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HC. 4427.

Berkshire County Council

# REPORT

15 DEC 1959

OF THE

# MEDICAL OFFICER OF HEALTH

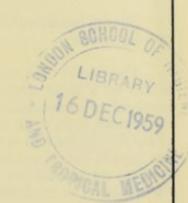
FOR THE YEARS

1957 and 1958

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## Berkshire County Council



# REPORT

OF THE

# MEDICAL OFFICER OF HEALTH

FOR THE YEARS

1957 and 1958

# To the Chairman and members of the Health Committee of the Berkshire County Council.

I have the honour to present my annual Report for the years 1957 and 1958.

The vital statistics of the county continue to be among the most satisfactory in the country. New low records were established for: infant mortality; neo-natal mortality; the proportion of births that were stillbirths; and the death rate from tuberculosis.

Special consideration is given on pages 4 and 5 of the report to the question of lung cancer.

The period here considered saw the development of poliomyelitis immunisation on a large scale, and this, and the enormous amount of work that was involved, are referred to on pages 8 and 9. As is stated in the report, this could never have been done at all without the whole-hearted assistance and support of the family doctors of the county. With them the County Health Department has kept in the closest touch. This, indeed, has done a great deal to develop and increase an association that had already becone a most gratifying feature of the situation in Berkshire.

I should like to thank the Chairman and members of the Health Committee for the greatest possible sympathy, interest, and support, all of which have continued to be unfailing. Finally, I should like to express more than usually warm thanks to my staff. Over the whole of the two years poliomyelitis immunisation has imposed on them prodigious labours, which they have discharged in a manner that can only be described as magnificent.

E. C. H. HUDDY, County Medical Officer of Health.

August, 1959.

#### ADMINISTRATIVE COUNTY OF BERKSHIRE.

#### AREA AND POPULATION.

The area of the administrative county of Berkshire is 454,725 acres. In 1958 the estimated civilian population was 355,800 persons, an increase of 9,300 compared with the previous year.

TABLE I.

		Area in		Population		
		Statute Acres (Land and Inland	Census, 1951.	Registrar-General's Estimate.		
		Water).	1931.	1957.	1958.	
	URBAN DISTRICTS.					
1 2 3	Abingdon Borough Maidenhead Borough Newbury Borough	1,713 5,007 2,612	10,176 27,145 17,783	13,110 30,390 19,440	13,420 31,360 20,170	
4	New Windsor Borough	4,616	23,299	25,930	26,250	
5	Wallingford Borough Wantage	760 2,797	3,514 5,090	3,810 5,660	4,210 5,680	
7	Wokingham Borough	3,386	8,729	9,960	10,210	
	Total	20,891	95,736	108,300	111,300	
	RURAL DISTRICTS.			T HANDELLE ST		
1	Abingdon	41,225	23,459	28,060	28,830	
2	Bradfield	53,008	18,899	24,410	24,420	
3	Cookham	24,920	13,919	15,640	15,970	
4	Easthampstead	27,034	23,408	34,720	37,830	
5	Faringdon	55,726	12,865	13,410	13,410	
6	Hungerford Newbury	44,817 41,660	9,417 14,156	9,890 20,150	9,980 20,100	
8	Wallingford	21.772	15,598	17,130	17,370	
9	Wantage	74,179	14,589	15,820	16,000	
0	Windsor	8,665	10,902	14,600	15,020	
1	Wokingham	40,828	35,997	44,370	45,570	
	Total	433,834	193,209	238,200	244,500	
dı	ministrative County	454,725	288,945	346,500	355,800	

#### BIRTHS AND BIRTH RATES.

LIVE BIRTHS.

The numbers of live births, and the birth rates per 1,000 population for 1958 and the five previous years were :—

	1953	1954	1955	1956	1957	1958
Number of live births, Berks	4,996	5,249	5,523	5,953	6,364	6,726
Birth rate per 1,000 population,						
Berks	16.14	16.54	16.98	17.66	18.36	18.90
The birth rate for England and	Wales	during	1957-58	was 1	6.2.	

#### STILL-BIRTHS.

The numbers of still-births and the proportion of still-births per 1,000 total births (together with the latter proportion for England and Wales) for 1958 and the five previous years were :—

	1953	1954	1955	1956	1957	1958
Numbers of still-births, Berks	100	106	102	132	110	91
Proportion of still-births per 1,000 total births, Berks	19-6	19-6	18-1	21.6	16.9	13.3
Proportion of still-births per 1,000 total births, England and Wales	22.4	23.4	23.2	22.9	22.5	21.6

The apparent stability in this rate for England and Wales as a whole seems now to have changed, and the fall for 1958 is a significant one. An indication to the same effect can now be accepted for the Berkshire figure for 1957 (although this could not be justified when that figure alone was available) and the very satisfactory new low record for Berkshire in 1958 confirms that further progress has now been made, after a comparatively long refractory period, in the prevention of stillbirth.

The numbers of *illegitimate births* were 332 (including 9 still-births) in 1957, and 323 (including 7 still-births) in 1958. For the two years, the proportion of births that were illegitimate was 5 per cent., compared with 4.75 per cent. for England and Wales as a whole.

TABLE II.

#### LIVE BIRTHS.

					Number o	f live births.
					1957	1958
	URBAN DISTR	RICTS.				
	Abingdon Borough				283	308
2	Maidenhead Boroug				568	620
	Newbury Borough				402	386
	New Windsor Boro				394	410
	Wallingford Boroug				76	80
	Wantage				99	91
	Wokingham Borou				164	168
	Abingdon Bradfield Cookham				543 480 305	619 460 297
	Easthampstead	***	***		643	840
	The mineral new			***	256	258
	Hungerford			***	159	174
	Newbury				345	329
	Wallingford				325	324
	Wantage				339	313
	Windsor				313	303
	Wokingham	***			670	746
	Urban Districts				1,986	2,063
	Rural Districts				4,378	4,663
	County				6,364	6,726

#### DEATHS.

The total numbers of deaths, the numbers due to the main causes, and the crude death rates during 1957 and 1958, and the three previous years, were as follows:—

Cause.			Num	ber of D	eaths.	
		1954	1955	1956	1957	1958
All causes		3,123	3,289	3,564	3,450	3,642
Heart disease		926	1,035	1,068	1,032	1,134
Cancer		544	558	608	597	611
Vascular lesions of nervous system	m	498	446	604	542	602
Cancer of lung and bronchus		78	118	132	124	121
Bronchitis and pneumonia		231	267	314	317	355
Influenza		9	24	47	56	27
Crude death rate per 1,000 population		9.36	10.11	10.57	9.95	10.24

In the last Report special reference was made for the first time to the question of lung cancer, and the relation between it and heavy cigarette smoking; the latter term should be taken as meaning 25 or more cigarettes a day, and the association with lung cancer has been shown to vary directly with the number of cigarettes smoked. In the autumn of 1957 the Ministry of Health issued Circular 7/57 on the matter, asking local authorities to bring the risks to public attention. The Health Committee decided to concentrate its efforts on school leavers, in order to prevent, as far as possible, young people from taking up cigarette smoking at all. Posters were issued to all schools, and cards to be given to school leavers, and special care was taken to produce both the poster and the card in a form that was brief as well as accurate and informative in regard to the salient facts, while the opportunity was taken to point out that heavy smoking also affects physical fitness. wide publicity has been given to this question on television and radio, and there is no doubt that this is likely to have much the greatest effect of any form of publicity. On the other hand, it is difficult for these latter forms of publicity to keep on presenting the facts, and it is very necessary to persist in doing this. This gives very great importance to other forms of publicity, especially in relation to young persons.

This is essentially a matter on which the heavy cigarette smoker, or the young person considering taking this up, must make up his or her own mind, in the light of a fair and accurate presentation of the relevant facts. Such a presentation must be based largely on the masterly investigation that was carried out by Professor A. Bradford-Hill and Dr. W. R. S. Doll (the results of which have been published by the Medical Research Council), but evidence collected since, and much evidence from other countries, all points in the same direction. On the basis of a very large volume of evidence, it must be accepted by reasonable people that heavy cigarette smoking over many years carries a very large risk indeed of lung cancer. It seems quite unjustifiable to accept the suggestion, for which there is not a shred of evidence, that certain persons are pre-destined, through some mysterious other factor, both to die of cancer of the lung and to take up and to persist in heavy cigarette smoking. Anyone who is a heavy cigarette smoker (or who as a young person intends to run the risk of becoming one by beginning to smoke cigarettes) should think very seriously of the following two simple probabilities: (i) the probability on the average of dying of lung cancer after heavy cigarette smoking over a number of years is about 1 in 8; (ii) for a non-smoker this probability is only about 1 in 300, and in an appreciable proportion of the comparatively few lung cancers that do develop in non-smokers the type of cancer is of a different and far rarer type; in any event, the risk in heavy cigarette smokers is nearly 40 times that for non-smokers.

Ordinary observation, considered in the light of the statistical evidence that is now available, provides a likely explanation of why the cigarette, as such, is so much the dangerous factor in this connection. From such an explanation, which there is not the space to set out here, it is reasonable to conclude that the risk is confined to the heavy and persistent cigarette smoker himself, and that it does not in general extend to others. It is on the risk to himself that he must base his decision. And he must also remember that chronic bronchitis, one of the most unpleasant and dangerous of the impairers of health, is at least six times as common among heavy cigarette smokers as among non-smokers. He may hear talk of atmospheric pollution as a possible factor in lung cancer. It is reasonable to say that this factor is a minor and

additive one only, where it is operative, adding perhaps 10 per cent. (and almost certainly not more than 20 per cent.) to a risk that is already big enough in itself. He should remember also that the smoking of pipes or cigars carries a relatively neglible risk of lung cancer, although these forms of smoking do involve some additional risk of cancer of the mouth and throat.

**Heavy** cigarette smoking can be regarded as more a matter of habit than of indulgence; and the cigarette seems to be an article that even the most strong minded find it hard to take in moderation, or at a few regular times only each day. For the many, therefore, who regard tobacco, not without reason, as a thing to be enjoyed, a reasonable answer is the smoking, in moderation, of the pipe or the cigar. It is a matter on which the individual must make up his or her own mind, in the light of the evidence, assessed fairly and without prejudice or wishful thinking; and the cigarette smoker should certainly not forget that children are inclined to follow the examples of their elders.

TABLE III. DEATHS.

-			1)1.	arrio.				
					Nu	mber of	deaths.	
					1957		195	8
							-	
	URBAN DISTRICTS	5.						
1	Abingdon Borough		***		92		120	0
2	Maidenhead Borough				366		400	
3	Newbury Borough	***	***		212		260	
4	New Windsor Borough				244		263	
5	Wallingford Borough		***		139		6	
6 7	Wantage		***		55 122		5: 16:	
,	Wokingham Borough				122		10.	1
	RURAL DISTRICTS	S.						
1	Abingdon				212		27	
2	Day deald				232		240	
3	Cookham				151		136	
4	Easthampstead				298		320	
5	Faringdon				121		131	
6	Hungerford	***	****		115		105	5
7	Newbury				172		163	
8	Wallingford				187		230	
9	Wantage				133		128	
10	Windsor				177		181	
11	Wokingham	***			422		402	4
	Urban Districts				,230		1,335	5
	Rural Districts		***		,220		2,307	
	County	***		3	3,450		3,642	2
		INFA	NT N	IORTAI	ITY.			
Ben	rkshire.			1954	1955	1956	1957	1958
I	Deaths of infants u	ınder	one		_	_	_	-
-		ander	one	116	117	109	106	113
	year	***		110	117	109	100	113
1	nfant mortality rat							
	of infants under	one	year					
	per 1,000 live birt	ths in	the					
	same period)			22.1	21.2	18.3	16.6	16.8
	A	2000	3500	100000000000000000000000000000000000000	1000	1000		

The *infant mortality rate* for the County shows striking improvement in the last three years. The rate for 1957-58 is 73·25 per cent. of that for England and Wales; in 1950-1951 the rate was 84·2 per cent. of that for England and Wales.

The neo-natal mortality rate (deaths of infants under one month of age, per thousand live births) for 1957-1958 for Berkshire was 12. This is 73.5 per cent. of the corresponding rate for England and Wales as a whole. Here the relative improvement is even more striking than for total infant mortality, for in 1950-51 the neo-natal mortality rate for the County was 92.2 per cent. of that for England and Wales.

TABLE IV.

INFANT MORTALITY

(per 1,000 live births).

					Infant Mortality,	Number o	of deaths.
					1949-58.	1957.	1958.
	URBAN DIST	RICT	S.	F			
	Abingdon Borough	h			18-3	2	2
2	Maidenhead Boros				21.4	12	10
3	Newbury Borough				26.6	9	17
	New Windsor Bor	ough			24.6	8	7
,	Wallingford Borou		***		28.0	3	7 1
5	Wantage				20.7		2
7	Wokingham Boros				20-6	1	2 4
2	Abingdon Bradfield Cookham				17·5 19·3 20·7	6 8 5 7 4	8 3 5
1	Easthampstead				21.1	7	16
,	Faringdon				19-1	4	4
;	Hungerford		***		23.7	6	3
	Newbury				18-7	4	3
3	Wallingford	***	444	***	21.2	4 5 7	8
)	Wantage				19-6		3
)	Windsor		***	***	23.2	6	3
1	Wokingham				21-2	13	14
					22.5	0.5	40
	Urban Districts	***	***	***	22.8	35	43
	Rural Districts		***	***	20.3	71	70
	County	***	***	***	21-1	106	113

#### MATERNAL MORTALITY.

The numbers of maternal deaths in the County in the year 1958 and the five previous years were respectively:—

		1953	1954	1955	1956	1957	1958
Numbers of deaths	***	5	1	5	2	4	1

The rate of maternal mortality for the years 1957-1958 is not significantly different from that for England and Wales as a whole.

#### PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

#### DIPHTHERIA.

The number of cases of, and deaths from, diphtheria for the eleven years up to and including 1958 are shown in the following table:—

Year :	1948	1949	1950	1051	1952	1953	1954	1955	1956	1957	1958
Number of cases	2	15	-	-	-	6	1	-	-	-	-
Number of deaths	-	-	-	-	-	-	_	_	_	_	-

The numbers of primary immunisations and of reinforcement doses during the year 1958 and the four previous years were :—

	1954	1955	1956	1957	1958
Primary immunisations by medical practitioners	2,639	2,847	2,787	2,649	3,153
Primary immunisations at clinics	1,077	1,201	1,341	1,503	1,669
Reinforcement doses by medical practitioners	751	545	563	572	794
Reinforcement doses at clinics	577	698	823	708	856

#### SCARLET FEVER.

There were 97 notified cases in 1957, and 180 in 1958. The numbers for 1955 and 1956 were 153 and 140 respectively.

#### TYPHOID FEVER.

Two cases were notified in 1957 and one in 1958.

#### WHOOPING COUGH.

The numbers of cases notified in 1957 and 1958 were 519 and 161 respectively. There was one death (an infant under one) in 1957, but no death in 1958.

The Council's scheme for the distribution of special vaccine for immunisation against whooping cough began in 1953, and the aim is to immunise infants as early in life as possible, preferably beginning at a month of age. The numbers of infants immunised in 1957 and 1958 were 3,537 and 4,172 respectively.

#### VACCINATION AGAINST SMALLPOX.

The numbers of primary vaccinations were 4,266 and 4,259 in 1957 and 1958 respectively (compared with 3,495 and 3,895 in 1955 and 1956), and the numbers of re-vaccinations were 1,016 and 517.

#### POLIOMYELITIS.

The following table shows the numbers of notified cases of paralytic poliomyelitis occurring in Berkshire during the five years 1954 to 1958. For reasons referred to in a previous Report, it is desirable to use the number of *paralytic* cases in making comparisons.

		West Berks.	East Berks.	
Year.		Number of Paralytic Cases.	Number of Paralytic Cases.	
1954		-	3	
1955	***	13	9	
1956		2	8	
1957		22	13	
1958		5	10	

The following table shows the prevalence of poliomyelitis in England and Wales in the years 1954 to 1958:—

PARALYTIC CASES OF POLIOMYELITIS PER 100,000 POPULATION.

Year	1954	1955	1956	1957	1958
England and Wales	3	8	4	7	3.3
London	2	16	6	6	2.5
Non-County Boroughs and Urban Dis- tricts of England	3	9	4	7	
Rural Areas of England	3	8	4	8	

\* Not yet available.

Immunisation against poliomyelitis by means of a British vaccine was begun in 1956. Owing to limitation in the supply of vaccine, its use was confined to children born between 1947 and 1954 inclusive. In 1956, 3,129 Berkshire children in this age group were registered for immunisation, and, by the end of the year 2,626 had received the primary immunisation course of two injections. In January, 1958, the Ministry of Health announced that it had been decided to import poliomyelitis vaccine from Canada and the United States, and to issue it (after putting it through British tests) for the immunisation of children under 15 and expectant mothers. This represented an enormous expansion of the offer of immunisation, and the response of parents in the County was most gratifying. Over 80 per cent. of the children

eligible (one of the highest percentages in the country) had been registered by the end of 1958, and during that year no less than 63,006 children, and 1,518 expectant mothers had received the primary course of two injections. It is no overstatement to describe this as a colossal achievement. It was literally a case of all hands to the pumps. It is impossible to praise too highly the manner in which the entire staff of the Health Department rose to the occasion. Without these efforts a task that seemed at first impossible could not have been achieved. Neither could it have been achieved without the enthusiastic co-operation of the family doctors throughout the County, who gave about half the injections. With them the Health Department worked in close and constant touch.

#### VENEREAL DISEASES.

The following figures show the numbers of cases dealt with during 1957 and 1958 at the various clinics serving the area of the County, the figures for the year 1956 being shown in brackets:—

		rkshire Reading		Radeliffe In Oxfo		King Edward VII. Hospital, Windsor.	
	1957	1958		1957	1958	1957	1958
Number of cases seen for	-	-		-			
the first time	95	79	(81)	53	60 (56)	102	90 (128)
of which—							
Cases of syphilis	8	1	(5)	3	5 (3)	7	6 (15)
,, gonorrhoea	23	24	(15)	11	15 (10)	9	12 (7)
Non-venereal cases	64	54	(61)	39	40 (43)	86	72 (106)

#### LABORATORY SERVICES.

The Public Health Laboratory Service continued throughout the year to give assistance to Medical Officers of Health in the investigation of cases of infectious disease.

#### TUBERCULOSIS.

(and see also Care and After-Care, p. 21).

The numbers of primary notifications received during 1958 are shown in the following table, together with the corresponding figures for the previous ten years:—

#### TABLE V. TUBERCULOSIS.

#### ANNUAL NUMBER OF NOTIFICATIONS RECEIVED SINCE 1948.

Year.	Pulmonary.	Non-Pulmonary.	Total.
1948	245	77	322
1949	258	49	307
1950	205	45	250
1951	276	67	343
1952	193	30	223
1953	236	33	269
1954	214	25	239
1955	221	40	261
1956	202	33	235
1957	185	28	213
1958	182	21	203

The numbers of deaths from *pulmonary* tuberculosis during 1957 and 1958 were 22 and 26 respectively (compared with 29 in 1955 and 28 in 1956). The death rate for 1956-58 is shown in the following table, together with that

for certain previous five-year periods. That for Berkshire for 1957-58 was 6.8, compared with 9.2 for England and Wales for the same period.

Deaths from *non-pulmonary* tuberculosis in Berkshire in 1957 and 1958 were 2 and 3 respectively. The death rate from non-pulmonary tuberculosis is now becoming so small that purely chance variations in the figures are relatively large.

Tuberculosis notifications for England and Wales as a whole have been published by the Registrar General since 1954. Since the end of the war the national death rate from pulmonary tuberculosis has been falling with rapidity, due largely to the introduction of the new chemotherapeutic drugs. In the first part of the same period the notification rate has been much more resistant, and has only shown a definite tendency to fall in recent years. Notifications have been inflated to some extent since 1948 by two factors: (i) chiefly by the introduction of Mass Radiography, so that now perhaps a third of all new pulmonary cases are discovered by this method; and (ii) there has been a greater tendency for cases of primary tuberculosis to be notified. The notification rate is now falling in spite of these factors. This is especially welcome, for there was previously a tendency to say, and with some justification, that the deaths were falling but that the number of new cases was more or less stationary.

Since 1954 there have also been published figures for notifications of cases of tuberculosis of the meninges and central nervous system. These are invariably serious cases, virtually all of which must be ascertained, and they are a good index of the intensity of tuberculosis infection in the community, subject to the proviso that in this connection immunisation by B.C.G. vaccine (see page 21) appears likely to have a very appreciable preventive effect. The number of such cases in England and Wales as a whole in the five years 1954/58 were respectively 692, 532, 433, 326 and 274. In Berkshire in the same five years the numbers of notifications under this head were respectively 2, 7, 2, 1 and 0. (Owing to a drafting error, these figures were given incorrectly in the last Report.)

TABLE VI.

CRUDE DEATH RATE FROM TUBERCULOSIS PER 100,000
POPULATION, BERKSHIRE.

PULMONARY TUBERO	CULOSIS.	NON-PULMONARY TUBERCULOSIS					
Quinquennium, 1906-10 .	87	Quinquennium, 1906-10	24				
Quinquennium, 1941-45 .	36	Quinquennium, 1941-45	11				
Quinquennium, 1946-1950 .	28.7	Quinquennium, 1946-1950	3.9				
Quinquennium, 1951-55 .	13-2	Quinquennium, 1951-55	1.6				
Triennium, 1956-58	7-4	Triennium, 1956-58	0.7				

#### CARE OF MOTHERS AND YOUNG CHILDREN.

CHILD WELFARE CENTRES.

At the end of 1958 there were 82 Centres.

The number of children attending during 1957 and 1958 were :-

Year.	Number attending for the first time, aged under one at first attendance.	Total attendances.
1957	4,153	71,839
1958	4,523	70,577

DAY NURSERIES.

Consideration was given in June, 1956, to the question of accommodating the Windsor Nursery School (which was in a temporary building of which the lease was soon to terminate) in the building occupied by the Windsor Day Nursery, at "The Lawns," Dedworth Road. The building appeared to be large enough for the purpose. Numbers at the Day Nursery had been at about 27 for some time. The change was made in March, 1957, and the Day Nursery, as such, ceased when the premises were taken over as a Nursery School.

#### CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.

- (a) The main institutional accommodation continues to be provided at the County Council's own Hostel at Burnell House, Windsor, where up to 18 mothers with their infants are taken. The general policy regarding the admission of cases to this Hostel was described in the report for 1951. During 1957, the number of County cases admitted was 52, and 15 cases were taken from other counties. The corresponding figures for 1958 are 55 and 15 respectively. Cases are admitted to Voluntary Homes when admission to Burnell House is impossible, or inadvisable on account of special circumstances, and in these cases the Council contributes 75 per cent. of the ascertained cost, less any contribution by the mother; 13 cases were admitted to such Homes during 1957 and 3 in 1958. The total numbers of County cases admitted to Homes or Hostels in the eight years 1951 to 1958 were respectively 61, 73, 71, 69, 55, 63, 65 and 58.
- (b) Field work is carried out by the Workers of the Oxford Diocesan Moral Welfare Association, to which the Council again made a grant. All cases coming to the attention of the Public Health Department are referred to the Workers of the Association in the first instance. Admissions to Burnell House are made after consideration of the detailed reports of the Moral Welfare Workers, and special efforts are made to keep the Workers in touch with their cases in the Hostel, so that the "outside" aspect of the case is kept in the picture, and in order that the situation of the girl and her infant may be as satisfactory as possible when she comes to be discharged from the Hostel. The maximum period of residence is a year, but most cases are found to be ready for discharge sooner than that, and, if the Worker has been able to make satisfactory arrangements outside, earlier discharge has the advantage that the number of admissions, and the value of the work of the Hostel, are increased. During 1958 the Moral Welfare Workers dealt with 334 unmarried mothers in the County. Of the babies born to these mothers, about 55 per cent. remain with the mother or her family; about 29 per cent. are adopted; 10 per cent. are in foster homes, remaining in touch

with the mother; and the remainder, about 6 per cent., are taken into care by local authority or voluntary agencies.

(c) Special care is provided for all those illegitimate infants who live in ordinary households, and the Health Visitors are required to keep each case under special and close supervision, and to send in reports on each. Every effort is made to enlist the help of such social agencies as may be appropriate to the individual case.

#### DENTAL CARE.

Mr. O. Jacob, Principal School Dental Officer, reports as follows:-

"During 1957 and 1958, acting on the suggestions of Miss E. Knowles, O.B.E., of the Ministry of Health, several improvements were made to our fixed clinics.

"The figures show that there was a decrease in the number of children treated, but that more expectant and nursing mothers benefited from treatment.

"Illness on the part of dental officers has been partly responsible for the pattern of these figures. I hope that in 1959 we will be more fortunate."

The numbers actually provided with dental care are shown in the following tables:—

(a) Numbers provided with Dental Care :-

		1001.								
	Examined.	Needing treatment.	Treated.	Made dentally fit.						
Expectant and nursing mothers	1	1	1	1						
Children under five	401	195	144	74						

### (b) Forms of Dental Treatment provided:—

	Extractions.	Anaesthetics.						Dentu	
		Local.	General.	Fillings.	Scalings.	Dressings.	Radiographs.	Complete.	Partial.
Expectant and nursing mothers	4	_	1	_	-	-	_	-	_
Children under five	108	_	44	189	_	42	_	_	-

#### (a) Numbers provided with Dental Care:— 1958.

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and nursing mothers	25	24	24	18
Children under five	246	149	87	73

#### (b) Forms of Dental Treatment provided:— 1958.

		Anaesthetics.						Dentures provided.	
	Extractions.	Local.	General.	Fillings.	Scalings.	Dressings.	Radiographs.	Complete.	Partial.
Expectant and nursing mothers	7	_	2	40	9	60	7	2	3
Children under five	68	_	28	152	_	37	_	_	_

#### Welfare Foods.

In June, 1954, the Council took over from the Ministry of Food the distribution of Welfare Foods, which comprise: for infants and young children National Dried Milk, Cod Liver Oil, and Orange Juice; and for expectant mothers, Vitamin Tablets. The present issues of Welfare Foods of all four types amount in total to nearly half a million articles a year.

In view of the importance of Welfare Foods to the nutrition of mothers and young children, and therefore to the health of the nation in the future, it is very desirable that their availability shall reach a good standard. Most of the bulk distribution continues to be made by Government agencies to the final issuers, which are Infant Welfare Centres, voluntary bodies, private persons, and retail grocers. These arrangements continue to operate extremely well.

The issues of Welfare Foods during 1957 and 1958 were as follows:-

Year	National Dried Milk (tins)	Cod Liver Oil (bottles)	Orange Juice (bottles)	Vitamin Tablets (packets)
1957	122,994	34,640	319,482	17,009
1958	109,274	24,331	218,051	17,920

#### MIDWIFERY, HOME NURSING AND HEALTH VISITING.

#### MIDWIFERY.

The County Council was Local Supervising Authority for the whole County under the Midwives Acts before the coming into operation of the National Health Service Act, 1946, and continued to be so as Local Health Authority under the latter Act.

At the end of 1958, 133 midwives were practising in the county area. Of these, 88 were engaged in domiciliary midwifery practice and 45 were employed in either general hospitals or nursing homes.

The following table shows the numbers of cases attended by midwives in the area of the Local Supervising Authority:—

1957.

	Domiciliary Cases.		Cases	
	Doctor not booked.	Doctor booked.	Institutions.	Total.
1) Midwives employed by the Authority	8	2,127	-	2,135
2) Midwives employed by Voluntary Organisations—  (a) Under arrangements with the Local Health Authority in pursu- ance of Section 23 of the National Health Service Act  (b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	_	-	_	
3) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	_	_	2,497	2,497
4) Midwives in Private Practice (including Midwives employed in Nursing Homes)	_	18	90	108
TOTALS	8	2,145	2,587	4,740

1958.

		ciliary ses.	Cases in Institutions.		
	Doctor not booked.	Doctor booked.	mstrutions.	Total	
1) Midwives employed by the Authority	16	2,179	-	2,195	
2) Midwives employed by Voluntary Organisations—  (a) Under arrangements with the Local Health Authority in pursu- ance of Section 23 of the National Health Service Act	_	_	_	_	
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act		_	2,627	2,627	
4) Midwives in Private Practice (including Midwives employed in Nursing Homes	-	3	83	86	
TOTALS	16	2,182	2,710	4,908	

#### ANTE-NATAL EXAMINATIONS.

Although ante-natal and post-natal examinations by a medical practitioner are provided under the new Act for all maternity patients (on the basis of a minimum of two ante-natal examinations and a post-natal examination), every effort is made to impress upon midwives the need for them to continue to provide their own complete ante-natal care for their cases. During 1957 and 1958, the numbers of ante-natal visits made by domiciliary midwives were 28,119 and 27,986 respectively, and full records were maintained in all cases.

Following Ministry of Health Circular 9/56, of March, 1956, the two Regional Hospital Boards convened meetings of representatives of the Boards, Local Health Authorities, and Executive Councils, at which detailed consideration was given to the subject of the circular, which was the preventive aspects of ante-natal care with special reference to toxaemia of pregnancy. The close personal contacts that resulted were undoubtedly of the greatest possible benefit. In Berkshire, as has been stated elsewhere in this Report, there has been a very satisfactory general system of personal contact between the County Health Department and the general medical practitioners. But similar contact has been built up also with the Hospital Management Committees and their staffs, and with the staffs of the Regional Boards as well. The consultations under the circular, which continued into 1957, were thus felt to be very much part of a continuous process. Eventually, memoranda on the subjects considered were circulated to all general medical practitioners, and these have undoubtedly been of value as a résumé of the situation, particularly in regard to the paramount need of close and continuous contact between the family doctor and the midwife, in order that abnormalities (rare though they be in what is essentially a physiological state) can be recognised as soon as possible and effectively treated, if necessary through the consultant hospital services. To these objects the wide and prolonged consultations that have taken place following the circular have undoubtedly made a most valuable contribution.

#### ANTE-NATAL CLINICS.

The Council continued its Clinics at Faringdon and Windsor. During 1957 and 1958 the numbers of patients attending were 271 and 297 respectively, and total attendances were 666 and 695.

#### Analgesia in Midwifery Cases.

In July, 1947, 13 of the 73 district midwives in the County were qualified in gas-air analgesia and 10 apparatuses were in use. At 31st December, 1958, the number of midwives qualified in this way was 88 and the number of apparatuses available was 92.

The numbers of domiciliary maternity cases given gas-air analgesia by midwives were 1,924 in 1957, and 1,997 in 1958.

In 1951, the Ministry of Health made special provision for the use by midwives of the drug *pethidine* as an analgesic, additional to the well-established use of nitrous oxide and air. The number of cases in which midwives used pethidine during 1957 was 1,125, and 1,113 in 1958.

#### MATERNITY HOSPITALS.

Arrangements were continued for Medical Officers of Health of Local Health Authorities to investigate the domiciliary circumstances of maternity patients applying for hospital confinement (excluding those requiring such confinement on purely obstetric grounds), in order that the available beds should be used only for cases in which the home circumstances render confinement in the home genuinely impossible. The numbers of applications dealt with during the two years were 1,313 and 1,249 respectively.

#### PUERPERAL PYREXIA.

There were 17 cases notified in 1957, and 26 in 1958. No death occurred. All the cases were investigated in detail and reported upon by the Superintendent Nursing Staff who also gave suitable advice on preventive measures.

#### OPHTHALMIA NEONATORUM.

The numbers of cases notified were 5 in 1957, and 2 in 1958. In no case was there impairment of vision as a result of the infection, and all cases underwent satisfactory resolution.

#### STERILIZED MATERNITY OUTFITS.

Under the National Health Service Act, 1946, these are issued free to all domiciliary maternity patients, and the total number of outfits supplied in 1957 was 2,265, and in 1958, 2,306.

#### HOME NURSING.

During 1957 District Nurses carried out 184,013 domiciliary nursing visits to cases of illness; and 188,894 in 1958; these visits were quite apart from the numerous other visits carried out by many of them as Midwives and as Health Visitors.

In a predominantly rural county like Berkshire the nursing of sick persons in their own homes, as opposed to in hospital, is at a maximum. This is so for social reasons, and also to some extent for reasons of transport. It is also true, no doubt, that the family doctor is accustomed to care for a high proportion of his patients in their own homes, as compared to his colleague in the large town, where the hospital is, relatively, just round the corner, and where transport to hospital, both for the patient and for the visiting relative, is very much easier. The types of domiciliary case therefore cover a wide range, and the total volume of work is large. For these reasons, it is probably true to say that the vast majority of cases that can, and should, be nursed in their own homes are in fact nursed there. This general situation has been encouraged still more, in regard to children, by the fact that the paediatric physicians of the hospitals serving the county have for some years now supported this attitude themselves.

#### HEALTH VISITING.

Health Visiting is carried out by full-time Health Visitors in the more urban areas, and in the more rural parts of the County is combined with midwifery and home nursing. It is the express policy of the Council that all such nurses doing this work should hold the Health Visitor's Certificate, and at the end of 1958, of the 76 nurses concerned, 51 had the Certificate. Special efforts continue to be made to appoint to vacancies nurses holding the Health Visitor's Certificate, and to send away on the course for this certificate as many as can be spared of the nurses doing health visiting who do not at present hold the certificate.

The Health Visitors are required to pay particular attention to special cases, and to develop a selective approach. They submit special reports on such cases when necessary, and on the basis of these the Senior Health Visitor for the area visits such cases with the local Health Visitor, whenever this is considered desirable. The Senior Health Visitor keeps in touch with her local colleague subsequently, and visits again if this appears necessary, having regard to local conditions.

Special efforts continue to be made to help families that are subject to difficulties that may involve a risk of the break-up of the family, in accordance with the principles referred to in Ministry of Health Circular 27/54. The methods mentioned in the previous paragraph are applied in such cases. Whenever it appears desirable a case conference is convened. The Children's Department is usually concerned in cases where this is necessary, and the great majority of case conferences of this kind have included the staff of that department, as well as representatives of both statutory and voluntary agencies. A wide variety of persons has been called upon in this way: officers of the District Councils as well as of the County Council; the National Assistance Board; Heads of Schools; Probation Officers; and others

The number of visits paid by Health Visitors were as follows:-

		1957	1958
Visits to childr	en under one year	44,723	41,083
,, ,, ,,	between one and five years	47,176	45,109

The Council continued to provide training scholarships for Health Visitors; 6 candidates were accepted in 1957, and 1 in 1958.

SPECIAL CARE OF PREMATURE INFANTS.

The criterion of prematurity is "an infant weighing 5½ pounds or less at birth", and all such births are specially notified to the County Medical Officer of Health by the midwife. Midwives are required to give special care to all such infants, and to obtain the assistance of the Superintendent or of her Assistants. In the Public Health Department there are provided special cots for the nursing of such infants in their own homes, and also special baskets that can be heated for transport of the infant to hospital when this is necessary: 373 premature infants were born during 1957 and 385 during 1958 to women normally resident in the County. Statistics relating to these births are given in the following table:—

	1957	1958
(1) Number born at home	70	62
(a) Number born at home and nursed entirely at home	60	55
(b) Number of those born at home and nursed entirely at home:		
(i) who died during the first 24 hours	1	_
(ii) who survived at the end of one month	58	54
(c) Number of those born at home and removed to Hospital	10	7
(d) Number of those born at home and removed to Hospital:		
(i) who died during the first 24 hours	3	1
(ii) who survived at the end of one month	4	5
(2) Number born in Hospital (a) Number of those born in Hospital :	298	320
(i) who died during the first 24 hours	23	35
(ii) who survived at the end of one month	265	269
(3) Number born in Nursing Homes (a) Number of those born in Nursing Homes :	5	3
(i) who died during the first 24 hours	-	_
(ii) who survived at the end of one month	4	3

#### NOTIFICATION OF BIRTHS.

The number of births notified under Section 203 of the Public Health Act, 1936, was 6,424 (including 112 stillbirths) in 1957, and 6,818 (including 92 stillbirths) in 1958.

Births are notifiable, under the Public Health Act, 1936, by the father of the child and any person in attendance during the confinement or within six hours after the birth. It follows that the midwife should always notify a birth at which she is in attendance, and if this procedure is followed the vast majority of births are notified. Births are also checked by exchange of information with the Registrar of Births and Deaths, who independently receives particulars of each birth, since each birth must be registered as well as notified. It is on the basis of the information received through notification of births (checked by registration) that the work of the Health Visitor is brought into operation. The home visiting of infants and young children by Health Visitors remains the foundation of the child welfare work of local authorities.

#### NURSING HOMES.

At December 31st, 1958, there were 11 registered Nursing Homes in the County. Of these, 4 undertook general medical and surgical work, and the remainder provided for the nursing of either convalescent or senile patients.

	Number of Homes.	Number of	Beds provide	ed for:—
		Maternity.	Others.	Totals.
Homes first registered during 1957 and 1958	_	-		_
Homes on Register at end of 1958	11	6	213	219

#### AMBULANCE SERVICE.

The end of 1958 saw the completion of the tenth complete year under the National Health Service Act. The total volume of ambulance work has necessarily increased considerably since 1948. A main factor in this has been the quite exceptionally rapid growth of population in Berkshire; in the ten years the population of the County has increased by no less than 79,000, or 28.5 per cent. Secondly, there is the increase of new clinic services at hospitals, which has gone on to a variable extent throughout the period. In October, 1950, the Health Committee decided to institute a trial of radio control in North Berks, covering the ambulance stations (Didcot, Abingdon, Faringdon, Wallingford and Wantage) that work largely towards Oxford as hospital centre. The trial was completed in September, 1957, and the system was adopted on a permanent basis. Special efforts were made to develop the co-ordination of the whole group of stations, as well as the Hospital Car Service and the ambulance stations in Oxford itself. The results have been very satisfactory. Broadly speaking, it can be said that in the area concerned a very large increase in the number of patients over the whole period concerned has been absorbed, with a small reduction of total mileage. The big saving of mileage has undoubtedly offset a strain which would have resulted eventually in a demand for a considerable increase in both men and vehicles. In July, 1958, the Health Committee approved the institution of a trial of radio control in the southern half of West Berks, which includes the ambulance stations of Newbury and Hungerford.

New ambulance stations were approved for Abingdon in 1957, and for Newbury and Wantage in 1958. In Abingdon and Wantage the projects were delayed by difficulties over sites. The main project, that at Newbury, for the erection of a new main station on the Shaw Estate, to replace the old and inadequate buildings at The Wharf, was postponed for reasons of national economy.

Mileage and types of case dealt with for each Ambulance Station during 1957.

	Type of Case.									
Station.	Patients.	Acci dents.	Mater- nity.	Illness (urgent).	Illness (not urgent).	Other.	Total mileage			
Abingdon										
(Isol. Hosp.)	462	4	35	159	264	9	7,884			
Ascot	345	70	59	125	91	12	7,110			
Bracknell	4,836	452	184	511	3,689	88	73,579			
Cookham	45	3	12	23	7	-	816			
Didcot	12,575	365	290	852	11,068	180	115,976			
Faringdon	3,298	96	38	54	3,110	31	40,373			
Hungerford	469	38	31	99	301	12	8,416			
Lambourn	282	21	24	38	199	3	6,919			
Maidenhead Maidenhead	6,630	428	243	772	5,187	108	47,471			
(Isol. Hosp.)	455	1	_	83	371	3	5.048			
Newbury	5,256	271	320	644	4.021	87	79,903			
Wallingford	114	22	14	43	35	10	3,349			
Wantage	892	80	61	138	613	13	17,529			
Windsor	6,165	209	298	427	5,231	91	39,737			
Wokingham	1,271	135	108	226	802	34	19,228			
Totals	43,095	2,195	1,717	4,194	34,989	681	473,338			

Mileage and types of case dealt with for each Ambulance Station during 1958.

	Type of Case.								
Station.	Patients.	Acci- dents.	Mater- nity.	Illness (urgent).	Illness (not urgent).	Other.	Total Mileage		
Abingdon									
(Isol. Hosp.)	146	_	_	70	76	2	1,954		
Ascot	406	118	62	131	95	10	7,687		
Bracknell	6,035	481	251	503	4,800	100	80,472		
Cookham	29	1	10	15	3		544		
Didcot	17,376	565	315	935	15,561	141	148,835		
Faringdon	3,818	135	45	68	3,570	17	46,436		
Hungerford	490	48	39	80	323	11	9,500		
ambourn	368	19	18	73	258	7	9,493		
Maidenhead Maidenhead	6,049	478	283	708	4,580	122	46,332		
(Isol. Hosp.)	420	_	_	40	380	19	5,164		
Newbury	5,275	359	250	633	4,033	91	84,036		
Wallingford	131	36	22	27	46	1	2,839		
Vantage	4,073	225	99	238	3,511	13	47,358		
Windsor	6,734	290	302	537	5,605	109	42,361		
Vokingham	1,464	167	165	216	916	23	21,302		
otals	52,814	2,922	1,861	4,274	43,757	666	554,313		

HOSPITAL CAR SERVICE.

The Hospital Car Service continued to deal with the larger part of the sitting cases, and the following figures show the work done during the years 1955-1958:—

Year.	Number of Journeys.	Number of Patients.	Mileage.
1955	16,465	24,303	527,195
1956	17,225	25,280	530,641
1957	16,231	25,370	527,630
1958	15,500	22,783	492,946

#### PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

Under Section 28 of the National Health Service Act, 1946, a Local Health Authority "may with the approval of the Minister, and to such extent as the Minister may direct, make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons." Under Ministry of Health Circular 118/47 of 10th July, 1947, the Minister confined his direction under this Section of the Act to the prevention of tuberculosis and the care and after-care of persons suffering from tuberculosis. The County Council provides Health Visitors for the special visiting of domiciliary cases of tuberculosis and such Health Visitors are required to "concern themselves with all matters relating to the welfare of such patients and their families" and "particularly with all measures which can be taken to prevent tuberculosis in the family of the patient." It is also provided that tuberculous patients shall be supplied, where necessary, with beds, bedding and nursing requisites, and the supply of outdoor shelters is continued, as well as facilities for the supply of extra nourishment.

Almoners, three in number, including one who is whole-time, are provided for cases of tuberculosis. Occupational therapy is also provided for these patients.

#### B.C.G. VACCINATION.

This was described more fully in the Report for 1949. During 1957 and 1958 the B.C.G. vaccination of tuberculin negative contacts of cases of tuberculosis was continued, and during the two years the numbers of such contacts receiving the vaccine were respectively 529 and 678.

The Council's scheme for the immunisation of school-leavers by means of B.C.G. vaccine was brought into operation in March, 1956, very shortly after the appearance of the Report on the subject by the Medical Research Council.

B.C.G. vaccine was offered to school children at about their thirteenth birthday, and in about 80 per cent. the parents have accepted. In 1957, 3,996 children were tuberculin tested, and 2,806 in 1958, and about 14 per cent. of these were found to be tuberculin positive. The remaining tuberculin negative children, were given B.C.G. vaccine. All the children given the vaccine receive a follow-up tuberculin test, and so far it has been found that over 95 per cent. of those vaccinated have shown the required conversion to the tuberculin positive state. The small number who are still tuberculin negative after receiving the vaccine are re-vaccinated.

While newer methods of prevention are being applied, there is no relaxation of effort in regard to the established means to this end. Of special importance in this respect are: (a) the examination and supervision of contacts, and the tracing of the source of infection; and (b) the prevention of spread of the infection, particularly in the patient's home, by the teaching of a sound regimen to the patient and his family.

#### PROVISION OF NURSING EQUIPMENT.

Arrangements are made by the Council for the supply of nursing equipment for domiciliary cases through the existing nursing depots of the British Red Cross Society and the St. John Ambulance Brigade, each article being issued through the Home Nurse.

#### AFTER-CARE OF PERSONS DISCHARGED FROM HOSPITAL.

The proposals of the Council under the National Health Service Act provide that any necessary care shall be provided for "persons discharged from hospital or other invalids," and this work is carried out, in general, by Health Visitors. Similar work is also carried out by the staff of the Council in regard to the follow-up, when necessary, of contacts of cases of venereal disease.

#### ADMISSION TO HOSPITAL OF THE INFIRM AGED AND CHRONIC SICK.

Arrangements were continued for Medical Officers of Health of Local Health Authorities to investigate the circumstances of cases applying for hospital treatment in order that there might be some degree of selection of the relatively more urgent ones, and so that hospital beds should go to those most in need of them. The numbers of cases of this kind dealt with by the Public Health Department during the years 1957 and 1958 were respectively 188 and 160.

#### HOLIDAY HOME TREATMENT.

The Health Committee provides holiday home treatment for carefully selected cases, those in which recovery from a serious illness or operation can be expected to be genuinely accelerated, and restoration of working capacity restored more quickly or more surely, by a stay in a suitable holiday home. During 1958 the number of cases accepted was 17. Approximately half the cases are referred by hospitals and half by medical practitioners, and the average length of stay is between two and three weeks.

#### HEALTH EDUCATION.

This continued to be developed through the Council's Health Visitors, and the Council continued its support to the Central Council for Health Education.

#### DOMESTIC HELP SERVICE.

Under the National Health Service Act, 1946, the Council may provide Domestic Helps "for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged or a child not over compulsory school age within the meaning of the Education Act, 1944." The Council's scheme was started in July, 1946, two years before the new Act, and the scheme is essentially one that provides Domestic Helps on medical grounds

The following figures show the number of cases since 1952:—

Year.	Number of cases accepted during year.	Number of receiving ass at end of	istance
1952	 527	449	
1953	 573	481	
1954	 572	592	
1955	 527	617	
1956	 597	653	
1957	 588	716	
1958	 664	804	

During 1958, domestic help was provided for 1,380 cases, as follows:-

Aged, infirm, and case	es of o	chronic:	illness		 1,118
Maternity cases					 110
Cases of tuberculosis					 23
Others				***	 129

#### MENTAL HEALTH.

Under the National Health Service Act the Council has constituted a Mental Health Sub-Committee consisting of six members of the Council, and three members co-opted on account of their special interest in the work for which the Sub-Committee is responsible. Eleven meetings were held during the years 1957 and 1958.

In the administration of the service the County Medical Officer is assisted by :—

A Senior Assistant Medical Officer (who is also Senior Assistant School Medical Officer).

A Psychiatric Social Worker.

Two Petitioning Officers.

Seven Duly Authorised and Welfare Officers.

Two Home Teachers.

Psychiatric specialists of the Regional Hospital Board are called in for purposes of consultation when necessary in regard to cases of mental deficiency or mental illness, and a proportion of the time of the Council's Assistant School Medical Officers is allocated to the case-work of the service. The Psychiatric Social Worker is a joint appointment with the Regional Hospital Board.

No duties were delegated to voluntary organisations, but the Council continued to subscribe to the National Association for Mental Health.

The work of prevention, care and after-care under Section 28 of the Act was undertaken by the Psychiatric Social Worker, by Health Visitors, and by the Duly Authorised Officers.

LUNACY AND MENTAL TREATMENT ACTS.

During 1957 and 1958, the Duly Authorised Officers dealt with the following cases under these Acts:—

						1957	1958
Certified patients				***		83	46
Voluntary patients				***		99	117
Observation cases						59	51
Urgency Orders	***					29	20
Temporary patients					***	3	2
Cases seen by Justic	ces of	the Pe	ace, bu	it no a	ction		
taken			***	***		16	17
						289	243

#### MENTAL DEFICIENCY ACTS.

The number of new cases ascertained during 1957 was 93 (58 males and 35 females) and during 1958, 95 (44 males and 51 females). Of these, 50 (31 males and 19 females) in 1957 and 61 (25 males and 36 females) in 1958 were notified under Section 57 of the Education Act, 1944.

The new cases were dealt with as follows:-

		1957.			1958.	
Placed under Statutory	Males.	Females.	TOTAL.	Males.	Females.	TOTAL.
Supervision Admitted to Certified	50	28	78	39	45	84
Institutions Placed under Guardianship	8	7	15	5	6	11
-	58	35	93	44	51	95

The total number of cases on the Register at the end of 1957 was 1,070 and, at the end of 1958, 1,121, made up as follows:—

		1957.			1958.	
In Certified Institutions Under Guardianship Under Statutory Super-	Males. 257 3	Females. 210 2	TOTAL. 467 5	Males. 261 3	Females. 209 2	TOTAL. 470 5
vision	275	233	508	295	258	553
Under Voluntary Super- vision	55	35	80	56	37	93
	590	480	1,070	615	506	1,121

Cases awaiting institutional care at 31st December, 1957, and at 31st December, 1958, were :—

,			1957.			1958.	
Urgent Not urgent	 	Males. 5 9	Females.	TOTAL. 9 13	Males. 11 8	Females.	TOTAL. 15 12
		14	8	22	19	8	27

Supervision continued to be carried out by the Council's Health Visitors, and the Duly Authorised Officers performed this work in relation to some of the male cases. The great majority of mental defectives were visited quarterly, and reports were submitted in respect of each visit. In addition, the staff carry out a considerable amount of work in connection with the supervision of patients "on licence" from institutions, the investigation of home conditions for holiday leave for patients, and the review of Orders under Section 11 of the Mental Deficiency Act, 1913.

During 1957, 17 patients and, in 1958, 10 patients, were admitted to institutions for short term care, for periods ranging from two to eight weeks. The majority of these temporary admissions were effected because of the poor state of health of the mother, or to allow the parents to take a much needed holiday.

The number of home visits were :-

		1957			1958	
Under Guardianship	Males. 14	Females.	TOTAL.	Males. 14	Females.	TOTAL. 22
Under Statutory Super- vision	733	618	1,351	852	713	1,565
Under Voluntary Super- vision	97	79	176	119	93	212
	844	707	1,551	985	814	1,799

The Council continued its arrangements for patients to attend the Occupation Centres in Oxford, Reading and Slough, and the British Red Cross Society in Berkshire carried out a considerable amount of occupational work in the homes of patients of all kinds, including mental defectives.

In April, 1956, the Committee considered the general question of occupation centres, with particular reference to the need to provide a centre for East Berks, in view of the urban development in that half of the County. In April, 1956, a voluntary occupation centre was started in Maidenhead, by the Maidenhead Society for Mentally Handicapped Children, and the Health Committee decided to make to the Society a substantial grant in aid. In September a similar grant was made to a voluntary occupation centre that had been opened by the Newbury Society for Mentally Handicapped Children.

In April, 1957, the Council amended its proposals so as to provide that it should itself provide Occupation and Training Centres. Approval in principle was given to the provision of such a Centre at Cooper's Hill, Bracknell, with the intention that this should serve East Berks. The detailed proposals were approved in June, but owing to serious administrative difficulties relating to the property the proposal had to be postponed. Meanwhile, the voluntary Occupation Centre at Maidenhead had to close, and the Council decided to continue this on a full-time basis in the same premises at Friends' Meeting House, West Street, pending the opening of the Centre at Bracknell. The Council's Maidenhead Centre opened on 22nd January, 1958. The voluntary centre at Newbury continued during 1957 and 1958, with financial help from the Council.

#### HEALTH CENTRES.

The Health Centre in Faringdon provides consulting room accommodation for three medical practitioners, as well as accommodation for the County Council's own clinics and certain hospital clinics, including a Chest Clinic. During 1955 and 1956 the Centre continued to provide an extremely useful range of combined services for the district. Experience suggests that a Health Centre of this size (including consulting room facilities for not more than three or four doctors) can be very useful, but that a much larger Centre (say, for six to eight doctors, with other services proportionate in number and extent) would probably be less satisfactory, being less likely to give the highly personal standard of service that is so desirable.

TABLE VII.

Notifications of Infectious Diseases, 1957.

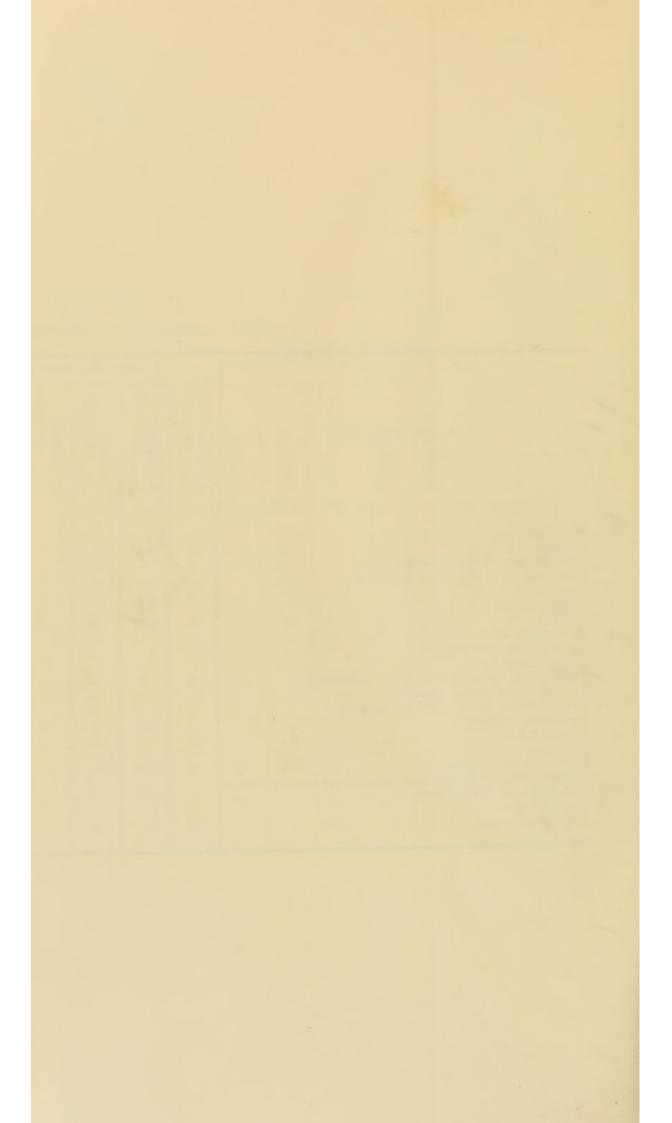
		CASES N	Notified	IN URB	N DIST	RICTS.					C	ases N	OTIFIE	IN R	URAL I	DISTRICT	rs.			
DISEASES NOTIFIED.	Abingdon Borough	Maidenhead Borough	Newbury Borough N. Windsor	. 5	Wantage	Wokingham Borough	Total Urban Districts	Abingdon	Bradfield	Cookham	Easthampstead	Faringdon	Hungerford	Newbury	Wallingford	Wantage	Windsor	Wokingham	Total Rural Districts	To tal Ccunty
Diphtheria  Oysentery =  Encephalitis, acute (infective) =  Encephalitis, acute (post-infectious)  Encephalitis, acute (post-infectious)  Food poisoning  Measles  Measles  Meningococcal infection  Ophthalmia neonatorum  Paratyphoid fever Pneumonia, acute (primary or influenzal)  Poliomyelitis, acute (paralytic)  Poliomyelitis, acute (non-paralytic)  Puerperal pyrexia  Scarlet fever  Smallpox  Tuberculosis, respiratory  Tuberculosis, meninges and central nervous system  Tuphooping cough	6 3 -7 -11 -1 1	26 _ 2	4	3 7 2 2 43 95 1 1 12 2 13 4 13 4 - 2 2 - 2 2 - 2	153 153 		43 1 6 4 1,056 3 4 50 10 8 8 7 29 77 7 2 121				13 			1 	1		-6 -1 1 170 1 1	53 1 2 2 3 7888 1 — 43 3 4 — 16 — 20 — 47	777 2 3 3 15 20 3,896 7 1 2 1771 25 5 10 10 10 68 88 1 20 — 398	22 2 4,86 1 1 222 3 1 1 1 9 - 18 2 2 5 1



TABLE VIIa.

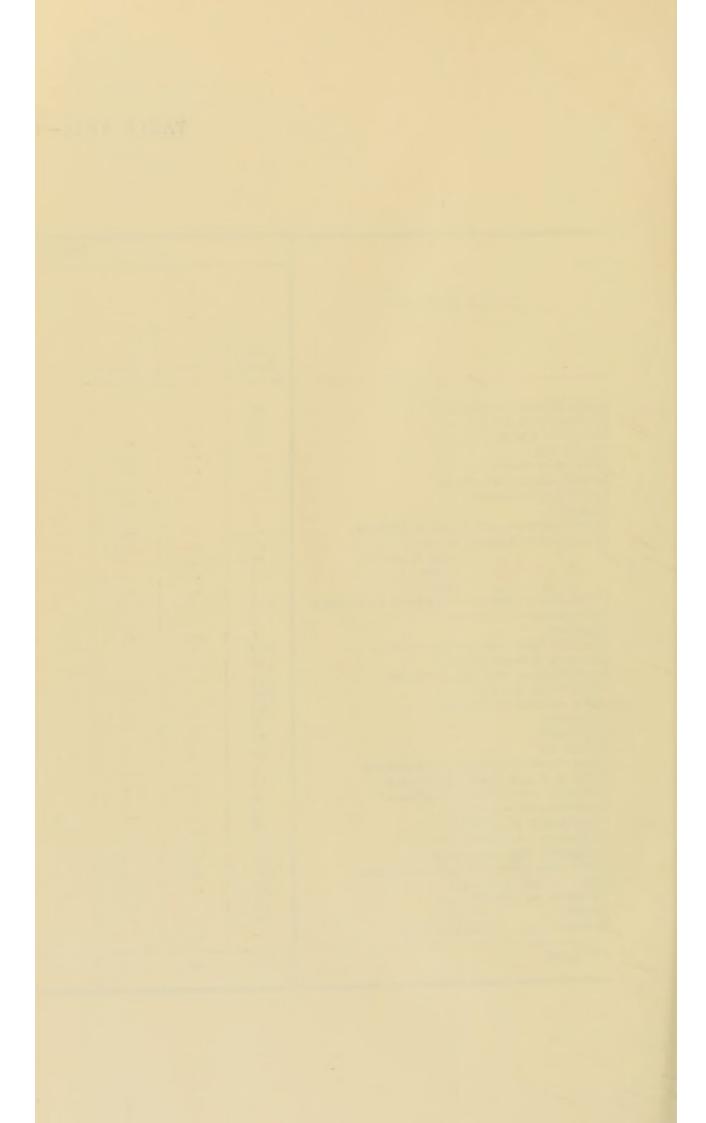
Notifications of Infectious Disease, 1958.

		CASES	Notifi	IED IN	Urba	N DIST	RICTS.					CA	ses No	TIFIED	IN RU	RAL D	STRICTS	s.			
Diseases Notified.	Abingdon Borough	Maidenhead Borough		N. Windsor Borough	Wallingford Borough	Wantage Urban	Wokingham Borough	Total Urban Districts	Abingdon	Bradfield	Cookham	Easthampstead	Faringdon	Hungerford	Newbury	Wallingford	Wantage	Windsor	Wokingham	Total Rural Districts	Total County
Diphtheria Dysentery Encephalitis, acute (infective) Encephalitis, acute (post-infectious) Erysipelas Food poisoning Measles Meningococcal infection Ophthalmia neonatorum Paratyphoid fever Pneumonia, acute (primary or influenzal) Poliomyelitis, acute (paralytic) Poliomyelitis, acute (non-paralytic) Puerperal pyrexia Scarlet fever Smallpox Tuberculosis, respiratory Tuberculosis, meninges and central nervous system Tuberculosis, other forms Typhoid fever Whooping cough	11	95		-2 -1 1 8 -8 -1 5 -16 2 2 7		1	- - - - 1 - - - 2 - - 1 5 - - 2 - - 1	109	-6 		9 1 9 9 7 7	87 1 - 1 3 94 10 4 2 1 44 - 25 20		1		1 	1 90		1	160 2 10 30 909 4 1 126 126 10 141 — 155 — 127	268 33 1,233 166 11 22 18 18 18 166



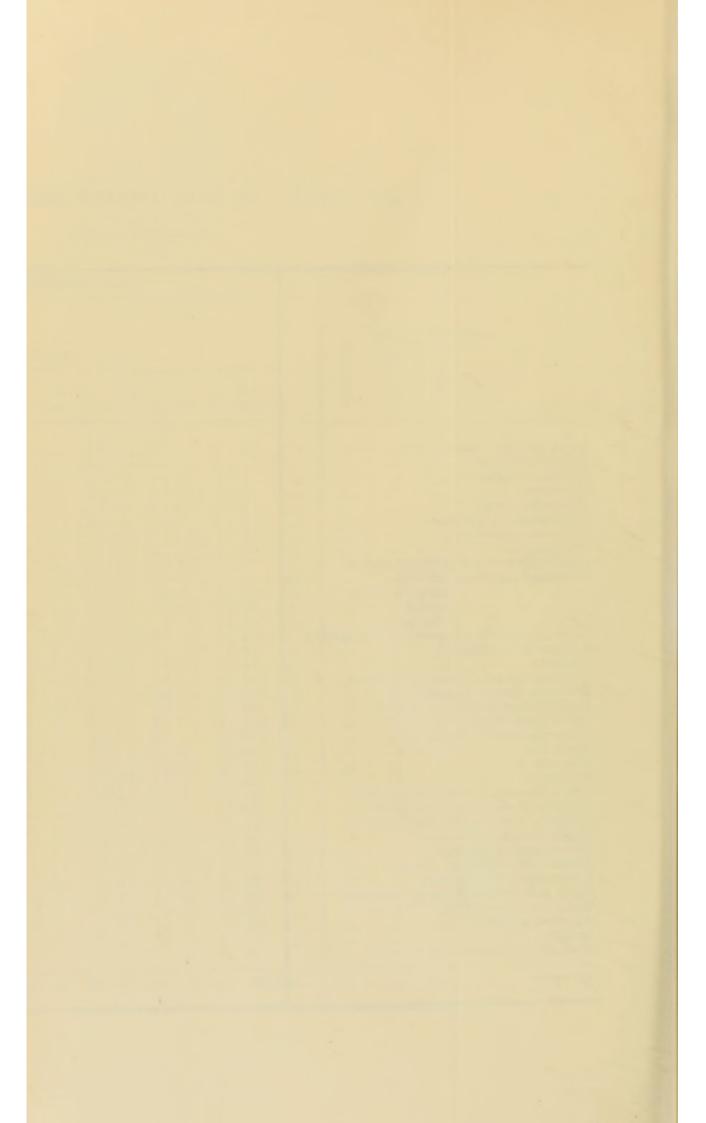
### TABLE VIII.—CAUSES OF, AND AGES AT, DEATH, 1957. URBAN DISTRICTS.

				Deaths	in all Urb	an Distric	ts.				De	aths in ea	ach Distri	ct (at all	ages).	
Causes of Death.				A	ge Groups	s.				Abingdon Borough.	udenhead Borough.	wbury Borough.	w Windsor Borough.	Wallingford Borough.	ige.	Wokingham
	All Ages.	0—	1—	5—	15—	25—	45—	65—	75—	Abing Bo	Maide	Newb	New 1 Bo	Wallin	Wantage.	Wokir
uberculosis, respiratory	6	_	_	_	_	_	2	2	2	-	_	4	1		-	
aberculosis, other	2	1			0_0	1	1	_	_	_	-		2	_		-
A 19141 - N	3	2			-			1	2		-	1	1	_		
A VOLUME TO SECURE OF THE PARTY	_		_		_					_				_		
	_			-	_				-	_		_		_		
	100												100			
eningococcal infections	0.55						100									
ute poliomyelitis	1		-	1	-				-							
asles		_	_	_	-			_					1		_	
her infective and parasitic diseases	1	-		-	-	-	2	-	1	-	-	2	4			
dignant neoplasm, stomach	14	_		-	-	1		4	7	_	.7			_		
" ,, lung, bronchus	48		-	_	-	3	19	18	8	3	15	9	6	5	3	
., breast	23	-	-	-		3	11	3	6	2	6	2	7	2	2	
., uterus	9		_		-	-	2	2	5	-	3	2	-	1	1	
her malignant and lymphatic neoplasms	124		_	-	-	5	37	30	52	9	29	19	25	14	5	
ukaemia, aleukaemia	3	_	1	-	1		2		_	_	1	-	1	_	-	
abetes	7	-	_	-	100	2	1	3	1	3-0	1	2	3	1		
scular lesions of nervous system	234	-	_	_	2	2	32	61	137	14	65	52	39	40	11	
onary disease, angina	167	_	_		_	4	40	50	73	11	49	30	38	15	10	
pertension with heart disease	16		_	_		_	5	4	7	-	6	2	4	_		
her heart disease	146				2	4	24	26	90	13	49	26	24	11	6	
her circulatory disease	46						5	12	29	2	11	8	17	6		
	26			1	9_3	1	9	6	9	7	8	2	3	2	2	
eumonia	72	9	2	î		2	8	10	40	4	21	12	13	14	3	
	51		3			ĩ	9	13	25	6	15	8	13		5	
	4		_		322	i	1	1	1		3			_	-	
	19						7	4	8	9	7	3	4	2	1	
	4				7	1	1	1	1	~	1	_	3		20	
stritis, enteritis and diarrhoea	9	-				100	4	2	3	1	4	1	1	1		
phritis and nephrosis		1000	87.73	3777	-		4	2	12	1	2	2	3	5		
perplasia of prostate	14	-		-		0		-		1	1		1	_		
egnancy, childbirth, abortion	2		-	_		2	-		-	- 1	4	2	1		100	
ngenital malformations	9	6	1		35-33	-	2	10					19	18	6	
her defined and ill-defined diseases	126	18	2	-	_	5	22	16	63	10	47	12			0	
tor vehicle accidents	12	_	-	_	2	1	5	3	1	1	5	2	3	1	20733	
other accidents	25	2	1	1	2	3	2	2	12	5	4	7	4	1		
icide	8	-	-	_	-	4	4	-	-	-	2	2	3	_		
omicide and operations of war	_	-	-	_	-	-	=		-	_	-	=	-			
l causes	1.230	35	9	3	9	46	257	276	595	92	366	212	244	139	55	13



#### URBAN DISTRICTS.

Taberculosis, other					Deaths in	all Urba	n District	ts.				Death	s in each	District (	at all ages	).	
Tuberculosis, respiratory	Causes of Death.					Age Grou	ps.				don brough.	nhead rough.	ury rough.	Windsor prough.	ngford prough.	age	ngham rough.
Tuberculosis, other			0—	1—	5—	15—	25—	45—	65—	75—	Abing	Maide	Newb Bo	New Bo	Wallin Bo	Wanta	Wokir
Suicide 14 2 1 10 1 8 4 2	Authoritic disease  Diphtheria  Whooping cough deningococal infections (cute poliomyelitis desales)  Other infective and parasitic diseases dialignant neoplasm, stomach  Uning, bronchus breast  Uning, bronchus breast  Uning, bronchus breast  Uniterus  Other malignant and lymphatic neoplasms eukaemia, aleukaemia Diabetes  Vascular lesions of nervous system  Joronary disease, angina Hypertension with heart disease Other heart disease Other circulatory disease Influenza  Phenmonia Bronchitis Other diseases of respiratory system  Joronchitis Other diseases  Joronchitis Other diseases  Joronchitis  Joronchit	2 2 2 1 1 1 22 42 42 44 7 7 116 8 117 56 8 8 57 74 4 115 8 7 7 10 18 121 20				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 — — — — — — — — — — — — — — — — — — —	1 1 1				1 1 1	9 5 1 25 2 3 60 35 9 40 13 — 6 13 — — — — — — — — 6 13 — — — — — — — — — — — — — — — — — —	1 — — — — — — — — — — — — — — — — — — —			2 1 1
	ouicide	14		=			1	10		1	=				=		=



### TABLE IX.—CAUSES OF, AND AGES AT, DEATH, 1957. RURAL DISTRICTS.

				Deaths in	all Rura	1 Districts							D	eaths 11	n each	District	(at an	ages).		
Causes of Death.				A	ge Group	·s.				Abingdon.	Bradfield.	Cookham.	Easthampstead.	Faringdon.	Hungerford.	Newbury.	Wallingford.	Wantage.	Windsor.	
	All Ages.	0	1	5	15—	25—	45	65—	75	Abir	Brac	Cool	Eastl	Fari	Hur	New	Wal	Wai	Wir	
perculosis, respiratory	16	_	_	_	=	6	8	2	=	1 -1	3	1	1	1	<u>-</u>	=	_ _ 2	2	1	
philitic disease	7	-		-	-	-	4	2	1		2	_			1					All
ntheria	-					-	750	-		-			200							
oping cough	1	1		-		-	-	-	-				1					_		
ngococcal infections	2	1	-	1	-	-			=			1	-	_						
e poliomyelitis	2	_		-	1	1						-						_	_	а
des		-	-	-	1		9	2		1	1		4		-			-	-	а
r infective and parasitic diseases	7	1	1	_	-	1	15	14	19	4	4	3	8	2	2	7	4	-	6	
mant neoplasm, stomach			_		-	2	41	21	12	8	8	5	11	_	6	6	6	4	6	Al.
" lung, bronchus	76 28				No.	2	11	7	8	3	5	1	1	1	_	3	1	-	2	41
,, breast	10					2	1	4	3	2	3	-	-	-	1000	-	2	1	77	
, uterus	216		1	2	4	9	60	64	76	20	21	20	30	4	10	18	22	11	17	
r malignant and lymphatic neoplasms	18			3		2	4	7	2	2			1	3	1	3	-	-	-	41
betes	16			1	-		2	3	10	1	1	1	4	-	1	1	4	1 15	39	41
ular lesions of nervous system			-	_	_	5	35	96	172	25	27	24	44	16	14	22 16	18 32	24	35	a.
nary disease, angina	361	_		-	-	5	96	117	143	34	37	29	45 5	17	19	3	2	2	1	
pertension with heart disease	33	_		-	-	_	7	12	14	2	6 20	19	35	32	14	37	47	17	23	а
er heart disease	309	-		_	-	3	25	54	227	29	16	5	18	6	14	6	2	8	14	а
er circulatory disease	100	-		-	-	_	13	26 9	61	5	4	3	6	1	3	1	2	1	3	
ienza	30	1		4	1	3	1	30	56	10	14	7	8	7	6	12	6	6	10	41
umonia	112	8	_	-	3	3	12	29	37	10	14	5	8	4	8	9	2	6	4	
nchitis	82	1	2	1		2	7	4	5	1	2	2	4	4	2	2	1	1	1	
er diseases of respiratory system	22	1	3	_	1 = S	_	6	10	13	-	1	1	2	3	3	2	3	7	1	
er of stomach and duodenum		-	2	8			3	10	5	2	3		2		-	1	1	1	-	
tritis, enteritis and diarrhoea		1	2		9=3	3	3	3	4	3	_	-	5	-	-	-	-	-	-	
hritis and nephrosis	10					_	3	6	10	_	_	1	4	1	1	3	3	3		
perplasia of prostate					1	1		-	_	-	1	-	1	-	-	-		-	2	
gnancy, childbirth, abortion genital malformations	0.0	16		3	_	3	1	2	1	2	3	1	5	3	2	1	10	12	10	Al
er defined and ill-defined diseases		36	3	3	3	4	36	30	80	21	23	12	29	7	10	13	16	2	10	
or vehicle accidents	0.0	_	_	4	7	10	7	4	1	3	5	4	5	3	2 2	4	6	7	1	
other accidents	00	3	3	4	10	11	14	5	18	18	4	5	9		1	2	3	'	1	
cide	17	-	-	-	-	5	9	3	-	-	3	2	2	-	1		0			
micide and operations of war		1		-		-	1	-			1	1						-	-	
		71	15	26	31	84	438	566	989	212	232	151	298	121	115	172	187	133	177	



### TABLE IXa.—CAUSES OF, AND AGES AT, DEATH, 1958.

#### RURAL DISTRICTS.

	-		De	eaths in a	ll Rural I	Districts.							Deat	hs in e	ach Dis	trict (at	t all ag	es).		
Causes of Death.			1	A	ge Groups	i.				don.	eld.	am.	Easthampstead.				T		T.	
	All Ages.	0	1—	5—	15	25—	45	65	75	Abingdon.	Bradfield	Cookham	Eastha	Faringdon.	Hungerford.	Newbury.	Wallingford.	Wantage.	Windsor.	Wokineham
Tuberculosis, respiratory Taberculosis, other Syphilitic disease Diphtheria Whooping cough Meningococcal infections Acute poliomyelitis Measles Duber infective and parasitic diseases Malignant neoplasm, stomach Mung, bronchus Duber infective and parasitic diseases Malignant neoplasm, stomach Mung, bronchus Duber infective and parasitic diseases Malignant and lymphatic neoplasms Leukaemia, aleukaemia Diabetes Assoular lesions of nervous system Diabetes Assoular lesions of nervous system Diabetes Assoular lesions of nervous system Moronary disease, angina Hypertension with heart disease Wher circulatory disease Mile riculatory Mile	14 1 6 		1	1 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 	4 — — — — — — — — — — — — — — — — — — —	6 1 4 4 — — — — — — 1 199 412 110 6 5 4 1 1 100 4 4 280 3 177 24 5 4 1 1 8 1 — — 1 32 7 7 10 10 — — — — — — — — — — — — — — — — —	2 - 2	2	2	1	1 1 1 1 3 8 8 1 1 2 2 14 4 1 2 3 3 4 4 5 5 - 2 1 1 18 5 1 1 2 2 - 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 1 1 1 2 36 64 4 15 3 36 6 4 4 2 2 2 2 5 5 5 8 1 1	1	1 1 2 2 2 1 13 3 7 6 7 1 1 1 1 1 1 1 1 1 2 2 2 1 1 1 1 1 1 1	2	1	1		1133177 55655665 5655215 122212 133222 222 333998 1004
Il causes	2,307	70	17	12	30	98	460	541	1,079		240	136	320	131	105	163	-	-	-	-



### TABLE X.—CAUSES OF, AND AGES AT, DEATH, 1957.

#### Administrative County of Berks.

	Net	Deaths in	Age Gro	oups of " withou	Residents t the Co	,'' wheth	er occurri	ng withir	or or
Causes of Death.				Aę	ge Groups				
	All Ages.	0—	1—	5—	15—	25—	45—	65—	75 and up- wards
Tuberculosis, respiratory Tuberculosis, other Syphilitic disease Diphtheria Whooping cough Meningococcal infections Acute poliomyelitis Measles Other infective and parasitic diseases Malignant neoplasm, stomach " lung, bronchus " breast " uterus Other malignant and lymphatic neoplasms Leukaemia, aleukaemia Diabetes Vascular lesions of nervous system Coronary disease, angina Hypertension with heart disease Other circulatory disease Influenza Pneumonia Bronchitis Other diseases of respiratory system Ulcer of stomach and duodenum Gastritis, enteritis and diarrhoea Nephritis and nephrosis Hyperplasia of prostate Pregnancy, childbirth, abortion Congenital malformations Other defined and ill-defined diseases Motor vehicle accidents All other accidents Suicide  Homicide and operations of war	22 2 10 — 1 2 — 8 63 124 51 19 340 21 23 542 528 49 455 146 56 184 133 26 48 15 27 28 49 45 56 184 57 184 58 184 58 58 58 58 58 58 58 58 58 58					6 1 	10 1 4	4 — 3 — — 2 18 39 10 6 94 7 167 166 80 38 15 40 42 5 14 1 5 8 — 2 46 7 7 3	2 — 3 — — — — — — — — — — — — — — — — —
A 11	3,450	106	24	29	40	130	695	842	1,584

