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II

Worcestershire County Council



ANNUAL REPORT

of the

COUNTY MEDICAL OFFICER

OF HEALTH

on the

HEALTH and WELFARE SERVICES

for

THE YEAR 1963

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Worcestershire County Council

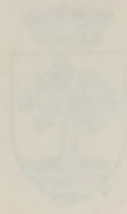
ANNUAL REPORT

COUNTY MEDICAL OFFICER

OF HEALTH

HEALTH and WELFARE SERVICES

**for
THE YEAR 1963**



Worcestershire County Council

ANNUAL REPORT

of the

COUNTY MEDICAL OFFICER

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for

THE YEAR 1963

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WORCESTERSHIRE COUNTY COUNCIL

Telephone: Worcester 23400

County Health Department,
Love's Grove,
Castle Street,
Worcester.

To the Chairman, Aldermen and Members of the Worcestershire County Council.

Mr. Chairman, Ladies and Gentlemen,

As required by regulation I am privileged to produce my annual report on the health and welfare services for the administrative County of Worcestershire during 1963.

Taking into account the many and varied aspects of the preventive public health field that may fall within the jurisdiction of a local health authority, this report gives a practical and full account of the personal and environmental services which were available within the County for both young and old during the year.

The following special comments are of interest:

Statistics:

The Registrar-General has given an estimated population figure for the County as at 30th June, 1963, of 456,760. This shows an increase of 6,360 over the figure for the previous year. Whilst this increase is quite considerable, it is of little significance when the future is considered. Under the Town Development Act the suggested creation of a new town at Redditch will become a reality, proposals for the expansion of Droitwich are proceeding and until the implementation of the recommendations of the Local Boundaries Commission, the citizens of Oldbury are still members of the greater Worcestershire family.

The statistics as a whole compare favourably with the national figures.

It is interesting to note that whilst the total number of live births for the County reads 7,962 which is again the highest ever recorded for the area, the live birth rate per 1,000 population is 15.2 as against the figure of 18.2 for England and Wales.

There has again been a marked improvement in the neo-natal and peri-natal mortality rates and I am hopeful that in view of all the investigations being carried out, these mortality rates will show even more improvement in the coming years. The number of recorded maternal deaths was two as compared with four in the previous year.

I would draw attention to the fact that no deaths occurred in the County directly attributable to measles, whooping cough, diphtheria or acute poliomyelitis and neither was there a notification of a single case of poliomyelitis.

Ambulance
Service:

This service is now an effective operational unit. It will be seen from the body of the report that there is an establishment of 90 driver/attendants but with the continued demands for hospital treatment and general expansion in population it might well prove necessary to seek a further establishment increase.

An interesting innovation during the year was the introduction of four-wheeled drive ambulances for use in remote rural areas and 'off the beaten track'. There is no doubt that these vehicles will prove to be a most useful asset to the ambulance service.

Motorway casualties create new problems but through the goodwill and understanding of the County Surveyor and the Chief Constable, strategic points for stand-by have been established in order to effect a quick turnout. Additional training is now undertaken by Ambulance personnel to deal with the new serious types of injuries caused by high speed motorway crashes.

Midwifery
Service:

It will be seen from the body of my report that at times throughout the year the midwifery staff were very hard pressed to maintain an efficient 24 hour service. This is a national problem but I feel that great credit should be accorded to the county staff for maintaining the domiciliary services under difficult circumstances and I do indeed offer them my thanks and congratulations. At no time did a maternity case, having come to the notice of the health department, have to be refused the services of a midwife through lack of staff.

Yet another increase in the number of illegitimate births has been recorded and the report of the diocesan moral welfare worker sets out most clearly the type of case which requires assistance.

Health
Visiting
Service:

During the last decade there has been a dramatic change in the role of the health visitor. The services of these specialist nurses are now sought after most freely both by mothers and fathers as well as general practitioners. It is, therefore, essential for them to have some base of operations where messages can be sent and received. This office accommodation is most conveniently situated at a clinic but some clinics are held in premises which are rented for one half day per week and no other accommodation is available. Some type of office accommodation either for single or joint use is eminently desirable.

The attendances at Child Welfare Clinics continue to increase and their popularity and usefulness are beyond question.

This trend in the field of preventive medicine is to be encouraged and it is most gratifying that the geriatric health visitors who are concerned with the elderly and chronic sick have established a good liaison with the hospital staffs, general practitioners and other local authorities' services.

I feel certain that as more staff become available the opportunities to have closer and more realistic liaison, particularly with individual general practitioners, will become an important factor in the success of the health and social services.

Home
Nursing
Service:

Here we have a service, the demands for which are stretching our resources to the limit and with the continued trend to nurse patients in their own homes, even greater demands are yet to be made. More and more use is being made of medical loan equipment, disposable equipment and incontinence pads, all of which lighten the load of the district nurse.

The home nursing attendants are providing a most welcome relief for the nurses in that they assist needy patients with their bathing and also provide essential continuity of visiting.

The Women's Voluntary Service have continued to administer and supervise the home help service on behalf of the County Council and in view of the increased demands which are continually made upon this service I am sure that an increasing amount of financial assistance will have to be made available.

This service deals with chronic and acute cases, long term and short term needs and assists in homes which may be either next door to each other in an urban district or many miles apart in a rural district. In order to avoid any waste of time of home helps engaged on this multiplicity of duties it is essential for the local and central organisers to be able to fit together the pieces of this complicated jig-saw puzzle and much administrative work and visiting is needed to meet the constantly changing pattern. The County Council is indebted to Miss Pollard, the County Organiser of the Women's Voluntary Service, Mrs. Ashmore, Organiser of the Home Help Service and the District Organisers of the Women's Voluntary Service.

Health
Education:

I am asked by the Minister of Health to make special mention in my report of local action taken with regard to smoking and health and the prevention of venereal disease.

The propaganda campaign against smoking has been undertaken very actively by my deputy, Dr. M. C. Macleod, who has personally associated himself with much of the field work undertaken in the County. His special report appears as Appendix "A".

The position over venereal disease is described later and it will be noted that very little has been done in recent years to spread the knowledge how this disease is contracted and can be treated. Until recently it is a subject on which there has been very little active publicity but I am pleased to note that a number of films have now been produced together with other propaganda material which means that a more positive outlook will be taken in the future.

At the time of writing this report I am pleased to record that the County Council have approved the appointment of a full-time health education officer. This progressive step will enable the department to undertake the essential publicity and propaganda which is now a vital part of the work of preventive medicine.

Mental
Health
Service:

I am pleased to record that this was a much happier year since we had no further setbacks or serious frustrations over the acquisition of sites on which to build. Later comment is made on Redditch Adult Training Centre which to date is approaching completion and a tender has also been accepted for the erection of the Junior Training Centre, Adult Training Centre and Junior Hostel at Kidderminster.

The need for good relationships is never more important than between persons who are in actual contact with patients whether they be hospital staff or field workers. These personal contacts are essential and lead to a close liaison with all concerned. I am happy to say that such is the position in Worcestershire.

Welfare
Services:

Reference is made in the comprehensive report produced by Mr. R. A. McDonald, the County Welfare Officer, to the many services now being provided throughout the County for the benefit of all concerned including the aged, handicapped, blind and deaf persons.

It is indeed most frustrating that persistent difficulties are being experienced over the purchase of suitable sites for old people's homes.

The schemes for the provision of Meals on Wheels and Meals in Clubs continue to expand and I would wish to be associated with Mr. McDonald's remarks in congratulating the Women's Voluntary Service for their fine achievement.

Environmental
Services:

I would like to record the retirement on the 30th June, 1963, of Mr. R. W. T. Owen from his position of County Public Health Inspector. Mr. Owen, who had been in the employment of the Worcestershire County Council since the 9th September, 1935, was primarily responsible for many schemes throughout the County on Water Supplies, Sewerage and Sewage Disposal Schemes, Milk and Dairies Administration and also Caravan Sites, Housing (Rural Workers) Acts and Hop-pickers' accommodation.

The County Council have lost a most experienced, able and reliable officer who knew every water-course and sewer outfall in the County. Moreover, he was a gentleman with a pleasing and sympathetic personality which enabled him to establish a comprehensive and embracing liaison with his colleagues of the district and borough councils to their mutual advantage.

To a man who had devoted his life to this particular field of public health and given most loyal and devoted service I extend my grateful thanks and wish him a very happy and full retirement.

Mr. Owen's assistant, Mr. Colenso, has been appointed his successor and our good wishes are extended to him for a happy and successful term of office.

There is no doubt that the work generally on the environmental services is increasing and a detailed report appears later.

Tuberculosis:

It will be seen that Dr. Mayfield continues to give a most encouraging report on the incidence of tuberculosis but at the same time he again emphasises the need for continuation of well-tried preventive measures.

The number of people notified as suffering from tuberculosis shows an all time low record for the County.

Dr. Mayfield makes an interesting mention on the much later age when tuberculosis deaths now occur and also on possible causes for the further delay in the decline of the disease.

In conclusion I should like to extend to all members of the staff, professional, technical and clerical, my sincere thanks for their loyal assistance and devotion to duty during the past year and in particular Dr. Macleod and Mr. Rock have contributed greatly in assisting me in the smooth running of the work of the department.

I am grateful to Alderman Melsom, O.B.E., the Chairman of the Health Committee, and to the Chairmen and Members of the Sub-Committees for their continued assistance and support. At the same time I would like to accord my appreciation of the co-operation and assistance received from the Chief Officers and staff of other departments of the County Council who are always most willing to help us in the many problems and difficulties which occur.

J. W. PICKUP.

County Medical Officer of Health and
Principal School Medical Officer.

To a man who had devoted his life to the
particular field of public health and given
equal and devoted service I expect my
thanks and also his very warm and full

Mr. Owen's assistant, Mr. Johnson, has been
appointed his successor and our good wishes are
extended to him for a happy and successful term of
office.

There is no doubt that the work generally on
the administrative services in factoring and a
detailed report appears later.

It will be seen that Dr. Hyatt's position is
also a most interesting report on the history of
tuberculosis and the way the work is being
the most for tuberculosis of well-tried procedures
concerned.

The number of people notified as tubercular from
tuberculosis shows an all-time record for the
county.

Dr. Hyatt's name as tubercular cases on the
each year and that tubercular cases are now on
the on records for the further steps in the
history of the disease.

In recognition I should like to extend to all members of the staff,
professionally, technical and clerical, my sincere thanks for their loyal
cooperation and devotion to duty during the past year and for particularly
in, technical and clerical have contributed greatly in assisting in the
the smooth running of the work of the department.

I am grateful to Alderman Alderson, D.P.M., the Chairman of the
Health Committee, and to the Chairman and members of the Tuberculosis
for their continued assistance and support. At the same time I would
like to express my appreciation of the co-operation and assistance
received from the Civil Officers and staff of other departments of the
County Council who are always willing to help in the way
problems and difficulties arise.

A. S. TRENKLE

County Medical Officer of Health and
Principal Sanitary Officer.

Health Committee

(as at 31st December, 1963)

Chairman:	Mr. S. T. Melsom, O.B.E.
Vice-Chairman:	Mr. H. J. Tooby
The Chairman of the County Council:	Mr. J. M. C. Higgs
The Vice-Chairman of the County Council:	Mr. H. Ashwin, D.L.
The Chairman of the Finance Committee:	Mr. F. L. Rose, C.B.E.

County Aldermen:

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

County Councillors:

Major D. Blore, M.C.	Mr. J. W. Moffitt
Dr. J. E. Blundell-Williams	Miss E. M. Newth
Mr. E. J. Broughton	Mr. J. T. O'Reilly
Mr. D. G. Dymott	Mr. J. G. Parker
Mr. F. Giles	Mr. W. Parkes
Mr. T. Giles	Mr. R. E. C. Perrin
Mrs. J. F. Goode	Mr. W. Perrins
Mrs. A. Gunn	Brig. J. Scott, D.S.O., O.B.E.
Mrs. B. E. Hibberd	Mrs. R. Starkie
Mr. A. E. Johnson	Mr. E. A. W. Treadgold
Mr. W. B. Jordan	Miss M. E. Vernon
Mr. W. F. Kimberley	Mr. C. Willetts
Dr. C. A. Mather	Mr. J. H. Wooldridge
Mrs. M. B. Matty	

Co-opted Members:

Dr. R. S. MacArthur)	Local Medical Committee
Dr. W. R. Blore)	
Miss F. E. Bailey, B.D.S.	Local Dental Committee
Mrs. J. C. Wilson)	County Nursing Association
Mrs. R. Lane)	
Miss H. M. Pollard	Women's Voluntary Service
Miss D. S. Tomkinson, O.B.E., M.A.	Worcestershire Federation of Women's Institutes.
Mrs. E. R. Chadwick	Mid-Worcestershire Hospital Management Committee
Mr. H. A. White	South Worcestershire Hospital Management Committee
Mr. D. Samuel	Kidderminster Borough Council

Public Health Sub-Committee

Mr. D. G. Dymott (Chairman)

Major D. Blore, M.C.	Mr. W. Perrins
Mr. A. E. Johnson	Mrs. H. C. M. Porter
Mr. W. F. Kimberley	Col. W. R. Prescott, M.C., D.L.
Dr. C. A. Mather	Mr. H. J. Tooby
Mrs. M. B. Matty	Mr. E. A. W. Treadgold
Mr. J. W. Moffitt	Miss M. E. Vernon
Mr. J. T. O'Reilly	Mr. C. Willetts
Mr. J. G. Parker	Mr. J. H. Wooldridge

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:

Miss D. S. Tomkinson, O.B.E., M.A.
Dr. R. J. Henderson, Director of the Public Health Laboratory,
Worcester Royal Infirmary

Miss F. E. Bailey, B.D.S.
Mrs. E. R. Chadwick
Mr. H. A. White

Milk Minor Sub-Committee

Major D. Blore, M.C.	Col. W. R. Prescott, M.C., D.L.
Mr. D. G. Dymott	

Ambulance, Prevention and After-Care Sub-Committee

Mr. E. J. Broughton (Chairman)

Mrs. A. Gunn	Mr. W. Perrins
Mrs. B. E. Hibberd	Mrs. H. C. M. Porter
Mr. A. E. Johnson	Brig. J. Scott, D.S.O., O.B.E.
Mr. J. W. Moffitt	Mr. C. Willetts
Mr. J. T. O'Reilly	Mr. J. H. Wooldridge
Mr. J. G. Parker	

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:

Miss A. E. Dingley
Lt. Col. D. A. Davison, O.B.E., D.L.
Dr. R. S. MacArthur) one only to attend
Dr. W. R. Blore)
The Chairman of the South Worcestershire After-Care Committee
(Mrs. R. H. Stallard)

Mrs. F. Pratt
Miss F. E. Bailey, B.D.S.
Mr. H. A. White

Finance and General Purposes Sub-Committee

Mr. S. T. Melsom, O.B.E. (Chairman)

- 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

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)

- | | |
|------------------|----------------------|
| Mr. D. G. Dymott | Mr. W. Perrins |
| Mrs. A. Gunn | Mrs. R. Starkie |
| Mrs. M. B. Matty | Miss M. E. Vernon |
| Miss E. M. Newth | Mr. C. Willetts |
| Mr. J. G. Parker | Mr. J. H. Wooldridge |

- | | |
|--|--------------|
| 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:

- | | |
|----------------------------------|--------------------|
| Miss T. M. Ashwin | Mrs. R. Lane |
| Dr. W. R. Blore) one only | Miss H. M. Pollard |
| Dr. R. S. MacArthur) to attend. | Mrs. J. C. Wilson |

Mental Health Sub-Committee

Mr. J. W. Bright (Chairman)

- | | |
|--------------------|------------------------|
| Mrs. J. F. Goode | Mrs. H. C. M. Porter |
| Mrs. B. E. Hibberd | Mrs. R. Starkie |
| Mr. A. E. Johnson | Mr. H. J. Toby |
| Mrs. M. B. Matty | Mr. E. A. W. Treadgold |
| Mr. J. G. Parker | Mr. J. H. Wooldridge |
| Mr. W. Perrins | |

- | | |
|--|--------------|
| 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. T. H. Charles | Mrs. F. Salmon |
| Dr. W. R. Blore) one only | Mr. H. W. Sanders |
| Dr. R. S. MacArthur) to attend. | Miss D. S. Tomkinson, O.B.E., M.A. |
| Mrs. F. Pratt | |

Welfare Sub-Committee

Mr. J. G. Parker (Chairman)

Major D. Blore, M.C.
Mr. E. J. Broughton
Mr. F. Giles
Mr. T. Giles
Mrs. J. F. Goode
Mrs. A. Gunn
Mrs. B. E. Hibberd
Mrs. M. B. Matty
Mr. J. W. Moffitt
Miss E. M. Newth

Mr. J. T. O'Reilly
Mr. W. Parkes
Mrs. H. C. M. Porter
Mr. W. Perrins
Brig. J. Scott, D.S.O., O.B.E.
Mrs. R. Starkie
Miss M. E. Vernon
Mr. C. Willetts
Mr. J. H. Wooldridge

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

Co-opted Members:

Mrs. R. G. Addenbrooke
Mrs. J. Hawkes
Mrs. M. G. Langman
Miss H. M. Pollard
Mr. D. Samuel

Lt. Col. O. D. Smith, D.L.
Mr. H. T. Stephens
Miss D. S. Tomkinson, O.B.E., M.A.
Mr. H. A. White

The Chairman of the Visiting Committees to the Old People's Homes

Heathlands
Blakebrook and Holmwood
Laburnum House
The Heriotts
Malvernbury and The Howsells
Swinford Hall
Shenstone

Mrs. J. C. Wilson
Mr. J. H. Wooldridge
Mrs. R. E. Hetherington
Mrs. R. G. Addenbrooke
Lady Garrod
Mr. E. J. Broughton
Mrs. M. B. Matty

County Staff

County Medical Officer of Health

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

Deputy County Medical Officer of Health

M. C. Macleod, M.D.,D.P.H.

Senior Medical Officer, School Health Service

Gwen S. Clark, M.B.,Ch.B.,D.Obst.R.C.O.G.,D.P.H.

Senior Medical Officer, Maternal and Child Welfare

Margaret I. Freeman-Archer, M.D.,D.Obst.R.C.O.G.,D.C.H.,D.P.H.

Divisional Area Medical Officer of Health, Kidderminster

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

∅Borough of Oldbury, Medical Officer of Health

H. Tabbush, M.B.,B.Ch.,D.P.H.

Deputy Medical Officer of Health, Oldbury

R. F. Joanes, M.B.,B.S.,D.P.H.

Assistant County Medical Officers of Health

Eileen Bulmer, M.B.,Ch.B.

Kathleen M. Cash, M.B.,Ch.B.,D.Obst.R.C.O.G.

Margaret C. Fell, M.B.,Ch.B.,D.P.H.,D.C.H.

*H. F. Green, M.A.,M.B.,B.Ch.,M.R.C.S.,L.R.C.P.,D.P.H.

*C. W. J. Hingston, L.R.C.P.,M.R.C.S.,D.T.M.,D.P.H.

*R. W. Markham, B.A.,M.B.,B.Ch.,D.P.H.

Barbara S. M. Marshall, M.B.,Ch.B. (resigned 1.9.1963.)

Margaret M. Meikle, M.B.,Ch.B.,D.P.H.

*C. H. Phillips, M.R.C.S.,L.R.C.P.,D.P.H.

*D. S. Pickup, L.M.S.S.A.,M.B.,B.S.,D.P.H.

A. J. Rowland, M.B.,Ch.B.,D.Obst.R.C.O.G.,D.P.H.

*E. T. Shennan, M.B.,Ch.B.,D.P.H.

*L. S. Stephens, M.B.,Ch.B.,D.Obst.R.C.O.G.,D.P.H.

Essillt Thomas, M.B.,Ch.B. (appointed 14.10.1963.)

J. Twomey, M.B.,B.Ch.,B.A.O.,D.T.M. & H.,D.P.H. (appointed 15.8.1963.)

P. B. Williams, T.D.,M.B.,Ch.B.

∅ Delegated authority under Local Government Act, 1958.

* Also District Medical Officers of Health.

Senior Consultant Chest Physician

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

Consultant Chest Physicians

+E. N. Moyes, M.D.,Ch.B.,M.R.C.P.

+R. C. Cronin, M.B.,Ch.B.,M.R.C.S.,L.R.C.P.

+S. Z. Kalinowski, M.D.

+ Part-time by arrangement with the Birmingham Regional Hospital Board.

Chief Dental Officer

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

Deputy Chief Dental Officer

C. W. D. Jones, B.D.S.

Divisional Dental Officers

M. J. Burford, B.D.S.

D. M. Hobbs, B.D.S. (Borough of Oldbury)

Miss R. J. H. Sammons, L.D.S.,R.C.S.Eng.

Dental Officers

Mrs. H. J. Hauxwell, B.D.S. (appointed 1.8.1963).

C. Haynes, B.D.S.

Mrs. M. E. Hiscock, B.D.S. (appointed 1.11.1963).

K. E. Nicholas, L.D.S.,R.C.S. Eng.

Mrs. A. P. O'Reilly, L.D.S.,R.C.S. Eng.

L. A. Trace, L.D.S.,R.C.S. Eng.

F. A. Trent, L.D.S.,R.C.S. Eng.

Mrs. P. B. Trent, L.D.S. Eng.

Mrs. A. M. Facer, L.D.S. (part-time)

G. T. Facer, B.D.S. (part-time)

Mrs. B. J. Whitehead, L.D.S. (part-time)

Mrs. M. Bevan, L.D.S. (part-time) (resigned 31.10.1963).

P. A. H. Lakin, L.D.S.,R.C.S. Eng. (part-time)

E. N. O'Reilly, L.D.S., R.C.S. (part-time) (terminated 24.7.1963).

Orthodontist

Mrs. M. A. Tibbatts, L.D.S. (part-time)

County Public Health Inspector

R. W. T. Owen, M.R.S.H.,M.Inst.S.P.,F.A.P.H.I. (retired 30.6.1963).

R. Colenso, M.R.S.H.,M.I.P.H.E.,A.Inst.S.P.,M.A.P.H.I. (appointed 1.7.1963).

County Ambulance Officer

G. C. Hutchison

Deputy County Ambulance Officer

S. Ogden

Civil Defence Training Officer

R. O. Jenkins

Ambulance - Radio Control - 9

Occupational Therapist

Miss J. Stott, M.A.O.T.

Senior Speech Therapist

Miss M. Edwards, L.C.S.T.

Speech Therapists

Miss R. Bourke, L.C.S.T.

Miss E. M. E. Davies, L.C.S.T.

Miss G. A. Samuel, L.C.S.T. (resigned 30.9.1963).

Mrs. V. A. Stone, L.C.S.T.

Mrs. M. L. Ingamells, L.C.S.T. (part-time) (appointed 22.11.1963).

Mrs. N. M. Shearmur, L.C.S.T. (part-time) (appointed 7.1.1963).

Physiotherapists

Mrs. D. G. Perry-Keane, M.C.S.P. (part-time).

Miss D. B. Jeavons, M.C.S.P., O.N.C.

Orthopaedic Sister

Mrs. K. J. Johnson, S.R.N., O.N.C., M.W.I.

Senior Chiropodists

Miss M. P. Miller, L.Ch. (appointed 14.1.1963).

H. D. Price, M.Ch.S.

Nursing, Midwifery and Health Visiting

Chief Nursing Officer

Miss S. Keeler, S.R.N., S.C.M., Q.N.S., H.V.

Deputy Chief Nursing Officer and Superintendent Health Visitor

Miss A. Kean, S.R.N., S.C.M., H.V.Cert.

Deputy Superintendent of Home Nurses and Midwives

Miss E. Morain, S.R.N., S.C.M., Q.N., H.V.

Deputy Superintendent Health Visitor and Acting Health Education Officer
Miss L. Mee, S.R.N., S.C.M., H.V.

Assistant Nursing Officer
Miss P. M. Downing, S.R.N., S.C.M., Q.N., H.V.

Assistant Superintendent Health Visitor
Mrs. K. M. Harrison, S.R.N., S.C.M., H.V.

In the County as at 31st December, 1963, the following staff were employed:

	<u>Full-time</u>	<u>Part-time</u>
Health Visitors and School Nurses	55	4
Midwives	10	
District Nurse/Midwife/Health Visitors	113	10
Nurses on Courses	8	

Mental Health Service

Mental Health Administrative Officer
W. Phillips, Ll.B.

Assistant Mental Health Administrative Officer
A. G. Willis

District Mental Welfare Officers - 5
Assistant District Mental Welfare Officers - 4
Female Mental Welfare Officers - 2
Trainee Mental Welfare Officers - (1 Male, 1 Female)

Junior Training Centres

	Supervisor	Assistant Supervisor	Trainee
Worcester Junior Training Centre	1	4	1
Netherend Training Centre	1	6	2
Bromsgrove Training Centre	1	3	2
Stourport Training Centre	1	2	2

Senior Administrative and Clerical

Lay Administrative Officer
H. A. Rock, A.R.S.H.

Chief Clerk
J. A. Carter

Finance and Establishment Clerk
C. H. Davis (retired 31.3.1963).
D. A. Simpson (appointed 11.3.1963).

Senior Clerks

L. J. Banning; G. W. Nield, A.R.S.H.; F. H. Tyler; I. E. Collins
A. G. Stevenson; Miss M. Low; S. A. Astley (Borough of Oldbury
Office) and Miss M. French (Kidderminster Divisional Office).

Social Welfare

County Welfare Officer

R. A. McDonald

Deputy County Welfare Officer

A. A. Mumford

Senior Administrative Assistant

D. E. Makin, D.P.A.

District Social Welfare Officers

Miss E. F. Gander, B.A.

B. J. Hodgkinson

Mrs. J. T. Mackie, B.A.(Soc).

Miss A. I. Giddins

Mrs. V. Hand

P. J. Hurley

R. C. Hinds

Welfare Assistants - 2

Trainee Welfare Assistants - 1

Home Teachers of the Blind

Mrs. P. M. Bassett (part-time)

Mrs. A. Street

Craft Instructress

Miss S. M. Collier

Homes for Old and/or Infirm Persons:

	Warden	Asst. Warden	Matron	Asst. Matron	Senior Female Asst.
Heathlands, Pershore	1	-	1	1	-
The Heriotts, Droitwich	-	-	1	1	2
Holmwood, Kidderminster	1	-	1	1	-
The Howsells, Malvern	1	1	-	-	-
Laburnum House, Upton-on-Severn	1	1	1	1	-
Malvernbury, Malvern	1	1	-	-	-
Swinford Old Hall, Stourbridge	1	1	-	-	-
Shenstone, Halesowen	1	-	1	1	-
Bromsgrove General Hospital (County Council's reserved accommodation)	-	-	-	-	1

Home Help Service - as at 31st December, 1963.

W.V.S. County Organiser - Miss H. M. Pollard, J.P.
91 Lowesmoor, Worcester.

Telephone: Worcester 27581/2

Headquarters Staff

Mrs. Ashmore, Mrs. Stuart

Area Organisers

	Tel:
Mrs. Anson, W.V.S. Office, 6 Load Street, Bewdley.	" Bewdley 3283
Mrs. Woolf, 57 High Street, Bromsgrove.	" Bromsgrove 2798
Mrs. Dennis, Mayflower, Withy Bed Green, Alvechurch.	" Hillside 2264
Mrs. Chamings, 62 Ashmead Drive, Rednall, Birmingham.	" Hillside 2158
Mrs. Gill Smith, W.V.S. Office, 52 Merstow Green, Evesham.	" Evesham 6120
Mrs. Whitford, The Moat House, Ashton-under-Hill.	" Ashton-u-Hill 327
Miss Bridge, W.V.S. Office, 4 Cornbow, Halesowen.	" Halesowen 1414
Mrs. Moule, W.V.S. Office, Tower Building, Blackwell Street, Kidderminster.	" Kidderminster 3231
Mrs. Morice, W.V.S. Office, 40 Church Street, Malvern.	" Malvern 1103
Mrs. Nott, Crantock, Station Road, Fernhill Heath.	" Fernhill Heath 437
Mrs. Tetsall, W.V.S. Office, 23 Simpson Street, Oldbury.	" Broadwell 1856
Miss Burrige, W.V.S. Office 23 High Street, Pershore.	" Pershore 247
Mrs. Cooper, W.V.S. Office, 16 Prospect Hill, Redditch.	" Redditch 3843
Mrs. Guest, W.V.S. Office, 94 High Street, Stourbridge.	" Stourbridge 4704
Mrs. Moffitt, W.V.S. Office, Town Hall, Stourport-on-Severn.	" Stourport 2476
Mrs. Boot, Pensax Court, Stockton.	" Clows Top 240
Mrs. Blundell Williams, High Street, Tenbury Wells.	" Tenbury 25
Miss Cole, 10 High Street, Upton-on-Severn.	

Total number of Home Helps employed (full or part-time basis) 460

VITAL STATISTICS

Area of the Administrative County	437,500	Acres	
Population (Census 1961)	441,069		
" 1963, mid-year estimate	456,760		
Rateable Value 1963/64	£16,374,026	(Revaluation)	
Product of a penny rate 1963/64	66,375	approx.	
	<u>Worcestershire</u>	<u>England & Wales</u>	
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live births:-			
Legitimate	3,892	3,683	7,575
Illegitimate	205	182	387
Live birth rate per 1,000 population		15.2	18.2
Illegitimate live births per cent of total live births		4.8	6.9
Stillbirths			
Legitimate	66	50	116
Illegitimate	5	2	7
Stillbirth rate per 1,000 live and stillbirths		15.2	17.2
Total live and stillbirths	4,168	3,917	8,085
Infant deaths (death under one year)	69	75	144
Infant mortality rates:			
Total infant deaths per 1,000 total live births		18.0	21.1
Legitimate infant deaths per 1,000 legitimate live births		17.8	
Illegitimate infant deaths per 1,000 illegitimate live births		23.2	
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)		12.5	14.2
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)		10.6	
Perinatal mortality rate (stillbirths and deaths under one week combined per total live and still births)		25.7	29.3
Maternal mortality (including abortion):			
Number of deaths		2	244
Rate per 1,000 total live and still births		0.24	0.28

Care of Mothers and Young Children

(Section 22 - National Health Service Act, 1946.)

Child Welfare Centres

Good use has been made by mothers of all the clinics and this is most encouraging since many of the buildings used are of inferior standard. However, the accommodation situation in many instances is improving and often in rural areas where the village hall is used, the premises have been decorated and even rebuilt thus helping to provide the bright and happy atmosphere which is so essential for a good clinic. In many urban areas the position is not so good and clinic accommodation often falls short of requirements both in quality and quantity. It is here that there is an urgent need for more purpose built clinics.

During the year a monthly child welfare centre was opened at Romsley to meet the needs of a developing area and the clinic at Lindridge was discontinued since attendances did not justify continuation.

It is hoped that work will commence on the building of new clinics in Halesowen and Malvern during the coming year.

When thinking of the child welfare centres one must not forget the voluntary workers who freely give of their time and services to provide a friendly welcome, undertake clerical work and prepare that "welcome and cheering cup of tea". Their willing assistance is indeed much appreciated by all concerned.

Handicapped Children.

With all the medical knowledge and scientific advancements that are now freely available to all those engaged in the prevention of illness it is important that children who, on account of certain conditions which occur before, during or after birth, are particularly liable to develop a defect should be tested as early as possible in life in order that a diagnosis can be made.

Some defects such as limb deformities are obvious at birth whereas others including mental retardation or deafness may not be so apparent. In cases such as these early diagnosis is essential in order that appropriate early treatment can be given which may reduce the handicap resultant upon the defect.

To help in this vital work all health visitors on visiting a baby for the first time complete a brief form of report for scrutiny by the medical staff. From this information an "at risk" register has been compiled and for these particular children and those born prematurely the health visitors are instructed to carry out a hearing test at seven months of age and also to observe each child's physical and mental development closely. At the end of the year there were the names of 2,912 children on the "at risk" list.

The following table has been prepared to give brief information on the causes of death of children under five years of age:

Causes of Death of Children 0 - 5 years of age - 1963

Cause of death	0 - 1 week		1 - 4 weeks		1 - 12 mths		1 - 5 years	
	No. of Deaths	%	No. of Deaths	%	No. of Deaths	%	No. of Deaths	%
Prematurity	45	52%	2	14%	-		-	
Pulmonary conditions	8	9%	3	22%	17	38%	4	13%
Birth Trauma	6	7%	-		-		2	6%
Congenital Abnormalities	15	18%	5	36%	14	31%	9	27%
Rhesus Incompatibility	5	6%	-		-		-	
Infections other than Pulmonary	-		2	14%	4	9%	4	13%
Malignant conditions	-		-		-		4	13%
Accidents	-		-		8	18%	8	25%
Other causes	7	8%	2	14%	2	4%	1	3%
TOTAL	86		14		45		32	

Congenital Abnormalities

There were 43 deaths from congenital abnormalities of children under five years during 1963, the defects being as follows :-

1. Abnormalities of the central nervous system 17
2. Heart lesions 15
3. Abnormalities of the urino genital system 1
4. Abnormalities of digestive tract 2
5. Severe limb and other deformities 1
6. Metabolic disorders 5
7. Details not known 2

Arrangements have been made for the notification of all congenital abnormalities in both live and still births starting from January 1st, 1964 in accordance with the requirements of the Ministry of Health.

Illegitimacy

It will be seen from the following report of the diocesan moral welfare worker that Barsham House, Malvern, was opened during the year as a mother and baby home for the unmarried mother and her baby. The home, which will serve a great need, will be run by the Worcester diocesan moral welfare association and a total of up to 16 girls can be taken at any one time.

The diocesan moral welfare association also act as the Council's agent in outdoor moral welfare work.

St. Catherine's is another mother and baby home in Malvern but caters for the older baby whose mother is fit to go out to work.

Report by Diocesan Moral Welfare Worker

During the year 289 expectant mothers were referred to the diocesan workers; 249 were unmarried girls and 40 were married women whose expected child did not belong to her husband. Of the married women some were separated, divorced or living apart from their husbands, and a few were living with their husbands or were reconciled after the birth.

Of the 109 who were admitted to mother and baby homes 77 lived the County area and 69 received help with their fees through the health department of the County Council while eight paid their own fees. 172 mothers stayed in their own homes, with friends or in lodgings until confined in hospital and took the baby home with them or were helped by a foster mother until other plans had been made. In eight cases help was refused or the mothers left the area.

Of the 289, there were - 196 babies born by 31st December 1963.
3 babies were still-born.
1 mother miscarried.
81 babies were unborn at 31st December, 1963.
8 mothers refused help or left the area.

Of the 196 babies born - 75 were placed for adoption.
94 were kept by their mothers.
in her own home or lodgings.
9 went to foster-mothers.
5 went to local authority nurseries.
5 went to private nurseries.
1 was still in hospital at 31st December 1963.
7 were still in mother and baby homes.

Of the unmarried girls, 30 were under 17 years of age at the date of birth of the child; one was still at school when she became pregnant; 18 were 16; 10 were 15 and two aged 14 years. Of the fathers of these babies, 26 were known and interviewed by the Diocesan Moral Welfare Workers. 23 were under 21 years of age, four were 16, four were 17 and one was 15.

Barsham House, Malvern, the diocesan mother and baby home, opened and admitted the first expectant mothers on 8th March, 1963, and the total admissions during the year were 51; 31 of these were from the County area. Four mothers left, for various reasons, before the birth of the child. 41 babies had been born and five were still unborn on the 31st December 1963.

Family Planning Clinics

Throughout the County the family planning association now have a number of branches and clinics are held in Kidderminster, Oldbury, Redditch, Worcester and Birmingham where Worcestershire patients can attend. The Committee of one of these clinics applied for financial assistance during the year and a small grant was approved by the County Council.

Marriage Guidance

Grants were made to the Birmingham Marriage Guidance Council and to Worcester and District Marriage Guidance Council during the year.

Ante-natal and Post-natal Clinics

As general practitioners are now undertaking the medical care of expectant mothers, arrangements were made during the year to close the ante-natal clinic at Halesowen. In order to overcome any problems the Birmingham Regional Hospital Board were offered the use of the clinic premises to take blood from these patients for the usual tests if a member of the pathological service could be made available. This was not, however, found to be possible and therefore arrangements were made for the patients to attend the nearest hospital for this purpose if the general practitioner himself did not wish to take the blood samples.

The Kidderminster ante-natal clinic is now the only one in the County, excluding Oldbury, at which there is a medical officer in attendance and the need for this clinic will cease when the midwifery training school closes during 1964.

Midwives' ante-natal clinics continue to be held throughout the County in district rooms, clinic premises and general practitioners' surgeries.

Mothercraft and Relaxation Classes

These classes, conducted by health visitors, midwives and physiotherapists continue to be well attended and are a means of teaching young mothers the way to bring up healthy and happy families at a time when they are in a particularly receptive mood.

Relaxation and Parentcraft Classes				
Clinic	New Cases		Attendances	
	1963	1962	1963	1962
Bromsgrove	92	57	348	178
Cofton Common	34	58	138	209
Droitwich	76	38	165	148
Evesham	102	103	378	382
Halesowen	106	163	513	885
Halesowen (Blackheath)	48	19	207	52
Hanbury (Closed end Sept.)	10	3	30	9
Kidderminster	190	115	463	347
Lye	55	55	295	294
Malvern	122	116	536	510
Marlbrook	20	35	77	153
Oldbury	65	86	261	375
Redditch	82	117	507	517
Rubery (opened June)	29	-	77	-
Stourbridge	184	160	799	595
Stourport	46	44	329	113
Tenbury	12	6	56	13
Wribbenhall	28	26	63	128
Wythall	13	11	50	28
Worcester City Clinic	37	38	156	176
Stourport H.M.C.	262	116	375	453

Nurseries and Child Minders

A large number of enquiries were received during the year from mothers interested in starting small play groups, but few have proceeded with their plans. The reason appears to be that few mothers have sufficient experience or cannot give enough time to organising a group, particularly when they realise that they must be self supporting and that no grants are available.

The number of registered nurseries is now seven as compared with eight in the previous year whilst the number of registered daily minders remains the same at ten. This provides a total of 234 places for children under five years of age in the County.

Dental Treatment of Expectant and Nursing Mothers
and Pre-School Children.

by B.D. Britten, Esq., L.D.S., Chief Dental Officer

The demand for dental treatment for expectant and nursing mothers has shown a steady decline for several years, but in 1963 this decline became steeper. Only 169 presented themselves for dental inspection, 165 being found in need of treatment. Of these, 143 actually received treatment but the figures in the statistical table do not reveal that a further 55 patients received treatment during the year - persons whose treatment was commenced during the previous year.

Whether the decline in the numbers is due to lack of interest or to a general improvement in dental health among this class of patient is not certain, but several facts seem to indicate the latter - for instance, the number of teeth extracted has fallen sharply in proportion to the patients treated, whereas the filling ratio has increased.

The number of courses of treatment completed during the year is one more than the number of persons who commenced treatment during the year. This does not necessarily mean that each person was completed and that one had two courses of treatment, for some of those cases that are listed as completed had their treatment commenced during the previous year. Indeed, it is still too frequent that patients commence a course of treatment but fail to see it through to completion.

Treatment for pre-school children remains fairly constant, though continuous efforts are being made to persuade mothers to bring their young children to see the dentist before toothache becomes the spur. A slight rise in the number of fillings and a fall in the number of extractions seem to indicate that the efforts are bearing fruit.

Although evening sessions are still carried out in Stourbridge, Kidderminster and Stourport, the general demand for evening appointments has fallen to such a degree that the number of such sessions has been reduced.

No new clinics were built during 1963 but the one completed at Rubery at the end of 1962 was put into use in the early part of the year and has already resulted in an improvement in the service in that area.

Midwifery Service

(Section 23 - National Health Service Act, 1946.)

Domiciliary midwives attended 2,592 births during the year of whom only 26 had failed to book a doctor. This accounted for 32% of the total births to county mothers. Of the remaining 5,598 births which took place in hospital or nursing homes, 2,453 were discharged home before the tenth day and nursed at home by the domiciliary midwives.

District Midwifery Staff

At the end of the year the equivalent of 56.2 full-time midwives being employed compared with the equivalent of 57.5 at the end of the previous year. This does not, however, give a true picture of the situation, for there were five vacancies and two midwives off sick for prolonged periods, and the shortage of staff was concentrated in two areas. Thus there were times when the midwifery service was extended to its limit and off duty periods and holidays had to be foregone temporarily. Nevertheless the staff co-operated to the full and the patients all received adequate care and attention.

The birth rate was beginning to rise at the end of the year and the number of bookings for 1964 showed a marked increase, so that staff shortages may be felt even more acutely in the new year.

Analgesia

During the year midwives attended lectures on the administration of trilene at Ronkswood and Bromsgrove Maternity Units. There were five sets of trilene apparatus in use at the end of the year.

Practising Midwives in the County

Fifty-five hospital midwives and seven private midwives notified their intention to practise during the year.

Pupil Midwives

Seventeen pupil midwives completed their district training during the year as part of a Part II midwifery course, three of them wholly on the district.

Premature Births

There were 502 premature live births and 73 premature stillbirths in the county during the year. Fifty-four of the babies born alive died before reaching four weeks in age.

Stillbirths

There were 121 stillbirths, seventy-three of them being premature.

Maternal Deaths

There were two maternal deaths due to pregnancy during the year. One was due to pelvic thrombosis at the 24th week of pregnancy, and the second was due to renal failure following a self induced abortion. Two further deaths associated with pregnancy occurred, one just after the birth of a baby and due to carcinoma of the colon; the other also following the birth of a baby where death was caused by staphylococcus septicaemia originating from the patient's own throat infection.

(The figures given under the midwifery service have not been adjusted to take into consideration inward and outward transfers and should therefore not be confused with the vital statistics.)

Health Visiting

(Section 24, - National Health Service Act, 1946.)

Mothers and young children

The rising birth rate and the increasing popularity of the child welfare clinics have led to more demand being made on the health visitors time for this more routine but nevertheless very important type of work. In addition more emphasis is being placed on the early diagnosis of handicaps, particularly hearing defects, and all the children in the "at risk" group have a screening test for hearing at seven months of age. These tests are valuable not only for checking the child's hearing but they also provide some measure of assessment of the child's physical and mental development, so that other defects are brought to light at an earlier age. More health education work, too, is being undertaken both in clinics, mothercraft classes and in talks to outside groups.

Altogether the health visitors work is increasing year by year so that in some areas of the county it has been impossible for routine visits to be carried out regularly. The County Council therefore, agreed to increase the number of health visitors by seven, the majority of these to be employed in the north of the County where the need was greatest. Unfortunately it has not been possible to attract trained health visitors to these posts but it is hoped that they may ultimately be filled by health visitors whose training has been sponsored by the County Council.

Another means by which the health visitors time may be saved is to give clerical assistance and it has been agreed that a clerk shall be employed part time for a few hours each week in one of the clinics.

Group advisers

The increase in the volume and complexity of the health visitors' work means that problems arise which must be solved immediately and by someone on the spot. A group adviser has, therefore, been appointed for the Stourbridge and Halesowen areas to start work in January 1964 bringing the number of such appointments in the County up to three.

Geriatric health visitors

There are now four geriatric health visitors working in the Evesham, Malvern, Bromsgrove and Redditch areas. A fifth vacancy in Stourbridge and Halesowen has not yet been filled. These health visitors act as liaison officers between hospital, general practitioners and local authority services for the care of the elderly, and chronic sick. In addition they form a valuable link between voluntary and statutory bodies. Their work has increased to a very great extent since they were appointed and now it is difficult to imagine how the geriatric work could be undertaken without them.

Health Visiting Staff at the end of the Year

There was a total of 90 health visitors and six tuberculosis health visitors giving a wholetime equivalent of 39.6 and 5 respectively. There were vacancies for two health visitor/school nurses, three combined workers, one geriatric health visitor, one tuberculosis health visitor and one group adviser.

Home Nursing

(Section 25 - National Health Service Act, 1946.)

Although the number of cases visited by home nurses has fallen, the proportion of elderly patients continues to rise. Visits to old people cannot be hurried, for it is necessary for the nurse to spend time getting them walking again after an illness or encouraging them to get as much use as possible from a limb affected by a stroke. Relatives too must be taught the best way of caring for the patient and encouraging him back to independence.

Nursing Equipment on Loan

It is part of the district nurse's work, too, to know the various types of nursing equipment that can be obtained on loan from the Health Department whether from a local depot or from the central depot in Worcester. She can then advise the general practitioners, the patient and his relatives of the items that are available and suited to the particular patient's needs. By the use of lifting equipment the physical strain on the relatives can often be greatly relieved.

Disposable Equipment

During the year disposable masks and syringes have been issued and readily accepted by the nurses. The use of these items decreases the risk of infection and saves the nurse's time. Other types of disposable equipment like gloves and catheters are gradually becoming cheaper and it is hoped that it will soon be possible to start to use them without adding to the cost of the service.

Incontinence Pads

Following the Ministry of Health Circular 14/63 on this subject, it was decided to issue incontinence pads free of charge for an experimental period in order to reduce laundering of soiled bed linen and make it possible to nurse at home some patients who otherwise would have to be admitted to hospital. The requests are made to the local district nurse who obtains her supplies from the central depot in Worcester.

There was a fairly heavy demand for these incontinence pads when the scheme started, 3,600 being supplied in December, but it has been found that they are not suitable for every type of incontinent patient. The requests for supplies have now reached a steady level and they are proving of great assistance to relatives in many cases.

Home Nursing Attendants.

There are many old and disabled people who are able to look after themselves but who need assistance with a weekly bath. In order to provide this service the first home nursing attendants have been appointed during the year. These are women who are not trained nurses but nevertheless have had some nursing experience. They work under the general supervision of the geriatric health visitors and should the patient's health deteriorate the case is immediately put under the care of the district nurse.

The home nursing attendants are proving very popular among the old people. They not only help them to maintain a reasonable standard of cleanliness but they also provide the opportunity for a weekly chat for the lonely. In addition a weekly check can be the means of noting deterioration in the old person's condition and further assistance can be sought in the early stages.

This service, originally designed to relieve the district nurse of the routine weekly bathings, is developing into an essential part of the care of the elderly in their own homes.

Marie Curie Assistance for Cancer Cases

During the year extra comforts were given to 25 cancer cases and night nurses were provided for 13 cases, a day sitter was provided for one case and one case had a home help. The cost of this service is borne by the Marie Curie Foundation.

Home nursing staff at end of year				
	Full time	Part time	Full time equivalent	Car Drivers
District nursing only	32	5	34	33
District nursing/ midwifery	55	1	22.55	56
General duties	34	-	14.8	34
Home nursing attendants	-	5	2.16	-
Totals	121	11	73.51	123

The Isobel Morcom Medal and Prize

This was awarded to Miss K. Brooks, S.R.N., S.C.M., O.N., who has worked in the county for 28 years.

The medal and prize is awarded annually to a member of the nursing staff who, in the opinion of the Trustees, on evidence submitted, has rendered outstanding service to midwifery or domiciliary nursing in Worcestershire for a considerable period.

The trust was established by Col. R.K. Morcom on the 6th November 1944 in memory of his wife.

Long Service Badges

Long service badges and bars were awarded to sixteen nurses and these were all presented at the County Nursing Association annual general meeting.

County Nursing Association

The annual general meeting took place in July when a very interesting talk was given by Mr. W. Phillips, Mental Health Administrative Officer, followed by a film "Towards a Happier Life."

Mrs. S.M. Threlfall who took over the work of the National Gardens Scheme from her mother, was elected President of the Association.

Nurses Houses.

During the year five new purpose built houses with district room facilities were erected in various parts of the County.

Three of the houses were of the single three bedroom type and situated in rural areas. The remaining two were built as a pair in an urban district.

Training of Students from other authorities.

Nine Queen's students from Nottingham and eight from Worcester City visited the County for rural experience.

25 final year students from the Mid-Worcestershire Hospital Management Committee Training Centre and 10 students from the Corbett Hospital spent a day on the district observing the work of the district nurse and health visitor.

Health Visitors and Queen's Training

One student was accepted for health visitors training at Battersea Training College, five at Birmingham and one at Bolton. Two nurses completed the Queen's District Training and returned to work in the county. One nurse completed the Queen's District Training and commenced health visitor's training.

Post graduate courses

One administrative nursing officer, 22 midwives, 12 district nurses and 13 health visitors attended courses during the year, all midwifery courses being the statutory ones required by the Central Midwives Board.

Annual County Refresher Course

This course for medical and nursing staff was held at Worcester on March 26th, 27th and 28th. There were over 400 attendances at the three sessions, the subjects discussed being "Endocrine Disorders of Childhood", "Fluoridation", "Diabetes as a Public Health Problem", "Health Visiting - Present and Future", and a one day course run by the Central Council for Health Education based on the theme of "Teenagers".

Public Health Act, 1936. Registration of Nursing Homes

There are now 12 Nursing homes registered in the County. These provide 167 beds for general medical cases which is the same as in 1962.

Home Help Service

(Section 29 - National Health Service Act 1946.)

This service is delegated to the Women's Voluntary Service and thanks are again due to Miss Pollard, the County Organiser and to the area home help organisers for their continued interest and help. At the end of the year there were four whole-time and 54 part-time organisers giving a total whole-time equivalent of 18.0 working from 19 centres in the county.

Thirty-three whole-time and 407 part-time domestic helps were employed at the end of the year giving a total whole-time equivalent of 239.5.

Number of Cases for whom Helps were provided		Domestic Help Service Staff	
Types of cases	1963		1963
Maternity	483	Full-time	33
Chronic sick & Tuberculous	197	Part-time	407
Mentally Disordered	20	Total:	380
Others	230	Equivalent full-time helps	239.5
Aged 65 or over	2,177		
Totals:	3,107		

County Organiser's Report

Administration

In the County Office, additional clerical help has eased pressure but it is becoming clear that the general responsibility of the service cannot be shared with the duties of W.V.S. County Secretary. During the year four Area Organisers resigned (Halesowen, Droitwich, Wythall and Pershore) and these services had to be maintained until successors were found and trained. The comparative expenditure of the areas had to be watched and action taken where necessary. Payments to home helps by cheque is being introduced gradually.

Transport

Discussion took place with the County Council on the use of private cars by home helps and a new economical method is now in operation. Nine auto cycles have been purchased and maintained by the County Council. It is hoped that in the new year some more new machines can be purchased. Crash helmets have been provided for the helps using auto cycles and the provision of protective clothing is under consideration.

Training

Mrs. Ashmore of the headquarters staff attended a conference for home help organisers at Buxton, Derbyshire.

An experimental course for selected home helps from five centres in the County was held at Halesowen.

The Home Help Organisers met at County Office on the occasion of a visit by the W.V.S. Chairman, Lady Reading. This was also an opportunity of discussing various matters with senior County Officers.

In the main we are fortunate in the recruitment of suitable home helps. There are difficulties in a rural area such as Evesham Rural District and an industrial one like Redditch but in other areas we are well able to keep up to strength and in some areas there is a waiting list.

Vaccination and Immunisation

Smallpox Vaccination

The following is the return for the County for the year ended 31st December, 1963:-

Age at date of vaccination	0 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	1	2 - 4	5 - 14	15 or over	TOTAL
No. Vaccinated	334	565	170	173	558	81	65	205	2,151
No. Revaccinated	-	-	1	-	3	30	113	535	682

One case of generalised vaccinia was reported. No cases of smallpox were notified.

The corresponding totals for 1962, were 26,423 primary vaccinations and 33,566 revaccinations, but these numbers were much higher than normal due to the increased public demand in the early part of that year. However, primary vaccinations were less than normal during 1963, due to the recommendation, which came into operation late in 1962, that vaccination should be carried out preferably in the second year of life.

Of the 2,151 primary vaccinations, 577 were carried out at County Council Clinics.

Diphtheria Immunisation

In many cases immunisation with triple antigen is now started at three months, followed by reinforcing dose at approximately eighteen months of age. Further reinforcing doses are offered on school entry and at eight to nine years of age.

Triple antigen is now used in all Clinics and by the majority of general practitioners in the County, although a few general practitioners are now using quadruple vaccine which includes poliomyelitis vaccine.

The following table shows the number of children who received primary and reinforcing injections during the year

Children born in years:-	Completed a full course of primary immunisation	Received reinforcing injections	TOTAL
1963	2,519	-	2,519
1962	3,349	132	3,481
1961	282	377	659
1960	66	69	135
1959	29	185	214
1954 - 58	278	7,189	7,467
1949 - 53	65	716	781
TOTAL	6,588	8,668	15,256

(These figures are based on records received up to 31st December 1963.)

No cases of diphtheria were notified.

Whooping Cough Immunisation

Immunisation against whooping cough is normally given in infancy in combination with diphtheria and tetanus.

The following table shows the number of children who have completed a primary course of pertussis vaccine (singly or in combination) during 1963:-

Year of birth	No. of Children
1963	2,482
1962	3,347
1961	334
1960	64
1959	26
1954 - 58	54
1949 - 53	27
TOTAL	6,334

Protection against Poliomyelitis

The demand for protection was considerably less than in previous years and in many areas it was found that separate poliomyelitis vaccination sessions were not required. Wherever possible arrangements were made for oral vaccine to be available at routine child welfare clinics and school clinics in order to maintain a high immunity index in babies and young children. The majority of the general practitioners in the County continued to give vaccine at their surgeries but a number now prefer their patients to attend the local clinic for oral vaccine.

During the year, record cards were received showing that 7,382 persons had received a complete course and 6,454 had received reinforcing doses.

There were no cases of poliomyelitis notified.

Vaccination and Immunisation

It is interesting to note that the percentage of children born during 1962 who had been vaccinated or immunised in Worcestershire against diphtheria, whooping cough or poliomyelitis compared most favourably with the national percentages:-

	Children born in 1962 Percentage vaccinated/immunised against		
	Diphtheria	Whooping Cough	Poliomyelitis
Worcestershire	73%	74%	62%
England and Wales	65%	64%	53%

B.C.G. Vaccination

The results of the 1963 programme and corresponding figures for previous years are given in the following table:-

	1963	1962	1961	1960	1959
No. of invitations issued	6857	7354	7019	8040	6459
No. of consents received	6021 (87.8%)	6629 (90.1%)	6258 (89.2%)	7175 (89.2%)	5496 (85.1%)
No. of children tested	5535	5961	5385	6391	4693
No. of positive re-actors	524 (10.1%)	724 (12.1%)	508 (9.5%)	950 (14.9%)	553 (11.8%)
No. of negative reactors given B.C.G.	4652	5237	4877	5441	4140

The percentage of negative re-actors was 89.9% compared with 87.9% in 1962.

Tuberculosis

Dr. R.B. Mayfield, Senior Consultant Chest Physician, has given the following report:

As may be seen in Table I, there was a substantial fall in the number of new cases of tuberculosis notified in 1963 compared with previous years. This is easily a new low record and encouraging. The death rate from tuberculosis (Table II) has remained more or less the same now for five years, but the different age distribution of these deaths compared with earlier times is worth noting. Table III illustrates this feature and it will be seen that tuberculosis deaths nowadays occur at a much later age than formerly. Thirty years ago about two thirds of these deaths occurred between the ages of 15 and 45 years, whereas in 1963 only four persons out of 29 died of tuberculosis under the age of 45 years, and 12 out of the 29 (40%) survived beyond the age of 65. Most of these elderly folk probably acquired their disease many years ago, and their gradual passing is likely to result in a lower death rate in a few years' time, provided no unexpected factors operate in the meanwhile, such as war, famine or the importation of disease from elsewhere.

Another possible brake on the decline of tuberculosis is the problem of drug-resistant tubercle bacilli. There is no doubt that the development of effective anti-tuberculous drug treatment during the past 15 years or so has been the main cause of the accelerated fall in the numbers of deaths and new cases. Unfortunately some patients harbour tubercle bacilli which are immune to one or more of these drugs, and in such cases effective treatment may be difficult or impossible. Forty-nine such patients are known to exist in Worcestershire. These present a difficult problem not only in themselves, but also because any healthy person infected with their bacilli immediately becomes part of the same problem. Emergence of drug-resistant organisms can be minimised by meticulous attention to taking the drugs exactly as prescribed, and, with proper care, such cases should occur very rarely.

Fortunately, no public health problem in this connection has arisen in Worcestershire so far. Dr. E. N. Moyes reports that no fresh case of tuberculosis infected with resistant organisms has been detected in South Worcestershire and the same is true of the rest of the County. The danger to others may, therefore, be more apparent than real. Nevertheless, the existence of this problem indicates that well-tried preventive measures concerned with sputum disposal, ventilation and personal hygiene are still essential and must not be relaxed.

Ambulance Service

From an analysis of the figures, out-patient cases were 68,127 compared with 100,887 in the previous year, a decrease of 32,760. The total number of cases conveyed by ambulance during the year was 128,066, involving 663,434 road miles. The average number of miles per case was 5.1 as compared with 3.9 during 1962. Rail transport was used for 465 patients which compares favourably with the previous year (476).

More and more requests are continually being received to transport patients long distances for specialist treatment and also for return journeys to their homes. Every endeavour is made to use rail transport but owing to the modernisation and partial withdrawal of railway facilities, many patients have to be transported by road. To meet such demands the hire car and hospital car services are used extensively. The statistical details are outlined in Table "I" and it will be noted that the mileage for hire cars increased considerably. In the case of hospital cars it is pleasing to note only a very small reduction in the average miles per case, this being 14.1 as compared with 14.6 during 1962.

During the year there was a reduction in the number of patients conveyed by the ambulance service. The main reason for this being the full effect over a period of 12 months of the taking over responsibility by the Mid-Worcestershire Hospital Management Committee for the conveyance of patients from the Droitwich Hospitals to the Brine Baths in Droitwich for treatment from the 1st October, 1962. The number of patients conveyed by the ambulance service in Droitwich the previous year prior to the 1st October was 29,594 covering 4,967 miles. This gave an average of six patients per mile and the effect of a high concentration of patients on the County averages has been formidable.

Many of the severely subnormal patients attending Junior Training Centres throughout the County were conveyed by hired transport. The mileage involved was 114,969 to convey 27,553 patients as compared with 11,324 patients during the previous year when only a very small pilot scheme was in operation for transportation by this means. It is envisaged that such a practice will expand even greater in the future. Both the hospital and hire car services have again proved to be a most useful auxiliary to the various ambulance services and we are grateful to the drivers who have assisted in maintaining an efficient service. The number of car drivers remain fairly constant although the services of additional hospital car drivers in certain areas would be welcomed.

The central ambulance service control with its radio communication which is situated at the County Health Department, Worcester, has now been in operation for just over twelve months. After initial setbacks which were to be expected, it has now settled down and is producing all the advantages which were expected to the ultimate benefit of the patients.

It is very pleasing to be able to report that with complete co-operation of all concerned it was possible to make progress in the provision of new premises in two County areas. The new ambulance station at Oldbury was completed and put into operational use in July, 1963. Considerable progress has been made at Malvern and it is certain that the new station will be in use in 1964. Difficulties are still being encountered over a site for a new station in Evesham but it is to be hoped that a solution can be found to the problem in 1964.

During 1963 four-wheeled drive ambulances were purchased and distributed to Bromsgrove, Evesham, Halesowen and Malvern Stations. These vehicles are designed to operate in areas which to date have been inaccessible to normal type ambulances, as an example, isolated farm cottages far removed from a hard standing road. This has long been a difficult problem but it is now hoped that casualties or seriously ill persons can be reached with the minimum of delay. There have already been instances where these vehicles have proved to be most beneficial.

In Worcestershire we are now faced with the problem of providing an adequate ambulance coverage for the "M.5" motorway. The nearest ambulance stations to the entry points are Bromsgrove and Worcester. Bearing in mind the traffic congestion at both Bromsgrove and Worcester and the need to provide a quick turn-out to accidents on the motorway, it has been necessary during peak traffic hours to make arrangements for ambulances to be placed at more convenient strategic points. These arrangements are working satisfactorily and thanks are due to the County Surveyor for his co-operation. An ambulance from Bromsgrove is placed at the Rashwood entry and one from the Worcester City and District Voluntary Committee is in position at the Warndon entry Monday to Friday.

The County Ambulance Officer is also the Ambulance Officer for the Worcester City and District Voluntary Ambulance Committee, who provide a service on an agency basis for the City of Worcester and the surrounding County areas. During the year 6,397 County cases were conveyed a total of 55,613 miles compared with 5,986 cases and 37,635 miles in 1962. There has been close liaison and co-operation between the Voluntary Committee and the County control to eliminate wasted mileage and journeys.

Throughout the year there were very few volunteers actually undertaking duties at any of the county ambulance stations and although it was possible to arrange escorts for patients travelling by rail it sometimes proved difficult to obtain assistance. It must be remembered that a considerable number of volunteers from the St. John Ambulance Brigade and the British Red Cross Society attend at the ambulance station in Worcester. This station is operated by the Worcester City and District Voluntary Committee on behalf of both the City and County local authorities and to them I am grateful for all the assistance that has been freely given.

Civil Defence - Ambulance and First Aid Section

The number of active volunteers in the section remained steady throughout the year and a small number of enrolments off-set the resignations received. There was, however, a fall in the number of volunteers in the section due mainly to the resignation of persons who were unable to devote sufficient time in order to become fully trained.

It was possible to arrange for seven standard tests to be taken in the County and out of 44 volunteers taking the tests, there was only one failure to pass. These numbers do not include those members who passed their gold star test prior to the re-organisation of the civil defence corps.

Advanced training courses were commenced in September, 1963, and will continue over a period of approximately eighteen months which will be followed by advanced tests.

Two most successful exercises were carried out over the 12 months and are briefly commented upon:

(a) Exercise 'Life-Line' II

This regional exercise was held on the 16th June, 1963, and was intended to exercise one forward medical aid unit and an associated ambulance and first aid column. All active members of the Worcestershire ambulance and first aid section took part together with units of the British Red Cross Society, St. John Ambulance Brigade and units of civil defence from other authorities in the region. The exercise was a complete success and proved the capabilities of a forward medical aid unit and an ambulance column (i.e. to deal with approximately 1,000 casualties in an eight hour shift). The whole time ambulance service radio control was used to great advantage and an experimental mobile ambulance column headquarters proved itself invaluable for controlling the evacuation of casualties. Twelve whole time ambulance service personnel also took part.

(b) Exercise 'Snow Ball'

Members of the Malvern ambulance and first aid section took part in exercise 'Snow Ball' at Malvern on Saturday, 14th July, 1963, the aim of the exercise being to test the call-out speed of civil defence members in the Malvern district. An imaginary plane crash with approximately twenty casualties was dealt with successfully. All members taking part reported to the civil defence centre in Malvern within half an hour of call-out.

Occupational Therapy

In general the year proved to be a most frustrating one from all points of view. It proved impossible to obtain the services of a second occupational therapist, with the result that the existing officer, was faced with an extremely difficult task of attempting to cover the whole County. Obviously degrees of priority had to be introduced resulting in many patients having an indefinite suspension of treatment and others working without adequate supervision. This position is quite intolerable and it is to be hoped that a second officer will soon be forthcoming.

The figures available for 1963 show that 701 visits were made to 73 patients. A total of 138 patients are on the register and at the end of the year 17 of them were still awaiting an initial visit.

It was possible through the good offices of the Women's Voluntary Service to arrange a successful exhibition and sale of work at the Stourbridge Floral Fete during August, 1963.

Physiotherapy and Orthopaedics

It is pleasing to record that good results have again been achieved during the year by the Physiotherapists and Orthopaedic Sister. The pattern has, of course, remained the same but it should be remembered that this work, often unspectacular, is most essential. It is in the main the routine supervision of persons receiving remedial exercises or wearing special appliances or footwear usually at the instance of Orthopaedic Surgeons, Paediatricians or Medical Officers.

The visits to infant welfare centres have been continued and the results from these visits have proved to be most beneficial since it has meant that many infants have received remedial treatment at a very early age.

Throughout the year a Physiotherapist visited relaxation classes for expectant mothers and good attendances were maintained.

It is reported that the general standard of footwear is good, although 'high fashion' continues to dominate the teenage group. There is also room for considerable improvement in the repair of footwear in this group.

The staff are indeed most grateful to patients, parents and others who, on the whole and often at considerable inconvenience, co-operate most readily over routine supervision. This situation is very encouraging since it is known that domiciliary management of a patient in a rural area can to say the least be extremely frustrating to all concerned.

Convalescence

During the year a total of 323 cases supported by a medical certificate were referred for varying periods of convalescence. Of this number, 234 patients were eligible under the County Council scheme and proceeded on convalescence to various homes, the average stay for each being two weeks. The remaining 89 patients were fully investigated and although the financial circumstances of some were such that the County Council could not accept responsibility, it was possible in many instances to make arrangements with a number of Societies who have convalescent schemes for a holiday.

The admission rate to the various homes has remained fairly constant and comparable with previous years. The general practitioners throughout the County freely make recommendations for deserving cases to have the advantage of this scheme and from the number of letters received the arrangements made are appreciated by the patients.

We have the fullest possible co-operation with the convalescent homes and it is most unusual if any patient has to wait for a vacancy.

Medical Comforts

The British Red Cross Society and the St. John Ambulance Brigade continue to act as agents for the local health authority and maintain many voluntary distribution centres throughout the County. The local authority contributes towards the administrative costs of the voluntary organisations and supplies all equipment. In the main, medical loan equipment is supplied free of charge although the voluntary organisations do call for a small refundable deposit for some items.

This little publicised service does, by making nursing aids available, greatly add to the comfort of the patient. The burden of relatives is also relieved since any help of this nature does much to facilitate domiciliary care.

It is pleasing to note that much of the old cumbersome and heavy equipment is now being replaced by modern light-weight apparatus which contributes considerably to an increased mobility.

The fact that medical loan equipment is generally intended for temporary loan periods is not yet readily understood by the public. It is again emphasised that when an item such as a wheeled chair is required permanently by a patient then application has to be made to a Ministry of Health Appliance Division through the family general practitioner who in turn will call in the appropriate consultant to order on the Ministry. The local health authority will, of course, make temporary provision for any patients falling in this category pending delivery of the permanent equipment.

Chiropody Service

The authority's chiropody service for persons of pensionable age, expectant mothers and handicapped persons which has been in operation since the 1st April, 1960, continues to grow and the demand is at present being met.

Patients are accepted for treatment only on the recommendation of the family doctor and they are required to pay a fee of 2/6d per treatment except where this would cause financial hardship.

The service is provided directly by the authority and also through arrangements with voluntary organisations but does not at present cover old people in County homes, provision for whom is made separately by the County Welfare Officer.

The authority now has two full-time chiropodists and contractual arrangements with six chiropodists in private practice. The contractual arrangements include sessions at county clinics, sessions reserved for county patients at the chiropodists' own surgery, individual appointments at the chiropodist's own surgery and domiciliary visits.

Transport for patients is provided where necessary through the agency of the County Ambulance Service and domiciliary visits are, of course, an essential part of the service.

Domiciliary treatment is rather a problem, being costly of both time and money not to mention the difficult operating conditions for the chiropodist, but the need exists and must be met as far as possible.

Failure to keep appointments is another problem and apparently an inescapable one having regard to the age of most of the patients. The main reasons for absenteeism are illness, bad weather and forgetfulness or misunderstanding, all of which are understandable but nevertheless result in a loss of operating time which can be ill-spared.

The voluntary organisations to which grants are made - the British Red Cross Society, the Women's Voluntary Service and the Powick and District Nursing Association - together provide a service giving about one thousand treatments per annum. These voluntary organisations were, of course, providing a chiropody service long before the introduction of the County service and their contribution is a valuable one.

Under a scheme of delegation of health and welfare functions, Oldbury Borough Council are responsible for the chiropody service in their area.

Mr. H. D. Price, one of the Senior Chiropodists, attended a Post Graduate Course at the London Foot Hospital in August and has since undertaken some appliance making. Patients are carefully selected and "Latex" and other appliances have been produced on a Plaster of Paris impression of the part of the foot concerned. Forty-three patients have been treated in this way but, so far, it has only been possible to assess the effectiveness of the work in sixteen cases, sixty per cent of which showed satisfactory results.

The number of treatments given under the directly provided County service has increased from 2,121 in 1960 (nine months) to 6,960 in 1963. The total number of cases referred since the start of the scheme is 2,367.

During 1963 the service was being provided at sixteen clinics or hired premises throughout the county and in private surgeries in three areas.

The number of new cases referred during the year was 689 of which for one reason or another 34 did not accept an appointment; the number of cases on the waiting list at the end of the year was 12.

Treatments given during the year numbered 6,960 of which 5,050 were at clinic, 358 at chiropodists' own surgeries and 1,552 at home. The number of treatments in 1962 was 5,613.

The number of persons who received treatment was 1,660 of whom 19% were male and 81% female. The largest number of patients comes within the age group 70-80. Transport was provided in 168 cases (10.1%) and home visits were made in 392 cases (23.6%). In 337 cases (20.3%) the treatment was given without charge. No expectant mothers were treated during the year: the number of handicapped persons under pensionable age was 54 (3.2%) but of the persons over pensionable age, 319 were known to be also handicapped. Treatment is ordinarily restricted to once every eight weeks but on the recommendation of the chiropodist treatment at more frequent intervals was given in 112 cases while in 216 cases treatment at intervals of longer than eight weeks was considered by the chiropodist to be all that was necessary.

In the Borough of Oldbury the number of treatments given during the year was 1,110, of which 1,050 (208 males and 842 females) were at Clinics or surgery and 60 (3 males and 57 females) at home. The number of treatments given free of charge was 369 and transport was provided on 66 occasions.

Towards the end of the year several enquiries were received from trainee chiropodists who hoped to qualify in July 1964. They were interested not in a full time or part-time salaried appointment as the salary scales are not sufficiently attractive but in sessional work and particularly, perhaps, in domiciliary work at an agreed current rate per case. The employment on a sessional basis may be the solution to the problem created by the shortage of chiropodists who are prepared to undertake work on behalf of the Local Health Authority.

Health Education

Work has been maintained throughout the County during the past year in the field of health education, the main theme being a smoking and health campaign on which a special article has been written (see appendix "A").

Talks have been given to expectant mothers attending parent-craft classes and fathers have also accepted invitations to be present on special occasions. Organisations requesting talks have included Women's Institutes, Young Wives groups, Girl Guides, Scouts, British Red Cross Society, St. John Ambulance Brigade and Darby and Joan Clubs. Hygiene, first aid and child care courses were the subjects chosen as being most suitable for school children.

An interesting innovation during the year was the inclusion of talks on health education in general terms to home helps attending training courses.

A subject applicable to all groups is accidents in the home. A survey carried out on 22 children under five years of age who had received hospital treatment due to accidents in the home revealed that half of the children aged from one to three years were detained because of swallowing pills and drinking liquids from unlabeled bottles previously containing squash. More recently a similar survey has shown that twice as many children were admitted to hospital because of eating pills - mainly junior aspirin. It seems a pity that such drugs could not be made objectionable to taste and appearance.

Through the mass media of television, posters and leaflets, parents are constantly being reminded of the need to keep pills locked in a cupboard out of the reach of children, yet in new houses and flats a cupboard of any description is, with regret, often conspicuous by its absence. Would it not be a suggestion for a small lockable cupboard to be built in all our new houses.

In conjunction with talks given, filmstrips - of which there is a library - still prove to be the most popular. Flannelgraphs, posters and leaflets are most valuable as visual aids.

Venereal Disease

For some years there has not been an intensive campaign against venereal disease and there are reasons for this. During the last decade there had been a most significant decrease in the incidence of the disease and with the hospital services being directly responsible since 1948 for all treatment, very little propaganda or indeed information has been made available. Nevertheless, the provision of notices in public conveniences has continued through the local medical officer of health and to a limited extent health education by way of group talks or discussions with e.g., parent/teacher associations, college students, senior school pupils, young wives groups and various club gatherings. In addition, posters have been displayed in clinics.

It will be seen from the statistical table that in Worcestershire there has not been a dramatic increase in the incidence of venereal disease and certainly no evidence of the upward trend on the scale which has been claimed in other areas. The following are the views of Dr. A.S. Wigfield, Consultant Veneriologist for Worcestershire:

"Frankly, I don't think we need be anxious about V.D. itself in Worcestershire. The figures over the past 3 years show but little change and the volume of V.D. is slight.

There is, however, an increase year by year in the numbers of non-venereal cases attending the clinic.

If this signifies a greater awareness of available facilities - all well and good. If it signifies an increased promiscuity then we should expect V.D. to rear its head again if infection gets into the promiscuous community; only time will tell.

I don't think the public scare about teenage V.D. applies to us. I do think someone should point out that any real or apparent increase in juvenile immorality is to be placed fair and square at the feet of the standard of morals of adults. Too little is said about this."

This subject is undoubtedly one which can be dealt with more effectively in the future through the medium of health education, the reason being that propaganda in the form of films, filmstrips, leaflets etc., is becoming readily available. Undoubtedly every avenue must be explored in order that the possible spread of venereal disease can be halted.

Mental Health Service

1. Administration

(a) Committee

The County Council's powers in relating to mental health continued to remain delegated to the Mental Health Sub-Committee. The Medical Superintendents of the Hospitals for the mentally disordered in Worcestershire continue to attend the meetings of the Sub-Committee in an advisory capacity.

(b) Co-ordination with the Regional Hospital Board

There is close co-operation with the Council's officers and the Birmingham Regional Hospital Board and its officers. Patients on leave from hospitals are visited and supervised by the Council's officers on behalf of the various hospital management committees. There is close contact between the officers and the medical and social staffs of the local psychiatric hospitals and regular weekly meetings are held at the hospitals at which officers attend. The Council's officers take an increasingly larger share in the social welfare work normally carried out by the hospital staffs.

2. Staff

(a) General

The staff of the service consists of a lay administrative mental health officer, one administrative assistant, five district mental welfare officers, four assistant district mental welfare officers, two female mental welfare officers and two trainee mental welfare officers, one male and one female. There are twenty-six mental health workers employed at the four training centres in the County. Difficulties are still being experienced in recruiting persons of the right calibre to act as mental welfare officers.

(b) Training

Staff have been released from duty to attend at appropriate training conferences and courses whenever possible. In addition, the two trainees appointed to the service have been seconded to the courses in social work training leading to the National Certificate in Social Work. When the officers concerned have qualified it is hoped that other officers will be given the opportunity of secondment to similar courses. The fact that there is an increasing number of these courses will undoubtedly lead ultimately to the recruitment of qualified personnel.

The Medical Superintendents of the psychiatric hospitals in the County continue to help with the training of the mental welfare officers. There are regular weekly meetings and clinical demonstrations at the hospitals and the Council staff have the benefit of attending whenever appropriate training courses are held for the hospital staff.

This system of training is very satisfactory and I would like to express my grateful thanks to the medical superintendents and their staffs.

So far as training centre staff is concerned, the Council encourages all the trainees to qualify for the appropriate diploma and send away one member of the staff each year. Normally one-year courses are held for training centre staff but a two year course is now being introduced by the National Association for Mental Health. In 1964 application will be made for two members of staff to attend the one year course.

3. Community Work

The emphasis now is on work within the community and officers have found this work greatly expanded. Details are given under the various headings.

4. Care of the Mentally Ill

(a) Hospital Admissions

In 1963 there were 1,414 admissions to psychiatric hospitals in the County, 1,148 of these were admitted as informal patients and 266 were detained for observation and treatment under the appropriate sections of the Mental Health Act, 1959. Discharges totalled 1,249 whilst 163 deaths occurred at the hospitals.

The number of admissions is again greater than in the preceding year (1,140) informal admissions comprising approximately 81% of all admissions.

(b) Care and After-Care

After-care in connection with mental illness is carried out by all the mental welfare officers. The volume of the work has continued to increase and the social aspect of the officers' work now far overshadows their statutory duty. The officers aim to provide a continuity of service by association with their patients before admission to hospital, during treatment and after discharge. An indication of the volume of work is given in the following table:

	<u>1963</u>	<u>1962</u>
<u>Referrals</u>		
All sources	1,785	1,753
<u>Visits</u>		
After-care of mentally ill	7,018	6,357

Since 1959, when integration of the mental welfare officers and the social work staff of the hospitals was first mooted, great strides have been made in providing a continuity of service for those who are mentally ill. Integration by this time is virtually complete and is kept constantly under review so as to achieve greater efficiency and a greater benefit to the patients.

5. Care of the Severely Subnormal

(a) Cases and Hospital Care

Severely subnormal patients continue to be reported through the usual methods of notification. 74 new cases were reported during 1963. 43 of these were reported under the provisions of the Education Act, 1944, and 31 from other sources. Of the 74 cases, five were admitted to hospitals and the remainder were placed under supervision. In addition, 17 patients on the waiting list were admitted to hospitals, making a total for the year of 22 admissions.

522 Worcestershire patients were in hospitals throughout the country at the end of the year. On the waiting list for admissions at the end of the year were 45 patients, of whom 15 were regarded as urgent. 13 patients were discharged from hospital and seven deaths took place during the year

Applications for admission for temporary periods were again received and 30 patients were received into hospital so that parents and relatives could have holidays or a respite from caring for the patients. Dr. Patterson of Lea Hospital has again been most helpful in providing accommodation for the majority of the applicants, quite often at very short notice.

Permanent admissions to hospitals of severely subnormal patients are, for the most part, carried out informally.

(b) Guardianship and Supervision

Patients under guardianship at the end of the year numbered five of whom two were resident outside the County and were supervised by other authorities as agents of the County Council. During the year one patient applied to a Mental Health Review Tribunal and was discharged from guardianship. All cases are visited by both medical and lay staff as required.

The number of severely subnormal persons under supervision at the end of the year was 776. Patients continue to be reviewed and whenever the circumstances permit, are deleted from the supervision list. During 1963, twenty such cases were deleted from the list, whilst seven patients died.

The mental welfare officers, both male and female, and the health visitors continue to visit the severely subnormal in the community (supervision, guardianship and leave of absence). The male officers supervise the male severely subnormal, the female officers the female severely subnormal over the age of five years and the health visitors supervise all severely subnormal under the age of five years.

	<u>1963.</u>	<u>1962.</u>
Supervisory visits to the subnormal	2,613	2,534

(c) Voluntary Associations

The Guardianship Society, Hove, supervises a guardianship case resident in Hastings. The various voluntary welfare committees continue to work with the appropriate training centre in their locality. A new committee commenced working with the Worcester Junior Training Centre during the year.

(d) Training and Training Centres

At the end of 1963, 239 severely subnormal patients were receiving training. The majority of these patients are under the age of 16. 20 Worcester City cases continue to attend at the Worcester Junior Training Centre.

Children at all the Training Centres have been given outings to pantomimes by their respective welfare committees whilst services and Christmas parties were also held at the Centres. The new craft room at Netherend Training Centre was taken into use during the year and proved to be most useful.

Increased use has been made of transport other than by ambulance during the year, i.e. small coaches, taxis and private arrangements with parents.

The Public Inquiry held in relation to the Council's proposals to establish a Junior Training Centre, Adult Training Centre and Junior Hostel at Kidderminster resulted in a decision by the Minister in the Council's favour. Tenders for this work have been invited and it is hoped that building will begin in the first half of next year.

So far as Redditch Adult Training Centre is concerned, construction is well advanced and it is hoped that the Centre will be ready for operation in the Summer Term of 1964.

Environmental Health Services

by

R. Colenso, M.R.S.H., M.I.P.H.E., A.Inst.S.P., M.A.P.H.I.
County Public Health Inspector.

Milk and Dairies Administration

Milk (Special Designation) Regulations, 1960.

During 1963 thirty-nine new licences were issued to sell pre-packed milk. Halesowen Borough Council took over the functions of a Food and Drugs Authority on 1st October and seventy licences, which had previously been issued to retailers there, were passed to that Authority. At the end of 1963, 227 licences to sell pre-packed milk were in force in those districts of the County which did not operate as separate Food and Drugs Authorities.

The number of samples of pasteurised milk taken under the above Regulations showed a marked rise to 1,364. Four samples taken from three pasteurising dairies licensed by the County Council failed to pass the phosphatase test, thus indicating insufficient heat treatment. Investigations into each case disclosed the cause of the failures which were all found to be due to errors in operating the plants. Written warnings were given to the owners of each plant.

Six failures to pass the keeping quality test (methylene blue) were investigated. Five of the six methylene blue failures were in relation to school milk whilst the sixth was a sample taken at a hospital. Out of 214 samples taken at schools and hospitals, the number of failures was comparatively small.

Seventy-eight samples of sterilised milk were taken and all passed the appropriate tests. There is little need to maintain a close watch on this type of designated milk. Some samples were taken to provide a control at the laboratory in investigations for antibiotics in milk. (For this purpose sterilised milk is regarded as being free from antibiotics.)

During 1963 new special designation Regulations came partly into force. The main purpose of these Regulations, which is to replace the designation "Tuberculin Tested" by one termed "Untreated" will become operative in October.

With the increasing use of bulk milk collection by road tanker, the efficient sterilisation of the inside of the tank is becoming important. No standards have yet been set. Where rinses were taken during the year, a highly concentrated solution of sodium hypochlorite was found to have been left in the bottom of each tank.

Pasteurised Milk

Place of Collection	No. taken		Phosphatase Test		Methylene Blue Test		
			Pass	Fail	Pass	Fail	Void
Schools	A	17	16	1	17	-	-
	B	196	196	-	183	5	7
	C	213	212	1	200	5	7
Children's Homes	A	2	2	-	2	-	-
	B	6	6	-	6	-	-
	C	8	8	-	8	-	-
Old People's Homes	A	1	1	-	1	-	-
	B	14	14	-	14	-	-
	C	15	15	-	15	-	-
Hospitals	A	-	-	-	-	-	-
	B	16	16	-	14	1	1
	C	16	16	-	14	1	1
Dairies	A	523	520	3	450	-	64
	B	-	-	-	-	-	-
	C	523	520	3	450	-	64
Vending Machines, Shops & Roundsmen	A	5	5	-	2	-	2
	B	584	584	-	425	-	79
	C	589	589	-	427	-	81
Totals	A	548	544	4	472	-	66
	B	816	816	-	642	6	87
	C	1364	1360	4	1114	6	153

- 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 Worcestershire County Council, but delivered to consumers by distributors (also includes milk processed at plants licensed by other Authorities.)
- C. Total samples

Milk in Schools Scheme

The following table shows the grade of milk supplied to schools under this scheme (excluding Oldbury).

Grade	No. of Schools Supplied	
	L.E.A.	Private
Pasteurised	285	55
T.T.	-	1

Six samples of raw tuberculin tested milk were taken at one private school and submitted for examination for the presence of tuberculosis and brucella abortus. All six samples were negative.

A census taken in 1963 showed that 48,958 children were taking milk out of 60,100 present on the day of the census. This is 81.5% compared with 81.0% the previous year.

The number of pupils taking school milk at the 56 private schools was 6,674 out of 7,089, or 94.1%.

Antibiotics in Milk

In 1961 a survey took place throughout the country of the amount of penicillin and other antibiotics in farm milk delivered to certain dairies. Over 41,700 samples from England and Wales were examined and of these 11%, representing 14% of the total milk sampled, contained antibiotics. The lowest incidence, 7.7% was found in October, the highest 16.6% in January. Although the survey revealed that only a proportion of the ex-farm milk contained antibiotics at any one time, traces could be expected in most milk sold to consumers, since practically all milk is bulked before sale.

It was accordingly recommended that, in addition to other courses, food and drug authorities should commence sampling for the presence of antibiotics. This was accordingly commenced in September, 1963. By the end of 1963, sixty-two samples were taken, of which six, from five producers, were found to be contaminated with penicillin.

In no case was legal proceedings taken but each farmer was warned to be careful in future to reject milk for forty-eight hours from any animal which had been treated with antibiotics.

Co-operation was given by the National Farmers' Union to disseminate warnings about the use of antibiotics. As a result most farmers appeared to be aware of the need for care. It has also been suggested to the Union that:-

1. Manufacturers should print a warning on the box holding antibiotics, and
2. Farmers should store antibiotics in the farmhouse, not in the cowshed and a record kept of the dates and amounts used.

It must be made clear that the antibiotics themselves, usually only present in very small quantity, are not poisonous. The possible danger may arise from the drinking of this milk by someone who is sensitive to penicillin or other antibiotics so that if they should be required to take antibiotics as treatment they are unable to do so because of this increased sensitivity.

Myco Tuberculosis

The following table shows the number of samples taken and examined biologically for the presence of myco tuberculosis during the last five years:-

<u>Year</u>	<u>No. of samples collected</u>	<u>No. Negative</u>	<u>No. Positive</u>	<u>Test Void</u>
1959	499	492	-	7
1960	347	340	-	7
1961	313	312	-	1
1962	169	169	-	-
1963	273	273	-	-

Increasing emphasis is now being placed on the eradication of all forms of tuberculosis on the farm. In particular, cases of tuberculosis diagnosed on post-mortem examination of pigs at the abattoirs, are followed up. In many instances the disease is found to be of avian origin.

Brucellosis

During the year 387 samples of raw tuberculin tested milk were taken and examined for the presence of brucellosis. Of this number, 273 samples were injected into guinea pigs; 13 of these samples gave positive results. Seven guinea pigs died before an examination could be made. Due to a shortage of guinea pigs at the Laboratory, 107 samples were given ring and cream culture tests only. Four gave Positive ring test results (+++).

The following table shows the number of samples taken and examined by ring test and biologically for the presence of brucella abortus during the last five years:-

<u>Year</u>	<u>No. of samples examined</u>	<u>No. Negative</u>	<u>No. Positive</u>
1959	482	472	10 (2%)
1960	338	331	7 (2.1%)
1961	313	306	7 (2.2%)
1962	169	168	1 (0.59%)
1963	380	363	17 (4.5%)

As has been reported in previous years the disease is not notifiable in either animals or humans. It is thought to be more common in humans than statistics show.

Towards the end of 1962 and the beginning of 1963 eight cases in humans were diagnosed in the County. They were all found to have been drinking milk from one particular herd. This herd was later shown to be heavily infected with brucellosis. The intermittent nature of the disease is illustrated by the fact that, three days after the herd was later declared free from infection, another sample was taken and found to be positive on biological examination.

The vaccination scheme against brucellosis operated by the Ministry of Agriculture, Fisheries and Food, is slowly increasing in popularity. It is thought that Worcestershire is one of the foremost Counties where this increase is taking place.

In 1959	2993	calves	were	vaccinated.
" 1960	3407	"	"	"
" 1961	3742	"	"	"
" 1962	3652	"	"	"
" 1963	4250	"	"	"

Rickettsia Burneti

Of the 229 samples of milk taken by the County Council which were examined for Rickettsia Burneti, 29 or 12.7% were found to be positive. No action is usually taken with respect to these positive reports as the disease has not been shown locally to be of public health significance. This is the usual practice throughout the country and in fact very little work on, or sampling for, this disease is known to be in progress.

Hospitals

Samples of milk are taken from the hospital farms for bacteriological and biological examination on behalf of the Ministry of Health. Samples of pasteurised milk supplied to hospitals in the Mid-Worcestershire Hospital Group are also taken for examination.

Dairy Farms

The number of dairy farms in the County registered by the Ministry of Agriculture, Fisheries and Food was 964 on 31st December 1963. This total was again a reduction on the previous year's (1029). In the past five years the numbers have fallen by 282. There is, of course, a tendency for the average number of cows in a herd to increase.

Of the above registered herds 95.8% have had a tuberculin tested milk licence issued. The remainder are attested herds. As from October 1964, the designation "tuberculin tested" is to be replaced by the designation "untreated". This action has been a natural result of the fact that all milk now reaching the dairies is free from tuberculosis. There is, therefore, no special class of dairy farmer to be rewarded by a higher premium given on his milk.

The number of producer-retailers continued to decline. This is partly a result of difficulty in maintaining a sales service every day in the year where there is a farm to look after as well. Where ever possible farmers are persuaded to arrange for their milk to be pasteurised before sale.

Milk Bottles.

Cleanliness of milk bottles used in all dairies where licences had been issued.

Total	Sterile	No. of colonies developing on Agar at 37°C. in two days.				
		Less than 100	100-600	600-2000	over 2000	Bacillus Coli present.
371	81	189	62	16	23	1

0 - 600 Colonies	Satisfactory
600 - 2000	Fairly Satisfactory
Over 2000	Unsatisfactory

Churn Rinses

In order to co-operate with the Ministry officials in obtaining clean dairy equipment at the farm, churn rinses commenced to be taken as a routine measure during the year. The cleanliness of churns is a dual responsibility (farm and dairy).

During the year 154 churn rinses were taken at 11 dairies. Of these, 126 gave satisfactory results, nine gave fairly satisfactory results and 19 gave unsatisfactory results.

The standard is:-

0 - 50,000	colonies.	Satisfactory
50,000 - 250,000	"	Fairly Satisfactory
Over 250,000	"	Unsatisfactory

Cream

As "Cream" is legally not "Milk" under the Regulations, it escapes the standards applicable to milk. Cream may thus be sold without any designation and no controls as to keeping quality.

In order to see if there was any practical difficulty in operating a proper control or standard for cream, samples were taken for its bacteriological and biological examination.

Of the thirty-four samples of cream taken, six passed and thirteen failed to pass the methylene blue test. Nineteen samples passed the phosphatase test. No cases of biological infection were reported.

Repeated poor results, however, particularly when they were reported to the retailer from whom the sample had been purchased, had its effect. As a result more cream was subjected to full heat treatment and greater care was taken to eliminate post-pasteurisation contamination.

It is obvious that, with cream being sold in increasingly larger quantities, legal standards as to pasteurisation and cleanliness are as desirable as are those for milk.

Water Supplies

Worcester and the Local Authorities of Malvern, Pershore and Upton-on-Severn.

Informal discussion continued between representatives from the above four local authorities into the proposed formation of a water board to serve their areas.

Fluoridation of Water Supplies

After detailed consideration being given by the Ambulance, Prevention and After-Care Sub-Committee and the Health Committee, the County Council agreed to the proposal to introduce fluoridation for the water supplies of the County. The various water undertakers supplying water in the County were informed of the decision.

Water Act 1945 (Section 14(b))

Notification was received during the year that a licence had been issued under the Warwick Area (Conservation of Water) Order 1949 to sink a borehole at:-

Hill Farm, Elmbridge, Droitwich.

Water, Sewerage and Sewage Disposal Schemes

The County Council, in 1960, approved a scheme for granting financial assistance under Section 56 of the Local Government Act 1958, in respect of sewerage and sewage disposal schemes to include, Borough and Urban District Councils. Only two schemes were submitted during the year and are as follows:-

<u>District</u>	<u>Name of Scheme</u>	<u>Estimated Cost</u> £.	<u>Observations</u>
Evesham B.	Construction of new relief sewer at Waterside, Evesham.	£2,500	Scheme recommended for acceptance
	Improvements to Hampton Sewerage arrangements.	£40,075	Scheme recommended for acceptance.

Under the Rural Water Supplies and Sewerage Acts the following recommendations have been made for financial aid by the County Council

<u>District</u>	<u>Name of Scheme</u>	<u>Estimated Cost</u> £	<u>Observations</u>
Bromsgrove R.	Water mains extension in the Woodcote area of the Parish of Dodford with Grafton.	£1,065	Observations given in support of scheme.
	Extension of Houndsfield Lane Disposal Works, Wythall.	£190,000	Observations given in support of scheme.
Droitwich R.	Tibberton Sewerage Scheme.	£29,100	Observations given in support of scheme.
Evesham R.	Abbots Morton - revised scheme to deal with small amount of farm effluent.	£13,500	No decision reached. Awaiting result of Ministry Inquiry. Local investigation of public health and highways aspects.
	Abbots Morton. Sewerage and Sewage Disposal Scheme (Revised)	£18,200	Observations given in support of scheme.
	Amendment to Badsey and District Sewerage and Sewage Disposal Scheme to include the village of Offenham and the new prison.	£20,000	Observations given in support of scheme.
Martley R.	Bransford and Leigh Sinton Sewerage and Sewage Disposal Scheme	£201,361	Observations given in support of scheme.
	Shelsley Beauchamp Sewerage and Sewage Disposal Scheme.	£7,639	Observations given in support of scheme.
	Amended Sewerage and Sewage Disposal Scheme for Hallow, Sinton Green and Grimley.	£142,910	Observations given in support of scheme.

Local Inquiries

Inquiries, under the Ministry of Housing and Local Government, were held during the year into the following schemes.

<u>District</u>	<u>Details.</u>
Bromsgrove U.D.	Extension to sewage disposal works.
Malvern U.D.	Extension to sewage disposal works
Bromsgrove R.D.	Extension to Alvechurch sewage disposal works.
Droitwich B.	Sewage disposal works at Salwarpe.

Observations are also given as requested to the County Planning Officer on the siting of new sewage disposal works.

Under the Rivers (Prevention of Pollution) Act 1961, the two River Boards (Severn and Trent) commenced to take direct action with regard to unsatisfactory discharges from local authority sewage disposal works. At Redditch and Wythall, recommendations were received by the respective local authorities, that there should be a restriction of further development in the areas draining to the works, until they were enlarged so as to provide a satisfactory effluent. Discussion took place with the Severn River Board in which it appeared that, whilst they were prepared to be reasonably accommodating, they intended to be firm in adhering to their recommendation.

It is probable that during 1964 further works and areas will be black-listed by the River Boards which must result in the construction of new works or reconstruction of unsatisfactory works.

Town Development Act

Proposals to site a New Town at Redditch and expand Droitwich became firmer during the year and by the end of December, public enquiries were shortly to be held.

These proposals, if approved, will only deal in part with increased population and it is likely that planning ideas on the future size of some villages and other towns in the County will have to be amended. It would be of advantage, in drawing up future sewerage schemes, if more complete information were available as soon as possible as to which areas are to be permitted to increase their populations.

Refuse Disposal

With the growth of population and the higher living standards which people now expect, it is no longer easy to find suitable places to site refuse disposal tips and wherever joint action could be taken, every assistance and advice would be offered by the officers of the County Council to the District Councils.

ANNUAL REPORT OF THE COUNTY WELFARE OFFICER
FOR THE YEAR 1963

To the Chairman, Aldermen and Members of the Worcestershire County
Council.

In presenting this report I would like to take this opportunity of expressing my thanks to the Chairman of the Health Committee, the Chairman of the Welfare Sub-Committee and the Chairmen and members of the several Visiting Committees of the Council's homes for old people for their continued support.

Thanks are due also to the various voluntary organisations in the county who have rendered excellent service in assisting in the welfare of old people and blind and other handicapped persons. I have referred in my report to the part the voluntary organisations have played in providing domiciliary services and the full measure of co-operation given by them indicates a very happy relationship between them and the statutory authority which is most conducive to the further development of the services.

The staff, at head office, in the districts and at the residential homes, have continued to give me their loyal support and to these I express my thanks.

R. A. McDONALD.

County Welfare Officer.

County Welfare Department,
25a The Tything,
Worcester.

Telephone: Worcester 23400.

Welfare Services

The new extension at Holmwood, Kidderminster, which provided 33 additional beds was officially opened by Mr. J. M. C. Higgs, Chairman of the County Council, on the 26th October, 1963. These extra beds, apart from easing the position as regards meeting the demand for residential accommodation, enabled arrangements to be made for 18 old people, who had of necessity to be accommodated previously in homes in other parts of the county, to return to their native district and to be nearer to their relatives and friends which naturally was greatly appreciated by all concerned.

The only other scheme for providing accommodation completed during the year was that at Three Springs Hostel, Pershore, where ground-floor accommodation for 16 old men, a large room being partitioned to form 16 single units and sitting and dining rooms etc., was provided. This accommodation, which began to be occupied in April, is under the supervision of the Warden and Matron of Heathlands, Pershore, and forms an annexe to that home. The main meals are provided from Heathlands but facilities for other meals are provided at the annexe.

The scheme for modernising the old infirmary wing at Heathlands, Pershore, progress on which had been extremely slow, was at last completed but for various reasons occupation of the building was delayed until early January, 1964.

Schemes approved but not yet expected to start until early 1964 were the provision of a lift in the centre wing at Laburnum House to meet the ever increasing demand for more easily accessible accommodation for the very infirm and installation of central heating with new boiler room at The Heriotts, Droitwich.

Mention was made in my previous report of the plan prepared in accordance with Ministry of Health Circular 2/62 for the development of welfare services over a period of 10 years. The initial plan was revised for submission to the Minister by the 31st December, 1963, to cover the 10 years ending 1973/74. So far as residential accommodation is concerned, the plan provided for a further six homes of 40 beds each and two homes of 30 beds each by 1972 when the whole of the accommodation used by the County Council in the three Regional Hospital Board establishments would be vacated and 798 beds be under the County Council's direct control, an increase of 66 beds over the present total figure.

However, it is disappointing to report that already the programme is well behind schedule due to difficulty in acquiring suitable sites. Negotiations have been proceeding for some considerable time about a site in Evesham but, for various reasons, they have not yet been successfully concluded with the result that a new purpose-built home in that area which was approved in principle over 12 months' ago is not even at the drawing board stage.

Having regard to this position, it was felt that the question of providing only new purpose-built homes in future called for review and that if additional accommodation was to be provided in the reasonably near future it would be necessary to decide whether suitable properties becoming available for purchase should be

acquired for adaptation and extension and also whether any of the smaller homes in areas where more accommodation was required could be extended.

With this in mind, enquiries were in hand at the end of the year about the possible acquisition of a property in Stourport-on-Severn which was coming on the market and which was very suitable for adaptation and extension as a 40 bedded home and in addition, the County Architect was asked to look into the question of extending Swinford Old Hall, Stourbridge, to give a further 24 beds.

Applications for the Provision of Residential Accommodation

Statements are appended showing in respect of the year ended 31st December, 1963 :-

- (1) The number and age groups of persons admitted to residential accommodation.
- (2) The number of persons not admitted and the reasons therefor.
- (3) The number of applications for the provision of temporary accommodation and how dealt with, and
- (4) An analysis of applications by districts.

The statistics reveal a continued increase in the number of applications for residential accommodation, there being 66 more than the number dealt with in 1962. The total of 819 applications exceeds by about 93% the number dealt with during the first twelve months after the coming into force of the National Assistance Act, 1948, on the 5th July, 1948.

There were 34 more persons admitted to the Council's homes than during 1962 notwithstanding that the domiciliary services, statutory and voluntary, have further developed and more and more efforts are being made to enable old people to preserve their independence by remaining in their own homes as long as possible without detriment to their well-being. Services such as meals on wheels, visiting, social clubs, home help service and the schemes run in conjunction with the housing authorities for providing wardens to supervise old people in special houses or flatlets for old people all help to that end.

Out of the total of 432 persons admitted to residential accommodation during the year, it will be noted that no less than 344 were in the age groups 70-plus.

A service of which ever increasing use is made is that for accommodating short stay cases whilst relatives or friends owing to illness or absence on holiday were unable temporarily to look after the old people. There were 81 admissions in 1963 compared with 50 in 1962. The increasing use of the service is no doubt due in the main to the publicity given in talks to various organisations and groups of people on the several welfare services provided by the County Council.

A further welcome drop was experienced in the number of homeless families applying for temporary accommodation during the year as compared with 1962. A great deal of work was entailed in helping families to obtain alternative accommodation and this resulted in keeping admissions down to 6 family units in 1963 as against 11 in 1962. At the end of the year there were three families in Three Springs Hostel, Pershore, comprising three women and ten children.

Welfare of Residents

Despite the spell of very severe weather at the beginning of the year there was, fortunately, no major outbreak of sickness amongst the residents similar to that experienced in 1962.

A great deal of effort is made to promote the social welfare of the residents and it is pleasing to report that the interest previously shown by various persons and organisations was not only maintained but if anything was on a bigger scale than in 1962. The residents of some homes benefit to a larger extent than those at others but, speaking generally, the interest shown by local persons and organisations cover the provision of regular car rides, other outings, parties, film shows and other entertainments, gifts on birthdays and at Christmas etc. Needless to say, the residents are very appreciative of what is done for them and are grateful for the voluntary help in supplementation of the efforts of the staff to bring some variety into their lives.

Outings additional to those referred to above were arranged as usual at the County Council's expense and the residents also went on outings paid for out of their own Comforts Funds.

A number of residents again went to the seaside for a week's holiday in May for which they had saved up and parties went either to Llandudno or Southsea. Apart from this, a considerable number of residents had short holidays with relatives or friends.

Special Housing for Old People - Warden's Schemes

I feel that in Worcestershire we can be justifiably proud of the extent to which housing authorities have co-operated in the provision of special housing for old people with a warden to exercise a degree of kindly supervision over the old people. There is no doubt that such a service does enable the old people to live in their own homes for a much longer period than would otherwise be possible which naturally is a source of great satisfaction and comfort to them.

At the end of the year there were no less than 25 schemes in operation covering 649 units and accommodating 928 old persons.

Other suggested schemes had been discussed during the year with the housing authorities and it is anticipated that a further 4 schemes will be operating early in 1964.

Housing authorities were also consulted about a request made by the Minister of Housing and Local Government for a forecast of the special schemes for elderly people, i.e. dwellings where there would be a resident warden, to be provided during each of the five years up to 1969, such forecast to be included in the County Council's plans for the development of the welfare services for the next ten years. From the information obtained, the number of schemes by 1969 is likely to reach a total of 53 covering 1,467 units and accommodating as many as 2,098 old people.

This information, coupled with the development past and future of other statutory and voluntary services for old people, was most useful in preparing plans for the development of residential accommodation over the next ten years and enabled the probable future requirements to be assessed on a more realistic basis. At the same time, it had to be borne in mind, of course, that the proportion of aged persons to the total population is steadily increasing although not to the extent previously envisaged.

To revert to the special housing for the elderly, the installation of a flashing light system in the windows of dwellings specially allocated to old people has proved its worth in several instances. Although the extent to which this warning system has had to be used is, perhaps fortunately, comparatively small, there is no doubt that, from the information obtained from housing managers and district social welfare officers, the existence of the system is of considerable consolation to the old people as it gives them the feeling that they are not isolated from obtaining help in case of emergency. So far as is known, there has not been any instance where the system has been used and help has not been forthcoming.

The number of flashing lights already installed is 230 and approval had been given to a further 134 by the end of the year. There is reason to believe that the County Council will be asked to install the system in many more old people's dwellings during 1964.

Clubs for Elderly People

The value as a social service of clubs for old people is widely recognised and the County Council encourage, financially and otherwise, the setting up of such clubs and particularly the formation of all-day clubs where the old people, apart from social activities, can obtain hot meals or snacks.

The county is well served in this respect. With the setting up of four new clubs during the year the W.V.S. run no less than 65 Clubs for the Elderly and four open all day clubs; the B.R.C.S., run four clubs and one all-day club and there are eight clubs run by other voluntary organisations making a total of 82 of one type or another known to be in existence.

Some of the W.V.S. clubs are now self-supporting but the County Council are always ready to assist towards meeting the running expenses of those clubs which need financial help.

The highest praise is due to the members of the voluntary organisations concerned in providing this service and so enabling the old people to enjoy social contact, recreation, entertainment and companionship. It assists, of course, to a great extent in preventing loneliness which can have a deleterious effect on the health and minds of old people particularly.

Meals on Wheels and Meals in Clubs

I referred in my previous report to the extent to which the Meals on Wheels Service, run by the W.V.S., had developed since they had been given financial assistance from the County Council on a more realistic basis than formerly, it being realised that however willing the W.V.S. were to extend the service to further areas, the extent of any development hinged on the degree of

financial aid given to them. This has been remarkably demonstrated during 1963 by the extension of the service to several more districts, in two of which temporary arrangements were made for the meals to be supplied from the County Council's homes for old people pending permanent arrangements being made for kitchen facilities in the areas by the W.V.S. The number of meals supplied during the year reached a total of no less than 54,098 as compared with 39,587 during 1962 and represents an increase of approximately 900 per cent over the number served six years ago, a very fine achievement, all the more so bearing in mind the work carried out by the W.V.S. in developing other services for elderly people.

In addition to financial assistance from the County Council towards the cost of meals, equipment and conversion of kitchens where needed, the district councils in whose areas a meals on wheels service operates also assist the W.V.S. financially in running the service.

Amongst the other services which continue to develop is that of the provision of mid-day meals at the day clubs referred to before in this report. The W.V.S. are supplementing this service by providing meals in luncheon clubs, one such club started in 1963 and another was starting early in 1964. During the year under review 25,226 meals were served in these two types of clubs as compared with about 24,000 during 1962.

General Welfare of Old People

In a joint circular issued in 1961, the Minister of Housing and Local Government and the Minister of Health stressed the need for the authorities concerned to meet to review the provision made in their areas for the welfare of old people and to decide how and where it is required to be supplemented.

The terms of the circular were fully discussed at a conference of representatives of the County Council and the local authorities in the county and it was agreed, amongst other things, that the clerks of the various local authorities should take action to bring together all concerned in their respective districts and deal with the improvement of the provision made for elderly people on a local basis.

The response to the suggestions made by the two Ministers has been such that to date nine voluntary old people's welfare committees sponsored by the local authority in each case have been set up and these are working in the following districts:- Bromsgrove, Evesham, Halesowen, Kidderminster, Malvern, Oldbury, Redditch, Stourbridge and Stourport-on-Severn.

Grants have been made by the County Council towards the administrative expenses of old people's welfare committees where requests for financial assistance have been received.

Registration and Inspection of Disabled Persons and Old Persons' Homes

At the end of the year there were 20 registered homes run by voluntary organisations or private persons providing accommodation for 297 old and/or disabled persons in the county, apart from 38 old people accommodated in two homes run by the British Red Cross Society which are exempt from registration.

The homes registered by the County Council were all visited and inspected periodically to ensure that a good standard of accommodation was maintained and any matters needing attention in the interests of the residents were brought to the notice of the proprietors.

Welfare Services for the Blind and Partially Sighted

1. Blind Persons

(a) General

There were 751 persons (308 men, 443 women) in the County registered as blind as at the 31st December, 1963 (including 69 Oldbury men and women, 30 and 39 respectively).

The variation, plus or minus, has never exceeded eight in the last six years and although it is premature to suggest that the figures establish a statistical trend, there seems reason to hope that the regular and heavy increases which characterised the annual returns for many years after 1920 will not occur again.

During 1963 of the 111 persons newly registered not one was under 21 years of age and at the end of 1963, there was only one child under school age on the entire Worcestershire register. National research into causes of blindness, in which Local Authority returns provide essential data, indicate that the main causes involving children are now of a congenital nature and some degree of stability may be expected therefore in the lower age ranges. On the other hand, the increasing proportion of the aged in the population as a whole is reflected in the number, 516, of blind persons who are over 65 years of age - nearly 70 per cent of the register. An encouraging aspect is the greater number of elderly people recovering or retaining some degree of useful vision through the advances of modern surgery.

(b) Employment

The position in the employment field remains substantially the same as last year. 71 blind persons were in full employment at the close of the year compared with 76 in 1962 but seven persons were in training, a gain of two over the previous year. 40 blind people were in open employment, 14 in workshops and 17 in the Homeworkers Scheme.

During 1963, discussions and negotiations were under way for the transfer of the Homeworkers Scheme to direct supervision by County Council Welfare Staff following the decision of the Birmingham Royal Institution for the Blind to terminate the Agency Arrangements on the 31st March, 1964. The Institution's decision followed the withdrawal over the last few years of several participating Local Authorities and consequent cost increases.

(c) Social Needs

Seven Social/Handicraft clubs have met regularly during the year and in the organisation of these and other activities the Home Teachers have had the constant support and practical help which characterises the main and branch committees of the Worcestershire Association for the Blind.

Braille and Moon tuition has been given in appropriate cases and the usual co-operation of statutory and voluntary service has ensured the provision of aids, gadgets and grants to meet the need.

2. Partially Sighted Persons

In contrast with the register of the blind, the number of partially sighted persons on the register increases year by year in a quite steady progression.

On the 31st December, 1963, 105 persons (56 men, 45 women) were on the register, an increase of 6 over the previous year (15 Oldbury residents - 10 men and five women - were included in the total). This represents an increase of approximately 20 per cent over the number registered five years ago.

Following suggestions made by the Ministry of Health, arrangements have been made for partially sighted persons who are not likely to become blind to receive services as necessary under the Council's scheme for generally handicapped persons.

3. Registration of Blind and Partially Sighted Persons

Incidence of Blindness

During 1963 the number of Forms B.D.8 completed in respect of persons over school age (excluding Oldbury) was 130. Of these 106 were certified blind, 11 partially sighted and 13 not blind nor partially sighted. The examinations were carried out by 13 ophthalmologists and in 19 cases domiciliary visits were made. There were four re-examinations.

Follow-up of Registered Blind and Partially Sighted Persons

	Cause of Disability					
	Cataract		Glaucoma		Others	
	Blind	P/S	Blind	P/S	Blind	P/S
(i) Number of cases registered during year in respect of which para. 7(c) of Forms B.D.8. recommend						
(a) No Treatment	9	-	6	-	49	3
(b) Surgical	17	2	-	-	1	1
Medical	3	-	6	1	14	2
Optical	-	1	-	-	1	1
(ii) Number of cases at (i)(b) above which on follow up action have received treatment	7	1	6	1	15	3

General Classes of Handicapped Persons

1. Registration

On the 31st December, 1963, there were 987 persons in the County registered as handicapped (excluding blind, partially sighted, deaf and hard of hearing persons). This figure includes 125 Oldbury residents where the Borough Council has delegated functions for the welfare of the handicapped.

At the close of 1962 the total figure was 882 (Oldbury 104). It is interesting to note that the number of persons registered has doubled over the last five years.

2. Aids and Gadgets

Registration is, of course, only the prelude to efforts made to assist the people concerned. The main aim of such assistance is the greater mobility and independence of the individual disabled person. Along with the increased numbers served, the extent of the service given increases yearly as the needs become clearer and experience is gained.

This is exemplified by the expanding provision of aids and gadgets, of which there is now a very wide and comprehensive range, on "permanent" loan from the County Council. The help and co-operation of the British Red Cross Society is highly valued, especially for short term loan of equipment for trial purposes.

3. Structural Adaptations

Much thought has been given at National level recently to the special housing needs of handicapped persons. The erection of 'purpose-designed' housing by district councils is a new and experimental departure in some parts of the country. However, if only for financial reasons, adaptation of existing property is likely to provide the major call on resources for the foreseeable future.

There is no doubt that internal structural alterations, particularly to kitchens and bathrooms, could help many disabled persons and requests of this nature can be expected to increase. The main demand at the moment is for alterations to driveways and paths for the benefit mainly of the users of motorised invalid carriages. Where a property is owned by a district council the cost of such adaptations is normally shared by the County Council and the district council concerned.

During the year under review financial help has been given by the County towards seven major structural alterations of the kind just described.

4. Social Activities

The total number of Social Clubs for handicapped persons in the County increased during 1963 from eight to nine (six B.R.C.S., three W.V.S.). Handicrafts, parties, outings and a variety of functions are arranged by the two voluntary societies for the members. Transport is arranged when needed and where possible but often presents difficulty especially in the more rural areas.

Domiciliary craft instruction of a type approved in each case by the disabled person's General Practitioner has continued in appropriate cases throughout the year.

145 handicapped persons and 94 helpers went to Prestatyn Holiday Camp for one week in May. On this occasion the party also included 82 blind persons, each with a guide.

As previously, the co-ordination of arrangements on behalf of the voluntary organisations concerned (the B.R.C.S., the W.V.S., and the Worcestershire Association for the Blind) was in the hands of Welfare Staff and the joint venture proved a good example of what can be achieved by the co-operation of statutory and voluntary bodies.

5. Admission to Homes

There is some pressure on the special homes for younger handicapped persons throughout the country but at the end of 1963 only one such person in Worcestershire was waiting for a place. Four admissions (one amputee, one epileptic, one diabetic and one spastic) were made during the year. Three of the homes concerned are run by Voluntary Associations and the fourth by another Local Authority.

The demand nationally is, of course, very small compared with that for elderly people, with the result that many younger disabled people must be accommodated at considerable distance from their former homes and relatives.

6. Car Badges for Severely Disabled Drivers

The Minister of Health wrote to Local Authorities in July, 1961, following recommendations of his advisory committee, concerning the problems of severely disabled drivers.

A model scheme to be administered by county and county borough councils suggested the issue of badges to identify the vehicles of these drivers whose names were to be included in a separate sub-section of the register of handicapped persons.

It was expected that although the badges would not confer any legal rights or privileges, their display would help the police to assist in parking difficulties and in exercising discretion in favour of disabled drivers wherever possible. In addition, it was anticipated that other authorities and road users generally would be in a better position to be helpful.

The scheme, which was duly adopted in Worcestershire, was well publicised and the police were advised through the Chief Constable.

The badges are issued free of charge and are renewable in the County every two years.

At the close of 1963, after two years working of this scheme, a total of 118 drivers were badge holders, 32 of these receiving their badges during the review year.

There is no doubt that this service is meeting a need in these days of increasing traffic congestion.

Deaf and Hard of Hearing Persons

The services provided by the Worcestershire and Herefordshire Association for Work Amongst the Deaf, on behalf of the County Council, were maintained at a high standard throughout the year.

These services, carried out by the Reverend L. Crellin (Chaplain Welfare Officer) and Mrs. E. A. Crellin (Audiologist and Welfare Officer) included Placement in Employment, General Welfare and Interpretation, Lipreading Classes, Tuition in Speech Discrimination and, of course, Ministration to Spiritual Needs.

Hearing Aid tests included those conducted on residents in the County Homes for the Elderly.

The Social Clubs met regularly and several outings were organised.

Following a decision of the Ministry of Health the register is now divided into three sections. On the 31st December, 1963, the numbers on the register were 44 Deaf with Speech, 131 Deaf without Speech and 858 Hard of Hearing. Included in these totals are figures of 19, nil and 15 respectively for the Borough of Oldbury.

The overall numbers reveal little change from the previous year when there were 174 Deaf and 852 Hard of Hearing persons registered in the County.

Notification of Infectious Diseases

Table "A"

County District	Scarlet Fever	Whooping Cough	Measles (excluding rubella)	Acute Folio-myelitis:				Diphtheria including membranous croup	Smallpox	Meningococcal Infection	Acute Encephalitis		Dysentery	Ophthalmia neonatorum	Puerperal pyrexia	Acute pneumonia (primary or influenzal)	Para-typhoid fever	Typhoid fever	Food poisoning	Erysipelas	Total
				Paralytic	Non-paralytic	Respiratory	Other				Infective	Post-infectious									
URBAN																					
Dewdale Borough	-	-	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16
Bromsgrove	76	10	663	-	-	6	1	-	-	-	-	19	-	-	9	5	-	-	-	-	811
Droitwich Borough	4	-	195	-	-	1	-	-	-	-	-	1	-	-	-	17	-	-	-	-	202
Evesham Borough	5	-	157	-	-	2	-	-	-	-	-	1	-	-	-	-	-	-	-	-	165
Walsoken Borough	50	30	794	-	-	8	1	-	-	-	-	4	-	3	7	20	-	-	-	-	935
Kidderminster Borough	9	2	460	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	467
Halvorn	8	53	607	-	-	4	1	-	-	-	-	-	-	-	1	7	-	-	-	-	688
Oldbury Borough	56	68	746	-	-	4	3	-	-	-	-	-	-	1	29	21	-	-	-	-	939
Redditch	17	2	917	-	-	14	1	-	-	-	-	3	-	1	1	8	-	-	-	-	989
Stourbridge Borough	21	3	864	-	-	11	1	-	-	-	-	9	-	-	7	3	-	-	-	-	925
Stourport on Severn	9	7	143	-	-	4	1	-	-	-	-	-	-	-	7	3	-	-	-	-	174
Total Urban Districts	255	175	5557	-	-	85	9	-	-	1	-	64	1	28	120	-	-	-	18	6	6329
RURAL																					
Bromsgrove	20	19	575	-	-	7	1	-	-	-	-	13	-	2	17	-	-	-	-	-	655
Droitwich	2	5	140	-	-	2	1	-	-	-	-	1	-	-	3	4	-	-	-	-	155
Evesham	2	7	137	-	-	1	-	-	-	-	-	-	-	-	4	4	-	-	-	-	152
Kidderminster	5	4	130	-	-	1	-	-	-	-	-	-	-	-	12	-	-	-	-	-	151
Marley	1	5	179	-	-	1	-	-	-	-	-	1	-	1	9	-	-	-	-	-	200
Pershore	3	3	166	-	-	2	1	-	-	-	-	4	-	-	-	-	-	-	-	-	179
Tenbury	7	7	17	-	-	1	-	-	-	-	-	-	-	-	6	-	-	-	-	-	27
Upon upon Severn	4	8	296	-	-	1	-	-	-	-	-	3	-	-	-	-	-	-	-	-	319
Total Rural Districts	44	51	1640	-	-	15	3	-	-	-	-	21	-	3	51	-	-	-	2	7	1838
Administrative County	299	226	7197	-	-	100	12	-	-	1	-	85	1	31	181	-	-	-	20	13	8167
Administrative County 1962	195	57	367	2	1	141	15	-	3	-	333	3	21	151	2	-	-	14	15	1320	

Cause of Death at Different Periods of Life in the Administrative County of Worcester

Table "B"

Causes of Death	All Ages		Under 4 weeks		4 weeks and under 1 year		1 - 4 Years		5 - 14 Years		15 - 24 Years		25 - 34 Years		35 - 44 Years		45 - 54 Years		55 - 64 Years		65 - 74 Years		75 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
All Causes	2748	2549	48	52	21	23	18	12	13	4	40	11	38	17	66	49	204	145	537	271	784	589	979	1375	
1. Tuberculosis, respiratory	22	7																							
2. Tuberculosis, other		1																							
3. Syphilis disease		3																							
4. Diphtheria	2																								
5. Whooping Cough																									
6. Meningococcal infections																									
7. Acute Poliomyelitis																									
8. Measles																									
9. Other infective and parasitic diseases	4	3																							
10. Malignant neoplasm, stomach	50	53																							
11. Malignant neoplasm, lung, bronchus	157	23																							
12. Malignant neoplasm, breast		79																							
13. Malignant neoplasm, uterus		40																							
14. Other malignant and lymphatic neoplasms																									
15. Leukemia, aleukemia	238	192																							
16. Diabetes	8	9																							
17. Vascular lesions of nervous system	16	26																							
18. Coronary disease, angina	374	465																							
19. Hypertension with heart disease	554	341																							
20. Other heart disease	47	49																							
21. Other circulatory disease	278	457																							
22. Influenza	83	120																							
23. Pneumonia	17	17																							
24. Bronchitis	150	165	6	3	5	10	1	1	2	1	2	1	1	3	2	8	15	3	6	10	6	100	34	34	
25. Other diseases of respiratory system	299	93			1		1	1	4	1	1	1	1	4	4	3	8	5	6	2	8	21	3	74	
26. Ulcer of stomach and duodenum	32	15																							
27. Gastritis, enteritis & diarrhoea	32	14			3	3																			
28. Nephritis and nephrosis	11	14																							
29. Hyperplasia of prostate	22	13																							
30. Pregnancy, childbirth, abortion	27																								
31. Congenital malformations	20	2	10	8	4	4	1	5	1	1	1	1	1	1	1	1	1								
32. Other defined and ill-defined diseases	182	219	30	39	4	4	2	3	4	3	25	1	3	6	6	12	22	24	23	1	39	40	55	79	
33. Motor vehicle accidents	52	22																							
34. All other accidents	57	63	2	2	3	4	2	1	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
35. Suicide	27	21																							
36. Homicide and operations of war	1	1																							

Causes of Death in Administrative Areas - Urban and Rural Districts

Table "C"

CAUSES OF DEATH	URBAN DISTRICTS											RURAL DISTRICTS								GRAND TOTAL FOR COUNTY		
	Bendley B.	Bromsgrove	Droitwich B.	Evesham B.	Halesowen B.	Kidderminster B.	Malvern	Oldbury B.	Redditch	Stourbridge B.	Stourport-on-Severn	Total	Bromsgrove	Droitwich	Evesham	Kidderminster	Martley	Pershore	Tenbury		Upton-on-Severn	Total
All Causes	66	422	107	215	499	532	351	559	401	544	135	3831	371	153	191	120	125	202	60	244	1466	5297
1. Tuberculosis, respiratory	1	1	1	1	4	4	1	5	4	2	1	23	2			1	2		1		6	29
2. Tuberculosis, other																						
3. Syphilitic disease																						
4. Diphtheria																						
5. Whooping Cough																						
6. Meningococcal infections																						
7. Acute Poliomyelitis																						
8. Measles																						
9. Other infective and parasitic diseases																						
10. Malignant neoplasm, stomach	2	6		1	15	8	4	16	9	13	3	77	8	3	5	2	1	4	4	1	4	4
11. Malignant neoplasm, lung, bronchus	2	8		4	21	14	9	30	17	20	6	136	16	5	5	2	4	3	3	6	4	26
12. Malignant neoplasm, breast		8		2	6	4	3	10	5	6	3	56	10	1	1	1	1	5	1	2	44	180
13. Malignant neoplasm, uterus					5	4	5	9	5	5	1	32	1	1	1	1	2	1	1	2	23	79
14. Other malignant and lymphatic neoplasms	5	30	15	13	26	42	37	44	23	56	6	297	38	13	19	11	16	14	5	17	133	430
15. Leukaemia, aleukaemia																						
16. Diabetes	1	2		2	2	4	1	3	4	2	4	11	1	1	2	2	2	1	1	1	6	17
17. Vascular lesions of nervous system	8	67	15	44	67	79	61	75	77	94	21	608	55	28	38	12	25	37	8	28	231	839
18. Coronary disease, angina	9	77	9	25	110	95	57	106	70	82	16	656	70	19	33	23	21	32	10	31	239	892
19. Hypertension with heart disease	3	5		2	16	5	7	15	2	15	3	75	6	4	1	1	2	2	1	4	21	96
20. Other heart disease	18	62	9	60	62	98	46	55	45	64	25	542	32	20	29	24	16	30	10	32	193	725
21. Other circulatory disease	1	12	3	6	16	18	16	18	18	18	6	142	1	10	13	5	2	14	3	12	20	203
22. Influenza	4	36	1	1	1	29	15	45	26	30	5	144	4	2	7	5	2	8	5	19	76	315
23. Pneumonia	4	36	1	1	1	29	15	45	26	30	5	144	4	2	7	5	2	8	5	19	76	315
24. Bronchitis	6	32		15	40	42	24	48	33	44	1	297	24	12	13	5	7	12	3	19	95	392
25. Other diseases of respiratory system		7		1	2	5	2	7	5	4	1	28	4	1	1	1	1	2	1	1	7	35
26. Ulcer of stomach and duodenum		7		1	4	5	4	8	3	4	3	39	3	1	1	1	2	2	1	1	8	47
27. Gastritis, enteritis and diarrhoea		4		1	3	2	3	4	1	3	2	20	1	2	2	2	2	1	1	1	5	25
28. Nephritis and nephrosis		4		2	3	3	2	4	3	3	2	25	1	2	1	1	2	2	1	1	10	35
29. Hypertrophy of prostate		1		2	2	2	2	3	3	2	2	20	1	2	2	1	1	2	1	3	7	27
30. Premature childbirth, abortion	1											2										2
31. Congenital malformations		6		1	3	3	4	6	1	2	1	28	4	1	1	2	2	1	1	2	12	40
32. Other defined and ill-defined diseases	2	27	15	14	30	33	34	31	27	42	16	271	27	13	7	12	13	20	6	32	130	401
33. Motor vehicle accidents		8	1	1	9	6	5	3	5	11	1	49	6	3	5	2	4	1	4	4	25	74
34. All other accidents	3	12	3	3	18	12	6	9	5	11	1	83	13	2	5	5	1	6	1	5	37	120
35. Suicide		3		2	3	2	2	5	3	8	1	31	3					2			17	48
36. Homeleids and operations of war												1										1

General and Special Instructions for the Survey - (Print on back of this page)

STATION NO.	ELEVATION	EAST STATION		WEST STATION		DISTANCE	BENCH MARK	REMARKS
		NO.	ELEVATION	NO.	ELEVATION			
1	58							
2	58							
3	58							
4	58							
5	58							
6	58							
7	58							
8	58							
9	58							
10	58							
11	58							
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43	58							
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46	58							
47	58							
48	58							
49	58							
50	58							

THESE STATIONS ARE TO BE USED FOR THE SURVEY OF THE CANAL.

Attendances at Child Welfare Centres, 1963

Centre	No. of Sessions		New Cases	Total Attendances	Average Attendance per Session
	Medical Officer	Health Visitor			
<u>Bewdley Borough</u>					
Wribbenhall	10	10	46	694	33 (41)
<u>Bromsgrove Urban</u>					
Bromsgrove	51	-	287	4213	81 (57)
Catshill	22	4	60	871	29 (40)
Marlbrook	20	2	76	824	36 (49)
Rubery	50	1	155	3228	63 (66)
<u>Bromsgrove Rural</u>					
Aivechurch	23	1	80	1294	54 (55)
Belbroughton	8	13	20	309	15 (17)
Beoley	11	-	16	191	17 (17)
Clent	12	12	24	323	16 (19)
Cofton Common	23	23	68	1737	37 (31)
Cofton Hackett	12	12	18	364	15 (17)
Hagley	11	11	98	1088	49 (33)
Finstall	11	12	38	572	25 (24)
Romsley (Opened November)	1	1	34	57	28 (-)
Wythall	22	27	159	2392	49 (31)
<u>Droitwich Borough</u>					
Droitwich	50	-	140	2336	48 (52)
<u>Droitwich Rural</u>					
Crowle	7	3	21	245	23 (28)
Fernhill Heath	10	12	44	800	37 (34)
*Hanbury	12	-	36	354	29 (24)
Hartlebury	24	-	40	627	30 (36)
Ombersley	12	-	51	221	18 (10)
Wychbold	10	14	29	512	25 (21)
<u>Evesham Borough</u>					
Evesham	35	15	94	1943	38 (39)
<u>Evesham Rural</u>					
Badsey	12	-	133	534	44 (51)
Beckford	11	-	12	156	14 (15)
Bretforton	11	1	48	216	19 (20)
Broadway	9	13	24	489	22 (28)
*Childswickham	12	-	26	445	38 (32)
Honeybourne	9	3	18	334	29 (24)
Kemerton	12	-	12	173	14 (15)
Littletons	11	12	24	574	25 (26)
Offenham	9	2	16	333	30 (31)
Pebworth	10	1	15	168	12 (16)
*Sedgeberrow	10	-	28	301	30 (28)

Attendances at Child Welfare Centres, 1963 (continued)

Centre	No. of Sessions		New Cases	Total Attendances	Average Attendance per Session
	Medical Officer	Health Visitor			
<u>Halesowen Borough</u>					
Blackheath	48	27	187	4096	54 (53)
Cradley	89	7	132	3629	38 (40)
Halesowen	71	1	238	3595	49 (49)
Lapal	22	2	59	1136	47 (50)
<u>Kidderminster Borough</u>					
Birchen Coppice	19	19	71	920	24 (22)
Broadwaters	23	25	72	1240	26 (31)
Comberton	21	26	62	207	27 (29)
Coventry Street	47	-	198	2800	59 (60)
Foley Park	22	25	161	3210	74 (69)
Franche	23	25	120	3088	64 (53)
<u>Kidderminster Rural</u>					
Blakedown	9	2	18	241	22 (24)
Chaddesley Corbett	11	-	43	175	16 (15)
Cookley	11	12	51	956	42 (40)
Gorst Hill	6	6	8	148	11 (11)
Rock and Far Forest	6	6	23	316	26 (18)
Wolverley	10	2	38	670	61 (54)
<u>Malvern Urban</u>					
Lansdowne	25	3	38	570	20 (28)
Link	21	30	134	2197	43 (42)
Newtown	25	24	95	1831	37 (34)
Sherrards Green	18	31	81	1921	39 (39)
Wyche	9	1	16	93	10 (8)
<u>Martley Rural</u>					
*Alfrick	12	-	13	237	19 (17)
Broadheath	12	12	34	389	16 (18)
Clifton-on-Teme	9	3	30	133	11 (14)
Hallow	10	13	28	396	17 (18)
Holt	7	-	5	87	12 (9)
*Leigh	12	-	17	141	11 (10)
*Martley	8	4	47	424	35 (27)
Rushwick	3	4	30	444	37 (-)
Shrawley	7	-	10	102	14 (9)
Great Witley	6	-	26	143	24 (17)
Little Witley	6	-	4	40	7 (7)
<u>Oldbury Borough</u>					
Langley	102	-	311	6414	63 (63)
Oldbury	49	-	155	3221	65 (57)
Warley	100	-	331	5300	53 (43)
<u>Pershore Rural</u>					
*Bishampton	8	2	45	275	27 (28)
Bredon	10	1	20	160	17 (20)
Drakes Broughton	11	1	60	467	39 (34)
Eckington	10	1	24	435	39 (38)
Fladbury	10	9	28	262	12 (13)
Norton-Kempsey	9	2	36	358	32 (47)
Pershore	11	13	173	865	36 (37)

Attendances at Child Welfare Centres, 1963 (continued)

Centre	No. of Sessions		New Cases	Total Attendances	Average Attendance per Session
	Medical Officer	Health Visitor			
<u>Redditch Urban</u>					
Abbeydale	22	-	90	761	35 (25)
Astwood Bank	23	-	30	787	21 (25)
Batchley	22	25	100	2114	47 (60)
Feckenham	8	3	13	156	14 (14)
Greenlands Avenue	20	2	103	1238	56 (52)
Headless Cross	18	3	112	1170	55 (61)
Redditch	42	6	220	3704	75 (67)
<u>Stourbridge Borough</u>					
Iye	38	10	105	2082	41 (49)
Norton	43	8	102	1737	33 (31)
Pedmore	18	6	86	1496	62 (53)
Stourbridge	41	8	141	2041	41 (52)
Wollaston	23	26	123	2509	51 (50)
Wollescote	41	9	117	2981	58 (63)
<u>Stourport Urban</u>					
Areley Kings	11	13	59	1024	42 (56)
Stourport	24	26	149	2361	46 (54)
Wilden	11	1	27	317	26 (23)
<u>Tenbury Rural</u>					
*Lindridge (Closed Sept.)	3	-	1	35	7 (13)
*Pensax	9	-	12	129	14 (9)
Tenbury	23	-	36	365	17 (19)
<u>Upton-on-Severn Rural</u>					
Callow End	10	2	40	383	31 (26)
Hanley Swan	10	1	27	230	21 (19)
Kempsey	9	3	35	485	43 (45)
*Longdon	9	1	23	358	36 (35)
Upton-on-Severn	8	13	29	401	19 (22)
*Welland	10	1	9	234	21 (16)
TOTALS	2007	711	7051	111,348	

* Mobile Clinics

Average attendance for 1962 shown in brackets

Category	Sub-category	Total		Percentage	
		Value	Count	Value	Count
Category 1	Sub-category 1.1	100	10	10%	10%
	Sub-category 1.2	200	20	20%	20%
	Sub-category 1.3	300	30	30%	30%
	Sub-category 1.4	400	40	40%	40%
	Sub-category 1.5	500	50	50%	50%
	Sub-category 1.6	600	60	60%	60%
	Sub-category 1.7	700	70	70%	70%
	Sub-category 1.8	800	80	80%	80%
	Sub-category 1.9	900	90	90%	90%
	Sub-category 1.10	1000	100	100%	100%
Category 2	Sub-category 2.1	100	10	10%	10%
	Sub-category 2.2	200	20	20%	20%
	Sub-category 2.3	300	30	30%	30%
	Sub-category 2.4	400	40	40%	40%
	Sub-category 2.5	500	50	50%	50%
	Sub-category 2.6	600	60	60%	60%
	Sub-category 2.7	700	70	70%	70%
	Sub-category 2.8	800	80	80%	80%
	Sub-category 2.9	900	90	90%	90%
	Sub-category 2.10	1000	100	100%	100%
TOTAL		1100	110	110%	110%

* Multiple Dismissals
 Average attendance for 1950 shown in brackets

Dental Services for Expectant
and Nursing Mothers and Children

Part A. Dental Treatment - Number of Cases

		Number of persons examined during the year (1)	Number of Persons who commenced treatment during the year (2)	Number of courses of treatment completed during the year (3)
1.	Expectant and nursing mothers	169	143	144
2.	Children aged under 5 and not eligible for school dental service	498	412	364

Part B. Dental Treatment Provided

	Sealings and gum treatment (1)	Fillings (2)	Silver nitrate treatment (3)	Crowns and inlays (4)	Extrac- tions (5)	General anaes- thetics (6)	Dentures provided		Radio- graphs (9)
							Full upper or lower (7)	Partial upper or lower (8)	
1. Expectant and nursing mothers	79	407	-	-	391	12	44	52	11
2. Children aged under 5 years and not eligible for school dental service	5	294	119	-	828	177	-	-	-

Part C. Number of Premises and Sessions

1.	Number of dental treatment centres in use at end of year for services shown in Part B above	18
2.	Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year.	186

Annual Report of the Board of Directors

Table 1. Financial Summary - Balance Sheet

Item	1997	1996	1995
Assets	100	100	100
Liabilities	100	100	100
Equity	100	100	100

Table 2. Income Statement Summary

Item	1997	1996	1995
Revenue	100	100	100
Expenses	100	100	100
Net Income	100	100	100

Table 3. Cash Flow Statement Summary

Operating Activities	100
Investing Activities	100
Financing Activities	100
Net Change in Cash	100

Table "P"

Summary of the Return of Diphtheria Immunisation for the year 1963

	A. Number of children who completed a full course of Primary Immunisation (including temporary residents) during the year.							B. Number of children who received a secondary (reinforcing) injection (i.e. subsequently to Primary Immunisation at an earlier age) during the year.							
	1963	1962	1961	1960	1959	1954-1958	1949-1953	Total	1962	1961	1960	1959	1954-1958	1949-1953	Total
Bewdley B.	32	35	3	1	-	8	-	79	1	1	-	1	93	-	96
Droitwich B.	42	67	9	1	-	-	-	119	-	4	2	7	167	4	184
Wvesham B.	53	89	17	5	2	19	-	185	30	64	2	2	295	11	404
Halesowen B.	265	570	33	7	3	18	-	696	12	23	10	30	779	8	862
Lliddenminster B.	213	237	9	4	-	63	2	528	8	13	3	4	875	4	907
(Idbury B.	230	366	36	6	2	46	28	714	-	4	1	2	486	625	1118
Stourbridge B.	328	360	37	4	7	11	-	747	17	55	24	31	810	1	938
Fromsgrove U.D.	215	310	19	8	-	8	-	560	3	52	3	10	494	13	575
Halvern U.D.	156	168	15	2	2	11	9	363	7	5	2	11	298	6	329
Ledditch U.D.	271	343	24	4	2	22	-	666	13	21	4	36	604	9	687
Stourport U.D.	102	136	2	4	1	17	6	259	-	14	4	-	292	9	306
Fromsgrove R.D.	200	300	32	5	2	13	17	558	5	42	8	24	576	12	667
Droitwich R.D.	51	95	8	6	1	4	6	182	3	4	1	1	199	3	211
Wvesham R.D.	50	101	8	3	1	5	-	168	22	42	6	6	349	6	431
Lliddenminster R.D.	55	69	2	3	2	14	2	148	1	23	1	3	172	2	202
Martley R.D.	97	90	9	3	2	4	-	205	2	1	-	2	200	-	205
Fereshore R.D.	92	100	5	2	2	5	-	206	6	3	1	11	253	7	281
Tenbury R.D.	18	31	3	1	-	6	-	59	1	4	-	1	99	1	106
Lpton-on-Severn R.D.	49	82	11	-	-	4	-	146	1	2	1	3	148	4	159
Totals	2519	3349	282	66	29	278	65	6588	132	377	69	185	7189	716	8668

Table 1. Summary of the data for the 1994-1995 season.

Station	1994-1995 Season											
	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Station A	100	105	110	115	120	125	130	135	140	145	150	155
Station B	102	107	112	117	122	127	132	137	142	147	152	157
Station C	104	109	114	119	124	129	134	139	144	149	154	159
Station D	106	111	116	121	126	131	136	141	146	151	156	161
Station E	108	113	118	123	128	133	138	143	148	153	158	163
Station F	110	115	120	125	130	135	140	145	150	155	160	165
Station G	112	117	122	127	132	137	142	147	152	157	162	167
Station H	114	119	124	129	134	139	144	149	154	159	164	169
Station I	116	121	126	131	136	141	146	151	156	161	166	171
Station J	118	123	128	133	138	143	148	153	158	163	168	173
Station K	120	125	130	135	140	145	150	155	160	165	170	175
Station L	122	127	132	137	142	147	152	157	162	167	172	177
Station M	124	129	134	139	144	149	154	159	164	169	174	179
Station N	126	131	136	141	146	151	156	161	166	171	176	181
Station O	128	133	138	143	148	153	158	163	168	173	178	183
Station P	130	135	140	145	150	155	160	165	170	175	180	185
Station Q	132	137	142	147	152	157	162	167	172	177	182	187
Station R	134	139	144	149	154	159	164	169	174	179	184	189
Station S	136	141	146	151	156	161	166	171	176	181	186	191
Station T	138	143	148	153	158	163	168	173	178	183	188	193
Station U	140	145	150	155	160	165	170	175	180	185	190	195
Station V	142	147	152	157	162	167	172	177	182	187	192	197
Station W	144	149	154	159	164	169	174	179	184	189	194	199
Station X	146	151	156	161	166	171	176	181	186	191	196	201
Station Y	148	153	158	163	168	173	178	183	188	193	198	203
Station Z	150	155	160	165	170	175	180	185	190	195	200	205

Table "c"

Smallpox Vaccination - Annual Returns for the year ended 31st December, 1963 - Summary.

District	No. of persons vaccinated							No. of persons re-vaccinated										
	0-3 mths	3-6 mths	6-9 mths	9-12 mths	1 yr. mths	2-4 yrs	5-14 yrs	15 yrs or over	Total	0-3 mths	3-6 mths	6-9 mths	9-12 mths	1 yr. yrs	2-4 yrs	5-14 yrs	15 yrs or over	Total
Bewdley B.	-	3	2	5	7	-	-	2	19	-	-	-	-	-	-	-	8	10
Droitwich B.	21	15	4	4	3	9	3	11	70	-	-	-	-	1	2	5	32	38
Ivesham B.	4	-	1	1	34	2	2	7	50	-	-	-	-	2	8	8	24	34
Halesowen B.	16	53	18	27	57	12	29	29	214	-	-	-	-	1	7	7	31	39
Kidderminster B.	10	47	19	12	36	11	21	21	161	-	-	-	-	5	10	10	55	70
Oldbury B.	61	198	17	34	29	10	24	7	381	-	1	-	-	1	6	1	43	46
Stourbridge B.	75	35	6	16	40	4	7	15	184	-	-	-	-	3	6	6	40	49
Bromsgrove U.D.	11	33	11	9	45	1	15	17	130	-	-	-	-	2	7	13	42	58
Malvern U.D.	57	32	8	9	25	3	15	15	155	-	-	-	-	3	6	7	40	50
Redditch U.D.	15	22	6	8	121	5	17	10	198	-	-	-	-	6	10	10	23	42
Stourport U.D.	4	11	34	12	20	4	10	11	98	-	-	-	-	1	6	7	31	42
Bromsgrove R.D.	6	48	16	10	52	12	11	11	164	-	-	-	-	1	6	6	41	48
Droitwich R.D.	16	12	2	3	12	-	13	7	63	-	-	-	-	-	2	7	27	34
Ivesham R.D.	1	4	1	3	6	2	5	1	43	-	-	-	-	-	3	6	16	22
Kidderminster R.D.	4	5	1	4	8	7	2	6	28	-	-	-	-	1	2	2	13	19
Martley R.D.	2	13	5	7	12	-	6	6	44	-	-	-	-	1	2	2	14	18
Pershore R.D.	23	19	4	3	6	-	6	6	67	-	-	-	-	1	2	2	34	37
Tenbury R.D.	1	6	11	4	6	3	1	1	32	-	-	-	-	-	1	2	8	10
Upton-on-Severn R.D.	7	9	4	3	22	3	2	2	50	-	-	-	-	-	-	3	13	16
TOTALS	334	565	170	173	558	81	65	205	2151	-	-	1	-	3	30	113	535	662

Table "H"

Whooping Cough Immunisation - Summary of Returns for year ended 31st December, 1963.

Number of children who have completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the Authority's area during the year ended 31st December, 1963.

District	1963	1962	1961	1960	1959	1954-1958	1949-1953	Total
Bewdley B.	37	40	4	1	1	1	-	84
Droitwich B.	45	86	11	6	1	3	1	153
Evesham B.	51	109	20	5	1	-	-	186
Halesowen B.	265	361	27	2	2	5	-	662
Kidderminster B.	227	245	22	3	-	-	-	497
Oldbury B.	202	351	36	6	1	4	4	604
Stourbridge B.	310	359	37	4	7	11	-	728
Bromsgrove U.D.	215	302	17	8	-	4	-	546
Malvern U.D.	155	166	15	2	1	2	4	345
Redditch U.D.	263	312	24	4	2	9	-	614
Stourport U.D.	106	136	17	2	2	-	-	263
Bromsgrove R.D.	197	297	30	4	1	6	1	536
Droitwich R.D.	51	92	8	6	1	4	17	179
Evesham R.D.	45	126	10	3	3	-	-	185
Kidderminster R.D.	59	87	25	3	2	-	-	176
Wartley R.D.	93	90	8	3	2	4	-	200
Pershore R.D.	91	98	5	1	1	-	-	196
Tenbury R.D.	20	10	7	1	-	-	-	38
Upton-on-Severn R.D.	50	80	11	-	-	1	-	142
TOTALS	2,482	3,347	334	64	26	54	27	6,534

Ambulance Service

Table "I"

Cases Covered and Mileage Covered by Ambulance, Hospital and Hire Cars

Month	A: Ambulance		B: HOSPITAL CARS		C: HIRE CARS							
	Cases	Miles	Cases	Miles	Cases	Miles						
1962	1963	1962	1963	1962	1963	1962	1963					
January	14,175	10,887	59,190	58,107	1,829	1,360	20,982	18,835	1,345	1,526	15,249	18,634
February	14,409	10,816	51,732	54,812	1,585	1,405	20,534	20,648	5,077	1,310	15,904	17,488
March	16,607	12,021	56,707	59,528	1,323	1,357	18,265	18,190	1,414	1,471	19,148	22,415
April	12,465	9,420	46,593	50,438	1,593	1,775	20,978	24,168	1,135	1,449	16,175	21,361
May	17,394	12,711	58,171	58,822	2,080	1,787	26,452	24,768	1,191	1,863	15,321	23,015
June	14,091	9,770	53,000	51,374	1,264	1,562	22,265	21,750	1,065	1,593	15,490	21,639
July	15,239	10,893	59,089	57,880	1,474	1,370	22,692	20,008	1,187	2,037	16,124	29,972
August	10,549	6,908	47,044	46,172	1,305	1,264	21,512	18,798	1,153	1,713	16,136	22,342
September	15,126	10,253	52,206	53,093	1,269	1,450	21,623	20,611	1,239	1,362	15,613	18,721
October	12,806	11,792	60,768	60,159	1,333	1,763	22,641	24,564	1,191	1,445	15,599½	18,930
November	12,753	12,199	59,930	59,009	1,260	1,602	20,012	23,638	1,248	1,379	16,225½	17,148
December	9,173	10,366	50,367	56,140	1,313	1,266	20,362	19,361	1,107	1,044	14,939	14,227
Total	164,787	128,066	654,797	663,434	17,628	17,961	258,321	255,419	18,352	18,192	189,923	245,892

* Including 105) Residue Miles, Worcester City and District Voluntary Ambulance Services.
 ø Including 184)

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Annual Analysis

and with the following information for the year 2000

Year	Q1	Q2	Q3	Q4	Sales				Expenses				Profit	
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
2000	1000	1200	1500	1800	1000	1200	1500	1800	800	1000	1200	1500	1800	2000
2001	1200	1500	1800	2200	1200	1500	1800	2200	1000	1200	1500	1800	2200	2500
2002	1500	1800	2200	2800	1500	1800	2200	2800	1200	1500	1800	2200	2800	3200
2003	1800	2200	2800	3500	1800	2200	2800	3500	1500	1800	2200	2800	3500	4000
2004	2200	2800	3500	4500	2200	2800	3500	4500	1800	2200	2800	3500	4500	5200
2005	2800	3500	4500	5800	2800	3500	4500	5800	2200	2800	3500	4500	5800	6800
2006	3500	4500	5800	7500	3500	4500	5800	7500	2800	3500	4500	5800	7500	8800
2007	4500	5800	7500	9500	4500	5800	7500	9500	3500	4500	5800	7500	9500	11000
2008	5800	7500	9500	12000	5800	7500	9500	12000	4500	5800	7500	9500	12000	14000
2009	7500	9500	12000	15000	7500	9500	12000	15000	5800	7500	9500	12000	15000	18000
2010	9500	12000	15000	18000	9500	12000	15000	18000	7500	9500	12000	15000	18000	22000

Total

Ambulance Service
Vehicles and Driver Attendants.
Establishment as at 31st December, 1963

Ambulance Station	No. of Vehicles	Driver/Attendants	
		Whole Time	Part Time
Bromsgrove	7	14	-
Evesham	5	9	-
Halesowen	7	16	-
Kidderminster	6	14	-
Malvern	6	11+	-
Oldbury	5	8	-
Pershore *	1	-	3
Redditch	5	10	-
Stourbridge	5	8	-
Tenbury *	1	-	3
Wythall	1	-	Agency
Hayley Green Hospital	2	-	1
Total	51	90	7

* Pershore and Tenbury - During the hours between 8 a.m. and 5.30 p.m. Monday to Friday and 8 a.m. - 12.30 p.m. on Saturday, the ambulance service is operated on an agency basis. The part time men taking over at nights and week-ends.

+ Including one relief deputy supervisor.

- Statistical Summary -
 - of the -
 - of the -
 - of the -

Station	No. of Vehicles	Person-Attachments	
		Hours	Person-Attachments
St. Louis	7	12	-
St. Paul	2	3	-
St. Peter	7	15	-
St. Cloud	6	14	-
St. James	6	13	-
St. Joseph	2	4	-
St. Charles	1	-	1
St. Ann	2	10	-
St. Mary	2	4	-
St. Anthony	1	-	1
St. Ignace	1	-	1
St. Vincent	1	-	1
Total	41	90	7

* Including the relief duty operators.
 † Figures are based on - during the hours between 8 a.m. and 5 p.m. Monday to Friday and 8 a.m. - 12:30 p.m. on Saturdays. The statistics shown in regard to persons-attachments, the first time each vehicle was in motion and secondly, the first time each vehicle was in motion and secondly.

Convalescent Homes used during 1963

Name of Home	Males	Females	Children	Total
Inglenook Convalescent Home, Weston Super Mare.	26	67	-	93
The Rest Convalescent Home, Porthcawl.	15	30	-	45
The Birches & Rest Convalescent Home, Redditch.	3	2	-	5
Mrs. Bunn, Bowling Green House, Bromsgrove.	10	39	-	49
Kinder, Malvern.	-	2	-	2
The Laurels, Bromsberrow	-	2	-	2
St. Luke's, Exmouth.	-	3	-	3
Church Army Family Hostel, Weston-super-Mare.	-	4	16	20
Mrs. Kilmer, Blackpool.	-	2	-	2
Langwith Lodge, Mansfield.	-	1	-	1
Friendly Societies, Herne Bay.	1	2	-	3
Furnishing Trades, Kings Leigh.	1	-	-	1
Furnishing Trades, Seaford.	1	1	-	2
Furnishing Trades, Lytham-St-Anne's	-	1	-	1
Kewstoke, Weston-Super-Mare.	-	2	-	2
Victoria Home, Bognor Regis.	-	1	-	1
Mrs. Baylis, Paignton.	-	1	-	1
Henwick Grange, Worcester.	-	1	-	1
	57	161	16	234

Item No.	Description	Rate	Minimum	Maximum
1	Hourly Fee	100	500	1000
2	Travel Expenses	Actual		
3	Telephone Expenses	Actual		
4	Postage Expenses	Actual		
5	Printing Expenses	Actual		
6	Photocopying Expenses	Actual		
7	Computer Expenses	Actual		
8	Travel Agency Fees	Actual		
9	Hotel Expenses	Actual		
10	Restaurant Expenses	Actual		
11	Gasoline Expenses	Actual		
12	Taxi Expenses	Actual		
13	Limousine Expenses	Actual		
14	Travel Insurance	Actual		
15	Travel Agency Commission	Actual		
16	Hotel Commission	Actual		
17	Restaurant Commission	Actual		
18	Gasoline Commission	Actual		
19	Taxi Commission	Actual		
20	Limousine Commission	Actual		
21	Travel Insurance Commission	Actual		
22	Travel Agency Fee	100	500	1000
23	Hotel Fee	100	500	1000
24	Restaurant Fee	100	500	1000
25	Gasoline Fee	100	500	1000
26	Taxi Fee	100	500	1000
27	Limousine Fee	100	500	1000
28	Travel Insurance Fee	100	500	1000
29	Travel Agency Commission Fee	100	500	1000
30	Hotel Commission Fee	100	500	1000
31	Restaurant Commission Fee	100	500	1000
32	Gasoline Commission Fee	100	500	1000
33	Taxi Commission Fee	100	500	1000
34	Limousine Commission Fee	100	500	1000
35	Travel Insurance Commission Fee	100	500	1000
36	Travel Agency Fee	100	500	1000
37	Hotel Fee	100	500	1000
38	Restaurant Fee	100	500	1000
39	Gasoline Fee	100	500	1000
40	Taxi Fee	100	500	1000
41	Limousine Fee	100	500	1000
42	Travel Insurance Fee	100	500	1000
43	Travel Agency Commission Fee	100	500	1000
44	Hotel Commission Fee	100	500	1000
45	Restaurant Commission Fee	100	500	1000
46	Gasoline Commission Fee	100	500	1000
47	Taxi Commission Fee	100	500	1000
48	Limousine Commission Fee	100	500	1000
49	Travel Insurance Commission Fee	100	500	1000
50	Travel Agency Fee	100	500	1000
51	Hotel Fee	100	500	1000
52	Restaurant Fee	100	500	1000
53	Gasoline Fee	100	500	1000
54	Taxi Fee	100	500	1000
55	Limousine Fee	100	500	1000
56	Travel Insurance Fee	100	500	1000
57	Travel Agency Commission Fee	100	500	1000
58	Hotel Commission Fee	100	500	1000
59	Restaurant Commission Fee	100	500	1000
60	Gasoline Commission Fee	100	500	1000
61	Taxi Commission Fee	100	500	1000
62	Limousine Commission Fee	100	500	1000
63	Travel Insurance Commission Fee	100	500	1000
64	Travel Agency Fee	100	500	1000
65	Hotel Fee	100	500	1000
66	Restaurant Fee	100	500	1000
67	Gasoline Fee	100	500	1000
68	Taxi Fee	100	500	1000
69	Limousine Fee	100	500	1000
70	Travel Insurance Fee	100	500	1000
71	Travel Agency Commission Fee	100	500	1000
72	Hotel Commission Fee	100	500	1000
73	Restaurant Commission Fee	100	500	1000
74	Gasoline Commission Fee	100	500	1000
75	Taxi Commission Fee	100	500	1000
76	Limousine Commission Fee	100	500	1000
77	Travel Insurance Commission Fee	100	500	1000
78	Travel Agency Fee	100	500	1000
79	Hotel Fee	100	500	1000
80	Restaurant Fee	100	500	1000
81	Gasoline Fee	100	500	1000
82	Taxi Fee	100	500	1000
83	Limousine Fee	100	500	1000
84	Travel Insurance Fee	100	500	1000
85	Travel Agency Commission Fee	100	500	1000
86	Hotel Commission Fee	100	500	1000
87	Restaurant Commission Fee	100	500	1000
88	Gasoline Commission Fee	100	500	1000
89	Taxi Commission Fee	100	500	1000
90	Limousine Commission Fee	100	500	1000
91	Travel Insurance Commission Fee	100	500	1000
92	Travel Agency Fee	100	500	1000
93	Hotel Fee	100	500	1000
94	Restaurant Fee	100	500	1000
95	Gasoline Fee	100	500	1000
96	Taxi Fee	100	500	1000
97	Limousine Fee	100	500	1000
98	Travel Insurance Fee	100	500	1000
99	Travel Agency Commission Fee	100	500	1000
100	Hotel Commission Fee	100	500	1000

TUBERCULOSIS

TABLE 'I'

TABLE I
Notification of Tuberculosis

Year	Respiratory		Non Respiratory		Both Forms	
	No. of Cases	Rate per 1000	No. of Cases	Rate per 1000	No. of Cases	Rate per 1000
1959	168	0.39	24	0.06	192	0.44
1960	153	0.35	16	0.04	169	0.39
1961	139	0.31	14	0.03	153	0.34
1962	141	0.31	15	0.03	156	0.34
1963	100	0.21	12	0.02	112	0.24

TABLE II
Deaths from Tuberculosis

Year	Respiratory		Non Respiratory		Both Forms	
	No. of Cases	Rate per 1000	No. of Cases	Rate per 1000	No. of Cases	Rate per 1000
1959	24	0.05	1	0.002	25	0.06
1960	24	0.05	2	0.005	24	0.06
1961	22	0.05	2	0.005	24	0.05
1962	15	0.04	3	0.006	19	0.04
1963	29	0.06	1	0.002	30	0.06

TABLE III
Deaths from Respiratory Tuberculosis in Age Groups

Year	Males					Females					Totals Males and Females all Ages
	0 -	15 -	45 -	65 -	All Ages	0 -	15 -	45 -	65 -	All Ages	
Average 1953-57	0	62	31	5	100	2	66	14	4	86	186
Average 1963-67	0	46	36	6	91	3	17	13	3	66	157
1963	0	0	11	0	22	0	2	2	3	7	29

TABLE IV
Notification and death rates in Districts 1963

Population	District	Notification rate per 1,000 population	Death rate per 1,000 population	Total cases notified	Total Deaths
5150	Bewley Borough	0.00	0.19	0	1
36900	Bromsgrove Urban	0.19	0.02	7	1
7900	Droitwich Borough	0.12	0.12	1	1
12930	Evesham Borough	0.15	0.00	2	-
46150	Halesowen Borough	0.17	0.08	8	4
43000	Kidderminster Borough	0.32	0.09	14	4
27420	Malvern Urban	0.29	0.03	8	1
54290	Oldbury Borough	0.44	0.09	24	5
35430	Redditch Urban	0.39	0.11	14	4
44860	Stourbridge Borough	0.26	0.04	12	2
12700	Stourport-on-Severn Urban	0.39	0.07	5	1
37010	Bromsgrove Rural	0.21	0.05	8	2
14380	Droitwich Rural	0.20	0.00	3	-
17490	Evesham Rural	0.05	0.00	1	-
12140	Kidderminster Rural	0.00	0.08	0	1
12190	Martley Rural	0.00	0.16	0	2
18840	Pershore Rural	0.15	0.00	3	-
5340	Tenbury Rural	0.00	0.18	0	1
14370	Upton-on-Severn Rural	0.13	0.00	2	-
156760	Whole County	0.24	0.06	112	30

Table I

Year	1950	1951	1952	1953	1954	1955
1	100	100	100	100	100	100
2	100	100	100	100	100	100
3	100	100	100	100	100	100
4	100	100	100	100	100	100
5	100	100	100	100	100	100
6	100	100	100	100	100	100
7	100	100	100	100	100	100

Table II

Year	1950	1951	1952	1953	1954	1955
1	100	100	100	100	100	100
2	100	100	100	100	100	100
3	100	100	100	100	100	100
4	100	100	100	100	100	100
5	100	100	100	100	100	100
6	100	100	100	100	100	100
7	100	100	100	100	100	100

Table III

Year	1950	1951	1952	1953	1954	1955
1	100	100	100	100	100	100
2	100	100	100	100	100	100
3	100	100	100	100	100	100
4	100	100	100	100	100	100
5	100	100	100	100	100	100
6	100	100	100	100	100	100
7	100	100	100	100	100	100

Table IV

Year	1950	1951	1952	1953	1954	1955
1	100	100	100	100	100	100
2	100	100	100	100	100	100
3	100	100	100	100	100	100
4	100	100	100	100	100	100
5	100	100	100	100	100	100
6	100	100	100	100	100	100
7	100	100	100	100	100	100
8	100	100	100	100	100	100
9	100	100	100	100	100	100
10	100	100	100	100	100	100
11	100	100	100	100	100	100
12	100	100	100	100	100	100
13	100	100	100	100	100	100
14	100	100	100	100	100	100
15	100	100	100	100	100	100
16	100	100	100	100	100	100
17	100	100	100	100	100	100
18	100	100	100	100	100	100
19	100	100	100	100	100	100
20	100	100	100	100	100	100

Venereal Diseases - Statistical table

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	19	127	150
KIDDERMINSTER	1	13	32	46
BIRMINGHAM	4	26	106	136
DUDLEY	1	6	46	53
Totals 1963	10	64	311	385
1962	12	44	284	340
1961	14	64	283	361
1960	11	57	196	264
1959	13	27	250	290
1958	18	37	165	220
1957	17	34	190	241
1956	16	33	230	279
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

General Statistics - Treatment Data

The following information has been supplied by the hospitals at which the patients were treated:-

Treatment Centre				Number of Governmental Cases -		
Year	Total	Sex	Age	Total		
				Male	Female	Total
1901	10	4	10	10	10	10
1902	10	4	10	10	10	10
1903	10	4	10	10	10	10
1904	10	4	10	10	10	10
1905	10	4	10	10	10	10
1906	10	4	10	10	10	10
1907	10	4	10	10	10	10
1908	10	4	10	10	10	10
1909	10	4	10	10	10	10
1910	10	4	10	10	10	10
1911	10	4	10	10	10	10
1912	10	4	10	10	10	10
1913	10	4	10	10	10	10
1914	10	4	10	10	10	10
1915	10	4	10	10	10	10
1916	10	4	10	10	10	10
1917	10	4	10	10	10	10
1918	10	4	10	10	10	10
1919	10	4	10	10	10	10
1920	10	4	10	10	10	10
1921	10	4	10	10	10	10
1922	10	4	10	10	10	10
1923	10	4	10	10	10	10
1924	10	4	10	10	10	10
1925	10	4	10	10	10	10
1926	10	4	10	10	10	10
1927	10	4	10	10	10	10
1928	10	4	10	10	10	10
1929	10	4	10	10	10	10
1930	10	4	10	10	10	10
1931	10	4	10	10	10	10
1932	10	4	10	10	10	10
1933	10	4	10	10	10	10
1934	10	4	10	10	10	10
1935	10	4	10	10	10	10
1936	10	4	10	10	10	10
1937	10	4	10	10	10	10
1938	10	4	10	10	10	10
1939	10	4	10	10	10	10
1940	10	4	10	10	10	10
1941	10	4	10	10	10	10
1942	10	4	10	10	10	10
1943	10	4	10	10	10	10
1944	10	4	10	10	10	10
1945	10	4	10	10	10	10
1946	10	4	10	10	10	10
1947	10	4	10	10	10	10
1948	10	4	10	10	10	10
1949	10	4	10	10	10	10
1950	10	4	10	10	10	10
1951	10	4	10	10	10	10
1952	10	4	10	10	10	10
1953	10	4	10	10	10	10
1954	10	4	10	10	10	10
1955	10	4	10	10	10	10
1956	10	4	10	10	10	10
1957	10	4	10	10	10	10
1958	10	4	10	10	10	10
1959	10	4	10	10	10	10
1960	10	4	10	10	10	10
1961	10	4	10	10	10	10
1962	10	4	10	10	10	10
1963	10	4	10	10	10	10
1964	10	4	10	10	10	10
1965	10	4	10	10	10	10
1966	10	4	10	10	10	10
1967	10	4	10	10	10	10
1968	10	4	10	10	10	10
1969	10	4	10	10	10	10
1970	10	4	10	10	10	10
1971	10	4	10	10	10	10
1972	10	4	10	10	10	10
1973	10	4	10	10	10	10
1974	10	4	10	10	10	10
1975	10	4	10	10	10	10
1976	10	4	10	10	10	10
1977	10	4	10	10	10	10
1978	10	4	10	10	10	10
1979	10	4	10	10	10	10
1980	10	4	10	10	10	10
1981	10	4	10	10	10	10
1982	10	4	10	10	10	10
1983	10	4	10	10	10	10
1984	10	4	10	10	10	10
1985	10	4	10	10	10	10
1986	10	4	10	10	10	10
1987	10	4	10	10	10	10
1988	10	4	10	10	10	10
1989	10	4	10	10	10	10
1990	10	4	10	10	10	10
1991	10	4	10	10	10	10
1992	10	4	10	10	10	10
1993	10	4	10	10	10	10
1994	10	4	10	10	10	10
1995	10	4	10	10	10	10
1996	10	4	10	10	10	10
1997	10	4	10	10	10	10
1998	10	4	10	10	10	10
1999	10	4	10	10	10	10
2000	10	4	10	10	10	10

Welfare Services
Applications for Provision of Residential Accommodation During the Year Ended 23rd December, 1963

Table "N"

(1) Persons <u>Admitted</u> to Residential Accommodation	Age Groups								Total
	Under 60	60-69	70-75	76-80	81-85	86-90	91-95	Over 95	
1. Aged and/or 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 homes.	3	12	21	41	30	23	6	2	138 (134)
2. Aged and / or infirm - living with friends or relatives unable to continue to care for them.	1	12	14	30	24	14	8	-	103 (120)
3. Aged and / or homeless (includes persons in hospital who were admitted after the possibility of them returning to their previous residence had been explored, and persons of 'no fixed abode').	7	27	28	10	17	10	-	-	99 (76)
4. Physically handicapped (non-aged)	7	-	-	-	-	-	-	-	7 (11)
5. Mentally handicapped (non-aged)	4	-	-	-	-	-	-	-	4 (7)
6. Short stay cases temporarily unable to remain with friends or relatives because of illness or holidays.	8	7	8	14	18	24	2	-	81 (50)
TOTALS:	30	58	71	95	89	71	16	2	432 (398)

Included in the above table were 25 (23) persons who were admitted direct from mental hospitals.

Re-admissions and transfers - In addition to the above 76 (78) persons were re-admitted to residential accommodation from hospital and 66 (119) persons were transferred from one home to another in order to be nearer friends or relatives or to provide accommodation suited to their needs.

NOTE: Figures in brackets are for the year ended 31st December 1962, and are shown for comparison.

Welfare Services

	Age Groups								Total
	Under 60	60-69	70-75	76-80	81-85	86-90	91-95	Over 95	
(2) Persons <u>Not Admitted</u> to Residential Accommodation									
1. Not considered eligible.	2	3	4	1	-	-	-	-	10 (14)
2. Found to be too ill for residential accommodation and arrangements made for admission to Regional Hospital Board accommodation.	5	9	13	26	22	14	7	-	96 (85)
3. Need met by domiciliary, health and social services	-	-	4	2	5	2	-	-	13 (24)
4. Application withdrawn - Alternative arrangements made by or on behalf of applicant e.g. assisted in finding alternative accommodation with friends, relatives or in private homes registered by the County Council	5	25	26	49	50	18	4	-	167 (143)
5. Referred to National Assistance Board; it being ascertained that need could best be met by financial assistance.	2	1	-	-	-	-	-	-	3 (20)
6. Visited - advice only given.	12	12	16	13	16	5	4	-	78 (51)
TOTALS:	26	47	61	85	82	36	15	-	367 (337)

In addition 20 (19) persons were visited on behalf of other authorities.

NOTE: Figures in brackets are for the year ended 31st December 1962, and are shown for comparison.

Welfare Services
Applications for the Provision of Temporary Accommodation During the Year Ended 28th December, 1963

Table "pm"

Reason for application	Number of Family Units		
	Admitted	Not Admitted	Total Applications
1. Evicted owing to rent arrears from council houses	- (1)	3 (3)	3 (4)
2. Evicted owing to rent arrears from private houses	- (1)	2 (2)	2 (3)
3. Evicted on grounds of nuisance from council houses	- (-)	1 (-)	1 (-)
4. Evicted on grounds of nuisance from private houses	- (-)	- (-)	- (-)
5. Evicted from service tenancy after dismissal from employment	1 (-)	6 (6)	7 (6)
6. Evicted from service tenancy after resignation from employment	1 (-)	6 (2)	7 (2)
7. Evicted from service tenancy because employee unable to continue service due to incapacity.	- (-)	- (-)	- (-)
8. Evicted from furnished rooms.	- (-)	4 (1)	4 (1)
9. Evicted by relatives/friends	1 (1)	6 (3)	7 (4)
10. Evicted by reason of unauthorised sub-tenancy	- (3)	1 (1)	1 (4)
11. Homeless (accommodated overnight and left before proper investigation could be made)	- (-)	- (1)	- (1)
12. Fire, flood or other emergency	1 (-)	1 (-)	2 (-)
13. Advice only required	- (-)	11 (30)	11 (30)
14. Others	2 (5)	10 (10)	12 (15)
(The analysis for 1962 is shown in brackets)	6 (11)	51 (59)	57 (70)

The 6 families accommodated comprised 0 men, 6 women and 20 children compared with 11 families consisting of 2 men, 9 women and 32 children during the year ended 31st December, 1962.

Applications during the year were received from 51 family units comprising 38 men, 50 women and 122 children for the provision of temporary accommodation but were not admitted compared with 59 family units comprising 46 men, 54 women and 152 children during the year ended 31st December, 1962.

Welfare Services
Analysis of Application by Districts for 1963

Table "2"

Districts	Residential Accommodation			Temporary Accommodation		
	Admitted	Not Admitted	Total	Admitted	Not Admitted	Total
Bewdley Borough	7 (4)	5 (4)	12 (8)	- (-)	- (1)	- (1)
Bromsgrove Urban	18 (19)	7 (16)	25 (35)	- (-)	1 (4)	1 (4)
Bromsgrove Rural	19 (22)	25 (17)	44 (39)	- (5)	3 (8)	3 (13)
Droitwich Borough	10 (9)	19 (13)	29 (22)	- (-)	1 (-)	1 (-)
Droitwich Rural	15 (13)	12 (18)	27 (31)	- (2)	1 (2)	1 (4)
Evesham Borough	14 (16)	17 (19)	31 (35)	- (-)	1 (1)	1 (1)
Evesham Rural	22 (12)	17 (10)	39 (22)	- (-)	4 (6)	4 (6)
Halesowen Borough	32 (34)	19 (16)	51 (50)	- (-)	1 (-)	1 (-)
Kidderminster Borough	70 (52)	50 (18)	120 (70)	- (-)	4 (3)	4 (3)
Kidderminster Rural	4 (4)	5 (3)	9 (7)	- (-)	- (-)	- (-)
Malvern Urban	28 (44)	55 (58)	83 (102)	- (-)	2 (4)	2 (4)
Martley Rural	15 (12)	23 (19)	38 (31)	1 (1)	5 (6)	6 (7)
Oldbury Borough	17 (21)	12 (12)	29 (33)	- (-)	2 (-)	2 (-)
Pershore Rural	18 (16)	11 (21)	29 (37)	- (-)	3 (3)	3 (3)
Redditch Urban	37 (28)	24 (43)	61 (71)	- (1)	7 (11)	7 (12)
Stourbridge Borough	35 (39)	21 (16)	56 (55)	- (-)	1 (-)	1 (-)
Stourport Urban	12 (4)	5 (3)	17 (7)	- (-)	1 (-)	1 (-)
Tenbury Rural	7 (9)	13 (4)	20 (13)	- (-)	3 (-)	3 (-)
Upton upon Severn Rural	18 (13)	17 (15)	35 (28)	1 (1)	1 (4)	2 (5)
Districts not in County	10 (16)	21 (19)	31 (35)	- (-)	1 (3)	1 (3)
No fixed abode	24 (11)	9 (12)	33 (22)	4 (1)	9 (3)	13 (4)
Total	432 (398)	387 (356)	819 (753)	6 (11)	51 (59)	57 (70)

Figures for 1962 are shown in brackets

HOUSING

The following table shows the number of new houses built in each area of the County during the past eighteen years (1st April, 1945 to 31st December, 1963). For purposes of comparison between the different authorities the number of homes has also been expressed as the number per 1,000 of the population.

District	Population mid 1963	By Local Authorities		By Private Builders		By Housing Associations	Houses completed per 1,000 population	All sources
		Under Construction	Completed Since 1st April 1945	Under Construction	Completed since 1st April, 1945	Completed since 1st April, 1945		
<u>Boroughs:</u>								
Bewdley	5,160	-	336	31	154	-	65.1	94.9
Droitwich	7,990	-	481	113	563	22	60.2	133.4
Evesham	12,930	9	733	37	602	-	56.7	103.3
Halosowen	45,160	242	2,260	243	2,501	50	50.0	106.5
Kidderminster	43,090	132	2,486	199	1,838	-	57.7	100.3
Oldbury	54,280	617	2,508	67	1,047	-	46.2	65.5
Stourbridge	44,860	235	2,533	241	2,472	36	56.5	112.4
<u>Urban Districts:</u>								
Bromsgrove	35,980	16	1,823	277	2,456	100	50.7	121.7
Malvern	27,420	20	1,493	120	1,129	4	54.4	95.8
Redditch	35,430	19	2,491	187	2,064	-	70.3	128.6
Stourport-on-Severn	12,700	15	958	443	1,055	-	75.4	158.5
<u>Rural Districts:</u>								
Bromsgrove	37,010	30	811	267	3,295	22	21.9	111.5
Droitwich	14,380	37	514	50	490	-	35.7	69.8
Evesham	17,490	25	816	104	775	-	46.6	90.9
Kidderminster	12,140	16	853	15	489	-	70.3	110.5
Martley	12,190	6	338	117	623	-	27.7	78.8
Pershore	18,840	6	1,070	179	961	-	56.8	107.8
Tenbury	5,340	-	149	17	87	-	27.9	44.2
Upton-on-Severn	14,370	16	534	70	570	-	37.2	76.8

Construction of New Houses up to 31st December, 1963 (From 1st April, 1945)

Table "R"

The following table shows the number of persons held in each part of the County during the year ending 1902. For purposes of comparison between the different years, the number of persons has been expressed in the ratio of 1,000 of the population.

Part of County	Population 1902	1902		1901		1900		1902	1901	1900
		Male	Female	Male	Female	Male	Female			
Total	70,000	35,000	35,000	34,500	35,500	34,000	37,000	35,000	34,000	37,000
Male	35,000	17,500	17,500	17,250	17,750	17,000	18,000	17,500	17,000	18,000
Female	35,000	17,500	17,500	17,250	17,750	17,000	19,000	17,500	17,000	19,000
White	65,000	32,500	32,500	32,000	33,000	31,500	34,500	32,500	31,500	34,500
Colored	5,000	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500
Foreign born	10,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Native born	60,000	30,000	30,000	29,500	30,500	29,000	32,000	30,000	29,000	32,000
Under 16 years of age	25,000	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500	12,500
16 years of age and over	45,000	22,500	22,500	22,000	23,000	21,500	24,500	22,500	21,500	24,500
Male 16 years of age and over	22,500	11,250	11,250	11,000	11,500	10,750	12,250	11,250	10,750	12,250
Female 16 years of age and over	22,500	11,250	11,250	11,000	11,500	10,750	12,250	11,250	10,750	12,250
Male 16 years of age and over - White	20,000	10,000	10,000	9,750	10,250	9,500	11,000	10,000	9,500	11,000
Male 16 years of age and over - Colored	2,500	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250
Male 16 years of age and over - Foreign born	10,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Male 16 years of age and over - Native born	10,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Female 16 years of age and over - White	20,000	10,000	10,000	9,750	10,250	9,500	11,000	10,000	9,500	11,000
Female 16 years of age and over - Colored	2,500	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250
Female 16 years of age and over - Foreign born	10,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Female 16 years of age and over - Native born	10,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000

Table showing the number of persons held in each part of the County during the year ending 1902.

Special Article

on

SMOKING AND HEALTH

by Dr. M. C. Macleod, Deputy County Medical Officer
of Health

In a previous report an indication was given of the action that had been taken and might have been taken in Worcestershire following the Royal College of Physicians Report which was published early in 1962. An important factor in this was the holding of a campaign in October, 1963 mainly based on schools.

The Central Council for Health Education had been approached and a mobile unit was provided for a total of eighteen working days. It had been intended to have the unit for the entire month but this was not possible because of half term holidays and as a result the Borough of Oldbury was not included nor were Bromsgrove and Drpitswich who had made arrangements independently. Responsibility for carrying out the local arrangements rested with the clerks of the district education committees who convened meetings of representatives of the more important schools. The Deputy County Medical Officer and an assistant superintendent health visitor attended the first such meeting in each district and the health visitor endeavoured to be present at all meetings.

As far as possible these local committees made all the decisions as to the schools to be visited and the local action that was required. For example, in some districts an attempt was made to bring in the youth organisations; in another a parent/teacher association was included. In general the greatest concentration was on the last year of primary school and in the secondary schools.

The Central Council for Health Education Unit consisted of a white mini-van bearing the captions "Smoking and Health Unit Visiting Worcestershire" and "We are Here to Help your Local Authority". The van was equipped with a 16 m.m. sound projector and a film "Smoking and You", a flannelgraph, two lung specimens and a supply of literature. The Unit is normally staffed by two young graduates but, owing to circumstances beyond their control, there was only one man available for part of the visit to Worcestershire. Two health visitors were seconded to work with the unit and to make the arrangements in the school as smooth as possible. In all, 35 schools were visited by the unit and in addition five groups attended from other schools. The schools involved may be summarised as follows:-

Colleges of further education	2
Grammar schools	6
Junior Schools	7
County Secondary schools	25

Approximately 7,640 children heard the talk and saw the film as did some 200 members of teaching profession. The numbers in each group varied considerably depending on the accommodation available and the ability of the school to provide adequate blackout.

We had been advised that small groups were preferable but experience led us to the view that, provided they could all get in a position to see the various visual aids, groups of up to eighty could be catered for. The lectures when working in pairs alternated between talking to the children and operating the projector. First of all, a short talk presenting the facts about smoking and its effect on health was given and this varied according to the age and to some extent the intelligence of the audiences. This was followed by the showing of the film "Smoking and You" and a question time which averaged about seven minutes.

Results

The children can be considered as belonging to one of four age groups:-

10 - 11 years	Primary schools
11 - 13 years 13+ years	Secondary modern and grammar schools
15 - 19 years	Colleges of further education.

A broad conclusion is that the most receptive group were in the 11 - 13 year olds. Some of the younger children were very interested but others failed to ask questions. The more senior children also appeared very interested but remained politely unconvinced.

Primary Schools

During the campaign the unit visited five primary schools and two small groups attended from other schools. In all 469 children heard the talk and saw the film. All the children listened very attentively and took an active part while the lecturer was speaking to them. It appeared easy to draw them out and they were always anxious to answer direct questions put to the class. The impact of television advertising was obvious, for example when asked about chemicals nearly every child recognised ammonia as being connected with a scouring powder advertisement. All were aware of the ill effects of smoking such as bronchitis lung cancer, cough and breathlessness, and a very small percentage came from homes where parents did not smoke. The film held their interest throughout its showing and very obviously clarified many of the facts which had been given in the talk. Only two groups of children failed to ask any questions afterwards. For the majority there was a forest of hands from children anxious to ask questions. The pattern of questions was the same throughout the junior schools; they were concerned about the difference between pipe smoking and cigarette smoking, what was a safe amount to smoke?, how long did it take to get lung cancer after you began smoking? The lung specimens which had been shown were the main point of interest and almost invariably children of this age group wished to have a second closer look at the specimens.

Senior Schools

There were just over 6,000 children in this group who heard the talk and saw the film. Frequently the first and second years came together in one session the third and fourth years at the other. The attitude of the two groups was markedly different. The first and younger group were wholeheartedly with the speaker, anxious to ask and answer questions for themselves. They quickly realised the problems of television advertising of cigarettes and the use of cigarettes as a symbol of maturity and importance as depicted in plays and films. They wanted to know why this could not be stopped by law if necessary. They were clearly impressed by the financial implications of heavy cigarette smoking. The film held their attention. As with the juniors many asked about the difference between pipes and cigarettes and the safety of filters. There seemed to be a genuine desire to want to try and establish the safety of their parents in relation to adult cigarette smoking habits.

With the senior group on the other hand there was an obvious detachment from the whole subject rather as if it did not concern them, only rarely was there any active participation and this came from one or two children who seemed to be well versed in the subject beforehand, the impression being that the influence came from the home. With the senior group the film appeared to cause some amusement at first but quickly caught and held their interest to the end. With one or two exceptions, questions came easily but it was necessary to draw them out and this took three or so minutes of hard work on the part of the speaker. The impression remained however, that although they were asking the same pattern of questions as the junior group the real information wanted was how many could each individual there safely continue to smoke without the danger of lung cancer. This question was very cleverly parried by the speakers.

Grammar Schools

From the observer's point of view sessions held in grammar schools were remarkably disappointing. Of the six schools visited two failed to ask any questions at all and the remaining four followed the same pattern as the secondary modern schools. As before, junior groups were very interested while the seniors gave the impression that it was largely a waste of time to talk to them.

Youth Clubs

Two youth clubs were visited during the month, one session specially arranged to which several youth clubs were invited was attended only by five members, three of whom were non smokers. The second session was held on a club night and was a tremendous success. The club activities were stopped when the team arrived and all 26 members stayed to hear the talk and see the film. Afterwards questions were numerous and intelligent and the audience, many of whom were smokers, appeared to be very interested.

College of Further Education

At the two colleges of further education visited, the audience was accustomed to listening to lecturers on a variety of subjects. At first they appeared to take the matter lightly but later on settled down to listen intently. Question time was extended to 20 minutes and could have lasted longer as the questions came easily. The pattern of questions was similar, being concerned with the use of filters and the number of cigarettes it was safe to smoke daily. There were, in addition, questions such as the time the cancer would take to develop and several about operative treatment and the possibility of artificial lungs. It was noticeable, however, that there was a far greater emphasis on the personal angle.

Parent Group

One group of parents of children attending a grammar school listened well and watched the film with the critical eyes of parents. They felt that the approach was far too gentle and should have been more drastic. The impression gained was that the smokers did not want to stop but were anxious that if at all possible their children should not start smoking.

Attitude of Teaching Staff.

The teachers could not have been more co-operative and the head master or a class teacher had usually been responsible for convening meetings of staff and discussing the problem prior to the visit of the unit. Much excellent work in preparing the children had been done, for example the leaflets and posters available were discussed as a class exercise in one school and the subject was used for essay writing in several. In one grammar school the entire campaign was conducted by the members of the staff who borrowed the film and other visual aids.

Each headmaster was asked for a report and the most important parts are set out in the appendix which immediately follows this report. In general the comments were the combined opinions of the head teacher and his assistants. The views of the teachers may be summarised as follows:-

- a. Each headmaster considered that the unit's visit was of considerable value and several would like to have a repeat visit.
- b. 14 schools have already borrowed the County's copy of the film "Smoking and You" which is available on application to the County Medical Officer of Health.
- c. 10 stated that it was their intention to follow up the unit's visit with further teaching by members of the staff and these points are set out in Part I (a) of the Appendix.

- d. Criticism of the unit was freely sought and are dealt with in Part I (b) of the Appendix. Several thought that the lecturer lacked force in his presentation and doubted if the campaign would have any lasting effect specially with the children who were faced with outside influences. It was estimated that approximately 95% of the children came from homes where at least one parent smoked and this parental example considerably undermined the work being carried out. In one area the head masters from both the junior and the senior schools, while recognising the value of the campaign thought the lecturer and the film were a little above the children's intellectual ability and the approach was too scientific. Others considered that the approach was not varied enough for the different age groups. Some thought the lecturer young and inexperienced but conversely the majority approved the youth of the speaker and his method of approach to the various age groups.
- e. Several reports gave statistical facts of the immediate effect of the campaign and these are also set out in Part I (C) of the Appendix. All appreciated the lung specimens as visual aids and were of the opinion that these were indeed the most effective deterrent. The flannelgraph was good but the symbols not big enough to use in a large hall.

Television advertising

Special reference must be made to this subject. It recurs with great regularity and as the officer responsible for stimulating concern and day to day administration of health education matters I feel a direct approach should now be made to the Government about this. It is a fallacy to believe that a large proportion of children do not watch television after 9.p.m. when viewers are subjected to a battery of advertisements portraying smoking in what I consider to be an entirely erroneous light.

Questions are repeatedly asked on the detail of such advertisements, for example about the cool, clear, refreshing effect of menthol. Television advertising appears to be more personal and effective than other methods and continued use of this method for tobacco products should be discontinued by law in an attempt to safeguard the health of children. Unless the government takes some positive action in this matter it will have a very serious effect on teachers, doctors, health visitors and others who are working hard in carrying out the campaigns suggested by the Ministers of Health and Education.

Other Activities

In libraries, posters were displayed and book marks distributed during the month. It is not possible to assess the efficacy of this but I am grateful to the Library Sub Committee and the County Librarian for their co-operation.

Activities in Clinics

The assistant medical officers and health visitors did a considerable amount of valuable work in furthering the campaign by giving talks and showing film strips to as many of the adult population as possible, the aim being to equip parents with the facts so that they could take part in any discussions and answer their children's questions and wherever possible discourage children from beginning to smoke. In all 47 talks were given in child welfare clinics and estimated attendance was 1,380 mothers. In addition, over a hundred mothers attending the 12 parentcraft classes were also given the information. The concensus of opinion of the staff was that although mothers listened with great interest few of the mothers in the lower income groups smoked. In the higher income groups the smokers did not intend to stop or alter their smoking habits. Frequently one heard the remark "one has to die of something" and even with the mothers the health of the children was considered to be too much in the distant future. There was a general feeling of concern for their husbands who were smokers and of the age group most likely to show the immediate effects. Women with husbands who smoked heavily tended to take literature home for them to read and many wished that their men folk could be persuaded to give it up. The staff continue to use every opportunity to bring the facts to the notice of the adult population.

The Press

Prior to the visit of the unit to a district the local press were informed and invited to write an article on the unit's visit. One weekly paper gave extensive coverage in two successive issues including a photograph of the unit at one of the schools but otherwise the amount of publicity received through the press was minimal. One would wish that greater publicity would be given by newspapers to the damaging effects to the health and well being of many members of the community through cigarette smoking.

DISCUSSION

In my last report I indicated the action that had been taken and rejected by the responsible Committees of the County Council. This year I report on an intensive campaign which was carried out throughout the greater part of the County with considerable impact.

On the whole co-operation was good, especially from the members of the teaching profession who had been appealed to at one-day courses in the June prior to the October campaign. As a result of their efforts, with one exception, the lecturers were able to get maximum effect in children who had been well prepared. One school in particular which had not received a visit from the Central Council Unit carried out a most effective campaign of their own. It is quite clear that the members of the teaching profession can do a lot, especially if they have a non-smoking leader, to stimulate and organise the local campaign. The specially appointed Sub-Committee intend that the campaign should continue each Autumn but unfortunately the nationally organised units will not be available in the future.

An attempt has been made to ascertain the age groups in which the greatest response is obtained. In children the most receptive age appears to be the last year of the primary school and the first two years at the secondary school. Once the children start to smoke they develop such tremendous resistance that parents and teachers alike find it extremely difficult to do any more than hold the child's attention for a short period. It seems obvious from discussions with older school children and young people that the most important single factor in their starting to smoke is that it is the "done thing" in the group and the group exerts tremendous pressure on them to start the habit. I am very grateful to Mr. G.P. Jordan for writing a report which is appended indicating some of the work that has been started in the County Youth Service. Undoubtedly individual youth leaders have done some good work but as I indicated in the previous paragraph, experience has taught us that in this age group the pressures to smoke are very great. This appears to continue into the occupational field where the cigarette smoking habit is deeply entrenched.

An attempt was made to make the facts known to young married couples through the child welfare clinics and this met with varying success. Undoubtedly financial considerations are important when the family is young and further efforts will be made from time to time to influence this age group.

With regard to the middle aged, it would appear that the trend reported last year for many professional people to give up smoking has continued and the publicity, national and local, has been such that it is felt that lack of knowledge cannot be a factor in the continuation of the smoking habit. One cannot help feeling that a trend to pipe or cigar smoking would be of assistance to those who are unable to discontinue using the lethal cigarette.

Once again two factors of practical importance, advertising of cigarettes especially on television and the sale of cigarettes to children have been raised. It is difficult for primary school children to understand why cigarette advertising is allowed if, as they are told, cigarette smoking is dangerous as well as expensive and it is deplored that no action has been taken on this matter. There would also appear to be widespread availability of cigarettes to children and it is to be hoped that some Government action will be taken on this matter. From reports received it would appear that some tobacconists sell cigarettes to children, and the widespread distribution of machines makes enforcement

of the law extremely difficult. Although increased penalties have been imposed, I know of no case in Worcestershire where a tobacconist has been fined for selling cigarettes to children.

My views that there should be a wider degree of prohibition of smoking are still held, and I consider that the County Council should set an example by discontinuing smoking at all Committees and Sub-Committees and that there should be active exploration of the possibility of prohibiting smoking in public transport and cinemas. It would, for example, be a help if on long distance buses and trains certain parts or carriages were clearly marked "For smokers" and not as at present the often inadequate provision for non-smokers.

In conclusion, it is pleasing to note that in the last few months it would appear that national research is being directed to the causes of cigarette smoking. Undoubtedly in many cases tobacco smoking is an addiction and this explains why many thinking people continue to smoke even after they have accepted the health hazard. It therefore makes it even more important that the Worcestershire County Council policy of directing the maximum effort to children before they start smoking is the correct one

M. C. MACLEOD.

Deputy County Medical Officer of Health.

Part I

Smoking and HealthExtracts from the reports of headteachers on the visit
of the Mobile Anti-Smoking Unit.

- A. 1. "The film was worth watching, the talk was worth listening to.....We should be glad to use the film on future occasions".
2. "Should another Campaign be organised we shall be very happy to receive a further visit....."
3. "The non smoker has been even more greatly deterred from smoking than before".
4. "The talk and the film were very clear and lucid....I should be glad to have another visit from your mobile unit, in, say, two years time when the girls who were present last week have moved up and a new group is ready to be instructed".
5. "Far as we are concerned the lecture was an unqualified success. We should like a repeat visit, and the follow up film "Smoking and You".
6. "I feel that the visit to this school was most effective. I was rather sceptical until I actually saw the children's interest. I am quite sure that a repeat visit at some future date is an excellent idea as this made a great impression on both children and staff".
7. "Because of such responses and the already evident awareness of the dangers of smoking among these children, who for the vast majority have not yet sampled cigarettes assured me that the talk was worthwhile and the campaign can be launched with top junior children. In short I should be grateful to receive, about once a year, a request from you to send a team and a projector".
8. "The visit of the Central Council's Health Unit was helpful and the posters very effective. It was felt by some people (staff largely) that the film did not have enough 'bite' to achieve its object....certainly I would recommend a repeat visit, especially for viewing by the first and second years. Please let me know when the film is available".
9. "We were all pleased with the way in which the Central Council for Health Education's Smoking and Health Unit presented their case and it certainly roused the interests of the children. The lecturer was particularly clear and kept his material simple and concise. The film came over very well and again, made its point without a lot of sentiment or fuss. Perhaps the heavy breathing at the end was a little overdone and obvious for an audience such as ours, which is very conversant with the economy in present day television techniques.

All our school except the first year attended the lectures and I think the first year would benefit more from another visit from the unit, than if we borrowed the material and tried to put it over. It diverts the argument from the personal prejudice of the teachers whom they know well, and some of whom of course are inveterate smokers, although I can record one member of staff who has given up smoking as a result of their visit."

10. "I am quite sure that the visit of the anti-smoking unit had a positive impact on the pupils of this school..... I am sure that this is all very necessary. Memory tends to be somewhat short however and I would strongly suggest a follow up visit within the next year if possible".
11. "I was quite impressed with the visit of the Central Council for Health Education Smoking and Health Unit. I would think that a follow up in 12 months time would be useful."
12. "I would state that the general concensus of opinion of staff present at the lecture was that it was very effective and had made an appreciable impression on the boys..... follow up film "Smoking and You" should be shown to the boys within a month of the original lecture".
13. "The lectures were quite successful and the interest shown by the children was very evident from the barrage of questions that followed each session..... I shall welcome a repeat visit at some future date..."
14. "With reference to the visit of the Smoking and Health Unit, the demonstration was extremely well done and certainly aroused the interests of our first and second year children."
15. "Follow up" in the form of essay and discussions has shown that the effect has been good and extensive. The visit was worthwhile and could be repeated later. We should certainly like to borrow both films and flannelgraph to supplement our own teaching."
16. "General impact good. Film successful, especially when long term effect was seen.... A repeat visit would be valuable in two years time - in fact a two year cycle".
17. "The pupils were much impressed and I feel that real good has been done... It is my opinion that a regular yearly visit would be of great help..."
18. "Members of the staff who were able to be there told me it was very good, and was sure it made an impact on the children and was well worth going. I would like some time to borrow the film that you mentioned".
19. "The visit of the Unit was very valuable and I should be happy to use the film "Smoking and You" or any other follow up pamphlets that you may care to send."
20. "The visit of the Smoking and Health Unit certainly had an immediate impact".
21. "I should have liked to reach further down school, of course, and accept your suggestion for a repeat visit in order to do this".
22. "We should certainly like to borrow both film and flannelgraph to supplement our own teaching".
23. "My own staff, however, have followed up the lectures but perhaps greater use could be made of film as children respond to visual effects more readily than verbal instruction, especially in this matter".

24. "I shall enquire some time next term among smokers to see if they still remember the visit".
25. "I would be pleased at a date in the near future to make use of your film and the flannelgraph, as I intend following up the visit personally with the pupils".
- B. 26. "The students appear doubtful of the permanent effect of such lectures. Anything that can be done to break the association of ideas between smoking and adult behaviour would, I think be particularly valuable."
27. "The Campaign fails to make any lasting impression on the heavy smoker and possibly new means of persuasion should be investigated. At this college more boys smoked than girls. Girls were generally more impressed with the Campaign than the boys. Students who smoke think it more adult to do so".
28. "One or two of the senior boys said that it would have been better if the film had rammed home the message with greater force".
29. "It was felt by some people (staff largely) that the film did not have enough bite to achieve its object".
30. "It is particularly interesting to note that the recent published images of both Mr. MacMillan and Mr. Wilson presented them as men "devoted to their pipes".
31. "I do notice that boys and girls who did not smoke when they were at school do so almost immediately when they begin work. This appears to be the critical age".
32. "There were the expected assertions from both boys and girls that they would never take up smoking but one knows that some would succumb when mingling with others after leaving school".
33. "Several were quick to appreciate that a conflict as this between those who seek to reduce smoking or those who either deliberately, or unintentionally, (through allowing smoking on television programmes - as the children put it) promote the practice".
- C. 34. "Before the visit the division of the class into smokers, etc., revealed 5 smokers, 5 sometimes, 18 non-smokers. After the visit the figures were 5, 0 and 23 respectively."
35. "Four of the 150 who saw the film were upset and had to leave the room".
36. "One father has given up smoking as result of daughters report".
37. "With four exceptions all were determined never to start smoking."
38. "All the forms were greatly impressed (without exception) and declared that they would never begin smoking. One girl who confessed she smokes said she would stop immediately".

39. "Of the 77 (10 to 11 year old age group) children from this school who visited the unit, 17 confessed to being smokers. (The majority of them did their smoking in the cinema). It varied from one boy with one cigarette a day regularly to a boy with a half one once a week in the cinema. Since the visit of the unit 10 of the 17 children have given up smoking. It also seems that some 19 parents have cut down their smoking after a 'vivid' account of the film and lecture from their children."
40. "I can record one member of staff who has given up smoking as a result of their visit".

The County Youth ServiceA Report by the County Youth Organiser, Mr. G. P. Jordan

During the past few months films have been shown and discussions held at meetings of Youth Councils, Members Councils and Youth Organisations in the areas of Bromsgrove, Evesham, Halesowen, Malvern and Stourbridge.

Attendances have ranged from ten to fifty and in most cases, following the showing of the film, useful discussions were held. Members of Staff concerned with these meetings have made several observations and one suggestion is that, whenever possible, there should be a suitably qualified person present at the showing of the film, in order that any questions arising might be dealt with immediately.

A further suggestion is that a Youth Club session might be started better by "spontaneous" discussion, followed by the showing of the film.

As might be expected, the reception to the sessions has been mixed, but at least many people have been led to give some thought to the whole question of Smoking and Health.

I give below details of some of the sessions which have been organised, but there is no doubt that apart from those which have been recorded many small Youth Groups have been encouraged to discuss this subject.

		<u>Present</u>
Stourbridge Council of Youth - Meeting	Films and Discussion	24
Stourbridge and Halesowen - Senior Members' Residential Training Course	Films - Discussion with Rep of Health Department	20
Halesowen Council of Youth - Meeting	Films and Discussion	25
Boy's Brigade Coy - 2nd South Staffs (Halesowen)	Films and Discussion	50
Stourbridge Youth Council Meeting	Films and Discussion	18
Malvern - College of F.E. and Youth Council	Film - speaker from Campaign	10
Bromsgrove - Youth and School Session	Mobile Unit	
Evesham Youth Council	Film and Discussion	15
Evesham Youth Club	Film and Discussion	

THE SOUTH EAST DISTRICT

A Report on the South East District, 1911-12

During the year the South East District has been visited and inspected by the Inspector of Prisons, and the results of his visit are given in the following pages. The Inspector has also visited the South East District in the course of his general tour of inspection, and the results of his visits are given in the following pages.

At the meeting held on the 11th of July 1912 at the South East District, the following resolutions were passed:— That the Inspector of Prisons should be invited to visit the South East District in the course of his general tour of inspection, and that the results of his visits should be given in the following pages.

A further suggestion is that a South East District should be created, and that the results of the Inspector's visits should be given in the following pages.

It might be expected that the results of the Inspector's visits would be given in the following pages, but as the Inspector has not yet visited the South East District, the results of his visits are not yet available.

I give below details of some of the work which has been done during the year, but there is no doubt that much more work has been done, and that the results of this work will be given in the following pages.

Month	Prison	Inspector's Report
12	South East District	Inspector's Report
11	South East District	Inspector's Report
10	South East District	Inspector's Report
9	South East District	Inspector's Report
8	South East District	Inspector's Report
7	South East District	Inspector's Report
6	South East District	Inspector's Report
5	South East District	Inspector's Report
4	South East District	Inspector's Report
3	South East District	Inspector's Report
2	South East District	Inspector's Report
1	South East District	Inspector's Report

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