

[Report 1968-1969] / Medical Officer of Health, Berkshire County Council.

Contributors

Berkshire (England). County Council.

Publication/Creation

1969

Persistent URL

<https://wellcomecollection.org/works/daryzdvt>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

III

DEPARTMENT OF HEALTH, SAFETY AND SECURITY
LIBRARY

HEALTH
in
BERKSHIRE

1968 - 1969

The report of the
COUNTY MEDICAL OFFICER
and
PRINCIPAL SCHOOL MEDICAL OFFICER
for 1968 and 1969






HEALTH in BERKSHIRE

1968 - 1969

The report of the
COUNTY MEDICAL OFFICER
and
PRINCIPAL SCHOOL MEDICAL OFFICER
for 1968 and 1969



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b28919270>

INTRODUCTION

Reorganisation

July 1968 saw simultaneous publication of the Green Paper on the administrative structure of the medical and related services in England and Wales and also of the Seebohm report on local authority personal social services. The Health Committee regretted that the Green Paper should have been published prior to the report of the Royal Commission on Local Government, because they were of the opinion that health service reorganisation should be considered in the light of any recommendations put forward by the Royal Commission. The main comments submitted by the Council to the C.C.A. were to the effect that it would be preferable for the functions of the proposed area health boards to be carried out by any elected authorities which might be set up following the recommendations of the Royal Commission on Local Government but failing this that those authorities should be entitled to appoint a substantial number of elected members on to the board. It was felt important that catchment areas of the proposed health boards should be co-terminous with those of the new local authorities and that the reorganisations of the health services and the social services should be carried out in parallel.

The County continues to grow and by the end of 1969, the population had risen to above 500,000. The number of births however has levelled off and indeed now shows evidence of a slight decline.

The Health Committee adopted a scheme of measles vaccination following Ministry Circular 9/68, and the reports of the M.R.C. Trials: unfortunately, our efforts were hampered by supply difficulties. The recommended programme for the various immunising procedures was again revised.

Family Planning

Consideration was given to a memorandum on family planning prepared jointly by the C.C.A. and A.M.C. As a result of this a very modest extension of the service was agreed to provide free advice and treatment for up to 30 "social" cases per annum. This service is given through the agency of the Family Planning Association, which continues to be directly responsible for providing the main service. Women using the F.P.A. clinics make payments both for advice and for supplies.

School Health Service

1968 saw the 60th anniversary of the school health service in Berkshire. In 1908 the Council asked their first (and part time) County Medical Officer of Health to accept a full time appointment and to undertake, on behalf of the Education Committee, the new duties of School Medical Officer. The statutory duties imposed on him included:-

- i) Those of reporting on the working and effect of any arrangements made for educating children at open air schools, school camp or

other place selected with a view to improvement of the health and physical condition of the children.

- ii) The power of advising or approving the closure of a school (in outbreak of infectious disease).
- iii) The power of authorising the exclusion of certain children from school on specified grounds.

Today, fortunately, there are no 'open air' schools although special arrangements for children with various handicapping conditions not fully recognised by our predecessors occupy much of our attention. School closures are unknown and practices on exclusion of individual children are being progressively modified. The report in Section 4, compiled by Dr. P. Cima, illustrates the very different emphasis of our present day school health service.

Mr. Owen Jacob retired from his post of Principal School Dental Officer at the end of 1969. He first came to Berkshire 35 years earlier as a School Dental Officer. After a short break in 1950, he returned and was promoted in charge of the County's dental services and has been responsible for them continuously since. We owe him a debt for such long and loyal service. Mr. Ogilvy who succeeded him, has however been responsible for the report covering Mr. Jacob's last two years in office.

Nursing Services

The Committee considered a report on the management structure of the nursing services, and adopted a structure similar to that being introduced in the hospital service as a result of the Salmon Report. The Mayston Report on local authority nursing services (published shortly afterwards) made broadly similar recommendations, although we differed in believing in the advantage of having, certainly in the larger practices or groups of practices, a nursing leader able to speak for all three branches of the service. Cross boundary arrangements for attached nursing staff were further facilitated by allowing the County Medical Officer to adjust the establishment of staff required for this purpose, subject to the cost being covered by repayments from other authorities. As the pilot scheme of allowing midwives to deliver their own patients within general practitioner units, and then continue their care at home after 24 to 48 hours, proved successful and was welcomed by midwives, doctors and patients alike it was extended to the area covered by the Wokingham Unit. Attachment schemes were further strengthened by agreement to pay general practitioners for the use of rooms and facilities within the practice premises by nursing staff. Another forward step was the agreement to appoint male nurses who had completed the health visitors' course as health visiting officers and to pay them at health visitors' salary - once again anticipating national trends.

During 1968, the County Nursing Officer was asked to assume responsibility for the school nursing service. This step completes the integration of all nursing services under one head. Mrs. Gettings describes these developments in greater detail in Section 5.

Chiropody

Following his appointment as Chief Chiropodist in 1968, Mr. Webster reviewed existing provision and produced a comprehensive report. The Committee decided to continue to provide a service largely through the existing voluntary agencies, although a start was to be made on the introduction of a direct service which would initially concentrate on the areas of the County not adequately covered by the voluntary bodies.

Home Dialysis

With the development of home dialysis techniques, and equipment provided through hospital services, the Council was involved in assistance with adaptations to patients' homes. The submission of individual cases to the Committee led to undesirable delays and a pilot project was agreed with the Oxford Regional Hospital Board whereby their works department was authorised to undertake adaptations to a maximum of £300 with subsequent reimbursement. Arrangements prove more difficult in East Berkshire where we are dealing not only with another Hospital Board but a number of independent teaching hospitals.

Mental Health

Mr. Patrick Oakley took over the post of Principal Social Worker in April 1969. Following detailed study by a special section the Council eventually agreed to a desperately needed building up of the social work service jointly provided by the Health and Welfare Services Committees: this will be based on teams in five areas of the county.

Day training facilities for mentally handicapped adults were made available in Abingdon by the temporary use of the ex Civil Defence Building in Abingdon and the Council agreed in principle to the purchase of the T.A. Centre which was to be extended and adapted for use as a permanent workshop.

The building programme for hostels for the mentally handicapped was set in train but efforts to purchase an existing building in order to make a more rapid start proved abortive. Approval was given however to the purchase of a house in Reading as a half-way home for the mentally ill.

Ambulance Service

Following the report of the Miller Committee on the ambulance service, the principle of adequate training was approved together with the establishment of a post of ambulance training officer. Although the recommendation included additional posts to enable staff to be released for training, these were unfortunately cut during subsequent consideration of the estimates.

The Committee was forced to agree to the relocation of the Bracknell Ambulance Station as a result of the Development Corporation town centre redevelopment scheme. The replacement was financed by the Development

Corporation. The Council took the opportunity of providing much needed additional accommodation both for the station and for the East Berkshire radio control. In Maidenhead it was accepted that the proposals for a relief road would necessitate the relocation of that station but agreement was not reached as to who should bear the cost of this. Although the Health Committee asked that negotiations should be pursued urgently no final decision had been reached by the end of 1969.

Discussions took place with officers of Reading Corporation over a suggestion that the County Service and the Borough Service (which covers an area of Central Berkshire) should amalgamate. The imminent retirement of the Reading Transport Manager, responsible for the Reading Service, appeared to make this a convenient moment, but it was decided not to pursue the proposal at this stage.

Equipment needed to provide a central control system for night and weekend working was thus installed in the new Bracknell control.

Fluoridation of Water Supplies

This matter has been considered by the Health Committee on a number of occasions during recent years. In October 1965, the County Council had decided not to approve the principle of fluoridation. Consideration was again given to the matter in 1968, following the arrival of Ministry of Health Circular 24/68. This circular referred to previous circulars which had asked local Health Authorities to make arrangements for the fluoridation of public water supplies and urged all local authorities who had not done so already to adopt fluoridation at the earliest possible date.

The Circular was considered by the Health Committee in October 1968, and I was asked to prepare a detailed report on the subject of fluoridation of water supplies for consideration by the County Council.

This report stressed the problems of dental caries and that, despite a national expenditure estimated at over £100 million, existing treatment facilities could not cope. Prevention needed a two pronged attack, with education on dental hygiene and the building of strong teeth - in which Fluoride was an important element. Mention was made of the well documented evidence of dental benefits and my confidence that the U.K. studies of 11 year old children would show identical results to those achieved in those countries who introduced fluoridation much earlier. Discussed next was some of the large volume of work on safety - a question which the Council rightly considered paramount: this was summarised well by the following from a Medical Research Council report. "..... despite all the research undertaken and the constant vigilance exercised, no evidence has emerged to suggest that the consumption of fluorides in water at the prescribed level is in any way harmful to health.....". Mention was made of the fact that all the District Councils (bar one which had not expressed an opinion) were in favour of or very strongly urging the County Council to start fluoridation. Cost was estimated at not more than 1/- per citizen per annum, with a manifold saving ultimately in cost of treatment.

This report was presented by the Health Committee to the County Council on 26th April 1969, but the decision was taken that there would be no change in the Council's policy with regard to the fluoridation of water supplies.

In September 1969, the Health Committee considered Circular 8/69, from the Department of Health and Social Security in which attention was directed to the report entitled "Fluoridation Studies in the United Kingdom and the Results Achieved after 11 years". Following consideration of this Circular however, the Health Committee decided that the matter should not be discussed again until after the election of the next Council in 1970.

Health Committee

The Health Committee gave further thought to its own structure in the light of the recommendations of the Maud Report on the management of local authorities. The Council subsequently approved recommendations to reduce the size of the Committee and to reduce the number of its sub-committees from four to two. Another important step was the decision to set up as necessary small working parties or sections which could look at particular problems and debate them in some depth, before reporting direct to the Health Committee.

During the period under review Mr. Arbuthnott decided to relinquish the chairmanship after holding it for three years. The Committee set on record its appreciation of his services but I should like to add my personal thanks to him for his very considerable interest and the support he has given to the staff during his period of office. He was succeeded by Major Fairfax Harvey.

Once again I am indebted to Dr. Hunt for editing the report.

D. E. CULLINGTON

*County Medical Officer and
Principal School Medical Officer*

JANUARY, 1972.

TABLE OF CONTENTS

INTRODUCTION

Section 1	Vital Statistics
Section 2	Infectious Diseases, Immunisation
Section 3	Care of Mothers and Young Children
Section 4	School Health Service
Section 5	Nursing Services
Section 6	Home Help Service
Section 7	Prevention of Illness, Care and After Care
Section 8	Mental Health Service
Section 9	Ambulance Service
Section 10	Health Centres and General Health Services
Appendices	A. Chairmen of Committees
	B. Health Department Staff
	C. Statistical Tables
	1. Notification of Infectious Diseases
	2. Causes of Death
	3. Mental Health
	4. Ambulance Service
	5. School Health Service 1968
	6. School Health Service 1969
	7. Handicapped Pupils

1. VITAL STATISTICS

POPULATION

The mid-year population was 484,850 for 1968 and 496,010 for 1969.

BIRTHS

The number of live births assigned to the county was 8,879 in 1968 and 8,737 in 1969. There has now been a gradual fall in the number of births each year since the peak in 1965 when there were 9,280 live births.

DEATHS

There were 4,391 deaths in 1968 and 4,322 deaths in 1969.

SUMMARY	1968	1969
Population (mid-year estimate)	484,850	496,010
Live Births - number	8,879	8,737
- rate per 1,000 population	18.3	17.6
Deaths - number	4,391	4,322
- crude rate per 1,000 population	9.1	8.7
Illegitimate live births - percentage total live births	4.9	6.0
Stillbirths - number	79	77
- rate/1,000 total live and stillbirths	9	9
Total live and stillbirths	8,958	8,814
Infant deaths (deaths under one year)	124	127
Infant mortality rates		
Total infant deaths/1,000 total live births	14	15
Legitimate infant deaths/1,000 legitimate live births	13.8	14
Illegitimate infant deaths/1,000 illegitimate live births	14.5	23
Neo-natal mortality rate		
Death under 4 weeks/1,000 total live births	10	11
Early neo-natal mortality rate		
Deaths under one week/1,000 total live births	8.9	9
Perinatal mortality rate		
Stillbirths and deaths under one week/1,000 total live and stillbirths	18	18
Maternal mortality (including abortion)		
Number of deaths	Nil	1.0
Rate per 1,000 total live and stillbirths	Nil	0.1

Further details are contained in tables in the appendices.

2. INFECTIOUS DISEASES AND IMMUNISATION

As a result of the Public Health (Infectious Diseases) Regulations, 1968 which came into operation on 1st October, 1968, the following diseases were no longer notifiable:-

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia

However, the following diseases became notifiable for the first time.

Tetanus	Leptospirosis	Yellow Fever
---------	---------------	--------------

All provisions governing the notification of infectious diseases and food poisoning are now to be found in these regulations and in Sections 47 to 49 of the Health Services and Public Health Act, 1968.

Notifications

The following diseases were notified during the two years:-

	<u>1968</u>	<u>1969</u>
Measles	1,232	666
Whooping cough	208	29
Dysentery	118	185
Scarlet fever	96	105
Tuberculosis	93	96
Infective jaundice	53	94
Food poisoning	35	46
Malaria	3	2
Typhoid fever	—	2
Paratyphoid fever	2	4
Acute poliomyelitis	1	—
Acute encephalitis	1	—
Ophthalmia neonatorum	1	1
Acute meningitis	1	6
Leptospirosis	—	1
Tetanus	—	2

Full details of the diseases notified in each of the borough, urban and rural districts are contained in tables in the appendices.

Measles

Once again measles continued to be responsible for the majority of the diseases notified although there was a marked reduction in the number of cases in 1969 and it would appear that the measles vaccination campaign introduced in May 1968, was having an effect on the incidence of the disease.

Dysentery

Bacillary dysentery continued to be fairly widespread throughout the county.

Poliomyelitis

A lady aged 54 suffered from poliomyelitis in October 1968. She was admitted to hospital and made a good recovery. She was a resident of Wantage.

Tetanus

Two cases were notified in 1969, a man aged 32 from Wokingham was admitted to hospital in May, and a man aged 40 from Mortimer was admitted to hospital in July.

Venereal Diseases

The four main treatment centres for Berkshire residents are situated at hospitals in Reading, Windsor, Oxford and Swindon. Details of the new cases treated at these four centres are as follows:-

	SYPHILIS	GONORRHOEA	OTHER VENEREAL CONDITIONS	TOTAL
1968	5	104	385	494
1969	12	127	533	672

IMMUNISATION

The Council's scheme provides for immunisation against smallpox, diphtheria, whooping cough, tetanus, poliomyelitis and measles. Protection is offered to persons in the appropriate age groups at local authority clinics and through family doctors.

VACCINATIONS UNDERTAKEN	COMPLETED PRIMARY COURSES		REINFORCING VACCINATION	
	1968	1969	1968	1969
Smallpox	7,582	4,913	2,360	2,839
Diphtheria	10,149	3,784	15,311	13,603
Whooping Cough	9,121	3,523	8,156	—
Tetanus	10,223	3,891	15,530	13,962
Poliomyelitis	8,665	3,414	14,370	12,739
Measles	18,508	2,871	—	—

The introduction of the new schedule of immunisation and vaccination towards the end of 1968 was responsible for the smaller number of children completing their primary courses in 1969. There will be a consequent increase in the figures for 1970.

Measles Vaccination

Ministry of Health Circular 9/68, issued in March 1968, asked local authorities to make arrangements under Section 26 of the National Health Service Act, 1946, for vaccination against measles. Vaccination was to be offered to children up to school leaving age who were susceptible because they had neither been vaccinated nor had measles.

Supplies of vaccine were made available during May but because of limited supplies it was first necessary to vaccinate susceptible children who

were between their fourth and seventh birthdays and also children aged two to six who were attending day nurseries, nursery schools and playgroups. As the demand exceeded the vaccine supplies it was not found necessary to introduce any publicity campaign.

By the end of August, 1968, a total of 11,970 children had been vaccinated. With an improvement in the vaccine supply it then became possible to offer vaccination to all susceptible children up to school leaving age and, by the end of 1968, 18,508 children had been vaccinated.

It soon became apparent that the number of measles notification during the last quarter of 1968 was much lower than would normally have been expected. Usually the figure would have been between one and two thousand but, in fact, only 105 cases were notified. Of 83 children in the two to five year age group who suffered from measles in this quarter, it was noted that, although they were eligible for vaccination, 79 of them had not been protected. Three others developed measles within ten days of receiving the vaccination and it was considered that they were incubating the disease before vaccination became effective. In only one instance, therefore, did measles occur in a vaccinated child.

It was unfortunate that supplies of vaccine again became restricted in March 1969, and remained so for the rest of the year. Only 2,871 children were vaccinated in 1969 and it was estimated that vaccine was required for a further 19,500 children. It is hoped that the required vaccine will be available as soon as possible during 1970.

Immunisation Procedures Undertaken by Nursing Staff

For several years attached nursing staff have undertaken immunising procedures under the supervision of the general practitioner but these were restricted to the occasions when the doctor was present in the surgery or clinic premises. During 1969, in-service training was arranged for selected nurses to enable them to carry out such procedures under a doctor's supervision but without the need for him to be present at the time of the injection. This training included detailed information on prophylaxis and the emergency treatment of anaphylactic shock.

Schedule of Immunisation Procedures

In August, 1968, the Ministry of Health recommended a revised immunisation schedule. This schedule was adopted in the county with minor modifications and is as follows:-

Age 4 months	- First triple antigen injection
	- First oral poliomyelitis vaccine dose
Age 6 months	- Second triple and oral poliomyelitis dose
Age 12 months	- Third triple and oral poliomyelitis dose
Age 13 months	- Measles vaccination
14 months to 2 years	- Smallpox vaccination
School entry	- Diphtheria/tetanus reinforcing dose
	- Oral poliomyelitis reinforcing dose
Age 13 years	- B.C.G. vaccination
Age 15 years	- Oral poliomyelitis reinforcing dose
	- Tetanus reinforcing dose

This new schedule should produce a better antibody response and reduce unwanted reactions to the vaccines.

Due to the shortage of medical and nursing staff it was not possible to offer reinforcing doses of tetanus and poliomyelitis vaccine to 15 year old school children during 1968 and 1969.

3. CARE OF MOTHERS AND YOUNG CHILDREN

Ante-natal Care

Care of the new born begins with care of the mother in the early ante-natal period. Every mother booked for delivery by a midwife also books a general practitioner. Patients requiring domiciliary delivery are carefully selected and ante-natal care is undertaken as early as possible during pregnancy.

Infant Mortality

The number of deaths occurring during the first year of life for every 1,000 births continues to be used as an indication of the effectiveness of maternity and infant health services but more emphasis is now paid to deaths occurring during the neo-natal period and in the perinatal period.

Perinatal deaths are those occurring before or during labour and in the first week of life. The rate per 1,000 total live births and stillbirths fell to the lowest level of 18 in 1968 and remained at 18 in 1969.

Neo-natal deaths are those occurring during the first month of life and the rates of 10 in 1968 and 11 in 1969 were similar to those of previous years.

	1966	1967	1968	1969
Perinatal mortality	23.9	21.1	18	18
Neo-natal mortality	11.8	10.6	10	11

Congenital Malformations

1968 was the fourth year of notification to the Registrar General of all congenital malformations discovered at birth. During that year there were 117 births with a total of 138 malformations, an incidence of 13 per 1,000 total births.

During 1969 the number of babies notified was 135 with a total of 172 malformations, an incidence of 15 per 1,000 total births. The number and classification malformations were:

	1968	1969
Central nervous system	38	35
Eye, ear	7	8
Alimentary system	25	22
Heart and great vessels	—	3
Respiratory system	—	7
Urogenital system	9	27
Limbs	34	46
Other skeletal	2	2

Other systems	13	6
Other malformations	10	16
	138	172

Care of Infants

The health visitor advises mothers about infant care including physical and emotional needs. Visits are made to the home and mothers are encouraged to visit child health clinics.

Child Health Clinics

The number of county child health clinics is gradually decreasing as more family doctors undertake similar clinics in their own premises. Greater emphasis is now paid to developmental assessments, whilst routine screening tests are undertaken at the clinics.

Nurseries and Child Minders

At the beginning of 1968 there were 30 registered child minders in the county and by the end of that year the number had increased to 38. Sessional care was provided by 35 child minders and all-day care by three child minders. Altogether care was provided for a maximum of 367 children.

The number of registered premises increased from 82 to 114 and this was largely due to an increase in pre-school playgroup registrations. Sessional care was provided in respect of all but one of these registered premises and places were available for 2,368 children.

Section 60 of the Health Services and Public Health Act, 1968, amended the 1948 Act and came into effect of 1st November, 1968. As a result, the scope of the 1948 Act was extended to include premises (other than those used wholly or mainly as private dwellings) in which children are received for a total of two hours or more in the day and persons who, in their own homes and for reward, look after one or more children under the age of five, to whom they are not related, for similar periods.

The amended legislation enabled changes to be made in the Council's standards relating to child minders and premises. The maximum number of children to be received was laid down, a declaration of health and statement of suitability was required from each person, and other changes were made in respect of the conditions of the premises.

The full effect of the changes occurred during 1969. There were many persons who had been looking after one child prior to November, 1968 and all these persons applied for registration under the Act. By the end of 1969, the number of registered child minders had increased to 200 and they were looking after 645 children. Fifty-eight of the child-minders provided all-day care for the children.

The number of registered premises also increased from 114 at the beginning of 1969 to 148 at the end of the year. There were places for 3,162 children and all-day care was provided at three of the premises.

The position over the last five years is summarised:-

	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>
Registered Child Minders	19	18	30	38	200
Registered Nurseries & Playgroups	42	71	82	114	148

Day Care Facilities for Children Under Five

The Ministry of Health circular 37/68 was received in October 1968, and reference was made in this circular to the provision by local health authorities of the day care facilities for children under five years of age. It was considered that the responsibility of health authorities should continue to be limited to arranging for the day care of children, who, from a health point of view or because of deprived or inadequate backgrounds, have special needs that cannot otherwise be met.

There are no local authority day nurseries in the county but a small number of children have been placed in neighbouring local authority day nurseries at the county's expense for a number of years.

Due consideration was given to the contents of the Ministry circular by the Health Committee and it was agreed that no immediate changes would be made to the existing arrangements. At the same time it was considered that, as long-term policy, any additional financial provision available for future developments would be best utilised in developing nursery schools rather than day nurseries, but providing additional staff at these establishments in order that a minority of children would be cared for in these premises outside normal nursery school hours.

Care of Unmarried Mothers

During 1968 and 1969 the County Council continued to make a grant to the Oxford Diocesan Council for Social Work who provide the services of social workers throughout the county to undertake case work with unmarried mothers.

Girls who require short term accommodation at the time of their confinement can be admitted to the Council's Mother and Baby Home, Burnell House at Windsor. Girls are normally admitted about six weeks before the date of the expected confinement, are transferred to a local hospital for the actual confinement and then return to the Hostel with their baby while plans for their future are made. All admissions are arranged through the social workers of the Diocesan Council and the worker continues to be responsible for her girl while she is at the Hostel to enable her to make satisfactory arrangements for herself and the baby. The number of admissions to the Hostel showed a decrease as illustrated in the following table:-

<u>Year</u>	<u>Total Admissions</u>	<u>Berkshire Responsibility</u>	<u>Responsibility of O.L.A.s</u>
1965	93	54	39
1966	69	52	17
1967	87	60	27
1968	67	48	19
1969	65	34	31

The Hostel provides accommodation for up to 19 expectant and/or nursing mothers with their babies. The average number accommodated during 1969 was 10. The average length of stay was 37 days in the ante-natal period and 29 days in the post-natal.

The increase in the number of cases accepted from outside Berkshire was no doubt due to the closure of other Mother and Baby Homes in this part of the country.

It is interesting to note that the number of girls being admitted to Burnell House with a second pregnancy is increasing. Generally, in such cases the first pregnancy has either resulted in termination or adoption of the baby. The Home serves unsupported mothers in two ways:-

- i) By providing accommodation
- ii) By providing intensive support and care during a time of crisis.

The provision of accommodation is incidental to the supportive care, which is the most important aspect of this service and includes rehabilitation. The staff at Burnell House give girls assistance and stability at this critical period. During the ante-natal period girls may be reluctant to consider their future and that of the child. The staff wisely use this period to build a relationship with the unsupported mother, so that rehabilitation can progress during the post-natal period. Prior to discharge arrangements can be made for girls to have an appointment at a local family planning clinic, if required.

Girls admitted to Burnell House in recent years generally tend to be younger, the underlying causes of their problems are very complex so they are in need of more supportive help, particularly during the rehabilitation period, post-natally. The service is also valuable to parents, giving them time to adjust to the situation during the girl's stay in Burnell House.

Family Planning

Family planning clinics are provided in the county by voluntary bodies. They are allowed the free use of Council clinic premises and grants are made to newly established clinics.

During 1968 and 1969 the County Council accepted financial responsibility for a limited number of persons who required family planning advice and treatment for medical or social reasons. Under these arrangements the Council made a payment to the voluntary bodies at the rate of £5 per patient, per year, to include consultation, advice, drugs and appliances. Payment in respect of social reasons was only made, however, if the family financial circumstances were at or below the level of Social Security allowances.

A. Clinic Scheme - Social Cases

During 1968 20 women were treated at clinics on social grounds on the recommendation of a health visitor. The number for 1969 increased to 45. All these cases were the financial responsibility of the Council.

B. Clinic Scheme - Medical Cases

The Council were financially responsible for six women referred for treatment on medical grounds in 1968 and for 22 women in 1969.

C. Family Doctor Scheme - Social Cases

Many of the family doctors in the county provide their own family planning service for their patients. Whilst they can treat and prescribe for their patients on medical grounds free of charge, they cannot prescribe free supplies for non-medical cases. In September 1968, however, it was agreed that the Council would accept, on the recommendation of the health visitor, financial responsibility for supplies for such women treated by their own doctors provided they satisfied the conditions of free treatment laid down under the Council's scheme. From October 1968, to December 1969, 12 patients came into this scheme.

D. Domiciliary Scheme

A pilot domiciliary scheme as a direct service commenced in the Newbury area on 1st February 1969. The medical officer of the Family Planning Association clinic at Newbury was appointed to work for the county on a sessional basis and it was anticipated that most of the women seen at home would eventually attend the local clinic.

During the nine months the scheme operated only six women were visited at home and it was found that the need for this type of scheme was not as great as was previously anticipated.

4. SCHOOL HEALTH SERVICE

Over the past two years the work of the School Health Service has continued despite difficulties due to gaps in the Medical Officer Establishment, resulting from failure to fill posts and Maternity Leave. This has meant that in many areas it has not been possible to examine all the children who should have been seen or to realise our aim of termly visits to schools. On the nursing side, due to financial restrictions, it has not been possible to increase the staffing ratio to anything near what could be regarded as adequate or indeed anything approaching the national average. This has meant that because assisting medical officers at school medical examinations is a priority, their other duties have not been carried out in full through lack of time. Similarly, the Speech Therapy establishment has not reached the accepted level and many children have not received sufficient treatment or have not received it at all. A survey carried out in special schools during 1969, showed that less than a third of the children in need of treatment in these schools were actually receiving it.

During the past two years, the selective medical examination procedure at the intermediate stage has become established in all but the very smallest of the County's schools.

In the Audiology field, clinics and audiometric work have continued and the van for use in screening six year old school children has become fully operational so that the majority of six year old children are now being

screened.

During this two year period, the long awaited announcement on the transfer of responsibility for the education of severely subnormal children from the Ministry of Health to the Department of Education and Science was made in November 1969. Legislation and a date for the transfer is now awaited. This move is welcomed by most people, but the teachers of mentally handicapped children view the change with understandable anxiety about their status under the new arrangements, particularly as the majority do not possess a Diploma of Teacher of the Mentally Handicapped. Berkshire is more fortunate in that most of the teachers in the training schools hold the diploma and indeed at Bennett House School some certificated teachers are employed. In Berkshire the training schools have been planned and organised in consultation with the Director of Education's staff and therefore any transfer should proceed smoothly, although the take-over of schools in subnormality hospitals is likely to present some difficulties.

The current trend is for the child health field to become more specialised and there is an increasing need in the School Health Service for a number of more highly trained medical officers. In keeping with this trend one of the County's medical officers was seconded during 1969, to undertake a course in Developmental Paediatrics at the Institute of Child Health in London.

Handicapped Pupils

The process of early detection of children with handicaps both of pre-school and school age has continued to improve and information about these children is received from many sources. The Health Visitor plays a key role insofar as the early detection of handicap in pre-school children is concerned. This information is collected and in many cases where a handicap is suspected, an assessment is carried out by a Medical Officer to determine what further action may be required and what educational arrangements are likely to be needed either now or in the future. Often it is necessary to involve other services such as the Audiology Service, Speech Therapy Service, School Psychological Service, Child Guidance Clinic and School Eye Clinic.

A group of handicapped children which gives concern from an educational point of view is the group suffering from Spina Bifida. The incidence of this condition is 1.3 per thousand births and prior to the development of recent surgical treatment the majority of these children died in early infancy. Now at least half are likely to survive, many of whom will require special schooling or additional support in ordinary schools.

In Berkshire about 10 per year are surviving and an appreciable number have already reached school age. These children are now placed according to individual need and availability of places, in ordinary schools and in day and residential schools for the physically handicapped.

The provision of sufficient school places for the mentally handicapped (severely subnormal) child presents a particularly difficult problem as unlike the educationally subnormal child, for example, they cannot be managed in an ordinary school pending a training school vacancy. So far the Health

Committee has been able to make day school provision for the majority of severely subnormal children of 5 years of age and over except for those children who are so mentally handicapped or mentally and physically handicapped as to be in need of special care. Some of these children in the latter group are catered for in day hospital provision, others in the Windsor area are able to attend a voluntary unit run three days a week by the Windsor Society for Mentally Handicapped Children and a special care class is to be planned in association with the Bennet House School in Abingdon.

There are three training schools in Berkshire, at Abingdon, Newbury and Bracknell. Extensions are planned at Abingdon for 1970/71, and the Bracknell School is to be rebuilt in 1969/70. The Newbury School will be replaced in 1971/72 and it is proposed to establish a new school in the Maidenhead area in 1971/72.

The weekly boarding hostel associated with the Newbury Training School has remained full and continued to be a great success particularly due to the enlightened and enthusiastic approach of the Warden and Matron.

Supervision of mentally handicapped children and their families has remained with the Health Visitors, but in October 1969, an experimental post was established whereby one Field Worker in East Berkshire worked primarily with the pre school mentally handicapped children and their families, in association with the Health Visitor, in order to give more support and advice, as it was felt that Health Visitors' other duties were so heavy that they could not devote all the time they would wish to this work. The outcome of this work is awaited with interest.

Audiology Service

The pattern of work has continued as before with the addition of universal audiometric screening by trained school nursing assistants both using the purpose built van and operating in school premises. 3,200 children in the six year age group were screened in 1968 and just over 8,000 children were screened in 1969.

During this period Mr. Simpson, the County Educational Audiologist, attended the Diploma in Audiology Course at the University of Manchester. In October 1969, a School Medical Officer was also seconded on this course prior to assuming clinical responsibility for the County Audiology Service.

The Ministry of Health Circular 6/68, introduced the new Government Post Aural Hearing Aid which could be made available to school children. Owing to the supply being limited they were first issued to children in the older age groups. The body-worn Medresco Hearing Aid is durable and most suitable for younger children, but as they reach adolescence psychological problems arise over the use of this type of aid and a post aural model which fits unobtrusively behind the ear is much more acceptable.

Hearing Screening Clinics

	<u>1968</u>	<u>1969</u>
First attendance - pre school children	1	—
Re-attendance	1	—
First attendance - school children	194	287
Re-attendance	—	2
TOTAL	<u>196</u>	<u>289</u>

School Audiology Clinics

	<u>1968</u>	<u>1969</u>
First attendance - pre school children	65	125
Re-attendance	33	71
First attendance - school children	165	207
Re-attendance	18	45
TOTAL	<u>281</u>	<u>448</u>

School Nursing

During the month of February in 1969, all Berkshire nursing staff who were involved in school work were asked to complete a form showing details of their work. Three grades of staff were involved:-

- a) Health Visitors b) School Nurses c) Nursing Assistants

The results are shown below:

Health visitors

Total Health Visitors' time spent on school duties during the month was 378 hours. This figure multiplied by 10 gives an estimate of the time spent annually:-

3,780 hours

A breakdown of the time spent on various duties follows:-

	<u>Hours</u>	<u>Percentage of total</u>
1. Health Teaching	219	57.8%
2. Youth Counselling	27	7.1%
3. Liaison with teaching staff and with school nurses	67	17.8%
4. Other duties associated with schools (mainly home visiting of school children)	22	5.8%
5. Travelling time associated with above items	43	11.3%
	<u>378</u>	<u>100.0%</u>

The total amount of health visiting time spent on school health is low, this is in accordance with the policy of giving school nurses the responsibility for their nursing duties. The health visitor in school has three responsibilities.

- i) Health Education
- ii) Youth Counselling
- iii) Family problems that affect the child.

The health education and youth counselling work are clearly shown in the results of the study that appear above in 1 and 2. Family problems are the reason for the need for liaison with teachers and school nurses shown in item 3 above.

The study did not show the work done by the health visitor in the Child Guidance Clinic. This was not included as it is considered to be part of the health visitor's general work and is at present only established in two or three areas of the County. Neither does the study show the amount of work the health visitor does, concerning the school child, that arises out of her work with families generally.

School Nurses

The school nurses completed two forms, one was a record of time spent on various duties and the second a breakdown of nursing duties.

TIME INVOLVED		Percentage of total
1. medical examinations (including preparation, clinics and other associated duties)		32.90%
2. hearing testing	5.21)	19.60%
vision testing	3.11)	
hygiene inspections	2.80)—	
health assessments	1.06)	
home visits	7.42)	
3. miscellaneous duties		2.35%
4. travelling		17.40%
5. record keeping	7.04)	13.30%
clerical work	6.26)	
6. liaison and case discussion:		14.25%
(a) with teaching staff	6.43)	
(b) with H.V.s	2.95)	
(c) with medical personnel	1.05)	
(d) with others	3.82)	

The study shows that school nurses spend 32.9% of their time in attendance at sessions where the doctor is present. This represents about one third of her time and is considered to be too high. Past experience suggests that 10% to 15% of the school nurse's time is a realistic amount to allocate to this work. Only 19.6% of the nurse's time is spent on nursing duties. This is insufficient if a good service is to be achieved.

Miscellaneous duties, mainly care of equipment, are duties which are essential but are not shown elsewhere.

Travelling accounts for 17.4% of a school nurse's time. This is not a high figure considering that caseloads generally tend to be very high

Record keeping and clerical work together give a total of 13.30%. Record keeping only accounts for 7.04%. This is the duty of the nurse and the time given to it is not unreasonable. Though some of this might be delegated to nursing auxiliaries when there are more of them. Clerical work accounts for 6.26% of the school nurses time. Though this figure is reasonably low it is probably an uneconomic use of the school nurse's time and experienced clerical staff could no doubt deal with this work much more efficiently.

Nursing Duties.

	<u>Number</u>	<u>Defects Detected</u>	<u>% of Defects</u>
Vision tests	3471	272	8%
Hearing tests	572	248	48%
Hygiene Inspections	3408	36	1%
Health Assessments	888	53	6%
Home Visits	505	Average time at each visit - 20 minutes	

Nursing Assistants.

	<u>Percentage of total</u>
1. Assisting the school nurse	
i) Vision testing	5.1%)
ii) Hygiene inspections	3.6%)—
iii) other: such as prophylaxis	2.7%)
2. Hearing Screening	12.2%
3. Escort duties	3.6%
4. i) Clerical Work	19.6%
ii) Record Keeping	15.9%
5. Attendance at clinics	13.3%
6. Travelling	16.7%
7. Miscellaneous	7.3%

At the time of the study all the nursing auxiliaries were based in Reading. Since then it has become possible to 'decentralise' one who is now based at Maidenhead to specifically assist the three school nurses based there. Her programme is co-ordinated by the Group Adviser Health Visitor. As this alteration of base was arranged to make the nursing auxiliary's contribution more effective, a subsequent study over four weeks was carried out by the individual nursing auxiliary.

THE SCHOOL DENTAL SERVICE

The following report has been prepared by the Chief Dental Officer, Mr. G. Ogilvy.

During the two years under review in this report there has been very

little change in the pattern of this service. While the Dental Officer/Pupil ratio remains so low, it is impossible to carry out our statutory duties. Such a situation has its repercussions on the morale of staff producing a consequential lowering of effort. In 1969, with the school population of 84,140, we have nine Dental Officers, two of these being part-time officers. We also have the very able assistance of two dental auxiliaries. These girls are proving to be most reliable and useful, both in the surgery and in their efforts in the field of Dental Health Education.

Dr. Fraser has now recovered from his illness and has returned to duty once more to act as our anaesthetist. Again, it should be said how very valuable his assistance is to the dental service. The problem of getting the services of a competent anaesthetist to cover clinics in a wide-spread county can be almost insuperable.

Dental Inspections and Treatments

Generally the figures do indicate comparatively low return of work per dental officer and this has been pointed out to us by Mr. Potter, the Inspecting Officer from the Department of Education and Science. I think in considering this criticism, which is undeniable, it is necessary to take into account certain factors. First it should be noted that in Berkshire we traditionally conserve teeth. This type of treatment takes longer per patient than the more destructive treatment by extraction. Secondly, the geographical isolation of our clinics and the lack of contact between dental officer, produces psychological isolation which is not conducive to maximum effort. The remoteness of many of our small towns and villages from our clinics, together with very poor bus services makes attendance difficult for patients, if not impossible. These are advanced not to excuse results but to rationalise them and to identify where, in the future, improvements may be made. Undoubtedly, pupil/dentist ratio and surgery standards, with the effect on morale are the greatest factors. If these were to be improved, much feeling of hopelessness and frustration would be lifted and greater interest would be engendered.

Bearing in mind a reduction of dental officer numbers by one in the year 1969, inspection coverage suffered a reduction between the two years of 1%. It must however, be admitted that we were only able to inspect roughly half the school population in each of these years. The number of visits to our clinics for treatment increased slightly in 1969. There was a 9% increase in fillings placed in teeth and also in extractions carried out. The number of patients X-rayed doubled as did the orthodontic treatment carried out. The number of courses of treatment completed increased by 10%. It can be said that the modest results of the service have improved slightly. To produce any significant change will take time and will certainly require more staff and surgery space.

Dental Health Education

This is a field where potential benefits are great in terms of prevention. Unfortunately these benefits are long term and show no quick return in terms of statistics. Again, with inadequate staff numbers one is reluctant to deploy clinical staff to this field and it would be wrong to do so.

The first result of Dental Health Education is not necessarily a reduction of teeth treated but rather an increase of treatment. This comes about as a result of a greater awareness and can be seen as an increase in first visits to our clinics. Only very much later will this ever show as reduced treatment. To achieve this the campaigning must be on a considerable scale, reaching a large audience frequently and in an organised manner. This should be one of our important objectives. In the meantime our two auxiliaries do an extremely good job and are very welcome in schools they manage to attend. In these restricted areas one is aware of cleaner little mouths, mothers with greater interest and better attendances at clinics. In this field the nursing services can and do help us considerably, especially the Health Visitors and those involved in ante-natal groups, I am most grateful to them for their assistance.

Now I would like to say a word about school tuck-shops. I am aware that there are an increasing number of enlightened Head Teachers who are now banning the sale of cariogenic materials in their schools. I hesitate to refer to such material as food. To those Head Teachers I offer my heartfelt thanks, to the others I offer my prayer asking them to join in helping control this awful scourge by banning the cause from their schools. It seems illogical that the dental officer preaches abstinence and the child's school encourages indulgence, the results of which are so well known to the staff of these schools.

Administration

The decentralisation of the appointment system has now become established and appears to work well. Certainly dental officers appreciate being given this responsibility. Perhaps in the future the decentralisation of the record card may also be achieved. This is a clinical need which so far has been resisted for administrative efficiency. There are certainly problems but clinical needs must be given weighty consideration. In this matter it should be maintained that although many, if not most schools, are very helpful in advising the school health administration of the movement of children, others are not so helpful. This prompt information is vital if record filing system is to work efficiently. Be it centrally organised or not. Perhaps a system should be devised where these returns are demanded by the Director of Education then passed to the Health Department from the Department of Education, instead of the School Health staff being in direct contact with individual schools.

Fluoridation

There can be few subjects debated within the Council Chamber which engender more lively discussion or which divide opinion more sharply than the proposal to add fluoride to the County water supplies. During the period under review the subject was again raised. In September, 1968, the Health Committee referred to the sub-Committee for consideration, the Ministry of Health Circular 24/68, urging local authorities to fluoridate their water supplies and promising indemnity against the costs of possible legal proceedings, on grounds of injury of health. With the interests of the future dental health of Berkshire children very much at heart, I must place on record in this report my feelings of deep regret that the recommendation of

the Sub-Committee, that no action be taken, was ultimately upheld, and resolved by the County Council. With the tremendous weight of informed world opinion heavily in favour of fluoridation, it is difficult to understand why this public health measure is not welcomed by our leading citizens in Council. The standard, the volume and the timing of the propaganda which sets out to influence our councillors to discard our public health benefit is also to be deplored. This propaganda distorts facts and plays upon the natural fears of the population who are unfortunately poorly informed on this subject. Unfortunately, such a decision has to be accepted but surely it must place a greater responsibility upon our Council, to greatly improve the dental services for children. We must employ every other means of prevention available, more costly as this may be.

I would like to take this opportunity to thank all those who have been in any way instrumental in assisting the Dental Service and especially my own staff through their daily efforts in their surgeries and in the schools which they visit.

5. NURSING SERVICES

The policy of one nursing service, in place of three, is well established. Nursing staff continue to work as an integrated team in partnership with general practitioners, while each maintains her own specialist professional expertise. Home Help Supervisors and Home Helps continue to support and work closely with the nursing staff though they work on geographical areas and are not attached to group medical practices.

Uniform is not worn by health visitors or nursing auxiliaries. Nurses and midwives have the option of wearing uniform or plain clothes.

Visitors to Berkshire to observe the nursing service have included senior nurses from U.S.A., Australia, Japan and New Zealand. Such visitors are welcomed as they give opportunities for an exchange of international nursing problems and ideas.

During 1968, the County Nursing Officer was given responsibility for the School Nursing Service, thus strengthening liaison and co-operation between school nurses and other nursing staff.

The volume of nursing work continues to increase and is accelerated by

- i) the current awareness of the need for a positive approach to care.
- ii) the current trend towards care in the home, reflected in early discharge from hospital.
- iii) the growing emphasis on providing a comprehensive community service, so reducing as far as possible the incidence of admission to hospitals.
- iv) work that was submerged and untreated is now becoming revealed, particularly among the elderly.

This increased volume and intensity affects all grades of nursing staff

including the nursing auxiliaries.

Nurse Recruitment

Recruitment for most grades of nursing staff has continued to be good, with the exception of health visitors. During 1968, only eight candidates were suitable for health visitor training sponsorships. This did not meet our target of 12 students. In 1969, this trend was reversed and 16 students were suitable so were selected for training. The number of nursing staff employed as health visitor/midwife/District Nurse, who carry out triple duties, was reduced by 7 during 1968 and 1969. This is a desirable trend as it is considered that nursing staff who have responsibilities for 3 specialisations have to work under pressure, thus creating a situation where one aspect of the service can become substandard. Also it is difficult for them to remain up to date in all 3 specialities.

During 1968 a male nurse was recruited and selected for health visitor training. He subsequently obtained his qualification in the autumn of 1969. This experiment has proved successful and it is expected that more male nurses will be recruited in the future for health visiting work.

The county also sponsors one health visitor each year for tutor training. This enables suitable, experienced, health visitors to advance; it also helps to ensure that the annual number of nurses taking health visitor training can be maintained nationally, thus, assuring an adequate number of qualified staff in the future.

Office Bases for Nursing Staff

Nursing staff are fully attached to, and work in partnership with, family doctors. Therefore, ideally, nursing staff should be based with the group medical practice and occupy the same premises. Sharing where possible, the ancillary, secretarial, clerical and receptionist help. Where Health Centres exist, or are planned, this concept is being developed. Alternatively, where family doctors are building or extending their own premises they are providing base accommodation for their attached nursing staff. So far 45 members of the nursing staff are based in doctors surgeries. This arrangement is very much appreciated by the county staff. Approximately 50 nurses have office bases in county owned or rented premises and the remainder, of necessity, have to be based at home.

Midwifery and Nursing Equipment

In 1968, in co-operation with the Reading and District Hospital Management Committee and the help of the Group Secretary and the Superintendent of the Central Sterile Supply Department of the Royal Berkshire Hospital, we were able to introduce supplies of pre-sterilised equipment packs to midwives in Newbury, Wallingford and Wokingham Boroughs and Rural Districts and also Bradfield Rural District. These packs, which are used at home confinements, enable the domiciliary midwives to use equipment sterilised under a modern and safe technique, which has great advantages over the now outmoded method of sterilisation by boiling.

In 1969 the scheme was extended to include district nursing equipment. It now includes supplies of instrument and dressing packs, also stitch removal packs for use in the homes of patients in these same areas. It is hoped to extend these excellent facilities throughout the county in the near future.

District Nurse Training

The County is approved by the Panel of Assessors at the Department of Health and Social Security for the training of District Nurses. The Training course lasts four months and is arranged on a day release basis. Examination results were as follows:-

	<u>1968</u>		<u>1969</u>	
	<u>Candidates</u>	<u>Passed</u>	<u>Candidates</u>	<u>Passed</u>
S.R.Ns.	8	8	13	13
Student Nurses	7	6	16	15

State Enrolled Nurses on the staff of the County Council attend a Course of study and instruction.

Lectures for Hospital Nurses

The Nursing Officers also make a contribution to the nurse training programmes in hospital, for both general nursing and midwifery students. The number of lectures and tutorials given in 1968 was 77, and in 1969, 115.

The increase during 1969 was mainly as a result of an improved programme for Part II midwifery students, which was introduced in the autumn of 1968. This was needed in view of the recent developments and trends in the practice of domiciliary midwifery in the county. It was considered that with the introduction of schemes whereby the domiciliary midwife delivered her patients in general practitioner units, and with the increasing emphasis on good ante-natal care, including Ante-Natal Classes, the previous emphasis of the training on the home confinement was no longer appropriate so a new syllabus was prepared. The Student Midwife needs to have a comprehensive programme and experience of work in the county. To include community care generally and the maternity services in particular, she needs to be aware, by personal contact, of the functions of the local authority services.

Visits are arranged to give the student midwife a practical introduction to the County's services, such as:

Family Planning Clinics, Cytology, Clinics, Health Centres, Training Centres for Handicapped Children and residential nurseries.

In addition it is particularly important that the student midwife should attend and take part in parent craft classes. She receives instruction in the modern techniques of teaching and the art of communication, and is expected to participate in health teaching while a student. Ideally, each student should also undertake a project concerned with some aspect of community care.

Immunisation by Nursing Staff

During May, 1969, the Health Committee recommended extending the arrangements for nurses to undertake immunisation, thus, allowing nursing staff to do this work. Prior to implementing this recommendation, it was essential that nursing staff should receive further instruction. Study days were subsequently held for State Registered Nurses. The programme included:

- i) epidemiology of infectious diseases
- ii) indications and contra indications of prophylaxis
- iii) post-prophylactic complications, including treatment of anaphylactic shock
- iv) storage of vaccines
- v) practical procedures

Following a series of Study Days, letters were sent to County medical staff and to general practitioners stating that the nurse named was authorised to carry out prophylaxis in the clinic, the surgery, the school or at home at the request of a medical practitioner. A copy of each letter was given to the nurse.

The scheme works well, it saves medical staff time and provides opportunity for those mothers who are unable to attend a clinic or surgery to have their children immunised. It is emphasised that the scheme is not designed to replace prophylaxis in the clinic by prophylaxis in the home.

Midwives and General Practitioner Maternity Units

Section 10 of the Health Services and Public Health Act 1968, allows domiciliary midwives to attend mothers other than in their own homes. This enables the further extension of the County's scheme at Wokingham, where County midwives attend their mothers in the General Practitioner Unit. The scheme is gradually being introduced in other areas of the County including Abingdon, Newbury and Wantage. The scheme at Wantage is particularly well established, it involves three full time midwives who conducted, in the Unit.

156 confinements in 1968 and 226 in 1969.

The total number of confinements conducted in all G.P. Units by the County's midwives was:

289 in 1968 and 372 in 1969.

The General Practitioner Unit in Wantage is a very happy and well run unit. There is a great deal of co-operation between the hospital staff and the domiciliary midwives, which helps create a friendly atmosphere that is of benefit to the patients. Mothers enjoy having their babies in the Unit and arrangements are very flexible. Early discharge can often be planned according to the patient's wishes.

After delivery, the patients are warded in a very attractive 6 bedded

ward and the county midwives attend daily to carry out routine nursing care. After discharge they are visited daily in their own homes by the midwives. This scheme is ideal as it does give continuity of care. The patient is seen and booked by the General Practitioner and midwife initially. Ante-Natal care is given by both the General Practitioner and midwife. Mothercraft and Relaxation classes are also given by the midwife with the Health Visitor. This enables the patient to get to know all the staff concerned throughout her pregnancy, the post natal stage, and when care is taken over by the health visitor, thus achieving the objective of team care.

The Hospital Management Committee are co-operative and helpful. They have allocated two rooms in the hospital, exclusively to the County's staff, and this provides for a general duty and meeting room, as well as an office base for the health visitors.

Section 11 of the 1968 Act also allows for the provision of a health visiting service other than by visiting in the home. This enables the further encouragement of the public to seek the advice of the health visitor in the health centre or the family doctor's surgery. Where health visitors have an office base, they have found that they can be more accessible to clients. The number of client interviews given in the base is increasing. This is a desirable trend and increases the health visitors 'productivity' by reducing her travelling time.

Physiotherapy for Patients Nursed at Home

Simple exercises as an essential part of patient rehabilitation are given to patients by the District nursing sister. Generally, patients who need specialised treatment by a trained physiotherapist attend the hospital physiotherapy department. Occasionally, patients who require such specialised treatment may be unable to attend hospital. This has led to requests for a domiciliary physiotherapy service. It was thought that the number of patients needing domiciliary treatment was small. Nevertheless, there was a need for a scheme to solve this problem.

To meet this need for domiciliary treatment arrangements were subsequently made with the co-operation of the Windsor Group Hospital Management Committee. The scheme is as follows:

The district nursing sister first informs the family doctor who then requests a domiciliary visit by the Consultant in Physical Medicine. The Consultant may then visit the patient personally or may ask the Senior Physiotherapist to do so on his behalf, depending on the individual circumstances of the patient. At this visit the patient's mobility and activity is assessed. The Senior Physiotherapist then prepares a suitable programme of treatment. The district nursing sister is then advised and instructed accordingly, and subsequently supervises the patient's physiotherapy in the home.

When the patient is known to the Consultant, the district nursing sister contacts the Senior Physiotherapist direct for further consultation and advice regarding the progressive treatment needed to ensure early rehabilitation. The arrangements were made for one area of the County and started in July, 1969. Up to 31st December, 1969, one domiciliary visit was

made by the Senior Physiotherapist. This is much less than was expected, and indicates that the need for a domiciliary physiotherapy service may not be as great as is generally thought.

Supervision of physiotherapy treatment given in the home, is not beyond the scope of the district nursing sister provided there are close working relationships and personal contact with hospital staffs to ensure the following:-

- i) the necessary expert advice and guidance given by the consultant and the Senior Physiotherapist, for each individual patient,
- ii) face to face case discussions when needed,
- iii) the availability of the hospital staffs, to assess, in the home, the needs of the patient, if required.

While the number of home visits by the hospital physiotherapist is minimal, the number of face to face discussions and individual case conferences between those concerned is more numerous. This indicates the value of working together, for the benefit of the patient.

6. THE HOME HELP SERVICE

The expansion of the Home Help Service has continued, particularly in relation to the assistance given to people 65 years and over and to maternity cases. The policy of appointing Home Help Supervisors for recruitment and the placing and supervising of Home Helps has proved successful, although the Health Visitor continues to have the overall responsibility, particularly in assessing need and adjusting hours. At the end of 1969 there were 16 Supervisors working between 20 - 30 hours weekly and 1 working full time. In view of increases in the rate of pay for Home Helps and higher costs generally, it was necessary to increase the maximum charge made for the services of a Home Help from 6/-d. to 6/6d. per hour from 1st April, 1969.

NUMBER OF CASES ASSISTED	<u>1968</u>	<u>1969</u>
Aged 65 years and over	2,385	2,735
Chronic sick and Tuberculosis	161	174
Mentally Disordered	7	12
Maternity	172	249
Others	325	401
	<u>3,048</u>	<u>3,571</u>

Because of difficulties in recruiting Home Helps, due to the availability of part time work in factories, particularly in East Berkshire, it has been difficult to reach the desired standard of work in the Home Help Service for more than a few weeks, and this sometimes makes for difficulties in covering the needs of those requiring the service. However, many of the Home Helps have now given a considerable number of years of valuable service often extending their care beyond the limits required of them.

The number of elderly people able to continue living in their own homes is no doubt increasing and it is vital that the Home Help Service is efficient in covering the needs of these people. Very few Home Helps want to work at week-ends and it is regrettable that there is no inducement for them to do so. It would appear that consideration should be given to this problem, as it becomes increasingly difficult for the more infirm to manage without help on Saturdays and Sundays.

A series of 13 half day study sessions were held in 1968 and 363 Home Helps attended. The series was repeated in 1969 and a further 383 Home Helps attended. During the same year a One Day study session was held for Home Help Supervisors.

Among the subjects discussed were:

1. Dietary needs of the elderly (with cookery demonstrations)
2. Housework with ease
3. Home Safety
4. Welfare Services
5. Ethics of Home Visiting
6. The Role of the Home Help

It has been disappointing to note that the proportion of Home Helps attending these study days is not high, despite the fact that their travelling expenses are paid by the County, and the time they give is calculated as being on duty, therefore, they are paid for this also. Sometimes, evening sessions have been arranged as an alternative, the numbers attending these have also been somewhat lower than was expected.

7. PREVENTION OF ILLNESS, CARE AND AFTER CARE

Chiropody

In 1959, the Minister of Health informed local authorities that he was prepared to approve proposals by local health authorities who wished to establish or extend a chiropody service as part of their arrangements for the prevention of illness under Section 28 of the National Health Service Act 1946. At that time it was suggested that proposals should give priority to the elderly, physically handicapped and expectant mothers. Local authorities were given approval to make charges for the service and authority to contribute to the funds of coluntary organisations providing chiropody services.

At that time a number of voluntary organisations were providing chiropody services in Berkshire and these included the W.V.S., the British Red Cross Society, St. John's Ambulance Brigade, Reading and Berkshire Council for Social Service and a number of old peoples' welfare committees.

The Health Committee agreed to provide financial assistance to the voluntary bodies providing chiropody services for elderly and handicapped persons and the sum of £75 was paid to these voluntary bodies during 1959/60.

In January 1960, the Health Committee decided that a sum of £1,000 should be made available in the financial year 1960/61, for financially assisting the voluntary bodies to provide chiropody for elderly and handicapped persons in the County. In September of the same year the committee agreed that the best way to distribute this money was to give an annual grant of not more than 2s. 6d. for each treatment given. At the end of 1960 there were 12 voluntary chiropody services in the County.

These arrangements continued during the next few years and by June 1963, there were 27 voluntary chiropody services in operation. The County grant was increased to £1,500 a year during the financial year 1963/4. At the same time the treatment grant was increased from 2s. 6d. to 3s. 6d. a treatment.

By the beginning of 1966, the annual grant was based on a sum of 4s. 0d. for each treatment and this sum was raised to 4s. 9d. in April 1966. Thus, within a period of three years it had become necessary to almost double the grant.

In May 1965, the Health Committee gave consideration to the appointment of a Chiropodist. At that time it was agreed that the voluntary organisations should be encouraged to continue to provide a chiropody service in the County but it was felt that a full time chiropodist employed by the County Council would, besides giving professional advice to the voluntary organisations, be particularly useful in undertaking a general survey of the service throughout the County and also in undertaking a pilot scheme for domiciliary treatment.

In December 1966, approval was given in principle to the appointment of a full time County Chiropodist during the year 1967/68 and the appointment of a County Chief Chiropodist was made on 1st January 1968. The Chief Chiropodist reported on the Chiropody Service operating within the County in July 1968, and made a number of suggestions in connection with the improvements and development of the service. His report was carefully considered by a special section of the Health Committee and arising out of the special section's comments the following recommendations were made:

(a) The County Chief Chiropodist should act in an advisory capacity to the voluntary organisations and liaise with these organisations on any matters connected with the service.

(b) Consideration should be given to the setting up of permanent chiropody clinics at Health Centres and the provision of mobile units where necessary in order that a chiropody service could be made available in all parts of the County.

These recommendations were accepted by the Health Committee in September 1968, when it was agreed that discussions should take place with the voluntary bodies operating chiropody clinics on matters raised in the Chief Chiropodist's report. It was appreciated that it would also be necessary to review the matter of fees paid by patients and grants made by the Council to the voluntary bodies in the immediate future.

The matter of the grants was considered by the Health Committee in

October 1969, when it was decided that the standard charge to the patient should remain at 3s. 6d. a treatment but that the grant to the voluntary body should be increased from 4s. 9d. per treatment to 6s. a treatment backdated to 1st January 1969. In addition it was suggested that a dressing fee of 10s. 6d. should be paid to the Chiropodist for each session by the voluntary body employing the Chiropodist in addition to the sessional fee.

The number of treatments has risen steadily over the years. 7,484 treatments were given in 1963 and over the next four years the treatments increased by several thousands annually. In 1967, the figure had reached 17,896 and it was 25,735 for 1969.

Chiropody Statistics 1968 and 1969.

	By Local Authority		By Voluntary Bodies		Total	
PERSONS TREATED	1968	1969	1968	1969	1968	1969
Elderly	604	692	3,254	4,191	3,858	4,883
Expectant Mothers	—	—	—	1	—	1
Handicapped	—	—	27	3	27	3
TOTAL	<u>604</u>	<u>692</u>	<u>3,281</u>	<u>4,195</u>	<u>3,885</u>	<u>4,887</u>
TREATMENTS GIVEN						
In Clinics	—	30	21,355	23,000	21,355	23,030
Old Peoples' Homes	1,564	2,705	—	—	1,564	2,705
TOTAL	<u>1,564</u>	<u>2,735</u>	<u>21,355</u>	<u>23,000</u>	<u>22,919</u>	<u>25,735</u>

Health Education

Health Education activities during the past two years have been focused on young mothers, school children and the elderly, but a special campaign during Mental Health Week 1968, was aimed at people and action. Health Education relative to the association between smoking and lung cancer continued with the Health Education Council Limited; their mobile Cancer Exhibition was in Newbury for two days in October.

Despite considerable publicity only 450 people (100 men) visited this exhibition which illustrated the difficulty in communicating with people who are reluctant to accept the advice offered.

Our aims have been to persuade people to adopt and sustain healthful life practices and by reaching school children during perhaps the most receptive period of their lives, we have hoped to set the right pattern for future healthy living. Requests for Health Visitors to speak at meetings of voluntary organisations, clubs, in schools, colleges of further education and factories continue. Talks on drug dependency, lung cancer and venereal disease, being high priorities for discussion.

Health Education Sessions held during the two years were as follows:

	<u>1968</u>	<u>1969</u>
Preparation for Child-birth	1506	1360
Mothers Clubs	356	365
Teaching in Schools	741	813
Other Topics		271

Cervical Cytology

During 1968 and 1969 the Cervical Cytology Clinics were continued at Bracknell, Faringdon, Maidenhead, Newbury, Wallingford, Wantage, Windsor and Wokingham.

The number of sessions held was 175 in 1968 and 112 in 1969. The decrease in the sessions during 1969 was mainly due to the demand for examinations being met by family doctors. This is a desirable trend which, it is hoped, will continue. Attached District Nursing Sisters are available to assist family doctors at Cytology Sessions. A total of 2,476 examinations were undertaken in 1968 and 1,338 in 1969 in the County's clinics.

Five positive smears were detected in 1969.

When the cytology service started it had been hoped that a recall system would have been established through records held by the Regional Hospital Board, but this did not prove possible. At the beginning of 1969, the cytology laboratory at the Churchill Hospital, Oxford, which serves the clinics at Wantage and Wallingford, was able to start a local recall scheme. Under this scheme, women over the age of 50 are offered an annual examination, those between 40 and 50 an examination at three-yearly intervals and those under 40 a five yearly examination. Details of all women who are due for a further examination are sent, at the appropriate time, to the Health Department and they are offered an appointment at one of the clinics or advised to obtain a further examination from their family doctor. No attempt has been made to follow up those women who do not respond to the invitation. In the remainder of the County women are now advised to be examined at three yearly intervals.

Intermittent Renal Dialysis

With effect from January 1968, local health authorities were given approval by the Minister of Health for making arrangements for the adaption of the homes of patients requiring intermittent renal dialysis, in order that this treatment could be given at home. These arrangements were to be carried out under Section 28 of the National Health Service Act 1946.

During 1968, three persons approached the authority for assistance. In one case the Council met the full cost towards adaptations of £273.15s. In the second case the Council paid half the costs and the full amount was £396. In the third case the adaptations were arranged by the County Architect and the patient met the full cost of £132.10s. It was ascertained that a fourth patient was also placed on home dialysis during 1968, but required no help from the Council.

During 1969, three more persons were placed on home dialysis and the cost of the adaptations were met by patients, in two cases, and by the

patient's employer in the third instance. It was in this year than an experimental scheme was introduced whereby Oxford Regional Hospital Board would undertake home adaptation work on behalf of the County Council. However, no cases occurred in the Oxford Regional Hospital Board area during the year.

One of the patients died in December 1968, but the other six continued to receive home dialysis and one of these had a successful kidney transplant during 1971.

8. MENTAL HEALTH SERVICE

Mental Health Statistics

547 persons were referred to the Local Health Authority in 1968, and 537 were referred the following year. In 1968, there were 1,069 persons under supervision and this figure increased to 1,095 in 1969.

51 persons were on the waiting list for hospital admission at the end of 1968, (21 urgent cases) and 63 were awaiting admission on 31st December 1969, (16 urgent cases).

	<u>REFERRALS</u>		<u>UNDER SUPERVISION</u>	
	<u>1968</u>	<u>1969</u>	<u>1968</u>	<u>1969</u>
Mental Illness	459	442	175	174
Elderly Mentally Infirm	—	—	32	40
Psychopaths	9	10	7	8
Subnormal	31	16	303	286
Severely Subnormal	48	69	552	587
TOTAL	<u>547</u>	<u>537</u>	<u>1,069</u>	<u>1,095</u>

Further statistical information is contained in the appendices.

Mental Nursing Homes

There were two registered Nursing Homes in the County providing a total of 23 beds for mentally disordered persons and regular inspections were made during 1968 and 1969.

Residential Homes for the Mentally Disordered

Three registered Homes operated during these two years and regular inspections were undertaken at these premises.

Adult Training Centres and Workshops for Mentally Handicapped

The three centres in Maidenhead, Windsor and Newbury continued to function in their dual role of adult training centres and workshops and provided places for 100 trainees.

A fourth centre was opened in temporary premises in Saxton Road, Abingdon, in January 1969, and there were places for 24 trainees. It was also possible to increase the number of trainees from 20 to 24 at the

Newbury Centre during the year. At the end of 1969, there were places for 128 trainees at the four centres.

Home Teaching

The six occupational therapists carried out home teaching and therapy for part of their time with mentally disordered persons who were confined to their homes.

In 1969, these duties were carried out by one full time and two part time occupational therapists whilst the other therapists worked with physically handicapped persons.

South Field Hostel

The hostel continued to provide accommodation for adolescent girls showing signs of maladjustment as previously described in the last Annual Report.

Social Clubs

Social clubs for the mentally ill and other clubs for the mentally handicapped continued to operate in the County. These clubs are run by voluntary workers and play a valuable role in the rehabilitation of the mentally disordered in the community.

Social Workers

The Health and Welfare Services Committee energetically pursued their policy of developing a combined social work service, embracing the mental welfare/welfare officers, the medical social workers previously working exclusively at chest clinics and the psychiatric social workers - some jointly appointed with psychiatric hospitals.

Following a joint meeting between representatives of these and the Establishment Committee, approval was given to the setting up of five teams each under an area social worker. The teams were based on five areas rather than the previous seven, partly to make them of more adequate size but partly to line them up with the five areas used by the Children's Department. It was felt that this would facilitate liaison and, if the "Seebohm" recommendations were implemented, make any later amalgamation easier to carry out.

By the end of 1969, four area social workers were in post, as well as 10 senior and 13 social workers.

9. AMBULANCE SERVICE

The increase in the number of patients carried by the service and the mileage undertaken by the vehicles continued during 1968 and 1969. Full details are contained in the statistical tables at the end of the report.

During the early part of 1968, the rapidly increasing demands made on the service made it necessary for the ambulance control staff to carefully

scrutinise every transport request and on a number of occasions it was not found possible to provide transport. A review of the requests at that time revealed that many patients were being conveyed to distant hospitals and it became apparent that the service could only operate in an efficient and economic manner if the patients were taken to the hospitals providing the services for the catchment areas in which they were residing.

Meeting with representatives of the Berkshire Local Medical Committee during March and April 1968, resulted in the full co-operation of the general practitioners being obtained in this matter.

However, increasing demands were again made during 1969, mainly as a result of the concentration of hospital specialities, the development of geriatric day hospitals, increasing out-patient surgery and the increased hospital bed turnover. This more than outstripped the savings obtained by reducing unnecessary journeys.

Emergency Calls

In January 1968, a review was carried out in respect of emergency calls received by the Berkshire ambulance controls. These calls were made in respect of road traffic accidents, maternity cases, medical and surgical emergencies. There were 541 calls received and it was necessary to convey patients to hospitals on 489 occasions. Altogether 27 hospitals were used and it is interesting to note that only 12 of these hospitals were in Reading or Berkshire.

Fifty-two patients were not taken to hospital for various reasons. In three cases the patients were certified as dead, in two cases the call was a hoax whilst in the remaining cases hospital admission was not required. The vast majority of calls (457) originated from East Berkshire; Heatherwood Hospital, Ascot, received more patients than any other hospital (106).

Staffing

On 1st April 1968, a change was made in the designation of the ambulance officers. This followed the advice contained in a Ministry of Health report by the working party on ambulance training and equipment. The changes made were as follows:-

County Ambulance Officer	to	Chief Ambulance Officer
Divisional Ambulance Officer	to	Assistant Ambulance Officer
Station Officer (Main Station)	to	Superintendent
Station Officer (Sub Station)	to	Station Officer
Senior Leading Ambulance Driver	to	Shift Leader

It was anticipated that these new rank titles would be used by other ambulance services in the country.

During 1968, three new posts of Leading Ambulance Driver were introduced at each of the five main ambulance stations and these posts were filled by promotion from Driver/Attendants at these stations.

In February 1969, following a recommendation from the Joint

Consultative Committee for the County Ambulance Service, the title of Sub-Officer was used instead of Shift Leader.

By the end of 1969, the staffing was as follows:-

One Chief Ambulance Officer, three Assistant Ambulance Officers, four Station Superintendents, one Station Officer, eight Sub-Officers, seventeen Leading Drivers, seventy-one Driver/Attendants, two Mechanics, three Control Officers and twelve Control Clerks.

Staff Training

No organised staff training was possible during the two years but sporadic in-service training on certain stations took place at intervals of time. One Station Officer was seconded for instructor training at an approved training school at the end of 1969.

Vehicles

Four of the dual-purpose ambulances were replaced by stretcher ambulances and an additional stretcher ambulance was also added to the fleet: At the end of 1969, there were 44 vehicles consisting of:-

27 stretcher ambulances - 12 dual-purpose ambulances - 5 cars.

Stations

No new stations were built and the position at the end of 1969 was as follows:-

Main Stations at Windsor, Maidenhead, Bracknell, Didcot, Abingdon and Newbury. (Total 6).

Sub Stations at Wokingham, Wantage, Faringdon and Hungerford (4).

Ambulance Control

The three controls were based at Bracknell, Didcot and Newbury. With effect from October 1968, the Bracknell Control became responsible for all calls throughout the County outside normal office hours.

Ambulance Competitions

The 1968 County Ambulance Competition was held at Bracknell and the winners were Mrs. and Mrs. Forward from the Windsor station. Later that year they became the joint runners-up in the Regional Competition which was held at Newbury.

The 1969 County Competition was held at Reading and once again Mr. and Mrs. Forward were the winners for the third year in succession. They represented the County in the Regional Competition at Northampton and were placed fourth.

Following an inspection of all the stations in 1968, the Arbuthnott Trophy was awarded to the Newbury Station. The winner of this trophy in 1969, was the Abingdon Station. A special award to the best Sub-Station was made to Wantage in 1969.

10. HEALTH CENTRES AND GENERAL HEALTH SERVICES

DEVELOPMENT OF HEALTH CENTRES

Faringdon

This was the only health centre operating in the County during 1968/69. Although this centre had been operating since 1948, the premises were owned by the Oxford Regional Hospital Board and rented by the County Council. However, arrangements were completed for the purchase of the premises from the Board early in 1968.

During October 1968, the Health Committee agreed to an improvement scheme for the Centre.

Bracknell

The proposal to re-locate the existing health clinic in Bracknell and extend it as a health centre was first considered in 1966. In October 1968, the Health Committee gave approval in principle to the erection of a new health centre on land at Skimped Hill, Bracknell.

Abingdon

In October 1968, the Health Committee agreed that the scheme for the provision of a health centre at Marcham Road, Abingdon, be included in the 1970/71 capital building programme.

Other Centres

In July 1969, consideration was given to the three year building plan for health centres and it was agreed that other health centres would be provided at Didcot, Wantage, the southern part of Bracknell, Maidenhead and Newbury. At the same time mini-clinics would be developed at Finchampstead and Kennington.

Registration and Inspection of Nursing Homes

There were no new registrations in 1968 and there were 15 Homes on the register providing a total of 370 beds. During 1969, there were two new registrations and, at the end of that year, there were 17 registered Homes providing 401 beds.

Routine visits were made to these Homes by medical officers and nursing officers from the Health Department.

Recuperative Holidays

Recuperative holidays were provided for persons not requiring medical or nursing care. In 1968, nine persons were given holidays and holiday provision was made for five persons in 1969.

Medical Examination of County Council Staff

Medical Questionnaire

In 1968, 526 persons completed a medical questionnaire and it was found necessary to medically examine 33 of these persons. Eight of them were ultimately considered unfit for employment.

In 1969, there were 835 medical questionnaires referred to the Department and a medical examination was necessary for 32 persons. Seven of these were found to be medically unfit for employment. Twenty questionnaires were scrutinised for other local authorities during the two years.

Medical Examinations

In addition to the 65 medical examinations carried out as a result of the questionnaire scheme, 75 persons were examined on behalf of other local authorities whilst, during the two years, 1,328 teachers and student teachers were also examined. Examinations were also carried out in connection with the Council's superannuation scheme.

Occupational Health

Investigations were carried out in respect of the health of 29 Council employees in 1968 and eight were retired early on account of permanent ill health. The following year 32 persons were referred for investigation and it was necessary to advise early retirement for seven of these persons.

Road Traffic Act - Applications for Driving Licences

In 1968, 38 cases were referred for an opinion in respect of fitness to hold a current driving licence. Of this number, it was considered that 13 persons were medically unfit to hold a licence to drive a motor vehicle.

During 1969, there were 35 cases referred for opinion and it was considered that 14 persons were medically unfit to hold a driving licence.

With regard to the 27 persons who were medically unfit it is interesting to note that 24 were suffering from epilepsy. Two had defective vision whilst the remaining person had suffered a brain injury.

Medical Arrangements for Long Stay Immigrants

In 1968, the Health Department received advice notes in respect of 287 immigrants, who had given destination addresses within the County. The following year advice notes were received in respect of 317 immigrants. Over these two years it was noted that 308 of the immigrants came from Commonwealth countries, 249 from European countries and 47 from other non-Commonwealth countries.

Health Department staff made visits to these immigrants but a small proportion could not be traced. In some cases it was found that the immigrants had never arrived in the County whilst a number had already moved on to unknown addresses in other parts of the country.

APPENDIX A

HEALTH COMMITTEE (as at 31.12.69)

Chairman: Major H. Fairfax Harvey, M.B.E., M.C.

AMBULANCE SUB-COMMITTEE

Chairman: J. G. Price, Esq., T.D.

NURSING, MATERNITY AND CHILD HEALTH SUB-COMMITTEE

Chairman: Miss R. W. Ruth Whitehead

MENTAL WELFARE SUB-COMMITTEE

Chairman: The Hon. Geoffrey Somerset

HEALTH GENERAL PURPOSES SUB-COMMITTEE

Chairman: Major H. Fairfax Harvey, M.B.E., M.C.

EDUCATION COMMITTEE

Chairman: Mrs. B. E. Scott

EDUCATION SPECIAL SERVICES SUB-COMMITTEE

Chairman: Mrs. M. E. South

APPENDIX B

STAFF OF THE HEALTH DEPARTMENT (as at 31.12.69)

County Medical Officer of Health and Principal School Medical Officer
D.E. CULLINGTON, M.A., M.B. B. CHIR., D.P.H., D.C.H.

*Deputy County Medical Officer of Health and Deputy
Principal School Medical Officer*
F.T. HUNT, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

Senior Medical Officer
P.H. CIMA, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Chief Dental Officer
G. OGILVY, L.D.S., R.C.S.

County Nursing Officer
MRS. B. GETTINGS, S.R.N., S.C.M., H.V. Cert.

County Ambulance Officer
L.C.J. HARLOW, F.I.A.O., F.I.C.A.P.

Principal Social Worker
A.P. OAKLEY, M.A., M.Phil., A.A.P.S.W.

Senior Speech Therapist
MRS. A.R. HUGHES, L.C.S.T.

Chief Chiropodist
J.F. WEBSTER, S.R. CH: M.CH.S: L.CH

Administrative Officer
J.G. OAKLEY

Chief Clerk
A.D. CHANDLER

FULL TIME AND PART TIME STAFF

Medical Officers	23	Area Nursing Officers	7
Dental Officers	8	Health Visitors	112
Dental Auxiliaries	3	District Nurses	147
Area Social Workers	4	District Midwives	76
Senior Social Workers	10	Nursing Auxiliaries	35
Chiropodists	1	Occupational Therapists	6
Senior Administrative Staff	3	Speech Therapists	10

APPENDIX C

STATISTICAL TABLES

TABLE 1	NOTIFICATIONS OF INFECTIOUS DISEASES
TABLE 2	CAUSES OF DEATH
TABLE 3	MENTAL HEALTH STATISTICS
TABLE 4	AMBULANCE SERVICE STATISTICS
TABLE 5	SCHOOL HEALTH SERVICE 1968
TABLE 6	SCHOOL HEALTH SERVICE 1969
TABLE 7	HANDICAPPED PUPILS (SCHOOL HEALTH SERVICE)

TABLE 1A - NOTIFICATIONS OF INFECTIOUS DISEASES 1968

DISEASES NOTIFIED	CASES NOTIFIED IN URBAN DISTRICTS							CASES NOTIFIED IN RURAL DISTRICTS													
	Abingdon Borough	Maidenhead Borough	Newbury Borough	New 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	1	6	1	5	1	1	15	28	19	8	1	17	1	1	1	3	18	2	21	90	118
Dysentery	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Encephalitis, acute (infective)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Encephalitis, acute (post-infectious)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Erysipelas	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Food Poisoning	1	5	1	1	6	1	2	15	2	1	4	3	4	1	1	1	1	1	5	20	35
Measles	17	328	105	61	1	11	28	551	51	21	160	57	187	16	72	5	32	33	47	685	1236
Meningococcal infection	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Ophthalmia neonatorum	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Paratyphoid fever	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Pneumonia, acute (primary or influenza)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	2	5	8
Polio-myelitis, acute (paralytic)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Polio-myelitis, acute (non-paralytic)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Puerperal pyrexia	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	2	5	6
Scarlet fever	10	7	1	3	1	1	6	27	9	6	1	26	4	10	1	1	1	4	9	69	96
Smallpox	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Tuberculosis, respiratory	4	14	3	4	1	1	3	28	5	3	2	1	1	1	2	4	8	4	14	45	73
Tuberculosis, meninges and central nervous system	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
Tuberculosis, other forms	1	1	1	3	1	1	1	5	3	1	1	2	1	1	1	2	2	1	3	13	18
Typhoid fever	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Whooping cough	2	10	1	4	2	1	2	21	11	29	31	21	1	5	13	4	4	1	62	181	202

TABLE 1B - NOTIFICATIONS OF INFECTIOUS DISEASES 1969

DISEASES NOTIFIED	CASES NOTIFIED IN URBAN DISTRICTS							CASES NOTIFIED IN RURAL DISTRICTS													
	Abingdon Borough	Maidenhead Borough	Newbury Borough	New 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	-	2	37	3	3	-	6	10	61	3	4	19	7	-	5	31	6	2	28	124	185
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis, acute (infective)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis, acute (post-infectious)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Food poisoning	1	5	-	3	-	2	-	12	1	1	1	11	-	-	-	11	2	-	7	34	46
Infective jaundice	6	4	5	9	3	1	-	29	2	5	2	15	9	2	-	1	-	15	16	67	96
Leptospirosis	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1
Measles	8	43	6	66	1	-	-	125	41	94	25	86	13	15	29	-	1	18	95	417	666
Meningitis (acute)	1	-	1	1	-	-	-	-	1	-	-	1	-	-	-	-	-	-	2	3	6
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Paratyphoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	4	4
Poliomyelitis, acute (paralytic)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis, acute (non-paralytic)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet fever	9	-	1	4	-	-	3	17	14	3	43	41	4	2	-	-	2	7	12	88	105
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	1	2
Tuberculosis, respiratory	6	11	5	3	1	2	4	32	4	5	1	9	2	3	1	7	2	2	9	45	77
Tuberculosis, meninges and central nervous system	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	2
Tuberculosis, other forms	-	4	-	1	-	-	-	1	6	3	1	3	-	-	-	-	-	-	4	11	17
Typhoid fever	-	1	-	-	-	-	-	-	1	1	1	1	-	-	-	-	-	-	-	1	2
Whooping cough	-	1	4	5	-	-	-	10	1	1	3	6	2	-	-	-	-	1	5	19	29

TABLE 2A - CAUSES OF, AND AGES AT, DEATH 1968

Causes of Death in County	Net Deaths in Age Groups of "Residents", whether occurring within or without the County											
	Age Groups											
	Total All Ages	Under 4 Weeks	4 Weeks & Under 1 Year	1 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 & Over
Enteritis & other Diarrhoeal Diseases	6	-	1	1	-	1	-	-	-	-	-	3
Tuberculosis of Respiratory System	9	-	-	-	-	-	-	-	3	4	-	2
Other Tuberculosis, incl. Late Effects	4	-	-	-	-	-	-	2	1	-	-	1
Meningococcal Infection	1	-	-	-	-	-	-	-	-	1	-	-
Syphilis and its Sequelae	1	-	-	-	-	-	-	-	-	1	-	-
Other Infective & Parasitic Diseases	5	1	-	-	-	-	-	-	2	1	-	1
Malignant Neoplasm - Stomach	88	-	-	-	-	-	2	2	10	16	23	35
Malignant Neoplasm - Lung, Bronchus	202	-	-	-	-	-	1	2	16	83	69	31
Malignant Neoplasm - Breast	92	-	-	-	-	-	1	4	21	22	18	26
Malignant Neoplasm - Uterus	36	-	-	-	-	-	-	3	6	11	5	11
Leukaemia	21	-	-	1	2	1	-	1	-	7	3	6
Other Malignant Neoplasms, etc.	437	-	-	3	2	3	8	21	42	102	107	149
Benign & Unspecified Neoplasms	15	-	1	-	2	-	-	-	4	2	1	5
Diabetes Mellitus	23	-	-	-	-	-	-	1	-	6	4	12
Avitaminoses, etc.	4	-	-	-	-	-	-	-	-	-	-	4
Other Endocrine etc. Diseases	15	-	2	1	-	-	1	1	2	3	2	3
Anaemias	11	-	-	-	-	-	-	-	-	1	1	9
Other Diseases of Blood etc.	3	-	-	-	-	-	-	-	-	-	-	3
Mental Disorders	5	-	-	-	-	-	-	-	-	-	-	5
Meningitis	1	-	-	-	-	-	-	1	-	-	-	-
Other Diseases of Nervous System, etc.	39	-	1	1	5	1	1	1	4	6	6	13
Active Rheumatic Fever	1	-	-	-	-	1	-	-	-	-	-	-
Chronic Rheumatic Heart Disease	41	-	-	-	-	1	-	2	4	9	11	14
Hypertensive Disease	64	-	-	-	-	-	1	2	1	4	24	32
Ischaemic Heart Disease	941	-	-	-	-	-	2	19	41	142	263	474
Other Forms of Heart Disease	273	-	-	-	1	1	1	1	6	10	59	194
Cerebrovascular Disease	656	-	-	1	1	3	4	7	10	50	144	436
Other Diseases of Circulatory System	161	-	-	-	-	-	1	-	6	12	33	109
Influenza	52	-	-	-	-	1	-	-	3	1	9	38
Pneumonia	410	5	6	1	2	2	1	2	3	28	69	291

TABLE 2A - CAUSES OF, AND AGES AT, DEATH 1968 Cont'd.

Causes of Death in County	Net Deaths in Age Groups of *Residents*, whether occurring within or without the County											
	Age Groups											
	Total All Ages	Under 4 Weeks	4 Weeks & Under 1 Year	1 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 & Over
Bronchitis and Emphysema	190	-	-	1	-	1	1	1	7	27	57	95
Asthma	9	-	-	-	-	-	-	1	1	4	2	1
Other Diseases of Respiratory System	49	-	7	3	1	1	-	-	1	6	10	20
Peptic Ulcer	16	-	-	-	-	-	-	-	-	2	3	11
Appendicitis	2	-	-	-	-	-	-	-	-	1	-	1
Intestinal Obstruction and Hernia	14	1	-	-	-	-	-	2	-	2	1	8
Cirrhosis of Liver	7	-	-	-	-	1	-	-	2	3	-	1
Other Diseases of Digestive System	41	-	-	-	-	1	1	1	-	2	11	25
Nephritis and Nephrosis	12	-	-	-	-	2	1	2	-	1	3	3
Hyperplasia of Prostate	16	-	-	-	-	-	-	-	-	-	4	12
Other Diseases, Genito-Urinary System	28	-	-	-	-	1	1	-	-	3	8	15
Diseases of Skin, Subcutaneous Tissue	5	-	-	-	-	-	-	1	-	-	-	4
Diseases of Musculo-Skeletal System	16	-	-	-	-	-	-	-	1	1	6	8
Congenital Abnormalities	39	16	6	6	2	1	-	1	1	5	-	1
Birth Injury, Difficult Labour etc.	39	39	-	-	-	-	-	-	-	-	-	-
Other Causes of Perinatal Mortality	29	27	2	-	-	-	-	-	-	-	-	-
Symptoms and Ill-Defined Conditions	58	-	-	-	-	-	-	-	-	-	4	52
Motor Vehicle Accidents	69	-	-	2	5	23	4	6	9	6	7	7
All Other Accidents	92	-	9	4	2	5	3	5	4	3	6	51
Suicide and Self-Inflicted Injuries	30	-	-	-	-	3	4	4	6	6	6	1
All Other External Causes	13	-	-	-	1	1	4	1	1	1	1	3
Total All Causes	4391	89	35	25	26	55	43	97	218	597	980	2226

TABLE 2B - CAUSES OF, AND AGES AT, DEATH 1969

Causes of Death in County	Net Deaths in Age Groups of "Residents", whether occurring within or without the County											
	Total All Ages	Under 4 Weeks	4 Weeks & Under 1 Year	Age Groups								
				1 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 & Over
Enteritis & other Diarrhoeal Diseases	3	-	1	1	-	-	-	-	-	-	-	1
Tuberculosis of Respiratory System	2	-	-	-	-	-	-	-	-	-	-	2
Other Tuberculosis, incl. Latent Effects	7	-	-	-	-	-	-	-	2	3	2	-
Meningococcal Infection	2	-	2	-	-	-	-	-	-	-	-	-
Other Infective & Parasitic Diseases	9	1	-	1	2	-	1	2	-	1	1	-
Malignant Neoplasm Buccal Cavity Etc.	12	-	-	-	-	-	-	-	2	3	2	5
Malignant Neoplasm Oesophagus	16	-	-	-	-	-	-	-	2	3	6	5
Malignant Neoplasm Stomach	72	-	-	-	-	-	-	-	4	15	28	25
Malignant Neoplasm Intestine	138	-	-	-	-	-	-	3	12	32	35	56
Malignant Neoplasm Larynx	6	-	-	-	-	-	-	-	1	-	2	3
Malignant Neoplasm Lung, Bronchus	208	-	-	-	-	-	-	4	18	62	89	35
Malignant Neoplasm Breast	98	-	-	-	-	-	2	6	17	23	20	30
Malignant Neoplasm Uterus	28	-	-	-	-	-	-	-	6	8	7	7
Malignant Neoplasm Prostate	21	-	-	-	-	-	-	-	1	1	10	9
Leukaemia	23	-	-	-	5	2	2	-	-	7	1	6
Other Malignant Neoplasms, etc.	231	-	-	2	2	-	8	17	30	45	64	63
Benign & Unspecified Neoplasms	11	-	-	-	-	-	1	-	-	4	4	2
Diabetes Mellitus	34	-	-	-	-	-	1	-	2	3	10	18
Avitaminoses, etc.	-	-	-	-	-	-	-	-	-	-	-	-
Other Endocrine etc. Diseases	22	1	1	-	-	1	1	2	2	3	6	5
Anaemias	13	-	-	-	-	-	1	-	-	1	4	7
Other Diseases of Blood etc.	3	-	-	-	-	-	-	-	-	1	-	2
Mental Disorders	9	-	-	-	-	-	-	-	-	4	1	4
Meningitis	5	1	1	-	1	-	-	-	-	2	-	-
Other Diseases of Nervous System, etc.	46	-	2	2	-	2	2	3	2	11	4	18
Active Rheumatic Fever	-	-	-	-	-	-	-	-	-	-	-	-
Chronic Rheumatic Heart Disease	42	-	-	-	-	-	2	1	8	7	10	14
Hypertensive Disease	69	-	-	-	-	-	-	1	4	12	24	28
Ischaemic Heart Disease	990	-	-	-	-	-	2	14	69	149	298	458

TABLE 2B - CAUSES OF, AND AGES AT, DEATH 1969 Cont'd.

Causes of Death in County	Net Deaths in Age Groups of "Residents", whether occurring within or without the County											
	Age Groups											
	Total All Ages	Under 4 Weeks	4 Weeks & Under 1 Year	1 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 & Over
Other Forms of Heart Disease	247	-	-	-	-	-	-	2	3	19	54	169
Cerebrovascular Disease	549	-	-	-	-	-	2	2	18	49	118	360
Other Diseases of Circulatory System	195	-	-	-	-	2	-	3	2	20	48	120
Influenza	36	-	-	-	-	1	-	3	5	4	13	10
Pneumonia	388	1	4	2	2	1	2	2	6	26	52	290
Bronchitis and Emphysema	197	-	-	1	-	-	1	1	8	25	68	93
Asthma	8	-	-	-	-	-	-	1	1	4	2	-
Other Diseases of Respiratory System	38	1	4	3	-	-	2	-	3	5	6	14
Peptic Ulcer	24	-	-	-	-	-	-	-	2	5	4	13
Appendicitis	4	-	-	-	1	1	-	-	1	1	-	-
Intestinal Obstruction and Hernia	20	4	1	-	-	-	-	2	2	-	3	8
Cirrhosis of Liver	13	-	-	-	-	-	-	1	2	5	3	2
Other Diseases of Digestive System	42	1	-	-	-	1	1	1	1	7	6	24
Nephritis and Nephrosis	8	-	-	-	-	1	-	-	2	2	2	1
Hyperplasia of Prostate	8	-	-	-	-	-	-	-	-	-	2	6
Other Diseases, Genito-Urinary System	40	1	-	-	-	-	1	2	1	6	8	21
Other complications of Pregnancy, etc.	1	-	-	-	-	-	1	-	-	-	-	-
Diseases of Skin, Subcutaneous Tissue	1	-	-	-	-	-	-	-	-	-	-	1
Diseases of Musculo-Skeletal System	26	-	-	-	-	1	-	3	1	1	9	11
Congenital Abnormalities	42	18	8	6	3	-	1	1	1	-	2	2
Birth Injury, Difficult Labour, etc.	28	28	-	-	-	-	-	-	-	-	-	-
Other Causes of Perinatal Mortality	36	36	-	-	-	-	-	-	-	-	-	-
Symptoms and Ill-Defined Conditions	41	-	-	-	-	-	-	-	-	-	-	-
Motor Vehicle Accidents	75	-	-	1	9	23	11	6	9	8	5	40
All Other Accidents	91	1	9	6	3	5	4	3	2	5	6	47
Suicide and Self-Inflicted Injuries	36	-	-	-	-	3	3	4	7	10	4	5
All Other External Causes	8	-	-	-	-	-	1	-	3	3	1	-
Total All Causes	4322	94	33	25	28	44	54	90	262	605	1,044	2,043

MENTAL HEALTH STATISTICS

TABLE 3A - PATIENTS UNDER L.H.A. CARE (31st DECEMBER, 1968)

Category Age	Mentally Ill		Psychopathic		Subnormal		Severely Subnormal	
	Under 16	16+	Under 16	16+	Under 16	16+	Under 16	16+
Attending day training centre Awaiting entry	-	-	-	-	-	31	152	92
	-	-	-	-	-	6	33	20
Attending hospital day centre	-	-	-	-	-	3	14	14
Receiving home training	-	1	-	-	-	7	3	22
Resident in Local Authority Home - Hostels	-	2	-	-	-	4	14	6
Resident in other Homes - Hostels at Local Authority Expense	-	6	-	-	-	3	2	2
Receiving Home Visits (not included above)	3	163	-	7	-	249	45	132
Total Number	3	172	-	7	-	303	263	288

MENTAL HEALTH STATISTICS

TABLE 3B - PATIENTS UNDER L.H.A. CARE (31st DECEMBER, 1969)

Category Age	Mentally Ill		Psychopathic		Subnormal		Severely Subnormal	
	Under 16	16+	Under 16	16+	Under 16	16+	Under 16	16+
Attending Day Training Centre Awaiting Entry	-	-	-	-	-	32	203	103
	-	-	-	-	-	13	22	17
Attending hospital day centres	-	-	-	-	-	2	-	15
Receiving home training	-	-	-	-	-	4	3	16
Resident in Local Authority Home - Hostel	-	3	-	-	-	5	15	10
Resident in other Homes - Hostels at Local Authority Expense	-	4	-	-	-	3	3	3
Receiving Home Visits (not included above)	-	167	-	8	-	227	66	111
Total Number	-	174	-	8	-	286	312	275

MENTAL HEALTH STATISTICS

TABLE 3C - PATIENTS AWAITING ADMISSION TO HOSPITAL (31st DECEMBER, 1968)
PATIENTS ADMITTED FOR TEMPORARY RESIDENTIAL CARE, 1968

Category	Mentally Ill		Psychopathic		Subnormal		Severely Subnormal	
	Under 16	16+	Under 16	16+	Under 16	16+	Under 16	16+
Awaiting admission to hospital								
(a) Urgent	1	-	-	-	-	1	15	4
(b) Non-urgent	-	-	-	-	-	1	21	8
(c) Total	1	-	-	-	-	2	36	12
Admitted for temporary care								
(a) To N.H.S. Hospital	-	4	-	-	-	3	46	12
(b) To L.A. Accommodation	-	-	-	-	-	-	-	-
(c) Elsewhere	-	-	-	-	-	-	-	-
(d) Total	-	4	-	-	-	3	46	12

MENTAL HEALTH STATISTICS

TABLE 3D - PATIENTS AWAITING ADMISSION TO HOSPITAL (31st DECEMBER, 1969)
PATIENTS ADMITTED FOR TEMPORARY RESIDENTIAL CARE, 1969

Category Age	Mentally Ill		Psychopathic		Subnormal		Severely Subnormal	
	Under 16	16+	Under 16	16+	Under 16	16+	Under 16	16+
Awaiting admission to hospital								
(a) Urgent	-	-	-	-	-	1	11	4
(b) Non-urgent	-	-	-	-	-	-	37	10
(c) Total	-	-	-	-	-	1	48	14
Admitted for Temporary Care								
(a) To N.H.S. Hospitals	-	3	-	-	-	3	51	2
(b) To L.A. Accommodation	-	-	-	-	-	-	-	-
(c) Elsewhere	-	-	-	-	-	-	1	-
(d) Total	-	3	-	-	-	3	52	2

TABLE 4 AMBULANCE SERVICE STATISTICS

TABLE A - NUMBER OF PATIENTS CARRIED AND MILEAGE INVOLVED

PATIENTS	1967	1968	1969
Ambulance vehicles	103,322	108,387	111,389
Hospital car service	42,752	43,137	45,504
MILEAGE			
Ambulance vehicles	794,529	789,583	854,328
Hospital car service	832,942	806,810	847,422

TABLE B - AVERAGE NUMBER OF MILES PER PATIENT

	1967	1968	1969
Ambulance Vehicles	7.7	9.6	10.6
Hospital car service	19.5	18.7	18.4

TABLE C - NUMBER OF PATIENTS CONVEYED

YEAR	ILLNESS	ACCIDENTS	MATERNITY	CAR REMOVALS	TOTAL
1967	98,019	3,460	1,843	42,752	146,074
1968	103,221	3,405	1,761	43,137	151,524
1969	105,877	3,669	1,843	45,504	156,893

TABLE D - PATIENTS CONVEYED PER 1,000 OF POPULATION

YEAR	ILLNESS	ACCIDENTS	MATERNITY	CAR REMOVALS	TOTAL
1967	207.7	7.3	3.9	90.6	309.5
1968	213.0	7.0	3.6	88.9	312.5
1969	213.4	7.4	3.7	91.7	316.3

TABLE E - CASES TRANSPORTED AND COUNTY POPULATION

YEAR	CASES TRANSPORTED	COUNTY POPULATION
1967	146,074	471,840
1968	151,524	484,850
1969	156,893	496,010

TABLE 5
STATISTICAL TABLES (SCHOOL HEALTH SERVICE) 1968

PART 1

**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND
SPECIAL SCHOOLS)**

TABLE A — PERIODIC MEDICAL INSPECTIONS

Age groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected	
		Number Satisfactory	Number Unsatisfactory
(1)	(2)	(3)	(4)
1964 and later	383	383	—
1963	2,407	2,406	1
1962	3,566	3,564	2
1961	833	832	1
1960	438	438	—
1959	390	388	2
1958	1,629	1,627	2
1957	1,179	1,179	—
1956	674	673	1
1955	367	365	2
1954	1,168	1,165	3
1953 and earlier	2,468	2,465	3
TOTALS	15,502	15,485	17

TABLE B - PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	For Defective Vision (Excluding Squint)	For any other conditions recorded in Part II A	Total Individual Pupils
1964 and later	16	85	99
1963	137	504	593
1962	221	801	953
1961	69	197	255
1960	46	93	127
1959	43	86	118
1958	166	363	489
1957	126	229	332
1956	67	115	173
1955	69	39	102
1954	168	129	287
1953 and earlier	372	356	691
TOTALS	1,500	2,997	4,219

TABLE C - OTHER INSPECTIONS

Number of Special Inspections	1,577
Number of Re-Inspections.. .. .	4,736
TOTAL	6,313

TABLE D - INFESTATION WITH VERMIN

(1) Total number of individual examinations of pupils in the schools by the school nurses or other authorised persons	51,759
(2) Total number of individual pupils found to be infested	291
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	-
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	-

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A - PERIODIC INSPECTIONS

Code No.	Defect or Disease	Entrants		Leavers		Others		Total	
		'T'	'O'	'T'	'O'	'T'	'O'	'T'	'O'
4	Skin	158	129	155	61	142	76	455	266
5	Eyes (a) Vision	475	292	534	117	491	151	1500	560
	(b) Squint	159	92	15	7	65	37	239	136
	(c) Other	23	28	5	4	16	21	44	53
6	Ears (a) Hearing	334	357	30	31	95	124	459	512
	(b) Otitis Media	93	159	6	14	22	53	121	226
	(c) Other	28	53	9	7	14	26	51	86
7	Nose and Throat	225	830	41	59	81	227	347	1116
8	Speech	148	375	5	15	47	65	200	455
9	Lymphatic Glands	2	152	1	5	3	35	6	192
10	Heart	15	175	6	41	6	57	27	273
11	Lungs	103	191	27	25	34	93	164	309
12	Development (a) Hernia	31	57	5	8	6	17	42	82
	(b) Other	43	192	31	53	98	126	172	371
13	Orthopaedic (a) Posture	16	31	14	44	8	50	38	125
	(b) Feet	111	237	33	61	68	117	212	415
	(c) Other	53	101	35	39	46	84	134	224
14	Nervous (a) Epilepsy	13	13	12	2	14	6	39	21
	System (b) Other	12	84	8	20	16	43	36	147
15	Psycho- (a) Development	22	189	18	17	71	91	111	297
	logical (b) Stability	91	374	10	51	61	179	162	604
16	Abdomen	37	87	10	25	23	46	70	158
17	Other	142	168	80	33	159	47	381	248

'T' - means requiring treatment 'O' - means requiring observation

TABLE B - SPECIAL INSPECTIONS

Defect Code No.						Requiring	
	Defect or Disease					Treatment	Observation
4	Skin	..	..	..	..	89	49
5	Eyes	(a) Vision	..	..	..	257	82
		(b) Squint	..	..	..	67	24
		(c) Other	..	..	..	10	6
6	Ears	(a) Hearing	..	..	..	80	137
		(b) Otitis Media	..	..	..	15	19
		(c) Other	..	..	..	8	13
7	Nose and Throat	..	..	..	..	82	186
8	Speech	..	..	..	..	76	55
9	Lymphatic Glands	..	..	..	..	4	32
10	Heart	..	..	..	..	14	52
11	Lungs	..	..	..	..	74	63
12	Development	(a) Hernia	..	..	..	5	12
		(b) Other	..	..	..	64	83
13	Orthopaedic	(a) Posture	..	..	..	7	16
		(b) Feet	..	..	..	34	51
		(c) Other	..	..	..	44	33
14	Nervous System	(a) Epilepsy	..	..	..	18	5
		(b) Other	..	..	..	21	27
15	Psychological	(a) Development	..	..	..	43	100
		(b) Stability	..	..	..	85	148
16	Abdomen	..	..	..	..	11	32
17	Other	..	..	..	..	79	44

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - EYE DISEASE, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	111
Errors of refraction (including squint)	3,936
TOTAL	4,047
Number of pupils for whom spectacles were prescribed ..	1,193

TABLE B - 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	1
(b) for adenoids and chronic tonsillitis	24
(c) for other nose and throat conditions.. .. .	2
Received other forms of treatment	—
TOTAL	27
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1968	32
(b) in previous years	128

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been dealt with
a) Pupils treated at clinics or out-patients departments	469
b) Pupils treated at school for postural defects	—
TOTAL	469

TABLE D - DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table D part 1)

							Number of cases known to have been dealt with
Ringworm - (i) Scalp	..	..	..	..	..	..	1
(ii) Body	..	..	..	..	..	..	11
Scabies	..	..	..	..	..	..	31
Impetigo	..	..	..	..	..	..	69
Other skin diseases	..	..	..	..	..	..	48
TOTAL	..	..	..	..	..	..	160

TABLE E - CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance clinics	601
--	----	----	----	-----

TABLE F - SPEECH THERAPY

Pupils treated by Speech Therapists	685
-------------------------------------	----	----	----	-----

TABLE G - OTHER TREATMENT GIVEN

(a) Pupils with minor ailments	..	..	..	..	517
(b) Pupils who received convalescent treatment under School Health Service arrangements	..	..	..	..	-
(c) Pupils who received B.C.G. vaccination	..	..	..	..	3,783
(d) Pupils who have received Diph/Tet/Polio reinforcing doses:-					
Polio boosters	..	..	..	..	2,434
Diph/Tet boosters	..	..	..	..	2,109
Diphtheria immunisations	..	..	..	..	246
TOTAL	..	..	..	..	9,089

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY ATTENDANCES AND TREATMENT TOTALS

First visit	5,487	
Subsequent visit	10,730	
Total visits		16,217
Additional courses of treatment commenced		528
Fillings in permanent teeth	7,184	
Fillings in deciduous teeth	5,372	
Total		12,556
Permanent teeth filled	6,183	
Deciduous teeth filled	5,039	
Total		11,222
Permanent teeth extracted	843	
Deciduous teeth extracted	3,610	
Total		4,453
General anaesthetics		1,757
Emergencies.. .. .		272
Number of pupils X-rayed		268
Prophylaxis		1,195
Teeth otherwise conserved		481
Number of teeth root filled		22
Inlays.. .. .		9
Crowns		14
Courses of treatment completed		5,074
ORTHODONTICS		
Cases remaining from previous year		55
New cases commenced during year		55
Cases completed during year		54
Cases discontinued during year		5
No. of removable appliances fitted		92
No. of fixed appliances fitted		4
Pupils referred to Hospital Consultant		15
PROSTHETICS		
Pupils supplied with F.U. or F.L. (first time)		—
Pupils supplied with other dentures (first time)		14
Number of dentures supplied		16
ANAESTHETICS		
General Anaesthetics administered by Dental Officers		—
INSPECTIONS		
(a) First inspection at school. Number of Pupils		46,019
(b) First inspection at clinic. Number of Pupils		636
Number of (a) and (b) found to require treatment		16,757
Number of (a) and (b) offered treatment		13,373
(c) Pupils re-inspected at school clinic		478
Number of (c) found to require treatment		370

SESSIONS

Sessions devoted to treatment	3,354
Sessions devoted to Inspection	393
Sessions devoted to Dental Health Education	293

TABLE 6

STATISTICAL TABLES (SCHOOL HEALTH SERVICE) 1969

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age groups Inspected (By year of Birth) (1)	No. of Pupils Inspected (2)	Physical Condition of Pupils Inspected	
		Number Satisfactory (3)	Number Unsatisfactory (4)
1965 and later	478	475	3
1964	2,659	2,655	4
1963	5,358	5,348	10
1962	1,392	1,390	2
1961	629	629	—
1960	444	442	2
1959	1,426	1,425	1
1958	1,203	1,201	2
1957	714	713	1
1956	366	365	1
1955	1,898	1,895	3
1954 and earlier	3,616	3,612	4
TOTALS	20,183	20,150	33

TABLE B – PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	For Defective Vision (excluding Squint)	For any other conditions recorded in Part II A	Total Individual Pupils
1965 and later	19	62	74
1964	144	489	584
1963	290	979	1,081
1962	89	291	345
1961	53	142	169
1960	47	75	116
1959	138	253	352
1958	147	209	328
1957	99	153	234
1956	55	63	106
1955	214	269	443
1954 and earlier	546	420	912
TOTALS	1,841	3,405	4,744

TABLE C – OTHER INSPECTIONS

Number of Special Inspections..	..	..	..	..	..	1,132
Number of Re-Inspections	..	..	..	..	..	3,413
TOTAL	..	..	..	..	..	4,545

TABLE D – INFESTATION WITH VERMIN

(1) Total number of individual examinations of pupils in the schools by the School Nurses or other authorised persons	46,691
(2) Total number of individual pupils found to be infested ..	277
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ..	—

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A - PERIODIC INSPECTIONS

Code No.	Defect of Disease	Entrants		Leavers		Others		Total	
		'T'	'O'	'T'	'O'	'T'	'O'	'T'	'O'
4	Skin	214	190	186	150	112	41	512	381
5	Eyes (a) Vision	583	421	738	275	520	199	1841	895
	(b) Squint	219	116	21	20	57	27	297	163
	(c) Other	41	33	9	10	9	12	59	55
6	Ears (a) Hearing	367	652	35	85	106	158	508	895
	(b) Otitis Media	73	321	13	35	26	43	112	399
	(c) Other	32	50	8	18	8	17	48	85
7	Nose and Throat	239	800	43	84	75	150	357	1034
8	Speech	163	492	14	27	40	50	217	569
9	Lymphatic Glands	3	146	—	5	—	14	3	165
10	Heart	25	176	9	51	6	42	40	269
11	Lungs	156	221	40	34	48	64	244	319
12	Development								
	(a) Hernia	36	92	17	9	11	15	64	116
	(b) Other	68	261	59	84	71	105	198	450
13	Orthopaedic								
	(a) Posture	6	29	31	56	8	41	45	126
	(b) Feet	97	305	43	81	50	85	190	471
	(c) Other	62	177	40	62	20	36	122	275
14	Nervous System								
	(a) Epilepsy	30	22	15	5	23	8	68	35
	(b) Other	9	65	12	30	13	28	34	123
15	Psychological								
	(a) Development	52	261	18	43	30	82	100	386
	(b) Stability	114	549	10	53	52	170	176	772
16	Abdomen	46	60	13	29	23	47	82	136
17	Other	157	258	108	73	129	73	394	404

'T' — means requiring treatment 'O' — means requiring observation

TABLE B - SPECIAL INSPECTIONS

Defect Code No.	Defect of Disease						Treatment	Requiring Observation
4	Skin	..	..	..	..	..	67	34
5	Eyes	(a) Vision	..	..	..	..	219	107
		(b) Squint	..	..	..	..	43	12
		(c) Other	..	..	..	..	11	7
6	Ears	(a) Hearing	..	..	..	..	35	125
		(b) Otitis Media	..	..	..	..	5	29
		(c) Other	..	..	..	..	4	10
7	Nose and Throat	..	..	..	..	..	45	133
8	Speech	..	..	..	..	..	50	43
9	Lymphatic Glands	..	..	..	..	..	1	18
10	Heart	..	..	..	..	..	8	39
11	Lungs	..	..	..	..	..	54	37
12	Development	(a) Hernia	..	..	..	..	4	10
		(b) Other	..	..	..	..	42	68
13	Orthopaedic	(a) Posture	..	..	..	..	4	11
		(b) Feet	..	..	..	..	22	37
		(c) Other	..	..	..	..	17	32
14	Nervous System	(a) Epilepsy	..	..	..	..	12	7
		(b) Other	..	..	..	..	4	32
15	Psychological	(a) Development	..	..	..	..	19	96
		(b) Stability	..	..	..	..	51	144
16	Abdomen	..	..	..	..	..	12	20
17	Other	..	..	..	..	..	55	39

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - EYE DISEASE, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and Other, excluding errors of refraction and squint	103
Errors of Refraction (including squint)	3,925
TOTAL	4,028
Number of pupils for whom spectacles were prescribed	1,176

TABLE B - 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	3
(b) for adenoids and chronic tonsilitis	24
(c) for other nose and throat conditions	—
Received other forms of treatment	1
TOTAL	28
Total number of pupils in schools who are known to have been provided with hearing aids—							
(a) in 1969	28
(b) in previous years	131

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

							Number of cases known to have been dealt with
(a) Pupils treated at clinics or out-patients departments							400
(b) Pupils treated at school for postural defects	..	..	..	..	..	..	1
TOTAL	..	..	..	..	..	..	401

TABLE D - DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table D part 1)

							Number of cases known to have been dealt with
Ringworm (i) Scalp	..	..	..	..	..	..	-
(ii) Body..	..	..	..	..	..	..	3
Scabies	..	..	..	..	..	..	21
Impetigo	..	..	..	..	..	..	78
Other skin diseases	..	..	..	..	..	..	14
TOTAL	..	..	..	..	..	..	116

TABLE E - CHILD GUIDANCE TREATMENT

Pupils treated at child Guidance clinics	654
--	----	----	---	-----

TABLE F - SPEECH THERAPY

Pupils treated by Speech Therapists	799
-------------------------------------	----	----	----	-----

TABLE G - OTHER TREATMENT GIVEN

(a) Pupils with minor ailments	468
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	4,541
(d) Pupils who have received Diph/Tet/Polio re-inforcing doses:-	
Polio boosters	2,677
Diph/Tet boosters	2,239
Diphtheria Immunisations	192
TOTAL	10,117

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENT	5 to 9	10 to 14	15 and over	Total
First visit	3,421	2,099	278	5,798
Subsequent visit	6,129	4,420	539	11,088
Total visits	9,550	6,519	817	16,886
Additional courses of Treatment commenced	383	189	32	604
Fillings in permanent teeth	3,102	4,509	820	8,431
Fillings in deciduous teeth	4,816	384	—	5,200
Permanent teeth filled	2,555	3,977	743	7,275
Deciduous teeth filled	4,444	366	—	4,810
Permanent teeth extracted	187	687	61	935
Deciduous teeth extracted	3,231	843	—	4,074
General anaesthetics	1,361	488	19	1,868
Emergencies	228	85	3	316
Number of pupils X-rayed .. .. .	..	..	..	414
Prophylaxis .. .. .	..	..	..	1,314
Teeth otherwise conserved .. .. .	..	..	..	709
Number of teeth root filled .. .. .	..	..	..	11
Inlays .. .. .	..	..	..	2
Crowns .. .. .	..	..	..	6
Courses of treatment completed .. .. .	..	..	..	5,668

ORTHODONTICS

Cases remaining from previous year .. .. .	..	..	..	..	51
New cases commenced during year .. .. .	..	..	..	..	66
Cases completed during year .. .. .	..	..	..	..	61
Cases discontinued during year .. .. .	..	..	..	..	7
No. of removable appliances fitted .. .. .	..	..	..	..	14
No. of fixed appliances fitted .. .. .	..	..	..	..	2
Pupils referred to Hospital Consultant .. .. .	..	..	..	..	27

PROSTHETICS

Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	1	12	4	17
Number of dentures supplied	1	12	4	17

ANAESTHETICS

General Anaesthetics administered by Dental Officers	—	—	—	—
---	---	---	---	---

INSPECTIONS

(a) First inspection at school. Number of Pupils	44,298
(b) First inspection at clinic. Number of Pupils	810
Number of (a) and (b) found to require treatment	17,068
Number of (a) and (b) offered treatment	13,410
(c) Pupils re-inspected at School Clinic	632
Number of (c) found to require treatment	480

SESSIONS

Sessions devoted to Treatment	3,416
Sessions devoted to Inspection	395
Sessions devoted to Dental Health Education	278

TABLE 7 HANDICAPPED PUPILS (SCHOOL HEALTH SERVICE)

CATEGORIES OF HANDICAPPED PUPILS -
NUMBERS AT THE END OF 1968 and 1969

	AT SPECIAL SCHOOL UNIT OR HOSTEL		AT HOME		ASCERTAINED DURING	
	1968	1969	1968	1969	1968	1969
Blind	7	9	—	—	2	2
Partially sighted	12	13	—	—	2	3
Deaf	19	19	—	—	4	2
Partially hearing	33	34	—	—	3	2
Epileptic	6	9	—	—	4	2
Maladjusted	139	161	4	16	68	84
Speech defect	2	1	—	—	1	—
Physically handicapped	66	70	8	5	19	17
Delicate	24	29	9	4	9	11
Educationally subnormal	628	723	5	7	281	344

UNIT 7 HANDWRITTEN PUPILS (NOT READING SERVICE)

CATEGORIES OF HANDWRITTEN PUPILS
 NUMBER AT THE END OF EACH LINE

AT SPECIAL SCHOOL		AT HOME		AT SCHOOL	
1904	1905	1904	1905	1904	1905
1	1	-	-	1	1
2	2	-	-	2	2
3	3	-	-	3	3
4	4	-	-	4	4
5	5	-	-	5	5
6	6	-	-	6	6
7	7	-	-	7	7
8	8	-	-	8	8
9	9	-	-	9	9
10	10	-	-	10	10
11	11	-	-	11	11
12	12	-	-	12	12
13	13	-	-	13	13
14	14	-	-	14	14
15	15	-	-	15	15
16	16	-	-	16	16
17	17	-	-	17	17
18	18	-	-	18	18
19	19	-	-	19	19
20	20	-	-	20	20
21	21	-	-	21	21
22	22	-	-	22	22
23	23	-	-	23	23
24	24	-	-	24	24
25	25	-	-	25	25
26	26	-	-	26	26
27	27	-	-	27	27
28	28	-	-	28	28
29	29	-	-	29	29
30	30	-	-	30	30
31	31	-	-	31	31
32	32	-	-	32	32
33	33	-	-	33	33
34	34	-	-	34	34
35	35	-	-	35	35
36	36	-	-	36	36
37	37	-	-	37	37
38	38	-	-	38	38
39	39	-	-	39	39
40	40	-	-	40	40
41	41	-	-	41	41
42	42	-	-	42	42
43	43	-	-	43	43
44	44	-	-	44	44
45	45	-	-	45	45
46	46	-	-	46	46
47	47	-	-	47	47
48	48	-	-	48	48
49	49	-	-	49	49
50	50	-	-	50	50
51	51	-	-	51	51
52	52	-	-	52	52
53	53	-	-	53	53
54	54	-	-	54	54
55	55	-	-	55	55
56	56	-	-	56	56
57	57	-	-	57	57
58	58	-	-	58	58
59	59	-	-	59	59
60	60	-	-	60	60
61	61	-	-	61	61
62	62	-	-	62	62
63	63	-	-	63	63
64	64	-	-	64	64
65	65	-	-	65	65
66	66	-	-	66	66
67	67	-	-	67	67
68	68	-	-	68	68
69	69	-	-	69	69
70	70	-	-	70	70
71	71	-	-	71	71
72	72	-	-	72	72
73	73	-	-	73	73
74	74	-	-	74	74
75	75	-	-	75	75
76	76	-	-	76	76
77	77	-	-	77	77
78	78	-	-	78	78
79	79	-	-	79	79
80	80	-	-	80	80
81	81	-	-	81	81
82	82	-	-	82	82
83	83	-	-	83	83
84	84	-	-	84	84
85	85	-	-	85	85
86	86	-	-	86	86
87	87	-	-	87	87
88	88	-	-	88	88
89	89	-	-	89	89
90	90	-	-	90	90
91	91	-	-	91	91
92	92	-	-	92	92
93	93	-	-	93	93
94	94	-	-	94	94
95	95	-	-	95	95
96	96	-	-	96	96
97	97	-	-	97	97
98	98	-	-	98	98
99	99	-	-	99	99
100	100	-	-	100	100



