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Contributors

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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,

It will be seen from this seventy-sixth Annual Report which covers the year 1964 that the health of the people of Worcestershire has been of a satisfactory standard and that there has not been any great deviation from the pattern throughout the country of illness and causes of death. The County fortunately has been free from any major outbreak of the more serious infectious diseases.

Statistics:

From statistical information provided by the Registrar General, the Administrative County as at the 30th June, 1964, had an estimated population of 465,210, an actual increase of 8,450.

In previous reports I have commented on the creation of a New Town at Redditch and also the expansion of Droitwich within the terms of the Town Development Act. Both projects are proceeding and I am led to understand that at Droitwich we shall see at least some new buildings emerging during the current year.



At the time of writing, it would seem that at long last the recommendations of the Boundaries Commission with regard to the West Midlands Area will be implemented on the 1st April, 1966. This prolonged delay has caused much difficulty in the retaining and recruitment of staff of all categories and if the new borough which is to be created is to function properly it is essential that there should be no further drain of experienced and qualified staff from the areas affected before the new borough is established.

In accordance with the national trend, the total number of live births for the county again reached the highest ever recorded figure of 8,403. In the past the live birth rate per thousand population in Worcestershire has tended to lag behind the national average but for last year the figure for the county stands at 18.0 as against 18.4 for England and Wales. It is of interest to note that in 1954 the county birth rate was 14.7 per thousand population.

The number of illegitimate live births within the county increased by 43 over the previous year but this is not a significant increase when considering the percentage of illegitimate live births with the percentage of total live births.

Only one maternal death due to a pulmonary embolism eight days after delivery of a live baby was recorded as compared with two in the previous year.

Attention is drawn again to the fact that no deaths occurred in the county which were directly attributable to measles, whooping cough, diphtheria or acute poliomyelitis, neither was there any notification of a case of poliomyelitis. This certainly is a great achievement and speaks highly of the co-operation that exists between all concerned in the fight for the prevention of illness.

In order that this improvement will be maintained in the future, it is vital that all mothers and fathers must ensure that their children receive their protective inoculations as outlined on the new record card, a copy of which is enclosed with this report.

Ambulance
Service:

This service continues to meet a growing demand both for in-patient and out-patient hospital treatment and, as yet, there is no indication that the continuing expansion of the service can be halted.

Advanced first aid treatment training for ambulance personnel and new equipment for ambulances are being utilised in order to treat the more serious cases now caused by high speed crashes on the motor ways and trunk roads. I should like to thank the Chief Constable and the County Surveyor who have been kind enough to provide strategic points where ambulances can effect quick turn-outs to arrive as soon as possible at the scene of the crash.

Progress is being made in the recruitment of staff in order that a more comprehensive 24 hours cover can be operated throughout the county to meet the increased demands made upon the service due to increased evening and night travel.

Midwifery
Service:

The increase in the birth rate which has resulted in so many more babies being born in the county during the period under review (8,536) has again underlined the acute shortage of fully trained midwifery staff both in hospital and on the district. The shortage of hospital maternity bed accommodation has resulted in many mothers having to have their babies at home and it is obviously more difficult to cope with an extra number of deliveries scattered throughout an area than when many of these mothers are gathered together under one roof in hospital. An additional strain is placed on the domiciliary midwives by the increasing early discharge of mothers from hospital some 72 hours and many 5 days after confinement.

Many women continue in employment immediately before and after having their babies because of the increased financial pressures on a household in the effort to maintain our present higher standards of living. It is not always sufficient for the local health authority to say that they will provide a home help to assist in a domiciliary confinement because the income of the household is such that a considerable payment has to be made towards the cost of this service. Even if one parent is willing, the other may not be agreeable to engage a home help which involves a high financial contribution. In view of the many financial commitments to which they are committed already such as the calls for hire purchase payments, rates etc., many mothers are delivered at home and there is no domestic help. The mother is trying to direct the household from her bed and inevitably she is up and about taking full charge of the household long before she should be allowed to do so.

The co-operation between the hospital authorities, the consultant obstetricians, the general practitioners and the local health authority continues to overcome a scheme which is basically administratively unsound. The results continue to be surprisingly satisfactory in spite of the failure of many mothers to secure adequate ante-natal care.

The shortage of staff is high-lighted from time to time in different districts of the county and on one occasion it was necessary to advise general practitioners to contact the central ambulance control if they wished to obtain a midwife in an emergency.

Health
Visiting
Service:

The demand for this widely experienced type of social worker continues to grow and although recently many types of social workers have been introduced into the public services, no other social worker is so acceptable to either good or bad parents as a health visitor with her nursing background.

At the time of writing this report, consideration is being given to the attachment of health visitors to general practitioners to work in their practices. Time alone will show whether this is a move in the right direction to try and bring a closer co-operation between the general practitioner and local health authority services for the ultimate benefit not only of the ill patient but keeping the well patient well. The time has long passed when advice should be given only to sick people.

The child welfare clinics continue to meet the increasing needs of mothers seeking advice about the many problems in caring for a growing baby. The work done in these clinics by the voluntary committees and workers is invaluable and it is hoped that in these days of full employment and dwindling voluntary service, a sufficient number of women will be found who are prepared to sacrifice their time to help at the welfare clinics.

An experiment in building has been concluded by the opening of a small prefabricated type of clinic at Podmore near Stourbridge. An urgent need arose due to the loss of previous premises and it would seem that this smaller, less expensive clinic is an excellent way of meeting the immediate needs of small communities of new housing estates whether under private development or under the aegis of the local authority. Where it is not possible to erect a large clinic, it will be possible to erect this smaller, less expensive type and I am sure that in the future there will be more of these smaller clinics established throughout the county.

Mention should be made of the specialist type of health visitors who are staffing the Audiometric Service which provides an expert initial testing of the hearing of babies, toddlers and school children, and the Geriatric health visitors who provide a closer link between the chronic infirm and their doctors and the hospitals.

Home
Nursing
Service:

It will be seen from the statistics that almost half of the patients attended by the home nurses during the year were 65 years of age or over. This is indeed a heavy burden on the trained staff but fortunately the "home nursing attendants" are able to relieve by taking over the duties of bathing patients in addition to assisting generally.

After a slow and deliberate start, more use is now being made of disposable nursing equipment which is most popular with the staff since obviously a time-saving factor is involved.

The incontinence pads previously used on a restricted basis are now being used generally.

Deep acknowledgement and thanks is extended to the Marie Curie Memorial Foundation for the assistance given in nursing chronic cases of cancer at home. This magnificent service has provided indirectly the stimulus to introduce our own night sitting scheme which from its initial conception has proved to be most welcome.

Home Help
Service:

The Women's Voluntary Service have continued to administer and supervise the home help service on behalf of the County Council. This service is available in rural and urban areas and presents many organising problems which are dealt with efficiently without delay. 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 very pleased to report that on the 1st April, 1964, we were successful in obtaining the services of Mr. J. N. Pitts who is a well qualified and experienced officer to take charge of the health education section.

I am sure that the report published by the Ministry of Health on health education in May, 1964, will prove of immense value in formulating a comprehensive policy for the future in what is now a most necessary and important part of preventive medicine. This report has been produced by a Joint Committee who worked under the Chairmanship of Lord Cohen of Birkenhead.

The Ministry of Health have again called for a detailed report on smoking and this is provided in the body of my report. This report is short and concise on this occasion since it must be remembered that in the previous year a most detailed report was prepared by my deputy, Dr. M. C. Macleod.

There has not been an appreciable increase in the incidence of venereal disease.

Mental
Health:

The Redditch Adult Training Centre which is the first purpose-built Adult Training Centre in the county to be completed was brought into service in November. There is no doubt that it will prove to be a most useful addition to the mental health services and I am sure that much help will be given by local firms and industrialists in Redditch and Bromsgrove by placing orders for simple manufactured goods and the assembling of parts.

The erection of the Junior Training Centre, Adult Training Centre and Junior Hostel at Kidderminster is proceeding in a most satisfactory manner and I understand that the contract is up to schedule. The buildings will not come into general use until early in 1966.

Although things are a little happier in the Redditch and Kidderminster areas, I am still most concerned about the provision of suitable sites in other parts of the county, having in mind particularly Evesham, although there are strong hopes of securing some temporary accommodation.

The personal contacts and close liaison for the benefit of patients generally has continued between hospital staffs and our own field workers and I am most grateful to the medical superintendents of the various mental hospitals and Mr. W. Phillips, Mental Health Administrative Officer, who have been so helpful and co-operative.

Welfare
Services:

It will be noted from the comprehensive report produced by Mr. R. A. McDonald, the County Welfare Officer, that there has been a continued expansion of the many services provided for the benefit of aged and handicapped persons. The actual number of women over 60 years of age and men over 65 continues to increase and many are living longer. The average age of the old persons in our Homes is approximately 77.

Environmental
Services:

There is certainly no evidence that the work generally on the environmental services is diminishing in any way and indeed it can be said that in some sections at least the work is on the increase due to the close vigilance which is kept on behalf of the public in general on these particular services.

Many of the District Councils are still awaiting the implementation of their schemes for water, sewerage and sewage disposal but some progress has been made. With the development at Droitwich and Redditch the proposals for sewage disposal are of paramount importance.

Tuberculosis:

Dr. Mayfield again gives a most encouraging report on the incidence of Tuberculosis. At the same time he emphasises the dangers to be met in the introduction of a new population consisting of immigrants who are now coming into this country. As Dr. Mayfield states, many have felt that the great fight against Tuberculosis was coming to an end but with these arrivals to the country, particularly from Asia, every endeavour should be made for full medical examination and chest x-ray at the ports of entry into the United Kingdom.

I would like to mention at this stage the deaths of two members of the staff which occurred before the end of the year. Dr. H. Tabbush who was the Medical Officer of Health for the Borough of Oldbury, and Miss D. B. Jeavons who was employed as a physiotherapist. Both these professional officers and colleagues had given excellent service in the county for many years and, indeed, it will be no easy task to replace them. They both passed away after a long illness patiently borne and we extend our deepest sympathy to their relatives.

I would also report the deaths during 1964 of County Councillors Major D. Blore, M.C., Mr. J. W. Moffitt and Miss E. M. Nowth, all of whom served on the Health Committee of the County Council.

At the time of writing this report I must also record the death of Alderman J. W. Bright who had been a member of the County Council since 1928 and Chairman of the Mental Health Sub-Committee for very many years. Mr. Bright was a very sympathetic, understanding and hard-working member and his loss is a great blow to the health department. His interest in the well being of all our subnormal patients may not be very well known but he himself was personally known to every individual patient. The great fight he made to persuade the Health Committee and the County Council to accept the new policy for the development of the Mental Health Services will be a lasting monument to his wisdom, enthusiasm and service for his less fortunate fellow men. County Councillor R. E. C. Perrin who was a member of the Health Committee also died this year and very recently we have had the tragic death following a road accident of Miss D. S. Tomkinson, O.B.E., M.A.

The past year has seen constant changes in staff, particularly on the clerical side, and I am grateful to all members of the staff, professional, technical and clerical, for their assistance and devotion to duty through the past year when heavy demands were asked of them to meet the continued shortages and changes. It is a pleasure to make special mention of Dr. Macleod and Mr. Rock who have assisted me directly in the administrative work in the staff difficulties experienced in the department.

It is encouraging to receive the support and assistance of the Chairmen and Members of the Sub-Committees and I am grateful to Alderman S. T. Melsom, O.B.E., J.P., for his continued advice and guidance.

J. W. PICKUP.

County Medical Officer of Health and
Principal School Medical Officer.

Health Committee

(as at 31st December, 1964)

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. J. H. Walker

County Aldermen:

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

County Councillors:

Mr. E. M. Badger	Mr. W. F. Kimberley
Dr. J. E. Blundell-Williams	Mrs. M. B. Matty
Mr. W. S. Brettell	Mrs. R. F. Manslow
Mr. R. Broaderwick	Mr. J. T. O'Reilly
Mr. E. J. Broughton	Mr. J. G. Parker
Mr. A. N. Brown	Mr. R. E. C. Perrin
Mr. D. G. Dymott	Brig. J. Scott, D.S.O., O.B.E.
Mr. F. Giles	Mrs. O. Simpson
Mrs. J. F. Goode	Mrs. T. Starkie
Mr. H. Hardwick	Mr. E. A. W. Treadgold
Mr. D. C. Herbert	Miss M. E. Vernon
Mrs. B. E. Hibberd	Mr. S. Wedgbury
Mr. A. E. Johnson	Mr. C. Willetts
Mr. W. B. Jordan	

Co-opted Members:

Dr. R. S. MacArthur)	
Dr. R. F. Lurring)	Local Medical Committee
Miss F. E. Bailey, B.D.S.	Local Dental Committee
Mrs. J. C. Wilson)	
Mrs. R. Lane)	County Nursing Association
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. F. R. Bennett	Kidderminster Borough Council

Public Health Sub-Committee

Mr. D. G. Dymott (Chairman)

Mr. E. M. Badger
Mr. R. Broaderrick
Mr. H. Hardwick
Mr. A. E. Johnson
Mr. W. B. Jordan
Mr. W. F. Kimberley
Mrs. R. F. Munslow
Mr. J. T. O'Reilly

Mr. J. G. Parker
Mr. R. E. C. Perrin
Mrs. H. C. M. Porter
Col. W. R. Prescott, M.C., D.L.
Mr. E. A. W. Treadgold
Miss M. E. Vernon
Mr. S. Wedgbury
Mr. C. Willetts

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
Mr. F. R. Bennett

Milk Minor Sub-Committee

Mr. E. M. Badger	Col. W. R. Prescott, M.C., D.L.
Mr. D. G. Dymott	Mr. H. J. Tooby
Mr. A. E. Johnson	

Co-opted Member:

Dr. R. J. Henderson

Ambulance Prevention and After-Care Sub-Committee

Mr. E. J. Broughton (Chairman)

Mr. E. M. Badger	Mr. J. G. Parker
Mr. A. N. Brown	Mr. R. E. C. Perrin
Mr. H. Hardwick	Mrs. H. C. M. Porter
Mr. D. C. Herbert	Brig. J. Scott, D.S.O., O.B.E.
Mrs. B. E. Hibberd	Mr. S. Wedgbury
Mr. A. E. Johnson	Mr. C. Willetts
Mr. W. B. Jordan	

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
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. E. M. Badger	Mr. J. G. Parker
Mr. W. S. Brettell	Mrs. O. Simpson
Mr. D. G. Dymott	Mrs. T. Starkie
Mr. H. Hardwick	Miss M. E. Vernon
Mr. D. C. Herbert	Mr. S. Wedgbury
Mrs. M. B. Matty	Mr. C. Willetts
Mrs. R. F. Munslow	

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:

Dr. Pamela Gibbins	Miss H. M. Pollard
Mrs. R. Lane	Mrs. J. C. Wilson
Dr. R. S. MacArthur	

Mental Health Sub-Committee

Mr. J. W. Bright (Chairman)

Mrs. J. F. Goode	Mr. R. E. C. Perrin
Mr. H. Hardwick	Mrs. H. C. M. Porter
Mr. D. C. Herbert	Mrs. O. Simpson
Mrs. B. E. Hibberd	Mrs. T. Starkie
Mr. A. E. Johnson	Mr. E. A. W. Treadgold
Mrs. M. B. Matty	Mr. S. Wedgbury
Mrs. R. F. Munslow	Mr. C. Willetts
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:

Mrs. T. H. Charles	Mrs. F. Salmon
Dr. R. S. MacArthur	Mr. H. W. Sanders
Mrs. F. Pratt	Miss D. S. Tomkinson, O.B.E., M.A.

Welfare Sub-Committee

Mr. J. G. Parker (Chairman)

Mr. W. S. Brettell
Mr. R. Broaderwick
Mr. E. J. Broughton
Mr. A. N. Brown
Mr. F. Giles
Mrs. J. F. Goode
Mr. H. Hardwick
Mr. D. C. Herbert
Mrs. B. E. Hibberd
Mrs. M. B. Matty

Mrs. R. F. Manslow
Mr. J. T. O'Reilly
Mr. R. E. C. Perrin
Mrs. H. C. M. Porter
Brig. J. Scott, D.S.O., O.B.E.
Mrs. O. Simpson
Mrs. T. Starkie
Miss M. E. Vernon
Mr. S. Wedgbury
Mr. C. Willetts

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. R. G. Addenbrooke
Mr. F. R. Bennett
Mrs. J. Hawkes
Mrs. M. G. Langman
Miss H. M. Pollard

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 Chairmen 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
Mrs. B. E. Hibberd
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. (Deceased 8.12.64.)

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. (Resigned 19.7.64.)

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

Muriel R. Green, M.B., Ch.B. (Appointed 1.6.64.)

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

Esme S. Jenkins, M.B., B.Ch., D.Obst.R.C.O.G. (Part-time)

*V. A. Lloyd, M.R.C.S., L.R.C.P., M.B., Ch.B., D.P.H. (Appointed 2.11.64.)

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

Margaret M. Meikle, M.B., Ch.B., D.P.H. (Retired 24.11.64.)

*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. (Resigned 13.9.64.)

A. J. Rowland, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H. (Resigned 16.2.64.)

*E. T. Shennan, M.B., Ch.B., D.P.H. (Resigned 17.9.64.)

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

Essillt Thomas, M.B., Ch.B.

*D. E. Thompson, O.B.E., M.R.C.S., L.R.C.P., M.B., B.Ch., D.T.M. & H.,
D.P.H. (Appointed 28.9.64.)

J. Twomey, M.B., B.Ch., B.A.O., D.T.M. & H., D.P.H.

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) (Resigned 27.9.64.)

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

J. Charlton, L.D.S.,R.C.S.,B.D.S. (Commenced 1.11.64.)

Dental Officers

Mrs. H. J. Hauxwell, B.D.S. (Resigned 2.2.64.)

C. Haynes, B.D.S.

Mrs. M. E. Hiscock, B.D.S.

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

Mrs. A. P. O'Reilly, L.D.S.,R.C.S.Eng. (Resigned 31.5.64.)

L. A. Trace, L.D.S.,R.C.S.Eng. (Retired 31.10.64.) (Part-time)

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. W. T. Carson, B.D.S. (Appointed 11.6.64.)

Mrs. R. H. Longhurst, B.D.S. (Part-time) (Appointed 9.11.64.)

Mrs. P. K. M. Marris, B.D.S. (Part-time) (Appointed 3.11.64.)

Orthodontist

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

County Public Health Inspector

R. Colenso, M.R.S.H.,M.I.P.H.E.,A.Inst.S.P.,M.A.P.H.I.

County Ambulance Officer

G. C. Hutchison

Deputy County Ambulance Officer

S. Ogden

Civil Defence Training Officer

R. O. Jenkins

Ambulance - Radio Control - 10

Occupational Therapist

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

Senior Speech Therapist

Miss D. M. Edwards, L.C.S.T. (Resigned 31.12.64.)

Speech Therapists

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

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

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

Mrs. M. L. Ingamells, L.C.S.T. (Part-time)

Mrs. N. M. Shearmur, L.C.S.T. (Part-time)

Physiotherapists

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

Miss D. B. Jeavons, M.C.S.P., O.N.C. (Deceased 24.12.64.)

Orthopaedic Sister

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

Senior Chiropodists

Miss M. P. Miller, L.Ch., S.R.Ch.

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

Health Education Officer

J. N. Pitts, M.R.S.H., M.A.P.H.I., Dip.H.Ed.(Lond.) (Appointed 1.4.64.)

Nursing, Midwifery and Health Visiting

Chief Nursing Officer

Miss S. Koeler, 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.

Deputy Superintendent of Home Nurses and Midwives

Miss E. Morain, S.R.N., S.C.M., Q.N., H.V. (Retired 31.3.64.)

Deputy Superintendent Health Visitor

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

Vacant

In the County as at 31st December, 1964, the following staff were employed:

	<u>Full-time</u>	<u>Part-time</u>
Health Visitors and School Nurses	58	10
Midwives	11	
District Nurse/Midwife/Health Visitors	114	15
Nurses on Courses	5	

Mental Health Service

Mental Health Administrative Officer

W. Phillips, Ll.B.

Assistant Mental Health Administrative Officer

A. G. Willis

District Mental Welfare Officers - 6

Assistant District Mental Welfare Officers - 3

Female Mental Welfare Officers - 2

Trainee Mental Welfare Officers - (1 Male, 1 Female)

Training Centres

	Supervisor	Assistant Supervisor	Trainee
Worcester Junior Training Centre	1	4	1
Notherend Training Centre	1	6	3
Bromsgrove Junior Training Centre	1	2	1
Stourport Training Centre	1	3	1
Redditch Adult Training Centre	1	2	-

Senior Administrative and Clerical

Chief Administrative Assistant

H. A. Rock, A.R.S.H.

Chief Clerk

J. A. Carter

Finance and Establishment Clerk

D. A. Simpson

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.

Casework Supervisor

L. G. D. Harrison, A.A.P.S.W.

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 - 3

Trainee Welfare Assistants - 1

Supervisor/Salesman - Blind Homeworkers Scheme

*D. G. Major

* Home Teachers of the Blind

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	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, 1964.

W.V.S. County Organiser - Miss H. M. Pollard, M.B.E., 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, Rednal, 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 Burridge, 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) 505

Vital Statistics

Area of the Administrative County	437,500 Acres
Population (Census 1961)	441,069
" 1964 mid-year estimate	465,210
Rateable Value 1964/65	£16,922,157
Product of a penny rate 1964/65	£68,790 approx.

		<u>Worcestershire</u>	<u>England and Wales</u>
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live births:-			
Legitimate	4,132	3,851	7,983
Illegitimate	218	202	420
Live birth rate per 1,000 population			18.0
Illegitimate live births per cent of total live births			4.9
Stillbirths			
Legitimate	66	59	125
Illegitimate	7	1	8
Stillbirth rate per 1,000 live and stillbirths			15.5
Total live and stillbirths	4,423	4,113	8,536
Infant deaths (death under one year)	89	81	170
Infant Mortality rates:			
Total infant deaths per 1,000 total live births			20.2
Legitimate infant deaths per 1,000 legitimate live births			19.9
Illegitimate infant deaths per 1,000 illegitimate live births			26.1
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)			14.6
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)			13.5
Perinatal mortality rate (stillbirths and deaths under one week combined per total live and stillbirths)			28.9
Maternal mortality (including abortion):			
Number of deaths			1
Rate per 1,000 total live and stillbirths			0.11

Care of Mothers and Young Children

(Section 22 - National Health Service Act 1946.)

Child Welfare Centres

During 1964 the demand for the services available at child welfare centres increased considerably. This was due partly to the rise in the birth rate and partly to the fact that many young mothers appreciate having an opportunity of discussing the problems which are worrying them but which they seem hesitant to mention in a doctor's surgery.

Two new centres were opened during the year, one at Webheath, Redditch, and the other on the housing estate at Charford, Bromsgrove. Additional clinic sessions were also commenced at Wolverley, Witley and Droitwich. No centres were closed, though the centre at Pedmore had to curtail its activities temporarily when the Parish Rooms ceased to be available for clinic purposes. The sessions are being held for the time being in the Rectory at Pedmore, but it is hoped that a small prefabricated clinic will be completed for this area early in 1965.

As far as permanent clinic buildings are concerned, two are under construction, one in Malvern Link and one at Bundle Hill, Halesowen, and both should be open during 1965. There is an urgent need for a clinic in the Droitwich area but no progress has been made owing to extreme difficulty in obtaining a site.

Problems have arisen from time to time with regard to the sale of proprietary infant foods in the centres. There is such a variety of brands available that it is quite impossible to stock everything. Storage space is necessarily limited, dried milks cannot be sold beyond their date of expiry, and the problem of ordering, delivering, checking and keeping accounts becomes far too heavy for the voluntary workers. The voluntary committees have been strongly advised to sell a very limited selection of foods and the foods sold at mobile clinics have been reduced. Since the government welfare foods are sold at all the clinics as well as proprietary foods, mothers have no real difficulty in obtaining supplies for their babies. It must always be remembered that clinics exist primarily for the help and advice which is given to the mothers by the doctor and health visitor.

Mothers' Clubs

Two mothers' clubs are continuing, one at Malvern and one at Droitwich and a third group has formed at Fernhill Heath and is seeking financial assistance. These clubs are actually run by the mothers themselves with the help and advice of the local health visitor and the subjects which are discussed relate to the health and activities of their preschool children. There is a great need for such clubs in new housing areas where young mothers are housebound and lonely and welcome an opportunity such as this to meet others with the same interests and difficulties.

Handicapped Children

Congenital Malformation

Since January 1st 1964 local authorities are required to report every case of congenital malformation in a live or stillbirth to the Registrar General. In order to obtain this information the birth notification card has been amended so that the midwife notifies any abnormality which is apparent at birth. If the mother is normally resident outside Worcestershire this information is forwarded to the appropriate local authority. Details of congenital abnormalities in babies of Worcestershire mothers who are confined outside the County are received on hospital discharge slips. In addition the health visitor completes a slip when she does her primary visit and it is from this information that the "at risk" list is compiled and

the congenital abnormality list checked.

The following information is requested on the slip:-

Please ring condition(s) which apply;

Rubella or virus infection in first three months of pregnancy

Moderate or severe Maternal pre-eclamptic toxæmia

Complicated labour (specify)

Asphyxia at birth

Severe jaundice at or after birth

Any other abnormality or congenital defect in infant (specify)

Family history of :-

Deafness not due to infection

Severe visual defect

Epilepsy

Congenital dislocation of hip

Mental retardation

Other defect.

So far as Worcestershire is concerned, the details are shown in the following table. The most serious malformation is recorded in a case with more than one abnormality.

Defects of Central Nervous System	38
" " Ear	2
" " Alimentary System	19
" " Heart and great vessels	20
" " Respiratory system	2
" " Urogenital system	11
" " Limbs	72(Includes 50 cases of talipes some quite mild)
Other defects	14
	<u>178</u>

22 of these cases were stillbirths.

At Risk List

Apart from the children who are born with an obvious abnormality there are others who are particularly liable to develop one because of their mother's antenatal history, type of delivery or subsequent progress after birth. These children are kept under particular observation by the health visitor and their progress is assessed and reported at 7 - 8 months and 2½ years. Particular stress is laid on a screening test for hearing which all the health visitors have been trained to carry out. At the end of the year there were 4,169 children on the "at risk" list, excluding Oldbury.

Hearing Defects in preschool children.

Children who have failed screening tests for hearing are seen at a special clinic by a medical officer and the audiometric health visitor and if necessary are referred to a consultant. If a young child has had defective hearing from birth he may not be talking or understand speech. After he has seen a Consultant, and if necessary had a hearing aid fitted, the audiometric health visitor will visit regularly and possibly lend a speech trainer so that the child can learn to listen to amplified speech and in due course may imitate and so learn to speak.

Defect List

All cases of congenital malformation and any further abnormalities that are diagnosed later are put on the defect list and again these children are kept under careful observation by the health visitor and reports are submitted regularly. They can then be referred to the school health service at the appropriate time so that they may receive suitable schooling for their disability. The following cases were on the list at the end of the year, excluding Oldbury:-

Visual	67
Hearing	17
Epilepsy	17
Speech	22
Physically Handicapped	87
Cardio Vascular	52
Mental Retardation	99
Other	37

Cause of Stillbirth and Infant Deaths

Now that a stillbirth certificate is required to be signed by a doctor rather than a midwife whenever possible, and since the form includes a section stating the cause of the stillbirth, it is possible to give more accurate information than hitherto about stillbirths. The following table gives a summary of the causes of the stillbirth and infant deaths in Worcestershire:-

Cause	Stillbirths	Infant Deaths			
		0-1 week	1-4 weeks	1-12 mths	1-5 years
Maternal antepartum haemorrhage	23				
Maternal toxæmia	11				
Placental Insufficiency	30				
Postmaturity	5				
Birth Trauma	9	13	1	2	
Congenital abnormality	22	21	2	12	4
Rhesus incompatibility	7	1			
Prematurity	-	66		1	
Pulmonary conditions	3	14	1	17	2
Infections other than pulmonary	-	1	1	7	3
Malignant Conditions	-			2	1
Accidents	-			4	5
Other known causes	7	3		1	5
Causes not known	12				
Total	129	119	5	46	20

Report by Diocesan Moral Welfare Worker

During the year 474 new cases were referred to the diocesan workers. Of this number 313 were expectant mothers (261 unmarried girls and 52 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 97 who were admitted to mother and baby homes, 78 lived in the County area and 66 of these received help with their fees through the health department of the County Council. 184 mothers stayed in their own homes or with relatives, nine married the putative father and 23 left the area or refused help.

Of the 313 expectant mothers there were - 192 babies born by 31st December.
4 babies still-born or miscarried.
85 babies unborn at 31st December.
32 mothers who left the area,
refused help or married the
putative father.

Of the 193 babies born - 87 were placed for adoption.
73 were kept by their mothers in their own
homes or in lodgings
2 were with their mothers in a hostel.
14 went to foster-mothers.
8 went into the care of the local authority.
5 went to residential nurseries (Voluntary
Societies).
3 died.

Of the unmarried mothers, 33 were under 17 years of age at the date
of birth of the child; six were still at school when they became pregnant;
23 were 16; nine were 15 and one was 14 years of age.

Of the fathers, 28 were known; of these 20 were under 21, two being
15, four were 16 and two 17 years of age.

Barsham House, Malvern, the diocesan mother and baby home, admitted
65 girls (64 antenatal and one post-natal) 29 of these were from the
Worcestershire County area. Of the 59 babies born -

24 went home with their mothers.
20 were placed for adoption.
1 went to a residential nursery
7 went to foster-mothers
3 were still in the hostel on 31st December 1964.
4 had returned to their own area with the mother
and contact had been lost.

Family Planning Clinics

The Family Planning Association holds clinics in Kidderminster,
Oldbury, Redditch, Worcester and Birmingham and these are attended by
Worcestershire patients.

Marriage Guidance

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

Antenatal Clinics.

During the year the last local authority antenatal clinic with a
medical officer in attendance was closed at Kidderminster and now the
general practitioners are entirely responsible for all the antenatal care.

When a mother is going to have her baby at home, however, the
domiciliary midwife now has a duty to see that she has adequate antenatal
care. Arrangements for midwives antenatal examination vary throughout
the county. Some midwives attend antenatal sessions held in general
practitioners' surgeries, some hold their own clinics either in the county
clinics or their own district rooms and some, particularly in the rural
areas, examine patients in their own homes.

There is no doubt that co-operation between general practitioners
and domiciliary midwives is improving and that information is interchanged
more freely. Some authorities have started to attach domiciliary midwives
to general practitioners so that one group of doctors deals with only one
midwife and this allows more frequent meetings and understanding of mutual

problems. Before such schemes are possible, however, it is essential that there should be sufficient midwives to meet the needs. Unfortunately throughout 1964 there was a serious shortage of midwives in Worcestershire and no such schemes could be contemplated.

Antenatal, Mothercraft and Relaxation Classes

Attendances at these classes have been maintained and it is obvious that they are meeting a need among young mothers, particularly those having their first baby. The appointment of a health education officer has meant that visual aids, particularly films, are now more freely available, and this has been a means of attracting husbands as well as expectant mothers to some of the classes.

Attendances at Relaxation and Parentcraft Classes

Clinic	New Cases		Attendances	
	1964	1963	1964	1963
Bromsgrove	84	92	284	348
Cofton Common	41	34	136	138
Drakes Broughton	4	-	15	-
Droitwich	78	76	253	165
Evesham	139	102	513	378
Halesowen (Tenter St.)	110	106	478	513
Halesowen (Blackheath)	40	48	171	207
Kempsey	47	-	257	-
Kidderminster	84	190	301	463
Lye	65	55	261	295
Malvern	125	122	564	536
Marlbrook	26	20	109	77
Oldbury	55	65	229	261
Redditch	146	82	1136	507
Rubery	55	29	436	77
Stourbridge	267	184	711	799
Stourport	43	46	154	329
Tenbury	28	12	131	56
Wribbenhall	30	28	117	63
Wythall	32	13	104	50
Worcester City Clinic	37	37	191	156
Stourport (HMC)	99	262	369	375

Nurseries and Child Minders

At the end of the year 11 persons and 12 premises were registered under the Nurseries and Child Minders Regulation Act 1948, providing places for 220 children. In most cases the children attended for mornings only and often for only two or three days weekly, but these establishments are very popular and most of them have a waiting list. Many parents like to send their children to a nursery as they feel it is good preparation for sending their children to school all day when they reach the age of five years.

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

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

Once again fewer expectant or nursing mothers requested dental treatment from the County Dental Officers. The decline has been steady for some years and it is of interest to speculate on the reasons for this decline. Four years ago (1960) 239 of such patients had over 1,000 teeth extracted and 110 full dentures fitted. Last year, 132 patients had only 245 teeth extracted and only 37 full dentures fitted. These figures, combined with the decreased demand, seem to show an improved state of dental health in these adult patients. A large proportion of them are young mothers who, in recent years, have been in the habit of receiving regular attention through the County School Dental Service - indeed, some of them show visible evidence of such work and on occasion a Dental Officer has given treatment to a young mother and has recognised her as a former patient of his whilst she was a school girl. Dental Officers continually train school children in dental health and exhort them to continue to have their teeth attended to through the General Dental Services after leaving school. The decrease in numbers referred to may, in part, be accounted for by many young mothers acting on such advice and being in receipt of routine dental treatment from a private family dentist.

It must be reported that, in spite of these encouraging facts, all too many of these patients "fall by the wayside". Considerable numbers of them are referred to the Dental Officers for inspection, advice and treatment, some of them obviously not having had dental treatment for years. Many do not even keep their appointments for inspection and advice and some of those who do attend will then refuse the treatment offered while others fail to complete the course of treatment outlined for them.

Difficulty is still being experienced in persuading mothers to bring their young children to see the dentist before pain forces them to do so. That a certain amount of success in this direction has been achieved is reflected in the table of statistics which shows that fewer teeth were extracted and fewer general anaesthetics administered than in any year since records were kept, whilst the number of teeth filled is higher than ever before.

Although some evening sessions are still devoted to this work in Kidderminster, only occasional sessions are carried out in Redditch and Stourbridge instead of regular sessions as formerly.

Midwifery Service

(Section 23 - National Health Service Act 1946.)

In common with other hospital and local authorities, Worcestershire has had a serious shortage of midwives during the year owing to the difficulty of attracting younger midwives into the domiciliary service. There are two great drawbacks to undertaking this type of work. Firstly the midwife must spend long hours "on call" and therefore tied to a telephone. Secondly the night work so often occurs in a run and leaves her tired and sometimes depressed.

The shortage has been very acute in Kidderminster where there has been the added disadvantage of the lack of residential accommodation for midwives while Stanmore was being converted into flats. However, by the end of the year two flats were in occupation and there is hope that the other three will be completed by the end of the first quarter of 1965.

Domiciliary midwives attended 2,714 births during the year accounting for 32% of the total births in the county. Of the remaining 5,774 which took place in hospitals and nursing homes, 2,920 were discharged home before the 10th day to the care of the domiciliary midwives.

Analgesia

All the midwives in the County are now trained to administer trilene and seven trilene sets are available. This is a most popular form of analgesia with both patients and midwives and it is gradually replacing the gas and air apparatus.

Practising midwives in the County

63 hospital midwives and 10 private midwives notified their intention to practise during the year in addition to the 105 domiciliary midwives who are employed by the local authority for part or full-time midwifery duties.

Pupil Midwives

Eleven pupil midwives did three months of their Part II training on the district during the year.

Premature Births

There were 472 premature live births and 77 premature stillbirths during the year. Eighty babies were born alive but died before they were four weeks old.

Stillbirths

There were 119 stillbirths during the year.

Maternal Deaths

There was only one maternal death during the year which was due to pregnancy. This occurred eight days after a normal delivery at home and was due to pulmonary embolism.

A second death was associated with an eight month pregnancy and was due to carbon monoxide poisoning in a mother who was known previously to suffer from mental ill health.

Health Visiting

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

Mothers and Young Children

The health visitors are becoming increasingly aware of the need to diagnose abnormalities in young children at an early stage and not only are more children being reported for the Defect Register, but the reports are also coming in earlier. This is particularly so in the case of hearing defects and all the children on the "at risk" list are given screening tests for hearing at the age of 8 - 9 months.

Clerical Assistance in Clinics

A small amount of clerical assistance has been given to the staff at the clinics in Stourbridge, Halesowen and Redditch and this has released the health visitors from some of the written work which is unavoidable in running a clinic.

Group Advisor

A further group advisor was appointed during the year for the Redditch area, bringing the total number up to four. They have been a valuable link between the central office in Worcester and the field workers.

Geriatric Health Visitors

There are now five geriatric health visitors working in the county, though there is still one large area based on Kidderminster where a further appointment will be necessary. An additional appointment is also likely to be necessary in the rural area in the south of the county.

This branch of health visiting is developing rapidly and will continue to do so, for people are living longer and more and more emphasis is being placed on community rather than institutional care.

Health Visiting staff at the end of the Year

There was a total of 98 health visitors and 4 tuberculosis health visitors giving a wholetime equivalent of 48 and 4 respectively.

Home Nursing

(Section 25 - National Health Service Act 1946.)

The home nurses attended 9,508 patients during the year, 4,594 of whom were 65 years of age or over, and 533 of whom were under the age of five years. Thus, almost half of the patients were elderly, and this is the section of the community which requires the greatest number of visits and usually the most prolonged time at each visit. Nevertheless this work among the aged is important in order to encourage them back to independence and to enable them to lead as full a life as possible in spite of advancing years.

Disposable Equipment

The use of disposable equipment has two main advantages. The risk of infection from patient to patient is very much reduced and there is considerable saving in the nurses' time. Disposable face masks have been in use throughout the County for two years now, and a limited number of disposable syringes and sterile and unsterile gloves are now being issued. Disposable catheters have not proved particularly popular among the nurses.

Incontinence Pads

During the year incontinence pads have been made available to any patient being nursed in his own home, whether the home nurse is in attendance or not. The pads are sent to the home nurse who is asked to deliver them to the patient so that she may be aware of the sick patients in her district and with the approval of the general practitioner may offer her services if she is not already in attendance.

Approximately 600 patients have received incontinence pads during the year, but the number supplied has varied widely. In some terminal cases only three or four have been needed, but a few cases of chronic incontinence have received as many as 1,200 pads. The average supply has been 65 pads per patient.

Two sizes of pads are available - the standard one (24" x 16 $\frac{3}{4}$ ") for routine use and a larger size for special cases. During the year a total of 36,900 pads has been supplied of which 1,700 were the extra large size.

The pads are usually burnt on domestic fires after use and as there are very few clean air zones in the County there has been no difficulty in disposal yet. It may be necessary to arrange for the collection of soiled pads when further areas are declared clean air zones.

Home Nursing Attendants

At the end of the year 10 home nursing attendants were working and undertaking the weekly bathing of elderly patients. This service is expanding and serves the dual purpose of providing for the old peoples' physical welfare and sending a regular weekly visitor to relieve loneliness.

Marie Curie Assistance for Cancer Cases

During the year 11 cases benefited from night nurses and 14 cases from other forms of assistance provided by this voluntary society. This help is very much appreciated particularly as it can be provided as soon as the need arises.

County Night Sitters Service

The night sitters scheme commenced on November 4th and panels of night sitters are being formed in each area of the county. Requests may be made by anyone and cases are investigated by the geriatric health visitors or the nursing officers. The full charge is 3/6d. per hour, but the patient may apply to be assessed for a reduced rate. Help is normally provided for two or three nights weekly to allow relatives to have a good night's rest, but in terminal cases assistance may be given more frequently. Four patients had benefited under the scheme by the end of the year and there is no doubt that it will be more fully used when it is known more widely.

Home Nursing staff at end of year			
	Full Time	Part Time	Full Time Equivalent
District nursing only	40	7	
District nursing/midwifery	53	3	
General duties	33	-	
Home nursing attendants	1	9	
Totals	127	19	86

Isobel Morcom Medal and Prize

This was awarded to Miss K.E. Gellard, S.R.N., S.C.M., Q.N., senior district nurse/midwife in Redditch. This trust was established by Col. R.K. Morcom, in 1944, in memory of his wife and the award is made annually.

Long Service Badges

Long service badges and bars were awarded to 12 nurses and were presented to them at the County Nursing Association annual general meeting.

County Nursing Association

The annual general meeting took place in July. In her opening remarks the chairman spoke of the future of the County Nursing Association. She said that most of its functions were taken over by the county health department since 1948, and the only real undertaking left was the running of the nurses' pension fund. Local district nursing associations had been asked about their feelings and twelve had wished to stay in being and had funds. During the year the future of these local associations and that of the County association would have to be resolved.

The meeting was concluded by an address by Mrs. F. Selby-Tait on "The Problems of Retirement".

Nurses' Houses

During the year progress was maintained in implementing the general policy of the County Council which is to provide purpose-built houses with district room facilities in all parts of the County.

Many obstacles are now being met in the obtaining of suitable sites on which to erect houses and it would seem that in the future problems such as this will tend to increase.

Full details are given in Table "F" of the excellent progress which has been made in the last few years and it will be noted that at the present time we have 109 units of accommodation throughout the County.

Training of Students from other authorities

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

Twenty-three final year students from the Mid-Worcestershire Hospital Management Committee Training Centre 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, and three at Birmingham. Four nurses completed the Queen's District Training in recognised training homes, two undertook theoretical training at the Tything Institute, Worcester and the practical on their own districts in the County. All six students were successful in the final examination and returned to work in the County.

Post graduate courses

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

In-Service Training

Twelve S.E.N.s attended an in-service training course - the first of this type to be organised within the County.

Annual County Refresher Course

This course for medical and nursing staff was held at Worcester on April 14th, 15th and 16th. There were over 480 attendances at the three sessions, the subjects discussed being "Cerebral Palsy - Aetiology and Early Diagnosis", "Talking with Parents", "Congenital Abnormalities", "Artificial Limbs and Appliances", "Children and Young Persons Act 1963", "Hospital Confinements - Early Discharge".

Public Health Act, 1936, Registration of Nursing Homes

There are now thirteen Nursing Homes registered in the County. These provide 172 beds for general medical cases.

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.

Thirty-four whole-time and 471 part-time domestic helps were employed at the end of the year giving a total whole-time equivalent of 236.5.

Number of Cases for whom Helps were provided		Domestic Help Service Staff	
Types of cases	1964		1964
Maternity	514	Full-time	34
Chronic sick & Tuberculous	214	Part-time	471
Mentally Disordered	20	Total:	505
Others	303		
Aged 65 or over	2,560	Equivalent full-time helps	236.5
Totals:	3,611		

County Organiser's Report

Administration

The essential factor in the progress of the service during the year was the transfer of Mrs. Ashmore from the post of W.V.S. County Secretary to that of Home Help Organiser. Several changes of Organisers took place in the various centres and during the difficult periods Mrs. Ashmore was able to maintain the service in addition to finding and training new Organisers.

Transport

Some parts of the County have been re-organised to reduce travelling with a view to making better use of working time.

New auto-cycles and the provision of protective clothing and crash helmets have helped considerably to ease the burden of home helps working in rural areas. Often these home helps have to travel long distances in very inclement weather.

Training

Mrs. Ashmore attended the annual conference for home help organisers and found this to be most stimulating.

The County Health Department arranged two central training courses during the year for the benefit of the home helps who were drawn from four areas of the County. This practice will continue since it is felt that such training is most beneficial and certainly the home helps have been most appreciative of what they have seen.

Vaccination and Immunisation

Smallpox Vaccination

The following table shows the numbers of persons in the County (for whom records have been received) who were vaccinated or revaccinated during the year. Whilst the figures are greater than those for 1963, they are smaller than in previous years and this could be due to the change in policy to vaccinate between one and two years rather than soon after birth.

Age at date of Vaccination	0 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	1 year	2 - 4 years	5-14 years	15 or over	Total
Number Vaccinated	213	476	175	327	2381	323	70	167	4132
Number Revaccinated	-	-	-	-	3	26	98	461	588

There was one case of generalised vaccinia.

Of the 4,132 primary vaccinations, 1,473 were given at County Council Clinics.

Table "H" on page 80 gives figures by Sanitary District.

Diphtheria Immunisation

Triple antigen is now used generally throughout the County by family doctors and at County Council Clinics, although some family doctors are using "Quadrilin".

It is proposed to amend the time table for injections in 1965 to allow oral poliomyelitis vaccine to be given at the same time as triple or Diphtheria/Tetanus vaccine, thus reducing the number of visits and saving the time of doctors, nurses and parents.

The following table shows the numbers of children, in age groups, who received primary or reinforcing injections during the year:-

Children born in years	Completed a full course of primary immunisation	Received reinforcing injections	Totals
1964	2,919	3	2,922
1963	3,643	395	4,038
1962	360	653	1,013
1961	138	178	316
1960	53	243	296
1955 - 1959	287	7,433	7,720
1950 - 1954	68	705	773
Total	7,468	9,610	17,078

These figures compare quite favourably with previous years, and although approximately 75% of young babies are receiving primary immunisation, there is still room for improvement.

No cases of Diphtheria were notified.

Table "G" on page 79 gives figures by Sanitary District.

Whooping Cough Immunisation

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

Year of Birth	Number of children
1964	2,767
1963	3,482
1962	349
1961	135
1960	37
1955 - 1959	84
1950 - 1954	31
Total	6,885

Table "I" on page 81 gives figures by Sanitary District.

Tetanus Immunisation

Since 1961, when triple antigen was introduced into the County Council's scheme, the majority of babies immunised in the County have received protection against tetanus combined with diphtheria and whooping cough protection. These children will be offered a reinforcing dose of diphtheria/tetanus vaccine at 5 years and again at 8 years. However, there are a number of children in school, or starting school, who may have had injections of diphtheria/whooping cough vaccine only as babies and it is proposed to offer these children a course of tetanus toxoid injections when they are due for diphtheria reinforcing doses.

Poliomyelitis Protection

Oral poliomyelitis vaccine is given at Child Welfare Centres, School Clinics and at the Surgeries of many of the General Practitioners in the County. A small supply of Salk vaccine, for injection, is available but the demand for this is minimal. During the year, 8,240 persons received primary courses, the large majority of these being infants under two years of age, and 2,612 reinforcing doses were given. A review of the vaccination state of children attending infant schools is in progress and where necessary, subject to parental consent, oral vaccine is given to the children in school. Protection is also offered to persons considered to be at special risk, e.g. doctors, nurses, ambulance drivers, public health staff, and their families.

There were no cases of poliomyelitis notified.

Records

On the advice of the Minister of Health, General Practitioners in the County have been informed that records of vaccinations and immunisations in respect of persons over 16 years of age will not be required in future.

Influenza Vaccination

During the Autumn an opportunity to have an injection of an oil adjuvant influenza vaccine was offered to the Council's Headquarters Staff. 275 persons took advantage of this offer. The vaccine is said to give protection for at least one year, but in the absence of an epidemic, it has not been possible to assess its efficiency.

B.C.G. Vaccination

The results of the 1964 programme and corresponding figures for previous years are given in the following table:-

	1964	1963	1962	1961	1960
No. of invitations issued	6,611	6,857	7,354	7,019	8,040
No. of Consents received	6,001 (90.8%)	6,021 (87.8%)	6,629 (90.1%)	6,258 (89.2%)	7,175 (89.2%)
No. of children tested	5,534	5,535	5,961	5,385	6,391
No. of positive reactors	608 (11.6%)	524 (10.1%)	724 (12.1%)	508 (9.5%)	950 (14.9%)
No. of negative reactors given B.C.G.	4,633	4,652	5,237	4,877	5,441

The percentage of negative re-actors was 88.4% compared with 89.9% in 1963.

Tuberculosis

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

It is satisfactory to note that the substantial fall in the number of new cases observed in 1963 has been more than maintained, and the notification rate for 1964 is again a new low record. The death rate also has fallen slightly and has never been lower.

In previous reports the opinion has been expressed that tuberculosis is likely to decline steadily barring such eventualities as war, famine, or the importation of disease from elsewhere. War and famine did not strike in 1964, but there was some importation of tuberculosis from overseas. Out of a total 106 notifications, 20 (19%) were immigrants compared with an average of about 7% in the previous four years. Most of the new immigrant cases (13 of them) occurred in Redditch and Oldbury, and in these two clinic areas the proportion in 1964 was 36% compared with an average of 8% in the previous four years. The numbers are small but reports of a similar trend in neighbouring counties indicate that the rise in 1964 may be significant, and that the introduction of a new population with a different experience of and reaction to tuberculous infection may result in continuance of the disease in this country for a longer period than many of us expected. In recent years it seemed that the great epidemic was coming to an end, but now, as much as ever, the preventive and treatment facilities must be kept at full strength.

Every endeavour is made to arrange for chest x-ray examination of new arrivals in the County from abroad, especially from Asia, but such examinations could surely be achieved more efficiently at the ports of entry to the United Kingdom.

Apart from the above considerations progress in the control of tuberculosis has been reasonably satisfactory during the past year.

Ambulance Service

The year has again proved to be a most active one for the ambulance service. Taking the service as a whole some 131,339 patients covering 710,170 road miles were conveyed by ambulance during the twelve months. These figures show an increase of 3,273 patients carried and 47,736 road miles on the previous year's working when 128,066 patients travelled by ambulance 663,434 road miles. When considering section 27 cases only, the ambulance service did in fact have an overall increase in patients carried of 9,876 on the previous year. The simple explanation of what could be an erroneous impression is that for many years it has been the practice to convey severely subnormal children who are not section 27 cases to junior training centres by ambulance. This practice is now diminishing with the introduction of hired transport within the mental health service, a move which taking all aspects into consideration is welcome. During 1964 the children conveyed totalled 29,600 which was a reduction of 6,603 on 1963. This picture will continue to emerge for the next few years.

The average number of miles per case carried by the ambulance service was 5.4 as compared with 5.1 during 1963. This again is inevitable for the reason explained in the previous paragraph. It must be remembered that between 10 and 12 severely subnormal children can be conveyed by one ambulance as against comparable figures of two or three section 27 cases. The average number of miles per patient will tend to increase in the coming years and apart from the effect of subnormal children not being transported the statistics do reflect on the increase in work within the ambulance service generally.

The statistical information in the ambulance service generally will be found in Tables "J" and "K" at the end of the report.

It is regrettable that the number of patients carried by rail continues to fall. In 1964 the figure fell to 342 as compared with 465 during 1963, a decrease of 123 or 25%. This is due to the centralisation of certain hospital specialist services for serious illness or injury, the withdrawal of rail services and the introduction of modern rolling stock which is not suitable for the conveyance of stretcher cases.

To cover the numerous requests to transport patients by road, use is made of the hospital car and hire car services. In the case of the hospital car services 19,174 patients were carried as against 17,961 during 1963 and the road miles covered were 260,861 an increase of 5,442 on the previous year. For the hire cars it is pleasing to record a reduction in the average miles per case, this being 11.8 as compared with 13.5 during 1963. We are most grateful to all the drivers who have rallied around so magnificently in order to maintain an efficient service for it is indeed a most useful auxiliary to the ambulance service. The number of drivers remains fairly constant, but the hospital car service would welcome volunteers in some areas.

The central ambulance service control with its radio communication which is situated at the County Health Department, Worcester was introduced two years ago and continues to work satisfactorily. Some difficulties are being experienced with the limited amount of space available in the control room but it is hoped that some modifications may be possible in the near future which will act at least as a temporary expedient.

It is very pleasing to be able to report that with the complete co-operation of all concerned the new ambulance station at Malvern was completed and put into operational use in June 1964. Difficulties are still being encountered over a site for a new station in Evesham. This is indeed most unfortunate and it is to be hoped that an early solution to the problem can be found in 1965 so that at least more suitable temporary accommodation is available.

During the year delivery was taken of two structural plastic ambulances by Wadhams, these being the basic type of ambulance with all the latest refinements. In addition four similar vehicles have been ordered for delivery early in 1965. For use in urbanised areas where traffic congestion is an acute problem, two Bedford high-top light general purpose ambulances which are easily manoeuvrable and are fitted with a four speed gear box have been ordered.

A single stretcher conversion vehicle has been ordered for sitting cases in and around the Kidderminster area. It will also be used for long distance work involving single stretcher cases, and is expected to be more comfortable for the patients and more economical in running costs. Delivery is expected early in 1965.

As stated in a previous report, the arrangements previously made for the M.5 motorway are now working satisfactorily. An extension is now being made on the M.5 at the northern end (Lydiat Ash) and the link road at the north of Worcester to the Warndon entry point will, when completed, increase traffic on this motorway. It is anticipated that the subsequent effect on the ambulance service will be a rise in the number of calls to attend incidents on the motorway. The number of cases attended by Bromsgrove and Worcester City, the two stations responsible for the motorway in 1964, was 59. There were five fatalities of which two died in hospital after being admitted.

For some years it has been apparent that the training available for the whole time ambulance service personnel is inadequate to meet the demands of their duties, especially high speed crashes of cars and lorries, causing extreme multiple complicated injuries. Whilst the voluntary aid associations provide good first aid training, it should be remembered that their training is intended for those people who are at the scene of an accident, awaiting the arrival of medical aid or ambulance. The ambulance crews are frequently the first professional life-savers at an incident and the public have come to expect them to have considerably more knowledge and experience than the trained first aider.

A scheme whereby comprehensive training could be given to all members of the service commenced in September at various stations in the County.

A team representing the County ambulance service was entered for the first time in the competition for the National Association of Ambulance Officers cup. The Kidderminster team were judged the winners of the Worcestershire County eliminating round, held at Hampton Lovett on Sunday, March 15th, 1964, and were awarded the Williamson cup to be held for a period of twelve months. The Kidderminster team then went forward to the Regional Final and were placed eighth. It is proposed to enter a team again next year.

The County Ambulance Officer, who is also the Ambulance Officer for the Worcester City and District Voluntary Committee, reports that during the year 7,140 County cases were conveyed giving a total of 46,133 miles compared with 6,397 cases and 55,613 miles for 1963. Close liaison and co-operation has been practised between the Voluntary Committee and the County Ambulance Control to eliminate wasted mileage and journeys. 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 we are grateful for all the assistance that has been so freely given.

Throughout the year there have been 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 proved difficult to obtain assistance at times. It must be remembered that a considerable number of volunteers from both the St. John Ambulance Brigade and the British Red Cross Society did attend at the Ambulance Station at Worcester.

Civil Defence - Ambulance and First Aid Section

It is pleasing to be able to report that there has been a steady increase in the number of volunteers and the figure for the County now stands at 189.

There were during the year 20 training classes running in this section (9 advanced and 11 standard). The advanced training was almost completed at the 31st December. Following this the volunteers will receive training in extended first aid. Plans are well in hand to hold advanced tests early in the new year. The standard training is nearing completion at Bromsgrove and Malvern.

During the year members attended the mobilization exercise 'Mob-Link' and the movement exercise 'Ranger I'.

'Mob-Link' held at Hampton Lovett and District on Sunday, March 22nd, 1964, provided ambulance depot training for 85 members of the Ambulance and First Aid Section. For movement exercise 'Ranger I' 63 members made a successful convoy run to the Northamptonshire Civil Defence Training Ground arriving on Saturday evening, 24th October, 1964. The Worcestershire contingent were joined by volunteers from other authorities, namely Worcester City, Staffordshire and Herefordshire.

In keeping with the requirements of the advanced training syllabus, several other minor exercises were carried out during the year.

For general training 10 volunteer instructors are at present being used in the County and three of these have successfully attended Falfeld Home Office Civil Defence School to convert their locally trained instructors' certificates to a centrally trained instructor's certificate. Six of the instructors successfully completed a course in casualty simulation and faking with the Casualties Union. The County Ambulance Officer attended a senior officers' course at Sunningdale.

Occupational Therapy

The inability to recruit staff has meant that again the year has been a most disappointing one. Miss J. D. Stott, the only occupational therapist at present on the staff, was herself absent for 16 weeks early in the year, returning to duty on the 8th June.

For the remainder of the year Miss Stott, faced with the impossible task of covering the whole County, made 700 visits to 130 patients which was a fine achievement. Of the patients seen about 25% suffered from diseases of the chest. The remainder were more heavily disabled, mainly from diseases of the central nervous system and various forms of arthritis.

By kind permission of the Organisers of the Stourbridge Floral Fete and through the good offices of the Women's Voluntary Service, an exhibition and sale of patients' work was held at the Floral Fete during August.

At the end of the year there were prospects of a more propitious 1965 and at the time of writing, the services of a second occupational therapist have been obtained.

The need and scope of this service is widespread and in the interests of the patients it is desirable that continuity of purpose be maintained and the future outlook in this direction is now very promising.

Physiotherapy and Orthopaedics

The work has again followed a fairly stabilised pattern mostly by way of routine supervision of persons receiving remedial exercises or wearing special appliances or footwear, usually at the instance of Orthopaedic Surgeons, Paediatricians or Medical Officers.

It has been possible for parents to seek advice at many of the infant welfare centres on pre-school children. The visits to these centres by the staff have also meant in many instances that infants receive remedial treatment at a very early age. These clinic visits have also been supplemented by many home visits.

The practice of physiotherapist visiting relaxation classes for expectant mothers has continued and good attendances recorded.

The design of children's footwear is still quite unsatisfactory and must have some adverse effect on growing feet. There are many complaints from parents that it is becoming increasingly difficult to purchase "sensible" school shoes and that if these are specially ordered, there is often a delay of up to eight weeks before they are supplied.

The introduction of a routine examination of new born babies for any possible hip defect has resulted in some cases being diagnosed and treated at a very much earlier age than was previously possible.

On the whole, the posture of children appears good. Those children requiring treatment are sometimes found to have a respiratory condition or eye defect which could well be a contributory factor.

It is to be regretted that staff trained to deal with orthopaedic conditions cannot be recruited and obviously such a state is having an adverse effect on the service. Despite staff difficulties, close liaison has been maintained with hospitals where many visits have been made.

It is with very deep regret that the death of a colleague, Miss B. Jeavons, is recorded after a long illness patiently borne. Miss Jeavons will be greatly missed not only for her considerable skill as a physiotherapist but also for her kindness, patience and understanding of patients.

The year also saw the passing of the County's first Orthopaedic Visitor, Miss Olga Woods, who retired from the County's service about 9 years ago.

Convalescence

During the year a total of 317 cases supported by a medical certificate were referred for varying periods of convalescence. Of this number, 226 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 91 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

Throughout the year the British Red Cross Society and the St. John Ambulance Brigade have continued to provide yeoman service by way of distributing medical loan equipment at the instance of a doctor or nurse.

It would be an arduous task to replace all the distribution points which are strategically placed throughout Worcestershire and the local health authority are most appreciative of the part played by the voluntary organisations who act as agents of the County Council. Some financial assistance is given towards the administrative costs of each voluntary organisation, but this in no way repays the valuable time so freely given by each individual volunteer.

The County Council supply all equipment and this is supplied free to patients although the distributing organisations do call for small refundable deposits on certain items. In addition to the usual bedpans, backrests, air-rings, rubber sheeting etc., supplied, the scope of apparatus available has been expanded greatly in recent years and does now include:-

- Commodore (various types)
- Hydraulic lifting hoists
- Wheel chairs (both indoor and outdoor)
- Walking aids (in great variety)
- Lifting poles
- Special beds

These advances in the variety of equipment now used are to be welcomed since they add greatly to the comfort of the patient and this, of course, is the primary function of the service. The old cumbersome and heavy equipment is rapidly disappearing through the modern trend to use lighter tempered metals which make admirable aids and these are an asset for mobility.

The experience of families and relatives who have been relieved or assisted in their burden of the domiciliary care of patients by these modern medical aids means that knowledge of the service is becoming much more commonplace and it is to be hoped that the trend will continue.

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

This service which was reviewed in detail in my report for 1963, continued to expand steadily and while from time to time there were difficulties by the end of the year it had fortunately been possible to meet the demand of the limited scheme, in full.

Contractual arrangements are now in force with eleven chiropodists in private practice compared with six last year but otherwise there has been no change in the staff position or the arrangements generally.

In view of the increase in the number of part-time chiropodists Mr. H.D. Price, one of the Senior Chiropodists, has been appointed Chief Chiropodist as from the 1st April, 1965.

The number of treatments given under the directly provided County Service has increased from 2,121 in 1960 (nine months) to 9,334 in 1964. The total number of cases referred since the start of the scheme is 3,091.

During 1964 the service was being given at sixteen clinics or hired premises throughout the county and in private surgeries in five areas.

The number of new cases referred during the year was 724 of which for one reason or another 35 did not accept an appointment; there were no cases on the waiting list at the end of the year.

Treatments given during the year numbered 9,334 of which 5,949 were at clinics, 1,003 at chiropodists' own surgeries and 2,382 at home. The number of treatments in 1963 was 6,960.

The number of persons who received treatment was 2,075 of whom 19% were male and 81% female. The largest number of patients comes within the age group 70 - 80. Transport was provided in 198 cases (9.54%) and home visits were made in 559 cases (26.94%). In 495 cases (23.8%) the treatment was given without charge. One expectant mother was treated during the year; the number of handicapped persons under pensionable age was 66 (3.1%) but of the persons over pensionable age 504 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 92 cases while in 281 cases treatment at intervals of longer than eight weeks was thought by the chiropodist to be all that was necessary.

Compared with the figures for last year there has been a very slight decrease in the percentage of cases in which transport to the clinic is provided but an increase from 23 to 26.9 per cent in the number of cases requiring domiciliary visits. It is of interest in this connection that 21 per cent of the cases seen during the year were over eighty years of age.

In the Borough of Oldbury the number of treatments given during the year was 1,454 of which 1,364 (269 males and 1,095 females) were at clinics or surgeries and 90 (10 males and 80 females) at home. The number of treatments given free of charge was 466 and transport was provided on 50 occasions.

The voluntary organisations again gave about 1,000 treatments under the services they provide and towards which the County Council make a grant.

Report by H.D. Price, Esq., M.Ch.S., Chief Chiropodist

The Service progressed satisfactorily but a certain amount of frustration was felt in the refusal of people to take advice, particularly as regards footwear.

In the small percentage of young patients seen, the same picture was evident - inadequate footwear.

In two "mongol" patients - a boy of nine and a female of twenty-four - the size of shoe worn was, in both cases, two sizes too small for the thick broad type of foot which is characteristic of this condition.

It is felt that to tackle this problem in early years is the only way to achieve healthier feet in adult life and it is interesting to read the recommendation of a recent British Medical Association Conference on the Health of Children's Feet which concluded that there should be control of footwear worn in schools; to be of an approved design.

The appliance making and prosthetic aspect of the Service was continued and over a "follow-up" period of eight months a survey of 32 patients for whom appliances were made showed a completely successful result in 60% of cases.

Health Education

The "Cohen" Report

In May, 1964 the Ministry of Health published a report on "Health Education". The report was the result of four years deliberations of a joint committee of the Central and Scottish Health Services Councils under the Chairmanship of Lord Cohen of Birkenhead. It reviews past and present achievements of health education, suggests future organisation, subject and priorities, discussed fiscal policy, animadverts on the many disciplines and personnel involved, and concludes with a separate chapter on school health education. The report is under consideration by several interested organisations including the County Councils Association, and as yet there has been no official response from the Minister, to whom the report was submitted.

The fact that a report on health education had been asked for by the Minister, and made with a person of Lord Cohen's eminence as the guiding influence, demonstrates the importance of the subject. The report should be read by all concerned with health services.

Further acknowledgement of the growing importance of health education was given during the year by the Royal Society of Health, which established a separate health education group within its system of study groups.

Staff and Training

Health education work over the previous years had revealed steadily increasing calls from field staff for assistance and additional facilities. To meet with these demands, a fulltime health education officer was appointed in April, 1964. At this time it was not possible to offer accommodation other than an office and a small store, but later on space was found for the preparation and storage of display materials.

The brunt of organised health education continues to fall upon the health visitors, whilst medical officers and district nurses have participated on suitable occasions. A one-day course on "parentcraft teaching" was conducted by the Central Council for Health Education, and the annual refresher course, the health visitors and nurses conference, and the nurses area meetings always contain an element of health education.

Two health visitors attended the ten day summer school of the Central Council for Health Education, and the health education officer visited similar officers at Birmingham and Sheffield City Councils and participated in the study day at the Central Council for Health Education.

Sacking and Health

The impetus given to the campaign by the visit of the mobile unit of the Central Council for Health Education in 1963 encouraged the Health and Education Committees of the County Council to authorise an extension in 1964. The health education officer, in consultation with officers of the county education department, accordingly devised a plan to cover, over the school year, as many children as possible.

The County was divided into three areas, roughly, north, central and south, each area to be treated in successive terms. In the northern area, where the campaign was conducted during the autumn term (and is therefore the only area coming within this review), a period of six weeks was allocated and visits

made to schools for three days in each of these weeks. The usual programme was to visit two schools each day, and to conduct two sessions in each school, a session consisting of a talk, film, discussion, and in secondary schools, demonstration of the lung specimen. In this manner, schools were visited in the Stourbridge, Halesowen, Bromsgrove and Redditch Districts. The following table shows the number of children attending the sessions in the different types of school:-

	No. of Schools	No. of Children
Primary	14	1,950
Secondary Modern	19	5,241
Grammar	2	450
	<hr/> 35	<hr/> 7,641

About 90 teachers also attended

The sessions were conducted by the health education officer, who was usually assisted by the local health visitor and occasionally by a medical officer. The talks and demonstrations were generally well received and the reactions of pupils and their questions were broadly similar to those of the 1963 campaign which was previously reported in some detail.

In the primary schools, a new film produced for the Ministry of Health entitled "The Smoking Machine" was used. As the use was to be extensive, a copy was purchased. It is designed for the 10 - 13 age range and its story follows a group of young children, who, in detective fashion, try to find out why adults smoke. The film was very popular.

In the Secondary Schools, the film "Smoking and You" was shown.

The co-operation of head teachers who took part in the campaign is appreciated. There was welcome evidence that a number of schools had had prior discussion on the topic, whilst many undertook to carry on the discussion.

Similar sessions to other groups such as youth clubs numbered eight. In all anti-smoking publicity material purchased, and mostly distributed, during the year amounted to :-

blotters	500
bookmarks	5,000
leaflets, booklets.	29,700
posters	200

Parentcraft Classes

These are conducted by health visitors in connection with the regular relaxation classes and constitute by far the greater part of health education activities involving adults. In most areas, the numbers are growing, and additional filmstrips, pamphlets and other literature have been purchased to support the talks. The film "To Janet a Son" has been shown in all the main clinics and there have been several evening showings to allow husbands to attend.

One new relaxation and parentcraft class, at Pershore, was established during the year.

Home Safety

There is close liaison with the Worcester City and County Home Safety Committee which distributes publicity material in connection with the seasonal campaigns of the Royal Society for the Prevention of Accidents. Home Safety is an important subject in every parentcraft and school health education syllabus. One new flannelgraph, four filmstrips, and 5,600 leaflets were purchased. Water Safety Charts with teaching notes were distributed to over 100 schools during the summer.

Many requests for instruction in the "Mouth to Mouth" method of emergency resuscitation were received from schools, mother's clubs, and other groups. These were fulfilled through the co-operation of the County Ambulance Officer and his staff, but the requests became so numerous towards the end of the year that the health education section found it necessary to purchase its own manikin.

School Health Education

Regular health education courses in a few schools have been established for some time now, and appreciation of their value is evident in that Head Teachers have requested continuing courses from year to year. The courses are conducted mainly by health visitors, with assistance from medical officers, health inspectors and the health education officer in certain subjects. In the year under review courses for senior girls in five Secondary Modern Schools and for mixed classes of fourth year pupils in Primary Schools, were undertaken.

Venereal Disease

All that is possible at the moment is being done to publicise the dangers of venereal disease to school children. This is being achieved through the medium of health education.

To a limited extent the general public are also made aware of the danger to health. This is possible by the erection of notices in public conveniences, posters and talks, through the co-operation of the local medical officer of health. There is little doubt that to carry out an effective campaign against the disease, a most difficult task is being undertaken and it presents a challenge to the best of field workers. Most certainly the audiences being reached at present are not the particular group of the general population who are in most need of help and advice.

It will be seen from the statistical table that in Worcestershire there was an increase of 109 patients seen over the previous year's total. The figure now is the highest since 1949 and must be a warning to all of the extreme effort that must be made irrespective of obstacles to at least curb any further spread of venereal disease.

1. Administration

(a) Committee

The County Council's powers in relation 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 continued 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 hospital 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 work necessary consequent on the discharge of patients from hospital.

In addition, Dr. Patterson of Lea Hospital holds a clinic one morning per month in the council's clinic in Castle Street, Worcester, and sees subnormal children and their parents by appointment. The first clinic was held in November and has proved very successful.

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 and one relief officer, three assistant district mental welfare officers, two female mental welfare officers and two trainee mental welfare officers (one male and one female). There are twenty-eight mental health workers employed at the five training centres in the County. Difficulties are still being experienced in recruiting persons of the right calibre to act as mental welfare officers and training centre staff.

(b) Training

Staff had been released from duty to attend at appropriate training conferences and courses whenever possible. The two trainee mental welfare officers seconded to the courses in social work training leading to the Certificate in Social Work have continued on the course and have received good reports of their progress. 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 sends away staff each year. In the past the practice has been for one year courses to be held but two-year courses have now been introduced by the National Association for Mental Health. In 1964 two members of training centre staff were attending one year courses. Applications for two further members of staff to attend training courses in 1965 are going forward.

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 1964 there were 1,284 admissions to psychiatric hospitals in the County, 1,066 of these were admitted as informal patients and 218 were detained for observation and treatment under the appropriate sections of the Mental Health Act, 1959. Discharges totalled 1,164 whilst 147 deaths occurred at the hospitals.

The number of admissions is less than in the preceding year (1,414), informal admissions comprising approximately 83 per cent 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>Referrals</u>	<u>1964</u>	<u>1963</u>
All sources	1,560	1,785
<u>Visits</u>		
After-care of mentally ill	7,665	7,018

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 patient.

5. Care of the Severely Subnormal

(a) Cases and Hospital Care

Severely subnormal patients continue to be reported through the usual methods of notification. 58 new cases were reported during 1964. 32 of these were reported under the provisions of the Education Act, 1944, and 26 from other sources. Of the 58 cases, 7 were admitted to hospitals and the remainder were placed under supervision. In addition, 18 patients on the waiting list were admitted to hospitals, making a total for the year of 25 admissions.

531 Worcestershire patients were in hospital throughout the country at the end of the year. On the waiting list for admissions at the end of the year were 52 patients, of whom 20 were regarded as urgent. 9 patients were discharged from hospital and 6 deaths took place during the year.

Applications for admission for temporary periods were again received and 38 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 four of whom one was resident outside the County and was supervised by another authority as agent of the County Council. During the year one patient was admitted to hospital and 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 785. Patients continue to be reviewed and whenever the circumstances permit, are deleted from the supervision list. During 1964, 13 such cases were deleted from the list, whilst 6 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>1964</u>	<u>1963</u>
Supervisory visits to the subnormal	2,990	2,613

(c) Voluntary Associations

The various voluntary welfare committees continue to work with the appropriate training centre in their locality.

(d) Training and Training Centres

At the end of 1964, 261 severely subnormal patients were receiving training. The majority of these patients are under the age of 16. 23 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.

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

Building began on the Council's Junior Training Centre, Adult Training Centre and Junior Hostel at Kidderminster during the year and it is hoped that the accommodation will be available in 1966.

Redditch Adult Training Centre was completed and the first trainees commenced on 2nd November, 1964. Senior patients from Bromsgrove Training Centre were transferred to Redditch at intervals.

Difficulty is being experienced in obtaining suitable sites to carry out the programme of mental health building provision and, in particular, in the Evesham area where approval has been given to a temporary centre being established in hired premises.

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, 1963

The above 1963 Regulations came fully into force on 1st October, 1964, though retailers were allowed to the end of the year to comply with certain relevant conditions. As far as they concerned local authorities, the Regulations eliminated the designation "Tuberculin Tested". This was replaced by the designation "Untreated", though it would appear that the Minister was prepared to accept that the designation "Untreated Milk" could be followed by the phrase, "Produced from animals which have passed the tuberculin test".

It was said that the decision to alter this designation to "Untreated" was taken because the designation "Tuberculin Tested" had, in practice, no special significance, as almost all milk was being produced under this designation and all animals had passed the tuberculin test. The dairy trade, however, believed that the words "Tuberculin Tested" had a stronger sales appeal than the word "Untreated". With the addition of the above mentioned phrase the trade appears to have gained its point. This is a pity for there is a greater risk of disease being contracted from raw milk than from heat treated milk. Any designation which plays down the sales appeal of raw, i.e. "Untreated" milk is to be welcomed.

Under the new Regulations a number of licences which had been issued under the former Regulations for the sale of Tuberculin Tested and Pasteurised milk had to be cancelled. In all, during the year, 212 licences were issued. At the end of the year 252 licences were in force.

No failure to pass the statutory phosphatase test is recorded against any sample taken from a pasteurising dairy licensed by the County Council and only two on samples pasteurised outside the County area. In these two cases, which in effect represented a single occurrence, the cause was found to be due to a mechanical fault in the plant which was rectified immediately.

Thirty-six samples of milk being retained raw failed to pass the methylene blue (keeping quality) test and where necessary the failure was reported to the appropriate authority (Ministry of Agriculture, Fisheries and Food). This is because, under the new Regulations, Ministry samples will no longer be taken at farms from where the milk is not retailed. The cleanliness of wholesale milk will now be controlled by the trade and organised by the Milk Marketing Board, samples being taken by the receiving dairy. Where they are not up to standard, a price penalty will operate against that particular consignment of milk.

Efforts are being made by some of the large dairy firms in the country to prepare a new type of pasteurised milk which will keep indefinitely. This milk is subjected to very high temperatures and is already on sale on the continent. Difficulties on appropriate statutory tests are said to be delaying the commencement of sales here.

Pasteurised Milk

Place of collection	No. taken		Phosphatase Test		Methylene Blue Test		
			Pass	Fail	Pass	Fail	Void
Schools	A	1	1	-	1	-	-
	B	200	200	-	187	8	5
	C	201	201	-	188	8	5
Children's Homes	A	-	-	-	-	-	-
	B	5	5	-	5	-	-
	C	5	5	-	5	-	-
Old People's Homes	A	-	-	-	-	-	-
	B	14	14	-	14	-	-
	C	14	14	-	14	-	-
Hospitals	A	-	-	-	-	-	-
	B	15	15	-	12	1	1
	C	15	15	-	12	1	1
Dairies	A	311	311	-	244	-	55
	B	-	-	-	-	-	-
	C	311	311	-	244	-	55
Vending Machines, Shops & Roundsmen	A	7	7	-	5	-	-
	B	549	547	2	358	1	86
	C	556	554	2	363	1	86
Totals	A	319	319	-	250	-	55
	B	783	781	2	575	10	92
	C	1102	1100	2	826	10	147

- 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	287	54
Untreated	-	1

One sample of raw milk at the only school now being supplied with this type of milk failed to pass the methylene blue test. This is a private school where the milk is produced at a farm attached to the school. Inquiry indicated that the fault was probably due to the condition of the milk vessel in the school itself.

A census taken in 1964 showed that 49,641 children were taking milk out of 61,324 present on the day of the census. This is 80.9% compared with 81.5% in the previous year.

The number of pupils taking milk at the 55 private schools was 6,693 out of 7,031, or 95.2%.

Antibiotics in Milk

In 1961 a National Survey showed 11% of the samples taken to be contaminated with antibiotics. Sampling, which was started in this County in September, 1963, showed that 9.7% of the samples were so contaminated. During 1964, 423 samples were taken; fifteen from twelve farms were found to contain penicillin. These latest results show that there has been a marked reduction to 3.5% and statutory action has not been instituted in any case.

The success which has been achieved may be largely ascribed to persuasion and the better dissemination of advice from interested bodies. Farmers have been made very fully aware of their responsibilities and have reacted very properly.

No antibiotic, other than penicillin, has been found. This drug does not represent a serious public health hazard in the small amounts found in milk but might lead to illness in certain persons who have become sensitised to penicillin.

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:-

Year	No. of samples Collected	No. Negative	No. Positive	Test Void
1960	347	340	-	7
1961	313	312	-	1
1962	169	169	-	-
1963	273	273	-	-
1964	429	416	-	13

The last positive reports (four) were made in 1958. This county and the majority of the United Kingdom have for some time been declared to be an area free of bovine tuberculosis. The occurrence of a case, though possible, must now be rare. (The Public Health Laboratory Service reports 6 positives in the years 1961-3 out of 36,182 samples from 20,685 herds.)

Tuberculosis in bovines has, since time immemorial, infected human beings through ingestion of infected milk and meat and up to ten years ago, it was an important economic factor in animal husbandry, particularly on the amount of meat which had to be condemned in the slaughter houses, on post mortem examination of animals.

It is now over six years ago since the last positive sample was reported. Perhaps consideration should shortly be given to reducing the number of milk samples which are examined for myco tuberculosis. Biological examination should, it is thought, always be carried out where the raw milk or cream is retailed.

Brucellosis

During 1964, 429 samples of raw "Tuberculin Tested" or "Untreated" milk were taken and examined for the presence of brucella abortus. 19 samples of raw cream were also taken.

The following table shows the total number of samples taken for the last five years (including cream samples for 1964).

Year	No. of samples examined	No. Negative	No. Positive	Test Void
1960	338	331	7 (2.1%)	-
1961	313	306	7 (2.2%)	-
1962	169	168	1 (0.59%)	-
1963	380	363	17 (4.5%)	-
1964	448	424	11 (2.5%)	13

The importance of sampling cream was emphasised when a large herd, all of the milk from which was used to make cream, was found to be infected with brucella abortus.

A vaccination scheme against brucellosis is operated by the Ministry of Agriculture, Fisheries and Food. Worcestershire has again shown a marked increase in the number of calves treated. 6,600 calves were vaccinated.

With the exception of the above cream retailer, none of the eleven positive samples was from milk or cream which was being retailed raw. In every case the farmer was offered the service of the department and in the majority an individual investigation and sampling from each animal in the herd was undertaken. In addition to isolation of the animals, the farmer is usually recommended to send infected animals for slaughter. There is always a risk that this advice is not followed and the animals may then sometimes be purchased by another farmer whose herd had previously been free from disease. Legislation on the lines of the Tuberculosis Order would be of great benefit in hastening the eradication of this disease from our herds as well as research and progress with protective vaccines.

Rickettsia Burneti

Of the 650 samples of raw milk taken by the County Council, 55 or 8.4% have been shown to be positive for Rickettsia Burneti (Q. Fever). This compares with 12.7% for 1963, 2.8% in 1962 and 7.7% in 1961. Even at 8.4% this represents a massive reservoir of an infection which is known to be transmittable to man. The disease organism is, however, destroyed by efficient pasteurisation of the milk.

The numbers, in local authority districts, are as follows:-

<u>District</u>	<u>No.</u> <u>Positive</u>	<u>District</u>	<u>No.</u> <u>Positive</u>
Martley R.D.	7	Droitwich B. & R.D.	4
Malvern U.D.	7	Upton-on-Severn R.D.	3
Pershore R.D.	4	Redditch U.D.	2
Evesham B. & R.D.	19	Stourport U.D.	5
Tenbury R.D.	2	Kidderminster R.D.	2

Hospitals

Fifteen samples of milk were taken from the last remaining hospital farm where the milk was used in the hospital. They were subjected to biological examination on behalf of the Ministry of Health. A special investigation was also conducted, on request, of the methods of handling milk in use in this hospital and as a result, pasteurised milk, in bottles, is now provided.

Dairy Farms

The number of dairy farms registered by the Ministry of Agriculture again showed a decrease from 964 to 925.

On 30th September, when Tuberculin Tested licensing of wholesale farms ceased, there were 898 licences in force. This represents 97.1% of the farms listed at the end of the year. As milk is paid for on the basis of samples taken by a receiving dairy, it now appears that the remaining 2.9% are on the same official footing as the majority for which formerly a Tuberculin Tested licence had been issued. (Previously the holder of a Tuberculin Tested licence received an extra payment for his milk).

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				Bacillus Coli present
		Less than 100	100- 600	600- 2000	over 2000	
223	43	78	54	29	19	1

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

The aim with regard to assessing the above results is to try and establish a pattern of cleanliness and is based on regular random sampling.

Churn Rinses

During the year 127 churn rinses were taken at 8 dairies. Of these 112 gave satisfactory results, 4 gave fairly satisfactory results and 11 gave unsatisfactory results according to the statutory standards.

Cream

248 samples of cream were taken during 1964. On the non-statutory methylene blue standard recommended by a Public Health Laboratory Working Party, 84 were satisfactory, 57 fairly satisfactory and 107 unsatisfactory. 230 samples passed the phosphatase test.

Representations were made by the County Council to the County Councils Association which the Association took up and presented to the Ministry of Agriculture, Fisheries and Food to persuade the Ministry of the need for statutory standards for keeping quality and to ensure the pasteurisation of cream.

Milk is fully controlled under the Special Designation Regulations so that the risk of a milk borne infection is reduced, yet when cream is sold on its own, it escapes these controls.

The Ministry considered, however, that it would be very difficult to fix a standard and to prepare appropriate tests; also there was little evidence to connect the consumption of cream with food poisoning in human beings. The County Councils Association was said not to be satisfied with this reply and further investigations will be made.

Water Supplies and Sewerage

Formation of the South West Worcestershire Water Board

Agreement was reached during the year to proceed with the formation of the above Board, which would take over the responsibilities for the provision and supply of mains water in the local authority areas of Worcester, Malvern, Pershore and Upton. Having reached this broad basis of agreement, matters of more detail in relation to the draft order were under discussion by the end of the year. The actual date when the new Board took over its duties did not by then appear to have been settled.

Fluoridation

Early in June, 1964, Birmingham County Borough commenced to add measured amounts of sodium silico-fluoride to the water drawn from the Elan reservoir. In addition to its own internal responsibilities, Birmingham Water Department also supplied this water to small areas within Worcestershire, either because they were within its statutory area of supply or under agreement with county water authorities.

It is known that Birmingham Water Department has been sampling its water continuously since it commenced to increase the water's fluoride content. Samples have also been taken since early June from various places in the county and submitted to the County Analyst and on no occasion has the amount exceeded 1.0 part per million.

Manual on the Submission and Consideration of Schemes of Water Supply, Sewerage and Sewage Disposal.

In May, the Ministry of Housing and Local Government issued two manuals on water and sewerage schemes. The main effect of these manuals was the recommendation that, with certain exceptions, schemes costing £30,000 or a twopenny rate, whichever were the greater, need not be submitted in detail to the Ministry. In such cases an Inquiry would not normally be held before approval was given.

In all schemes coming to the County Council, the earlier they are received the easier it is to secure agreement on amendments. To try and meet the anticipated difficulties which may arise as a result of the recommendations in the above manuals, the County Council requested that informal discussions should be held as early as practicable between local authority and County Council officers.

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 the expansion of Fringe Green Sewage Disposal Works at an estimated cost of £560,000 for Bromsgrove Urban District Council.

Under the Rural Water Supplies and Sewerage Acts, recommendations have been made for financial aid by the County Council for a number of schemes costing between £750 and £40,000 for Bromsgrove, Droitwich, Evesham, Kidderminster, Tenbury and Upton-on-Severn Rural District Councils.

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>
Evesham R.D.	Kemerton and Overbury Sewerage and Sewage Disposal Scheme.
Martley R.D.	Bransford and Leigh Sinton Sewerage and Sewage Disposal Scheme.

Rural Water Supplies and Sewerage Acts

The following schemes, under the above Acts, were completed during the year:-

Bromsgrove R.D.	- Woodcote Green, Dodford Water Scheme.
Droitwich R.D.	- Hanbury Sewerage Scheme.
Evesham R.D.	- Abbots Morton Sewerage Scheme.
Kidderminster R.D.	- Crundalls Lane Water Scheme (completed in 1964 but reported to the County Council Public Health Sub-Committee in January, 1965).
Martley R.D.	- Shelsley Beauchamp Sewerage Scheme.
Pershore R.D.	- Pershore and District Sewerage Scheme.

Rivers (Prevention of Pollution) Act, 1961

Under the Rivers (Prevention of Pollution) Act, 1961, the Severn and Trent River Boards continued to require that no additional load should be placed on certain sewage works where the effluents were unsatisfactory. This has had the effect of restricting the commencement of new housing, factories, etc., within the area draining to the overloaded works. It has also accelerated proposals to extend offending works.

Even though the immediate effect of these restrictions has been the reduction in the provision of much needed housing and other accommodation, no one who knows the extent of the problem will object to the Boards' action, which can only result in our rivers becoming clean and wholesome.

The engineering work associated with a sewage disposal works may take two to three years to complete. The length of time that this work may take is due partly to the normally wet nature of a site and to the labour involved in preparing and setting up special form work into which the concrete has to be poured and allowed to set and harden.

It should be possible to devise a means of prefabricated concrete units in order to speed up completion and cut down capital costs.

Sanitary Accommodation at Lay-bys

This is now a problem of some magnitude and measures must be taken to alleviate the nuisance and danger to public health.

Annual Report of the County Welfare Officer
for the Year 1964.

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

In presenting this report I would like to take this opportunity to thank Alderman S.T. Melson, O.B.E., Chairman of the Health Committee, Mr. J.G. Parker, Chairman of the Welfare Sub-Committee who at the time of writing this report is progressing satisfactorily after a period in hospital, Mr. H.J. Tooby who was acting as Chairman of the Welfare Sub-Committee during Mr. Parker's absence and the several Chairmen and members of the various Visiting Committees of the Council's Homes for Old People for their support.

The various Voluntary Organisations interested in the welfare of old people and blind and other handicapped persons have continued the very good work they have done in previous years and the results they have achieved are indeed most praise-worthy. I would like to thank them most sincerely for the co-operation given by them in the provision of services for the benefit of old, blind, deaf and other handicapped persons.

I extend to all members of the staff, head office, district social welfare officers and those at the residential homes, my thanks for the loyal support they have given me during the year.

R.A. McDONALD

County Welfare Officer.

County Welfare Department,
25a The Tything,
Worcester.

Telephone: Worcester 23400

for the Year 1934

To the Chairman, Board of Supervisors of the Sacramento-San Joaquin County Council.

In presenting this report I would like to take this opportunity to thank Mr. J. H. Wilson, Chairman of the Board of Supervisors, for his interest and cooperation in the work of the County Welfare Department. It is a pleasure to report that the work of the department has been carried on in accordance with the plan of action adopted at the last annual meeting. The department has been successful in securing the cooperation of the various agencies and organizations in the community, and in securing the cooperation of the various agencies and organizations in the community, and in securing the cooperation of the various agencies and organizations in the community.

The various voluntary organizations have been successful in securing the cooperation of the various agencies and organizations in the community, and in securing the cooperation of the various agencies and organizations in the community, and in securing the cooperation of the various agencies and organizations in the community.

I extend to all members of the staff, both full and part time, my thanks for the work they have done in the past year, and for the work they are doing in the present year.

J. A. McDonald

County Welfare Officer

County Welfare Department,
125 The Arcade,
Sacramento.

Telephone: Sacramento 2500

Welfare Services

Residential Accommodation

Hopes that in 1964 there would be some real progress in the provision of additional welfare accommodation were not realised as the difficulties previously encountered in obtaining suitable sites for purpose-built homes still obtained. However, the proposal to extend Swinford Old Hall, Stourbridge, was approved by the Ministry of Health, and it is anticipated that building work will commence not later than the Autumn of 1965. This scheme will provide 27 beds in the new extension, of which 15 would be single rooms and six double rooms, and of these 12 beds would be on the ground floor; there would be a lift, more sitting room accommodation, which is badly needed, and better staff quarters. The home when extended will accommodate 40 old and/or infirm people.

The County Council agreed to purchase the property at Stourport-on-Severn referred to in my previous report, but this had not been completed at the end of the year, and the terms on which Stourport-on-Severn Urban District Council would take over part of the land on which they proposed to build some old people's dwellings had still to be settled.

It was decided in the circumstances that these two schemes should be substituted for new purpose built homes. This was borne in mind when preparing the programme for the development of residential accommodation during the ten year period ending 1975 in which provision was made for seven new purpose built homes. This plan provides for 779 beds under the County Council's direct control with the whole of the accommodation used by the County Council in the three Regional Hospital Board establishments (166 beds) being totally vacated by not later than 1972.

The figure of 779 beds, which represents an increase of 74 over the total of 705 at the 31st March 1964, is considered to be a realistic one having regard to the many domiciliary services for the aged which help old people to remain in their own homes longer than would otherwise be possible and special housing for the elderly where the old people have the supervision of wardens. These services should tend to some extent to reduce the demand for residential accommodation but at the same time it has not been overlooked that the proportion of old people in the population is increasing.

Towards the end of the year a property in Malvern came on to the market which was considered suitable for use as an old people's home, being conveniently situated in the town and in excellent condition. It was thought that with reasonable adaptations including the provision of a lift it could accommodate 40 persons plus staff. The Welfare Sub-Committee decided to recommend its purchase as it could not only replace one of the two small existing homes in Malvern which is quite a distance from the town amenities, but would provide additional beds.

In addition to normal works of redecoration and repairs at the several county homes, two major improvements were completed during 1964 comprising the provision of central heating with new boiler room at The Heriotts, and the installation of a lift in the Centre Wing of Laburnum House.

Applications for the Provision of Residential Accommodation

Statements are attached showing for the year ended 31st December 1964 :-

- (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.

In comparing the number of persons admitted in 1964 with the number in 1963 it should be borne in mind that the latter year was an exceptional one because of the very severe weather experienced during the early months which made it necessary for quite a number of old people to be provided with residential accommodation as they could not cope in their own homes owing to the conditions and they went back home when the weather improved. A similar demand for residential accommodation fortunately was not experienced in 1964.

Although the above is the main reason for 357 persons admitted during 1964 as compared with 432 in 1963, it is thought that the development of the scheme run jointly by the County Council and the housing authorities and referred to elsewhere in this report for providing wardens to supervise old people in special houses or flatlets for old people coupled with such domiciliary services, both statutory and voluntary, as meals on wheels, visiting, social clubs and home help service, might now be having some slight effect in reducing the demand for residential accommodation. It is difficult to pin-point the effect these schemes have or will have but there is no doubt that they, together with the domiciliary social welfare and health services must result in putting off the day when old people require a degree of care and attention which can only be provided for them in residential accommodation. Nevertheless, bearing in mind that the proportion of old people in the population is increasing it cannot be taken for granted that the reduction in demand for residential accommodation experienced in 1964 will continue.

The figures also reveal that 64% of the persons admitted to the County Council's homes during 1964 were over 76 years of age and 40% over 81 years of age.

The service for accommodating short stay cases whilst relatives or friends, owing to absence on holiday or illness, were unable temporarily to look after the old people, was made good use of again, the number for 1964 being only two less than that in 1963 (81) as compared with 50 in 1962.

Much work is done by the staff to meet the needs of applicants by securing for them the benefits of the appropriate domiciliary services to enable them to continue in their own homes or in finding accommodation as an alternative to entering residential accommodation. Although the number who withdrew their applications because other accommodation was found for them was less than in 1963, it was possible in 1964 to meet the needs of 30 applicants by providing domiciliary services as compared with 13 cases in 1963.

The number of homeless families applying for temporary accommodation during 1964 dropped from 57 in 1963 to 35, and this latter figure is exactly half the number who applied in 1962.

The amount of time given to helping families to obtain alternative accommodation varies in individual cases but overall a great deal of work is done. Nevertheless, it was found necessary to accommodate 12 family units during the year as compared with six in 1963. Some housing authorities were most co-operative in rehousing families admitted from their areas and with a very few exceptions the periods for which families were accommodated at Three Springs Hostel were comparatively short. Only two families comprising two women and four children were being accommodated at the end of 1964.

Welfare of Residents

The interest shown by various persons and organisations in the social welfare of the residents of the County Council's welfare accommodation in previous years was well maintained during the year under review. The residents benefited from regular car rides and other outings, film shows and other entertainment and they were particularly appreciative by being remembered on birthdays and at Christmas by receiving cards and gifts.

Arrangements were made as usual for the residents to be taken on outings at the County Council's expense and other outings were paid for out of the residents own Comforts Funds.

Quite a number of residents went for short holidays with relatives or friends, and a number also spent a week's holiday at the seaside for which they had saved up, some going to Southsea and others to Weston-super-Mare.

A service much appreciated at the homes by the residents is the provision of chiropody treatment by part-time chiropodists employed on a sessional basis.

Another amenity greatly enjoyed by the residents is the regular supply of library books to the homes, and I take this opportunity of expressing the thanks of the residents and myself for the over-willing co-operation given by Miss A. P. Barnes, the County Librarian in providing this service.

Special Housing for Old People - Warden's Schemes

In my previous report, I referred to the large extent to which housing authorities had co-operated in providing special housing for the elderly, with a warden to give a degree of kindly supervision over the old people and so enabling them to remain in their own homes longer than would otherwise be possible.

It is interesting to note from statistics compiled by the Ministry of Health that the provision made in Worcestershire is with one exception, that of Burton-on-Trent, far greater than in any other county or county borough in the Birmingham Region either as regards provision already made or that forecasted by 1969.

The Ministry's figures relate to the position at the 31st March 1963 and that forecasted at 31st March, 1969, and the National Summary covering all county councils and county borough councils in England and Wales gives the following figures concerning persons in special housing for the elderly :-

	<u>31.3.1963.</u>	<u>31.3.1969.</u>
Number of persons	35,894 (928)	123,961 (2,098)
Per 1,000 population		
age 65 and over	6.4 (18.2)	19.9 (37.3)

The figures in brackets relate to Worcestershire, and the ratio per 100 population aged 65 and over show the extent of the development of the service as compared with the national average.

At the 31st March 1963 there were 25 schemes in operation. This number had increased to 29 at the end of 1964 and a further five were expected to start early in 1965. With still more schemes contemplated in the next few years it will be appreciated why this factor has not been overlooked in preparing the plan for the development of residential accommodation as mentioned elsewhere in this report.

Dwellings for old people covered by a warden's scheme are connected by a warning bell system to the warden's dwelling for use in an emergency, and it is the practice in approved instances for dwellings not included in such schemes and specially allocated to old people to have the flashing light system installed in the windows. This has had a good psychological effect as the old people do not feel entirely isolated from obtaining assistance when needed, and it has also proved to be a practical means of securing help.

At the end of 1964, the flashing light system had been installed in 437 dwellings for old people as compared with 230 at the end of the previous year.

Clubs for the Elderly

Worcestershire is well served by clubs for elderly people, there being no less than 86 in existence at the end of the year as compared with 82 at the end of 1963.

The 86 clubs include 68 clubs for the elderly and four open all day clubs run by the W.V.S.; the B.R.C.S. run four clubs and one all day club, and there are nine other clubs run by various voluntary organisations in the county.

The all day clubs serve a particularly useful purpose as the old people can obtain hot meals or snacks as well as join in social activities and obtain companionship.

The County Council have a formula of assistance in respect of clubs for the elderly, but quite a number of the W.V.S. clubs through local effort have become self-supporting and are indeed encouraged by the W.V.S. to be so.

This service, which means so much to the old people, entails a great deal of time and effort on the part of the members of the voluntary organisations concerned and there is no doubt that the highest praise is due to them for their unstinting efforts on behalf of old people.

Meals on Wheels and Meals in Clubs

Other services which involve a great deal of time and effort on the part of the W.V.S. is that of Meals on Wheels and of Meals in Clubs.

I have mentioned in previous reports the steady development of the meals on wheels service and this was continued in 1964 by the extension of the service to several more districts. In one district the W.V.S. were helped out of a difficulty as regards a kitchen by meals being supplied from a County Council home pending permanent arrangements being made for a kitchen. The number of meals supplied during the year reached a total of no less than 73,229 as compared with 54,098 in 1963. The increased number of meals supplied was due not only to more areas being served but to more old people being supplied in areas where the service had been in operation for many years.

The number of mid-day meals provided at day and luncheon clubs also increased from 25,226 in 1963 to 30,068 in 1964. The increase was due not only to the setting up of a new luncheon club but to more old people taking advantage of the meals provided at both types of clubs which had been in existence previously.

Financial assistance is given to the W.V.S. by the County Council and those district councils in whose areas the services are operating, and the remarkable extent to which the services have developed over the last few years illustrate to a marked degree what can be achieved by the W.V.S. when not embarrassed by lack of funds. The W.V.S. are to be congratulated on the results they have obtained in providing these services which have involved so much time in planning and work in carrying them out.

Registration and Inspection of Disabled Persons and Old Persons' Homes.

Periodical inspections of voluntary and private homes for disabled persons and old persons registered by the County Council have been carried out during the year to ensure that a good standard of accommodation was maintained and where considered necessary the notice of the proprietors was drawn to any matters requiring attention in the interests of the residents.

At the end of the year there were 21 registered homes providing accommodation for 319 old and/or disabled persons. In addition two homes run by the British Red Cross Society, which are exempt from registration provided accommodation for 38 old people.

The registration of a further private home for old people was pending at the end of the year as the fire precaution arrangements had not been completed.

Welfare Services for the Blind and Partially Sighted

(1) Blind Persons

(a) General

On the 31st December 1964 there were 759 persons in the County registered as blind (304 men, 455 women). This total includes 80 persons (34 men, 46 women) in Oldbury where the Borough Council exercise delegated powers in providing welfare services for blind and other handicapped persons.

The increase in the number on the register since 1963 is eight and this confirms indications over the last decade that the blind population has reached a stage where major change in the overall number at least in the short term is unlikely.

The preponderance of elderly persons is again evident, the proportion of those over 65 years of age remaining at nearly 70%. The number of those aged 90 years and over has increased from 40 to 47.

There are 18 children of school age and one child under school age compared with 16 and one respectively in 1963.

An overall increase on the register was recorded despite the 88 new registrations in 1964 being fewer than the 111 occurring in 1963. This seeming discrepancy is explained by the reduced number of deaths during 1964.

(b) Employment

Since the 1st April 1964, the Home Workers' Scheme has been under the direct supervision of the County Council Welfare Staff. There are still 17 homeworkers, employed as knitters, basket-makers and piano-tuners; whose earnings have been maintained well above the required level. Although a full financial year has not yet been completed it is already evident that an increased turn-over of goods has been achieved in comparison with 1963/64.

A Retail Shop for the sale of Home Workers' produce was opened at 25 The Tything, Worcester, in June. It was intended that this outlet should make a small contribution to sales but even more importantly, should provide an advertisement and a "show-case" for the high quality goods made by the Blind. The purpose has been admirably fulfilled and useful average weekly takings of £16 per week have been achieved.

A handicapped person is employed part-time to serve in the shop.

The number of blind persons employed in sheltered workshops remains at last year's figure of 14.

Every effort is made in co-operation with the Ministry of Labour to train and place all suitable employable blind persons in open industry and the 1963 figure of 40 persons in work of this nature has been increased this year to 48. The year 1964 has provided the first full year under the new arrangement which transferred the responsibility for placement in open employment from a Voluntary Agency to the Ministry of Labour. The full organisation and expertise of the Ministry has been added to the knowledge and experience of the Placement Officers previously employed by the Voluntary Bodies who pioneered this service. An excellent relationship has been established between the County Council Officers and the Ministry Officers and with a high degree of co-operation from industrial concerns the service is operating most efficiently.

Successful placement in this field calls for the exercise of patience and skill. "Charitable" placements are not in the interests of the blind in the long term and from very early days the blind worker has been introduced to jobs in industry solely on the basis of his merit and competitive value.

(c) Social Needs

The Main Committee and branches of the Worcestershire Association for the Blind have continued their active and informed support of the blind people in the County and have maintained close links with the County Home Teaching Service, particularly through the Social Clubs for the Blind.

The Home Teachers have made over 11,000 visits to Blind and Partially Sighted persons during 1964, providing rehabilitation and general welfare services, teaching Braille and Moon and giving handicraft instruction.

A few blind persons have been provided with Factory Outwork which has given them an interest and also provided some supplement to income.

(2) Partially Sighted Persons

114 persons (61 men, 53 women) were registered as partially sighted, as on the 31st December, 1964. This figure, which includes 15 (10 men, 5 women) registered in Oldbury, shows an increase of nine over the previous year.

The total includes 27 persons who are likely to become blind, 21 who are mainly industrially handicapped, 54 who require observation only and 12 children.

3. Register of Blind and Partially Sighted Persons

(a) Incidence of Blindness

During 1964 the number of Forms B.D.8 completed in respect of persons over school age (excluding Oldbury) was 107, as compared with 130 in 1963. Of these 79 were certified blind, 19 partially-sighted and 9 not blind nor partially-sighted. The examinations were carried out by 18 ophthalmologists and in 24 cases domiciliary visits were necessary. There were 6 re-examinations, these persons being already registered partially-sighted; 5 cases were certified blind and transferred to the Register of Blind Persons.

Of the 101 new cases dealt with during the year the sources of reference were as follows :-

- (i) General Practitioners 9
- (ii) Other medical sources (mainly ophthalmologists) ... 33
- (iii) National Assistance Board 42
- (iv) Other lay sources (welfare officers, neighbours, etc.) 17

(b) 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 Section F(1) of Forms B.D.8. recommend						
(a) No Treatment	18	3	9	-	37	11
(b) Medical	-	-	3	1	3	1
(c) Surgical	6	2	-	-	2	-
(d) Optical	-	-	-	-	1	1
(ii) Number of cases at (i) (b), (c) and (d) above which on follow up action have received treatment.	1	-	3	1	5	1

General Classes of Handicapped Persons

(1) Registration

On the 31st December 1964, there were 1,063 persons in the County registered as handicapped (excluding blind, partially sighted, deaf and hard of hearing persons). This figure includes 129 Oldbury residents where the Borough Council has delegated functions for the welfare of the handicapped.

The number on the register shows an increase of 76 over 1963. While this is a smaller increase than in the previous year it is still quite substantial and it is evident that the optimum number is not yet in sight.

A breakdown of the total gives 122 persons under 16 years of age, 656 in the 16-64 years range and 285 over 65 years of age.

(2) Structural Alterations and Aids

With the co-operation of District Councils where Council houses are concerned, the Social Welfare Officers have investigated the need for adaptations to property designed to increase the mobility and independence of handicapped persons. During the year under review financial help has been given by the County Council towards seven major structural alterations of this kind.

A range of aids has been issued, mostly on "permanent" loan. As in previous years aids for use in the bathroom and toilet have been in particular demand and this year has seen increased provision of "self-lift" chairs for people who have difficulty in rising from an ordinary chair.

The British Red Cross Society has again given every co-operation, providing a host of those "small" aids to daily living which make such a significant contribution to the welfare of the disabled, and lending other equipment.

(3) Out-work for the Handicapped

Although plans are being considered for centres where handicapped persons may be engaged in handicraft work on a pastime basis and some remunerative work of a simple type, these will not meet the need in the more rural areas.

Accordingly, an outwork scheme was started of an exploratory and pilot nature in October 1964 and this is being run in conjunction with the the Blind Homeworkers Scheme.

At the end of the year some 20 handicapped persons were engaged in outwork - mainly packing and assembling obtained from local factories.

(4) Social Activities

The number of Social Clubs for handicapped persons remains at nine (6 B.R.C.S., 3 W.V.S.) and the programme of socials, handicrafts and outings organised by the two voluntary societies has met an important need. Domiciliary craft instruction has been given throughout the year by the Department's Craft Instructor and assistance given in the disposal of products.

The annual holiday arranged by the British Red Cross Society and the W.V.S. in co-operation with the welfare department was spent at Westward Ho! from the 2nd to the 9th May. 144 handicapped persons and 107 helpers attended. The helpers included relatives and friends, the Voluntary Society members and two members of the welfare department

staff. Many of the handicapped are severely disabled and need considerable assistance. In view of this fact and the general rise in costs the County Council have increased the grant towards the cost of the holiday scheme to £5 per handicapped person.

(5) Admissions to Homes

Despite the national shortage of places in Homes for the younger physically handicapped there was no unreasonable delay in admitting people from Worcestershire during 1964. 10 admissions were made, seven of these to Homes run by Voluntary Bodies, two to County Homes in Worcestershire and one to another local authority Home.

The handicaps of the people concerned comprised epilepsy, (6) poliomyelitis (2), disseminated sclerosis (1) and spasticity (1).

(6) Disabled Drivers

In accordance with the Ministry of Health model scheme identifying badges were issued to all eligible applicants during the year. There is a steady and undiminished demand for the badges which have proved of assistance to disabled drivers especially in cases of parking difficulty. 134 Worcestershire drivers hold these badges, 27 having been issued during 1964. The scheme is limited to those who experience severe difficulty in walking, but is not confined to drivers of Ministry vehicles.

Deaf and Hard of Hearing persons

General welfare and specialist services were carried out on behalf of the County Council by the Worcestershire and Herefordshire Association for work amongst the deaf.

Staff shortage made it very difficult for the Association to maintain the usual standard during the year. Qualified officers needed for much of the work, in particular with the deaf without speech, are in short supply nationally. Preliminary discussions were held with the Association on ways and means of improving the position and it is hoped that better administrative arrangements will be effected next year.

The numbers on the register at the end of 1964 were 35 Deaf with Speech, 135 Deaf without Speech and 851 Hard of Hearing. Included in these totals are figures of 10, 8 and 8 respectively for the Borough of Oldbury.

Taking all categories together there is a small decrease (12) in the register, compared with 1963 but national and local surveys suggest that there is an undiscovered number of the Deaf with Speech and Hard of Hearing eligible for registration who would benefit from welfare services.

Central Council for the Disabled

The County Council affiliated to this organisation in 1964.

The Central Council is a co-ordinating body for all organisations working for the welfare of the handicapped and provides a central bureau of information.

Statistical Tables

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Notification of Infectious Diseases

Table 2.11

County District	Scarlet Fever	Whooping Cough	Measles (excluding rubella)	Acute Folliculitis		Tuberculosis		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	T O T A L
				Paralytic	Non-paralytic	Respiratory	Other				Infective	Post-infectious									
URBAN																					
Bendley Borough	1	15	98	-	-	1	-	-	-	-	-	-	1	-	1	2	-	-	-	-	117
Fossegrove	41	67	255	-	-	3	-	-	-	-	1	-	2	-	1	7	-	-	1	-	379
Droitwich Borough	-	-	17	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20
Evesham	-	-	5	-	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10
Evesham Borough	19	23	285	-	-	10	-	-	-	-	-	-	2	-	1	14	-	-	6	-	362
Illesworth Borough	5	26	621	-	-	9	-	-	-	-	-	-	3	-	2	1	-	-	1	-	664
Kidderminster Borough	15	10	92	-	-	5	-	-	-	-	-	-	2	-	2	17	-	-	1	-	127
Malvern	28	51	181	-	-	18	-	-	-	1	-	-	3	-	3	313	-	-	1	-	217
Oldbury Borough	6	70	117	-	-	8	-	-	-	-	-	-	2	-	2	11	-	-	1	-	309
Redditch	36	15	517	-	-	1	1	-	-	-	-	-	7	-	7	3	-	-	1	-	548
Stourbridge Borough	-	20		-	-																
Stourport on Severn	-			-	-																
Total Urban Districts	151	297	2,416	-	-	70	10	-	-	1	1	-	19	2	27	56	1	-	12	3	5,466
RURAL																					
Bromsgrove	9	19	270	-	-	10	-	-	-	-	-	-	2	-	-	2	-	-	3	-	318
Droitwich	3	6	137	-	-	2	-	-	-	-	-	-	1	-	-	1	-	-	37	-	187
Evesham	3	2	68	-	-		1	-	-	-	-	-	-	-	-	-	-	-	74	-	74
Kidderminster	5	10	96	-	-	3	-	-	-	-	-	-	-	-	-	10	-	-	5	-	129
Malvern	13	52	190	-	-	2	-	-	-	-	-	-	1	-	-	17	-	-	2	-	278
Perthshire	-	2	179	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	1	-	184
Tenbury	-	5	145	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	152
Updon upon Severn	-	4	73	-	-	4	-	-	-	-	-	-	2	-	-	-	-	-	-	-	84
Total Rural Districts	33	100	1,158	-	-	24	1	-	-	1	-	-	6	-	1	36	-	-	47	5	1,405
Administrative County	184	397	3,574	-	-	94	11	-	-	2	1	4	25	2	28	86	1	-	59	8	7,472
Administrative County 1963	299	226	7,197	-	-	100	12	-	-	1	-	1	85	1	31	181	-	-	20	13	8,167

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Causes of Death at Different Periods of Life in the Administrative County of Hereford

Table III

Causes of Death	All Ages		Under 1 weeks		1 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	2514	2405	60	63	29	18	12	13	19	19	32	14	26	15	62	68	203	133	490	390	676	555	897	1277
1. Tuberculosis, respiratory	9	6													1	2	1	1	4	1	1	1	2	1
2. Tuberculosis, other		2																					1	1
3. Syphilitic disease	4	3													1		1	1		1			2	2
4. Diphtheria																								
5. Whooping Cough																								
6. Meningococcal infections	1	1			1			1																
7. Acute Poliomyelitis																								
8. Measles																								
9. Other infective and parasitic diseases	4	4													2	1	1	4	19	11	2	1	17	1
10. Malignant neoplasms, stomach	60	49			1			1							2	1	3	4	19	11	19	15	18	18
11. Malignant neoplasms, lung, bronchus	188	26													7	9	26	7	84	25	52	26	18	22
12. Malignant neoplasms, breast		103														5	8			4	10		8	
13. Malignant neoplasms, uterus		35																						
14. Other malignant and lymphatic neoplasms	213	261													7	16	20	39	46	46	69	80	66	72
15. Leukemia, erythemic	15	17													1	1	2	2	3	4	4	5	3	3
16. Diabetes	14	24													2	6	1	1	2	7	2	9	8	7
17. Vascular lesions of nervous system	301	463				2									13	6	17	16	43	39	77	100	162	299
18. Coronary disease, angina	546	321													1	1	65	4	141	43	178	96	147	177
19. Hypertension with heart disease	29	43													1	1	2	1	11	6	6	9	9	28
20. Other heart disease	239	369			1										1	2	9	8	26	22	46	60	151	277
21. Other circulatory disease	82	104													2	4	3	3	11	12	27	15	39	69
22. Influenza	8	1																						
23. Pneumonia	141	141																	7	10	28	31	77	88
24. Bronchitis	215	70	2	3	11	4									6	1	3	1	40	11	75	23	63	37
25. Other diseases of respiratory system	18	8													1	1	11		4	11	6	3	6	3
26. Ulcer of stomach and duodenum	30	12															2		9	1	2	3	10	2
27. Gastritis, enteritis & diarrhoea	11	14																						
28. Nephritis and nephrosis	15	13																						
29. Hyperplasia of prostate	27																							
30. Pregnancy, childbirth, abortion		1																						
31. Congenital malformations		21	10	10	5	3	1	3	1	1	4	1	1	5		1	2	11	1	32	33	43	47	
32. Other defined and ill-defined diseases	169	261	48	50	2	4	3	2	5	6	18	3	2		4	4	11	14	10	7	7	9	16	106
33. Motor vehicle accidents	66	23													8	2	6	10	6	10	7	2	3	5
34. All other accidents	57	71													2	4	10	8	8	10	8	9	16	41
35. Suicide	24	17															3	4		7	5	2	3	
36. Hemicide and operations of war	1	1																						

Causes of Death in Administrative Areas - (Urban and Rural) Districts

CAUSES OF DEATH	URBAN DISTRICTS											RURAL DISTRICTS							GRAND TOTAL FOR COUNTY				
	Bewdley 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	56	432	88	196	494	522	309	482	364	486	129	3568	349	242	193	113	134	200	73	227	1431	4699	
1. Tuberculosis, respiratory		1									1	11	1		2					3	3	4	15
2. Tuberculosis, other												1									1	2	7
3. Syphilitic disease							2	1				5									2		
4. Diphtheria																							
5. Whooping Cough																		2					
6. Meningococcal infections																							
7. Acute Poliomyelitis																							
8. Measles																							
9. Other infective and parasitic diseases	1	13	3	2	2	1	4	15	1	14	2	83	8	3	1	2	1	5	3	1	2	8	
10. Malignant neoplasm, stomach		20	1	6	10	12	6	34	8	27	3	155	15	4	1	8	8	6	2	8	26	109	
11. Malignant neoplasm, lung, bronchus	4	8	1	3	16	19	4	6	19	9	3	69	9	3	3	6	21	2	2	3	59	214	
12. Malignant neoplasm, breast	1	2	1	1	6	2	2	4	1	3	1	24	3	3	3	1	18	1	8	3	34	103	
13. Malignant neoplasm, uterus		35	5	1	6	3	34	52	38	38	12	323	31	10	25	14	16	26	9	20	151	474	
14. Other malignant and lymphatic neoplasms	6	2		1	3	3	1	3	2	2		28	5	2	1	1	1	2	1	3	14	32	
15. Leukaemia, erythraemia												18									10	38	
16. Diabetes	1	2	2		6	4	3	3	5	2		28	3	2	1	1	1	1	1	2	10	72	
17. Vascular lesions of nervous system	7	51	25	40	75	99	52	49	57	84	29	568	45	22	31	20	21	28	10	21	196	764	
18. Coronary disease, angina	14	71	15	26	111	89	14	95	55	91	21	632	75	32	28	17	18	31	8	26	235	867	
19. Hypertension with heart disease		7		2	6	4	5	41	3	11	25	44	6	3	2	4	4	2	3	6	28	72	
20. Other heart disease	6	50	9	52	57	69	16	14	40	45	17	459	29	15	27	9	16	27	13	13	149	608	
21. Other circulatory disease	3	12	3	3	13	18	1	14	11	17	2	112	11	4	7	5	5	22	5	15	74	166	
22. Influenza												8									1	9	
23. Pneumonia		46	6	8	20	22	17	51	18	33	2	211	11	6	6	9	10	7	1	25	71	282	
24. Bronchitis	4	21	5	2	41	22	8	28	1	36	6	215	23	8			6	5	2	10	71	282	
25. Other diseases of respiratory system		2			2	3	1	3	3	1		25	2			4	2	7	5	6	26	235	
26. Ulcer of stomach and duodenum		6		1	2	5	5	3	1	3		13	3	1		1	2	3	1	5	14	62	
27. Gastritis, enteritis and diarrhoea		1		1	4	5	2	4	3	3	1	19	1	1	1					2	6	28	
28. Nephritis and nephrosis		5		2	2	3	1	1		4		21	3				1			3	10	27	
29. Hepatitis and nephrosis		2			5	1	1	2	3			17	3								1	1	
30. Hyperplasia of prostate												1											
31. Pregnancy, childbirth, abortion												1											
32. Congenital malformations												29	7							4	48	48	
33. Other defined and ill-defined disease	4	6	1	1	4	4	3	5	2	2	1	300	31	14	3	18	1	16	6	26	130	430	
34. Motor vehicle accidents	2	43	5	12	26	38	31	40	36	53	10	300	6	34	4	10	2	7	1	4	28	89	
35. All other accidents	1	11	2	3	13	8	9	8	9	6	4	78	15	4	1	9	5	4		10	50	128	
36. Suicide												29								5	1	41	
37. Homicide and operations of war												1										2	

THE UNIVERSITY OF CHICAGO

1	1891-1892	1891-1892	1891-1892
2	1892-1893	1892-1893	1892-1893
3	1893-1894	1893-1894	1893-1894
4	1894-1895	1894-1895	1894-1895
5	1895-1896	1895-1896	1895-1896
6	1896-1897	1896-1897	1896-1897
7	1897-1898	1897-1898	1897-1898
8	1898-1899	1898-1899	1898-1899
9	1899-1900	1899-1900	1899-1900
10	1900-1901	1900-1901	1900-1901
11	1901-1902	1901-1902	1901-1902
12	1902-1903	1902-1903	1902-1903
13	1903-1904	1903-1904	1903-1904
14	1904-1905	1904-1905	1904-1905
15	1905-1906	1905-1906	1905-1906
16	1906-1907	1906-1907	1906-1907
17	1907-1908	1907-1908	1907-1908
18	1908-1909	1908-1909	1908-1909
19	1909-1910	1909-1910	1909-1910
20	1910-1911	1910-1911	1910-1911
21	1911-1912	1911-1912	1911-1912
22	1912-1913	1912-1913	1912-1913
23	1913-1914	1913-1914	1913-1914
24	1914-1915	1914-1915	1914-1915
25	1915-1916	1915-1916	1915-1916
26	1916-1917	1916-1917	1916-1917
27	1917-1918	1917-1918	1917-1918
28	1918-1919	1918-1919	1918-1919
29	1919-1920	1919-1920	1919-1920
30	1920-1921	1920-1921	1920-1921
31	1921-1922	1921-1922	1921-1922
32	1922-1923	1922-1923	1922-1923
33	1923-1924	1923-1924	1923-1924
34	1924-1925	1924-1925	1924-1925
35	1925-1926	1925-1926	1925-1926
36	1926-1927	1926-1927	1926-1927
37	1927-1928	1927-1928	1927-1928
38	1928-1929	1928-1929	1928-1929
39	1929-1930	1929-1930	1929-1930
40	1930-1931	1930-1931	1930-1931
41	1931-1932	1931-1932	1931-1932
42	1932-1933	1932-1933	1932-1933
43	1933-1934	1933-1934	1933-1934
44	1934-1935	1934-1935	1934-1935
45	1935-1936	1935-1936	1935-1936
46	1936-1937	1936-1937	1936-1937
47	1937-1938	1937-1938	1937-1938
48	1938-1939	1938-1939	1938-1939
49	1939-1940	1939-1940	1939-1940
50	1940-1941	1940-1941	1940-1941
51	1941-1942	1941-1942	1941-1942
52	1942-1943	1942-1943	1942-1943
53	1943-1944	1943-1944	1943-1944
54	1944-1945	1944-1945	1944-1945
55	1945-1946	1945-1946	1945-1946
56	1946-1947	1946-1947	1946-1947
57	1947-1948	1947-1948	1947-1948
58	1948-1949	1948-1949	1948-1949
59	1949-1950	1949-1950	1949-1950
60	1950-1951	1950-1951	1950-1951
61	1951-1952	1951-1952	1951-1952
62	1952-1953	1952-1953	1952-1953
63	1953-1954	1953-1954	1953-1954
64	1954-1955	1954-1955	1954-1955
65	1955-1956	1955-1956	1955-1956
66	1956-1957	1956-1957	1956-1957
67	1957-1958	1957-1958	1957-1958
68	1958-1959	1958-1959	1958-1959
69	1959-1960	1959-1960	1959-1960
70	1960-1961	1960-1961	1960-1961
71	1961-1962	1961-1962	1961-1962
72	1962-1963	1962-1963	1962-1963
73	1963-1964	1963-1964	1963-1964
74	1964-1965	1964-1965	1964-1965
75	1965-1966	1965-1966	1965-1966
76	1966-1967	1966-1967	1966-1967
77	1967-1968	1967-1968	1967-1968
78	1968-1969	1968-1969	1968-1969
79	1969-1970	1969-1970	1969-1970
80	1970-1971	1970-1971	1970-1971
81	1971-1972	1971-1972	1971-1972
82	1972-1973	1972-1973	1972-1973
83	1973-1974	1973-1974	1973-1974
84	1974-1975	1974-1975	1974-1975
85	1975-1976	1975-1976	1975-1976
86	1976-1977	1976-1977	1976-1977
87	1977-1978	1977-1978	1977-1978
88	1978-1979	1978-1979	1978-1979
89	1979-1980	1979-1980	1979-1980
90	1980-1981	1980-1981	1980-1981
91	1981-1982	1981-1982	1981-1982
92	1982-1983	1982-1983	1982-1983
93	1983-1984	1983-1984	1983-1984
94	1984-1985	1984-1985	1984-1985
95	1985-1986	1985-1986	1985-1986
96	1986-1987	1986-1987	1986-1987
97	1987-1988	1987-1988	1987-1988
98	1988-1989	1988-1989	1988-1989
99	1989-1990	1989-1990	1989-1990
100	1990-1991	1990-1991	1990-1991

Attendances at Child Welfare Centres, 1964

Centre	No. of Sessions		New Cases	Total Attendances	Average Attendance per Session	
	Medical Officer	Health Visitor.				
<u>Bewdley Borough</u>						
Wribbenhall	11	12	69	964	42	(33)
<u>Bromsgrove Urban</u>						
Bromsgrove	52	1	343	5,760	109	(81)
Catshill	24	1	70	1,103	46	(29)
Marlbrook	21	1	69	1,062	48	(36)
Rubery	50	1	215	3,531	67	(63)
<u>Bromsgrove Rural</u>						
Alvechurch	21	3	84	1,322	55	(54)
Belbroughton	11	-	18	187	17	(15)
Beoley	10	1	22	173	16	(17)
Charford (opened November)	3	-	9	73	24	(-)
Clent	12	-	18	256	21	(16)
Cofton Common	23	23	86	1,552	34	(37)
Cofton Hackett	12	12	31	476	20	(15)
Hagley	12	27	131	2,290	59	(49)
Finstall	12	12	26	635	26	(25)
Romsley	11	1	8	370	31	(28)
Wythall	23	25	129	2,825	58	(49)
<u>Droitwich Borough</u>						
Droitwich	45	5	166	5,143	103	(48)
<u>Droitwich Rural</u>						
Crowle	11	-	28	282	25	(23)
Fernhill Heath	12	10	56	945	43	(37)
*Hanbury	11	-	34	382	35	(29)
Hartlebury	23	1	43	805	34	(30)
Ombersley	12	-	31	288	24	(18)
Wychbold	12	10	53	664	29	(25)
<u>Evesham Borough</u>						
Evesham	35	14	267	2,500	51	(38)
<u>Evesham Rural</u>						
Badsey	22	-	151	654	54	(44)
Beckford	12	-	13	195	16	(14)
Bretforton	11	-	33	209	19	(19)
Broadway	11	13	16	497	21	(22)
*Childswickham	12	-	36	517	43	(38)
Honeybourne	10	2	46	471	40	(29)
Kemerton	12	-	18	234	20	(14)
Littletons	12	12	31	730	30	(25)
Offenham	12	-	24	376	31	(30)
Pebworth	12	-	38	209	17	(12)
*Sedgeberrow	12	-	34	430	36	(30)

Attendances at Child Welfare Centres, 1964 (Continued)

Centre	No. of Sessions		New Cases	Total Attendances	Average Attendance per Session
	Medical Officer	Health Visitor			
<u>Halesowen Borough</u>					
Blackheath	49	30	225	5,111	66 (54)
Cradley	89	6	141	4,366	46 (38)
Halesowen	68	2	264	3,720	52 (49)
Lepal	20	2	39	1,221	56 (47)
<u>Kidderminster Borough</u>					
Birchen Coppice	20	17	53	818	22 (24)
Broadwaters	22	26	78	1,822	38 (26)
Comberton	22	26	55	1,600	33 (27)
Coventry Street	48	1	227	2,769	57 (59)
Foley Park	22	26	164	3,564	74 (74)
Franchise	25	23	119	3,448	72 (64)
<u>Kidderminster Rural</u>					
Blakedown	9	2	18	232	21 (22)
Chaddesley Corbett	12	-	38	167	14 (16)
Cookley	19	3	71	1,197	54 (42)
Gorst Hill	6	6	8	144	12 (11)
Rock & Far Forest	7	5	18	288	24 (26)
Wolverley	17	-	59	1,037	61 (61)
<u>Malvern Urban</u>					
Lansdowne	25	2	38	604	22 (20)
Link	24	28	125	3,057	58 (43)
Newtown	23	26	109	2,294	48 (37)
Sherrards Green	18	31	113	2,529	51 (39)
Wyche	11	-	13	163	15 (10)
<u>Martley Rural</u>					
*Alfrick	13	-	16	242	20 (19)
Broadheath	12	12	53	616	26 (16)
Clifton-on-Teme	12	-	25	129	11 (11)
Hallow	10	14	30	474	20 (17)
Holt	10	-	15	137	14 (12)
*Leigh	12	-	26	255	21 (11)
*Martley	12	-	86	505	42 (35)
Rushwick	12	-	28	602	50 (37)
Shrawley	10	-	4	127	13 (14)
Great Witley	11	-	21	197	18 (24)
Little Witley	11	-	5	58	5 (7)
<u>Oldbury Borough</u>					
Langley	104	-	339	7,660	73 (63)
Oldbury	49	-	210	3,716	75 (65)
Warley	101	-	326	6,139	61 (53)
<u>Pershore Rural</u>					
*Bishampton		4	33	402	37 (27)
Bredon		-	20	224	22 (17)
Drakes Broughton		-	40	469	39 (39)
Eckington		-	25	519	43 (39)
Fladbury		-	34	327	27 (12)
Norton-Kempsey		-	34	399	33 (32)
Pershore		12	180	867	36 (36)

Attendances at Child Welfare Centres, 1964 (continued)

Centre	No. of Sessions		New Cases	Total Attendances	Average Attendance per Session
	Medical Officer	Health Visitor			
<u>Redditch Urban</u>					
Abbeydale	23	1	62	821	34 (35)
Astwood Bank	20	3	65	762	33 (21)
Batchley	24	23	96	2,723	56 (47)
Feckenham	8	3	11	145	13 (14)
Greenlands Avenue	22	1	105	1,292	56 (56)
Headless Cross	21	1	111	1,229	56 (55)
Redditch	41	5	255	4,267	93 (75)
Webheath (opened October)	3	-	54	115	38 (-)
<u>Stourbridge Borough</u>					
Lye	49	1	124	2,001	40 (41)
Norton	24	32	95	1,798	34 (33)
Pedmore	16	8	67	1,560	65 (62)
Stourbridge	48	-	179	2,100	44 (41)
Wellaston	24	25	137	3,227	67 (51)
Wollescote	46	3	132	2,894	58 (58)
<u>Stourport Urban</u>					
Areley Kings	11	13	124	1,137	47 (42)
Stourport	22	28	163	2,481	50 (46)
Wilden	10	1	49	364	33 (26)
<u>Tenbury Rural</u>					
*Pensax	12	-	25	191	17 (14)
Tenbury	18	-	36	427	24 (17)
<u>Upton-on-Severn Rural</u>					
*Callow End	9	3	21	389	32 (31)
Hanley Swan	9	2	22	326	30 (21)
Kempsey	12	-	67	682	57 (43)
*Longdon	11	-	26	403	36 (36)
Upton-on-Severn	11	11	52	681	31 (19)
*Wolland	10	-	16	181	18 (21)
TOTALS	2,112	655	8,065	134,521	

* Mobile Clinics

Average attendance for 1963 shown in brackets.

Station	Date	No. of Observations		Total	Average	Remarks
		Actual	Estimated			
Station 1	1/1	10	10	20	10	
Station 2	1/2	20	20	40	20	
Station 3	1/3	30	30	60	30	
Station 4	1/4	40	40	80	40	
Station 5	1/5	50	50	100	50	
Station 6	1/6	60	60	120	60	
Station 7	1/7	70	70	140	70	
Station 8	1/8	80	80	160	80	
Station 9	1/9	90	90	180	90	
Station 10	1/10	100	100	200	100	
Station 11	1/11	110	110	220	110	
Station 12	1/12	120	120	240	120	
Station 13	1/13	130	130	260	130	
Station 14	1/14	140	140	280	140	
Station 15	1/15	150	150	300	150	
Station 16	1/16	160	160	320	160	
Station 17	1/17	170	170	340	170	
Station 18	1/18	180	180	360	180	
Station 19	1/19	190	190	380	190	
Station 20	1/20	200	200	400	200	
Station 21	1/21	210	210	420	210	
Station 22	1/22	220	220	440	220	
Station 23	1/23	230	230	460	230	
Station 24	1/24	240	240	480	240	
Station 25	1/25	250	250	500	250	
Station 26	1/26	260	260	520	260	
Station 27	1/27	270	270	540	270	
Station 28	1/28	280	280	560	280	
Station 29	1/29	290	290	580	290	
Station 30	1/30	300	300	600	300	
Station 31	1/31	310	310	620	310	
Station 32	2/1	320	320	640	320	
Station 33	2/2	330	330	660	330	
Station 34	2/3	340	340	680	340	
Station 35	2/4	350	350	700	350	
Station 36	2/5	360	360	720	360	
Station 37	2/6	370	370	740	370	
Station 38	2/7	380	380	760	380	
Station 39	2/8	390	390	780	390	
Station 40	2/9	400	400	800	400	
Station 41	2/10	410	410	820	410	
Station 42	2/11	420	420	840	420	
Station 43	2/12	430	430	860	430	
Station 44	2/13	440	440	880	440	
Station 45	2/14	450	450	900	450	
Station 46	2/15	460	460	920	460	
Station 47	2/16	470	470	940	470	
Station 48	2/17	480	480	960	480	
Station 49	2/18	490	490	980	490	
Station 50	2/19	500	500	1000	500	
Station 51	2/20	510	510	1020	510	
Station 52	2/21	520	520	1040	520	
Station 53	2/22	530	530	1060	530	
Station 54	2/23	540	540	1080	540	
Station 55	2/24	550	550	1100	550	
Station 56	2/25	560	560	1120	560	
Station 57	2/26	570	570	1140	570	
Station 58	2/27	580	580	1160	580	
Station 59	2/28	590	590	1180	590	
Station 60	2/29	600	600	1200	600	
Station 61	2/30	610	610	1220	610	
Station 62	3/1	620	620	1240	620	
Station 63	3/2	630	630	1260	630	
Station 64	3/3	640	640	1280	640	
Station 65	3/4	650	650	1300	650	
Station 66	3/5	660	660	1320	660	
Station 67	3/6	670	670	1340	670	
Station 68	3/7	680	680	1360	680	
Station 69	3/8	690	690	1380	690	
Station 70	3/9	700	700	1400	700	
Station 71	3/10	710	710	1420	710	
Station 72	3/11	720	720	1440	720	
Station 73	3/12	730	730	1460	730	
Station 74	3/13	740	740	1480	740	
Station 75	3/14	750	750	1500	750	
Station 76	3/15	760	760	1520	760	
Station 77	3/16	770	770	1540	770	
Station 78	3/17	780	780	1560	780	
Station 79	3/18	790	790	1580	790	
Station 80	3/19	800	800	1600	800	
Station 81	3/20	810	810	1620	810	
Station 82	3/21	820	820	1640	820	
Station 83	3/22	830	830	1660	830	
Station 84	3/23	840	840	1680	840	
Station 85	3/24	850	850	1700	850	
Station 86	3/25	860	860	1720	860	
Station 87	3/26	870	870	1740	870	
Station 88	3/27	880	880	1760	880	
Station 89	3/28	890	890	1780	890	
Station 90	3/29	900	900	1800	900	
Station 91	3/30	910	910	1820	910	
Station 92	3/31	920	920	1840	920	
Station 93	4/1	930	930	1860	930	
Station 94	4/2	940	940	1880	940	
Station 95	4/3	950	950	1900	950	
Station 96	4/4	960	960	1920	960	
Station 97	4/5	970	970	1940	970	
Station 98	4/6	980	980	1960	980	
Station 99	4/7	990	990	1980	990	
Station 100	4/8	1000	1000	2000	1000	

The following table shows the results of the observations made during the month of April, 1900. The observations were made at intervals of one day, and the results are given in the following table. The observations were made at intervals of one day, and the results are given in the following table.

The following table shows the results of the observations made during the month of April, 1900. The observations were made at intervals of one day, and the results are given in the following table. The observations were made at intervals of one day, and the results are given in the following table.

DENTAL SERVICES FOR EXPECTANT AND
NURSING MOTHERS AND CHILDREN

PART A. Dental Treatment - Numbers 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	136	132	107
2.	Children aged under 5 and not eligible for school dental service	496	394	324

PART B. Dental Treatment Provided

		Scalings 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	71	325	-	-	245	5	37	39	13
2.	Children aged under 5 years and not eligible for school dental service	2	323	109	-	704	163	-	-	1

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	19
2.	Number of dental officer sessions (i.e., equivalent complete half days) devoted to maternity and child welfare patients during the year	180

TABLE 1. SUMMARY OF RESULTS
FOR THE YEAR 1964

TABLE 1. SUMMARY OF RESULTS - CONTINUED

No.	Description of work	Number of persons employed during the year	Number of persons employed during the year	Number of persons employed during the year
1	General and special studies	10	10	10
2	Other work done by the office for the year	20	20	20

TABLE 2. SUMMARY OF RESULTS

No.	Description of work	Number of persons employed during the year	Number of persons employed during the year	Number of persons employed during the year	Number of persons employed during the year	Number of persons employed during the year	Number of persons employed during the year
1	General and special studies	10	10	10	10	10	10
2	Other work done by the office for the year	20	20	20	20	20	20

TABLE 3. SUMMARY OF RESULTS

No.	Description of work	Number of persons employed during the year	Number of persons employed during the year
1	General and special studies	10	10
2	Other work done by the office for the year	20	20

Nursing Services - Staff Accommodation

Table "H"

Premises	Location			Type of Accommodation													
	Urban	Rural	Total	Houses				Bungalows				Plats					
				Bedrooms			District Room facilities	Garage available	Bedrooms		District Room facilities	Garage available	Bedrooms		District Room facilities	Garage available	
1	2	3	1	2	1	2			1	2			1	2			
<u>County Council</u> <u>owned:</u> 1. Purpose built 2. Purchased																	
	38	24	62	-	22	34	56	56	-	-	-	-	5	1	6	6	
	14	11	25	-	3	10	12	12	-	2	-	1	8	2	10	9	
<u>Rented from:</u> 1. District Councils 2. Nursing Associations etc.																	
	4	6	10	-	1	4	4	5	-	1	-	1	1	3	-	1	
	7	5	12	-	3	4	6	7	-	-	-	-	3	2	5	5	
TOTALS	63	46	109	-	29	52	78	80	-	3	-	2	17	8	21	21	

Summary of the Return of Diphtheria Immunisation for the year 1964

	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.								
	Year of Birth									Year of Birth								
	1964	1963	1962	1961	1960	1955-1959	1950-1954	Total		1964	1963	1962	1961	1960	1955-1959	1950-1954	Total	
Bewdley B.	39	37	5	3	-	7	-	91	-	-	3	9	-	1	117	1	131	
Droitwich B.	53	61	5	2	1	-	-	122	-	-	8	12	4	1	161	2	188	
Evesham B.	69	114	7	8	3	11	1	213	-	-	31	63	12	19	242	2	369	
Halesowen B.	274	362	26	12	7	14	1	699	-	-	56	72	17	27	724	3	899	
Kidderminster B.	240	234	18	6	4	61	3	566	-	-	21	28	19	5	382	2	957	
Oldbury B.	283	446	76	23	8	60	26	922	-	-	2	4	1	10	574	605	1196	
Stourbridge B.	332	350	35	29	3	14	-	763	-	-	45	103	43	31	961	7	1190	
Bromsgrove U.D.	308	353	23	7	5	33	9	738	-	-	58	72	12	18	721	28	909	
Malvern U.D.	175	218	51	14	3	9	3	473	-	-	16	25	8	12	258	10	329	
Redditch U.D.	303	331	28	8	8	17	1	688	-	-	24	45	14	48	818	23	974	
Stourport U.D.	103	104	3	1	-	9	-	220	-	-	19	18	1	-	298	1	357	
Bromsgrove R.D.	245	371	31	11	5	7	23	670	-	-	55	78	19	45	547	8	752	
Droitwich R.D.	68	106	14	4	1	3	-	219	-	-	10	11	5	3	121	4	154	
Evesham R.D.	69	91	5	2	1	5	-	173	-	-	17	22	11	9	192	-	284	
Kidderminster R.D.	57	82	6	3	-	14	-	162	-	-	16	8	4	-	259	2	303	
Martley R.D.	91	74	9	4	-	8	-	186	-	-	1	8	1	6	92	2	305	
Pershore R.D.	117	175	15	1	-	4	1	313	-	-	12	18	6	5	267	1	310	
Tenbury R.D.	33	32	2	-	2	6	-	75	-	-	-	6	1	2	96	3	108	
Upton-on-Severn R.D.	60	102	9	-	2	2	-	175	-	-	1	4	-	-	103	1	109	
Totals	2919	3643	360	138	53	287	68	7468		3	395	653	178	243	7433	705	9610	

Date	Amount of Receipts										Total
	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	
Jan 1	100	100	100	100	100	100	100	100	100	100	100
Feb 1	100	100	100	100	100	100	100	100	100	100	100
Mar 1	100	100	100	100	100	100	100	100	100	100	100
Apr 1	100	100	100	100	100	100	100	100	100	100	100
May 1	100	100	100	100	100	100	100	100	100	100	100
Jun 1	100	100	100	100	100	100	100	100	100	100	100
Jul 1	100	100	100	100	100	100	100	100	100	100	100
Aug 1	100	100	100	100	100	100	100	100	100	100	100
Sep 1	100	100	100	100	100	100	100	100	100	100	100
Oct 1	100	100	100	100	100	100	100	100	100	100	100
Nov 1	100	100	100	100	100	100	100	100	100	100	100
Dec 1	100	100	100	100	100	100	100	100	100	100	100
Total	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000

Amount of Receipts for 1897

Amount of Receipts for 1898

Smallpox Vaccination - Annual Returns for the year ended 31st December, 1964. - Summary.

Table III

District	No. of persons vaccinated									No. of persons re-vaccinated								
	0-3 mths	3-6 mths	6-9 mths	9-12 mths	1 yr.	2-4	5-14	15 Or over	Total	0-3 mths	3-6 mths	6-9 mths	9-12 mths	1 yr.	2-4	5-14	15 or over	Total
Bewdley B.	-	-	1	7	25	14	-	1	48	-	-	-	-	-	1	-	7	7
Droitwich B.	2	4	3	8	40	8	-	-	65	-	-	-	-	-	2	-	3	4
Evesham B.	-	4	-	10	107	5	9	9	144	-	-	-	-	-	4	11	28	41
Halesowen B.	5	31	26	54	192	14	11	10	343	-	-	-	-	-	-	3	10	17
Kidderminster B.	3	29	7	24	168	64	10	19	324	-	-	-	-	-	-	15	62	77
Oldbury B.	72	261	25	68	88	28	3	11	556	-	-	-	-	1	3	4	39	47
Stourbridge B.	24	49	15	27	283	18	4	6	426	-	-	-	-	1	6	7	13	27
Bromsgrove U.D.	3	5	31	13	289	21	11	11	384	-	-	-	-	-	3	8	49	57
Halvern U.D.	61	21	6	8	84	15	3	12	210	-	-	-	-	-	2	8	86	97
Redditch U.D.	1	2	3	6	403	26	1	12	454	-	-	-	-	-	2	4	12	22
Stourport U.D.	-	4	17	27	63	19	2	3	135	-	-	-	-	-	-	8	42	18
Bromsgrove R.D.	10	22	11	9	237	41	5	12	347	-	-	-	-	-	2	3	26	52
Droitwich R.D.	3	8	4	5	63	1	-	4	88	-	-	-	-	-	1	8	30	30
Evesham R.D.	1	1	-	21	100	6	-	16	145	-	-	-	-	1	1	4	11	40
Kidderminster R.D.	-	3	1	7	48	27	1	2	89	-	-	-	-	-	-	4	22	15
Lartley R.D.	3	4	10	18	54	3	-	3	95	-	-	-	-	-	1	4	11	27
Pershore R.D.	17	9	9	8	73	4	9	18	147	-	-	-	-	-	-	-	-	-
Tenbury R.D.	1	19	5	7	16	4	1	2	55	-	-	-	-	-	-	1	4	5
Upton-on-Severn R.D.	7	-	1	-	48	5	-	16	77	-	-	-	-	-	-	2	3	5
TOTALS	213	476	175	327	2,381	323	70	167	4,132	-	-	-	-	3	26	98	461	588

Table "I"

Whooping Cough Immunisation - Summary of Returns for year ended 31st December, 1964.

Number of children who have completed a primary course (normally 3 injections) of pertussis vaccine (single or in combination) in the Authority's area during the year ended 31st December, 1964.

District	1964	1963	1962	1961	1960	1955-1959	1950-1954	Total
Bewdley B.	39	37	5	3	-	-	-	84
Droitwich B.	53	68	17	6	1	14	-	159
Evesham B.	69	113	6	7	1	1	-	197
Helesowen B.	265	348	23	6	2	3	-	647
Kidderminster B.	240	234	18	6	4	2	-	504
Oldbury B.	213	389	65	21	7	7	1	705
Stourbridge B.	328	337	33	28	3	5	-	734
Bromsgrove U.D.	287	311	21	7	4	7	1	638
Malvern U.D.	170	211	47	14	2	7	3	454
Redditch U.D.	285	318	18	7	2	-	1	632
Stourport U.D.	103	104	3	1	-	-	-	211
Bromsgrove R.D.	228	345	30	10	3	3	-	619
Droitwich R.D.	67	118	19	9	4	22	24	263
Evesham R.D.	70	89	5	2	-	1	-	167
Kidderminster R.D.	57	82	6	3	-	-	-	148
Martley R.D.	89	71	7	4	-	7	-	178
Pershore R.D.	110	175	15	1	-	4	1	306
Tenbury R.D.	33	32	3	-	2	1	-	71
Upton-on-Severn R.D.	60	100	8	-	-	-	-	170
TOTALS	2,767	3,482	349	135	37	84	31	6,885

1901-1902

1903-1904

Year	1901	1902	1903	1904	1905	1906	1907	1908-1909	1910-1911	1912
1901-1902	100	100	100	100	100	100	100	100	100	100
1903-1904	100	100	100	100	100	100	100	100	100	100
1905-1906	100	100	100	100	100	100	100	100	100	100
1907-1908	100	100	100	100	100	100	100	100	100	100
1909-1910	100	100	100	100	100	100	100	100	100	100
1911-1912	100	100	100	100	100	100	100	100	100	100
1913-1914	100	100	100	100	100	100	100	100	100	100
1915-1916	100	100	100	100	100	100	100	100	100	100
1917-1918	100	100	100	100	100	100	100	100	100	100
1919-1920	100	100	100	100	100	100	100	100	100	100
1921-1922	100	100	100	100	100	100	100	100	100	100
1923-1924	100	100	100	100	100	100	100	100	100	100
1925-1926	100	100	100	100	100	100	100	100	100	100
1927-1928	100	100	100	100	100	100	100	100	100	100
1929-1930	100	100	100	100	100	100	100	100	100	100
1931-1932	100	100	100	100	100	100	100	100	100	100
1933-1934	100	100	100	100	100	100	100	100	100	100
1935-1936	100	100	100	100	100	100	100	100	100	100
1937-1938	100	100	100	100	100	100	100	100	100	100
1939-1940	100	100	100	100	100	100	100	100	100	100
1941-1942	100	100	100	100	100	100	100	100	100	100
1943-1944	100	100	100	100	100	100	100	100	100	100
1945-1946	100	100	100	100	100	100	100	100	100	100
1947-1948	100	100	100	100	100	100	100	100	100	100
1949-1950	100	100	100	100	100	100	100	100	100	100
1951-1952	100	100	100	100	100	100	100	100	100	100
1953-1954	100	100	100	100	100	100	100	100	100	100
1955-1956	100	100	100	100	100	100	100	100	100	100
1957-1958	100	100	100	100	100	100	100	100	100	100
1959-1960	100	100	100	100	100	100	100	100	100	100
1961-1962	100	100	100	100	100	100	100	100	100	100
1963-1964	100	100	100	100	100	100	100	100	100	100
1965-1966	100	100	100	100	100	100	100	100	100	100
1967-1968	100	100	100	100	100	100	100	100	100	100
1969-1970	100	100	100	100	100	100	100	100	100	100
1971-1972	100	100	100	100	100	100	100	100	100	100
1973-1974	100	100	100	100	100	100	100	100	100	100
1975-1976	100	100	100	100	100	100	100	100	100	100
1977-1978	100	100	100	100	100	100	100	100	100	100
1979-1980	100	100	100	100	100	100	100	100	100	100
1981-1982	100	100	100	100	100	100	100	100	100	100
1983-1984	100	100	100	100	100	100	100	100	100	100
1985-1986	100	100	100	100	100	100	100	100	100	100
1987-1988	100	100	100	100	100	100	100	100	100	100
1989-1990	100	100	100	100	100	100	100	100	100	100
1991-1992	100	100	100	100	100	100	100	100	100	100
1993-1994	100	100	100	100	100	100	100	100	100	100
1995-1996	100	100	100	100	100	100	100	100	100	100
1997-1998	100	100	100	100	100	100	100	100	100	100
1999-2000	100	100	100	100	100	100	100	100	100	100
2001-2002	100	100	100	100	100	100	100	100	100	100

Ambulance Service.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	
	1963	1964	1963	1964	1963	1964	1963	1964	1963	1964	1963	1964
January	10,887	12,260	58,107	61,169	1,360	1,568	18,835	22,447	1,526	1,250	18,634	16,686
February	10,816	10,993	54,812	58,391	1,405	1,579	20,648	22,940	1,310	1,257	17,488	13,872
March	12,021	11,115	59,528	59,457	1,357	1,486	18,190	20,287	1,471	1,442	22,445	16,781
April	9,420	10,909	50,438	59,071	1,775	1,483	24,168	20,099	1,449	1,432	21,361	17,351
May	12,711	11,079	58,822	59,762	1,787	1,468	24,768	21,511	1,863	1,219	23,015	14,081
June	9,770	12,531	51,374	65,304	1,562	1,462	21,750	22,978	1,593	1,407	21,639	16,443
July	10,893	10,915	57,880	60,667	1,370	1,782	20,008	23,493	2,037	1,526	29,972	18,809
August	6,908	7,523	46,472	49,462	1,264	1,624	18,798	21,407	1,713	1,178	22,342	15,474
September	10,253	11,083	53,093	58,676	1,450	1,749	20,641	21,890	1,362	1,657	18,721	17,439
October	11,792	11,219	60,459	53,054	1,763	1,697	24,564	20,970	1,445	1,649	18,930	19,282
November	12,199	11,302	59,009	60,344	1,602	1,688	23,688	21,870	1,379	1,583	17,148	19,213
December	10,366	10,210	56,140	58,963	1,266	1,588	19,361	20,969	1,044	1,241	14,227	13,908
TOTAL	128,066	131,339	663,434	710,170	17,961	19,174	255,419	260,861	18,192	16,811	245,892	199,339

* Including 184 } Residue Miles, Worcester City and District Voluntary Ambulance Services.
 * Including 212 }

Ambulance ServiceVehicles and Driver AttendantsEstablishment as at 31st December, 1964

Ambulance Station	No. of Vehicles	Driver/Attendants	
		Whole Time	Part Time
Bromsgrove	7	15 ⁰	
Evesham	5	10	
Halesowen	7	14	
Kidderminster	6	15 ⁰	
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	91	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.

⁰Including County Relief Driver Attendants.

Table 2
 Statistics of the Police Department
 for the Year 1961

Station	No. of Calls	Average Time	
		Per Call	Per Hour
Central	1	15	
North	2	10	
South	7	14	
West	6	15	
East	8	11	
City	2	5	
County	1		3
Police	2	10	
Fire	2	8	
Water	1		3
Waste	1		1
Police Station	2		1
TOTAL	31	12	7

* Excludes calls for fire, police, and other services. The data are for the year 1961.
 * Excludes calls for fire, police, and other services. The data are for the year 1961.

* Excludes calls for fire, police, and other services. The data are for the year 1961.

Table "L"

Convalescent Homes used during 1964

Name of Home	Males	Females	Children	Total
Inglenook Convalescent Home, Weston-Super-Mare.	33	83	2	118
Church Army Family Hostel, Bexhill.	-	2	3	5
Mrs. Dixon, Deal, Kent.	-	1	3	4
Birmingham Hospital Saturday Fund, Weston-Super-Mare.	-	1	-	1
Kinder, Malvern.	-	1	-	1
St. Michael's, Clacton-on-Sea.	-	1	-	1
St. Luke's, Exmouth.	-	1	-	1
The Birches and Rest Convalescent Home, Redditch.	15	47	-	62
Brentwood, Blackpool.	-	1	-	1
Miss Jelfs, Ombersley Road, Worcester.	-	1	-	1
Blue Haze, Perranporth.	-	2	-	2
Edenfield, Lytham-St.-Anne's.	1	1	-	2
Friendly Societies, Herne Bay.	1	2	-	3
Furnishing Trades, Kingsleigh.	-	1	-	1
The Rest, Perthcawl.	10	13	-	23
	60	158	8	226

TUBERCULOSIS

TABLE "M"

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
1964	94	0.20	11	0.02	105	0.22

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	22	0.05	2	0.005	24	0.06
1961	22	0.05	2	0.005	24	0.05
1962	16	0.04	3	0.006	19	0.04
1963	29	0.06	1	0.002	30	0.06
1964	15	0.03	2	0.004	17	0.03

TABLE III

Notification and Death Rates in Districts 1964

Population *	District	Notification rate per 1000 population	Death rate per 1000 population	Total cases notified	Total Deaths
5190	Bewdley Borough	0.19	0.00	1	0
36790	Bromsgrove Urban	0.08	0.02	3	1
8160	Droitwich Borough	0.24	0.00	2	0
12980	Evesham Borough	0.38	0.00	5	0
45190	Halesowen Borough	0.22	0.02	10	1
43450	Kidderminster Borough	0.20	0.11	9	5
28030	Malvern Urban	0.17	0.03	5	1
54180	Oldbury Borough	0.46	0.05	25	3
35960	Redditch Urban	0.25	0.00	9	0
45910	Stourbridge Borough	0.19	0.00	9	0
13400	Stourport-on-Severn Urban	0.14	0.07	2	1
39020	Bromsgrove Rural	0.25	0.02	10	1
14540	Droitwich Rural	0.13	0.00	2	0
17980	Evesham Rural	0.05	0.00	1	0
12320	Kidderminster Rural	0.24	0.08	3	1
12470	Martley Rural	0.16	0.00	2	0
19800	Pershore Rural	0.05	0.00	1	0
5350	Tenbury Rural	0.37	0.00	2	0
14490	Upton-on-Severn Rural	0.27	0.20	4	3
465210	Whole County	0.22	0.03	105	17

* A boundary change occurred during 1964.

Summary of the data

Year	1970		1971		1972	
	Value	Unit	Value	Unit	Value	Unit
1970	100	1000	100	1000	100	1000
1971	100	1000	100	1000	100	1000
1972	100	1000	100	1000	100	1000
1973	100	1000	100	1000	100	1000
1974	100	1000	100	1000	100	1000
1975	100	1000	100	1000	100	1000
1976	100	1000	100	1000	100	1000
1977	100	1000	100	1000	100	1000
1978	100	1000	100	1000	100	1000
1979	100	1000	100	1000	100	1000
1980	100	1000	100	1000	100	1000

Table 2

Summary of the data

Year	1970		1971		1972	
	Value	Unit	Value	Unit	Value	Unit
1970	100	1000	100	1000	100	1000
1971	100	1000	100	1000	100	1000
1972	100	1000	100	1000	100	1000
1973	100	1000	100	1000	100	1000
1974	100	1000	100	1000	100	1000
1975	100	1000	100	1000	100	1000
1976	100	1000	100	1000	100	1000
1977	100	1000	100	1000	100	1000
1978	100	1000	100	1000	100	1000
1979	100	1000	100	1000	100	1000
1980	100	1000	100	1000	100	1000

Table 3

Summary of the data

Year	1970		1971		1972	
	Value	Unit	Value	Unit	Value	Unit
1970	100	1000	100	1000	100	1000
1971	100	1000	100	1000	100	1000
1972	100	1000	100	1000	100	1000
1973	100	1000	100	1000	100	1000
1974	100	1000	100	1000	100	1000
1975	100	1000	100	1000	100	1000
1976	100	1000	100	1000	100	1000
1977	100	1000	100	1000	100	1000
1978	100	1000	100	1000	100	1000
1979	100	1000	100	1000	100	1000
1980	100	1000	100	1000	100	1000

Source: Bureau of Economic Analysis

Table "N"

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	2	36	179	217
KIDDERMINSTER	3	1	15	19
BIRMINGHAM	3	39	138	180
DUDLEY	1	18	59	78
Totals 1964	9	94	391	494
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

Welfare Services

Applications for Provision of Residential Accommodation during the Year ended 26th December, 1964

Persons admitted to Residential Accommodation	Age Groups								
	Under 60	60-69	70-75	76-80	81-85	86-90	91-95	Over 95	Total
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	1	12	15	19	21	15	3	-	86 (138)
2. Aged and/or infirm - living with friends or relatives unable to continue to care for them	1	7	18	22	24	12	4	1	89 (103)
3. Aged and/or homeless (include: 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')	6	19	21	21	16	6	2	-	91 (99)
4. Physically handicapped (non-aged)	5	-	-	-	-	-	-	-	5 (7)
5. Mentally handicapped (non-aged)	7	-	-	-	-	-	-	-	7 (4)
6. Short stay cases temporarily unable to remain with friends or relatives because of illness or holidays	3	5	9	15	24	17	6	-	79 (81)
Totals:	23	43	63	77	85	50	15	1	357 (432)

Included in the above table were 15 (35) persons who were admitted direct from mental hospitals.

Re-admissions and transfers - in addition to the above 74 (76) persons were re-admitted to residential accommodation from hospital and 43 (66) 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 28th December, 1963 and are shown for comparison.

Persons not admitted to Residential Accommodation	Age Groups								
	Under 60	60-69	70-75	76-80	81-85	86-90	91-95	Over 95	Total
1. Not considered eligible	1	4	1	-	-	1	-	1	8 (10)
2. Found to be too ill for residential accommodation and arrangements made for admission to Regional Hospital Board accommodation	2	10	17	11	16	6	3	-	65 (96)
3. Need met by domiciliary, health and social services	1	2	8	9	4	3	1	2	30 (13)
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	4	19	19	24	25	16	7	-	114 (167)
5. Referred to National Assistance Board; it being ascertained that need could best be met by financial assistance	-	1	-	-	-	-	-	-	1 (3)
6. Visited - advice only given	12	12	11	10	6	6	1	-	58 (78)
TOTALS:	20	46	56	55	51	32	12	3	276 (367)

In addition 10 (20) persons were visited on behalf of other authorities.

NOTE: Figures in brackets are for the year ended 28th December, 1963, and are shown for comparison.

Welfare Services

Table "P"

Applications for the Provision of Temporary Accommodation during the Year ended 26th December, 1964

Reason for Application	Number of Family Units		
	Admitted	Not Admitted	Total Applications
1. Evicted owing to rent arrears from council houses	1 (-)	2 (3)	3 (3)
2. Evicted owing to rent arrears from private houses	- (-)	1 (2)	1 (2)
3. Evicted on grounds of nuisance from council houses	- (-)	1 (1)	1 (1)
4. Evicted on grounds of nuisance from private houses	- (-)	- (-)	- (-)
5. Evicted from service tenancy after dismissal from employment	1 (1)	2 (6)	3 (7)
6. Evicted from service tenancy after resignation from employment	- (1)	4 (6)	4 (7)
7. Evicted from service tenancy because employee unable to continue service due to incapacity	1 (-)	1 (-)	2 (-)
8. Evicted from furnished rooms	1 (-)	4 (4)	5 (4)
9. Evicted by relatives/friends	4 (1)	2 (6)	6 (7)
10. Evicted by reason of unauthorised sub-tenancy	- (-)	- (1)	- (1)
11. Homeless (accommodated overnight and left before proper investigation could be made)	2 (-)	- (-)	2 (-)
12. Fire, Flood or other emergency	- (1)	1 (1)	1 (2)
13. Advice only required	- (-)	2 (11)	2 (11)
14. Others	2 (2)	3 (10)	5 (12)
	12 (6)	23 (51)	35 (57)

The analysis for 1963 is shown in brackets

The 12 families accommodated comprised 0 men, 12 women and 22 children compared with 6 families consisting of 0 men, 6 women and 20 children during the year ended 28th December, 1963.

Applications during the year were received from 23 family units comprising 18 men, 24 women and 80 children for the provision of temporary accommodation but were not admitted compared with 51 family units comprising 38 men, 50 women and 122 children during the year ended 28th December, 1963.

and, although the fact that the subject is not a member of the community is not a sufficient reason for excluding him from the community, it is a factor which must be taken into account in determining the extent of his rights and obligations.

Nationality (and other status)	Number of votes	Number of votes	Nationality not stated
(1)	(1)	(1)	British
(2)	(1)	(1)	British
(3)	(1)	(1)	British
(4)	(1)	(1)	British
(5)	(1)	(1)	British
(6)	(1)	(1)	British
(7)	(1)	(1)	British
(8)	(1)	(1)	British
(9)	(1)	(1)	British
(10)	(1)	(1)	British
(11)	(1)	(1)	British
(12)	(1)	(1)	British
(13)	(1)	(1)	British
(14)	(1)	(1)	British
(15)	(1)	(1)	British
(16)	(1)	(1)	British

Number of votes of each of the candidates

and, although the fact that the subject is not a member of the community is not a sufficient reason for excluding him from the community, it is a factor which must be taken into account in determining the extent of his rights and obligations.

Table "g"

Welfare Services

Analysis of Applications by Districts for 1964

Districts	Residential Accommodation			Temporary Accommodation		
	Admitted	Not admitted	Total	Admitted	Not admitted	Total
Bewdley Borough	2 (7)	3 (5)	5 (12)	1 (-)	1 (-)	2 (-)
Bromsgrove Urban	14 (18)	16 (7)	30 (25)	- (-)	- (1)	- (1)
Bromsgrove Rural	23 (19)	19 (25)	42 (44)	1 (-)	3 (3)	4 (3)
Droitwich Borough	6 (10)	10 (19)	16 (29)	1 (-)	- (1)	1 (1)
Droitwich Rural	15 (15)	9 (12)	24 (27)	- (-)	- (1)	- (1)
Evesham Borough	16 (14)	9 (17)	25 (31)	- (-)	2 (1)	2 (1)
Evesham Rural	16 (22)	7 (17)	25 (39)	- (-)	- (4)	- (4)
Halesowen Borough	35 (32)	26 (19)	61 (51)	- (-)	3 (1)	3 (1)
Kidderminster Borough	57 (70)	28 (50)	85 (120)	1 (-)	3 (4)	4 (4)
Kidderminster Rural	9 (4)	4 (5)	13 (9)	- (-)	- (-)	- (-)
Melton Urban	29 (28)	52 (55)	81 (83)	- (-)	1 (2)	1 (2)
Melton Rural	14 (15)	7 (23)	21 (38)	- (1)	1 (5)	1 (6)
Oldbury Borough	11 (17)	7 (12)	18 (29)	1 (-)	1 (2)	2 (2)
Pershore Rural	15 (18)	17 (11)	32 (29)	- (-)	- (3)	- (3)
Redditch Urban	12 (37)	18 (24)	30 (61)	- (-)	5 (7)	5 (7)
Stourbridge Borough	40 (35)	18 (21)	58 (56)	- (-)	- (1)	- (1)
Stourport Urban	8 (12)	5 (5)	13 (17)	1 (-)	2 (1)	3 (2)
Tenbury Rural	3 (7)	2 (13)	5 (20)	- (-)	- (3)	- (3)
Upton-upon-Avon Rural	10 (18)	13 (17)	28 (35)	- (1)	- (1)	- (2)
Districts not in county	6 (10)	10 (21)	16 (31)	3 (-)	1 (1)	4 (1)
No fixed abode	14 (24)	1 (9)	15 (33)	3 (4)	- (9)	3 (13)

Housing

The following table shows the number of new houses built in each area of County during the past nineteen years (1st April, 1945 to 31st December, 1964), purposes of comparison between the different authorities the number of homes also been expressed as the number per 1,000 of the population.

Construction of New Houses up to 31st December, 1964. (From 1st April, 1945)

Table "R"

District	Population mid 1963	By Local Authorities		By Private Builders		By Housing Associations	Houses completed per 1,000 population	
		Under Construction	Completed since 1st April, 1945	Under Construction	Completed since 1st April, 1945		By Local Authorities	All sources
Boroughs:								
Bewdley	5,190	51	330	228	223	11	67.4	112.5
Droitwich	8,160	57	481	114	706	22	58.9	148.2
Evesham	12,980	20	742	49	643	-	57.2	106.7
Halesowen	45,190	129	2,415	257	2,571	50	53.4	111.4
Kidderminster	43,450	207	2,615	335	2,099	-	60.2	108.5
Oldbury	54,180	665	2,023	65	1,172	-	52.1	73.7
Stourbridge	45,910	253	2,715	263	2,683	36	59.1	118.3
Urban Districts:								
Bromsgrove	36,790	98	1,692	253	2,704	100	51.4	127.6
Malvern	28,030	175	1,513	158	1,282	6	53.9	99.6
Redditch	35,960	39	2,512	268	2,196	-	69.9	130.9
Stourport-on-Severn	13,400	42	958	210	1,370	-	71.5	173.7
Rural Districts:								
Bromsgrove	39,020	124	837	314	3,839	22	21.5	120.4
Droitwich	14,540	-	553	79	556	-	38.0	75.6
Evesham	17,930	15	846	164	909	-	47.1	97.6
Kidderminster	12,320	28	875	31	527	-	71.0	113.8
Marbley	12,470	12	350	88	765	-	28.1	89.4
Pershore	19,800	12	1,078	253	1,290	-	54.4	119.6
Tenbury	5,330	-	149	23	116	-	27.9	49.5
Upton-on-Severn	14,490	4	550	66	696	-	38.0	86.0

Table 1. Summary of the results of the analysis of variance for the different parameters of the water quality index (WQI) in the different water bodies of the study area.

Parameter	Analysis of variance		Significance level		Post-hoc analysis		p-value	Significance level
	df	SS	df	SS	df	SS		
Temperature	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
Dissolved oxygen	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
pH	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
Total suspended solids	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
Total dissolved solids	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
Electrical conductivity	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
Hardness	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
Calcium	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
Magnesium	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33
	1	0.01	1	0.01	1	0.01	0.95	0.33

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