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WORCESTERSHIRE COUNTY COUNCIL

HEALTH DEPARTMENT



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WORCESTERSHIRE COUNTY COUNCIL

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER
OF HEALTH FOR THE YEAR 1955

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Sixty-Seventh Annual Report for the year 1955, on the health of the county.

There have been no great changes in the health provisions and the year has been mainly one of stabilising and consolidating the services already in operation. In no small measure this has been dictated by the present financial restrictions which have limited any marked expansion of the services.

The statistical returns give no cause for any particular comment, except to say that in general, the county rates compare satisfactorily with those of last year and with comparable national rates. The maternal death rates, happily, are so low that the maternal mortality rate obviously will vary considerably from year to year as an increase or decrease of one or two in the low number of deaths will give rise to a wide variation in the statistical figure.

Since the introduction of the National Health Service Act the trend for mothers to enter hospital for their confinement has continued and it will be seen that the percentage of total births in Worcestershire occurring in hospital has now reached the figure of 68 per cent. I think the time is rapidly approaching when, in association with this trend, the ante natal clinics run by the health department will cease to become clinics where patients attend for clinical examination and will become educational centres where expectant mothers can be fully informed and re-assured about the coming confinement and the care of the baby; also they will meet other expectant mothers and discuss their mutual problems, and be able to take part in relaxation classes under the skilled supervision of a physiotherapist.

It is interesting to note with regard to relaxation classes that many midwives have spoken of the very excellent results and how happy many of the mothers have been during their confinement. In second pregnancies which have occurred after an interval of 10 or 12 years, the mothers were most pleased with the benefit derived from these exercises. There is no doubt that much of the apprehension is lost and the mothers feel more confident and able to relax during labour. In the words of a senior midwife in one hospital unit "you can pick them out, they are wonderful to deliver."

There has been some anxiety whether all expectant mothers have been receiving adequate ante natal care. This may be in part due to faults in the present organisation of the maternity services owing to the divided responsibility between the Regional Hospital Board with its specialists, the Executive Council with its general practitioner-obstetricians, and the Local Health Authority with its domiciliary clinics; also many mothers, particularly with the third and subsequent pregnancies, will not, or indeed feel they cannot, afford the time to attend for regular ante natal supervision by their own doctor, or the midwife, or at the clinic. It is now felt that if extra care is taken in detecting the early signs of toxæmia there might well be a saving in the present deaths of mothers attributable to the effects of toxæmia in pregnancy.

In my report last year, mention was made of an ante natal co-operation card which had recently been put into use in this county. This card, which had been agreed after a series of conferences between general practitioners, specialist-obstetricians and local health authority medical officers, would overcome one of the difficulties which arise from the tripartite responsibility for maternity services. Unfortunately the card is not used by all parties concerned though it is hoped that eventually the extra burden of completing these detailed notes will be accepted and that the card will be adopted generally.

It is possible for an expectant mother to book a doctor and a midwife, who, between them, supervise her ante natal care, then for her to be rushed into hospital for her confinement, and her ante natal records and previous medical history are not available to the hospital staff to guide them in the emergency delivery.

The district nursing service is strained to its utmost to cope with the increasing work in caring for patients in their own homes. This of course is due in a large measure to the number of elderly people, many of whom need regular care and visiting whilst others require special nursing due to frequent recurrent illnesses. Another great increase in the work has been caused by the treatment by injection of the new antibiotics. It is worthy of note that certain preparations of penicillin, to be taken by mouth, are now being manufactured and it is hoped that research will develop preparations which are therapeutically as effective when taken by mouth as when given by injection.

Much time is spent on injections for diabetics though the recent announcement that insulin can now be prepared synthetically might well result in another forward step to produce a preparation which can be taken by mouth, similar to the new penicillin preparations.

The preventive work of the health department is now acknowledged to embrace not only medical problems but social problems, and much of the time of health visitors and social workers is occupied in dealing with the socio-medical problems both in individuals and families.

We must endeavour to detect those small early changes which indicate the onset of some mental illness or breakdown. If we could detect and alleviate or remove the cause when these early signs are noted, there would be no need for the complex machinery now established to deal with the patient and his associated problems after the breakdown has occurred.

The ambulance service is one of the services in the National Health Service Act which has met a great need. There has been some abuse of it in the past but I think the present increased use which is made of the service, as shown by the increase of miles and patients carried, is due to a greater use of hospital facilities both for out-patients and treatment and not due to an unrestricted use of this service.

The County Ambulance Officer, Mr. Pitt, has introduced throughout the service a keenness to serve the public efficiently but at the same time to avoid any waste in either mileage or man hours. Gradually it has been possible to replace the older ambulances by new vehicles with improved riding qualities which are much appreciated.

There is a continued expansion in the schemes for the provision of a piped water supply throughout the county, though in some cases the Ministry, on account of financial restriction, has not approved some of the less remunerative pipe line extensions.

The report of the County Welfare Officer will show the continued progress made in the provision for the care of old people in the County homes and in their own homes. Many of the County homes have become firmly established and already have a remarkable tradition of comfort and service.

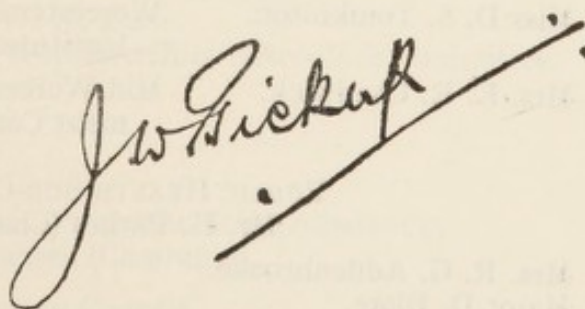
Steps are being taken to keep the public better informed of the facilities available for assisting the physically handicapped who, it is hoped, will take more advantage of the various forms of help now available.

I am pleased to acknowledge the immense amount of help and goodwill the health services in Worcestershire continued to receive from many voluntary organisations particularly the W.V.S., the St. John Ambulance Brigade, the British Red Cross Society, the N.S.P.C.C., the Diocesan Moral Welfare Association, the County and District Nursing Associations, the voluntary workers at child welfare centres, and the Tuberculosis After-Care Committees.

I should like to thank all members of the staff of the department especially the district nurses who have taken over increased areas or continued to do relief work by foregoing their off duty and holiday periods.

I am grateful to Ald. H. Parkes, J.P., the Chairman of the Health Committee, and the Chairmen and Members of the various Committees for their continued advice and support.

Your obedient servant,



*County Medical Officer and
Principal School Medical Officer*

Health Department,
County Buildings,
Worcester.

September 1956.

HEALTH COMMITTEE (as at 31st December 1955)

Chairman : Mr. H. Parkes, J.P.
Vice-Chairman : Mr. S. T. Melsom.

The Chairman of the County Council : Mr. R. R. Adam
The Vice-Chairman of the County Council : Major M. F. S. Jewell
The Chairman of the Finance Committee : Mr. R. R. Adam

County Aldermen :

Col. W. R. Prescott, M.C., D.L. Mr. J. W. Bright.

County Councillors :

Mrs. R. G. Addenbrooke.	Mrs. E. D. Walker.
Major D. Blore.	Mr. E. J. Broughton.
Dr. J. E. Blundell Williams.	Mr. D. G. Dymott.
Mrs. J. F. Goode.	Mr. H. Eccles.
Mr. G. E. Gregg.	Mr. H. Hancock.
Mr. W. Hayes.	Mrs. E. M. J. Gunn.
Mr. W. F. Kimberley	Dr. C. Hicks.
Dr. C. A. Mather.	Mrs. D. L. Lawrence.
Mrs. M. B. Matty.	Mr. J. G. Parker.
Miss E. M. Newth.	Mr. W. Perrins.
Mr. W. Parkes.	Mrs. H. C. M. Porter.
Mr. A. Poole.	Brig. J. Scott.
Mr. G. A. Southall.	Miss M. E. Vernon.
Mr. H. J. Tooby.	Mr. J. H. Wooldridge.
Mr. E. A. W. Treadgold.	

Co-opted Members.

Chairmen of Kidderminster and District
and Oldbury Area Sub-Committees.

Dr. R. S. MacArthur	} Local Medical Committee.
Dr. W. K. Earle.	
Miss F. E. Bailey.	Local Dental Committee.
Mrs. J. C. Wilson.	} County Nursing Association.
Mrs. F. I. Lane.	
Mrs. W. E. Moore Ede.	Women's Voluntary Services.
Miss D. S. Tomkinson.	Worcestershire Federation of Women's Institutes.
Mrs. E. R. Chadwick.	Mid-Worcestershire Hospital Manage- ment Committee.

PUBLIC HEALTH SUB-COMMITTEE. Mr. H. Parkes (Chairman).

Mrs. R. G. Addenbrooke.	Mrs. H. C. M. Porter.
Major D. Blore.	Col. W. R. Prescott.
Mr. D. G. Dymott.	Mr. E. A. Treadgold.
Mr. H. Eccles.	Mr. H. J. Tooby.
Dr. C. Hicks.	Miss M. E. Vernon.
Mr. W. F. Kimberley.	Mrs. E. D. Walker.
Mrs. D. L. Lawrence.	Mr. J. H. Wooldridge.
Mr. W. Parkes.	

The Chairman of the County Council.	} ex-officio.
The Vice-Chairman of the County Council.	
The Chairman of the Health Committee.	
The Vice-Chairman of the Health Committee.	
The Chairman of the County Finance Committee.	

Co-opted Members.

T. S. Bennett, Esq.
 W. Scott, Esq., Divisional Veterinary Officer, Ministry of Agriculture and Fisheries.
 Miss D. S. Tomkinson.
 Dr. R. J. Henderson, Director of the Public Health Laboratory, Worcester Royal Infirmary.
 Mrs. E. R. Chadwick.

MILK MINOR SUB-COMMITTEE.
 Mr. H. Parkes (Chairman).

Mr. R. R. Adam.	Mr. D. G. Dymott.
Mr. T. S. Bennett.	Col. W. R. Prescott.
Major D. Blore.	

AMBULANCE, PREVENTION AND AFTER-CARE SUB-COMMITTEE.
 Mr. E. J. Broughton (Chairman).

Mr. H. Eccles.	Brig. J. Scott.
Mr. J. G. Parker.	Mr. G. A. Southall.
Mr. W. Perrins.	Mrs. E. D. Walker.
Mr. A. Poole.	Mr. J. H. Wooldridge.
Mrs. H. C. M. Porter.	

The Chairman of the County Council.	} ex-officio.
The Vice-Chairman of the County Council.	
The Chairman of the Health Committee.	
The Vice-Chairman of the Health Committee.	
The Chairman of the County Finance Committee.	

Co-opted members.

Mr. F. J. Somers, T.D., Commissioner, St. John Ambulance Brigade.
 The Deputy Director, British Red Cross Society.
 Dr. R. S. MacArthur or Dr. W. K. Earle.
 The Chairman of the South Worcestershire After-Care Committee.
 Mrs. F. Pratt.
 Mr. S. J. Paramore.
 Mrs. E. R. Chadwick.

FINANCE AND GENERAL PURPOSES SUB-COMMITTEE.
 Mr. H. Parkes (Chairman).

The Chairman of the County Council.
 The Vice-Chairman of the County Council.
 The Chairman of the Finance Committee.
 The Chairman of the Health Committee.
 The Vice-Chairman of the Health Committee.

The Chairmen of the following Sub-Committees :—

Public Health.

Maternity and Child Welfare.

Ambulance, Prevention and After-Care.

Mental Health.

Welfare.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

Mrs. H. C. M. Porter (Chairman).

Mrs. R. G. Addenbrooke.

Mr. D. G. Dymott.

Mrs. E. M. J. Gunn.

Dr. C. A. Mather.

Mrs. M. B. Matty.

Miss E. M. Newth.

Mr. J. G. Parker.

Mr. W. Perrins.

Mrs. H. C. M. Porter.

Miss M. E. Vernon.

Mr. J. H. Wooldridge.

The Chairman of the County Council.

The Vice-Chairman of the County Council.

The Chairman of the Health Committee.

The Vice-Chairman of the Health Committee.

The Chairman of the County Finance Committee.

} ex-officio.

Co-opted Members.

Dr. R. S. MacArthur.

Mrs. F. I. Lane.

Miss F. E. Bailey.

Dr. W. K. Earle.

Mrs. J. C. Wilson.

Mrs. W. E. Moore Ede.

Miss T. M. Ashwin.

MENTAL HEALTH SUB-COMMITTEE.

Mr. J. W. Bright (Chairman).

Mr. H. Eccles.

Mrs. J. F. Goode.

Mrs. E. M. J. Gunn.

Dr. C. Hicks.

Mrs. D. L. Lawrence.

Mrs. M. B. Matty.

Mrs. H. C. M. Porter.

Mr. G. A. Southall.

Mr. H. J. Tooby.

Mr. E. A. Treadgold.

Mr. J. H. Wooldridge.

The Chairman of the County Council.

The Vice-Chairman of the County Council.

The Chairman of the Health Committee.

The Vice-Chairman of the Health Committee.

The Chairman of the County Finance Committee.

} ex-officio.

Co-opted Members.

Miss D. S. Tomkinson.

Mrs. T. H. Charles.

Mr. E. C. S. Howard.

The Rev. W. E. Warner.

Dr. R. S. MacArthur.

Dr. W. K. Earle.

Mrs. F. Pratt.

Mrs. A. E. K. Kent.

WELFARE SUB-COMMITTEE.
Mr. J. G. Parker (Chairman).

Mrs. R. G. Addenbrooke.	Dr. C. A. Mather.
Major D. Blore.	Mrs. M. B. Matty.
Mr. E. J. Broughton.	Mrs. H. C. M. Porter.
Mrs. H. Eccles.	Brig. J. Scott.
Mrs. G. E. Gregg.	Miss M. E. Vernon.
Mrs. E. M. J. Gunn.	Mr. J. H. Wooldridge.
Mr. W. Hayes.	

The Chairman of the County Council.	} ex-officio.
The Vice-Chairman of the County Council.	
The Chairman of the Health Committee.	
The Vice-Chairman of the Health Committee.	
The Chairman of the County Finance Committee.	

Co-opted Members.

Mrs. W. E. Moore Ede.	Miss E. M. Newth.
Mrs. C. Pagett.	Mrs. J. A. Smallwood.
Lt.-Col. O. W. D. Smith.	Miss D. S. Tomkinson.

The Chairman of the Visiting Committees to the Old Peoples Homes.

Heathlands - - -	Mr. P. G. Feek.
Blakebrook and Holmwood -	Mr. J. G. Parker.
Laburnum House - - -	Mrs. R. E. Hetherington.
The Heriotts - - -	Mrs. R. G. Addenbrooke.
Malvernbury and The Howsells	Miss A. I. L. Harrison.
Swinford Old Hall - - -	Mr. E. J. Broughton.

STAFF (as at 31st December 1955).

The following are the Chief Administrative Officers :—

County Medical Officer of Health and School Medical Officer

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

Deputy County Medical Officer of Health and School Medical Officer

T. McLaren Galloway, M.B., Ch.B., M.R.C.P., D.P.H.

Senior Administrative Medical Officer, Maternal and Child Welfare

B. Mary Thompson, M.D., B.S., D.P.H.

Divisional Area Medical Officers

Kidderminster

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

Oldbury

H. Tabbush, M.B., B.Ch., 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. McDonald.

County Sanitary Officer

R. W. T. Owen, M.R.S.I., M.Inst.S.P.

Lay Administrative Officer

G. P. Cooper.

County Ambulance Officer

G. L. Pitt.

Mental Health Administrative Officer

W. Phillips.

Superintendent Health Visitor

Miss A. Kean, S.R.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

Mrs. E. M. Davis, S.R.N., S.C.M.

Health Education Organiser

Miss J. K. Pettit, S.R.N., R.F.N., H.V.

*Major Staff Changes.**Medical Officers.*

Dr. S. L. Morrison, Deputy Divisional Medical Officer and Assistant County Medical Officer (Oldbury), resigned on the 31st July, 1955.

Dr. M. C. Fell, Assistant County Medical Officer and Medical Officer of Health Droitwich Borough and Droitwich and Martley Rural Districts, resigned her Medical Officer of Health appointments as from the 31st January, 1955, to become a whole-time Assistant County Medical Officer.

Dr. L. S. Stephens was appointed as from the 1st February, 1955 to the posts previously held by Dr. Fell.

STATISTICS

Area in acres	-	-	-	-	-	438,221
				MALES	FEMALES	TOTAL
Population, Census 1931	-			147,816	160,971	308,787
" " 1951	-			195,431	205,307	400,738
Registrar-General's estimate of resident population, mid 1955	-	-	-	-	-	412,700
Rateable value 1954-55	-	-	-	-	-	£2,119,911
Sum represented by a penny rate, 1954-55	-	-	-	-	-	£8,353
				MALES	FEMALES	TOTAL
Live Births—Legitimate	-			2,973	2,827	5,800
—Illegitimate	-			112	103	215
Birth-rate per 1,000 of estimated resident population	-					14.6
				MALES	FEMALES	TOTAL
Still-births	-	-	-	62	68	130
Rate per 1,000 total (live and still) births	-			-	-	21.1
Deaths	-	-	-	2,305	2,222	4,527
Death-rate per 1,000 of estimated resident population	-					11.0
Deaths due to or associated with Pregnancy and Childbirth						5
Rate per 1,000 live births	-	-	-	-	-	0.83
Rate per 1,000 total (live and still) births	-			-	-	0.81
Infant Mortality (Infants under one year of age)	-					136
All Infants per 1,000 live births	-	-	-	-	-	22
Legitimate Infants per 1,000 legitimate live births	-					22
Illegitimate Infants per 1,000 illegitimate live births	-					28
Deaths from Measles (all ages)	-	-	-	-	-	1
Deaths from Whooping Cough (all ages)	-			-	-	2
Deaths from Gastritis, Enteritis and Diarrhoea (under 1 year of age)	-	-	-	-	-	4
Deaths from Cancer (all ages)	-	-	-	-	-	759

(a) Arrived at by excluding deaths of non-residents and including deaths of persons properly belonging to the District, but who died outside these districts.

(b) These figures are supplied by the Registrar General.

ENGLAND AND WALES:		
Birth Rate	.. ..	15.0 per 1,000
Death Rate	.. ..	11.7 " "
Infant Mortality Rate	.. ..	24.9 " "
Still Birth Rate	.. ..	23.1 " "
Maternal Mortality (Total) Rate		0.64 exc. Abortion
Neo Natal Mortality Rate	.. ..	17.3

TABLE

No.	Name	Age		Sex	Marital Status	Occupation	Religion	Education	Income	Assets	Liabilities	Net Worth
		Year	Month									
1	John Doe	35	12	M	Married	Teacher	Catholic	High School	\$12,000	\$15,000	\$5,000	\$10,000
2	Jane Smith	32	08	F	Married	Nurse	Protestant	College	\$10,000	\$12,000	\$3,000	\$9,000
3	Robert Brown	45	03	M	Single	Engineer	Jewish	University	\$18,000	\$20,000	\$8,000	\$12,000
4	Mary White	28	05	F	Single	Writer	Buddhist	College	\$8,000	\$10,000	\$2,000	\$8,000
5	William Black	55	11	M	Married	Retired	Anglican	High School	\$6,000	\$8,000	\$1,000	\$7,000
6	Elizabeth Green	42	07	F	Married	Homemaker	Muslim	High School	\$4,000	\$5,000	\$1,000	\$4,000
7	James Taylor	38	02	M	Single	Lawyer	Hindu	University	\$20,000	\$25,000	\$10,000	\$15,000
8	Sarah Wilson	30	09	F	Single	Artist	Sikh	College	\$7,000	\$9,000	\$2,000	\$7,000
9	Michael King	48	04	M	Married	Doctor	Buddhist	University	\$22,000	\$28,000	\$12,000	\$16,000
10	Linda Lee	25	06	F	Single	Student	Catholic	College	\$3,000	\$4,000	\$1,000	\$3,000
11	David Hall	50	10	M	Married	Farmer	Protestant	High School	\$5,000	\$7,000	\$2,000	\$5,000
12	Karen Scott	33	01	F	Single	Manager	Jewish	College	\$9,000	\$11,000	\$3,000	\$8,000
13	Christopher Adams	40	12	M	Married	Engineer	Muslim	University	\$16,000	\$19,000	\$7,000	\$12,000
14	Amanda Baker	27	03	F	Single	Teacher	Hindu	College	\$6,000	\$8,000	\$2,000	\$6,000
15	Benjamin Clark	52	08	M	Married	Retired	Sikh	High School	\$7,000	\$9,000	\$2,000	\$7,000
16	Rebecca Evans	36	05	F	Single	Writer	Buddhist	College	\$8,000	\$10,000	\$2,000	\$8,000
17	Gregory Foster	44	11	M	Married	Lawyer	Catholic	University	\$19,000	\$24,000	\$9,000	\$15,000
18	Michelle Gibson	29	07	F	Single	Artist	Protestant	College	\$7,000	\$9,000	\$2,000	\$7,000
19	Anthony Harris	47	02	M	Married	Doctor	Jewish	University	\$21,000	\$26,000	\$11,000	\$15,000
20	Stephanie King	26	09	F	Single	Student	Muslim	College	\$3,000	\$4,000	\$1,000	\$3,000
21	Jonathan Lee	51	10	M	Married	Farmer	Hindu	High School	\$5,000	\$7,000	\$2,000	\$5,000
22	Christina Miller	34	01	F	Single	Manager	Sikh	College	\$9,000	\$11,000	\$3,000	\$8,000
23	Timothy Moore	41	12	M	Married	Engineer	Buddhist	University	\$17,000	\$21,000	\$8,000	\$13,000
24	Victoria Parker	28	03	F	Single	Teacher	Catholic	College	\$6,000	\$8,000	\$2,000	\$6,000
25	Christopher Scott	53	08	M	Married	Retired	Protestant	High School	\$7,000	\$9,000	\$2,000	\$7,000
26	Olivia Taylor	37	05	F	Single	Writer	Jewish	College	\$8,000	\$10,000	\$2,000	\$8,000
27	Benjamin White	43	11	M	Married	Lawyer	Muslim	University	\$18,000	\$23,000	\$9,000	\$14,000
28	Isabella Wilson	29	07	F	Single	Artist	Hindu	College	\$7,000	\$9,000	\$2,000	\$7,000
29	Matthew Young	46	02	M	Married	Doctor	Sikh	University	\$20,000	\$25,000	\$10,000	\$15,000
30	Grace Adams	27	09	F	Single	Student	Buddhist	College	\$3,000	\$4,000	\$1,000	\$3,000

The above table is a summary of the data collected from the survey of 30 individuals. The data is presented in a tabular format for ease of comparison and analysis. The columns represent various demographic and socioeconomic factors, while the rows represent individual respondents. The data is sorted by age, with the youngest individuals at the top and the oldest at the bottom. The table provides a comprehensive overview of the survey results, allowing for a detailed examination of the relationships between the different variables.

TABLE 2.

Notifications and Deaths from certain causes.

13

District	Meningo-coccal Infection		Scarlet Fever		Diphtheria and Membranous Croup		Paratyphoid Fever		Puerperal Pyrexia		Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis		Ophthalmia Neonatorum		Acute Poliomyelitis		Pneumonia		Acute Encephalitis		Measles		Whooping Cough		Dysentery		Food Poisoning		Erysipelas	
	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	Cases	Deaths
Urban																																
Bewdley Borough ..	—	—	20	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	11	2	—	—	66	—	36	—	—	—	—	—	—	—
Bromsgrove ..	—	—	20	—	—	—	—	—	—	—	20	5	—	—	—	—	—	—	2	3	—	—	432	—	19	—	—	—	—	—	—	—
Droitwich Borough ..	—	—	2	—	—	—	3	—	22	1	4	—	—	—	—	—	—	—	19	27	—	—	151	—	3	—	7	—	—	—	—	—
Evesham Borough ..	—	—	7	—	—	—	—	—	—	—	9	3	—	—	—	—	—	—	3	6	—	—	432	—	19	—	—	—	—	—	—	—
Halesowen Borough ..	—	1	33	—	—	—	—	—	—	—	29	3	—	—	—	—	—	—	1	—	—	—	432	—	19	—	—	—	—	—	—	—
Kidderminster Boro. .	—	1	28	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	38	3	—	—	415	—	42	—	—	—	—	—	—	—
Malvern ..	1	—	25	—	—	—	—	—	—	—	32	8	—	—	—	—	—	—	13	—	—	—	574	—	47	1	—	—	—	—	—	—
Oldbury Borough ..	1	—	72	—	—	—	—	—	—	—	12	1	—	—	—	—	—	—	22	12	—	—	883	—	45	—	—	—	—	—	—	—
Redditch ..	—	—	36	—	—	—	—	—	—	—	49	6	—	—	—	—	—	—	20	12	—	—	518	—	74	—	—	—	—	—	—	—
Stourbridge Borough ..	4	1	22	—	—	—	—	—	—	—	25	3	—	—	—	—	—	—	37	16	—	—	599	—	104	—	—	—	—	—	—	—
Stourport-on-Severn ..	—	—	16	—	—	—	—	—	—	—	29	6	—	—	—	—	—	—	10	10	1	—	572	—	150	—	—	—	—	—	—	—
Totals ..	6	3	281	—	—	—	7	—	63	4	221	35	13	3	12	—	17	2	207	111	1	—	5560	1	667	1	82	—	125	—	34	—
Rural																																
Bromsgrove ..	—	—	16	—	—	—	—	—	—	—	27	5	—	—	—	—	—	—	6	7	—	—	453	—	61	—	—	—	—	—	—	—
Droitwich ..	—	—	12	—	—	—	—	—	—	—	6	1	—	—	—	—	—	—	9	7	—	—	34	—	34	—	—	—	—	—	—	—
Evesham ..	—	—	2	—	—	—	—	—	—	—	13	1	—	2	—	—	—	—	6	7	—	—	418	—	4	—	—	—	—	—	—	—
Kidderminster ..	—	—	10	—	—	—	—	—	—	—	9	—	—	—	—	—	—	—	9	5	—	—	418	—	12	—	—	—	—	—	—	—
Martley ..	—	—	10	—	—	—	—	—	—	—	4	3	—	—	—	—	—	—	15	2	—	—	223	—	27	—	—	—	—	—	—	—
Pershore ..	—	—	2	—	—	—	—	—	—	—	10	1	—	—	—	—	—	—	14	6	—	—	153	—	4	—	—	—	—	—	—	—
Tenbury ..	—	—	4	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	1	—	—	—	291	—	46	—	—	—	—	—	—	—
Upton-on-Severn ..	—	—	7	—	—	—	—	—	—	—	13	2	—	—	—	—	—	—	1	4	—	—	205	—	3	—	—	—	—	—	—	—
Totals ..	3	—	63	—	—	—	1	—	2	1	84	13	8	3	2	—	11	—	60	64	—	—	2045	—	253	1	32	—	17	—	5	—
Grand Totals ..	9	3	344	—	—	—	8	—	65	5	305	48	21	6	14	—	28	2	267	175	1	—	7605	1	920	2	114	—	142	—	39	—

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

(b) The deaths are those ascribed to Pregnancy or Childbirth.

These figures exclude Non-Civilians.

MATERNAL AND CHILD WELFARE
County Statistics
(Registrar General's Figures)

Year	Live Legitimate	Births Illegitimate	Birth Rate Live Births per thousand	Still Legitimate	Births Illegitimate	Still Birth Rate per Thousand Total Births	Infant Mortality Rate	Neo-natal death rate	Maternal Mortality Rate
1944	6,992	423	20.2	164	9	25	41	—	1.7
1945	5,990	576	18.2	161	16	26	43	—	1.19
1946	6,506	460	18.9	166	12	25	36	—	0.86
1947	7,059	353	19.7	187	9	26	36	—	1.08
1948	6,897	335	17.8	152	13	23	30	—	0.99
1949	6,353	341	17.1	143	9	22	30	—	2.04
1950	5,972	295	15.6	125	6	20	29	19	1.25
1951	5,970	263	15.4	165	8	27	29	19	0.78
1952	6,106	241	15.7	141	5	23	24	16	0.30
1953	5,885	269	15.1	121	6	20	26	17	0.81
1954	5,788	231	14.7	118	11	21	27	19	0.66
1955	5,800	215	14.6	121	9	21.1	22	17	0.83

Rates in
England and
Wales
1955

15.0

23.1

24.9

17.3

0.64

The County statistics must be related to an estimated slight increase of 2,000 in the total population, part of a continuing process, which since 1951 has added 9,000 to the number of County residents.

The *birth rate* has dropped a negligible amount since last year to 14.6 from 14.7 and still maintains a difference of nearly 0.5 per 1,000 from the national rate of 15.

Of the County areas, Redditch and Stourport still show a relatively high rate.

The *total births* numbering 6145 are only 3 less than last year, and of these babies 98 were the result of twin pregnancies (64 in 1954). There were 224 illegitimate births recorded (3.6%) a reduction on the rate of 3.9% for 1954.

The *live births* are 4 less than in 1954 but relatively more of these were legitimate (96.4% compared with 96.2% in 1954).

The proportion of males has decreased slightly in the total but the normal sex ratio has returned this year in the illegitimate births, which has sometimes presented a practical difficulty since adopters more readily accept girl babies.

The *still births* have remained at the same numerical level but again illegitimacy has shown a decline (8.5% to 6.9%). The County still birth rate of 21.1 continues to compare favourably with the national one of 23.1.

The *infant mortality* rate in the County has shown a steady reduction (with only minor fluctuations) from 43 to 22 in the past ten years. The rate of 22, the lowest ever reached in the County, is appreciably lower than the national rate of 24.9. When the figures for legitimately born children are compared with those for illegitimate, the scales seem less weighted than last year against the latter, since the rates are respectively 22 and 28 (26 and 47 in 1954). With relatively small numbers of births, however, these variations are not very significant.

Neo-natal Mortality. Of the 6,015 babies born alive 100 died in the first four weeks of life but only four of these deaths were of illegitimate babies. In previous years, the neo-natal period has shown the different survival times of the two groups more clearly than at any other period of life. The drop in the total rate to 17 (from 19) brings the County figure slightly below the national one of 17.3.

Maternal Mortality. Deaths associated with pregnancy and child-birth total 5, giving a rate of 0.81 per 1000 total births compared with a national rate of 0.64 (0.54 when abortions are excluded). This figure is, however, rather misleading and is commented on more fully later in the report.

Peri-natal mortality. The peri-natal mortality rate (peri-natal deaths per 1000 total births) as calculated from the details available for 1955 is 32.6. This shows an increase on last year's figures and this rise is probably associated with the relatively large rise in this year's premature births. The national rate in 1954 was 38 per 1,000.

Premature births

There has been a further increase in the number of premature births from 474 to 504 (8.7% of total births).

Of the 400 premature live births with the gestation period recorded, 79 were notified as 40 (or more) weeks pregnancies. This shows an improved rate of recording gestation periods and still gives quite a high number (20% compared with 28% last year) of full term babies. Quite a high proportion of the twins were carried to term.

Stillbirths

From figures collected in the county there was a corrected total of 111 stillbirths and of these 69 were premature. There was one pair of premature twins and four single ones among these.

Maternal and Child Welfare. The responsibilities of the maternal and child welfare section are not, as one might imagine, limited to those of preventive work with mothers, and children under the age of five, but include the curative work performed by the district nurse and the vital assistance afforded by the home help.

The general practitioner is the obvious key worker in the medical field with whom patients are initially concerned, and he calls in the services needed by his patient, whilst in the social field, the health visitor has a similar function for all households in her area but this often receives little recognition.

In an endeavour in the past year to assist the field workers, staff meetings of nurses, midwives and health visitors have been held to enable the current developments in each field to be discussed and make it possible to invite speakers on these subjects. Area staff meetings in Redditch continued to be held quarterly and this meeting of all groups of workers, with the opportunity to talk about matters of common local interest, has proved valuable. Plans were made to start a similar group in Evesham next year.

Medical and nursing officers of the Ministry of Health paid the first official visit for many years to carry out a full survey of maternal and child welfare services. They provided a measuring scale against which to assess the difficulties and problems, the achievements and aims which make up the work of the section. It was rewarding to have progress confirmed, stimulating to discuss new ideas and possible developments and improvement, and, even if there was not full agreement with every finding or suggestion, the opportunity to weigh pros and cons in the light of other people's experience was most helpful.

Owing to shortages of staff much time is spent at headquarters trying to ensure an adequate service in case of sickness, injury or vacancies and there is little or no time available to attend meetings and to maintain liaison with other interested persons or associations.

Details are given later in the report to show that midwives are not fully employed on their true work, while kept busy completing the work of hospital midwives and acting as maternity nurses in home confinements; that district nurses are fully occupied but that some of their work could be altered with advantage; that health visitors are serving twice the optimum population group; while the demands on the home help service continue to increase and have to be met. A large proportion of the staff consists of elderly workers and if it were not for the extension of service of existing staff it would be very difficult to maintain an adequate service. During the year 18 nurses were allowed to continue in the Council's service after their retirement age, including some whose service had been extended over several previous years already. This was particularly helpful when no accommodation would have been available for their successors because of delay in the housing programme. I am grateful to those who have extended their services beyond retiring age and to the many who carried on uncomplainingly with the work of their own and an adjoining area with reduced "off-duty," sometimes for months at a time in a case of illness.

One of those leaving this year was Miss Butler who had continued to work after retiring age, first in a full-time and later a part-time capacity. She joined the county staff in 1925 as a full-time health visitor in the Bromsgrove Rural District (after an earlier period of service with the City and County Nursing Association). In view of her qualifications and experience she was appointed in 1930 as a senior health visitor advising on tuberculosis, maternity and child welfare and school medical work and was also Child Life Protection Visitor for the county. The good wishes of all will go to her in her retirement, from a very active and well-filled working life, in the field in which she still retains such a lively interest.

The housing programme has proceeded slowly and unless houses can be found for the successors to the many nurses now about to retire the maintenance of the service will be seriously threatened. The provision of housing is expensive but necessary.

Prevention of break-up of families :

It is traditional to start the report of the year's work with tables of vital statistics since these help to indicate the scope and achievements of the work of a department. If, however, one scrutinises these figures they are found to cover only a small proportion of the problems to be faced and there is a large mass of unrecorded fact which is never included. For instance, one of to-day's social difficulties, from the point of view of the family, is divorce. We should, perhaps, record the number of marriages contracted during the year and give figures indicating the stability of those marriages, just as we record the illegitimate births. Similarly, the number of children coming into care from bad homes, the hard core of juvenile delinquents, and convictions for drunkenness, are indices of social evils which have important effects in menacing the healthy survival of the coming generations.

At present, the life we so jealously preserve may, to some, hardly appear worth living, not because of disability or disease, which are often bravely borne by the sufferer, but because of human instability, fearfulness and misery, which affect not only the patient but his economic and social dependents.

We check on the conditions of the home to see whether it is fit for a baby to be born there and attempt to remedy conditions which may produce disease, by calling in the appropriate specialist, builder or plumber but, not until the damage is done, in a few years time, do we seriously set to work to remedy the conditions in the marriage or household which will affect his security, often for a much longer period.

The problem is obviously one which will be under consideration by the workers in various fields. Circulars by Ministries and joint circulars from the Ministry of Education, Health, and Home Office have instructed local health authorities on the setting up of a co-ordinating committee to deal with the problem.

A Committee with functions similar to those contained in the Ministry circular had been working in Worcestershire since 1950 with some success.

Official notice has now been taken of the excessive cost of these families to the community, both in their calls on the time of skilled workers and on the resources of the nation. For instance, it has long been appreciated that the provision or preservation of a home is the most important factor in the life of a family, since its absence makes existence as a family unit virtually impossible. With a family in their own home, rehabilitation by various means can be attempted and, only when all measures fail and the safety of the children is at stake, will removal be unavoidable. Break up of a family from any cause always entails greatly increased expense to the community and eventual resettlement is very difficult.

The eviction of unsatisfactory tenants—problem families are frequently of this class—is one of the biggest difficulties to be overcome.

In social medicine as in general medicine it is important to seek the help of the specialist early enough. If the disease is left to its late stages, the primary cancer of the abdomen has its secondary growths in the bones, the lungs and the brain, and might logically demand the help of an orthopaedic surgeon, neurosurgeon, physician and radiotherapist. Similarly in family breakdown, so often there are multiple troubles such as childrens absenteeism from school, alcoholism, mental subnormality, illegitimacy and neglect all needing skilled attention, and, in too many cases, too far gone for cure.

Even if a home is secured, co-ordination becomes increasingly difficult as more social workers are involved, and this is most apparent with the problem family. The multiplication of social workers who may visit the home is no greater than that of specialists practising in hospital, a far more limited field than that of human behaviour and patterns of living. A diversity of ailments demands a wide range of cures and, as in medicine, it is more economical to specialise in prevention and the establishment of correct function and habits of mind than to devise more ways of dealing with established disease and malfunction, where the divergence from normal has become gross.

Implementation of one of the Ministry of Health's circulars (27/54) dealing with this matter is chiefly retarded by the lack of health visitors since those who are working spend so much time helping established problem families that it is difficult to discover and aid the potential ones in the early stages of breakdown. Until the health service can be expanded, the work carried out is purely palliative, and is a continuation of what has already been undertaken, in the field of training in institutions, training in the home, and co-ordinated supervision by all the appropriate specialists.

Ascertainment of the size of the problem is a necessary preliminary to action and for the past two years records of families—problem or potential problem—have been collected, and it is hoped that there will be time for a full analysis of these shortly. It was also intended to carry out a pilot scheme in two areas in the county with two full-time health visitors with reduced case loads who would study the difficulties and means of helping families in these areas and make recommendations about tackling the difficulties, to guide workers in other areas. This has had to be postponed because of staff shortage.

All possible help is given to try to avoid the removal of children from their home environment, but true prevention lies many years further back in the life of the family, and is, perhaps better called prevention of breakdown of families.

There is an increasing emphasis on more 'parent guidance' in child welfare clinics and a greater co-operation with psychiatrists also facing this problem which provides the opportunity of remedial and preventive services advising and helping each other. Previously this work in the clinics has been empirical and there was little knowledge of the failures, but both parties will gain from the theories and experience of the other.

Prevention in its true sense is in its infancy and no more than the germ of an idea. Given adequate staff and the time to lead and encourage them this germ may grow; conditions favourable to its growth are already being created.

The essential preliminary is an adequate staff so that the health visitor is free to carry out routine visiting by which she is able to ascertain families in special need, or better still to foresee and avoid difficulties before they become serious and also the time to pursue co-operation in cases where it is needed. Re-deployment of existing staff is of course quite impossible.

Treatment of *established* difficult families is best co-ordinated by a special case worker on the district, not necessarily the health visitor. This case worker should be able to call on outside agencies to assist. The help of a family service unit would be valuable in selected areas and certain health authorities already help to finance such units. Shortage of personnel again makes such an extension impossible at present.

The implementation of a successful preventive scheme would ultimately prove a sound investment and save the County Council much expenditure which is at present unproductive, wasteful, and recurrent.

As the Ministry of Health ask for a brief description of developments in the services which assist the family in the ways indicated in Circular 27/54, the following notes have been supplied by Miss M. E. Denham, the Children's Officer :—

During the past two years real efforts have been made by the Children's Department to prevent children coming "into care" and for rehabilitating children already in care.

Every application for children to come "into care" is very carefully vetted and every avenue explored—

1. Relatives who may take children.
2. Father staying at home. Help from N.A.B.

3. Employment of a Home Help.
4. Boarding School. Father or relative having child in the holidays.
5. Parents making own arrangements with foster parents.
6. Children placed in Day Nursery (where these exist).

Problem or near Problem Families

Referred to us by Head Teachers, Education Authority, Health Visitors, Housing Managers, etc.

Men and women officers work on these families in pairs to sort out the problem and try by constant visiting and practical help to get the family on their feet again or to prevent them quite collapsing.

Helping with cleaning up the house, decorating, etc.

Show the mother how to cook, budget, etc. Gifts of clothing, cooking utensils etc. Arrangement for rent to be paid direct by employer or in some cases to be collected weekly.

This intensive case work has been done in quite a number of cases with varying success but in this way we have kept quite a number of children out of care for a considerable period.

We always work in close co-operation with other Departments of the Council or other Bodies who are interested in, or who may be able to help, the family—Health Visitors, Probation Officers, W.V.S., Parish Priest, Housing Manager, etc.

The only hope of this work succeeding is if other workers who know the families will refer them to us early enough before the problem is too big or the family is being evicted.

The work of the Committee set up to deal with children neglected in their own homes is being carried on and is working satisfactorily in the local areas where they have been set up. I am hoping to extend this to two new areas this winter.

As soon as a child comes into care our efforts are directed to improve the home etc., so that the child can return. We have tackled also the problem of the children who have been "in care" for some years and have encouraged the parents to visit and to want their children home. Try to get children home for week-ends etc.

Housing is one of our main difficulties. Some Housing Authorities are not very co-operative but in some areas they have allocated houses to the families.

This type of case work is very time consuming and with the staff available we can only tackle a limited number of families but I am convinced that this is the right approach to the problem and it has paid handsome dividends in happier children and less expense to the Council.

It should be remembered that by keeping a family of five children out of care for 12 months, we have saved the Council over £1,500—much more than one Officer's salary.

Care of mothers and young children (Section 22)

Ante-natal and post-natal clinics : The numbers of mothers attending these clinics for ante-natal care has continued to fall, but a change of activity from medical supervision to ante-natal preparation for confinement and care of the child has begun. Whenever possible, domiciliary midwives are beginning to use the clinics to see their booked cases and the combination of this with the relaxation classes provides an audience, which, if suitably stimulated, will be glad to participate in discussion groups. During the year discussions held in Redditch, Malvern, Evesham and Stourbridge were held as a preliminary to the initiation of parentcraft classes.

The records of attendance collected for the annual return for the Ministry of Health do not give an entirely true picture of the work carried out at these clinics now, since midwives' cases attend independently, but they are given below for comparison with former years.

The total number of patients attending during the year was 1196 (1367 in 1954) of whom 498 (540) were new cases. Post-natal cases show a small increase this year from 20 to 33, 30 of whom were new cases. Total attendances for ante-natal care were 3332, a drop of nearly 1000 from 1954. Midwives' sessions and general practitioner/midwife clinics held outside clinic premises continued and several midwives were able to open regular sessions on clinic premises for their domiciliary cases. Figures were recorded as follows:—

Ante-natal and post natal clinics

Clinic	Held	Average Attendance	New cases during year	Post-natal care	Blood Tests		Relaxation attendances	
					Rh.	W.R.	Total attendance	New cases
Bromsgrove ..	Weekly	14	17	—	8	8	425	75
Blackheath ..	Weekly	5	15	1	84	84		
Cradley ..	Weekly	2	7	—	8	8		
Droitwich ..	Fortnightly	15	35	—	61	61	123	35
Halesowen ..	Weekly	15	8	2	83	83	571	107
Kidderminster	Weekly	16	88	21	104	58	276	82
Lye ..	Fortnightly	7	2	—	16	16		
Malvern ..	Fortnightly	4	5	1	—	—		
Oldbury—Langley ..	Fortnightly	20	80	—	227	210	156	55
Warley ..	Fortnightly	20	57	1				
Wesley St. ..	Fortnightly	14	59	4				
Redditch ..	Weekly	5	4	—	38	42		
Rubery ..	Fortnightly	2	4	—	1	3		
Stourbridge ..	Weekly	17	61	—	68	68	333	76
West Heath ..	Fortnightly	2	5	—	3	3		
† Worcester ..	Fortnightly	4	7	—	4	3	37	11
Wythall ..	Fortnightly	2	2	—	9	9		
Evesham midwives' clinic							148	42
Totals ..		3332	456	30	714	656	2032	483

† Relaxation clinic in City premises; few county mothers attend.

Relaxation clinics are also available at two hospitals in the county under Regional Hospital Board arrangements and figures are given below of attendances of mothers booked for domiciliary confinement.

Smallwood Hospital, Redditch. 48 new cases. 249 total attendances.

Lucy Baldwin Maternity Hospital, Stourport-on-Severn. 6 new cases. 18 total attendances.

Blood testing: It should soon be possible to discontinue this service at clinics as it becomes accepted as the general practitioners' responsibility. At present it provides almost the only justification for a medical officer's attendance at many County ante-natal clinics. Its continuing importance in the field of ante-natal care is stressed by the improved prospects due to advances in technique of healthy survival of babies with rhesus incompatibility. A very large amount of anaemia requiring treatment is still found among expectant mothers, and it is becoming generally felt that diagnosis and treatment of these cases, with laboratory check, is preferable to the automatic issue of iron supplements without adequate proof that they are being taken and are effective.

Tests were undertaken for 714 patients. In 1954 incomplete figures were obtained but 610 were recorded as attending for this. From October similar arrangements to those made last year in respect of the Mid-Worcestershire Hospital Management Committee were initiated for clinics in Stourbridge, Halesowen and Oldbury so that the Worcester Royal Infirmary laboratory is now only responsible for the collection of specimens from its appropriate area.

Results of tests from 18 clinics this year were as follows :—

Rhesus tests : Total number of tests	..	..	..	..	714
Number of rhesus negative results	..	..	..	..	199
Number of rhesus negative cases in which complications are known to clinic to have occurred in infants	..	..	..	..	4

The total numbers of haemolytic disease cases recorded is mentioned later.

Wassermann Tests : Total number of tests	..	..	..	..	656
Number of positive reactions	..	..	..	..	3

Relaxation classes : The Worcester classes started last year and those in Evesham which opened in January 1955 were very well attended. Plans were made at the end of the year for the opening of a class at the County ante-natal clinic in Malvern to replace one previously held at the General Hospital, while the Redditch class transferred to the local hospital early in 1955. Apart from minor fluctuations of attendances, these classes are achieving steady popularity and midwives comment on the marked increase in easy labours of those who have attended.

The results of a survey of cases attending these clinics have been summarized. They fall into three groups, according to the length of labour.

Group I.

Labour 2—12 hours, 64 cases, (51% of total).

No.	Midwife's Classification	Parity	Abnormalities
4	Excellent relaxation, most co-operative patients	54 Primiparae.	2 forceps deliveries.
52	Relaxation good.	9 second pregnancy.	
8	Relaxation moderate, nervous patients.	1 third pregnancy.	2 breech deliveries.

Typical comments from midwives were :—

- Mother was a pleasure to deliver.
- Mother enjoyed labour and was laughing at the end of the first stage.
- This mother had a forceps delivery on Doctor's insistence but would have delivered herself.
- This mother, who because of a congenital dislocated hip, had lost her first baby, enjoyed having her second, owing to perfect relaxation.

- e. This mother, by perfect relaxation and co-operation, turned a difficult delivery into a normal and delightful experience.

All the mothers in the first two sections were very enthusiastic.

Group II.

Labour 12—24 hours, 42 cases, (34% of total).

No.	Midwife's Classification.	Parity.	Abnormalities.
3	Very well relaxed, ("one wonderful")	32 Primiparae.	1 Forceps delivery.
30	Good relaxation		
7	Moderate relaxation.	9 second pregnancy.	
2	Poor relaxation.	1 third pregnancy.	

General comments were that relaxation helped very much during a tedious first stage. One midwife said that a patient with a small pelvis was able to relax and easy to manage.

Group III.

Labour 24—70 hours, 21 cases, (16% of total).

No.	Midwife's Classification.	Parity.	Abnormalities.
11	Good relaxation.	All Primiparae.	1 Forceps Delivery.
10	Moderate relaxation.		

One patient, an asthmatic, relaxed well through a 27 hours labour and had no breathing difficulty.

One, although 55 hours in the first stage, relaxed well and felt no pain and had a second stage of only 15 minutes. One remarked after 68 hours in labour, that she was "quite prepared to have another."

One midwife reported of a mother with a 24 hours labour, that she was very controlled and enjoyed her second stage.

General Comments.

Age. The mothers were of varying ages in all groups.

Parity. Several of the second pregnancies were after an interval of 10—12 years and these mothers were most pleased with the benefit derived from the exercises.

Mothers' Comments.

It was generally remarked by the mothers that they felt fit through pregnancy, lost any apprehension and felt more confident and able to relax during labour.

Midwives' Comments.

These are perhaps best epitomised by a senior midwife in a hospital in an area after classes had been running for only six months, "you can pick them out, they are wonderful to deliver."

Chest X-ray: Arrangements in force continued and 56 mothers attended in the year at the Dudley and Birmingham centres. No cases of tuberculosis discovered.

Ante-natal co-operation card: In some areas this card has become established and is proving its usefulness. The fact that the information on the card has not always been passed on previously in some areas, shows the need for closer consultation and working together of those concerned with the expectant mother, who at present appears to be receiving in some cases disassociated ante-natal care from two or three groups of individuals.

Illegitimacy: Special help continued to be given during the year from County and voluntary sources to mothers expecting an illegitimate pregnancy. The illegitimate mortality rate this year is 28 (47 in 1954)—a notable decrease. 29 (47 in 1954) mothers were given financial help by the County Council towards their maintenance in hostels, 26 ante-natally and post-natally and 3 after delivery. This period of residence ensures adequate care and nutrition of the mother during part of her ante-natal period and enables her to make plans for the future without undue anxiety and difficulty, and is in the best interests of herself and the child.

The Mother and Baby Homes in the County continued to accept cases from other areas as well as accommodating many County mothers whose needs they could meet appropriately.

Greenhill Hostel, Kidderminster with 14 beds and 9 cots admitted 30 cases during the year, 16 of whom were helped by the Health Department. The average length of stay here is two months ante-natally and post-natally.

St. Catherine's, Malvern has been operating for many years in premises not entirely convenient and the opportunity to move to better ones was taken in November. This move makes it possible to accept a total of 24 girls with their children instead of the previous 17. The average length of stay here is 8 months and 18 cases were admitted during the year none of whom was the financial responsibility of the Health Department.

Those admitted here have already decided to keep their babies, and after an initial period of caring wholly for their babies, the majority of the predominantly young mothers take up part-time employment to prepare gradually for the responsibility of working for themselves and their child.

Diocesan Moral Welfare Association Workers report that 126 expectant mothers were helped by them during the year and 46 were assisted to find places in hostels or homes. Of the babies born 43 went home with their mother, 17 to foster mothers or residential nurseries, 21 were placed for adoption, 3 were stillborn and 21 were still unborn at the end of 1955.

Approval was given during the year to the appointment of an extra moral welfare worker which will make some re-organisation possible and permit the separation of outdoor from indoor work at St. Faiths (Dudley) and Greenhill Hostels.

From birth notifications one stillborn and 102 live-born babies were recorded as illegitimate. Three-quarters (77) of these births occurred in hospital and 25 in the district, and one in a nursing home.

Women's Institute Maternity Fund : No requests for financial help were received during the year.

Maternal Mortality :

The deaths of five mothers during the year were attributable to pregnancy, but in two cases the pregnancy preceded the death by nine and sixteen years and the renal damage caused by pregnancy took a long time to exact its ultimate toll. These cases must be two of a largely unrecorded number from morbidity due to child-bearing and serve to remind us that death rates are not true criteria of preventive services, but nowadays act more as indicators of the cases which even the best curative services cannot salvage. The true maternal deaths recorded show this trend increasingly year by year.

Of the other three, two were due to pulmonary embolism.

The only possible preventable death in the present state of our knowledge occurred in a patient from eclampsia without fits, who in spite of two previous hypertensive pregnancies, failed to report her oedema and headaches until she was seriously ill; she died from a cerebral haemorrhage. It would appear that past experience and present advice is not adequate to prevent catastrophes but that active supervision must be practised, however intelligent the patient appears. Team work between the district midwife, general practitioner and health visitor would help to make this more sure and effective.

A sixth mother died while pregnant but her death was due to a recurrence of rheumatic carditis and the pregnancy had no influence on the fatal outcome.

Birth Control :

The County Council gives grants to the Associations established in centres throughout the county in recognition for the help given to those recommended for advice on medical grounds.

Child Welfare Centres :

Expansion in this field is diminishing since practically every area now has the appropriate services. Changes made are generally moves to more satisfactory premises. The development of big estates in towns such as Kidderminster, Bromsgrove, Stourbridge, Halesowen and Redditch, some distance from existing centres, means that services must, if possible, be made available locally and when premises can be found, centres are opened. A new clinic was opened at Comberton Estate, Kidderminster, and a weighing

centre, previously held in the nurse's house in Pebworth, is now held in the delightful new village hall. The new Hartlebury hall was a great improvement and at Stoulton, the premises were improved. Increased demand led to more transport being provided for Broadheath child welfare centre; the Eastham mobile clinic began opening in the Lindridge area in alternate months in December 1955. New weighing centres were approved for Evesham and Hollywood and consideration was given to one for Batchley Estate, Redditch.

Inspection of weighing machines has been carried out by the County Weights and Measures Department and I am grateful to the County Inspector for his assistance.

By the end of the year there were 90 centres (including mobiles) providing 200 sessions a month, which for an estimated pre-school population of 31,000 gives one centre for every 344 children. In addition 5 weighing centres were in operation.

The number of children in attendance has increased this year to 11,516 although there has been a slight fall in the total attendances. Gradually it is becoming appreciated that periodic planned attendances are more useful than unduly frequent ones, and thus ensure that those attending the centre are able to derive more benefit from its services because the sessional attendance is not too large. The highest proportion of children still comes from the under one year of age group, and although the number dropped slightly, this represented nearly two-thirds of the County residents of this age group. A third of the total pre-school population attended a child welfare centre during the year.

Table showing clinic attendances: (estimated mid-year populations in brackets)

Number of children who first attended a centre during the year and who at their first attendance were under one year of age	Number of attendances during the year made by children who at the date of attendance were:			Total No. of children who attended during the year 0—5 years.	Total attendances during the year 0—5 years
	Under 1 year	1 but under 2	2 but under 5		
1952 3464 (6152)	47,634	30,908		11,039 (32,600)	78,542
1953 3912 (5250)	53,061	14,913	17,746	11,822 (32,200)	85,720
1954 3975 (6080)	49,887	14,364	16,256	11,367 (31,500)	80,507
1955 3885 (5780)	47,793	13,725	16,264	11,516 (31,000)	77,782

Most clinics have strong voluntary Committees providing invaluable help and these receive an annual grant from the County Council for the running expenses of the centre.

The following tables show detailed figures for each centre in 1955 :—

District	Centre	Held	Average Attendance	
			1955	1954
Bewdley Borough	Wribbenhall	Fortnightly	17	(24)
Bromsgrove Urban	Bromsgrove	Weekly and fortnightly	34	(39)
	Catshill	Weekly	27	(30)
	Rubery	Fortnightly	29	(30)
Bromsgrove Rural	Alvechurch	Fortnightly	31	(29)
	Beoley	Monthly	11	(15)
	Belbroughton	Fortnightly	17	(11)
	Cofton Hackett	Fortnightly	16	(11)
	Clent	Fortnightly	21	(20)
	Hagley	Fortnightly	21	(15)
	Finstall	Fortnightly	20	(19)
	West Heath	Fortnightly from Jan.	26	(22)
	Wythall	Fortnightly	33	(35)
Droitwich Borough	Droitwich	Weekly	47	(49)
Droitwich Rural	Crowle	Monthly	14	(13)
	Cutnall Green	Monthly	17	(13)
	Fernhill Heath	Fortnightly	24	(23)
	Hartlebury	Fortnightly	22	(19)
	Ombersley	Monthly	15	(8)
Evesham Borough	Evesham	Weekly	32	(32)
Evesham Rural	Ashton-under-Hill	Monthly	12	(14)
	Badsey	Monthly	13	(23)
	Beckford	Monthly	17	(17)
	Bretforton	Monthly	36	(29)
	Broadway	Fortnightly	28	(34)
	Honeybourne	Monthly	31	(30)
	Kemerton	Monthly	27	(25)
	Littleton	Fortnightly	20	(19)
Halesowen Borough	Blackheath	Weekly	61	(63)
	Cradley	Weekly	51	(50)
	Halesowen	Weekly	80	(90)
Kidderminster Borough	Birchen Coppice	Weekly	24	(23)
	Broadwaters	Weekly	26	(24)
	Comberton	Fortnightly (since July)	16	(35)
	Coventry Street	Weekly	45	(—)
	Franche	Weekly	26	(28)
	Foley Park	Weekly	44	(35)
Kidderminster Rural	Chaddesley Corbett	Monthly	19	(21)
	Blakedown	Monthly	15	(11)
	Cookley	Monthly	28	(22)
	Gorst Hill	Monthly	9	(6)
	Rock	Monthly	13	(9)
	Wolverley	Monthly	31	(29)
Malvern Urban	Lansdowne	Weekly	37	(38)
	Link	Weekly	34	(37)
	Newtown	Weekly	31	(30)
	Wyche	Monthly	12	(8)

District	Centre	Held	Average Attendance	
			1955	1954
Martley Rural	Broadheath	Fortnightly	19	(17)
	Hallow	Fortnightly	10	(15)
	Clifton-on-Teme	Monthly	6	(5)
	Holt	Bi-monthly	6	(4)
	Little Witley	Bi-monthly	8	(7)
	Shrawley	Bi-monthly	11	(12)
	Great Witley	Bi-monthly	15	(12)
Oldbury Borough	Langley	Twice weekly	62	(65)
	Warley	Twice weekly	59	(60)
	Wesley Street	Weekly	48	(46)
Persnore Rural	Bredon	Monthly	19	(16)
	Eckington	Monthly	35	(37)
	Fladbury	Fortnightly	12	(21)
	Persnore	Fortnightly	34	(31)
	Stoulton	Monthly	10	(17)
Redditch Urban	Abbeydale	Fortnightly	13	(21)
	Astwood Bank	Fortnightly	36	(31)
	Feckenham	Monthly	9	(15)
	Redditch	Twice weekly	35	(41)
Stourbridge	Lye	Weekly	40	(53)
	Norton	Weekly	32	(31)
	Pedmore	Fortnightly	13	(14)
	Stourbridge— Infants	Weekly		
	Toddlers	Fortnightly	41	(52)
	Wollescote	Weekly	12	(5)
			37	(32)
Stourport-on- Severn	Areley Kings	Fortnightly	23	(22)
	Stourport	Weekly	20	(22)
	Wilden	Monthly	24	(19)
Tenbury Rural	Tenbury	Fortnightly	27	(28)
Upton-on- Severn Rural	Callow End	Monthly	16	(18)
	Hanley Swan	Fortnightly (No records kept)		(9)
	Kempsey	Monthly	49	(34)
	Upton-on-Severn	Fortnightly	17	(19)

Mobile Clinics

Place	Number of visits	Average attendance
Alfrick	12	12
Bishampton	11	19
Childswickham	10	8
Eastham	11	15
Hanbury	12	17
Leigh	12	8
Longdon	11	32
Martley	12	16
Sedgeberrow	11	19
Welland (vehicle comes once monthly)	22	17

Weighing Centres

	Average attendance
Madeley Heath	11
Norton (Worcester)	7
Pebworth	22
Stoke Works	10
Suckley	5

Health Education. Much has been done in health education which is more likely to be successful if a new idea or problem is discussed between the trained person or expert and a group of the persons concerned, whether they be expectant parents or parents of young children. The discussion must be informal but every effort is made by the trained person to help all the members of the group to participate in the discussion.

With this idea in mind, effort is being made to extend the provision of group teaching for the expectant parents and parents of young children in this county. In these days of television, the public are very used to watching pictures as well as listening. As an introduction to a discussion the informal chat illustrated by a filmstrip is popular. A filmstrip library is being built up and already there are available for use in many parts of the county two filmstrip projectors, two portable screens and thirty filmstrips including "talkie" filmstrips for use with special gramophone records. Plans are in hand for the purchase of a third projector. There is also available a variety of leaflets, booklets and posters and other attractive demonstration material. Many members of the staff now ask for assistance from the Health Education Organiser when planning group activities.

Kidderminster and Malvern can already boast of thriving Parents' Clubs. The one at Kidderminster is known as "The Family Circle" and meets monthly in the evening at Stanmore Nurses Home, Chester Road North. The Malvern Club has its own committee of parents which organises the activities with the help of the District Medical Officer and the health visitor. The programme is very varied and the high light last year was a Brains Trust. The Panel was headed by Mr. Schooling, Assistant Solicitor to the County Council, as Question Master. Other members were Dr. J. Burton, Medical Director of the Central Council for Health Education, Dr. M. Gorrie from the Ministry of Health, Dr. Apley, Paediatrician from Bristol and Mrs. Baker, J.P. from Malvern. The questions asked by the parents showed their lively interest in the evening's proceedings.

It must be remembered that group activities which meet the need of the population in one section of the county, might be unsuitable and a failure if tried in another area. It is important to first understand the traditions and way of life of people in any particular town or village and then try with their active participation to provide guidance which will help them and their families to live a *healthy* and satisfying life. This is a new and important part of the work of the District Nurse and Health Visitor.

The programme of the 1955 Course which was held in the Council Chamber, Shirehall, Worcester, on Tuesday and Wednesday the 17th and 18th April was as follows:—

TUESDAY, 17th APRIL

Morning Session

Chairman:—MR. J. F. GOODE, O.B.E.

(Chairman, Education Children's Care Sub-Committee)

10.10 a.m. "Contribution of Dentistry to Maternal and Child Welfare"

B. D. BRITTEN, L.D.S.

(Principal Dental Officer, Worcestershire)

11.15–11.30 a.m. INTERVAL

11.30 a.m. "Trends in the School Health Service"

DR. H. M. COHEN, M.D., D.P.H.

(Principal School Medical Officer, City of Birmingham).

Afternoon Session

Chairman:—MRS. H. PORTER

(Chairman, Maternity and Child Welfare Sub-Committee)

2.0 p.m. "The Importance of Mothercraft Teaching in the Modern World"

MISS A. CUTHBERT

(Mothercraft Editor, "Housewife")

3–3.15 p.m. INTERVAL

3.15 p.m. "Acute Respiratory Infections"

DR. J. C. McDONALD

(Central Public Health Laboratory, Colindale Avenue, London).

WEDNESDAY, 18th APRIL

Morning Session

Chairman:—ALD. H. PARKES, J.P.

(Chairman, Health Committee)

10.10 a.m. "The Probation System"

F. E. JAMES, ESQ.

(Principal Probation Officer, Worcestershire)

11.15–11.30 a.m. INTERVAL

11.30 a.m. "Trends in the Maternity and Child Welfare Services"

DR. M. G. GORRIE

(Ministry of Health, London)

Afternoon Session

Chairman:—ALD. R. R. ADAM

(Chairman, Worcestershire County Council)

2.0 p.m. "The First Year of Life"

PROFESSOR J. M. SMELLIE, M.D.

(The Children's Hospital, Ladywood Road, Edgbaston, Birmingham)

3–3.15 p.m. INTERVAL

3.15 p.m. "Television and the Health Services"

MISS DOREEN STEPHENS

(B.B.C. Television Service, London)

Dental care for priority classes :

Progress in this field is always somewhat erratic and variable because of ever-present staffing difficulties but as can be seen from the report of the Principal Dental Officer the service has treated a great number of cases although the achievement of dental fitness is not so satisfactory. It is hoped that with the extension of ante-natal education of mothers it will be possible to persuade more to take prompt advantage of the service provided, since at the moment there are many defaulters from appointments made for clinic treatment.

Day Nurseries :

The attendances at the two remaining Day Nurseries in Oldbury and Redditch continued below the maximum capacity of each nursery but did not fall below the closure level of 50% fixed by the County Council. The effect of the much higher charges is to encourage parents to keep children out of the nurseries whenever there are alternative means of caring for them, so that in the school holidays toddlers, and even babies, may be left in the charge of school children. Places are available for 25 at Redditch and 25 at Oldbury giving a total of 34 places for infants under 2 years and 36 for infants from 2—5 years.

Nurseries and Child Minders Act 1948

A limited accommodation available in nursery schools has encouraged the opening of private institutions to give the same type of daily care as a nursery school or day nursery for short periods, and 5 applications were considered during 1955, including one for a move to new premises and one for an increase in the numbers to be taken.

At the end of the year 5 persons or premises were registered providing daily care for a total of 57 children.

Child Minders Scheme :

This scheme has not been advertised but individual cases applying have been considered and advised of possible local arrangements. At the end of the year no minders were receiving fees from the County Council.

Virus infection during pregnancy :

The age group involved in this enquiry has gradually passed beyond its range and this year the last 4 reports were sent in. The findings are awaited with interest, since it appears from scrutiny of the completed documents that there is no startling proof of congenital defects following these infections.

Handicapped children :

This register has continued to prove its usefulness and health visitors concerned with special groups of the handicapped can be given extra guidance to assist them in dealing with these cases. In the case of very young deaf children for instance, the health visitor for the area has been able to accompany the mother and child to the Birmingham audiology clinic and supervise the home training between visits. The fees at this clinic have been increased from 5s 0d to 15s 0d per session this year.

The very close co-operation built up during the years by the orthopaedic sister (Miss O. M. Woods) was an example of specialised guidance being made available for district staff, and early knowledge of cases enabled them to work together. She will be much missed and her successor, Miss Jeavons, will be assured of a welcome because of the happy co-operation established by Miss Woods with nurses in the field, due to her never-failing interest and enthusiasm to assist.

In the sphere of mental deficiency special problems of this group of young children were similarly able to be discussed with Miss Solly, the Mental Health Worker, who took over from the health visitors responsibility for all female defectives (except in Oldbury) when they reached 5 years of age.

The register contains the following groups this year:—

	1955	1954
Blind	2	—
Partially sighted, defective vision and squint ...	161	163
Deaf	1	1
Partially deaf, chronic ear troubles	5	5
Epilepsy and convulsions	20	13
Speech defects, cleft palate and hare lip	25	16
Diabetic	2	2
Physically handicapped, orthopaedic, heart cases	215	208
Delicate-tuberculosis contacts, asthmatic and bronchiectasis	164	106
Mental retardation	64	49
Multiple defects	17	17
Maladjusted	3	1
Miscellaneous	†77	*42
Total ...	756	623

† including 7 cases of haemolytic disease of the newborn)

* (" 8 " " " " " " ")

The incidence of haemolytic disease of the new-born is becoming more fully known and it is satisfactory to record a relatively large number of survivors with no apparent sequelae. During the year 7 cases have been recorded and of these only 1 shows any possible after-effects at present. One baby was still-born. One of the cases occurred in the child of a mother with Rhesus positive blood sensitised by blood transfusion in childhood.

Welfare Foods: At the end of the year welfare foods were being distributed through 76 child welfare clinics and 61 other centres and practically all this work is being carried out by voluntary workers. Several changes were made in the year to improve distribution arrangements or to reduce sessions when the need for these was no longer apparent.

The following figures show the distribution of welfare foods in 1955.

	Total amount distributed in 1955.	Increase or Decrease compared with 1954.
National Dried Milk	162,776 Tins	16% decrease
Cod Liver Oil	44,894 Bottles	1% „
" A & D " Tablets	16,878 Packets	31% increase
Orange Juice	240,821 Bottles	15% „

During 1955 several general trends have become apparent.

The distribution of national dried milk has fallen below the previous levels, but there are evidences of a recent rise. The reduction of publicity may have had some influence on this trend. Cod liver oil and orange juice show complementary seasonal fluctuation, but there is an adequate take-up of cod liver oil, with a higher figure than previously at the end of 1955. The demand for orange juice appears to have increased steadily, and it has reached unexpectedly high levels this past summer. The notable change is in the uptake of vitamin tablets by expectant mothers which has increased nearly one and a half times and is remaining at a high level. The increased distribution of these through antenatal clinics, and the fact that more mothers visit these clinics now for relaxation classes, or other reasons, may have assisted this. As a means of public education perhaps some points about vitamin dosage could be included in the labels of welfare food bottles and tins. This constant repetition would do something to offset the concentration by commercial advertisers on vitamin content without any guide to the need for such advantages. There is some danger to babies who can be given too much of one or a group of vitamins.

Child Life Protection :

The supervision of foster children up to the age of 9 years continued to be carried out by health visitors.

Adoptions : Close co-operation on this subject between health and adoption authorities is of value both to adopters and children and the help of the Health Department through its officers is given whenever sought.

Health visitors continue to provide 4th and 10th week reports in the probationary period.

Children leaving hospital for unsatisfactory homes :

Hospitals, because of the heavy demands for beds and particularly because of the hazards of infection in children's wards, are always anxious to discharge cases as soon as possible. In some instances children are not however fit to return home and with the young age groups convalescent home vacancies are difficult to find.

There is particular difficulty where there has been infectious disease in the hospital or where there is infection in the child's home. To meet this difficulty not adequately covered by arrangements under the Children's Act, agreement was given during the year to the Children's Officer making suitable arrangements for these cases on the understanding that the Health Committee would be responsible for the cost.

Section 23 Midwifery

The stationary birth rate has not been paralleled by a steady proportion of home confinements. Of the 5,766 total births, including those outside the county, 1801 (31.2%) were domiciliary deliveries, compared with 36.6% in 1954, 41% in 1953 and 47% in 1952, so there is no halt in the trend towards hospital delivery. This is the probable explanation for the continued increase in early discharges of hospital booked cases, since of the 3,965 total hospital births (inside and outside the County) 1,462 cases (36.9%) are known to have been referred to the domiciliary midwives for home nursing up to the fourteenth day. The figure last year was 806 in 3,542 (20.2%). It is to be noted that the majority of these were cases booked for hospital delivery, not those admitted as emergencies. In time, with better housing and more home helps, more domiciliary deliveries should be possible. Of the domiciliary births, all but 13 were attended by County midwives, and in only 43 County cases and 7 private ones was no doctor booked. This number is showing a slow but annual reduction. In over three-quarters of the booked cases, the doctor was not present at the delivery.

Analgesia: This year for the first time all practising members of the staff were qualified to administer gas and air analgesia and it was used in 1,667 out of 1,798 (92.7%) cases while pethedine alone or in combination with it was used in 994. Last year's figures were 90% and 986. It is noteworthy that a certain proportion of mothers preferred to be delivered without any analgesia; the relaxation classes attended by many give them much help. One Trilene apparatus which is being used on trial was delivered late in the year in Kidderminster and so was not used in many cases in 1955.

Premature births: There were 147 premature babies born at home and of the 125 live born children, 34 were transferred to hospital for nursing. The premature baby outfit was used for 5 cases retained at home. During the year the midwives' scales were replaced by more accurate sets which will permit a surer estimate of the birth weight of all babies, and therefore a more accurate assessment of the numbers of babies falling in the lower weight group.

Oxygen for premature babies was made more readily available by the placing of Sparklet apparatus at four centres in the County in addition to the large oxygen cylinders already kept in three centres. Oxygen must be administered with care to avoid any possible complications of retrolental fibroplasia.

Maternity outfits were issued to 2,052 mothers for use in domiciliary deliveries.

Ante-natal Care :

The Ministry in circular E.C.N. 70 issued in July 1949 gave a useful summary of the trends in the maternity services with special reference to the work of the domiciliary midwife. The National Health Service Act altered this service very considerably and it has been necessary this year to restate the place of the midwife in the team, although among the practitioners established before 1948 this was well understood. Midwives themselves are not entirely blameless since their old independence and their professional status, where the confinement was their own responsibility, did not readily encourage teamwork. Neither group has in some instances developed the habit of close liaison, although in some areas this was always well established. The use of the ante-natal co-operation card introduced into this County to try to overcome these difficulties has shown that patients may pass between the various sources of ante-natal care without meeting, or discussion of their cases, between the 'partners' responsible for her care. It is hoped that from the Guillebaud Report recommendations, useful discussions may arise which will improve mutual understanding and trust.

Flying Squad : Help was given by the various units serving the County as follows :—

Bromsgrove	...	...	3
Birmingham	...	...	6
Worcester	...	...	2
West Bromwich	...	...	1

While the drop in numbers of cases to half of those last year is very satisfactory and the lowest since the eleven calls of 1951, the lack of fatalities is a tribute to the prompt and efficient help given by the flying squad. The incidence of cases emphasises again for all midwives the importance of correct selection of cases for home delivery, with persuasion of 'bad risks' to accept hospital confinement. The possibility of an unforeseen emergency must also always be borne in mind since the presence of poor home or social conditions must make the work of resuscitation more difficult if an emergency does arise.

Oxygen was used for three babies in Kidderminster and Stourbridge during the year.

Medical Aid from the records received, medical aid was sought in 164 booked cases and 42 (84%) unbooked ones. A large number of these latter were miscarriages.

Breast-feeding continues to show a small reduction and of the 1,798 domiciliary births 1,588 (88.3%) were fully breast fed at the 14th day (88.9% in 1954). However, because of the high proportion of early hospital discharges the numbers partially or completely artificially fed on the 14th day after delivery are probably much higher, particularly since early discharge is likely to be the chief factor in prejudicing the establishment or maintenance of breast feeding.

The group of mothers in which breast feeding proves to be inadequate or difficult because of badly formed nipples or threatened breast abscess is a particularly distressing one. So often these mothers are anxious to feed their babies, but because of inadequate ante-natal preparation this may prove impossible, or so difficult that an abscess may develop. By careful ante-natal instructions and the use of breast shields, lactation can be established and breast abscess avoided.

Ophthalmia neonatorum: 13 cases were notified by doctors to the Health Department during the year, 9 occurring in hospital and 4 at home. This notification is one where the diagnosis is often subsequently corrected, and many cases are found to be due to blocked and infected lachrymal ducts. No residual defects of vision were reported. The true ophthalmia neonatorum is now rarely encountered.

It is hoped that co-ordination of the maternity services will ensure improved understanding of the supervisory function of the Local Health Authority regarding infections such as pemphigus, gastro-enteritis etc.

Supervision of Midwives:

The non-medical supervisor of midwives, and her deputy, carried out routine supervisory visits to all County Council and private midwives and special visits to nursing homes, hospitals and domiciliary midwives in connection with special enquiries relating to infection or stillbirths, the use of the flying squad, the premature baby outfit and oxygen.

In the rules governing the midwives work, there is a welcome clarification of the definition of a midwife and maternity nurse, about which persistent confusion has led to inaccurate statistics since 1948, when the fact of the booking of a doctor was less easily established than in the pre-National Health Service days.

An important item was the re-introduction of the compulsory refresher course for midwives, the requirement for which was suspended during the war years. While a small number of midwives have been sent annually as they could be spared, two-thirds of the midwives in the domiciliary service have not been within the past five years. The availability of staff for these courses was further prejudiced during the year by the Whitley Council Award of an additional week's holiday for all staff, but it is hoped that before the end of 1958 most will have been able to attend within the appropriate five years period.

Staff and work undertaken: Miss Franklin and Miss Browning, two members of the staff at the Kidderminster Training Home (which accepts pupils for six months Part II training), gained their teachers diploma during the year.

The number of midwives employed has been maintained, although in one area the diminishing domiciliary cases will make it necessary to consider staff reductions, probably by combining full-time midwifery with general nursing duties.

At the end of the year 99 midwives were employed in domiciliary work, 12 in full-time posts in Kidderminster, Oldbury and Stourbridge, 44 working on combined duties (one a part-time relief) and 43 as district nurse/midwives (two of whom were part-time). In addition two senior nurses in Kidderminster and Oldbury were working as district nurse/midwives in a partly supervisory capacity.

The full-time equivalents of these domiciliary workers amount to 52 giving a proportion of one midwife to every 7,936 population. The staffing proposals mentioned last year suggested one to every 8,000.

Table showing work of County Midwives

	1952	1953	1954	1955
Cases	2,750	2,601	2,045	1,785
Visits—(nursing)	54,590	52,997	42,434	33,714
(ante-natal)	17,762	18,450	16,806	9,559
(post-natal)	799	608	720	445
Total visits	73,151	72,055	59,960	43,718

The apparent drop in ante-natal and post-natal visits this year is partly due to change in recording individual visits.

Training midwives: Six nursing areas and twelve midwives were approved for Part II training purposes. Details of work in this field is given later in the report.

Hospital Maternity Services:

The hospital provision in the area remained substantially the same but larger numbers of mothers were delivered in hospital and there was a corresponding early discharge. As the County is covered by four Hospital Management Committees, procedure is not uniform.

It is pleasant to record a growing co-operation between hospital and domiciliary staff in the midwifery field, partly because the midwives have more opportunity to know their hospital colleagues and partly because of the visits of health visitors to maternity units. This must be further encouraged, as must mutual understanding between the different doctors concerned, to ensure a satisfactory maternity service.

'Social grounds' for admission are very difficult to assess accurately since the relative importance of the reasons varies according to the patient's wishes, but the midwives, who have investigated these cases since 1952, are gradually educating the public to the correct use of hospital beds. This has meant a considerable change from the midwife's old policy of booking patients according to their wishes, but it means that a better selection of cases for home delivery is being practised, with a corresponding improvement in the survival rates of mother and child. Ideally, mothers should be able to have their babies where they wish but if there are insufficient hospital beds to meet other than medical and social needs, the remainder must be assisted to accept the position, as must on the other hand, the mother who is the bad obstetric or social risk, but is opposed to hospital care.

Towards the end of the year, the increased demand for " medical " and " social " beds made it necessary to re-introduce more stringent standards. When previously most primiparae (women having their first baby) were booked, and early applicants without medical or social priority were offered beds at 28 weeks pregnancy, if hospitals were not fully booked, now some applications have had to be refused. In addition, some applications are withdrawn when beds are not available in the hospital of choice. The situation is particularly difficult in the Bromsgrove area, where the caravan sites and housing development on the Birmingham boundary in Wythall and elsewhere have created a much increased demand.

Details of hospital births to County mothers during the year are as follows and for interest are compared with those for 1953 :—

		1953	1955
South Worcestershire group	Avonside, Evesham ..	459	360
	Ronkswood, Worcester ..	291	458
Mid-Worcestershire group	Lucy Baldwin Maternity Hospital, Stourport ..	284	361
	Croft Maternity Home, Kidderminster ..	398	402
	Bromsgrove General Hospital (previously All Saints)	515	763
	Blakebrook Hospital, Kidderminster ..	134	Closed
Dudley and Stourbridge group	Mary Stevens Maternity Hospital, Stourbridge ..	450	616
West Bromwich and district group	Hallam Hospital ..	331	296
Birmingham		426	484
Others		453	225
Totals		3,741	3,965

The availability of more beds at Ronkswood Hospital and Bromsgrove General Hospital is only partly responsible for their increased number of confinements, since a very large amount of abnormal midwifery is being referred there. Deliveries at Lucy Baldwin Maternity Hospital were very low in 1953 because of staffing difficulties, but it should be noted that the annual bookings for the Mary Stevens Maternity Home have previously varied between 423 and 489.

At the end of the year 41 midwives had notified their intention to practise in hospitals and 37 of these were qualified to administer gas and air analgesia. Of the two in private nursing homes, one was so qualified while in domiciliary practice. None of the 11 midwives who attended cases privately, could administer gas and air. Institutional confinements totalled 2,501 with a further 29 in nursing homes and there were only 13 domiciliary cases not attended by county staff. Medical aid was not sought for any institutional cases.

Section 24. Health Visiting.

The working party on the field of work, training and recruitment of health visitors has continued its deliberations but expectations of receiving its report before the end of the year were not fulfilled. Speculation and discussion about its recommendations has made it difficult to plan new developments, and progress has continued along well tried lines. With constant staff shortages, the problem is to make the best use of existing personnel and progress is still possible in the removal of non-technical responsibilities. The development of effective liaison is another important step in this direction, and experience of sharing responsibility with doctor, nurse, social worker or lay voluntary worker proves that this joint service may be even more effective. In the same way, education "of the people by the people" in discussion groups, with the guidance and help of skilled workers, is proving a more satisfactory and often quicker way of achieving desired results in the form of changed patterns of living. Sickness and resignations have left some areas short staffed for long periods, and the added duties, such as B.C.G. vaccination in the schools, take more visiting time for fixtures, and there is little time left for routine visiting.

Staff meetings have been held to which speakers were invited, and in experimental group discussion staff in small groups expressed their views on new projects.

Staff have participated in training schemes by accepting students for rural and regional experience, and most appreciate this opportunity to help, and perhaps to learn of new developments. Newly trained staff often need guidance and an apprenticeship served under an experienced worker is invaluable.

Health Visitors have continued to visit three maternity units regularly and the others as need arose, and personal contacts with the hospitals have been encouraged.

The two Mother and Baby Homes and two residential nurseries have their regular health visitors. Health visitors have also worked in co-operation with the Birmingham Audiology Clinic in helping to train the parents of young deaf children. Of the routine work, case loads of pre-school children have diminished a little as those born in the years of higher birth rates enter school. The estimated mid-year population of 34,440 in 1951 has dropped to 31,000 now and visits to the toddler group have increased considerably. The expectant mothers have remained constant in their numbers, the numbers being visited by the health visitor being almost doubled and their problems seem to have decreased little. Hospital maternity bookings are now notified to the health visitor so that she can make early contact with this group, and the increase in the number of these may be partly responsible for the rise in numbers visited. More ante-natal education should reduce the need for help in the early days after delivery and enable the health visitor to anticipate many of the mothers' problems.

The aged—either in years or capacity—continued to increase in numbers but nothing more than referred work is being carried out by many nurses.

The work of the health visitor as family adviser is difficult to assess numerically. The 1951 census gave a total of 117,150 households in the county, 33,812 of which were in rural areas. The health visitors return of households visited has risen to a total of 19,595 (19,420 in 1954) to which must be added a proportion of those visited by tuberculosis health visitors. No accurate figures are available of the households visited by both workers, but 68 visits are recorded by district health visitors to tuberculous households. Now that routine information of contact with notified cases is passed to the visitors of pre-school children, this figure should be more reliable and probably much higher.

Records of the work undertaken in this County have always excluded "useless" visits and this year these have been additionally recorded as totalling 11,688 for all purposes. These visits represent an enormous waste of energy and enthusiasm; thought must be given to reducing the number, perhaps by altering visiting times and reducing case loads. Much of the visiting at present is carried out over a wide area to meet urgent needs in various households, which have all to be seen in the short period available—with a consequent waste of time in travelling though a telephone and an office or base where messages can be taken assists greatly.

Table showing work of health visitors in 1955 (1954 in brackets).

	First Visits	Total Visits
Visits to expectant mothers ..	1,526 (876)	2,289 (2,206)
Visits to children under 1 year (estimated mid-year population 5,780)	5,970 (5,821)	31,754 (31,428)
Visits to children 1—5 (estimated mid-year population 25,220) ..	18,825 (19,116)	59,547 (56,538)
Total children 0—5 visited during year (estimated population 31,000)	24,795 (24,937)	91,301 (87,966)
Visits to tuberculous households by district health visitor	—	68 (1,090)
Other visits	—	6,921 (5,662) (including female mental defectives in Oldbury)
Tuberculous households visited by full-time tuberculosis health visitor	—	15,432 (12,678)

Clinic attendances by health visitors totalled 3,261 at child welfare and 738 at ante-natal clinics and in a few areas 34 at immunisation clinics. Tuberculosis health visitors made 696 attendances at the six chest clinics.

The district health visiting staff at the end of the year numbered 86 of whom seven were full-time tuberculosis health visitors and two full-time health visitors, while 33 combined health visiting and school nursing and 43 and one relief in addition undertook district nursing and midwifery and valuable help was given by

two part-time relief workers. Ministry dispensation covering the employment of workers without the health visitor's certificate is still required for quite a high proportion of nurses, but these are mainly the older ones who have no opportunity to take this training now and these numbers fall each year with retirements. No new appointments for combined work in rural areas are made unless the applicant is appropriately qualified. Dispensation was sought this year for 24 (of whom two were only undertaking combined relief duties) compared with 31 last year.

The full-time equivalents of these staff employed solely as health visitors would be 33.5 representing an average of one health visitor to 11,844 population. The suggested figure is one to 5,000 (excluding tuberculosis) so there is still great room for improvement in the staffing position; the amount of overloading is emphasised by this figure. The vacancies at the end of the year are not included.

In the tuberculosis field seven full-time workers were caring for an average of 346 cases each at the end of the year, in the ratio of one health visitor to a population of 57,528.

Transport: Twenty-eight full-time Health Visitors out of a total of 46, were using cars for their work at the end of the year, and two more were learning to drive.

Section 25. Home Nursing:

In this service as in the health visiting one, the picture is of increased service given to an ever-growing number of cases, shown clearly by the returns of work. One of the reasons for this is undoubtedly the fact that injection treatment for many conditions is very common. It is satisfying to record in tuberculous cases the gradual replacement of streptomycin injection by oral treatment, with a consequent lightening of the nurses' load. There is, however, a disadvantage in that, although nurse had been asked to call regularly to give the injection, her visit was also used by the patient to discuss matters connected with the illness, while the nurse was often able to advise and help in the general nursing and make the patient more comfortable.

A very high number of visits is paid to diabetics. Here again, the time of too many district nurses is taken up by giving injections in households or to individuals where other people could do this work. There is a small number of patients such as the old and the blind, by whom her help is required and time saved on other cases could be used in assisting the doctor in the care of the diabetic, in supervising general health, diet and way of living. The present position is well illustrated by the figures for 1955. For 273 diabetics, 31,267 visits were made, but 30,370 were for injection only, while only 897 included nursing care as well. The giving of advice is not recorded separately.

The growth of injection therapy has been insidious but figures collected this year give some indication of the demands it is making upon the nursing service. Of the total of 18,995 cases attended by district nurses during the year, 2,234 *i.e.* 11.7% were receiving treatment by injection. A total of 57,412 visits were paid to these cases (a third of the visits to all nursing cases) and 49,419 of these visits were for the purpose of giving an injection only, while the remaining 7,989 visits also included nursing care. While this is not an entirely true picture, since advice given while nurse was there may not in every case have been included as nursing care, it does demonstrate the change modern treatment has produced in the work of the nursing service, in which the special skills of the nurse in caring for the sick are not used so extensively as previously. The groups of cases receiving injection treatment have been further sub-divided as shown in the table below:—

Injections given by district nurses 1955

Visits

Type of injection	Number of patients	Injections only	Injection and nursing care	Total visits
Insulins	273	30,370	897	31,267
Antibiotics	1,170	6,836	2,826	9,662
Pain relievers	94	443	1,475	1,918
Diuretics	415	6,754	2,236	8,990
Blood disorders, (treatment)	224	3,691	555	4,246
Hormones	9	95	—	95
Others	49	1,230	4	1,234
Totals	2,234	49,419	7,993	57,412

Nursing of Sick Children :

Special comment has been requested this year on developments in the field of nursing sick children at home. This is a matter which has received consideration in many areas, particularly since the publishing of details of the Rotherham scheme. At that time a medical and nursing officer visited Rotherham to assess the possibility of applying it in this county. It must be remembered by the protagonists of such schemes that in the nursing of the sick at home no differentiation has been made in the past by the district nursing service between children and adults. The only reason why a relatively small number of cases (648 out of 18,995 in 1955) were children under 5 was because traditionally mothers undertake the nursing of sick children and rarely seek help, and because the sick child is far more likely to become suddenly dangerously ill (just as he may recover equally spectacularly) and may be admitted to hospital by the practitioner in charge of the case because of this. The hazards of infection in hospital wards have been generally recognised for a long period, although organisms prevalent now seem more difficult to eradicate than in the pre-antibiotic era. Hazards to the mental health of the child have only recently received attention, though in certain hospitals for many years previously both problems had been dealt with by the introduction of mothers into hospital to assist in the nursing of their children.

When considering this problem some differentiation must be made between the various types of case and of areas from which they come. With the ill child in the rural areas, domestic help may be more difficult to find for the mother undertaking the care of her child at home, while the frequent visiting necessary for a very sick child may be beyond the scope of the present hard-pressed nursing service, and doctors in charge of these cases may feel happier with the child in hospital. In the urban areas, home help is more accessible and nurses and doctors can call more frequently, and a hospital is nearer if it is needed in emergency.

A special comment should perhaps be made about the nursing of infectious illness, which of course is a very large cause of sickness among children. Some of the old nursing associations had a rule prohibiting attendance by their nurses on cases of infectious disease, although she was allowed to treat an infected wound.

Any equipment required should be readily available from the medical comforts depots and the mother must receive any necessary help with her other domestic responsibilities.

District Training :

The district nurse could become the guide and trainer of the public in the conduct of illness in the home, and working in her well-established partnership with the general practitioner, become a teacher of the principles of healthy living and ways of avoiding illness. The district nurse's membership of the preventive services is not just another anomaly of the health service, but a real indication of her true function. She is more fortunate than her fellow worker, the health visitor, in that her practical help is sought in time of urgent need and she is therefore listened to more willingly.

The difference between work in hospital and on the district is thus apparent, and the need for further training of the nurse undertaking district work to fit her for these further responsibilities is clear. The additional training she receives in adapting hospital techniques to work in the home is also invaluable. The working party on the work of district nurses issued its report in June and it was interesting to note the varying opinions on the amount of further training required. The essential of the Queen's Institute is giving the nurse an insight into the work of others in the field and showing her her place in the domiciliary team, educating her in the sources of help she can tap to assist her patients, and training her to adapt her techniques. All these skills and the widening of her horizon may, by the exceptional nurse, be acquired in a few weeks, but the basis, as in any other training, is the opportunity to practise them under supervision and guidance until they are sufficiently established to become part of her professional routine.

The value of 'district training' for general practitioners (although not called this) has been recognised in the field of medicine by the introduction of trainee assistants in general practice and it can hardly be held that it is any less necessary for nurses. The domiciliary midwife, as well as the increasing numbers of practising state enrolled assistant nurses who are not state registered nurses, would benefit considerably by some similar practical introduction to district work in addition to the theoretical instruction. Even if the latter work under supervision eventually, they could work more intelligently, with a wider understanding of their functions.

Details of the year's work are given below and compared with previous years :—

Type of case	1952		1953		1954		1955	
	cases	visits	cases	visits	cases	visits	cases	visits
Medical ..	4,892	115,125	6,350	124,346	6,190	130,218	5,673	137,181
Surgical ..	2,394	36,622	2,341	31,277	2,403	34,569	2,406	35,970
Other	unre- corded	14,521	11,692	16,582	10,105	13,455	10,916	15,103
Totals ..		166,268	20,383	117,205	18,698	178,232	18,995	188,254

The average numbers of visits paid to each type of case were :—

	1953	1954	1955
Medical	20	20	24
Tuberculosis	18	14	25
Infectious diseases	5	8	5
Surgical	15	14	15
Maternal complications	7	8	5
Others	15	1	1

The aged continue to make fairly heavy calls on the nurses time, and of the 18,995 patients attended, 3,798 were over 65 at the time of the first visit (20% of the total cases compared with 19.6% last year). In 1951 the census showed that 10.5% of the county population came in this age group as compared with 9.5% of the 0—5 age group. By comparison children under 5 attended numbered 648, with 4337 visits. Of the remaining 80% of the population 1 in 23 received the nurses help in the year as compared with 1 in 16 of the aged and 1 in 62 of the pre-school children.

Long-term cases also increased in numbers, possibly due to the use of new drugs or improved survival rates, and 1,480 patients in 1955 (compared with 1,380 in 1954) had over 24 visits in the year. The total visits to this group also increased markedly from 106,506 to 111,368. These patients now represent 70.8% of the nurses total case load.

Staff: At the end of the year 114 nurses were undertaking district nursing but of these 6 were employed on day or hourly duties only, two of whom were district-nurse/midwives and one a combined worker. Of the remainder, 24 were only undertaking district nursing, 41 combined this with domiciliary midwifery and in addition 43 were carrying out health visiting and school nursing duties. The full time equivalents of these 114 amounted to 61 (including reliefs) who are serving a population of 412,700 or one nurse to 6,765 population. The present staffing proposals provide for one nurse to 6,000 population. In addition two staff at headquarters and two in divisional areas are employed full or part time on administration, giving a full time equivalent of three.

Qualifications of the staff undertaking district nursing are as follows :—

	<i>Queen's Nurses</i>		<i>Non-Queen's Nurses</i>	
	Full-time	Part-time	Full-time	Part-time
S.R.N., S.C.M., H.V. . .	17	—	1	—
S.R.N., S.C.M. . .	29	3	21	—
S.R.N.	6	—	5	—
S.E.A.N., S.C.M. . .	—	—	19	1
S.E.A.N.	—	—	8	2
S.C.M.	—	—	2	—
Totals	52	3	56	3

The figures for 1954 were 49 Queen's nurses, 62 non-Queen's. The figures above include 3 male nurses who are very fully occupied in 3 urban areas and 4 nurses normally engaged for full-time relief duties serving several areas (one of these has her own small district). Two nurses not included in the table are employed on occasional relief duty.

Transport and housing are matters relating to both the district nurse and midwife and figures given below include both these groups.

Transport : It is never easy to acquire a new skill later in years as many of the nurses who have taken up driving during the year have discovered. In spite of this a reasonable proportion have passed their driving tests and are now using their own or County Council cars for this work. This makes a great difference both to the nurse's health and also to the amount of work she can undertake. As nurses become drivers, area re-organisation becomes possible in many districts. Five new cars were provided during the year, mainly to replace worn-out vehicles, since several nurses previously using County cars have purchased their own.

Housing : Although progress in building is slow, 7 new houses have been occupied during the year at Longdon, Stourbridge (2), Callow End, Cookley and Cradley (2) and are very much appreciated by the nurses. The added advantage of the district room makes for easier working and planning of work. The acquisition of sites is a very lengthy process and in two areas it has not been possible to start building houses required most urgently. As far as possible, sites are being purchased well in advance of the building programme.

The assistance of district councils has again proved invaluable in giving help until houses are completed or purchased, and thanks are due especially to the Borough and District Councils for allowing the temporary use of houses in this year, and to the other district Councils who have allocated houses permanently for the use of district nurses or given help in the search for sites.

County Nursing Association :

The Annual General Meeting was held in July when reports were given about matters discussed in the year, including the findings of a sub-committee on the duties of the secretary of a nursing association. The Association is fortunate in having Agatha, Lady Hindlip, as their President and Mrs. J. C. Wilson as the very capable Chairman of the Executive Committee. The interest they show in the work of the Association is reflected by the measures taken for the betterment of district nurses working conditions.

Dr. P. B. Kunkler, M.R.C.S., M.R.C.P., a Consultant Radio-therapist to Birmingham General Hospital gave an Address on "The modern trends in the treatment of Cancer" dealing mainly with treatment by radiotherapy and only briefly with the surgical and chemotherapeutic treatment of cancer.

An innovation this year was the invitation sent to all County health visitors and all those who could come were very glad of the opportunity to do so.

The Isobel Morcom Medal and Prize given to the nurse who has given outstanding service to the County was presented by Agatha, Lady Hindlip, the President of the Association, to Mrs. A. M. Towers, S.E.A.N., S.C.M., of Wolverley District Nursing Association.

Long Service Badges :

These were awarded to the following district nurses who had served ten years in the County :—

Mrs. B. L. Dudley (Hartlebury)

Miss E. M. Hurdman (Halesowen)

Miss K. E. Gellard (Redditch)

Queen's Long Service Medal : This was presented in London to Miss Brooks (Stourport on Severn) in November 1955 to mark 21 years service as a Queen's nurse.

Public Health Act 1936

Hop-pickers nurses : Additional nurses were again engaged to assist in the areas where there were many pickers. This year 3 nurses were employed during September and help was again given by the Salvation Army on some of the farms. Machines, which are being increasingly used, bring their own hazards so that it is necessary to be prepared for accidents of a more serious nature than those previously encountered.

Registration of Nursing Homes : At the end of the year there were still the same number of homes (13) registered as previously. Two homes provided a total of 7 maternity beds between them but the other beds available had been reduced from 159 to 146. Regular inspections were carried out by Assistant County Medical Officers.

Training

1. *Students from other Authorities :*

(a) Student Queen's nurses from Nottingham continued to visit the County for three days rural experience ; fourteen came during the year. Arrangements are usually made for them to be accommodated locally, in most cases by the nurse.

(b) *Student health visitors from Birmingham :* Six students came for one week's residential rural experience and thirteen for three days regional experience. In addition two came for one day only.

(c) Four tutor students from the College of Nursing (one a health visitor and three district nurses) spent a day in the county studying administration.

2. *Training in the County : Midwives (Part II)*

(a) During the year five pupil midwives spent six months at Stanmore Nurses Home in Kidderminster and took their examination ; all were successful.

(b) There were ten pupil midwives from Bromsgrove General Hospital working in the County during the year, stationed in the following areas :—

Bromsgrove	...	3
Redditch	...	3
Stourbridge	...	1
Pershore	...	1
Stourport	...	2
		—
		10
		—

All were successful in the examination.

3. *County Council Studentships :*

(a) *Birmingham University Health Visitors Training :*

Five students completed their training in June and joined the staff, one as a combined worker. Applications for training were regrettably much reduced, and only one student commenced training in September for full time health visiting duties.

(b) *Queen's Institute Health Visitors Training :*

One student completed her training in June and returned to her original county district for combined duties.

A Queen's nurse started her course in September and will be available for combined duties next June.

(c) *Queen's nurse/health visitor training :*

Two nurses who commenced this training in 1954 were available for combined duties in 1955.

(d) *Queen's nurses :*

Two students who started training in 1954 were available for duty in 1955. Six students entered for the four months training during the year, one already a member of the staff and one who had been a pupil midwife on a county district, while two others had undertaken temporary relief work while awaiting training. Four of these six were employed on districts after completion of training in 1955.

4. *Nursery training :*

One student passed the examination for her Nursery Nurse Certificate.

5. *Refresher courses and further training :*

Attendances at these courses will increase still further as the regulations of various bodies are implemented. At present some of the nurses and health visitors on the staff have never attended a course in nine years service, and in the same way state enrolled assistant nurses have had no courses specifically arranged for them until this year. Two midwives took a gas and air course and two health visitors attended refresher courses.

Two district nurses attended similar courses and the College of Nursing Birmingham Training Centre held a three day course for state enrolled assistant nurses and four members of the staff were released to attend this. The senior nursing officers attended appropriate courses and conferences. Miss Mee and Miss Pettit went to Manchester University for 2 weeks, to study under Professor and Mrs. Ewing tests for deafness in infancy and early childhood.

*Section 29**Home Help Service :*

The County is fortunate indeed to have the co-operation of the Women's Voluntary Service in the administration of this service. I am happy to express my appreciation of the excellent work done under the supervision of Mrs. Moore Ede, the County Organiser of the Women's Voluntary Service, by Mrs. Ayliffe, who is in charge of the Home Help Service and by the twenty-four organisers working in the various districts in the County.

There is a nationally increased demand for the assistance provided by home helps and Worcestershire, like other areas, has had to extend the service to meet this demand. In some parts of the county this is difficult because the suitable female labour force is fully occupied in other work. The use of mobile home helps has done much to meet the needs in these districts and in the more remote parts far from 'bus routes.

No resident home helps were used during the year, but this special service may be of value in the future for the exceptional case.

Training : All nine home helps who sat, passed the examination for the National Institute of Houseworkers diploma, two with credit; seven of these were from Bromsgrove and two from Redditch.

Bromsgrove Home Helps this year have been responsible for the initiation of an evening course on " Emergencies in the home " at the local College of Further Education, which they are attending at their own expense.

Discussions were held towards the end of the year to plan a training course for all home helps in the county, in co-operation with the W.V.S. Training Organiser. It was also agreed that those helps who qualify by attendance at the full course of lectures would receive a specially designed badge.

Charges : Early in the year it became necessary to review the scale of charges and these were changed from 1st April. The maximum charge per hour was increased from 2/6d to 3/-d and this has had the effect of multiplying the applications for assessment by households which were previously prepared to pay the full charge. Lower income groups have however benefited under the new scales.

Visitors and publicity :

The home help film has been in demand by the Central Council of Health Education for showings round the county and has been lent to Ealing and Nottingham. It has also been shown to student nurses in Worcester Royal Infirmary.

The County Home Help Organiser from Cornwall paid a two days visit to see the organisation of the work, particularly that concerned with problem families, while the organiser from East Sussex also spent two days in the County studying the service and the use of mobile home helps. Her visit followed a W.V.S. conference in London where Mrs. Moore-Ede was speaking on " The Training of Home Helps."

Staff and work undertaken :

The table below shows the staff position at the end of the year, compared with that in previous years, and the amount of help provided.

No. of helps at end of year

Cases assisted

	Full time	Part time & Occ.	Mater- nity	Tuber- culosis	Chronic sick aged and infirm	Others	Totals
1952	26	97	122	37	1,141		1,300
1953	30	159	291	43	249	1,115	1,698
1954	39	249	331	57	672	500	1,560
1955	32	222	375	70	974	532	1,951

The number of cases helped is nearly 400 more than last year. It is interesting to see that in spite of the unaltered number of home confinements there is an increase in the number of maternity cases assisted. There has been a rise in tuberculous cases too since the numbers were double those in 1952. The greatest extension was in the care of the aged and chronic sick where the numbers aided have more than trebled in three years.

The average numbers of cases attended per quarter in the different groups were :—

	1st	2nd	3rd	4th
Maternity	55	40	35	36
Tuberculosis	40	37	39	41
Chronic sick including aged and infirm and all other cases	757	813	787	842

The problems of the organisers are best realised by noting that the demand varied between 35 and 55 maternity cases and 757 and 842 general cases. Flexibility has been much improved by the building up of a regular corps of part-time helps. The out-of-the-way or exceptional cases have their needs met by occasional helps, of whom an average of 58 were employed at a time, compared with 205 part-time helps (who only numbered 20 in 1953). The 34 full-timers gave invaluable help as the backbone of the service, sometimes assisting one case continuously, sometimes visiting a succession of households to meet varied needs. Their adaptability and tolerance in meeting those needs are notable, as in the personal interest so many of them take in the cases they are helping.

Family Welfare Home Helps.

The households assisted under this scheme were 10 as in 1954. Of these, 6 began to receive aid in 1954 and continued to be assisted for some time. Two of these were 'recurrent' cases needing periodical help and while it was felt there was little hope of great permanent improvement, the timely assistance kept the home together when crises arose. Of the other cases which arose in 1954, two improved sufficiently to be considered 'cured' and one managed eventually with an ordinary home help. The fourth family proved unresponsive and refused to continue with the service after a period of assistance during illness. Four new cases were accepted during the year but one moved out of the area very soon after starting help and one other changed her mind after a week. The other two both needed considerable amounts of help but assistance finally ceased in one case because the household was not prepared to co-operate, and the mother was merely using the worker to save herself. The other family is still being helped but progress will be very slow. In two other cases the service was offered and refused and in another the lack of a suitable helper made it necessary to postpone offering specialised assistance.

As more cases are referred for this service, it is becoming apparent that many of the households will be 'chronic' social problems, but it is not always easy to assess trainability until someone is employed in the home. The conditions and difficulties under which helps work in many of these problem homes make greater demands on them than the ordinary cases, but it is apparent from discussions throughout the county that many of them are dealing with just as difficult and long-standing social problems among the aged and tuberculous who are not specially classified.

In my opinion the demand for the home help service will continue to grow, and more and more will this service have to be utilised to maintain not only the sick but also the healthy in their own homes.

Dental treatment of Nursing and Expectant Mothers and Young Children, 1955.

The following report has been supplied by Mr. B. D. Britten, the Principal Dental Officer :—

“ Substantial progress has been made in the treatment of Expectant and Nursing Mothers in the County, though there has still been no increase in the number of dental officers. It is also unfortunate that a considerable amount of sickness amongst members of the dental staff reduced the number of sessions available for the work during the year. Nevertheless, the demand for dental treatment, particularly from expectant and nursing mothers, has greatly increased and well over double the numbers were seen in 1955 compared with the previous year. Many cases referred to the dental service for inspection and treatment are women who have already had their babies and inspection frequently proves that their mouths were far from healthy during the period of pregnancy. Strong efforts are now being made to encourage this class of patient to submit to dental inspection and, where necessary, treatment as early in pregnancy as possible.

More young children are being brought to the dental officers each year and the percentage of those made dentally fit is slowly increasing. It is still difficult, however, to persuade most parents to seek advice and treatment for their children before the onset of toothache and it is rare to find it unnecessary to extract any teeth at all for a child.

It has now been possible to set aside one half day per week in Bromsgrove for the treatment of expectant and nursing mothers and young children, though on some occasions there have been insufficient patients available to keep the dental officer fully employed for the whole session. In other clinics, evening sessions are carried out regularly by the dental officers. A considerable amount of the work done on young children is done during daytime sessions normally allocated to work on schoolchildren and this is particularly the case when extractions are necessary under a general anaesthetic. The number of sessions shown in the return does not include these part-sessions but only represents the number of evening sessions carried out plus the weekly daytime session in Bromsgrove.

During the year more clinics were equipped with X-ray machines and developing rooms. Facilities for X-rays now exist in Oldbury, Stourbridge, Kidderminster, Bromsgrove and Redditch.

The number of dentures provided is steadily increasing. The mechanical work is carried out by an outside laboratory but as the costs and amount of work increase it will become necessary to consider the advisability of setting up a county dental laboratory.

B. D. BRITTEN,

Chief Dental Officer.

May 1956.

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND
CHILDREN UNDER SCHOOL AGE.

1955.

(1)

(a) Number of Officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service :—		
(1) Senior Dental Officer ..		1/5th.
(2) Dental Officers.. .. .		1 3/5ths.
(b) Number of Officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service		—
(c) Number of dental clinics in operation at end of year		13
(d) Total number of sessions (<i>i.e.</i> , equivalent complete half days) devoted to maternity and child welfare patients during the year ..		181
(e) Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year		—

(2) DENTAL TREATMENT RETURN.

A. Numbers provided with dental care :

	Examined	Needing treatment.	Treated	Made dentally fit.
Expectant and Nursing Mothers	215	212	184	81
Children under five	469	440	401	264

B. Forms of dental treatment provided :

	Scaling and gum treatment.	Fillings.	Silver Nitrate treatment.	Crowns or inlays.	Extractions.	Gen-anaes :	Dentures provided		Radio-graphs
							Full upp : or low.	Part upp : or low.	
Expectant and nursing mothers	78	273	4	2	779	29	44	23	24
Children under five	5	101	100	—	1,081	300	—	—	—

VACCINATION AND IMMUNISATION (Section 26)

Vaccination

The following is the vaccination return for the county for the year ended 31st December 1955 :—

Age at date of vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number vaccinated ..	3,003	165	88	66	86	3,408
Number re-vaccinated	—	—	6	39	145	190

There were two cases of generalised vaccinia.

The corresponding total of primary vaccinations for the year 1954 was 3031.

Of the 3408 primary vaccinations, 743 were performed at clinics being 21.8 per cent compared with 21.58 per cent for 1954.

The following table gives the figures for each County District :—

WORCESTERSHIRE COUNTY COUNCIL.

VACCINATION—ANNUAL RETURN FOR THE YEAR ENDED 31st DECEMBER, 1955—SUMMARY.

DISTRICT	No. of persons vaccinated.					TOTAL	No. of persons re-vaccinated.					TOTAL
	Under 1	1	2 to 4	5 to 14	15 or over		Under 1	1	2 to 4	5 to 14	15 or over	
Bewdley Borough ..	32	—	—	3	1	36	—	—	—	—	1	1
Droitwich Borough ..	118	2	1	4	—	125	—	—	—	1	5	6
Evesham Borough ..	42	4	4	2	9	61	—	—	—	—	20	20
Halesowen Borough ..	275	12	4	2	13	306	—	—	—	1	6	7
Kidderminster Borough ..	286	8	10	6	13	323	—	—	—	3	7	10
Oldbury Borough ..	217	7	10	10	6	250	—	—	—	3	8	11
Stourbridge Borough ..	310	16	15	4	5	350	—	—	2	5	10	17
Bromsgrove Urban ..	206	6	3	6	4	225	—	—	2	4	16	22
Malvern Urban ..	272	11	3	4	8	298	—	—	—	7	22	29
Redditch Urban ..	322	10	6	4	8	350	—	1	—	1	4	6
Stourport Urban ..	103	1	1	1	3	109	—	—	—	—	1	1
Bromsgrove Rural ..	237	7	7	2	3	256	—	—	—	3	10	13
Droitwich Rural ..	111	13	6	4	—	134	—	—	—	1	10	11
Evesham Rural ..	82	1	2	4	3	92	—	—	—	—	4	4
Kidderminster Rural ..	66	4	—	1	—	71	—	—	1	2	3	6
Martley Rural ..	100	3	6	2	2	113	—	—	—	3	11	14
Pershore Rural ..	56	54	6	6	4	126	—	—	—	4	4	8
Tenbury Rural ..	54	—	2	—	—	56	—	—	—	—	—	—
Upton on Severn ..	114	6	2	1	4	127	—	—	—	1	3	4
TOTALS ..	3,003	165	88	66	86	3,408	—	—	6	39	145	190

Immunisation

Ministry of Health Circular 4/56, dated 14th March 1956, states that the incidence of diphtheria in the whole country remained much the same in 1955 as in 1954. Since 1948 notifications have fallen from 3,575 to a new low figure of 161 (provisional) for 1955. The number of deaths in 1955 was 11 (provisional).

IMMUNISATION IN RELATION TO CHILD POPULATION

Number of children at 31st December, 1955, who had completed a course of Immunisation at any time before that date (*i.e.* at any time since 1st January 1941).

Age at 31.12.1955. <i>i.e.</i> born in year	Under 1 1955	1-4 1951-1954	5-9 1946-1950	10-14 1941-1945	Under 15 Total
A. Number of children who have completed course (primary or booster) in the period 1951-1955	584	17,501	25,642	7,431	51,158
B. Number of children who have completed course (primary or booster) in the period 1941-1950	—	—	7,829	18,123	25,952
C. Estimated mid-year child population	5,780	25,220	67,600		98,600
Immunity Index 100 A/C	10.1	69.4	48.9		51.9

There were no notifications of diphtheria in the 0—15 age group in the county during 1955.

The following table gives the figures for each County District:—

WORCESTERSHIRE COUNTY COUNCIL
DIPHTHERIA IMMUNISATION—ANNUAL RETURN FOR THE YEAR ENDED 31st DECEMBER, 1955.

Number of children at 31st December, 1955 who had completed a course of Immunisation at any time before that date (<i>i.e.</i> at any time since 1st January, 1941)									
Last complete course of injections (whether Primary or Booster)									
A.		1951—1955				B. 1950 or earlier			
Under 1 1955		1-4 1951-54	5-9 1946-50	10-14 1941-45	Total	5-9 1950-46	10-14 1945-41	Total	
Age at 31.12.55 <i>i.e.</i> Born in year									
Bewdley Borough	3	161	299	70	533	75	209	284	
Droitwich Borough	26	374	389	80	869	254	292	546	
Evesham Borough	23	545	688	183	1,439	25	435	460	
Halesowen Borough	72	1,905	2,666	490	5,133	607	2,721	3,328	
Kidderminster Borough	75	1,454	2,511	348	4,388	1,950	130	2,080	
Oldbury Borough	37	2,010	3,738	2,124	7,909	567	2,029	2,596	
Stourbridge Borough	56	1,743	2,487	457	4,743	422	2,044	2,466	
Bromsgrove Urban	40	1,079	1,878	281	3,278	445	1,835	2,280	
Malvern Urban	35	938	1,110	197	2,280	409	834	1,243	
Redditch Urban	41	1,808	2,581	1,317	5,747	300	1,562	1,862	
Stourport Urban	19	636	932	137	1,724	144	683	827	
Bromsgrove Rural	33	1,180	1,756	446	3,415	599	1,598	2,197	
Droitwich Rural	13	585	364	157	1,119	884	725	1,609	
Evesham Rural	19	667	1,042	267	1,995	27	419	446	
Kidderminster Rural	14	426	736	159	1,335	148	416	564	
Martley Rural	7	516	651	164	1,338	224	728	952	
Pershore Rural	59	783	823	365	2,030	337	537	874	
Tenbury Rural	7	220	375	54	656	88	282	370	
Upton-on-Severn Rural	5	471	616	135	1,227	324	644	968	
TOTALS	584	17,501	25,642	7,431	51,158	7,829	18,123	25,952	

B.C.G. Vaccination of School Children against Tuberculosis

In my last report I referred to the launching of the scheme for tuberculin testing and B.C.G. inoculation of 13 year old school children in 1955 and promised full details.

Invitations were issued to the parents of all children in the 13 year old group in the Authority's schools and the response to this new vaccination was encouraging, an acceptance rate of 83.8 per cent being obtained.

The exacting programme could not have been carried out without the whole-hearted interest and co-operation of head teachers and their staffs which was readily forthcoming.

The scheme was explained to parents by letter, and the services of Miss J. K. Pettit, the County Health Education Organiser, were made available at all the schools concerned. The co-operation of the general practitioners was secured through the Local Medical Committee and every doctor practising in the county was supplied with a set of the forms to be used. The assistance given by family doctors is gratefully recorded; they had some quite formidable lists of children to go through but willingly supplied me with details of cases in which there was any contra-indication to tuberculin testing or B.C.G. vaccination.

The doctors were kept informed about the results of the procedures as they affected their own patients.

A number of requests were received from independent schools asking for arrangements to be made for them to be given the advantage of the B.C.G. scheme as it applies to the schools of the Education Authority. Existing commitments do not at present permit the extension of the scheme to private school children but the Health Committee authorised inclusion of such children if possible, maintaining priority for Local Education Authority scholars and on the understanding that medical officers would deal with the children during holiday or other non-working periods. One private school was dealt with during the year.

B.C.G. Vaccination 1955

No. of Invitations issued	No. of consents received	Percentage acceptance	No. of children whose tests were read A	Result of test		Percentage of positive reactors 100 B/A	Percentage of Negative reactors 100 C/A	No. of children vaccinated
5808	4872	83.8	4489	Positive Reaction B	Negative Reaction C	22.6	77.4	3474
				1015	3474			

Child Guidance

In December, 1955, the Committee on Maladjusted Children presented their Report—the fruits of five years of work—to the Ministry of Education. At the request of the County Medical Officer of Health and the Director of Education the following report on the Worcestershire Child Guidance Service has been prepared by Dr. Graham, the medical director of the Worcestershire Child Guidance Service.

Child Guidance in Worcestershire began in June 1949, when, at the request of the County Council, the Birmingham Regional Hospital Board appointed a consultant in child psychiatry to organise and direct the work in the City and County. The County Council agreed to appoint such other staff as might be required and to provide suitable premises.

Four Clinics were set up shortly afterwards; one at the school clinic premises of the City, (Tudor House, Friar Street) to serve the City and the southern part of the County; one at Warley School Clinic; one at Bromsgrove School Clinic and one at Kidderminster School Clinic. The premises at Worcester were very squalid; Kidderminster was little better. But as the Clinics were starting from nothing they were "put up with" as a temporary measure. It was arranged that the administrative and clerical work should be carried out in an office in the County Buildings; the part-time services of a clerk in the Public Health Department were made available.

The Sub-Committee will see from paragraph 179 of the Report of the Committee on Maladjusted Children (1955) that Child Guidance is the work of a team. In October 1949 the County Council appointed a psychiatric social worker as the second member of the team. A year later, October 1950, an educational psychologist was appointed.

It might be as well here to give some idea of the sort of problems which are referred to the clinics and the sources from which they come. (Chapter IV of the Report deals with this in some detail and Appendix B, page 159 gives a summary). Conditions which are strictly medical, such as certain cases of asthma, skin diseases, neurotic states, epilepsy and insanity (as distinct from mental defect) are referred by family doctors, hospital specialists and school medical officers. Heads of schools refer children whose behaviour is a nuisance or a menace; children who are the opposite—too self effacing and withdrawn; children who fail to learn in spite of good intelligence. Juvenile Courts refer for advice as to disposal of, and for direct help to, children who are brought before them for stealing, for acts of destruction, because of sexual problems and the like. Worried parents will seek advice for children who are chronic bed-wetters, who panic at the thought of school, who have irrational fears which make their lives miserable and unhappy. This is far from exhaustive but gives some idea of the scope of the work.

Children, in fact, are seen because of psychological illness and sometimes physical illness as well; others, because the child and his environment are out of harmony, are not adjusted. Not only do the clinics attempt to cure illness; in so far as maladjustment in childhood may lead to mental ill-health in adulthood, so the clinics are preventive. It must not be thought that the work of the clinics is all on a "rarefied" psychological plane. Much of it is severely practical. For example a child was seen last year, one of six children. At the time when she was referred, the family was about to break up. Their eviction from the home had been ordered by the Court (for non payment of rent) for a specific date. The

opinion of the various social agencies who had had prior dealings with this family coincided with ours; that this family, once broken up, would never be re-constituted. The father would have roamed and led the life of a single man, shedding his responsibilities; the mother would have gone into Part III accommodation with the baby and the toddler, and the remaining four children would have stayed in a Children's Home until they became wage earners. The break up of the family was prevented as the direct result of our actions. The saving to the rate-payers, at a most conservative estimate was about £14,000.

The clinics grew from nothing to the present state of affairs where it is impossible to meet the demands made on their services. At each of the four clinics there is a long list of children waiting to be seen. The waiting period may be from six months to a year or more. This, as may be expected, gives much dissatisfaction to doctors and head teachers who refer children; it also makes the task of helping the children and parents more difficult. It is true that problems for which a child is referred may, over a long waiting period, sort themselves out and disappear by the time the child is seen; much more frequently, however, the problems intensify and harden and are more difficult of solution. The constant pressure to take on more work than can be coped with means that treatment cases are not seen as often as is desirable and that therefore treatment is less effective than it could be.

The inefficiency of the service is because staffing and facilities have not kept pace with the ever increasing demands. The clinic at Worcester has throughout shown itself to be the main clinic—to have the greatest number of cases. Naturally, most of the children coming to this clinic are from the County, not from the City. In 1952 the Medical Officer of Health for the City made available at Tudor House three rooms for the sole use of child guidance which greatly eased the situation for some time. But they are now quite inadequate. The clerical and secretarial work is still being run from the County Buildings on a part-time basis and is wholly inadequate. The professional staff provided by the County Council is one full time educational psychologist and two half time P.S.W.'s; this too, is wholly inadequate.

It will be seen from paras. 184 to 186 that the Committee's view on numbers and time ratio of staff is one psychiatrist, two educational psychologists and three psychiatric social workers (1 : 2 : 3). Our ratio is still 1 : 1 : 1 which means that the psychiatrist, who is the most "expensive" member of the team, frequently has to do work which would more properly be done by an educational psychologist or psychiatric social worker. From all points of view this 1 : 1 : 1 ratio is most uneconomic. In Chapter XIII the Committee give their opinion on the number of child guidance staff required for a given population. They suggest that one psychiatrist, two educational psychologists and three psychiatric social workers are required for a school population of 45,000. The County and the City have, together, a much larger number than this. I consider that in addition to this team of 1 : 2 : 3 we need a non-medical child psychotherapist (see para. 182b).

To have the office work—the secretarial and clerical work—based in one of the four clinics would be a great economy of time. As was said earlier, the Worcester Clinic is much the busiest and to it we devote three to four sessions (*i.e.* half-days) a week; Bromsgrove, Warley and Kidderminster receive two sessions a week. If office and Worcester clinic were under the same roof it would be possible to give to the Worcester Clinic five sessions a week. At present the office is an extra place, in addition to the Clinics, to be visited; one and sometimes two sessions a week have to be set aside there for preparation of reports, correspondence and the like. With a combined office and Worcester Clinic much of this work could be done when an appointment is cancelled or failed or late.

The Report in paras. 193 to 195 makes pertinent comments on premises and equipment. Their recommendation of an old house is to my mind, what is needed in Worcester; an old, reasonably substantial house of eight or nine rooms, situated centrally in a street such as Sansome Walk, would be ideal for a Worcester clinic, housing also the office.

J. J. GRAHAM,

Consultant Psychiatrist—Birmingham Regional Hospital Board.

Medical Director—Worcestershire Child Guidance Clinics.

CHILD GUIDANCE CLINICS

Statistical information for year ending 1955

<i>Clinic</i>	No. of new out-patients during year	Attendances (new and old) during year.	Clinic sessions held during year.
Warley	... 45	193	81
Bromsgrove	... 45	179	69
Kidderminster	... 42	212	82
Worcester ...	... 97	504	153

Ambulance Service (Section 27).

There was a general increase in the demands on the ambulance service during the year. The number of cases conveyed rose by 10% and the mileage by 3% over the 1954 figures. The miles per case were 4.2 as compared with 4.5 in 1954.

2,622 accident cases were conveyed, compared with 2,406 the previous year. The majority of these were road accidents, the highest number occurring in August.

Out-patient treatment cases were 99,731 compared with 92,302 in 1954, an increase of 8%.

The conveyance of mentally defective children to occupation centres accounts for 4,927 of the increased number of cases dealt with.

It is becoming increasingly difficult to reconcile the provision of an efficient service with severe current financial restrictions. The local health authority has little influence on the demand, and the time has come when very little further can be done materially to control the mileage run. All requests for transport are carefully examined, and full enquiries are made when there is any doubt as to whether ambulance transport is justified. All long journeys, cases requiring prolonged treatment, and special or borderline cases are dealt with at the central office.

One additional driver-attendant was added to the establishment at Kidderminster and another at Bromsgrove due to increased work and the opening of occupation centres at Stourport and Bromsgrove. It was also necessary to make a temporary appointment of an additional relief driver-attendant to cover staff illness and holiday periods.

Transport by Railway.

The number of cases conveyed by rail during the year was 541, compared with 495 in 1954 and 511 in 1953. Difficulty is sometimes experienced in persuading patients or their doctors that travel by rail for long distances is preferable to a long road journey by ambulance.

Ambulance Stations.

The new station at Redditch came into use on the 5th April. Part of the garage roof at the old station collapsed only a few hours after the ambulances had been moved to the new station.

New stations at Stourbridge, Halesowen and Kidderminster are urgently required. Ministry approval for the new Stourbridge station is being sought, and plans for Halesowen and Kidderminster are being prepared.

Plans for the partial rebuilding of the Oldbury station are being prepared.

New Vehicles.

It was decided to purchase smaller type ambulances for local work, and an order was placed for six. Three new Morris NVS ambulances delivered at the beginning of the year have proved satisfactory.

Infectious Diseases Service.

The only ambulances retained for the exclusive conveyance of infectious cases are now at Hayley Green and Newtown Hospitals, the ambulance at the Malvern Isolation Hospital being withdrawn in March in view of the small amount of work being done.

Voluntary Agency.

The Worcester City and District Voluntary Ambulance Committee continued to serve Worcester City and neighbouring county areas (*i.e.* Droitwich Borough and parts of the Droitwich, Martley, Pershore and Upton-on-Severn Rural Districts). During the year, 2,058 county cases were conveyed a total of 31,471 miles compared with 2,118 cases and 33,476 miles in 1954.

It is hoped that the present financial situation will not cause the postponement of the erection of the ambulance station in Worcester which is urgently needed.

Hospital and Hire Car Services.

By arrangement with the Regional Hospital Board and the W.V.S., hospital cars are based at Worcester, Evesham, Bromsgrove, Kidderminster and Stourbridge. They are doing valuable work in relieving the ambulance service of sitting case work where it would be wasteful to use ambulances. The number of drivers operating has remained constant. The use of this form of transport has made it all the more important to ensure that requests for conveyance are justified and great care is exercised in dealing with applications. Because of an increase in the calls for sitting cases, more use has had to be made of hired cars, at contract mileage rates.

Voluntary Workers.

I am grateful to the members of the St. John Ambulance Brigade and British Red Cross Society and other voluntary car drivers for the help they have given. Their assistance does much to ensure the smooth running of the service and I know that their efforts are appreciated by the patients.

Table A—Cases conveyed and mileages covered by ambulances, hospital and hire cars.

Month	(a) Ambulances				(b) Hospital Cars				(c) Hire Cars			
	Cases		Miles		Cases		Miles		Cases		Miles	
	1954	1955	1954	1955	1954	1955	1954	1955	1954	1955	1954	1955
January ..	9,866	11,064	52,651	52,727	1,220	1,046	18,538	15,116½	42	214	1,251	4,550
February ..	9,691	11,279	47,819	47,442	1,090	1,039	16,268	15,227½	44	256	1,723	4,784½
March ..	11,619	13,288	52,639	52,553	1,245	1,502	18,709	20,285	174	221	3,014½	5,539½
April ..	9,303	10,146	46,375	47,836	1,068	1,089	16,105	17,643½	181	236	4,235	4,997
May ..	11,181	11,413	48,520	47,454	1,268	1,113	19,498	19,539	172	228	3,556½	5,740
June ..	11,385	11,914	47,939	49,349	1,132	1,148	17,918½	20,606½	248	227	4,282½	4,234½
July ..	11,051	12,439	47,918	55,727	1,185	1,407	18,282	26,192	299	374	4,560	6,332½
August ..	8,638	9,682	46,372	46,996	1,044	1,040	16,126½	19,976	332	255	5,235½	5,698
September ..	11,722	12,561	48,460	50,148	1,123	1,043	16,566	18,227	265	240	5,606½	4,480
October ..	11,293	11,993	47,591	50,826	1,150	1,099	17,200	20,197	254	289	4,276½	4,756
November ..	12,119	13,754	50,558	52,196	1,167	1,251	17,018	20,336½	164	194	3,900½	3,259
December ..	10,424	11,623	49,406	50,286	1,248	1,052	17,223	17,992½	160	144	3,298	3,314½
	128,292	141,156	586,663*	603,938†	13,940	13,829	209,452	231,339	2,335	2,878	44,939½	57,685½

* includes 415 } residue miles during year—

† " 398 } Worcester City and District Voluntary Ambulance Committee.

Table B—Establishment at 31st December, 1955.

Ambulance Station.	No. of vehicles.	Driver-Attendants.	
		Whole-time	Part-time
Bromsgrove	5	7	—
Droitwich	1	1	—
Evesham	2	—	2
Halesowen	5	6	—
Kidderminster	6	7	—
Malvern	4	5	—
Oldbury	4	6	—
Pershore	1	—	3
Redditch	4	6	—
Stourbridge	5	6	—
Tenbury	1	—	2
Wythall	1	—	—
Hayley Green Hospital	2	—	1
Relief Driver-Attendants	—	3*	—
	41	47	8

* one temporary.

CONVALESCENT TREATMENT

The number of cases in which financial responsibility for maintenance was accepted was 262; travelling expenses were paid in 232 of these cases and also in two other cases when the cost of maintenance was met from another source. The cases included 8 of mother and child or children, and 72 persons who were in receipt of National Assistance grants.

Details of cases and by whom referred are as follows:—

Men	... 102	Referred by:—	
Women	... 156	Hospitals	... 164
Infants	... 4	General Practitioners	98
	262		262

Age Groups

—5	—15	—25	—35	—45	—60	—65	over 65	Total
4	1	25	21	36	93	33	49	262

Hospitals referring cases :—

Barnsley Hall, Bromsgrove	1	Queen Elizabeth, Birmingham	3
Birmingham General	1	Ronkswood, Worcester	20
Birmingham and Midland for Women	1	Royal Orthopaedic, Birmingham	1
Bromsgrove Cottage ..	4	St. Wulstan's, Malvern	2
Bromsgrove General ..	18	Selly Oak, Birmingham	1
Evesham General	8	Smallwood, Redditch	16
Kidderminster General ..	56	Tenbury and District	1
Malvern General	2	Worcester Eye Hospital	1
Midland Nerve Hospital, Birmingham	2	Worcester Royal Infirmary ..	25
New Cross, Wolverhampton	1		

Areas in which 98 cases referred by general practitioners arose :—

Bromsgrove	1	Oldbury	26
Droitwich	1	Pershore	2
Evesham	8	Redditch	4
Halesowen	15	Stourbridge	21
Malvern	13	Stourport on Severn	4
Martley	1	Upton on Severn	1
			—
			98
			—

Convalescent Homes to which cases were sent :—

Bell Memorial, Lancing ..	1	Lady Forester, Llandudno ..	2
Belmont, Clevedon ..	22	Maitland House, Frinton on Sea	3
Boarbank Hall, Grange over Sands	2	Montrosa, Weston-Super-Mare ..	1
Broomhayes Nursery, Nor- tham	1	Rest, Porthcawl	3
Catisfield House, Hove ..	1	Rustington, Littlehampton ..	3
Charnwood Forest, Wood- house Eaves	1	St. Ann's Orchard, Malvern Link	4
Mrs. Dee, Broadstairs ..	4	St. Joseph's, Bournemouth ..	1
Gable House, Droitwich ..	36	St. Luke's, Exmouth	39
Mrs. Hayward, Cliftonville	3	St. Luke's, Torquay	11
Herne Bay, Friendly Societies	72	St. Raphael's, Torquay	11
Mrs. Humby, 2 Roxburgh Road, Westgate on Sea ..	4	Southern, Lancing	2
Kenrith, Hastings	2	Spero Fund Home, Ramsgate ..	1
Kewstoke, Somerset	2	Surrey, Bognor	1
Kingsleigh, Seaford	3	Mrs. Symonds, Hayling Island	2
Mrs. Kirk, 47 Stone Road, Broadstairs	1	Toddington Grange, Winch- combe, Glos.	1
		Victoria, Clevedon	21
		Weavers, 14 Wilfred Road, Boscombe	1

Stay of cases				Admission rate			
1 week or under	..	..	8	January	..	..	10
2 weeks	..	..	186	February	..	..	9
3 weeks	..	..	54	March	..	..	18
4 weeks	..	..	13	April	..	..	32
5 weeks	..	..	—	May	..	..	37
6 weeks	..	..	—	June	..	..	34
Over 6 weeks	..	..	1	July	..	..	32
				August	..	..	36
				September	..	..	20
				October	..	..	20
				November	..	..	11
				December	..	..	3
			262				262

Escorts were provided and special transport arranged when necessary. One patient had to be transferred to hospital from the convalescent home and six patients took their own discharge before the end of the period of stay which had been recommended, either because of illness or inability to settle down.

Maintenance charges amounted to £2617 10s 0d and travelling expenses to £579 2s 2d towards which contributions according to scale from 82 patients were received amounting to £291 17s 10d giving a net cost of £2904 14s 4d.

The following table shows the demand for this service :—

	1949	1950	1951	1952	1953	1954	1955
Cases ..	75	148	188	262	338	280	262
Cost ..	£460	£1,158	£1,458	£2,473	£3,582	£2,934	£2,905

Milk and Dairies Administration

Specified Areas.

The whole of the County, with the exception of the rural districts of Martley and Tenbury is a "specified area" within which all milk sold by retail and certain wholesale sales must be designated milk.

Several contraventions of the Act came to light with regard to milk retail sales during the year and appropriate action was taken to stop these illegal sales. The work of supervision is I think being done in a reasonable manner and I am grateful for the assistance given by the district sanitary officers. The Acts and Regulations are so complicated and overlapping that without this co-operation I am perfectly sure much time and travelling would be wasted. As it is, enforcement eats up a good proportion of the County Sanitary Officer's time.

At the time of writing this Report it is evident that the two remaining rural districts mentioned above are about to be "specified" thus completing the County.

It has been estimated that at the end of 1955 about 90% of the milk supplied by retail in Great Britain was subject to heat treatment compared with about 69% in 1945—46 and 88% in 1954.

It is worthy of note that according to the report of the Chief Medical Officer of the Ministry of Health for 1954 there were throughout the country in that year 5,375 notified cases of non-respiratory tuberculosis and that the deaths numbered 828.

I think it can be assumed that there are still some cases of abdominal tuberculosis in children due to drinking infected milk, and that the extension of "specified areas" will help to eliminate one source of tuberculous infection which should never have been given the opportunity to affect these children.

The Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949—1954.

At the end of 1955 there were fourteen pasteurisers and one steriliser's licence in force.

At 11 of the licensed dairies the method adopted for pasteurising the milk is by the holder process and the other three employ the high temperature short time (H.T.S.T.) process. The small steriliser plant processes about 250 gallons of milk per day.

The holder process requires that the milk shall be retained at a temperature of not less than 145°F and not more than 150°F for at least 30 minutes and immediately cooled to a temperature of not more than 50°F., whilst the H.T.S.T. process requires that the milk shall be retained at a temperature of not less than 161°F for at least 15 seconds and similarly cooled.

Systematic visits are paid to all the dairies and the indicating and recording thermometers checked against a specially tested and certified thermometer, and the operating records examined. All failures are specially investigated. Experience shows that both systems of pasteurising will give satisfactory results, but the H.T.S.T. system is probably more suitable where large quantities of milk have to be handled.

During the year the Committee served formal notices on two retailers for offences in a specified area relating to improper treatment of Pasteurised Milk.

The following table shows the number of pasteurised milk samples collected by the County Council during 1955. It also shows the results of samples in respect of processing plants licensed by other food and drugs authorities, but supplying milk to Worcestershire schools and institutions.

Place of Collection	A B C	No. Taken	Phosphatase Test		Methylene Blue Test		
			Pass	Fail	Pass	Fail	Void
Schools	A	23	23	—	22	—	1
	B	130	130	—	124	—	6
	C	153	153	—	146	—	7
Children's Homes	A	11	11	—	11	—	—
	B	15	15	—	15	—	—
	C	26	26	—	26	—	—
Day Nurseries	A	—	—	—	—	—	—
	B	3	3	—	3	—	—
	C	3	3	—	3	—	—
Hospitals	A	11	11	—	11	—	—
	B	24	24	—	24	—	—
	C	35	35	—	35	—	—
Dairies	A	338	328	10	330	—	8
	B	—	—	—	—	—	—
	C	338	328	10	330	—	8
Totals	A	383	373	10	374	—	9
	B	172	172	—	166	—	6
	C	555	545	10	540	—	15

A. Milk processed at plants licensed by Worcestershire County Council and delivered direct to the consumer by the licence holders.

B. Milk processed at plants licensed by the Worcestershire County Council but delivered to consumer by distributors (also includes milk produced at plants licensed by other Authorities).

C. Total.

Note.

The phosphatase test shows whether the milk has been heated to the proper temperature and subsequently held at the correct temperature for the correct period.

The methylene blue test is applied to test the keeping quality of the milk.

The methylene blue tests on pasteurised milk have to be declared void when the atmospheric shade temperature at any time between the collection of the sample and testing exceeded 65°F.

The results given in the above table are reasonably satisfactory. The percentage failure over the Country as a whole is between 1 and 2 per cent. Operators of pasteurising plants are still inclined to keep the temperature and holding time down as close as possible to the statutory minima for there is a tendency for milk submitted to the higher temperature to show a very slightly reduced amount of cream. Unfortunately, the depth of cream line on a bottle of milk is still regarded by many consumers as the standard of the quality of the milk.

Sterilized Milk

24 samples of sterilised milk were collected during the year, all of which passed the turbidity test and were satisfactory.

The turbidity test applied to sterilised milk shows whether the temperature of the milk has been raised to boiling point and kept at or above that temperature for a sufficient length of time.

Milk in Schools Scheme.

As from the 1st October 1954 the Education Committee took over the responsibility for the provision of milk, under the Milk in Schools Scheme, for pupils at schools maintained by them.

The following table shows the grade of milk supplied to schools under the scheme.

<i>Grade</i>	<i>No. of schools supplied.</i>		
Pasteurised	318
Tuberculin Tested	7
Undesignated	Nil

All schools receive milk in one-third pint bottles.

These figures are extremely satisfactory.

School Milk.

28 samples of raw T.T. milk were collected at schools during the year and all satisfied the Methylene blue test. 14 samples were submitted for biological test: all were negative.

A census taken towards the end of the year showed that 46,642 children were taking milk under the scheme, a percentage of 81.6. The actual figures were 46,642 out of 57,182. There were no departments not receiving a supply.

Biological Samples.

The County Council have the duty of enforcing the provision of the Food and Drugs Act 1955, relating to the prohibition of the sale of tuberculous milk, and milk of cows suffering from tuberculosis and certain other diseases. Prior to 1938 the systematic inspection of dairy herds was carried out by veterinary officers employed by the responsible local authorities. The duty was taken over by the Ministry of Agriculture and Fisheries, but in recent years it is true to say that due to extreme pressure in other fields, the systematic routine clinical inspection of dairy herds has not been so frequent as in previous years. At times much concern has been felt, particularly about the producer-retailer of non-designated milk, a milk supply which does not have the safeguard of the protection afforded by heat treatment, though the introduction of specified areas will abolish this source of raw milk supply.

The following table shows the number of biological samples collected by the County Council :—

<i>No. of samples collected</i>	<i>No. Negative</i>	<i>No. Positive</i>	<i>Test Uncompleted.</i>
482	461	8	13

Included in these are the 14 samples of raw T.T. milk collected at schools referred to previously ; all were negative.

During the year 4 tubercle infected milk samples, relating to milk produced in the County, were reported from other sources.

Investigations into the herds involved were carried out by the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries, whose Department is most helpful and co-operative with the local health authority in this work.

The district medical officer of health was also notified in each case so that he could consider, with the veterinary officer, the action to be taken with regard to the milk supply.

At the end of the year there were 1,408 registered dairy farms in Worcestershire. Of this number, 631 or 46.5% held Tuberculin Tested Licences. The remaining 53.5% were undesignated.

The percentage of tuberculin tested milk produced is higher (about 66%) than the mere percentage of farms, due to the fact that the tuberculin tested herds are usually very much larger than the undesignated herds.

We are getting about half-way to Tuberculin Tested herds in the County. The rate is slowing down as the hard core in reached of milk producers who are not interested.

Brucellosis.

All milk samples submitted to the Public Health Laboratory, Worcester, for biological examination for infection with tuberculosis are also subjected to the test for infection with the organism of brucella abortus. Quite a number of cases of milk infected with the organism have been brought to light. Fortunately in a large percentage of instances the milk from the herd ultimately received heat treatment which kills the brucella organisms. In other cases, with the voluntary co-operation of the farmer, herd investigations were carried out and the milk from infected cows was either sent for heat treatment or was diverted to other suitable uses and not made available for human consumption.

The disease which infected milk may cause by consuming such milk is called Undulant Fever, though its occurrence in an acute form is very rare.

Investigations into the problem of human brucellosis carried out in the United States and reported in the " Medical Officer " show that the historical and conventional method of transmission of the disease, namely, by the drinking of raw infected milk is no longer the more common method of spread.

The investigations showed the extremely close association of human brucellosis with occupations involving close contact with pigs and cattle. The same investigation showed the lowest incidence in the age groups where milk drinking is the highest ; namely, the children. It would appear therefore that the consumption of infected milk is not now a common cause of undulant fever and that the disease is mainly spread by personal contact with animals.

Cleanliness of Milk Bottles.

For some time the County Council has thought there ought to be a legal standard for the cleanliness of milk bottles, as it seemed somewhat ironical to try to ensure standards of cleanliness for milk when there is not an equally satisfactory standard of cleanliness of the vessels which come into contact with the milk, for example milk bottles, milk churns and milk bottle caps. The Regulations require that "every dairy farmer or distributor shall ensure that every vessel (including the lid) used for containing milk, shall, immediately before use by him, be in a thorough state of cleanliness."

Random samples of washed bottles have been collected at all dairies for which the County Council have a responsibility.

*Cleanliness of milk bottles
used for Pasteurised Milk.*

The following table summarises the result of random sample bottles collected during the year ended 31st December, 1955.

Total	Sterile	No. of colonies developing on Agar at 37°C. in two days.				Bacillus Coli Present.
		Less than 100	100- 600	600- 2000	Over 2000	
292	83	117	26	14	52	27

The following is the standard adopted by the Public Health Laboratory Service for judging the cleanliness of washed bottles :—

Not more than 600 colonies per pint bottle.	Satisfactory
Over 600 and less than 2,000	Fairly Satisfactory.
Over 2,000	Unsatisfactory.

Water Supplies

Reasonably good progress has been made with rural water supplies. The largest scheme proceeding at the present time is the first stage of Martley's regional scheme to be supplied from boreholes already sunk at Astley.

It is disappointing to record that the Tenbury scheme has apparently reached a deadlock. The scheme was approved by the Ministry following a local public inquiry but the Rural District Council did not feel able to apply for loan sanction owing to the Ministry's contribution not being thought sufficiently generous. The Rural District Council decided to ask the Ministry to re-consider increasing the proposed grant.

A tender for £124,958 has been received by Evesham Rural District for carrying out the remainder of the northern parishes water scheme.

Towards the end of the year the Government asked all Councils to undertake an immediate review of their capital expenditure in order to secure economies, and save in exceptional need, not to embark on any new schemes which would involve additional expenditure either from Government grants or from the rates.

It is obvious that this will mean a slowing down or a break, temporary I hope, in schemes of water supply and sewerage and sewage disposal.

Had the present annual programme continued at the present rate, it had been calculated that in about eight years time throughout the Country as a whole schemes would have been completed to supply piped water to all but isolated properties and the smallest villages. The proportion of the population over the Country without a piped supply is about 11% which would be reduced to about 7% with schemes submitted but not yet started.

Water Supplies in Rural Districts of Worcestershire

Rural Districts.	Population estimated mid 1955.	Population supplied by mains.	Percentage
Bromsgrove	30,070	27,499	91.1
Droitwich	13,280	5,676	42.7
Evesham	16,580	14,443	87.1
Kidderminster	11,900	10,927	91.8
Martley	11,540	1,083	9.3
Pershore	16,760	9,953	59.3
Tenbury	5,310	1,918	36.1
Upton-on-Severn	14,960	4,940	33.0
Total	120,400	76,439	63.7

South Staffordshire Waterworks Company.

During the year information was received that the Company proposed applying to the Ministry of Housing and Local Government for an Order under the Water Act empowering the Company to construct and maintain a new pumping station at Hagley. The Company undertook not to take more than 730 million gallons in any period of twelve months and also not to exceed certain daily quantities. The new Churchill pumping station is now in use.

Malvern Urban District.

The Urban District applied for an Order under Section 23 of the Water Act authorising the construction of boreholes and pumping stations in the Parish of Dymock in the County of Gloucester.

Sewage Disposal

Several urban authorities are faced with the serious problem of overloaded sewage disposal works. One has only to realize the large number of new houses that has been built to appreciate the increase in the population which has taken place, but few sewage disposal works have been extended to keep pace with the increased flows. Fortunately, disposal works can carry a reasonable amount of overload without serious damage, but the limit of capacity has now been reached in several places, viz. Droitwich Borough, and Bromsgrove, Malvern and Redditch Urban Districts. Evesham Borough are building new works. The same problem faces several rural districts, particularly Evesham.

Storm Water.

The problem of the disposal of storm water is becoming more troublesome in one or two industrial areas, as the areas become more and more built up. The storm sewers and streams have not an adequate carrying capacity and flooding takes place. It is understood that the Ministry of Housing and Local Government have set up a Committee to study the problem and steps have been taken to see that this Committee are made aware of difficulties such as those experienced in Worcestershire.

The Public Health Committee were of the opinion, particularly in view of the fact that the County Council were required to contribute substantially towards the cost of sewage and water schemes, that they should be told by the Ministry when a scheme was actually approved and should be kept informed by them of any alterations to schemes other than minor details. Representations were made accordingly, and generally the information is made available to the County Council.

Water and Sewerage Schemes.

During the year the following schemes, amounting to £359,998 were considered by the Public Health Sub-Committee under the Rural Water Supplies and Sewerage Acts.

<i>District</i>	<i>Nature of Scheme</i>	<i>Estimated Cost</i> £	<i>Remarks</i>
Droitwich B.	Water main extension at Chawson.	1,478	Observations deferred until more details are known about possible overspill population.
Bromsgrove R.	Water scheme in parish of Stoke Prior.	1,396	Approved in principle.
Bromsgrove R.	Water scheme in Bentley Pauncefoot.	2,752	Decision of R.D.C. supported only to proceed with scheme providing grants received from Agricultural interests.
Bromsgrove R.	Alvechurch, additional sewer.	22,000	Observations withheld pending an assurance that scheme formed part of comprehensive scheme.
Bromsgrove R.	Alvechurch, relief sewer for Tanyard Lane.	7,900	Observations withheld pending an assurance that scheme formed part of comprehensive scheme.
Droitwich R.	Dodderhill and Upton Warren revised sewerage and sewage disposal scheme.	52,800	Observations given in support.
Evesham R.	Cleeve Prior additional work to deal with storm water.	890	Approved subject to assurance from Consulting Engineer.
Evesham R.	Bretforton sewerage scheme.	41,863	Observations given in support.
Evesham R.	Pebworth modification of original scheme.	2,500	Observations given in support.
Evesham R.	Wickhamford sewerage and sewage disposal.	23,317	Observations given in support.
Evesham R.	Renewal of water mains in the north and east parishes.	37,542	Observations given in support subject to certain assurances.
Kidderminster R.	Water supply Kingsford area.	6,822	Observations given in support.
Kidderminster R.	Revised scheme for water supply in Parish of Upper Arley.	2,006	Observations given in support.
Martley R.	Hallow. Sewer in Parkfield Lane.	1,490	Observations given in support.
Martley R.	Hallow. Sludge beds at sewage works.	1,069	Observations given in support subject to certain assurances.
Pershore R.	Bishampton sewerage and sewage disposal.	21,000	Decision deferred pending list of priorities.
Pershore R.	White Ladies sewerage and sewage disposal.	5,000	Observations given in support.

<i>District</i>	<i>Nature of Scheme</i>	<i>Estimated Cost</i> £	<i>Remarks</i>
Pershore R.	Crothorne sewerage and sewage disposal.	29,975	Observations given in support.
Tenbury R.	Tenbury. New borehole at Old Wood.	450	No observations.
Upton on Severn R.	Water supply to Kempsey, Severn Stoke, Croome d'Abitot and Ripple.	87,550	Observations given in support.
Upton on Severn R.	Extension of water main from Guarlford Cross roads.	98	Observations given in support.
Upton on Severn R.	Six extensions to Powick scheme (water)	10,100	Observations given in support.

The following formal Inquiries, or the alternative informal investigations were held during the year by Engineering Inspectors of the Ministry of Housing and Local Government :—

<i>District</i>	<i>Details</i>	<i>Estimated Cost</i> £	<i>Remarks</i>
Bromsgrove R.	Sewage scheme for Hopwood.	35,250	Scheme approved.
Evesham R.	Sewage Scheme Ashton under Hill	5,076	
Martley R.	Sewage scheme for Broadheath.	16,200	
Pershore R.	Sewage scheme for Town of Pershore and adjoining districts.	198,130	Scheme approved in principle.
Pershore R.	Sewage scheme for White Ladies, Aston	4,875	Scheme approved.
Upton on Severn R.	Northern Parishes water supply scheme Stage II.	87,550	

Housing.

Only a few local authorities have their five year programme for unfit house clearance under way. Delay is to be expected because a considerable amount of technical and administrative work has to precede the actual demolitions.

The task in Worcestershire is not exceptional and in the returns sent to the Ministry all the authorities, except six have planned to deal with the problem in five years. The numbers to be demolished as individual unfit houses and those to be dealt with in groups (clearance areas is the technical term) are about equal, but five of the eight rural districts have decided to deal with all the unfit houses individually.

The following Table is a summary of the returns sent to the Ministry. How fortunate must Evesham Rural District be in only having nine unfit houses in their entire rural district.

Unfit Houses

Summary of Returns submitted by Local Authorities under Section 1 of the Housing Repairs and Rent Act 1954.

Districts	Population estimated mid 1955.	Total number of permanent houses in area.	Estimated number of unfit houses	% of unfit houses	Action in first 5 years				Number of houses to be retained for temporary accommodation
					Number of houses to be demolished			Total Number of houses to be demolished	
					Individual houses	Houses in clearance areas			
<i>Boroughs.</i>									
Bewdley ..	4,820	1,540	108	7.0	31	77	108	—	
Droitwich ..	6,910	1,911	55	2.8	55	—	55	—	
Evesham ..	12,140	3,512	104	2.9	62	42	104	—	
Halesowen ..	41,720	12,934	677	5.2	133	314	447	—	
Kidderminster ..	38,730	11,660	400	3.4	124	276	400	—	
Oldbury ..	54,550	15,406	1,166	7.5	150	200	350	320	
Stourbridge ..	38,320	12,213	316	2.5	58	258	316	—	
<i>Urban.</i>									
Bromsgrove ..	28,980	8,025	501	6.2	103	398	501	—	
Malvern ..	24,520	6,775	129	1.9	129	—	129	—	
Redditch ..	30,930	9,456	229	2.4	19	210	229	—	
Stourport on Severn	10,680	3,024	110	3.6	97	13	110	—	
<i>Rural</i>									
Bromsgrove ..	30,070	8,437	140	1.6	140	—	140	—	
Droitwich ..	13,280	3,400	366	10.7	90	—	90	—	
Evesham ..	16,580	5,354	9	0.1	9	—	9	—	
Kidderminster ..	11,900	3,458	94	2.7	93	—	93	—	
Martley ..	11,540	3,600	220	6.1	110	—	110	—	
Pershore ..	16,760	4,892	335	6.8	100	68	168	—	
Tenbury ..	5,310	1,665	137	8.2	67	33	100	—	
Upton on Severn ..	14,960	4,206	147	3.4	130	17	147	—	
TOTALS	412,700	121,468	5,243	4.3	1,700	1,906	3,606	320	

The following table shows the construction of new houses up to 31st December since April, 1945. The number of those built by private builders is increasing. For example in Droitwich Borough it is reported for the first time since the War private enterprise houses exceed the number erected by the Council.

Table showing numbers of permanent houses built in the County at the end of 1955.
(Figures relate from 1st April, 1945).

Local Authority	New Dwellings built by Housing Auth. and Housing Assoc.		Temp- orary houses com- pleted	New dwellings built by private builders	
	No. under construct.	com- pleted		No. under construct.	Com- pleted
BOROUGHES					
Bewdley	42	206	—	6	51
Droitwich (d)	4	421	—	42	178
Evesham	85	531	29	7	152
Halesowen (a)	127	1,366	86	107	1,339
Kidderminster	209	1,605	100	57	450
Oldbury	429	994	50	71	407
Stourbridge (f)	160	1,755	—	157	418
URBAN					
Bromsgrove (b)	70	1,190	50	279	401
Malvern (c)	90	1,170	84	24	302
Redditch	111	1,702	100	62	621
Stourport-on-Severn	212	567	20	17	176
RURAL					
Bromsgrove (e)	58	493	—	439	943
Droitwich	—	348	—	33	137
Evesham	50	605	—	36	272
Kidderminster	74	562	—	34	162
Martley	14	290	—	30	201
Pershore	71	586	30	29	236
Tenbury	58	85	—	5	22
Upton-on-Severn	35	396	12	14	153
Totals	1,899	872	561	1,449	6,621

(a) The figures include 50 completed by Housing Associations.

(b) " " " 100 built by Housing Associations.

(c) " " " 4 " " "

(d) " " " 22 " " "

(e) " " " 20 " houses under construction and 2 completed by Housing Associations.

(f) " " " 36 " by Housing Associations.

Temporary Buildings.

A survey was made a few years ago of the main areas occupied by shacks from the point of view of enforcement procedure in respect of development contravening planning legislation. It is not known with certainty how many caravans and the like in the County are permanently occupied all the year round, but there cannot be less than 1,000.

The public health problems connected with this question cause the local authorities much concern. The following comments are made by the Planning Officer:—

This form of development is a constant problem in the northern part of the County where there is continual and increasing pressure for new sites for caravans from Birmingham and the Black Country. This is only to be expected, but what often starts as holiday caravanning sometimes develops into semi-permanent and permanent living in caravans. The holiday site is rarely suitable for all the year round living. It seldom has adequate public services for this purpose. The County Council and the District Councils try to meet the need for holiday caravanning generally by ensuring that sites are available and provided with services, but in some parts of the north of the County, particularly in the Green Belt, the demand is such that it cannot satisfactorily be met.

In Bewdley, work has been proceeding with Riverside Park, the site bought and cleared of shacks by the County Council and now leased as a holiday caravan site.

Camps.

There are certain difficulties experienced in the control of caravan sites, which arise from the unsatisfactory state of the law resulting from the existence of two quite separate codes under the Public Health Act, 1936 and the Town and Country Planning Act 1947. The difficulties of this dual control of caravan sites will never be completely cured until the law is altered; meanwhile efforts are being made to compromise between the two codes, and the position in Worcestershire shows a continued improvement.

Hop-picking.

There is really nothing of unusual interest to report but it would certainly appear strange to write an annual report for Worcestershire without making some reference to the hop-picking season which in former years occupied so much time of the local and county public health officers.

Mechanisation of agriculture has progressed rapidly during the past decade and this has extended to hop-picking. No longer do crowds of pickers descend on the Teme Valley from the Black Country and from South Wales. Now with the installation of machines the grower harvests his crops with local labour or with locally transported workers.

There are, however, a number of growers still importing pickers.

The usual nursing arrangements were made which worked very satisfactorily.

MENTAL HEALTH SERVICE

(Section 51)

1. *Administration**Mental Health Sub-Committee*

The County Council's powers in relation to mental health have been delegated to the mental health sub-committee which is constituted as stated in my previous reports. The medical superintendents of the mental hospitals and the mental deficiency institution in the county attend the meetings of the sub-committee in an advisory capacity.

Staff

The staff has remained unchanged and consists of an administrative mental health officer, five duly authorised officers, three assistant duly authorised officers, two psychiatric social workers and one mental health worker.

Co-ordination with Regional Hospital Boards, etc.

Close co-operation is maintained with the Birmingham Regional Hospital Board and the Board's officers are available for consultation whenever required. Cases on licence from institutions are supervised by the Council's officers on behalf of Hospital Management Committees and periodic reports on their progress are made. In addition the services of the two psychiatric social workers and the mental health worker have been made available for use by the mental hospitals in the county.

Voluntary Associations.

There are no voluntary associations in the county particularly dealing with mental health but use is made of the service of the Guardianship Society at Brighton for the supervision of cases under guardianship at Eastbourne.

Several branches of the National Association of Parents of Backward Children are in existence in the county and do much to foster interest in the education of such children.

The Voluntary Welfare Committee established in connection with the Occupation Centre at Halesowen still continues to function and the Council are indebted to the members of that Committee for the enthusiasm and hard work shown by them.

Similar voluntary committees were formed by the end of the year at Stourport-on-Severn and Bromsgrove where new centres have been established.

Staff training.

Every opportunity is taken to provide the officers dealing with mental health to attend any refresher courses that are available for them. In this connection the County Council has granted leave of absence for one year to a member of the staff at Halesowen Occupation Centre to enable her to attend the course run by the National Association for Mental Health in London, to qualify for the Association's diploma.

The Council are participating in a scheme which is proposed by the Birmingham Education Department for the training of unqualified staff already serving in occupation centres.

2. *Community Work*

Prevention, care and after-care

Mental defectives in the community (supervision, guardianship and licence) continue to be visited by the mental health worker, the duly authorised officers and health visitors.

After-care in connection with mental health is carried out by the psychiatric social workers and the female mental health worker and duly authorised officers to a limited extent.

Lunacy and Mental Treatment Acts, 1890—1930.

In 1955 there were 625 admissions to mental hospitals within the county, 152 being certified under the Lunacy Act, and 473 being admitted as voluntary patients under the Mental Treatment Act, 1930. Discharges numbered 518 whilst 105 deaths occurred at the hospitals.

The number of admissions to mental hospitals is again greater than in the preceding year, showing an increase in the number of voluntary patients and a slight decrease in the number of certified patients admitted. This is probably accounted for by the increased use of Section 20 of the Lunacy Act, 1890 under which patients are admitted initially without certification. The greater majority of such patients subsequently elect to remain in the hospitals as voluntary patients.

Mental Deficiency Acts, 1913—38.

Ascertainment of mental defectives has continued through the usual channels. 87 new cases were reported during the year of whom 82 were subject to be dealt with. Of the latter, 71 were reported under the provisions of the Education Act, 1944, and 11 through other sources. Of the newly ascertained cases 8 were admitted to hospitals under Order, one was admitted to a place of safety pending the obtaining of an Order and 73 cases were placed under statutory supervision. 5 cases were placed under voluntary supervision. In addition 27 "old" cases were admitted to hospitals making a total for the year of 35 admissions to hospitals. At the end of the year 508 Worcestershire patients were patients of hospitals throughout the county. Patients on the waiting list for admission at the end of the year numbered 67, 26 of these being regarded as in urgent need of admission.

10 patients were discharged from Orders under the Mental Deficiency Acts and 7 deaths took place during the year.

As stated in last year's report, despite the number of admissions, the waiting list still continues gradually to increase. There would appear to be no hope of any substantial reduction until the number of available beds in the Birmingham Region is increased.

The informal admission of patients to hospitals for temporary periods continues to take place and this provision of the Ministry of Health has proved to be invaluable in cases of urgency due to family ill health or to enable the parents to take a much needed holiday. 15 patients were admitted for varying periods during the year.

Guardianship and Supervision.

The number of patients under guardianship at the end of the year was 7, a decrease of 1 on the previous year. 3 of the cases are resident outside the county and are supervised by other authorities as agents of the County Council. One out-county case is resident in the county. All resident cases are visited by both medical and lay staff as required by statute or more often if the need arises. The number of patients under supervision at the end of the year was 695, of whom 511 were under statutory supervision and 184 under voluntary supervision. Cases under supervision continue to be reviewed and whenever possible suitable cases are removed from the list. 9 such cases were deleted during the year. 6 patients under supervision died during the year.

The number of patients on licence in the community from hospitals continues to grow, more particularly female patients. There were 30 such patients on licence at the end of the year.

Training.

At the end of the year 112 patients were being given training at occupation centres. 54 patients attended at the centre established by the County Council at Halesowen which caters for the northern section of the County.

Through the hard work of the Voluntary Welfare Committee established in connection with the Centre the children were again provided with a summer holiday and a Christmas party.

During the year two new centres were opened, at Stourport-on-Severn and Bromsgrove.

The Stourport-on-Severn Centre was opened in June in converted premises and took in children from the Kidderminster, Bewdley and Stourport areas. By the end of the year 27 children were attending. This centre will ultimately cater for 35 patients.

The Bromsgrove Centre was opened in October at the ex-Day Nursery. By the end of the year 20 patients were attending. Attendances were restricted initially to children living within Bromsgrove Urban and Rural districts and Droitwich Borough. The centre will ultimately expand so as to include children from Redditch. The children who previously attended at Lea Colony daily formed the initial nucleus for this centre.

One child continues to attend the Cheltenham Occupation Centre by co-operation of the Gloucestershire County Council.

NATIONAL ASSISTANCE ACT, 1948.

WELFARE SERVICES.

Report by the County Welfare Officer, (Mr. R. A. McDonald)

Residential Accommodation.

During the year the County Council acquired another small home The Howsells, in Malvern, by Deed of Gift from the Convent of the Holy Name, Malvern Link. Sixteen old ladies were in residence when the home was taken over but, as a result of re-arranging the accommodation, it was possible to provide for 22 old ladies by the end of the year. The premises had previously been run as a home and registered under Section 37 of the National Assistance Act, 1948.

In view of the increased number of residents accommodated at The Howsells, it was considered that the toilet facilities were inadequate and a scheme for providing more baths, W.C.'s and wash-basins was approved.

A tender was accepted for carrying out the scheme mentioned in my last report about the replanning of the very old kitchen at Heathlands and the centre buildings there and a start was made on the work which it is hoped will be completed by the Autumn of 1956.

At Laburnum House the second half of the scheme for modernising the centre buildings was completed including the conversion of an old kitchen into a sitting room for six old ladies.

The provision of a passenger lift at Laburnum House was agreed in principle. There is an ever growing demand for ground floor accommodation in the homes and the installation of such a lift would ultimately make 31 beds on the first floor of this home available for use by very infirm residents who are unable to climb even the most accessible of stairs. A scheme was also approved for the provision of covered ways in the form of two dayrooms, an extra five ground floor beds and better bath and lavatory accommodation. These extensions would provide facilities for the old people to get to their bedrooms, dining room etc., without having to go outside in all kinds of weather.

As regards the accommodation reserved for the use of the County Council at Regional Hospital Board establishments steps continued to be taken generally to improve the amenities. In particular at Blakebrook Hospital a much more homely atmosphere was created in some of the women's dayrooms by the provision of open fires in place of the previously blocked up fireplaces, and in view of this improvement a request was made to the hospital management committee to provide a similar amenity in three of the larger men's dayrooms where the fireplaces had also been blocked up. Other amenities provided included more easy chairs, occasional tables, sideboards and more bedroom furniture.

A scheme for providing better W.C. accommodation in place of the old institutional type of outside W.C. accommodation was also considered and approved. The proposal was also agreed by the Regional Hospital Board and it is hoped that the work will be carried out during 1956/57.

On the 5th July, 1948, when the National Assistance Act, 1948, came into force there were 487 beds available to the County Council for old people including 261 in the portions of Regional Hospital Board establishments reserved for their use. Since that date five small homes providing a total of 164 beds have been acquired which, together with 31 beds made available as the result of additions and alterations to Heathlands, Pershore, and Laburnum House, Upton-on-Severn, make a total of 195 extra beds. It is the Council's policy to reduce whenever possible the number of beds reserved for their use in Regional Hospital Board establishments and the provision of extra beds in their own homes has enabled the 261 beds mentioned above to be reduced from time to time by 68 to the present figure of 193 making a net increase of 127 beds. The total number of beds available at the end of 1955 was 614, made up as follows :—

County Homes.

Heathlands, Pershore	...	...	106
The Heriotts, Droitwich	...	...	60
Holmwood, Kidderminster	...	...	29
The Howsells, Malvern Link	...	...	22
Laburnum House, Upton-on-Severn			152
Malvernbury, Great Malvern	...	...	25
Swinford Old Hall, Stourbridge	...	...	29
		—	423

Beds reserved for County Council cases in Regional Hospital Board Establishments

Avonside Hospital, Evesham	...	62	
Blakebrook Hospital, Kidderminster		102	
Bromsgrove General Hospital, Broms-			
grove	...	...	29
		—	193
			616

Reference was made in my previous report to the approach made by the County Council to housing authorities in the county regarding schemes under which these authorities would provide houses for old people together with an extra house or flat for a warden whose duty it would be to look after the residents in the old people's houses and towards the cost of which the County Council would make agreed contributions. Negotiations took place with several district councils who were willing to participate in the scheme and at the end of the year one scheme, that at Bewdley, had been put into operation, and proposed schemes at Malvern, Oldbury, Stourbridge and Stourport-on-Severn, were in an advanced stage.

Applications for Provision of Residential Accommodation

I attach to this report a statement for the period of twelve months from the 5th July, 1954, to the 4th July, 1955, giving the numbers and age groups of (1) persons admitted to accommodation provided by the County Council under Part III of the National Assistance Act, 1948; (2) persons not admitted and the reasons therefor, together with an analysis for each county district.

The total number of applications dealt with during the year was 802 as compared with 641 during the previous year, an increase of 161. The actual number admitted was 423 (408 during the previous year), and of this number 206 were old people living alone (Category 1) representing an increase of 81 over the number last year.

It will be seen that greater use was made in 1955 of the service provided for accommodating old people for short periods whilst their relatives or friends who ordinarily cared for them were away on holiday or were ill, 23 such cases (Category 4) being dealt with as compared with 9 during the previous year.

Homeless persons dealt with under categories 5 and 6 both show a decrease in the numbers as compared with those for the previous year. The peak figure of 124 persons (Category 6) was dealt with in 1951/52 and there has been a welcome drop each year since then. Many other evicted families or homeless persons applied for accommodation but, as will be seen from (b) of the statement, 59 persons were assisted to find other accommodation and the number of applications refused or withdrawn which increased from 152 in 1953/4 to 211 in 1954/55 as mentioned in (e) of the statement also included applications from persons who subsequently found accommodation unaided. A good proportion of the 211 persons mentioned above included persons who were enabled to continue to live in their own homes as the results of the efforts made by my staff in arranging for them to have the benefit of the various domiciliary services available both voluntary and statutory.

The services of the Welfare Section were sought as on previous occasions by some district councils in respect of families occupying those councils accommodation who were in arrears of rent and consequently in possible danger of eviction. The families were interviewed and as a result there was considerable improvement in payment of rent arrears, and the district councils concerned expressed their appreciation for the assistance rendered.

It will be seen from (c) of the statement that assistance was provided through the Home Help Service in 13 cases (5 cases during the previous year) when this was all that was necessary to enable the old people to remain in their own homes. The number of applicants who were found to be too ill to be admitted to the Council's homes, (d) of the statement, were no less than 42 compared with 9 during the previous year. A number of these were subsequently admitted to hospitals and in other instances arrangements were made through the health service for them to be cared for in their own homes.

As a result of the severe flooding which occurred in the county in March of 1955 a number of people had to be evacuated from their homes, and arrangements were made for 7 women and 9 children to be accommodated at Heathlands, Pershore, for a short period.

Outings for and Entertainment of Residents.

As in previous years arrangements were made at the cost of the County Council during 1955 for residents of the several county homes and of the accommodation reserved for the Council's use at Regional Hospital Board establishments to be taken on trips to the seaside or elsewhere, in addition to outings to beauty spots, theatres and cinemas arranged from time to time in accordance with the wishes of the residents and paid for out of their own Comforts Funds.

A week's holiday at Weston-super-Mare was again arranged for a party of residents at one home and in which residents from other homes were included. Specially reduced out of season rates were obtained at the hotel and the residents paid their own expenses out of money they had saved up for the purpose, this holiday being one they look forward to from year to year.

Once again the residents of the homes who originally came from Oldbury each received a gift at Christmas from a local organisation, and this year residents who were admitted from Redditch also received a gift from a local organization. Furthermore each blind resident of whom there were 37 in the County Homes received a gift at Christmas from the Worcestershire Association for the Blind.

Welfare of Residents of Old People's Homes.

The residents of the county homes and of the accommodation reserved for the use of the County Council in regional hospital board establishments have continued to benefit from the several services provided for them by the Council *e.g.* diversional therapy and chiropody.

The chiropody service undoubtedly is very much appreciated, but although at some homes a welcome degree of interest has continued to be evinced in the diversional therapy service it has not been possible to stimulate residents at other homes to participate in it to any marked extent due mainly it is thought to their age and infirmities.

There was a decline in the number of residents voluntarily assisting in carrying out the smaller duties of the homes, the number at the end of the year being 114 as compared with 125 at the end of the previous year. The residents are encouraged to help in running the premises to the extent to which they are capable as this is considered to be conducive to their health and happiness. This is also a means by which they can benefit, if they wish, from a remission of part of the charges made to them for their accommodation. When it is considered, however, that the average age of the residents in all the homes has progressively increased from 65 in 1949, when there were 419 accommodated, to nearly 75 at present, when there are 598 residents, it is only to be expected that a smaller number of residents will feel disposed to take, or be capable of taking, a share in the lighter duties of the homes, and it is anticipated that the number will still further decline.

Various gadgets and appliances available to aid disabled and infirm people to overcome their everyday problems have been introduced into the homes after consultation with the resident's doctor as to the suitability of any particular aid for the resident concerned. These aids have proved most beneficial in use—to mention one case the use of a 'Bonaped' Walk-aid has enabled a male resident, aged 87, crippled with arthritis, to walk again after years of immobility.

Registration and Inspection of Disabled and Old Persons' Homes.

During the year certificates of registration in respect of two premises were surrendered by the proprietors on their ceasing to use the premises as homes for old people. In one case, namely that of The Howsells, Malvern Link, the County Council continued the use of the premises for accommodating old people under Part III of the National Assistance Act, 1948. One new certificate of registration was issued under Section 37 of the Act, and at the 31st December, 1955 there were 10 homes registered under the Act.

Routine visits of inspection continued to be carried out during the year to these homes and the attention of the proprietors was drawn to any matters in which it was considered action should be taken in the interests of the residents.

Admission of Chronic Sick Patients to Hospitals.

During the year the home and social conditions of 341 persons, who had been recommended by their doctors for treatment in chronic sick hospitals, were reported upon to the hospital management committees concerned to assist those committees to assess priority of admission. The total number dealt with from December 1948 to the end of 1955 in accordance with the arrangements agreed at the request of the Regional Hospital Board was 2,809.

Diversional Therapy Service for Old People in their own Homes.

During the year the British Red Cross Society provided suitable forms of diversional occupation to 28 old people as an aid to their recovery in health or general well-being after illness or treatment in hospital. The County Council again assisted financially to cover the cost of the service.

Old People's Clubs.

A further three Darby and Joan Clubs were opened by the Women's Voluntary Service during 1955. At the end of the year there were 46 such clubs in the county—42 sponsored by the W.V.S., 3 by the British Red Cross Society and 1 by a local voluntary committee.

Grants towards the upkeep of clubs continued to be made during 1955 in accordance with the conditions laid down some years ago.

In addition to the above clubs, it was decided to make grants towards the running of three Sons of Rest Shelters at Halesowen.

One of the new clubs opened during the year was an "open all day" club for old people in Oldbury which is being run by the W.V.S. without financial assistance from the County Council. The W.V.S. are to be congratulated on this new venture.

Welfare of the Blind.

At the 31st December, 1955, there were 683 blind persons on the County Register as compared with 653 at the end of 1954. The total of 683 was made up of 308 males and 375 females. The number over 40 years of age was 596, and the number under 16 years of age was only 23 including 4 under 5 years of age.

There were 77 blind persons employed in various occupations, and of these 23 were in sheltered workshops for the blind and 20 in the home workers' scheme. The remaining 34 were employed in open industry.

The actual number of new registrations during the year was 99 but, due to deaths and transfers to other areas, the net increase was reduced to 30. The upward trend in the number of registered blind persons since 1949 as mentioned in my previous report has therefore continued. The increase in the total numbers now registered relates almost entirely to persons aged 40 years and upwards of whom there were 387 in 1949 and 596 in 1955, but at the same time the figures in the 70 years and over group show how much greater is the incidence of blindness amongst old people, the number in 1949 being 201 as compared with 369 in 1955. Too much significance, however, should not be attached to this as the development of the service with the widening field of ascertainment has undoubtedly led to the discovery of more and more persons eligible and willing to be registered as blind persons. This was dealt with at greater length in my report for 1954 and needs no repeating here except to say that as registered blind people in need receive additional financial allowances because of their affliction every effort is made to arrange for the necessary examination by ophthalmologists at the earliest possible date so as to secure all the benefits to which the people concerned are entitled with as little delay as possible and from that aspect alone can the service be considered as well worthwhile.

On the social side the Worcestershire Association for the Blind and its several branch committees, and also the Stourbridge Institution for the Blind, are again to be commended on their good work during the year.

The National Library for the Blind continued to provide a library service for each blind reader in the County towards the cost of which the County Council make an annual grant.

The four full-time and 2 part-time home teachers of the blind employed by the County Council carried out 9,962 visits to blind persons during the year as compared with 7,990 visits in 1954. This domiciliary service includes teaching handicrafts, teaching blind persons to read embossed literature and methods to overcome their disabilities, advising them of all available social services and generally assisting in promoting their welfare.

In co-operation with the voluntary association there are now six social centres for the blind in the county with which are associated special handicraft classes.

A separate register is kept of partially sighted persons, *i.e.* those persons who are not so blind as to be unable to perform any work for which eyesight is essential, but who have defective vision of a substantial and permanently handicapping character. At the 31st December, 1955, there were 65 persons on this register, comprising 17 men, 26 women and 22 children under the age of 16 years. Of these 1 man and 1 woman were employed in the home workers' scheme.

During the year the Birmingham Royal Institution for the Blind continued to supervise the homeworkers scheme on behalf of the County Council and in co-operation with them and the Ministry of Labour and National Service arrangements were made for the rehabilitation, industrial or social of blind persons and for the training of suitable registered blind and partially sighted persons, and where appropriate for their employment in workshops for the blind or in the home workers scheme.

Registration of Blind Persons

Incidence of Blindness

During 1955, 125 Forms B.D.8 were completed by 14 consultant ophthalmologists. Of the persons examined 99 were certified blind, 18 partially-sighted and 8 not eligible for inclusion on either Register. In 35 cases the consultants were asked to make domiciliary visits.

Follow-up of Registered Blind and Partially-Sighted Persons

(i) Number of cases registered during year in respect of which para. 7(c) of Forms B.D.8 recommends	Cause of Disability							
	Cataract		Glaucoma		Retrolental Fibroplasia		Others	
	Blind	P/S	Blind	P/S	Blind	P/S	Blind	P/S
(a) No treatment ..	19	—	9	1	—	—	38	4
(b) Surgical ..	12	4	—	—	—	—	—	—
Medical ..	—	—	4	—	—	—	15	1
Optical ..	1	—	—	—	—	—	1	2
Medical and Optical ..	—	1	—	2	—	—	—	3
(ii) Number of cases at (i)(b) above which on follow up action have received treatment ..	6	1	4	2	—	—	16	5

Although some persons have refused operative treatment for cataract, others are awaiting admission to hospital for such treatment.

Deaf and other Handicapped Persons

At the 31st December, 1955, there were 139 deaf and 1,101 hard of hearing persons on the register.

The welfare service for these classes of handicapped persons continued to be carried out on behalf of the County Council during 1955 by the Worcestershire and Herefordshire Association for Work amongst the Deaf and much valuable work has been rendered by their Missioner, the Rev. L. Crellin, and their Lady Worker and Lip Reading Teacher, Mrs. Crellin. A grant of £850 per annum is made by the County Council to the Association.

The Missioner's report for the year indicates the wide field of general welfare and social work carried out amongst the deaf. Many cases have been visited and assisted according to their individual needs, family problems dealt with and employment found where necessary with follow-up visits.

Lip-reading classes have continued to be held at Bromsgrove, Evesham, Kidderminster and Stourbridge in addition to those at Dudley and Worcester, and a class was re-opened at Malvern for children.

Outings, parties and entertainments were arranged during the year as were holidays at the seaside for parties of deaf persons. The social clubs held following lip-reading classes generally were well supported, but it is disappointing to report that because of very poor attendance the club at Bromsgrove had to be discontinued. It is pleasing to know that the club in Worcester is open to deaf persons from county districts some of whom attend regularly.

The home administered by the Association for deaf and dumb persons at Malvern was fully occupied during the year. Various improvements designed for the comfort of residents were carried out, and modern equipment was installed in the kitchen.

With regard to handicapped persons other than the blind, partially sighted and deaf and dumb, there were 248 such persons on the County Register at the 31st December, 1955, comprising 122 males and 126 females. These have been assisted as required according to their individual needs either by aids to overcome the effects of their disabilities, equipment to enable them to do some work at home and help to enable suitable wheelchairs to be provided or to obtain other services available to them. Some required occasional visits only.

Valuable assistance was rendered by the Midland Spastic Association, the Women's Voluntary Service and the British Red Cross Society in this work. In addition to visiting spastics in the county the Association provided special equipment *e.g.* chairs and handicraft materials, and arranged where possible for spastics to attend their craft and reading classes, play centre and youth and adult clubs.

The club for handicapped persons established by the Women's Voluntary Service as an experiment has proved successful. It has been well attended and can be said to be meeting a real need. The area served by the club is naturally limited and it is hoped that the W.V.S. will be able to develop this branch of their welfare work for handicapped persons by the formation of further clubs. At the same time it is recognised that this can only be done gradually in view of the time and work entailed. There is also the difficulty of arranging for the transport to and from the clubs for those chair-bound persons who live in scattered county districts.

During the year the W.V.S. very kindly arranged for a party of disabled persons to spend a week's holiday at Woodlarks Camp for Disabled Persons, Farnham, Surrey, when they had a thoroughly enjoyable time. Various activities were arranged for them and, as it is the custom at the camp to encourage the handicapped persons to help each other as much as possible, it was very gratifying to find that even in such a short time many became more assertive in helping themselves and therefore more self-reliant, showing a spirit of independence which for various reasons had not hitherto been exercised to any real extent or had not been allowed to develop at home.

Civil Defence—Welfare Section.

Administration.

I am glad to be able to report that, following on the appointment of a full-time clerical assistant on my staff for civil defence duties, it has been possible to make considerable progress with the organisation of the Welfare Section of the Civil Defence Corps.

Brief notes on various points are given below.

Personnel.

At the end of 1954, there were 714 enrolled members and 219 auxiliaries in the Welfare Section. These figures have now increased to 928 and 307 respectively, making a total of 1,235 as compared with 933 at the beginning of the year.

Recruiting Campaign.

Various methods were adopted by district councils in an endeavour to secure additional recruits for the Civil Defence Corps either in the form of displays of equipment, exhibitions of equipped rest centres with emergency feeding equipment, public tactical table exercises, etc. At all times the Women's Voluntary Service rendered valuable assistance, and co-operation was extended by the staffs of the County Departments concerned as and when required.

The result of these efforts can be gauged by the increase in the number of recruits mentioned above.

The total number of recruits however is of course still far short of the 3,500 estimated to be required for the efficient staffing of all premises selected for use as Rest Centres.

Training of Volunteers.

Of the 1,235 volunteers referred to above, 461 have received functional training. Several courses in Rest Centre work were completed, and three further courses were in progress for the training of personnel at the end of the year. Preliminary arrangements were then being made for six further courses to be held in different parts of the county. Here again, much valuable help was given by the Women's Voluntary Service and close liaison was maintained with the Director of Education on training with the object of securing the interchangeability of trained personnel.

Training of Instructors.

The progress made with the organisation of courses for volunteers rendered it necessary for additional suitable personnel to be trained to qualify as local instructors not only in rest centre work but, in collaboration with district councils for the Evacuation and Billeting service. Pending completion of arrangements for a qualifying course to be held in the county early in 1956, two candidates attended such a course in another county and both were successful.

Earmarking of Premises.

It has been felt for some time that a detailed survey should be carried out as to the capacity of certain premises already earmarked for use as Rest Centres for the accommodation of homeless persons temporarily in time of emergency, and it was possible to make a start on this essential work during the year.

The work of the Section has undoubtedly developed during the past few years, and I am conscious of the most effective support and loyalty I have had from my head office staff, district welfare staff, home teachers of the blind, and Wardens, Matrons and other staff at the homes.

In conclusion, I would like to express my thanks and appreciation to Mr. H. Parkes, Chairman of the Health Committee, Mr. J. G. Parker, Chairman and the members of the Welfare Sub-Committee, and to the Chairman and members of the Visiting Committees of the homes for old people, for the interest they have at all times taken in the Service, and which is so vitally necessary and encouraging to the officials carrying out the onerous statutory duties devolving upon them.

APPLICATIONS FOR PROVISION OF RESIDENTIAL ACCOMMODATION DURING PERIOD 5.7.54 TO 4.7.55 INCLUSIVE

PERSONS ADMITTED	AGE GROUPS *										
	0-15	16-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	TOTAL
1. Aged and infirm living alone who in the opinion of their doctor were in need of more care and attention than was or could be made available to them in their own home.					(2)	7 (—)	34 (17)	82 (56)	77 (47)	6 (3)	206 (125)
2. Aged and infirm living with friends or relatives who for one reason or another were unable to continue looking after them.						1 (1)	11 (19)	47 (42)	37 (38)	3 (30)	99 (103)
3. Physically or mentally handicapped persons who for one reason or another were unable to remain with relatives or friends with whom they ordinarily resided.			(2)	2 (2)	1 (2)	8 (3)	3 (3)	8 (3)	1 (2)	(—)	23 (17)
4. Aged, infirm, physically or mentally handicapped who because of illness or holiday of friends or relatives with whom they ordinarily resided were provided with temporary accommodation (Short stay cases).					(—)	(1)	(—)	13 (4)	10 (3)	(1)	23 (9)
5. Homeless persons in need of care, e.g. elderly vagrants, expectant mothers (married and unmarried) persons of no fixed abode and mothers (married and unmarried) with children.	15 (20)	(2)	2 (6)	8 (5)	5 (1)	1 (9)	1 (19)	2 (20)	(15)	(1)	34 (98)
6. Persons who in consequence of eviction from their home or lodgings were provided with temporary accommodation, the local housing authority being unable to meet their needs.	23 (31)	3 (—)	3 (11)	4 (3)	1 (2)	1 (2)	1 (2)	(4)	2 (1)		38 (56)
TOTALS	38 (51)	3 (2)	5 (19)	14 (10)	7 (7)	18 (16)	50 (60)	152 (129)	127 (106)	9 (8)	423 (408)

142 (162) of the above cases were admitted to residential accommodation direct from Regional Hospital Board establishments after every avenue had been explored with a view to the persons concerned being re-established in their normal family life.

PERSONS NOT ADMITTED	AGE GROUPS										
	0-15	16-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	TOTAL
(a) Relatives or friends persuaded to care for them.	7 (4)	1 (1)	1 (3)	3 (1)	2	2	4	20 (6)	12 (4)	2	54 (19)
(b) Assisted in finding alternative accommodation.	18 (15)	(2)	7 (7)	5 (7)	4 (6)	(3)	5 (2)	10 (4)	9 (2)	1	59 (48)
(c) Arrangements made for assistance to be provided through the Home Help Service.							1 (1)	8 (2)	4 (2)		13 (5)
(d) Applicants found to be too ill to be admitted to residential accommodation and arrangements made for their admission direct to hospital.			1		1	2 (2)	9	16 (1)	11 (5)	2 (1)	42 (9)
(e) Applications refused or withdrawn for various reasons	53 (46)	(2)	13 (24)	18 (15)	6 (2)	8 (4)	23 (17)	54 (23)	36 (14)	(5)	211 (152)
TOTALS	78 (65)	1 (5)	22 (34)	26 (23)	13 (8)	12 (9)	42 (20)	108 (36)	72 (27)	5 (6)	379 (233)

NOTE: Figures in brackets are for year 5.7.53, to 4.7.54, and are shown for comparison.

ANALYSIS BY DISTRICTS, FOR PERIOD 5.7.54 TO 4.7.55 INCLUSIVE, OF

(1) TOTAL NO. OF APPLICATIONS

(2) PERSONS ADMITTED

(3) PERSONS NOT ADMITTED

DISTRICT	APPLICATIONS			PERSONS ADMITTED			PERSONS NOT ADMITTED		
	(a)	(b)	TOTAL	(a)	(b)	TOTAL	(a)	(b)	TOTAL
Bewdley Borough	14	2	16	9	2	11	5	—	5
Bromsgrove Urban	21	—	21	11	—	11	10	—	10
„ Rural	39	7	46	14	—	14	25	7	32
Droitwich Borough	12	10	22	11	—	11	1	10	11
„ Rural	20	9	29	15	—	15	5	9	14
Evesham Borough	23	—	23	16	—	16	7	—	7
„ Rural	20	6	26	14	1	15	6	5	11
Halesowen Borough	22	—	22	10	—	10	12	—	12
Kidderminster Borough	69	24	93	45	13	58	24	11	35
„ Rural	32	7	39	30	7	37	2	—	2
Malvern Urban	53	9	62	33	1	34	20	8	28
Martley Rural	24	40	64	12	16	28	12	24	36
Oldbury Borough	37	22	59	25	11	36	12	11	23
Pershore Rural	23	10	33	13	—	13	10	10	20
Redditch Urban	31	22	53	16	3	19	15	19	34
Stourbridge Borough	31	1	32	20	1	21	11	—	11
Stourport Urban	13	—	13	4	—	4	9	—	9
Tenbury Rural	5	1	6	2	—	2	3	1	4
Upton Rural	36	10	46	16	—	16	20	10	30
Districts not in County ..	29	21	50	16	2	18	13	19	32
No Fixed Abode	29	18	47	20	14	34	9	4	13
TOTALS ..	583	219	802	352	71	423	231	148	379

(a) Aged and/or Infirm Persons.

(b) Homeless Persons, including evicted families and flood victims.

Occupational Therapy.

Throughout the year the number of patients on the register varied between 90 and 104. Altogether 1871 visits were recorded.

The Occupational Therapists were invited to hold several displays of patients work throughout the county and this resulted in a considerable amount of work being sold on behalf of patients.

The stock remained at approximately £300, although the turnover was almost £520.

Orthopaedic Work.

The main pattern of Orthopaedic work has followed that of previous years.

Close co-operation with Health Visitors, particularly in the Kidderminster Borough, has resulted in advice being given to mothers with regard to suitable footwear and the treatment of minor defects. Occasional visits have been paid to Infant Welfare Clinics. I hope to extend this preventive work throughout my area. I feel it should eventually lessen the number of children now attending Orthopaedic clinics with minor defects.

While the general standard of footwear is good, greater care could be exercised by parents to ensure correct fitting. A point frequently overlooked by otherwise careful parents, is that of shrunken socks, which can quickly lead to minor toe deformities.

Unsuitable footwear is mainly prevalent among teenage girls in the shape of "Casual" and "Ballerina" type shoes. These are totally unsuitable for growing feet.

A great many children are now wearing School uniform. I should like to see this include a suitable shoe. This might solve the problem of mothers whose daughters refuse to wear "school shoes!"

A total of 394 school children and 181 infants have attended Orthopaedic Clinics in Kidderminster.

One child with Spina Bifida and multiple deformities of the lower limbs, has been provided with a special chair and is now attending normal school.

Where in principle it is excellent for handicapped children to attend normal school, these children are a very great responsibility. A good many are backward to some degree and need individual attention.

The after-care of Orthopaedic patients is for the most part a long term one. When I joined the Health Dept. nearly 9 years ago, one of my first visits was to a little girl with a hip infection, which required years of treatment and care. I had great pleasure a short time ago, in seeing this same young lady taking a very active part in an Amateur Dramatic production.

I should like to record my appreciation to Miss O. M. Woods for her help in the past.

KATHLEEN J. JOHNSON, S.R.N., O.N.C.,
Orthopaedic Sister.

Venereal Diseases.

The following information has been supplied by the Hospitals at which the patients attended :—

Treatment Centre	Number of Worcestershire Cases			
	Syphilis	Gon.	Not V.D.	Total
WORCESTER	4	12	60	76
KIDDERMINSTER ...	6	2	37	45
BIRMINGHAM	2	14	64	80
DUDLEY	4	3	30	37
Totals 1955 ...	16	31	191	238
1954 ...	34	29	247	310
1953 ...	46	61	285	392
1952 ...	53	78	271	402
1951 ...	54	44	259	357
1950 ...	42	52	279	373
1949 ...	68	98	311	477
1948 ...	105	111	350	566
1947 ...	104	142	450	696
1946 ...	126	226	592	944
1945 ...	88	140	675	903
1944 ...	93	70	555	718
1943 ...	114	129	661	899
1942 ...	94	135	517	746
1941 ...	58	99	304	462
1940 ...	55	126	241	422
1939 ...	33	83	237	353
1938 ...	48	138	187	373

Medical Comforts Depots

These depots have been established in many parts of the County by the St. John Ambulance Brigade and the British Red Cross Society. From them articles of equipment for use in the homes of patients are issued on the recommendation of doctors and nurses. No charge is made but a deposit is required which is refunded when the equipment is returned to the depot. This is an admirable service much appreciated by those needing it.

To maintain the stocks at the depots an annual grant of £250 each is made to the two organisations by the County Council.

My thanks and those of the community are due to the personnel of the Brigade and the Society for all their voluntary work in keeping the depots open at times convenient to the people using them.

St. John Ambulance Brigade.

Mr. F. J. Somers, the Commissioner for the St. John Ambulance Brigade in Worcestershire, has sent me the following report made by Miss Walton, the County Staff Officer responsible for the administration of the depots provided by the Brigade :—

“ The total number of articles issued by the Depots from which I have received returns was 1,170 and a further 40 issues were made from the County Stores to persons who were unable to obtain articles from Depots, mostly wheel chairs.

In my visits to Depots I have been impressed by the keenness of the Officers in charge and their helpers to be of service to the public, this service could be very greatly increased if we were not handicapped by lack of funds. I find that the public are not well informed as to the availability of comforts for the sick, the doctors and nurses do not make enough use of us nor do they make known the service available to those needing help. If the service was widely advertised and doctors and nurses were better informed of what we have to offer and would use the information for the good of their patients, the service rendered would be increased a hundred per cent—but the present Local Authority grant would be quite inadequate to cover the cost of articles required.

The position regarding individual Depots is as follows :—

Droitwich : This Depot is efficiently run by Mrs. Pearce of the Droitwich Nursing Division. The Depot has a comprehensive stock in good condition. Number of articles issued 57.

Dudley : Miss Jewkes of Dudley Nursing Division is responsible for this Depot. The number of articles issued was 32. This Depot needs re-stocking as many articles have not been returned or have been returned in bad condition. Miss Jewkes reports great difficulty in getting articles back.

Guarlford : This is a small Depot run by Divisional Superintendent Mrs. Newson. Stocks appear to be sufficient for the district covered and anything not available can be obtained from the Malvern Depot. 14 articles were issued.

Halesowen : The Halesowen Depot has recently moved into more suitable quarters, alterations costing £50 had to be done before the Depot could function, but half this was kindly paid by the Worcs. County Council. The Depot is run by Divisional Member Miss Smith, she is helped by the Superintendent and members of the Nursing Division. The number of articles issued was 218. More stock is needed when funds are available.

- Hill and Cakemore : The Depot is run by the Divisional Superintendent of T. W. Lench Ltd. Ambulance Division, assisted by members of the Division and ex-members of the disbanded Nursing Division. Number of articles issued 75. The Depot is well run and situated in a central position.
- Kempsey : This Depot covers a country area and is a more recent addition to our Depots. Miss Tanner, who runs the Depot was formerly Divisional Superintendent of the Nursing Division, she has a well stocked Depot and is well able to meet any demands. Number of articles issued 12.
- Lye : This Depot is run by the Divisional Superintendents of the Lye Ambulance and Nursing Divisions. The number of articles issued was 31. The Depot needs more stock.
- Malvern : Mrs. Holland who had run this Depot for some years, has had to relinquish the work for personal reasons. Through the good offices of the President of the Malvern Nursing Division the Depot is now being run by a retired doctor and is housed very centrally opposite to main Police Station. The number of articles issued was 165. Dr. Clarke is constantly asking for more articles.
- Oldbury : This is a very active Depot run by the Divisional Superintendent of Oldbury Nursing Division. 300 articles were issued. The Depot is in need of many replacements.
- Powick : The Depot is run by the ex-Divisional Superintendent, Mrs. Hiscock. The area served is not large, but 15 articles were issued. Replacements are needed as this was one of our original Depots.
- Redditch : Since the new Depot was opened at the W.V.S. Office, a great deal of work has been done. 180 articles have been issued. The Depot is in charge of Area Superintendent Mrs. Hodges, but the W.V.S. Organiser and her staff have done all the actual work.

I should like to place on record our indebtedness to the Redditch W.V.S. for allowing us to use their Office as a Depot and for all the work they have done in issuing articles, in clerical work and in transport of articles. This Depot was stocked very fully at a cost of £150, but there is still a constant demand for more articles.

There is still a Depot functioning from the Ambulance Headquarters, but no returns have been received.

Stourbridge : Divisional Superintendent Miss Layland is in charge of this Depot which is well run and well stocked. Number of articles issued 71.

Upton-on-Severn : This Depot is run by an ex-Brigade member. It is well stocked but not much used. Figures are not available.

The Depots at Hanley Castle and Worcester are not functioning. I am very anxious to get a Depot working at Worcester and hope that it may be possible to establish this at the County Office in the near future.

The British Red Cross Society.

There were nine Depots including Headquarters, 28, The Tything. Four Depots are in Private Houses and there is always someone in attendance. Five are open at specified regular times and manned by a rota of Red Cross members.

1,130 articles were lent in 1955. There are 50 invalid chairs of varying types which are constantly in use. Repairs to these were costly in 1955.

Almost any kind of medical aid to Home Nursing is readily available by application to either the local Depot or to Branch Headquarters—Telephone Number Worcester 5867, and it is usually possible to transport large items, such as air beds, commodes, invalid chairs or carriages at very short notice.

The value of the stock in hand all over the County is well above £1,500, and every effort is being made to extend and improve the service.

Four new Depots are to be opened in 1956.

Tuberculosis.

I have been concerned for some time to exploit to the best possible advantage any preventive measure likely to combat this infection. On December 17th a meeting of the medical officers of the County Health Department and the medical officers of health of the county districts was held with Dr. Posner, the Director of the Dudley Mass Miniature Radiography Unit, to discuss possible improvements which would be likely to secure a better acceptance of this service by the county population.

Many useful points emerged from the discussion and it remains to be seen whether a greater measure of success will be secured in 1956 than in previous years.

Report by Dr. R. B. Mayfield, M.D., D.P.H., Chest Physician.

Staff and Administration.

No major change has taken place in these respects during the past year.

Notifications and Deaths.

Tables I to VIII supply information on these subjects and are self-explanatory. The notification rate of respiratory tuberculosis has shown no significant change in the past ten years. It may be that it is being sustained by better case-finding due to a wider and more ready use of radiography, both individually and in the mass. In other words, we may be finding cases nowadays which, 10 years ago, would have remained hidden until they reached an advanced stage, and clinical impressions tend to confirm this. If so, it is reasonable to hope that the real incidence of the disease is falling, and that the notification rate will follow suit in due course. Certainly the proportion of cases in an advanced stage of the disease when first diagnosed seems much smaller to-day than it was between ten and twenty years ago.

Deaths show a rate of 13 per 100,000, which is again a new low record, though only just. The graph gives a broad view of the trend of the tuberculosis death rate during the past thirty years. The curve seems to divide itself naturally into three sections. From 1930 to 1939 the decline of this rate proceeds steadily. Between 1939 and 1948 the decline is much slower, and thereafter it is more rapid than in either of the two previous periods. Probably a number of factors contributed to the pre-war decline, such as the gradual elimination of susceptible strains in the human population, improvements in social conditions (notably in food and housing), and last, but not necessarily least, the more specialised preventive measures employed by Local Health Authorities. No doubt the slowing-up of progress during the war can be attributed to the worsening of social conditions during that period and the unavoidable diversion of the time and energies of Local Authorities to more pressing needs. The blessings of peace and the advent of chemotherapy can jointly claim credit for the greatly accelerated drop between 1948 and 1951. Subsequently the rate of fall has returned to that of the pre-war period. It rather looks, therefore, as if the gradient may be settling down again to an even slope after the initial push given to it by the new drugs. A new fillip is needed to speed progress. In the absence of any fresh development of treatment, it might well be that B.C.G. could fill this role if employed much more widely than it is at present.

Prevention :

Contacts.

The routine chest radiography of contacts still proves to be a useful method of case-finding. Table IX shows that out of 1362 new contacts examined during the year 32 were found to be tuberculous. This is a rate of 23.5 per 1000 examined, about ten times the rate found by mass radiography of the general population. It is really an argument for more and more mass radiography, whereby the infecting agents might be found before they had the chance of infecting so many others.

In addition to having their chests x-rayed, children and young adults are tuberculin-tested, and, if negative, offered B.C.G. Thereafter, all contacts of infectious cases are offered periodic supervision.

Mass Radiography.

Regular visits by the Dudley mobile unit to various parts of the County have continued as in the previous year. The service is offered to the general public with emphasis on special groups including patients referred by general practitioners, persons concerned with the care of children, senior school children, expectant mothers and others. Nevertheless this potentially powerful preventive weapon is still being wielded with very far from full effect. The views expressed in last year's report advocating the periodic radiography of the entire adult population are held with undiminished force.

B.C.G.

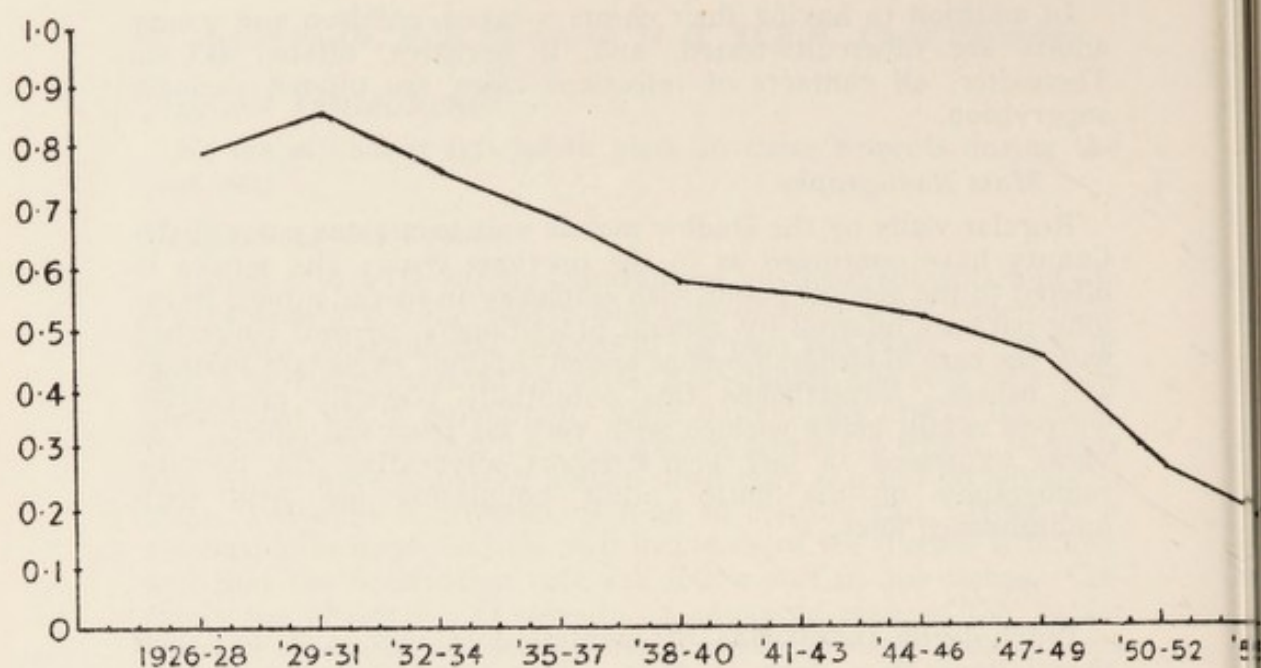
Prophylactic inoculation of contacts continues, and 459 such inoculations were done in 1955. This measure has now been extended to thirteen years old school children, and the response, as described elsewhere, has been good. Further extension to tuberculin-negative persons over the age of thirteen is not only a logical but also a highly desirable next step. The risk to these older children and young adults is no less, so why should they too not be offered this at least partially effective protection, which is so easily applied?

Health Visiting.

No major change has taken place in this key service. During much of the year the ranks have been below full strength, but the strain has been well borne. The system adopted in this County of employing full-time Tuberculosis Health/visitors continues, and has proved its value again and again in ensuring full co-operation between Medical Officers of Health, Chest Physicians, Health Visitors and Care Committees.

Care and After-Care.

Arrangements under this heading remain unchanged. At the end of 1955, 247 patients were receiving free food allowances and 32 garden shelters were on loan to patients. Care Committees have continued their valuable work both in administering benefits on behalf of the County Council, and in raising funds to supply additional help in a variety of ways. Their efforts are greatly appreciated by the patients. In addition, some of these committees do much to secure better housing conditions for tuberculous families. Table X shows the numbers of families rehoused in the past five years.



*Tuberculosis Death Rate per 1,000 population
in three-year periods, 1926 to 1955. Worcestershire.*

TABLE I

Notification Register 1955.

	Males	Females	Totals
Respiratory	1452	1133	2585
Non-respiratory	166	188	354
	1618	1321	2939

Table II

Notification of Tuberculosis.

Year	Respiratory		Non Respiratory		All Forms	
	Number of cases	Rate per 1,000 population	Number of cases	Rate per 1,000 population	Number of cases	Rate per 1,000 population
1951	337	0.83	43	0.10	380	0.94
1952	272	0.67	46	0.11	318	0.78
1953	272	0.67	26	0.06	298	0.73
1954	327	0.80	47	0.11	374	0.91
1955	304	0.74	21	0.05	325	0.79

TABLE III
Notification of Tuberculosis during 1955 showing age periods

Age periods	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	Total
Pulmonary—														
Males ..	1	4	—	5	4	11	13	42	19	38	23	16	2	178
Females ..	—	3	2	4	4	24	21	39	9	8	10	2	—	126
Non-Pulmonary—														
Males ..	—	1	—	3	—	—	3	2	1	1	1	1	—	13
Females ..	—	—	—	1	2	—	2	1	—	1	—	—	1	8
Totals ..	1	8	2	13	10	35	39	84	29	48	34	19	3	325

TABLE IV

The following new cases came to light during the year by means other than notification :—

				<i>Males</i>	<i>Females</i>	<i>Total</i>
Pulmonary	...	...	...	43	43	86
Non-Pulmonary	...	...	...	1	5	6
				<u>44</u>	<u>48</u>	<u>92</u>

These cases came from the following sources :—

Death Returns from Local Registrars	...	...	...	12
Transferable Deaths	...	...	...	3
Transfers from other areas	...	...	...	77
				<u>92</u>

TABLE V

Deaths from Tuberculosis.

Year	Respiratory		Non-Respiratory		All Forms.	
	Number of deaths.	Rate per 1000 population	Number of deaths	Rate per 1000 population	Number of deaths	Rate per 1000 population
1951	97	0.24	18	0.04	115	0.28
1952	77	0.19	11	0.03	88	0.22
1953	72	0.18	10	0.02	82	0.20
1954	52	0.12	7	0.02	59	0.14
1955	48	0.12	6	0.01	54	0.13

TABLE VI

Notification and death rates in districts 1955.

Popu- lation	District	Notif'n rate per 1000 popula- tion	Death rate per 1000 popula- tion	Total cases notified	Total deaths
4,820	Bewdley Borough	1.04	—	5	—
8,980	Bromsgrove Urban	0.72	0.17	21	5
6,910	Droitwich Borough	0.58	—	4	—
12,140	Evesham Borough	0.74	0.25	9	3
41,720	Halesowen Borough	0.72	0.07	30	3
38,370	Kidderminster Borough ..	0.83	0.21	32	8
24,520	Malvern Urban	0.57	0.04	14	1
54,550	Oldbury Borough	1.01	0.15	55	8
30,930	Redditch Urban	0.84	0.10	26	3
38,320	Stourbridge Borough	0.81	0.18	31	7
10,680	Stourport Urban	0.56	—	6	—
30,070	Bromsgrove Rural	0.90	0.16	27	5
13,280	Droitwich Rural	0.53	0.23	7	3
16,580	Evesham Rural	0.78	0.06	13	1
11,900	Kidderminster Rural	0.84	—	10	—
11,540	Martley Rural	0.52	0.26	6	3
16,760	Pershore Rural	0.65	0.12	11	2
5,310	Tenbury Rural	0.38	—	2	—
14,960	Upton on Severn Rural ..	1.07	0.13	16	2
412,700	Whole County	0.79	0.13	325	54

TABLE VII

Notifications in Urban and Rural Districts.

	Respiratory		Non-Respiratory		Both Forms	
	Number of cases	Rate per 1000 population	Number of cases	Rate per 1000 population	Number of cases	Rate per 1000 population
Urban	220	0.75	13	0.04	233	0.80
Rural	84	0.69	8	0.07	92	0.76
Whole county	304	0.74	21	0.05	325	0.79

TABLE VIII

Deaths in Urban and Rural Districts.

	Respiratory		Non Respiratory		Both Forms	
	Deaths	Rate per 1000 population	Deaths	Rate per 1000 population	Deaths	Rate per 1000 population
Urban	35	0.12	3	0.01	38	0.13
Rural ..	13	0.11	3	0.02	16	0.13
Whole county ..	48	0.11	6	0.01	54	0.13

TABLE IX

New Contacts examined in the Chest Clinics.

District	New Contacts examined	Numbers of contacts diagnosed tuberculous	Totals of cases notified tuberculous	Number of Contacts examined per new notified case
Bromsgrove	63	5	34	1.9
Halesowen and Stourbridge ..	213	3	61	3.5
Kidderminster ..	202	4	55	3.7
Oldbury	137	6	55	2.5
Redditch	79	2	40	2.0
South Worcestershire and Worcester City *	668	0	147	4.5
Whole County + Worcester City ..	1362	32	392	3.5

* These figures are supplied from the Chest Clinic at the Worcester Royal Infirmary. Separate figures for City and County contacts are not available.

TABLE X

*Numbers of families re-housed on account of Tuberculosis
in the five years 1951—1955.*

District.	1951	1952	1953	1954	1955	Totals.	Population
Kidderminster Divisional Area	18	11	9	24	14	76	71,080
Oldbury Divisional Area	6	6	19	4	4	39	54,550
Bromsgrove Urban ..	3	4	3	3	3	16	28,980
Droitwich Borough ..	0	2	3	2	2	9	6,910
Evesham Borough ..	3	1	2	6	2	14	12,140
Halesowen Borough ..	7	10	10	8	7	42	41,720
Malvern Urban	8	4	4	3	6	25	24,520
Redditch Urban ..	7	5	5	8	4	29	30,930
Stourbridge Borough ..	4	4	6	6	7	27	38,320
Bromsgrove Rural ..	2	0	3	0	0	5	30,070
Droitwich Rural ..	0	0	0	0	1	1	13,280
Evesham Rural ..	3	0	0	4	0	7	16,580
Martley Rural	4	0	3	0	2	9	11,540
Pershore Rural ..	1	4	5	3	2	15	16,760
Upton-on-Severn Rural	2	1	0	1	0	4	14,960
Totals ..	68	52	72	72	54	318	412,700

Name		Address		City		State	
John Doe		123 Main St		New York		NY	
Jane Smith		456 Elm St		Los Angeles		CA	
Bob Johnson		789 Oak St		Chicago		IL	
Alice Brown		101 Pine St		Houston		TX	
Charlie Davis		202 Cedar St		Phoenix		AZ	
Diana Evans		303 Birch St		Philadelphia		PA	
Frank Green		404 Spruce St		San Antonio		TX	
Grace Hall		505 Willow St		Dallas		TX	
Henry King		606 Ash St		San Diego		CA	
Ivy Lee		707 Hickory St		Austin		TX	
Jack Miller		808 Sycamore St		Fort Worth		TX	
Karen Wilson		909 Magnolia St		Jacksonville		FL	
Leo White		1010 Poplar St		Nashville		TN	
Mia Young		1111 Cherry St		Portland		OR	
Noah Black		1212 Walnut St		San Jose		CA	
Olivia Gray		1313 Chestnut St		Boston		MA	
Peter Red		1414 Elm St		Seattle		WA	
Quinn Blue		1515 Oak St		Denver		CO	
Sam Green		1616 Pine St		San Francisco		CA	
Tina Yellow		1717 Cedar St		New Orleans		LA	
Uma Purple		1818 Birch St		Minneapolis		MN	
Victor Silver		1919 Spruce St		Kansas City		MO	
Wendy Gold		2020 Willow St		Columbus		OH	
Xavier Bronze		2121 Ash St		Indianapolis		IN	
Yara Copper		2222 Hickory St		San Luis Obispo		CA	
Zoe Iron		2323 Sycamore St		Portland		ME	

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