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# BUCKINGHAMSHIRE COUNTY COUNCIL



## ANNUAL REPORT

*of the*

*Medical Officer of Health*

*for the Year*

**1953**

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

I sometimes wonder if those of us who are heavily engaged in day to day administration of large departments ever get time to stand back from what we are doing and survey our work as a whole. Can we see the wood for the trees?

This was forcibly brought home to me during the preparation of this Annual Report for 1953. Owing to unusual circumstances some time elapsed between the preparation of the sections of the report and their final assembly. When I read the report as a whole I was impressed by the change of content and the shift of emphasis as compared with one of my reports of say ten years ago.

This annual report largely concerns itself with social and medico-social problems which were scarcely mentioned in the reports of those days. The care and after-care of all sorts of persons, the blind, the deaf, the crippled, the very young and the very old, the education of mothers (and fathers), the domiciliary care of the mentally backward and the mentally afflicted—we concern ourselves with these and a great deal more.

What perhaps is not so apparent from casual reading of the report is the enormous importance the whole department places on teaching; every section of the department is alive to the duty of teaching the people and families with whom they are concerned to make the best of themselves. The best social medicine is to teach people to help themselves and to provide them the wherewithal to do it.

I am glad to be able once again to thank everybody—members and officers alike—for the advice and assistance they have given me during the year.

I am,

Your obedient Servant,

G. W. H. TOWNSEND,

County Medical Officer.



## PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

### (a) Whole-time Officers of the County Council as at 31st December, 1953.

#### *County Medical Officer of Health:*

G. W. H. TOWNSEND, B.A., M.B., B.CH., D.P.H.

#### *Deputy:*

C. D. CORMAC, M.A., B.M., B.CH., D.P.H.

#### *Senior Medical Officers:*

HILDA M. DAVIS, M.D., CH.B., D.P.H.

A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H.

#### *Assistants:*

M. A. CHARRETT, M.R.C.S., L.R.C.P., D.P.H.

(Also Medical Officer of Health Borough of Slough and Area Medical Officer).

PATRICIA M. ELLIOTT, M.D., B.S. (LON.), D.OBST., R.C.O.G., D.P.H.

T. P. EVANS, M.R.C.S., L.R.C.P., D.P.H.

(Also Medical Officer of Health Urban Districts of Beaconsfield and Chesham, and Rural District of Amersham).

G. M. HOBBS, B.Com., M.B., CH.B., D.P.H.

(Also Medical Officer of Health Urban District of Eton and Rural District of Eton).

G. B. HOPKINS, M.B., CH.B., D.P.H., B.PHARM.

MARY C. IM THURN, M.R.C.S., L.R.C.P., D.P.H.

A. J. MUIR, M.B., CH.B., B.HY., D.P.H.

(Also Medical Officer of Health Borough of High Wycombe, Urban District of Marlow and Rural District of Wycombe and Area Medical Officer).

J. J. A. REID, B.Sc., M.B., CH.B., D.P.H.

Janet C. RONALDSON, M.B., CH.B., D.P.H.

A. E. R. SCOTT, M.R.C.S., L.R.C.P.

J. T. C. SIMS-ROBERTS, M.B., CH.B., D.P.H. (BARRISTER-AT-LAW)

(Also Medical Officer of Health Borough of Aylesbury and Rural Districts of Aylesbury and Winslow).

MARY G. TATE, M.D., B.S., D.C.H.

D. H. WALDRON, M.D., B.CH., B.A.O., D.P.H.

(Also Medical Officer of Health Borough of Buckingham, Urban Districts of Bletchley and Linslade, and Rural Districts of Buckingham and Wing and Area Medical Officer).

#### *County Assistance Officer:*

R. A. HOGARTH.

#### *Senior Dental Surgeon:*

E. KEW, L.D.S.

#### *Superintendent Health Visitor:*

MISS F. E. LILLYWHITE.

#### *Senior Administrative Assistant:*

E. L. EYRE.

#### *County Health Inspectors:*

F. HARDING.

#### *Supervisor of Midwives and Home Nurses:*

MISS M. F. WEBB.

#### *Senior County Almoner:*

MISS M. C. M. BOWLEY.

#### *Senior Occupational Therapist:*

MISS F. B. SILK.

#### *Area Medical Officers:*

North Bucks Area Committee ... DR. D. H. WALDRON.

Wycombe Area Committee ... DR. A. J. MUIR.

South Bucks Area Committee ... DR. M. A. CHARRETT.

### (b) Part-time Officers of the Authority and others discharging duties for the Authority.

#### *County Consultant (diseases of the chest):*

A. STEPHEN HALL, M.A., M.B., F.R.C.P.

#### *Physicians (diseases of the chest):*

Oxford Regional Hospital Board ... W. T. BERMINGHAM, B.A., M.B., B.CH.

... A. STEPHEN HALL, M.A., M.B., F.R.C.P.

... F. S. HAWKINS, M.D., F.R.C.P.

North West Metropolitan

Regional Hospital Board ... BRIAN C. THOMPSON, M.A., M.D.

#### *Consultant Geriatrician:*

PHILIP ARNOLD, M.D., M.R.C.P.

#### *Chief Inspector:*

W. A. DAVENPORT, M.I.W.M.A.

#### *Public Analyst:*

ERIC VOELCKER, F.I.C., A.R.C.S.



## SECTION A.—GENERAL STATISTICS FOR THE COUNTY.

The area of the geographical and administrative County is 479,411 acres (approximately 749 square miles) and the number of inhabited houses at the 1931 census was 68,994, including 73,013 families or separate occupiers.

The rateable value of the County at 1st April, 1954 was £3,119,897 as against £3,015,389 at 1st April, 1953, an increase of  $3\frac{1}{2}$  per cent. The estimated product of a penny rate for the financial year 1954/55 was £12,558 as compared with a figure for 1953/54 of £12,111.

The estimate of the Registrar General for mid-1953 refers to the home population, including members of the armed forces stationed in the area, and amounts to 398,200 as compared with 394,700 for 1952. At the 1951 census the total population of the County was 386,164.

Census populations, estimated populations, birth and mortality rates for individual County Districts are quoted in Table (d) of Section H.

Births.		1952			1953		
		M.	F.	Total.	M.	F.	Total.
Legitimate	...	2,962	2,758	5,720	2,861	2,815	5,676
Illegitimate	...	136	133	269	136	134	270
		<u>3,098</u>	<u>2,891</u>	<u>5,989</u>	<u>2,997</u>	<u>2,949</u>	<u>5,946</u>

Birth-rate.	1951	1952	1953
Urban Districts (per 1,000 home population) ...	15.2	15.3	15.1
Rural Districts (per 1,000 home population) ...	15.0	15.1	14.8
County (per 1,000 home population) ...	15.1	15.2	14.9
England and Wales (per 1,000 home population) ...	15.5	15.3	15.5
Still-births (rate per 1,000 total births) ...	18.6	17.4	17.5

Deaths from all causes.	1951	1952	1953
Urban Districts (per 1,000 home population) ...	10.3	9.9	9.4
Rural Districts (per 1,000 home population) ...	11.3	9.9	9.9
Total for County (per 1,000 home population) ...	10.8	9.9	9.7
England and Wales (per 1,000 home population) ...	12.5	11.3	11.4

Infant Mortality Rate.	1951	1952	1953
Urban Districts (per 1,000 births) ...	26.4	26.7	18.8
Rural Districts (per 1,000 births) ...	22.8	23.4	21.2
County (per 1,000 births) ...	24.6	25.0	20.0
England and Wales (per 1,000 births) ...	29.6	27.6	26.8
Infant Mortality Rate among Illegitimate children ...	43.5	26.0	37.0

No. of women dying in, or in consequence of, pregnancy, child birth or abortion	1951	1952	1953
...	3	4	2

Deaths from—	1951	1952	1953
Measles ...	1	2	4
Whooping Cough ...	3	0	0
Diphtheria ...	0	0	0

Principal causes of death.	1951	1952	1953
Heart Disease ...	1,278	1,174	1,173
Cancer ...	725	709	662
Bronchitis ...	224	179	193
Pneumonia ...	201	178	188
Influenza ...	100	7	69
Tuberculosis—Respiratory ...	56	50	35
—Other forms ...	16	8	2
Motor Vehicle Accidents ...	45	41	50
Other Accidents ...	89	82	89
Total deaths from all causes ...	4,216	3,907	3,844

Two maternal deaths were recorded in the County during the year, representing a rate of 0.33 per thousand total births, as compared with a rate of 0.76 for England and Wales. In one of the maternal deaths mentioned the interval between the maternal condition and death was stated to exceed twelve months.

For the sixth year in succession and the seventh time in the last eight years, it is gratifying to report that no deaths from diphtheria occurred in the County.



## SECTION B.—GENERAL PROVISION OF HEALTH SERVICES.

### NATIONAL HEALTH SERVICE ACT, 1946.

Full details of the Council's Schemes under this Act were given in the Report for the year 1949, and a special survey of the working of the Services over the four years 1949-1952 was included last year.

No very great changes took place in 1953 and comments and statistics covering the various sections are given in the body of the report.

### SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN.

#### Child Welfare Centres.

Child welfare centres show an increase in attendances during this year. The percentage of new babies under one year attending the centres, related to the total live births in 1953, was 74; this is the highest figure recorded in recent years. The average for 1949-1952 was 70, but in 1947 only 64% of babies attended. Attendances among children between the ages of one and two years is 67% of the 1952 births, but only 26% of children in the two to five year group come to the centres. It is in this latter group of pre-school children that more preventative work is needed and it is hoped that the number of special sessions where mothers can bring their older children by appointment may be increased. At present these "toddlers' sessions" are held at six centres in the County.

During the year certain changes were made in the siting of welfare centres, due to shifts in population. One village centre was closed and another was replaced by a monthly visit from the mobile centre. In the Denham area two centres were combined in new premises. In order to provide adequate coverage by the child welfare centre service, transport is provided for mothers and children attending 10 of the rural centres. The mobile centre now visits 35 villages and is out for 12 sessions a month.

The Voluntary Committees continue to take an active part in the work at all the centres; their interest and help is invaluable. During November and December, the first four of a series of one-day conferences for Voluntary Workers were held, at which talks and discussions on the past, present and future of child welfare centres aroused keen interest.

The health education programme for the year at child welfare centres and mothers' clubs is described in the section on Health Visiting.

The following table gives particulars of the attendances at the Child Welfare Centres operating during the year:

	Permanent.	Mobile.	Voluntary.
(1) Number of Centres operating at end of year ... ..	94	12*	2
(2) Number of times Centres opened ... ..	2,539	100	46
(3) Number of times Medical Officer attended ... ..	1,727	100	17
(4) Number of children presented for examination to the Medical Officer ... ..	22,008	1,351	292
(5) Number of children who first attended during the year and who at their first attendance were under one year of age	4,156	166	61
(6) Number of children who attended during the year and who were born in:			
(a) 1953 ... ..	3,806	149	60
(b) 1952 ... ..	3,848	131	68
(c) 1951-1948 ... ..	4,843	271	68
(7) Total number of children who attended during the year ...	12,497	551	196



(8) Number of attendances during the year made by children who at the date of attendance were:

(a) Under one year	...	...	...	...	...	54,339	926	587
(b) One but under two years	...	...	...	...	...	17,287	469	281
(c) Two but under five years	...	...	...	...	...	18,663	751	175
(9) Total attendances during the year	...	...	...	...	...	90,289	2,146	1,043

\* Twelve half-day sessions covering 36 villages.

Table (c) of Section H of the report shows a current list of Child Welfare Centres.

#### Maternity Accommodation.

The County Health Department has continued to act as the clearing house for allocating patients to maternity beds available on social grounds. County Health Visitors investigate the home circumstances of applicants, including those referred by medical practitioners, ante-natal clinics, etc., and co-operation with Hospital Management Committees is maintained to ensure that the best possible use is made of available beds. Patients requiring maternity accommodation for medical reasons are usually referred direct to the hospital ante-natal clinics by the family doctors.

An analysis of the births notified as occurring in the various maternity institutions accepting cases from this County reveals that 68 per cent of births occurred in hospitals and maternity homes (including private nursing homes), the remaining 32 per cent being domiciliary confinements, a proportion similar to that of the previous year.

#### Premature Births.

The care of premature infants has continued, a premature birth being defined as one weighing 5½ lbs. or less irrespective of the period of gestation. Arrangements are made for the required information relating to birth weights, including stillbirths, to be entered on the birth notification cards.

The following is a summary of such notifications relating to mothers normally resident in this County:—

##### Premature Live Births.

(a) In hospital	...	...	...	...	...	...	...	244
(b) At home	...	...	...	...	...	...	...	74
(c) In private nursing homes	...	...	...	...	...	...	...	11

##### Premature Still-births.

(a) In hospital	...	...	...	...	...	...	...	36
(b) At home	...	...	...	...	...	...	...	8
(c) In private nursing homes	...	...	...	...	...	...	...	Nil.

In domiciliary cases midwives are required to seek immediate advice and any necessary assistance from the County Supervisor, and special portable heated cots and an infant oxygen tent are available for use in nursing premature infants born at home.

The health visitors pay particular attention to the care of premature infants when the responsibility of the midwife ceases at the end of the lying-in-period, and also maintain close liaison with maternity departments of hospitals and with maternity homes, in order to obtain information of the discharge of premature infants and of any special care needed.

Detailed information of survival related to birth weights is now compiled for all premature live births, including those occurring in hospitals, and the following table also includes details of the weights of all premature stillbirths:—



	Weight at Birth.				TOTAL.
	3lbs. 4ozs. or less.	Over 3lbs. 4ozs. up to and including 4lbs. 6ozs.	Over 4lbs. 6ozs. up to and including 4lbs. 15ozs.	Over 4lbs. 15ozs. up to and including 5lbs. 8ozs.	
<b>Premature live births.</b>					
Born in hospital.—					
Total ... ..	28	41	47	128	244
Died within 24hrs. of birth ...	11	5	3	2	21
Survived 28 days ... ..	12	35	42	122	211
Born at home and nursed entirely at home—					
Total ... ..	3	6	7	48	64
Died within 24hrs. of birth ...	2	—	1	—	3
Survived 28 days ... ..	1	6	6	48	61
Born at home and transferred to hospital before 28th day—					
Total ... ..	2	6	2	—	10
Died within 24hrs. of birth ...	—	—	—	—	—
Survived 28 days ... ..	1	6	2	—	9
Born in Nursing Home and nursed entirely there—					
Total ... ..	—	—	4	7	11
Died within 24hrs. of birth ...	—	—	—	—	—
Survived 28 days ... ..	—	—	3	7	10
<b>Premature Stillbirths.</b>					
Born in hospital ... ..	19	3	4	10	36
Born at home ... ..	6	—	—	2	8
Born in Nursing Home ... ..	—	—	—	—	—

## Nurseries.

### (a) Day Nurseries.

At the beginning of the year a revised scheme of charges for day nursery accommodation was instituted, whereby a standard weekly charge, related to the latest ascertained cost per place, is made irrespective of the parents' income for a child who does not belong to one of the categories which have priority of admission. A child is regarded as a priority case where the circumstances of the family fall within any one or more of the following categories:—

- Mother sole wage earner; e.g. widowed, unmarried, separated or divorced, father disabled;
- Widower;;
- Mother ill and no one available to look after children;
- Unavoidable bad home conditions as certified by Area Medical Officer;
- In interest of child's health, where certified by Area Medical Officer;
- Acute financial need (i.e. where the net family income at date of application for admission to day nurseries is less than £2 per week).

Where a child belongs to one or more of these priority classes, the standard charge may be reduced, subject to a minimum of 10/- per week, according to the financial circumstances of the family.

In March it was decided to close the Slough Baylis Court Day Nursery. The children remaining in attendance at the time was transferred to the other nursery in Slough, the Manor Park Day Nursery and the number of places at that nursery was reduced from 48 to 35.

A few priority cases remained in attendance at Temple End Day Nursery, High Wycombe, but it became possible to make alternative arrangements for these children, following the introduction of a scheme for providing daily minders and the nursery was closed in October.

The position at the two day nurseries remaining open at the end of 1953 was as follows:—



Nursery.	Accommodation.	No. on Register.	Average Attendance.
Walton Cottage, Aylesbury ... ..	30	14	15
Manor Park, Slough ... ..	35	22	20

#### (b) Residential Nurseries

Medical care of the two residential nurseries at Brookside, Slough (28 children) and Larchmoor, Stoke Poges (34 children) is, by arrangement with the Children's Committee, also undertaken by the medical officers of this Department.

Arrangements are made for medical officers to examine all children on admission and at suitable intervals afterwards, to arrange vaccination and immunisation in suitable cases and to co-operate with the general practitioner appointed to treat sickness among children and staff. They also advise on general hygiene in nurseries, supervise diet and feeding, arrange for medical examination of staff, including periodic X-ray examinations, and furnish medical reports on children about to be boarded out or adopted.

#### (c) Training.

The two day nurseries and both the residential nurseries are recognised as Training Schools for the National Nursery Examination Board Certificate and the medical and nursing staff of the health department are utilised for teaching the appropriate sections of the syllabus. During the year six students completed training and successfully passed the examination.

#### Ante-natal and post-natal care.

The bulk of the ante-natal and post-natal work continues to be undertaken at the specialist ante-natal clinics under the control of the Hospital Management Committees, but the two remaining County Council ante-natal clinics for domiciliary cases at High Wycombe and Slough still serve a useful purpose. During the year 419 expectant mothers made a total of 1,258 attendances at these two Clinics, and in addition 15 post-natal examinations were carried out.

The training of expectant mothers in small groups in mothercraft, relaxation and correct breathing technique in preparation for confinement has continued to be undertaken by many domiciliary midwives and health visitors.

The popularity of the classes may be judged by the fact that by the end of the year the number being held regularly in different parts of the County had increased from thirteen to twenty.

Letters of appreciation from mothers who have benefited from the training are constantly received and an endeavour is being made to assess the value of the work in statistical form.

#### Winterton House.

This Rest Home for mothers with young children is gradually proving its value as a centre for education and rehabilitation, as well as providing convalescent care. During 1953 there were 88 mothers in residence for an average period of 18 days, and they were accompanied by 63 babies and 26 children over one year of age.

Of these 88 mothers, 28 were referred for admission from hospitals, 17 by general practitioners, 41 by health visitors and midwives, and two by Health Departments of other counties. A total of 12 mothers was sent from neighbouring counties, because this is the only home in the area where a mother can receive convalescent care accompanied by her young children.

Reasons for admission can be summarised as follows:—

Ante-natal care and rest ... ..	19
Post-natal rest and recuperation ... ..	26
Feeding difficulties with baby ... ..	10
Baby who had received B.C.G. ... ..	2
Teaching and rehabilitation of mother ... ..	17
Convalescence after illness ... ..	5
Mild psychiatric disorders ... ..	9
Total ... ..	88

Of the 19 ante-natal mothers, eight would have required hospital treatment if this home had not been available; and of the mothers admitted for teaching and rehabilitation six came from "problem families".

Mothercraft training is given by the Matron, who is a midwife and trained nursery nurse, and frequent visits are made to the Home by the County Health Education Organiser and other members of the staff of the Health Department, who hold discussions with the mothers and show film strips on various aspects of child care and home management. The local midwife holds a weekly ante-natal class here for relaxation exercises and mothercraft talks for mothers booked for domiciliary confinement, which the ante-natal mothers in residence also attend.



### Care of Illegitimate Children.

The agreement with the Oxford Diocesan Council for Moral Welfare for the care of illegitimate children, has been continued. All cases requiring help were referred to the appropriate area Diocesan Moral Welfare Worker, and financial assistance in approved cases, consisting of the ascertained cost of maintenance at selected institutions, less each girl's contributions from insurance and other sources, for a period of six weeks before and eight weeks after confinement was available on application to the County Medical Officer. In addition an annual grant is paid to the Diocesan Council towards the cost of case work undertaken by their Moral Welfare Workers.

Close co-operation exists between Health Visitors and Moral Welfare Workers and the arrangements continue to work quite smoothly.

Maintenance at suitable institutions was approved for 57 cases during 1953, 13 of whom were admitted to Putnam House, Aylesbury, the Maternity Home of the Mid-Bucks Association of the Oxford Diocesan Council for Moral Welfare.

### Report of the Senior Dental Officer.

The number of Dental Officers employed in the County still remains much below establishment, and in consequence it has not been possible to increase the time allocated to the dental treatment of expectant and nursing mothers and children under five years of age.

Table (h) of Section H of the report, which sets out the numbers treated during 1953, therefore shows no improvement on the previous year and does not call for further comment.

## INFANT DEATHS

### Part I. 1953 Investigation.

The total loss of infant life from stillbirth and infant death was 37.2 per 1,000 total births in 1953, which is the lowest figure yet recorded in the county.

In 1943 this infant loss was 61.1 and 1948, 47.8 per 1,000 total births. The 1953 figure represents a stillbirth rate of 17.5 per 1,000 total births and an infant mortality rate of 20.0 per 1,000 live births. The neo-natal mortality rate (infants dying before the age of 4 weeks) was 12.4.

During the year a detailed enquiry has been made into the circumstances of 105 stillbirths and 121 infant deaths occurring among the 6,052 births to residents of the county. The total number of stillbirths and infant deaths under the age of one year allocated to the county by the Registrar General was 106 and 119 respectively.

The percentage of premature infants among the total births in the county was 6.2 and prematurity continued to figure largely among causes of death in early infancy. Prematurity was associated with 42.9% of stillbirths and 55.1% of neo-natal deaths, being nearly half of the perinatal deaths.

The main causes of stillbirth and neo-natal death are set out in Table 1 in percentage of total numbers under each heading.

Table 1. Percentage distribution by cause : 1953.

Cause.	Stillbirths (105)	Neo-natal Deaths (78)	Total (183)
Unknown or prematurity only ...	25%	17%	21.3%
Congenital malformation ...	15%	15%	15.3%
Hazards of birth ...	20%	35%	26.2%
Maternal toxæmia and hæmorrhage	30%	13%	23.0%
Rhesus incompatibility ...	6%	12%	8.2%
Other maternal illness ...	4%	1%	2.7%
Infection ...	—	6%	2.7%
Other causes ...	—	1%	0.6%

Of 43 deaths in infants between the ages of one month and 12 months, 19 or 44% were due to acute infection and 14 or 33% to congenital malformation. Only three or 7% were due to accidents.



To summarise, out of 6,052 total births in 1953, 225 or 3.7% of infant lives were lost by stillbirth or death before the age of one year. The comparative figure for 1952 was 4.2%.

## Part II. Review of Infant Deaths 1949-1953.

During the five years since 1949 the circumstances of stillbirths and infant deaths under the age of one year in the county have been investigated in an endeavour to ascertain the main causes of these deaths and find where it may be possible to obtain a further saving in this wastage of infant life.

In this five year period there has been a reduction in the stillbirth rate from 19.1 to 17.5 per 1,000 total births and in the infant mortality rate from 22.5 to 20.0 per 1,000 live births. The saving of infant lives has occurred in the first month of life, as shown by the drop in the neonatal mortality rate from 15.6 to 12.4 per 1,000 live births. The death rate between one month and twelve months has remained fairly constant. Details of the above rates and of numbers of births and deaths over the five year period are set out in Table 2.

Table 2. Statistics.

	1949	1950	1951	1952	1953
Total births ... ..	6,476	6,086	6,007	6,095	6,052
Live births ... ..	6,352	5,968	5,895	5,989	5,946
Stillbirths ... ..	124	118	112	106	106
Infant deaths ... ..	143	148	145	150	119
Combined Stillbirth and Infant Mortality Rate ... ..	41.2	43.7	42.8	42.0	37.2
Infant Mortality Rate (1943: 36.2) ... ..	22.5	24.8	24.6	25.0	20.0
Stillbirth Rate (1943: 24.9) ... ..	19.1	19.4	18.6	17.4	17.5
Neonatal Mortality Rate ... ..	15.6	17.4	18.2	17.5	12.4
1-12 Months Mortality Rate ... ..	6.9	7.4	6.4	7.5	7.6
Prematurity rate total births ... ..	5.3%	5.9%	5.1%	6.7%	6.2%
Prematurity percentage neonatal deaths ... ..	58.0%	57.0%	59.0%	60.0%	55.0%
Prematurity percentage stillbirths ... ..	52.5%	31.4%	40.4%	40.6%	42.9%

### 1. Stillbirths and Neonatal Deaths.

(a) Causes of stillbirth and of infant death in the first four weeks after birth are considered together, since in the majority of cases the causal factors are similar, e.g. maternal toxæmia or birth injuries. In Table 3 these causes are set out as a percentage of the total deaths in each year.

Table 3. Causes of stillbirth and neo-natal death.

	1949 (224)	1950 (222)	1951 (215)	1952 (206)	1953 (183)
Unknown or prematurity only	20.8%	16.2%	16.7%	25.7%	21.3%
Congenital malformation ...	23.6%	12.6%	19.1%	17.5%	15.3%
Hazards of birth (injury, asphyxia, atelectasis) ... ..	26.4%	32.4%	22.3%	22.3%	26.2%
Maternal toxæmia and hæmorrhage ... ..	15.7%	24.3%	24.7%	22.8%	23.0%
Rhesus incompatibility ... ..	5.1%	4.5%	7.9%	4.4%	8.2%
Other maternal illness ... ..	3.7%	3.2%	2.3%	2.9%	2.7%
Infection ... ..	2.5%	5.4%	5.1%	4.4%	2.7%
Other causes ... ..	2.3%	1.4%	1.9%	0.0%	0.6%



Although the total number of deaths and the death rates have declined, the only reduction under any specific cause is in deaths from congenital malformation, a reduction which is seen also in deaths from this cause in the one to twelve month age group. The most frequent causes of death are maternal complications of pregnancy, prematurity and other hazards of birth to the infant.

(b) **Parity of Mother.** Approximately 40% of all stillbirths and neonatal deaths occur in first pregnancies. The incidence of stillbirth and neonatal death according to parity, for the years 1949 and 1953 are shown in Table 4.

**Table 4. Parity in stillbirths and neo-natal deaths.**

	1949	1953
1st pregnancy	40%	41%
2nd—4th pregnancy	51%	47%
5th or more pregnancies	9%	12%

In 1953, 34% of mothers who lost a baby in the "2nd to 4th pregnancy" group had a previous history of one or more pregnancies ending in foetal or infant death; in the group "fifth or more pregnancies" this figure was 23%.

These figures emphasise the need for adequate ante natal care, especially in primiparae and in those mothers with a history of previous foetal or early infant death.

## 2. Infant Deaths between One and Twelve Months.

The infant death rate in this age group has not shown any reduction during the past five years (see Table 2), and remains at a little over seven per 1,000 live births.

The main causes of death are set out below:

**Table 5. Deaths between one and twelve months.**

Cause.	1949 (37)	1950 (44)	1951 (38)	1952 (45)	1953 (43)
Infections ... ..	46%	54%	63%	39%	44%
Congenital Malformation ...	41%	34%	16%	33%	33%
Accidents ... ..	5%	5%	8%	17%	7%
Other Causes ... ..	8%	7%	13%	11%	16%

Infection is the greatest single cause of death in this age group; these deaths are analysed in Table 6 for the years 1949 to 1953. Deaths from measles and whooping cough have been reduced to a low level (In 1943—six infants died from whooping cough and one from measles), but pneumonia and other respiratory diseases still present a problem requiring further efforts for prevention.

**Table 6. Deaths from infection one to twelve months.**

Year	Measles	Whooping Cough	Pneumonia & Bronchitis	Gastro-Enteritis	Other Infection	Total
1949	1	1	7	4	4	17
1950	—	—	15	8	1	24
1951	—	1	17	4	2	24
1952	1	—	13	—	4	18
1953	1	—	10	7	1	19

Accidental deaths, though a small group, are ones which should be preventable. During the five-year period under review, there were 17 deaths due to accidents to babies between the ages of one and twelve months. Of these 17, one was the result of burns and two were due to falls. The remaining 14 deaths were due to accidental suffocation, six from pillows or bedding and eight following vomiting and inhalation of stomach contents. Babies showing evidence of infection were excluded from the last category.



### 3. Conclusions.

Although the number of stillbirths and infant deaths has decreased considerably in recent years, and these death rates in Bucks compare favourably with those for England and Wales, there is still scope for improvement. Preventive measures, which could bring about further saving of infant lives, must be applied to the main causes of death.

This review of stillbirths and infant deaths which have occurred during the past five years reveals that 83% of the total deaths took place before or within four weeks of birth, and that 49.6% of these were associated with premature birth. Hazards of birth and maternal complications of pregnancy and delivery were directly responsible for 48% of stillbirths and neonatal deaths. This emphasises the need for adequate ante-natal care and skilled attention at the time of delivery and for the new born infant. Although there has been no reduction in the incidence of premature births during this five year period, the survival rate of new born infants show a significant improvement, which is gratifying for those undertaking their care.

The death rate among older babies, between the ages of one and twelve months, has not shown any improvement. Infections, particularly pneumonia and bronchitis, account for half the deaths in this age-group, and accidents in the home were responsible for 8.5%. In both these fields, health education must be directed towards making the environment safer, by stressing the dangers of exposure to infection and other risks in the home.

Although there has been some improvement spread over the past five years, stillbirths and deaths of infants under one year of age still represent almost 4% of the total (live and still) births, and efforts to improve this figure must not be allowed to relax.

### Section 23. MIDWIVES SERVICE.

The number of midwives who notified their intention to practise in the County during 1953 was 264. Of these, 120 were working in institutions and 144 were engaged in domiciliary work.

The number of institutional deliveries during 1953 was 3,781 compared with 3,761 in 1952.

#### Domiciliary Midwives employed by Local Health Authority.

On the 31st December, 1953, the staffing position was as follows:—

Two were engaged on full-time midwifery work.

107 undertook midwifery combined with nursing duties and 46 of these also worked as part-time health visitors.

Domiciliary deliveries attended numbered 1,820 as compared with 1,834 in 1952. The following domiciliary visits were paid:—

Ante-natal	...	...	...	...	...	...	22,278
Nursing visits	...	...	...	...	...	...	39,616

The nursing visits included 3,354 visits to 579 women confined in hospital but returned home before the fourteenth day of the puerperium.

The following Central Midwives Board notifications were received from midwives during the year. These figures relate to the work of both institutional and domiciliary midwives. For the purpose of comparison the figures for the preceding year are also given:—

					1952.		1953.	
					Dom.	Inst.	Dom.	Inst.
Notice for sending for medical aid:								
Mother	...	...	...	...	323	46	370	35
Infant	...	...	...	...	83	8	73	4
Stillbirths	...	...	...	...	28	67	18	69
Deaths of Mothers	...	...	...	...	—	1	—	—
Deaths of Infants	...	...	...	...	15	24	7	49
Artificial Feeding:								
Partial	...	...	...	...	148		49	120
Complete	...	...	...	...	276		86	208

#### Premature Babies.

74 premature babies were delivered at home and of these 10 were transferred to hospital. 70 survived over a period of 28 days.

#### Analgesia.

All the midwives employed by the County Council were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board. An apparatus was available for use by every midwife and analgesia was administered during labour to 1,484 women (domiciliary confinements).

#### Relaxation Classes.

Facilities were available at 16 centres in the County for mothers to attend relaxation classes during pregnancy. In many districts the midwives gave individual instruction.



### Post-graduate work.

A County post-graduate course was held during 1953 (see Section 25), during which several lectures were given on midwifery subjects. These were much appreciated by the staff.

One midwife attended a two weeks' residential course for Midwife Teachers and four Midwives attended a week's course in relaxation exercises.

### Pupil Midwives.

Arrangements were made for 33 Pupil Midwives to receive the requisite domiciliary experience during their Part II Training. This was mainly undertaken in conjunction with approved Part II schools within the County.

## SECTION 24. HEALTH VISITING.

Over a considerable number of years, professional and public concern has been expressed over the shortage of health visitors and in 1953 the Nuffield Provincial Hospitals Trust published a Report on a study of the Work of Public Health Nurses. Following this the Minister of Health, in October, appointed a Working Party to enquire into the proper field of work, recruitment and training of health visitors.

Within this Department the number of health visitors employed still falls short of establishment but the staff position improved during the year. Three resignations were received (on account of marriage, disability due to accident and to take up appointment with another authority), and advertisement only replaced two, but four students completed their training course and joined the staff during the summer and autumn.

The staff position on the 31st December, 1953, was as follows:—

Superintendent Health Visitor ... ..	1
Deputy Superintendent Health Visitor ... ..	1
Area Superintendent Health Visitors ... ..	2
Health Education Organisers ... ..	2
Full-time Health Visitors ... ..	38
Part-time Health Visitors ... ..	1
Part-time District Nurse/Health Visitors ... ..	46
Tuberculosis Clinic Sisters ... ..	2
Student Health Visitors in training at approved training centres ... ..	6

Of the 46 District Nurse/Health Visitors, 26 hold the Health Visitor's certificate.

The Tuberculosis Clinic Sisters are engaged in technical nursing duties only.

### Staff Education.

Eight health visitors attended post-certificate courses approved by the Ministries of Health and Education. Such courses are invaluable not only for their study content, which helps to keep staff up-to-date in technical knowledge and medical science, but for the opportunity to mix with fellow workers from all parts of England and Wales and to keep abreast of current professional thought and opinion.

Full staff conferences have been held in Aylesbury from time to time and area conferences arranged more frequently to give health visitors the opportunity to report progress and changes in the scope of field work and to discuss domestic issues. Such conferences are stimulating and educative for both field workers and administrative members of the staff.

### The Care of Mothers and Young Children.

(a) **Home Visiting.** It becomes increasingly apparent that the present health needs of the community are centred round emotional and social problems of the individual rather than questions of physical care. Home visiting therefore becomes of paramount importance in the health visiting service, with particular attention focussed on the mother of the family. She must be guided to develop an awareness of the changing emotional attitudes of her family as they grow up around her, and to make every endeavour to meet their needs. Frequency of visiting must depend on the health visitor's assessment of the mother's need for guidance, on her education, leisure, financial status, self-confidence and maturity.

Individual teaching on this plane requires skill and time, time to listen as well as time to explain. The major part of the health visitor's work is carried out in the home and the value of this individual teaching cannot be overestimated.

(b) **Child Welfare Centres** are complementary to home visiting and while remaining centres for special individual consultation and medical examination are expanding to include the group teaching to which modern mothers with young children respond. Both health visitors and medical officers take part in these teaching groups and a significant trend is the popularity and increasing demand for educational films, film-strips and other visual aids.

### Care of the Aged.

Care of the aged remains a challenge and a matter of concern for health visitors who could well spend more time than is possible on the prevention of the mental and physical disabilities of



old age. Handling old people and making the right contacts for them is very time consuming, though worthwhile.

Since August the help of the geriatric almoner has been much appreciated and every effort is made to keep the home available for the return of those who require institutional care for a long or short period.

#### **Problem Families.**

Problem families demand a long-term policy of patience and teaching and a disproportionate amount of work and time in the hope that the rising generation will reap the benefit of slowly improving standards in the home and of family education.

Regular case conferences, directed by the Area Medical Officers, endeavour to co-ordinate the efforts of all workers concerned with the varying problems presented and prevent the overlapping of work and home visits which can undermine family morale and responsibility.

#### **Tuberculosis Service.**

Health visitors incorporate home visiting to tuberculosis patients as part of the overall home visiting service and in these homes special attention is directed towards prevention of spread of infection, the attitude of mind of all members of the family and the particular care of susceptible age groups. A close co-operation with the chest consultant is essential to ensure that the family understands his instructions and to indicate to him any neighbourhood and family aspects which may be of value in assessing the patient's needs. Equally close consultation is maintained with almoners and occupational therapists to prevent duplication of visits and provide complementary moral support for the family.

#### **Research.**

A local enquiry into breast feeding, undertaken in collaboration with and on behalf of one of the maternity units of the Regional Hospital Board, was completed during the year.

A full scale survey and tuberculin testing of all school children in Bletchley was carried out under the direction of the Chest Consultant.

The National Tuberculosis Vaccine Clinical Trials and the Infant Morbidity Survey demanded sustained home visiting at intervals throughout the year.

#### **Co-operation.**

A happy relationship is well established between health visitors and all other social workers, both official and voluntary, who are serving the community, and general practitioners are becoming increasingly aware of the assistance that health visitors can offer to them and to the families in their charge and in consequence are making use of their services.

Excellent liaison continues with almoners, nursing and medical staff of the Regional Hospital Boards. Arrangements have been made with two nurse training schools for a scheme to be put into effect in 1954 for senior public health nurses to take part in the teaching of student nurses and for demonstrations to student nurses of the domiciliary care of patients and of the preventive services of the Health Department.

Practical training of student health visitors has been undertaken in association with London Training Centres.

Health Visitors have attended school holiday camps organised by the Education Department and have offered a 24 hours' service, much appreciated by their teacher colleagues.

#### **Publicity and International Visitors.**

Again during 1953 information and demonstration was sought regarding the health visiting service by journalists preparing material for articles on careers for women and for B.B.C. broadcasts.

It was a pleasure to health visitors to assist in the study programmes of post-graduate students visiting this country from the Phillipines, Uganda, Iran, Thailand, Ceylon, Burma, India and Chile.

#### **Health Education.**

Activities in 1953 have been mainly directed towards consolidating the results of the past three years' effort to stimulate interest in, and establish a foundation for a progressive health education programme. The following facts would appear to indicate that these aims have now been achieved.

It can be fairly said that any measure of success is largely due to the Health Visitors in the field who have not only participated in group talks (a total of 373) but have in many instances prepared talks in their leisure time and given valuable support to the mothers' clubs. Future developments will primarily depend on their ability to sustain interest and their readiness to accept and adapt new teaching techniques to educate selected groups in healthy living. Experience in other fields has shown that it is easier to change the habits of individuals formed into groups than to change any one of them separately and, with this in mind, group talks and discussions have formed the major part of the health education programme. Over 700 discussions and demonstrations have been arranged this year and speakers have included senior members of the Health Department;



Medical, Nursing and Almoner Hospital staff; Private Practitioners, Probation Officers, Housewifery experts, Marriage Guidance Counsellors, members of the Education Department and many others. An analysis of lecture titles shows that 50% relate to **positive** health as opposed to ill-health.

**Mothers' Clubs.** Four clubs were inaugurated this year, making a total of 16. A Mothers' Clubs Conference was held in Aylesbury on June 27th and was an outstanding success with over 300 mothers attending. The Conference was presided over by His Worship the Mayor of Aylesbury and the address was given by Mrs. McKellan-Wild, the retiring president of the Association of Inner Wheel Clubs. The study project for the year was "Loyalty" and the lecture title was "Human Relationships and Loyalty."

**Fathers' Exhibition.** This was held at the Pebble Lane Clinic, Aylesbury, on July 8th, and was well attended by mothers and fathers.

The fathers made and exhibited a wide range of durable toys and a variety of home gadgets ranging from the necessary fireguard to the ingenious wool-winder. This exhibition was organised by the Health Visitors and was in itself a demonstration of the interest shown in newer methods of Health Education.

**Teaching Groups.** These continue to be established either within the framework of the child welfare centres or as an alternative session according to the needs of the area.

**Expectant Mothers' Groups.** The health education staff have inaugurated new groups throughout the County and details of classes conducted by the health visitors and domiciliary midwives are given elsewhere.

**Health Education in Schools.** Two weekly classes have been undertaken throughout the year and a number of talks given to senior girls in other schools. Classes have also been commenced in Slough College of Further Education.

**Nursery Nurse Student Groups.** The staff undertake responsibility for eight lectures weekly to those students who are qualifying for the examination of the Nursery Nurses Examination Board of the Royal Sanitary Institute.

**Lectures to Voluntary Organisations.** These groups include Parent Teachers' Associations, Women's Institutes, Youth Clubs and many other voluntary organisations.

**In Service Training.** A special course was arranged at Winterton House on "Teaching Techniques" with practical work carried out in schools with the co-operation of the Education Department. Fifteen health visitors attended the course and all but two passed the examination held at its conclusion.

The Deputy Health Education Organiser attended a Seminar and Summer School organised by the Central Council for Health Education which was held at Englefield Green.

**Visual Aids.** The department co-operated with Camera Talks, Ltd., and produced photogenic materials and scripts for three film strips. One is entitled "The Work of the Health Visitor" and the other two deal with aspects of "Child Care". All three have had very good reviews and are now in wide circulation in other counties. One has been shown in America and to the World Health Organisation Group. They were made in the districts of High Wycombe, Long Crendon and Aylesbury. Flannelgraphs and other teaching aids have been produced in the Department and a nucleus of teaching media is now in existence. This is intended to assist Health Visitors and other speakers in the preparation of talks and will eventually form part of a Visual Aid Library. A Bell & Howell sound film projector recently acquired is an extremely valuable addition.

#### Statistics.

The following statistics relate to work undertaken by health visitors during the year 1953:—

	First Visits.	Total Visits.
(a) <b>Home visits.</b>		
Expectant Mothers ... ..	3,042	3,898
Children under one year of age ... ..	6,216	33,644
Children between one and two years of age ... ..		15,955
Children between two and five years of age ... ..		28,393
Tuberculosis ... ..		3,537
Care of the Aged ... ..		1,533
Other Special Enquiries ... ..		1,074
No. of children under five visited for first time ... ..		23,736
No. of families or households visited for first time ... ..		22,047
(b) <b>Fixed Sessions.</b>		
Ante-Natal Clinics ... ..		39
Child Welfare Centres ... ..		2,601
Diphtheria Immunisation Clinics ... ..		121
Chest Clinics ... ..		1,008
E.N.T. Clinics ... ..		21
Group Teaching ... ..		840



## SECTION 25. HOME NURSING.

The total number of full-time domiciliary nursing staff employed at the 31st December, 1953, was 112.

Five were employed wholly on nursing work (including one male nurse).

107 undertook combined nursing and midwifery work. 46 of these also worked as part time health visitors.

In addition ten nurses undertook part-time duty.

16,646 new cases were attended during the year and the total number of nursing visits paid was 235,727. The following is a summary of these visits:—

Medical	...	...	...	...	...	168,190
Surgical	...	...	...	...	...	49,043
Infectious Diseases	...	...	...	...	...	3,851
Tuberculosis	...	...	...	...	...	7,402
Maternal Complications	...	...	...	...	...	2,300
Others	...	...	...	...	...	4,941

The care of old people continues to absorb a large part of the nurses' time and 46% of the above visits were paid to patients over the age of 65.

Good co-operation has been maintained with hospitals in the area but it is still felt that in some instances more use could be made of the district nursing service in place of treatment given in hospital out-patient departments.

### Training Courses.

Five nurses were sent for an approved course of district training and one for Health Visitors' Training. During the year arrangements were made for ten student district nurses from urban areas to be given three days' experience of combined work in a rural area.

### Post-graduate Course.

A post-graduate course was held during the year and a series of ten lectures was given by specialists on a variety of subjects relating to domiciliary nursing work in its widest aspect. The lectures were duplicated to enable all the staff to attend. The course was much appreciated and provided a valuable educational stimulus of which the staff took full advantage.

## SECTION 26. VACCINATION AND IMMUNISATION.

### Vaccination.

Vaccination continues to be undertaken by medical practitioners, parents making the necessary appointments with their own family doctors, and it is not envisaged that it will be necessary for it to be done at child welfare centres except in the event of an epidemic of smallpox.

The number of successful primary vaccinations during the year was 2,730, a decrease of 200 on the previous year, but this decrease was almost entirely in the adult group, following the intimation to doctors that records of vaccination or re-vaccination of persons proceeding abroad were no longer required.

Details of vaccinations carried out during 1953, as submitted on the return to the Ministry of Health, were as follows:—

Age—	Under 1.	1.	2-4.	5-14.	15 or Over.	Total.
Number vaccinated ...	2,157	160	116	124	173	2,730
Number re-vaccinated .	2	6	32	133	599	772

### Immunisation.

The Council's scheme for diphtheria immunisation continued in full operation during the year, and records were regularly received from medical practitioners in addition to immunisations carried out at Child Welfare Centres.

Details of primary immunisations and re-immunisations, divided into the two six-monthly periods are given below:—

	Half-year ended 30.6.53	Half-year ended 31.12.53	Total
Children under five years ...	2,235	2,244	4,479
Children five to fourteen years ...	90	231	321
Re-immunisations ...	2,175	4,028	6,203

Of the total of 4,800 primary immunisations, 3,970 received the combined immunisation against diphtheria and whooping cough and in addition 15 children were immunised against whooping cough only.

The usual return of immunisation in relation to child population required by the Ministry of Health was amended this year to take into account the proportion of children of each age who have received a course of immunisation as well as the age at which the course was received. To achieve this a double classification of children who had completed a full course of immunisation at any time up to 31st December, 1953, was compiled by age at inoculation, as well as by age



attained, to facilitate the calculation of the proportion of children who have been immunised during the last five years. This resulted as follows:—

Age at 31.12.53 i.e., born in year	Under 1 (1953)	1-4 (1952-1949)	5-9 (1948-1944)	10-14 (1943-1939)	Under 15 Total.
Last complete immunisation (primary or booster)—					
1949-53 ... ..	411	16,679	18,834	8,718	44,642
1948 or earlier ... ..	—	—	7,203	13,393	20,596
Estimated mid-year child population	5,980	24,320	58,900		89,200

## SECTION 27.—AMBULANCE SERVICE.

Radio Control was introduced into the ambulance service during the year, and became fully operative in June, 1953.

All vehicles, ambulances and sitting-case cars, were equipped with transmitting and receiving sets and one central control was established in new headquarters situated in Buckingham Road, Aylesbury.

The installation soon proved the advantages to be gained as a result of having vehicles under direct control at all times, and it is obvious from records kept of major diversions that there is a considerable material saving in man-hours and mileage.

Vehicles were diverted on 1,113 occasions during the period 1st September to 31st December, as a result of which it is estimated that 7,924 miles were saved.

Many of these diversions were made in response to emergency calls which were thus answered more promptly than could have been possible through normal methods.

In addition to these major diversions, radio control enabled drivers to be instructed on numerous occasions to undertake additional journeys without returning to base. The mileage and drivers' time saved as a result must have been very considerable, although it was not practicable to keep detailed records.

With the advent of radio control the opportunity was taken to revise completely the central administration of the service. Premises in Aylesbury already belonging to the County Council were adapted to provide offices, control room and accommodation for the drivers and attendants.

Early in the year steps were taken to co-ordinate the journeys undertaken by the Hospital Car Service with the whole-time vehicles of the Ambulance Service, by arranging for all requests for Hospital Car Service transport to be received first at the Ambulance Station instead of being sent direct to the local organisers. It was soon apparent that much overlapping was avoidable by combining journeys and using the larger whole-time sitting case vehicles, and by the end of the year the Hospital Car Service was practically absorbed into the Ambulance Service.

The staffing of the main stations was reviewed and with the exception of High Wycombe, two Senior Drivers now undertake duties at each station formerly allocated to a Station Officer. A female clerk is also employed at each of the main stations.

Plans were laid for new stations at Aylesbury and High Wycombe and it is hoped that a start will be made on the erection of these before the end of 1954.

The provision of a new station at Slough was also approved in principle.

During the year four new vehicles were purchased, two Bedford Light Transit Ambulances (Sitting-case cars) and two Morris Commercial Ambulances.

The agreement with the Joint Committee of the Order of St. John and the British Red Cross Society was continued for a further year and volunteers from both bodies have again given considerable help during the year, both as drivers and attendants, mainly at week-ends and nights.

The statistics which are given in Table (i) of Section H again show a considerable increase over those for the previous year.

Details of the patients carried and mileage travelled each year since the inception of the National Health Service Act on the 5th July, 1948, are given below:—

Year.	Ambulances.		Sitting Case Cars.		Hospital Car Service.		Total.	
	Patients.	Mileage.	Patients.	Mileage.	Patients.	Mileage.	Patients.	Mileage.
1948	10,195	184,686	—	—	8,582	202,560	18,777	387,246
1949	30,396	469,096	—	—	33,941	597,832	64,337	1,066,928
1950	32,239	471,019	8,468	117,041	29,159	632,291	69,866	1,220,351
1951	39,656	485,508	18,489	228,879	30,452	607,019	88,597	1,321,406
1952	47,988	530,373	26,952	301,405	28,685	547,189	103,625	1,378,967
1953	65,824	612,876	38,219	383,794	12,992	270,102	117,035	1,266,772



## SECTION 28. PREVENTION OF ILLNESS—CARE AND AFTER-CARE

### Report of the County Chest Consultant.

During the year 1953, further progress was made in the control of tuberculosis as a serious public health problem. Deaths numbered 37, a decline from 58 in 1952 and from 148 in 1947. It is gratifying to record a fall in the number of deaths occurring in the southern part of the County where, for some years, there has been an excess compared with the remainder of the county. There were only two non-pulmonary deaths. The tuberculosis death rate per 1,000 population was .09, a figure which would hardly have been thought possible a few years ago.

Notifications also showed a fall from 345 in 1952 to 310 in 1953, despite the activities of the mass-radiography units. It does appear that the peak of notifications has been passed and that the curve may be expected to fall although not to the same extent as the mortality curve. The notification regulations are adhered to much more closely than in times past. Some surgical cases, however, still escape notification and thus remain unknown to the tuberculosis physicians. There is a heavy preponderance of men both in notifications and deaths.

Owing to the high rate of notifications in the past few years, the decline in mortality and the disinclination of chest physicians to class their patients as recovered, the number on the register continues to increase and now stands at 2206.

**Treatment.** There has been no change in the arrangements for the treatment of patients with tuberculosis. It continues at home, in the beds attached to general hospitals and at Peppard, Creaton and Harefield chest hospitals. A few patients have been sent to Switzerland under the scheme of the Ministry of Health. Although there is little or no delay in providing initial treatment, the arrangements for thoracic surgery are still not entirely satisfactory.

**Prevention.** Every effort is made to examine the home contacts of cases of tuberculosis. On receiving a notification the Health Visitor visits the home where one of her duties is to arrange for the contacts to attend the clinic. There, all have an X-ray examination and adolescents and children have a tuberculin test. Those who are negative to the tests are offered B.C.G. vaccination which is very rarely refused. About four new contacts are examined each year for every new notification. In addition, a great number are re-examined at varying intervals, depending on the special circumstances of exposure to infection and other environmental influences. Vaccination has now been given for four years and so far no vaccinated person has developed tuberculosis. Copies of all death certificates containing mention of tuberculosis are sent to the office of the Chest Section and sometimes it is found that for one reason or another a person has died of tuberculosis who was not notified in life. Contacts of such persons are dealt with in the same way as ordinarily notified cases.

During the year several epidemiological studies were made amongst school children. At Bletchley and the surrounding villages 1,978, or very nearly all the school children were tuberculin tested. The arrangements involved close co-operation between the departments of public health and education and they worked very smoothly. The children were aged 4 to 17 years and amongst them 486 or about 25 per cent. were found to give a positive tuberculin reaction. There was a rapid rise in positivity after the age of 15. There were extreme variations in the positivity in different villages. For instance, in Wavendon primary school 48 per cent. of the children reacted. Despite much X-raying, no source case was found and it seems likely that at some time in the last few years tuberculous milk was being distributed in the village. At Newton Longville on the other hand only 8 per cent. of the children were positive. Dr. W. T. Bermingham examined all these 486 positive children by X-ray, but found no other evidence of tuberculosis in them; he also examined a great number of the home contacts and apart from known cases found no source cases of infection.

At Halton an open case of tuberculosis in a girl of twelve was found: it was thought that she had derived her infection from her uncle who was on the tuberculosis register in another part of the county. About the same time a boy from the same class at school came to light with a severe primary tuberculous lesion. At a later date a third child, a girl from the same class, was found to have a lesion requiring treatment. Meanwhile, the whole school and all grades of staff were examined by tuberculin test and Mass X-ray. Amongst the children the positivity rates were low except in the class from which came the original case, Class 2 of the Senior Group, as shown in the graph. Here 75 per cent. were positive in addition to the two children mentioned above who were away ill. It seems that close and repeated contact in class is more important than casual contact in corridors, lavatories, etc. The adult staff were all clear and there were only two other small radiological primary infections amongst the children. These were not sufficient to call for any treatment.

At the request of the general practitioner a similar survey was undertaken at Quainton although no source case had arisen. Eighty-seven children aged 5-13 were tested and of these 20 were positive. No radiological abnormalities were found either amongst them or the staff, who were all X-rayed. Close enquiry of the parents of the positive children revealed how difficult epidemiological studies may be. Milk delivered by the same retailer may be derived from two or more sources while, in addition, a member of the family brings home odd bottles of milk either regularly or occasionally. Children were positive whose parents declared they had always drunk tuberculin tested milk and the members of whose households were radiologically clear. It seems, therefore,



that although infection rates may be falling, yet even in village communities we are often not yet able to trace the source of infection.

Similar surveys were performed in two private schools in the Wycombe area. Of 211 children tested, 62 were positive, but no active primary infection or source case was found radiologically.

The employment of tuberculous patients presents a problem of peculiar difficulty. Part-time work is for the most part unobtainable except for nurses who, on their return to work, are usually given modified hours. Patients who are ready for full time work can nearly always find a job which suits them. Sometimes the chance of more money tempts a patient to work which is too hard and a relapse ensues. No case is known where a patient has returned to work and infected a fellow worker.

#### Report of Chest Physician to the Windsor Group Hospital Management Committee.

As forecast in my report of last year, the work at the Windsor Chest Clinic and the Slough Sub-Clinic has continued to be carried out under the strain of inadequate premises, while the new housing estates are going ahead and a heavy increase in the anti-tuberculosis programme, both clinical and preventive, becomes more imminent. The North West Metropolitan Regional Hospital Board has acknowledged the need for enlarged facilities and a new chest clinic is to be built within the grounds of Upton Hospital in the very near future. This is being designed to meet the needs involved in modern techniques. It will have its own X-ray Department, including apparatus for both full-size and miniature radiography and will be capable of handling the large numbers of people who tend to come to "open" sessions for X-ray only, according to the system in practice at Windsor over the past 18 months. This is, of course, additional to the ordinary system of appointments, which will continue as heretofore. It will also be much easier to deal with the routine examination of contacts and B.C.G. inoculation of tuberculin non-reactors, which require a good deal of space in view of their large and increasing numbers.

The tuberculosis picture in Slough seems at last to be improving. Provisional figures indicate that the death rate, which for the past two years has been double that for the rest of the County, is this year not seriously in excess. Notifications also show a drop for the first time since a more intensive programme of case-finding has been in operation. The Mass X-ray Unit has paid another visit to Slough, with a reduced rate of case-detection, which is in itself a favourable index of tuberculosis control.

#### Mass Radiography.

During the year the Mass radiography units of the Regional Hospital Boards visited the County. The Oxford Regional Hospital Board units filmed 18,720 persons, bringing to light 30 new cases of tuberculosis, a rate of 1.6 per thousand. This is perhaps more than might be expected.

In the Slough area 18,751 persons were filmed and of these 17 were found to have active tuberculosis.

Mass Radiography.						
Unit.	Number examined.			New cases of active Tuberculosis found.		
	Males.	Females.	Total.	Males.	Females.	Total.
<b>Reading.</b>						
Princes Risborough ... ..	792	879	1,671	4	2	6
Marlow ... ..	561	583	1,144	1	0	1
Quainton ... ..	131	167	298	—	—	—
<b>Northampton.</b>						
Aylesbury ... ..	4,137	3,368	7,505	7	6	13
St. John's Hospital ... ..	468	482	950	3	3	6
Marsworth ... ..	180	198	378	—	—	—
Borstal Institution ... ..	13	205	218	—	—	—
Halton ... ..	201	186	387	1	1	2
Westcott ... ..	680	249	929	—	1	1
Wolverton ... ..	3,377	1,863	5,240	1	—	1
<b>North West Metropolitan.</b>						
Slough ... ..	10,354	7,771	18,125	15	2	17
Pinewood Studios ... ..	507	119	626	—	—	—
<b>Totals ... ..</b>	<b>21,401</b>	<b>16,070</b>	<b>37,471</b>	<b>32</b>	<b>15</b>	<b>47</b>



# TUBERCULOSIS.

## Notification and Mortality.

Notifications of, and deaths from, tuberculosis during the twelve-year period 1942-53, together with death rates per thousand of the population, are given below:—

Year.	Primary Notifications.		Mortality.			
	Respiratory only.	All forms (including respiratory).	Respiratory only.		All forms (including respiratory).	
			No.	Rate.	No.	Rate.
1942	165	236	112	0.30	138	0.37
1943	158	216	131	0.36	164	0.45
1944	183	248	119	0.33	144	0.40
1945	179	240	131	0.37	157	0.44
1946	176	245	114	0.32	132	0.37
1947	266	312	135	0.37	148	0.41
1948	318	376	114	0.31	126	0.34
1949	319	380	102	0.27	112	0.30
1950	314	383	62	0.16	70	0.18
1951	309	365	56	0.14	72	0.18
1952	292	345	50	0.13	58	0.15
1953	256	310	35	0.09	37	0.09

The following are the particulars of notifications and deaths during the year under review, set out in age groups:—

Age Groups.	Primary Notifications.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	—	1	—	—	—	—	—	—
1—5	2	1	1	—	—	—	—	—
5—15	13	11	6	7	—	—	—	—
15—25	33	28	6	6	1	1	—	—
25—45	56	45	7	14	2	5	—	—
45—65	49	9	2	3	13	2	—	—
65—75	5	3	1	—	9	—	1	—
75 and over	—	—	1	—	2	—	—	1
Totals	158	98	24	30	27	8	1	1

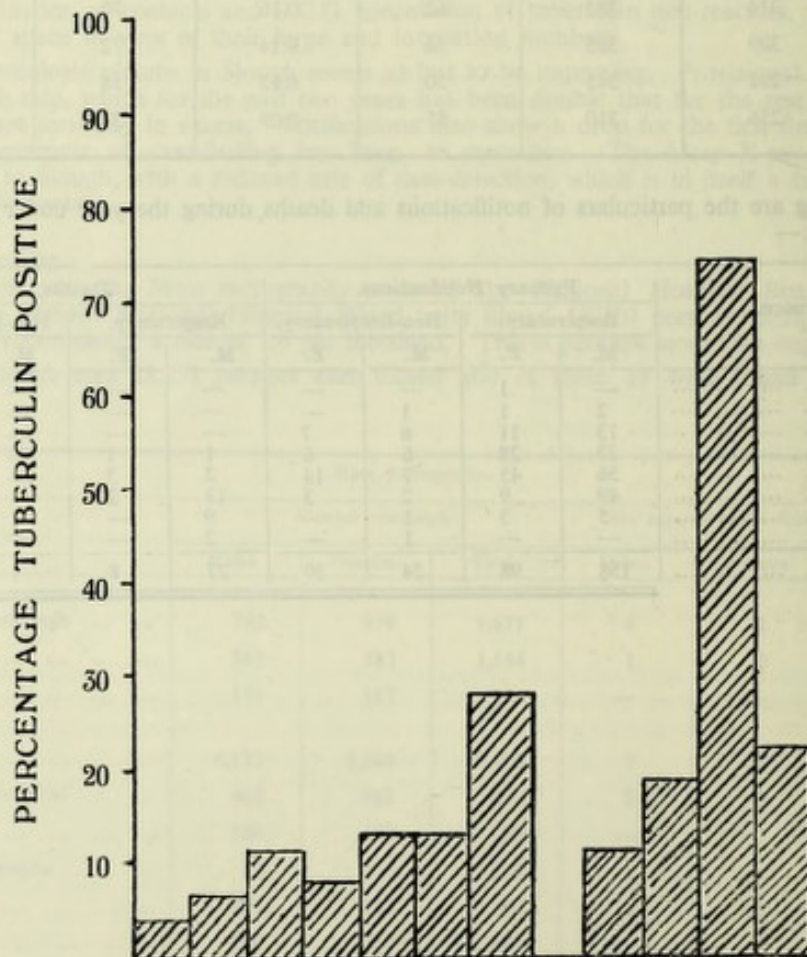


# TUBERCULOSIS.

## Halton County School.

Graph showing percentage of Scholars in Individual Classes who gave a Tuberculin Positive Reaction.

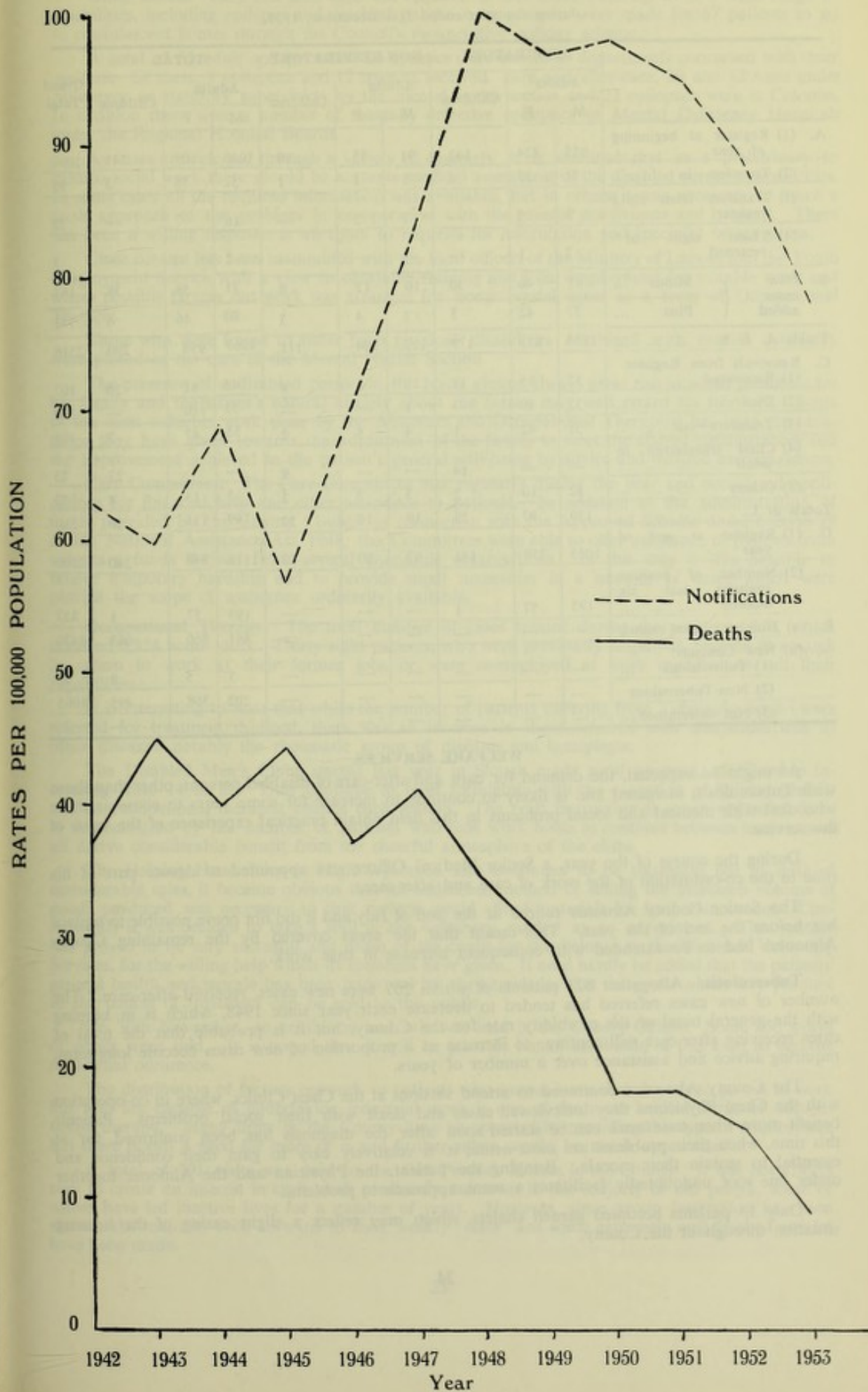
All children in the School were tested following the discovery of a Sputum Positive Case in Senior Class 2.



Group	Infants				Juniors					Seniors		
Class	1	2	3	4	1	2	3A	3B	4	1	2	3
Age	4-5	5	6	6	7	8	9	9	10-11	11	12	13-14



BUCKINGHAMSHIRE.  
TUBERCULOSIS (ALL FORMS).  
Notification and Death Rates, 1942-1953.





# RETURN RELATING TO THE WORK OF THE CHEST CLINICS

during the year ended 31st December, 1953.

	RESPIRATORY.			NON-RESPIRATORY.			TOTAL.			Grand Total
	Adults		Children	Adults		Children	Adults		Children	
	M	F		M	F		M	F		
A. (1) Register at beginning of year ... ..	955	724	142	91	85	99	1046	809	241	2096
(2) Transfers—in ... ..	51	37	4	1	1	1	52	38	5	95
(3) Transfers from child register ... ..	9	5	—	7	2	—	16	7	—	23
(4) "Lost sight of" returned ... ..	2	1	—	—	—	—	2	1	—	3
B. New cases added { Minus ...	61	46	30	10	12	8	71	58	38	167
{ Plus ...	77	42	3	3	4	3	80	46	6	132
Totals A. & B. ... ..	1155	855	179	112	104	111	1267	959	290	2516
C. Removals from Register (1) Recovered ... ..	35	35	11	11	6	9	46	41	20	107
(2) Died ... ..	32	10	—	1	—	—	33	10	—	43
(3) Transfers—out ... ..	51	42	1	4	5	2	55	47	3	105
(4) Child transferred to adult ... ..	—	—	14	—	—	9	—	—	23	23
(5) Others ... ..	12	10	2	3	3	2	15	13	4	32
Totals of C. ... ..	130	97	28	19	14	22	149	111	50	310
D. (1) Register at end of year ... ..	1025	758	151	93	90	89	1118	848	240	2206
(2) Number of positive sputums last six months ... ..	195	57	1	—	—	—	195	57	1	253
E. (a) Number of first exams. ... ..	—	—	—	—	—	—	891	866	663	2420
(b) New Contacts: (1) Tuberculous ...	—	—	—	—	—	—	3	5	9	17
(2) Non-Tuberculous ... ..	—	—	—	—	—	—	202	368	495	1065
(3) Not determined ... ..	—	—	—	—	—	—	—	—	—	—

## WELFARE SERVICES.

As might be expected, the demand for care and after-care of disabled persons, other than those with Tuberculosis, increased and is likely to continue to increase for some years to come as those who deal with medical and social problems in this field obtain practical experience of the value of the service.

During the course of the year, a Senior Medical Officer was appointed to devote part of his time to the co-ordination of the work of care and after-care.

The Senior County Almoner retired at the end of July and it did not prove possible to replace her before the end of the year. This meant that the areas covered by the remaining County Almoners had to be extended with consequent increase in case work.

**Tuberculosis.** Altogether 621 patients of whom 207 were new cases, received after-care. The number of new cases referred has tended to decrease each year since 1948, which is in keeping with the general trend of the morbidity rate for the County, but it is probable that the total of cases receiving after-care will continue to increase as a proportion of new cases become long-term, requiring advice and assistance over a number of years.

The County Almoners continued to attend sessions at the Chest Clinics, where in co-operation with the Chest Physicians they interviewed cases and dealt with their social problems. Patients benefit more when case work can be started soon after the diagnosis has been confirmed, for at this time, when their problems are most acute, it is relatively easy to gain their confidence and essential to sustain their morale. Bringing the patient, the Physician and the Almoner together under one roof undoubtedly facilitates a team approach to problems.

Only 15 patients occupied garden chalets, which may reflect a slight easing of the housing situation throughout the County.



**Other Illness.** Care and after-care was required in 248 cases suffering from a wide range of disabilities, including epilepsy and cerebral palsy. Arrangements were made for 67 patients to go to convalescent homes through the Council's recuperative holiday scheme.

A total of 52 adult epileptics and 24 spastics were known to departments concerned with their welfare. Of these, 9 epileptics and 12 spastics received care and after-care, 20 and 12 were under voluntary or statutory supervision by the mental health section and 23 epileptics were in Colonies. In addition there were a number of mentally defective epileptics in Mental Deficiency Hospitals under the Regional Hospital Boards.

As cases are referred through a variety of channels, it is essential that as a preliminary to medico-social work there should be accurate medical assessment of the disabled person's capabilities. In some cases all the required information was available, but in others it was necessary to make a fresh approach to the problem in co-operation with the general practitioner and hospital. There has been a willing response at all times to requests for information and specialist investigation.

Close contact has been maintained with the local officers of the Ministry of Labour and the Youth Employment Service with a view to obtaining training and local employment for suitable cases and where possible factory out work was arranged for home bound cases as a form of Occupational Therapy.

Those who were found to suffer from physical disabilities combined with mental deficiency were placed in the care of the Mental Health Section.

The presence of a disabled person in the home almost always gives rise to social problems for his family and the patient's natural anxiety about the future may well retard his recovery. Some of the most valuable work done by the Almoners and Occupational Therapists has been the assistance they have given towards the adjustment of the family to meet the altered circumstances and the improvement achieved in the patient's general well-being by advice and realistic encouragement.

**Care Committees.** The Care Committees met regularly during the year and considered applications for financial help and other assistance to patients. In addition to the administration of funds provided by the County Council in connection with the Approved Scheme under Section 29 of the National Assistance Act 1948, the Committees were able to offer assistance to patients from voluntary funds derived from several charitable organisations. In this way it was possible to relieve temporary hardship and to provide small necessities in a number of cases which were outside the scope of assistance ordinarily available.

**Occupational Therapy.** The total number of cases treated during the year was 330, which involved 6,374 home visits. Thirty-eight patients, who were previously employed, became fit enough to return to work at their former jobs or were re-employed at work modified to suit their capabilities.

It is interesting to note that while the number of patients suffering from Tuberculosis who were referred for treatment declined, there was an increase in those referred with disabilities due to other diseases, notably the rheumatic group of diseases and hemiplegia.

The Disabled Men's Clubs started last year in Slough made good progress, membership increasing from 14 to 22. They continue to meet fortnightly with the exception of holiday periods and an occupational therapist attends each session. The craft instruction is much appreciated, as is demonstrated by the number of patients who took work home to continue between sessions and all derive considerable benefit from the cheerful atmosphere of the clubs.

The Helping Hand Shop in High Wycombe also continued to be successful but in spite of considerable sales, it became obvious that an additional method of selling the increased volume of goods produced was necessary so that patients could afford materials for further treatment. Consequently it was decided to take a stall in the Aylesbury market as an experiment. The venture has proved to be very successful and much of the credit for this belongs to the Women's Voluntary Services, for the willing help which its members have given. It need hardly be added that the patients' general health and morale has been improved by the knowledge that the goods which they produce in the course of treatment can be sold to the public.

On 30th November, an exhibition and sale was held in the County Offices. Some £50 worth of goods were sold. It is hoped that it will be possible for an exhibition of this kind to become an annual occurrence.

The distribution of factory outwork to patients who cannot leave their homes to go out to work but who are capable of undertaking industrial work is one of the most helpful forms of occupational therapy. Many firms in the County have co-operated by providing this type of employment but there is still a need for more of it and further offers would be much appreciated.

A total of 391 visits was paid to the Old People's Homes in the County. It was not always easy to create an interest in craft work previously unknown to the majority of old people, some of whom have led inactive lives for a number of years. However, since group instruction has been started, the majority look forward to their weekly 'class' and some extremely well finished articles have been made.



## SECTION 29. DOMESTIC HELP SERVICE

The Domestic Help Scheme has continued to function satisfactorily throughout the County with the co-operation of the Women's Voluntary Services and other Voluntary Organisers. There is a full-time Organiser in Slough with a part-time assistant. The rest of the County has a Supervisor and three part-time paid Organisers.

At the end of the year there were 282 part-time home helps employed by the County and one whole-time, as compared with 387 part-time and two whole-time at the end of 1952. The total number of cases served was 1,517 as compared with 1,322 the previous year. The maternity cases increased by 49 and the aged and chronic sick by 185, whilst there was a slight decrease in the number of acute sick and tuberculosis cases attended.

Difficulty in recruiting home helps is increasing in the face of competition from the local labour market, as factories are employing part-time as well as whole-time female workers, and providing transport to and from villages. During the year an effort has been made in the rural areas to enrol home helps who can undertake more than one case, rather than recruit individually for each case as has been the tendency in the past. In view of this, whilst there was an increase in the number of cases served, the helps employed decreased by 106.

There is close co-operation between the Organisers and the Hospital Almoners, General Practitioners, Health Visitors and District Nurses in the working of the Scheme.

Conferences for home helps have been held during the year at Bletchley and High Wycombe. Attendance was limited as this was an experiment, but sixteen home helps attended each session, together with several organisers who were interested. There were two sessions in each area with lectures and demonstrations on health, hygiene and domestic matters. Those who attended much appreciated the opportunity afforded for discussing various aspects of their work.

In common with all voluntary organisations today, the W.V.S. find it difficult to recruit personnel and in some instances W.V.S. part-time organisers have been replaced on their resignation by other voluntary workers. Much is due to the untiring efforts of these voluntary and part-time helpers, whose work enables the Scheme to take its very useful place amongst the modern social services.

The number of householders assisted during the year in the various districts in the County was as follows:—

Area.	Acute Sick.	Chronic Sick.	Old Age.	Tuber- culosis.	Maternity.	Total.
Aylesbury Borough ... ..	14	17	23	2	19	75
Aylesbury Rural ... ..	9	15	13	3	13	53
Amersham Rural W. ... ..	3	3	6	—	3	15
Beaconsfield ... ..	14	—	2	—	7	23
Bourne End ... ..	2	3	5	2	10	22
Bletchley ... ..	35	25	44	2	23	129
Buckingham ... ..	7	9	22	—	9	47
Chesham ... ..	36	41	49	4	27	157
Eton Rural ... ..	1	6	—	—	1	8
Gerrards Cross ... ..	15	14	19	3	19	70
High Wycombe ... ..	34	56	54	8	55	207
Marlow ... ..	3	4	2	—	4	13
Newport Pagnell ... ..	6	15	9	2	1	33
Olney ... ..	1	4	7	—	3	15
Slough and District ... ..	63	112	137	11	42	365
Stony Stratford ... ..	8	7	19	—	1	35
Wing ... ..	1	20	17	2	2	42
Winslow ... ..	4	18	15	—	11	48
Wolverton ... ..	21	35	59	3	4	122
Wycombe Rural ... ..	6	12	9	1	10	38
Totals ... ..	283	416	511	43	264	1,517
1952 ... ..	300	449	293	66	215	1,322

## SECTION 51. MENTAL HEALTH SERVICE.

### Mental Health Section.

#### (1) Administration.

##### (a) Constitution and Meetings of Mental Health Sub-Committee.

The Mental Health Sub-Committee of the County Health Committee, which is composed of members of the Council and persons with knowledge and interest in mental health who are co-opted, continues to administer the Mental Health Services and meets four times a year.

##### (b) Staff.

The County Medical Officer is in charge of the general medical direction of the service with one of the Assistant County Medical Officers being given special responsibility for the administra-



tion of the section. Thirteen medical officers employed in the Department are available for duties throughout the County that may arise in connection with the service. Apart from the obvious advantages and economies in having a number of officers available throughout the County who may be called upon to undertake medical examinations of mental defectives, an important measure of continuity of care is possible as the majority of these officers are also approved for purposes of the Education Act for examination of educationally subnormal pupils.

During the latter part of the period under review it was found necessary to appoint a further social worker who is centred on High Wycombe and available for work in the south of the County. The senior lay administrative officer in the section also carries out duties as a social worker and is assisted by another mental health social worker based on the central office.

There are thus three petitioning officers under the Mental Deficiency Acts who also carry out duties in relation to the care and after-care of defectives and persons suffering from mental illness. The services of the Psychiatric Social Worker of St. John's Hospital, Stone, have continued to be available for special cases and this co-operation by the Hospital, although only required occasionally, is most helpful.

Nine officers, authorised to act under the Lunacy and Mental Treatment Acts, have provided a full service throughout the County. These officers are also welfare officers with duties under the National Assistance Act and, in the rural areas, Registrars of Births and Deaths. An officer on the central office staff is also available in case of emergency.

The organization of the duly authorised officers has been reviewed and consideration has been given to the way in which the duties of the Council in respect of persons suffering from mental illness can best be carried out. It is necessary that an officer should be available throughout the twenty-four hours for an unpredictable number of cases and in view of the nature of the work it is not considered desirable to increase the area covered by each officer. The nature of the officers' duties, however, permits other work to be carried out and it is considered desirable to continue the present arrangement of part-time authorised officers.

Where appropriate the Duly Authorised Officers assist in the care and after-care of persons suffering from mental illness.

The Council's responsibility to provide training for defectives is met in a limited number of suitable cases by using the services of the Department's five occupational therapists; by Occupation Centres at Slough and High Wycombe and by the agency services of the Bucks Voluntary Association for Mental Welfare home tuition scheme. Two supervisors and three assistants staff the two Occupation Centres and sixteen part-time teachers of the Voluntary Association carry out training of cases where there is no Centre. One of the assistant supervisors holds the approved Diploma for this work and the remaining staff have been recruited from persons having an interest in the training of defectives.

#### **(c) Co-ordination with Regional Hospital Boards and Hospital Management Committees.**

The Authority's officers continue to supervise patients on licence from mental deficiency institutions and during the year have visited ninety-eight patients. Co-operation with the hospital in this way has been a valuable contribution in maintaining defectives in the community until they can be considered capable of maintaining themselves without the formal protection of institution detention order. Reports required by hospitals in connection with review of orders and holiday leave for their patients are furnished by the Authority's social workers.

#### **(d) Duties Delegated to Voluntary Associations.**

The Bucks Voluntary Association for Mental Welfare has continued to provide a valuable organization of local visitors who are able to keep in touch with defectives in their homes. Of necessity, the Association's work is limited by the number of suitable voluntary workers who are willing to undertake this type of service but social problems frequently arise in the care of mental defectives within the community and where early information is received of these, or of their imminence, much important assistance is given to the social workers.

The Association also undertakes the home tuition scheme for defectives unable to attend Occupation Centres. Voluntary efforts are closely co-ordinated with official action by the Authority as the Honorary Secretary is on the staff of the Council and members of the Association's Executive Committee are co-opted to the Mental Health Sub-Committee. The Guardianship Society at Brighton continues to be responsible on behalf of the Authority for cases placed with guardians who are found and supervised by the Society. Holiday accommodation is also arranged for numerous defectives under supervision, guardianship and on licence in homes, under arrangements made by the Guardianship Society.

#### **(e) Training of Mental Health Workers.**

The size of the Authority does not permit any reserve of staff who could be seconded for training courses but one of the staff of the Occupation Centre at Slough has recently returned after completion of the year's training course.



## **(2) Work Undertaken in the Community.**

### **(a) Prevention, Care and After-Care.**

The mental hospitals serving the area of this Authority provide psychiatric out-patient clinics for discharged patients and persons not previously admitted to hospital care and the social workers of the hospitals continue to keep in touch with patients on trial at home following a period of in-patient treatment. The development of the Local Health Authority's powers in relation to the care and after-care of persons suffering from mental illness has been small due in an appreciable degree to the lack of trained psychiatric social workers and the need to preserve continuity between treatment and social care. During the year eleven persons were visited as "after-care" cases—six being referred as ex-service cases, two by mental hospitals and three from information received from other sources. None of these cases was under active supervision at the end of the year. Twelve persons suffering from mental illness who are in touch with psychiatric out-patient clinics are receiving visits from occupational therapists.

In the field of prevention of mental illness a considerable number of cases come to the notice of the social workers and duly authorised officers in respect of which little positive action may be possible or necessary but the availability of the officers to assist with information and advice is of definite service. The services of the health visitor in this respect and of health education which is referred to in another section of the Report, are also of value.

The Council's scheme under Sections 28 and 51 of the Act was amended last year to empower the Authority to assist financially in the provision of short term care for defectives in cases of urgency and eight defectives received care in hospitals (without charge to the Authority) or parents were given financial assistance from the Council to enable them to go to a private home for a period not exceeding two months.

This service enables relatives of defectives to be assisted over limited periods when they would be unable to look after the defectives at home such as during confinement of mother or her illness.

### **(b) The Lunacy and Mental Treatment Acts, 1890-1930.**

During the period under review the duly authorised officers dealt with the admission to hospital of 121 patients admitted on Summary Reception Orders, eleven as Temporary Patients and six under Section 20 of the Lunacy Act, 1890. In addition assistance was given to many of the 150 voluntary patients admitted.

A survey of the patients admitted to mental hospitals under Summary Reception Orders during the year ending 31st March, 1953, showed the following age groupings:—

	Under 65 yrs.	65-69 yrs.	70-74 yrs.	75-79 yrs.	80 yrs. and over.
Men ... ..	47	5	5	5	6
Women ... ..	51	9	7	11	10

As has been reported elsewhere the acute shortage of mental hospital beds would not exist if all senile patients and all defectives not requiring actual psychiatric care could be discharged to more appropriate accommodation.

### **(c) Mental Deficiency Acts 1913—1938.**

#### **(i) Ascertainment and statistics.**

The main source of referral is by notification under the Education Act, 1944 but an increasing number of cases is being notified by the National Assistance Board under the Scheme for the Welfare of Handicapped Persons. A number of defectives of whom no previous record is held come to the notice of the Authority after getting into social difficulties and appearing before the Courts. When the Police request, medical evidence is given to the Courts in order that persons who require care on account of mental deficiency rather than punishment for crime should be dealt with appropriately.

The following table gives particulars of cases ascertained during 1953 as defectives who were subject to be dealt with under the Mental Deficiency Acts:—



	Under age 16		Aged 16 and over		Total
	M	F	M	F	
Action taken on reports by:—					
(i) Local Education Authority on Children					
(1) While at school or liable to attend school ... ..	19	14	—	—	33
(2) On leaving special schools ...	—	5	1	1	7
(3) On leaving ordinary schools ...	10	1	—	—	11
(ii) Police or by Courts ... ..	—	—	4	—	4
(iii) Other sources ... ..	5	7	11	22	45
Total ...	34	27	16	23	100

The total number of cases on the Authority's registers on 31st December, 1953 was:—

	Under age 16		Aged 16 and over		Total
	M	F	M	F	
(i) Under statutory supervision ...	98	49	157	132	436
(ii) Under guardianship ... ..	1	—	17	11	29
(iii) In "place of safety" ... ..	—	—	—	2	2
(iv) In institutions including those on licence ... ..	40	21	266	292	619
(v) Under voluntary supervision ...	1	1	91	90	183
Total ...	140	71	531	527	1269

Cases living in the community for whom institutional care is awaited as at 31st December, were:—

	North West Metropolitan Regional Hospital Board				Oxford Regional Hospital Board			
	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M	F	M	F	M	F	M	F
(1) In urgent need of institutional care:—								
(i) "cot and chair" cases ...	2	—	—	—	5	2	—	—
(ii) ambulant low grade cases ...	—	—	—	—	7	—	—	2
(iii) medium grade cases ...	1	1	3	—	2	—	2	—
(iv) high grade cases ... ..	4	1	—	—	2	—	—	—
(2) Not in urgent need of institutional care:—								
(i) "cot and chair" cases ...	—	—	—	—	3	6	2	2
(ii) ambulant low grade cases ...	—	—	—	—	2	2	—	2
(iii) medium grade cases ...	2	—	—	—	14	2	12	6
(iv) high grade cases ... ..	1	—	1	—	2	—	1	2
Total ...	10	2	4	—	37	12	17	14
	16				80			



### (ii) Guardianship and Supervision.

Twenty-nine cases remained under guardianship at the end of the year. This form of care provides a sort of protection within the community which can be extremely useful for stable defectives either as an aid to relatives or in cases where there is no other home care available. There is unfortunately considerable difficulty in obtaining suitable homes and persons willing to act as guardian and this shortage will become increasingly felt in future as the age of the existing guardians is in the majority of cases over 60 years and in some cases over 70 years.

Defectives whose parent acts as guardian ... ..	12
Where another relative acts ... ..	2
Placed under guardianship of an officer of the authority ... ..	3
Under supervision of Guardianship Society, Brighton ... ..	5
Where guardian is not related ... ..	7
	<hr/>
	29
	<hr/>

Three guardianship orders have been made by order of the Courts.

The local visitors of the Bucks Voluntary Association for Mental Welfare have continued to assist with the supervision of defectives in their homes and the Association has undertaken for defectives the functions of the Care Committees in other spheres, making grants from voluntary funds to necessitous cases.

### (3) Training.

Occupation Centres continue to provide training for defectives from the Slough and High Wycombe areas. The Centre at Slough has now been transferred to premises occupied by the former day nursery and with minor structural alterations they provide good facilities. Twenty-nine defectives have been on the register during the year. With the increased number of children attending and alteration in location of the Centre it is no longer possible to provide transport for all children attending, but the existing transport facilities have continued to be used, and priority is given to physically handicapped defectives and those unable to reach the Centre by public transport.

In High Wycombe, the Centre which opened during the last few weeks of 1952 has continued to make good progress and the work that had been done at this Centre during the year was favourably commented upon in the report of the Inspector of the Board of Control who visited in November. Fifteen children are now on the register of this Centre.

The home tuition scheme organized by the Bucks Voluntary Association for Mental Welfare on behalf of the Authority continues to provide group training centres at Chesham, Aylesbury, and Buckingham and in November a further group was commenced at Wolverton. Twenty-three children attend these groups and where defectives cannot do so efforts are made to provide a home teacher. Sixteen cases are visited at their homes by the home teachers and fourteen by occupational therapists.

## SECTION C. NATIONAL ASSISTANCE ACT, 1948.

### PROVISION OF RESIDENTIAL AND TEMPORARY ACCOMMODATION.

#### SECTION 21. REPORT OF THE COUNTY ASSISTANCE OFFICER.

"The general position during the year regarding the provision of residential accommodation for persons needing 'care and attention' has not varied to any appreciable extent; the Council have steadily increased their accommodation, but the demand always exceeded the supply.

During the year the Council, in conjunction with the Oxford Regional Hospital Board appointed a Geriatrician and a Geriatric Almoner; the services of these officers has resulted in a more advantageous use of the available beds in hospitals and hostels. The fact remains, however, that during the period under review there were insufficient beds of all types available.

Admissions to the Council's accommodation was made in order of merit and not by the length of time on the waiting list.

The services of the Council's Physiotherapist proved very beneficial to the old people and the medical officers of the several hostels made full and continuous demands for her services.

The following shows the number of persons resident in Part III accommodation at 31st December, 1953, and in brackets, the numbers at 31st December, 1952:—

	Males.		Females.		Total.	
'Serviced' accommodation ... ..	112	(108)	67	(65)	179	(173)
Hostels (self-contained) ... ..	39	(29)	83	(72)	122	(101)
Hostels (self-contained) (Bucks Old People's Welfare Committee, W.V.S. and the Council) ... ..	37	(39)	51	(44)	88	(83)
Katherine Knapp Home (Blind Persons) ... ..	7	(6)	11	(13)	18	(19)
In various voluntary or other local authorities ... ..	29	(27)	47	(35)	76	(62)
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	224	(209)	259	(229)	483	(438)



### Temporary Accommodation

Some difficulty was experienced with homeless families, including those evicted under Court Orders. The arrangements made by the Council with Housing Authorities in the more populous areas have gone a long way in meeting this problem, but generally speaking, no satisfactory solution has been found to cover the needs of the problem as a whole.

The Council's accommodation for two families has been continuously occupied, but not by the same persons. At the 31st December, 1953, the two families consisted of two males, two females and eight children.

### Voluntary Organisations.

The County Assistance Officer continues to act as Honorary Secretary to the Bucks Old People's Welfare Committee and to the two hostels administered jointly by them and the County Council; these arrangements continue to work satisfactorily and have resulted in a large voluntary effort being co-ordinated with the Council's work for the betterment of old people.

The 'meals on wheels' service, operated by the Women's Voluntary Services on behalf of the Council, continued to provide hot meals to old persons; during the year, the number of hot meals supplied was approximately 12,000.

### General Remarks.

It is becoming apparent that the family unit is not as strong as it used to be; on the whole, in my opinion, children are not exerting themselves to look after their parents to the same extent they did a few years ago. As to the future, the population are living longer and in consequence, residential accommodation of all types for old people of all classes, houses, hospitals and hostels should be increased to keep pace with the demand."

## SECTIONS 29 and 30. WELFARE SERVICES.

### A. WELFARE OF THE BLIND.

**Registration.** The number of registered blind persons at 31st December 1953 was 593, as compared with 580 on 31st December, 1952. Of the 593 cases registered, 320 were females and 273 were males. During the year under review 69 new cases were registered and there were 19 inward transfers. Removals from the register for various reasons, e.g. death, left county, etc., totalled 75.

**Blind Population.** The ages of the blind population in the County at 31st December, 1953, are shown in the following table which is in accordance with the revised age distribution now required by the Ministry of Health. The figures in brackets relate to the previous year and are quoted for reference:—

0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and over.	Age N.K.	Total.
—	1	1	3	1	11	5	8	18	36	46	57	49	83	274	—	593
(1)	(1)	(2)	(1)	(3)	(6)	(7)	(10)	(17)	(34)	(46)	(59)	(49)	(76)	(268)	(—)	(580)

**Register of Partially Sighted Cases.** The County Council's Scheme approved by the Minister of Health provides that a register shall be kept of partially sighted cases, i.e. persons who are substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character.

The number of partially sighted cases on the register at 31st December, 1953, was 130 (71 females, 59 males), the age classification, in the form required by the Ministry, being as follows:—

0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Total
—	1	22	6	26	21	54	130

The number on the register at 31st December, 1952, was 101 (52 females, 49 males).

**Observation Register.** There were 124 cases under observation with a view to maintaining contact in the event of subsequent certification as blind or partially sighted.

During the year under review two of these cases were certified as partially sighted and seven as blind, two transferred out and four died.

**Incidence of Blindness and Partial Sight.** The following table gives particulars of the 69 blind and 30 partially sighted (P/S) cases, certified on form B.D. 8 in the County during 1953. The Table is in the form suggested by the Ministry of Health.



TABLE A.

	Cause of Disability							
	Cataract		Glaucoma		Retrolental Fibroplasia		Others	
	Blind	P/S	Blind	P/S	Blind	P/S	Blind	P/S
(i) Number of cases registered during the year ... ..	29	12	10	1	1	—	29	17
(ii) Number of cases where treatment was recommended ...	10	3	2	—	—	—	10	8
(iii) Number of cases at (ii) above which on follow up received treatment ... ..	2	1	2	—	—	—	5	4

Of the 29 cases of cataract registered as blind, 24 were over 70 years of age, and of the 10 registered cases of glaucoma, five were over 70.

In the case of the partially sighted seven of the 12 cataract cases and the one case of glaucoma were over 70 years of age.

The reports on the follow up visits indicate that the refusals for treatment for cataract were mainly on account of age, three of the registered blind cases being over 80. Of the three cataract cases registered as partially sighted, two are still under treatment. The case refusing treatment was over 80 years of age.

The history of the one case of retrolental fibroplasia revealed that it was a premature baby weighing 3lbs. 3ozs. at birth. The case is being regularly followed up and it is hoped to obtain its admission into an appropriate school in due course. The last case of retrolental fibroplasia was registered in 1951.

There is close co-operation with the hospital and home teaching services in connection with blind and partially sighted cases. In those instances where notification is received from the hospital, arrangements are made for the follow up of cases which have failed to keep appointments.

**Ophthalmia Neonatorum.** The following table is included at the request of the Ministry of Health. Both the cases notified made a good recovery. There were five ophthalmia neonatorum cases notified in 1952.

TABLE B.

(i) Total number of cases notified during the year ... ..	2
(ii) Number of cases in which:	
(a) Vision lost ... ..	—
(b) Vision impaired ... ..	—
(c) Treatment continuing at end of year ... ..	—

#### Employment.

(i) **Homeworkers.** The Royal London Society for the Blind (formerly known as The Royal London Society for Teaching and Training the Blind) operate the Homeworkers' Scheme in the County and at 31st December, 1953, there were 15 blind persons in Class A and three in Class B. The scheme has functioned quite well during the year.

The following table shows the numbers and the occupations of the homeworkers in the respective classes:—

Class A.		Class B.	
Basket Workers ... ..	6	Basketry and Seating ... ..	1
Machine Knitters ... ..	4	Machine Knitters ... ..	1
Music Teacher ... ..	1	Piano Tuners ... ..	1
Piano Tuners ... ..	4		

There was also one blind physiotherapist included by arrangement in the scheme operated by the Royal National Institute for the Blind.

(ii) **Workshop Employees.** There has been no addition during the year under review to the one female blind machine knitter from this County in the London Workshops operated by the Royal London Society for the Blind.

(iii) **Other Employment.** The Placement Service of the National Institute for the Blind has been utilised in those instances where rehabilitation and/or training was considered necessary. Unfortunately there have been very few vacancies arising in the employment field which were considered suitable for blind persons and it has proved difficult to obtain placement in two or three instances.



At the end of December 1953, there were 78 blind persons usefully employed and seven were in training.

The following table gives details of employment of blind persons:—

Agricultural Worker ... ..	1	Legal Profession ... ..	1
Basket Worker ... ..	1	Massage and Physiotherapy ...	2
Upholsterers ... ..	2	Mat Makers ... ..	3
Boot Repairers ... ..	1	Office Executive ... ..	1
Carpenters and Woodworkers ...	1	Piano Tuners ... ..	2
Clerks and Typists ... ..	6	Porters, packers and cleaners ...	4
Craft Instructors ... ..	2	Poultry Keepers ... ..	2
Dealers and Shopkeepers ... ..	6	School Teachers ... ..	1
Domestic Workers ... ..	1	Telephone Operators ... ..	7
Factory Operatives ... ..	23	Open Employment other than	
Firewood Workers ... ..	1	already catalogued ... ..	6
Gardeners ... ..	2	Miscellaneous ... ..	2

**Home Teaching Service.** The following is a summary of work carried out through the home teaching service during the period 1st January to 31st December, 1953.

Total Number of Visits paid ... .. 6,261

Total Number of Lessons given:—

Braille ... ..	169	Stringbag ... ..	30
Moon ... ..	82	Typewriting ... ..	3
Rug Making ... ..	1	Handwriting ... ..	5
Leatherwork ... ..	3	Stool Seating ... ..	5
Cane and Basket Work ... ..	37	Knitting ... ..	2

**Social Centres.** There has not been any addition during the year to the number of centres already established in the County. Great interest in the various activities is being shown by the blind persons, helpers and friends attending the respective centres.

The following are particulars of the centres operating in the County:—

Place.	Type.	Centre Days.	Average Attendance.
Aylesbury.	Social.	Alternate Tuesdays	30
Chesham.	Social.	Alternate Mondays	80
Wolverton.	Social.	Alternate Tuesdays	45
Wycombe.	Social.	1st and 3rd Tuesdays	20
Slough.	Social.	3rd Tuesdays	35

**General Social Welfare.** The respective Divisional Committees, in conjunction with the County Executive Committee of the Bucks Association for the Blind have maintained their activities in connection with the general social welfare for blind persons in the County. Outings and social gatherings have been arranged and there continues to be a good demand for handicraft materials which are supplied at cost price. Blind aids of many types have also been provided free or at reduced charges by the Association.

**Katharine Knapp Home for the Blind.** During the year under review the accommodation has been well utilised. At the 31st December, there were 18 permanent residents and 1 holiday case in the Home. One resident was in hospital.

Twenty-four blind persons from various parts of the County spent holiday periods in the Home during 1953.

During the year the residents have continued to receive visits from local organizations who have provided varied programmes of entertainment. For the annual outing the residents, staff and friends paid a visit to Whipsnade Zoo.

The Management Committee have approved a proposal to make adjustments at the Home which would provide accommodation on the ground floor for three additional female patients. The work is well in hand and the expenditure in connection with the necessary structural alterations is being defrayed by the Bucks Association for the Blind.



## B. DEAF AND DUMB.

Welfare Services for the Deaf and Dumb are provided by the County Council through the agency of the Oxford Diocesan Council for the Deaf and Dumb.

A whole-time Missioner and Welfare Officer is employed by the Diocesan Council for work mainly in this County.

The number of cases on the register at the 31st December, 1953, together with corresponding figures for the previous year are shown in the following Table:—

**Deaf and Dumb.**  
**Number of Cases on Register at 31st December.**

Year	Under 5		5—15		Over 15		Total		Grand Total
	M	F	M	F	M	F	M	F	
1953	—	—	23	14	86	78	109	92	201
1952	1	3	24	12	83	81	108	96	204

From the reports received from the Missioner it is evident that the social clubs operating in the County are providing a useful medium for assisting the deaf and dumb. The following is an indication of the scope of activities at the various centres:—

**Slough.** Meetings are held weekly on Wednesdays and Saturdays. Coach outings to deaf centres in other Counties and return visits are arranged. In addition to the many activities of a social nature, the religious side is catered for by holding special services every month.

**High Wycombe.** The club is held monthly and the activities include outings in conjunction with the Slough Club. Visits to film shows and periodical parties are also arranged. On the religious side monthly evening services are held.

**Aylesbury.** The club is held monthly and activities include visits to film shows, coach outings, parties, etc. Religious services are held monthly.

Every encouragement is given to the deaf and dumb to take part in all activities both in the social and religious fields and the response appears to be most encouraging.

Consideration is being given to the possibility of providing social activities for deaf and dumb persons in the north of the County.

The following table gives an indication of the services carried out during the year by the Missioner and Welfare Officer on behalf of deaf and dumb cases in the County.

No. of Religious services conducted	61	Interpretations at doctors' consultations	4
No. of socials attended	66	No. of personal interviews	80
No. of visits to Hospital cases	34	Visits paid in connection with employment	37
No. of visits to Mental Hospital cases	10	Employment obtained for	3 Men 4 Women
No. of Home Visits paid	321	No. of attendances at Meetings	24
No. of visits to deaf/ blind	2	Miscellaneous visits	63

## SECTION D. SANITARY CIRCUMSTANCES OF THE AREA.

### (i) Water Supply.

The Water Undertakers in the County fall into three classes, (1) The Bucks Water Board,

(2) Local Authorities, (3) Water Companies.

Over half the County area is now supplied by the Bucks Water Board which has five constituent authorities—the Bucks County Council and the Rural District Councils of Aylesbury, Buckingham, Wing and Winslow. The Board's area of supply also includes the Borough of Aylesbury, the Urban District of Tring and small parts of the Rural Districts of Amersham, Berkhamsted and Wycombe. The statutory area of the Board covers 405 square miles with a population of approximately 96,000. The Engineer of the Bucks Water Board has kindly supplied the following information:—



"The Board's main sources of supply are situated at Wendover, New Ground, Hawridge and Battlesden. The Wendover source lies between Wendover and Great Missenden, New Ground between Tring and Berkhamsted, while Hawridge lies just north of Chesham. These are all chalk sources and at Wendover no treatment beyond simple aeration and routine chlorination is required. The Battlesden source, which lies in Bedfordshire, supplies water from greensand boreholes; here aeration, sedimentation and rapid gravity filtration is the order of treatment.

In addition to the above the Board also operates several sources which formerly belonged to the Rural Districts Water Company—the chief of these is that at Hampden Bottom. A new borehole was sunk here during the year and early in 1954 a new main will be laid to convey an increased quantity of water from this site.

The newest of the Board's sources is that at Foxcote, near Buckingham, where water is abstracted from the River Great Ouse and which came into operation during the year. From the 1st October, 1953 regular supplies were commenced to the Wolverton and Newport Pagnell Urban Districts and to the Rural District of Brackley. With effect from 1st January, 1954, a regular supply is being made available to the Towcester Rural District.

The Foxcote works include a fully equipped laboratory and the Board has now commenced to collect and analyse their own samples of water throughout their district. This represents a very important stage in the rapid growth and development of the Board.

During the year regular samples of water have been taken both from consumers' taps and from various sources. The results of these samples indicate that the water supplied by the Board conforms to the high standard of that required from any public supply authority."

In view of the predominance of the Bucks Water Board in Mid and North Bucks only a few Local Authorities in the North have their own Water Undertaking, while in the South of the County Water Companies predominate.

The Local Authorities in the County are served by the Water Undertakers shown below:—

Local Authority.	Water Undertakers.
<b>BOROUGHES.</b>	
Aylesbury ... ..	The Bucks Water Board.
Buckingham ... ..	Buckingham Borough Council.
Slough ... ..	Slough Borough Council.
	The Burnham Water Company.
	The Slough Estates, Ltd.
Wycombe ... ..	Wycombe Borough Council.
<b>URBAN DISTRICTS.</b>	
Beaconsfield ... ..	Rickmansworth and Uxbridge Valley Water Company.
	The Marlow Water Company.
Bletchley ... ..	Bletchley Urban District Council.
Chesham ... ..	Chesham Urban District Council.
	Rickmansworth and Uxbridge Valley Water Company.
Eton ... ..	Borough of New Windsor.
Linslade ... ..	Linslade Urban District Council.
Marlow ... ..	The Marlow Water Company.
Newport Pagnell ... ..	Newport Pagnell Urban District Council.
Wolverton ... ..	Wolverton Urban District Council.
<b>RURAL DISTRICTS.</b>	
Amersham ... ..	The Bucks Water Board.
	Rickmansworth and Uxbridge Valley Water Company.
Aylesbury ... ..	The Bucks Water Board.
Buckingham ... ..	The Bucks Water Board.
Eton ... ..	Rickmansworth and Uxbridge Valley Water Company.
	Slough Borough Council.
	The Burnham Water Company.
	The South-West Suburban Water Company.
Newport Pagnell ... ..	Newport Pagnell Rural District Council.
	Stoke Goldington Water Company.
Wing ... ..	The Bucks Water Board.
Winslow ... ..	The Bucks Water Board.
Wycombe ... ..	Wycombe Rural District Council.
	Wycombe Borough Council.
	Rickmansworth and Uxbridge Valley Water Company.
	The Bucks Water Board.
	The Marlow Water Company.



# RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944 and 1951.

A total of 24 schemes of Water Supply submitted by Rural District Councils received County Council approval for the purposes of the Rural Water Supplies and Sewerage Act, 1944 and at 31st December, 1953 had reached the stage shown below:—

## SCHEMES OF WATER SUPPLY.

### PROGRESS REPORT TO 31st DECEMBER, 1953.

Local Authority.	Parish	Total Est. Cost.	Percentage of Scheme completed.
		£	
Amersham R.D.C. ... ..	Ashley Green ... ..	1,667	100%
	Chartridge ... ..		
	Cholesbury ... ..		
	Coleshill (Amended) ... ..	100	100%
	Chalfont St. Giles ... ..	570	100%
	Latimer ... ..	460	100%
	Gt. and Lt. Missenden ... ..	2,785	100%
Aylesbury R.D.C. ... ..	Penn ... ..	370	100%
	Oakley ... ..	1,300	—
Birchmoor Joint Committee ... ..	Wellwick ... ..	650	100%
	Woburn Sands ... ..	72,250	70%
Buckingham R.D.C. ... ..	Butler's Holt ... ..	650	100%
	East Claydon ... ..	1,902	100%
	Middle Claydon ... ..		
Eton R.D.C. ... ..	Burnham (Littleworth Common) ... ..	439	100%
	Dorney (Boveney) ... ..	1,760	100%
	Dorney (Lake End) ... ..	198	100%
	Taplow ... ..	10,066	100%
	Wraysbury (Nursery Lane) ... ..	360	100%
Newport Pagnell R.D.C. ... ..	Cold Brayfield ... ..	2,400	—
	East End, North Crawley ... ..	3,000	—
	Great Linford ... ..	6,700	33%
	Loughton ... ..	2,200	—
	Moulsoe Link Main ... ..	4,000	100%
	Olney ... ..	3,239	100%
	Olney Park ... ..		
	Warrington ... ..	3,200	100%
	Regional Water Supply Scheme ... ..	129,700	—
TOTAL ...		£249,966	

## (ii) Sewerage and Drainage.

The Rural Water Supplies and Sewerage Act, 1944, enables the Ministry of Housing and Local Government and the County Council to make financial contributions towards schemes of water supply, sewerage and sewage disposal in rural localities. The Act requires Local Authorities to consult the County Council before submitting schemes to the Minister and to report to the Minister the observations, if any, of the County Council. This arrangement enables the County Council to express their views on the scope of schemes in their area and to encourage and assist local authorities in considering and determining the scope of comprehensive schemes when circumstances indicate that such schemes are preferable to a more local solution.

The Rural District Councils have made a good response to the facilities provided by the Act and in many cases have employed consulting engineers for the preparation of suitable schemes. The following list shows the schemes submitted to the County Council since the Act came into operation and which have received conditional approval for the purposes of Section 2(2) of the Rural Water Supplies and Sewerage Act, 1944.



RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944 and 1951.

List of Schemes submitted under the Act to 31st December, 1953.

(1)	(2)	(3)	(4)	
Local Authority.	Parish.	Population provided for.	Total for each Authority.	
Aspley Guise Joint Committee ...	Wavendon ... ..	600	2,200	
	Woburn Sands ... ..	1,600		
Aylesbury R.D.C. ... ..	Dinton ... ..	485	7,667	
	Hardwick and Weedon ... ..	682		
	Kingswood and Grendon Underwood ... ..	400		
	Long Crendon ... ..	1,400		
	Ludgershall ... ..	300		
	Oakley ... ..	450		
	Oving ... ..	345		
	Quainton ... ..	1,200		
	Stoke Mandeville ... ..	815		
	Stone ... ..	630		
	Upper Winchendon ... ..	160		
	Worminghall and Ickford ... ..	800		
Buckingham R.D.C. ... ..	Adstock ... ..	300	4,250	
	Akeley ... ..	350		
	Charndon ... ..	700		
	Marsh Gibbon ... ..	600		
	Padbury ... ..	500		
	Thornborough ... ..	550		
	Tingewick ... ..	800		
	Twyford ... ..	450		
Eton R.D.C. ... ..	Farnham Royal ... ..	14,240	34,860	
	Hedgerley ... ..			
	Stoke Poges ... ..			
	Stoke Common ... ..			
	Wexham ... ..	8,000		
	Fulmer ... ..			
	Denham ... ..			
	Dorney ... ..	3,620		
	Taplow ... ..			
	Datchet ... ..	9,000		
	Wraybury ... ..			
	Horton ... ..			
Newport Pagnell R.D.C. ... ..	Bow Brickhill ... ..	450	Revised Schemes.	
	Bradwell ... ..	600		
	Castlethorpe ... ..	700		
	Emberton ... ..	470		
	Hanslope ... ..	1,300		
	Lavendon ... ..	630		
Wing R.D.C. ... ..	Cheddington and Marsworth ... ..	856	4,150	
	Dagnall ... ..	375		
	Horton ... ..	60		
	Ivinghoe Aston ... ..	195		
	Ivinghoe (Great Gap) ... ..	42		
	Littleworth and Burcott ... ..	352		
	Northall ... ..	245		
	Pitstone ... ..	436		
	Rowsham ... ..	133		
	Slapton ... ..	175		
	Soulbury ... ..	675		
	Stoke Hammond ... ..	350		
	Wingrave ... ..	400		
	Winslow R.D.C. ... ..	Drayton Parslow ... ..		450
Granborough ... ..		500		
Great and Little Horwood ... ..		1,000		
North Marston ... ..		500		
Stewkley ... ..		1,300		
Swanbourne and Mursley ... ..		1,100		
Winslow ... ..		2,000		
Wycombe R.D.C. ... ..	Princes Risborough ... ..	6,000	22,000	
	Wooburn Valley Scheme ... ..	16,000		
Total ... ..		86,271	86,271	



Of the 54 schemes of main drainage submitted by Rural District Councils under the Rural Water Supplies and Sewerage Act, 1944, the following 20 schemes had at 31st December, 1953, reached the stage shown below:—

#### SCHEMES OF SEWERAGE AND SEWAGE DISPOSAL.

##### Progress Report to 31st December, 1953.

Local Authority.	Scheme.	Total Est. Cost.	Percentage of Scheme Completed.
		£	
Aylesbury R.D.C. ... ..	Stone ... ..	15,400	100%
	Stoke Mandeville ... ..	36,500	100%
	Worminghall and Ickford ... ..	42,903	70%
Buckingham R.D.C. ... ..	Tingewick ... ..	20,900	100%
	Thornborough ... ..	35,500	100%
Eton R.D.C. ... ..	Denham (Aproximately 50% of Scheme) ... ..	202,154	90%
Wing R.D.C. ... ..	Great Gap, Ivinghoe ... ..	2,320	100%
	Ivinghoe Aston ... ..	9,650	95%
	Littleworth & Burcott ... ..	31,000	100%
	Marsworth ... ..	17,250	100%
	Pitstone ... ..	24,150	100%
	Slapton (Church Road) ... ..	5,550	100%
	Soulbury ... ..	30,850	100%
	Wingrave (50% of village) ... ..	23,450	75%
Winslow R.D.C. ... ..	Drayton Parslow ... ..	15,800	100%
	North Marston ... ..	20,000	100%
	Stewkley ... ..	35,000	100%
	Winslow ... ..	22,200	100%
	Great & Little Horwood ... ..	29,500	100%
Birchmoor Joint Committee	Wavendon ... ..	61,000	30%
	Woburn Sands ... ..	9,400	100%
	(First instalment)		
TOTAL ...		£690,477	

There remain therefore 34 approved Main Drainage schemes yet to be commenced.

#### (iii) Housing.

The progress report showing the position of the Bucks Rural Housing Survey as at 31st December, 1953, in each of the rural districts of the County is set out below.

#### HOUSING SURVEY

##### Progress Report to 31st December, 1953.

	Amer.	Ayles.	B'ham.	Eton.	N. Pag.	Wing.	W'nslow.	Wyc.	Total.
Estimated total number of houses to be surveyed ...	3,313	4,400	2,181	5,768	4,780	2,745	1,650	7,749	32,586
Houses inspected and classified in accordance with the Hobhouse Report:—									
CATEGORY CLASSIFICATION.									
1. Satisfactory in all respects ... ..	392	423	81	2,938	2,497	1,432	509	2,836	11,108
2. Minor defects only ...	691	246	265	1,724	873	836	345	2,772	7,752
3. Requiring structural alteration or repair ...	984	1,700	323	638	375	194	407	1,071	5,692
4. Suitable for reconditioning ... ..	347	624	141	348	126	98	57	134	1,875
5. Unfit for habitation and requiring demolition ...	381	587	241	120	126	185	46	936	2,622
NUMBER OF HOUSES remaining to be surveyed ... ..	518	820	1,130	—	783	—	286	—	3,537
	3,313	4,400	2,181	5,768	4,780	2,745	1,650	7,749	32,586



With reference to new housing, the Ministry of Health commenced publication of Housing Progress Reports in January, 1946. The following table shows the progress made by the Local Authorities in Bucks to 31st December, 1953.

**New Housing—Summary of Progress to 31st December, 1953.**

Local Authorities.	Temporary Houses Completed.	Permanent Housing				Total Permanent Houses Completed.	War Destroyed Houses Rebuilt.
		Local Authorities.		Private Builders.			
		Under Construction.	Completed.	Under Construction.	Completed.		
<b>BOROUGHES.</b>							
Aylesbury ...	147	144	1,271	42	191	1,462	—
Buckingham ...	15	20	162	2	42	204	—
High Wycombe	50	187	1,753	97	354	2,107	—
Slough ... ..	400	78	1,375	79	207	1,582	16
<b>URBAN DISTRICTS.</b>							
Beaconsfield ...	—	49	294	45	165	459	—
Bletchley ... ..	—	72	1,068	13	89	1,157	—
Chesham ... ..	35	171	350	51	124	474	—
Eton ... ..	12	28	183	8	44	227	1
Linslade ... ..	—	8	158	15	52	210	—
Marlow ... ..	—	34	231	23	88	319	1
Newport Pagnell	—	4	124	—	16	140	—
Wolverton ...	90	30	254	2	48	302	—
<b>RURAL DISTRICTS.</b>							
Amersham ...	90	89	1,242	252	769	2,011	12
Aylesbury ...	—	195	899	74	226	1,125	—
Buckingham ...	49	8	258	5	74	332	—
Eton ... ..	—	125	1,072	90	556	1,628	20
Newport Pagnell	—	56	386	16	149	535	—
Wing ... ..	—	43	420	9	96	516	1
Winslow ... ..	—	39	261	20	65	326	—
Wycombe ...	80	276	1,639	177	357	1,996	—
Totals ... ..	968	1,456	13,400	1,020	3,712	17,112	51

## SECTION E. INSPECTION AND SUPERVISION OF FOOD.

The Chief Inspector submits the following report for 1953.

### (i) Food and Drugs (Compositional Quality).

1,383 samples of food and drugs were procured. The bulk of them were of milk and the general samples included:—

Spirits, Beer, Wines, Cocktails, Tea, Cocoa, Coffee, Coffee Mixtures, Pickles, Sauces, Butter, Cheese, Lard, Suet, Cooking Fats, Chocolate and Sugar Confectionery, Jam and other Preserves, Seasoning, Stuffing, Cereals, Flour, Flour Confectionery, Cake, Pudding Mixtures, Minerals, Soft Drinks, Sausages, Tinned Meats, Jellies, Blanc-mange and Dessert Powders, Ice Cream, Colouring and Flavouring Materials, and Drugs and Medicines.

422 samples were submitted to the Public Analyst who reported adversely upon 21 of them. The remaining 961 were milk samples tested by the Inspectors in the Department's laboratory and found to be genuine or to vary but slightly from the standard laid down by the Sale of Milk Regulations. The 422 samples sent to the Public Analyst included 34 samples of milk, comprising 21 suspected of adulteration and 13 consequential "follow-up" samples, i.e., taken on "appeal to cow" or in course of delivery.

In accordance with the arrangements for the supervision of the milk supplies under the Milk in Schools Scheme, 418 informal samples were procured from the milk delivered to schools. Three were slightly deficient in fat. In addition, samples of milk were taken at the various institutions in the county, and on behalf of Hospital Management Committees, Educational Establishments, Residential Nurseries, School Canteens and Children's Homes.

The proportion of samples adversely reported upon by the Public Analyst rose from 8.24 per cent in 1950, to 10.19 per cent in 1951 and to 12.43 per cent in 1952 and fell to 4.97 per cent in the present year.



There were three cases before the Courts during the year and the fines and costs amounted to £10 6s. 0d. They were in respect of adulterated milk.

(ii) **Food and Drugs Acts and Milk and Dairies Regulations. (Bacteriological Quality).**

1,462 samples of milk, involving 17,936 cows were taken from farms for biological examination to detect the presence of tubercle infection; the same samples were also tested biologically for brucella abortus or brucella melitensis. 172 were infected (31 with tubercle bacilli and 141 with brucella). The appropriate District Medical Officers were informed of the infections immediately they were discovered so that human consumption of the infected milk in its raw state could be prevented.

A further 61 samples were procured from the raw milk delivered to schools in connection with the supervision of milk under the Milk in Schools Scheme. None of these were found tuberculous nor brucella infected. In addition, 368 samples of "Pasteurised" milk delivered to schools were checked; 14 were unsatisfactory in varying degrees due to under heat treatment or careless handling on the part of the distributors. The causes were brought to the notice of the processors and were promptly rectified.

The Ministry of Agriculture and Fisheries reported that following upon reports made to them by the Chief Inspector's staff, 33 cows were slaughtered during the year.

The milk of three cows suffering from other diseases affecting the milk was prohibited from sale by the Chief Inspector.

287 check-samples of "Pasteurised" milk were procured from 11 pasteurising plants licensed by the County Council where approximately 14,000 gallons of milk are pasteurised daily. Of these, only 17 samples were found to be unsatisfactory, due to temporary faults which were promptly corrected.

## **SECTION F. PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.**

### **1. Poliomyelitis.**

The number of confirmed cases of poliomyelitis notified during the year showed a considerable decrease, being 56 compared with 104 the previous year. Of the 56 cases, 28 were paralytic and 28 non-paralytic.

The cases notified were distributed throughout the County, 21 from Urban and 35 from Rural Districts.

### **2. Diphtheria.**

As mentioned earlier in the Report, no death from diphtheria occurred for the sixth year in succession, and in fact there was not a single confirmed case of diphtheria notified during the year.

### **3. General.**

Details of all cases of infectious diseases notified during the year are set out in Table (g) of Section H.

## **SECTION G. GENERAL.**

### **1. Public Health Act, 1936.**

#### **Registration of Nursing Homes.**

One Nursing Home was registered for the first time during the year and three closed voluntarily, leaving a total of 23 on the register at the end of 1953.

These 23 Nursing Homes provided for 68 maternity beds and 223 others, making a total of 291.

A complete list of registered Nursing Homes is contained in Table (b) of Section H.

### **2. Nurseries and Child-Minders Regulation Act, 1948.**

This Act, which came into force in 1948, provides for the registration and inspection of places such as private day nurseries, in which children are cared for by the day, and the registration in certain cases of persons known as daily minders, who look after other peoples' young children in their own homes.

During the year 1953 there was one new registration of premises, providing for twenty children. Three daily minders, allowed to care for fifteen, eight and six children respectively, were also registered, and one registration providing for eight children was cancelled on removal from the County of the person registered.

The number registered at the end of 1953 was as follows:

	Number Registered.	Number of Children provided for.
Premises ... ..	6	102
Daily Minders ... ..	8	73



# SECTION H.—TABLES, ETC.

## (a) LIST OF SANITARY AUTHORITIES.

DISTRICT.	MEDICAL OFFICER OF HEALTH.
<b>URBAN DISTRICTS.</b>	
Aylesbury, Borough of .....	J. T. C. SIMS-ROBERTS, M.B., Ch.B., D.P.H., Barrister-at-Law.
Beaconsfield .....	T. P. EVANS, M.R.C.S., L.R.C.P., D.P.H.
Bletchley .....	D. H. WALDRON, M.D., B.Ch., B.A.O., D.P.H.
Buckingham, Borough of .....	D. H. WALDRON, M.D., B.Ch., B.A.O., D.P.H.
Chesham .....	T. P. EVANS, M.R.C.S., L.R.C.P., D.P.H.
Eton .....	G. M. HOBBS, M.B., Ch.B., D.P.H.
Linslade .....	D. H. WALDRON, M.D., B.Ch., B.A.O., D.P.H.
Marlow .....	A. J. MUIR, M.B., Ch.B., B.Hy., D.P.H.
Newport Pagnell .....	C. H. F. BAILEY, M.R.C.S., L.R.C.P.
Slough, Borough of .....	M. A. CHARRETT, M.R.C.S., L.R.C.P., D.P.H.
Wolverton .....	D. W. A. BULL, M.D., M.R.C.S., L.R.C.P.
Wycombe, Borough of .....	A. J. MUIR, M.B., Ch.B., B.Hy., D.P.H.
<b>RURAL DISTRICTS.</b>	
Amersham .....	T. P. EVANS, M.R.C.S., L.R.C.P., D.P.H.
Aylesbury .....	J. T. C. SIMS-ROBERTS, M.B., Ch.B., D.P.H., Barrister-at-Law.
Buckingham .....	D. H. WALDRON, M.D., B.Ch., B.A.O., D.P.H.
Eton .....	G. M. HOBBS, M.B., Ch.B., D.P.H.
Newport Pagnell .....	C. H. F. BAILEY, M.R.C.S., L.R.C.P.
Wing .....	D. H. WALDRON, M.D., B.Ch., B.A.O., D.P.H.
Winslow .....	J. T. C. SIMS-ROBERTS, M.B., Ch.B., D.P.H., Barrister-at-Law.
Wycombe .....	A. J. MUIR, M.B., Ch.B., B.Hy., D.P.H.

## (b) REGISTERED NURSING HOMES.

DISTRICT.	NAME AND ADDRESS.	DESCRIPTION.
ADSTOCK	Rose Villa, Adstock	Aged, Infirm.
AYLESBURY	The Gables, 123, Wendover Road Aylesbury	Maternity, Medical, Aged, Infirm.
BEACONSFIELD	Kinellan Nursing Home, Penn Road, Beaconsfield	Maternity, Medical, Minor Surgical, Aged, Infirm.
BEACONSFIELD	St. Joseph's, Candlemas Lane, Beaconsfield	Maternity, Medical, Convalescent, Aged, Infirm.
BEACONSFIELD	Bryn Glyn, Penn Road, Beaconsfield	Medical, Convalescent, Aged, Infirm.
BEACONSFIELD	Resslyn, Ledborough Lane, Beacons- field	Acute and Minor Surgical, Medical, Convalescent, Aged, Infirm.
BLETCHLEY	Red House Bungalow, High Street, Bletchley	Maternity.
*BOURNE END	Fieldhead, Bourne End	Aged, Infirm.
BURNHAM	Hitcham Place, Burnham	Voluntary, temporary, and certified patients under the Mental Treat- ment Act, 1930.
FARNHAM COMMON	Withyfield, Green Lane, Farnham Common.	Maternity, Medical, Convalescent, Aged, Infirm.
GERRARDS CROSS	Chalfonts Nursing Home, Packhorse Road, Gerrards Cross	Maternity, Acute and Minor Surgical, Medical, Aged, Infirm.
GERRARDS CROSS	White House (Annexe to Chalfonts), North Park, Gerrards Cross	Maternity, Medical, Convalescent, Aged, Infirm.
GERRARDS CROSS	Dawn House, South Park, Gerrards Cross	Medical, Convalescent, Aged, Infirm.
GREAT LINFORD	The Rectory, Great Linford	Convalescent, Aged, Infirm.
GREAT MISSENDEN	Woodlands Park, Aylesbury Road, Great Misenden	Convalescent, Aged, Infirm.
HIGH WYCOMBE	749, London Road, High Wycombe	Convalescent, Aged, Infirm.
NEWPORT PAGNELL	Highfield, Tickford Street, Newport Pagnell	Convalescent, Aged, Infirm.
OLNEY	90, High Street, Olney	Maternity.
OLNEY	Gresham House, Weston Road, Olney	Aged, Infirm.
SLOUGH	Parkside Nursing Home, Upton Court Road, Slough	Convalescent, Aged, Infirm.
SLOUGH	Heathfield Nursing Home, 10, Uxbridge Road, Slough	Aged, Infirm.
STOKE POGES	Fulmer Grange, Stoke Poges	Medical, Minor Surgical, Aged, Infirm.
TAPLOW	Old Court, Bath Road, Taplow	Maternity, Acute and Minor Surgical, Medical, Convalescent, Aged, Infirm.
TINGEWICK	Tingewick Nursing Home, Tingewick	Maternity, Convalescent, Aged, Infirm.

\*Reserved for Chronic Sick from W.V.S. Residential Clubs for elderly people.



## (c) CHILD WELFARE CENTRES.

NAME OF CENTRE.	SITUATE.	DOCTOR ATTENDS
AMERSHAM (NEW TOWN) ... ..	Red Cross Hut, Chiltern Avenue, Woodside Road ... ..	Twice monthly
AMERSHAM (OLD TOWN) ... ..	British Legion Hall, Whielden Street ... ..	Monthly
ASTON CLINTON ... ..	Baptist Church Hall ... ..	Do.
AYLESBURY ... ..	The Clinic, Pebble Lane ... ..	Weekly
AYLESBURY—QUARRENDON ... ..	Quarrendon Community Centre, Bicester Road ... ..	Monthly
" SOUTHCOURT ... ..	Baptist Church Hall, Penn Road, Southcourt	Twice monthly
BEACONSFIELD ... ..	The Old Rectory ... ..	Twice monthly
BLEDLOW RIDGE ... ..	Village Hall, Bledlow Ridge ... ..	Monthly
BLETCHLEY ... ..	School Clinic, Bletchley Road ... ..	Thrice monthly
BOURNE END ... ..	Red Cross Hut, New Road ... ..	Monthly
BRADWELL ... ..	Labour Hall, New Bradwell ... ..	Twice monthly
BRILL ... ..	The Institute ... ..	Monthly
BUCKINGHAM ... ..	Congregational School Room ... ..	Do.
BURNHAM ... ..	Village Hall, Gore Road ... ..	Twice monthly
CASTLETHORPE ... ..	Carrington Hall ... ..	Monthly.
CHALFONT ST. GILES ... ..	Memorial Hall ... ..	Do.
CHALFONT ST. PETER ... ..	Tythe Barn, Swan Farm ... ..	Twice monthly
CHARTRIDGE ... ..	Reading Room ... ..	See Lee Common
CHENIES ... ..	Florence Brown Memorial Hall, Chorley Wood ... ..	Monthly
CHESHAM ... ..	The School Clinic, Germain Street ... ..	Weekly
CIPPENHAM ... ..	Central Hall, Bower Way ... ..	Do.
DATCHET ... ..	Working Men's Club ... ..	Twice monthly
DENHAM ... ..	Health Centre, Oxford Road ... ..	Thrice monthly
DINTON ... ..	Village Hall ... ..	Monthly
DOWNLEY ... ..	Village Hall ... ..	Do.
EDLESBOROUGH ... ..	Memorial Hall ... ..	Do.
ELLISBOROUGH ... ..	Butler's Cross Parish Hall ... ..	Do.
ETON ... ..	College Arms, High Street ... ..	Do.
ETON WICK ... ..	Village Hall ... ..	Do.
FARNHAM ROYAL ... ..	Village Hall ... ..	Thrice monthly
FLACKWELL HEATH ... ..	Temperance Hall ... ..	Monthly
GERRARDS CROSS ... ..	British Legion Hall ... ..	Do.
GREAT HAMPDEN ... ..	Parish Room ... ..	Do.
GREAT HORWOOD ... ..	Memorial Hall ... ..	Do.
GREAT KINGSHILL ... ..	Village Hall ... ..	Do.
GREAT MISSENDEN ... ..	Memorial Hall ... ..	Twice monthly
HADDENHAM ... ..	Community Centre ... ..	Monthly
HALTON (Voluntary) ... ..	R.A.F. Camp, Halton ... ..	Twice monthly
HANSLOPE ... ..	Church Institute ... ..	Monthly
HAZLEMERE ... ..	Penn Road Methodist School Room ... ..	Monthly
HEDGERLEY ... ..	Memorial Hall ... ..	Monthly
HIGH WYCOMBE ... ..	Municipal Health Centre ... ..	Twice weekly
" BOOKER ... ..	Castlefields Methodist Church Hall ... ..	Twice monthly
" SANDS ... ..	Methodist School Room ... ..	Monthly
" TOTTERIDGE ... ..	Turner's Sports Pavilion ... ..	Monthly
" WEST WYCOMBE ... ..	Methodist Schoolroom ... ..	Monthly
" WYCOMBE MARSH ... ..	St. Anne's Church Room ... ..	Twice monthly.
HODGMOOR ... ..	Theatre Hall, Hodgmoor Camp ... ..	Monthly
HOLMER GREEN ... ..	Wesleyan Chapel School Room ... ..	Do.
HORTON ... ..	Champneys Hall ... ..	Do.
IVER ... ..	Church Institute, Thorney Lane ... ..	Do.
IVER HEATH ... ..	Village Hall ... ..	Do.
IVINGHOE ... ..	Town Hall ... ..	Twice monthly
KIMBLE ... ..	Stewart Hall ... ..	Monthly
LANE END ... ..	Memorial Hall ... ..	Do.
LANGLEY ... ..	Women's Institute Hall ... ..	Do.
LEE COMMON ... ..	Youth Club Hall ... ..	Do.
LINSLADE ... ..	Forster Institute ... ..	Do.
LITTLE CHALFONT ... ..	Little Chalfont Hall ... ..	Do.
LONG CRENDON ... ..	Old Court House ... ..	Do.
LOUDWATER ... ..	Recreation Hall ... ..	Do.
MARLOW ... ..	Public Library, Chapel Street ... ..	Weekly
MEDMENHAM (Voluntary) ... ..	R.A.F. Camp, Medmenham ... ..	Monthly
NAPHILL ... ..	Memorial Hall ... ..	Monthly
NEWPORT PAGNELL ... ..	73, High Street ... ..	Twice monthly
OLNEY ... ..	Church Hall, High Street ... ..	Twice monthly
PRESTWOOD ... ..	Village Hall ... ..	Monthly
PRINCES RISBOROUGH ... ..	Baptist Church Room, Bell Street ... ..	Twice monthly
QUAINTON ... ..	Memorial Hall ... ..	Monthly
RICHINGS PARK, IVER ... ..	St. Leonard's Church Hall ... ..	Do.



## CHILD WELFARE CENTRES—continued.

NAME OF CENTRE.	SITUATE.	DOCTOR ATTENDS
ST. LEONARDS-CUM-CHOLESBURY ...	Village Hall, Cholesbury ...	Monthly.
SEER GREEN AND JORDANS ...	Baptist School Room, Seer Green ...	Do.
SLOUGH ...	Health Centre, Burlington Road ...	Weekly
SLOUGH, ST. MICHAEL'S ...	Slough Social Centre ...	Do.
SLOUGH, WEXHAM ROAD ...	Wexham Road Community Centre ...	Do.
STEEPLE CLAYDON ...	Library Hall ...	Monthly
STEWKLEY ...	Methodist Church School Room ...	Do.
STOKENCHURCH ...	Memorial Hall ...	Do.
STOKE POGES ...	Village Hall ...	Do.
STONE ...	Village Hall ...	Do.
STONY STRATFORD ...	Scout Hut ...	Twice monthly
THORNBOROUGH ...	Church Hall ...	Monthly
TWYFORD ...	Village Hall ...	Do.
TYLERS GREEN ...	Parish Room ...	Do.
WADDESDON ...	Village Hall ...	Do.
WENDOVER ...	Public Hall ...	Twice monthly
WHITCHURCH ...	Methodist Hall ...	Monthly
WING ...	Village Hall ...	Do.
WINGRAVE ...	Temperance Hall ...	Do.
WINSLOW ...	St. Lawrence Church Hall ...	Do.
WOBURN SANDS ...	Social Club ...	Do.
WOLVERTON ...	Scouts Hall ...	Thrice monthly
WOGBURN GREEN ...	St. Mary's Church Hall ...	Monthly
WORMINGHALL ...	Social Hut, Ex-R.A.F. Camp ...	Do.
WRAYSBURY ...	Village Hall ...	Do.

## MOBILE WELFARE CENTRE.

(Doctor attends each session).

MONTHLY SESSION.	VILLAGES VISITED.
First Monday ...	Stoke Goldington, Ravenstone, Filgrave.
Second Monday ...	Willen, Woolstone, Woughton, Simpson, Milton Keynes.
Fourth Monday ...	Swanbourne, Drayton Parslow, Mursley.
First Thursday ...	Preston Bissett, Charndon, Calvert.
Second Thursday ...	Stoke Hammond, Little Brickhill, Soulbury, Great Brickhill.
Third Thursday ...	Grendon Underwood, Westcott, Cuddington.
Fourth Thursday ...	Far Bletchley.
First Friday ...	Sherington, Lavendon, Newton Blossomville, Astwood, North Crawley.
Second Friday ...	Beachampton, Nash, Whaddon, Shenley Brook End, Shenley Church End, Loughton.
Third Friday ...	Leckhampstead, Lillingstone Dayrell, Akeley.
Fourth Friday ...	Tingewick, Dadford, Chackmore, Maids Moreton.



(d) POPULATIONS, BIRTH AND MORTALITY RATES FOR THE YEAR 1953.

District.	Population Census 1951.	Registrar- Gen. Estimated Population Mid-1953.	Crude Birth Rate per 1,000 Population.	Crude Death Rate per 1,000 Population.	Tuberculosis Deaths Rate per 1,000 Population.	Infant Mortality Rate per 1,000 births.	Neonatal Mortality Rate per 1,000 births.	Maternal Mortality per 1,000 live and still-births.
<b>URBAN.</b>								
Aylesbury	21,054	21,100	17.8 (376)	9.1 (193)	—	37.2 (14)	29.3 (11)	—
Beaconsfield	7,909	8,240	13.8 (114)	11.3 (93)	0.12 (1)	26.3 (3)	—	—
Bletchley	10,916	11,410	19.2 (219)	7.2 (82)	—	13.7 (3)	4.6 (1)	—
Buckingham	3,944	4,027	15.4 (62)	8.4 (34)	—	—	—	—
Chesham	11,428	11,460	13.6 (156)	10.9 (125)	0.35 (4)	—	—	—
Eton	3,250	4,723	15.0 (71)	5.7 (27)	—	14.1 (1)	14.1 (1)	—
High Wycombe	40,692	41,890	15.5 (650)	9.1 (382)	0.17 (7)	12.3 (8)	6.2 (4)	1.49 (1)
Linslade	3,269	3,359	14.0 (47)	10.1 (34)	—	—	—	—
Marlow	6,480	6,533	18.4 (120)	9.3 (61)	0.31 (2)	8.3 (1)	8.3 (1)	—
Newport Pagnell	4,366	4,268	11.9 (51)	30.9 (132)	—	58.8 (3)	39.2 (2)	—
Slough	66,439	66,950	14.2 (951)	7.7 (514)	0.09 (6)	23.1 (22)	13.7 (13)	—
Wolverton	13,421	13,540	12.0 (162)	12.9 (175)	—	6.2 (1)	—	—
<b>TOTAL URBAN</b>	<b>193,168</b>	<b>197,500</b>	<b>15.1 (2979)</b>	<b>9.4 (1852)</b>	<b>0.10 (20)</b>	<b>18.8 (56)</b>	<b>11.1 (33)</b>	<b>0.33 (1)</b>
<b>RURAL.</b>								
Amersham	41,432	43,090	13.9 (598)	9.5 (409)	0.02 (1)	11.7 (7)	3.3 (2)	—
Aylesbury	29,543	31,520	13.8 (436)	10.9 (342)	0.13 (4)	25.2 (11)	20.6 (9)	—
Buckingham	9,422	10,180	13.3 (140)	6.8 (69)	0.20 (2)	7.1 (1)	—	—
Eton	43,120	44,170	15.8 (698)	9.4 (414)	0.11 (5)	33.0 (23)	24.4 (17)	—
Newport Pagnell	13,817	14,050	13.5 (189)	10.2 (143)	0.28 (4)	15.9 (3)	15.9 (3)	—
Wing	9,042	9,030	16.9 (153)	11.0 (99)	0.11 (1)	32.7 (5)	19.6 (3)	—
Winslow	7,268	7,550	14.6 (110)	17.6 (133)	—	—	—	—
Wycombe	39,352	41,110	15.6 (643)	9.3 (383)	—	20.2 (13)	10.9 (7)	1.54 (1)
<b>TOTAL RURAL</b>	<b>192,996</b>	<b>200,700</b>	<b>14.8 (2967)</b>	<b>9.9 (1992)</b>	<b>0.08 (17)</b>	<b>21.2 (63)</b>	<b>13.8 (41)</b>	<b>0.33 (1)</b>
<b>TOTAL COUNTY</b>	<b>386,164</b>	<b>398,200</b>	<b>14.9 (5946)</b>	<b>9.7 (3844)</b>	<b>0.09 (37)</b>	<b>20.0 (119)</b>	<b>12.4 (74)</b>	<b>0.33 (2)</b>
<b>ENGLAND &amp; WALES</b>			<b>15.5</b>	<b>11.4</b>	<b>0.20</b>	<b>26.8</b>		<b>0.76</b>

NOTE:—In view of the small numbers on which some of the rates quoted are based, the actual numbers are given in parenthesis for the purpose of clearer comparison.



(c) COMPARATIVE TABLE OF BIRTH, DEATH AND INFANT MORTALITY RATES FOR TEN YEAR PERIOD, 1944-53

YEAR.	BIRTH RATE per 1,000 population.				DEATH RATE per 1,000 population.				INFANT MORTALITY RATE per 1,000 births.			
	Urban.	Rural.	County.	England and Wales.	Urban.	Rural.	County.	England and Wales.	Urban.	Rural.	County.	England and Wales.
1944.....	18.8	17.7	18.3	17.6	10.1	11.7	10.9	11.6	36.5	35.0	35.8	46.0
1945.....	16.9	16.1	16.5	16.1	10.4	11.6	11.0	11.4	32.1	33.7	32.9	46.0
1946.....	19.5	17.7	18.6	19.1	9.8	11.2	10.5	11.5	26.8	34.0	30.1	43.0
1947.....	20.7	19.4	20.1	20.5	10.8	11.9	11.3	12.0	30.7	30.8	30.8	41.0
1948.....	17.9	17.2	17.5	17.9	9.2	10.1	9.6	10.8	27.3	26.2	26.8	34.0
1949.....	17.0	16.8	16.9	16.7	9.9	11.1	10.5	11.7	20.2	24.9	22.5	32.0
1950.....	15.5	15.4	15.5	15.8	10.1	10.5	10.3	11.6	26.9	22.7	24.8	29.8
1951.....	15.2	15.0	15.1	15.5	10.3	11.3	10.8	12.5	26.4	22.8	24.6	29.6
1952.....	15.3	15.1	15.2	15.3	9.9	9.9	9.9	11.3	26.7	23.4	25.0	27.6
1953.....	15.1	14.8	14.9	15.5	9.4	9.9	9.7	11.4	18.8	21.2	20.0	26.8



(f) CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE  
COUNTY OF BUCKINGHAM, 1953.

CAUSES OF DEATH.	Sex	Aggregate of Urban Districts.									Aggregate of Rural Districts.								
		0-1	1-	5-	15-	25-	45-	65-	75-	TOTAL	0-1	1-	5-	15-	25-	45-	65-	75-	TOTAL
ALL CAUSES ... ..	M	35	11	6	6	47	256	270	329	960	34	4	7	23	52	230	294	404	1048
	F	21	2	8	6	42	149	212	452	892	29	6	10	3	41	142	220	493	944
1-Tuberculosis, Respiratory ...	M	—	—	—	1	2	9	2	1	15	—	—	—	—	—	4	7	1	12
	F	—	—	—	1	2	2	—	—	5	—	—	—	—	3	—	—	—	3
2-Tuberculosis, Other ... ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
3-Syphilitic Disease ... ..	M	—	—	—	—	—	3	2	2	7	—	—	—	—	—	1	1	2	4
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
4-Diphtheria ... ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5-Whooping Cough ... ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6-Meningococcal infections ...	M	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7-Acute Poliomyelitis ... ..	M	—	—	—	—	—	—	—	—	—	—	2	1	1	—	—	—	—	3
	F	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	3
8-Measles ... ..	M	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1
	F	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2
9-Other infective and parasitic diseases ... ..	M	—	—	—	—	—	2	—	—	2	—	—	—	—	1	—	—	—	1
	F	—	—	—	—	—	—	1	1	2	1	—	—	—	—	—	1	1	3
10-Malignant neoplasm, stomach	M	—	—	—	—	1	10	7	7	25	—	—	—	—	—	14	11	4	29
	F	—	—	—	—	1	5	4	9	19	—	—	—	—	1	5	7	16	29
11- " " lung, bronchus	M	—	—	—	—	1	22	18	3	44	—	—	—	—	—	14	20	7	41
	F	—	—	—	—	—	3	3	—	6	—	—	—	—	1	3	4	8	8
12- " " breast	M	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	1	1	2
	F	—	—	—	—	5	18	5	5	33	—	—	—	—	4	13	9	11	37
13- " " uterus	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	4	4	4	5	17	—	—	—	—	1	6	4	5	16
14-Other Malignant and Lym- phatic Neoplasms ... ..	M	—	—	—	2	6	28	25	32	93	—	—	2	2	11	30	32	41	118
	F	—	—	1	—	7	24	13	27	72	—	—	—	2	4	25	23	18	72
15-Leukæmia, Aleukæmia ...	M	—	1	—	—	1	3	—	—	5	—	—	—	—	1	4	1	1	7
	F	1	—	2	—	—	2	3	—	8	—	—	—	—	—	3	—	1	4
16-Diabetes ... ..	M	—	—	—	—	1	—	1	1	3	—	1	—	—	—	1	2	1	5
	F	—	—	—	—	—	3	1	4	8	—	—	—	—	—	—	1	3	4
17-Vascular lesions of nervous system ... ..	M	—	—	—	—	2	21	31	53	107	—	—	—	—	—	17	28	37	102
	F	—	—	—	—	1	24	39	98	162	—	—	1	—	3	23	39	83	149
18-Coronary disease, Angina ...	M	—	—	—	—	6	49	59	41	155	—	—	—	—	5	50	48	60	163
	F	—	—	—	—	1	12	41	38	92	—	—	—	—	—	12	35	51	98
19-Hypertension with Heart disease ... ..	M	—	—	—	—	—	5	7	3	15	—	—	—	—	1	1	5	5	12
	F	—	—	—	—	—	7	8	13	28	—	—	—	—	—	5	5	11	21
20-Other heart disease ... ..	M	—	—	1	1	1	12	31	77	123	1	—	—	—	2	14	38	70	125
	F	—	—	—	—	6	16	28	122	172	—	—	—	—	4	14	33	118	169
21-Other circulatory disease ...	M	—	—	—	—	1	7	8	14	30	—	—	—	—	1	5	14	28	48
	F	—	—	—	—	1	2	9	20	32	—	—	—	—	1	4	7	30	42
22-Influenza ... ..	M	—	—	—	—	—	2	6	5	13	—	—	—	—	2	6	3	5	16
	F	1	—	—	1	2	3	—	10	17	—	—	—	—	2	—	5	16	23
23-Pneumonia ... ..	M	2	4	1	—	1	6	12	22	48	4	1	—	1	1	10	10	20	47
	F	3	1	—	—	—	2	11	24	41	2	—	—	—	2	6	13	29	52
24-Bronchitis ... ..	M	1	1	1	—	1	21	21	23	69	1	—	—	—	—	13	25	26	65
	F	—	—	—	—	1	2	11	20	34	—	—	—	—	—	3	3	19	25
25-Other diseases of respiratory system ... ..	M	—	1	—	—	1	6	4	6	18	—	—	—	1	—	4	4	3	12
	F	—	—	1	—	—	—	—	1	2	—	—	—	—	1	—	1	5	7
26-Ulcer of Stomach and Duo- denum ... ..	M	—	—	—	—	—	11	9	4	24	—	—	—	—	—	6	6	8	20
	F	—	—	—	—	—	1	2	3	6	—	—	—	—	—	1	1	2	4
27-Gastritis, Enteritis, Diarrhoea	M	2	—	—	—	1	—	1	1	5	2	—	—	—	1	2	3	—	8
	F	—	—	—	—	1	2	2	4	9	—	—	—	—	1	1	1	2	7
28-Nephritis and Nephrosis ...	M	—	—	—	—	2	5	3	5	15	—	—	1	—	1	6	3	1	12
	F	—	—	1	1	2	—	2	5	11	—	—	1	—	2	1	1	6	11
29-Hyperplasia of prostate ...	M	—	—	—	—	—	—	3	7	10	—	—	—	—	—	3	7	24	34
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30-Pregnancy, Childbirth, Abor- tion ... ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	1	—	—	1	—	—	—	—	1	—	—	—	1
31-Congenital Malformations ...	M	6	—	—	—	—	2	—	—	8	3	1	—	—	1	—	—	—	5
	F	7	—	—	—	—	1	—	1	9	3	1	2	1	2	2	—	—	11
32-Other defined and ill-defined diseases ... ..	M	21	—	—	—	4	15	13	15	68	23	—	2	3	—	19	16	27	90
	F	9	—	2	3	5	11	22	27	79	18	—	2	—	5	11	23	45	104
33-Motor vehicle accidents ...	M	—	1	3	1	7	4	1	1	18	—	—	—	6	14	—	3	3	26
	F	—	1	—	—	—	—	1	1	3	—	1	1	—	1	—	—	—	3
34-All other accidents ... ..	M	3	1	—	—	3	5	4	4	20	—	—	1	8	5	2	1	9	26
	F	—	—	1	—	1	—	—	14	16	2	2	1	—	—	1	3	18	27
35-Suicide ... ..	M	—	—	—	—	1	5	7	2	17	—	—	—	1	4	4	4	—	13
	F	—	—	—	—	2	4	1	1	8	—	—	—	—	2	2	1	2	7
36-Homicide and operations of war ... ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—



## (g) SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES RECEIVED DURING THE YEAR 1953.

DISTRICT.	Tuber- culosis		Scarlet Fever	Whooping Cough	Diphtheria	Measles	Acute Pneumonia	Meningococcal Infections	Acute Poliomye- litis		Acute Encephali- tis		Dysentery	Ophthalmia neonatorum	Puerperal Pyrexia	Smallpox	Paratyphoid Fever	Typhoid Fever	Food poisoning	Erysipelas	Malaria	Infective Hepatitis.
	Respiratory	Other							Paralytic	Non- paralytic	Infective	Post- infectious										
URBAN.																						
1. Aylesbury .....	21	4	27	13		435	6		1	2			4	1	18					3		
2. Beaconsfield ....	3	1	30	2		263	5						1						1	3		
3. Bletchley .....	2	1	31	7		512	17					1	7		1							
4. Buckingham ....	4		1	11		38																
5. Chesham .....	7	3	3	1		124													1			
6. Eton .....	3		7	39		61	1			1			3						1			
7. High Wycombe	26	6	68	14		304	18		3	4			9		1				1	5		
8. Linslade .....		1	21	20		24	18												1			
9. Marlow .....	4		7	11		18	1		1						1					1		
10. Newport Pagnell	3		3	1		96			1	1			11		3							
11. Slough .....	57	4	206	139		505	67	1	5	2			6	1	25				12	17	1	
12. Wolverton .....	6	2	50	3		160	15	3												2		
Total Urban ...	136	22	454	261		2540	148	4	11	10		1	41	2	49				17	31	1	
RURAL.																						
1. Amersham .....	22	9	56	77		857	15		3	2		1	2		14				2	6		
2. Aylesbury .....	25	7	30	5		349	27		2	1			8		2				3	3		4
3. Buckingham ....	2	1	25	2		225	4		1	3			1							2		
4. Eton .....	39	5	150	73		627	47		6	2			3		39				5	7	1	
5. Newport Pagnell	4	2	25	5		226	5						5							1		
6. Wing .....	6	2	9	11		96	18			3										1		
7. Winslow .....			30	12		204	2															
8. Wycombe .....	25	6	56	50		432	29	1	5	7			3		1					2		
Total Rural ...	123	32	381	235		3016	147	1	17	18		1	22		56				10	22	1	4
Total for County ...	259	54	835	496		5556	295	5	28	28		2	63	2	105				27	53	2	4



(h) CARE OF MOTHERS AND YOUNG CHILDREN.

SUMMARY OF DENTAL TREATMENT, 1953.

	Examined.	Needing treatment.	Treated.	Made Dentally Fit
Expectant and Nursing Mothers ... ..	22	9	9	7
Children under five years of age ... ..	39	36	35	18

Forms of dental treatment provided:—

	Extractions.	General Anaesthetics.	Fillings.	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Radio-graphs.	Dentures provided.		Inlays and Crowns.
							Complete.	Partial.	
Expectant and Nursing mothers	31	7	4	2	—	—	3	1	—
Children under five years of age	38	7	14	—	25	1	—	—	—

(i) AMBULANCE SERVICE.

Statistics for year ending 31st December, 1953.

	Whole-time Vehicles.			Hospital Car Service.
	Ambulances.	Sitting-Case Cars.	Total.	Sitting-Case Cars.
No. of patients carried	65,824	38,219	104,043	12,992
No. of Journeys ... ..	23,755	10,057	33,812	9,531
Total Mileage ... ..	612,876	383,794	996,670	270,102
No. of Vehicles ... ..	31	15*	46	—
No. of whole-time operational staff ...	—	—	63	—
No. of patients carried per 1,000 population	165	96	261	33
No. of journeys per 1,000 population ...	60	25	85	24

\*Includes two coaches.