became so busy that they had no time available in which to treat the cases, and secondly the County Council was unable to negotiate an agreed scale of fees. No solution could be found to these difficulties up to the end of the year. It was only possible to suggest to patients that they should seek treatment in the normal way under the National Health Service Scheme. In one part of the County however, a Maternity and Child Welfare Dental Scheme had been in operation for some time. This was in the Borough of Oldbury, and here the Dental Officers continued to see such patients in increased numbers. During the period July 8th to December 31st 1948, 47 sessions were held at which 287 attendances were made by patients.

Work done for them consisted of 167 extractions, 30 fillings, 13 various other operations and the completion of 35 dentures. Of the 33 new patients seen during this period, three were nursing mothers and 30 expectant mothers. All these required treatment and all had treatment carried out. By the end of the year 8 of the expectant mothers and one of the nursing mothers had been made dentally fit.

Dental treatment of pre-school children who had been referred by the County Medical Staff was carried out by the County Dental Officers. During the period under review, 328 children were seen and these made 342 attendances for treatment. 57 fillings were inserted, 487 teeth extracted, 114 general anaesthetics administered and 48 other operations performed.

ORTHOPAEDIC TREATMENT OF CRIPPLES.

In-patient and Out-patient Treatment.

Treatment is no longer the responsibility of the Local Health Authority and it is not possible to give the usual Table showing the number of cases treated in hospitals. Arrangements have been made with the Birmingham Regional Hospital Board whereby the Clinics continue to be held at the established premises with the same staff of specialists and nurses in attendance.

Miss O. M. Woods, the County Orthopaedic After-Care Sister, and her assistant, Mrs. K. Johnson, continue to attend the Clinics held at the Worcester Royal Infirmary and Kidderminster General Hospital.

After-Care.

Miss Woods has submitted the following information of the work of the after-care staff during 1948:—

	<i>No. of Clinic Case</i>	<i>No. of visits</i>	<i>No. of non-clinic cases</i>	<i>No. of visits</i>
School Children ...	132	816	682	990
Infants ...	61	617	88	317
Total ...	193	1433	770	1307

In addition 44 schools were visited and all the children present were inspected for postural defects, especially for tendency to flat feet. At some 60 other schools visits were paid for "follow up" treatment and postural training.

Visits were paid periodically to the Malvern Open Air School for the same purpose.

At Malvern (where Mrs. Law's services were available until the end of October) it was possible to give more concentrated treatment and training. Postural training classes were held at schools and classes were also held at Clinics at Priory Hall Lodge and at Newtown. From eight schools 167 children attended; a few infants also attended.

The after-care clinic at Evesham continued to be held. During the early part of the year weekly sessions were held when 31 school children and 19 infants attended and the kind help of Miss Savery was much appreciated. In the latter part of the year monthly sessions were held chiefly for the follow-up purposes. This is now mostly done by school and home visits.

The after-care staff welcome the co-operation of school teachers, doctors, nurses and parents in drawing their attention to any postural defects and hope that they will be called upon yet more to see any child in whom such defect is noticed—or who is not responding to treatment—as on the preventive side so much is a question of training and constant practice.

When the treatment consists in wearing special boots or splints the school teacher can give invaluable assistance by encouraging parents to carry it out and to use the help and advice available.

The after-care service forms a link between the child and the doctor and the more the after-care sisters are called upon in cases of difficulty the better pleased they are.

VENEREAL DISEASES

The usual comparative tables are given :

Treatment Centre	Number of Worcestershire cases dealt with for the first time				Total Aggregate Attendances
	Syphilis	Gon.	Not V.D.	Total	
WORCESTER	32	29	103	164	1575
KIDDERMINSTER ..	16	18	32	66	1281
BIRMINGHAM	51	51	174	276	4135
DUDLEY	—	3	6	9	90
STOURBRIDGE	6	10	35	51	692
Totals, 1948	105	111	350	566	7773
1947	104	142	450	696	8421
1946	126	226	592	944	10785
1945	88	140	675	903	8601
1944	93	70	555	718	8640
1943	114	129	661	899	9422
1942	94	135	517	746	8390
1941	58	99	304	462	6899
1940	55	126	241	422	6603
1939	33	83	237	353	7829
1938	48	138	187	373	12352
1937	48	110	145	304	11219

VENEREAL DISEASES, 1944—1948.

Centre	Cases dealt with for first time										Total attendances of all patients				
	Syphilis					Gonorrhoea					1944	1945	1946	1947	1948
	1944	1945	1946	1947	1948	1944	1945	1946	1947	1948					
Worcester	15	19	36	36	32	15	35	66	45	29	1969	1872	2512	2297	1575
Kidderminster	15	14	18	21	16	8	15	46	22	18	816	773	1448	1036	1281
Birmingham	52	39	57	37	51	28	67	83	52	51	4332	4523	5273	3935	4135
Dudley	4	4	1	1	—	7	7	9	5	3	365	415	299	171	90
Stourbridge	7	12	14	9	6	12	16	22	18	10	1158	1018	1253	912	692
Totals	93	88	126	104	105	70	140	226	142	111	8640	8601	10785	8421	7773

Convalescent Treatment.

This is a service which was included in the County Council's proposals under Section 28 of the National Health Service Act as a form of after-care. The cases covered by the arrangements are those for which the Regional Hospital Board is not responsible, that is to say persons requiring "recuperative" convalescence where no medical or nursing attention is necessary.

In view of the fact that certain hospital contributory schemes remained in existence after 5th July 1948, drawing modified rates of subscription from their members for convalescent home and other forms of treatment which are outside the scope of the National Health Service Act for hospital treatment it was decided that persons assisted by the County Council in connection with convalescent home treatment should contribute according to their means. This arrangement did not, of course, include children in attendance at maintained schools who require convalescent treatment, as such treatment is provided under the Education Act 1944, which precludes any charge being made for treatment.

The arrangements did not come into operation until December and no cases were dealt with before the end of the year.

Tuberculosis (Care and After-care). (Section 28, National Health Service Act).

Dr. Mayfield's report for the year 1948 is appended. (Appendix A).

The extent of the fall in deaths recorded during the year is unexpectedly large.

The increase in the population of the County, the continuance of the arrangement whereby the clinical work in the City of Worcester is undertaken by the staff appointed for the County and the increase in clinical work at dispensaries call for additional staff. Until this is provided the important work of "contact" examination cannot be fully expanded.

The information as to "home circumstances", in particular the sharing of beds or bedrooms by "active" patients with other members of the family is of particular interest to after-care committees and the District Councils which have already given assistance in the relieving of overcrowded tubercular families.

The prevention of spread of tuberculosis in the home is partly dependent on the availability of additional houses; the importance of the object from a national point of view justifies the designation "Priority 'A'" if comparison be made with any other medical cause and it is to be hoped that this circumstance will be recognised by housing committees in their difficult duty of allocating new houses.

The duties of the Health Visitor in connection with the prevention of tuberculosis are of importance. Her duty is to teach and even persuade (sometimes against their inclination) the patient or contact to adopt all possible and reasonable steps to avoid the risk of infection in the home; this is but common sense but often difficult to accomplish. The tactful approach and the gaining of the confidence of the family is the key to this problem in preventive medicine which is a duty of the Local Health Authority exercised mainly through the Health Visiting staff. The work may be unspectacular but its importance, particularly when hospital beds are not available, is very real.

VACCINATION AND IMMUNISATION

From the 5th July, 1948, the County Council became responsible for these schemes under Section 26 of the National Health Service Act, 1946. Prior to this date all doctors practising in Worcestershire were invited to take part. Of the 338 doctors now practising in the County 287 have agreed to do vaccinations and immunisations under the Council's arrangements, and generally it can be said that the doctors are dealing with the cases referred to them, although the fees have not yet been decided by the Ministry of Health.

In the County either the Divisional Medical Officers or the District Medical Officers of Health are responsible for the administration except in one Rural District where the work is done in my Department. Payments are made to District Councils for the services of their Officers and the provision of office accommodation in connection with the schemes.

VACCINATION SCHEME.

It has been decided to use the services of Health Visitors and District Nurses to make the arrangements known to parents. Health Visiting cards sent to the Nurses are accompanied by a vaccination consent form, on which parents are given the opportunity to state whether they wish vaccination to be done free of cost by their own doctor or under other arrangements to be made by the County Council. Very few vaccinations are being done at Clinics.

The consent forms, after completion, are sent to the Divisional or District Medical Officer who makes the necessary arrangements for the vaccination. When vaccinations are completed the Health Visitor or District Nurse is notified so that the information may be entered on the Health Visiting Card.

A monthly list of births in their respective areas is sent to the Divisional or District Medical Officers. This is prepared from the notification of births, and gives the Medical Officer early intimation of all cases in which a vaccination consent form has been issued. Provision is also made on the list for noting that a child has been vaccinated or immunised.

Below is given a Table showing the number of vaccinations and re-vaccinations during the period from 5th July to 31st December, 1948.

Age at 31st Dec. 1948. i.e. born in years.	Under 1 1948	1 to 4 1944-47	5 to 14 1934-43	15 or over before 1934	TOTAL
Number Vaccinated ...	1251	91	23	12	1377
Number Re-Vaccinated ...	—	3	13	94	110

There were no cases of generalised vaccinia.

The returns of primary vaccinations for the six months to 30th June, 1948, totalled 1783, so that in the first six months of voluntary vaccination there was a decrease of 406 compared with the previous half year, when vaccination was compulsory.

IMMUNISATION SCHEME.

The same arrangements apply as under the vaccination scheme except that the consent forms are not sent to Health Visitors and District Nurses until children are six months of age as it is not considered advisable to approach parents about vaccination and immunisation at the same time. Nurses have been instructed to make every effort to obtain the consent of parents.

As compared with the figures for vaccination, a very much larger percentage of children are immunised at Clinics.

A number of doctors have given combined injections against diphtheria and whooping cough and enquiries have been made as to the payment for this service and the supply of the vaccine. This question was referred to the Executive Council, who communicated with the Ministry of Health. The Ministry of Health determined that as the Council had taken no powers in its proposals under Section 26 for whooping cough immunisation, the giving of such inoculation, whether or not in combination with diphtheria immunisation, rests on individual practitioners acting in their own medical discretion. So far as this service is rendered to a patient on the list of a doctor appointed under the provisions of Part IV of the National Health Service Act, 1946, it falls, of course, within his terms of service under that section i.e., without charge to the patient, and the doctor must obtain his material in the usual way by prescription unless he supplies it himself and claims repayment from the Executive Council. The County Council was informed

that they would only be concerned in the matter if the practitioner furnished a record of diphtheria immunisation (regardless of the fact that this may have been combined with a whooping cough inoculation) and would be required to pay the doctor the appropriate fee for providing this record.

Below is given a Table showing the number of children at 31st December, 1948, who had completed a course of Immunisation at any time since 1st January, 1934.

DIPHTHERIA IMMUNISATION

Summary of Annual Returns for the year ended 31st December, 1948.

District	Number of children who had completed a full course of Immunisation at any time up to the 31st December, 1948										Reinforcing injections given during 1948		Estimated mid-year population 1948	
	Under 1 1948	1 1947	2 1946	3 1945	4 1944	5 to 9 1939-43	10 to 14 1934-38	Total under 15	5 to 9 1939-43	10 to 14 1934-38	0-5	5-15	Total	
	Bewdley Borough ...	3	32	57	73	42	132	140	479	23	17	423	705	1128
Droitwich Borough ...	5	60	108	50	59	297	306	885	26	4	489	723	1212	
Evesham Borough and Rurai...	24	159	169	185	250	1228	1277	3292	246	—	2446	3539	5985	
Halesowen Borough ...	36	490	472	553	560	2834	2588	7533	979	733	3528	5391	8919	
Kidderminster Borough ...	47	337	300	330	248	897	220	2379	160	70	3267	4952	8219	
Oldbury Borough ...	65	532	527	523	637	3415	3751	9450	196	21	4902	7985	12887	
Stourbridge Borough ...	26	386	371	328	441	2144	2065	5761	660	310	3034	4760	7794	
Bromsgrove Urban ...	14	291	275	216	318	1727	1401	4242	697	226	2427	4030	6457	
Malvern Urban ...	14	169	175	145	151	776	944	2374	12	40	1527	3739	5266	
Redditch Urban ...	29	300	329	334	450	1809	1376	4627	699	262	2696	3503	6199	
Stourport Urban ...	10	105	116	100	153	584	550	1618	71	1	915	1326	2241	
	273	2861	2899	2837	3309	15843	14618	42640	3769	1684	25654	40653	66307	

District	Number of children who had completed a full course of Immunisation at any time up to the 31st December, 1948										Reinforcing injections given during 1948		Estimated mid-year population 1948		
	Under 1 1948	1 1947	2 1946	3 1945	4 1944	5 to 9 1939-43	10 to 14 1934-38	Total under 15	5 to 9 1939-43	10 to 14 1934-38	0-5	5-15	Total		
Bromsgrove Rural	15	186	232	220	187	1310	1174	3324	661	241	2472	3944	6416		
Droitwich Rural	12	113	177	126	147	691	679	1945	105	12	1191	1853	3044		
Kidderminster Rural	11	83	80	78	86	394	303	1035	64	—	945	1391	2336		
Martley Rural	9	120	103	109	156	640	703	1840	62	6	994	1778	2772		
Pershore Rural	9	108	79	98	146	758	896	2094	67	—	1352	2133	3485		
Tenbury Rural	1	79	56	67	43	75	197	518	53	1	491	797	1288		
Upton-on-Severn Rural	4	118	135	107	154	725	651	1894	85	48	1020	1750	2770		
B/F.	273	2861	2899	2837	3309	15843	14618	42640	3769	1684	25654	40653	66307		
	334	3668	3761	3642	4228	20436	19221	55290	4866	1992	34119	54299	88418		

The statistical returns relating to immunisation have caused considerable concern in several districts as when efforts were made to check the accuracy of the numbers immunised in previous years, no records could be found relating to a number of cases. A complete overhaul of the arrangements has been undertaken and the figures in future years will be compiled from properly kept records and will therefore be accurate. The County Council have provided suitable filing cabinets in every instance where proper facilities were not already available in the District Councils offices.

Although it might be possible to transfer all the detailed work to the central office, this has not been thought to be necessary. To have the record in the area where the child resides may from time to time be extremely useful to the Medical Officer of Health; moreover with the development of divisional administration it is obvious that local knowledge and interests will do much to provide a successful scheme.

MENTAL HEALTH

Administration

(a) *Mental Health Sub-Committee.*

This Sub-Committee of the Health Committee is constituted of twenty-five persons, eighteen being members of the Council and seven co-opted members, chosen for particular reasons such as interest in, or knowledge of, this subject. Meetings are held at quarterly intervals.

(b) *Staff.*

The Council's proposals envisaged the appointment of a *Medical Psychiatrist*, who would have exercised administrative control of the Mental Health Service; although efforts were made by advertisements, both before and after the appointed day, it has not been possible to make such appointment.

The Authority have since approached the Regional Hospital Board and obtained permission to utilise the services of the Board's Specialists.

Dr. A. Shepherd of Barnsley Hall and Dr. A. Patterson of Lea Colony, have already assisted in this connection. Their help particularly on the clinical side, is very valuable to those members of the Council's medical staff who are concerned with the duties of ascertainment of mental defectives.

Prior to the appointed day, little work (beyond the ascertainment of mental defectives) fell on this department.

The administration of the work under the Mental Deficiency Acts was until 5th July, 1948, undertaken by the Clerk of the County Council.

Mr. W. Phillips has been appointed as administrative officer and petitioning officer.

Mr. F. H. Tyler is the senior clerk of this section and deputy petitioning officer.

The duties of District Welfare Officer and Mental Health Worker have been combined; there are seven officers (males) engaged on these duties including duties as authorised officers. Miss Tree, (previously secretary of the Worcester Association for Mental and Physical Welfare) undertakes part time duties in connection with mental defectives under licence or guardianship. It was not possible to obtain the service of a Psychiatric social worker during 1948, nor were any whole-time mental health workers appointed. The routine visitation of mental defectives is undertaken by health visitors in the instance of females and very young boys; older boys and male adults are visited by the seven District Welfare Officers.

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

As mentioned previously, the Board's specialists assist by advising on difficult cases. They have also helped in the lectures given to mental health workers and others, which will I believe prove a most valuable step in providing for co-operation.

The Chairman of the Mental Health Sub-Committee is also Chairman of a Mental Hospital House Committee and there are other representatives serving on both the Mental Health Sub-Committee and Management Committees.

During 1948, there was a trained Psychiatric social worker on the staff of Barnsley Hall Mental Hospital. The supervision of mental cases on trial from that hospital and enquiry into environmental conditions of out-patients attending that hospital, or associated clinics, was undertaken by the Hospital Staff. The Council have agreed that their staff shall, at the request of the Medical Superintendent of the Hospital, undertake the supervision of cases on trial or licence.

No duties in the County are delegated to Voluntary Associations, but use is made of one society for the supervision of two cases under guardianship outside the County.

Arrangements were approved for a local course of lectures to be held at Mental Hospitals in 1949 for mental health workers and others. It was not possible to send any workers to courses outside the County.

Community Work.

Prevention, Care and After-Care.

Visitation of mental defectives in the community is done by the Duly Authorised Officers and the Council's health visiting staff. The Duly Authorised Officers visit all male patients over the age of

seven years, patients on leave of absence from institutions, and patients under guardianship. The Nursing staff visit all female patients and all males under the age of seven years. When obtainable, qualified female welfare workers will be appointed to carry out this work.

Out patient clinics for persons suffering from mental illness, continued to be held by the staff of Barnsley Hall Hospital at that Hospital and Corbett Hospital, Stourbridge.

A working arrangement has been agreed between the Council and the Mental Hospitals in the County, that the responsibility for the after-care of cases on trial from the hospitals, remains with the hospital and that where necessary the Council's Officers, would on request, visit and report. The Council's after-care service comes into operation when final discharge takes place. This visitation is at present done by the Duly Authorised Officers. It is hoped to appoint a psychiatric social worker to participate in this work.

Action under the Lunacy and Mental Treatment Acts.

There were 245 admissions to mental hospitals during the period 5th July to the 31st December, 1948. Of this number 83 were certified under the Lunacy Act and 62 were admitted as voluntary patients under the Mental Treatment Act. In nearly all certified cases initial proceedings under the Lunacy Act were taken by the Duly Authorised Officers and removals effected. In addition, on the advice of the Duly Authorised Officers, a number of persons have submitted themselves voluntarily for treatment, under the Mental Treatment Act.

Ascertainment of Mental Defectives, etc.

There were 44 cases ascertained under the Mental Deficiency Acts during the year. Of these, 39 were reported by the Local Education Authority under Section 57 of the Education Act 1944, and the remaining 5 were reported from other sources.

Five of the cases ascertained were admitted under Order to institutions, three were admitted to "places of safety," pending the obtaining of Orders and 36 were placed under statutory supervision. In addition another 11 cases were admitted to institutions, making a total of 19 admissions for the year. At the end of the year 276 Worcestershire patients were inmates of 24 institutions throughout the country.

The number of defectives awaiting admission to suitable institutions on the 31st December, 1948, was 58.

Guardianship and Supervision.

The number of patients under guardianship chargeable to the County Council, remained at 11, (3 men and 8 women). In addition 4 cases chargeable to other authorities were resident in the County. All cases resident in the County were visited by both medical and lay staff as required by statute, or more often if the need arose. Four County cases are under guardianship elsewhere, and are supervised by the appropriate authorities.

The number of cases under supervision on the 31st December, 1948, was 519, 275 being under statutory supervision and 244 voluntary supervision. Periodic visits to all these cases were made by the Duly Authorised Officers, or health visitors.

Training.

No centres for the occupational training of mental defectives have as yet been established in the County, but 16 patients from the northern areas attend at centres established by neighbouring authorities. The Council is considering the establishment of three or four such centres in the County, but lack of suitable accommodation and trained staff has prevented this to date. Endeavours are being made to overcome these obstacles and it is hoped that at least one centre will be established in the near future.

Ambulance Service.

The Duly Authorised Officers of the Council have been authorised to call for such transport facilities as are required by them or their duties, and a considerable proportion of removals to Hospitals have been effected by ambulance or hospital car service.

Suitable persons are used as and when required, to act as escorts for the removal of mental patients to hospital, particularly for long journeys; a list of persons, often retired officers, who have worked in mental hospitals, has been prepared with the object of having some persons in the several geographical divisions of the administrative County area.

Details of cases and attendances for the period from the 1st January, to the 4th July, 1948 (when the County Council's responsibility ceased) at the two clinics for mental patients established in Out-patients Departments of Voluntary Hospitals are set out below:—

<i>Stourbridge.</i>				<i>Cases</i>	<i>Attendances</i>
Worcestershire	...	...	...	68	74
Staffordshire	...	...	...	64	80
Dudley	...	...	...	32	37
Birmingham	...	...	...	1	1
Worcester City	...	...	...	4	4
 <i>Birmingham.</i>					
Birmingham	...	...	...	111	123
Warwickshire	...	...	...	7	8
Staffordshire	...	...	...	5	6
Dudley	...	...	...	3	3
Worcestershire	...	...	...	22	25
Coventry	...	...	...	2	2
Smethwick	...	...	...	4	4
West Bromwich	...	...	...	2	2
Worcester City	...	...	...	1	3
Salop	...	...	...	1	1

NATIONAL ASSISTANCE ACT, 1948.

WELFARE SERVICES.

General.

The National Assistance Act, 1948, placed upon councils of counties and county boroughs the duty of providing residential accommodation for the aged, the infirm and other persons in need of care and attention not otherwise available to them, also the provision of temporary accommodation for persons urgently in need of it through circumstances which could not reasonably have been foreseen.

Prior to the passing of the Act, the County Council, through the Administrative Health Committee, dealt with the welfare of blind persons under the Blind Persons Acts, 1920 and 1938. Under the National Assistance Act the County Council, in addition to blind persons, have power to make arrangements for promoting the welfare of the deaf and dumb, and other persons substantially and permanently handicapped by illness, injury or congenital deformity and such other disabilities as the Minister of Health may prescribe. (See Scheme—Appendix B).

The County Council have delegated the following functions under the National Assistance Act, 1948, to the Health Committee who have re-delegated them to the Welfare Sub-Committee:—

Provision for old people.

Provision for the blind, deaf and dumb and other handicapped people.

Provision, when required, of reception centres for casuals and temporary accommodation for persons urgently in need.

The protection of the property of people in the above categories who are not able to look after their own affairs.

The registration of voluntary homes and the registration of charities for handicapped people.

The work involved in carrying out these functions is done by the Welfare Division of the Health Department. The County Welfare Officer is responsible for the administrative work of the Division under me.

In the following paragraphs information is given in more detail as to the Council's welfare services.

Residential Accommodation.

The County Council through the late Public Assistance Committee administered five institutions for persons requiring institutional care and nursing attention. In accordance with the provisions of the Act three of these institutions, All Saints' Hospital, Bromsgrove; Avonside Hospital, Evesham; and Blakebrook Hospital, Kidderminster, were transferred to the Regional Hospital Board, as they were mainly being used for hospital purposes. The County Council, however, have the use of accommodation in these hospitals which before the 5th July, 1948, was available for persons not requiring hospital treatment.

The other two institutions, Heathlands, Pershore, and Laburnum House, Upton-on-Severn, being used mainly before the 5th July, 1948, for purposes other than hospital, remained entirely under the control of the County Council. They are being used as Homes for Aged Persons.

It can be said that the layout of the buildings at Heathlands and Laburnum House make it very difficult, if not impossible, to enable the buildings to be brought up to the modern conception of a Home for Aged Persons. However, a considerable amount of adaptation has been carried out to provide sitting rooms and bedrooms, and new furniture provided, and generally such improvements have been effected that Inspectors of the Ministry of Health have commented on the efforts made to transform the premises into real homes for old people and to give the old people comfort and freedom.

There is an urgent need for additional accommodation of this nature, and having regard to the likelihood of the ever-increasing number of old people to be cared for, it was estimated that a further six establishments would be required, each catering for about 20-35 old persons of both sexes.

At the end of 1948 steps were being taken to acquire "Malvernbury," Abbey Road, Malvern, and Swynford Old Hall, Stourbridge, which would accommodate 25 and 30 old people respectively. "Malvernbury" required very little alteration for use as a Home, but Swynford Old Hall required extensive adaptation and it was anticipated that a considerable time would elapse before it would be ready for occupation.

The policy of acquiring existing houses suitable for adaptation as Homes for the Aged was following on the advice of the Minister of Health, who had said that he was unable to give any guidance to the Council as to when it would be possible to authorise the building of specially designed hostels for old people in view of the limitation of labour and materials. It would be a considerable time before building for this purpose would be possible.

During the period 5th July to 31st December, 1948, there were 198 admissions to, 160 discharges from, and 1 death in residential accommodation provided by the Council. The total number of residents in the Council's accommodation on the 31st December, 1948, was 429, made up as follows:—

Men	...	...	...	235
Women	...	...	...	185
Children	...	...	...	9

In addition 4 unaccompanied children were maintained in residential accommodation on behalf of the Children's Committee.

Admissions of Chronic Sick Patients to Hospitals.

The demand for hospital accommodation invariably increases during the winter. The Regional Hospital Board are responsible for treatment of sick persons and having regard to the limited num-

ber of beds available in their hospitals, they asked for assistance from the County Council in selecting the patients whose home and social conditions warranted early admission.

Arrangements were made for the County Welfare Officer to assist the Regional Hospital Board in assessing the priority of admission of cases to hospital by submitting reports on the home and social conditions of the prospective patients.

General Policy for Assisting the Aged.

Although, as I have previously pointed out in the Report, it is ultimately intended to provide six additional homes, it is nevertheless recognised that the county homes will not satisfy the needs of all those who require help in their old age. It was, therefore, necessary to decide how best the Council's responsibilities under the National Assistance Act should be met and the County Health Committee adopted the following general principles as a guide in dealing with the old people:—

- (i) that old people should be encouraged to remain in their own homes (the domestic help service would be one form of encouragement) with or near their relatives rather than to go into homes or hostels;
- (ii) that short-stay cases should be provided with accommodation temporarily in County homes accommodating long-stay cases, although future demands might make separate provision desirable, while their relatives went on holiday or during illness of other emergencies;
- (iii) that the health services (including district nursing) provided by the County Council should be freely available for these old people both in their own homes and in the Council's residential accommodation;
- (iv) That advantage should be taken of any facilities in homes provided or to be provided by voluntary organisations.

Generally applicants are admitted to the establishment where the type of accommodation is best suited to meet their needs. Regard is had, however, to the wishes of an applicant and a request to be admitted to a particular establishment on the grounds of local associations is usually acceded to if a vacancy exists. Facilities are also afforded in approved cases to applicants to visit the establishments before making a decision, and are advised as to the homes considered to be most suitable for them. This procedure is very much appreciated, particularly in cases where the old people have previously been reluctant to enter an "institution."

Reception Centre for Persons Without a Settled Way of Living.

The National Assistance Act, 1948, placed a duty on the National Assistance Board to make provision whereby persons without a settled way of living may be influenced to lead a more settled life, and to provide reception centres where such persons can have temporary board and lodging. Local authorities, however, could be required to provide and maintain reception centres on behalf of the Board.

The only accommodation in the County used for casuals prior to the 5th July, 1948, and retained for such use after that date is Blakebrook Hospital, Kidderminster, and this is administered by the County Council on behalf of the National Assistance Board.

Welfare of the Blind.

The promotion of the welfare of the blind has been a duty of local authorities under the Blind Persons Acts, 1920 and 1938, for many years. The National Assistance Act, 1948, repealed the relevant provisions of these Acts, but by direction of the Minister of Health every county and county borough are under a duty to exercise their powers under the Act in relation to blind persons ordinarily resident in their area. (See Scheme—Appendix C).

In general, arrangements for the welfare of the blind in the County as outlined in previous reports have, therefore, continued throughout 1948.

The total number of blind persons on the Register on the 31st March, 1948, was 433, of whom 217 were males and 216 females. The number over 50 years of age was 335 and only 16 were under the age of 16 years, there being none under five years of age.

The number of blind persons employed was 59, of whom 11 were in workshops for the blind and 22 in the Home Workers' Scheme. The remaining 26 (not pastime workers) were employed in various occupations and included 6 in sighted industry.

The Ministry of Labour and National Service assumed financial responsibility from the 5th July, 1948, for the training of blind persons aged 21 years of age and over in approved workshops.

Deaf, Dumb and other Handicapped Persons.

The Minister of Health has not so far directed that local authorities shall be under a duty to exercise the powers conferred upon them by the National Assistance Act, 1948, in respect of the welfare of the Deaf, Dumb and other Handicapped Persons.

The Health Committee on the 5th July, 1948, took over from the late Public Assistance Committee responsibility for the cost of maintenance of certain classes of handicapped persons in premises run by voluntary organisations. Arrangements were subsequently made for further handicapped persons to be maintained in premises catering for their particular type of disability.

MILK SUPPLIES

The "Appointed day" for the transfer to the Ministry of Agriculture and Fisheries of the responsibilities of District Councils (relating to milk production), and of the County Council for the issuing of licenses for the production of Tuberculin Tested and Accredited milk under the Milk (Special Designations Regulations)

has not been fixed, although at the time of writing it now seems probable that 1949 will be the last year that the County Council will be responsible. The Act, making these changes possible, was passed as far back as 1944, since when the District Councils and the County Council have carried on from year to year.

The Milk (Special Designations) Regulations.

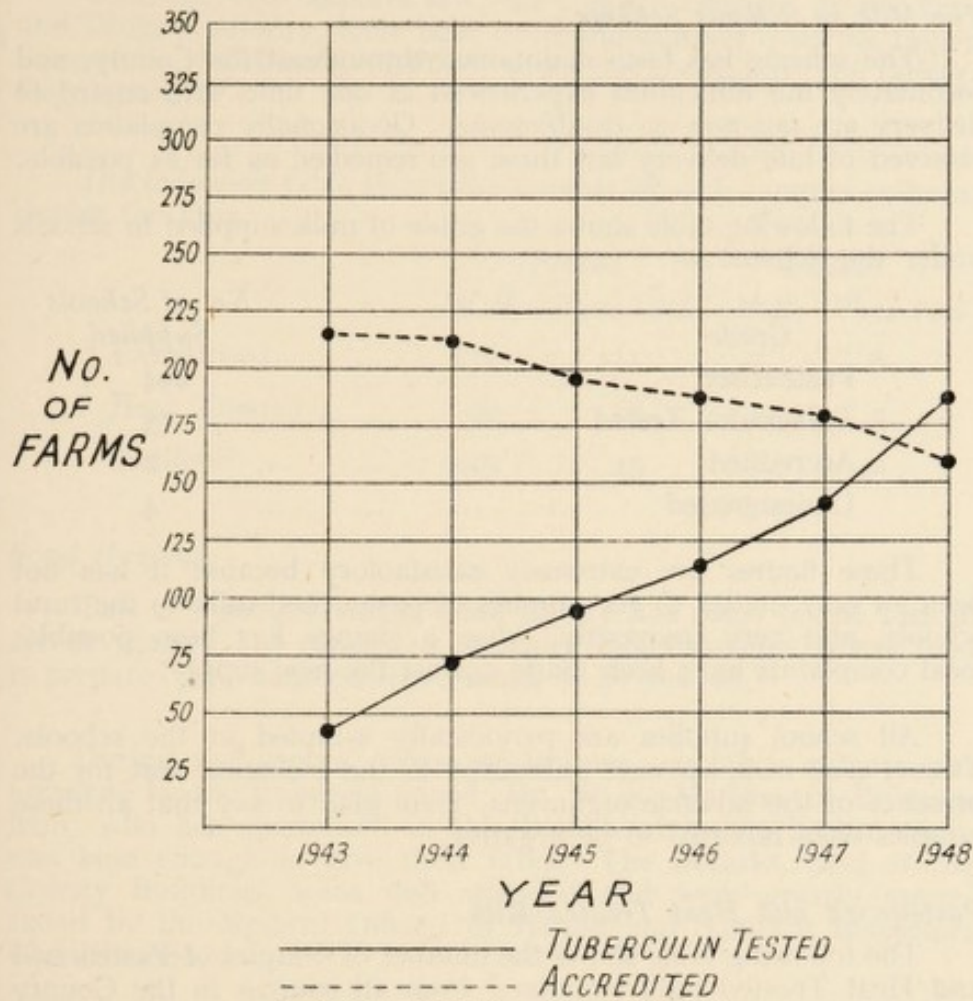
The total number of licences at the end of 1948 were:—

Tuberculin Tested			
Production and Bottling	...	23	
Production	... ..	157	
		<hr/>	
		180	
		<hr/>	
Accredited			
Production and Bottling	...	17	
Production	... ..	140	
		<hr/>	
		157	
		<hr/>	
			337
			<hr/>

As will be seen from the following table, there has been an increase in the number of licences issued. The number of "Accredited" licences continues to decrease, whilst the "Tuberculin Tested" licences have grown by 45 to a total of 180. There are approximately 1750 producers of milk in the County so that about 10 per cent. are producing "Tuberculin Tested" milk although the actual percentage of this grade of milk which is produced would be higher because, speaking generally, the "Tuberculin Tested" herds are much larger than the average herd in Worcestershire.

		<i>Number of Milk Licences</i>					
Type of Milk	...	31.12 1943	31.12 1944	31.12 1945	31.12 1946	31.12 1947	31.12 1948
Accredited	...	210	209	193	185	170	157
Tuberculin Tested	...	41	72	91	110	135	180
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Totals	... ..	251	281	284	295	305	337
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

During the year two "Accredited" licences were suspended by the County Council.



Samples.

The following table shows the number of samples of designated milk examined during the year.

Grade of Milk	Total No. of Samples	Result of Examination				
		Pass	Fail	Failures due to		
				Methy. Blue only	Coli only	Both
Tuberculin Tested ...	758	730	28	3	—	25
Accredited ...	697	649	48	1	—	47
TOTAL ...	1455	1379	76	4	—	72

The above figures show that 3.7% of the Tuberculin Tested Milk samples, and 6.9% of the Accredited milk samples did not reach the standard of cleanliness required by the Regulations.

The number of unsatisfactory samples compares favourably with previous years.

The Milk in Schools Scheme.

The scheme has been maintained throughout the County, and fortunately the difficulties experienced at one time with regard to delivery are not now so troublesome. Occasionally complaints are received of late delivery but these are remedied as far as possible.

The following table shows the grade of milk supplied to schools under the Scheme:—

<i>Grade</i>					<i>No. of Schools Supplied</i>
Pasteurised	...	...	...	...	294
Tuberculin Tested	...	...	...	...	25
Accredited	...	...	...	...	2
Undesignated	...	...	...	...	4

These figures are extremely satisfactory because it has not been an easy matter to get supplies of pasteurised milk to the rural schools, and very frequently, when a change has been possible, local complaints have been made against the new supply.

All school supplies are periodically sampled at the schools. Twenty-nine samples were submitted to the biological test for the presence of the tubercle organisms. I am glad to say that all these samples were reported to be negative.

Pasteurised and Heat Treated Milk.

The following table shows the number of samples of Pasteurised and Heat Treated milk examined from all sources in the County during 1948.

Type of Milk			Total No. of Samples	No. Satisfactory	No. Unsatisfactory
Pasteurized	...	...	365	355	10
Heat-Treated	...	...	123	118	5
Sterilized	...	...	76	76	—
Totals	...	...	564	549	15

Biological Samples.

During the year 89 samples of all grades of milk were submitted to the biological test, 2 being positive.

Number of samples examined during 1948 under Defence Regulation 55G.

The Government scheme for scheduling areas in which only certain grades of milk can be sold, has not been brought into operation although a Bill has been introduced into Parliament. These grades of milk are to be Tuberculin Tested, Accredited milk from one herd only, for a limited period, Pasteurised milk and Sterilised milk. There can be no doubt, however, that the object in view has in part been reached in the larger cities and towns, in some of which at the present time over 90 per cent of the milk is heat treated.

Until the Bill becomes law, the County Council, as the Food and Drugs Authority, have been collecting samples from the Depots licensed by the Ministry of Food, under the above war-time Defence Regulation.

The following table shows the number of such samples collected during the year:—

		<i>Passed</i>		<i>Failed</i>	
		<i>M.B.</i>	<i>Phos.Test</i>	<i>M.B.</i>	<i>Phos.Test</i>
Pasteurised	...	137	131	—	6
Heat Treated	...	90	88	—	2
Sterilised	...	45	45	—	—

Food Hygiene.

This is a subject which quite rightly has come to the fore in recent years. The conditions in many establishments where food is prepared and handled leave much to be desired.

During the year a course of lectures on this subject was arranged by the County Council; Dr. W. R. Martine, of Birmingham, who has specialised in this branch of public health work, was kind enough to give these talks. The lectures, held at the County Buildings, were well attended and were greatly appreciated by the Medical Officers of Health and Sanitary Inspectors who attended.

HOUSING

General.

The survey of the housing conditions in the rural districts of Worcestershire has been going on for four years and, I regret to say, is still unfinished in several districts.

I commented last year upon Martley Rural District Council's findings, where 20 per cent. of the houses were classified as unfit for habitation and beyond repair at a reasonable cost. The survey in Bromsgrove Rural District has now been completed and the figures are very interesting. In that district only 5 per cent. of the houses are regarded as unfit, and 65 per cent. are satisfactory in all respects. These figures appeared so unusual that I asked for further information. Mr. Chamings, the Sanitary Inspector, informs me that the explanation is due entirely to the recent extensive development in the Rural District. For example, in Cofton Hackett, Alvechurch, Hunnington, Clent and Hagley, recent development accounts for approximately 4,000 of the 7,880 houses in the district. Similarly there are 1,497 houses of recent development in the Wythall Parish; and in Cofton Hackett, where there are now 1,238 houses, it is doubtful whether there were many more than 100 houses a quarter of a century ago.

Statutory action in respect of the defective houses included in the survey could not be undertaken to any appreciable extent as the present emphasis has been on the provision of new houses rather than the diversion of materials and labour to any large scale reconditioning. It is to be hoped the time will soon be arriving when the housing authorities will include provision for improvement in the amenities of houses to be retained and the replacement of the extremely poor property which is unfit and requires demolition. The time has certainly come when a District Council's housing programme should be linked with the findings of these Surveys and it is for that reason that I am anxious for the surveys to be completed in the four areas outstanding.

The following table shows the progress made up to the 31st December, 1948, in the rural housing Survey.

WORCESTERHIRE COUNTY COUNCIL
RURAL HOUSING SURVEY

Return of Houses Surveyed to 31st December, 1948.

Rural District	Population Mid. 1948 (R.G.'s Estimate)	No. of Houses Inspected	CLASSIFICATION OF HOUSES INSPECTED				Houses included in the preceding four categories which have been noted for action under the Housing (Rural Workers) Acts	Remarks				
			(i) No.	(ii) %	(iii) No.	(iv) %						
Bromsgrove	26880	6805	4480	65.8	1429	21.0	556	8.2	340	5.0	91	Survey completed
Droitwich Evesham	13440 15850	3138 1143	1424 955	45.4 83.6	785 46	25.0 4.0	589 103	18.8 9.0	340 39	10.8 3.4	— —	Survey completed Large number of Houses still to be inspected
Kidderminster Martley Persnore Tenbury Upton-on-Severn	10650 11440 15110 5620 13450	1938 2310 1129 774 994	357 279 114 159 40	18.4 12.1 10.1 20.5 4.2	873 882 323 308 273	45.1 38.2 28.6 39.8 28.9	466 686 500 172 469	24.0 29.7 44.3 22.2 49.7	242 463 192 135 162	12.5 20.0 17.0 17.5 17.2	89 195 269 — 83	Survey completed Survey completed Survey will be completed Sept. 1949 Survey will be completed at end of 1949.
Totals and Averages	112440	18181	7808	42.9	4919	27.1	3541	19.5	1913	10.5	727	

The percentages should not be taken too seriously at this stage of the survey as a certain amount of selection has been exercised by Upton-on-Severn for example who have omitted houses which are obviously fit.

Classification.

- (i) Satisfactory in all respects
- (ii) Minor Defects.

- (iii) Requiring repair, structural alteration and improvement.
- (iv) Unfit for habitation and beyond repair at a reasonable cost.

Hop-Pickers Accommodation.

There is nothing unusual to report in connection with the pickers or the conditions during the 1948 season, which was rather a late one, with weather not too favourable.

Steady progress continues to be made with the provision of new-quarters. In the Martley area, for instance, eight new barracks were erected during 1948 and I am hoping that the building position will permit of vigorous action being taken by the Local Authorities to deal with accommodation which is known to be totally unsatisfactory.

Three additional district nurses were appointed temporarily for work in the hop-fields.

SHACK DEVELOPMENT IN WORCESTERSHIRE

The tent, van and shed problem has been developing rapidly since the end of the 1914-1918 war. The origin was in part the result of housing shortage, and in part the increasing desire of town workers to obtain a week-end or summer residence in the country. The last war has accentuated the problem.

The rural parts of Worcestershire are sufficiently near to the industrial Midlands to have experienced this invasion and the difficulties which have accompanied it. To-day it is estimated there are approximately 1,900 "shacks" in the County, probably about one-quarter to one-third being in full-time occupation.

Action to deal with the problem can be considered under three headings:—

- (a) Measures to deal with areas where large numbers of hutments have "sprung up in the night."
- (b) Prevention of erection of structures in unsuitable sites.
- (c) The control of existing structures, and future ones that may be erected.

- (a) *Measures to deal with areas where large numbers of hutments have sprung up in the night.*

The position has been greatly aggravated in recent years by the acute housing shortage both in this county and in the towns of the Black Country. The local public health officers report an ever-increasing demand for a shack as a permanent dwelling. One view is that with all its draw-backs, a shack in the country would often be preferable to the overcrowded and sordid conditions in which many are forced to dwell in a town.

An opposite view is that many of the shacks are structurally unsatisfactory, and lack facilities for proper food storage, the washing and drying of clothes, adequate water supply, refuse disposal and sanitary accommodation, which, added together, make the places quite unsuitable for permanent occupation.

An appropriate remedy in normal times would be for the Local Sanitary Authority to deal with the permanently occupied shacks either as individual unfit houses, or as slum clearance areas. Under the Housing Act, 1946, it is possible to deal with the problem in this way for it has been held that a "house" includes a hut, caravan, or temporary structure which is used for habitation and has been in the same enclosure for two years. Stourport Urban District Council dealt with a number of shacks in this way; Kidderminster Rural District Council although successful in a case before the war, had difficulty in persuading the County Court Judge to accept the definition that one of the wooden shacks was a house suitable for whole-time occupation. Officers with experience of attempting to remove these shacks by clearance or demolition have been made aware of the extreme hardship which may arise.

Until the housing position becomes easier, it is doubtful whether any appreciable action by demolition would prove a practicable solution.

(b) *Prevention of erection of structures in unsuitable sites.*

It is quite obvious that the indiscriminate haphazard development which has taken place in parts of the countryside ought not to have been allowed. The legislative control in the past was not too satisfactory, but recent town planning legislation ought to be sufficient to control the type and site of future structures erected.

(c) *The control of existing structures and future ones that may be erected.*

The provision of publicly-owned camping sites in suitable areas would accomplish the following two objects: (1) suitable sanitary provisions would be available and (2) the planning aspect could be controlled.

If Local Sanitary Authorities would operate the licensing provisions of Section 269 of the Public Health Act, 1936, relating to camping sites, comparable control would appear to exist. A difficulty might arise if the County Council became the authority owning such sites in that any remedy, under the Housing Acts, would require action by the Local Sanitary Authority. Such a procedure might not help in finding a solution, particularly in times such as the present, when housing difficulties are almost insurmountable.

It is imperative that there should be the closest co-operation between the Local Sanitary Authority (operating the public health provisions) and the Town Planning Authority in order that there may be no difficulties with regard to decisions from the different angles.

The Medical Officer of Health of Bromsgrove Rural District does not think there will be any fall for many years in the demand for shacks or any reduction of the number used as permanent habitations.

Under the Public Health Act a person who lets plots of land for the erection of a shed (or tent or van) is under an obligation with regard to the provision of sanitary services. Where a nuisance arises in this connection an order for abatement may be served not only on the occupier of the structure, but also on the occupier of the land on which the structure is erected. If this provision is widely used it would assist in limiting undesirable development by a landlord.

The development of a site which is considered suitable and is licensed for the erection of this type of dwelling should be controlled in that the lay-out of the land, type of structure and the restriction of the number of dwellings should be definitely prescribed and approved by the Local Sanitary Authority.

Where a Local Sanitary Authority has permitted camps to collect and for vans and the like to become immobile, they should proceed, by steadily enforcing sanitary byelaws and by increased sanitary inspection, to ascertain and to secure the abatement of nuisances. I feel this action would improve amenities and limit undesirable development.

It seems clear that within the next three years a great deal of thought and action will have to take place if this problem is to be solved. The co-operation of the Local Sanitary Authority working in touch with the Town Planning Authority is essential if progress is to be made.

WATER SUPPLIES

The following is a summary of the Water Supplies of the Local Authorities in the County with a brief reference to work carried out during the year:—

URBAN:—

Local Authority	Particulars of Water Supply	Extensions carried out during year
Bewdley	Water is obtained from three Bore-holes at Blackstone.	3" main to Trimpley Lane, and $\frac{1}{4}$ " supply to a squatters camp.
Bromsgrove	Within the limits of supply of the East Worcestershire Waterworks Company. A piped supply is gradually being afforded throughout the whole of the Urban District. 61 wells and springs were sampled during the year, 14 being satisfactory and 47 unsatisfactory. Beacon Hill and Wildmoor Lane are areas in need of a piped supply.	Schemes were completed during the year in Little Heath Lane, The Dock, Catshill, and Buntsford Hill.

Local Authority	Particulars of Water Supply	Extensions carried out during year
Droitwich	The Borough is within the statutory area of supply of the East Worcestershire Waterworks Company.	None.
Evesham	The Borough take their supply from the River Windrush in the Cotswolds, and from springs in the Cotswolds. Arrangements exist for an interchange of supplies with the Evesham Rural District.	
Halesowen	Within the statutory area of the South Staffordshire Waterworks Company.	Extensions of mains to Housing Sites at Hasbury Farm, Fatherless Barn, Blackberry Lane, Manor Lane and Bromsgrove Road, Victoria Road (about 1½ miles of 3", 4" and 6" mains).
Kidderminster	Has its own supply. The water is obtained from boreholes. There is also a connection from the Elan Aqueduct. The provision of mains water supply is reported to be necessary in the Hurcott area.	Extensions to new housing sites.
Malvern	Malvern waterworks give a piped supply practically throughout the district, drawn from boreholes at Bromesberrow and part from impounding upland surface water on the Malvern Hills. There is a statutory area of supply which includes areas in Herefordshire, and the parishes of Newland and Madresfield in the Upton-on-Severn Rural District and Leigh in the Martley Rural District.	
Oldbury	In the statutory area of the South Staffordshire Waterworks Company.	
Redditch	Within the limits of supply of the East Worcestershire Waterworks Company; with the exception of outlying parts has a piped supply of water throughout the district.	Extensions of mains to five housing sites.

Local Authority	Particulars of Water Supply	Extensions carried out during year
Stourbridge,	Within the area of supply of the Stourbridge and District Water Board who obtain water from Bore-holes at Coalbournbrook Mill Meadow and Tack.	High Trees, Iverley, now supplied from the Staffordshire mains.

Stourport-on-Severn	Supplied with water purchased from Bewdley.	
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RURAL:—

Bromsgrove	Supplies are obtained from the following sources, either direct or in bulk:—	Main extensions were carried out as follows:—
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East Worcestershire Waterworks Company, City of Birmingham South Staffordshire Waterworks Company, Stourbridge and District Water Board. 6,531 dwellings are supplied from public mains and 1,349 from private supplies (wells, springs, etc.).

City of B'ham. 3,708 yards.
East Worcs. W.W.Co. 2,181 yards.
South Staffs. W.W.Co. 616 yards.
Stourbridge and District Water Board 436 yards.

Droitwich

About one half of the Rural District is within the statutory area of supply of the East Worcestershire Waterworks Company, but supplies are only taken to parts of the parishes of Dodderhill and Upton Warren solely because of economic reasons.

Parts of North Claines, Warndon and St. Martin County are supplied from the City or Worcester.

Other piped supplies are to parts of Hartlebury Parish from a private supply and part from Kidderminster; and to part of Hadzor from the East Worcestershire Waterworks Company.

Several bore-holes have been sunk in connection with housing sites. The Ombersley bore-hole is particularly successful. A scheme for Crowle has been prepared.

Local Authority	Particulars of Water Supply	Extensions carried out during year
Evesham	Has its own water undertaking which provides a piped supply for 20 parishes out of the 28. The supply is obtained from springs in the Cotswolds and Bredon Hill augmented by a bulk supply from the North Cotswold Rural District. 3,752 dwellings are supplied from public mains, and 799 from private supplies (wells, springs, etc.).	Extensions at Cleeve Prior (300 yards) and Middle Littleton (650 yards).
Kidderminster	Has its own water undertaking, taking water from a bore-hole in Cookley. Water is also taken from the Elan Aqueduct, and from the Amblecote and District Water Board. The East Worcestershire Waterworks have permitted (until 1955) the Rural District Council to supply the parish of Chaddesley Corbett. 2,320 dwellings are supplied from public mains, and 694 from private supplies (wells, springs, etc.).	Extensions have been carried out to housing sites at Stone, Blake-down, and Harvington.
Martley	Clifton-on-Teme is supplied by means of a spring and a stand-pipe supply is given to the village. Worcester City supplies houses adjacent to the City at North Hallow. The remainder of the District is dependent on wells, springs, etc., their number being 190 dwellings from public supplies and 3,333 from private supplies.	
Pershore	Supplies approximately a quarter of the Parishes from springs on the Bredon Hills, from Cheltenham Corporation and from Worcester City. The following approximate numbers are given:- 2,044 dwellings are supplied from public supplies and 2,319 from private supplies wells, springs, etc.	Extension of main at Besford Bridge.

Local Authority	Particulars of Water Supply	Extensions carried out during year
Tenbury	<p>Has a spring at Clee Hill and supplies the Township of Tenbury. This supply can be supplemented from the Elan Aqueduct of the City of Birmingham.</p> <p>The water supply for Tenbury town continues to be a source of concern. The reservoir is grossly inadequate and the pipes in many cases unsatisfactory. There has been no evidence of any gross pollution, though the counts are variable, and at times boiling of drinking water is recommended. It is due to the very strenuous efforts by Mr. Parkinson (Sanitary Inspector) that the supply has been kept going with so little interference. It is to be hoped that some means will be found to increase the reservoir as more properties are being connected all the time with consequent increase in the draw off.</p> <p>394 dwellings are supplied from public supplies and 1212 from wells, springs, etc.</p>	<p>Small extension to supply housing site of an adjoining rural district.</p>
Upton-on-Severn	<p>Have a deep steel lined bore-hole at Upton.</p> <p>In Powick Parish about 30 houses are supplied from Worcester City.</p> <p>The Malvern Urban District Council is the statutory Water undertaker for Newland and Madresfield parishes, supplying about 50% of the properties in Newland Parish. Madresfield is mostly supplied from a private source.</p> <p>The actual numbers supplied from public supplies cannot be given as the survey is not complete.</p>	<p>Extensions involving the laying of 11½ miles of new mains in the parishes of Hanley Castle, Earls Croome and Severn Stoke.</p>

Survey.

An Engineering Inspector of the Ministry of Health visited Worcestershire towards the end of the year to discuss water supplies in Worcestershire generally. A survey is being made of Worcestershire and adjoining Counties for the guidance of the Ministry of Health but so far no report has been received.

Control of Abstraction of Water.

An Order has been made, under Section 14 of the Water Act of 1945, for the following parts of the County:—

The Boroughs of Bewdley, Droitwich, Halesowen, Kidderminster, Oldbury and Stourbridge; the Urban Districts of Bromsgrove, Redditch and Stourport-on-Severn, and the Rural Districts of Bromsgrove, Droitwich (part), Kidderminster (part) and Martley (part).

The Order only includes those areas of the County overlying the water bearing strata from which, for example, Bewdley and Kidderminster obtain water.

The powers of the Order are intended for the protection of all water users by preventing the depletion of the underground water resources by over-pumping or waste. The Order has defined the areas in which special measures of conservation are necessary: all existing wells and bore-holes and other works for extracting water are controlled to the extent that a licence by the Ministry of Health is necessary for all new works designed to increase the output of water, and except in certain stated circumstances it is now an offence to extract water in excess of reasonable requirements or to allow it to run to waste.

An officer of a local authority, authorised by them for the purpose, and an officer of a statutory water undertaking, have the right to make any investigations in connection with the Order.

Rivers Pollution Prevention.

Efforts to prevent the pollution of rivers and streams have continued throughout the year. The County Sanitary Officer (Mr. Owen) has made every possible effort to control existing sources of pollution and to prevent new ones from arising. The difficulty experienced in dealing with known sources of pollution results from the limited powers now available to require abatement. These limitations are irksome although it is surprising what has been accomplished by informal action.

Public attention has been focussed more and more on the importance of pollution of rivers. The passage of the Rivers Board Bill through Parliament was a comparatively easy one which indicates that a new body will in the not distant future be concerned with the solution of this problem.

The River Stour.—The river continues to be grossly polluted in its upper reaches by spent acid waste from galvanising works, and this is probably its main source of pollution.

An informal meeting was held during the year with officials of the Federation of British Industries and the local Holloware Manufacturers' Association to discuss the question of acid waste pollution of the river. The meeting was an exploratory one and no conclusions were reached but the County Council's views were fully explained. The technical expert appointed by the Trade Association who attended the informal conference later met members of the trade when it was assumed he would advise them what line of action they would take. The County Council have had no formal communication following this meeting but it is distinctly pleasing to hear that several firms are interested in the installation of acid waste purification plants. The attitude now being adopted by the trade is certainly encouraging and very different from what it was some years ago.

The Beet Sugar Factory at Kidderminster dealt with a record tonnage, 231,234 tons of beet being sliced. The total amount of dirt (the best top fertile soil) with which the factory trade waste purification plant had to deal was 27,621 tons, or about 14 lbs. of dirt to every hundredweight of sugar beets. This was also a record. This quantity of soil washed off the beets by River Stour water taxed the capacity of the settlement lagoons to the utmost. At the beginning of the season the dirt tares are very good but they increase as the season progresses.

At one time there was a rumour that potato canning or slicing and drying might be undertaken at the factory but fortunately this proved to be incorrect. The effluent from potato processing can be very deadly as the County Council know from experience elsewhere. The fact that the trade season would operate when the river was at summer level and dilution would consequently be less was a reason for special concern.

The River Arrow (Redditch Urban District).—Complaints of the pollution of the River Arrow were received during the year. It was alleged that the pollution was interfering with the farming activities of riparian owners. A meeting of representatives of the authorities interested was held. Although no satisfactory solution could be found, the steps that had been taken and the very real difficulty of dealing with this type of pollution were better understood.

The Carrant Brook (Evesham Rural District).—This pollution has now been satisfactorily dealt with and subject to adequate plant management at the Factory no further trouble should be experienced in Worcestershire.

Wyre Brook (Persore Rural District). — There is a serious pollution by the discharge of waste from a local Canning Factory.

At the time of writing plans are about to be submitted for a purification plant which, it is understood, has been designed on the advice of the adviser who dealt with the canning factory waste from the factory in Cheltenham Rural District, which was the cause of the pollution of the Carrant Brook.

Pollution by Oil.

Oil pollution generally is still causing trouble. One serious pollution, or rather a series of pollutions, took place of the Sugar Brook, Bromsgrove. The reason given was that spilling of oil took place when it was being delivered by the tankers. The firm have submitted plans for water storage and recirculation, oil traps, retaining walls, etc., which it is hoped will abate the pollution.

River Tame.

The following is an extract from the Annual Report of the Tame Basin Joint Committee:—

“ Oldbury Borough.

“ The biological purification plant at the Sewage Works of Oldbury Corporation has continued to be operated at its maximum capacity and an effluent of satisfactory quality is produced. The discharge of partially-treated sewage from the storm tanks during dry weather still causes bad pollution of the River Tame.

“ The effluent from Broadwell Works (Accles & Pollock Ltd.) where acid wastes from tube cleaning are treated by lime precipitation and filter-pressing, is usually satisfactory, except when the presses are being discharged, when a small amount of sludge escapes to the drains and renders the effluent turbid for a time.”

SEWERAGE AND SEWAGE DISPOSAL.

Bromsgrove Rural District.

During the year a Ministry of Health Inquiry was held at Belbroughton into an application by the Bromsgrove Rural District Council to borrow £57,265 for purposes of sewerage and sewage disposal.

Kidderminster Rural District.

Work has begun on the laying of a sewer to deal with 88 houses in the Fairfield area of Wolverley, which will discharge into the existing work constructed in connection with the military buildings at Wolverley.

Schemes have been prepared for Wolverley, Cookley, Chad-desley Corbett, Mustow Green and Harvington.

Martley Rural District.

The scheme for St. John-in-Bedwardine Parish is nearing completion. The developed area is sewered and the pumping station is being built, and house connections will soon be made.

Pershore Rural District.

A new sewerage scheme and sewage disposal works are under construction for the Pershore Abbey Estate where ultimately 200 houses will be constructed. A scheme which is very badly needed

is being prepared for the village of Eckington by a firm of consulting Engineers. A scheme for the town of Pershore is in my opinion necessary. The sewage disposal works at Whittington have been overhauled and are now in a very satisfactory condition.

Tenbury Rural District.

A scheme for the proper disposal of the sewage of the Township of Tenbury is urgently needed. At the present time the sewage is discharged more or less untreated into the River Teme.

Upton-on-Severn Rural District.

The scheme for Powick, which includes the Mental Hospital, is nearing completion. Until the end of 1948 all sewage from the Hospital, after tank treatment, found its way into Careys Brook, which was accessible to cattle. The new sewage disposal works, which will be available for the sewage from St. John-in-Bedwardine parish in the Martley Rural District are of considerable importance and are a very desirable public health improvement.

GENERAL.

In pre-war days it was the custom to include some reference to necessary or desirable improvements in the environmental services in the various areas of the County.

The curtailment of reports and the cessation of many activities during the war period (and unfortunately extending into the post-war period) have resulted in deficiencies accumulating.

I have, therefore, thought it of interest to include what are considered would be improvements in the several areas and which could, with advantage, be effected as soon as circumstances permit.

Bewdley Borough.

A housing survey is now being made; the provision of better housing conditions is considered urgently necessary.

Camping grounds still remain a problem particularly during the summer months when thousands of Black Country holiday-makers come to the town. It is hoped that the latest Town and Country Planning Act will help to clarify the position with regard to siting and the issue of licences.

Bromsgrove Urban

- (1) The provision of subsidiary sewers in various parts of the Urban District, including the sewerage of Bournheath and Blackwell.
- (2) Water main extensions at Beacon Hill and Wildmoor Lane.
- (3) The resumption of slum clearance action to deal with 700 houses which are unfit for human habitation.

Droitwich Borough.

The derelict Droitwich Canal, which is in a very foul condition, requires attention. The Corporation have the matter under consideration.

Considerable work in connection with housing is required.

With the large number of visitors coming to the town, premises supplying foodstuffs require a great deal of regular attention.

With the coming of industry into Droitwich the question of factory inspection increases in importance.

Evesham Borough.

1. Extensive re-housing.
2. New sewage disposal works.

Halesowen Borough.

- (1) A rapid housing survey to classify blocks or groups of houses.
- (2) A survey of shops and offices.
- (3) A survey of pollution of rivers and streams.
- (4) A thorough examination of atmospheric pollution.

Kidderminster Borough.

The Officers would like to see less pollution of the atmosphere and of the River Stour, the replacement and demolition of many insanitary houses, general improvement in the preparation and handling of foods, and legal standards for the quality and bacteriological condition of ice-cream. A new public health cleansing depot is required, and the completion of sewerage at Hoobrook and Hurcott together with the provision of main water supply to the Hurcott area.

Malvern Urban.

(Report not received from district).

Oldbury Borough.

The demolition of unfit houses included in the slum clearance areas scheduled in 1939 and other individual unfit houses.

Redditch Urban.

Extensions of the sewers would eliminate cesspools in some of the outlying areas.

Extensions of the water mains are required in the outlying areas.

The completion of the conversion of pail closets to a water carriage system where the sewer is available.

Stourbridge Borough.

The provision of some houses to permit the resumption of slum clearance.

To eliminate bad housing conditions.

To deal with overcrowding.

Stourport-on-Severn Urban.

There is still need for additional houses to meet the large waiting list of applicants, and to re-house those living in condemned houses.

Bromsgrove Rural.

The provision of piped water supplies to various parts of the Rural District, the provision of sewerage schemes and sewage disposal works in unsewered areas and the extension of sewers in others.

Droitwich Rural.

Improvement of housing accommodation and especially the erection of new houses. Extension of primary sanitary services to the larger villages in the Rural District.

Adequate water supplies to the eastern half of the district which lies on the Keuper Marl and Lias formations.

Evesham Rural.

Water supplies to northern parishes.

Sewerage and sewage disposal schemes for villages now inadequately served.

Kidderminster Rural.

Sewerage and sewage disposal schemes for Wolverley, Cookley, Churchill, Broom, Chaddeley Corbett, Mustow Green, Shenhurst and Harvington.

Martley Rural.

Piped water supplies to many areas to enable houses to be erected and to provide supplies to areas of chronic shortage and for agricultural needs. Sewerage schemes or extensions to existing schemes are required at Lower Broadheath, North Hallow, Clifton-on-Teme, Great Witley and Martley.

Pershore Rural.

A main water supply for the entire Rural District and proper sewerage and sewage disposal schemes for all parishes. (These are in preparation).

Tenbury Rural.

Piped water supplies in those parts of the Rural District where there are groups of houses.

The conversion of a large number of pail closets to the water carriage system and a sewage disposal scheme are required for the Township of Tenbury.

Some improvements to water distribution mains in Tenbury and to a gravity main between the source of supply and the surface reservoir.

It is understood these matters are receiving attention.

Upton-on-Severn Rural.

The provision of a satisfactory piped water supply especially in the parishes to the south of the district, together with efficient sewerage and sewage disposal schemes.

To prevent the pollution of ditches, which at present is widespread.

A large proportion of the dwellings in the Rural District fall considerably below the standard required but unless some financial assistance is forthcoming to enable the owners to carry out the necessary repairs and improvements demolition will be the only alternative., resulting in many instances in the loss of picturesque buildings which enhance the beauties of the countryside.

HOUSING (RURAL WORKERS) ACTS.

The County Council decided, in view of the increased cost of maintenance and the changed value of money since before the war, to raise the maximum rents which can be charged by landlords in respect of houses subject to conditions under the Housing (Rural Workers) Acts.

The "normal agricultural rent" was fixed at 6/- per week with effect from 1st July, 1949. To this "normal agricultural rent" a landlord is entitled under the Acts to add a figure representing 4 per cent. (3 per cent. for adaptations completed before 1935) per annum of the landlord's share of the cost of works of adaptation, less the cost of any decoration or maintenance not incidental to the scheme.

The owners were informed of the Council's decision and that the rental would only be increased if they made an application for this. It was explained that the new maximum rent under the Housing (Rural Workers) Acts would in no way affect the amount which, under the Agricultural Wages Act, a farmer can deduct from a farm worker's wages in respect of his occupation of a "service cottage," nor would it affect the rents of those tenants who are protected under the Rent Restriction Acts or who benefit under a tenancy agreement which cannot be terminated at short notice.

It was agreed with District Councils that in those cases where an application was received, their Sanitary Inspectors should make inspections to see that the conditions laid down in the Acts were being observed and, in particular, to see that all reasonable steps had been taken to keep the house in a proper state of repair.

Fifty-five owners applied to increase the rentals of 159 cottages.

INFECTIOUS DISEASES.

Table 2 gives information as to the incidence of infectious disease in each county district.

Scarlet Fever

Although there was some increase in the incidence, the type of disease remains mild.

1945	notified cases ...	414	fatal cases ...	Nil
1946	" "	448	" "	Nil
1947	" "	587	" "	Nil
1948	" "	668	" "	Nil

Dr. Connolly (Oldbury) states,

"The disease in the main was mild in character and of relatively little significance". Only complicated cases were admitted to hospital; these numbered 13 out of 131 notified cases.

Dr. Corlett (Stourbridge) also records some increase in incidence but the disease in most instances was mild in type. He notes the same mild type of infection in his report to Halesowen Borough Council.

Diphtheria

Thirty-six cases were notified throughout the County; there were no deaths recorded from this disease.

This favourable feature is no doubt due to the immunisation campaign; the need for continued effort to maintain and even extend the immunisation service is obvious. Children on admission to school are offered reinforcing injections. Dr. Corlett gives an interesting table in his Annual Report to the Borough of Stourbridge for the year 1948:—

Table showing the Incidence and Severity of Diphtheria

Year	Total Cases	Deaths	Case Mortality Rate	Immunised Cases.	Children Deaths
1935	110	18	16.3	3	—
1936	33	5	15.1	3	—
1937	81	3	3.7	6	—
1938	49	2	4.08	6	—
1939	40	7	17.5	11	—
1940	71	2	2.81	9	—
1941	87	5	5.74	8	—
1942	21	—	—	2	—
1943	18	1	5.5	5	—
1944	25	2	8.0	9	—
1945	47	3	6.38	11	—
1946	21	1	4.76	7	—
1947	30	2	6.66	11	1
1948	Nil	—	—	—	—
	633	51		91	1

TABLE 2.

District	Cerebro Spinal Fever		Scarlet Fever		Diphtheria and Membranous Croup		Enteric Fever		Puerperal Pyrexia		Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis		Ophthalmia Neonatorum		Acute Poliomyelitis and Polio Encephalitis		Pneumonia		Encephalitis Lethargica		Measles		Whooping Cough		Dysentery		Malaria																			
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths (b)	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths (a)	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths																		
<i>Urban</i>																																																
Bewdley Borough ...			10						1		5	3							7	1																												
Bromsgrove ...	1	1	29		14		1	1	13		22	16	10	3	1				19	7																												
Droitwich Borough ...			3						1		4	3			1					2																												
Evesham Borough ...			17						2		10	5	4	1					8	1																												
Halesowen Borough ...		1	38		1				2		37	11	2						13	19																												
Kidderminster ...		1	18		1				6		22	13	4	5	2				14	11																												
Malvern ...			76		1		1		1		11	2	1	2					23	7																												
Oddbury Borough ...	1		131		6		12		4	1	57	15	4	1	2				36	20		1																										
Redditch ...			67		2						27	12	4	1					1	8																												
Stourbridge Borough ...			65				1		10		24	15	2						10	8																												
Stourport-on-Severn ...			32		1				7		6	4	1						4																													
Totals ...	2	3	486		26		15	1	47	1	225	99	32	13	10			4	3	135	84			2	1362	2	642	3	26																			
<i>Rural</i>																																																
Bromsgrove ...	1	1	36						2	1	14	6	4	2				1	14	11																												
Droitwich ...			27						2		6	5	2						3	7																												
Evesham ...			21		1				1	1	16	4	1	1					9	3																												
Kidderminster ...			9		1				2		7	2	3	1	1				6	1																												
Martley ...			29		1				2		2	5	6		1				5	3																												
Pershore ...			36		2						9	6	2	1	1				1	5																												
Tenbury ...			1		5								1	1	1				1	1																												
Upton-on-Severn ...			23						2		13	8	4	1	1				1	1																												
Totals ...	1	1	182		10				11	2	67	36	23	7	4			1	2	38	32			2	615		229	1	33																			
Grand Totals ...	3	4	668		36		15	1	58	3	292	135	55	20	14			5	5	173	116			4	1977	2	871	4	59																			

(a) The deaths refer to all cases of pneumonia, not only those which are notifiable.

(b) The deaths refer to cases of Puerperal Sepsis.

These figures exclude Non-Civilians.

Year	Month	Day	Time	Location	Remarks
1900	Jan	1	10:00	St. Paul	Arrived
1900	Jan	2	10:00	St. Paul	Departed
1900	Jan	3	10:00	St. Paul	Arrived
1900	Jan	4	10:00	St. Paul	Departed
1900	Jan	5	10:00	St. Paul	Arrived
1900	Jan	6	10:00	St. Paul	Departed
1900	Jan	7	10:00	St. Paul	Arrived
1900	Jan	8	10:00	St. Paul	Departed
1900	Jan	9	10:00	St. Paul	Arrived
1900	Jan	10	10:00	St. Paul	Departed
1900	Jan	11	10:00	St. Paul	Arrived
1900	Jan	12	10:00	St. Paul	Departed
1900	Jan	13	10:00	St. Paul	Arrived
1900	Jan	14	10:00	St. Paul	Departed
1900	Jan	15	10:00	St. Paul	Arrived
1900	Jan	16	10:00	St. Paul	Departed
1900	Jan	17	10:00	St. Paul	Arrived
1900	Jan	18	10:00	St. Paul	Departed
1900	Jan	19	10:00	St. Paul	Arrived
1900	Jan	20	10:00	St. Paul	Departed
1900	Jan	21	10:00	St. Paul	Arrived
1900	Jan	22	10:00	St. Paul	Departed
1900	Jan	23	10:00	St. Paul	Arrived
1900	Jan	24	10:00	St. Paul	Departed
1900	Jan	25	10:00	St. Paul	Arrived
1900	Jan	26	10:00	St. Paul	Departed
1900	Jan	27	10:00	St. Paul	Arrived
1900	Jan	28	10:00	St. Paul	Departed
1900	Jan	29	10:00	St. Paul	Arrived
1900	Jan	30	10:00	St. Paul	Departed
1900	Jan	31	10:00	St. Paul	Arrived

Cerebro Spinal Fever.

The incidence as judged by notification was below the average for recent years. Two of the deaths do not appear to have been the subject of notification to the district Medical Officers of Health and the diagnosis is often arrived at in some distant hospital.

Year	Cases notified	Deaths
1948	... 3	4
1947	... 18	3
1946	... 18	2
1945	... 10	3

Enteric Fever (including para-typhoid).

Year	Cases notified	Deaths
1948	... 15	1
1947	... 7	—
1946	... 9	—
1945	... 10	1

The small increase in incidence during 1948 was mainly due to an outbreak recorded by Dr. Connolly in his report to the Borough Council.

“ In connection with Infectious Diseases, the most notable incident was an outbreak of Paratyphoid Fever which occurred in September amongst a party of school-children and adults who had attended a seaside resort during the previous month. A local practitioner first notified the Department of a suspected case of Enteric Fever early in September, and it was decided to admit the child, a girl aged 13 years, to the Isolation Hospital at Smethwick, where she was subsequently diagnosed as suffering from Paratyphoid Fever. Investigation of all contacts was immediately carried out and eleven children and one adult from Oldbury, who were found to have suggestive symptoms, were admitted to Hospital and were later confirmed as suffering from Enteric Fever. Three of these cases were later proved to be suffering from Typhoid Fever, which further added to the complexity of tracing the source of infection which, unfortunately, was never elucidated. The available evidence pointed to some particular food as the most likely cause of the infection, the source of which was probably at the resort in question.

“ Outbreaks of this sort are very disquieting and we were very fortunate that this particular one did not spread further and had no fatal consequences.”

Acute Poliomyelitis.

Year	Cases notified	Deaths
1948	... 5	5
1947	... 60	4
1946	... 3	—
1945	... 11	1

This disease was a cause of concern to health authorities owing to the increasing number of cases in the year 1947 when the incidence over the main portion of the country was high.

There appears to be a change in the character of the disease; the term "infantile paralysis" was previously used to indicate this condition because the majority of patients were very young children; this description is no longer true as both adults and older children comprise an appreciable proportion of the notified cases. There is no certain information how the disease is spread and for that reason efforts to prevent the epidemic spread are limited to general measures of no certain value. One feature remains constant — cases occur most frequently in the late summer and autumn months. There is every indication that further epidemic outbreaks will occur from time to time, and although fatal cases and crippling disablement do result, a proper sense of proportion must be maintained. It should be remembered that in acute poliomyelitis both deaths and crippling of a permanent character are relatively rare. The risk is far less than similar fatalities occurring after road accidents or from non-pulmonary tuberculosis. I doubt whether this fact is fully appreciated as the dramatic nature of poliomyelitis has resulted in far greater public concern than is the case of other more fatal diseases of which little is heard.

There was a marked fall in the incidence in 1948. The fact that five deaths and five notified cases occurred does not mean that the death rate was 100 per cent. It would appear that only two of the deaths related to cases notified to the Local Sanitary Authorities in 1948. I am not able to give further details as the 1948 reports from more than half of the County districts had not been received at the end of November, 1949.

Encephalitis Lethargica.

Year	Cases notified	Deaths
1948	...	—
1947	...	—
1946	...	1
1945	...	—

The diagnosis of this condition often presents difficulty. Notification, mainly for this reason, provides a very incomplete picture of the true incidence. I have no reason to think that there is any increase in this disease.

Measles.

Year	Cases notified	Deaths
1948	...	1,977
1947	...	4,180
1946	...	796
1945	...	5,189

Whooping Cough.

Year	Cases notified	Deaths
1948 ...	871	4
1947 ...	767	8
1946 ...	841	5
1945 ...	558	5

There is an increasing demand from the general public in the country for protective inoculation against whooping cough.

The Council's proposals under Section 28 include vaccination against smallpox and immunisation against diphtheria; a number of general practitioners taking part in the Council's scheme for immunisation against diphtheria have been asked to inoculate against both diphtheria and whooping cough at one and the same time. This cannot be arranged for under the Council's present scheme but can and often is undertaken by the general practitioner. Considerable progress has I believe been made by the Medical Research Council in their efforts to find a really satisfactory prophylactic against whooping cough. It would be of doubtful value to launch any official County scheme until the public can be assured that control over the incidence or severity of the disease can with reasonable certainty be obtained by such treatment. This assurance cannot at the present time be given and for this reason the only action taken by the County Council relates to the occasional use in County nurseries where very young children are congregated and where the parents of those children have the circumstances fully explained to them and make their own decision as to whether or not they wish for treatment for their children.

Scabies.

This condition is not prevalent in the County but active steps are being taken where any cases are discovered. Dr. Connolly (Oldbury) gives the following information relating to the year 1948:—

	Cases	Baths	Treatment
Male adults ...	4	4	4
Female adults ...	4	5	5
Children under 5 ...	37	44	44
School Children ...	3	3	3
Totals ...	48	56	56

The comparable figures for 1947 were:—

95 cases; 108 baths; 108 treatments.

Dr. Corlett (Stourbridge Borough)—“Scabies incidence during the year was almost negligible, there being only eight cases (mostly school children) of slight infection.”

AMBULANCE FACILITIES

The ambulance service maintained at the request of the Ministry of Health to convey hospital patients continued under the supervision of the County Ambulance Officer until 5th July, 1948, when it was absorbed under the National Health Service Act, into the County Ambulance Service, which also absorbed the ambulance service for the Kidderminster district. From the same date the services previously operated by a number of District Councils voluntary organisations and Hospital Boards, became the responsibility of the County Council.

Although the Health Committee, through its Ambulance, Prevention and After-Care Sub-Committee, was responsible for the service throughout the County, two areas were operated by agency arrangements:—

- (a) Upton-on-Severn and parts of Droitwich, Martley, Kidderminster & Pershore Rural Districts; and Droitwich Borough } through the Worcester City and District Voluntary Ambulance Committee.
- (b) Boroughs of Kidderminster and Bewdley, the Urban District of Stourport-on-Severn, and the Tenbury, and Kidderminster and Bromsgrove Rural Districts } through the Worcester City and County Fire Brigade Committee.

The agency arrangement for the second area, under the operational control of the Chief Fire Officer, was intended to be an experiment for a period of two years.

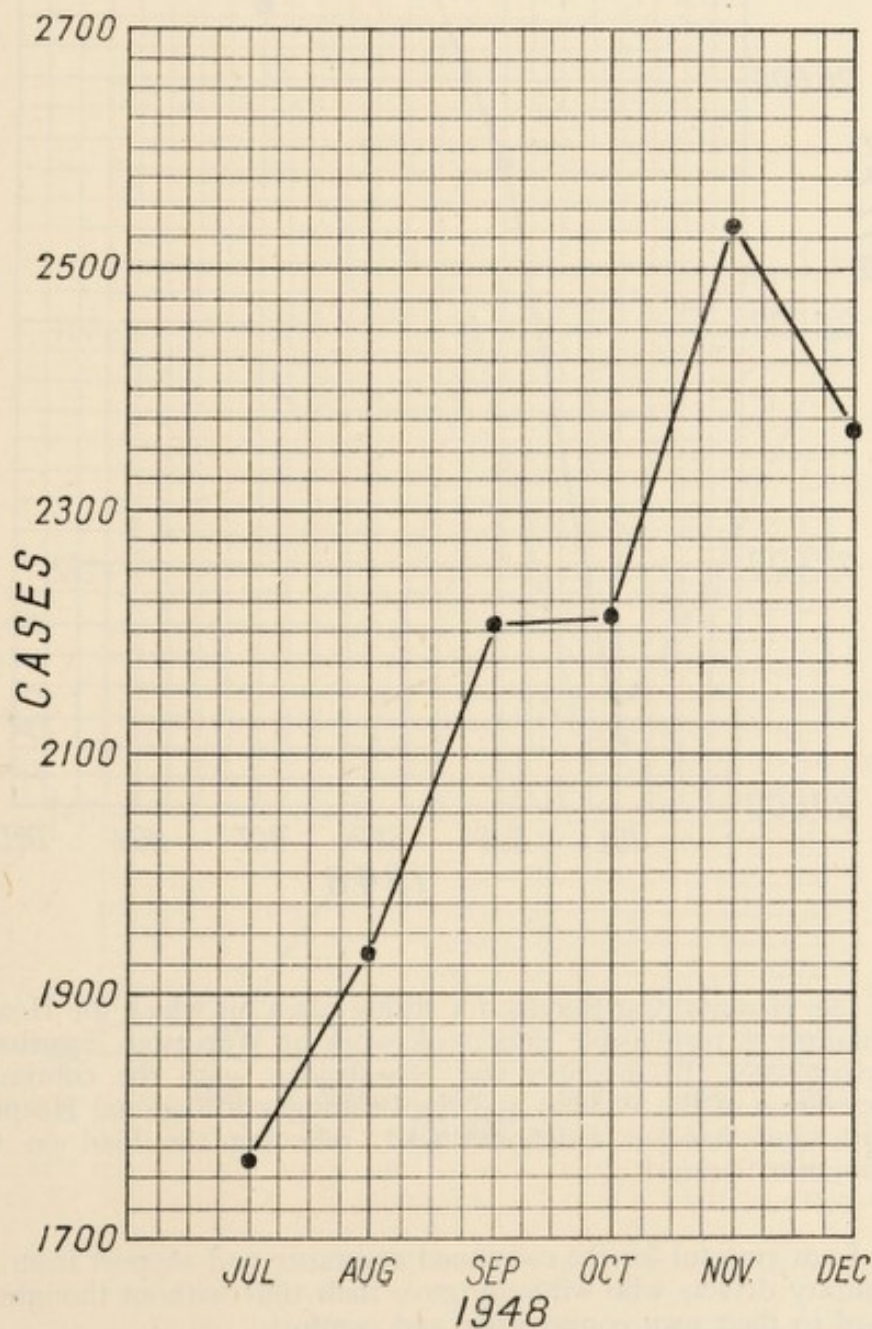
The service administered by the Health Dept. under the operational direction of the County Ambulance Officer and his staff has worked smoothly and satisfactorily. With the assistance of the medical and nursing professions, and careful scrutiny of all calls, there has not been any evidence of serious abuse.

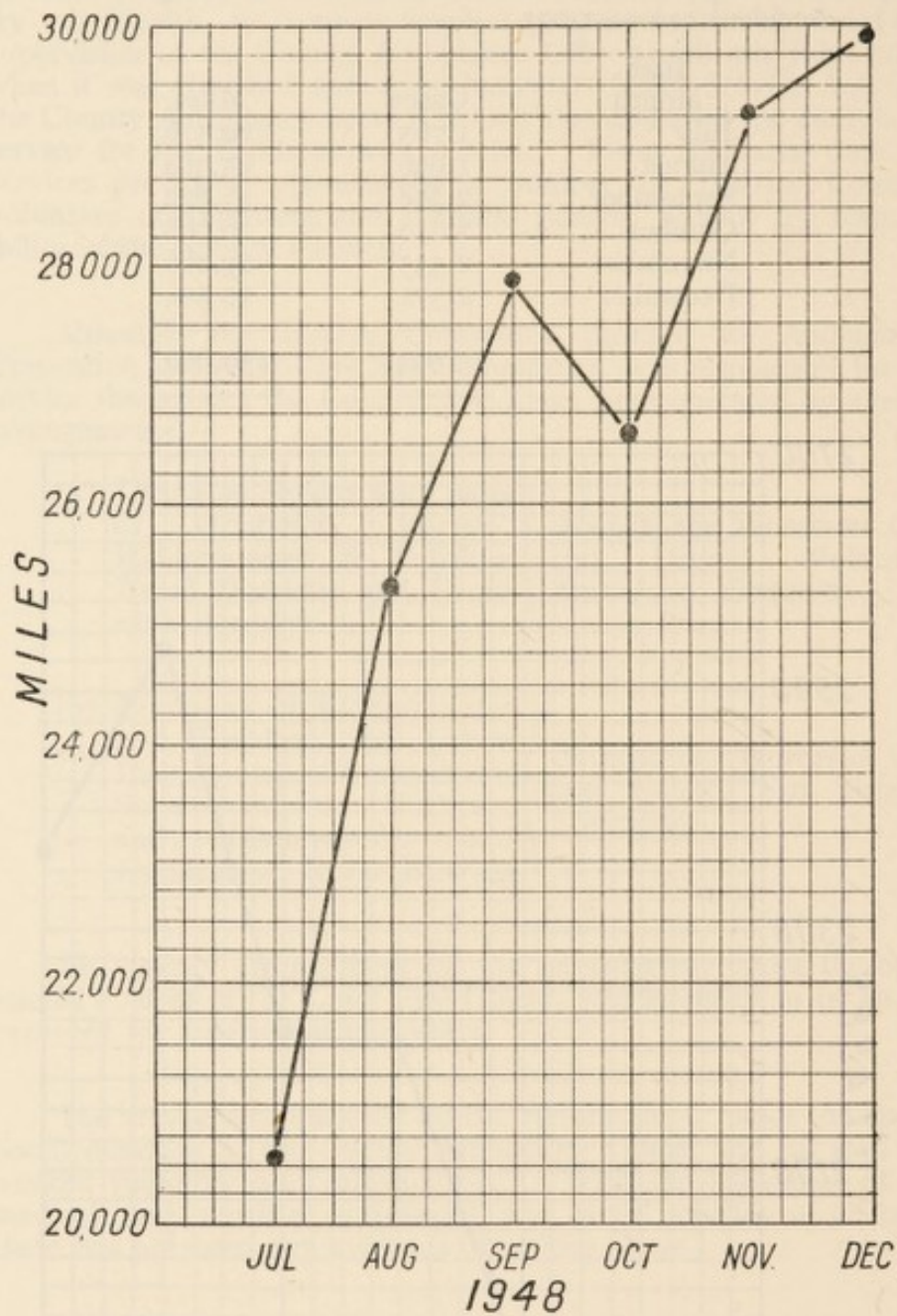
The accident and hospital removal services were called on increasingly as the year progressed; experience showed that accident and hospital removal cases should be dealt with by one service, and not by the provision of separate services.

The County Council is responsible for the conveyance of all cases of infectious disease, and by arrangement with the Birmingham Regional Hospital Board, the same ambulances, now the property of the County Council under the National Health Service Act, 1946, are used together with the same staff and garages in the Isolation Hospital premises as hitherto.

The following statistics indicate the total cases conveyed and the mileage covered between the 5th July and the 31st December, 1948 (including the areas controlled by the Fire Brigade Committee). Accident cases—1,072.

1948 Month	Cases	Miles
July ...	1,765	20,576
August ...	1,936	25,364
September ...	2,208	27,822
October ...	2,278	26,668
November ...	2,535	29,266
December ...	2,372	29,904
	<u>13,094</u>	<u>159,600</u>



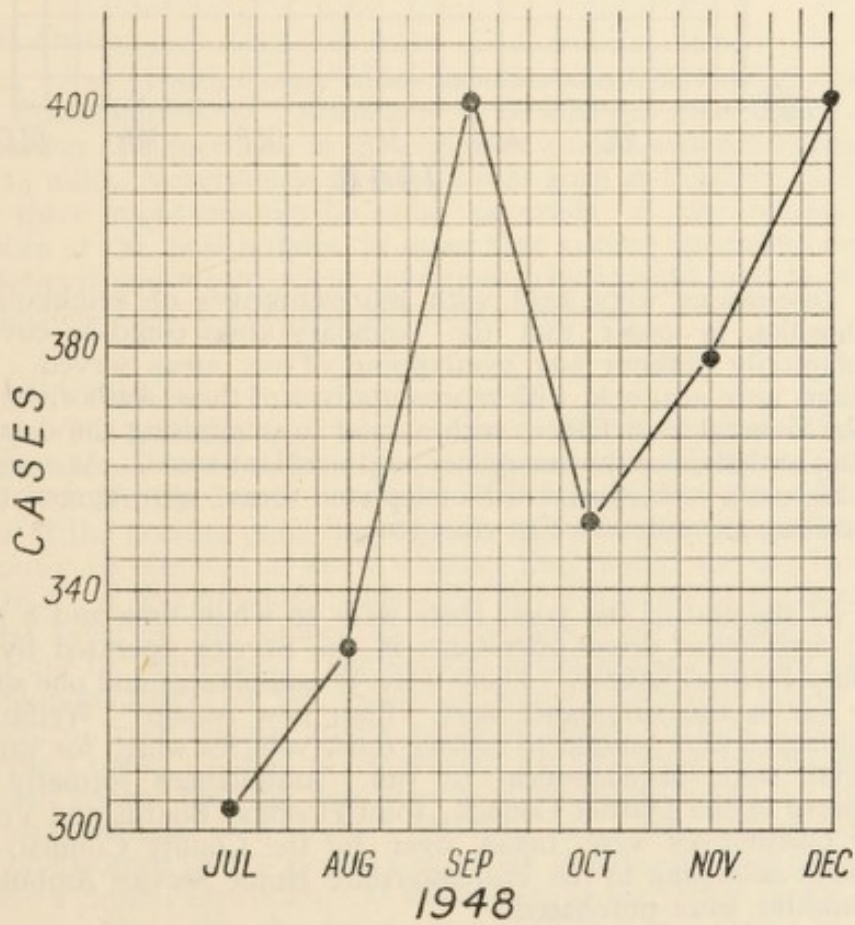


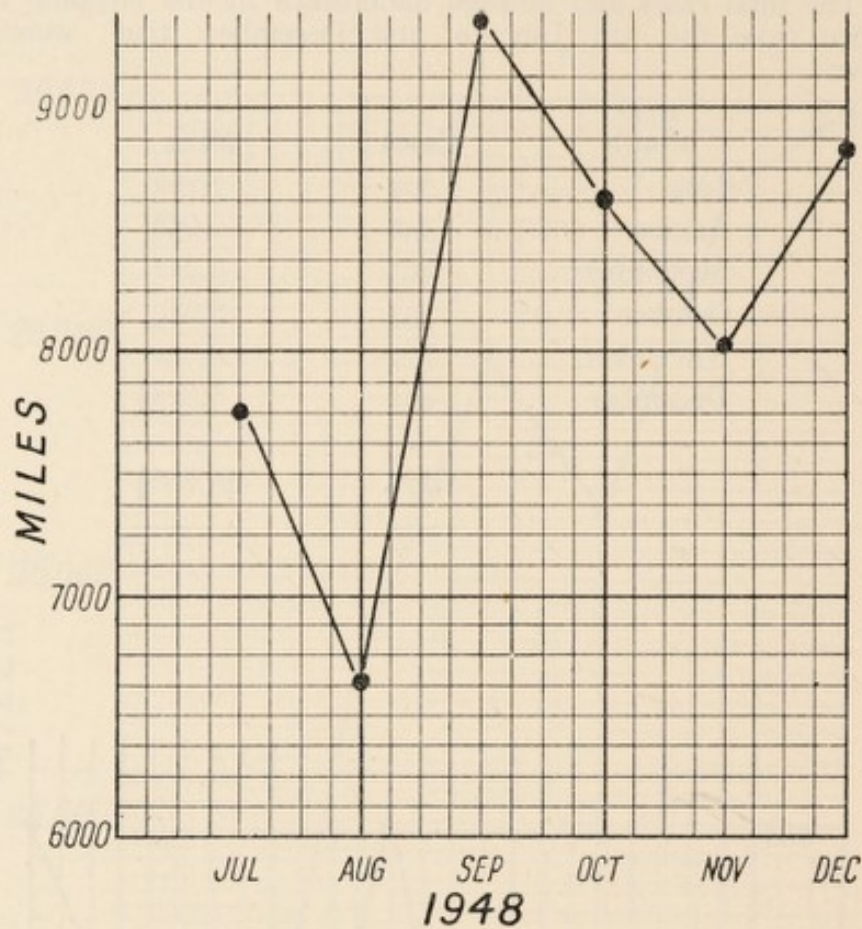
The Hospital Car Service for sitting cases for which the Health Committee is responsible undertook work at Worcester, Evesham, Kidderminster, Bromsgrove and Stourbridge, with the continued co-operation of the W.V.S. and the Birmingham Regional Hospital Board, and fulfilled a definite need, relieving the load on the Ambulance Service.

I am grateful for the continued assistance and support from the voluntary drivers who willingly gave their time without thought or regard to their own convenience and comfort.

The total cases and mileage undertaken by the Hospital Car Service from the 5th July to 31st December, 1948, were as follows:—

1948 Month	Cases	Miles
July ...	304	7,762
August ...	332	6,658
September ...	403	9,321
October ...	353	8,619
November ...	377	8,031
December ...	402	8,815½
	<hr/> 2,171 <hr/>	<hr/> 49,206½ <hr/>





Discussions were held with representatives of neighbouring Authorities in order that the boundary areas could be covered satisfactorily without any overlapping of the areas served. Discussions were also held with representatives of these Authorities and of the General Post Office, with a view to minimising the delay in calling ambulances for emergency and accident cases. As a result, special areas coincidental with telephone areas, were agreed upon for calling an ambulance in emergency.

At the end of the year, there were 20 whole-time and 8 part-time ambulance driver-attendants in the Service operated by the County Medical Officer. There were 37 ambulances and one sitting case car in the ambulance fleet. Four new Austin "Welfarer" ambulances were bought to replace those vehicles which for various reasons were uneconomical to run. Ambulances formerly the property of the District Council, Joint Hospital Boards and Voluntary Committees were taken over by the County Council, and vehicles belonging to the Worcestershire Home Service Ambulance Committee were purchased.

The future prospects for the replacement of old vehicles with new ambulances are much brighter than was at first thought possible. Meanwhile, it is a matter for satisfaction that it has been possible to meet all calls.

The members of the St. John Ambulance Association and the British Red Cross Society have continued to give their valuable services, acting as drivers and attendants on many occasions.

It is evident that this service is widely appreciated by the public, and no doubt some increase in the number of calls may be expected. It is a service which is open to abuse and misuse, and very careful screening of all calls and demands will continue to be exercised by the officers administering the service.

HEALTH CENTRES

The following is a copy of a memorandum submitted to the Health Committee:—

1. The type of provision implied by the term "Health Centre" is somewhat elastic in that the needs of large towns differ very considerably from those of a rural area. Notwithstanding the recognised difficulty existing at the moment in connection with new building and the absence of any known accommodation which would be suitable for satisfactory adaptation, the Committee may wish to consider certain aspects of this matter.

Rural Areas

2. Any Health Centre which includes communal surgery facilities, dental clinics, etc., is unlikely to be effective unless there is a population of somewhere in the region of 10,000 within a radius of 1 to 1½ miles. Nevertheless in small towns such as Pershore or Tenbury there might usefully be some extension of the out-patient facilities at the local hospital in order that visiting specialists might see patients under convenient conditions; there might even be some arrangements for a modified laboratory service.

Urban Areas

3. The question may be asked as to which towns in Worcestershire should be considered as possibly suitable for the establishment of a Health Centre. It would be important to ascertain the views of the doctors practising in each and every town as it would obviously be essential to know whether they would use the Health Centre if one was provided; unless the active support of the doctors can be relied on, the immediate establishment of a Health Centre could not be advocated. The doctors might in turn enquire about the financial aspect of the communal surgery provision but at the moment no very definite advice could be given. Whilst it is clear that the County Council is responsible for providing the building, it would appear that the Executive Council would make the financial arrangements with doctors, dentists, etc., who would use it. If it be assumed that a Health Centre for 15,000 people is likely to involve a capital expenditure of somewhere in the region of £30,000 it seems unlikely that the doctors and dentists would expect to pay the full economic cost of the staff and the portion of the premises allocated to them for clinical work. Whether the resulting difference between income and expenditure would fall on the Executive Council or the Local Health Authority is not clear but I assume that in all probability the latter would have to meet the deficit.

Scope of Services to be provided at Health Centres in Urban Areas

(a) *Local Health Authority Services such as Child Welfare, Ante-Natal and various clinical facilities including dental treatment for priority classes*

4. Where it is possible these services should be associated, although it would not be advisable in all instances to have a definite combination. Separation of healthy persons (such as those attending an Infant Welfare Centre) from the sick, is very necessary. It would be desirable to have separate adjoining buildings or a single building with sections definitely set aside for particular services.

(b) *Communal Surgery Facilities*

5. This would be a general provision in all Health Centres with accommodation for the six or more doctors (depending on the population served) working at the Centre. It would be preferable to have separate waiting rooms for individual doctors rather than a large communal hall.

(c) *Dental Service*

6. At a Central Health Centre full dental facilities should be provided to include dental mechanics and orthodontic work but these full dental facilities need not be duplicated in the subsidiary Health Centres which for convenience would have to be provided in connection with the domiciliary medical service, as this would be both unnecessary and wasteful.

(d) *X-Ray and Laboratory.*

7. I question whether X-Ray facilities should be provided in a town where there is a General Hospital. The difficulty of obtaining specialist staff and plant must be considered before any general duplication of service is decided upon. In a town without a hospital and where the distance to the nearest General Hospital is considerable, an entirely different position arises. X-Ray services would be required for the chest clinic and probably for the dental clinic, and the time factor and convenience of patients must be considered. In the same way, the laboratory facilities which will be required by practitioners to arrive at a diagnosis and for guidance in connection with special forms of treatment will require consideration even where the facilities are simply in the form of a daily collection of specimens. Again in the town without a hospital, a tremendous amount of time is spent in travelling to and from out-patient departments for such things as massage, exercises and electrical treatment; in the special circumstances these would be a desirable provision in a Health Centre.

(e) *Specialist Facilities*

8. There should be provided at each Health Centre rooms for consultation with specialists and examination by them of patients resident in the area.

(f) *Pharmaceutical*

9. There does not appear to be a very strong case for a special department of this kind at the Health Centre, as, so far as I am aware, the arrangements generally existing at the present time appear to be reasonably adequate. If such a provision was considered desirable, I see no difficulty in it being incorporated in any Health Centre Scheme that may be decided upon.

Areas in which Health Centres might be provided

10. With the preliminary remarks made above, I tentatively suggest the following at the possible requirements for Worcestershire:—

Town	Main Health Centre	Subsidiary Health Centre
Oldbury	... 1 ...	2 or 3
Halesowen	... 1 ...	2
Kidderminster	... 1 ...	Possibly 1 or 2
Stourbridge	... 1 ...	1 or 2
Redditch	... 1 ...	1
Bromsgrove	... 1 ...	—
Malvern	...	These are doubtful areas and possibly one Centre might be desirable in each
Evesham	...	
Stourport	...	
	...	

Site for Health Centre

11. Many people have a picture of an extensive site in pleasant and quiet surroundings; this is certainly attractive to the planner but such sites are generally restricted to the periphery of the area, whereas the convenience of the patients must be the first consideration. If a population of ten to fifteen or even twenty thousand exists within a radius of 1 to 1½ miles from a central position then it is in that central position that efforts should be made to find a suitable site. The area required would generally be about 1 to 1½ acres, the latter being sufficient to include clinic facilities for the Local Health Authority. The site might be somewhat reduced if a building of two or three storeys was decided upon. The subsidiary centres would be provided only after careful consideration of housing schemes, either in progress or contemplated, towards the periphery of the area. It would also be advisable to consult with adjoining Health Authorities where combination would be convenient to patients and doctors.

12. I would stress that at the moment the most practical action that could be taken would be to consider in conjunction with the Local Housing Authority and the Town Planning Authority, a review of possible sites based on the considerations I have set out above which might be considered for reservation as sites for Health Centres when building becomes possible.

CONCLUSION.

I must again express my regret to the Committee for the delay which has occurred in the preparation of this report, which failing I hope to remedy in the near future.

I wish to record the invaluable help I have received from all the medical, dental, clerical, nursing and ancillary staff of the Council in my department in the revolutionary changes in 1948 which produced many unforeseen and difficult problems requiring local solution. Throughout the year Dr. Pickup (my deputy), Dr. Walker (Senior Maternity and Child Welfare Officer), Mr. McDonald (Welfare Officer) and Mr. Cooper (Chief Clerk) have rendered me invaluable assistance and have prepared their appropriate sections of this report.

It is again my pleasant duty to mention the valuable assistance which continues to be available in this county from Voluntary Associations, such as the County and numerous district nursing associations, the Diocesan Moral Welfare Association, the Order of St. John, The British Red Cross Society, The W.V.S., and the various organisations dealing with those handicapped by age or such defects as blindness or deafness. I have worked with these organisations for a good many years and know their worth; my thanks to them are very real.

The new Domestic Help Service for the county has been launched with the help of Mrs. Moore Ede as Voluntary County Organiser: under her guidance a good "trial trip" can be recorded. The Council is fortunate in having in one person both the enthusiasm and experience necessary to meet the difficulties which are common, particularly in the present trying period, when a new and expanding service is started.

I wish to thank you, Mr. Chairman, and the Committee for your and their forbearance, help and encouragement to me during the year; the meetings have been numerous and the reports perhaps unduly long. To Mr. Phelps (Deputy Clerk of the County Council) who has been concerned with the work of the new Committee and the drafting of various schemes submitted to the Ministry of Health, I would express my grateful thanks.

Your obedient Servant

WYNDHAM PARKER,
County Medical Officer.

Health Department,
County Buildings,
Worcester.
November, 1949.

APPENDIX A.

REPORT OF THE CHIEF TUBERCULOSIS OFFICER FOR 1948.

Staff

There have been no changes in the medical staff or their duties. On the other hand, the amount of work their duties entail has been steadily increasing for a number of years. Dispensary attendances are still mounting, and a few years ago the clinic and sanatorium work of Worcester City was added to their responsibilities. New methods of treatment are being used, and old ones more widely applied. Generally speaking, more is being done for the patients. The long waiting lists for sanatorium treatment also add to their difficulties. The time has come when either an increase of medical staff or some adjustment of their duties is very desirable for the work to be well done.

Mr. F. T. Fitzhugh left us during the summer. The clerical side of the work has proceeded with unobtrusive efficiency for many years in his capable hands. Whilst regretting his departure, we wish him well in his retirement. Mr. H. Dyson has succeeded to his duties.

National Health Service Act

On July 5th, 1948, the treatment of tuberculosis became the responsibility of the Regional Hospital Board, prevention and after-care remaining in the charge of the County Council. Tuberculosis Officers became officers of the Regional Hospital Board, though they remain at the disposal of the County Council for duties in connection with prevention and after-care. Up to the end of 1948 no material change has taken place in the working of the Tuberculosis Service in Worcestershire as a result of the new arrangement.

Notifications and Deaths

Table I shows the number of notifications and deaths in each of the past five years. The principal features are the rise in the number of pulmonary notifications, the highest since 1943, and the fall in the number of deaths, easily the lowest on record. For some years we have become accustomed to a tuberculosis death rate of never less than 0.5 per thousand population, and this sudden 20 per cent. drop to 0.4 per thousand is remarkable. Whether it will be sustained in future years is doubtful in view of the rise in the number of notifications. Nevertheless, it is a very pleasing fact to record. There is little that is cheerful about tuberculosis, and one is entitled to snap up what crumbs of comfort one can.

TABLE I.

Year	Notifications			Deaths		
	Pulmonary	Non-Pulmonary	Total	Pulmonary	Non-Pulmonary	Total
1943	309	77	386	156	47	203
1944	273	62	335	150	35	185
1945	255	45	300	157	29	196
1946	282	55	337	158	38	196
1947	266	45	311	166	31	197
1948	292	55	347	135	20	155

Table II analyses the notifications for the year in age groups. As far as the gross totals are concerned, the increases in both pulmonary and non-pulmonary types have occurred at the expense of the male population.

TABLE II.
 Notifications of Tuberculosis during 1948 showing Age Periods.

Age Periods	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65 and up-ward	Total
Pulmonary—													
Males ...	—	1	4	7	2	24	25	41	28	31	18	4	185
Females ...	—	2	4	7	4	17	18	28	10	11	1	5	107
Non-Pulmonary—													
Males ...	1	—	6	5	7	—	3	3	3	1	1	1	31
Females ...	—	4	2	9	4	1	—	3	1	—	—	—	24
Totals ...	1	7	16	28	17	42	46	75	42	43	20	10	347

It was felt that a broader view of the trends of pulmonary notifications and deaths during the past twenty years might be interesting, and Tables IIA and IIB have been compiled for this purpose.

TABLE IIA.

Notifications of Respiratory Tuberculosis.

Average Annual Numbers in 5-year Periods in Age Groups.

	Males					Females				
	0-	15-	45-	65-	All Ages	0-	15-	45-	65-	All Ages
1928-32	15	121	37	4	177	18	127	19	2	166
1933-37	13	119	37	4	173	14	121	19	3	157
1938-42	6	103	39	3	151	8	99	14	2	123
1943-47	8	103	44	4	159	9	92	14	3	118
1948-	14	118	49	4	185	17	73	12	4	107

Notifications in 1948 are shown at the foot of the Table for comparison. It should be noted that these are actual numbers of notifications, not rates.

The progressively pleasing appearance of the female figures in the younger age groups is encouraging, but cannot wholly compensate the males for the consistent 1948 rise in their own notifications in all age groups below 65. Notifications are never as reliable as deaths, but the fact that the increase amongst young and middle-aged men is not shared by women of the same ages, suggests that it represents a real increase in the incidence of the disease in this section of the population, and is not due to such factors as changing standards of notification or a more intensive search for cases.

Children show an increase in both sexes. This rise occurred mainly in the 5-14 group. These notifications of children in 1948 consisted almost entirely of primary tuberculosis with a good prognosis, and only in one instance were tubercle bacilli demonstrated in the sputum. Here, there is no doubt that the rise is partly due to a more intensive search for cases, and partly also to the notification of a type of case which, by reason of its good prognosis and often transient character, was not always notified in previous years. It was felt that, in the interests of accuracy, and also for administrative reasons, this latter practice of not notifying certain mild types of case should be abandoned. The increased incidence among children is therefore probably more apparent than real.

TABLE IIB

Deaths from Respiratory Tuberculosis, 1948.

Average Annual Numbers of Deaths in 5-year Periods in Age Groups.

	Males					Females				
	0-	15-	45-	65-	All Ages	0-	15-	45-	65-	All Ages
1928-32	2	75	31	5	113	4	70	17	2	93
1933-37	2	62	31	5	100	2	66	14	4	86
1938-42	1	51	34	6	92	2	55	11	4	71
1943-47	3	46	36	6	91	3	47	13	3	66
1948-	0	32	36	6	74	2	43	12	4	61

The deaths in the year 1948 are shown at the foot of the Table for comparison. Here again, it should be noted that these are actual numbers of deaths, not rates. Nevertheless they do indicate the general trend of events.

It will be seen that the fall in deaths has taken place entirely in the 15-44 age group in both males and females, the numbers in the other age groups being remarkably consistent. The higher mortality in middle-aged men compared with women of similar age is well shown.

Table III shows the notification and death rates in districts.

TABLE III.

Popu- lation	District	Notif'n rate per 1000	Death rate per 1000	Total cases notified	Total Deaths
4764	Bewdley Borough ...	1.05	0.63	5	3
27710	Bromsgrove Urban ...	1.15	0.68	32	19
5490	Droitwich Borough ...	0.73	0.55	4	3
11680	Evesham Borough ...	1.20	0.51	14	6
39560	Halesowen Borough ...	0.98	0.27	39	11
39790	Kidderminster Borough ...	0.65	0.45	26	18
22250	Malvern Urban ...	0.54	0.18	12	4
53350	Oldbury Borough ...	1.14	0.30	61	16
27900	Redditch Urban ...	1.11	0.47	31	13
36670	Stourbridge Borough ...	0.71	0.41	26	15
9376	Stourport-on-Severn Urban	0.75	0.43	7	4
26880	Bromsgrove Rural ...	0.67	0.30	18	8
13440	Droitwich Rural ...	0.60	0.37	8	5
15850	Evesham Rural ...	1.07	0.31	17	5
10650	Kidderminster Rural ...	0.94	0.28	10	3
11440	Martlev Rural ...	0.70	0.44	8	5
15110	Pershore Rural ...	0.73	0.46	11	7
5620	Tenbury Rural ...	0.18	0.18	1	1
13450	Upton-on-Severn Rural ...	1.26	0.67	17	9
387980	Whole County	0.89	0.40	347	155

New Cases other than by Notification.

The following new cases came to light during the year by other means than formal notification.

		Males	Females	Totals
Pulmonary	... ..	25	25	50
Non-Pulmonary	... ..	6	8	14
		—	—	—
	Total ...	31	33	64
		—	—	—

These cases came from the following sources:—

Death returns: Local Registrars	... ..	...	...	16
.. .. Transferable deaths from the Registrar-General				10
Posthumous notifications	... ..	...	...	2
Transfers from other areas	... ..	...	...	31
Other sources	... ..	...	...	5
			Totals ...	64

Dispensary Work

The work of the dispensaries is summarised in Tables IV and IV A. Since 5th July this has been the responsibility of the Regional Hospital Board, but the work of the whole year is shown here so that it may be comparable with similar records in previous reports. More new cases were seen at the dispensaries than in 1947, and considerably more contacts were examined, though there is still scope for increasing this important part of the work. The numbers of home visits by the Tuberculosis Officers and attendances of patients at the dispensaries have both risen. Re-fill attendances at the Shirehall Clinic include a number of Worcester City cases.

TABLE IV.A.

Attendances at Dispensaries.

Dispensary	Consultations	Visits to homes	Total attendances	Refill attendances	Average Weekly attendance
Bromsgrove ...	176	165	654	69	13
Halesowen ...	146	89	705	145	14
Kidderminster ...	199	79	1430	261	27
Oldbury ...	341	198	1638	282	34
Redditch ...	191	94	731	170	14
Stourbridge ...	29	34	811	213	16
Worcester ...	347	487	1630	773	31
Totals	1429	1146	7311	1913	21

Prevention and After-Care

Under the new Health Act these sections of the Tuberculosis Scheme remain the responsibility of the County Council. It is proposed that the existing Care Committees at Oldbury, Stourbridge, Kidderminster and Redditch should continue, and that the rest of the County should be covered by the Ambulance, Prevention and After-Care Sub-Committee of the County Council until such time as other local Care Committees are established. In future, the work of the Kidderminster Committee will not be confined to Kidderminster Borough, but will cover the whole of the new Kidderminster Divisional Area. The position is similar at Oldbury, though the territory involved is unchanged. As other Divisional Areas are established, it is hoped that each will have its own After-Care Committee, responsible for the whole of this work in its own Area. Each will maintain its own quota of garden shelters, beds, blankets, etc., for loan to suitable patients and allot food allowances where necessary.

One of the most useful functions of these Committees is the recommendation to the local Housing Committees for the re-housing of tuberculous families, especially in cases where it is impossible for an infectious patient to have a single bedroom in his present dwelling. This is an effective way of limiting infection, provided, of course, that proper use is made of the new accommodation provided, and due care is exercised by the patient and his relatives in other ways.

It has always been known that a very large number of patients with pulmonary disease do not occupy single bedrooms, some by choice and some by force of circumstances, and at the end of 1948 a survey was made of the respiratory cases on the nurses visiting lists in order to determine the position more accurately. The survey did not include non-respiratory cases (which may be presumed to be not infectious), cases in sanatorium, or patients who, by their own request, are not visited by tuberculosis nurses and health visitors. The results are summarised in Table V.

TABLE V.

Sleeping Accommodation of 950 Cases of Respiratory Tuberculosis on 31 December, 1948.

	Single Room or Shelter	Sharing Room	Totals
Males ...	279 (51%)	273 (49%)	552 (100%)
Females ...	191 (48%)	207 (52%)	398 (100%)
Both Sexes ...	470 (49%)	480 (51%)	950 (100%)

Of the 480 patients who share their bedrooms, 72 occupy single beds, thus lessening the risk of infection. As many as 179 of those who share could have single rooms if they wished, but do not. Most of those sharing rooms are married patients as is shown by the analysis in Table VA of the figures for women and girls. A similar analysis of the male figures cannot be given as their marital status was not accurately recorded.

TABLE VA.

	Single Room or Shelter	Sharing Room	Totals
Wives	74 (29%)	180 (71%)	254 (100%)
Spinsters	117 (81%)	27 (19%)	144 (100%)
Totals	191 (48%)	207 (52%)	398 (100%)

Matrimony, as one would expect, is the principal attraction to the double room. This is emphasised by the further fact that 82 (46%) of the married women sharing their rooms could have single rooms if they wished (i.e., the accommodation is available in their houses). Of the 27 spinsters who sleep in company with others, only 2 (7%) could have single rooms if they wished.

A sample of 246 positive sputum patients of both sexes, taken from various urban and rural districts selected at random from different parts of the County, was analysed, and the results are shown in Table VB. All these cases are included in Table V above.

TABLE VB.

Sleeping Accommodation of 246 Cases of Respiratory Tuberculosis whose Sputum has been found to contain Tubercle Bacilli.

	Single Room or Shelter	Sharing Room	Totals
Married	79 (46%)	92 (54%)	171 (100%)
Single	69 (92%)	6 (8%)	75 (100%)
Totals	148 (60%)	98 (40%)	246 (100%)

Of the 92 married patients sharing rooms, 38 (41%) have single accommodation if they wish to use it. None of the 6 single patients who share rooms could do otherwise by any reasonable re-arrangement of beds in their existing accommodation. It will be observed that the position amongst the positive-sputum patients is somewhat more satisfactory, as, indeed, it should be, considering that all these cases have been proved to be infectious at some stage in their careers. Nevertheless the fact that 40%, even of these patients, do not have single rooms, is disquieting to say the least, and certainly calls for further comment.

It is desirable that all respiratory patients should sleep alone, and particularly so if they have been proved to be infectious. When a new case comes to light, advice is given on this point by the Tuberculosis Officer or the Health Visitor. Where a single room is not possible in the existing accommodation, a recommendation is made for re-housing, if the head of the family is willing. The immediate difficulty may be met by providing a shelter if the garden is suitable. In some instances of gross overcrowding, it is necessary to arrange priority of admission to sanatorium, but this is always a difficult question, as sanatoria are intended for treatment as well as for isolation, and every priority admission is done at the expense of other patients on the waiting list. Though the individual must sometimes suffer for the sake of the community, his suffering should not be interminable. The plain fact is that there are not enough houses and not enough sanatorium beds, and however much we may improvise and make do with priority re-housings and priority admissions to sanatoria, essential as these are at present, we are not likely to make much further progress in the prevention of tuberculosis until these two prime needs are met.

Without wishing in the least to minimise the seriousness of the situation, it is fair to point out that the position is not quite so bad as it may appear from a first glance at Tables V, VA and VB. Though it certainly cannot be claimed that all the sputum negative cases are not infectious, a very large number of them are reasonably safe. Furthermore, in both positive and negative classes, there are numerous patients whose disease is quiescent or arrested, and perhaps well controlled by some form of collapse therapy. It should be emphasised, that the positive-sputum class includes all patients who at some stage of their illness have been

proved to be infectious. They do not, of course, all remain in this state during the whole time they are under supervision, otherwise none would ever be removed from the Tuberculosis Register as having recovered.

In addition, there is the point, already mentioned, that many of the married patients do not wish to be alone. This may be deplored by the chilly hygienist, but the most he can do is to ensure that the risks are fully understood by both partners, and, as a biologist, he must accept the fact that there is another point of view. Of the positive married patients, 117 could have single rooms, but only 79 (68%) do. The proportion is still smaller in the negative class. Such being so, it is remarkable that there are only a dozen or so instances of both husband and wife suffering from tuberculosis in this survey, and in some of these cases both partners were patients before they were married. The risk varies from one instance to another, and each patient must be advised according to the circumstances in his or her particular case.

Most of the families, of which these patients are members, are quite adequately housed by ordinary standards. It is the introduction of the tuberculous element that makes the problem; and a large and difficult problem it is. True, it is not so bad as appears at first sight, but, even if one disregards the large unyielding core of married patients who do not wish to be disturbed and all cases who are probably non-infectious (including quiescent and arrested "positive" cases) there are still many left who need more accommodation. In view of the present shortage of houses, only the really urgent cases are recommended for re-housing. Most of these recommendations are accepted, and the position is slowly improving. Much, however, remains to be done.

It will, of course, be realised that the figures in these three Tables do not represent a static situation. New cases are constantly being added to the lists, and old ones being removed by death, recovery and emigration. Also, by the time this report is read, some of the patients included in this survey will have been re-housed or provided with shelters, and others will have entered sanatoria.

At the end of 1948, 44 garden shelters were on loan to patients. Beds and blankets were lent to a number of patients during the year.

Since the coming into force of the new National Assistance Act, and the consequent extension of Tuberculosis Allowances to all types of pulmonary tuberculosis (regardless of the prognosis) it has been found that the funds available for provision of free milk can be most usefully employed in helping those who are ineligible for Allowances, namely, dependants rather than breadwinners; though the latter are not excluded from such help in exceptional circumstances. At the end of 1948, 45 patients were receiving free milk.

Institutional Treatment

Since 5th July, 1948, this has become the responsibility of the Regional Hospital Board. The only change in the accommodation used since last year is the loss of the six beds at Papworth, because that sanatorium is not in the Birmingham Region.

The average number of patients on the waiting list for pulmonary beds in sanatoria during 1948 has been 90. This sort of situation is common throughout the kingdom and is one of the most pressing problems in medicine to-day. It is even more pressing from the preventive than from the therapeutic point of view. St. Wulstan's Hospital is still a dream of the future, and, at the time of writing, it is certain that no help can be expected from this quarter before the late Spring or early Summer of 1950 at the earliest. It is hoped that the fact that this will now be a Regional Sanatorium will not result in a reduction of the number of beds originally allotted to Worcestershire.

Thoracic Surgery

Early in the year, we regretfully ended our very pleasant and helpful association with Mr. Holmes Sellors. For some time he had been finding increasing difficulty in visiting Knightwick owing to the many pressing calls on his time, and it was inevitable that, sooner or later, we should lose him. We owe him much, not only for his services as a surgeon, but also for his wise and friendly counsel on many clinical problems.

Mr. Holmes Sellors has been succeeded by Mr. J. Leigh Collis, who visits Knightwick Sanatorium every four weeks, for consultations and minor thoracic surgery. He is able to come more often than Mr. Holmes Sellors, and the arrangement is working very well. Major surgical cases have been admitted to Mr. Collis' beds at Wordsley Hospital. More beds are needed in the Region for this type of case.

In conclusion, the bright spots of the year are the fall in the tuberculous death rate and the improved financial position of many patients as a result of the extended scope of Tuberculosis Allowances. On the dark side, are the rise of the notification rate for young men with pulmonary disease and the ever-lengthening sanatorium waiting list. On the whole, it is judged that the good, this year, outweighs the bad, but only just. There are still too many people sick and dying from this preventable disease.

R. B. MAYFIELD, M.D., D.P.H.,

Chief Tuberculosis Officer.

APPENDIX B.

COUNTY COUNCIL OF WORCESTERSHIRE

NATIONAL ASSISTANCE ACT 1948

Scheme for the Exercise of the Council's Functions under Section 21.

The Worcestershire County Council, in exercise of their duty under Section 21 of the National Assistance Act, 1948, hereby make the following Scheme:—

INTRODUCTORY

1. The total estimated mid-1948 population of the area of the Council is 383,580.

2. The numbers of aged, infirm and handicapped and other persons for whom accommodation is and will be required are estimated to be as follows:—

(a) Aged not classified under (b) to (f) ...	396
(b) Physically and Mentally Infirm ...	178
(c) Blind and Partially Sighted ...	41
(d) Deaf or Dumb ...	16
(e) Epileptics ...	29
(f) Crippled ...	39
(g) Others ...	84

3. The estimates contained in the preceding Article have been arrived at as follows:—

Classification	No. of Persons for whom accommodation is at present being provided	Allowance for growing demand for accommodation to 31/3/54	Total
(a) Aged not classified under (b) to (f) ...	178	218	396
(b) Physically and Mentally Infirm ...	104	74	178
(c) Blind and Partially Sighted ...	23	18	41
(d) Deaf or Dumb ...	10	6	16
(e) Epileptics ...	23	6	29
(f) Crippled ...	25	14	39
(g) Others ...	76	8	84
TOTAL ...	439	344	783

4. In so far as the Council do not provide accommodation in accordance with this Scheme in premises managed by them, or in premises to which paragraph 8 of the Sixth Schedule to the Act applies, they may do so by arrangement with any other local authority for the purpose of Part III of the Act or with any voluntary organisation.

5. In addition to providing residential accommodation for persons who are ordinarily resident in the area of the Council and for other persons who are in urgent need thereof, the Council may exercise their powers under sub-section (4) of Section 24 of the Act as respects persons ordinarily resident in the area of another local authority.

6. The Council shall provide the accommodation and services specified in Part I of this Scheme and shall as soon as practicable modify, improve and develop them and provide further accommodation and services in accordance with Parts II and III of the Scheme.

7. Nothing in this Scheme shall preclude the Council from modifying or discontinuing the provision of or re-classifying accommodation in any establishment if and when they have made other and more suitable arrangements for the accommodation of the residents thereof.

PART I

Existing Service.

Particulars of Existing Accommodation

8. Particulars of the residential and temporary accommodation now provided by the Council, and of the amenities provided therein, are contained in the Schedules to this Scheme.

Services, Amenities and Requisites

9. *Health Services*

Where the accommodation referred to in Article 8 of this Scheme is provided in premises managed by the Council or in premises to which paragraph 8 of the Sixth Schedule to the Act applies the Council shall make adequate arrangements

- (i) for the accommodation and nursing of residents during temporary illnesses of a kind which are ordinarily nursed at home.
- (ii) for enabling residents to obtain the benefit of any of the services provided under the National Health Service Act of which they may from time to time be in need; and
- (iii) for the special medical supervision of the environmental and other illnesses of a kind which are ordinarily nursed at home;

10. *Other Services, etc.*

There shall be provided as part of any accommodation provided in premises managed by the Council or in premises to which paragraph 8 of the Sixth Schedule to the Act applies such services, amenities and requisites as the Council may from time to time and in any particular case decide are necessary, including

- (i) Board;
- (ii) recreational facilities such as reading matter, wireless, cinema and other entertainments and outings;
- (iii) where desired by residents, clothing suitable to their individual requirements;
- (iv) adequate opportunities for religious worship and for participation in activities in which residents are individually interested;
- (v) facilities for occupational therapy and
- (vi) reasonable facilities for residents to exercise their independence by moving freely in and outside the establishment, and by visiting and being visited by their friends and relatives.

11. Arrangements made with any other local authority or with any voluntary organisation for the provision of accommodation on behalf of the Council shall be such as to ensure that the services, amenities and requisites available to residents in accommodation so provided are on the whole not less favourable than those enjoyed by residents in similar accommodation provided in premises managed by the Council.

PART II

Developments contemplated during the period to 31st March, 1950.*Provision of new Residential Accommodation*

12. The Council shall continue to take every practicable step to provide further residential accommodation suited to meet the needs of the different descriptions of persons to whom Section 21 of the Act applies, including the need for accommodation in small homes for suitable persons who are resident in former poor law premises which are not capable of being satisfactorily improved in accordance with Article 18 of this Scheme.

13. The Council shall provide such further accommodation either by the acquisition and (where necessary) adaption of existing premises, or, to such extent as the availability of building labour and materials permits and the Minister of Health approves, by the erection of new buildings. Except where the Council consider it necessary otherwise to provide accommodation for any class of persons in need of specialised accommodation and care, such further accommodation shall as far as may be practicable be provided in the form of homes for approximately 20—35 persons, and shall comprise bedroom accommodation for married couples, as many single bedrooms as possible and a dining room and sitting rooms for the use of the residents. The Council shall provide as part of any further accommodation the services, amenities and requisites referred to in Articles 9 and 10 of this Scheme.

14. *Residential accommodation in premises managed by the Council*

The following properties are in process of acquisition by the Council to provide additional residential accommodation and will be adapted to accommodate the number of persons indicated, viz:—

Property	Type of Residents for whom intended	Total Number of Residents (both men and women)
Malvernbury, Abbey Road, Malvern.	Old People	25
Swinford Old Hall, Stourbridge	Old People	30

For the said purpose the Council shall endeavour, by 31st March, 1950, to provide up to four further establishments mainly for the reception of aged people, each catering for approximately 20—35 persons of both sexes.

15. *Residential Accommodation provided by other Local Authorities and by Voluntary Organisations.*

The Council shall, to such extent as may be necessary and expedient make arrangements with other local authorities for the purposes of Part III of the Act and shall extend their arrangements and make further arrangements with voluntary organisations for the provision of further residential accommodation on behalf of the Council. In so doing, the Council shall have particular regard to the needs of classes of persons requiring specialised accommodation and care not immediately available to them in premises managed by the Council. Article 11 of this Scheme shall apply to any arrangements extended or made in accordance with this Article.

Provision of Temporary Accommodation

16. The Council shall from time to time review the temporary accommodation provided under Part I of this Scheme and modify the provision so made in such manner as the Council may consider to be appropriate.

17. The Council shall endeavour to make arrangements whereby they are enabled to hold in reserve the use of certain buildings to serve as temporary accommodation to meet exceptional circumstances, such as flooding, or fire, and to provide shelter for other persons in urgent need thereof in circumstances which could not reasonably have been foreseen or in such other circumstances as the Council may in any particular case determine.

This reserve accommodation shall, so far as the Council are able so to arrange, be continuously available and kept in order. The Council shall take steps to ensure that any stores and equipment necessary to bring such accommodation into use are available at short notice.

Improvement of Existing Establishments

18. The Council shall where necessary and so far as building restrictions and other circumstances permit, continue to improve establishments providing residential or temporary accommodation which are for the time being under their direct control, and shall continue to take all such steps as may be practicable to ensure the improvement of other establishments or parts thereof in which residential or temporary accommodation is provided by the Council. These improvements shall include the provision of additional services, amenities and requisites of the kind specified in Articles 9 and 10 of this Scheme, and such matters as the division of large rooms so as to provide smaller sitting-rooms and bedrooms including single rooms and rooms for married couples, modifications of ablution facilities necessary to secure privacy, the substitution of small dining tables for long tables, the redecoration of rooms and corridors in brighter colour schemes, the introduction of attractive and interesting pictures, the provision of hand-rails at the bathside and at both sides of staircases and corridors, the provision of comfortable chairs according to the varying needs of the residents, the laying of non-skid floor surfaces or coverings where practicable, and the installation of the requisite number of baths of the "sitting" type, and generally of furnishings of a home-like character, including any which may be practicable to allow residents themselves to provide.

PART III

Further Accommodation contemplated after 31st March, 1950.

19. The Council shall keep under constant review the accommodation and services provided in accordance with this Scheme and shall continue to improve them and to provide further accommodation and services in manner provided by Part II of the Scheme. In particular they shall use their best endeavours to complete any necessary improvements of existing accommodation and services and to meet the total estimated needs of the area of the Council by the 31st March, 1954 or as soon as maybe thereafter.

SCHEDULE SHOWING PARTICULARS OF RESIDENTIAL ACCOMMODATION PROVIDED BY THE COUNCIL AS AT 31.12.1948.

Appendix I to Scheme.

Serial No.	Name and Address of Establishment	Type and Sex of Resident for whom used	Approx. Age of Premises	Accommodation Available						Approx. No. of Staff including note of Senior Staff employed (k)	Approx. Standard Charge (l)	Amenities provided (m)	Remarks (n)
				No. of Bedrooms			Total Beds						
				Bed. acc. (e)	Men (f)	Women (g)	Men (h)	Women (i)	Total (j)				
A.—RESIDENTIAL ACCOMMODATION													
<i>(i) Provided in Premises Managed by the Council</i>													
1	Heathlands, Station Road, Pershore.	Principally aged, some infirm, handicapped and other persons. Both sexes accommodated.	Original building—100 years Extension—57 years.	4 5 6 7 10	3 4 1	1 3 1	12 24 10 46	5 18 7 30	12 5 42 7 10 76	19 (including Warden and Matron)	42s.	Board and full range of other services, amenities, and requisites provided in accordance with Articles 9 and 10 of this Scheme	Accommodation figures based on position expected to obtain mid-February 1949, on completion of adaptations.
2	Laburnum House, Upton-on-Severn	Principally aged, some infirm, handicapped and other persons. Both sexes accommodated.	Original building—113 years Old Infirmary—78 years New Infirmary—48 years	1 2 3 4 5 6 7 8 9 20	1 1 3 1 1 1 1 1 1	8 4 3 2 1 3 7 40 9 20	8 8 9 12 5 6 7 40 9 79	8 8 9 8 5 18 24 7 40 9 20 71	8 8 20 5 24 7 40 9 20 150	32 (including Warden and Matron)	42s.		

Serial No.	Name and Address of Establishment	Type and Sex of Resident for whom used	Approx. Age of Premises	Accommodation Available						Approx. No. of Staff including note of Senior Staff employed (k)	Approx. Standard Charge (l)	Amenities provided (m)	Remarks (n)
				No. of Bedrooms			Total Beds						
				Bed acc. (e)	Men (f)	Women (g)	Men (h)	Women (i)	Total (j)				
A.—RESIDENTIAL ACCOMMODATION													
<i>(ii) Provided in Premises to which Para. 8 of the Sixth Schedule to the Act applies</i>													
3	All Saints, Hospital, 12a, Birmingham Road, Bromsgrove	Aged, infirm handicapped and other persons. Both sexes accommodated	Original building—110 years. Infirmary—53 years (Partly rebuilt 1936)	4 8 12 16 18	— — — 1 1	1 1 1 — —	— — — 16 18	4 8 12 — —	4 8 12 16 18	1*	42s.	Board and full range of other services, amenities, and requisites provided in accordance with Articles 9 and 10 of this Scheme	*Other staff not wholly employed on care of Part III residents, are Regional Hospital Board employees.
4	Avonside Hospital, 5, Avonside, Evesham	Aged, infirm handicapped and other persons. Both sexes accommodated	Original building—115 years. (Alterations and additions carried out in 1932).	1 2 3 6 7 29	1 1 2 3 — 1	— 1 — — 2 1	1 2 6 18 29	— — — — 14 29	1 4 6 18 14 58	5*	42s.		The Acting Administrative Officer and Matron in each establishment are regarded as part-time officers of the Council and are under the Control of the Council for the purpose of services provided under Part III of the Act.
5	Blakebrook Hospital 1, Sutton Road, Kidderminster.	Aged, infirm handicapped and other persons. Both sexes accommodated	Original building—114 years. 1st Extension—74 years 2nd Extension—64 years	6 7 8 12 15	— — 3 1 2	1 2 2 — —	— — 24 12 30	6 14 16 — —	6 14 40 12 30	1*	42s.		
							66	36	102				

SCHEDULE SHOWING PARTICULARS OF RESIDENTIAL ACCOMMODATION PROVIDED BY THE COUNCIL THROUGH THE AGENCY OF VOLUNTARY ORGANISATIONS AS AT 31.12.1948.

Appendix II to Scheme.

Serial No	Name and address of Establishment	Type of Resident for whom used	No. of Persons Accommodated on behalf of Council			Approx. Standard Charge	Amenities Provided	Remarks
			Men (d)	Women (e)	Total (f)			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
1	Glynn Vivian Home of Rest for the Blind, Mumbles, Swansea	Blind persons	....	1	1	30s. p.w.		
2	Cowley Home, Edgbaston, Birmingham (Birmingham Royal Institution for the Blind)	Blind persons	....	1	1	53s. p.w.		
3	Guest House for the Blind, Burnham-on-Sea (Cardiff Institute for the Blind)	Blind persons	....	1	1	32s. 6d. p.w.		
4	The Haven, Scarborough	Blind persons	1	....	1	£153 p.a.	Board and full range of other services, amenities and requisites provided in accordance with Article II of this Scheme.	
5	The Lingfield Colony, Lingfield, Surrey	Epileptics	1	4	5	50s. p.w.		
6	The Meath Home, Godalming, Surrey	Epileptics	....	2	2	35s. p.w. + clothing		
7	The Chalfont Colony, Bucks. (National Society of Epileptics)	Epileptics	1	1	2	53s. p.w.		
8	The David Lewis Colony, Alderley Edge, Manchester	Epileptics	2	....	2	35s. p.w.		
9	The Maghull Homes, Liverpool	Epileptics	....	1	1	42s. p.w.		
10	Hospital of St. John of God, Scorton, Yorks.	Deaf and dumb, partially sighted	1	....	1	30s. p.w.		
11	St. Faith's Worcester Road, Malvern (Worcester Diocesan Association for Moral Welfare Work)	Young women	....	2	2	30s. p.w.		

SCHEDULE SHOWING PARTICULARS OF TEMPORARY ACCOMMODATION PROVIDED BY THE COUNCIL AS AT 31.12.1948.

Appendix III to Scheme.

Serial No.	Name and address of Establishment	Type and Sex of Resident for whom used	Approx. age of premises	Accommodation Available						Approx. No. of Staff including note of Senior Staff employed	Approx. Standard Charge	Amenities Provided	Remarks
				No. of Bedrooms			Total Beds						
				Bed acc. (e)	Men (f)	Women (g)	Men (h)	Women (i)	Total (j)				
(a)	(b)	(c)	(d)							(k)	(l)	(m)	(n)
	B.—TEMPORARY ACCOMMODATION												
1	Heathlands, Pershore	Families rendered homeless by floods, fire, evictions, etc.	See Appendix I						16		42s. p.w.		
2	Avonside Hospital, Evesham	ditto							8		42s. p.w.	Board and full range of other services, amenities, and requisites provided in accordance with Articles 9 and 10 of this Scheme	
3	Laburnum House, Upton-on-Severn	ditto.							6		42s. p.w.		

APPENDIX C.

WORCESTERSHIRE COUNTY COUNCIL.

NATIONAL ASSISTANCE ACT, 1948.

Scheme for the Provision of Welfare Services under Sections 29 and 30 of the Act of 1948.

The Worcestershire County Council, in exercise of their powers under Sections 29 and 30 of the National Assistance Act, 1948, hereby make the following Scheme under Section 29 of that Act:—

PART I.

Arrangements for Promoting the Welfare of Blind Persons.

1. The Council in so far as they do not directly discharge their functions under Section 29 of the National Assistance Act, 1948, (hereinafter referred to as "the Act") in relation to blind persons in accordance with the provisions of this Scheme may do so by arrangement with any other local authorities for the purposes of Part III of the Act or any voluntary organisation registered in accordance with Section 41 of the Act (hereinafter referred to as "a registered voluntary organisation") on such terms (including terms as to the reimbursement of expenditure incurred by that other local authority or voluntary organisation) as may be agreed.

2. The following statistical summary shows the number of registered blind persons of each sex, by age groups so far as is known, ordinarily resident in the area of the Council as at 31st March, 1948:—

Age Group	Male	Female	Total
0—1	—	—	—
1—5	—	—	—
5—16	12	4	16
16—21	8	3	11
21—40	23	15	38
40—50	17	16	33
50—65	50	51	101
65—70	29	21	50
70 plus	78	106	184
Totals	217	216	433

3. The accounts relating to welfare services for blind persons which are provided by or on behalf of the Council shall be kept in such form or forms as the Minister of Health may direct. In particular the accounts relating to workshops for the blind and to home workers, whether kept by the Council or by a registered voluntary organisation acting as agent for the Council, shall be kept in the forms suggested in Ministry of Health Circular 262 dated 21st December, 1921, as amended by Part II of Circular 1306 dated 17th March, 1933, or such other forms as the Minister of Labour and National Service, after consultation with the Minister of Health may direct.

4. (1) The Council shall make arrangements for the medical examination of all applicants for registration as blind persons, and, subject to their certification as such in manner hereinafter provided, for their registration and classification. The register shall be kept in such form as the Minister may direct.

(2) No person shall be added to the classified register of blind persons to be kept by the Council until he has been examined and certified to be a blind person by a registered medical practitioner with a special experience in ophthalmology.

(3) If, upon the examination of a person by a registered medical practitioner pursuant to the preceding provision of this Article, doubt exists, either on the part of that person or the registered medical practitioner, as to whether or not the person should be certified as a blind person, the case shall be referred to a medical referee provided under arrangements with the Southern Regional Association for the Blind or under such other arrangements as the Minister of Health may from time to time approve.

(4) A registered medical practitioner examining persons for admission to the register of blind persons to be maintained by the Council shall be asked to complete Form B.D.8, referred to in Ministry of Health Circular 1353 dated 5th October, 1933.

(5) For the purpose of this Article, the expression "registered medical practitioner with special experience in ophthalmology" means a medical practitioner who devotes his or her whole time to the practice of ophthalmology in all its branches or who is in charge of the Ophthalmic Department of a General Hospital of not less than 100 beds.

Provided that if in any particular case the services of such a practitioner cannot reasonably be obtained the expression shall be deemed to include a medical practitioner who holds a diploma in ophthalmology from a University, the Royal College of Surgeons of England and of Physicians of London, or other examining body recognised by the General Medical Council.

Blind
Welfare
Services
to be
Provided
Immediately

5. The following services for blind persons shall be provided immediately:—

(1) *Home Teachers*

(a) *General*

The existing arrangements in connection with home teaching and the visiting of blind persons, which work is at present performed by two Home Teachers employed by the Council, shall be continued, the number of teachers being varied from time to time as circumstances may require.

(b) *Duties*

The duties of Home Teachers shall include:—

- (i) discovery of blind persons and ascertainment of their needs;
- (ii) the visitation of blind persons in their homes or elsewhere within the area of the Council;
- (iii) teaching them wherever practicable to read embossed literature;
- (iv) instructing them in simple pastime occupations in their homes or elsewhere and in methods of overcoming the effects of their disabilities;
- (v) advising blind persons of all available social services including advice on the provision and maintenance of wireless sets;
- (vi) paying particular attention to those blind persons who are also suffering from some other form of handicap the nature of which is such as to increase the disability of blindness;
- (vii) organising social centres and classes;
- (viii) generally assisting in promoting their welfare.

(c) *Recruitment*

Home Teachers shall be recruited by public advertisement or such other means as may be approved by or on behalf of the Council.

(d) *Qualifications*

No person shall be appointed by or on behalf of the Council as a Home Teacher unless at the time of appointment he or she holds the Home Teachers' Certificate of the College of Teachers of the Blind

or such other qualification as may by regulation be prescribed by the Minister of Health, or not being so qualified, undertakes on appointment to train for the purpose of so qualifying.

Provided that the employment of any unqualified Home Teacher shall not be continued beyond a period of two years after his or her appointment unless otherwise decided by the Council and with the consent of the Minister of Health.

(e) *Remuneration and other terms and conditions of appointment*

- (i) Home Teachers who are qualified, until otherwise decided by or on behalf of the Council and with the approval of the Minister of Health, shall be remunerated in accordance with the scale of salary applicable to Grade A.P.T.D.I. of, and the other terms and conditions of their service shall conform with, the Scheme of Conditions of Service of the National Joint Council for Local Authorities' Administrative, Professional, Technical and Clerical Services, as from time to time amended and as adopted by the Council.
- (ii) Unqualified Home Teachers shall, unless otherwise decided by or on behalf of the Council, be remunerated at the rate of £270 a year, and the other terms and conditions of service of such employees shall, as far as may be applicable, conform with the aforesaid Scheme of Conditions of Service.

(2) *Workshop Employment*

(a) *General*

The Council shall continue to arrange for the provision of facilities for the employment of suitable blind persons in special workshops for the blind under arrangements made with any other local authority for the purpose of Part III of the Act or with a registered voluntary organisation.

(b) *Types of Employment and numbers employed*

The types of employment and the number of blind persons (both men and women) provided with employment of each type on the 1st December, 1948, were as follows:—

Trade	Men	Women
Brush Making	4	—
Mat Making	1	—
Boot Repairing	2	—
Basket Making	6	—
Chair Seating	1	—
Piano Tuning	1	—
Machine Knitting	—	1
	<hr/> 15	<hr/> 1

(c) *Particulars of workshops*

Details of the workshops at which these blind persons are employed, pursuant to arrangements made by the Council, and the bodies controlling these workshops are as follows:—

<i>Name of Controlling Body</i>	<i>Address of Workshop</i>
Birmingham Royal Institution for the Blind	62, Woodville Rd., Harborne, Birmingham, 17.
Stourbridge Institution for the Blind.	Bradley Road, Stourbridge.

(d) *Remuneration*

Money payments shall be made to blind persons employed in workshops on such basis as the Council shall decide in consultation with the registered voluntary organisations managing the workshops.

(e) Conditions of Employment

The qualifying standard for new entrants; hours of work; holidays with pay; retiring age; sick pay; unemployment pay, and other conditions of employment of blind persons in workshops shall be as from time to time decided by the Council in consultation with the registered voluntary organisations managing the workshops.

(3) Home Employment**(a) General**

The Council shall continue to carry out their existing arrangements under which blind persons desirous of engaging in work on their own account are enabled to carry out such work in their own homes or elsewhere, i.e., other than in a special workshop, with the assistance and under the supervision of the Council by arrangement with the Birmingham Royal Institution for the Blind or other registered voluntary organisation. In this Scheme blind persons in this class are referred to as "home workers."

A blind person shall not be admitted to participation in these arrangements unless the Council, in consultation with the registered voluntary organisation concerned, is satisfied as to the applicant's suitability for admission to and retention in the home workers' scheme.

(b) Types of employment and numbers employed

On 1st December, 1948, there were 20 blind persons in the home workers' scheme, employed in the following occupations, viz.:—

Occupation	Men	Women	Total
Basket Making ...	5	2	7
Brush Making ...	1	—	1
Firewood Chopping ...	2	—	2
Machine Knitting ...	—	6	6
Music Teaching ...	1	—	1
Piano Tuning and Repairing ...	3	—	3
	<hr/>	<hr/>	<hr/>
	12	8	20
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(c) Remuneration

Money payments shall be made to home workers, provided that they are not in receipt of National Assistance grants, on such basis as the Council shall decide in consultation with any other recognised bodies concerned.

(d) Conditions of employment

Payments covering holidays, sickness and unemployment, and other conditions of employment of home workers shall be as from time to time decided by the Council in consultation with any other recognised bodies concerned.

(4) Marketing of Produce**(a) Workshop Employment**

In so far as blind persons are for the time being employed in workshops provided by the Council by arrangement with other local authorities or registered voluntary organisations, the arrangements shall include provision by the management of the workshops for the disposal of the produce of the workers, although every assistance will be given by the Council in this direction. In the event of blind persons being employed in workshops directly provided by the Council appropriate marketing arrangements shall be made by or on behalf of the Council.

(b) Home Employment

The present arrangements whereby the Birmingham Royal Institution for the Blind assist in the provision of equipment and raw materials and undertake the marketing on behalf of the Council or provide assistance to certain blind persons concerned in the marketing of the produce of Home Workers shall be continued, unless and until otherwise decided by or on behalf of the Council.

The Council shall directly or under arrangements with registered voluntary organisations afford any necessary facilities to enable Home Workers to dispose privately of their produce.

(5) Hostels

The Council shall, so far as may be practicable and to such extent as may be necessary or desirable, make arrangements under which blind persons engaged in workshops and other blind persons for whom work or training is provided in pursuance of the Disabled Persons (Employment) Act, 1944, may live in hostels made available by the Council either directly or through the agency of registered voluntary organisations or other local authorities for the purposes of Part III of the Act.

(6) Employment in Open Industry

(a) The Council shall in consultation with the Ministry of Labour and National Service and registered voluntary organisations continue to take steps in appropriate cases, to ensure that suitable work is found for blind persons in open industry, that is to say, under contracts of service or otherwise in places elsewhere than special workshops.

(b) Where any blind person engaged in work in open industry which he is enabled to perform in consequence of anything done in pursuance of arrangements made under this Scheme, is unable, by reason of his handicap, to earn amounts comparable to those earned by sighted persons in the same occupation, and the Council are satisfied that there are special circumstances justifying such action, the Council may make a money payment to that blind person of such amount and for such period as the Council may from time to time determine to be appropriate in the particular case.

(7) General Social Welfare of the Blind

The Council shall continue to promote the general social welfare of blind persons by the provision of all necessary services either directly or by arrangement with the County Association for the Blind or other registered voluntary organisations, as the Council may from time to time decide, including the taking of such steps as may be necessary to ensure that blind persons are assisted to obtain any general and preventative medical treatment, the provision of embossed literature, social and handicraft centres, facilities for holidays at holiday and rehabilitation homes or elsewhere, pastime occupations, concerts, recreational facilities and lectures and advice upon the provision and maintenance of wireless sets and shall provide all such other lawful things whatsoever for the carrying into effect of this Scheme.

6. The Council shall continue to take such steps as may be necessary either directly or by arrangement with other local authorities for the purposes of Part III of the Act or registered voluntary organisations to ensure the provision of suitable training under the Education Act, 1944, or under the Disabled Persons (Employment) Act, 1944, for blind persons who are capable of benefiting from such training.

7. The Council shall continue to take such steps as may be necessary to satisfy themselves that blind children are dealt with under the Education Act, 1944, the National Health Service Act, 1946, or Children Act, 1948, as may be appropriate.

8. Where a blind person in relation to whom the Council are exercising functions under Section 29 of the Act enters a hospital, hostel, home managed by a voluntary organisation or any similar institution not under the management of the Council or any local authority for the purposes of Part III of the Act, the Council shall use their best endeavours to

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secure such arrangements with the body managing any such institution as may be considered necessary or expedient with a view to ensuring the continued promotion by the Council of the welfare of the person.

Further
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9. The Council, in consultation with registered voluntary organisations and other bodies concerned shall keep under review during the period ending on the 31st March, 1954, and thereafter from time to time examine, the services provided under Sections 29 and 30 of the Act in accordance with the provisions of this Scheme with a view to ascertaining in particular the need for extensions to workshops, the provision of hostel accommodation for blind workers, additional social clubs and recreational facilities and the employment of additional qualified Home Teachers.

In the light of such review or examination the Council shall, with the approval of the Minister of Health, make any adjustments to or extensions of the welfare services for blind persons (not being adjustments or extensions for which provision is made in this Scheme) which the Council may from time to time consider to be necessary or desirable.

Scope

10. This part of this Scheme shall apply to the Council in relation to the exercise of any of their functions under Sections 29 or 30 of the Act in accordance with the provisions of this Scheme as respects any blind person ordinarily resident in the area of the Council and to such extent as may be considered necessary or expedient in relation to the exercise of any such functions of the Council as respects any other blind persons.

PART II

Arrangements for Promoting the Welfare of Handicapped Classes other than those covered by Part I of this Scheme.

11. The Council shall continue to carry out the survey now in progress of the needs of the area of the Council in relation to the provision of appropriate welfare services (including services similar to those provided for in Part I of this Scheme) for classes of handicapped persons, other than the blind to whom Section 29 of the Act applies.

With a view to meeting those needs, account shall be taken in such survey of the welfare services already available to other classes of persons, the result of discussions which will be opened with voluntary organisations and other bodies concerned and any suggestions which the Minister of Health may make to the Council in this connection.