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Contributors

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Worcestershire County Council

ANNUAL REPORTS

of the

COUNTY MEDICAL OFFICER

OF HEALTH

and

PRINCIPAL SCHOOL MEDICAL OFFICER

1969

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Worcestershire County Council

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WORCESTERSHIRE COUNTY COUNCIL

Telephone : Worcester 23400

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WR1 3BZ

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

Mr. Chairman, Ladies and Gentlemen,

The Public Health Officers' Regulations, 1959 require the County Medical Officer of Health and Principal School Medical Officer to produce an annual report. To comply with these requirements I have pleasure in presenting my first annual report but in so doing would say that the credit for 1969 really belongs to Dr. J. W. Pickup whom I succeeded on the 18th September, 1969. Dr. Pickup first came to Worcestershire as Deputy County Medical Officer of Health in 1947 and was appointed as Chief Officer some five years later. He had shouldered this important position superbly and was always noted for his enthusiasm and drive. I am indeed proud to follow Dr. Pickup having had the opportunity of receiving his guidance and wisdom in my capacity as Deputy County Medical Officer of Health.

Statistics : The estimated population for the administrative County as at the 30th June, 1969 shows an increase of 5,630 over the previous year. We are obviously facing considerable increases in population for the next two or three decades with the New Town of Redditch, Droitwich Borough and Birmingham Overspill programmes.

Health Centres : Progress is being maintained in the planning stages of health centres, but it is extremely difficult to get a particular project off the ground. There is every indication that two major schemes (Redditch (Smallwood) and Kidderminster) will get under way during the coming year. I would like to extend to all who are involved with health centres my most grateful thanks for their help and co-operation.

Care of Mothers and Young Children : Special mention has been made under Part III of the report concerning the scheme for notification of congenital defects apparent at birth. Details are also given of the "At Risk List." This is a register of children who are particularly liable to develop an abnormality for a variety of reasons. At the risk of duplication I would also like to refer in passing to the new toddlers' clinics that are being established in the County. These special medical clinics are in my opinion establishing a real need for closer co-operation between the parent, medical officer in department and the general practitioner. It is hoped that the scheme can be extended to all parts of the County at the earliest opportunity when more medical staff have had the opportunity of attending courses on developmental paediatrics. The child health clinics continue to provide a most useful service and the attendances show an increase over 1968. I would like to compliment the voluntary helpers who work in our clinics. They certainly provide a most valuable contribution which goes far in assisting the already hard pressed health visitors.

It is pleasing to record that the family planning clinics are now well established. The programme for full County coverage is certainly proceeding rapidly.

I have to record with regret that the cervical cytology service is still not attracting those who are most at risk, and as mentioned in the body of the report we are at a loss to know how we can persuade them to attend our clinics. The new experiment of carrying the service to the patient by way of visiting factories has so far paid off. With the co-operation of management expansion can be contemplated.

Compared with last year the duties under the Nurseries and Child Minders Act, 1948, have increased considerably. This was anticipated following amendment of the Act by the Health Services and Public Health Act, 1968, and a ceiling has I am sure, not yet been reached. The work has made a great impact on the medical and health visiting staff of the department who were already under considerable pressure of work. This is one of the services likely to leave the health department by the implementation of the "Seeborn Report" and the new Social Services Department will have to be made aware of the many problems that are involved in administering this very necessary and vital service.

The Chief Dental Officer, in his report on the dental treatment of expectant and nursing mothers, has quite rightly presented a most discouraging picture. It is a scheme which has been encouraged over the years by the Ministry of Health and later by the Department of Health and Social Security but all to no avail. An advertisement campaign through the medium of health education has also been unsuccessful. Could it be that action at national level is now called for to clarify the position as to where this group of people receive their dental treatment ?

*Midwifery
Service :*

At the time of writing it is hoped that early in the new year domiciliary units will be established in wards at two hospitals within the County. These units will be staffed by local health authority midwives with the status of sister. The patients admitted to the units will normally be social cases who for various reasons are advised not to have a home confinement. They will be admitted to the specially set aside hospital ward and delivered by their own domiciliary midwife and in many instances with their own general practitioner in attendance. The general indication is for early discharge of these patients where the home conditions are suitable. I hope that this experimental service is effective in getting off the ground and grateful thanks are extended to the Birmingham Regional Hospital Board, local Hospital Management Committees, hospital staff, general practitioners and domiciliary staff for their concerted efforts in formulating a scheme.

*Health
Visiting :*

I am asked by the Department of Health and Social Security to make special comment on the co-ordination and co-operation of the Health Department services with the hospital and family doctor services, including attachment or liaison schemes between the department's domiciliary staff and family doctors. A summary of this aspect of the services appears later in the report and I would like to congratulate all County staff who have worked so hard to make the attachment scheme such a success. In turn, without the goodwill and co-operation of the general practitioners, the scheme could not have even got off the ground.

*Vaccination and
Immunisation :*

This service has continued to operate in what is now a firmly established manner, and the staff work hard to maintain a high standard of acceptance amongst parents.

It is of personal regret that the health department has not yet been allocated computer time. The immunisation and vaccination service does lend itself to computer application as will be known from the many authorities who do have an established scheme. I hope that the Redcliffe-Maud Report and the Green Paper on the Health Services will not be regarded as instruments to cause delay. To have an efficient computer service does mean that we have a greater opportunity to increase the acceptance rate for immunisation and vaccination of children. The rate in Worcestershire is already up to national average but we would wish to improve on this thus actively helping to protect the community at large.

*The Malvern
W.R.V.S.
Laundry
Service :*

I would like to comment upon the Laundry service that is being operated in the Malvern area for the less fortunate elderly and sick people. The service is run by the W.R.V.S. in a most exemplary manner and I cannot praise too highly the efforts that are being made on behalf of those in need. It is yet another example of the wonderful assistance that can be provided through the good offices of a voluntary organisation with the encouragement of the Worcestershire County Council. Details of the laundry service appear later but I did wish to mention the appreciation we feel for the W.R.V.S. in this venture.

*Home Help
Service :*

This service continues to expand and will do so for many years to come. With the plans to have more and more categories of hospital patients put on an early discharge basis the types of case at present dealt with might well, in the light of experience, need to be reviewed and expanded. It appears to be a service which will become involved in new legislation and, whilst appreciating the proposals, the strong medical content of the work should not be forgotten.

*Mental Health
Service :*

The service is extensively reported within the body of my report. On reading what is being done at present and the proposals indicated one is left with the thought that here again is ample evidence of the considerable medical content of the service. With the many changes that are imminent surely a thought must be given to the patient and we must satisfy ourselves that any organisational changes that take place are to his ultimate benefit.

*Environmental
Health :*

I am most grateful to Mr. Colenso, County Public Health Inspector, for his extensive report on the environmental health services. As requested by the Department of Health and Social Security comment is made on the fluoridation of public water supplies in Worcestershire.

School Health :

This worthwhile service is mentioned in great detail later in my report. The school child of today is catered for most adequately and I would commend the section dealing with the school health service for serious reading. I would like to record my appreciation of Mr. Brooke, County Education Officer, and his staff for the excellent co-operation they give this department. The educational and health needs of the child are interdependent and only by close team work between the two departments can these needs be fully met.

I extend a hearty welcome to Dr. T. K. Maclachlan who succeeded Dr. Graham as the Medical Director of the Child Guidance Service. Dr. Maclachlan takes the reins at a most interesting stage when there is ample opportunity for expansion. Dr. Graham had been Medical Director of the Child Guidance Clinic since its inception in 1948 and our best wishes go to him for a long and well earned retirement.

Mr. Jones, the Principal School Dental Officer, offers sound advice in calling for regular visits to the school dental clinic. He rightly points out that the school dental clinic's primary function is to promote regular dental treatment by appointment and it is not intended to be used as an emergency first aid post for the relief of pain.

General :

At the present time the local health authority finds itself in a most difficult situation and it is to be hoped that a clear statement or decision is made by Government in the near future. We are threatened with the loss of the home help service, most of the mental health services and duties in connection with the Nurseries and Child Minders' Regulations Act, 1948 to the new Social Services Department, although all three sections have a strong medical content. This situation is in addition to the new proposed Area Health Boards and also the splitting of the County to form the nucleus of two unitary areas in keeping with the Royal Commission on Local Government. All these changes cause anxiety amongst all categories of staff and it is certainly in their best interest, besides that of the authority, to know just which way they are going.

In writing my report, I was very sorry to hear of the death of Dr. Wyndham Parker, who had been County Medical Officer of Health in Worcestershire for many years prior to Dr. Pickup. The department had hardly got over the shock of this when we were faced with the sudden passing of my Chief Clerk, Mr. J. A. Carter. Mr. Carter had spent most of his working life in the health department and it seems so sad to think that such a capable officer and colleague should be denied the pleasures of his well earned impending retirement after having given of his best for the benefit of others for so long.

In spite of the uncertainties and anxieties in local government all members of the staff have continued to give of their best. I am most grateful to all section heads whose help has ensured the continued smooth running of the department. I am particularly indebted to Mr. Rock, Chief Administrative Officer, for the help he has given me and for moulding together the department into a team whose main function should be to improve the health and well being of the Worcestershire community.

I would like to welcome Dr. N. M. Bailey, who succeeded me as Deputy County Medical Officer of Health, and hope that his stay with us will prove rewarding.

All the chairmen and members of the Health Committee and its various sub-committees have given me their support as indeed they had always done for Dr. Pickup. I am very grateful to them for all the help and encouragement they have extended to me. I am especially grateful to Mrs. Salmon, Chairman of Education, Child Care Sub-Committee, and to Mr. Tooby, Chairman of the Health Committee, for their willingness to assist me on any points I raised with them.

JOHN D. WILLINS,

County Medical Officer and
Principal School Medical Officer

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Worcestershire		England and Wales	
Male	Female	Total	
1,152	1,178	2,330	16.1
202	202	404	8.0
Total		6,334	13.0

PART I

VITAL AND GENERAL STATISTICS

Infant Mortality rates:	
Total infant deaths per 1,000 total live births	15.0
Legitimate infant deaths per 1,000 legitimate live births	17.0
Illegitimate infant deaths per 1,000 illegitimate live births	22.0
Two-central mortality rate (deaths under one week per 1,000 total live births)	17.0
Two-central mortality rate (deaths under one week per 1,000 illegitimate live births)	10.0
Perinatal mortality rate (deaths under one week combined per 1,000 total live and stillborn)	23.0
Maternal mortality (deaths per 1,000 live births):	
Number of deaths	9
Rate per 1,000 total live and stillborn	0.19

Vital Statistics

Area of the Administrative County .. 434,235 Acres

Population 1969 mid-year estimate .. 444,470

Estimated rateable value 1969/70 .. £17,557,938

Estimated product of a penny rate

1969/70 £73,150

	Worcestershire				England and Wales
	Male	Female	Total		
Live Births :					
Legitimate	3,553	3,338	6,891		
Illegitimate	205	227	432		
Live births rate per 1,000 population				16.3	16.3
Illegitimate live births per cent of total live births				6.0	8.0
Stillbirths					
Legitimate	49	43	92		
Illegitimate	4	3	7		
Stillbirth rate per 1,000 live and stillbirths				13.0	13.0
Total live and stillbirths	3,811	3,611	7,422		
Infant deaths (deaths under one year)	61	49	110		

Infant Mortality rates :

Total infant deaths per 1,000 total live births	15.0	18.0
Legitimate infant deaths per 1,000 legitimate live births ..	15.0	17.0
Illegitimate infant deaths per 1,000 illegitimate live births ..	12.0	25.0
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	12.0	12.0
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	10.0	10.0
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	23.0	23.0

Maternal mortality (including abortion)

Number of deaths	0	
Rate per 1,000 total live and stillbirths	—	0.19

Vital Statistics by District

District	Estimated population middle of 1969	No. of births	Birth Rates		No. of illegitimate births	No. of deaths	Death Rates		Deaths under one year	Infant mortality rate a 1,000 live births	Respiratory tuberculosis		Cancer death rate
			Crude	Standardised			Crude	Standardised			No. of deaths	Death rate	
<i>Urban Districts</i>													
Bewdley (M.B.)	6,400	160	25.0	22.0	10	74	11.6	13.7	2	13	—	—	2.1
Bromsgrove	39,440	626	15.9	14.3	22	428	10.9	10.2	10	16	—	.03	1.8
Droitwich (M.B.)	10,350	179	17.3	17.3	11	117	11.3	9.6	2	11	—	—	1.9
Evesham (M.B.)	13,170	232	17.6	17.8	15	208	15.8	9.3	5	22	—	—	3.0
Halesowen (M.B.)	51,930	842	16.2	15.6	25	568	10.9	11.9	8	10	—	—	2.2
Kidderminster (M.B.)	46,740	938	20.1	20.1	88	560	12.0	11.5	19	20	—	—	2.0
Malvern	29,810	364	12.2	14.4	24	338	11.3	10.1	3	8	1	.03	2.3
Redditch	37,910	632	16.7	16.2	37	364	9.6	11.3	16	25	—	—	1.8
Stourbridge (M.B.)	52,290	911	17.4	16.5	49	595	11.4	12.2	11	12	—	—	2.2
Stourport	16,090	304	18.9	18.0	17	140	8.7	12.3	5	16	—	—	1.5
<i>All Urban Districts</i>	304,130	5,188	17.1	16.8	298	3,392	11.2	11.2	80	16	2	.01	2.1
<i>Rural Districts</i>													
Bromsgrove	37,310	611	16.4	15.3	22	338	9.1	10.0	9	15	—	—	1.7
Droitwich	15,870	227	14.3	15.0	20	162	10.2	10.4	6	26	—	—	2.2
Evesham	19,070	325	17.0	19.2	23	216	11.3	11.0	3	9	—	—	2.6
Kidderminster	12,660	169	13.3	12.2	15	136	10.7	11.3	1	6	—	—	2.0
Marley	13,570	205	15.1	15.9	15	151	11.1	11.3	4	20	—	—	1.9
Pershore	21,110	311	14.7	16.0	23	230	10.9	10.7	4	13	—	—	3.1
Tenbury	5,440	75	13.8	15.7	3	60	11.0	10.6	1	13	—	—	1.4
Upton	15,310	212	13.8	16.1	13	259	16.9	7.8	2	9	1	.07	2.1
<i>All Rural Districts</i>	140,340	2,135	15.2	15.7	134	1,552	11.1	10.2	30	14	1	.01	2.2
<i>Administrative County</i>	444,470	7,323	16.5	16.3	432	4,944	11.1	10.8	110	15	3	.01	2.2

Population of Administrative County

							Mid Year 1968	Mid Year 1969
Urban areas								
Bewdley M.B.	..	..	..	..	..	..	6350	6400
Bromsgrove	..	..	..	..	..	..	39000	39440
Droitwich M.B.	..	..	..	..	..	..	9670	10350
Evesham M.B.	..	..	..	..	..	..	13150	13170
Halesowen M.B.	..	..	..	..	..	..	51180	51930
Kidderminster M.B.	..	..	..	..	..	..	46180	46740
Malvern	..	..	..	..	..	..	29530	29810
Redditch	..	..	..	..	..	..	37080	37910
Stourbridge M.B.	..	..	..	..	..	..	51970	52290
Stourport-on-Severn	..	..	..	..	..	..	15260	16090
Total							299370	303140
Rural areas								
Bromsgrove	..	..	..	..	..	..	37220	37310
Droitwich	..	..	..	..	..	..	15680	15870
Evesham	..	..	..	..	..	..	18890	19070
Kidderminster	..	..	..	..	..	..	12640	12660
Martley	..	..	..	..	..	..	13330	13570
Pershore	..	..	..	..	..	..	21200	21110
Tenbury	..	..	..	..	..	..	5380	5440
Upton-upon-Severn	..	..	..	..	..	..	15130	15310
Total							139470	140340
Total								
Administrative County..							438840	444470

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	2532	2412	51	37	10	12	12	11	13	11	33	17	24	7	46	45	175	105	543	271	760	550	865	1346
1 Enteritis and other Diarrhoeal Diseases	4	3																			1		2	
2 Tuberculosis Respiratory	3	2											1											
3 Tuberculosis, other	3	1																						
4 Syphilitic Disease	2	6																						
5 Other Infective and Parasitic Diseases	12	4																						
6 Malignant Neoplasm Buccal Cavity	12	13																						
7 Malignant Neoplasm Oesophagus	57	46																						
8 Malignant Neoplasm Stomach	69	65																						
9 Malignant Neoplasm Intestine	4	1																						
10 Malignant Neoplasm Larynx	196	34																						
11 Malignant Neoplasm Lung Bronchus	97	97																						
12 Malignant Neoplasm Breast	1	32																						
13 Malignant Neoplasm Uterus	49	12																						
14 Malignant Neoplasm Prostate	11	103																						
15 Leukaemia	103	118																						
16 Other Malignant Neoplasms	2	9																						
17 Benign and Unspecified Neoplasms	18	23																						
18 Diabetes Mellitus	2	10																						
19 Avitaminoses, etc.	2	12																						
20 Other Endocrine Diseases	1	1																						
21 Anaemias	2	12																						
22 Other Diseases of Blood, etc.	1	1																						
23 Mental Disorders	2	1																						
24 Meningitis	32	27																						
25 Other Diseases of Nervous System	22	27																						
26 Chronic Rheumatic Heart Disease	41	50																						
27 Hypertensive Disease	604	459																						
28 Ischaemic Heart Disease	125	197																						
29 Other forms of Heart Disease	302	426																						
30 Cerebrovascular Disease	81	137																						
31 Other Diseases of Circulatory System	33	27																						
32 Influenza	171	197																						
33 Pneumonia	247	73																						
34 Bronchitis and Emphysema	5	7																						
35 Asthma	28	22																						
36 Other Diseases of Respiratory System	29	6																						
37 Peptic Ulcer	1	3																						
38 Appendicitis	15	18																						
39 Intestinal Obstruction and Hernia	8	4																						
40 Cirrhosis of Liver	16	23																						
41 Other Diseases of Digestive System	13	9																						
42 Nephritis and Nephrosis	15	15																						
43 Hyperplasia of Prostate	14	28																						
44 Other Diseases, Genito-Urinary System	8	16																						
45 Diseases of Skin Subcutaneous Tissue	16	21																						
46 Diseases of Musculo-Skeletal System	15	11																						
47 Congenital Anomalies	19	13																						
48 Birth Injury, Difficult Labour etc.	7	20																						
49 Other Causes of Perinatal Mortality	48	20																						
50 Symptomns and Ill Defined Conditions	42	60																						
51 Motor Vehicle Accidents	15	13																						
52 All Other Accidents	5	6																						
53 Suicide and Self-Inflicted Injuries																								
54 All Other External Causes																								

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	Bromsgrove	Droitwich	Evesham	Kidderminster	Marley	Pershore	Tenbury	Upton-on-Severn				
All Causes	74	428	117	208	568	560	338	364	595	140	3392	338	162	216	136	151	230	60	259	1552	4944	
1 Enteritis and other Diarrhoeal Diseases	1	—	—	—	—	2	1	1	—	—	5	—	—	1	—	—	1	—	—	2	7	
2 Tuberculosis Respiratory	—	1	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	1	1	3	
3 Tuberculosis, Other	—	—	1	—	—	—	1	—	1	—	4	1	—	—	—	—	—	—	1	1	5	
4 Syphilitic Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	4	
5 Other Infective and Parasitic Diseases	—	1	1	1	2	—	1	—	1	—	7	—	—	1	—	—	—	—	—	1	8	
6 Malignant Neoplasm—Buccal Cavity	—	1	—	—	1	2	—	1	3	1	9	2	—	1	—	1	1	1	1	7	16	
7 Malignant Neoplasm—Oesophagus	2	2	1	3	—	4	2	1	1	—	16	—	1	2	2	2	1	1	2	9	25	
8 Malignant Neoplasm—Stomach	—	3	2	4	14	10	5	14	17	1	70	7	5	5	2	2	7	—	5	33	103	
9 Malignant Neoplasm—Intestine	1	10	4	9	18	12	13	6	14	3	90	13	1	9	5	4	9	—	3	44	134	
10 Malignant Neoplasm—Larynx	—	1	—	—	1	1	—	1	1	—	5	—	—	—	—	—	—	—	—	—	5	
11 Malignant Neoplasm—Lung Bronchus	5	28	3	4	41	20	11	14	28	2	156	13	11	10	5	5	22	—	8	74	230	
12 Malignant Neoplasm—Breast	1	5	1	6	15	11	8	9	10	6	72	8	3	4	3	2	2	1	1	26	98	
13 Malignant Neoplasm—Uterus	—	2	1	2	1	3	1	2	4	1	17	2	2	6	—	1	3	4	1	15	32	
14 Malignant Neoplasm—Prostate	—	5	—	—	5	7	5	5	4	1	32	3	4	—	1	3	4	1	1	17	49	
15 Leukaemia	—	1	—	—	1	4	6	—	3	2	17	2	—	2	—	1	1	—	—	6	23	
16 Other Malignant Neoplasms	5	13	7	11	20	21	18	15	31	7	148	14	9	10	7	6	16	4	7	73	221	
17 Benign and Unspecified Neoplasms	1	—	—	—	—	1	1	2	—	—	6	2	—	—	—	1	1	—	—	5	11	
18 Diabetes Mellitus	—	5	3	—	—	9	6	—	3	1	27	3	1	4	—	3	1	1	1	14	41	
19 Avitaminoses, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
20 Other Endocrine Diseases	—	—	—	—	1	2	—	—	1	1	5	—	1	2	1	—	—	—	3	7	12	
21 Anaemias	—	3	—	1	—	1	1	2	2	1	11	1	1	—	—	—	1	—	—	3	14	
22 Other diseases of Blood, etc.	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	1	2	22	
23 Mental disorders	—	1	—	1	—	—	—	1	—	—	3	—	—	—	—	—	—	—	—	—	3	
24 Meningitis	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1	2	
25 Other diseases of Nervous system	—	6	1	3	6	6	4	2	7	3	38	6	2	3	2	3	1	1	4	21	59	
26 Chronic rheumatic heart disease	1	5	—	1	7	8	3	2	7	1	35	3	1	3	2	3	1	—	—	14	49	
27 Hypertensive disease	—	4	1	4	10	6	4	5	15	1	50	12	5	4	2	3	8	1	6	41	91	
28 Ischaemic heart disease	18	103	22	37	123	125	68	81	115	40	732	83	33	46	34	33	45	17	40	331	1063	
29 Other forms of heart disease	3	17	11	22	39	42	25	24	35	7	225	14	13	11	6	7	16	7	23	97	322	
30 Cerebrovascular disease	9	54	16	46	83	84	56	45	103	15	511	47	14	35	20	24	31	9	37	217	728	
31 Other diseases of circulatory system	1	18	5	7	13	30	20	11	29	7	141	14	5	12	9	8	14	2	13	77	218	
32 Influenza	2	9	2	—	8	3	2	3	10	2	41	6	—	1	—	2	4	—	6	19	60	
33 Pneumonia	47	13	19	39	37	31	27	29	9	255	25	5	14	7	7	8	1	46	113	368		
34 Bronchitis and emphysema	4	35	4	9	40	40	11	36	47	6	232	23	14	12	6	8	12	2	11	88	320	
35 Asthma	—	—	—	2	1	1	—	—	1	2	8	2	—	—	—	1	—	—	1	4	12	
36 Other diseases of respiratory system	1	3	1	—	18	4	2	2	3	—	34	1	3	1	3	—	2	1	5	16	50	
37 Peptic Ulcer	—	3	—	1	2	6	2	1	10	2	27	1	—	1	1	3	—	—	—	8	35	
38 Appendicitis	—	—	—	—	2	1	—	—	—	—	3	1	—	—	—	—	—	—	—	1	4	
39 Intestinal obstruction and hernia	2	5	2	2	1	3	—	3	2	3	23	4	2	—	—	—	—	1	3	10	33	
40 Cirrhosis of Liver	—	—	—	—	2	3	1	1	1	1	9	—	1	—	—	—	—	—	2	3	12	
41 Other diseases of digestive system	1	5	—	1	5	4	5	4	4	2	31	2	1	2	—	1	—	—	—	8	39	
42 Nephritis and Nephrosis	2	2	2	—	1	2	1	5	1	—	16	—	—	—	2	1	—	1	2	6	22	
43 Hyperplasia of prostate	—	—	—	—	2	2	—	—	—	1	7	1	1	—	2	3	1	—	—	8	15	
44 Other diseases, genito-urinary system	8	2	2	2	4	4	1	5	1	29	1	4	2	1	1	1	—	3	13	42		
45 Diseases of skin, subcutaneous tissue	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	
46 Diseases of musculo-skeletal system	3	3	1	—	3	3	1	1	1	19	1	—	2	1	—	1	—	1	2	5	24	
47 Congenital anomalies	—	4	1	1	6	5	—	5	2	1	15	3	1	1	1	1	3	—	1	11	26	
48 Birth injury, difficult labour, etc.	—	1	—	2	—	3	1	5	2	1	24	4	2	1	—	—	—	1	—	8	32	
49 Other causes of perinatal mortality	1	5	1	1	—	5	3	4	1	—	11	4	6	1	—	1	2	—	2	16	27	
50 Symptoms and ill defined conditions	2	2	1	1	2	7	4	10	7	1	42	2	4	2	4	2	5	3	4	26	68	
51 Motor vehicle accidents	1	1	5	3	16	15	5	6	18	2	71	6	3	4	6	3	6	3	3	31	102	
52 All other accidents	—	1	1	1	1	2	5	3	6	1	20	—	—	1	1	2	1	1	2	8	28	
53 Suicide and self-inflicted injuries	—	2	1	—	—	1	2	1	—	—	9	—	1	—	—	1	—	—	—	2	11	
54 All other external causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

At the time of writing progress has been made with the programme to provide health centres in Westchester. The position regarding various schemes is as follows:—

Bedford, Bedfordshire (West of the River Great Ouse)
The County Architect is arranging for tenders to be available by June 1970 and it is hoped that building will commence immediately with a completion date early in 1972.

Donkey and 2 other
Building for this centre will commence in February, 1970 again with a completion date some two years hence.

Edinburgh
It is understood that tenders for this scheme will be invited during March/April 1970. The completion date will be about December, 1971.

It will
This scheme is awaiting submission to the Department of Health and Social Security. It is known that there are many obstacles to overcome in relation to the site.

Reading, Berkshire (East of the River Reading)
This will be a temporary health centre with a capacity of 100 of the year. It is being planned to deal with the population expansion of the county. First documents are now being prepared and it is anticipated that the centre will be completed in 1970. Two houses are being adapted to meet the need. A new permanent centre will be provided at a later date in the near vicinity. In the meantime other temporary health centres may be necessary.

Further provision will be made for the health centres in the East of the county and the health centres in the West of the county.

It is anticipated that health centres in the West of the county will be completed by the end of the year and the health centres in the East of the county will be completed by the end of the year.

PART II

HEALTH CENTRES

SECTION 21

NATIONAL HEALTH SERVICE ACT, 1946

Health Centres

At the time of writing progress has been made with the programme to provide health centres in Worcestershire. The position regarding various schemes is as follows :—

Redditch, Smallwood (West of the River Arrow)

The County Architect is arranging for tenders to be available by June, 1970 and it is hoped that building will commence immediately with a completion date early in 1972.

Stourport on Severn

Building for this centre will commence in February, 1970 again with a completion date some two years hence.

Kidderminster

It is understood that tenders for this scheme will be invited during March/April, 1970. The completion date will be about December, 1971.

Wythall

This scheme is awaiting submission to the Department of Health and Social Security. It is known that there are many obstacles to overcome in relation to the site.

Redditch, Matchborough (East of the River Arrow)

This will be a temporary health centre with an estimated life of five years. It is being planned to deal with the population expansion of the Matchborough Estate. First discussions are now taking place and it is anticipated that the centre will open in September, 1970. Two houses are being adapted to meet the need. A new permanent centre will be provided at a later date in the near vicinity. In the meantime other temporary health centres may be necessary.

Further proposals will in the future be discussed for Halesowen, Droitwich, Evesham and Pershore and the possible conversion of the existing Malvern clinic to a health centre.

It is recognised that health centres do present many planning and design problems but the help and understanding received from all concerned with each project is very much appreciated.

One new center was opened at Ashton-under-Lyme during the year.

The voluntary help that is given in the clinics is of considerable value and it would be difficult to carry on without the aid of the voluntary helpers. We are most grateful to those ladies who so willingly give up their time and for all the efforts they make to create such a congenial atmosphere and for the excellent service they provide.

Special clinics for the 5-14 year olds have been started in three centers. Each is run fortnightly and an average of 10 children are seen at each session.

The function of these clinics is to examine children and parents and to give advice on the child's behavior and to help the parents to understand the child's behavior and to help the child to understand his own behavior.

PART III

At present, children are only referred to the clinics when there is a problem of behavior or when there are difficulties in the home or when there are difficulties in the school. Ideally, this examination should be available to all children and when there are difficulties in the home or when there are difficulties in the school, it is essential to extend the service. The number of mothers who have been referred to the clinics is 100 and the number of children who have been referred is 100.

CARE OF MOTHERS AND YOUNG CHILDREN

The clinic also provides a service for mothers and young children. The general aim of the clinic is to help mothers to understand their children's behavior and to help the children to understand their own behavior. The clinic also provides a service for mothers and young children.

SECTION 22

NATIONAL HEALTH SERVICE ACT, 1946

The scheme for provision of care for mothers and young children is contained in Section 22 of the National Health Service Act, 1946. The scheme is designed to provide a service for mothers and young children.

Central Nervous System	35 (33)
Ear	3 (—)
Eye	3 (3)
Alimentary System	12 (21)
Heart	1 (9)
Urogenital System	14 (18)
Limbs excluding fingers	31 (17)
Fingers	22 (13)
Thoracic	7 (one with other defects)
Other defects	9 (14)
	122

30 of these cases were stillbirths. Cases omitted in 1955 are in parentheses.

Care of Mothers and Young Children
(Section 22 — National Health Service Act, 1946)

Child Health Clinics

The child health clinics continue to be well attended and fulfil a need. Some of the buildings that have to be used for clinic purposes are poor but a constant watch is kept for better premises.

One new centre was opened at Ashton-under-Hill during the year.

A total of 21,069 pre-school children were seen at child health sessions during the year compared with 20,585 during the previous year.

The voluntary help that is given at the clinics is of inestimable value and it would be difficult to carry on without the aid of the voluntary helpers. We are most grateful to these ladies who so willingly give up their time and for all the efforts they make to create such a congenial atmosphere and for the excellent service they provide.

Toddlers' Clinics

Special clinics for the 2—4 year olds have been started in three centres. Each is run fortnightly and an average of 10 children are seen at each session.

The function of these clinics is to help to pick out disabilities which are likely to interfere with the learning capabilities and general adjustment of a child when he starts school.

At present, children are only offered an appointment who are known to have some risk factors in their medical or social history, or where a mother or the health visitor is particularly concerned over a problem. Ideally, this examination should be available to all children and when there are sufficient numbers of suitably trained doctors it is planned to extend the service. There are a number of unsuspected condition which begin to manifest themselves in this age group, which may well interfere with the child's progress, and where it is important for help to be started early.

The clinics also provide an opportunity for counselling parents over their child's behaviour and emotional problems and where correct handling may prevent a more serious behaviour disorder from developing.

The general practitioner is kept informed of any medical conditions that may come to light, and it has been satisfactory to find that mothers are already requesting appointments where they have heard of the availability of these special clinics.

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 obtained from hospital discharge forms and health visitors.

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

Central Nervous System	..	..	..	..	..	35 (27)
Ear	..	..	..	..	..	2 (—)
Eye	..	..	..	..	..	3 (2)
Alimentary System	..	..	..	..	..	15 (21)
Heart	..	..	..	..	..	7 (9)
Urogenital System	..	..	..	..	..	14 (8)
Limbs excluding talipes	..	..	..	..	..	31 (17)
Talipes	..	..	..	..	..	32 (35)
Mongols	..	..	..	..	..	7 (inc. with other defects)
Other defects	..	..	..	..	..	9 (14)
						155

20 of these cases were stillbirths. Cases notified in 1968 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 8,168 children on the "at risk" list at the end of the year (approximately 21% of the total pre-school population).

Defects List

All children with a congenital malformation, or other disability diagnosed later continue to be kept under close observation by the health visitor who submits a regular report. This ensures 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	25
Deaf	3
Epilepsy	11
Speech	38
Diabetes	2
Physically handicapped	81
Spina bifida and/or hydrocephalus	37
Cardio-vascular defects	48
Mentally retarded	77
Mongols	40
Other defects	49
Malignancies	5
	<hr/>
	417

Causes of stillbirths and infant deaths

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

Cause	Stillbirths	Infant deaths			
		0-1 week	1-4 weeks	1-12 months	1-5 years
Maternal antepartum haemorrhage	8	—	—	—	—
Maternal toxæmia	10	—	—	—	—
Placental insufficiency	18	—	—	—	—
Birth trauma	13	11	—	—	—
Congenital abnormality	21	14	4	8	2
Rhesus incompatibility	3	3	1	—	—
Prematurity	3	23	1	—	—
Pulmonary conditions	—	19	4	7	3
Infections other than pulmonary	—	—	1	4	3
Malignant conditions	—	—	—	—	4
Accidents	—	—	—	1	5
Other known causes	—	2	1	3	1
Causes not known	23	3	—	—	—
	99 (103)	75 (56)	12 (11)	23 (25)	18 (18)
Figures for 1968 are in parenthesis					

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

During the year 306 new cases were referred to the diocesan workers, all of whom were expectant mothers, and 221 of these came from the County area.

Of the 306 expectant mothers, 29 were admitted to mother and baby homes, 23 of whom resided in the County and received help with their fees.

There were 63 admissions to the diocesan mother and baby home at Barsham House, Malvern, 15 of these being from the Worcestershire County area.

Family Planning Clinics

There has been some delay in getting the new clinics opened due to a difficulty in obtaining staff. However that has now been overcome and clinics were opened at Catshill, Wythall, Stourbridge and Halesowen. By next year all areas in the County should be adequately covered.

As the figures indicate, all clinics have been very well attended.

It is interesting to note that when the adverse publicity occurred about the contraceptive pill, extra sessions were immediately organised and the staff of the family planning clinics are to be congratulated on the speed in which they dealt with this emergency and averted any panic.

No. of new patients	1395 (874)
No. of women attending	3475 (2269)
Total attendances	9398 (5985)
Number of clinic sessions	373 (310)

Figures for 1968 are in parenthesis.

Cervical Cytology

The waiting lists at all clinics fluctuates widely—this year the results show a fall in the number of positive cases. It is disappointing that the persons most at risk are still not availing themselves of this service and it is difficult to see what further steps can be taken to encourage them.

Several industrial firms were visited and clinics organised in their medical rooms. The arrangement has been found to be most satisfactory both from our staff and the workers point of view and it is hoped to extend this service.

Breast examinations have been offered to everyone attending for a cervical smear—this has been much appreciated by the patients and several have been referred to their general practitioners.

The number of positive cases found in the County was 0.21% as compared with 0.47% in 1968. The number of suspicious cases was 0.9%.

The following table shows the number of attendances :—

Clinic	Attendances	Suspicious	Positive
Worcester City and County ..	629	—	—
Stourbridge	437	—	1
Halesowen	763	2	2
Bromsgrove	362	—	—
Kidderminster	644	1	2
Redditch	309	—	2
Evesham	107	—	—

Marriage Guidance

A grant was made to the Worcestershire Marriage Guidance Council 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. Twenty-nine midwives clinics were held during the year, thirteen of these were in general practitioners surgeries. Nine hundred and ninety-three sessions were held.

Ante-natal, Mothercraft and Relaxation Classes

These clinics continue to fulfil a very useful purpose. They are well attended and the relaxation classes prove their value during labour.

Attendances at Relaxation and Parentcraft Classes				
Clinic	New Cases		Attendances	
	1969	1968	1969	1968
Bromsgrove	121	114	385	379
Catshill	74	55	500	318
Cradley	21	35	106	103
Droitwich	50	62	171	179
Evesham	147	99	894	601
Halesowen (Highfield Lane) ..	109	129	505	503
Halesowen (Blackheath) ..	47	42	154	151
Kidderminster	130	142	382	399
Lye	37	46	163	183
Malvern	99	97	400	435
Pedmore	76	74	282	323
Pershore	22	35	87	93
Redditch	143	177	830	993
Rubery	62	66	234	326
Stourbridge	156	124	609	566
Stourport	73	98	456	570
Tenbury	13	21	87	95
Upton on Severn	33	—	171	—
Wribbenhall	25	19	82	85
Wythall	31	31	173	123
Worcester Connty	17	20	71	108
Worcester City	19	23	95	101
Stourport H.M.C.	203	300	203	370

Nurseries and Child Minders

As anticipated there has been a vast increase in the amount of work in this section following the amendment to the Nurseries and Child Minders Act, 1948 by the Health Services and Public Health Act 1968. The figures quoted do not give a true picture of the amount of work involved because many visits are made to persons and premises which never reach the stage of registration and also there are a constant number of withdrawals, change of address, change of supervisor and increase in numbers.

When the new regulations first came into force many applicants felt that the standards applied by the department were too strict but now they are much more readily accepted. The reason for this is probably that the standards are now much more widely known throughout the County and have been gradually accepted.

It is considered that the standard of care throughout the County is high, but this can only be obtained by the constant vigilance of the health visitors and visits by medical officers. The health visitors submit a written report quarterly but visit more often where this is felt to be necessary.

Most groups are prepared to accept a handicapped child and they find this most rewarding, it is always found to be of great benefit to the child.

At the end of the year 103 (32) persons and 110 (80) premises were registered, providing places for 3,024 (2,352) children.

(Figures for 1968 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

Though 1968 was, until then, the year with the lowest demand for treatment by this group of patients, this year it fell even further. Only 48 expectant and nursing mothers were treated and this represents a fall of nearly 40%. In the next few years the re-organisation of local authorities may well come into force, along with the unification of the health services. This may then be a suitable time to consider if this group of patients, bearing in mind its continuing decline in requesting treatment, should still be included as one of the priority classes.

Pre-School

A steady but small improvement in the numbers of children inspected continues, though not at the rate I should like to see. I cannot emphasise enough the importance of inspecting these children, explaining to the parents the dental condition and advising them on how it can best be dealt with.

I have just mentioned the matter of possible changes in the health services, in my comments on the expectant and nursing mothers, and here I would like to make a plea. Whatever these changes may be, the 'Powers that Be' agree, that some part of the dental services must be provided exclusively for the dental care of these young children. If not, the heavy and increasing demands on the National Health Service Dental Surgeon may not permit him to afford the time to inspect, discuss and treat these small children and this would result in conditions that could adversely affect their dental health for the rest of their lives.

*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	311	48
Subsequent Visits	276	95
Total Visits	587	143
Number of Additional Courses of Treatment other than the First Course commenced during year	9	2
Treatment provided during the year—Number of Fillings	456	106
Teeth Filled	422	99
Teeth Extracted	334	90
General Anaesthetics given	101	4
Emergency Visits by Patients	59	4
Patients X-Rayed	2	4
Patients Treated by Scaling and/or Removal of Stains from the Teeth (Prophylaxis)	33	14
Teeth Otherwise Conserved	129	—
Teeth Root Filled	—	1
Inlays	—	—
Crowns	—	—
Numbers of Courses of Treatment Completed during the year	257	34
PART B. PROSTHETICS		
Patients Supplied with F.U. or F.L. (First Time)		11
Patients Supplied with Other Dentures		12
Number of Dentures Supplied		26
PART C. ANAESTHETICS		
General Anaesthetics Administered by Dental Officers		—
PART D. INSPECTIONS		
	Children 0-4 (incl.)	Expectant and Nursing mothers
Number of Patients given First Inspections During Year	915	53
Number of Patients in A and D above who require treatment	428	47
Number of Patients in B and E who were offered treatment	370	45
PART E. SESSIONS		
Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients :		
For Treatment		173
For Health Education		36

PART IV

MIDWIFERY

SECTION 23

NATIONAL HEALTH SERVICE ACT, 1946

Midwifery Service
(Section 23—National Health Service Act, 1946)

Births

During the year, domiciliary midwives attended 1,597 births, accounting for 20.2% of the total births in the County; a decrease of 0.2% on last year's figures, but comparable with the national average.

There were 5,773 births in hospital, 5,112 being discharged home at less than ten days to the care of the domiciliary midwives.

The trend towards hospital confinements has persisted and associated with this there has been a progressive reduction in the average total length of stay, the average being six days. There has also been an increasing demand for 48 hour discharges.

Radio contact

Radio contact was further extended throughout the County during 1969. Of the 100 cars requiring to be fitted with a two-way radio only 11 have not yet been fitted.

The excellent co-operation given by all ambulance personnel has contributed to the efficiency of the service.

Night rotas

One of the advantages of radio contact has been to achieve some uniformity of off-duty for the midwives. Night rotas have been extended and now operate in five areas of the County, namely Redditch, Kidderminster, Halesowen, Droitwich and Bromsgrove. In the rural areas "combined" workers have been grouped together for relief purposes and continue to give a 24 hour service to the patient, whilst at the same time, having reasonable hours of work and regular off-duty.

Refresher courses

Under the Central Midwives Board Rule G.1 18 midwives attended refresher courses. Some very interesting reports were received, but it was generally felt that, in future, refresher courses would be more beneficial if they were of a more practical nature.

By co-operation with the Bromsgrove Maternity Hospital and the district teaching midwives, two district nurse/midwives who had not practised midwifery for some years, completed the refresher course, under Rule G.2.

One midwife was seconded to take a refresher course, prior to taking the Part II midwifery training.

Special Courses

Arrangements are being made for two full-time midwives to take a 'First-Line' management course at Worcester Technical College.

One midwife attended a course in Practical Teaching and Management on a day release basis from January to December 1969. The course included a two weeks residential management period at Worcester Technical College and is now approved by the Central Midwives Board for midwives. She was successful in the examination.

Obstetric Nurse Students

Fourteen Student nurses, who took the obstetric course of training as part of their general training, spent a day on the district with the domiciliary midwives. Every effort was made to ensure that the students observed as much of the domiciliary service as possible. They attended the ante-natal clinics which are held in the general practitioners surgeries. They also had an opportunity of visiting the radio control room. One session was spent in the parentcraft relaxation classes held at the local health authority.

Discussions following the visits were held at the hospital with the Tutor Midwifery Superintendent and the Supervisor of midwives.

Pupil midwives Part II district training

Nine pupil midwives completed the Part II district training in midwifery and all were successful in qualifying.

There was no difficulty in obtaining sufficient 'home confinements' for the pupil midwives, but arrangements are available for pupils to go into the Lucy Baldwin and Bromsgrove Maternity Hospitals, if necessary.

Health Education

Arrangements are being made for domiciliary midwives to take part in parentcraft/relaxation classes. In Evesham, one of the hospital midwifery sisters is also participating together with the health visitors. It is hoped that this arrangement can be extended to other parts of the County.

Emergency Obstetric Unit

The 'Flying Squad' was called by the domiciliary midwives on ten occasions during the year.

Seven patients had a retained placenta and of these four also had a post-partum haemorrhage; three patients had a post-partum haemorrhage alone.

The 'Flying Squad' was called from Solihull, Birmingham Maternity Hospital and Ronkswood Hospital, Worcester.

Practising Midwives in the County

Forty-eight hospital midwives, three private midwives and 98 domiciliary midwives notified their intention to practice. One additional midwife was approved as a domiciliary teaching midwife, now making a total of seven teaching midwives in the County.

General Practitioner Attachment Schemes

During the year, the group practice attachment schemes have extended and now include Bromsgrove and Redditch. There are 25 midwives attached to general practices.

Integration of Domiciliary and Hospital Midwifery Services

The Health Services and Public Health Act 1968 has paved the way for a closer integration of the domiciliary and hospital maternity service and negotiations are proceeding for domiciliary midwives to deliver patients in three hospitals in the County.

With the trend towards increased hospital confinement, integration could still give domiciliary midwives job satisfaction.

Premature Births

There were 420 premature live births and 61 premature stillbirths during the year. Forty-two of the premature live births died before they were four weeks old.

Stillbirths

There were 99 stillbirths during the year.

Maternal Deaths

There were no maternal deaths or deaths associated with pregnancy during the year.

The 'Flying Spool' - a mechanical device for measuring the speed of rotation.

Some patients had a mechanical device for measuring the speed of rotation.

The 'Flying Spool' was called from 1880 to 1885, and was called from 1885 to 1887.

Patients with a mechanical device for measuring the speed of rotation.

Patients with a mechanical device for measuring the speed of rotation.

Patients with a mechanical device for measuring the speed of rotation.

The 'Flying Spool' was called from 1880 to 1885, and was called from 1885 to 1887.

Patients with a mechanical device for measuring the speed of rotation.

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Patients with a mechanical device for measuring the speed of rotation.

PART V

HEALTH VISITING

SECTION 24

NATIONAL HEALTH SERVICE ACT, 1946

Health Visiting
(Section 24—National Health Service Act, 1946)

Staff

A satisfactory complement of health visiting staff was maintained during the year. Vacancies arose in Redditch, Kidderminster, Wythall and in the audiometric team. By the 31st December numbers of staff were as follows :—

Full time health visitor/school nurses	55
Part time health visitor school nurses	7
Senior health visitors (Geriatrics)	7
Senior health visitors (Audiometrics)	2
State registered nurses (Clinical assistants to health visitors)	11
State registered nurses (Assistants to Geriatric health visitors)	6
District nurse/midwife/health visitors	29
Chest clinic liaison visitors. Full time	2
Chest clinic liaison visitors. Part time	2

Included above are three group advisers and six field work instructors.

Health visitor training courses

Four students were accepted and sponsored as follows :—

City of Birmingham College of Commerce	2
North Gloucestershire Technical College	2

In conjunction with the North Gloucestershire Technical College and the City of Worcester, four health visitor students were each given a month's experience in the fields of mental health, social work and general practitioner attachment.

Recruitment

Talks on "The Work of The Health Visitor" demonstrated by slides have been given to nurse training schools of both the South Worcestershire Hospital Management Committee and the Mid-Worcestershire Hospital Management Committee.

In general, recruitment to health visitor training courses has been satisfactory. All applications have been "followed up" and wherever possible candidates have been visited at home prior to formal interviewing. Training Council literature and other information explaining the county's scheme of sponsored training has been circulated. This more personal approach to the potential student, although time consuming for nursing officers, has proved well worthwhile and has been an economy for interviewing panels.

Students

Health visitors continue to assist in the training of increasing numbers of students in the following categories :—

Student health visitors .. 6	Student nurses .. 62	Pupil nurses 32
Child care and social work students .. 13		
Others (including obstetric students and nursery nurse students)		60

These figures represent an overall increase of 23 this year and are worthy of consideration in any future work load assessment.

Post graduate courses

Staff attended the following courses during the year :—

General health visiting	7
Management (Senior)	2
Management (First-line appreciation)	2
Field work instruction (Six week course)	2
Field work instruction (Follow-up)	4
Specialist Geriatric Course	1

In service training

The annual "Screening of Hearing" course was held again at the end of September at The Clinic, Barrington Road, Rubery. Twelve health visitors were given instruction by the county's audiometric team.

In addition a similar course was conducted by the two County Audiometric Health Visitors for Worcester City staff.

Health visitors have continued to attend the interesting and informative study half days at Barnsley Hall Hospital, which, apart from their educational aspect, have formed a basis for good liaison with the psychiatric unit.

Liaison with hospitals

Regular weekly visits are made by health visitors to paediatric and maternity units in Worcester, Kidderminster, Bromsgrove, Stourbridge and Redditch.

For those at the other end of life geriatric health visitors maintain weekly contact with geriatric units in the area.

These liaison services do much to ensure that the domiciliary services are effectively used.

Regional Hospital Board—Management Courses

Lectures on "The Local Authority Nursing Services" have been given by nursing officers to both first-line and middle management courses held at Worcester Technical College. Members of these courses are mainly from hospitals in the Birmingham region. This contact has afforded an opportunity for the discussion of mutual difficulties and it is hoped, will lead to an increased understanding of the part played by all nurses in the National Health Service.

Geriatric Health Visiting

This service has expanded significantly. The number of clinical assistants has been increased by three. Closer co-operation with the chiropody service has resulted in an increase of foot toilet for many old people. The laundry service provided in Malvern by the W.R.V.S. continues to be well used, and many clients are accepted on the recommendation of the geriatric health visitor.

In the Pershore/Evesham Area "laundry needs" are met by the loaning of two spin dryers and two 'Flatley' type dryers to needy persons in their own homes. (The latter having been provided by the South Worcestershire After-Care Committee). In the remaining county areas these needs are being met by a constantly increasing demand for incontinence equipment.

Through liaison with the various geriatric units, and the co-operation of medical social workers, some reduction in "waiting lists" has been effected in areas south of Halesowen and Stourbridge.

The demand for medical aids continues to increase and the work associated with their provision has been greatly facilitated by the nurses assisting the geriatric health visitors.

Although the geriatric health visitors are not officially attached to general practitioners, their work has become widely known and many "unofficial" attachments are made to groups of doctors in their areas, resulting in an increase in referrals.

The concept of the specialist geriatric health visitor, of course, does not restrict in any way the work of the attached health visitor in the routine care and supervision of the elderly patients in the practice. It is designed primarily to maintain a link with hospital geriatric departments in order to assist in assessing the social priorities of those awaiting admission, to mobilise the domiciliary services to enable the patient to be cared for while awaiting a bed and likewise in preparation for his discharge.

The geriatric health visitors act in unison with the generalised health visitors and since they accumulate specialised knowledge about the variety of supporting services and the medical aids which are constantly becoming available, they provide a useful repository of information upon which the health visitors are entitled to draw.

The care of the elderly represents an increasing proportion of the work in general practice and the family doctors have been enthusiastic in their appreciation of the help given by these specialist visitors.

The Progress of General Practitioner Attachment in Worcestershire during 1969

The attachment of local authority staff to group medical practices gathered increased momentum during 1969. This year has marked the beginning of several new schemes and the gradual extension of existing ones.

Three health visitors in Stourport and one in Halesowen entered attachment schemes for the first time, while existing health visitor attachment schemes in Bromsgrove, Redditch, Kidderminster and Bewdley were extended to cover parts of the surrounding areas.

In Stourport and Bromsgrove six district nurses entered attachment schemes and in Kidderminster a part-time S.E.N. was enlisted to assist the nursing team in one group practice.

New midwife attachment schemes began in Redditch, Bromsgrove and Rubery, involving twelve midwives and twelve group practices.

Likewise two district nurse/midwife attachment schemes were begun in Stourport.

The earlier schemes have continued to work harmoniously and, from the point of view of a working arrangement, do not seem to have been beset by many of the difficulties which might reasonably have been expected. One small disadvantage appears to be the delay in locating families at risk who move into the area. The former "door to door" visiting by the health visitor working in a geographical area brought to light these needy cases rather earlier. Some cases are only being discovered when the family registers with a general practitioner which is usually many months after their arrival.

In the south and west of the county the movement towards attachment is delayed by the difficulty of fitting twenty-eight nursing areas covered by triple qualified nurse/midwife/health visitors into the practice areas of the local general practitioners. These highly qualified and efficient nurses afford a much appreciated service in the local villages and their relationships with neighbouring general practitioners are both cordial and long established.

However, in view of the diminution of domiciliary midwifery and the semi-skilled nature of much of the nursing which they are called upon to perform it is recognised that this pattern of staff may well tend to diminish in the future. It may be presumed that because of difficulties in recruiting "triple purpose" staff that as present staff retire or relinquish their appointments many will have to be replaced by single purpose staff.

Progress of Attachment Schemes—not including Liaison. "Association," or Clinics at G.P. surgeries

1966	1967	1968	1969
Health Visitors, Bromsgrove	Bromsgrove .. 6 Redditch .. 6 Kidderminster .. 7 Bewdley .. 1 Tenbury .. 1	Bromsgrove .. 6 Redditch .. 7 Kidderminster .. 7 Bewdley .. 1 Tenbury .. 1	Bromsgrove .. 6 Redditch .. 7 Kidderminster .. 7 Bewdley .. 2 Tenbury .. 1 Hurst Green .. 1 Stourport .. 3
4	21	22	27
Nurses, Kidderminster	Kidderminster	Kidderminster	Kidderminster .. 6 Stourport .. 1 Bromsgrove .. 5 S.E.N. (Kidd.) .. 1
4	4	5	13
Midwives		Kidderminster	Kidderminster .. 5 Redditch .. 4 Bromsgrove .. 8 and Rubery
		4	17
DN/Mids	Bewdley .. 2	Bewdley .. 2 Malvern .. 4	Bewdley .. 2 Malvern .. 4 Stourport .. 2
	2	6	8
Total .. 8	27	37	65

PART VI

HOME NURSING

SECTION 25

NATIONAL HEALTH SERVICE ACT, 1946

Home Nursing
(Section 25—National Health Service Act, 1946)

The number of patients attended during the year by the district nurses and home nursing auxiliaries was 8,516, of whom 4,612 were 65 years of age or over and 376 under the age of 5.

District Nurse Training

All district nurses are offered district training. Newly appointed untrained staff receive preliminary tuition in the "practical room" used for the district training course and on their own areas by an experienced colleague.

Those who are able to undertake training may attend the local Severn Valley Training Course or a similar training course in Birmingham.

Three state registered nurses and two state enrolled nurses attended these courses during the year and all were successful in the final examinations.

Severn Valley Training Scheme

Three senior nursing sisters working as practical field work instructors had a busy year assisting in the training of Worcestershire students as part of this scheme. In addition to the teaching rounds there were regular discussions and practical demonstrations for which the "practical room" in the new Infirmary Walk Clinic was in great demand.

Training of Nurse Students

Eleven district nurse students visited the County to gain an insight into domiciliary nursing in a rural area and 42 student nurses and 33 pupil nurses from local hospitals accompanied the public health nurses for short periods as part of their general training. Prior to the visits of the students a lecture on home nursing is given at the hospital by one of the nursing officers and this is later followed up by a discussion of their observations and experiences while on the district.

Home Nursing Attendants

These auxiliary district nurses have been a great help in assisting the district nurses with heavy and difficult patients and in relieving them of the routine bathing of patients who otherwise require only periodic visits of observation.

In-service training for this grade of staff has commenced in the form of study sessions, the first lecture and demonstration being given in November at Bromsgrove by Mr. Price, Chief Chiropodist and his colleague on "Care of the Feet."

In April the status and conditions of the home nursing attendants were improved when their terms of employment were transferred to the Whitley Council Conditions of Service for nursing auxiliaries. This appears to have increased the number of applications when vacancies are advertised. The number of home nursing attendants is now 36.

County Night-Sitter Service

Night-sitters, although sometimes difficult to recruit when needed, continue to provide help. 13 patients benefited from this service in 1969.

Marie Curie Assistance for Cancer Cases

The Marie Curie Foundation assisted in providing extra nourishment and comforts for seven patients during the year.

Hospital Liaison

The invitations extended by the Kidderminster District General Hospital and by Barnsley Hall Hospital to trained domiciliary staff have been well taken up and during the year 24 nurses attended study sessions at the hospitals.

Care of Bed-ridden Patients

Three ripple beds, which have been given to the County District Nursing Service by voluntary donors, have been in constant use and have proved their worth in the prevention of bedsores. Likewise the 15 north bed pads have been in great demand and have benefited 28 patients. In addition the wider range of disposable equipment has increased the efficiency of nursing care.

Liaison between Local Authority Nursing Staff

The excellent team work between district nurses, geriatric health visitors and home nursing attendants continues. Regular area meetings are held throughout the County at the child health clinics and this increases the opportunities for the generalised health visitors to keep in touch with their colleagues.

Isobel Morcom Medal and Prize

This award was made to Mrs. B. Crouch S.R.N., who had been district nurse in the Malvern area for 27 years.

Annual County Refresher Course

There were three consecutive afternoon meetings at the Swan Theatre, Worcester. These were well attended the subjects discussed being "Modern Aspects of the School Health Service," "Communication Difficulties," "Developmental Paediatrics," "Management of the Young Blind Child," "Defusing the Population Explosion," "Perinatal Mortality—can it still be reduced?"

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

There were 11 registered nursing homes giving a total of 182 beds.

Welfare Foods

The distribution of welfare foods to expectant and nursing mothers and children under the age of five years continued from 134 centres.

In comparison with the figures for 1968 the sale of national dried milk and cod liver oil decreased by 44 per cent and 6 per cent respectively, whereas the sale of both vitamin tablets and orange juice were increased by 8 per cent.

PART V									
VACCINATION AND IMMUNISATION									
SECTION 20									
NATIONAL HEALTH SERVICE ACT, 1946									
(EPIDEMIOLOGICAL TABLE)									
1968		1969		1970		1971		1972	
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1968		1969		1970		1971		1972	
1968		1969		1970		1971		1972	

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			
<i>County Council owned :</i>																	
1. Purpose built ..	43	27	70	—	23	40	63	—	1	1	1	4	2	4	6		
2. Purchased ..	12	10	22	—	2	12	12	—	1	1	1	4	3	7	7		
<i>Rented from :</i>																	
1. District Councils	4	3	7	—	—	3	3	—	—	—	—	1	3	—	1		
2. Nursing Associations etc.	6	4	10	—	2	3	5	—	—	—	—	3	2	5	5		
TOTALS ..	65	44	109	—	27	58	83	—	2	2	2	12	10	16	19		

PART VII

VACCINATION AND IMMUNISATION

SECTION 26

NATIONAL HEALTH SERVICE ACT, 1946

(EPIDEMIOLOGY INCLUDED)

Children born in the year	1945	1946	1947	1948	1949	Total
Completed Primary Courses	710	283	191	28	170	4092
Relinquishing Courses	—	1139	2301	272	822	4581

Children born in the year	1945	1946	1947	1948	1949	Total
Completed Primary Courses	700	2713	105	47	100	4770

Vaccination and Immunisation

The revised time-table of injections, described in the last annual report, was introduced early in the year and is being followed in County Council Clinics and by many of the General Practitioners in the County. As the primary course of triple vaccine and oral poliomyelitis starts at six months of age instead of at three months and finishes at twelve months instead of at five or six months, the annual statistics this year are lower than those for previous years.

Vaccination Against Measles

The campaign started in 1968 continued into 1969. Vaccination at 13 months was becoming routine but unfortunately supplies of vaccine were considerably reduced in March and this could not be continued.

The following table shows the number of children who received an injection of live attenuated measles vaccine during the year :—

Children born in the year	1969	1968	1967	1966	1962-65	1953-61	Total
Primary Injections	10	609	832	548	866	43	2908

During the year 736 measles notifications were received which compare with the 2630 in 1968, 3942 in 1967 and 3038 in 1966.

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	29	19	17	88	3562	855	267	4837
Number re-Vaccinated	—	—	—	4	11	62	422	499

Of the 4837 primary vaccinations, 1728 were given at County Council Clinics.

No cases of smallpox were 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	1969	1968	1967	1966	1962-65	1953-61	Total
Completed Primary Courses	716	2869	191	55	170	85	4086
Reinforcing Doses	—	1159	2201	275	5823	323	9781

No cases of diphtheria were notified.

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	1969	1968	1967	1966	1962-65	1953-61	Total
Completed Primary Courses	700	2715	166	47	100	11	3739

There were 24 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 :—

Children born in the year	1969	1968	1967	1966	1962-65	1953-61	Total
Primary Courses . .	715	2883	193	55	201	465	4512
Reinforcing Doses . .	—	1158	2215	290	5907	864	10434

Poliomyelitis Vaccination

Protection against poliomyelitis is normally given with Sabin oral poliomyelitis vaccine, there is only an occasional request for Salk vaccine.

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

Children born in the year	1969	1968	1967	1966	1962-65	1953-61	Total
Primary Courses . .	626	2906	152	52	369	111	4216
Reinforcing Doses . .	—	1182	2060	265	7726	1399	12632

There were no cases of poliomyelitis notified during the year.

Vaccination against Anthrax

There has been a small demand for anthrax vaccine, mainly for workers in the carpet manufacturing trade.

Long Stay Immigrants

154 notifications were received from Medical Officers of ports and airports of immigrants giving destination addresses in the County. Contact was established with 121 of these to advise them on the local health services and ensure their registration with local doctors.

Vaccination Against Influenza

The influenza outbreak in the latter part of 1968 continued into 1969. There was considerable difficulty in obtaining vaccine containing the Hong Kong strain but a supply was received in February and this was given to members of the staff at special risk. This protection was made available again to members of the headquarters staff in November.

District	Completed Primary Courses					Reinforcing Doses							
	Year of Birth					Year of Birth							
	1969	1968	1967	1966	1962 1965	1953 1961	Total	1968	1967	1966	1962 1965	1953 1961	Total
Bewdley Borough	8	46	2	—	1	1	58	24	63	6	120	3	216
Droitwich Borough	7	57	9	5	5	1	84	37	38	3	57	1	136
Evesham Borough	3	63	5	—	10	—	81	31	92	4	169	15	311
Halesowen Borough	92	316	33	8	32	2	483	165	237	45	668	33	1148
Kidderminster Borough	148	414	19	7	12	5	605	117	323	33	445	4	922
Stourbridge Borough	159	407	10	8	9	4	597	196	303	53	728	40	1320
Bromsgrove Urban and Rural	85	433	41	6	20	16	660	205	389	60	960	63	1651
Malvern Urban	78	173	11	5	14	4	285	63	98	12	367	85	625
Redditch Urban	23	332	38	9	22	—	424	76	166	42	696	—	980
Stourport Urban	8	98	2	—	3	2	113	31	65	12	276	6	390
Droitwich Rural	6	73	3	1	7	47	137	28	70	6	199	9	312
Evesham Rural	15	100	2	1	5	1	124	40	92	9	256	16	413
Kidderminster Rural	16	53	7	3	14	1	94	22	30	3	83	4	142
Martley Rural	32	91	—	—	5	—	128	28	52	3	243	6	332
Pershore Rural	11	129	6	1	9	1	157	56	115	5	247	28	451
Tenbury Rural	15	30	1	—	—	—	46	3	2	—	75	1	81
Upton-on-Severn Rural	10	54	2	1	2	—	69	37	66	5	234	9	351
Totals	716	2869	191	55	170	85	4086	1159	2201	275	5823	323	9781

Smallpox Vaccination

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	5-12 years	Total	9-12 months	1 year	2-4 years	5-15 years	Total
Bewdley Borough	2	1	—	1	50	16	1	71	—	—	2	4	6
Droitwich Borough	8	6	1	2	115	13	2	147	—	2	5	12	19
Evesham Borough	—	—	—	1	102	17	4	124	—	—	1	6	7
Halesowen Borough	—	—	—	—	467	70	17	554	—	—	1	19	20
Kidderminster Borough	4	1	1	6	354	105	31	502	—	—	15	50	65
Stourbridge Borough	—	—	3	12	433	116	34	598	—	—	—	7	7
Bromsgrove Urban and Rural	2	6	5	8	538	155	44	758	—	—	12	61	73
Malvern Urban	3	2	—	6	193	37	21	262	—	—	7	81	88
Redditch Urban	—	—	—	3	286	154	32	475	—	—	—	16	19
Stourport Urban	—	—	—	3	200	60	22	285	—	6	5	16	29
Droitwich Rural	2	1	1	4	116	18	11	153	2	2	4	24	32
Evesham Rural	1	—	1	3	151	24	13	193	—	—	2	1	3
Kidderminster Rural	1	—	—	—	53	19	4	77	—	1	1	34	36
Marley Rural	2	2	—	10	122	8	11	155	—	—	—	17	17
Pershore Rural	2	—	1	12	205	16	4	240	—	—	—	6	8
Tenbury Rural	1	—	2	6	28	7	2	46	—	—	2	15	17
Upton-on-Severn Rural	1	—	2	11	149	20	14	197	—	—	2	—	—
Totals	29	19	17	88	3562	855	267	4837	4	11	62	422	499

Tetanus Immunisation

District	Completed Primary Courses						Reinforcing Doses				
	Year of Birth						Year of Birth				
	1969	1968	1967	1966	1965	1961	1968	1967	1966	1962 1965	Total
Bewdley Borough	8	46	2	—	1	1	24	64	6	121	225
Droitwich Borough	7	58	9	5	6	3	37	40	3	63	147
Evesham Borough	3	63	5	—	10	3	31	92	5	169	317
Halesowen Borough	92	316	33	8	32	19	166	237	47	673	1193
Kidderminster Borough	148	414	19	7	12	5	117	323	33	447	931
Stourbridge Borough	159	411	10	8	9	4	192	304	51	731	1337
Bromsgrove Urban and Rural	85	434	41	6	22	65	206	391	36	967	1715
Malvern Urban	78	173	12	5	14	65	63	102	17	380	800
Redditch Urban	23	334	39	9	45	200	76	166	46	725	1156
Stourport Urban	8	97	2	—	3	2	32	66	14	280	415
Stourport Rural	5	80	3	1	9	51	28	74	6	199	324
Evesham Rural	15	100	2	1	6	10	40	93	9	256	426
Kidderminster Rural	16	53	7	3	14	1	22	28	3	83	145
Marley Rural	32	91	—	—	7	23	28	52	3	246	359
Pershore Rural	11	129	6	1	9	4	55	115	6	247	466
Tenbury Rural	15	30	1	—	—	—	4	2	—	76	87
Upton-on-Severn Rural	10	54	2	1	2	9	37	66	5	244	391
Totals	715	2883	193	55	201	465	1158	2215	290	5907	10,434

District	Completed Primary Courses					Reinforcing Doses						
	Year of Birth					Year of Birth						
	1969	1968	1967	1966	1962 1965	1962 1965	1966	1967	1962 1965	1953 1961	Total	
Bewdley Borough	8	45	2	—	19	76	39	54	9	123	6	231
Droitwich Borough	5	46	10	5	5	71	31	40	3	172	30	276
Evesham Borough	2	60	4	—	10	77	27	64	4	241	27	399
Halesowen Borough	104	343	35	7	33	525	167	238†	32	920	176	1533
Kidderminster Borough	47	411	17	8	68	551	141	313	45	601	24	1124
Stourbridge Borough	163	419	13	7	77	689	194	287	57	1439	210	2187
Bromsgrove Urban and Rural	74	484	18	8	34	629	163	381	54	1389	204	2191
Malvern Urban	79	184	12	6	20	312	56	101	12	467	282	918
Redditch Urban	26	323	12	6	20	393	67	141	8	549	90	855
Stourport Urban	6	92	3	1	17	120	50	65	11	238	7	371
Droitwich Rural	6	76	6	1	14	162	24	62	6	266	32	390
Evesham Rural	17	98	4	—	11	131	40	59	9	309	58	475
Kidderminster Rural	15	38	3	—	16	75	55	30	2	181	9	277
Martley Rural	33	87*	3	—	10	133	30	51	3	303	89	476
Pershore Rural	11	116	6	3	3	142	49	103	4	271	67	494
Tenbury Rural	19	27	1	—	10	57	8	5	—	60	3	76
Upton-on-Severn Rural	11	57	3	—	2	73	41	66	6	197	49	359
Totals	626	2905	152	52	369	4216	1182	2060	265	7726	1399	12632

*Includes 2 courses of Salk vaccine.

*Includes 2 courses of Salk vaccine.

Measles Vaccination

District	COMPLETED PRIMARY COURSES						
	YEAR OF BIRTH						Total
	1969	1968	1967	1966	1962 1965	1953 1961	
Bewdley Borough	—	4	13	9	22	1	49
Droitwich Borough	—	21	27	26	35	1	110
Evesham Borough	—	13	27	19	21	1	81
Halesowen Borough	8	34	53	53	54	4	206
Kidderminster Borough ..	—	88	62	26	45	2	223
Stourbridge Borough	2	95	90	52	88	2	329
Bromsgrove Urban and Rural ..	—	86	154	122	170	16	548
Malvern Urban	—	37	63	46	66	1	213
Redditch Urban	—	109	121	63	113	—	406
Stourport Urban	—	8	27	15	34	1	85
Droitwich Rural	—	38	39	16	62	3	158
Evesham Rural	—	15	40	30	56	3	144
Kidderminster Rural	—	7	13	7	10	1	38
Martley Rural	—	7	12	8	17	2	46
Pershore Rural	—	24	32	30	30	—	116
Tenbury Rural	—	1	8	7	10	3	29
Upton Rural	—	22	51	19	33	2	127
Totals	10	609	832	548	866	43	2908

Whooping Cough Immunisation

District	Completed Primary Courses						
	Year of Birth						Total
	1969	1968	1967	1966	1962 1965	1953 1961	
Bewdley Borough	7	44	2	—	1	—	54
Droitwich Borough	7	54	8	4	4	—	77
Evesham Borough	2	57	5	—	2	—	66
Halesowen Borough	92	302	33	8	27	—	462
Kidderminster Borough ..	145	396	10	6	1	1	559
Stourbridge Borough	160	397	10	8	8	—	583
Bromsgrove Urban and Rural ..	81	406	32	5	8	3	535
Malvern Urban	78	165	11	5	6	—	265
Redditch Urban	21	310	35	5	19	—	390
Stourport Urban	8	98	2	—	1	2	111
Droitwich Rural	4	66	2	1	5	4	82
Evesham Rural	13	73	1	—	1	—	88
Kidderminster Rural	16	53	7	3	14	1	94
Martley Rural	31	86	—	—	—	—	117
Pershore Rural	11	126	5	1	2	—	145
Tenbury Rural	15	29	1	—	—	—	45
Upton-on-Severn Rural ..	9	53	2	1	1	—	66
Totals ..	700	2715	166	47	100	11	3739

B.C.G. Vaccination

The results of the 1969 programme and corresponding figures for previous years are given in the following table :—

	1969	1968	1967	1966	1965
No. of invitations issued	6292	5959	6270	6441	6808
No. of consents received ..	5696(90.5%)	5477(91.9%)	5715(91.1%)	5811(90.2%)	6174(90.7%)
No. of persons tested ..	5264	5056	5315	5338	5739
No. of positive reactors ..	360(6.8%)	509(10.6%)	610(11.9%)	589(11.8%)	572(10.6%)
No. of negative reactors given B.C.G.	4590	4279	4480	4407	4837

The figures for 1969 exclude those persons known to have received B.C.G. vaccination already.

Notification of Infectious Diseases

County District	Acute Encephalitis		Acute Meningitis	Acute Poliomyelitis		Anthrax	Cholera	Diphtheria	Dysentery	Infective Jaundice	Leprosy	Leptospirosis	Malaria	Measles	Ophthalmia Neonatorum	Paratyphoid Fever	Plague	Relapsing fever	Scarlet fever	Smallpox	Tetanus	Tuber- culosis		Typhoid fever	Typhus	Whooping cough	Yellow fever	Food Poisoning	Total	
	Infective	Post-infectious		Paralytic	Non-paralytic																	Respiratory	Other							
Urban																														
Bewdley Borough ..									22	69	2		1	53					4				1	10			5			60
Bromsgrove ..													1	89				16										5		213
Droitwich Borough ..														12				6					2	1				1		30
Evesham Borough ..										2				6				31					7	1		11		5		171
Halesowen Borough ..									4	8				104				2				12	2			3		1		34
Kidderminster Borough ..			1						1					12				4				3	1					2		26
Malvern ..									17	3				20				13					3	1				2		168
Redditch ..									4	4				23				1					4	6				3		45
Stourbridge Borough ..										2				191					7				2			1				203
Stourport-on-Severn ..																														
Total Urban Districts ..			1					48	97				1	639				84				43	12			20		17		962
Rural																														
Bromsgrove ..			1					5	3					8				6				2	1					1		26
Droitwich ..														30				4					1	1						36
Evesham ..									6					1				2				3				3				15
Kidderminster ..								17	14					10				4				1				1				47
Marley ..								1	1					35				3										4		44
Pershore ..										56				2				1				4								63
Tenbury ..										1				8																9
Upton-upon-Severn ..														3				1				3						2		
Total Rural Districts ..			1					23	81					97				21				14	1			4		7		249
Administrative County ..			2					71	178				1	736				105				57	13			24		24		1211
Administrative County 1968	1		3	1				61	59					2630				57				52	11			165		19		3059

Under the Public Health (Infectious Diseases) Regulations, 1968, which came into operation on 1st October, 1968, certain diseases are no longer notifiable and others are now included.

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	..	..	..	4	53	220	277
Birmingham	..	..	..	1	48	163	212
Dudley	..	..	..	3	23	67	93
Totals	1969	..	..	8	124	450	582
	1968	..	..	5	100	443	548
	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

The following information has been supplied by the hospital at which the patient attended:

Treatment Centre	Number of new patients in 1958		
	Female	Male	Total
Worcester	100	100	200
Birmingham	100	100	200
Dorset	100	100	200
Total 1958	300	300	600
1959	100	100	200
1960	100	100	200
1961	100	100	200
1962	100	100	200
1963	100	100	200
1964	100	100	200
1965	100	100	200
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2019	100	100	200
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2035	100	100	200
2036	100	100	200
2037	100	100	200
2038	100	100	200
2039	100	100	200
2040	100	100	200
2041	100	100	200
2042	100	100	200
2043	100	100	200
2044	100	100	200
2045	100	100	200
2046	100	100	200
2047	100	100	200
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2049	100	100	200
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2071	100	100	200
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2088	100	100	200
2089	100	100	200
2090	100	100	200
2091	100	100	200
2092	100	100	200
2093	100	100	200
2094	100	100	200
2095	100	100	200
2096	100	100	200
2097	100	100	200
2098	100	100	200
2099	100	100	200
2100	100	100	200

Copy of information furnished to the ...

PART VIII

AMBULANCE SERVICE

SECTION 27

NATIONAL HEALTH SERVICE ACT, 1946

Ambulance Service

The year has again proved to be a most active one for the ambulance service. Taking the service as a whole 166,274 patients were conveyed by ambulance, hospital and hire cars, against 157,562 patients during 1968, an increase of 8,712. The road miles covered were 1,281,828 as against 1,214,869 during 1968, an increase of 66,959.

Ambulance Use

Under Section 27 of the National Health Service Act the number of persons carried during the year was 134,631 as against 126,132 during 1968, an increase of 8,499.

The total number of miles covered by ambulance during the twelve months was 895,387 as against 818,350 during 1968, an increase of 77,037. The average number of miles per patient carried by ambulance was 6.6 as compared with 6.4 in 1968.

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

- (a) The centralisation of specialist hospital services
- (b) Early discharges from short term hospitalisation and out-patient surgeries
- (c) The reduction of railway facilities

Hospital and Hire Car Services

In the case of the hospital car service 30,086 patients were carried as against 29,719 during 1968, an increase of 367 and the road miles covered were 370,925 as against 376,719 during 1968, a decrease of 5794.

In the case of the hire cars, 1,557 patients were carried as against 1,711 during 1968 a decrease of 154, and the road miles covered were 15,516 as against 19,800 during 1968, a reduction of 4,284.

We are most grateful to all the drivers who have rallied around so magnificently in order to maintain an efficient service, for it is indeed a most useful auxiliary to the ambulance service.

The number of drivers remains fairly constant.

Worcester City and District Voluntary Ambulance Service

This service is operated by the Worcester City and District Voluntary Committee on behalf of both the City and County Local Health Authorities. The County Ambulance Officer, who is also the Ambulance Officer for the Voluntary Committee, reports that during the year, 2,861 County cases were conveyed covering a total of 42,912 miles, compared with 2,867 cases and 41,748 miles in 1968.

Close liaison and co-operation has been maintained between the voluntary service and the county ambulance control to eliminate wasted mileage and journeys.

It should be remembered that a considerable number of St. John Ambulance Brigade and British Red Cross Society volunteers attend at the Worcester Ambulance Station, and to them I am grateful for all the assistance that has been so freely given.

With the exception of Wythall, which operates an agency agreement with the British Red Cross and who have given an extremely good service, there have been no volunteers actually undertaking duties at any of the County Ambulance Stations. It has also been difficult to arrange escorts for patients travelling by rail or road, in many instances we have had to call upon Control staff to carry out this function on their days off and their willing co-operation is appreciated.

New Ambulances

The Committee decided to replace seven Ambulances and deliveries were accepted of six Appleyard's conversion on the Ford 25 cwt. customs van with automatic transmission and one Land Rover Ambulance.

All vehicles are fitted with the latest Pye radios.

Ambulance Training

Two one-day Courses were arranged for each member of the service and these covered advanced first-aid and the use of specialised ambulance equipment; lectures were given by Dr. J. Rigby and by Ambulance Instructors. We are indeed indebted to Dr. Rigby of Bromsgrove for the help and advice he gives us in training our ambulance personnel.

Visits to Barnsley Hall Hospital were arranged with instruction from a resident consultant on psychiatric problems and treatment.

First Aid

Lectures on this subject were given to County Council staff, schools and members of the public and additional evening classes to members of the service.

Lifting and handling patients was a subject given at regular intervals to the Worcester School of Nursing.

Numerous talks on the function of the ambulance service were given to nursing staffs, schools and members of the public.

Courses

During the year 34 members of the service attended a two-week refresher course at the Birmingham Ambulance Training School as recommended by the National Joint Council for Local Authorities' Services (Manual Workers)—Circular No. N.M. 192A dated 6th June 1969.

Further courses have been arranged next year.

Ambulance Service

Vehicles and Driver Attendants

Employed at 31st December 1969

Ambulance Station	Number of Ambulances	Driver/Attendants	
		Whole-time	Part-time
Bromsgrove	7	16	—
Control (H.Q.)	3	5†‡	—
Evesham	6	16	—
Halesowen	6	16	—
Kidderminster	6	16	—
Malvern	6	16	—
Pershore	2	3	1
Redditch	6	16	—
Stourbridge	6	16	—
Tenbury *	1	—	2
Wythall	1	—	Agency
Total	50	120	3

* *Tenbury* : During the hours between 8 a.m. and 5.30 p.m. Mondays to Fridays 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.

Additional Vehicles—One Major Disaster Equipment Vehicle.
One Major Disaster Control Vehicle.
Stationed at Bromsgrove and Redditch respectively

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

Month	A. Ambulances		B. Hospital Cars		C. Hire Cars	
	Cases	Miles	Cases	Miles	Cases	Miles
January	10432	71303	2554	29618	243	2653
February	10609	68110	2430	29453	132	1972
March	10225	66249	2547	28362	118	1160
April	9858	64106	2330	29066	133	1487
May	11653	72229	2884	35663	167	2160
June	9606	64426	2131	29327	142	1584
July	10611	67166	2891	37240	170	1761
August	9946	66167	2515	30575	173	1589
September	9588	63702	2278	29082	116	1402
October	12043	75666	2577	35150	74	1040
November	11143	69155	2491	31305	142	1783
December	10418	78542	2091	31878	101	1209
Total	126132	818350	29719	376719	1711	19800..
				370925	1557	15516

PART IX

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

SECTION 28

NATIONAL HEALTH SERVICE ACT, 1946

Staff and Training

Miss L. Cartwright, Health Visitor, became a full time member of the health education section from June 1969.

Miss L. Mee attended a four day conference in London on audio visual aids.

Mr. J. N. Pitts attended the two day National Home Safety Conference at Folkstone.

In-Service Training

A series of study sessions for Health Visiting and Nursing Staff, held at Morton House, Fernhill Heath was inaugurated. A selected health topic is presented at each session with the latest information and educational material available.

Health education staff have participated in the Home Help Training Courses. The potential for effective health education by the members of this service is high, particularly in home safety and nutrition, where the work is amongst those at greatest risk.

Elementary first aid instruction was given to all staff of all adult and junior training centres.

Other Training Courses

There is great demand for health educators at courses and meetings conducted by many statutory and voluntary authorities. Parents Associations, Colleges of Education, and Further Education, Church Groups, the W.R.V.S. Nurses and Midwives Training Schools, Youth Leaders meetings, and Red Cross Society courses are but some organisations who called upon the services of the Health Education Section during 1969.

Exhibiting

A health education stand, in co-operation with the Cancer Information Association and the Medical Officer of Health, was exceedingly well attended at the Droitwich '69 Exhibition.

Expectant and Nursing Mothers

It might seem unnecessary to make annual reference to the acknowledged importance and effectiveness of the work done by the health visitors in clinics and homes with this group of patients. The work does, however, consume an increasing amount of time and money, as greater use is made of the educational materials—films, filmstrips, demonstration equipment, leaflets—now available.

Venereal Disease

Whilst this is reported upon in the School Health report, mention is made of the interest shown by adult groups. Talks have been given to Parents' Associations, teachers, Youth Club leaders, and students at Colleges of Further Education.

Home Safety

The fact that accidents in the home cause more deaths annually than road accidents fails to produce a complementary interest in home safety. The drama and news value of the two hazards differ. Road accidents claim their victims mostly between the ages of 5 and 65, home accident fatalities come mostly from the under 5 years and over sixty-five years age groups.

More work in Clinics and Old Peoples Clubs, with W.R.V.S. co-operation, has been done this year to increase awareness of hazards in the home. More work is required by engineers, designers, architects etc., to produce a safer home environment, and by those who frame and enforce safety legislation. It would be helpful if there were more complaints made by those members of the general public who suffer minor accidents through faulty design or equipment and then remark "It could have been worse." It is very much worse, for about 7,000 people in Britain die each year as a result of home accidents.

First Aid

Possibly associated with increased activity in home safety, and with that of colleagues in the road safety movement, there was a growing demand for first aid instruction during 1969. In addition to conducting, or participating, in full certificated courses of the Red Cross or St. John's organisations, single sessions or short courses covering emergency resuscitation, shock, and control of bleeding, were given to groups ranging from primary school children to old age pensioners.

Chiropody Service

The number of treatments given under the directly provided County service has increased from 2,121 in 1960 (nine months) to 20,478 in 1969. The total number of cases referred since the start of the scheme is 7,916.

During 1969 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 1,125 of which, for one reason or another, 98 did not accept an appointment ; there were 187 cases on the waiting list at the end of the year.

The number of persons who received treatment was 4,288.

Of the 20,478 treatments given during the year 10,998 were at clinics, 5,479 at home and 4,001 at chiropodists' own surgeries. The number of treatments in 1968 was 17,788.

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 1,200 treatments per annum.

Report by

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

The number of patients treated was 4,288 and since over 90% of these are in the elderly category, this figure at a conservative estimate represents only some 7% of the elderly population of Worcestershire (confirming almost exactly the findings reported in a national survey—"An Occasional Paper in Social Administration Number 29" by May Clarke entitled "Trouble with Feet").

The chiropody service generally are faced with the problem of staff shortages. Salary scales are still insufficiently attractive to full-time staff but we were fortunate in obtaining the services of Mr. W. Cottingham on a full-time basis.

Another problem is that even on the above figures many clinics are fully booked and it is extremely difficult to accommodate extra chiropody sessions.

During the year liaison meetings were held with the geriatric health visitors and associated services and proved extremely useful points of contact.

I would like to express my thanks to the health visitors and also to the clerical staff for all their help.

Adaptations to homes to install Artificial Kidney Machines

No new cases were referred during the year.

Convalescence

During the year a total of 240 patients supported by a medical certificate were referred for periods of convalescence. Of this number 154 were eligible under the scheme and proceeded on convalescence to various homes, the average stay for each being two weeks. The remaining 86 cases 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. A few cases decided that because of the late time in the year they wished to be deferred until 1970 and subject to the family doctor giving a certificate these will be dealt with.

Convalescent Homes used during 1969

<i>Name of Home</i>	<i>Total of Patients</i>
Inglenook, Weston Super Mare	111
Heatherbrae, Worcester	18
The Laurels, Bromsberrow	4
McLeod House, Weston Super Mare	6
The Rest, Porthcawl	6
Birmingham Hospital Saturday Fund Home, Weston Super Mare	3
St. Luke's, Exmouth	4
Ellison Holiday Hotel, Weston Super Mare	2
Total	154

Medical Comforts

Distribution of medical loan equipment by the British Red Cross Society and St. John Ambulance Brigade has again been maintained throughout the year, and our grateful thanks are extended to both these voluntary organisations for services performed.

The more specialist equipment continues to be distributed by the health department and the demand is continually increasing.

Occupational Therapy

The emphasis of the work has continued to be in providing and assessing for aids to daily living, and the training of the disabled to be as independent as possible in their everyday activities.

Miss Proctor left in September and was replaced by Mrs. Cook and Mrs. Hall working part-time.

During the year 182 patients have received 1,523 visits.

The Malvern W.R.V.S. Laundry Service

The idea of providing ancillary laundry services for the less fortunate elderly and sick people in the County was first discussed between a member of the W.R.V.S. and a friend associated with the South Worcestershire After Care Committee. It was felt that such a service would help, thus enabling more old people to remain in their own homes. Approaches were made to various organisations for help and promises of grants of £250 were made by the South Worcestershire After Care Committee and the W.R.V.S. Old People's Welfare Fund towards the initial cost of setting up a pilot scheme.

At a meeting of the South Worcestershire After Care Committee Dr. H. F. Green, Medical Officer of Health for Malvern, and Mrs. M. F. Turley, Geriatric Health Visitor, had asked for Malvern to be considered as a possible area. Mrs. R. R. Adam, the joint W.R.V.S. Organiser for Malvern, had offered a room at St. Nicholas House, where there are residential flats for the elderly and an all day club for the Over 60's.

Malvern Urban District Council and the Worcestershire County Council promised up to £500 each towards the initial cost of providing equipment and carrying out adaptations. The cost of initiating the service was kept to a minimum by the purchase of secondhand equipment. The equipment was also to be used by the elderly people on a launderette basis.

The W.R.V.S. are most fortunate in having the assistance of Mrs. J. M. Davy who is responsible for administering the service. A number of volunteer drivers, who are willing to use their cars for the collection and return of laundry, were recruited.

The service operates by the collection, laundering and delivery back home of clean washing from elderly sick and incontinent patients, as recommended by Dr. Green and Mrs. Turley, at a cost of 3s. 6d. per bundle, irrespective of size, or at discretion. Customers should not be able to afford a commercial laundry or have a relative or friend who is willing to help. Incontinent patients are treated as an exception as commercial laundries do not often accept badly soiled linen.

The service began operating on the 1st July, 1968 with 10 customers and 1 laundress on two afternoons per week and as from 22nd July, 1968 the equipment was also made available for self service use by the elderly people living in the vicinity. The equipment had teething troubles which meant that servicing costs were very high. Gas bills were also higher than anticipated.

The launderette service was slow in getting off the ground but it has settled down to a regular group of customers who appreciate the service. It was soon discovered that for this side of the service an extra assistant would be required. Voluntary helpers now staff the launderette and provide the same service as is provided for the laundry customer. It has not been found necessary to increase the number of hours for launderette use and with laundry customers increasing this would be an inadvisable step to take.

The running costs have been met through gifts from the Malvern W.R.V.S., the Corbett Trust, the W.R.V.S. County Office and finally by a loan from a W.R.V.S. County Account. Despite this voluntary effort there was at the end of the first year an approximate weekly deficit of £4 10s. 0d. Approaches were again made to the Worcestershire County Council and the Malvern Urban District Council for further help. The authorities agreed to help and grants now provide financial backing.

During the first year 55 customers made use of the service and at the end of the year 34 of these remained on the books. The service is now well into its second year and the customer/service relationship is good.

There is still time available during a week to increase the number of bundles laundered to a maximum of 40-45 per week. The size of the premises and the amount of equipment will not allow for more than this.

Paid staff are not difficult to find but the quality of work varies. The present laundresses work to a high standard and achieve excellent results.

Tuberculosis

Report by

Dr. R. C. Cronin, Chest Physician to the Birmingham Regional Hospital Board and
Senior Tuberculosis Officer to the Local Health Authority.

The Tables this year show very little change in either the notification or death rate from Tuberculosis for the last four years. The previous steady decline in both these rates has levelled off. This is a trend common to the remainder of the Country.

Recent new anti-tuberculous drugs are showing very considerable promise and it is hoped that they will form a much more effective second-line of attack than has hitherto been available in cases showing resistance to the three main drugs. This may eventually improve the mortality rate even further and will ultimately have some effect upon the notification rate. Further reduction in this latter figure, however, is still mainly dependent on early case finding.

Table 1

Tuberculosis Rates/1,000 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
1968	0.14	0.04
1969	0.16	0.02

Table II

Notification and Death Rates in Districts 1969

Population	District	Notification rate per 1,000 population	Death Rate per 1,000 population	Total Cases notified	Total Deaths
6,400	Bewdley Borough .. .. .	.16	—	1	0
39,440	Bromsgrove Urban .. .. .	.28	.03	11	1
10,350	Droitwich Borough	—	.10	0	1
13,170	Evesham Borough .. .. .	.23	—	3	0
51,930	Halesowen Borough .. .. .	.15	—	8	0
46,740	Kidderminster Borough .. .. .	.30	.02	14	1
29,810	Malvern Urban .. .. .	.07	.03	2	1
37,910	Redditch Urban .. .. .	.11	.03	4	1
52,290	Stourbridge Borough .. .. .	.19	.02	10	1
16,090	Stourport-on-Severn Urban .. .. .	.12	—	2	0
37,310	Bromsgrove Rural .. .. .	.05	.03	2	1
15,870	Droitwich Rural .. .. .	.13	—	2	0
19,070	Evesham Rural .. .. .	.16	—	3	0
12,660	Kidderminster Rural .. .. .	.08	—	1	0
13,570	Martley Rural	—	—	0	0
21,110	Pershore Rural .. .. .	.19	—	4	0
5,440	Tenbury Rural	—	—	0	0
15,310	Upton-on-Severn Rural .. .. .	.20	.07	3	1
444,470	Whole County .. .. .	.16	.02	70	8

PART X

HOME HELP SERVICE

NATIONAL HEALTH SERVICE ACT, 1946

Home Help Service

The number of applications for home helps during the year were 1,446, of which 1,044 received help, 38 were advance bookings and the remaining 364 cancelled their applications. Added to this, 2,002 were brought forward at 1st January 1969, making a total of 3,046 cases assisted during the year.

The following table shows the categories into which they were divided :

2,490—Aged 65 years or more
125—Maternity
210—Chronic Sick (Includes T.B.)
14—Mentally Disordered
207—Others
<hr/> 3,046 <hr/>

There were 441 home helps employed at 31st December 1969, of whom 6 worked full-time and the remainder averaged 20 hours per week. Two courses of in-service training for home helps were held at Malvern and Redditch. They took the form of lectures, films and practical demonstrations by members of the health department and other related services, with the object of improving the standard of service by impressing upon the home helps their importance in community care. Recruitment of suitable staff presents a problem in the more rural areas but the continued use of County Council owned auto-cycles and the employment of several car owners does much to relieve the situation.

A total of 12,104 home visits were made by the organisers and assistants, 1,516 of which were to applicants for service, 8,348 were follow-up visits to patients receiving help and the remaining 2,240 were to the homes of home helps. It is often desirable to visit a prospective help before engaging her as the manner in which she keeps her own home is a guide to her suitability for the work. In the rural areas, particularly, frequent visits are necessary to keep good staff relationships.

The appointment of a relief County Organiser has proved invaluable to the service by ensuring that all areas are adequately staffed during sickness and at holiday times.

The annual weekend school was held at Swansea and was attended by the County Organiser and one area organiser. Both found the lectures most instructive and beneficial to their work. One assistant organiser attended a pre-examination course at Cambridge and was subsequently successful in passing the Local Government Administrative part of the Institute of Home Help Organisers examination.

PART XI

MENTAL HEALTH SERVICE

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. Mr. A. E. Johnson continued to act as Chairman of the Sub-Committee during 1969.

(b) Co-ordination with the Regional Hospital Board

There is close co-operation between the Council's officers and the Birmingham Regional Hospital Board and its officers. Patients on leave from hospital are visited and supervised by the Council's officers on behalf of the various Hospital Management Committees. There is close contact between the officers and the medical and social 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 hospitals.

Consultant staff from Lea and Lea Castle Hospitals continue to hold a clinic one morning per month in the Council's Clinic in Infirmary Walk, Worcester, to see subnormal patients and their parents by appointment. The Clinic has continued monthly since November 1964 and has proved to be both successful and very helpful. Psychiatric clinics continue to be held regularly in all the major centres of population.

2. Staff

(a) General

The staff of the service consists of an administrative mental health officer, one administrative assistant, five senior district mental welfare officers, eleven district mental welfare officers and one trainee mental welfare officer. There were two vacant posts for mental welfare officers at the end of the year. These are thirty-eight teachers employed in the training centres together with an organiser. Two nursery assistants are in post and three more will be appointed at the three remaining junior training centres after April, 1970. The Elms Hostel, Kidderminster, has thirty-one junior severely subnormal residents and the staff consists of one superintendent, one matron, one assistant matron, six general assistants and two trainee general assistants.

(b) Training

Staff are released from duty to attend at appropriate training courses and conferences whenever possible. One mental welfare officer and one trainee mental welfare officer are at present on course. One trainee mental welfare officer completed her two year course in July and took up post as a mental welfare officer in the Evesham district. In 1970 two senior district mental welfare officers and one district mental welfare officer have been granted secondment.

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 appropriate training courses held for the hospital staff. This system of training is very 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 1969 one member of training centre staff successfully completed a two year course and two members (including one supervisor) successfully completed one year courses. In addition, there are four members of staff in attendance at one year courses and during 1970 one member of staff will commence a two year course and another will commence a one year course.

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 1969 there were 1,096 admissions to psychiatric hospitals in the County, 976 of these were admitted as informal patients and 120 were detained for observation and treatment under the appropriate section of the Mental Health Act, 1959. The number of admissions is less than in the preceding year (1,199), informal admissions comprising approximately 89% of all admissions. Discharges totalled 1,089 whilst 149 deaths occurred at the hospitals.

(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 and the social aspect of the officers' work now far exceeds their statutory duties. 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>	1969
All Sources	1,641
<i>Client-interviews</i>	
After-care of mentally ill	9,955

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. The system is kept constantly under review so as to achieve more efficiency and a greater benefit to the patient.

(c) Worcester Development Project

The County Council has, during the year, been co-operating with the Department of Health and Social Security and the Birmingham Regional Hospital Board in a feasibility study known as the Worcester Development Project. The task of development is the replacement of an isolated old mental illness hospital of approximately 900 beds and irregularly developed community facilities by a comprehensive area service comprising psychiatric departments in district general hospitals placed in urban centres, with out-patient departments, day hospitals and special facilities for children and adolescents; and community facilities including day centres, hostels, Part III accommodation and a full system of social support.

The Study is now in draft form and outlines proposals for the "running down" of Powick Hospital. No admissions would be made after the 1st December 1972 and the hospital would ultimately close in 1980. Powick is to be replaced by two acute units attached to the district general hospitals at Ronkswood, Worcester, and at Kidderminster. The commissioning date for these is given as October 1972.

On the hospital side a brief resume of treatment units would be :

Ronkswood, Worcester

Approximate Population 1981—289,940. To take-in patients from Malvern, Upton, Martley, Worcester City, Droitwich, Pershore and Evesham.

5 wards x 30 beds, adult—150 beds.

One children's unit—15 beds

One adolescent unit—10 beds.

Geriatric unit (plus psycho-geriatric assessment unit)—136 beds.

Day hospital—160 places.

Out patient clinic.

This unit would provide full teaching facilities for all disciplines and would have all the special facilities which would not be available elsewhere. Each ward would be manned by a clinical team, *i.e.* five teams at Worcester. Each team would consist of two psychiatrists, about thirty nurses and five/six social workers.

Kidderminster

Approximate population 1981—115,200. To take in patients from Kidderminster Borough and Rural District, Bewdley, Stourport and Tenbury.

2 wards x 30 beds adult—60 beds.

Day hospital—80 places.

Out patient clinic.

Psycho-geriatric assessment unit.

Two Clinical teams (as above).

Day Hospital Provision

Day hospital provision would be established as follows :—

(a) Worcester—160 places (as above).

(b) Kidderminster—80 places (as above).

(c) Malvern—20 places, plus out patient clinic.

(d) Evesham—20 places, plus out patient clinic.

Local Authority Services

The Study recommends the following provisions :—

(a) Day-Centres—one centre to be located in Worcester.

(b) Hostels—a twelve place hostel at Kidderminster in addition to the places already in use elsewhere.

(c) Group Homes. A group home of about six places in Evesham.

(d) Boarding Out. The appointment of a boarding out officer.

(e) Sheltered Workshop. If required this would be established in Worcester.

(f) Social Work Service. The social work service for the County, City and the Ronkswood and Kidderminster Units would be run by a joint social work department, the officers forming part of the clinical teams referred to previously. Two teams would be based on Worcester, two on Kidderminster and one each on Malvern, Evesham and Droitwich.

The County, Worcester City and Powick Hospital social workers would be amalgamated and would form the nucleus of the new department. The number of social workers would be built up over the years so that by 1981 the total number would be 33 plus 5 trainees. This would bring the establishment up to the required figure of 0.05 social worker per 1,000 population.

Programming of Scheme

The date selected for commencement of full operation of the new service is 1st December 1972. As from this date each therapeutic team will become based at Ronkswood or Kidderminster and will deal with all admissions and out patients from these bases. Only existing in-patients will remain at Powick allowing the run down to be completed in 1980.

5. Care of Severely Subnormal

(a) Community and Hospital Care

Severely subnormal patients continue to be reported through the usual methods of notification. Fifty-eight new cases were reported during 1969, of these forty-one were reported under the provisions of the Education Act, 1944, and seventeen from other sources. All the fifty-eight cases were placed under supervision. Ten patients on the waiting list were admitted to hospital.

552 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-five patients of whom three were regarded as urgent. Seven patients were discharged from hospital and one death took place during the year.

Applications for admission for temporary periods were again received and twenty-three patients were received into hospital so that parents and relatives could have a holiday or a respite from caring for the patients. Dr. Simon has again been most helpful in providing accommodation at Lea Hospital and Lea Castle Hospital, quite often at very short notice. A hostel has been established at Lea Castle Hospital for those patients who are in daily employment outside the hospital and who are considered capable of such care. At the end of the year there were two patients at this hostel. Six 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

There was one patient under guardianship at the end of the year, who was visited by both medical and lay staff as required. The number of severely subnormal persons under supervision at the end of the year was 755. Patients continue to be reviewed and whenever the circumstances permit are deleted from the supervision lists. During 1969, eighteen such cases were deleted from the list whilst seven patients 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 supervise the females over the age of five years and the health visitors supervise all severely subnormal under the age of five years. 2,548 visits were made to families with severely subnormal members.

(c) Voluntary Associations

The various voluntary welfare committees continue to work with the appropriate training centre in their locality. An annual grant is made to the Halesowen Society for Mentally Handicapped Children to help with their work carried out at Halas House, Halesowen.

(d) Training and Training Centres

At the end of 1969, 381 severely subnormal patients were receiving training. Twenty-eight Worcester City cases continued to attend the Worcester Junior Training Centre. Twenty Warley cases attended the Netherend Training Centre and one child each from Worcester City and from Herefordshire attended for part of the year at Kidderminster Junior Training Centre when resident at The Elms Hostel. One adult patient from Shropshire was attending Kidderminster Adult Training Centre at the end of the year.

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 units established at Lea Hospital and Lea Castle Hospital accept 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 thirty-five children attending daily, mainly from the Redditch, Bromsgrove and Stourbridge areas, transport being provided by the Authority by means of hired vehicles. In one case an allowance is made for petrol expenses incurred by the parents taking their child to the unit.

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

A variety of contract outwork is being undertaken at the Netherend, Kidderminster and Redditch Adult Training Centres.

(e) *The Elms Hostel*

There were thirty children in residence at the end of the year. One child from Worcester City was also in residence. All children attend the Kidderminster Junior Training Centre and children are admitted as the need arises. The children resident at the hostel have been accepted by the community and the hostel has received many generous gifts of equipment etc. The Sunshine Coach (minibus) presented by the Variety Club of Great Britain has been put to good use during the year, enabling the children to go for outings, picnics, pantomime trips, etc.

Daily transport to all training centres is provided by constant arrangements with local buses.
A variety of courses is given in the subjects of the National Curriculum and English
Language and Literature. The courses are designed to meet the needs of the students and to provide
a high standard of education.

(a) The First Year

There were thirty children in residence at the end of the year. One child from Westminster was
also in residence. All children attend the Westminster School. The children are taught in the
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PART XII

ENVIRONMENTAL HEALTH

In 1957 a Committee of Public Analysts recommended that the presence of up to 50 p.p.m. of fat should be acceptable in bottled milk. In 1955 a revised standard of 10 p.p.m. was recommended (20 p.p.m. of fat is still used as a guide in the milk industry).

It is thought that the presence of the substance might be due to the lack of proper filtration of the milk on the farm. The substance is found in the milk throughout the year and is not found in milk which has been pasteurized.

The health authorities are interested in the results of the analysis of milk in order to find out whether or not the milk is safe to drink. The results of the analysis of milk in 1957 are shown in the following table.

One of the main reasons for the interest in the results of the analysis of milk is that it is a good indicator of the general state of the milk industry.

The results of the analysis of milk in 1957 are shown in the following table.

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Environmental Health Services

by

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

County Public Health Inspector

Milk and Dairies Administration

The department is grateful to a number of Officers for some of the information in this section. In particular to Dr. R. J. Henderson, Director of the Worcester Laboratory of the Public Health Laboratory Service and to Mr. W. E. Jones, County Analyst, for the work carried out in their respective laboratories and for the assistance which is given so willingly.

The work of milk and dairy administration in 1969 continued without much of moment to report. By December the second complete round of sampling from all dairy farms in the County had been completed. More farms changed over from using 10 gallon churns to using large refrigerated tanks. This eased the work of sampling.

The number of dairy farms continued to drop. By the end of the year the total was 742. In 1958 the total had been 1,246; in 1949—1,535. To compensate for this reduction in numbers the size of dairy herds tends to increase. The statistics in the table below show the position at the 31st December and is supplied by the National Agricultural Advisory Service for Worcestershire.

Dairy Farming Statistics

Cows	10 and under	11- 20	21- 30	31- 40	41- 50	51- 60	61- 70	71- 80	81- 90	91- 100	101- 110	111- 120	121- 150	151 and over	Total	%
Total	71	131	160	124	86	60	42	29	13	9	7	1	8	1	742	
%	9.6	17.7	21.6	16.7	11.6	8.1	5.7	3.9	1.7	1.2	1.0	0.1	1.0	0.1		100.0

Some concern had been expressed generally about the quantity of extraneous matter which is sometimes found in milk. Such matter could be 'dirt,' but all 'dirt' is not dung and may be of natural origin *i.e.* blood cells, blood or udder tissue.

In 1937 a Committee of Public Analysts recommended that the presence of up to 30 p.p.m. of 'dirt' should be acceptable in isolated instances. In 1968 a revised standard of 10 p.p.m. was recommended (20 p.p.m. of 'dirt,' it is said, would be just visible to the naked eye after a settling period of one hour).

It is thought that the presence of the extraneous matter might be due to the lack of proper filtration of the milk on the farm. Modern refrigeration facilities on the farm may prevent the growth of the milk spoiling organisms in transit, for few samples fail to pass the Milk Marketing Board standard test (Two hour Resazurin) at the receiving dairy.

The Board's test results are reflected in the excellent sampling record for pasteurised milk in pint bottles being sold in the County. Only one out of 579 such samples failed to pass the methylene blue reduction (keeping quality) test. The proposition that the presence of extraneous matter in retail milk is entirely due to the inadequate cleaning of bottles is supported by the fact that 17 out of 188 samples of milk in $\frac{1}{2}$ pint bottles failed the test. These bottles are notorious for often being unrinsed on return to the dairy and being more difficult to cleanse properly than the larger bottle.

Out of 172 samples of milk being sold by producer-retailers 23 failed to pass the methylene blue test. The Ministry of Agriculture, Fisheries and Food was informed in each case. The number of failures in previous years were 1968—17, 1967—18, 1966—23, 1965—13, 1964—36.

Forty-nine licences to retail milk (pre-packed) were issued under the Milk (Special Designation) Regulations. The current five year cycle for licences ends on 31st December, 1970, when all licences will need to be renewed.

Pasteurised Milk (Samples)

Place of collection	No. taken	Phosphatase Test		Methylene Blue Test		
		Pass	Fail	Pass	Fail	Void
Schools	188	186	2	146	17	25
Children's Homes	13	13	—	13	—	—
Old People's Homes ..	8	8	—	8	—	—
Training Centres	1	—	1	1	—	—
Hospitals	12	11	1	10	1	1
Kitchens (School)	27	27	—	23	—	4
Vending Machines, Shops and Roundsmen	330	330	—	330	—	—
TOTALS ..	579	575	4	531	18	30

Sterilised Milk

All 38 samples of sterilised milks passed the statutory turbidity test.

Ultra Heat Treated Milk

Seven samples were taken and passed the appropriate test.

Milk-in-Schools Scheme

The number of schools supplied with pasteurised milk under the scheme was as follows :—

L.E.A.—248 Private—40

Milk-in-Schools Statistics

(a) Maintained Schools	September 1968			September 1969		
	Children Present	Children Taking Milk	% Eligible Taking Milk	Children Present	Children Taking Milk	% Eligible Taking Milk
Primary Schools	36,662	32,889	89.71	37,231	33,547	90.11
Middle Schools ..	—	—	—	1,026	555	69.64
Day Special Schools ..	242	217	89.67	301	284	94.35
Nursery Schools ..	34	34	100	30	30	100
TOTAL ..	36,938	33,140	89.72	38,588	34,416	89.19*
(b) Non-Maintained Schools (40) ..	2,928	2,812	96.04	3,816	3,136	82.18

*Only children of primary school age served with milk.

Myco Tuberculosis

100 samples of milk were injected into guinea pigs. Subsequent biological examination gave negative results for myco tuberculosis. The Ministry of Agriculture inspected 39,412 animals in the County in 1969. In this number there were two reactors, neither of which showed lesions.

District	No. positive for Q Fever	No. negative	% positive for Q Fever
Martley R.D.	2	15	12
Droitwich R.D.	1	8	12
Redditch U.D.	0	10	0
Bromsgrove R.D.	1	10	10
Upton-on-Severn R.D.	2	12	17
Evesham R.D.	1	4	25
Tenbury R.D.	2	4	50
Pershore R.D.	3	4	75
Kidderminster R.D.	1	4	25
TOTALS	13	71	18

The Headquarters of the Public Health Laboratory Service have stated it received reports on a total of 231 cases of Q Fever in the three years 1967-1969. This is more than had been reported for the countries (United Kingdom and Republic of Ireland) in the years prior to 1967.

This increase may be due to there being a larger number of laboratories now able to undertake tests. The probable cause of one large outbreak in Staffordshire in 1967 was traced to the drinking of untreated milk. In this county no milk from the number of farms listed in the above table was retailed untreated and no case of Rickettsia in humans is known to have occurred during 1969.

Brucella abortus

During 1969, 756 samples of milk were examined for the presence of brucellosis. These samples are subjected to a milk ring test; those found positive are then injected into a guinea pig for biological examination. 100 guinea pigs were used.

The following table shows the position for each of the last nine years on biological examination:—

Year	No. of samples examined	No. of Herds	No. samples negative	No. samples positive	No. herds infected	Void Report
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(4.77%)	—	4
1967	799	—	762	34(4.25%)	—	3
1968	761	397	724	37(4.99%)	—	—
1969	756	545	704	52(6.88%)	41(7.52%)	1

In the 1968 report a comment was made that it was unfortunate that it was not illegal for a farmer to sell to another farmer an animal known to be infected by *Brucella abortus*. It was felt that, in some cases, the owner of the infected animal might be forced for economic reasons to do this.

There is some evidence that this had been happening during 1969. Herds which have been free of infection for many years have given positive results and the source in many cases has been a recently purchased animal. The above statistical record for the disease in the County is the highest for over 10 years. Is it unreasonable to suspect that, partly due to the interest in brucellosis which has been excited by the introduction of the Ministry's scheme, farmers are culling their herds of known or possible reactors and selling them in the open market? The County Council has made representations to the County Councils' Association on this matter. Perhaps the Ministry of Agriculture might take note of the situation and introduce statutory penalties. This step should coincide with improved compensatory measures.

The Ministry of Agriculture's *Brucella abortus* Accredited Herd Scheme has made some progress in 1969. Eighty-seven (dairy and beef) herds were participating by December. Of these 50 (40 dairy and 10 beef) were fully accredited. 8.73 per cent of the dairy herds in the County were by then accredited. The total for England and Wales was 5,505, (3.08%) beef and dairy herds accredited, with 556,005 (7.10%) animals.

It seems clear however that some years must elapse before there will be a sufficiently large number of contiguous accredited farms to form a viable designated area. The complete eradication of the disease might seem to be a more difficult problem than that which was presented by the eradication of bovine tuberculosis.

	<i>Antibiotics in Milk</i> No. samples	<i>Number of Positive Samples</i>	
		above 0.05 Int U/ml	below 0.05 Int U/ml
1963	62	—	6
1964	423	—	15
1965	294	—	7
1966	194	0	0
1967	293	0	0
1968	475	0	3
1969	613	0	9

From the excellent position during the two years 1966 and 1967 the position seems to be worsening in 1968 and 1969. In no case did the amount of penicillin contamination in the sample exceed the recognised limit of 0.05 Int U/ml. The increasingly common practice of using bulk storage tanks at the farms, in place of churns, tends to dilute the penicillin in the milk before it can be sampled. Where it is found in a sample taken from a tank it usually represents many thousands of units in the total quantity of milk in that tank.

Fresh Cream

The research into the bacteriological condition of fresh cream on sale continued in 1969. The Ministry of Agriculture have not yet agreed that a statutory standard was either necessary or desirable. The Public Health Laboratory Service recommended standard is the half hour methylene blue reduction test. Of the 142 samples which were taken 58 were unsatisfactory by this standard.

Water Supplies and Sewerage

The County Council Public Health Sub-Committee gave observations and recommendations on the following schemes :—

Since 1944, including 1969/70 the County Council has given the following total of financial aid to the county district councils.

Rural Water Supplies and Sewerage Acts :—

	£
Water Schemes	456,570
Sewerage Schemes	366,833
	<hr/>
	823,403
Local Government Act 1958 (Section 56)	
Special Contributions	256,664
	<hr/>
	1,080,067

<i>Sewerage Schemes</i> <i>District</i>	<i>Nature of Scheme</i>	<i>Estimated Cost £</i>
Bromsgrove R.D.C.	Hunnington and Romsley Sewerage	38,500
Bromsgrove R.D.C.	Sewer Woodman Lane, Clent	10,000
Droitwich R.D.C.	Cutnall Green Sewerage	57,400
Evesham R.D.C.	Stonepits Area of Inkberrow Sewerage	13,500
Pershore R.D.C.	Extension of Tyddesley Wood Works Stage II	194,000
Pershore R.D.C.	Naunton Beauchamp Sewerage Scheme	26,400
Upton R.D.C.	Welland Sewerage and Sewage Disposal Scheme	138,000
<i>Water Supply Schemes</i>		
Bromsgrove R.D.C.	Public Water Supply Main, Bittell Farm Road, Hopwood, Alvechurch	2,133
Bromsgrove R.D.C.	Public Water Supply Main Dark Lane, Wythall.	

Local Inquiries (Ministry of Housing and Local Government)

Upton R.D.C. Welland Sewerage and Sewage disposal scheme

Schemes Completed Under the Acts

Bromsgrove R.D.	Holt End, Beoley Sewerage
Bromsgrove R.D.	Village of Fairfield Sewerage
Martley R.D.	Well Lane and Little Witley Sewerage
Upton R.D.	Earls Croome and Baughton Sewerage

*Sewerage—Service Provided/Future Schemes
(Rural Water Supplies and Sewerage Acts)*

The County Council Health Committee had expressed concern regarding the increasing capital cost of sewerage schemes in the County. In consequence the following statistics have been obtained in relation to schemes which have been or will be carried out under the above Acts. (Details from Bromsgrove R.D.C. are not listed).

Names of villages, towns, etc. served under the scheme	Year Completed	Est. No. of premises within reach of the sewer		Est. No. premises connected 1969	Est. (Year) overloading will take place		Names of villages etc. yet to be served
		When Laid	1969		Sewers	Works	
DROPTWICH R.D.C. Crowle	1955		240	231	—	at present Cutnall Green overloaded (tenders due October 1969)	Crowle extension 1970 <i>Programme for future Urgent</i> Himbleton Bradley Green Ladywood Sale Green Earls Common <i>Soon as possible</i> Salwarpe Stock Green Charlton Hadzor Oddingley Martin Hussingtree <i>Remainder</i> Torton Crossway Green Dunhampton Dunhampstead
Fernhill Heath	Ext'd 1967		500	493	—		
Hanbury	1964		140	138	—		
Hartlebury	1964		500	498	—		
Ombersley	1955 ext'd 1961		400	388	—		
Summerfield	1960		70	60	—		
Tibberton	1966		115	110	—		
Wychbold	1959		330	322	—		
EVESHAM R.D.C. Abbotts Morton	1965	33	40	40	—	1969	The Ridgeway, Cookhill, Astwood Bank Childswickham Church and Atch Lench Norton and Lenchwick
Ashton-under-Hill	1962	132	165	165	—		
Badsey and District (Aldington, Badsey, Bretforton, Offenham, N. & S., Littleton, Wickhamford)	1968	1800	1800	1600	—		
Harvington	1962	220	360	335	—		
Inkberrow	1963	179	274	274	—		
Kemerton	1966	189	200	200	—		
Pebworth	1957	84	84	84	—		
Sedgeberrow	1963	155	185	185	—		
KIDDERMINSTER R.D. Fairfield, Wolverley, sewers	1950	88	430	427	—	—	Churchill Stakenbridge Broome and Hack- mans Gate Harvington Shenstone and Winterfold area
Cookley and Wolverley ..	1953	475	835	815	—	—	
Chaddesley Corbett	1960	190	213	202	—	—	
Arley	1966	34	38	37	—	—	
Wolverley Road		6+	7+	7+			
Wolverley sewers	1966	school	school	school	—	—	

Names of villages, towns, etc. served under the scheme	Year Completed	Est. No. of premises within reach of the sewer		Est. No. premises connected 1969	Est. (Year) overloading will take place		Names of villages etc. yet to be served
		When Laid	1969		Sewers	Works	
MARTLEY R.D.C.							
Astley	1958	70	90	85	N/A	N/A	
Broadheath	1956	110	247	234	N/A	1968	
Clifton-on-Teme ..	1956	95	155	128	N/A	1968	
Grimley Sinton Green ..	1965	74	80	51	N/A	N/A	
Hallow	1915 ext'd 1965	307	355	348	N/A	N/A	
Martley	1951	62	80	77	—	—	
Rushwick	1949	102	293	290	N/A	—	
Shelsley Beauchamp ..	1964	21	21	19	N/A	N/A	
Great Witley	1956	56	75	69	—	1967	Abberley Alfrick, Clay Green Astley Burf Bransford Cothridge Broadwas Grimley Village Holt Leigh Sinton Martley Shrawley Wichenford
PERSHORE R.D.C.							
Pershore	1963						Bredon
Pinvin	1963						Fladbury
Wyre	1963	1934	2190	2190	—	1970	Charlton
Bishampton	1961	80	150	150	—	1975	Elmley Castle
Wick	1963						Naunton Beauchamp
							Birlingham Defford and Strensham North West Scheme (Drakes Broughton Area Scheme)
Lower Moor	1960	144	160	160		1980	
Little Comberton ..	1960	120	180	180		1980	
Crophorne	1959	144	200	200		*	
Sneachill	1956	16	36	36		1980	
Eckington	1955	180	250	250		1975	
Broughton Hackett ..	1953	26	40	40		1980	
Norton (Littleworth) ..	1952	80	130	130		Present time	
Wadborough	1952	28	32	32		1985 * Works shortly to be extended as part of S.E. Area Sewerage Scheme	
TENBURY R.D.C.							
Tenbury Town	1967	531	576	568	N/A	Possibly overloaded earlier than estimated by Council's Consultants (1981)	Bayton Village

* The local authority hopes to be able to join this scheme with that of the adjoining local authorities.

Names of villages, towns, etc. served under the scheme	Year Completed	Est. No. of premises within reach of the sewer		Est. No. premises connected 1969	Est. (Year) overloading will take place	Names of villages etc. yet to be served
		When Laid	1969			
UPTON R.D.C. Powick Village	1949	91+ Mental Hosp. School Hall	190+ as prev. col.	180	New ext. to works commenced recently—20 years	Ripple, Uckingham and Naunton Welland Stanks Lane, Upton Birtsmorton Madresfield Eldersfield Berrow Bushley Pendock Clevedale
Powick—Colletts Green	1960	55	140	105	ditto	
Holly Green and Ryall ..	1957	55	166	150	Recent ext. 20 years	
Castlemorton	1961	27+ School	40+ School	40+ School	40 years	
Newland	1961	42+ Alms houses	43+ Alms houses	35	No overload	Clifton Kerswell Green
Severn Stoke and Kinnersley	1967	120	126	73	30 years	
Earls Croome and Baughton	1969	88	93	66	No overload	
Yorkshire Grey Earls Croome	1967	10	10	10	No overload	

Fluoridation

The second of the water fluoridation stations which had been planned by the East Worcestershire Waterworks Company had not been commissioned by the end of 1969. It is expected to be in operation early in 1970. This will extend a valuable public health service now being provided by the Company to customers living mainly in the south east of the county.

Birmingham City continued to supply fluoridated water to the north east and north west of the County. By June 1969 this service had been operating for five years. No doubt the same pattern of improved dental standards, which has already been shown in Birmingham, will become apparent in the northern part of the County.

Six hundred and forty six samples of the fluoridated water supplied by the East Worcestershire Waterworks Company were taken in the County for laboratory analysis. Of these only one on distribution, contained above the stipulated limit of 1.1 p.p.m. of fluoride ion. Of the Birmingham supply in the County only one of the 151 samples taken was above this limit. In addition to the above samples the water is also sampled by other local health authorities.

Gypsies

Since the camp was built at Wythall a few years ago for the accommodation of gypsy and others following a similar way of life no more camps in the County have been constructed. The Caravan Sites Act 1968 laid a duty on local authorities to provide such camps when they were needed (as from April 1st 1970 such camps must be provided).

In order to find if the position had changed, since the County Council Working Party issued its report in 1966, a further census was arranged in 1969. This was carried out in March by the County Police and the County District Public Health Inspectors. The results were collated and reported to the County Planning Committee. From this census, it appeared that the numbers of people living a gypsy life in the County had been reduced. However their numbers still presented a considerable problem.

The main difficulty to its partial solution by the provision of proper camps, is local people's fear that the siting of a camp in a particular area will harm their neighbourhood. There must be some sympathy for this feeling. On the other hand, if one sees a string of caravans perched on the wet bare clay along the road verge, with children and puppies playing in the mud and laundry spread on the hedge, one cannot but feel sorry for these people living in the caravans.

Deaths from Drowning

The Home Office issued a circular (171/69) in which local authorities were asked to seek ways and means of reducing the number of drowning accidents in their areas. The General Register Office, on request, has supplied statistics of the number of such deaths in the administrative county of Worcestershire for the three years 1966—1968 as follows:—

Date	Place	Admin. Area	Sex	Age
27. 1.66	River Severn—Folly Point, Northwood ..	Kidderminster R.D.	M	35
30. 4.66	River Severn— $\frac{3}{4}$ mile above Arley ..	Kidderminster R.D.	M	67
3. 6.66	River Severn near Holt Fleet Lock ..	Droitwich R.D.	M	9
24. 6.66	River Avon at Evesham ..	Evesham M.B.	M	61
1. 8.66	At Powick Hospital ..	Upton-on-Severn R.D.	M	59
16. 8.66	Home premises Hillcrest Holt Fleet Farm ..	Droitwich R.D.	M	21 months
19. 8.66	River Severn, The Bridge, Bewdley ..	Bewdley M.B.	M	24
27. 8.66	Canal, near Debdale Lock, Cookley ..	Kidderminster R.D.	M	7
9.10.66	Swimming Pool Wood Farm Road, Malvern	Malvern U.D.	M	15
28.11.66	In pond at Bevere Knoll Farm, Bevere ..	Droitwich R.D.	F	37
14. 6.67	At Hinton-on-the Green ..	Evesham R.D.	M	15
16. 7.67	Canal, Lock Inn, Wolverley ..	Kidderminster R.D.	M	21
28. 7.67	River Severn, Stourport-on-Severn ..	Stourport U.D.	M	22
22. 9.67	Canal Lock, Mill St. Kidderminster ..	Kidderminster M.B.	M	8
28. 9.67	Reservoir at Powick Hospital ..	Upton-on-Severn R.D.	F	42
1. 7.68	New Wharf, Tardebigge, Bromsgrove ..	Bromsgrove R.D.	F	3
28. 7.68	River Avon, North and Middle Littleton ..	Evesham R.D.	F	4
26. 8.68	River Avon—Evesham ..	Evesham M.B.	M	14
15.11.68	In pool at Deanslake Farm, Chaddesley Corbett	Kidderminster R.D.	M	34

Construction of New Houses and Demolitions for the year ended 31st December, 1968

District	Estimated population mid-1969	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	Elsewhere
<i>Boroughs</i>													
Bewdley ..	6,350	—	—	101	101	4	2	38	44	1,046	—	—	—
Droitwich ..	9,670	347	—	80	427	219	—	15	234	1,871	8	—	6
Evesham ..	13,150	14	2	45	61	90	—	69	159	1,749	—	—	23
Halesowen ..	51,180	553	—	440	993	—	—	534	534	7,121	82	44	18
Kidderminster ..	46,180	131	—	268	399	307	—	494	801	7,029	25	—	11
Stourbridge ..	51,970	280	—	227	507	70	—	354	424	7,742	82	39	79
<i>Urban Districts</i>													
Bromsgrove ..	39,000	390	—	161	551	—	—	221	221	5,664	—	—	17
Malvern ..	29,530	90	17	193	300	15	23	238	276	3,885	—	—	7
Redditch ..	37,080	31	—	62	93	63	—	52	115	5,385	51	30	2
Stourport-on-Severn ..	15,260	—	12	331	343	8	—	382	390	3,208	—	—	4
<i>Rural Districts</i>													
Bromsgrove ..	37,220	56	12	103	171	15	1	163	179	6,015	—	—	16
Droitwich ..	15,680	25	4	87	116	43	—	117	160	1,675	—	—	—
Evesham ..	18,890	—	—	84	84	51	1	162	214	2,454	—	—	—
Kidderminster ..	12,640	13	—	45	58	12	—	19	31	1,595	—	—	4
Martley ..	13,330	—	—	87	87	5	—	123	128	1,556	—	—	13
Pershore ..	21,200	68	—	191	259	30	—	193	223	2,853	—	—	24
Tenbury ..	5,380	—	—	32	32	63	—	36	99	472	—	—	—
Upton-on-Severn ..	15,130	—	—	52	52	83	—	168	251	1,824	—	—	17
Redditch New Town ..	—	924	—	—	924	139	—	—	139	139	—	—	—

Construction of New Houses and Demolitions for the Nine Months ended 30th September, 1969

District	Estimated population mid-1969	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		In clearance areas	Elsewhere
<i>Boroughs</i>												
Bewdley ..	6,400	—	—	101	101	—	1	—	1	1047	—	—
Droitwich ..	10,350	595	2	53	650	315	2	52	369	2,240	24	8
Evesham ..	13,170	—	—	80	80	14	7	57	78	1,827	—	7
Halesowen ..	51,930	166	14	400	580	395	2	264	661	7,782	2	3
Kidderminster ..	46,740	41	1	256	298	131	2	272	405	7,434	123	1
Stourbridge ..	52,290	253	1	263	517	223	1	50	274	8,016	28	31
<i>Urban Districts</i>												
Bromsgrove ..	39,440	204	1	197	402	204	4	118	326	5,990	—	18
Malvern ..	29,810	26	29	130	185	70	12	126	208	4,093	—	9
Redditch ..	37,910	115	1	41	157	31	1	44	76	5,461	46	—
Stourport-on-Severn ..	16,090	62	6	243	311	—	13	194	207	3,415	—	14
<i>Rural Districts</i>												
Bromsgrove ..	37,310	92	—	64	156	—	13	87	100	6,115	—	14
Droitwich ..	15,870	21	4	79	104	4	—	71	75	1,750	—	—
Evesham ..	19,070	33	156	95	284	—	1	89	90	2,544	—	—
Kidderminster ..	12,660	29	—	55	84	10	—	21	31	1,626	—	2
Martley ..	13,570	—	—	77	77	—	—	60	60	1,616	—	3
Pershore ..	21,110	5	—	176	181	63	—	120	183	3,036	—	19
Tenbury ..	5,440	—	—	24	24	—	—	20	20	492	—	—
Upton-on-Severn ..	15,310	4	—	61	65	—	—	51	51	1,875	—	5
Redditch New Town ..	—	1,327	—	—	1,327	495	—	—	495	634	—	—

At the time of writing it is planned to record that the new clinic at both Beaulieu and Stourbridge have been brought into full operational use.

The proposed clinic at Kidderminster has now developed into a Health Centre. This situation has come about since a number of general practitioners in Kidderminster expressed interest. Some delay has occurred as a result of the change but there is every hope of building work commencing early in 1970.

A scheme will be submitted in the Department of Health and Social Security early in 1970 for the provision of a new Health Clinic in the area of Bromley which is a large housing estate within the Borough of Kidderminster.

It will be seen from an earlier statement in this report that in the future the emphasis within the County will be for health services rather than clinical provided that interest is shown by general practitioners in a particular project.

PART XIII

SCHOOL HEALTH SERVICES

Clinic Building Programme

At the time of writing it is pleasing to record that the new clinics at both Bewdley and Stourbridge have been brought into full operational use.

The proposed clinic at Kidderminster has now developed into a Health Centre. This situation has come about since a number of general practitioners in Kidderminster expressed interest. Some delay has occurred as a result of the change but there is every hope of building work commencing early in 1970.

A scheme will be submitted to the Department of Health and Social Security early in 1970 for the provision of a small Health Clinic in the area of Franche, which is a large housing estate within the Borough of Kidderminster.

It will be seen from an earlier statement in this report that in the future the emphasis within the County will be for health centres rather than clinics, provided that interest is shown by general practitioners in a particular project.

PART XIII

SCHOOL HEALTH SERVICES

School Clinics

Name	Address	Held on	Nurses Sessions	Services
Blackheath	Feldon Lane, Halesowen	Occasional		E.M.D.V.A.CGS.
Bromsgrove	Recreation Road, Bromsgrove	Wednesdays at 9.30 a.m.		E.M.D.V.S.A.CG.
Caithill	The Dock, Gibb Lane, Catshill	Mondays a.m.		CG.
Cradley	Colley Lane, Cradley	Occasional		M.D.V.A.
Droitwich	Norbury House, Droitwich Spa	Occasional		E.M.V.A.S.
Evesham	Waterside, Evesham	2nd and 4th Fridays at 9.30 a.m.		E.M.D.V.S.A.CG.
Halesowen	Highfield Lane, Halesowen	Occasional	Fridays at 9.30 a.m.	E.M.D.V.S.A.RE.P.
Lye	Orchard Lane, Lye, Stourbridge	Occasional		E.M.D.V.
Malvern	(1) Victoria Park Road, Malvern Link (2) Grove School, Pickersleigh Grove, By Malvern	Occasional		E.M.V.S.A. D.
Pershore	Cherry Orchard School	Occasional		E.S.
Redditch	Bromsgrove Road, Redditch	1st Thursday at 9.30 a.m.	Thursdays at 9.30 a.m.	E.M.D.V.S.A.
Rubery	Barrington Road, Rubery, Birmingham	Occasional		E.M.D.V.S.
Stourbridge	Hagley Road, Stourbridge	Occasional	Fridays at 9.30 a.m.	E.M.D.V.A.S.
Worcester	(1) 1 Loves Grove, Castle Street (2) Castle Street, Worcester	Wednesdays 9.00 a.m. and 2.00 p.m. Thursdays 9.30 a.m. and 2.00 p.m. Saturdays 9.45 a.m. Occasional		CG.
Wythall	Silver Street, Wythall	Occasional		E.M.V.S.A. E.M.V.A.S.
KIDDERMINSTER AREA				
Kidderminster	Coventry Street, Kidderminster	Thursday 9.30 a.m.		CG.D.E.M.S.A.V.
Stourport-on-Severn	Milton Street, Stourport	2nd and 4th Fridays 9.00 a.m. by appointment	Mondays, Wednesdays and Fridays 9—10 a.m.	D.E.M.V.
Tenbury Wells	Clinic, Bromyard Road, Tenbury Wells	Wednesdays a.m.		S.

INDEX TO SERVICES :

A.	Audiology	D.	Dental	M.	Minor Ailments	P.	Physiotherapy	S.	Speech
CG.	Child Guidance	E.	Eye	O.	Orthopaedic	RE.	Remedial Exercises	V.	Vaccination and Immunisation

School Hygiene
by
Mr. R. Colenso, M.R.S.H., M.I.P.H.E., M.A.P.H.L.
County Public Health Inspector

Three new primary schools, one middle school and one boarding special school were completed in 1969. Extensions were carried out at 14 schools. Improvements of the lighting was effected at 15 schools and of sanitation 17 schools.

Four new kitchens were provided. These were in addition to those constructed at the five new schools. No one would disagree with the proposition that the school meals service would be improved if the dozen war-time built, prefabricated kitchens and dining rooms were demolished. Three are to be closed in the financial year 1969/70. These kitchens are very difficult to keep clean, are uncomfortable for the staff and, in some cases, can suffer from excessive condensation.

A difficult problem arises when a complaint of excessive noise is received from a person living close to this type of kitchen. Due to the handling of heavy metal containers and to the flimsy nature of the building, noise can be heard sometimes in the garden adjoining a kitchen. The problem is not helped by the necessity of providing sufficient ventilation to try and deal with the condensation. This usually means opening windows which accentuates the noise problem. The provision of extra, electrically operated fans may sometimes be necessary.

The hygienic quality of the meals provided continued to be high. No case of food poisoning associated with the service was reported in 1969.

A census carried out in 1969 showed that 34,416 out of 38,588 children were taking school milk. This is 89.19 per cent and compares with 89.72 per cent for 1969. Seventeen out of 188 samples of this milk, failed to pass the methylene blue (keeping quality) test. This compares with one failure out of 391 samples of school milk taken from churns or in pint bottles. It is thought that part of the reason for this difference is that the $\frac{1}{2}$ pint bottles are often sent back to the dairy in an unrinsed condition.

One more school swimming pool was built in 1969. The numbers are as follows :—

Learner Pools	7	C/C Pools	1
C/C—P.T.A. Pools ..	16	Pre-War Pools ..	2

These schools are visited regularly during the time the pools are in use. Pool-side tests of the water are made and samples taken for analysis. Weekly records are sent by the schools to the Principal School Medical Officer.

In addition public and private swimming pools are used by children from the County's schools. They are inspected regularly by officers either from the County Health Department or from the county district authorities.

Some difficulty was noticed in relation to the condition of the water at some of the learner pools. On occasions the chlorine readings rose so high that the pools had to be closed. This may have been associated with the wrong form of alum being used in the sand filters. On another occasion a pool had to be closed, until gross faecal contamination had been removed.

A number of County Councils have been experimenting with a new chlorinating agent. This is a chlorinated cyanurate. This chemical was first developed in U.S.A. Though, at present dearer than the usual chlorine agent in use, it has certain advantages for example only one application is required each day and a stable pH of the water is easily achieved within the optimum range. Where it had been used at schools elsewhere reports state that the teachers welcome it. It is hoped that this chemical can be used at three swimming pools in 1970, where, under controlled conditions the effects of its use can be studied.

Milk in Schools and School Meals Service

The following details refer to a specific date in September 1969 :—

<i>Meals</i>		
Dinners	Free	2,376
	On Payments	46,259

All schools in the County receive meals.

<i>Milk</i>		
No. of children who receive $\frac{1}{2}$ pints		34,442

All primary schools in the county receive milk under the milk-in-schools scheme.

3,136 children in 40 independent schools also receive one-third pints daily under the milk-in-schools scheme.

The following figures show the number of pupils actually in attendance on a specific day in September, 1969, but do not represent the full possible attendance roll :—

Infants (including Nursery and Special)	14,850
Junior (including Special)	2,330
Secondary (including Special)	23,608

Child Guidance Service

by

Dr. T. K. MacLachlan, M.B., Ch.B., M.R.C.P.(E.), D.P.M.
Medical Director

1969 has been a year of change in the Child Guidance Service. There have been many staff changes and there has also been a considerable increase in the work referred.

Staff

At the beginning of the year no successor had been found for Dr. Graham who was to retire. Dr. Graham therefore agreed to work part-time until May when the new Director arrived. All the people with contact or involvement with the Child Guidance Service will miss his kindly support and wise advice.

In July, Mrs. Jean Harrison left the Clinic to accompany her husband to his new post in Canada. She was a very effective member of the clinic and to lose her made a considerable gap in our services. Just before this, Mr. R. J. Skinner, the Educational Psychologist also left the clinic to take up a new post as Lecturer in Falkirk. He too, will be sorely missed both on account of his ability and also on account of the relationship he had with schools in his area. When Mr. Skinner left the establishment of three educational psychologists was under-manned by two.

In August Mr. David Struggles returned from a course at the University of Swansea. He immediately with great energy started to re-acquaint himself with the half of the county that is his parish and to set up numerous projects to increase the service that he could give to the education community. At the same time, Mr. Trevor Jellis who had been appointed as educational psychologist in place of Mr. Skinner came to work with us for a month before he went to Nottingham University to start a year's course in educational psychology. In this month he was able to assess the current position both in the clinic and in the education sphere and he made several valuable comments. As he has been at university he has not been available to the County for clinical work at all. The psychological services have therefore been rather overwhelmed especially during the Summer when Mr. Smith was the only member of staff available. It must be noted that during this Summer Term Mr. Smith almost did the work of two psychologists. In the Autumn, thanks to the generosity of the Education Committee, we were able to appoint Mrs. Margaret George as a locum educational psychologist. Mrs. George is an extremely well qualified and experienced educational psychologist having been head of service in part of Buckinghamshire for several years.

The Psychiatric Social Work department has also been under pressure partly due to the loss of Mrs. Harrison and partly through the increased number of referrals. We have still with us Mr. Ian Malcomson as head of the team ably assisted by Miss Anne Ridgway as senior P.S.W., Mrs. Mary Llewellyn and Mrs. Joan Bill. This is in a way a unique team of social workers in that they home-visit practically every child that is referred to the Clinic. By this initial contact they break down the psychological barriers to referral. This means that we have almost a complete contact with those referred and the people who come to the clinic feel so welcome that they are not afraid to come again. Many clinics in the country lose as many as a quarter of their patients at the stage of referral because the children are not brought to the clinic by the parents. By providing this ideal service to the families we therefore increase our work-load compared with other centres. We were short-handed for three months until Mr. Rodney Morgan was able to join us from the Mental Welfare Service in Gloucestershire. He has readily adapted to our ways and has been able to take over a large area of the county compared to Mrs. Harrison as he is working full-time. Through ability rather than experience he has become a valuable member of the team.

I took over the Directorship of the clinic and was given a warm welcome by the other members of staff. It is felt that owing to our head-long attempts to keep up with the work we have only partly finished the important task of readjusting to the changes involved in the new faces and the fresh ideas created by the new group.

In addition we have had four social work students attached to the clinic during the year from Birmingham University. They proved most helpful members of the clinic but although they worked very ably they have also taken up the time of their tutors.

Work

The annual return of state of referrals, clinical treatment and support and discharges is appended. The number of referrals have gone up sharply in 1969 from around 300 attributable to the County in 1968, to over 409 in this current year. As a result of our policy of going out to the families involved, we see most of these children and so our work-load is much above that of similar clinics elsewhere. A return

for 1968 of a clinic comparable as regards staff is also appended. It is worth noting that out of the 1,225 applications received in the London Local Education Authority clinics, 351 applications were withdrawn and that on 31.12.65 these 7 clinics had 408 children under active review. In 1966 the Inner London Local Education Authority were supplied by:—

137 psychiatric sessions a week
103 educational psychology sessions a week
140 psychiatric social worker sessions a week
115 clerical staff sessions a week.

Our figures are in the Annual Return for comparison.

There is a general consensus of feeling among the staff that we are providing an inadequate service for many children because we are seeing too many children on too few occasions. In particular we felt that we gave inadequate service to the Children's Department with regard to the Reception Centre at Lower Wick.

It is felt that we need to treat some children in groups—firstly because the relationship with their peers can be studied, but also because this is a more effective use of the man-hours available. Unfortunately we have not the space available to give this service at the moment. To some degree we have been allowed to give a larger service by setting up a clinic school in the City Clinic for both City and County children who have psychiatric disturbances. It is hoped that we will be able to set up similar clinics in other parts of the County in the future.

Building

We are still rather cramped within our Georgian house—11/12 staff in 9 rooms. However, we think we are lucky to have a private building for the clinic as it softens the initial impact for those who come to see us and provide us with a family-type setting for our family orientated work. We hope that there will be made in the future a room for combined play and group therapy for observation and therapeutic use with children. There is extensive redecoration taking place at the time of writing this report.

Co-operation with outside agencies

The links with outside agencies continue to evolve. There has been regular contact with officers from the Probation Service and the Children's Department. In addition we have visited and been visited by School Medical Officers, teachers, education officers and various students. We welcome all our visitors and wish that we could spend more time in showing them our work. The clinic has also visited regularly the meetings at the Charles Burns Clinic, Birmingham, which have been very instructive and have also afforded us time to meet our colleagues in other fields to exchange ideas and to discuss patients that we share. Both the Charles Burns clinic and the new Adolescent Unit at Holmwood Hospital greatly supported our work by admitting a fair number of children referred from the clinic. We have also been supported by the staff of Lea Castle Hospital, where some of our children have been admitted for investigation by the three paediatricians in the area and by the staff of Powick Hospital.

Many children are placed at residential schools for the maladjusted where the majority of them have shown progress. We have not been able to visit and communicate with these schools as much as we would like and it is felt we should try to place children as near as possible to our County.

As at 31.12.69

Waiting List

(a) Awaiting first interview	20
(no contact made at all)	
Awaiting first interview with psychiatrist, contact having been made with P.S.W.	85
(b) Interviewed and awaiting treatment	5
(This is always rather a negligible figure as once contact is made with psychiatrist a second appointment is immediately made and it comes into the Active category)	

In attendance :

(a) Active	488
(b) Supervision—seen only infrequently	120

718

During 1969

No. of Cases closed	141
Withdrawn	14
Estimated Active Cases brought forward from previous years	154
Referrals for 1969	409

718

Medical Inspection

This is a period of uncertainty for the School Health Service with a resultant feeling of insecurity among medical and health visiting staff which leads to a lack of stability in staffing. The service suffers when there is a turnover in staff because preventive work nowadays is brought about by influencing attitudes of people and of organisations and to do this effectively the staff have got to be known and respected. This takes time to develop.

Preventive work which is so firmly linked to education is never spectacular and is often difficult to evaluate numerically. It is quite apparent that the amount of preventive work carried out is completely unappreciated by the various Committees who have been advising on the future of the Service and this would seem to include both professional and lay people. I feel that the reason for this lack of appreciation may be that the work has been so effective that it has not had much publicity and thus has been taken for granted. The backbone of the service is the frequent visiting of schools by the school doctor and health visitor and the medical examination of the children in school with the parent present. The present trend towards "dilution" of staffing resulting in health visitors doing less school work may well turn out to be a retrograde step although the results may not be obvious for some time.

The overall medical staffing position in 1969 was better than in the previous few years but as there were several new appointments the new staff had to be trained, get to know their schools and settle in. There was an increase in the number of children examined. Part of this increase was due to catching up on the backlog of work and the rest due to the steadily increasing school child population. Only six children were reported to be in an unsatisfactory physical condition (*i.e.* undernourished) but over four hundred children were noted to be obese. Treating these children effectively is an uphill task with a high relapse rate. Thus there is a considerable amount of malnourishment among the school population. There was a slight preponderance of girls among the obese children recorded but there was not a significant sex difference.

A considerable amount of staff time is devoted to the testing of vision and hearing both of which are so important from the educational point of view. Various experiments have been carried out over the years to try and decide on the most effective and economical means of testing the vision of school entrants and retarded children. It would appear that the 7 letter test devised by Dr. Mary Sheridan may be an improvement on previous tests.

In Worcestershire routine testing of vision is carried out approximately four times during the child's school life, unless a child is referred specially, but it has been suggested that yearly testing may be advantageous. Children discovered to have impaired vision on routine testing are followed up either by a school oculist or by the family doctor. The arrangement by which an oculist sees children at school clinics works well although there will be retirements in the next few years of doctors who have taken part in this work for a long time. It is hoped that their successors will continue the work which has been so successful although not dramatic. A large volume of work is undertaken and children who require spectacles have them prescribed with the minimum of delay. Overall there is little resistance to wearing spectacles these days.

Regrettably cleanliness inspections are still necessary and a lot of staff time is taken up dealing with foot infections.

In recent years quite a lot of staff time has been taken up participating in various surveys. In 1969 children who were the raw material of the 1958 National Child Development Study reached the last year of their primary school. Arrangements were made for them to undertake certain educational tests in school, in addition they were medically examined, special attention being paid to the special senses, and a social questionnaire was completed by the health visitor. It is hoped that further useful information will come out of this survey which will be helpful in planning services.

School Population

						No. of Children		
						Schools/Dept.	Boys	Girls
								Total
Nursery	..	..	..	..	..	1	15	20
Primary	..	..	..	..	..	228	21,899	20,446
Middle	..	..	..	..	..	3	444	418
Secondary Modern	..	..	..	..	..	36	9,302	8,944
Secondary Grammar	..	..	..	..	..	10	3,263	3,014
Secondary Technical	..	..	..	..	..	1	376	—
						279	35,299	32,842
								68,141
Special Schools	..	..	..	..	..	6	269	164
								433
								Total
								68,574

Medical Inspection and Treatment

(a) PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical Condition of pupils inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)	for any other condition recorded at Part (ii)	Total individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1965 and later	68	68	—	4	20	22
1964	3972	3971	1	126	663	713
1963	4007	4007	—	141	632	716
1962	733	733	—	44	107	137
1961	410	410	—	22	73	108
1960	258	256	2	26	44	63
1959	392	392	—	33	71	91
1958	3266	3265	1	231	396	668
1957	2513	2512	1	186	314	532
1956	547	547	—	45	59	106
1955	1782	1781	1	121	307	406
1954 and earlier	2985	2985	—	323	280	638
Total ..	20933	20927	6	1302	2966	4200

(b) OTHER INSPECTIONS

Number of Special Inspections	7,427
Number of Re-inspections	1,802
Total	<u>9,229</u>

(c) DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL
INSPECTIONS DURING THE YEAR

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				Special Inspection
		Entrants	Leavers	Others	Total	
4	Skin .. .. .T O	195	276	371	842	74
		118	63	116	297	35
5	Eyes— <i>a.</i> Vision ..T O	275	440	587	1302	421
		1074	313	587	1974	408
	<i>b.</i> Squint ..T O	142	30	59	231	28
		109	14	56	179	11
	<i>c.</i> Other ..T O	11	6	16	33	1
		16	8	17	41	8
6	Ears <i>a.</i> Hearing ..T O	111	22	82	215	49
		377	52	212	641	144
	<i>b.</i> Otitis ..T	51	5	26	82	19
	Media ..O	135	15	67	217	18
	<i>c.</i> Other ..T	12	8	17	37	7
	O	35	16	24	75	6
7	Nose and Throat ..T O	150	46	84	280	69
		653	84	282	1019	114
7	Speech .. ..T O	85	15	44	144	83
		223	6	55	284	78
9	Lymphatic Glands ..T O	17	2	5	24	3
		191	12	89	292	35
10	Heart. . . .T O	15	3	12	30	4
		48	22	41	111	31
11	Lungs .. ..T O	70	25	70	165	32
		231	56	115	402	68
12	Developmental—					
	<i>a.</i> Hernia .. ..T	26	2	7	35	7
	O	68	6	22	96	11
	<i>b.</i> Other .. ..T	28	12	44	84	37
	O	156	16	100	272	41
13	Orthopaedic					
	<i>a.</i> Posture .. ..T	13	16	20	49	12
	O	44	29	88	161	17
	<i>b.</i> Feet .. ..T	229	65	141	435	69
	O	307	91	220	618	69
	<i>c.</i> Other .. ..T	38	31	25	94	22
	O	80	27	64	171	34
14	Nervous System—					
	<i>a.</i> Epilepsy ..T	7	2	11	20	13
	O	18	2	21	41	15
	<i>b.</i> Other .. ..T	22	17	42	81	52
	O	178	20	99	297	103
15	Psychological—					
	<i>a.</i> Development ..T	11	4	16	31	48
	O	108	29	119	256	80
	<i>b.</i> Stability ..T	12	—	27	39	24
	O	110	12	90	212	56
16	Abdomen .. ..T O	28	4	19	51	7
		31	8	34	73	7
17	Other .. ..T O	34	46	83	163	45
		57	47	101	205	107

Cleanliness

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	113,285
(b) Total number of individual pupils found to be infested	694
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	125
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	2

Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint)	157
Errors of refraction (including squint	3,803
Total	3,960
Number of pupils for whom spectacles were prescribed	2,583

Diseases of the Skin (excluding uncleanliness)

	Number of pupils known to have been treated
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	22
Impetigo	3
Other skin diseases	266
Total	291

Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment :	
(a) for diseases of the ear	6
(b) for adenoids and chronic tonsilitis	299
(c) for other nose and throat conditions	—
Received other forms of treatment	68
Total	373
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1969	33
(b) in previous years	158

Child Convalescence

In 1967 the Committee were fortunate in being able to come to an arrangement with the Heathercombe Brake Children's Homes in Devon to reserve places for Worcestershire children who require short term recuperation to regain their health. The trust have bought a house named Heatherway which accommodates the majority of the Worcestershire children who are put forward by school medical officers. The house is situated on the edge of the moors at an altitude of about 1,200 feet. It has been beautifully converted and decorated and the children are accommodated in two or four-bedded rooms with pleasant living and dining rooms. The obvious improvement in the children after a few weeks at the home is to the great credit of the staff. The relaxed well ordered atmosphere is particularly noticeable to visitors as also is the great interest the staff take in the children.

The first group of children went down at Easter 1968 so the scheme has now been running for almost two years. It is well established and is a great success. The children have various troubles including asthma, bronchitis, general debility and psychosomatic disorders of various kinds. The minimum period of stay is a term but some children require an extension to consolidate the improvement.

The happiness of the children is to the great credit of Miss Quantick and her staff and I would like to thank them for the work they do on behalf of Worcestershire children. Devon County Council are kind enough to arrange for the children's education at local schools while they are down there. In addition I would like to thank the Birmingham W.R.V.S. for escorting the children to and from Exeter at the beginning and end of each term.

Orthopaedic Defects

The orthopaedic staff report as follows :—

Mrs. J. J. Johnson, S.R.N., O.N.C.

The routine work of this service has continued on similar lines as shown in previous annual reports.

The attendances of clinics held in conjunction with infant welfare clinics at Malvern, Areley Kings and Stourport have been so well attended that occasional extra sessions have been requested. My general impression is that fewer pre-school age children are attending orthopaedic clinics with minor defects, and it would be very well worth while if extra staff were available to attend more infant welfare clinics in this way. Advice is mainly given on footwear, valgoid feet and ankles, deformities of toes. Several mothers have requested to have their infants' hips checked again, because they have thought they have heard a 'click' on nappy changing.

The after-care of the more severely handicapped children has been continued both in the home and at school. I am grateful to head teachers and their staff for their co-operation on my visits to their schools.

The general practice and health visiting attachment scheme is furthering the existing good relationship and resulting in more referrals for exercises etc.

The Croft, Lucy Baldwin and the Bromsgrove maternity units quickly notify any infant requiring immediate treatment pending the child being able to be seen by an orthopaedic surgeon.

A great deal of work has been carried out amongst pre-school children.

I note from the 1968 report of the Chief Chiropodist, Mr. H. D. Price, that he stresses the importance of "a school foot health service," with which view I am completely in agreement. It is perhaps not so generally known that over the past 25 years or so the orthopaedic staff have examined annually an average of 6,000 school children for orthopaedic defects and any found to require the service of a chiropodist have been referred for treatment. This is a small percentage of the school population, but in view of many other commitments it is not possible to do more without an increase in staff.

Throughout the year I have attended the orthopaedic clinics at the General Hospital, Kidderminster and Bromsgrove General Hospital where Mr. J. A. James, F.R.C.S. is the Consultant Orthopaedic Surgeon. A total of 732 children of all ages have attended these clinics. These figures do not include fracture cases.

A satisfactory and rewarding year's work, but so much more could be readily achieved if extra staff was available.

Mrs. M. Hunt, M.C.S.P., O.N.C.

My routine orthopaedic work has continued as in previous years with visits to schools, homes, infant welfare clinics and orthopaedic clinics.

A total of 1,518 children were seen in the orthopaedic clinics at Redditch, Worcester and Evesham ; 480 at Redditch by Mr. James and 1,038 at Worcester and Evesham by Mr. Clark.

My regular visits on a monthly basis to the infant welfare clinics in Evesham and Pershore are particularly useful. Mothers are most appreciative of the advice given and it is much easier for me to follow up specific cases up to and beyond school age where necessary.

Unfortunately my visits to the infant welfare clinic in Redditch have stopped for the time being as the Wednesday afternoon clinic at Vicarage Road, Redditch, has been discontinued.

I find the children in the schools most co-operative and the foot classes certainly seem to be enjoyed. The individual cases taken for exercises in posture and breathing have responded well, but I could wish to have time for more frequent reviews.

The number of cases of mild flat feet seems to have increased somewhat this Autumn. I consider this due to the long hot summer and the consequent wearing of sandals and similar footwear with little or no heel. The wearing of good firm shoes during the Winter months will, without doubt, help to correct them.

However, I very much appreciate the higher number of mild orthopaedic defects which are referred to me by some medical officers following their school inspections of primary school children. This seems a more satisfactory method of follow up since I can check the possible suspect cases at fairly frequent intervals.

Last year I reported upon a case of arthrogryphosis multiplex congenita (date of birth 13.7.68). Here is a short further progress report.

He is now covering the ground very quickly by sitting and using his arms and feet vigorously to propel himself along. He can also stand for short periods by holding on to a support. He is using his arms and hands quite well and can grasp and hold even very small objects.

I would like to mention again the treatment usually given for the early cases of possible dislocation of the hip discovered by the use of the modified 'Ortolani's' test (the 'clicking hip').

I have had several cases referred during the year and mothers sometimes have the most alarming ideas of possible treatment.

As a general rule the treatment consists of a simple plastic splint which fits over the baby's napkin and which the mother can manage quite well after a little guidance. Treatment by abduction frame and then plaster of paris fixation is only necessary if a definite congenital dislocation of the hip is present and when this has not responded to early treatment or was not discovered by early diagnosis.

In November I was fortunate to be invited to accompany a member of the staff of the Physiotherapy Department of Worcester Royal Infirmary on a visit to the Royal Salop Infirmary in Shrewsbury to see the new 'clickety click' splint developed by Mr. Rose, the Orthopaedic Specialist, for spina bifida children.

We spent an extremely interesting afternoon seeing the children using the splint, and with practice quite young children become extremely proficient.

Very definite advantages seem to be, the great amount of stability gained, the easily maintained upright standing position and the freedom of both hands. The splint is still quite new and there are problems but these are being tackled and overcome. One of these splints has been fitted for a child in the County quite recently.

In conclusion, may I thank particularly the doctors, health visitors and teachers for their most valuable co-operation during the year.

Audiometric Service

The routine screening of babies for impaired hearing by the County health visitors and the routine testing of school entrants by audiometry is now well established. Each year an in-service training course is run by the audiometric health visitors to train new staff in the technique of screening babies and testing toddlers by the Ewing method. The staff testing school children are sent to Manchester for training. I feel it should be emphasised that this work must be done with great care and to a high standard to be effective and continuous vigilance is necessary on the part of all staff working in the field. One of the problems with mass screening tests of any kind is to keep the staff concerned alert and interested so repeated refresher courses are necessary. None of this large scale screening would be possible without an effective administrative and clerical staff who ensure that children are tested and that any further investigation required is carried out.

Staffing of the service has been satisfactory on the teaching side and with the appointment of the fourth teacher in September it is possible to start helping school leavers in any vocational training they attempt. The situation has not been so satisfactory on the health visiting side where there has been a vacancy following promotion of one of the staff.

The Department of Education and Science issued a survey on Peripatetic Teachers of the Deaf following their inspection in 1968. This was a most stimulating report and confirmed that in Worcestershire we appear to be working on acceptable lines.

The provision of a wider range of hearing aids by the National Health Service has been very welcome by children, parents and staff. I would like to say how helpful the staff of the hearing aid department at Worcester Royal Infirmary have been in supplying and fitting out the children with the new aids. There has been a generous supply of post-auricular aids which have been much appreciated by the less severely handicapped children particularly adolescents. Of the 135 children with hearing aids in ordinary schools, 84 have been fitted with small behind the ear aids.

This has been a year of consolidation for the audiometric team.

Mr. Stanton, Senior Peripatetic Teacher of the Deaf, comments as follows on the work of the teachers :—

“There has been quite a significant change in the pattern of the work carried out by the teachers of the deaf over the seven years since the first teacher was appointed.

Initially it was one of general support for children with mild degrees of hearing loss attending day school and the provision of remedial teaching in the basic subjects for children who were retarded educationally because of their handicap.

Although this pattern of general support still continues, and this with a steadily increasing number of such children, the most significant function of the service is now one of prevention of social and educational problems with a group of some twenty-five children who have a much more serious hearing loss.

Because of early detection and diagnosis it is now possible to provide intensive teaching and advice at the pre school level, and by extending this support into the primary school and beyond, the standard of language, speech and educational attainment achieved by these children is most satisfactory.

The increase in staffing has enabled the teachers of the deaf to assist also with the problems of those profoundly deaf children receiving full-time special educational treatment at residential schools when they return home for holiday periods.

The teachers are also involved with the assessment and placement in employment, or further education, of a number of profoundly deaf school leavers. From the experience gained so far it is evident that this work will be most helpful to all concerned in the future.

Recent developments in the electronics field are worthy of mention in this report, as they are directly applicable to the teaching of hearing impaired children. As well as many improvements in individual hearing aids, there have been a number of developments in the field of miniature radio transmitters and amplifiers. These are now being evaluated and it is hoped that we shall be able to make increasing use of them in the immediate future.”

Audiological Service

Number of Sweep Tests carried out

Children Tested	Number	Total who failed test	Referred to Aural Clinic
Infants	6192	966	757 (12.2%)
Junior Mixed	2309	368	220 (9.5%)
Sec. Modern/Grammar ..	39	14	14 (35.9%)
TOTAL	8540	1348	991 (11.6%)

Number of Examinations at Audiometric Clinics during 1969

Number examined ..	1830
Infection of Ear, Nose and Throat	784
Other Conditions ..	225
Number of referrals to Ear, Nose and Throat Consultants	141

Pre-school Children

Year ending 31st December, 1969

Home Visits for Hearing Tests			Home visits for Auditory Training and Parent Guidance	Follow-up school and Home Visits		Misc.
Under 18 mths.	18 mths. to 5 yrs.	5 yrs. +		Pre-school children	School children	
92	281	130	358	7	6	42

Health Education in Schools

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

Health Education Officer

The subject which has caused the most controversy in schools this year has been sex education. It has been on the playground curriculum probably since schools began, but there has been, in many schools for many years now, a gradual acceptance that such learning and guidance is best obtained in the classroom.

Teachers taking on the responsibility of this subject have complained at times of the lack of suitable visual aid material. The B.B.C. and I.T.V. have now produced programmes to help those who feel that this should be part of normal educational provision.

A working party has been established to study the matter of 'Sex Education in Schools' whilst it is comprised mostly of teachers, this Department is represented and also the Marriage Guidance Council. To obtain as wide an interest as possible, the study has been passed to the teachers centres, and from all these deliberations, it is hoped that an acceptable scheme of personal relationship education will be devised.

Venereal Disease

Talks on these diseases were given at twenty secondary schools, three grammar schools, and three Colleges of Further Education. It is an interesting subject to discuss with the adolescent. Whilst the rate of infection increases annually in the under 20 age group, including the 14/15 age group, very few have any knowledge of these diseases and what is known are misconceptions almost identical to those known by the writer 25 years ago.

First Aid

Accident prevention authorities are increasingly pressing for basic first aid to be taught in schools. It is evident that if more people knew how to apply emergency resuscitation, and deal with shock, bleeding and burns, the lives of many more accident victims would be saved.

First Aid is included in school programmes conducted by health education staff whenever possible. At one school, Prince Henry's Grammar School at Evesham, ten members of staff undertook the full Red Cross Course conducted by Miss Mee. Three sat and passed the examination.

Some school classes are prepared for the junior examinations and instruction is also given for the Duke of Edinburgh award scheme.

Addiction

Requests from schools for talks on drugs and smoking have, not unexpectedly, increased. These requests have been met.

Special Schools

The Stourminster health education course with weekly sessions throughout the year by Miss Cartwright continues satisfactorily. On this experience, an almost similar course has been initiated by Miss Mee at Rhydd Court School.

School Children and Road Accidents

The following table for Worcestershire has been supplied by the Chief Constable, West Mercia Constabulary :—

				Fatal	Serious	Slight	Total
1969	..	..	..	5	116	236	357
1968	..	..	..	3	103	204	310
1967	..	..	..	4	64	216	284
1966	..	..	..	5	88	207	300
1965	..	..	..	5	73	228	306
1964	..	..	..	11	73	222	306
1963	..	..	..	2	95	246	343
1962	..	..	..	6	71	196	273
1961	..	..	..	5	59	177	241
1960	..	..	..	3	78	207	288

Annual Report

of Mr. Charles W. D. Jones, B.D.S.

Principal School Dental Officer

1969 was a year of fluctuation in staff, not only in the number working for the County but also in the number of sessions carried out by them, due to the abnormal amount of time that was lost because of sickness. For only seven weeks in the year were the full clinical staff on duty. In spite of this I should like to thank them for the efforts they have made during the year, as the table of statistics show.

Inspections

The number of children who had one dental inspection this year was approximately 90 per cent of the County's school population, and about 10 per cent of these were inspected twice. This is an improving figure but all efforts must be made to better it. This can only be achieved if Worcestershire can retain its present dental staff and, if possible, increase it.

Treatment

The amount of treatment carried out was high but shows, regrettably, that the dental condition of the children is far from perfect. In previous annual reports I have tried to outline some of the contributory causes of dental decay, and ways to eliminate them, but unfortunately little has been done and it is still left to the dental officer to try and keep the disease under some degree of control.

There are still far too many cases treated as " emergencies." Fewer and fewer of these are our " regular patients " ; far too many are those who consider dentistry only to be necessary when they keep their parents awake at night because they are suffering from toothache. No child is refused an appointment except when he or she is a patient of another dental Surgeon, outside the School Dental Service, when it would be completely unethical to treat without this Surgeon's prior knowledge. Immediate treatment is not always possible, especially if the Dental Officer has a steady stream of regular patients at that particular session. To defer the treatment of a child who is, or has parents who are, conscientious enough to attend on time for their appointment would be unpardonable. Too many people have the mistaken idea that the School Dental Clinic is only an emergency first aid post for the relief of pain. It is not, its primary function is for dental treatment by appointment.

As to the routine treatment. The figures show that again more courses of treatment were offered to the younger child, and that there is an ever improving trend in the ratio between permanent teeth filled to permanent teeth extracted. Ten teeth were filled for every one extracted, but when it was found that nearly some 700 sound teeth were extracted for orthodontic reasons, the ratio could be better shown as 14:1.

Staff

The staffing situation did not improve during the year as the following table shows.

					Resignations	Appointments
Full-time Dental Officers..	..	..	..	..	1	1
Part-time Dental Officers	..	..	..	..	5	2
Full-time Dental Auxiliaries	..	..	..	..	0	0
Full-time Dental Hygienists	..	..	..	..	0	0

The resignation of staff was caused again by a call to the more remunerative ranks of the General Dental Services, and among the married ladies due to family commitments.

Miss S. F. Burton, B.D.S. joined the staff as a full-time member in February and is working in the Halesowen area.

Mr. K. E. Nicholas, L.D.S. started the course for his Diploma in Dental Public Health at Birmingham University, in October, and I am pleased to see that this County is in the forefront in sending staff on this course, and will ultimately benefit from the services of Mr. Nicholas when he completes the course.

Clinics

No new clinics were completed this year, but the Westhill Clinic at Stourbridge is near completion and should be in operation in early 1970.

I would again take this opportunity to thank the Chairman and the members of Education Children's Care Sub-Committee for their support and Dr. Pickup and Dr. Willins for their helpful advice. I am grateful to all the dental officers and staff of the dental section for their efforts and to all the headmasters and headmistress without whose help the school dental service would find it difficult to operate.

Dental Inspection and Treatment Attendances and Treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	8,498	7,013	1,557	17,068
Subsequent Visits	7,086	10,692	2,576	20,354
Total Visits	15,584	17,705	4,313	37,422
Additional courses of treatment commenced	482	294	44	820
Fillings in permanent teeth	9,047	17,329	4,839	31,215
Fillings in deciduous teeth	7,616	427		8,043
Permanent teeth filled	6,905	14,478	4,345	25,728
Deciduous teeth filled	6,823	424		7,247
Permanent teeth extracted	339	1,823	324	2,486
Deciduous teeth extracted	7,573	1,959		9,532
General anaesthetics	1,238	516	32	1,786
Emergencies	614	299	67	980

Number of Pupils X-rayed	451
Prophylaxis	3,712
Teeth otherwise conserved	2,169
Number of teeth root filled	31
Inlays	1
Crowns	55
Courses of treatment completed	15,350

Orthodontics

Cases remaining from previous year	250
New cases commenced during year	296
Cases completed during year	203
Cases discontinued during year	59
No. of removable appliances fitted	469
No. of fixed appliances fitted	—
Pupils referred to Hospital Consultant	2

Prosthetics

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	1	—	1
Pupils supplied with other dentures (first time)	1	23	14	38
Number of dentures supplied	1	30	22	53

Inspections

(a) First inspection at school. Number of pupils ..	58,678
(b) First inspection at clinic. Number of pupils ..	2,393
Number of (a) (b) found to require treatment ..	37,862
Number of (a) (b) offered treatment ..	28,508
(c) Pupils re-inspected at school or clinic ..	6,903
Number of (c) found to require treatment ..	4,462

Sessions

Sessions devoted to treatment	4,748
Sessions devoted to inspection	366
Sessions devoted to Dental Health Education ..	515

*Tuberculosis and its Prevention**Notifications of Tuberculosis in Children of School Age*

Years	Respiratory		Non-Respiratory		Both Forms	
	Number	Rate/1000	Number	Rate/1000	Number	Rate/1000
Average 1954—58 ..	14	0.23	7	0.12	22	0.35
Average 1959—63 ..	8	0.12	2	0.03	10	0.14
Average 1964—68 ..	3.6	0.06	1.2	0.02	4.8	0.07
1969 ..	3	0.04	1	0.01	4	0.06

Dr. R. C. Cronin, Chest Physician to the Birmingham Regional Hospital Board and Senior Tuberculosis Officer to the Local Health Authority comments as follows :—

“ The previous table shows notifications of tuberculosis in children of school age. The total number of notifications, although higher than in 1968, is lower than the average in the previous five years.

An earlier table shows that the number of consents for B.C.G. vaccination is maintained at a satisfactory level of over 90% of invitations issued. The most notable feature in this table is the very considerable fall in the number of positive reactors to 6.8% of these tested. This is very welcome as the figure has remained unchanged at approximately 11% for several years. This reflects the steady fall in the number of infectious cases in the community which has been taking place over many years.”

Handicapped Children

Interest in the care, management and education of handicapped children has been maintained. The children's needs are being studied in increasing depth and the health visiting staff are making a steadily increasing contribution on the social side of this work.

When Dr. Allington joined the staff early in the year she was asked to survey the needs of the young handicapped and to make recommendations. This work is continuing but it is quite obvious that, apart from counselling, the families need a lot of help over items like the choice of suitable toys for stimulating the child in the home. Play group attendance, for say a couple of mornings a week, widens a child's horizon and brings a handicapped child into contact with non-handicapped children. This is socially desirable.

The educational placement of physically handicapped children was considered in detail in 1969 following receipt of Circular 11/69 from the Department of Education and Science. This circular drew the attention of Authorities to the need to consider provision for the education of the increasing number of children born with spina bifida who are reaching school age. The West Midlands Advisory Council for Special Educational Treatment has considered this question and recommends that provision should be made for these children by extension and adaptation of the existing special schools for physically handicapped pupils rather than by building a new highly specialized school in the West Midlands solely for spina bifida children. I consider this is a very wise recommendation. In my opinion children benefit if they are placed in special schools catering for a wide range of physical handicaps and I am doubtful of the wisdom of schools which are too specialised.

The degree of handicap of spina bifida children varies. In Worcestershire at the moment half of the children of school age are accommodated in ordinary schools with varying degrees of success. Of the remaining children who will require special education it is thought that about half will be fairly mobile and half will be heavily handicapped wheelchair cases.

Apart from spina bifida children a considerable proportion of physically handicapped children are educated in ordinary schools particularly at the primary stage. Special individual arrangements are required for them and I would like to say how helpful and considerate the teachers are with these children despite their full load of work. For example in recent years it has been possible to arrange for the majority of children suffering from Perthe's disease to attend school for whole or part of the day while they are under treatment. This keeps them in contact with their age group as well as enabling them to hold their own educationally. The Authority provides door-to-door transport.

The educational arrangements for blind children continued as in previous years. A considerable proportion of partially sighted children are educated in ordinary schools particularly at the primary stage. Very few of the children require special school placement before seven or eight years of age if they are of average intelligence. The work with deaf and partially hearing children is described in the Audiometric report. Suffice to say that the number of partially hearing children requiring special school provision is falling despite a rising school child population.

The majority of delicate children requiring special school placement suffer from asthma. Diabetic children are the other big group included in the delicate category. Retaining them at home attending the ordinary schools is a question of management and supervision by the hospital and Health Visitor. Arrangements are made every year by the Committee for a certain number of diabetic children to attend holiday camps run by the British Diabetic Association. This has been a very successful contribution to the management of these children and is much appreciated by the children. It is particularly helpful where the family are over protective.

The opening of the Vale of Evesham School for educationally sub-normal children in January 1969 means that girls who require boarding special education for one reason or another can be placed within the County. The selection of pupils for all special schools is carried out by a small Committee which includes a Medical Officer. The increase in the well being and self confidence of the children selected is very noticeable after a matter of weeks. A noticeable trend is the increasing number of children in special Schools for the educationally subnormal who have an additional handicap. These children make satisfactory progress.

Handicapped children are all dealt with on an individual basis over a period of many years. This involves considerable administrative work is undertaken by Mr. Brookes and Mr. Tyler who watch over the children's needs with great care and interest. This personal concern is of great benefit to the children and their families.

Handicapped Pupils Requiring Education at Special Schools or Boarding in Boarding Homes

No. of Pupils		1. Blind 2. Partially Sighted	3. Deaf 4. Partial Hearing	5. Physically H'capped 6. Delicate	7. Malad- justed 8. E.S.N.	9. Epileptic 10. Speech Defects	Total Cols. 1-10
A. Newly assessed	.. .. .	4 1	1 2	7 2	13 5	57 37	88 44
B. Newly placed following assessment	(a) in 1969 ..	..	2	4	1	8	23
	(b) before 1969 ..	..	..	2	3	13	37
	boys ..	1	..	..	1	58	61
	girls ..	..	..	2	1	40	43
	TOTAL ..	1	2	4	2	8	98
	boys ..	..	..	4	4	81	63
	girls ..	..	..	..	..	53	..
C. (i) Requiring places	(a) day ..	3	..	3	..	56	62
	(b) boarding ..	2	..	1	4	12	28
	boys ..	1	..	1	1	4	7
	girls ..	..	..	..	..	..	..
(ii) included at C(1) who had not reached the age of 5	(a) day places ..	2	..	2	..	..	4
	(b) boarding places ..	1	..	..	..	..	1
(iii) included at C(1) who had reached the age of 5 but whose parents had refused consent	(a) day places ..	..	..	..	..	22	22
	(b) boarding places ..	..	..	2	2	8	13
(iv) included at C(1) and awaiting admission for more than one year	(a) day places ..	..	..	..	..	9	9
	(b) boarding ..	1	..	..	..	2	2
	boys ..	..	..	..	..	5	9
	girls ..	..	..	..	..	..	0
(v) included at C(1) newly assessed since 1st January 1969 and awaiting admission	(a) day places ..	1	..	1	..	35	37
	(b) boarding ..	1	..	..	3	21	21
	boys ..	..	..	..	..	5	11
	girls ..	..	..	..	..	1	1

Handicapped Pupils Receiving Education at Special Schools and at Home									
No. of Pupils		1. Blind 2. Partially sighted	3. Deaf 4. Partial Hearing	5. Physically H capped 6 Delicate	7. Malad- justed 8 E.S.N.	9. Epileptic 10. Speech Defects	Total Cols. 1-10		
(1) Maintained special schools	(a) day	5 —	5 2	12 10	1 —	— —	203 151		
	(b) boarding	4 2	— —	5 7	2 4	— —	96 28		
(2) Non-maintained special schools	(a) day	2 —	— —	2 —	— —	— —	4 0		
	(b) boarding	9 4	3 7	1 2	3 —	2 2	49 16		
(3) Independent schools .. ..	.. ..	— —	6 3	4 3	— —	5 2	34 12	
	Boarded in homes	— —	— —	— —	5 1	— —	6 1		
Total		11 4	14 12	9 6	20 19	16 7	392 208		
E. Being educated at home		—	—	2	—	—	2		

*Handicapped Pupils
Summary*

Category	New Cases Ascertained	Cases removed from Register	Remaining on Register at end of year.	Incidence per 1,000 school population	No. at special schools	No. at ordinary schools	Not at school (under age excluded or receiving home tuition).	No. awaiting admission to special school
Blind	2	—	16	0.2	15	—	1	1
Partially sighted	6	4	24	0.3	11	10	3	6
Deaf	6	5	29	0.4	25	—	4	1
Partially hearing	4	8	37	0.5	15	21	1	—
Delicate	22	13	94	1.3	20	73	1	5
Physically handicapped	29	28	153	2.2	41	104	8	5
Educationally subnormal	110	106	631	9.2	444	184	3	73
Speech Defects	1	—	1	0.1	1	—	—	—
Maladjusted	25	3	67	0.9	26	32	9	8
Epileptic	7	6	35	0.5	5	30	—	1
Total	213	173	1087	15.6	603	454	30	100

Handicapped Pupils

Number of Children in Special Schools 1960—1969

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Blind	17	14	13	12	13	15	14	14	14	15
Partially Sighted	15	15	13	13	16	15	9	12	14	11
Deaf	23	22	23	22	23	28	26	25	26	25
Partially Hearing	12	18	19	21	23	26	23	23	18	15
Delicate	9	11	17	12	15	19	18	19	21	20
Physically Handicapped ..	48	39	38	34	38	42	36	43	41	41
Speech Defects	—	—	—	—	1	—	—	—	—	1
Educationally Sub-Normal	216	219	221	291	308	315	278	314	396	444
Maladjusted	16	17	17	20	24	35	33	36	32	30
Epileptic	9	11	15	14	8	9	6	5	5	5
TOTAL ..	365	366	376	439	469	504	443	491	567	607
School Population ..	64,842	64,962	64,809	66,064	67,119	68,286	61,677	64,000	66,011	68,574

Maintained Special Schools

The opening of the Vale of Evesham boarding and day special school in January, 1969, marked the completion of the Authority's fifth school for slow learning pupils. The two providing residential accommodation are The Rhydd Court School which boards 78 boys and The Vale of Evesham which ultimately will accommodate 60 boarders (junior boys and girls and senior girls) and 40 day boys and girls. The other three are the Halesbury, Stourminster and Rigby Hall day special schools, each of which accommodate 100 slow learning boys and girls. In addition the Authority have 25 places reserved for their use in the City of Worcester Authority's Thornton House School.

Next year it is anticipated that the Warley Authority will cease to require its 50 places at the Halesbury Day Special School which were originally taken up by the Oldbury Exceeded District when, before boundary re-organisation, it formed part of Worcestershire's administrative area. This will make available for Worcestershire's use an extra 50 places and permit a revision of the catchment areas of the Halesbury and Stourminster Schools to provide that Halesbury School should serve the Halesowen and Stourbridge education districts and Stourminster School the Kidderminster, Bewdley, Stourport and Tenbury education districts, thus enabling the Stourminster school to accommodate anticipated growth in the Kidderminster district.

In addition the growth of Redditch and Droitwich will eventually be catered for by a separate new day special school for 100 slow learning boys and girls in Redditch, as Redditch becomes large enough to support such a school from its own population. With this in mind proposals have been made to the Department of Education and Science for the inclusion of this project in the 1971/72 Building Programme. The accommodation released at Rigby Hall School on the opening of the new school in Redditch will be adequate to serve the needs of the enlarged town of Droitwich.

Another interesting development in the planning stages is the proposal that the Worcestershire and Herefordshire authorities should contribute pupils to the proposed new day special school for physically handicapped pupils in Worcester which the City of Worcester Authority are pursuing with the Department of Education and Science in part replacement of the existing Rose Hill Open Air School. The City Authority have been notified that the County Authority will be interested in contributing pupils from the Kidderminster, Tenbury, Malvern, Upton, Pershore, Evesham and Droitwich districts.

Speech Therapy

by

Miss J. D. Jenkinson, L.C.S.T.,

Senior Speech Therapist

There has been considerable expansion in the speech therapy department over the past year, due to increased staff and there have been five new clinics opened in the county, as well as sessions held in two new special schools.

Three new therapists joined the speech therapy department in the Autumn. Mrs. Scott is particularly interested in work with the mentally handicapped and has been engaged on a survey of the training centres and planning a speech and language stimulation programme for these children as part of her

work. Mrs. Tripp has been carrying out experimental work with groups of speech defective children in schools in Pershore and has written an interesting report about the comparative values of group or individual treatment. Miss Twist qualified at Leicester School of Speech Therapy and works mainly in the Kidderminster area.

Miss Bourke undertakes the bulk of the work with educationally subnormal children and is now visiting both Rigby Hall and the Vale of Evesham Special Schools. The staff of all the special schools have been most helpful in supporting the efforts of the speech therapists and we would like to thank again particularly those concerned with carrying out the daily practise with the children, which is essential if progress is to be maintained. Miss Bourke has now been a speech therapist with the County for many years and her knowledge of the area has been invaluable in planning future programmes.

The number of children treated over the year has increased by 100 per cent in comparison with last year's figures and the therapists are making every effort to see each case and assess it, as soon after referral as possible. There was a tremendous back-log of work due to previous shortage of staff and the case loads have been necessarily high.

Every patient is assessed at the outset of treatment to enable the therapist to gauge the severity of the defect and how best to help the child overcome his difficulties. For this purpose there are three tests designed by Miss Catherine Renfrew, F.C.S.T., Senior Speech Therapist for the United Oxford Hospitals to assess articulation, word vocabulary and language. We have found these tests of great help as they are quick to administer and give an accurate idea of the patient's progress over a period of treatment.

Estimates of the incidence of speech defects in the school population of this County are few, and findings vary considerably. The Department of Education and Science using the criterion of children in need of speech therapy gives figures of between one and three per cent in both primary and secondary schools. At a rough estimate, therefore, there may be some 1,000 children of school age in Worcester-shire County who require the help of a speech therapist although we are currently only dealing with a proportion of these and there are many more who need speech therapy but are not referred. Other research workers, however, have found that the incidence is as high as 10 per cent of the school population.

A considerable number of children referred for speech therapy are suffering from disorders of articulation and the term used most frequently to describe these disorders is "dyslalia," which is defined by the College of Speech Therapists as "defects of articulation or slow development of articulatory patterns including substitutions distortions, omissions and transpositions of the sounds of speech." Causes may be due to deficient intelligence, emotional disturbance or immaturity, or imitation of abnormal patterns of speech. The number of therapists required to deal adequately with this problem is large, and still far from being achieved in this Country.

The Speech Therapy Department would, once more, like to extend thanks to all colleagues for their combined co-operation over the past year, particularly to the staff of the Child Guidance Clinic and the audiometric team. Dr. Clark has provided continuous support and encouragement for the speech therapy department over the past year, which has involved the senior therapist in considerable re-organisation and her help has been invaluable. Emphasis has been laid on the work of speech therapists as part of a team, rather than in isolation and consequently there have been opportunities for stimulating and sometimes controversial meetings and discussions.

Speech Therapy—Summary

	Worcester	Malvern	Stourbridge	Bromsgrove	Kidderminster	Redditch	Evesham	Feldon Lane Halesowen	Highfield Lane Halesowen	Rubery*	Droitwich*	Pershore*	Wythall*	Tenbury Wells*	Rigby Hall SS*	Vale of Evesham*	Halesbury SS	Rhydd Court SS	Stourminster SS	Total
Attending 31.12.69	29	40	30	27	30	46	19	13	26	10	13	14	11	9	12	10	12	11	11	373
Discharged after satisfactory progress ..	27	33	41	49	39	27	8	7	20	0	0	0	1	2	4	2	6	1	7	274
Left school or area ..	4	3	5	1	2	0	1	0	3	0	0	0	1	0	0	1	0	0	2	23
Ceased attending ..	5	5	5	3	4	12	7	0	0	0	1	0	0	0	2	0	2	1	1	48
TOTAL ..	65	81	81	80	75	85	35	20	49	10	14	14	13	11	18	13	20	13	21	718
Awaiting attention ..	9	10	15	9	10	15	5	4	9	3	4	4	5	3	0	0	0	0	0	105
Total of treatments ..	287	290	442	299	472	579	390	107	401	52	56	60	109	153	339	258	375	335	348	5352

* Clinics opened in 1969

*Medical Examination of Entrants to Courses of Training for Teachers and
to the Teaching Profession*

CANDIDATES FOR ADMISSION TO TRAINING COLLEGES

Medical Category	Male	Female	Total
A1	78	218	296
A2	46	140	186
B1	6	3	9
B2	1	1	2
C	—	—	—
TOTAL	131	362	493

TEMPORARY SUPPLY TEACHERS AND OTHERS

Medical Category	Male	Female	Total
A1	12	7	19
A2	10	7	17
B1	4	1	5
B2	—	—	—
C	—	—	—
TOTAL	26	15	41

Notes from Reports Medical Officers in department

Dr. C. Starkie, Divisional School Medical Officer, Kidderminster

Bedwetting

Many parents are distressed by their children's bedwetting and seek help from the School Health Medical Officers.

In Kidderminster a special appointment is made to see the parent and child and the problem is discussed. The doctor hears the parent's story and then tries to solve the problem.

It is pointed out to the parent that during the waking hours a child empties its bladder every two—three hours, and then at night the child is often loaded with a bedtime drink and remains in bed for about twelve hours. If the child is a deep sleeper the bladder, used to two hourly emptying, fills and fails to arouse the child and so automatically releases its contents in the bed long before getting up time.

The parent is assured that as time goes on the bedwetting will stop on account of three reasons—firstly because the bladder will grow to hold more secondly the child will go to bed much later, and thirdly it is likely to sleep much more lightly and be aroused by a full bladder. In the meantime what can we do to keep the child dry at night now?

If the parents are capable and willing to co-operate the use of a domestic alarm clock is advised.

A folder containing the following directions and a blank "Wet and Dry" chart for each night is given, and a further appointment to report progress (or not) is made for a month hence.

Bedwetting

Usual Causes

To understand the usual causes of bedwetting we must know a few simplified facts about how we work.

1. Much of all fluid of any sort taken by mouth forms urine.
2. The urine is constantly trickling into the bladder, which in most children becomes full in about 4 hours, but much earlier in some children.
3. When the bladder is full we are made aware of it and take steps to relieve ourselves.
4. This happens both day and night but if we are so deeply asleep that we are not aware of the bladder being full, then the bladder empties itself and the bed is wet.
5. The more liquids swallowed the more quickly the bladder fills, particularly if TEA OR COFFEE are taken.

Action required to prevent bed wetting

1. Explain the cause to the child.
2. No tea or coffee drinks after lunch.
3. Cut all evening drinks to a minimum.
4. See the child's bladder is emptied before going to bed.
5. See the child passes urine again 3—4 hours after going to bed.
6. Set alarm to awaken child to pass urine again at about 5 a.m. (or earlier if not caught in time at 5 a.m.).
7. Arrange for easy access to well lit w.c. or have a chamber pot available in bedroom.
8. Arrange for small light to be lit in bedroom all night, so that child may awake more easily, and get out of bed more easily.
9. Keep a chart showing dry and wet nights. This helps everyone who is interested in the progress, and may show where some alteration in the regime is required.
10. It is essential to carry out EVERY PART of this routine and to keep it up for months if necessary. In time the child will awaken before the alarm goes off, relieve himself, and turn off the alarm before getting back into his dry bed and sleeping till morning.
11. If any difficulties arise, consult the School Nurse or School Doctor, and in any case you should be seen every six weeks by the Nurse or School Doctor.

If all this fails and the parents are capable and willing to try it, an enuretic alarm bell is used. With good parental co-operation the domestic-alarm routine seems to work as often as the enuretic alarm.

Dr. L. S. Stephens (Droitwich)

I have no special comments to make on the health of school children in Droitwich, but would provide you with the following information concerning the development of new schools in the Borough with the expansion of the town :—

“ With the expansion of the Borough due to the reception of overspill population from Birmingham, two new schools the Boycott Primary and Westacre Middle schools were opened on 8th January, 1969. Work was also commenced on site for two further schools, the Briar Mill Comprehensive and Roman Catholic Primary schools. Conditions in these new buildings may be termed “luxurious” compared with those in the older schools in the town and the County Education Authority are to be congratulated on their promptness in providing “extra places” to deal with the incoming population.”

Dr. R. W. Markham, Deputy Divisional Medical Officer, Kidderminster

I should like to report on an interesting experiment in health education, (*i.e.* anti smoking) carried out by the Science Master, and the boys of the Bewdley County Secondary School.

The experiment was set up by the Master himself in the first instance, and was apparently something not connected with class. This drew the boys interest and curiosity, and from then on they took a great part in conducting the experiments.

The experiments used straight glass tubes with dry cotton wool as a filter with a simple suction pump drawing cigarette smoke through to demonstrate the tars and soot which enter the respiratory system by the extent of the staining of the filter. The smoke was bubbled through water to demonstrate flow and a device inserted to simulate 'puffs'. The experiments were done with the first half of the cigarette, and then separately with the second half to show the concentration, and repeated with filter tips, and with cheap and expensive cigarettes. A further experiment was done with hand rolled cigarettes. Two average smoking members of the Staff were impressed into smoking via the filter with similar results, and finally the cotton wool filters were moistened in response to suggestions from the boys to show how the staining spread.

The whole experiment was set up on peg board when completed, and put on display in the school entrance hall.

The Science Master tells me that he knows of about 18 boys who have stopped smoking.

A most impressive demonstration and apparently far more effective than a 'set piece' in class.

The only other item I should mention is that I am beginning to see cases of scabies again, usually of some duration and being treated as allergies! I think the return of scabies is fairly general.

Dr. E. M. Devlin (Part of Evesham Area)

Verruca

There were again a very large number of verrucae, particularly amongst secondary schoolchildren, but this year the infection extended to the primary schools. Since it is impossible to control environmental spread outside school, and since one infection appears to confer immunity, one wonders if it is worth pursuing vigorous methods to prevent spread inside schools. In spite of repeated questioning, I have yet to find any child who has had a reinfection.

Obesity

I have had very little success with children suffering from extreme obesity. Those who are moderately overweight appear to respond well to dietary regimes and are very co-operative. But those who most need it are resistant to suggestion, exhortation or threat. Even those who are attending their general practitioner for treatment show no improvement after a year and have usually ceased to attend after a short time. Unfortunately too many parents say complacently "Our family has always been heavy!" and will not help the doctor to help the child. One girl who is 5' 2" and over 14 stones says she goes to Bingo sessions four times a week and wins a few boxes of chocolates most weeks; this combination of inactivity and high carbohydrate intake is disastrous.

Nits

Nits are still causing trouble in four of the schools I visit. But as there can be no control of the parental heads in the families which are infested, it is difficult to eradicate them in the children.

Accommodation

The addition to the medical room of a small dressing or anteroom—even if the size of the M.I. room had to be reduced—when any future school building programmes or alterations to existing buildings are contemplated would greatly facilitate the medical officer's work in two respects:—

- (a) by enabling confidential discussions with parents to proceed while their child is dressing elsewhere out of earshot, thus speeding up the whole process;
- (b) by obviating complete disruption of examination sessions as when a child is hurt or taken ill. For example, in one Secondary School the only couch where such a child can rest is in the M.I. room, and in a mixed school in particular this creates an impossible situation when it occurs during examination sessions. The problem is aggravated by the distance of many children's homes, and by the difficulty of contacting parents at work in Worcester or Pershore or Stratford.

A possible alternative would be to site the medical room near a cloakroom.

The experiment was designed to determine whether the use of a single word or a phrase would be more effective in inducing a change in behavior. The experiment was conducted in a laboratory setting with a group of subjects. The subjects were divided into two groups: one group received a single word instruction, and the other group received a phrase instruction. The results of the experiment showed that the group receiving the phrase instruction showed a greater change in behavior than the group receiving the single word instruction.

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The only other thing I should mention is that I am beginning to see some of the results of the experiment. I think the results are very interesting and I am looking forward to seeing the final results.

The results of the experiment showed that the group receiving the phrase instruction showed a greater change in behavior than the group receiving the single word instruction. This suggests that the use of a phrase is more effective than the use of a single word in inducing a change in behavior. This finding has important implications for the design of behavior modification programs.

There were again a very large number of subjects who showed a change in behavior. This suggests that the use of a phrase is more effective than the use of a single word in inducing a change in behavior. This finding has important implications for the design of behavior modification programs.

I have had very little success with this method. I have tried many different things, but I have not been able to get any results. I am looking for a new method that will be more effective. I have heard that the use of a phrase is more effective than the use of a single word, so I am going to try that.

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PART XIV

WELFARE SERVICES

NATIONAL ASSISTANCE ACT, 1948

Residential Accommodation

Some further progress has been made towards the long-standing goal of a complete withdrawal from all accommodation reserved for County Council use in Regional Hospital Board establishments. The number of places in Kidderminster General Hospital (Bewdley Road) has been reduced from 50 at the end of 1968 to 20 at the time of writing and the men's section has now been closed.

Since 1948 a total of 140 beds in hospital buildings have been relinquished as reserved accommodation, mainly in the last 10 years during a period of restricted building activity, and at a time of constantly increasing demand for local authority accommodation from elderly people in their own homes and in various hospitals.

The replacement of "joint-user" places has inevitably slowed down at the net increase of places in the County Homes. Nevertheless this replacement has received considerable priority as part of the policy of raising the standard of the accommodation offered to Worcestershire's elderly people. It is anticipated that the current year should see the closure of the Council's Kidderminster Hospital reservation. Substantial reduction and perhaps even closure of the one remaining joint-user premises—the reserved accommodation at Avonside Hospital, Evesham should follow shortly afterwards.

The last year has seen particular pressure on available places throughout the County and, despite strenuous efforts in domiciliary and supportive work, the waiting list of elderly and infirm persons has grown progressively longer to a total of over 60—double the number at the end of the previous year. It is now possible however to look forward with confidence to the completion of the newly built Home at Evesham in September 1970 and to seeing the new Redditch Home ready for occupation a few months later.

Whilst some short term improvement in the waiting list may be expected there is no doubt that general demand for residential accommodation will expand further and there is likely to be considerable impact from plans for the mental health services in particular. There is likely to be a still greater number of severely confused elderly residents, including former psychiatric patients, in Homes provided under the National Assistance Act than is the case at the moment. In September of the year under review the Committee approved an amended 10 year building programme which by 1980 will give the County a total of some 915 places in 20 modern Homes varying in size between 25 and 70 beds. This compares with 689 places in the 9 County Homes and remaining "joint-user" accommodation at the end of 1969.

Health Services and Public Health Act 1968

The Council has amended its scheme under Section 21 of the National Assistance Act 1948 in accordance with the power given to local authorities by the Health Services and Public Health Act 1968. It is now possible to make arrangements with the proprietors of private homes for the elderly and/or disabled persons, in the same way as with the managers of voluntary homes, for the accommodation of residents sponsored by a local authority.

As the Worcestershire scheme was only approved by the Department of Health and Social Security towards the end of the year very little experience of its operation has yet been gained. It is felt however that the provision gives a useful reserve power at the least and in appropriate cases could improve the degree of choice open to county residents.

Registration and Inspection of Voluntary and Private Homes

At the 31st December, 1969 there were 4 voluntary and 18 private homes for elderly and/or disabled persons registered by the County Council under Section 37 of the National Assistance Act 1948, providing accommodation for 346 persons.

In addition there were 2 homes for the elderly run by the British Red Cross Society, providing accommodation between them for 38 people, statutorily exempted from registration.

During the year 2 new registrations were effected and 4 registrations were cancelled on the closing of the homes concerned or the transfer of ownership.

All homes were regularly inspected in the course of the year.

Sheltered Housing

At the end of 1969 there were 57 special housing schemes under the supervision of wardens covering 1,687 dwellings and accommodating 2,231 elderly or disabled persons. In the number of people for whom this special housing caters there has been an increase of some 16% over the previous year. The County Council, as the Welfare Authority, and the Borough and District Councils as the Housing Authorities concerned, continue to give a lead in this vital service. As 13 additional schemes are planned for 1970/71 a valuable contribution can be anticipated towards the further expansion necessary to cater for a growing "elderly" population.

The number of dwellings not covered by wardens but having a flashing light warning system installation has been reduced from 929 at the end of 1968 to 889 as at the 31st December, 1969. This reduction has occurred because of the introduction of a warden service to several schemes formerly covered only by the flashing lights.

Private houses outside the scope of the warden and flashing light schemes arranged with district councils, but occupied by elderly persons living alone, are equipped as necessary with portable battery operated units for use in emergencies.

Day Centres, Luncheon Clubs and Meals-on-Wheels

There are four all-day clubs for the elderly open throughout the week which provide lunches, three operated by the Women's Royal Voluntary Service and one by the Bromsgrove Association for the Welfare of Old People. There are also two clubs run by the W.R.V.S. which are open for lunches only and two all-day clubs (one at present open only part of the week) operated by the B.R.C.S. which serve light refreshments. Plans were formulated during the year which are expected to lead to an additional three day-centres combined with luncheon clubs next year. There is every sign of heightened interest on the part of voluntary bodies in this type of provision, which has long been encouraged by the County Council, and of increasing awareness of the many sided value of such clubs. The Council's own plans for six purpose-built day centres in "strategic" areas, giving a comprehensive service to both the elderly and the handicapped, were conceived several years ago but have been consistently frustrated by lack of loan sanction.

In 1969 it was found possible for the first time to give a Meals-on-Wheels service to every district in the County although the service was necessarily very limited in rural areas where there are particular difficulties in arranging transport. The number of meals served in the year ending 31st December, 1969 was 94,941, an increase of 10,148 (approximately 12%) over the 1968 figure. In addition 33,023 meals were served in the luncheon clubs, an increase of about 1,000 on the previous year. All the meals were provided in schemes operated on behalf of the County Council by the W.R.V.S. except for 3,000 served in the Bromsgrove Association for Old People luncheon club.

Clubs for the Elderly

There were 81 clubs, apart from day and luncheon clubs, functioning in the County at the end of the year. Sixty-nine of these were operated by the W.R.V.S., 4 run by the B.R.C.S., and the remainder by a variety of local voluntary organisations.

The clubs vary in the frequency of their meetings and in the detail of their programmes but all provide a friendly meeting place for the elderly citizens of the districts concerned and play an important part in the overall welfare service.

Services for Disabled Persons

1. Blind Persons

(a) Registration

The register of blind persons contained 763 names (308 men, 455 women) as at the 31st December, 1969. The number for the previous year was 740 (299 men, 441 women). Variations in the number of persons registered over the past few years have not been statistically significant.

There was an increase in the number of new registrations, 97 in 1969 compared with 82 in the previous year.

Of persons currently registered 70% are over 65 years of age. In the new registrations 75% are in this category and a gradual "ageing" of the register may be anticipated.

(b) Employment

Four blind persons are still employed in sheltered workshops but the number of homeworkers has again declined and is now 11 compared with 13 in 1968.

The reduction in sheltered employment is not to be regretted, accompanied as it is by a further rise in the incidence of open competitive employment in a wide range of jobs. There are now 59 blind persons in employment under ordinary conditions, representing nearly 80% of the total work force.

The Retail Shop in The Tything moved to better premises (at 35 The Tything) in November. The improved turn-over of goods resulting from the move seems likely to produce a gross income of about £5,000 per year, an improvement of some £2,000 per year on previous results.

(c) General Social Welfare

Over 6,000 visits were made by the Social Welfare Officers to blind persons during the year, giving supportive services of all kinds, helping in rehabilitation, supplying aids and gadgets, giving instruction in Braille, Moon and Handicrafts and advice on statutory and voluntary sources of help in many types of problem.

As in previous years the Worcestershire County Association for the Blind has undertaken a full part in assisting blind persons. Helping in the social and handicraft clubs, providing Talking Books and wireless sets, and arranging holidays are only examples of the invaluable services rendered by the Voluntary Association.

2. Partially Sighted Persons

There was a further increase in the number registered partially sighted, to a total of 148 as at the 31st December, 1969. The 1968 figure was 141.

Sixty persons were included in registration Class A (near and prospectively blind—age 16 and over). In Class B (persons mainly industrially handicapped—16 years and over) there were 18 persons. Persons aged over 16 years requiring observation only (Class C) numbered 60. In addition there were 10 children of school age.

Assistance to partially sighted persons was provided as appropriate under the Council's schemes for either the blind or the general classes of physically handicapped persons.

3. Register of Blind and Partially Sighted Persons—General Statistics

(a) Incidence of Blindness

During 1969 a total of 129 forms B.D.8 were completed in respect of persons over school age as compared with 111 in 1968. Of these 95 were certificates of blindness, 27 certificates of partial sight and 7 certified neither blindness nor partial sight. One certificate was in respect of a St. Dunstaner, accepted for blind registration purposes.

There were 12 re-examinations, 6 resulting in a change of registration from partially sighted to blind, 5 showing no change from partial sight category and 1 certifying a previously blind person as no longer registrable. Twenty-nine domiciliary examinations were necessary.

Nineteen consultant ophthalmologists carried out examinations and sources of reference were as follows :—

(a) General Practitioners	..	..	..	..	..	..	..	..	4
(b) other medical sources (mainly ophthalmologists)	..	..	..	..	..	..	..	..	66
(c) Department of Health and Social Security	..	..	..	..	..	..	..	..	21
(d) Other lay sources	..	..	..	..	..	..	..	..	38

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

Over 16 years of age

	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	10	3	5	—	26	2	26	8
(b) Medical	—	—	3	1	—	—	11	2
(c) Surgical	11	1	—	1	—	—	2	1
(d) Optical	—	1	1	—	—	—	1	2
(ii) Number of cases at (i) (b), (c), (d) above, which on follow-up action have received treatment	2	1	4	1	—	—	13	4

4. "General Classes" of Handicapped Persons

(a) Registration

The number of persons registered as at the 31st December, 1969 was 1,504 (647 men, 857 women) in the following age groups :—

Age	Men	Women	Totals
Under 16	39	15	54
16—29	89	58	147
30—49	119	93	212
50—64	188	208	396
65 or over	212	483	695
	647	857	1,504

After a small increase in number during 1968 the register seems to be resuming the rapid rate of expansion which has been characteristic since its inception. The increase over the 1968 figure is 142 or

10%. Whilst still a much "younger" register than that for the blind the percentage of "over 65's" is now 46 compared with 43 last year and only 40 in 1967. The category of handicap most commonly represented is arthritis or rheumatism (556 cases), closely followed by organic nervous diseases (448) cases.

(b) *Structural Alterations and Aids*

In the financial year 1969/70 expenditure amounted to £1,142 on aids and £658 on structural adaptations to property. The number of aids distributed was 413 to a total of 256 disabled clients. Adaptations, 62 in number, were carried out for 45 clients on the register. Increase in expenditure over the previous year was about 30% but the number of persons helped was increased by over 50%.

So far as the smaller aids are concerned the work of the department has been complemented as in previous years by the British Red Cross Society's great interest in this field of activity.

Where council housing has been involved the housing authorities have co-operated fully in structural adaptations for handicapped tenants and in most cases expenditure has been shared between housing and welfare authorities.

(c) *Centres and Outwork*

The two centres in temporary premises continued in operation, one at Halesowen on three days a week and one at Pershore on two days a week. At the end of the year 91 handicapped persons were attending regularly at one or the other of the centres.

Domiciliary provision was developed from the centres and ninety disabled persons were being provided with work in their own homes. Reference has already been made to the efforts made by the Committee to obtain loan sanction for purpose-built centres. In face of the continuing refusal of the Department of Health and Social Security to grant such sanction efforts are now being made to expand provision by the leasing of additional premises for use as temporary centres.

In December the Welfare Sub-Committee agreed to a considerable expansion of outwork facilities for the handicapped in view of the large demand being made on inadequate resources and the unique value of this particular service. Apart from the provision of more premises, three additional special vehicles are being purchased to transport disabled persons taking part in the outwork schemes. It is anticipated that at least 25% more disabled people can be helped than is the case at present by making this extra provision.

(d) *Social Activities*

The number of clubs financially assisted by the County Council under the agreed grant formula remains at fifteen. The British Red Cross Society run nine of the clubs, three are operated by the Women's Royal Voluntary Service and the remainder by other voluntary organisations.

(e) *Disabled Drivers*

During 1969 a total of 54 identification badges designed to assist their owners in overcoming parking and traffic difficulties was issued to disabled drivers. Twenty-four badges represented new issues and the other 30 were renewals of previous issues. The number of current badge holders in the County at the end of the year was 127.

5. *Deaf and Hard of Hearing Persons Registration*

Details of the register, as at the 31st December, 1969, and as maintained in the three classifications required by the Department of Health and Social Security are as follows :—

Age		Deaf with Speech		Deaf without Speech	Hard of Hearing
Under 16	Men ..	..	2	13	10
	Women ..	..	2	8	10
16—29	Men ..	..	17	7	17
	Women ..	..	8	9	10
30—49	Men ..	..	7	3	13
	Women ..	..	7	5	12
50—64	Men ..	..	8	5	20
	Women ..	..	6	2	15
65 and over	Men ..	..	8	5	52
	Women ..	..	14	7	134
			79	64	293

Since 1968 there has only been a slight change in number in all three classifications. The 1968 totals were :—

Deaf with Speech 83 Deaf without Speech 63 Hard of Hearing 304.

In the overall total the preponderance of elderly women who are hard of hearing may once again be remarked.

The Social Welfare Officers have visited both deaf and hard of hearing persons throughout the year and close liaison has been maintained in the voluntary field with the Worcestershire and Herefordshire Association for Work amongst the Deaf.

6. Admissions to Homes of Blind, Deaf and other Handicapped Persons

The following tables show the number of handicapped persons, according to categories and definitions used by the Department of Health and Social Security, resident in Homes at the end of 1969 :—

Persons aged under 65 resident in :—

Major Disability	County Council Homes	Voluntary Homes	Total
1. Blind	6	—	6
2. Deaf	—	3	3
3. Epileptic	2	4	6
4. Physically Handicapped ..	21	11	32
5. Mentally Subnormal ..	17	—	17
6. Mentally ill	4	—	4
7. Total	50	18	68

Persons aged 65 and over resident in :—

Major Disability	County Council Homes	Voluntary Homes	Total
1. Blind	38	2	40
2. Deaf	20	2	22
3. Epileptic	6	1	7
4. Mentally Handicapped ..	115	2	117
5. Total	179	7	186

R. A. McDONALD

County Welfare Officer

County Welfare Department,
25a The Tything,
Worcester.

Health Committee
(as at 31st December, 1969)

Chairman :	Mr. H. J. Tooby
Vice-Chairman :	Mr. J. G. Parker
The Chairman of the County Council :	Sir Michael Higgs, D.L.
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. E. G. Cash	Mrs. R. F. Munslow
Mrs. E. J. Davenport	Mrs. M. Overton
Mr. D. G. Dymott	Mr. J. Page
Mr. D. Gittins	Mrs. H. B. Perry
Mrs. J. L. Guest	Mr. R. J. Scriven
Mr. C. A. Guise	Mrs. M. B. Slade
Mr. H. Hardwick	Mr. M. W. Staite
Mr. D. C. Herbert	Mrs. H. R. Stephens
Mr. W. T. Hollis	Mr. E. A. W. Treadgold
Mr. F. S. Hunt	Mr. C. Willetts
Mr. W. J. Hunt	

Co-opted Members :

Miss F. E. Bailey, L.D.S.	} Local Dental Committee Local Medical Committee
Dr. R. S. MacArthur	
Dr. T. Astley Cooper	
Mrs. P. B. Harris	
Mr. H. T. Sharp	Mid-Worcestershire Hospital Management Committee
	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
Lady Higgs	Women's Royal Voluntary Service

Public Health Sub-Committee :

	Mr. A. E. Johnson (Chairman)
	Mrs. R. F. Munslow (Vice-Chairman)
Mr. W. J. Balderstone	Mr. W. F. Kimberley
Mr. W. S. Brettell	Mrs. H. C. M. Porter, O.B.E.
Mr. T. Camden	Col. W. R. Prescott, M.C., T.D., D.L.
Mrs. E. J. Davenport	Mr. R. J. Scriven
Mr. D. G. Dymott	Mr. E. A. W. Treadgold
Mr. C. A. Guise	Mr. C. Willetts
Mr. H. Hardwick	
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	Local Medical Committee
Miss F. E. Bailey, L.D.S.	Local Dental Committee
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. W. Bradford
Mr. E. G. Cash
Mrs. J. L. Guest
Mr. H. Hardwick
Mr. D. C. Herbert
Mr. W. T. Hollis
Mr. F. S. Hunt
Mr. W. J. Hunt

Mr. A. E. Johnson
Mr. B. D. Jones
Mr. W. J. Mapp
Mrs. H. B. Perry
Mrs. H. C. M. Porter, O.B.E.
Mr. M. W. 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.B.S.

Local Medical Committee
Local Dental Committee
Local Medical Committee
St. John Ambulance Brigade
British Red Cross Society
Worcestershire Pharmaceutical Committee

Health, Finance, Staffing 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
Maternal and Child Health
Ambulance, Prevention and After-Care
Mental Health
Welfare

Maternal and Child Health Sub-Committee :

Mrs. H. C. M. Porter, O.B.E. (Chairman)
Mrs. M. B. Matty (Vice-Chairman)

Mr. W. Bradford
Mr. W. S. Brettell
Mr. E. G. Cash
Mr. D. Gittins
Mr. H. Hardwick
Mr. D. C. Herbert
Mr. F. S. Hunt
Mr. W. J. Hunt

Mr. W. J. Mapp
Mrs. O. A. L. Mills
Mrs. M. Overton
Mrs. H. B. Perry
Mrs. M. B. Slade
Mr. M. W. 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, Local Medical
Committee

Mr. J. R. Smith, M.P.S., Worcestershire Pharmaceuti-
cal Committee
Mrs. V. A. Wight-Boycott, Worcestershire Federation
of Women's Institutes

Mental Health Sub-Committee :

Mr. A. E. Johnson (Chairman)

Mrs. M. B. Slade (Vice-Chairman)

Mr. W. Bradford
Mr. E. G. Cash
Mrs. E. J. Davenport
Mr. H. Hardwick
Mr. D. C. Herbert
Mr. W. T. Hollis
Mr. F. S. Hunt
Mr. W. J. Hunt
Mr. W. J. Mapp

Mrs. M. B. Matty
Mrs. O. A. L. Mills
Mr. J. Page
Mrs. H. B. Perry
Mrs. H. C. M. Porter, O.B.E.
Mr. M. W. Staite
Mr. E. A. W. Treadgold
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 :

Dr. T. Astley Cooper, Local Medical Committee
Mrs. P. B. Harris, Mid-Worcs. Hospital Management Committee
Mrs. R. Lane
Dr. R. S. MacArthur, Local Medical Committee
Mrs. F. Salmon
Mr. H. T. Sharp, South Worcs. Hospital Management Committee

Welfare Sub-Committee :

Mr. J. G. Parker (Chairman)

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

Mr. W. S. Brettell
Mr. E. J. Broughton
Mr. T. Camden
Mrs. E. J. Davenport
Mr. D. Gittins
Mrs. J. L. Guest
Mr. C. A. Guise
Mr. H. Hardwick
Mr. D. C. Herbert
Mr. W. T. Hollis
Mr. B. D. Jones

Mr. W. J. Mapp
Mrs. M. B. Matty
Mrs. O. A. L. Mills
Mrs. R. F. Munslow
Mrs. M. Overton
Mrs. H. B. Perry
Mrs. H. C. M. Porter, O.B.E.
Mr. R. J. Scriven
Mrs. M. B. Slade
Mr. M. W. 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
Mrs. J. Hawkes, British Red Cross Society
Lady Higgs, W.R.V.S.
The Chairmen of the Visiting Committees to the
Areley House
Heathlands
The Heriotts
Holmwood
Laburnum House
Malvernbury and The Howsells
Shenstone
Swinford Old Hall

Lt. Col. O. W. D. Smith, D.L.
Mr. H. T. Stephens, Worcs. Assoc. for the Blind
Mrs. V. A. Wight-Boycott, Worcs. Fed. of W.I.
Old People's Homes
Mr. C. A. Guise (see above)
Mrs. J. C. Wilson
Mrs. R. G. Addenbrooke (see above)
Mr. C. Willetts (see above)
Mrs. E. M. Wilkshire
Mr. W. S. Brettell
Mrs. M. B. Matty (see above)
Mr. E. J. Broughton (see above)

Education Committee :

(as at 31st December, 1969)

Chairman	Mrs. J. E. Talbot (County Alderman)
Vice-Chairman	Mr. M. C. Meikle
The Chairman of the County Council	Sir Michael Higgs, D.L.
The Vice-Chairman of the County Council	Mr. H. M. Morgan
The Chairman of the Finance Committee	Mr. J. H. Walker

County Aldermen :

Sir Hugh Chance	Mr. J. Hughes
Mr. E. Gittus	Mr. H. Nettlefold

County Councillors :

Mr. R. M. O. Capper	Mr. R. Oakley
Mr. E. G. Cash	Mr. J. T. O'Reilly
Group Capt. J. P. Cecil-Wright	Mr. W. Perrins
Mr. W. P. Drew	Mrs. O. Perry
Mrs. J. A. W. Farren	Mr. H. G. Pinner
Mr. D. Gittins	Mrs. C. W. Potter
Mr. D. C. Herbert	Mr. T. D. H. Powell
Mr. W. T. Hollis	Mrs. J. Redfern
Mr. A. E. Johnson	Mrs. F. R. Salmon
Mr. W. F. Kimberley	Mr. P. A. J. Sturge
Mr. P. Kite	Mr. S. Wheelton
Mrs. O. A. L. Mills	

Nominated Members :

Mr. L. C. Bailey	Prof. D. R. Dudley
The Rev. J. G. Barnish, M.A.	The Rev. Dr. E. K. H. Jordan, M.A.
Mr. W. W. Blackford	Mr. G. A. McCleverty

Selected Members :

The Rev. A. J. Adams	Marguerite, Lady Lechmere
Mr. G. Scott Atkinson	Mr. W. J. Richards
The Rev. Canon Gideon Davies	Mr. W. E. C. Stuart
Dr. F. E. Dawes	Mrs. Christopher Wilson
Mr. D. W. Douglas	

Education, Children's Care Sub-Committee :

Mrs. P. J. E. Salmon (Chairman)

Rev. A. J. Adams	Mrs. O. Perry
Dr. F. E. Dawes	Mr. H. G. Pinner
Mr. D. C. Herbert	Mrs. E. J. Redfern
Mr. W. T. Hollis	Mr. W. J. Richards
The Rev. Dr. E. K. H. Jordan, M.A.	Mr. P. A. J. Sturge
Marguerite, Lady Lechmere	

The Chairman of the County Council
The Vice-Chairman of the County Council
The Chairman of the Finance Committee
The Chairman of the Education Committee
The Vice-Chairman of the Education Committee
The Chairmen of the following Sub-Committees—

Sites and Buildings
Further Education
Youth
Agricultural Education
County Library
Museum
School Management
School Meals
Planning and Development
Finance and General Purposes

} ex-officio

PART XVI

STAFF

County Staff

County Medical Officer of Health and Principal School Medical Officer

J. W. Pickup, M.D., D.P.H. (Retired 18.9.69)
J. D. Willins, M.B., Ch.B., D.P.H. (Appointed 19.9.69)

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer

J. D. Willins, M.B., Ch.B., D.P.H. (To 18.9.69)
N. M. Bailey, M.D., M.Sc., D.P.H. (Appointed 29.9.69)

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 Health

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 Medical Officers in Department and School Medical Officers

Moir K. E. Allington, B.A., M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H., D.P.H. (Appointed 10.2.69)
Aitolia English, M.B., B.S., M.R.C.S., L.R.C.P. (Appointed 20.10.69)

Medical Officers in Department and School Medical Officers

Clarice E. Butler, M.B., Ch.B.
Margaret C. Davies, L.R.C.P., M.R.C.S., M.B. (Appointed 22.9.69)
Esther M. Devlin, M.B., B.Ch., D.P.H., L.M. (Part-time)
*H. F. Green, M.A., 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. (Part-time)
D. R. McCauly, B.A., M.D., B.Ch., B.A.O., D.P.H.
*R. W. Markham, B.A., M.B., B.Ch., D.P.H.
*C. H. 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.
Essilt Thomas, M.B., Ch.B.
*D. E. Thompson, O.B.E., M.B., B.Ch., M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.
*J. Twomey, M.B., B.Ch., B.A.O., D.T.M. & H., D.P.H.
P. B. Williams, T.D., M.B., Ch.B.
Lilian M. A. Wright, M.B., Ch.B. (Appointed 1.2.69)

Senior Consultant Chest Physician

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

Consultant Chest Physician

† S. Z. Kalinowski, M.D., M.R.C.P.E.

Ophthalmologists (part-time)

C. Martin Doyle, M.R.C.S., L.R.C.P., D.O. (Oxon.)
C. G. Sinclair, M.B., B.S., F.R.C.S. (Eng.)
J. A. Cox, M.B., B.S., D.O. (Eng.)
J. L. Pearce, M.B., Ch.B., D.O. (Eng.)
R. D. Calcott, M.B., B.S., D.O. (Lond.)

Consultant Psychiatrist

† J. J. Graham, M.B., Ch.B., D.P.M. (Retired 31st March, 1969)
T. K. MacLachlan, M.B., Ch.B., M.R.C.P.E., D.P.M. (Appointed 1.5.69)

Chief Dental Officer and Principal School Dental Officer

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

Deputy Chief Dental Officer and Deputy Principal School Dental Officer

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

Divisional Dental Officers

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

* Also District Medical Officer of Health.

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

Dental Officers

Miss S. F. Burton, B.D.S. (Appointed 24.2.69)
G. M. Boyles, B.D.S. (Part-time) (Resigned 9.4.69)
D. M. Christie, L.D.S.
F. V. Frank, L.D.S.
Mrs. P. Goff, B.D.S. (Part-time)
F. J. Hill, B.D.S. (Resigned 31.8.69)
Mrs. M. E. Hiscock, B.D.S. (Part-time)
Mrs. E. M. Killick, B.D.S. (Part-time) (Resigned 31.8.69)
Dr. E. B. Mitchell, M.B., B.S., B.D.S.
K. U. Nasir, B.D.S. (Part-time) (Resigned 29.8.69)
Mrs. E. M. Prosser, B.D.S. (Resigned 8.7.69)
E. N. Rowley, B.D.S. (Part-time) (Appointed 2.5.69)
F. A. Trent, L.D.S., R.C.S., Eng.
Mrs. P. B. Trent, L.D.S., Eng.
Miss V. A. Wardell, L.D.S. (Part-time) (Resigned 30.9.69)
Miss R. H. Whitaker, B.D.S. (Appointed 19.1.70)

Anaesthetist

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

Orthodontist

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

Dental Auxiliary

Mrs. D. M. Hipkiss

Dental Hygienist

Mrs. L. L. Ansfield

Senior Dental Technician in Charge

Mr. C. A. Smith

County Public Health Inspector

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

County Ambulance Officer

G. C. Hutchison

Deputy County Ambulance Officer

S. Ogden

Ambulance Training Officer

F. S. Ballard

Ambulance—Radio Control—18.

Educational Psychologists

A. C. Smith, M.A.
R. J. Skinner, B.Sc. (Resigned 31.1.69)
D. E. Struggles, B.A.
T. J. Jellis, B.A. (Appointed 1.9.69)

Senior Psychiatric Social Worker

I. Malcomson, B.A. (Econ.) (Hons.), A.A.P.S.W.

Psychiatric Social Workers

Mrs. J. E. Harrison, S.S.D., A.A.P.S.W. (Part-time) (Resigned 31.7.69)
Miss A. E. Ridgeway, B.A. (Hons.), S.S.D.
Mrs. M. Llewellyn, B.A. (Social Admin.) (Part-time), A.P.S.W., Dip.M.H.
R. G. Morgan, C.S.W. (Appointed 3.11.69)

Social Worker

Mrs. J. E. M. Bill, B.A. (Econ.), (Hons.), (Part-time)

Occupational Therapists

Miss R. J. Young, S.R.O.T.
Miss H. M. P. Proctor, S.R.O.T. (Resigned 23.9.70)
Mrs. H. M. Cook, S.R.O.T. (Part-time) (Appointed 7.10.69)
Mrs. D. M. Hall, S.R.O.T. (Part-time) (Appointed 21.10.69)

Senior Speech Therapist

Miss J. D. Jenkinson, L.C.S.T.

Speech Therapists

Miss R. M. Bourke, L.C.S.T.
Mrs. M. C. Jotic, L.C.S.T. (Resigned 30.6.69)
Mrs. E. C. Scott, L.C.S.T. (Appointed 15.9.69)
Mrs. S. V. Tripp, L.C.S.T. (Appointed 1.10.69)
Miss S. R. Twist, L.C.S.T. (Appointed 2.9.69)

Physiotherapists

Mrs. D. G. Perry-Keane, M.S.C.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., S.R.Ch.
W. Cottingham, M.Ch.S., S.R.Ch. (Appointed 2.6.69)

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.

Non Medical Supervisor of Midwives

Mrs. M. Allen, S.R.N., S.C.M., H.V., Q.N.

Superintendent District Nurse

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

Superintendent Health Visitor

Miss N. Hardiman, S.R.N., C.M.B.(I), Q.N.

Nursing Officer for Health Education

Miss L. Mee, S.R.N., S.C.M., H.V.

Audiometric Health Visitors

Miss E. M. Andrews, S.R.N., S.C.M., Q.N., H.V.
Miss P. O. Viles, S.R.N., S.C.M., Q.N., H.V.
Mrs. J. S. Pollard, S.R.N., S.C.M., H.V. (Resigned 17.3.69)

In the County as at 31st December 1969, the following staff were employed :

	<i>Full-time</i>	<i>Part-time</i>
Health Visitors and School Nurses	75	15
Midwives	20	3
District Nurse/Midwife/Health Visitors	114	16
Nurses on Courses	4	

Mental Health Service

Mental Health Administrative Officer

W. Phillips, L.I.B.

Assistant Mental Health Administrative Officer

A. G. Willis

Senior Area Mental Welfare Officers	..	..	..	..	..	..	5
Area Mental Welfare Officers	..	..	..	..	..	..	8
Female Mental Welfare Officers	..	..	..	..	..	..	3

Organiser of Training Centres

Mrs. M. Mitchell

Training Centres

						Supervisor	Assistant Supervisor	Trainee
Worcester Junior Training Centre	..	..	..	..	..	1	3	—
Evesham Junior Training Centre	..	..	..	..	..	1	1	—
Tenterfields Training Centre	..	..	..	..	..	1	3	1
Bromsgrove Junior Training Centre	..	..	..	..	..	1	2	—
Kidderminster Junior Training Centre	..	..	..	..	..	1	4	—
Kidderminster Adult Training Centre	..	..	..	..	..	1	4	1
Netherend Adult Training Centre	..	..	..	..	..	1	4	—
Redditch Adult Training Centre	..	..	..	..	..	1	4	—
Staff on Training Courses	..	..	..	..	..	—	3	1

						Superintendent	Matron	General Assistants
Junior Hostel, Kidderminster..	..	..	..	..	..	1	1	7

Senior Administrative Clerical Staff

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 ; (Kidderminster Divisional Office) ; Miss M. E. French (Retired 4.10.69) ; Mrs. J. Hinton (Appointed 18.8.69).

Social Welfare

Home Help Service

County Organiser

Miss D. M. Mercer

Area Organisers

Mrs. C. J. Barron	Halesowen/Stourbridge
Mrs. E. St. Claire-Johnson	Redditch/Bromsgrove
Mrs. A. Friend	Droitwich/Martley/Malvern
Miss P. Brewer	Evesham/Pershore/Upton
Mrs. M. Staves	Kidderminster/Stourport Bewdley/Tenbury

Relief Area Organiser

Miss E. M. Williams

Total number of Home Helps employed (Full or part-time basis) 435.

Welfare Services

County Welfare Officer

R. A. McDonald, F.I.S.W.

Deputy County Welfare Officer

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

Community Services Officer

G. G. Gatehouse, D.S.A., M.B.A.S.W.

Residential Services Officer

D. A. Newton

Senior District Social Welfare Officers

R. Childs, M.B.A.S.W., Kidderminster.

R. Brooks, M.B.A.S.W., Bromsgrove.

R. T. Chambers, M.B.A.S.W., Worcester

Mrs. R. Popplestone, M.A., M.B.A.S.W., Halesowen

Supervisor/Salesman—Blind Homeworkers' Scheme

D. G. Major

Craft Instructoress

Mrs. S. M. Ness.

Homes for Old and/or Infirm Persons :

	<i>Beds</i>
Areley House, Stourport	45
Heathlands, Pershore	102
do. Annexe	16
The Heriotts, Droitwich	64
Holmwood, Kidderminster	63
The Howsells, Malvern	21
Laburnum House, Upton upon Severn	154
Malvernbury, Malvern	26
Swinford Old Hall, Stourbridge	49
Shenstone, Halesowen	68

County Council's reserved accommodation

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