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Contributors

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Worcestershire County Council

ANNUAL REPORT

of the

COUNTY MEDICAL OFFICER

OF HEALTH

on the

HEALTH and WELFARE SERVICES

for

THE YEAR 1967

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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,

I have pleasure in presenting the 79th annual report on the health services in Worcestershire for the year 1967.

Statistics :

It will be noted that the estimated population for the administrative County as at the 30th June, 1967, shows a reduction of 7,640 on the previous year. The statistics of the Registrar General at 30th June 1966 included a proportionate weighting figure of population for the Borough of Oldbury which was transferred under the West Midlands Order, 1965 to form an integral part of the new County Borough of Warley with effect from the 1st April, 1966. For comparison purposes the population figure to be produced mid 1968 should give a more accurate picture for the administrative County. The progress of the New Town of Redditch, the development at Droitwich and the agreed further overspill from Birmingham make it extremely difficult to plan the health service requirements in a particular area with any degree of accuracy.

The live birth rate per thousand population remains fairly constant and for this year it is exactly the same as the national average. Most of the vital statistics for the County compare very favourably with the national norm.

The statistical table dealing with infectious diseases shows a substantial increase over the previous year, due entirely to an outbreak of measles. Vaccination is now being carried out for limited groups of children against measles and this provision will be extended later in the year 1968 to all children between 1 and 15 years of age.

*Ambulance
Service :*

It will be noted from the body of the report that whilst the number of patients carried by the ambulance service during the year decreased the total miles covered showed a substantial increase. This trend is expected to become more apparent in the future on account of the centralisation of specialist hospital services, early discharge, and the reduction of railway facilities available for stretcher patients travelling long distances.

The radio control service is likely to commence operation from its new central control in August 1968 and the radio control of all ambulances and midwives cars together with a county wide communications system should be of great benefit to the patients and services involved.

*Care of Mothers
and Young
Children :*

Many views are being expressed on the future of the child welfare clinic. In Worcestershire there is no falling off in attendances and, quite contrary to what is said by some so-called 'experts' advising on national policy, the number of mothers and babies who attend is increasing. There are also demands for the setting up of new centres.

It is agreed that there is a continuing need for preventive services to safeguard the health of the young child. Bearing in mind the Sheldon Report that the aim should be to have a family health service in charge of the family doctors working in groups from purpose built health centres, it is felt that the closer association of the health visitors and district nursing staff with the family doctors will lead to a full integration of the services. Statistical details will be found in the body of the report.

Later in my report mention is made of the new Family Planning Act. The Health Committee has decided to ask the Family Planning Association, an active voluntary organisation, to act as agents of the County Council and to extend the service to cover the whole County. Many points arising from the new Act are still under discussion and there is confidence that the outcome will be the creation of an effective and efficient service in Worcestershire not only in family planning but also advising in cases of male and female infertility.

*Cervical
Cytology :*

Once the initial enthusiasm had waned it was disappointing that the cervical cytology service rapidly reverted to a general state of apathy. A later reference is made to the fact that the women at greatest risk are not coming forward for examination. This is in distinct contrast to North America where women pay for the service and undergo regular tests to ensure that no cancer changes have occurred in the uterine cells. More propaganda is needed to stimulate the interest of those women most in need. We have so far only dealt with the "converted" and much work will have to be done to persuade all women to seek advice.

*Midwifery
Service :*

It will be noted that there was a reduction in the number of births attended by the domiciliary midwives over the previous year. Whilst adjustment of the population accounts for some of the difference there is no doubt that hospital confinements associated with early discharge are currently preferred. The dissatisfaction of the local health authority midwives to hospital confinements for non-complicated cases can be both appreciated and understood when the skilled work for which they have been professionally trained is removed and replaced by only routine care. This routine care of a new baby and mother recovering from her confinement is devoid of much of the personal care and interest when the midwife has not delivered the baby personally. The actual delivery and supervision of the confinement creates a rewarding association between the midwife and her "mothers."

Every effort is now being made to have the cars of all midwives placed under radio control. Experiments have been most encouraging and during 1968 all staff should be in radio contact. This, of course, is not possible until the new ambulance radio control is operational.

*List of Children
" at risk "*

The Ministry of Health call for special mention on the scheme for notification to medical officers of health of congenital defects apparent at birth and this is outlined in the body of my report. It will be seen that the notification of birth card is still the main source for this information and the loyal co-operation of the midwives is appreciated.

*Health Visiting
Service :*

It is pleasing to record that at the time of writing the new health clinic at Catshill is nearing completion and the clinic when fully operational should help to relieve pressure in the Bromsgrove area and materially assist the health visitors with their duties and amenities.

New Clinics :

I appreciate fully the difficulties under which some health visitors are working but hope that they will accept the position that every effort is being made to speed up the provision of new clinics or more particularly health centres in some parts of the County. Progress in this field is being maintained and I am grateful for the assistance being received from all concerned especially the family doctors. During 1968 the County Education Committee have agreed subject to approval from the Department of Education and Science to build a new large all-purpose clinic at Stourbridge and in the following year a similar project at Kidderminster.

Chiropody : This very necessary service is still expanding and bringing comfort to many, in particular the elderly. Mr. Price, the Chief Chiropodist, in his report makes some very interesting comments on several problems dealing with the treatment of the elderly in their own homes ; and a possible way of increasing the number of chiropodists to alleviate the present acute shortage of chiropodists in the Council's Health Service.

Tuberculosis : Dr. R. C. Cronin, the Senior Consultant Chest Physician, in his report again emphasises the necessity for positive action with preventive and after-care services if we are to combat considerable risk of infection that still remains for the community at large.

I am indebted to the staff for their splendid and loyal service, and to Dr. Willins my deputy, and Mr. Rock, Chief Administrative Assistant Officer.

Co-operation with Senior Officers of other departments of the County Council is very good, and helps considerably in formulating and implementing the administrative procedure.

The Chairman and members of the various committees continue to support and encourage the work of the Health Department.

J. W. PICKUP

County Medical Officer of Health and
Principal School Medical Officer.

Health Committee
(as at 31st December, 1967)

Chairman :	Mr. H. J. Tooby
Vice-Chairman :	Mr. J. G. Parker
The Chairman of the County Council :	Mr. J. M. C. Higgs
The Vice-Chairman of the County Council :	Mr. H. M. Morgan
The Chairman of the Finance Committee :	Mr. J. H. Walker
The Vice-Chairman of the Finance Committee :	Mr. H. G. Pinner, O.B.E.

County Aldermen :

Mr. E. J. Broughton	Mrs. H. C. M. Porter, O.B.E.
Mrs. M. B. Matty	Col. W. R. Prescott, M.C., T.D., D.L.

County Councillors :

Mr. W. J. Balderstone	Mr. A. E. Johnson
Dr. J. E. Blundell-Williams	Mr. B. D. Jones
Mr. W. Bradford	Mr. W. F. Kimberley
Mr. W. S. Brettell	Mr. W. J. Mapp
Mr. T. Camden	Mrs. O. A. L. Mills
Mr. P. E. Clarke	Mrs. R. F. Munslow
Mrs. E. J. Davenport	Mr. J. T. O'Reilly
Mr. D. G. Dymott	Mr. J. Page
Mr. D. Gittins	Mr. R. J. Scriven
Mrs. J. L. Guest	Mrs. O. Simpson
Mr. C. A. Guise	Mrs. M. B. Slade
Mr. H. Hardwick	Mr. M. V. Staite
The Rev. J. B. Hencher	Mrs. H. R. Stephens
Mr. D. C. Herbert	Mr. E. A. W. Treadgold
Mr. W. J. Hunt	Mr. C. Willetts

Co-opted Members :

Miss F. E. Bailey, L.D.S.	Local Dental Committee
Dr. R. S. MacArthur	Local Medical Committee
Dr. T. Astley-Cooper	
Mrs. P. B. Harris	Mid-Worcestershire Hospital Management Committee
Mr. H. T. Sharp	South Worcestershire Hospital Management Committee
Mrs. V. A. Wight-Boycott	Worcestershire Federation of Women's Institutes
Mr. J. R. Smith, M.P.S.	Worcestershire Pharmaceutical Committee
Miss H. M. Pollard, M.B.E.	Women's Royal Voluntary Service

Public Health Sub-Committee :

Mr. D. G. Dymott (Chairman)
Mr. A. E. Johnson (Vice-Chairman)

Mr. W. J. Balderstone	Mrs. R. F. Munslow
Mr. W. S. Brettell	Mr. J. T. O'Reilly
Mr. T. Camden	Mrs. H. C. M. Porter, O.B.E.
Mr. P. E. Clarke	Col. W. R. Prescott, M.C., T.D., D.L.
Mrs. E. J. Davenport	Mr. R. J. Scriven
Mr. C. A. Guise	Mr. E. A. W. Treadgold
Mr. H. Hardwick	Mr. C. Willetts
Mr. W. F. Kimberley	
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	
The Vice-Chairman of the County Finance Committee	

Co-opted Members :

Dr. T. Astley-Cooper
Miss F. E. Bailey, L.D.S.
Dr. R. J. Henderson, Director of the Public Health Laboratory, Worcester Royal Infirmary

Milk Minor Sub-Committee :

Mr. D. G. Dymott
Mr. A. E. Johnson

Col. W. R. Prescott, M.C., T.D., D.L.
Mr. H. J. Tooby

Co-opted Member :
Dr. R. J. Henderson

Ambulance, Prevention and After-Care Sub-Committee

Mr. E. J. Broughton (Chairman)
Mr. C. Willetts (Vice-Chairman)

Mr. P. E. Clarke
Mrs. J. L. Guest
Mr. H. Hardwick
Mr. D. C. Herbert
Mr. A. E. Johnson
Mr. B. D. Jones

Mr. W. J. Mapp
Mrs. H. C. M. Porter, O.B.E.
Mrs. O. Simpson
Mr. M. Staite
Mrs. H. R. Stephens

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 Vice-Chairman of the County Finance Committee

} ex-officio

Co-opted Members :

Dr. T. Astley-Cooper
Miss F. E. Bailey, L.D.S.
Dr. R. S. MacArthur
Mrs. J. M. Rimington, M.B.E.
The Rt. Hon. Lord Sandys
The Chairman of the South Worcestershire After-Care Committee (Mrs. R. H. Stallard)
Mr. J. R. Smith, M.P.S.

Finance and General Purposes Sub-Committee :

The Chairman of the County Council
The Vice-Chairman of the County Council
The Chairman of the Health Committee (Chairman)
The Vice-Chairman of the Health Committee
The Chairman of the County Finance Committee
The Vice-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, O.B.E. (Chairman)
Mrs. M. B. Matty (Vice-Chairman)

Mr. W. S. Brettell
Mr. P. E. Clarke
Mrs. E. J. Davenport
Mr. D. Gittins
Mr. H. Hardwick
Mr. D. C. Herbert

Mr. W. J. Mapp
Mrs. O. Simpson
Mrs. M. B. Slade
Mr. M. Staite
Mrs. H. R. Stephens
Mr. C. Willetts

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 Vice-Chairman of the County Finance Committee

} ex-officio

Co-opted Members :

Mrs. R. Lane
Dr. R. S. MacArthur

Mr. J. R. Smith, M.P.S.
Mrs. V. A. Wight-Boycott

Mental Health Sub-Committee

Mr. A. E. Johnson (Chairman)
Mr. C. Willetts (Vice-Chairman)

Mr. P. E. Clarke	Mr. J. Page
Mr. H. Hardwick	Mrs. H. C. M. Porter, O.B.E.
The Rev. J. B. Hencher	Mrs. O. Simpson
Mr. D. C. Herbert	Mrs. M. B. Slade
Mr. W. J. Mapp	Mr. M. Staite
Mrs. M. B. Matty	Mr. E. A. W. Treadgold
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 Vice-Chairman of the County Finance Committee	

ex-officio

Co-opted Members :

Dr. T. Astley-Cooper	Dr. R. S. MacArthur
Mrs. P. B. Harris	Mrs. F. Salmon
Mrs. R. Lane	Mr. H. T. Sharp

Welfare Sub-Committee

Mr. J. G. Parker (Chairman)
Mr. H. J. Tooby (Vice-Chairman)

Mr. W. S. Brettell	Mr. B. D. Jones
Mr. E. J. Broughton	Mr. W. J. Mapp
Mr. T. Camden	Mrs. M. B. Matty
Mrs. E. J. Davenport	Mrs. R. F. Munslow
Mr. D. Gittins	Mr. J. T. O'Reilly
Mrs. J. L. Guest	Mrs. H. C. M. Porter, O.B.E.
Mr. C. A. Guise	Mr. R. J. Scriven
Mr. H. Hardwick	Mrs. O. Simpson
The Rev. J. B. Hencher	Mrs. M. B. Slade
Mr. D. C. Herbert	Mr. M. Staite
	Mr. C. Willetts

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 Vice-Chairman of the County Finance Committee	

ex-officio

Co-opted Members :

Mrs. R. G. Addenbrooke	Lt. Col. O. D. Smith, D.L.
Mrs. J. Hawkes	Mr. H. T. Stephens
Miss H. M. Pollard, M.B.E.	Mrs. V. A. Wight-Boycott
The Chairman of the Visiting Committees to the	Old People's Homes
Heathlands	Mrs. J. C. Wilson
The Heriotts	Mrs. R. G. Addenbrooke (see above)
Holmwood	Mr. C. Willetts (see above)
Laburnum House	Mrs. E. M. Wilshire
Malvernbury and The Howsells	Lady Garrod
Shenstone	Mrs. M. B. Matty (see above)
Swinford Old Hall	Mr. E. J. Broughton (see above)

County Staff

County Medical Officer of Health

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

Deputy County Medical Officer of Health

J. D. Willins, M.B., Ch.B., 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

Isobel J. McLarty, M.B., Ch.B.

Divisional Area Medical Officer of Health, Kidderminster

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

Senior Assistant County Medical Officer of Health

Ann B. Gray, M.B., B.S., L.R.C.P., M.R.C.S., M.R.C.S., D.C.H., D.P.H. (appointed 1.8.67)

Assistant County Medical Officers of Health

Cynthia J. Bladon, M.B., Ch.B., D.P.H. (appointed 1.3.67)

Esther M. Devlin, M.B., B.Ch., D.P.H., L.M. (Part time).

*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.

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

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

*V. A. Lloyd, M.R.C.S., L.R.C.P., M.B., Ch.B., D.P.H. (Resigned 10.7.67).

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

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

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

G. Stewart, L.M.S.S.A. Part 1 D.P.M. (Resigned 31.10.67).

Essilt 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., and H., D.P.H.

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

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

* Also District Medical Officer of Health.

Senior Consultant Chest Physician

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

Consultant Chest Physicians

† S. Z. Kalinowski, M.D., M.R.C.P.E.

† Part time by arrangement with the Birmingham Regional Hospital Board.

Chief Dental Officer

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

Deputy Chief Dental Officer

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

Divisional Dental Officers

M. J. Burford, B.D.S. (Resigned 3.9.67).

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

Dental Officers

M. J. Burford, B.D.S. (Part-time from 4.9.67).

Mrs. P. Goff, B.D.S. (Resigned 8.4.67). (Reappointed Part-time 18.10.67)

J. Egremont, L.D.S.

C. Haynes, B.D.S. (Resigned 3.9.67). (Reappointed Part-time 4.9.67).

Mrs. M. E. Hiscock, B.D.S. (Part-time).

Miss E. M. Smith, B.D.S. (Part-time).

Mrs. E. M. Prosser, B.D.S. (Appointed 2.10.67).

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

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

Mrs. W. T. Carson, B.D.S. (Resigned 28.2.67).

Mrs. R. H. Longhurst, B.D.S. (Part-time). (Resigned 28.2.67).

Miss V. A. Wardell, L.D.S. (Appointed 24.4.67).

Anaesthetist

Dorothy Nicholas, M.B., Ch.B. (Part-time). (Appointed 28.11.67).

Orthodontist

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

Dental Auxiliary

Vacancy.

Dental Hygienist

Mrs. J. M. Dewison. (Resigned 31.1.67).

County Public Health Inspector

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

County Ambulance Officer

G. C. Hutchison.

Deputy County Ambulance Officer

S. Ogden.

Ambulance Training Officer

F. S. Ballard (appointed 16.10.67).

Ambulance—Radio Control — 13.

Occupational Therapists

Miss R. J. Young, S.R.O.T.

Miss H. M. P. Proctor, S.R.O.T.

Senior Speech Therapist

Miss J. D. Jenkinson, L.C.S.T. (Appointed 9.10.67).

Speech Therapists

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

Mrs. N. M. Shearmur, L.C.S.T. (Resigned 31.3.67).

Mrs. P. D. Trotman, L.C.S.T. (Resigned 2.7.67).

Physiotherapists

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

Mrs. M. Hunt, M.C.S.P., O.N.C. (Part-time).

Orthopaedic Sister

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

Chief Chiropodist

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

Senior Chiropodist

G. S. Griffiths, M.Ch.S. (Appointed 2.1.67).

Health Education Officer

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

NURSING, MIDWIFERY AND HEALTH VISITING

Chief Nursing Officer

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

Deputy Chief Nursing Officer

Miss M. B. Busby, S.R.N., S.C.M., Q.N., H.V.

Assistant Nursing Officers

Mrs. E. J. Bryan, S.R.N., S.C.M., Q.N.

Miss N. Hardiman, S.R.N., C.M.B. (1) H.V.

Mrs. E. S. Smith, S.R.N., S.C.M., Q.N., H.V.

Miss L. Mee, S.R.N., S.C.M., H.V. (Deputy Superintendent Health Visitor—(Health Education)).

In the County as at 31st December, 1967, the following staff were employed :

	<i>Full-time</i>	<i>Part-time</i>
Health Visitors and School Nurses	74	19
Midwives	19	1
District Nurse/Midwife/Health Visitors	107	17
Nurses on Courses	1	

Mental Health Service

Mental Health Administrative Officer

W. Phillips, L.L.B.

Assistant Mental Health Administrative Officer

A. G. Willis.

Senior District Mental Welfare Officers	5
District Mental Welfare Officers	6
Female Mental Welfare Officers	4

Training Centres

	<i>Supervisor</i>	<i>Assistant Supervisor</i>	<i>Trainee</i>
Worcester Junior Training Centre	1	4	1
Evesham Junior Training Centre	1	1	—
Netherend Training Centre	1	7	1
Bromsgrove Junior Training Centre	1	2	—
Kidderminster Junior Training Centre	1	4	1
Kidderminster Adult Training Centre	1	3	1
Redditch Adult Training Centre	1	4	1
Staff on Training Courses	—	5	—
	<i>Superintendent</i>	<i>Matron</i>	<i>General Assistants</i>
Junior Hostel, Kidderminster	1	1	7

Senior Administrative and Clerical

Chief Administrative Assistant

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

Chief Clerk

J. A. Carter.

Finance and Establishment Clerk

M. V. Dowse.

Senior Clerks

L. J. Banning ; G. W. Nield, A.R.S.H. ; F. H. Tyler ; I. E. Collins ; D. G. Bridgford ; Miss M. Low ; Miss M. French (Kidderminster Divisional Office).

Social Welfare

Home Help Service

County Organiser

Miss D. M. Mercer

Tel.
Worcester 23400 Ext. 164.

Area Organisers

Mrs. C. J. Barron	Halesowen/Stourbridge	Halesowen 3595 Stourbridge 71452
Mrs. E. St. Claire-Johnson	Redditch/Bromsgrove	Redditch 2823 Bromsgrove 2846
Mrs. A. Friend	Droitwich/Martley/Malvern	Droitwich 3360 Malvern 5896
Miss P. Brewer	Evesham/Pershore/Upton	Evesham 3180
Mrs. M. Staves (Commenced 10.7.67)	Kidderminster/Stourport Bewdley/Tenbury	Kidderminster 61775
W.R.V.S. County Organiser (To 31.3.67)	Miss H. M. Pollard, M.B.E., J.P. 91 Lowesmoor, Worcester	

Headquarters Staff

Mrs. McKechnie

Area Organisers (To 31.3.67)

Mrs. Moule Kidderminster
Mrs. Reynolds Stourport
Mrs. Blundell Williams Tenbury

Total number of Home Helps employed (Full or part-time basis) 443.

County Welfare Officer

R. A. McDonald.

Deputy County Welfare Officer

A. A. Mumford.

Senior Administrative Assistant

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

Casework Supervisor

G. G. Gatehouse, A.A.P.S.W.

District Social Welfare Officers

*Mrs. M. H. M. Birch
C. B. Bitson
*Mr. R. Childs, D.S.S.
B. J. Hodgkinson
Mrs. A. I. Davis
*Mrs. V. Hand
P. J. Hurley
Miss S. Lancaster
*Miss D. O. C. Simmons
Miss J. M. Woodburn

Welfare Assistants—6

Supervisor/Salesman—Blind Homeworkers' Scheme

*D. G. Major

Craft Instructress

Mrs. S. M. Ness

* Home Teachers of the Blind

Homes for Old and/or Infirm Persons :

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

Vital Statistics

Area of the Administrative County .. 434,235 Acres

Population 1967 mid-year estimate .. 429,730

Estimated rateable value 1967/68 .. £16,196,668

Estimated product of a penny rate
1967/68 £65,625

	Worcestershire				England and Wales
	Male	Female	Total		
Live Births :					
Legitimate	3607	3358	6965		
Illegitimate	236	209	445		
Live births rate per 1,000 population				17.2	17.2
Illegitimate live birth per cent of total live births				6.0	
Stillbirths					
Legitimate	54	55	109		
Illegitimate	3	3	6		
Stillbirth rate per 1,000 live and stillbirths				15.0	14.8
Total live and stillbirths	3900	3625	7525		
Infant deaths (deaths under one year)	65	52	117		

Infant Mortality rates :

Total infant deaths per 1,000 total live births	16.0	18.3
Legitimate infant deaths per 1,000 legitimate live births ..	14.7	
Illegitimate infant deaths per 1,000 illegitimate live births ..	18.0	
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	11.2	12.5
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	9.3	10.6
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	24.0	25.4

Maternal mortality (including abortion)

Number of deaths	1	
Rate per 1,000 total live and stillbirths	0.13	0.20

Care of Mothers and Young Children

(Section 22—National Health Service Act, 1946)

Child Welfare Centres

It has been difficult to maintain a continuity of service at certain child welfare clinics due to a shortage of medical staff. One new centre was opened during the year at West Malvern.

A total of 22,737 pre-school children were seen at child welfare sessions during the year compared with 19,999 during the previous year.

Mobile Clinics

These clinics continue to meet a very real need in rural areas and are very much appreciated by mothers who, without this means of transport, would be unable to attend any child welfare centre. The numbers attending have been well maintained.

Children with congenital defects

The scheme for notification of congenital abnormalities apparent at birth is continuing. The birth notification card is still the main source of this information and where abnormalities are not apparent at birth, details are received on hospital discharge forms and from health visitors.

Congenital defects involving the following systems were notified to the Registrar General during the year :—

Central Nervous System	17	(26)
Ear	1	(1)
Eye	1	(1)
Alimentary System	18	(15)
Heart	7	(10)
Urogenital System	12	(7)
Limbs excluding talipes	18	(20)
Talipes	42	(29)
Other defects	15	(18)
	<hr/>	
	131	

9 of these cases were stillbirths. Cases notified in 1966 are in parenthesis.

At Risk List

A register continues to be kept of children who are particularly liable to develop an abnormality because of events occurring during pregnancy, at delivery or post-natally. Extra help to parents and children is given whenever necessary. There were 10,091 children on the "at risk" list at the end of the year.

Defects List

All children with a congenital malformation, or other abnormality diagnosed later continue to be kept under close observation by the health visitor who submits a regular report. This ensures their referral to the school health service and the provision of suitable schooling for their needs.

Children with known defects at the end of the year were as follows :—

Blind	1
Visual and eye defects	10
Deaf	2
Hearing loss	1
Epilepsy	16
Speech	29
Diabetes	2
Physically handicapped	103
Cardio-muscular defects	56
Mentally retarded	83
Other defects	56
	<hr/>
	359

Cause of stillbirth and infant deaths

The following table shows the causes of the stillbirths and infant deaths :—

Cause	Stillbirth	Infant Deaths			
		0-1 week	1-4 weeks	1-12 months	1-5 years
Maternal antepartum haemorrhage	5	1	—	—	—
Maternal toxæmia	7	—	—	—	—
Placental insufficiency	21	—	—	—	—
Birth trauma	19	10	—	—	—
Congenital abnormality	19	12	9	11	3
Rhesus incompatibility	2	1	—	—	—
Prematurity	14	37	1	—	—
Pulmonary conditions	6	12	2	12	5
Infections other than pulmonary	—	2	1	4	2
Malignant conditions	—	—	—	—	4
Accidents	—	—	—	6	5
Other known causes	4	1	1	2	2
Causes not known	18	—	—	—	—
	115 (126)	76 (81)	14 (13)	35 (37)	21 (23)
Figures for 1966 are in parenthesis					

Report of work carried out by the Worcestershire Diocesan Association for Family and Social Service

During the year 555 new cases were referred to the diocesan workers. Of this number 348 were expectant mothers and 279 of these came from the County area.

Of the 348 expectant mothers, 74 were admitted to mother and baby homes, 61 of whom resided in the County and received help with their fees.

Included in the above figures were 76 admissions to the diocesan mother and baby home at Barsham House, Malvern, 32 of these being from the Worcestershire County area.

Family Planning Clinics

The new Family Planning Act became law in June 1967. This Act confers wide powers on the local health authority to make arrangements for the giving of advice on contraception, the medical examination of persons seeking such advice, and the supply of contraceptive substances and appliances. This advice is to include the married and the unmarried and it is suggested that unmarried persons under 21 should have parental consent.

The Family Planning Association which is a voluntary body and receives a grant from the local health authority, has been running clinics in County premises, which are provided free of charge, at Bromsgrove, Kidderminster and Redditch. This year a new clinic was also opened in Evesham.

Cervical Cytology

A new clinic was opened at Evesham in April and the whole County is now adequately covered. Apart from the Kidderminster area there is virtually no waiting list for these clinics.

The number of positive cases found in the County was 0.28% which is below the expected average because the women at greatest risk are still not attending, that is, the women in the lower social groups with poor hygiene and large families. The number of suspicious cases was 0.25%.

The following table shows the number of attendances :—

Clinic	attendances	suspicious	positive
Worcester City and County ..	1,200 (County)	4	5
Stourbridge	545	—	3
Halesowen	603	—	—
Bromsgrove	371	2	—
Kidderminster	368	2	—
Redditch	375	1	3
Evesham (opened February) ..	517	1	—

Marriage Guidance

Grants were made to the Birmingham, Worcester and District, and Dudley, Stourbridge, Kidderminster and District Marriage Guidance Councils during the year.

Ante-natal Clinics

There are no ante-natal clinics with a medical officer in attendance. Some midwives hold their own ante-natal clinics and others carry out joint sessions with general practitioners in their surgeries. Nineteen midwives clinics were held during the year, a new clinic having been started in Blackheath in April. Eight hundred and ten sessions were held.

Ante-Natal, Mothercraft and Relaxation Classes

These clinics continue to be held throughout the County and are fulfilling a very useful purpose. They are well attended and the relaxation classes prove their value during labour. The slight decrease in numbers during last year is due to the drop in the birth rate.

Attendances at Relaxation and Parentcraft Classes					
Clinic	New Cases		Attendances		
	1967	1966	1967	1966	
Bromsgrove	88	114	431	443	
Cradley	31	51	117	136	
Droitwich	50	69	193	222	
Evesham	98	75	363	425	
Halesowen (Highfield Lane) ..	119	115	559	375	
Halesowen (Blackheath) ..	56	65	187	238	
Kidderminster	114	151	405	651	
Lye	45	36	201	208	
Malvern	92	110	455	527	
Marlbrook	50	28	140	150	
Pedmore	33	64	152	247	
Pershore	37	29	127	130	
Redditch	142	165	856	925	
Rubery	67	57	326	350	
Stourbridge	155	89	585	588	
Stourport	54	87	433	384	
Tenbury	22	31	117	109	
Wribbenhall	34	60	162	142	
Wythall	39	33	154	103	
Worcester County	29	19	117	62	
Worcester City Clinic	15	24	69	103	
Stourport H.M.C.	253	106	327	198	

Nurseries and Child Minders

There has been another marked increase in the number of applications for registration, the number of premises registered being increased by 100%. Several applications have to be refused due to the unsuitability of the applicant or premises or planning permission not being granted.

These nurseries fulfil a great need and each group has been encouraged to take a handicapped child which is of great value to the child and a challenge to the supervisor of the group. The standard of the groups and child care throughout the County is very high but it does entail careful supervision by the medical and health visiting staff.

At the end of the year 30 (21) persons and 61 (31) premises were registered, providing places for 1,592 (862) children.

(Figures for 1966 are in parenthesis).

Dental Treatment of Expectant and Nursing Mothers and Pre-School Children by C. W. D. Jones, B.D.S., Chief Dental Officer

Expectant and Nursing Mothers

This year again the number of expectant and nursing mothers requesting treatment has fallen. Those that did attend the clinics seemed to be very satisfied with the treatment they received and many wished to continue coming for further courses of treatment after they had ceased to be in this category. When told that the present regulations did not permit this, they showed concern that they were no longer allowed a free choice of Dental Surgeon.

Pre-school children

In 1967 the Dental Officers have tried to devote more time to the pre-school child. In certain areas they have visited the child welfare centres inspecting the child and discussing with the parent the condition of the patient's mouth and what could and should be done in the way of treatment. At the same time discussion with the parent on various related dental problems took place—What was the effect of sweets, fruit juices and other refined carbohydrates on the teeth?—At what age should a toothbrush be introduced to the child?—At what age should visiting the dentist be started? All this took up the surgeon's time but I feel that it was time well spent if it could help to improve the dental conditions of our young children.

More dental health education sessions than ever have been given at child welfare centres this year—The format is usually a film, then a short talk by the Dental Officer followed by a question and answer session. Every effort is made to make time available for these sessions and it is hoped that any increase in demand, for these meetings, will be met.

There was an increase of 19.4% in the number of pre-school children inspected this year over last and an encouraging decrease in the number of teeth extracted. The filling to extraction ratio has greatly improved from 1 : 0.73 to 1 : 0.88.

All fixed clinics are available for inspection and treatment of expectant and nursing mothers and pre-school children and the mobile clinics are pleased to deal with such cases as they are able.

Midwifery Service

(Section 23—National Health Service Act, 1946)

Births

During the year, domiciliary midwives attended 1,928 births, accounting for 20.6% of the total births in the County. 5,509 births took place in hospital of which 4,133 were discharged to the care of domiciliary midwives before the tenth day.

Radio contact

Apart from the four cars fitted with two-way radio under the central ambulance control, it has not been possible to extend the scheme to other areas of the County. It is hoped that there will be a greatly extended service during the coming year.

Night rota scheme

This scheme continues to cover a limited part of the County, but it is dependant on the provision of radio before it can be brought into operation in a wider area.

Analgesia

Thirty-one British Oxygen Entonox analgesic machines were purchased during the year. This makes a total of 35 in use in the County. It is intended to replace the old type of nitrous oxide and gas machine with the new Entonox apparatus next year. It has been found that the new apparatus is greatly appreciated by both midwives and patients.

In addition, there are 13 trilene sets available for suitable cases.

Disposable Equipment

Disposable equipment is being increasingly used throughout the County and is of inestimable value both to patients and staff.

Practising Midwives in the County

Forty-eight hospital midwives, six private midwives and 103 domiciliary midwives notified their intention to practise in the County during the year.

Pupil Midwives

Six pupil midwives did three months of their Part II training on the district.

Premature Births

There were 414 premature live births and 71 premature stillbirths during the year. Fifty-one of the premature live births died before they were four weeks old.

Stillbirths

There were 115 stillbirths during the year.

Maternal Deaths

There was one death directly due to pregnancy. This was a 31 year old woman who had a cerebral haemorrhage due to fits caused by a toxæmia of pregnancy.

There were two deaths which were associated with pregnancy. One was of a grossly obese patient who was successfully delivered by caesarean section but subsequently developed an acute abdomen and died of peritonitis. The other one was of a woman who was 31 weeks pregnant when she developed an acute obstruction which was successfully treated but she died of a pulmonary embolism.

The screening test of hearing which is carried out on every child at 8 months of age is proving of value as an additional screening test for other abnormalities. The health visitors work in pairs and the tests may be carried out at home or in the clinic. This hearing test gives the health visitor the opportunity to study the child's general mental and physical development and to observe the emotional relationships within the family.

In order to maintain the level of efficiency in performance of the test and to initiate new staff, an 'in-service' training course is arranged each year. The third course of this kind was held in October when 14 health visitors, including two from another Authority, attended. The course lasted two days and the practical teaching and demonstration sessions were conducted by the County's audiometric team.

Health Visiting Staff at the end of the Year

There was a total of 97 health visitors and three tuberculosis health visitors, giving a wholetime equivalent of 46.8 and 2.5 respectively.

Geriatric Health Visiting

This specialised branch of health visiting has been rapidly expanding and a good liaison is maintained between the hospitals, general practitioners and welfare workers. Staff meetings for these health visitors have been inaugurated and fulfilled a very useful purpose.

General Practitioner Attachment

The attachment of nursing staff has been gradually gathering momentum.

The main advantages of general practitioner attachment are improved relationship between the general practitioner and local authority staff, more efficient use of staff and a better service to the community.

No attachment is undertaken without prior consultation and very full discussion with the general practitioner and the nursing staff concerned.

The following schemes are operating throughout the County :—

Health Visitors

1. Full attachment schemes exist in Bromsgrove, Redditch, Kidderminster and Bewdley with the reservation that the health visitors do not cross the Borough or Urban District boundary unless by special request of general practitioner and with the knowledge of the health visitor for that area. Patients of other doctors in the towns concerned are also cared for by the attached health visitors on a geographical basis.
2. *Liaison Schemes*
 - (a) Stourbridge—A health visitor attends a weekly ante-natal clinic at two practices.
 - (b) Stourport—A health visitor calls weekly at the surgery of one practice and acts as liaison for her colleagues.
 - (c) Pershore—Two district nurse/health visitors attend a weekly mixed ante-natal and child welfare session at one of the two practices serving the area.

District Nurses

1. Full attachment scheme exists in Kidderminster with the same reservation regarding boundaries and patients of other doctors as in the case of health visitor attachment.
2. *Liaison Scheme*

One general practitioner's practice covers the Borough of Bewdley and the two district nurse/midwives visit the surgery weekly to facilitate the exchange of information and also hold their ante-natal clinic in the doctors' premises while still retaining their geographical areas.

The total number of family doctors associated with the attachment/liaison scheme is 37.6%.

30% of the health visitors and 7.2% of the home nurses are associated with the scheme.

So far no midwives have been attached, but preliminary discussions are taking place in Kidderminster.

Hospital Liaison

A much closer liaison has been established with the hospitals and the following schemes are in operation at the moment :—

Queen Elizabeth Hospital, Birmingham. In April 1967 a new scheme was started whereby two nurses attended this hospital for one day every week. It was envisaged that the nurses would be kept up-to-date with drugs and the latest advances in medical and hospital care. Those who have attended have seen the intensive care unit and the artificial kidney unit and have greatly appreciated the visits.

Geriatric health visitors work closely in co-operation with the geriatric unit of the hospital serving their catchment area and also with the medical social worker and the bed bureau. The geriatric health visitor is able to give a social assessment of the cases and can advise on the priorities of urgency for admission and she is also working with the general practitioner. This applies also to the younger chronic sick.

A health visitor from the appropriate area has been assigned to work with the paediatricians at the following hospitals: Worcester Royal Infirmary, Corbett Hospital, Stourbridge, General Hospital Kidderminster, Bromsgrove General Hospital and Smallwood Hospital, Redditch. The health visitor meets the paediatrician and cases are discussed and the health visitor can inform him about the home background and any special difficulties and follow-up can be arranged.

The audiometric health visitor attends the hospital when one of their cases is being seen by one of the ear, nose and throat specialists.

The hospitals in the area are very good in sending medical reports about children and this is greatly appreciated.

Home Nursing

(Section 25—National Health Service Act, 1946)

The home nurses attended 7,671 patients during the year, 4,056 of whom were 65 years of age or over and 304 under the age of five.

Incontinent Cases

Incontinence pads continue to be made available in two sizes and during the year 15,000 pads of standard size and 50,500 large pads were used.

During the year 290 pants together with 25,800 interliners have been distributed to incontinent ambulant patients. These have been found to be of inestimable value, providing protection, and therefore encouraging the patient to accept this distressing condition and lead a comparatively normal life.

Home Nursing Attendants

The demand for home nursing attendants is ever-increasing, especially from the geriatric health visitors, and they are providing a very useful service and work well under the supervision of the district nurses. The number of home nursing attendants is now nineteen.

County Night Sitters Service

The night sitters scheme continues to provide help where needed and, during the year, 12 patients benefited from this service.

Marie Curie Assistance for Cancer Cases

The Marie Curie Foundation assisted in providing extra nourishment and comforts in five cases during the year.

Isobel Morcom Medal and Prize

This award was made to Miss M. I. Woolrich, S.E.N., S.C.M., who had been district nurse/midwife in the Redditch area for 32 years.

Nurses' Houses

Full details are given in table of the accommodation that is at present being provided throughout the County for members of the nursing staff.

Training of Students

An insight into health visiting was afforded to 11 student health visitors and 16 students from the Children's Department. In addition, 43 student nurses and 18 pupil nurses accompanied health visitors and district nurses for one day's experience in public health nursing, while 16 student nurses taking their obstetric training were afforded 1½ days' experience in district midwifery which involves attendance at parentcraft, midwives' ante-natal clinics and relaxation classes.

Health Visitors and District Nurses Training

Two students were accepted for health visitors training, one at Birmingham and one at North Gloucestershire College of Technology. Four nurses took the course for district training at the Tything Institute, Worcester; three of these undertook their practical training on their own district in the County. Two State Enrolled Nurses also completed their district training—both attended the Birmingham centre for lectures, but carried out the practical duties on their own district.

Post Graduate Courses

One administrative nursing officer, 31 midwives, nine district nurses and 11 health visitors attended courses during the year, all midwifery courses being the statutory ones required by the Central Midwives Board.

Annual County Refresher Course

There were three afternoon meetings at The Swan Theatre, Worcester. These were well attended, the subjects discussed being "Language and the General Development of Young Children," "Depression," "Obstetric Emergencies," "Abortion," "Modern Aspects of the School Health Service, with particular reference to Handicapped Children," "Current Problems in Drug Dependence."

Registration of Nursing Homes under Public Health Act, 1936 as amended by the Nursing Homes Act, 1963

There were 12 registered nursing homes giving a total of 162 beds.

Welfare Foods

The distribution of welfare foods to expectant and nursing mothers and children under the age of five years continued from 135 centres.

In comparison with the figures for 1966 the sale of national dried milk, cod liver oil and vitamin tablets decreased by—35%, 8% and 14% respectively. The sales in respect of orange juice were increased by 22%.

Home Help Service

(Section 29—National Health Service Act, 1946)

As anticipated in last year's report, the transfer of the administration of the home help service from the Women's Royal Voluntary Service to the County Health Department was completed on 1st April, 1967.

During the year, the five area organisers and their assistants visited 7,424 households of which 1,564 were new applicants for service and the remaining 5,860 were routine visits to persons already receiving service.

On 31st December, 455 home helps were employed, of which six regularly worked 40 hours per week and the remainder were employed on a part time basis. The recruitment of suitable staff presented little difficulty in the well populated borough and urban districts but the rural areas continue to prove difficult, largely due to lack of public transport. This situation is greatly relieved by the provision of auto-cycles and in some cases the home help uses her own car to reach the outlying areas. The employment of a male home help is still continued and is proving a great asset in undertaking difficult and neglected cases.

A short course of training for home helps was held in one area of the County and proved very successful. Such courses, while not being too technical, are essential in assuring the home help that she is part of the County Health Department team where one person is dependant upon so many others in the care of the sick and aged in their own homes. For the future it is hoped to hold at least two training courses a year in different areas of the County, concentrating mainly on the newest recruits, in an endeavour to retain their interest in the work and improve the standard of service.

Number of households provided with home help	Home help staff
Maternity .. 230	Full-Time 6
Chronic sick and T.B. 196	Part-Time 449
Mentally disordered 24	455
Others 231	Equivalent W/T .. 241
Aged 65 or over .. 2,240	
2,921	

Vaccination and Immunisation

Several changes in the office procedures have taken place during the year.

On 1st April the arrangements for payment of fees to general practitioners for the submission of records were amended. Claims, in duplicate, incorporating details of injections, etc., are now submitted by the doctor direct to the local Executive Council, the duplicates being passed to the health department for record purposes. Initially there were some difficulties but these arrangements are now working satisfactorily.

Centralisation of records and reorganisation of the record filing system is being carried out in preparation for transfer to automatic data processing.

The distribution of smallpox vaccine lymph to general practitioners and hospitals in the County was transferred to the health department on 12th June, from the public health laboratory service.

Smallpox Vaccination

The numbers of children under 16 years of age who were vaccinated, or revaccinated, against smallpox during the year are shown in the following table :—

Age at date of vaccination	0—3 months	3—6 months	6—9 months	9—12 months	1 year	2—4 years	5—15 years	TOTAL
Number vaccinated	88	77	143	291	3988	899	205	5691
Number re-vaccinated	—	—	—	—	7	35	278	320

Of the 5691 primary vaccinations, 1926 were given at County Council Clinics.

There were no cases of smallpox notified in the County during the year and no cases of generalised vaccinia were reported.

Diphtheria Immunisation

The following table shows the number of children under 16 years of age who received a primary course or reinforcing doses of diphtheria vaccine either singly or in combination, during the year :—

Children born in the year	1967	1966	1965	1964	1960—63	1952—59	TOTAL
Completed Primary Courses	2969	3452	250	83	254	114	7122
Reinforcing doses ..	—	1303	2535	402	5002	5376	14,618

There were no cases of diphtheria notified.

The "immunisation timetable" at present in use in this County recommends three months as the earliest age at which immunisation should be started, with a reinforcing dose at about eighteen months, at five years and at eight years of age.

Whooping Cough Immunisation

The number of children who have been given a primary course of whooping cough vaccine, usually in combination with other vaccines, is shown in the following table :—

Children born in the year	1967	1966	1965	1964	1960—63	1952—59	TOTAL
Completed Primary Course	2782	3230	210	65	66	50	6403

There were 187 cases of whooping cough notified during the year.

Tetanus Immunisation

The following table shows the number of children who received protection against tetanus during the year :—

Child born in the year	1967	1966	1965	1964	1960—63	1952—59	TOTAL
Primary Course ..	2971	3454	249	85	428	230	7417
Reinforcing dose ..		1302	2538	399	5016	5661	14,916

Poliomyelitis Vaccination

Protection against poliomyelitis is given with sabin oral poliomyelitis vaccine. The quadruple antigen appears to have gone out of use and there is only an occasional request for salk vaccine.

The following number of children under 16 years of age who received protection against poliomyelitis during the year is shown in the table below :—

Children born in the year	1967	1966	1965	1964	1960—63	1952—59	TOTAL
Primary Course ..	2849	3817	349	142	339	60	7556
Reinforcing dose ..	—	1026	2223	356	4076	711	8392

There were no notifications of poliomyelitis during the year.

Vaccination against Anthrax

A small supply of Anthrax vaccine is available for use by Family Doctors and Factory Doctors but the demand for this is minimal.

Vaccination against Measles

A scheme for Measles Vaccination was not adopted during 1967, but interested parents were advised to contact their Family Doctors.

Medical Arrangements for Long Stay Immigrants

During the year 121 notifications were received from Medical Officers at Ports and Airports of immigrants giving destination addresses in the County. Of these 105 were subsequently contacted by a Health Visitor to advise on the local health services.

B.C.G. Vaccination

The results of the 1967 programme and corresponding figures for previous years are given in the following table :—

	1967	1966	1965	1964	1963
No. of invitations issued	6270	6441	6808	6611	6857
No. of Consents received	5715 (91.1%)	5811 (90.2%)	6174 (90.7%)	6001 (90.8%)	6021 (87.8%)
No. of persons tested ..	5315	5338	5739	5534	5535
No. of positive reactors	610 (11.9%)	589 (11.8%)	572 (10.6%)	608 (11.6%)	524 (10.1%)
No. of negative reactors given B.C.G.	4480	4407	4837	4633	4652

The percentage of negative reactors in 1967 was 88.1% compared with 88.2% in 1966.

Tuberculosis

Dr. R. C. Cronin, Senior Consultant Chest Physician has given the following report :—

Table I shows the notification and death rates for Tuberculosis for nearly 50 years, and it will be seen that having reached a very low figure in 1966 there has been a minimal rise in 1967. This overall increase, however, is so slight that it merely reflects the considerable fluctuation in the figures from year to year in Table II, which shows the incidence in local authority areas. It can be taken as meaning no real change in the situation since the previous year.

Although the rates are very low, against the background of earlier years, there is still no reason for complacency, and 68 new cases during the year, some of them not in the early stages, represents a still considerable source of infection to the rest of the community. At the risk of repetition, it is essential if these figures are to be reduced still further and the disease finally eliminated, to maintain the present intensive preventive and after-care measures.

Ambulance Service

The year has again proved to be a most active one for the ambulance service.

Taking the service as a whole, some 163,322 patients were conveyed by ambulance, hospital and hire cars, against 167,709 patients during 1966, a decrease of 4,387. The road miles covered were 1,194,860 as against 1,166,628 during 1966, an increase of 28,232.

The main reason for the decrease in patients was due to the sub-normal children no longer being conveyed by ambulance as from the 31st October. All these children are now conveyed by hired transport.

Ambulance Use

The number of Section 27 persons carried during the year was 116,037 as against 105,272 during 1966, an increase of 10,765. Children conveyed to Training Centres were 9,366 as against 19,809, during 1966 a decrease of 10,443.

The total number of persons conveyed by ambulance under Section 27 and otherwise during the twelve months was 125,403 covering 779,481 miles as against 125,083 patients and 708,900 miles during 1966, an increase of 320 persons and 70,581 miles, the average number of miles per patient carried by ambulance was 6.2 as compared with 5.6 during 1966.

It must be remembered that between ten and 12 severely sub-normal children can be conveyed by one ambulance, as against comparable figures of two or three hospital accident cases, thus affecting the miles/patient ratio.

The average number of miles per patient will tend to increase in the coming years due mainly to :—

- (a) The centralisation of hospital specialist services.
- (b) Early discharges from short term hospitalisation.
- (c) The reduction of railway facilities.
- (d) The initial movement of casualties in the Evesham area to Worcester Royal Infirmary, coupled with their follow-up treatment.

Hospital and Hire Car Services

In the case of the hospital car service, 30,901 patients were carried as against 31,224 during 1966, a decrease of 323 and the road miles covered were 354,286 as against 361,807 during 1966, during 1956 a reduction of 7,521.

In the case of hire cars 7,018 patients were carried as against 11,402 during 1966, a decrease of 4,384 and the road miles covered were 61,093 as against 95,921 during 1966, a reduction of 34,828.

We are extremely grateful to all the drivers we have who have worked so hard to maintain an extremely efficient service. It has certainly proved to be a most useful auxiliary to the main ambulance service. The number of car drivers remains fairly constant although additional volunteers would be an asset in certain parts of the County.

New Ambulances

The 25 cwt. Customs Van has been converted for ambulance work and during the year we received ten of these conversions.

In all aspects it is much better for emergency work, it is a speedier vehicle with more comfort for the patient. It incorporates many new modifications which enables it to deal with any emergency.

Among the improvements is a fixed point for plugging in a premature baby unit and a dual electrical system, which ensures that standing at an accident with lights and apparatus in use does not run the engine battery down.

The blue "Rotating Beacon" is supplemented by four flashing amber lights in the continental fashion and ensures greater safety while the ambulance is stationary.

The main criticism received is that the rear entry could be difficult when loading two-man sitting cases and the question of modifying the rear entry is being taken up with the body builders and vehicle manufacturers.

Training of whole-time ambulance personnel continued during the year. One day per week was devoted to the training in ambulance service work and Civil Defence subjects.

Worcester City and District Voluntary Ambulance Service

This Station is operated by the Worcester City and District Voluntary Committee on behalf of both City and County Local Authorities and the County Ambulance Officer, who is also the Ambulance Officer for this Voluntary Committee, reports that during the year 5,968 County cases were conveyed, covering a total of 51,114 miles, compared with 6,515 cases and 48,050 miles for 1966.

Close liaison and co-operation has been maintained between the Voluntary Committee and the County Ambulance Control to eliminate wasted mileage and journeys.

We are grateful for all the assistance that has been so freely given by the volunteers from both the St. John Ambulance Brigade and the British Red Cross Society who attended at the ambulance station at Worcester.

Throughout the year there have been very few volunteers actually undertaking duties at any of the other County stations and although it was possible to arrange escorts for patients travelling by rail, in some instances difficulty was experienced.

Civil Defence—Ambulance and First Aid Section

Regular weekly training sessions were given to Civil Defence volunteers at all County districts until March, 1967. The responsibility for this training was then transferred to the Civil Defence Authority. On the 1st March, 1967 Mr. F. Ballard was transferred to Civil Defence Headquarters and continued training the volunteers until October, 1967 when he was appointed Ambulance Training Officer.

Mr. R. Jenkins resigned from the Ambulance and First Aid Section on 31st March, 1967.

Ambulance Reserve Training

Voluntary Aid Societies and Motoring Clubs were circularised offering membership to qualified drivers. Replies have been received from many of these and enrolment of members has commenced.

Training of Peace-Time Staff in War-Time Duties

This training commenced in October, 1967 when training was given to ambulance staffs at regular monthly sessions.

First Aid and Nursing Training to Local Authority Staffs

A full course of training in first aid and nursing was offered to County Council staff between January and April, 1967. Approximately 50 personnel attended this.

Courses

Messrs. S. Ogden, F. Ballard and J. Rickwood attended a two day Instructors' Conversion Course at the Civil Defence School, Falfield.

Mr. S. Ogden attended a six week Ministry of Health Experimental Course at Birmingham from 2nd October to 10th November, 1967.

Occupational Therapy

For the first time in recent years there were throughout the year two full-time Occupational Therapists working in the County.

It is pleasing to record that the Occupational Therapists are now being more gainfully employed on terms commensurate with their training. They are being used more for assessing patients capabilities and for training them in every day activities. More specific aids for daily living are being introduced to patients and the concentrated effort in this part of the work is appreciated by both the Therapists and patients alike. In some cases it would be more beneficial for patients if the Occupational Therapists had access to outwork, as the selling of craft work is often a problem.

Some 200 patients received 2,080 domiciliary visits during the year.

Miss Proctor and Miss Young attended part of a very interesting refresher course in September run by the Birmingham Regional Group of Occupational Therapists.

Convalescence

During the year a total of 219 cases (156 females, 63 males) supported by a medical certificate were referred for periods of convalescence. Of this number 173 were eligible under the scheme and proceeded on convalescence to various homes, the average stay for each being two weeks. The remaining 46 patients were fully investigated. The financial circumstances of some were such that the County Council could not accept responsibility, but it was possible in many instances to make arrangements with a number of Societies who have convalescent schemes for a holiday. The other cases were either withdrawn, or were found to be unsuitable for this kind of convalescence.

Medical Comforts

Over the last twelve months the British Red Cross Society and the St. John Ambulance Brigade have again provided a most useful service by way of distributing medical loan equipment from their various depots throughout the County. These voluntary organisations, who act as agents of the County Council, are assisted financially towards the administrative cost but this in no way repays the voluntary time freely given by each individual.

Medical comforts continue to be in an ever increasing demand, particularly with regard to walking aids and a considerable amount of new equipment has been purchased throughout the year to meet the need.

The new scheme whereby the Geriatric Health Visitors have each been supplied with a limited amount of apparatus has been a success but it is not proposed to expand the scheme further at present.

Chiropody Service

The number of treatments given under the directly provided County Service has increased from 2,121 in 1960 (nine months), to 15,812 in 1967. The total number of cases referred since the start of the scheme is 5,658.

During 1967 the Service was being given at 15 clinics or hired premises throughout the County and in private surgeries in five areas.

The number of new cases referred during the year was 1,026 of which for one reason or another 50 did not accept an appointment: there were 97 cases on the waiting list at the end of the year.

Of the 15,812 treatments given during the year, 8,573 were at clinics, 4,681 at home and 2,558 at chiropodists' own surgeries. The number of treatments in 1967 was 12,468.

The number of persons who received treatment was 3,441 of whom 80.4% were female and 19.6% male. The largest number of patients, as in 1967, comes within the age group 70-80. Transport was provided in 381 cases (11.16%) and home visits were made in 1,066 cases (31.22%). In 639 cases (18.72%) the treatment was given without charge. One expectant mother was treated during the year; the number of handicapped persons under pensionable age was 122 (3.57%) but of the persons over pensionable age 823 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 220 cases while in 323 cases treatment at intervals of longer than eight weeks was thought by the chiropodist to be all that was necessary.

The voluntary organisations to which grants are made—the British Red Cross Society and the W.R.V.S.—together provide a service giving about 1,000 treatments per annum.

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

The Chiropody Service in Worcestershire has been in operation since 1960 and there has been a steady increase in the number of treatments given in each succeeding year.

The following table sets out an analysis of the treatments given, where done and percentage increases on the preceding year totals.

It will be seen that last year saw a 26.7% increase in treatments given in 1966 and in part this was no doubt due to the fact that a full time senior chiropodist—Mr. G. S. Griffiths—was appointed in January 1967.

	Treatments	Home Visits	In Chiropodists' Surgeries	Clinics
1962	5,613	1,061	1,976	2,576
1963	6,960 23.9%	1,552 46.2%	358 81.9%	5,050 96%
1964	9,334 34.1%	2,382 53.5%	1,003 180%	5,949 17.8%
1965	11,053 17.3%	2,972 24.3%	1,591 58.6%	6,490 9.09%
1966	12,468 12.8%	3,207 7.9%	2,078 30.6%	7,183 10.6%
1967	15,812 26.7%	4,681 45.9%	2,558 23.1%	8,573 5.4%

(1960—2,121 treatments in 9 months, 1961—5,080 treatments).

The ratio of treatments given in County Clinics to that given 'outside'—in private surgeries and patients' homes—although it showed a 5.4% increase on clinic treatments in 1966 has gradually decreased in proportion and it appears that there was a large increase in home visit treatments in 1967.

Although the chiropody service is now a comprehensive one it is doubtful if the full potential has yet been reached—one nationwide survey indicates that even for one priority group—the elderly—probably 2—4 times as many people require treatment as are in fact receiving it.

Worcestershire, and indeed most County Schemes, rely to a great extent on part-time chiropodists and it is apparent that the financial incentive is not sufficiently attractive in full-time employment to attract newcomers—ultimate establishment figures show a 100% increase in requirements for full-time, part-time and private practitioners and it is doubtful whether this can be satisfied particularly when the anomaly exists of part-timers being able to demand a larger income by working for more than one authority, than can full-time equivalents.

It has been suggested that a solution to this problem would be to place the emphasis for treatment on medical need rather than on age or alternatively to institute a School Health Service—utilising existing full-time staff—with private practitioners undertaking the care of other priority groups.

Health Education

This has been an active year in health education. The routine work of assisting health visitors with their parentcraft classes in clinics, an expansion of school programmes, and an increasing number of requests for talks from outside organisations has left little opportunity for any specific campaigns.

There was, however, one exercise outside normal routine. This was the Three Counties Agricultural Show at Malvern in June, and as it was Worcestershire's 'Year' a Health Education exhibition on the theme of 'The Living Machine' was devised and proved more popular than anticipated. Care of the heart, lungs, digestion, and nervous system and teeth was demonstrated by illuminated, animated models and cartoon type drawings. Part of the marquee was set aside for health education films and the demonstration of emergency resuscitation, and staff were available continually to discuss and answer questions on any aspect. The exhibition was well patronised and the venture considered worth while. Much of the material has been used subsequently for lectures and display.

Training

Dr. D. E. Thompson and Dr. J. Twomey, Assistant County Medical Officers, and Mrs. J. Lewis, Health Visitor, participated in a 3 day Joint Conference 'Education and Medicine—A Partnership in Health Education.'

Miss L. Mee of the health education section attended a training course in Birmingham in 'In-Service Training.'

The Chairman of the Health Committee and the Health Education Officer attended the Central Council for Health Education annual conference on 'Health Education during the next Decade.'

Health education staff were involved in several staff meetings and training courses, within this department, and in co-operation with the Children's and Education departments.

ACTIVITIES

Smoking and Health

Continued importance is given to this topic. Talks were given in primary and secondary schools either as part of health education programmes or on special request from head teachers. A course of lectures to all secondary school children in the Redditch area was conducted in co-operation with the divisional education officer and head teachers.

Venereal Disease

Talks are given to senior school children in the course of our own health education programmes, and occasionally on separate request from head teachers.

Drugs

Comment here is similar to that for venereal disease as circumstances in this County do not warrant an intensive campaign. Head teachers and youth leaders know that advice and information is always available from the health department, and it is their decision as to whether talks and discussions are required for those in their charge. A number of such talks have been requested.

Sex Education

This subject is normally thought of only in relation to schools. During the year, however, a small but increasing feature has been the interest displayed by adult groups, in particular the clinic parent-craft classes. Young mothers especially are seeking help on the ways and means of correctly sex educating their children through their early years, and this interest is encouraging.

Special Courses

The health education course at Brockhill Remand Home for Girls has continued as weekly sessions throughout the year, the talks being shared by Miss Mee and Miss Cartwright.

A short course at Halesbury Special School was conducted for school leavers, and the weekly session throughout the school year was continued at Stourminster.

Mental Health Service

1. Administration

(a) Committee

The County Council's powers in relation to mental health remain delegated to the Mental Health Sub-Committee. The Medical Superintendents of the hospitals for the mentally disordered in Worcestershire continue to attend the meetings of the Sub-Committee in an advisory capacity. Dr. A. S. Patterson, Lea Hospital, retired at the end of August and was succeeded by Dr. G. B. Simon. Mr. A. E. Johnson continued to act as Chairman of the Sub-Committee during 1967.

(b) Co-ordination with the Regional Hospital Board

There is close co-operation by the council's officers with 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 work staff 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.

Dr. M. Davies of Lea Hospital has continued to hold a clinic one morning per month in the council's clinic in Castle Street, Worcester to see subnormal children and their parents by appointment. The clinic has continued monthly since November, 1964, and has proved to be both successful and very helpful.

2. Staff

(a) General

The staff of the service consists of a lay administrative mental health officer, one administrative assistant, five senior district mental welfare officers, nine district mental welfare officers and two trainee mental welfare officers. A vacancy for a district mental welfare officer is being filled by a new appointment on 1st January, 1968. A female district mental welfare officer has tendered her resignation to take effect in February, 1968. A district mental welfare officer is away on course and one of the trainee mental welfare officers is acting temporarily as a district mental welfare officer until the officer returns in July, 1968. As there are now seven training centres in operation in the County the Sub-Committee gave approval to the appointment of a training centre organiser and Mrs. M. Mitchell took up this appointment on 1st September. There are thirty-eight mental health workers employed in the training centres. Difficulties are still being experienced in recruiting persons of the right calibre to act as mental welfare officers and training centre staff. The Elms Hostel at Kidderminster for the junior mentally subnormal became operational in February and the staff consists of one superintendent, one matron, one assistant matron and six general assistants.

(b) *Training*

Staff are released from duty to attend at appropriate training conferences and courses whenever possible. One district mental welfare officer is at present on a one year course at Birmingham University and a trainee mental welfare officer commenced a two year course at Cardiff in September.

The medical superintendents of the psychiatric hospitals in the County continue to help with the training of mental welfare officers. The regular weekly meetings and clinical demonstrations at the hospitals continue and the council's staff have the benefit of attending when appropriate training courses are held for the hospital staff. This system of training is really satisfactory and I should like to express my grateful thanks to the medical superintendents and their staffs. So far as training centre staff are concerned, the council encourages all trainees to apply for appropriate diploma courses and continue to send away staff each year. In 1967, one member of training centre staff successfully completed a two-year course and three members successfully completed one-year courses. In addition there are three members of staff in attendance at two-year courses and two members in attendance at one-year courses. During 1968 two members of staff will commence on one year courses.

3. *Community Work*

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

4. *Care of the Mentally Ill*

(a) *Admissions*

In 1967 there were 1,052 admissions to psychiatric hospital in the County, 864 of these were admitted as informal patients and 188 were detained for observation and treatment under the appropriate section of the Mental Health Act 1959. Discharges totalled 1,022 whilst 126 deaths occurred at the hospitals.

The number of admissions is less than in the preceding year (1,232), informal admission comprising approximately 82% 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 the patients before admission to hospital, during treatment and after discharge. An indication of the volume of work is given in the following table:—

<i>Referrals</i>	1967	1966
All sources	2,505	2,225
<i>Visits</i>		
After-care of mentally ill . .	10,644	10,923

Since 1959, when integration of the mental welfare officers and 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. This 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. Eighty new cases were reported during 1967. Forty of these were reported under the provision of the Education Act 1944 and forty from other sources. Of the eighty cases, one was admitted to hospital and the remainder were placed under supervision. In addition twenty-eight patients on the waiting list were admitted to hospitals, making a total for the year of twenty-nine admissions.

562 Worcestershire patients were in hospital throughout the country at the end of the year. On the waiting list for admission at the end of the year were forty-four patients of whom eight were regarded as urgent. Twenty patients were discharged from hospital and one death took place during the year.

Applications for admission for temporary periods were again received and thirty-six patients were received into hospital so that parents and relatives could have a holiday or a respite from caring for the patients. Dr. Patterson and Dr. Simon of Lea Hospital have again been most helpful in providing accommodation for the majority of the applicants, quite often at very short notice. Three patients were provided with short term care at The Elms Hostel.

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 two. These 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 727. Patients continued to be reviewed and whenever the circumstances permit are deleted from the supervision lists. During 1967 nineteen such cases were deleted from the list whilst one patient died. The mental welfare officers, both male and female, and the health visitors, continued 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.

	1967	1966
Supervisory visits to the subnormal	3,061	3,112

(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 1967, 304 severely subnormal patients were receiving training. Twenty Worcester City cases continued to attend at the Worcester Junior Training Centre, twenty-five Warley cases at Netherend Training Centre and one Birmingham case attended for part of the year at the Redditch Adult Training Centre.

Children at all the training centres have been given outings to pantomimes by their respective voluntary welfare committees whilst services and Christmas parties were also held at the centres.

The Special Care Unit established at Lea Hospital accepts daily those children who are either too young or too untrained to be coped with at one of the Authority's training centres. At the end of the year there were eleven children attending daily, mainly from the Redditch and Bromsgrove areas, transport being provided by the Authority by means of hired vehicles or, in a few cases, by an allowance being made for petrol expenses incurred by parents taking their children to the Unit.

Daily transport to all training centres is now provided by contract arrangements with local firms.

A variety of contract outwork is being undertaken at the Redditch and Kidderminster Adult Training Centres and also by the adult patients at Netherend Training Centre.

Approval has now been given for the work of converting the former clinic premises at Tenterfields into a Junior Training Centre and the work will commence early in 1968. The junior patients at present at Netherend Training Centre will then be transferred to Tenterfields, leaving the present adult patients at Netherend to form the basis of an adult training centre. Junior and adult patients on the waiting list for admission will then be admitted to the respective training centres.

(e) *The Elms Hostel*

As mentioned previously, The Elms received its first residents in February and at the end of the year there were seventeen children in residence. All children attend the adjacent junior training centre and children are admitted as the need arises. Three additional children were admitted in January, 1968.

Environmental Health Services

by

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

County Public Health Inspector

Milk and Dairies Administration

Milk and Dairy administration suffered a blow with the widespread outbreak of foot and mouth disease in the Autumn. Worcestershire was not the first county affected but later became implicated. As a result of this epidemic and before the disease appeared in the county, a total prohibition on visits by sampling staff to farms was ordered. This had the effect of reducing the number of samples of raw milk which were taken during the year. Investigations for the presence of brucella abortus in individual animals were also restricted. In order to assist the Ministry control staff, which was handling the disease in Worcestershire, the services of the Milk Sampling Officer were offered and accepted.

A further 16 pre-packed milk licences were issued during 1967, of this total three were for Ultra Heat Treated milk, under the Milk (Special Designation) Amendment Regulations 1965. This is a comparatively new type of milk which has been subjected to pasteurisation at a temperature of not less than 270°F for not less than one second. This milk may be stored, unrefrigerated, for a larger period than is possible with ordinary pasteurised milk. It is said to have a slightly different taste and retails at a higher price than such milk.

The steady reduction in the number of dairy farms continued during the year. This fell from 833 to 820. The rate of reduction appeared, however to have lessened and, in fact, for the last six months, numbers showed a slight improvement. The number of receiving dairies within the county food and drug administrative area was reduced to one.

One dairy used to collect, cool and bulk milk collected in churns. With the expansion of tanker service, which collects cooled milk direct from the farm, this dairy was no longer required. One pasteurising dairy also closed.

Samples of raw milk are taken for biological examination and methylene blue test. Emphasis in sampling is placed on milk which is retailed raw or "untreated". 91 samples of this milk were taken. Of this number 18 or 19.8% failed the above keeping quality test. The Ministry of Agriculture, which licences such farms, is informed of the results as they occur.

Pasteurised Milk

Place of collection	No. taken	Phosphatase Test		Methylene Blue Test		
		Pass	Fail	Pass	Fail	Void
Schools	213	213	—	192	6	15
Children's Homes	14	14	—	14	—	—
Old People's Homes ..	12	12	—	11	—	1
Hospitals	12	12	—	12	—	—
Vending Machines, Shops and Roundsmen	243	243	—	188	5	17
Totals	554	554	—	469	11	41

Methylene Blue Test was not carried out on 33 samples.

Sterilised Milk

28 samples were collected—all passed the turbidity test.

Ultra Heat Treated Milk

3 samples were taken, all passed the appropriate tests.

Milk in Schools Scheme

Grade of Milk	Number of Schools Supplied	
	L.E.A.	Private
Pasteurised	289	56
Untreated		1

A census taken in September 1967 showed that in maintained schools 44,234 children were taking milk out of 58,091 present on the day of the census. This is 76.15% compared with 77.3% in the previous year. In non-maintained schools the number was 6,405 out of 6,951. This is 92.15% compared with 93.4% in 1966.

There has been a slight reduction in the consumption of school milk; this is more marked in secondary schools.

Antibiotics in Milk

The investigation for the presence of antibiotics continued during the year. 293 samples were examined but these gave negative results.

These continuing excellent results are probably due to the influence of a number of factors, not least of which is the interest by the farmer in taking action; (1) to avoid the need for the use of antibiotics on his animals and (2) to exclude from sale milk likely to be contaminated. Other influences are the price penalty which might be imposed by the Milk Marketing Board and the production by the pharmaceutical companies of antibiotics better suited for their purpose.

Mycobacterium tuberculosis

The routine examination of milk samples for this purpose was continued to a reduced scale. During the year 99 samples were biologically examined and all were found to be negative. The Ministry of Agriculture examined 43,666 animals in 1967 in 1,036 herds. Of these animals there were 12 reactors, 6 of which had lesions.

Brucellosis

During 1967, 799 samples of milk were examined for brucellosis. The following table shows the position for each of the past seven years :—

Year	No. of samples examined	No. Negative	No. Positive	Tests Void
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
1965	517	470	27 (5.22%)	20
1966	563	534	25 (4.47%)	4
1967	799	762	34 (4.25%)	3

Four visits were made to farmers for individual sampling of 137 animals. These investigations are made only when a farmer agrees to remove any infected animals from his herd if and when this becomes economically reasonable to do so. The point is also made to the farmer that the infected animals should not be sold in the open market but rather sent for slaughter.

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WORCESTERSHIRE COUNTY COUNCIL

J. W. PICKUP, M.D., D.P.H.
Medical Principal School
Medical Officer.

23400 EXT. No. 160

V & I LJB

Letters to be addressed
to the Medical Officer.



COUNTY HEALTH DEPARTMENT.

LOVE'S GROVE,

CASTLE STREET,

WORCESTER.

Sir/Madam,

If you are a wise parent or guardian you will obtain protection for your children against :

Diphtheria
Whooping Cough
Tetanus
Poliomyelitis
Measles
Smallpox

A simple test when your child is 13 years of age will show if protection against tuberculosis is necessary.

This service is free and it is one of the privileges of which you can take advantage. It is safe, it protects against serious forms of the diseases whilst the injections themselves cause little pain, swelling or ill effects.

Please sign the consent form overpage, tear it off and post it in the stamped addressed envelope.

Forms 3 and 4 will be retained by you.

This may be dangerous—DO IT NOW.

Yours sincerely,

J. W. PICKUP

County Medical Officer.

and not been sampled previously would have been accepted for newly registered farms. Due to the programme had to wait until 1968.

The laboratory, Worcester, had undertaken an investigation of farmers and others associated with live-stock record of brucellosis in the herds and took contrary to expectations this survey showed

The Ministry of Agriculture started in 1967. It consists, in this scheme, which has the aim of providing protection off slowly. By the end of the year no results could be laid at the door of the foot and (not accredited). There has been wide interest in the scheme will obviously have an

Letters had been issued.

Developing on in two days		Bacillus Coli present
600- 2000	Over 2000	
6	12	—

These, three were unsatisfactory.

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CONSENT FORM

After signing tear off this page and post in the special envelope provided. No stamp required.

I consent to my child—(Please use Block Letters)

Name (in full) _____

Address _____

Date of Birth _____

being vaccinated and immunised as follows :

1. Immunised against Diphtheria, Whooping Cough and Tetanus.
2. Protected against Poliomyelitis (Oral vaccine).
3. Vaccinated against Measles.
4. Vaccinated against Smallpox.

I prefer that this treatment should be carried out :

* (a) at a County Council Clinic _____ (Name of Clinic)

* (b) by my family doctor.

* delete (a) or (b)

Name of Family Doctor _____

Address _____

Signature _____
Parent/Guardian

Date _____

This consent is intended to cover the time table for injections on

Mycobacterium tuberculosis

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WORCESTERSHIRE COUNTY COUNCIL

TIME-TABLE FOR INJECTIONS

Age	Vaccine	Interval (Before or after any other injections)
months	Triple (Diphtheria, Tetanus and Whooping Cough) plus oral polio.	
months	Triple (Diphtheria, Tetanus and Whooping Cough) plus oral polio.	6—8 weeks (Between 1st & 2nd injections)
2 months	Triple (Diphtheria, Tetanus and Whooping Cough) plus oral polio.	4—6 months (Between 2nd & 3rd injections)
3 months	Measles	3—4 weeks
4 months	Smallpox	3—4 weeks
years or school entry	Diphtheria and Tetanus plus oral polio.	4 weeks
years or school entry	Smallpox re-vaccination	4 weeks
years	Tuberculosis test B.C.G. if necessary	At least 4 weeks
years	Tetanus Toxoid plus oral polio	4 weeks
before 15	Smallpox re-vaccination	4 weeks

and not been sampled previously would have been accepted for newly registered farms. Due to the programme had to wait until 1968.

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6	12	

Of these, three were unsatisfactory.

The steady reduction in the number of dairy farms continued during the year. This fell from 833 to 820. The rate of reduction appeared, however to have lessened and, in fact, for the last six months, numbers showed a slight improvement. The number of receiving dairies within the county food and drug administrative area was reduced to one.

One dairy used to collect, cool and bulk milk collected in churns. With the expansion of tanker service, which collects cooled milk direct from the farm, this dairy was no longer required. One pasteurising dairy also closed.

Samples of raw milk are taken for biological examination and methylene blue test. Emphasis in sampling is placed on milk which is retailed raw or "untreated". 91 samples of this milk were taken. Of this number 18 or 19.8% failed the above keeping quality test. The Ministry of Agriculture, which licences such farms, is informed of the results as they occur.

Pasteurised Milk

Place of collection	No. taken	Phosphatase Test		Methylene Blue Test		
		Pass	Fail	Pass	Fail	Void
Schools	213	213	—	192	6	15
Children's Homes	14	14	—	14	—	—
Old People's Homes ..	12	12	—	11	—	1
Hospitals	12	12	—	12	—	—
Vending Machines, Shops and Roundsmen	243	243	—	188	5	17
Totals	554					

Methylene Blue Test was not carried out

Sterilised Milk

28 samples were collected—all passed the test

Ultra Heat Treated Milk

3 samples were taken, all passed the test

Milk in Schools Scheme

Grade of Milk	Number of L.E.A.
Pasteurised	289
Untreated	

A census taken in September 1967 showed milk out of 58,091 present on the day of the previous year. In non-maintained schools the figure was 93.4% in 1966.

There has been a slight reduction in the consumption of milk in schools.

Antibiotics in Milk

The investigation for the presence of antibiotics in milk examined but these gave negative results.

These continuing excellent results are proof of which is the interest by the farmer in taking care of his animals and (2) to exclude from sale any milk which might be imposed by the pharmaceutical companies of antibiotics better

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PERSONAL RECORD

Name

Address

Date of Birth

Type of Inoculation	Date given	Signature	Ne Appoin
Diphtheria 1			
Whooping Cough 2			
Tetanus 3			
Immunisation			
Poliomyelitis 1			
Vaccination 2			
3			
Measles Vaccination			
Smallpox Vaccination			
(Primary)			
Diphtheria Tetanus Poliomyelitis (1st booster)			
Smallpox re-vaccination			
Tuberculosis Test			
Result B.C.G. Vaccination			
Tetanus Poliomyelitis (2nd booster)			
Smallpox Re-vaccination			

Mycobacteriosis

The routine examination of milk samples for this purpose was continued to a reduced scale. During the year 99 samples were biologically examined and all were found to be negative. The Ministry of Agriculture examined 43,666 animals in 1967 in 1,036 herds. Of these animals there were 12 reactors, 6 of which had lesions.

Brucellosis

During 1967, 799 samples of milk were examined for brucellosis. The following table shows the position for each of the past seven years :—

Year	No. of samples examined	No. Negative	No. Positive	Tests Void
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
1965	517	470	27 (5.22%)	20
1966	563	534	25 (4.47%)	4
1967	799	762	34 (4.25%)	3

Four visits were made to farmers for individual sampling of 137 animals. These investigations are made only when a farmer agrees to remove any infected animals from his herd if and when this becomes economically reasonable to do so. The point is also made to the farmer that the infected animals should not be sold in the open market but rather sent for slaughter.

It has been hoped that the remainder of the farms which had not been sampled previously would have been dealt with in 1967. This aim was, in fact, achieved, except for newly registered farms. Due to the outbreak of foot and mouth disease the full completion of the programme had to wait until 1968.

Dr. R. J. Henderson, Director of the Public Health Laboratory, Worcester, had undertaken an investigation into the incidence of brucella abortus amongst farmers and others associated with livestock. For this purpose he visited farms which had had a record of brucellosis in the herds and took blood samples from the farmers' family and work people. Contrary to expectations this survey showed a low level of positive reactions.

The Brucella Abortus eradication scheme of the Ministry of Agriculture started in 1967. It consists, in the main, of 4 tests, (3 milk tests and a blood test). This scheme, which has the aim of providing herds accredited as being free from brucellosis infection, started off slowly. By the end of the year no herds had been so accredited but part of the blame for this could be laid at the door of the foot and mouth outbreak (By April 1968 2 herds were reported as accredited). There has been wide interest amongst farmers in the scheme. All herds which are accepted into the scheme will obviously have an increased value.

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	
70	—	34	18	6	12	—

Churn Rinses

Forty churn rinses were taken from two dairies. Of these, three were unsatisfactory.

Since investigation into the incidence of the above disease in the herds of the county commenced in 1961, the percentage of positive samples has varied between 2.8% and 16.0%; the latter figure being that for 1966. In 1967 the work ceased after January. On only a few samples statistics are not of significance and are not included in this report. The work is to be restarted in 1968.

Fresh Cream

Arising out of a report on the matter which appeared in the Environmental Health report for 1966 (Association of Public Health Inspectors) some newspapers again criticised the poor quality of cream, as brought out in the survey. In September the B.B.C. Women's Hour arranged an interview to discuss the situation.

Schemes submitted to the County Public Health Sub-Committee during 1967 :—

Observations have been given in support of the following schemes :—

Water Supply Schemes

Local Government Act, 1958, Section 56

Stourport-on-Severn	Main drainage	..	..	..	..	..	..	207,000
Evesham R.D.	Honeybourne Sewerage	..	..	..	..	..	..	63,000
Evesham Borough	Sewage Disposal Scheme	..	..	..	..	..	..	166,600
	Four Pools Sewerage	..	..	..	..	..	..	128,000
Evesham R.D.	Beckford Sewage disposal scheme	..	..	..	..	..	..	21,000
								<u>585,600</u>
							Total Cost ..	.. 871,523

Local Inquiries (Ministry of Housing and Local Government)

Sewerage

Bromsgrove R.D.	Stoke Prior Sewage Disposal.
Malvern U.D., Martley R.D. and Upton R.D.	Sewerage and Sewage Disposal for parts of these three districts.
Evesham R.D.	Broadway and Childswickham Sewerage and Sewage Disposal Scheme. Drainage of Bury End Area, Broadway.
Evesham R.D.	Church Lench and Atch Lench Sewerage and Sewage Disposal Scheme.
Pershore R.D.	Bredon, Bredon's Norton, Bredon's Hardwick and Kinsham, Sewage Disposal Scheme.
Pershore R.D.	South East Area Sewage and Sewerage Disposal scheme (Fladbury, Charlton, Elmley Castle, Bricklehampton, Netherton and Great Comberton).

Schemes completed under the Acts

Bromsgrove R.D.	Ash Lane to Lea End, Alvechurch Water Main Extension.
Droitwich R.D.	Addis Lane, Cutnall Green (Phase 2) Water Supply.
Upton-upon-Severn R.D.	Ryalls Court Lane Water Main Extension. Severn Stoke and Kinnersley Sewerage and Sewage Disposal Works.
Tenbury R.D.	Tenbury Sewage Disposal Works.

Pasveer Ditch

A new type of aeration system of sewage purification was started in Droitwich Borough in 1966. This works, which had been designed by a Dr. Pasveer and built under license from the Dutch Government, is simple, cheap to build and operate. It also appeared to be very effective in purifying the sewage.

The Droitwich plant was, and is still, the largest in the country dealing with domestic sewage and it was proposed that the system should be the subject of research. With the co-operation of the Severn River Authority the County Council Health Committee agreed to the suggestion. The work started in July 1967 and is continuing during 1968.

Members of the Public Health Sub-Committee made a tour of inspection of some sewage disposal works. This included the above ditch. Members appeared to find the visits very interesting.

Fluoridation

During 1967, 105 samples of water, drawn from areas in Worcestershire which received Birmingham Elan Water, were taken and analysed to ascertain the proportion of added fluoride ion. These samples, which are in addition to those taken by Birmingham City and other authorities, were found to have not more than the permitted proportion.

Inquiries were continued during the year into various systems of fluoridation and control methods. This was with particular reference to the proposed commencement of fluoridation in the area of the East Worcestershire Waterworks Company. Plans for the construction of buildings were well in hand or completed by December. During 1968 it is hoped to start fluoridation at at least one water station. This will supply treated water to both Warwickshire and Worcestershire.

Gypsies

The problem of accommodation for gypsies made little progress. Meetings of local authority surveyors and planning staff were held but no site was chosen. Complaints of nuisances, caused by the presence of "travellers" in various parts of the county, continuing to be heard.

Atmospheric Pollution

Research was initiated by the Warren Springs Laboratory in 1965 into the degree of air pollution in rural areas. This work is financed by the County Council and continued into its second year in Upton-upon-Severn Rural District. The County Council joined the West Midland Council for Clean Air. This council expanded its interest into "noise control" during the year.

Swimming Pools

There were 17 swimming pools in use at schools in the county, plus five learner pools. This total is increasing each year. All these pools and a number at private schools were visited regularly during the season. Pool side tests of the chlorine content and pH were made. Bacteriological and the occasional chemical samples were taken. Generally conditions were very satisfactory, except at the learner pools, where the comparatively large amount of use caused some problems.

Advice on the maintenance of standards at these pools is given.

Residential Accommodation

I am pleased to report that although some unavoidable delay occurred, the conversion of Areley House, Stourport-on-Severn into a home for 45 old persons and the extension of Swinford Old Hall and structural alterations to the old building were completed and it was possible towards the end of the year to use the additional accommodation.

Many old persons accommodated in homes elsewhere in the county who were originally admitted from the Stourport-on-Severn and Stourbridge areas were transferred in accordance with their wishes to Areley House and Swinford Old Hall respectively. Not only was the general waiting list of applicants for residential accommodation reduced to some extent by beds becoming available at other homes by such transfers, but it was possible to effect a further reduction in the number of beds reserved for the County Council's use in Kidderminster General Hospital (Bewdley Road), a Regional Hospital Board establishment, from 70 to 60. It is hoped to make a further reduction fairly early in 1968. A small reduction was also made in the number of beds reserved for the Council's use at Bromsgrove General Hospital.

Although the provision of the additional accommodation is most welcome, the stage of development of the building programme gives no cause for complacency. This programme is well behind schedule due to several reasons not the least being the difficulty previously experienced in obtaining suitable sites although some property was purchased at Redditch late in the year on which to erect a home of 45 beds together with a day centre for old, blind and other handicapped persons. The purchase of a site from Malvern Urban District Council mentioned in previous reports has still not been completed. A site at Evesham was purchased in 1965 but building has not yet started despite the efforts made by the County Council, and the position at the time of writing this report is that the Ministry of Health have refused to allow a day centre to be erected on the same site as a new purpose-built home. In view of this, the plans were being revised to provide a home of 50 beds instead of 40 as originally planned and it was not possible to submit these plans before the end of the year.

A further review of the ten year plan for development of residential accommodation was made to cover the decade ending 31st March 1978, and although, in view of the country's economic position and restrictions on expenditure, this plan may now only be of academic interest, it provided for 13 new purpose-built homes which together with the homes retained by the County Council would give 820 beds under their direct control within the period covered by the plan.

In this plan regard was had to the desire of the Minister of Health for the replacement and closure of each former Public Assistance Institution including joint-user establishments. These are Heathlands, Pershore; Laburnum House, Upton-on-Severn, and the Council's reserved accommodation at Bromsgrove General Hospital; Avonside Hospital, Evesham and Kidderminster General Hospital (Bewdley Road). The closure of these establishments together with a small home at Malvern during the period under review would result in a net gain of 138 beds over the number currently available.

The number of 820 beds to be aimed at was put forward having regard also to some possible effect on residential accommodation of anticipated increased population in certain areas of the county mainly by "overspill" from Birmingham at Droitwich and Redditch and the increasing use of the service for providing old people with a short stay in residential accommodation to enable relatives with whom they normally resided to have a rest or to go on holiday. At the same time due regard has been had on the other hand to services which have the effect of helping old people to remain in their homes much longer than would otherwise be possible, namely, the provision in co-operation with housing authorities of special housing for the elderly, with a warden to keep an eye on the elderly residents and the many domiciliary services for the aged, such as meals-on-wheels, home-help service, visiting and social clubs.

In the result the figure of 820 beds is considered to be a realistic conception of the need for residential accommodation during the next ten years.

Applications for the Provision of Residential Accommodation

Statements are attached showing for the year ended 31st December 1967,

- (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.

Although in totals the figures show little difference from those for 1966 there are a few points which are worth mentioning.

During 1967, the number of persons accommodated for short periods to enable relatives or friends looking after them to go on holiday, or during the illness of such relatives or friends, increased by 18 over the 1966 figure.

The number of persons admitted direct from mental hospitals increased by 15 and there was an increase of 48 in the number of persons transferred from one home to another to be nearer relatives or friends or to be provided with accommodation more suited to their needs as compared with the 1966 figures.

Social Welfare of Residents

The interest taken in previous years by persons individually and collectively in the social welfare of the residents was well maintained during 1967 and the old people have benefited in many ways by the efforts made to augment those of the staff to help and entertain the old people and to provide more variety in their lives.

Special Housing for Old People—Wardens Schemes

The provision of special housing for the elderly with a warden to exercise some measure of kindly but unobtrusive supervision of the old people is given a high degree of priority in Worcestershire in co-operation with housing authorities as being a service supplemented where required by statutory and voluntary domiciliary services enabling old people to preserve their independence by remaining in their own homes longer than would otherwise be possible. As previously mentioned this service is one to which regard was had in assessing the number of beds in residential accommodation considered to be needed in the long term.

At the end of 1967 there were 40 schemes in operation covering 1,136 units and accommodating 1572 old people. From information supplied by housing authorities it was originally anticipated that the number of completed schemes would have been greater but owing to various factors several proposed new schemes did not materialise by the 31st December 1967 although there was reason to believe that six new schemes would be functioning soon afterwards.

The measure of co-operation secured with housing authorities may be gauged from the fact that their proposals include the provision of a further 15 schemes during the financial year 1968/69.

Flashing Light Warning Systems

At the end of 1967 the flashing light system had been installed in 593 dwellings provided by district councils for old people and where the district councils considered it desirable for this system to be installed as the dwellings were not covered by a wardens scheme.

In addition to the warning bell system which is always provided from each old person's dwelling covered by a warden scheme to the warden's accommodation, flashing lights have been provided in 269 such dwellings as an extra means of summoning help in an emergency.

As mentioned in my previous report, fixed flashing light systems are not generally provided in private dwellings occupied by elderly people because of the possible change of tenants not needing such a warning system. There are available, however, portable battery operated units for elderly persons living alone where required and particularly for those awaiting admission to county homes.

Clubs for the Elderly

There were 81 clubs of various types for the elderly at the end of the year as compared with 75 at the end of 1966. These clubs include 60 clubs for the elderly and 3 open all-day clubs run by the W.R.V.S., 4 clubs and 1 open all-day club run by the B.R.C.S., 12 clubs run by various voluntary organisations in the county and 1 all-day club run by the Bromsgrove Association for the Welfare of Old People.

These clubs have proved a valuable source of providing entertainment and companionship for elderly people as well as enabling the members of the voluntary organisations running the clubs to maintain contact with elderly people and visit them when ill and unable to get to club meetings.

Many residents of the county homes derive pleasure in taking part in the activities of these clubs. The amenities available at the open all-day clubs where the old people can obtain hot meals or snacks are also greatly appreciated and are very popular.

Much praise is due to the members of the voluntary organisations running the clubs and who spend a great deal of time and effort in organising activities and entertainment for the old people attending the clubs.

Meals on Wheels and Meals in Day and Luncheon Clubs for the Elderly

Excluding the number of meals (5,033) supplied by the meals on wheels service in Oldbury which was transferred to Warley County Borough Council on the 1st April 1966, the total number of meals supplied to old people in their own homes during 1966 in the county was 70,771. The total number in 1967 was 79,627 and this reflects the steady overall development of the service despite the fact that due to circumstances beyond their control the W.R.V.S. had to suspend the services temporarily in one small area.

In addition the number of mid-day meals provided at the several day and luncheon clubs during 1966, again excluding the Oldbury figure (521) was 28,189. During 1967 the number of meals was 30,255.

There is no doubt that the work done by those engaged in these services contributes in no small measure to the well-being of the elderly and great praise is due to the voluntary workers who give so ungrudgingly of their time and efforts.

Registration and Inspection of Disabled Persons and Old Persons' Homes

At the 31st December 1967 there were 22 private and voluntary homes for disabled and old persons registered by the County Council under Section 37 of the National Assistance Act, 1948, providing accommodation for 329 persons. One new home was registered during the year but three homes closed down.

The 22 homes comprised two voluntary homes for the elderly, two voluntary homes for handicapped persons and 18 private homes for the elderly.

There were also two homes for the elderly run by the British Red Cross Society, providing accommodation for 38 old people, but these homes are exempt from registration.

All homes were visited and inspected regularly to ensure that good standards of accommodation and services for the residents were maintained, and any matters requiring to be dealt with in the interests of the residents were brought to the notice of the proprietors who were found to be co-operative and amenable to advice.

Welfare Services for the Blind and Partially Sighted

1. Blind Persons

(a) Registration

The number of persons registered in the County as blind as at the 31st December 1967 was 774 (316 men, 458 women). The increase over the 1966 figure was only 20 (7 men, 13 women). In conformity with the pattern over recent years the overall increase is accounted for by persons in the 'over 65 years' age group and the preponderance of women is even more marked.

The number of school age children is reduced from 18 to 16 but in the 'under 5 years' age group the number is now seven compared with four in 1966 and only two in 1965.

During the year there was a quite substantial reduction in the number of new registrations from 128 effected in 1966 to 100 in 1967. There was a further small increase in the incidence of the elderly who were represented by 86% of the total of new registrations against 85% in the previous year.

(b) Employment

Sheltered Workshops in Birmingham and Wolverhampton employed four Worcestershire blind persons as in the previous year (three men, one woman). In all cases the County Council supplemented earnings and contributed a share of trading loss. However from July a National agreement rescinded the system of individual augmentation of wages for a normal wage system. Whilst simplifying administration the new procedure is unlikely to reduce local authority financial commitment.

There has been no change in the number of 15 persons (10 men, five women) included in the Council's Homeworkers' Scheme. The bi-annual inspection by officers of the Ministry of Labour took place in 1967 and the Ministry report indicated a satisfactory position with the workers generally exceeding the required minimum earnings. Comment was made on the high standard of supervision and the extent of assistance given in disposal of finished goods. During the 1966/67 financial year the value of goods and materials turnover amounted to £5,863.

Sales income from the retail shop in The Tything which has a handicapped person as assistant, was £2,478 with a gross profit of £628 (34% on cost). This is a very considerable improvement on the 1965/66 gross profit of £392 (28% on cost) but the increase in trade shown by the rise in sales income from the previous year's figure of £1,780 is even more encouraging.

In 1967 there was another rise in the number of persons employed in ordinary unsheltered employment from 48 to 52. The work concerned covers a wide field in industry, commerce and the professions and shows the continued success of modern placing policy.

(c) *General social welfare*

Supportive services for blind persons in the community were provided throughout the year ranging from intensive casework and rehabilitation to the supply of various aids and advice on statutory and voluntary sources of help.

Instruction in Braille and Moon was given in appropriate individual cases and grant aid to the National Library for the Blind was given at the rate of £3 per blind reader. In 1967 there were 35 regular readers of Braille or Moon library books in the County, all receiving a free service.

The Worcestershire County Association for the Blind, working in close association with the statutory service was particularly active through the local branches in arranging and grant-aiding holidays taken by Worcestershire residents at the London Association for the Blind Holiday Home in Weston-super-Mare. The Association continued to pay the rentals of Talking Book machines issued in the County and were able to meet the demand for free wireless sets, as agents for the British Wireless for the Blind fund.

The number of Social Clubs/Handicraft Clubs has remained at six but the Association had some difficulty in maintaining the frequency of meetings due to increasing costs of transport. The County grant was raised from the 1st October from £100 to £200 per annum to cover these increased costs.

2. *Partially Sighted Persons*

The number on the partially sighted register resumed its upward trend in 1967 with a total of 127 (61 men, 66 women). The increase over the 1966 total was 13 (seven men, 6 women).

In registration 'Class A' there were 43 persons—regarded as near and prospectively blind (age 16 and over). The other two groups comprised 'Class B'—mainly industrially handicapped, age 16 and over, with 19 persons and 'Class C'—requiring observation only, aged 16 and over, with 55 persons. In addition there were 10 children of school age on the register.

The increase in number in 1967 was confined to persons expected to become blind and children in the age range 5—15 years.

Many partially sighted persons required and were provided with the specialist services appropriate to the blind. In other cases assistance was given under the scheme for the general classes of the handicapped but particular attention was paid to 'follow-up' visits after certification to ensure as far as possible adherence to recommended ophthalmic, medical or surgical treatment.

3. *Register of Blind and Partially-Sighted Persons*

(a) *Incidence of Blindness*

During 1967 the number of Forms B.D.8 completed in respect of persons over school age (excluding Oldbury) was 131, viz. males—53, females—78, as compared with 151 in 1966. Of these 98 were certified blind, 27 partially-sighted and six not blind or partially sighted. The examinations were carried out by 19 ophthalmologists and in 20 cases domiciliary visits were necessary. There were 12 re-examinations—six persons who were previously partially-sighted were certified blind; three who were previously certified not blind nor partially-sighted, were certified blind; and three were again certified partially-sighted.

Of the 119 new cases dealt with during the year the sources of reference were as follows :—

- | | |
|---|----|
| (a) General Practitioners | 7 |
| (b) Other medical sources (mainly ophthalmologists) .. | 64 |
| (c) Ministry of Social Security | 28 |
| (d) Other lay sources (welfare officers, neighbours, etc.) .. | 32 |

(b) *Follow-up of Registered Blind and Partially-Sighted Persons*

	Cause of Disability							
	Cataract		Glaucoma		Macular Degen.		Others	
	Blind	P/S	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	8	2	9	3	22	6	30	6
(b) Medical	1	—	4	1	1	—	10	1
(c) Surgical	7	3	1	—	—	—	1	—
(d) Optical	—	—	—	1	1	—	3	1
(ii) Number of cases at (i) (b), (c), (d) above, which on follow-up action have received treatment	1	1	4	2	2	—	14	2

General Classes of Handicapped Persons

(1) *Registration*

The number of persons registered as at the 31st December 1967 was 1,358 (641 men, 717 women). Following a revision of the form of statistical return submitted to the Ministry a more detailed breakdown of numbers by age group is presented :—

Age	Men	Women	Totals
Under 16 ..	62	23	85
16—29	98	66	164
30—49	127	81	208
50—64	176	178	354
65 and over ..	178	369	547
	641	717	1,358

As with other groups of the handicapped there are more women than men and a high proportion of the elderly, but the trend is not nearly so marked. Unfortunately it is not possible to draw any sophisticated conclusions from the statistics as to the incidence or distribution of general handicap in the population, either locally or nationally, in the way which is perfectly feasible where the blind are concerned. The incentive to register with the local authority is not as powerful and the definition of general handicap does not lend itself to the same precision. The one inescapable conclusion is that the register shows only a proportion of those eligible for inclusion, a pointer to this being the steady and substantial annual increase of registrations, these possibly influenced by the extended amount and range of social welfare services available. The increase in the 1967 figure over the preceding year is 143, a rate which has been maintained for some years. The major handicaps included in the total, so far as numbers are concerned, are still organic nervous diseases and arthritis or rheumatism.

(2) *Structural Alterations and Aids*

The main structural alterations carried out to the homes of disabled persons in the year have included provision of ground floor toilets, handrails, ramps, drives, footpaths and pavement crossings.

Other alterations have included provision of a covered entrance, a sliding door, a bath chain and bar hoist and a gas fire. In one special case the Committee agreed to pay for a telephone rental.

Many small aids have been provided both by the department and by the British Red Cross Society. Amongst the more expensive aids provided under the Council's scheme on 'permanent loan' geriatric and self-raising fireside chairs have been in particular demand and, as in former years, toilet and bath aids.

Expenditure in 1967 totalled £510 on structural alterations and £519 on aids and gadgets. Whilst the expansion of this valuable service is evident from the expenditure figures it is certain that a large area of need is still unmet.

(3) Centres and Outwork for the Handicapped

The two centres in temporary premises at Halesowen and Pershore were both open for two days each week and on average 50 handicapped persons made regular use of the facilities at one or the other.

In the middle of the year a second 'mini-bus' equipped for the transport of handicapped persons to and from the centres was brought into use.

Experience with the operation of the centres has confirmed the need for expansion of the service and plans were formulated during the year for provision of a purpose-designed Day Centre during 1968/69 at either Redditch or Droitwich.

(4) Social Activities

The number of social clubs for the handicapped rose from 10 to 11. Eight of these are run by the British Red Cross Society and three by the Women's Royal Voluntary Service. In addition a newly formed handicraft club for the younger disabled, run by a former member of staff, attracted grant aid from the Council, and preliminary discussions were held with the British Red Cross Society on the possible provision of a voluntary centre in purpose-built premises in Evesham.

The annual holiday organised by the Welfare Department in co-operation with the B.R.C.S. and W.R.V.S. was held at Westward Ho! 139 handicapped persons took part in this week's holiday and they were accompanied by 111 personal helpers and two staff members. The camp charge was £9 per person and the Welfare Committee agreed to a grant of £6 per head for each handicapped person.

(5) Disabled Drivers

During 1968 a total of 28 identification badges, designed to assist disabled drivers in overcoming to some extent parking and traffic difficulties, was issued. The total number of Worcestershire drivers holding badges is now 169. The length of validity of the badges has been increased from two years to five years as from 1967 and the paper yellow discs have been replaced by a more durable plastic type.

(6) Admissions to Homes

The number of handicapped persons (excluding the Blind and Deaf) in residential accommodation as at the 31st December 1967 is shown in the following table. Categories and definitions accord with the annual return to the Ministry of Health.

							County Homes Worcestershire	Other L.A. Homes	Voluntary Homes
(a)	Physically handicapped								
	Aged	..	..	..	..	..	171	—	9
	Non-aged	..	..	..	..	..	14	2	9
							185	2	18
(b)	Mentally handicapped								
	Aged	..	..	..	..	..	102	—	1
	Non-aged	..	..	..	..	..	26	—	—
							128	—	1

The increases over the 1966 figures are 10 in the case of the physically handicapped and 14 in the case of the mentally handicapped where the County Homes are concerned, both increases occurring in the aged group. There is virtually no change in other Homes.

The policy of integrating mentally handicapped elderly people into the existing Homes has worked very well in most instances but will need to be kept under review. At the moment mentally handicapped persons occupy nearly 18% of the average 730 places in the County Homes.

Deaf and Hard of Hearing Persons

(1) Registration

This register is maintained according to three classifications and details of the number of persons registered as at the end of 1967 are as follows:—

Age						Deaf with speech	Deaf without speech	Hard of hearing
Under 16	Men	..	..	..	..	1	13	11
	Women	..	..	..	..	2	9	12
16—29	Men	..	..	..	..	13	5	13
	Women	..	..	..	..	6	5	9
30—49	Men	..	..	..	..	9	2	12
	Women	..	..	..	..	6	5	9
50—64	Men	..	..	..	..	5	6	26
	Women	..	..	..	..	6	2	21
65 and over	Men	..	..	..	..	10	4	52
	Women	..	..	..	..	21	7	138
						79	58	303

The comparative total figures by classification for 1966 are 67 (31 men, 36 women) deaf with speech ; 52 (26 men, 26 women) deaf without speech, and 280 (109 men, 171 women) hard of hearing.

As would be expected by the nature of the disability the numbers of persons who are deaf without speech, and to a lesser extent those deaf with speech, show a fairly even spread over the various age ranges. By contrast the register of those who are hard of hearing is heavily weighted by the '65 and over' group.

(2) General

The District Social Welfare Officers have visited Deaf and Hard of Hearing persons throughout the year giving support and advice. Co-operation has been maintained at field level and administratively with the Worcestershire and Herefordshire Association for Work amongst the Deaf.

During the year a room in the Kidderminster District Social Welfare Office was made available for the part time use of a club for deaf persons.

While the range of aids available for other handicapped persons is not generally appropriate in the case of the deaf, assistance was given in the instance of a deaf youth whose loss of hearing could not be corrected by a Ministry hearing aid under the National Health Service. The Committee agreed to meet the cost of a more powerful commercial aid recommended by a consultant surgeon.

The officer in the Welfare Department undertaking in-service training in the field of Deaf Welfare was seconded to a short sandwich course arranged by the College of Deaf Welfare and Social Studies, London.

R. A. McDonald

County Welfare Officer.

County Welfare Department,
25a The Tything,
Worcester.

STATISTICAL TABLES

TABLE "A"

Notification of Infectious Diseases

TABLE "A"

Notification of Infectious Diseases

County District	Scarlet Fever	Whooping Cough	Measles (excluding rubella)	Acute Poliomyelitis		Tuberculosis		Diphtheria including membranous croup	Smallpox	Meningococcal Infection	Acute Encephalitis		Dysentery	Ophthalmia neonatorum	Puerperal pyrexia	Acute pneumonia (primary or influenza)	Para-typhoid Fever	Typhoid Fever	Food Poisoning	Erysipelas	Anthrax	TOTAL
				Paralytic	Non-paralytic	Respiratory	Other				Infective	Post-infectious										
URBAN																						
Bewdley Borough	5	12	82			3				1			7			1			5			99
Bromsgrove	35	3	467											1								523
Droitwich Borough	1		79										1									81
Evesham Borough			10																			11
Halesowen Borough	36	50	249			12	1						3		1	2		2				357
Kidderminster Borough	9	19	447			12							2									490
Malvern	5	23	290			4							5			1		3				326
Redditch	17	7	503			8										11						554
Stourbridge Borough	4	2	275			9	1								12			1				304
Stourport on Severn	5	35	213			3									3	1						260
Total Urban Districts	117	151	2615			51	2			1			18	1	16	16	2	1	10	4		3005
RURAL																						
Bromsgrove	11	7	409			5	1						1			2	1					437
Droitwich	2	2	91			2									1							98
Evesham			112																			112
Kidderminster	1		75			5										2		1				84
Martley	7	22	320				1					2				11						364
Pershore	1		159			2	1															163
Tenbury	1	2	16			1									1							21
Upton upon Severn	4	3	145			1																156
Total Rural Districts	27	36	1327			16	3					3			2	17	2		1			1435
Administrative County	144	187	3942			67	5		1				21	1	18	33	4	1	11	5		4440
Administrative County 1966	230	115	3038			60	8				2		27	2	25	74	1		9	7		3598

TABLE "B"

Causes of death at different periods of life in the Administrative County of Worcester

Causes of Death	All Ages		Under 4 weeks		4 weeks and under 1 year		1-4 Years		5-14 Years		15-24 Years		25-34 Years		35-44 Years		45-54 Years		55-64 Years		65-74 Years		75 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES	2346	2096	43	40	22	12	14	9	17	4	40	12	20	14	51	38	180	95	465	226	702	494	792	1152
1. Tuberculosis, respiratory	8	7															2	2	2	1	3	4	1	
2. Tuberculosis, other	2	3															2	1						
3. Syphilitic disease		1																1						
4. Diphtheria																								
5. Whooping Cough																								
6. Meningococcal infections																								
7. Acute Poliomyelitis																								
8. Measles	4								2		1													
9. Other infective and parasitic diseases	5	5				1	1				2								1	1				2
10. Malignant neoplasm, stomach	53	40																						
11. Malignant neoplasm, lung																								
12. Malignant neoplasm, breast	174	28																						
13. Malignant neoplasm, uterus	85	32																						
14. Other malignant and lymphatic neoplasms	244	187							2	2	1	4	2											
15. Leukaemia, aleukaemia	17	8							2															
16. Diabetes	12	18							1		2													
17. Vascular lesions of nervous system	329	405			1																			
18. Coronary disease, angina	543	312									1		1		13	1	61	7	130	29	181	100	156	175
19. Hypertension with heart disease	31	44																						
20. Other heart disease	204	282																						
21. Other circulatory disease	90	125																						
22. Influenza	2																							
23. Pneumonia	95	129							2		1	1												
24. Bronchitis	187	59																						
25. Other diseases of respiratory system	18	19																						
26. Ulcer of stomach and duodenum	24	9																						
27. Gastritis, enteritis and diarrhoea	11	12																						
28. Nephritis and nephrosis	13	9																						
29. Hyperplasia of prostate	19																							
30. Pregnancy, childbirth, abortion	1																							
31. Congenital malformations	23	12																						
32. Other defined and ill-defined diseases	133	175																						
33. Motor vehicle accidents	42	22																						
34. All other accidents	42	53																						
35. Suicide	22	11																						
36. Homicide and operations of war	1	1																						

TABLE "C"
Causes of death in Administrative Areas—Urban and Rural Districts

CAUSES OF DEATH	URBAN DISTRICTS										RURAL DISTRICTS										Total	GRAND TOTAL FOR COUNTY
	Bewdley B.	Bromsgrove	Droitwich B.	Evesham B.	Halesowen B.	Kidderminster B.	Malvern	Redditch	Stourbridge B.	Stourport-on-Severn	Total	Bromsgrove	Droitwich	Evesham	Kidderminster	Marley	Pershore	Tenbury	Upton-on-Severn			
All Causes	59	400	99	202	477	501	314	361	527	124	3064	296	170	192	118	110	186	66	240	1378	4442	
1. Tuberculosis, respiratory	1	
2. Tuberculosis, other	15	
3. Syphilitic disease	2	
4. Diphtheria	3	
5. Whooping Cough	5	
6. Meningococcal infections	1	
7. Acute Poliomyelitis	4	
8. Measles	5	
9. Other infective and parasitic diseases	6	
10. Malignant neoplasm, stomach	7	
11. Malignant neoplasm, lung bronchus	8	
12. Malignant neoplasm, breast	9	
13. Malignant neoplasm, uterus	10	
14. Other malignant and lymphatic neoplasms	10	
15. Leukaemia, aleukaemia	93	
16. Diabetes	202	
17. Vascular lesions of nervous system	85	
18. Coronary disease, angina	32	
19. Hypertension with heart disease	13	
20. Other heart disease	431	
21. Other circulatory disease	14	
22. Influenza	25	
23. Pneumonia	15	
24. Bronchitis	30	
25. Other diseases of respiratory system	10	
26. Ulcer of stomach and duodenum	734	
27. Gastritis, enteritis and diarrhoea	17	
28. Nephritis and nephrosis	855	
29. Hyperplasia of prostate	18	
30. Pregnancy, childbirth, abortion	75	
31. Congenital malformations	19	
32. Other defined and ill-defined disease	20	
33. Motor vehicle accidents	152	
34. All other accidents	86	
35. Suicide	215	
36. Homicide and operations of war	2	

TABLE " D "

Dental Services for Expectant and Nursing Mothers and Children under 5 years

PART A. ATTENDANCES AND TREATMENT

Number of Visits for Treatment during year

	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	381	88
Subsequent Visits	240	147
Total Visits	621	235
Number of Additional Courses of Treatment other than the First Course commenced during year	15	1
Treatment provided during the year—		
Number of Fillings	467	134
Teeth Filled	433	125
Teeth Extracted	494	127
General Anaesthetics given	108	5
Emergency Visits by Patients	18	5
Patients X-Rayed	2	8
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	26	36
Teeth otherwise Conserved	229	2
Teeth Root Filled		—
Inlays		—
Crowns		—
Number of Courses of Treatment Completed during the Year	311	50
PART B. PROSTHETICS		
Patients supplied with F.U. or F.L. (First Time)	5	
Patients supplied with other Dentures	15	
Number of Dentures supplied	36	
PART C. ANAESTHETICS		
General Anaesthetics Administered by Dental Officers	66	
PART D. INSPECTIONS	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections		
During Year	825	86
Number of Patients in A and D above who required Treatment	439	81
Number of Patients in B and E above who were offered Treatment	382	81
PART E. SESSIONS		
Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients :		168
For Treatment		37.5
For Health Education		

TABLE " E "

Nursing Services—Staff Accommodation

Premises	Location			Type of Accommodation															
	Urban	Rural	Total	Houses				Bungalows				Flats							
				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	
<i>County Council owned :</i>																			
1. Purpose built ..	43	25	68	—	23	40	63	63	—	1	1	1	4	—	4	4	4	4	4
2. Purchased ..	11	9	20	—	2	11	12	13	—	1	—	1	4	2	6	6	6	6	6
<i>Rented from :</i>																			
1. District Councils	4	4	8	—	—	4	4	4	—	—	—	—	1	3	—	—	1	1	1
2. Nursing Associations etc.	6	4	10	—	2	3	5	5	—	—	—	—	3	2	5	5	5	5	5
TOTALS ..	64	42	106	—	27	58	84	85	—	2	1	2	12	7	15	16	16	16	16

TABLE "F"

Diphtheria Immunisation — Return for the year ended 31st December, 1967

District	Completed Primary Courses						Reinforcing doses				
	Year of Birth						Year of Birth				Total
	1967	1966	1965	1964	1960-63	Others under 16	1966	1965	1964	1960-63	Others under 16
Bewdley Borough	78	61	4	—	3	1	12	54	12	78	66
Droitwich Borough	71	84	3	1	4	1	26	64	10	113	183
Evesham Borough	97	147	18	—	15	1	87	141	8	154	350
Halesowen Borough	398	450	23	18	57	9	121	296	52	622	815
Kidderminster Borough	354	344	12	15	46	4	91	214	28	522	417
Stourbridge Borough	404	259	18	4	15	—	121	200	44	575	906
Stourbridge Urban	265	391	27	8	21	2	136	285	28	450	463
Bromsgrove Urban	165	148	26	4	9	1	69	155	26	313	393
Malvern Urban	190	448	32	8	24	14	200	264	26	395	50
Redditch Urban	144	138	7	2	15	4	53	95	12	252	201
Stourport Urban	215	371	21	9	15	1	102	222	48	482	377
Bromsgrove Rural	90	139	10	5	1	66	46	90	17	109	195
Droitwich Rural	82	70	19	3	4	2	72	119	25	210	279
Evesham Rural	46	52	8	—	8	3	32	48	7	145	140
Kidderminster Rural	105	90	4	4	3	3	44	97	18	124	104
Marley Rural	127	165	10	1	6	—	53	121	25	263	258
Pershore Rural	29	44	—	—	4	2	7	8	3	77	47
Tenbury Rural	109	51	8	1	4	—	31	62	13	118	132
Upton-on-Severn Rural	..	..	..	..	..	..	..	..	..	..	..
TOTALS	2969	3452	250	83	254	114	1303	2535	402	5002	5376
	..	..	..	..	..	..	7122	..	..	..	14618

TABLE "G"

Smallpox Vaccination — Return for Year Ended 31st December, 1967

District	Number of Children Vaccinated							Number of Children Re-Vaccinated								
	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-15 years	TOTAL	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-15 years	TOTAL
Bewdley Borough	2			5	57	20	5	89							2	2
Droitwich Borough	1	7	1	10	89	15	2	125						1	7	8
Evesham Borough				4	93	18	6	121					1	1	4	6
Halesowen Borough	2	4	19	58	488	94	21	686							15	15
Kidderminster Borough	2	4		29	407	60	25	527						2	25	27
Stourbridge Borough	4	6	15	23	565	74	16	703					3	6	11	20
Bromsgrove Urban	3	12	40	6	417	89	19	586						6	20	26
Malvern Urban	48	11	11	19	220	29	20	358						6	90	90
Redditch Urban	1		8	7	307	228	42	593							32	32
Stourport Urban			1	9	193	16	6	225						3	6	9
Bromsgrove Rural	2	7	7	3	352	122	22	515						3	12	15
Droitwich Rural	3	8	8	6	127	20	3	175						1	12	13
Evesham Rural			3	24	163	27	7	224					1	2	5	8
Kidderminster Rural					65	15	1	81					1	2	10	12
Martley Rural	4	1	3	27	140	26	3	204						2	5	6
Pershore Rural	6	1	6	29	179	29	3	253					2	5	21	28
Tenbury Rural	2	10	19	8	22	8		69						2	2	2
Upton-on-Severn Rural	8	6	2	24	104	9	4	157							1	1
TOTALS	88	77	143	291	3988	899	205	5691	—	—	—	—	7	35	278	320

TABLE "H"

*Whooping Cough Immunisation**Return for Year Ended 31st December, 1967*

DISTRICT	COMPLETED PRIMARY COURSES YEAR OF BIRTH						
	1967	1966	1965	1964	1960-63	Others under 16	TOTAL
Bewdley Borough	76	61	4	—	1	—	142
Droitwich Borough	67	84	3	1	1	1	157
Evesham Borough	88	112	14	—	—	—	214
Halesowen Borough	348	399	18	15	7	5	792
Kidderminster Borough ..	332	318	12	13	4	—	679
Stourbridge Borough	376	233	13	3	4	—	629
Bromsgrove Urban	249	376	25	5	5	—	660
Malvern Urban	162	141	22	3	5	—	333
Redditch Urban	187	441	19	7	16	5	675
Stourport Urban	142	134	6	—	2	—	284
Bromsgrove Rural	191	345	19	9	8	—	572
Droitwich Rural	84	127	10	3	—	33	257
Evesham Rural	76	69	14	1	2	1	163
Kidderminster Rural	44	46	8	—	4	2	104
Martley Rural	103	90	5	4	2	3	207
Pershore Rural	121	161	10	—	2	—	294
Tenbury Rural	29	44	—	—	—	—	73
Upton-on-Severn Rural ..	107	49	8	1	3	—	168
TOTALS	2782	3230	210	65	66	50	6403

TABLE "J"
Tetanus Immunisation — Return for Year Ended 31st December, 1967

DISTRICT	Completed Primary Courses Year of Birth					Reinforcing Doses Year of Birth							
	1967	1966	1965	1964	1960-1963	Others Under 16	Total	1966	1965	1964	1960-1963	Others Under 16	Total
Bewdley Borough	78	61	4	—	3	1	147	12	54	12	78	66	222
Droitwich Borough	71	84	3	1	4	4	167	26	64	10	113	184	397
Evesham Borough	97	148	18	—	16	2	281	87	141	8	154	333	723
Halesowen Borough	398	450	23	19	60	40	990	121	296	51	624	805	1897
Kidderminster Borough	354	344	12	15	103	8	836	91	214	29	521	428	1283
Stourbridge Borough	404	259	17	5	16	1	702	121	200	44	570	863	1798
Bromsgrove Urban	265	391	27	8	29	37	757	135	286	28	453	486	1388
Malvern Urban	165	148	26	4	9	3	355	69	156	27	315	521	1088
Redditch Urban	191	454	32	8	111	16	812	200	265	27	416	121	1029
Stourport Urban	144	137	7	2	15	5	310	53	95	12	252	203	615
Bromsgrove Rural	215	370	21	9	26	30	671	102	222	48	479	363	1214
Droitwich Rural	90	139	10	5	1	66	311	46	89	17	108	191	451
Evesham Rural	83	70	19	3	4	3	182	72	119	18	204	278	691
Kidderminster Rural	46	52	8	—	8	3	117	32	48	8	146	144	378
Martley Rural	105	90	4	4	7	6	116	44	97	18	134	220	513
Pershore Rural	127	162	10	1	6	—	306	53	121	26	253	248	701
Tenbury Rural	29	44	—	—	4	4	81	7	8	3	78	53	149
Upton-on-Severn Rural	109	51	8	1	4	3	176	31	63	13	118	154	379
TOTALS	2971	3454	249	85	428	230	7417	1302	2538	399	5016	5661	14916

TABLE "K"

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

Month	A. Ambulance				B. Hospital Cars				C. Hire Cars			
	Cases		Miles		Cases		Miles		Cases		Miles	
	1966	1967	1966	1967	1966	1967	1966	1967	1966	1967	1966	1967
January	11314	10863	63333	61696	2616	2899	27923	30431	1204	709	10500	5927
February	10894	10491	60644	52358	2294	3833	23242	31028	1083	874	8056	6412
March	13133	10979	67192	63658	2828	2734	31210	32154	1339	797	10627	6143
April	8753	10205	54186	65978	2290	1967	24978	23849	677	625	6184	5247
May	10771	11483	61492	69529	2686	2253	30673	27384	775	510	6753	4247
June	10848	11397	58630	64849	2830	2627	32964	29313	772	643	7283	6168
July	9990	10536	56925	68508	2553	2658	31618	33132	926	689	7500	5286
August	8399	9392	54696	62997	2593	2758	30069	32998	904	612	8173	4998
September	9801	10775	55350	65221	2591	2395	31478	32062	1008	685	9285	6805
October	10193	9717	57013	69496	2785	2335	33942	29443	963	452	7657	4713
November	10950	10321	60053	70561	2697	2409	34556	27697	937	288	7574	3492
December	10037	9244	59386	64630	2461	2033	29154	24795	814	134	6329	1655
TOTAL	125083	125403	708900	779481	31224	30901	361807	354286	11402	7018	95921	61093

TABLE " L "

Ambulance Service
Vehicles and Driver Attendants
Employed at 31st December, 1967

Ambulance Station	No. of Ambulances	Driver/Attendants	
		Whole-time	Part-time
Bromsgrove	7	14	
Control (H.Q.)	3	5††	
Evesham	6	16	
Halesowen	6	15	
Kidderminster	6	15	
Malvern	6	15	
Pershore*	1		1
Redditch	5	15	
Stourbridge	5	15	
Tenbury*	1		2
Wythall	1		Agency
Hayley Green Hospital ..	1		1
Total	48	110	4

*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 weekends.

†Including one relief deputy supervisor.

†Including County Relief Driver Attendants.

TABLE " M "

Convalescent Homes used during 1967

Name of Home	Males	Females	Total
Elm Lodge, Weston-super-Mare	6	26	32
Inglenook Convalescent Home, Weston-super-Mare	27	54	81
The Birches, Redditch	3	6	9
Rest Bay, Porthcawl	5	5	10
Heatherbrae, Worcester	5	17	22
Henwick Grange, Worcester	—	1	1
Friendly Society, Herne Bay	1	—	1
Royal Court, Burnham-on-Sea	6	8	14
St. Luke's, Exmouth	—	1	1
The Laurels, Bromesberrow	—	1	1
Mrs. Hanbury, Malvern Link	1	—	1
	54	119	173

Tuberculosis

Table 1

Tuberculosis Rates/1000 Population

Years	Notifications	Deaths
1920—24	1.52	0.92
1925—29	1.44	0.80
1930—34	1.46	0.78
1935—39	1.23	0.63
1940—44	0.96	0.55
1945—49	0.85	0.48
1950—54	0.87	0.23
1955—59	0.58	0.10
1960—64	0.31	0.05
1965	0.23	0.02
1966	0.15	0.03
1967	0.16	0.05

Table II

Notification and Death Rates in Districts 1967

Population	District	Notification rate per 1000 population	Death Rate per 1000 population	Total Cases notified	Total Deaths
5,610	Bewdley Borough	—	—	0	0
38,480	Bromsgrove Urban .. ..	.08	.05	3	2
8,970	Droitwich Borough .. ..	.11	—	1	0
13,140	Evesham Borough	—	—	0	0
50,390	Halesowen Borough .. ..	.24	.04	12	2
45,510	Kidderminster Borough .. ..	.26	.02	12	1
28,630	Malvern Urban .. ..	.07	.07	2	2
36,900	Redditch Urban .. ..	.22	.08	8	3
51,300	Stourbridge Borough .. ..	.19	.04	10	2
14,610	Stourport-on-Severn Urban .. ..	.14	—	2	0
36,500	Bromsgrove Rural .. ..	.16	.08	6	3
15,300	Droitwich Rural .. ..	.13	—	2	0
18,620	Evesham Rural	—	—	0	0
12,480	Kidderminster Rural .. ..	.40	—	5	0
13,140	Martley Rural .. ..	.08	—	1	0
19,890	Pershore Rural .. ..	.10	.10	2	2
5,360	Tenbury Rural .. ..	.19	—	1	0
14,900	Upton-on-Severn Rural .. ..	.07	.20	1	3
429,730	Whole County .. ..	.16	.05	68	20

TABLE "O"

Venereal Diseases — Statistical Table

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

Treatment Centre				Number of new Worcestershire cases in year			
				Syphilis	Gon.	Other conditions	Total
Worcester	..	..	..	2	26	185	213
Birmingham	..	..	..	2	43	122	167
Dudley	..	..	..	1	12	61	74
Totals 1967	..			5	81	368	454
	1966	..		9	90	364	463
	1965	..		23	102	374	499
	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

TABLE "Q"

Applications for the Provision of Temporary Accommodation during the year ended 30th December, 1967

Reason for Application	Number of Family Units		
	Admitted	Not Admitted	Total Applications
1. Evicted owing to rent arrears from council houses
2. Evicted owing to rent arrears from private houses
3. Evicted on grounds of nuisance from council houses
4. Evicted on grounds of nuisance from private houses
5. Evicted from Service tenancy after dismissal from employment
6. Evicted from service tenancy after resignation from employment
7. Evicted from service tenancy because employee unable to continue service due to incapacity
8. Evicted from furnished rooms
9. Evicted by relatives/friends
10. Evicted by reason of unauthorised sub tenancy
11. Homeless (accommodated overnight and left before investigation could be made)
12. Fire, flood or other emergency
13. Advice only required
14. Others
	8 (11)	13 (20)	21 (31)

The analysis for 1966 is shown in brackets.

The 8 families accommodated comprised 0 men, 8 women and 15 children compared with 11 families consisting of 0 men, 11 women and 39 children during the year ended 31st December, 1966.

Applications during the year were received from 13 family units comprising 10 men, 13 women and 18 children for the provision of temporary accommodation but were not admitted compared with 20 family units comprising 17 men 20 women and 60 children during the year ended 31st December, 1966.

TABLE "Q" —Contd.

Analysis of Applications by Districts for 1967

Districts	Residential Accommodation			Temporary Accommodation		
	Admitted	Not Admitted	Total	Admitted	Not Admitted	Total
Bewdley Borough	6 (4)	6 (7)	12 (11)	— (—)	— (—)	— (—)
Bromsgrove Urban	19 (21)	11 (12)	30 (33)	— (1)	— (—)	— (1)
Bromsgrove Rural	25 (14)	20 (10)	45 (24)	— (—)	4 (2)	4 (2)
Droitwich Borough	10 (8)	12 (7)	22 (15)	— (—)	1 (—)	1 (—)
Droitwich Rural	6 (5)	14 (10)	20 (15)	1 (—)	— (2)	1 (2)
Evesham Borough	20 (22)	14 (6)	34 (28)	— (1)	— (—)	— (1)
Evesham Rural	17 (13)	6 (13)	23 (26)	— (1)	1 (2)	1 (3)
Halesowen Borough	25 (27)	25 (28)	50 (55)	2 (1)	1 (2)	3 (3)
Kidderminster Borough	38 (29)	35 (53)	73 (82)	3 (—)	1 (1)	4 (1)
Kidderminster Rural	11 (9)	14 (9)	25 (18)	— (—)	— (—)	— (—)
Malvern Urban	35 (32)	64 (48)	99 (80)	— (—)	— (1)	— (1)
Malvern Rural	7 (8)	11 (15)	18 (23)	— (2)	2 (1)	2 (3)
Martley Rural	1 (5)	2 (17)	3 (22)	— (—)	— (1)	— (1)
Oldbury Borough	21 (16)	20 (23)	41 (39)	— (—)	— (4)	— (4)
Pershore Rural	31 (24)	10 (18)	41 (42)	— (—)	— (—)	— (—)
Redditch Urban	43 (56)	38 (32)	81 (88)	— (1)	— (2)	— (3)
Stourbridge Borough	9 (11)	11 (5)	20 (16)	— (—)	— (1)	— (1)
Stourport Urban	3 (5)	5 (8)	8 (13)	— (—)	— (—)	— (—)
Tenbury Rural	10 (22)	25 (25)	35 (47)	1 (—)	— (1)	1 (1)
Upton upon Severn Rural	10 (12)	34 (19)	44 (31)	— (3)	3 (—)	3 (3)
Districts not in County	8 (7)	3 (4)	11 (11)	1 (1)	— (—)	1 (1)
No fixed abode	355 (350)	380 (369)	735 (719)	8 (11)	13 (20)	21 (31)

Figures for 1966 are shown in brackets.

TABLE "R"

Construction of New Houses up to 31st December, 1967

The following table shows the number of new houses built or under construction in each area of the County.

District	Estimated population mid-1967	Dwellings under construction at end of period				Dwellings Completed				Total completed since 1st April, 1945	Houses in clearance area and unfit houses elsewhere		
		Local authorities	Other public sector	Private sector	Public and private	Local authorities	Other public sector	Private sector	Public and private		Included in orders confirmed	Demolished or closed 1.1.67 to 30.9.67	In Clearance Areas Elsewhere
<i>Boroughs</i>													
Bewdley	5,600	4	2	139	145	61	17	235	313	1,002	—	—	—
Droitwich	9,000	239	4	37	280	203	—	9	212	1,637	28	—	4
Evesham	13,100	80	—	33	113	2	—	18	20	1,590	—	—	5
Halesowen	50,400	—	10	702	712	347	—	352	699	6,587	49	28	9
Kidderminster ..	45,500	202	4	268	474	209	—	365	574	6,228	142	143	4
Stourbridge	51,300	58	8	274	340	116	—	408	524	7,318	56	3	42
<i>Urban Districts</i>													
Bromsgrove	38,500	—	14	252	266	28	—	230	258	5,443	—	32	17
Malvern	28,600	15	23	225	263	—	—	207	207	3,609	—	—	18
Redditch	36,900	94	10	28	132	30	—	32	62	5,270	52	36	3
Stourport-on-Severn ..	14,600	8	11	319	338	53	—	189	242	2,818	—	—	9
<i>Rural Districts</i>													
Bromsgrove	36,500	15	1	156	172	75	—	273	348	5,836	—	—	13
Droitwich	15,300	41	8	103	152	36	2	97	135	1,515	—	—	—
Evesham	18,600	51	2	145	198	16	—	165	181	2,240	—	—	—
Kidderminster	12,500	12	1	20	33	37	1	52	90	1,564	—	—	16
Martley	13,100	5	2	124	131	20	1	76	97	1,428	—	—	8
Pershore	19,900	62	—	256	318	55	—	171	226	2,630	—	—	23
Tenbury	5,400	57	—	34	91	16	—	30	46	373	—	—	—
Upton-on-Severn	14,900	79	—	84	163	24	—	62	86	1,573	—	—	6
Redditch New Town ..	—	202	—	—	202	—	—	—	—	—	—	—	—

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