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BUCKINGHAMSHIRE COUNTY COUNCIL




ANNUAL
REPORT

of the

Medical Officer of Health

for the Year

1960



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TABLE OF CONTENTS.

	PAGE
Section A.—Statistics and Social Conditions.	
General Statistics for the County	6
Section B.—National Health Service Act, 1946.	
Section 22—Care of Mothers and Young Children	7
„ 23 and 25—Midwifery and Home Nursing Service	14
„ 24—Health Visiting	19
„ 26—Vaccination and Immunisation	25
„ 27—Ambulance Service	27
„ 28—Prevention of Illness—Care and After-Care	29
„ 29—Home Help Service	33
„ 51—Mental Health Service	35
Section C.—National Assistance Act, 1948.	
Welfare Services for the Aged	43
Welfare of the Handicapped	45
Welfare of the Blind	47
Deaf Persons	49
Accommodation for the Homeless	49
Section D.—Sanitary Circumstances of the Area.	
Water Supply	50
Water Supplies and Sewerage Acts, 1944—55	51
Housing	53
Section E.—Inspection and Supervision of Food.	
Food and Drugs	54
Food and Drugs—Milk and Dairies Regulations	54
Section F.—Prevalence of, and Control over, Infectious Disease	
	55
Section G.—General.	
Local Government Act, 1958 — Delegation of Health and Welfare Functions	55
Capital Building Works	56
Registration of Nursing Homes	57
Nurseries and Child Minders' Regulation Act	57
Section H.—Statistical Tables, etc.	
(a) List of Sanitary Authorities	58
(b) Registered Nursing Homes	58
(c) Child Welfare Centres	59
(d) Populations, Birth and Mortality Rates, 1960	61
(e) Comparative Table of Birth, Death and Infant Mortality Rates for Ten-Year Period, 1951—60	62
(f) Causes of Death at Different Periods of Life—1960	63
(g) Notification of Infectious Diseases in Urban and Rural Districts	64
(h) Care of Mothers and Young Children—Dental Treatment	65
(j) Ambulance Service	66

TABLE OF CONTENTS

2041

County Health Department,
County Offices,
Aylesbury.
May, 1961.

Mr. Chairman, Ladies and Gentlemen,

As I have mentioned previously, this report is largely a composite document with the head of each section making his own contribution. In previous years I have taken some trouble to edit the sections so that, not only is there no overlapping, but that the style of presentation is as uniform as possible.

This year, for a variety of reasons, this proved difficult and it seemed to me that there might even be merit in varying the styles in so long a report. I should be glad to receive comments from members of the committee and others who are interested in the report.

As I explained some years ago, I have largely abandoned the practice of commenting on various items in this preface, having tried to make the report itself as readable and self-explanatory as possible. There are not, in fact, any items that call for special comment this year.

It only remains therefore for me to thank all those members, volunteers and staff who have contributed so much during the year to the work of the department.

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, 1960.

County Medical Officer of Health:

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

Deputy:

G. W. KNIGHT, M.D., CH.B., D.P.H.

Area Medical Officers:

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

(Also Medical Officer of Health Borough of Slough)

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

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

D. H. WALDRON, O.B.E., M.D., B.CH., B.A.O., D.P.H., D.T.M. & H.

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

Senior Medical Officers:

PATRICIA HERDMAN, M.B., B.S., D.P.H.

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

FANNY STANG, M.D., L.R.C.P., D.P.H.

Assistant County Medical Officers:

B. H. BURNE, M.R.C.S., L.R.C.P., D.P.H.

JOAN GRAY, M.B., CH.B.

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).

HANNAH V. ILLING, M.B., CH.B.

ETHEL G. JENNINGS, M.A., M.B., B.CH., B.A.O.

R. A. MATTHEWS, M.B., B.S.

MARY I. MCARTHUR, M.B., CH.B., D.P.H.

E. PAMELA MOFFITT, L.M.C.C., D.P.H.

FLORENCE L. O'ROURKE, M.B., B.CH., B.A.O., D.P.H.

T. E. ROBERTS, M.B., B.S., D.OBST.R.C.O.G., D.P.H.

F. SEYMOUR, M.B., CH.B., D.P.H.

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

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).

J. G. VACCARO, M.B., B.S.

MARY R. VENNING, B.M., B.CH., C.P.H.

* *Principal School Dental Officer:*

C. H. GRIFFITHS, L.D.S.

Senior Administrative Assistant:

E. L. EYRE.

County Health Inspector:

J. W. KENDALL.

County Transport and Ambulance Officer:

E. W. DANIELS.

Superintendent Health Visitor:

MISS D. K. NEWINGTON.

Supervisor of Midwives and Home Nurses:

MISS D. T. N. COLE.

Senior County Almoner:

MISS E. R. GLOYNE.

Senior Occupational Therapist:

MISS F. B. SILK.

*Also eight School Dental Officers employed part-time on the dental care of expectant and nursing mothers and young children.

(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. BIRMINGHAM, B.A., M.D., B.CH.

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

F. S. HAWKINS, M.D.

North West Metropolitan
Regional Hospital Board ...

BRIAN C. THOMPSON, M.A., M.D.

Consultant Geriatrician:

L. WOLLNER, M.B., B.S., M.R.C.P.

Consultant Psychiatrists:

EDITH M. BOOTH, M.B., CH.B., D.P.M.

MILDRED I. POTT,

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

Chief Inspector:

W. A. DAVENPORT, F.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 1951 census was 109,188, including 112,967 families or separate occupiers, increases over the 1931 census figures of 58 and 55 per cent respectively.

The rateable value of the County at 1st April, 1961, was £8,020,082 as against £7,617,053 at 1st April, 1960, an increase of over five per cent.

The estimate of the Registrar General for mid-1960 refers to the home population including members of the armed forces stationed in the area, and amounts to 469,210 compared with 455,500 for 1959. At the 1951 census the total population of the County was 386,291.

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

Live Births.

	1959			1960		
	Males.	Females.	Total.	Males.	Females.	Total.
Legitimate	3,892	3,758	7,650	4,325	4,006	8,331
Illegitimate	174	174	348	211	199	410
Totals	<u>4,066</u>	<u>3,932</u>	<u>7,998</u>	<u>4,536</u>	<u>4,205</u>	<u>8,741</u>

	1958	1959	1960
Live birth rate per 1,000 population	17.3	17.6	18.6
Illegitimate live births per cent of total live births	3.9	4.4	4.7
Number of stillbirths	133	163	112
Stillbirths rate per 1,000 total live and stillbirths	17.2	20.0	12.7
Total live and stillbirths	7,741	8,161	8,853
Number of infant deaths (deaths under one year)	125	147	173
Infant Mortality Rates.			
Total infant deaths per 1,000 total live births	16.4	18.4	19.8
Legitimate infant deaths per 1,000 legitimate live births	16.0	17.9	19.9
Illegitimate infant deaths per 1,000 illegitimate live births	27.0	25.9	17.1
Number of deaths of infants under four weeks	97	108	137
Neo-natal mortality rate (deaths under four weeks per 1,000 live births)	12.7	13.5	15.7
Number of deaths of infants under one week	80	87	125
Early neo-natal mortality rate (deaths under one week per 1,000 live births)	10.5	10.9	14.3
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	27.7	30.6	26.8
Number of maternal deaths (including abortion)	0	2	1
Maternal mortality rate per 1,000 live and still births	—	0.25	0.11
Principal causes of death—			
Heart disease	1,422	1,340	1,456
Cancer	828	819	917
Bronchitis	191	232	226
Pneumonia	257	319	291
Influenza	19	58	12
Tuberculosis—Respiratory	30	27	21
Other forms	5	6	3
Motor vehicle accidents	60	73	76
Other accidents	107	110	86
Total deaths from all causes	4,323	4,397	4,560
Death rate per 1,000 population	9.8	9.7	9.7

It will be noted above that this year there was only one death from maternal causes recorded in the County, representing a rate of 0.11 per thousand total live and stillbirths. The rate for England and Wales at 0.39 was again low, only 0.01 higher than the record low figure of the previous year.

It is gratifying to report that for the thirteenth year in succession no death 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 the National Health Service Act, 1946, were given in the report for the year 1948, and amendments and additions have been mentioned from time to time in subsequent reports.

A special survey of the working of the various services over the first four complete years, prepared at the request of the Ministry of Health, was included in the report for the year 1952.

The year 1958 saw the completion of the first ten years of the Health Service, and included in the report for that year was a brief general review of the manner in which the local health services have functioned in the wider setting of the National Health Service generally.

Comments and statistics covering the work carried out under the various sections of the Act are given in the body of the report.

SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN.

Child Welfare Centres.

The child welfare centres have continued as in earlier years. The service is available to more and more children and in each year the number who attend grows. This year 18,044 children paid 109,420 visits to 119 centres.

The centres are staffed by a medical officer and a health visitor and they are assisted by the ladies of the voluntary committees. The health visitor is the focal point and with her lies the responsibility of ensuring the smooth running of the centre. She sees that new mothers are welcomed and introduced; she is ready with advice for those who need it; she arranges for children to be presented to the medical officer, for their injections and for examination either routinely or at the parents' or her own request. Routine medical examinations are essential in a well-run centre and the importance of noting the child's developmental progress cannot be overstressed, as in this way deviation from the normal is diagnosed as soon as possible and early recognition of the handicapped child leads to an accurate assessment of the extent of the handicap and to early treatment. All this is initiated by the observant well-informed medical officer who while at the child welfare centre, should consider himself not primarily as an injection-giver, but as a skilled clinician and health educator.

The ladies of the voluntary committees continue to give great assistance on the social side of the child welfare centre work and it is always a pleasure to record my thanks to those who give so generously of their time. Their help is invaluable.

The following table gives particulars of the attendances at child welfare centres operating during the year:—

	<i>Permanent.</i>	<i>Mobile.</i>	<i>Voluntary.</i>	<i>Total.</i>
(1) Centres operating at end of year	99	17*	3	119
(2) Times centres opened	2,799	207	65	3,071
(3) Attendances by Medical Officer	1,868	196	33	2,097
(4) Examinations by the Medical Officer	27,383	2,560	403	30,346
(5) Children who first attended during the year and at their first attendance were under one year of age ...	6,429	280	85	6,794
(6) Children who attended during the year and who were born in:				
(a) 1960	6,042	263	75	6,380
(b) 1959	5,370	295	83	5,748
(c) 1955—58	5,323	517	76	5,916
(7) Total number of children who attended during the year	16,735	1,075	234	18,044
(8) Attendances during the year made by children who at the date of attendance were:				
(a) Under one year	71,740	2,224	781	74,745
(b) One but under two years	19,165	1,116	263	20,544
(c) Two but under five years	12,597	1,292	242	14,131
(9) Total attendances during the year	103,502	4,632	1,286	109,420

*Seventeen half-day sessions each month covering 49 villages.

Distribution of Welfare Foods.

It is again a pleasure to record the generous support given by the many voluntary helpers in the operation of the distribution centres, arranged with the co-operation of the Women's Voluntary Services, the British Red Cross Society, Women's Institutes, etc. The value of such ready co-operation is recognised by the fact that it is only necessary to employ part-time paid helpers in three centres.

During the year, fifteen small centres were closed. The mobile child welfare centre calls at most of the villages concerned and adequately covers the small demand for welfare foods in these areas.

At the end of the year there were 129 distribution centres, of which 83 were held in conjunction with child welfare centres. Welfare foods are also available on the mobile child welfare centres which calls at 49 villages once each month.

The following is a summary of issues from the centres during the year 1960 in accordance with quarterly returns required by the Ministry of Health, with the figures for the previous year shown in brackets:—

National dried milk—full cream	...	...	...	62,112 tins	(75,869)
National dried milk—half cream	...	...	...	1,435 tins	(1,750)
Cod liver oil	...	...	...	30,995 bottles	(30,633)
Orange juice	...	...	...	245,273 bottles	(247,338)
Vitamin tablets	...	...	...	26,395 packets	(24,683)

Ante-Natal and Post-Natal Care.

With the majority of confinements booked to take place in hospital maternity units or maternity homes, most of the ante-natal and post-natal work continues to be undertaken at the specialist ante-natal clinics administered by the Hospital Management Committees, usually at the hospital maternity units.

However, the County Council ante-natal clinics for booked domiciliary cases continue to serve a useful purpose, and at the Marlow Health Centre the clinic started in 1957 is still demonstrating the value of co-operation between the family doctor and the midwife.

During the year, 1,348 expectant mothers made a total of 6,897 attendances at the six clinics, and 192 of them also received a post-natal examination.

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 total number of such classes held in various parts of the County again showed a considerable increase, 1,233 as against 1,082 the previous year. These figures do not include ante-natal classes held at some of the hospital maternity units, which are conducted solely by the hospital midwifery staffs.

Further information about this form of ante-natal training is given in the section on Health Education.

Maternity Accommodation.

By arrangement with Hospital Management Committees, the County Health Department receives applications for maternity beds, made for social and domestic reasons. Each application is investigated and recommendations are made to the appropriate maternity unit, based on the Health Visitor's report after she has made a home visit, and on consultation with the family doctor. By this means, an endeavour is made to make the best use of available beds.

During the year, the number of such investigations undertaken by the health visitors in the four areas in the County showed a considerable increase, as will be seen from the following, with the previous year's figures in brackets:—

South Bucks	...	...	...	1,917	(1,753)
North Bucks	...	...	...	479	(419)
Wycombe Area	...	...	...	1,128	(1,051)
Aylesbury Area	...	...	...	410	(371)
				<u>3,934</u>	<u>(3,594)</u>

An analysis of notified births to mothers residing in this County reveals that 64.8 per cent occurred in hospitals and maternity homes (including private nursing homes), the remaining 35.2 per cent being domiciliary confinements. This was a similar proportion to the previous year when the figures were 65 and 35 respectively.

Almost without exception, the hospitals and maternity homes showed a substantial increase in the number of deliveries, the most marked being at the Canadian Red Cross Memorial Hospital, Taplow, where an additional large maternity unit was opened early in the year. Most of the extra bookings at that hospital were from Berkshire.

Premature Births.

A premature baby is still defined as one weighing $5\frac{1}{2}$ lbs. or less, irrespective of the period of gestation, and the particular care of such babies has continued. To enable this to be done and accurate records to be kept, arrangements are made for information relating to birth weights to be entered on all birth notification cards.

The number of premature live births notified showed an increase over the previous year, as will be seen from the following summary, but premature still-births showed a decrease in line with the total number of still-births. The corresponding figures for the previous year are given in brackets:—

Premature Live Births.

(a) In hospital	...	...	...	...	...	...	388	(334)
(b) At home	...	...	...	...	...	...	103	(104)
(c) In private nursing homes	...	...	...	...	...	...	11	(4)
Total							<u>502</u>	<u>(442)</u>

Premature Still Births.

(a) In hospital	...	...	...	...	...	...	52	(70)
(b) At home	...	...	...	...	...	...	5	(12)
(c) In private nursing homes	...	...	...	...	...	...	1	(2)
Total							<u>58</u>	<u>(84)</u>

The number of premature live births expressed as a percentage of the total live births is 5.74 per cent., and when this is compared with the figure for the previous year, which was 5.53 per cent., the increase is shown in proper perspective.

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, or when it is necessary for them to be transferred to hospital.

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

Health visitors have again co-operated with the Consultant Paediatrician for Mid Bucks in a follow up of premature babies, but owing to the number involved the Consultant decided to restrict the enquiry to premature babies up to five pounds in weight. During 1960 visits were made by health visitors to 157 babies who had reached the age of six months, and special progress reports were forwarded to the Consultant Paediatrician.

Detailed information of survival related to birth weights is compiled for all premature live births, including those occurring in hospitals, and the following table also includes details of the weights of 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.	
Premature live births.					
Born in hospital—					
Died within 24 hours of birth	34	4	2	4	44
Died aged 2-28 days	7	7	3	—	17
Survived 28 days	13	57	78	179	327
Total	54	68	83	183	388
Born at home and nursed entirely at home:—					
Died within 24 hours of birth	1	1	—	1	3
Died aged 2-28 days	—	—	—	—	—
Survived 28 days	1	5	9	58	73
Total	2	6	9	59	76
Born at home and transferred to hospital before 28th day:—					
Died within 24 hours of birth	2	1	—	1	4
Died aged 2-28 days	1	3	1	1	6
Survived 28 days	6	6	2	3	17
Total	9	10	3	5	27
Born in Nursing Home and nursed entirely there:—					
Died within 24 hours of birth	—	1	—	—	1
Died aged 2-28 days	—	—	—	—	—
Survived 28 days	1	—	1	8	10
Total	1	1	1	8	11
Born in Nursing Home and transferred to hospital before 28th day:—					
Died within 24 hours of birth	—	—	—	—	—
Died aged 2-28 days	—	—	—	—	—
Survived 28 days	—	—	—	—	—
Total	—	—	—	—	—
Premature stillbirths.					
Born in hospital	19	19	6	8	52
Born at home	1	1	1	2	5
Born in Nursing Home	—	1	—	—	1

Nurseries.

(i) Day Nurseries.

The scale of charges for day nursery accommodation introduced in 1953 has continued. A standard weekly charge, based on 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 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 certified by Area Medical Officer;
- In the interest of child's health, where certified by Area Medical Officer;
- Acute financial need.

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

The only day nursery in the County is now the Manor Park Day Nursery, Slough, which provides accommodation for 35 children. The number of children on the register at the end of the year was 23 and the average daily attendance during the year was 16.

Children resident in this County can be admitted by arrangement to day nurseries in adjoining counties but financial responsibility is accepted only when the child belongs to one of the priority classes and where it has proved impossible to make alternative arrangements. The only nurseries now available under this arrangement are those under the control of the Middlesex County Council.

During 1960 responsibility was accepted for the attendance of three additional children at day nurseries in Middlesex and a similar number ceased attendance. A total number of five children remained on the register at the end of the year.

(ii) Residential Nurseries.

Medical supervision of the two residential nurseries at Brookside, Slough (24 children), and Larchmoor, Stoke Poges (28 children) is by arrangement with the Children's Committee, undertaken by the medical officers of the County Health Department. However, Brookside Nursery closed for structural alterations in June, 1960, and remained closed at the end of the year.

Arrangements are made for medical officers of the Department to examine all children on admission and at 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.

(iii) Training.

Manor Park Day Nursery, Winterton House and Brookside Residential Nursery 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.

Students are not at present accepted for training at the day nursery, but the nursery continues to be used by the Education Committee for students from nursery schools to obtain experience with young babies.

Winterton House.

Winterton House was first opened as a Mother and Baby Home in 1952 and has continued to serve mothers suffering from a wide variety of conditions. During the year 104 mothers have stayed there and with them 53 babies and 83 children between the ages of one and five years; the average period of stay for each mother was 14.5 days.

Of this number 40 were County residents and the remaining 64 were admitted by arrangement with other authorities, including Essex, Gloucestershire, Hertfordshire, Leicestershire, Oxfordshire, Surrey, Warwickshire, Birmingham, Leicester, East Ham and from the Invalid Children's Aid Association acting on behalf of West Ham.

Reasons for admission are summarised as follows:—

Ante-natal care and rest	9
Post-natal recuperation	22
Convalescence after illness	15
Convalescence for child	3
Mothercraft training	7
Social and domestic rehabilitation	14
Anxiety and nervous exhaustion	32
Psychiatric cases	2

The success of a Home of this kind depends a great deal on the people who run it and in spite of being short-staffed throughout the year, those at Winterton House have worked well and with enthusiasm. Almost continuous advertising did not produce a resident cook/housekeeper, and the difficulties were increased by the resignation of the Deputy Matron who had not been replaced by the end of the year.

Informal teaching is given as occasion arises, individually in the nursery, playroom or kitchen, or to a group during the evening. Members of the County Health Education team attend for a weekly session, during which discussions held on topical subjects are often illustrated by film or filmstrips.

Results are not easy to assess, but Matron receives many appreciative letters from the mothers and their husbands, which indicate that benefit has been obtained from their stay at Winterton House.

Care of Illegitimate Children.

The arrangements for the care of illegitimate children, made with the Oxford Diocesan Council for Moral Welfare, continued to operate well. Any case requiring help coming to the knowledge of the Department was immediately referred to the Diocesan Moral Welfare Worker responsible for the area in which the girl was residing. Financial assistance, consisting of the ascertained cost of maintenance at selected mother and baby homes, less each girl's contribution from insurance and various other sources, for a period of six weeks before and eight weeks after the confinement, is made available in approved cases.

Maintenance at suitable homes was approved for 106 cases during 1960, 16 of them being admitted to Putnam House, Aylesbury, the Maternity Home of the Mid Bucks Association of the Oxford Diocesan Council for Moral Welfare. The total number of cases dealt with showed an increase of 37 over the previous year.

No full-time social worker is employed by the County Council for this work, but during the year a health visitor, with training and experience in moral welfare work, was appointed, and is now working half-time on each service. In addition, an annual grant is paid to the Oxford Diocesan Council in consideration of the case work undertaken by the moral welfare workers employed by them.

Close co-operation has continued to exist between health visitors and moral welfare workers to ensure adequate supervision of illegitimate children following discharge from mother and baby homes.

Infant Deaths.

A total of 8,853 births, including 112 stillbirths, to Buckinghamshire residents were notified during 1960. This was an increase of 8.5 per cent over the 1959 figure.

Comparative infant death rates over the past three years are set out in the following table:—

Year	Rate per thousand live births.			Rate per thousand live and stillbirths.		
	Infant Deaths 0-12 months	Neo-natal Deaths (under 4 weeks)	Deaths 1-12 months	Stillbirths	Peri-natal deaths (stillbirths and deaths under 1 week)	Total stillbirths and infant deaths
1958	16.4	12.7	3.7	17.2	27.7	33.3
1959	18.4	13.5	4.9	20.0	30.6	38.0
1960	19.8	15.7	4.1	12.7	26.8	32.2

The loss of infant life from stillbirth and death in the first year was the lowest ever recorded at 32.2 per 1,000 total births. On analysis, the figures reveal an interesting trend. The stillbirth rate fell dramatically, bringing with it a less marked fall in the peri-natal death rate and the neo-natal death and infant mortality rates rose. This could be explained by the increase in the number of frail babies who survived birth, thereby lowering the stillbirth rate, and yet died within the first month, increasing the neo-natal death rate and infant mortality rate.

Causes of death are shown in the following table (deaths from atelectasis and allied causes of asphyxia included under the heading "anoxia"):

Cause	Deaths up to one week	Deaths 8-28 days	Deaths 1-12 months	Total
Prematurity only	37	1	—	38
Congenital malformation	26	7	8	41
Anoxia and birth injury	44	1	—	45
Rhesus incompatibility	5	—	—	5
Infections	7	1	14	22
Accidents	1	—	3	4
Hypothermia	1	—	1	2
Other causes	3	—	8	11
Totals	124	10	34	168

Dental Treatment of Expectant and Nursing Mothers and Young Children.

A number of expectant and nursing mothers attended clinics for treatment by the County's dental officers during the year, most of them having been referred by health visitors or district nurse/midwives. There was not a great demand for treatment, however, as in these days of a comprehensive National Health Service, it is usually found that most mothers are under the care of private dentists and do not wish to change the pattern of their treatment for this relatively short period.

The number of pre-school children examined was about the same as in 1959, but a smaller number of these were found to require treatment. However, a greater amount of conservative treatment was needed to render these patients dentally fit. It was also possible this year to provide better facilities for the administration of general anaesthetics for the pre-school children. Interest has been shown by teachers in nursery schools in methods of dental health education, and dental officers have advised them on this subject, so that early in life correct habits can be taught to the children in their care.

There has been a considerable interest in dental health education, and many mothers' clubs in the County have asked our dental staff to speak to them on dental matters. These clubs provide a most interested group, and the increasing amount of educational work the dental staff are providing will, it is hoped, stimulate a further demand for treatment.

Further evidence of the demand for dental education was the success of the exhibition on dental health held at Stony Stratford in September, which was seen by about two thousand school-children and others. More details of this exhibition are given in the section on Health Education.

Table (h) of Section H gives details of the number of expectant and nursing mothers and pre-school children examined and treated during the year.

SECTIONS 23 AND 25.—MIDWIFERY AND HOME NURSING SERVICE.

Recruitment.

Towards the end of the year the national shortage of nurses and midwives began to affect recruitment in this county. During the year there were 32 resignations and 26 appointments, and at the end of the year vacancies existed for one domiciliary midwife, nine district nurse/midwives, two district nurse/midwife/health visitors, and three area relief nurses. Resignations took place for the following reasons: three retired, two returned to hospital, three for marriage, seven for domestic reasons, five for work with another Authority, five for work abroad, two returned to their own country, one for full-time health visiting in Bucks, one for health visitor training, two because the husband had been transferred to another area, and one died.

In the past a good source of recruitment was from pupil midwives who completed their Part II midwifery training on the district in this county. Although the number received during the last two years, 47 and 48 respectively, was more than in the years 1957 and 1958 when the figures were 32 and 30, more have been overseas students who have returned to their own country. At the end of the year three of the latter made application for district nurse training and were accepted to take courses during 1961. After the three months' training they will return to work in Buckinghamshire for at least one year.

The question of accommodation which has in the past been a source of anxiety, has almost ceased to be a problem.

A second male nurse was appointed to the Slough area and it has been possible to extend the nursing care of male patients begun by the first male nurse appointed in December, 1951, to the nursing areas on the fringe of Slough.

There has been no change in the administrative staff, and at the end of the year the staffing position was as follows:—

Full-time Staff.

Supervisor of Midwives and Home Nurses	...	...	...	...	...	...	...	1
Deputy Supervisor of Midwives and Home Nurses	...	...	...	...	...	...	...	1
Assistant Supervisor of Midwives and Home Nurses	...	...	...	...	...	...	...	1
Superintendents, Nurses Homes	...	...	...	...	...	...	...	2
District Nurse/Midwife/Health Visitors	...	...	...	...	...	...	...	16
Domiciliary Midwives	...	...	...	...	...	...	...	4
District Nurse/Midwives	...	...	...	...	...	...	...	91
District Nurses (Female)	...	...	...	...	...	...	...	8
District Nurses (Male)	...	...	...	...	...	...	...	2

Part-time.

District Nurse/Midwives	...	...	...	...	...	...	...	7
District Nurses	...	...	...	...	...	...	...	11

Summary of Work undertaken by Nursing Administrative Staff.

Routine Visits to District Nurse/Midwives	...	...	...	...	...	...	...	368
Contact Visits	...	...	...	...	...	...	...	85
Special Visits	...	...	...	...	...	...	...	63
Interviews	...	...	...	...	...	...	...	35
Committees	...	...	...	...	...	...	...	50
Lectures and Discussions	...	...	...	...	...	...	...	75
Group Meetings	...	...	...	...	...	...	...	13
Teaching Rounds	...	...	...	...	...	...	...	91
Maternity Units	...	...	...	...	...	...	...	9
Nursing Homes	...	...	...	...	...	...	...	4
Independent Midwives	...	...	...	...	...	...	...	4
Nursing Relief (in days)	...	...	...	...	...	...	...	82
Red Cross and St. John Examinations	...	...	...	...	...	...	...	3
Ante-natal Clinic	...	...	...	...	...	...	...	1

Summary of Work undertaken by District Nurse/Midwives.

Midwifery.						Cases.	Visits.
Deliveries	...	...	...	...	...	3,044	59,333
Ante-natal	...	...	...	...	...		32,486
Hospital Discharges	...	...	...	...	...	2,107	14,546
Post-natal	...	...	...	...	...		1,772
Supervisory	...	...	...	...	...		4,929
Miscarriages	...	...	...	...	...	188	1,250
							114,316
General Nursing.							
Medical	...	...	...	...	...	8,111	163,505
Surgical	...	...	...	...	...	2,120	33,576
Infectious Diseases	...	...	...	...	...	30	258
Tuberculosis	...	...	...	...	...	104	4,374
Maternal Complications	...	...	...	...	...	161	913
Others	...	...	...	...	...	652	2,309
Casual Visits	...	...	...	...	...		13,194
							218,129
						Grand Total:	332,445

A survey of the figures for the years 1954 to 1960 shows that there has been a decline in the number of general nursing cases and visits. Midwifery deliveries, however, show an increase of 49 per cent over the 1954 figures, the corresponding increase from 1959 to 1960 being 9.1 per cent. There is a fall of 181 in the number of hospital discharges from Maternity Units, accounted for by the amendment in the Rules of the Central Midwives Board which took effect on July 1st, 1960, making the minimum lying-in period ten days instead of fourteen. Thus all mothers discharged on the tenth day are taken over for visiting by the health visitors unless any nursing treatment for mother or baby is necessary. This necessitates very close liaison between the hospital and public health nursing staffs in order to achieve continuity of care.

The practice of discharging maternity cases from hospital early in the lying-in period for nursing at home, is reflected in the increased number of visits to fewer cases, for example 13,532 visits to 2,287 cases in 1959; 14,546 to 2,107 in 1960. 878 of the cases were discharged home before the 8th day, as against 576 in 1959. Most of the emergency cases admitted from the district are discharged home within 48 hours of delivery. In order to make the best use of hospital beds, selected cases are admitted for delivery only and then returned to the care of the domiciliary midwife. Here again very close co-operation is needed so that the expectant mother is informed of the need to prepare in the same way as for home confinement. It is especially essential during the winter months that the family realises the need for the mother and baby, returning home from hospital, to have a warm room in which the temperature can be maintained. The heating of the lying-in room is discussed with the expectant mother when the midwife visits the home during the ante-natal period. In such cases the hospital where the booking is made notifies the Health Department and a visit by the domiciliary midwife is arranged. This has proved a more satisfactory arrangement than leaving it to the mother to contact the local midwife.

There was an overall increase of 901 in the number of ante-natal visits. The total number of midwifery cases delivered in the County was 8,870: 5,826 in hospital, 3,044 at home. An extra 25 hospital beds at the Canadian Red Cross Hospital, Taplow; six at The Gables Nursing Home, Aylesbury; and six at The Seven Gables Nursing Home, Addington; as well as the early discharges to the domiciliary midwife, have helped to ease the pressure caused by this extraordinary increase. The Gables and Seven Gables Nursing Homes act as agents for the Regional Hospital Board.

There has been a significant drop in the number of stillbirths, 107 in 8,870 confinements compared with 143 in 7,874 confinements in 1959, an indication that tripartite administration in this area is making a good effort to co-ordinate its services, for it is the immediate admission to hospital, when abnormalities are found either by the family doctor or the domiciliary midwife, that can effectively prevent the avoidable factor likely to cause a peri-natal death.

Flying Squad.

The Flying Squad was called for 27 cases—the Royal Bucks Hospital responded eight times, the Canadian Red Cross Hospital twelve times, Amersham Hospital five times, Luton and Dunstable Hospital once, and the Barratt Maternity Hospital once. Conditions for which the Flying Squad was called were: eight retained placenta, thirteen post-partum haemorrhage, one ante-partum haemorrhage, one premature twins, two abnormal presentation, one eclamptic fit and one shocked infant.

The Ministry of Health Report on Confidential Enquiries into Maternal Deaths, 1955/57, states that there has been a remarkable drop in maternal deaths from post-partum haemorrhage and retained placenta, most probably due to the increased use of the Flying Squad.

Analgesia.

Of the 3,044 mothers delivered at home, pethidine was administered to 1,487; gas and air to 2,516; and trilene to 249. A further three gas and air machines have been purchased bringing the total number in use to 120. The purchase of additional apparatus for the administration of trilene was not considered necessary at this time but as the midwives become more familiar with its use the demand may grow and more machines be needed.

Resuscitation of the Newborn.

By the end of the year 15 oxygen resuscitators were available to 25 midwives. It is expected that every midwife will be supplied with a resuscitator as part of her equipment by the end of the financial year 1961/62.

Premature Baby Equipment.

The heated cot was used in six cases and the oxygen tent in five.

General Nursing.

204,935 visits were paid to 11,178 patients which together with 13,194 casual visits totals 218,129. Visits to cases with infectious diseases dropped to 0.2 per cent of all visits—only 258 visits to 30 cases. The downward trend of tuberculosis visits shows a halt for the first time since 1954. Visits to patients over the age of 65 numbered 132,637 comprising 64.7 per cent of visits. The number of patients attended was 300 less than in 1959 but the average number of visits per patient increased from 26 to 27.2.

Laundry Service for Incontinent Patients.

In May discussion took place with the Oxford Regional Hospital Board regarding the provision of a laundry service for incontinent patients. The Hospital Management Committees of St. John's and Amersham Hospitals agreed that their hospital laundries could undertake to receive laundry for such home nursing cases. Transport has been the main difficulty. It has been found possible, however, to link up with St. John's Hospital transport, which is in Aylesbury daily, for delivery and collection to take place at the County Offices.

In the High Wycombe area the Memorial Hospital is the receiving place, from where it is transferred to Amersham Hospital with the hospital laundry.

There has not been a demand in Amersham and District as yet but it is envisaged that the laundry would be sent direct to the Hospital and collected from there.

Under-pads for Incontinent Patients.

Another method of assisting relatives in the care of incontinent patients is in the use of under-pads. These have been issued where patients are doubly incontinent or when there is profuse discharge as in the case of some patients suffering from cancer. The pads which are disposable have a polythene coated back which prevents moisture penetrating through to the bed.

The Marie Curie Memorial Foundation—Day and Night Nursing Service.

This Service is financed by the Foundation to assist in the care of cancer patients being nursed in their own homes. At first it was available only in the London Area until recently when funds permitted its extension to the provinces.

As well as caring for those who live alone, its object is to assist relatives of patients to obtain adequate rest periods from the responsibilities of nursing. The County Health Committee agreed to the operation of the scheme in Buckinghamshire.

Twelve nurses were recruited in various parts of the county and they have so far been used in six cases. Such help has been the means of preventing admission to hospital in the terminal stages so saving a hospital bed and the distress for the patients, and relatives of journeying to hospital.

Post-Certificate Education.

Refresher courses have been attended by various members of the staff as follows: 21 midwives attended midwifery post-graduate courses in Hull, Oxford, Bradford and Stoke-on-Trent; two general nurses (one a male nurse) attended a course arranged by The Queen's Institute of District Nursing held in Cambridge; two midwives went to Womersley in Surrey for a course on relaxation and parentcraft teaching arranged by the Royal College of Midwives.

The Deputy Supervisor of Midwives and District Nurses attended a conference on The Human Relations in the Care of Mother and Baby, held at St. Anne's College, Oxford, under the auspices of the Royal College of Midwives. The conference was open to all workers in the sphere of maternity care and among the 80 participants were paediatricians, psychiatrists, midwives, health visitors, nurses, almoners, physiotherapists, social workers and representatives of the National Council for the Unmarried Mother and her Child, the Church of England Moral Welfare Council, and the Natural Child Birth Trust. The views expressed by people from such a variety of backgrounds showed a great divergence of opinion and helped to stimulate lively discussion. Questions discussed were: Desirable Ideals in preparation for Motherhood; What are our shortcomings? Possible Remedies and Acceptable Means of Imparting and Receiving Information.

Further study is necessary to bring out the **real needs** of the family situation as opposed to the needs we **assume** exist. Intelligent application of knowledge acquired through such study would enable the team to pool their skills to the fullest extent and to exercise them towards their ultimate aim—the benefit of the family.

The Slough Home Superintendent attended a course at the William Rathbone Staff College recently opened in Liverpool for the training of administrators.

Group Discussions.

During the greater part of the year the Consultant Psychiatrists, Dr. Booth and Dr. Pott, have talked to groups of district nurse/midwives on the background and preventive aspects of the work of the psychiatrist. These talks have developed into discussions and have been both interesting and instructive. The background of psychiatric knowledge revealed should prove invaluable to all concerned.

Other staff group meetings have been held where discussion has taken place on the various post-graduate courses attended including that on the conference on 'Human Relations in the Care of Mother and Baby'; 'Mental Health and the New Terminology'; and the Ministry of Health Report on the Confidential Enquiry into Maternal Deaths 1955/57.

Lectures and Training.

District Nurse Training. Eight district nurses completed the course during the year. Three who were already on the staff had spent some years in district work; they asked to be sponsored for training in order to become more familiar with the social services available and for instruction in modern techniques. Four others were recruited from pupil midwives and one applied from outside the county. There were no student district nurses in training at the end of the year.

Student District Nurses. Eighteen students were received from the District Nurse Training Homes at Leicester, North Islington, South Croydon and Acton.

Pupil Midwives have been mentioned elsewhere in this report.

Student Nurses. The administrative staff again took part in lectures to the student nurses of the Aylesbury and Associated Group of Hospitals — High Wycombe, Amersham, Canadian Red Cross and Upton Hospitals. Observation visits with district nurses were arranged and group discussion followed.

Other Group Teaching. Home Nursing lectures have been given to members of the Civil Defence Welfare Section. Talks on emergency child-birth, posture and lifting, have been given to the St. John Ambulance and British Red Cross Divisions; and a talk on the development of the Home Nursing Service to a British Legion group.

Nursery Nurses. Lectures on the care of the newborn and premature infants were given by the Slough Superintendent to nursery nurses in training at the Slough College of Further Education.

Rules of The Central Midwives Board.

On July 1st certain amendments to the Rules of the Central Midwives Board came into effect. The main points which affect the practice of midwives are: (1) The definition of a practising midwife. This means that the distinction between practising as a midwife and acting as a maternity nurse has been removed. A midwife will always be regarded as practising as such in any maternity case. This brings the maternity nurse within the ambit of Section G requiring her to attend a Post-Graduate Course once in every five years. (2) The lying-in period has now been defined as a minimum period of ten days. (3) The requirement that the midwife must notify the Local Services Authority of each case in which artificial feeding has been adopted, has been removed from the Rules. (4) A summarised explanation is also given of changes which have been made in the new edition of the notes concerning "A Midwife's Code of Practice". One of the points mentioned is that in the notes relating to duties to the infant, attention is drawn to the danger of neonatal cold injury and the need for the midwife to see that means are available for keeping the bedroom warm by day and by night.

Notifications received in accordance with the Rules of the Central Midwives Board are as follows:—

(a) **Intention to Practise.** From these notifications the Roll of the Central Midwives Board is prepared. The number received in this county is as follows:—

Institutional Midwives

(a) working in hospital	...	...	...	...	...	110
(b) working in private nursing homes	...	...	...	...	...	16

Domiciliary Midwives

(a) employed by local health authority	...	...	...	...	...	127
(b) engaged in private practice	...	...	...	...	...	5

Eight notified as Maternity Nurses before 1st July.

(b) Medical Aid Forms						Domiciliary.	Institutional.
Mother	...	...	...	...	...	861	60
Infant	...	...	...	...	...	146	11
Stillbirths	...	...	...	...	...	16	24
Deaths of Mothers	...	...	...	...	...	—	—
Deaths of Infants	...	...	...	...	...	5	22
Artificial Feeding (received before 1st July)							
Part	...	...	...	...	...	35	63
Whole	...	...	...	...	...	173	214

In October a joint statement was issued by the General Nursing Council for England and Wales, and the Central Midwives Board, to the effect that these training bodies have agreed in principle to the provision of a period of obstetric nurse training for female students during general training which will subsequently count towards midwifery training. A course of three months' training in obstetric nursing has been agreed by the two bodies which will enable a deduction of two months to be made in subsequent midwifery training. The training will be subject to approval and inspection by the Central Midwives Board in close co-operation with the General Nursing Council. It must be taken in the last half of general training and every endeavour should be made for it to take place within the last six months of nurse training.

A meeting to consider the implementation of the scheme in the Oxford Region was held in Oxford in December. It was attended by representatives from Local Authorities, Hospital Management Committees, Sister Tutors of General Hospitals, Midwifery Tutors, Matrons and Nursing Officers, and was addressed by representatives of the Central Midwives Board and the General Nursing Council.

Maternity Services Co-ordinating Committees.

Two meetings were held in Aylesbury. One in March to discuss recommendations made in the Report of the Maternity Services Committee to effect co-ordination of administrative arrangements of the maternity services provided by the three branches of the Health Service. The second in November to consider the shortage of midwives and proposals to alleviate the problem by trying to see that no midwife is in future employed on work which need not be done or could be done by other staff.

SECTION 24.—HEALTH VISITING.

The recruitment of staff has been one of constant concern to the administrative staff this year, particularly in the development areas where the population is increasing rapidly. Here the staff shortage is most acute.

The staffing position at the end of the year was as follows:—

Superintendent Health Visitor	...	...	...	...	...	...	...	1
Deputy Superintendent Health Visitor	...	...	...	...	...	...	...	—
Area Superintendent Health Visitors	...	...	...	...	...	...	...	1
Health Education Organisers	...	...	...	...	...	...	...	2
Full-time Health Visitors	...	...	...	...	...	...	...	49
Moral Welfare Worker/Health Visitor	...	...	...	...	...	...	...	1
District Nurse/Health Visitors (equivalent to 5 full-time)	...	...	...	...	...	...	...	16
Full-time Tuberculosis Health Visitor	...	...	...	...	...	...	...	1
Chest Clinic Sister	...	...	...	...	...	...	...	1
School Health Assistants (Part-time)	...	...	...	...	...	...	...	14
Student Health Visitors in Training	...	...	...	...	...	...	...	5

Of the 16 District Nurse/Health Visitors, 14 hold their Health Visitor's Certificate.

The Chest Clinic Sister is engaged in technical nursing duties only.

All health visitors undertake school nurse's duties in the School Health Service.

During the year four health visitors left and eight were appointed. Four student health visitors qualified and took up duties, one in Aylesbury, two in Slough and one in High Wycombe. Two Area Superintendent Health Visitors left in the autumn, one to take up work with the Genetical Research Unit and the other to work in New Zealand. The Deputy Superintendent Health Visitor left in October to take up a senior post with another Authority.

In September a health visitor was appointed to the combined post of moral welfare worker/health visitor in North Bucks. In the three months since her appointment, September to December, rather more than half her time was taken up with moral welfare work. She visited nine new cases, continued with fourteen already on the books and made 145 home visits. The combined post is working satisfactorily both from the moral welfare and health visiting angles. Working as she does from the Health Centre, the link up with health visitors on the spot has obvious advantages.

Statistics.

Summary of work undertaken by health visitors, with the corresponding figures for the previous year in brackets:—

	First Visits.	Total Visits.
Expectant Mothers	3,830 (3,322)	5,583 (4,607)
Children under one year of age	9,106 (8,169)	39,385 (35,757)
Children age one but under two years		15,754 (14,203)
Children age two but under five years		25,687 (24,277)
Tuberculosis Households (including Tuberculosis Visitor)		1,612 (2,308)
Care of the Aged and Chronic Sick		3,118 (3,031)
Other Special Enquiries (including hospital follow-up)		5,650 (4,735)
School children—Visits to Homes		3,118 (2,750)
School children—Visits to Schools		1,706 (1,712)
Total number of children under five years of age visited during year for the first time		24,338 (21,820)
Total number of families or households visited		21,785 (19,897)
Number of consultations with other workers		2,802 (2,536)
Number of interviews		1,195 (1,013)
Number of sessions devoted to clerical work		4,287 (4,772)
Ineffectual visits—all categories		11,067 (9,299)

Home Visiting.

This year there has been an increase in home visits for all categories, with one exception, that of tuberculosis cases, and although it is not possible to assess the work of the health visitor entirely on her statistical returns, the impact of the higher birth rate during the year is indicated by the number of first visits to children under one year of age.

It is during the first few months of the baby's life when the mother is establishing her own confidence that the health visitor's advice and support is of particular value, and these visits are given priority in the overall planning of the health visitor's work. It is encouraging to see an increase both in visits to the pre-school child and hospital follow-up work.

Group Teaching and Health Education.

The demand for ante-natal classes by expectant mothers increases and health visitors have undertaken 1,049 such group teaching sessions during the year. Mothers' Clubs, of which there are 29, all have the support of a health visitor. Her function within the clubs is mainly advisory and supportive. Her help in planning suitable speakers and programmes is very necessary if the clubs are to continue as a medium for health teaching. During the year, health visitors have made 1,312 attendances at Mothers' Clubs and Committees in conjunction with them.

At the School Dental Exhibition in Stony Stratford, help was asked for and given by the health visitor. She has since followed up the teaching given to the children when visiting the schools.

The Superintendent Health Visitor and Area Superintendent Health Visitors have given lectures and planned observation visits for student nurses at:—

The Royal Buckinghamshire and Associated Hospitals Nurses Training School.
High Wycombe and Amersham Nurses Training School.
Princess Mary's Nurses Training School, Halton.
Taplow Nurses Training School.
Upton Nurses Training School, Slough.

Lectures have also been given at inservice training courses for home helps and to child welfare centre voluntary workers.

Health Assistants Sessional Work.

Fourteen part-time Health Assistants were employed and the following is a summary of the work undertaken with the corresponding figures for the previous year in brackets:—

School Health Service

School Medical Inspections	...	...	...	...	...	...	893	(726)
Health Surveys	...	...	...	...	...	...	383	(334)
Weighing and Measuring	...	...	...	...	...	...	176	(178)
Vision Testing	...	...	...	...	...	...	272	(102)
Ophthalmic Clinics	...	...	...	...	...	...	115	(85)
Minor Ailments	...	...	...	...	...	...	42	(38)

Vaccination and Immunisation

Diphtheria	...	...	...	...	...	...	42½	(19½)
Poliomyelitis	...	...	...	...	...	...	240	(658)
B.C.G.	...	...	...	...	...	...	136½	(79)
Child Welfare Centres	...	...	...	...	...	...	398	(155)
Chest Clinics	...	...	...	...	...	...	93½	(10)
Clerical	...	...	...	...	...	...	160	(26)

For some time past, thought has been given to assessing jobs other than school and child welfare centre work which could usefully be undertaken by health assistants, relieving the health visitor of more routine duties not requiring her qualifications. So, with the decrease this year in the number of poliomyelitis vaccination sessions, it has been possible to try this out both at Langley and Wolverton. One health assistant has been allocated to each of these areas and an average of one session a week given to work within the office. The duties undertaken include:—

Making out record cards for children transferring into the area.

Marrying up and sending off transfers out.

Recording immunisation and vaccination on the health visitor's record and despatching doctor's card to Aylesbury.

Filing.

Addressing envelopes.

Filling in times of child welfare centre and telephone number on health visitor's visiting cards.

Completing five year old record cards and sending them on in readiness for school medical inspection of school entrants.

Making appointments for:—

Ante-natal classes.

Audiometry tests.

Failed appointments.

Despatching and receiving laundry.

Keeping cupboards tidy and checking stock.

Looking after syringes and needles.

Taking telephone calls and answering enquiries.

These jobs do account for a great deal of time and it is hoped to use the health assistants in this way in other areas next year.

From the table above it will be noted that the number of child welfare centre sessions attended has increased from 155 last year to 398 this. It has been found that in many welfare centres where health visitors managed with voluntary help in the past, this is no longer possible if the health visitor is to have time to see and advise the mothers on their differing problems in child management and care. It is increasingly difficult to find younger women who are able to undertake voluntary work at welfare centres.

It is now four years since the first part-time health assistant was appointed. The value of her work is well accepted and she is an integral part of the health team.

Staff Meetings.

One full staff meeting was held during the year at Marlow Health Centre. Following the meeting a film "We are the Lambeth Boys" was shown and stimulated a lively discussion on the teenager.

Area staff meetings have been carried out at intervals during the year. Through this medium it is possible to relate policy to local circumstances and iron out on the spot difficulties as they arise.

In-Service Training and Staff Education.

(a) **Missenden Abbey.** In February, a two-day Residential Course attended by 29 health visitors, was arranged on the theme "Sociology and the Health Visitor". With the social work survey commencing in Buckinghamshire in the autumn, this course was particularly apt and useful. The health visitors showed keen interest in the different slants which were presented to them. This was shown by the variety of questions posed to the panel at the conclusion of the course.

Lecturers at this course were:—

Mrs. M. Jeffreys, Lecturer in Public Health, London School of Hygiene and Tropical Medicine.

Miss E. M. Goldberg, Psychiatric Social Worker, Social Medical Research Unit, London Hospital.

Dr. A. C. Stevenson, M.D., F.R.C.P., Director, Medical Research Unit, Oxford.

(b) **Study Days—St. John's Hospital, Stone.** We were much indebted to the medical and nursing staff at St. John's Hospital for arranging two study days for health visitors on October 20th and 21st. Thirty health visitors attended.

In planning the programme, special thought was given to presenting an insight into the treatment and care of patients in Mental Hospitals today, the detection of early breakdown and after care service. Such topics as the following were thoughtfully discussed:—

New drugs and their side effects.

How to keep the patient out of hospital.

Salient points in taking case histories.

What constitutes an emergency.

These two days were much appreciated by the health visitors, who returned to their areas more confident and better equipped to play their part in helping the mentally sick in the community.

Recruitment.

This year more applications for health visiting training were received and in September five student health visitors commenced training under our sponsorship scheme.

Overseas and other Students.

This year a number of nurse students undertaking post-certificate courses have come to Buckinghamshire for periods varying from two days to two weeks. They have come not only from this country, but from the Philippines, Ghana, Israel, New Zealand and America. Each has a particular work interest which must be considered in planning suitable programmes.

Before going to Spain and Portugal to advise on the nursing services, a senior member of the nursing profession came to Buckinghamshire for briefing on our health visiting service.

Refresher Courses.

This year eight health visitors attended courses approved by the Ministries of Health and Education.

The themes were:—

1. Needs and Resources in Health Education.

2. Mental Disorders.

Two health visitors attended short courses of instruction in screening tests for the ascertainment of hearing defects in young children.

HEALTH EDUCATION

A lengthy review of this service was given last year so the present report deals mainly with the maintenance of programmes carried over from previous years. Our new Health Education Organiser, Mr. N. G. Middleton, was only appointed in September and has scarcely had time to make any great impact on the service; nevertheless all the indications are there that he is bringing fresh ideas to bear and we look forward to the future with confidence.

During the year group teaching showed a steady increase in most fields and several new projects were undertaken. Mental and dental health received particular attention.

Exhibitions.

Exhibitions were highlighted during the year and included a pioneer exhibition on Dental Health which was held in Stony Stratford in September. This exhibition was open for four days, and was seen by about two thousand school children, their teachers, many parents and other interested people in the locality.

The exhibition theme was "The Four Roads to Dental Health", which were each depicted in the hall as a manned teaching point. Besides this, a variety of films were available to meet the needs of the many types of audience. All attending the exhibition were thus subjected to a film on dental matters, four short teaching talks on different aspects of dental problems, as well as an exhibition of related material and often a talk by a professional person on the importance of dental hygiene.

The head teachers of the schools concerned expressed themselves emphatically on the benefits of the exhibition.

The department started the year with a comprehensive exhibit on home safety, which formed part of the Road and Home Safety Exhibition held in Aylesbury in January.

Small exhibitions were also put on by the Mental Health Section in Aylesbury and High Wycombe. An exhibit on Clean Food Handling formed part of a one day exhibition for School Meals Staff in the Aylesbury area.

An experimental series of six lectures on "The Art of Living" was held in the spring in the rather isolated village of Steeple Claydon. These lectures aroused much local interest and lively discussions were held on many aspects of health.

Visitors.

Visitors from many parts of the United Kingdom and from other countries visited the section and were interested in all techniques of health education used in the County.

Statistics.

The following figures relate to group teaching given during 1960, with the 1959 figures in brackets:—

Talks given by:—			Talks given to:—		
Health Education Staff	...	322 (283)	Expectant Mothers (including evening sessions attended by husbands)	1,268	(1,113)
Medical Officers	...	162 (108)	Mothers Clubs and Groups	410	(480)
Administrative Health Visiting Staff	...	37 (49)	Child Welfare Centres	23	(12)
Administrative District Nursing Staff	...	34 (45)	Senior School Children	272	(121)
Health Visitors	...	1,312 (1,163)	Winterton House Groups	37	(37)
District Nurse/Midwives	...	24 (3)	Parents Groups	21	(13)
Dental Officers	...	15 (9)	Outside Organisations	265	(262)
Mental Health Officers	...	59 (64)		<u>2,296</u>	<u>(2,038)</u>
Other members of County Council staff	...	19 (8)			
Medical and Nursing Staff of Regional Hospital Board	...	35 (32)			
Members of Voluntary Organisations	...	277 (274)			
Others (including Brains Trusts, Discussions and special talks)	...	<u>2,296</u>			
		<u>(2,038)</u>			

A wide range of subjects was covered by the many types of group teaching, and the percentage given to each of the six main subjects was as follows:—

Mental Health	7.7%
Physical Health	5.2%
Preparation for Parenthood	54.6%
Nutrition	1.3%
Disease and Defect (including accidents and home nursing)	13.7%
General and Environmental health subjects	17.5%

Relaxation and Parentcraft Groups.

During the year 41 of these groups have been active in the county. The tuition was given by the local health visitors, district midwives and area health education organisers, supported in three areas by staff of the Regional Hospital Board.

The evening film shows for expectant fathers and mothers continued to be popular; there was a total of 35 of these shows during the year. The subjects covered included many aspects of parentcraft in addition to information on pregnancy and labour.

Area.	Number of Classes Held.		Total number of Attendances.	
	For Expectant Mothers.	For Husbands attending with wives.	Mothers.	Fathers.
North Bucks	209	4	1,374	35
Aylesbury	213	5	1,007	43
High Wycombe	419	15	3,625	247
South Bucks	392	11	3,010	293
Total	1,233	35	9,016	618

Number of times staff participated in ante-natal group teaching:—

Area Health Education Organisers	130
Health Visitors	1,049
District Midwives	312
Others (including Regional Hospital Board Staff)	97

Mothers Clubs.

These clubs have had another very successful year studying a wide range of health and allied subjects and taking part in many community and cultural activities, e.g. the aged, chronic sick, etc. The 29 clubs that are situated throughout the county sent a representative audience of 400 mothers to the annual rally held in Bletchley. "Uncle Mac" of the B.B.C. was the main speaker and held the audience enthralled. At the Annual General Meeting in September, many new ideas for the clubs' future activities were brought forward by the representative club members.

Child Welfare Centres.

A total of 36 exhibits on topical subjects such as diphtheria immunisation, dental health and home safety were successful in arousing discussion among the mothers attending the Centres. Short informal talks by the local health visitor usually introduced the subject.

Winterton House Mother and Baby Home.

The discussions following informal talks to the mothers ranged over a wide variety of health and social problems. Films and filmstrips were much appreciated. A total of 37 meetings were held.

Lectures to Students.

Nursery Nurse Students. The health lectures to the nursery nurse students attending the Slough College of Further Education have continued to be given by the health education staff.

Student Nurses. Student nurses in training in the county have continued to receive lectures on community care and allied subjects by the health visiting and district nursing staff.

Pupil midwives doing their district training have also received tuition from the administrative midwifery staff.

Health Education in Schools.

Personal hygiene and parentcraft have proved to be very popular subjects in the nine secondary modern schools where courses on these topics have been held for the older girls. In the discussions many aspects of health were included, films, filmstrips and other visual aids helped to make the subjects attractive.

A new problem has emerged in primary school where early maturation of girls appears to be increasing.

In one school where numbers warranted it, a talk was given to mothers of the girls concerned or likely to be concerned. The talk was given by a medical officer and followed by discussion in small groups. The session was well attended and appeared a satisfactory method of meeting such a problem at this stage.

The dental health exhibition at Stony Stratford (mentioned earlier in the report) marked a new phase in health education in schools.

Outside Organisations.

These organisations which are independent of those sponsored by the department have continued to request talks on preventive medicine, sickroom nursing and first aid.

In the more rural areas many field workers have undertaken series of lectures on these subjects to some organisations. 265 talks were given during 1960 compared with 262 during 1959.

Smoking and Lung Cancer.

As yet, the general public is not convinced by the arguments supporting the connection between tobacco smoking and lung cancer, but efforts are being made to bring this information to their notice.

Medical officers and health visitors include the dangers of smoking as one of the subjects for their talks and discussions with the public. The mothers' clubs are particularly interested, and here emphasis is laid upon the importance of the mother's example and the need to prevent youngsters from starting to smoke. In schools, lectures followed by question-time are given at the invitation of individual headmasters. For other groups, speakers from the County Health staff can be, and are, provided on request.

Visual Aids.

Visual aids continued to be used frequently by the many members of staff undertaking group teaching. Films and sound filmstrips to open discussion as well as ordinary filmstrips were in continual use.

A total of 123 films were projected during the year, including 59 projections of films owned by the department. Filmstrips were used on 592 separate occasions; a choice was made from 119 filmstrips.

Library.

The number of books circulated on long loan to members of the staff was 44, and frequent use was also made of the library for day-to-day reference.

A large amount of literature and posters on health matters was circulated to all members of the department's staff.

A number of demands for literature and advice have been received from private organisations and individuals. Where relevant this has been given and reinforced by a visit from a suitably qualified person.

SECTION 26—VACCINATION AND IMMUNISATION.

Vaccination against Smallpox.

Vaccination against Smallpox continues to be undertaken mainly by the medical practitioners; parents making the necessary appointments for the vaccination of their children with their own family doctors.

However, the arrangements to undertake vaccination at the larger child welfare centres, where facilities are available for the storage of vaccine lymph, were again extended wherever possible. That this service continues to be appreciated by the mothers will be seen from the fact that the number of vaccinations undertaken at Child Welfare Centres again showed an increase, 1,488 against 1,368 the previous year.

The campaign against smallpox was continued as part of the health education programme at many of the child welfare centres, and probably contributed to the further increase in the number of primary vaccinations, the figure at 6,538 being 418 more than the previous year. Another encouraging feature was that the number of primary vaccinations under one year of age was again increased, the figure of 5,320 representing 61 per cent of the number of live births during the year.

Details of vaccinations and re-vaccinations undertaken during 1960, with comparative figures for the previous year shown in brackets, are as follows:—

Age	Under 1.	1.	2—4.	5—14.	15 or over.	Total.
Number vaccinated ...	5,320 (5,058)	354 (329)	270 (226)	266 (209)	328 (298)	6,538 (6,120)
Number re-vaccinated ...	— (—)	1 (—)	50 (44)	185 (161)	799 (647)	1,035 (852)

Vaccination against Poliomyelitis.

At the beginning of the year the scheme for the vaccination of persons born from 1933 onwards, together with certain priority groups, continued.

However, in February the scheme was extended by the offer of vaccination to all persons who had not at the time of application reached the age of forty and also to the following additional priority groups:—

- Persons going to visit or reside in a country outside Europe, other than Canada or the United States of America.
- Practising dental surgeons, dental students, dental hygienists, student hygienists, dental surgeons' chairside assistants and their families.
- Practising nurses not working in hospitals (those working in hospitals are already eligible) and their families.
- Public health staff who might come into contact with poliomyelitis cases, and their families.

The majority of the younger age groups continue to be vaccinated at the sessions organised by the Area Medical Officers, and undertaken both by our own medical officers and general practitioners. However, the latter also co-operated by arranging vaccinations in their own surgeries, especially of the older groups.

The number of persons vaccinated with two injections during the year, in the various age groups, was as follows:—

Children born in the years 1943 to 1960 ...	...	...	...	...	...	8,847
Young persons born in the years 1933 to 1942 ...	...	...	...	...	...	3,879
Persons born before 1933 who had not passed their fortieth birthday ...	...	...	...	...	...	17,179
Others ...	...	...	...	...	...	72

Arrangements for all groups to receive a third injection after an interval of not less than seven months from the date of the second injection were continued, and by the end of the year the total number of persons who had received a third injection was 120,818.

Immunisation against Diphtheria.

The revised scheme of immunisation to provide for the issue of single antigens only, introduced in 1958 for an experimental period was continued.

The number of primary immunisations and re-immunisations again showed an increase over the previous year and details, divided into the two six-monthly periods, are given below:—

Age of children at date of final injection:—	Half-year ended	Half-year ended	Total.
	30th June.	31st December.	
Under one year	2,326	2,327	4,653
One to four years	1,220	1,061	2,281
Five to fourteen years	377	430	807
Re-immunisation	3,857	3,196	7,053

Combined antigens were not issued from the Department but an increased number of such records was received from family doctors, the number included in the total of primary immunisations mentioned above being 3,330.

The annual statistical return was again required by the Ministry of Health to take into account the proportion of children of each age group who have received a course of immunisation as well as the age at which the course was given. This double classification resulted as follows:—

Age at 31st December, 1960 (i.e. born in year)	Under 1	1—4	5—9	10—14	Under 15
	(1960)	(1956—59)	(1951—55)	(1946—50)	Total
Last complete immunisation (primary or booster):—					
1956—60	1,653	21,293	24,336	10,376	57,658
1955 or earlier	—	—	7,467	23,785	31,252
Estimated mid-year child population ...	8,130	29,470	77,600		115,200
Immunity index (percentage of children immunised during last five years) ...	20	72	45		50

Immunisation against Whooping Cough.

Immunisation against whooping cough has been part of the immunisation programme in this County for a considerable number of years but only during the past three years has information been required by the Ministry of Health.

The number of children immunised against whooping cough again increased quite considerably, and during the year a total of 7,140 such immunisations was completed, including the 3,330 combined immunisations already mentioned, representing a rise of 925 over the previous year.

Immunisation against Tetanus.

The increased interest in immunisation against tetanus noted last year was continued in a most encouraging fashion. Including 2,955 who received tetanus in the combined antigens, the total mounted to 4,581 representing an increase of 3,971 over the previous year. Of the total mentioned 3,932 related to children under five years of age.

SECTION 27—AMBULANCE SERVICE

Patients.

The number of patients dealt with during the year was 177,253 as compared with 170,520 in 1959 and 159,957 in 1958.

The number of emergency cases totalled 18,879, which was approximately 50 per day.

Mileage.

The mileage travelled was 1,535,853. Previous figures were 1,491,811 in 1959 and 1,407,469 in 1958.

Rail Travel.

During the year 806 patients travelled by rail as compared with 825 in 1959 and 688 in 1958.

These journeys, which are arranged by the ambulance service in conjunction with British Railways, afford a considerable saving in expense and manpower. In 1960 approximately 163,000 vehicle miles were saved by taking advantage of the facilities provided on most main line services for stretcher and sitting cases.

Staff.

The authorised establishment of operational personnel was 132, and at the end of the year there were seven vacancies. Of the 125 operational personnel employed 108 had qualified in first aid. The remainder were all undergoing courses.

Ambulance drivers are entered in the annual safe driving competition organised by the Royal Society for the Prevention of Accidents and of the 84 drivers who were eligible for the 1960 competition 65 gained awards for an accident-free year of driving.

Long Service (ten-year) Certificates were issued to eight of the staff during the year.

Vehicles.

The number of vehicles in use at the end of the year was 58, comprising 36 ambulances and 22 other vehicles.

The average mileage per vehicle for the year was approximately 26,500.

Ambulance Stations.

Due to the inadequacy of the premises previously used as an ambulance station in Chesham the personnel and vehicles were transferred in June to larger premises in Amersham.

Work commenced towards the end of the year on the building of a main ambulance station at Bletchley.

Civil Defence.

Nine training courses were held during the year in various parts of the county at which 106 volunteers of the Ambulance and First Aid Section attended.

Five senior ambulance service personnel qualified as first aid lay instructors under the department's examination scheme, which was introduced primarily to provide a panel of qualified instructors for the teaching of first aid to civil defence volunteers of all sections of the corps.

During the year six civil defence first aid courses were held.

Private Bookings.

Private bookings accepted under the provisions of the National Health Service (Amendment) Act, 1957, were as follows:—

Sporting Events	...	...	...	...	...	...	...	8
Film Studios	...	...	...	...	...	...	...	2
Patients	...	...	...	...	...	...	...	3

Voluntary Aid Societies.

Attendants from the St. John Ambulance Brigade and the British Red Cross Society continued to give their valuable services throughout the year. In addition to duties at ambulance stations they also assisted as escorts to patients travelling by rail.

Statistics.

Statistics relating to the work of the Ambulance Service for the year under review are shown in Table (j) of Section H and details of patients carried and mileage travelled each year since the inception of the National Health Service Act in July, 1948, are given below:—

Year	Total Patients	Patients by Rail	Vehicle Mileage	Rail Mileage	Total Mileage
1948	18,777	—	387,246	—	387,246
1949	64,337	—	1,066,928	—	1,066,928
1950	69,866	—	1,220,351	—	1,220,351
1951	88,597	—	1,321,406	—	1,321,406
1952	103,625	—	1,378,967	—	1,378,967
1953	117,224	189	1,266,772	24,422	1,291,194
1954	138,192	515	1,202,249	51,406	1,253,655
1955	149,735	592	1,233,586	48,729	1,282,315
1956	152,089	605	1,271,516	62,107	1,333,623
1957	158,336	634	1,335,503	74,506	1,410,009
1958	159,957	688	1,407,469	73,824	1,481,293
1959	170,520	825	1,491,811	85,817	1,577,628
1960	177,253	806	1,535,853	81,715	1,617,568

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

Report of the County Chest Consultant.

The following report has been submitted by Dr. Stephen Hall, County Chest Consultant:—

"Area Population and Medical Staff.

The population of the county continues to grow and in 1960 was estimated at 469,210 of whom 156,430 were in the area covered by the North West Metropolitan Regional Hospital Board and 312,780 in that covered by the Oxford Regional Hospital Board. The staff of the former comprises one part-time consultant, one full-time consultant and one part-time registrar, with the latter comprising one part-time consultant, one full-time consultant, one senior hospital medical officer and one full-time registrar.

Clinics.

The clinics are situated at Slough (Upton Hospital), Amersham (General Hospital), Aylesbury (Tindal Hospital), High Wycombe (War Memorial Hospital), Buckingham (Cottage Hospital), Bletchley (Out-patients Clinic) and Wolverton (Out-patients Clinic). All these clinics are well equipped.

Tuberculosis Register.

At the end of the year there were 2,941 tuberculous patients on the clinic register of whom 1,568 were in the Oxford Regional Hospital Board area and the remainder in the North West Metropolitan Regional Hospital Board area, the figures being very similar to those of the previous year. Of course, only very few of them were suffering from active infectious tuberculosis. The number of patients who regularly produce a positive sputum is extremely small and a close enquiry made into this problem in the county this year did not suggest that any change of policy should be followed. Of the small number who were positive the germs were, in several cases, found to be avirulent.

New cases of tuberculosis (all forms) numbered 195, a slight increase on 1959, and deaths numbered 24, giving a record low rate of 5.1 per 100,000. The new cases were distributed throughout all age groups with the greatest incidence at ages 20—24. Males numbered 111 and females 84. Of the deaths, 19 were males and five females and only one was under the age of 45.

B.C.G. Vaccination.

B.C.G. vaccination of contacts continued and 608 children were successfully vaccinated. In schools the vaccinations were extended to older children and students as well as for those of thirteen years of age. At thirteen 5,914 were tested and 484 (8.2%) were positive, at fourteen and over 706 were tested and 91 (13%) were positive, and of students 187 were tested and 100 (53%) were positive. The remainder were vaccinated. No school had a special excess of positives.

Mass X-ray.

The mass x-ray unit from Northampton examined 4,300 people during the year and of these four were found to have active tuberculosis, representing a rate of 0.93 per thousand. The mobile unit from Reading and the unit at Slough radiographed a further 4,009 persons.

The following are the details of the surveys carried out in the county by the Northampton Unit during the year:—

	Number of persons examined			New cases of active tuberculosis discovered
	Males	Females	Total	
Royal Bucks Hospital, Aylesbury—				
staff	49	168	217	—
Winslow Rural	273	403	676	—
Grendon Hall Prison	113	7	120	1
Buckingham	608	695	1,303	—
Buckingham Rural	652	239	891	2
H.M. Prison, Aylesbury	100	—	100	—
St. John's Hospital, Stone:				
Patients	318	403	721	1
Staff	115	84	199	—
Bletchley Park Training College ...	—	73	73	—
Totals	2,228	2,072	4,300	4

General.

As in recent years, we have completed a follow-up study of all persons notified in the Oxford Regional Hospital Board area as suffering from tuberculosis six years before. 86% of those notified in 1954 were alive and well in 1960 and only two persons were reported as dying of the disease. This is indeed a change from past times.

Further details of the enquiry are given below:—

Year notified	1954	1953	1952	1951	1950
Alive and well after six years	125 (86%)	166 (87%)	154 (78%)	152 (72%)	179 (71%)
Not very well	4	3	15	8	15
Deaths from all causes ...	7	10	12	35	40
Lost sight of, gone abroad, etc.	9	10	15	14	19
Total cases ...	145	189	196	209	253
Recovered (included in alive and well)	18 (12%)	28 (15%)	27 (14%)	40 (19%)	51 (20%)
Cases still on our register ...	94 (64%)	121 (64%)	118 (60%)	89 (43%)	118 (47%)
Deaths considered due to tuberculosis	2	2	8	17	23
Tuberculosis recorded as a complication	3	4	2	7	2
Death not considered influenced by tuberculosis	2	4	2	11	15
Cases transferred to other areas	13	20	24	31	25

The following table of mortality from respiratory disease during 1960 illustrates the burden that falls on males:—

Deaths from					
Tuberculosis		Bronchitis		Lung Cancer	
Males	Females	Males	Females	Males	Females
19	5	149	77	192	27

TUBERCULOSIS.

Notification and Mortality.

Notifications of, and deaths from, tuberculosis during the twelve-year period 1949-1960, together with death rates per hundred thousand of the population, are given below:—

Year.	Primary Notifications.		Mortality.			
	Respiratory only.	All forms (including respiratory).	Respiratory only.		All forms (including respiratory).	
			Number.	Rate.	Number.	Rate.
1949	319	380	102	26.6	112	29.2
1950	314	383	62	16.1	70	18.1
1951	309	365	56	14.3	72	18.4
1952	292	345	50	12.7	58	14.7
1953	256	310	35	8.8	37	9.3
1954	235	277	27	6.7	35	8.7
1955	234	277	18	4.4	23	5.6
1956	236	281	31	7.4	33	7.9
1957	172	208	21	4.9	24	5.6
1958	173	211	30	6.8	35	7.9
1959	161	187	27	5.9	33	7.2
1960	155	195	21	4.5	24	5.1

The following are the particulars of notifications during the year under review, by sex and age groups:—

Age groups.	Respiratory.		Non-respiratory.		Total.
	Males.	Females.	Males.	Females.	
0—	1	1	—	—	2
1—	1	—	—	—	1
2—4	3	5	2	2	12
5—9	4	2	—	—	6
10—14	1	2	2	5	10
15—19	1	8	—	2	11
20—24	12	11	1	2	26
25—29	7	7	2	4	20
30—34	9	4	1	2	16
35—39	6	3	1	1	11
40—44	13	—	—	2	15
45—49	8	6	1	—	15
50—54	15	1	1	1	18
55—59	5	5	—	—	10
60—64	2	—	2	1	5
65—69	2	2	1	1	6
70—74	2	—	—	1	3
75+	5	1	—	2	8
Totals	97	58	14	26	195

RETURN RELATING TO THE WORK OF THE CHEST CLINICS during the year 1960.

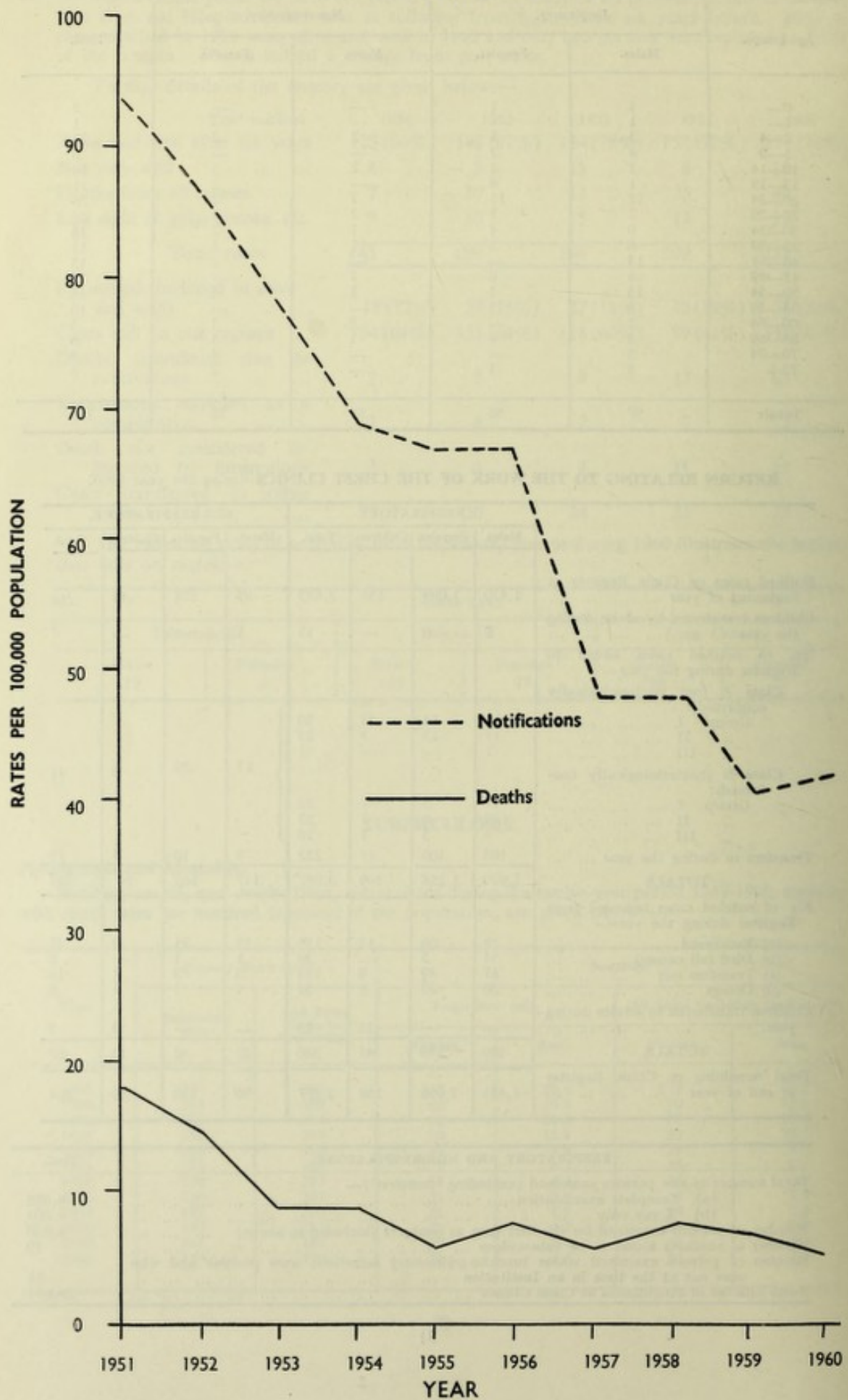
	RESPIRATORY.				NON-RESPIRATORY.			
	Males.	Females.	Children.	Total.	Males.	Females.	Children.	Total.
Notified cases on Clinic Register at beginning of year	1,430	1,089	156	2,675	95	128	43	266
Children transferred to adults during the year	9	6	—	15	1	4	—	5
No. of notified cases added to Register during the year—								
Class A (not bacteriologically confirmed):								
Group I	13	14	23	50	13	20	8	41
" II	11	13	1	25				
" III	1	—	—	1				
Class B (bacteriologically confirmed):								
Group I	17	5	—	22	8	10	1	19
" II	30	6	1	37				
" III	4	5	1	10				
Transfers in during the year	105	100	17	222	8	10	1	19
TOTALS	1,620	1,238	199	3,057	117	162	52	331
No. of notified cases removed from Register during the year—								
(a) Recovered	78	66	15	159	14	21	6	41
(b) Died (all causes)	34	5	—	39	1	1	—	2
(c) Transfers out	57	49	9	115	3	9	1	13
(d) Others	30	20	2	52	4	1	1	6
Children transferred to adults during year	—	—	15	15	—	—	5	5
TOTALS	199	140	41	380	22	32	13	67
Total remaining on Clinic Register at end of year	1,421	1,098	158	2,677	95	130	39	264

RESPIRATORY AND NON-RESPIRATORY.								Total.
Total number of new persons examined (excluding 'transfers')—								
(a) Complete examination								4,378
(b) X-ray only								4,009
Number of persons examined for the first time as contacts (included in above)								1,050
Number of contacts found to be tuberculous								19
Number of persons examined whose broncho-pulmonary secretions were positive and who were not at the time in an Institution								84
Total number of attendances at Chest Clinics								26,664

BUCKINGHAMSHIRE

TUBERCULOSIS (ALL FORMS)

Notification and Death Rates, 1951-60



SECTION 29—HOME HELP SERVICE.

The year under review has shown a steady increase in the demand upon the Service, most noticeably in the care of the aged and maternity cases.

Staff.

In view of the expansion of the Service and the increasing responsibilities imposed on the Area Organisers, it was decided to create a new post of County Organiser. This appointment was made in April, and it has greatly assisted in the co-ordination of the Service throughout the County.

At the end of the year, the establishment consisted of the County Home Help Organiser, four Area Organisers, four assistant organisers and four part-time clerks. During the year the organisers held a one-day conference which was attended by a Senior Medical Officer, Superintendent Health Visitor, Supervisor of Midwives, Senior County Almoner and an Administrative Officer, at which various aspects of the team work were discussed.

Good liaison is maintained with family doctors, health visitors, district nurses, hospital and county almoners, welfare officers and home teachers for the blind. Without this co-operation, the organisers would find it increasingly difficult to cope with their various problems, and such assistance is greatly appreciated as it adds much to the smooth running of the Service.

Laundry Service for Incontinent Patients.

Throughout the year, a large number of chronic cases is dealt with, automatically throwing great responsibility on the Home Help Service, particularly if they are incontinent. A difficult situation arises when there is excessive washing to be undertaken and no washing or drying facilities are available. To overcome this difficulty a laundry service was introduced for incontinent patients in the autumn. The laundering is done by a local hospital and already it has proved an invaluable service to all concerned. Without this service it would have been impossible in some cases to keep the patients in their own homes. Further details of the scheme are included in the section on Midwifery and Home Nursing.

Cases.

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

Area.	Acute Sick.	Chronic Sick.	Old Age.	Tuberculosis.	Maternity.	Good Neighbours.	Problem Families.	TOTAL.
<i>Aylesbury Area.</i>								
Aylesbury Borough	26	18	63	—	33	6	1	147
Aylesbury Rural	19	11	57	—	19	17	—	123
Linslade	3	6	15	—	4	8	—	36
Wing Rural	6	10	30	—	18	5	—	69
<i>North Bucks Area.</i>								
Bletchley	21	25	77	—	32	3	1	159
Buckingham	7	7	38	—	7	9	1	69
Newport Pagnell	2	2	21	—	—	5	—	30
Olney	1	2	11	1	1	3	—	19
Stony Stratford	1	3	33	—	1	5	—	43
Winslow Rural	—	2	17	—	7	3	—	29
Wolverton	13	18	101	—	18	8	1	159
<i>South Bucks Area.</i>								
Gerrards Cross, Denham and Fulmer	9	7	19	—	2	—	—	37
Slough and District	78	106	254	2	83	5	2	530
<i>Wycombe Area.</i>								
Amersham Rural West	3	12	14	—	10	2	—	41
Bourne End	14	8	23	—	20	2	—	67
Chalfont, Seer Green and Jordans	16	19	17	—	21	3	1	77
Chesham	50	75	58	2	30	5	2	222
High Wycombe	41	58	103	—	49	7	—	258
Marlow	8	11	27	—	19	2	—	67
Princes Risborough	6	5	17	—	9	5	—	42
Beaconsfield	5	3	8	—	8	—	—	24
TOTAL 1960	329	408	1,003	5	391	103	9	2,248
Cases included above carried over from 1959	54	228	693	5	6	56	3	1,045
TOTAL 1959	305	345	943	11	308	82	11	2,005

There has been a considerable increase in the total number of cases helped during the year, 2,248 compared with 2,005 during 1959. It is interesting to note from the statistics that the demand for home helps in the homes of tuberculosis patients is still falling steadily, five as compared with eleven in 1959.

Recruitment.

At the end of 1960, there were 459 part-time home helps employed, as compared with 403 at the end of 1959. The recruiting of suitable home helps still gives rise to anxiety, especially in the more remote areas of the county but in the towns there are very good teams. The majority of home helps look upon it as domestic work with a difference, and feel that they are doing a job which is both satisfying and rewarding. Several of the helps have volunteered to clean up neglected homes of the aged, which have been brought to light following a visit from the family doctor. The initial cleaning in such cases is a major task and it is anticipated that in the near future it will be possible to give extra remuneration for such duties.

Day Conference.

A one-day conference was held at Bletchley in November, at which 46 home helps from North Bucks attended. It proved a most interesting and instructive day for the home helps, giving them the opportunity of listening to informative talks, illustrated by films, given by senior members of the staff.

Uniform.

Home helps are now issued with nylon indoor uniforms which have greatly improved the standard of appearance and cleanliness as they are easily laundered.

Neighbourly Help Scheme.

This scheme, which has now completed its sixth year, is becoming increasingly recognised as a very worthwhile addition as it enables so many old folk to cling to their homes under the constant care of a good neighbour who is paid for the agreed service. Home helps employed on an hourly basis do not adequately cover the needs of such cases.

The following examples illustrate the type of case assisted under this scheme:—

1. An old lady, aged 94, living in a rural area, very feeble, needs someone to get her up in the morning, light the fire, prepare all her meals, do the shopping, cleaning, washing and lock up the house at night. The good neighbour is given the maximum of £2 per week for helping this case.
2. Husband and wife in their sixties, husband totally blind, wife suffering from an advanced stage of Parkinson's disease, with relatives, owing to family commitments, unable to assist until later in the day. The good neighbour goes in daily with the exception of Saturday and Sunday to light the fire, tidy living room and prepare the breakfast; she is also on call if an emergency arises. The rest of the work is undertaken by the relatives. The good neighbour is paid 25s./-d. per week.
3. Husband and wife, aged 86, both very feeble. A home help attends for two hours in the morning to help in getting the old lady up and cope with the cleaning. She lives too far away to return in the evening, so a good neighbour has undertaken the duty of getting the old lady to bed each night of the week. This good neighbour is paid 15s./-d. per week.

The good neighbour is paid for the service given rather than for the time spent at the house, and the duties are undertaken at a time mutually convenient. The organiser usually feels that little supervision is needed after the first week or so, as everything goes on quite smoothly. Compensatory additional payment is now given if the good neighbour is required to work on statutory holidays.

During the year, the number of cases helped in this way again showed an increase, 103 as against 82 the previous year.

Problem Families.

Home help, free of charge, was given to nine selected problem families under the development of the scheme authorised by the County Council in 1958. Some of the families assisted in this way appear to have derived considerable benefit from the help and instruction given by the carefully selected home helps.

SECTION 51—MENTAL HEALTH SERVICE.

The Mental Health Act, 1959, which has been coming into force piecemeal since October, 1959, was fully implemented on 1st November, 1960. The provisions which have been in operation throughout the year are those which permit mentally disordered persons to avail themselves of all facilities for handicapped persons without any special distinction being made because of their mental disorder.

The capital building projects indicated in last year's report, and dealt with elsewhere in this report, have progressed according to plan and it is hoped that a purpose-built junior and adult training centre in both Aylesbury and High Wycombe and one hostel for mentally disordered adult females in Aylesbury, will be opened during the next year. In addition, negotiations commenced for the purchase of a house in Aylesbury for conversion into a five-day hostel for mentally handicapped children; and plans for conversion of the Bletchley Clinic into a training centre were also in course of preparation.

Administration.

The Mental Health Sub-Committee has continued to meet quarterly to deal with the mental health policy in general and with day-to-day matters for that part of the county where Area Sub-Committees do not deal with mental health matters. Such day-to-day administration was delegated to the South Bucks and Wycombe Area Sub-Committees, and further details of this delegation are given under Section G of the report.

A special sub-committee has been appointed to approve doctors with special experience in mental disorder to carry out duties under the Mental Health Act and twenty-seven doctors were so approved.

A Senior Medical Officer and part-time Senior Assistant County Medical Officer work from the Central Office and the Area Medical Officers of the South Bucks and Wycombe Areas are now also concerned with duties under this Act.

A senior mental welfare officer supervises the fieldwork of two area and seven district mental welfare officers; as the mental welfare officers also carry out duties as welfare officers under the National Assistance Act, their work is, in fact, equivalent to that of five full-time workers in mental health.

The administration is carried out by an administrative officer and two clerks at the central office.

Staff Training.

Great stress continues to be laid on in-service training of the Mental Health staff. The continued co-operation of the Physician Superintendent and staff of St. John's Hospital has been of great value in this field.

All mental welfare officers continue to meet at monthly intervals at St. John's Psychiatric Hospital for case conferences, which are introduced by a lecture and include case demonstrations whenever suitable. The programme this year covered relevant aspects of mental subnormality, neuroses, mental illness in old people, epilepsy—its nature and social aspects—manic-depressive illness, organic mental illness and the medical aspect of rehabilitation. A special lecture on the preparation of case histories was given by the psychiatric social worker of the hospital.

Newly-appointed officers now spend some time with the psychiatric social worker on case-work in the hospital and, in this way, familiarise themselves with procedures and treatment there.

Training Centre staff again met for a one-day study course; this year's theme, centring on peculiarities in the development of mentally handicapped children, was outlined in a lecture by Miss Lydia Munday, Senior Clinical Psychologist at St. George's Hospital. The problem of the Three R's for older trainees was discussed by the Senior Medical Officer of the Mental Health Section. A film, "Play and Personality", dealing with the influence neurotic mothers have on the behaviour of their children, was shown as background material.

Outside courses were attended by one of the psychiatrists engaged in preventive psychiatry for the Authority who also attended three conferences on mental health of both adults and children, including the thirteenth annual meeting of the World Federation for Mental Health at Edinburgh, where she took part in a three-day study group on the "Teaching of the Principles of Mental Health".

The Senior Medical Officer attended the London Conference on "The Scientific Study of Mental Deficiency" convened by leading American and British organisations. This important international conference covered every branch of mental deficiency but tended to stress the purely scientific aspect of mental deficiency as against social and practical aspects. It has, however, served to establish mental deficiency as an important field of scientific study.

Both the Senior Medical Officer and the Senior Assistant County Medical Officer attended courses on child development directed by Dr. Ruth Griffiths. Training was given in the assessment of the abilities of babies by the use of the Griffiths Test. This test forms a useful addition to the psychometric equipment of the examining medical officer and greatly increases accuracy in the examination of the very young or extremely retarded subject.

Two members of training centre staff attended a one-day refresher course held by the National Association for Mental Health. One Supervisor, sponsored by her local branch, was given the opportunity by the Society for Mentally Handicapped Children to visit Holland with a study group and to observe the services for the mentally handicapped there.

Preventive Psychiatry.

The scheme for preventive psychiatry introduced in 1957 has continued and the psychiatrists concerned with this work submitted the following observations:—

Dr. Edith M. Booth has held sessions with child welfare centre staff and district nurses in Aylesbury, Chesham, High Wycombe and Wolverton and reports:

"The year 1960 was World Mental Health Year and a year of many meetings and conferences devoted to the subject of Mental Health, a subject which concerns us all and which seems to assume more importance every day.

During the year, the Buckinghamshire County Council afforded me the opportunity of attending three conferences on Mental Health, in all of which the emphasis was on the mental health of both adults and children, not only in this but in other countries. It was enheartening to come away from each of them feeling that, though undoubtedly there are many problems, there are in the world many people of goodwill (more than one would have thought) who are making great efforts to come to grips with them.

It is still true that in the field of Preventive Psychiatry a comparative handful of trained people is trying to deal with a large problem; it was therefore all the more surprising to find what great advances have been made in a short time and with such limited resources. It seems that at the present time public opinion in the greater part of the world is favourable for still greater developments in this field. Even the Iron Curtain has lifted and at Edinburgh Professor Sarkisoff of the Academy of Medical Sciences, Moscow, gave a most stimulating and touching address.

The World Federation for Mental Health held its 13th Annual Meeting in Edinburgh in August and much of what I say in this report was gleaned from the various lectures and discussions which there took place. I was particularly interested in the subject of the Teaching of the Principles of Mental Health and took part in a three-day study group on this subject, acting as 'Recorder' for a good part of the time. The group was composed of workers of various nationalities and many disciplines. It included psychiatric social workers, psychologists, teachers, nurses, psychiatrists and clergymen.

It was generally accepted that knowledge of the principles of Mental Health should be incorporated into the basic training of all those who, in their professional lives, have to deal with 'people'. Those in the community who have the responsibility of deciding or advising on the future of other human beings, e.g., lawyers, doctors, clergymen, marriage guidance counsellors, teachers, nurses, police officers—to mention but a few—should have had some training in the basic principles of mental health and the understanding of human development and behaviour. To some extent this is being done in other countries and, in a limited way, in our own. In parts of the U.S.A. and Canada, medical students, public health nurses, teachers and theological students are taught to work with people in ways which foster their mental health and make allowances for their mental handicaps. Teachers in the State of New York receive much of their training in child development in a Mental Health Clinic staffed by psychiatrists, psychologists, psychiatric social workers and a paediatrician—in other words, a clinic very similar to our local Child Guidance Clinics. This seems to be a satisfactory way of learning about child development and it should not be too difficult to use the Child Guidance Clinics, at any rate in Buckinghamshire, for this purpose. So far as staff numbers permit, it is gratifying to put on record the good start which has already been made in this special sphere.

Whilst I think it is desirable that the members of many professions should be given much more understanding of the basic principles of Mental Health, I realise that it would be a 'tall order' to train them all. We shall have to wait until they feel the need of this training and the event may prove that some professions will ask for it much sooner than others.

By a happy coincidence, 1960 also saw a complete abolition of the old regulations relating to Mental Health and the inception of what is a new era in treating mental illness. Towards the end of the year, the Mental Health Act of 1959 was fully implemented. It is, of course, too early to say what the results of this will be but we can be sure that with the emphasis on community care, much more teaching in psychiatric principles will have to be given to all those concerned with mental health and the care of the family.

The idea behind the community care of the mentally sick, mentally subnormal and mentally handicapped, is an enlightened one, but it anticipates that the community as a whole is prepared to understand and by understanding, to tolerate the shortcomings of those who are unfortunate enough to be handicapped in this way. Realistic thinking is needed, and we must be prepared for the undoubted fact that the presence in the community of an increasing number of mental invalids who formerly resided in special hospitals (unless and until they became completely well or died) will inevitably strain the community's resources, the community's patience and the community's tolerance to a greater extent than perhaps is appreciated. Those trained in the field of psychiatry and mental health tend to forget, although they cannot be unaware, that there is still a large number of educated people who

talk, and presumably think, in terms of "asylums", "lunatics", "madness", "insanity", even though these appellations have been out of date except as terms of abuse, for at least thirty years. The education of the public about mental illness and mental health is still a great problem and one which must be faced. No Act of Parliament can eradicate or even decrease mental illness and mental sub-normality (the attempt to do this coming into the field of Psychological and Preventive Medicine) and, for as far ahead as we can see, they will still be with us.

What then can be done in this comparatively new and rapidly growing field of preventive psychiatry? How then can the most effective use be made of the powers now conferred by the Mental Health Act on the Local Authority, powers which will be largely nullified without an interested and co-operative community? We have to help the public and the professions to accept that psychiatric illness is not different from physical illness and that, indeed, many kinds of psychiatric illness are due to physical causes. Conversely, many illnesses regarded as physical originate from emotional disturbance and personal problems in the individual patient. We have also to make the public aware of the great successes in treating psychiatric illness, especially the graver kinds, which have come about in the last few years. It is in fact in the treatment of these major psychiatric illnesses that the greatest successes have been achieved. Because of these successes, I feel that we have to sound a note of caution and to try to get across to the public that we cannot guarantee comparable success in the treatment of the minor mental disorders, the common anxieties and emotional disturbances which are part of our human lot. We must resist all attempts to glamourise psychiatry and to regard it as the way to a new Utopia. We must accept the fact that, in common with all branches of the healing art, Psychological medicine has its failures as well as its successes.

It is encouraging that so many sections of the general public are asking for enlightenment about psychological medicine and mental health. It is reassuring to find that responsible people and organisations do not rely entirely for their information about these subjects on the more lurid and sensational sections of the National Press.

During the year, talks on Mental Health and Psychological Medicine have been given to Mothers' Clubs, Young Wives' Clubs, Parent/Teacher Associations, Magistrates and Probation Officers and Senior Secondary School Girls.

In March, the discussion group composed of the Psychiatrist and the Wolverton Health Visitors came to an end. This group had been in operation for 2½ years, meeting on alternate Tuesdays and with the Psychiatrist visiting the Child Welfare Clinic frequently. It was one of the first groups to be started and proved to be one of the most successful. Possible reasons for this success were that, (i) it was small, (ii) that it met regularly, and (iii) that there was ample case material for discussion—a good deal coming from the Child Welfare Clinic. Each member of the group had a positive attitude towards mental health and proved capable of developing a good deal of insight into their own and other people's problems. There was only one change in personnel (during the whole of the 2½ years) so that, additionally, the group was a stable one. This group was visited by several workers in the field and was thus used a good deal for demonstration purposes.

I was sorry to say au revoir to the group and hope that at some future date we shall be able to meet again. I am sure that the experience gained by the Health Visitors during our 2½ years of study will be most helpful when the Child Guidance Service starts in the north of the County, as it seems likely to do soon.

During the year the group of Health Visitors at Chesham was also disbanded and a similar group started in High Wycombe. The Chesham group was a large one, it soon assumed its own characteristics and I feel too that it was successful.

During the year, discussion groups were started with the District Nurses who combine home nursing and midwifery, and in some cases health visiting. Group discussions were held in Olney, Wolverton and Steeple Claydon. These were both successful and stimulating.

Although in the Preventive Psychiatry sessions, the Health Visitors join in discussion groups and often present cases of their own, both they and the Medical Officers of the Child Welfare Clinics have also a close link with the Child Guidance Clinic. The District Nurses, the Health Visitors, the School Medical Officers and those working in Child Welfare Clinics are able to visit the Child Guidance Clinic at any time and to discuss with the Psychiatrist or the Psychiatric Social Worker individual problems of emotional development and behaviour disorders which they encounter in their day-to-day work with mothers and young children. In this County, Child Guidance and Preventive Psychiatry are, as they should be, closely related, and form part of a Comprehensive Mental Health Service with close links with General Psychiatry, Paediatrics, and the Midwifery & Child Welfare Services.

It is a pleasure to thank all my colleagues in both the Health and Education Departments for their interest in the subject of Preventive Psychiatry and for the help which they so freely give me."

Dr. Mildred Pott reports:—

" . . . Work for the prevention of mental ill health has been undertaken by me both through group discussions and individual consultations with professional men and women working in the community. Short courses in the form of discussion groups have been undertaken with health visitors, midwives and nurses, with child care officers, probation officers and other social workers, and one group was organised for head teachers from a selected area of Slough. This was the first teachers' group we had attempted—head teachers of all schools in the Cippenham and Burnham district were invited and discussions were stimulating and useful. It was particularly valuable to have an exchange of ideas and experiences of head teachers working in the same area as often families were known to several members of the group. In this group, as with others, the meetings were arranged weekly for three to six weeks followed by a break of three months after which there were two further group discussions. This arrangement of alternating group meetings with fallow periods seems to be practical and prevents undue anxiety being roused in group members. The fallow period allows time for assimilation of new ideas and integration of these with experience in daily work.

Owing to the number of health visitors, midwives and district nurses, we have had several groups of each and been able to fit in preliminary discussions and follow up meetings in most cases.

One group containing a cross section of workers in the Langley area was attempted. The group contained school medical officer, health visitors, probation officers, housing officers, child care workers and moral welfare worker. This was not a successful group as the attendance of members was irregular and we were unable to meet often enough to allow group relationships to develop. I believe, however, that a similar group should be attempted later in another area as exchange of ideas between different professional workers should prove fruitful. It is impossible to assess in detail the value of this work as we are dealing with intangibles—with attitudes and prejudices, with anxieties and adjustments. We are helping workers to become more aware of mental health problems and more sensitive and confident in dealing with them. None of these things can be measured accurately but we have reason to believe that these discussion groups are enjoyed and valued and those who attend are making a contribution in their own work towards prevention of mental illness. We have arranged single meetings or discussions for general practitioners and magistrates. The response from these groups was disappointing. I believe this was partly because the times for the meetings were not convenient and both doctors and magistrates suffer from pressure of work, but I think also considerable apathy and lack of interest exists. No further attempts will be made to contact these groups in 1961 as there is more than enough work for the time available waiting to be done with groups of people showing awareness of the problems and interest in them.

The extension of our work in the community has brought us closer than ever to social agencies and individual workers, and we are grateful to them for their help and co-operation in many of our difficult cases

Co-operation with Regional Hospital Boards and Hospital Management Committees.

A number of members of the Mental Health Sub-Committee and senior medical staff of the department serve on Hospital Management Committees and thereby satisfactory co-ordination of services is achieved.

Relationships between staff of hospitals and the local health authority have continued to be most cordial.

The senior medical officers in the Mental Health Section attend weekly case demonstrations and discussions at St. John's Hospital. In this way a close personal contact is maintained and matters of mutual interest can often be discussed informally.

Work undertaken by Voluntary Societies.

Although no statutory functions are delegated to them the Bucks Voluntary Association for Mental Welfare has continued to give valuable assistance in many ways. The Association employed nine home teachers to give home tuition to eleven cases, and special grants have been made for clothing, towards holidays, assisting relatives with the cost of fares to visit hospital patients and contributions towards the funds of the social clubs in Aylesbury and Slough. The Association has continued to give a present of 10/- at Christmas to mentally handicapped children and unemployable adults who are unable to attend training centres.

The Association's Annual General Meeting took place during Mental Health Week and was combined with a Mental Health Exhibition arranged by the staff of the Mental Health Section. A film, "Mr. Finley's Feelings", dealing with the interaction of emotion and behaviour in adults under strain, was shown and was followed by a talk by a consultant psychiatrist on the role played by relatives of mentally ill patients.

The Brighton Guardianship Society has continued to supervise four patients, of whom three are under Guardianship Orders. The fourth patient receives the same supervision though no Order is in force. This informal procedure will be followed whenever possible.

Work undertaken in the Community.

(a) Prevention of Illness, Care and After-Care.

This service, which received its first impetus from the case conferences started at St. John's Hospital, Stone, in October, 1957, continues to increase, as can be seen from the following:—

	1957	1958	1959	1960
Cases visited	28	158	195	290

Of the 290 cases visited, 167 were new cases which occurred during the year. In all 986 visits were made. Our aim in this field is to enable patients to return home as soon as they are no longer in need of hospital treatment and to give support to the relatives caring for them.

In addition, advice and assistance were given to 19 persons who, although not requiring admission to hospital, were brought to the notice of mental welfare officers by their family doctors, relatives or other agencies.

Under the Mental Health Act the Local Health Authority is now responsible for residential accommodation for mentally disordered persons but as yet few suitable hostels are available. Arrangements were made for one mentally ill person who did not require treatment in a psychiatric hospital, but who was unsuitable for welfare accommodation, to be admitted to a private nursing home for which the Authority assumed financial responsibility.

(b) (i) **Lunacy and Mental Treatment Acts (1890—1930).**

These Acts were still in force from 1st January to 31st October, and the following table shows patients who were admitted under the Acts by mental welfare officers during this period:—

	1960	1959	1958
Under Summary Reception Order	95	152	174
As Temporary Patients	—	6	3
As Voluntary Patients	99	174	233
Total	194	332	410

Although these figures only cover a ten-month period there has been an undoubted decline in the number of admissions under any form of compulsion. It is gratifying to note that only 14 of compulsorily detained patients were aged 65 and over. The assistance of the mental welfare officer has been required in a diminishing number of voluntary admissions. Such patients will in future be admitted informally.

(ii) **Mental Health Act, 1959.**

Since the Mental Health Act, 1959, came into force on the 1st November, the following have been admitted with the assistance of mental welfare officers as "detained patients":—

	Male	Female	Total
For observation (Section 25)	2	10	12
For treatment (Section 26)	5	5	10
In emergency (Section 29)	—	1	1
By order of Court (Section 60)	1	—	1
Total	8	16	24

Only two of these patients were over 65 years of age.

In addition, the mental welfare officers assisted in the informal admission of 26 patients (14 male and 12 female).

(c) **Referral of Mentally Subnormal Patients.**

The following new cases were reported during the year:—

	Under 16		Over 16		Total	
	M	F	M	F	1960	1959
Notified as unsuitable for education ...	33	17	—	—	50	
Referred for care or guidance after leaving special school	19	9	3	1	32	
Referred for care or guidance after leaving ordinary school	7	6	—	—	13	
Referred for action by Police Courts ...	—	—	3	—	3	
Referred for action by other sources ...	6	7	23	11	47	
Cases investigated but no subsequent action necessary	10	4	1	1	16	
Total ...	75	43	30	13	161	144

Of the cases referred, 138 were placed under community care and seven were admitted to hospital care. One patient was placed under guardianship after a period of licence from hospital.

Home circumstances reports were furnished by mental welfare officers for 48 patients and a further 27 patients were supervised whilst on licence from hospital.

The total number of cases on the Authority's Register at the end of the year was:—

	Under 16		Over 16		Total	
	M	F	M	F	1960	1959
Under community care	177	66	299	299	781	710
Under guardianship	—	—	3	9	12	9

Short-term care has continued to play its part in enabling patients to remain in the community and in alleviating the burden imposed on the families of patients on the waiting list for permanent care. During the year 50 were admitted to hospital and four to private homes. All demands for temporary care were met.

The waiting list for long-term hospital care as on the 31st December, 1960, was:—

	Under 16		Over 16		Total	
	M	F	M	F	1960	1959
In urgent need of hospital care:—						
cot and chair cases	3	1	1	—	5	3
low and medium grade ambulant cases	5	2	6	2	15	10
high grade cases	—	—	—	—	—	1
Not at present in urgent need of hospital care:—						
cot and chair cases	2	3	4	—	9	7
low and medium grade ambulant cases	6	2	4	4	16	14
high grade cases	—	—	—	—	—	1
Total ...	16	8	15	6	45	36

With the exception of three court cases, all the 22 mentally subnormal and severely subnormal patients admitted during the year entered hospital as informal patients.

Three of these admissions returned at their relatives' request and only one was discharged by the hospital, illustrating the protracted nature of treatment of the mentally subnormal.

Arrangements for Occupation and Training.

Six Centres are now open full-time, and the number of trainees has increased from 145 to 178 during the year.

The Centres are staffed by six supervisors (two N.A.M.H. qualified), seven assistants (two N.A.M.H. qualified) and three helpers. The unqualified supervisors have all held their posts since the Centres were first opened between 1951 and 1953 and were originally home teachers to mentally handicapped children.

The post of male instructor in the South Bucks area has so far remained unfilled due to lack of suitable applicants.

The following table shows the numbers under training:—

	Under 16		Over 16		Total
	M	F	M	F	
In full-time Centres:—					
Aylesbury	16	6	2	5	29
Buckingham	5	1	4	4	14
Chesham	7	6	5	1	19
Slough	29	16	5	12	62
Wolverton	7	8	3	8	26
Wycombe	11	6	4	5	26
Out County Centre	—	—	—	2	2
	75	43	23	37	178
In day hospital	4	2	3	—	9
In occupational therapy workshop	—	—	1	—	1
From home teachers and occupational therapists	3	2	4	11	20
Total ...	82	47	31	48	208

Five of the older trainees found work during the year for several weeks but four girls had to return to the Centre for a period of further training as they were found to be too slow. One boy has remained in work in a local factory.

Two children, one of whom had attended the Chesham Centre and made good progress there, have been re-examined and found suitable for education.

At the request of their parents, two children are at present attending Training Centres for observation and assessment prior to formal notification as unsuitable for education.

Each supervisor has endeavoured to provide useful and where possible remunerative activities for the older trainees. These have included toy-making and production of Christmas cards and crackers, over 700 cards being sold at the Aylesbury, Buckingham and Slough Centres. At Aylesbury, Chesham and Slough Centres a limited quantity of outwork has been carried out including packaging of various products, stapling and preparation of printed material for post.

All trainees attending the Centres undergo routine physical examination once a year. During this year a test for phenylketonuria was included. This was done to establish the incidence of the disease among the severely mentally subnormal in the county and to try and prevent the development of the disease in any future siblings. One positive result was obtained among the 115 trainees tested and as the mother in this case was expecting another baby early next year, facilities were made available at the hospital for early tests of the new baby.

Special psychometric and physical examinations are carried out in individual cases. A physiotherapist visited three Centres during the year and advised on special exercises in individual cases selected by the examining medical officer.

Trainees found to need dental treatment at their annual examination are referred through their general practitioners to hospitals or family dentists. In the Slough Centre a routine dental inspection was carried out by the school dentist for the first time this year. This was done in response to a request by the local Parents' Group and was much appreciated. It is hoped to introduce this service in the other Centres when sufficient dental staff is available.

Mid-day meals are supplied from school canteens at the usual charge of 1/- to the parents. Meals were supplied free for 16 trainees, where payment would have caused hardship.

Transport.

The six Centres provide training and occupation for 178 severely mentally subnormal persons. Of these, only 28 live near enough to walk or are able to use public transport to reach the Centre and the remaining 150 have to be transported by ambulance sitting car or private contractors' coaches. The distance covered daily in journeys to and from each Centre ranged from 61 to 185 miles, involving one to four vehicles per Centre, at an approximate total cost of £7,400 per annum.

General Activities in the Centres.

Open Days and Christmas parties were held in all six Centres and a grant of 10/- per head was made by the County Health Committee for Christmas festivities. These parties serve to introduce members of the public to the Centres and the trainees. The socially acceptable behaviour of the trainees repeatedly arouses surprise and lays a good foundation for future life in the community.

The Supervisors of High Wycombe and Slough Training Centres organised a two-week and one-week holiday for 48 trainees at a Children's Holiday Camp at Dymchurch in Kent. The groups were accompanied by five members of the staff and five voluntary helpers. The cost was shared by the parents and the Parent and Teachers' Association.

The Supervisor in Slough took four of the adult female trainees on a week's holiday to Somerset where they lived in the Exford Youth Hostel and took daily walks into the surrounding countryside. The regime of the hostel includes a share of domestic tasks which the girls carried out in just the same way as the other normal residents at the hostel.

Day outings to London Airport, the circus and zoo, the river and countryside, were organised by the Centres. There is a growing interest in such organisations as the Women's Institutes, Rotary Club, Inner Wheel and British Legion, who increasingly invite our trainees to outings and social occasions.

Social Clubs.

The Aylesbury Club for mentally subnormal girls continued to meet regularly throughout the year and is now attended by fourteen members. With the help of voluntary workers it is led by the mental welfare officer on the Central Staff and she reports:—

"The club members now form a strong social group who have been meeting regularly, some since the club first commenced in September, 1957. The club meetings combine a session of sewing or similar activity with dancing or games, broken by 'family' tea. Activities during the summer included visits to the local park for clock golf and a special day outing to the river for a steamer trip. Christmas was celebrated with a party and visit to the Pantomime.

The club has been extremely helpful to the members in providing acceptable companionship and some of the girls frequently arrange outings on their own in groups of two or three. Friendships have arisen from the club which help to fill the gaps in these girls' normal life and the Social Worker is able to see them more frequently than would otherwise be possible so that they can bring any problem to her almost as it arises, if not beforehand.

The running of the club and preparation of teas is done by the girls themselves, each member paying a subscription of sixpence towards the cost."

The Friendly Club in Slough is attended by 21 mentally handicapped who are usually accompanied by their parents and meet every fortnight. This club which serves to entertain the mentally handicapped also provides social contact for relatives. The mental welfare officer who visits patients in their homes keeps in touch with club activities and attends meetings.

Mental Health Education.

The World Health Organisation designated 1960 as Mental Health Year during which efforts were to be made to bring to public attention the needs of the mentally disordered, the provision being made for them and the contribution which the community can make. All Centres had Open Days during Mental Health Week which were well attended by the general public.

The annual general meeting of the Bucks Voluntary Association for Mental Welfare, which was also held during this week, was combined with an exhibition produced by the staff of the Health Department, showing the facilities available in the county for the treatment and care of both mentally ill and mentally subnormal patients. The exhibition was also shown briefly in High Wycombe and Marlow. The Health Department co-operated with the Workers' Educational Association in Aylesbury in organising a course of 12 lectures covering the main aspects of mental health. The lectures were given by specialists in the individual subjects drawn from our own staff and St. John's Hospital. This series was so successful, class attendances ranging between 40 and 60, that at the end of the year the Workers' Educational Association group in Slough asked for a similar course to be arranged in their area.

An increased demand for lectures on mental health subjects was evident this year and 176 sessions of the health education programme concerned mental health subjects in general. Forty-five of these (compared with 16 in 1959) were given by the staff of the Mental Health Section on special aspects of prevention, treatment and community services for mental disorder.

It is difficult to assess positive results from a programme of education in mental health but it is significant that when plans for new hostels and centres have been announced there has been an absence of opposition from the public as experienced elsewhere.

SECTION C.—NATIONAL ASSISTANCE ACT, 1948.

WELFARE SERVICES FOR THE AGED

Welfare Accommodation.

A new purpose-built home in High Wycombe was completed during the year and the first resident was admitted on the 2nd September. By the end of the year all the 56 places were occupied. Many of the residents were transferred to High Wycombe from other County Council homes in order to be nearer to relatives and friends.

The women in the 'serviced' accommodation at Amersham General Hospital have been transferred to other homes, and there are now only 19 men resident at Amersham.

The alterations to the Part III accommodation at Tindal General Hospital, mentioned in my report last year, are nearing completion.

Plans to extend the accommodation available at The Green, Newport Pagnell and for new homes to be erected at Bletchley and Chesham were submitted to the Minister of Health, and at the time of writing this report the plans had been approved and loan consent issued to enable the work on all three projects to start during 1961.

Many voluntary organisations have taken a great deal of interest in the homes and again, I would like to say how much this interest is appreciated by the residents.

Statistics.

The following table shows the number of persons in accommodation provided in accordance with Part III of the National Assistance Act, 1948, on the 31st December, 1960. Corresponding numbers for the previous year are shown in brackets.

	Males.	Females.	Total.
(i) Homes provided by Council	84 (66)	206 (182)	290 (248)
(ii) 'Serviced' accommodation	102 (102)	30 (39)	132 (141)
(iii) Homes provided in conjunction with Bucks Old People's Welfare Com- mittee	9 (9)	52 (50)	61 (59)
(iv) Katharine Knapp Home for the Blind	6 (6)	14 (14)	20 (20)
(v) Homes provided by voluntary bodies and other local authorities	56 (62)	112 (97)	168 (159)
(vi) Temporary accommodation for evicted families	17 (17)	14 (12)	31 (29)
Totals	274 (262)	428 (394)	702 (656)

The number of persons awaiting admission to accommodation on the 31st December, 1960, was:—

Males	99 (65)
Females	139 (146)
Total	238 (211)

Admissions to welfare accommodation during the year were as follows:—

Permanent admissions to Council's homes, etc.	190 (130)
Holiday admissions	58 (40)
Periodic admissions	31 (27)
Temporary admissions	12 (7)
Homes provided by voluntary bodies, etc.	51 (44)
Total	342 (248)

Chiropody.

The arrangements by which the County Council provide a chiropody service for the elderly through the voluntary clubs commenced on the 1st April, 1960, and proved far more expensive than was at first anticipated.

From October, 1960, the arrangements had to be restricted to those women over 60 and men over 65 years who were in receipt of a supplementary allowance from the National Assistance Board.

The amount of work which has been done by local old people's welfare clubs in connection with the service is greatly appreciated, and a large number of old people have benefited as a result.

Inspection of Disabled Persons' and Old Persons' Homes.

Inspection of privately owned homes for the aged and infirm registered under the provisions of the National Assistance Act, has been carried out systematically throughout the year.

Several of the homes were visited by the Regional Welfare Officer of the Ministry of Health, who commented on the generally good standards which were maintained.

The following are the statistics for the year:—

No. of homes on register at 31st December, 1960	...	...	...	...	17
No. of visits paid during 1960 (including 32 by welfare officers)	...	...	...	...	41
No. of new registrations	...	...	...	...	5
No. of homes closed	...	...	...	...	—

Problem Families.

Co-operation between the Welfare Authority and Local Housing Authorities.

Eleven housing authorities have taken advantage of the guaranteed rent scheme referred to in previous reports.

The object of the scheme, with its guarantee, is to safeguard the tenancy whilst the County Council welfare officer exercises every opportunity to try and re-establish the family to fulfil its responsibilities.

Close co-operation has been maintained between the County Council and the housing authorities, and frequent case conferences are held to co-ordinate the social work necessary and discuss special problems.

In all cases accepted under the scheme, there are several children involved who would almost inevitably become the responsibility of the County Council if the housing authority exercised the right to obtain possession of the house for non-payment of rent.

The following table shows the number of adults and children under school leaving age involved in those cases where a guarantee was in operation on the 31st December, 1960:—

	Males.	Females.
No. of adults	20	21
No. of children	105	

Meals on Wheels.

The Women's Voluntary Service are still providing meals on wheels and have been able to extend the work in one or two districts in the south of the County. The number of meals supplied during 1960 was 25,131 compared with 23,283 in 1959. The cost of subsidies in 1960 was £943 0s. 9d. Other costs included reimbursement of travelling expenses and purchase of containers.

Co-operation between Welfare Authority and Regional Hospital Board.

In previous reports I have referred to the arrangements made for the appointment of a Consultant Physician in Geriatrics jointly by the County Council and the Oxford Regional Hospital Board. Dr. Leopold Wollner, who now undertakes these duties, has submitted the following report:—

"Close co-operation between the Hospital and Welfare Services has continued. A comprehensive geriatric service is being developed whereby continuation of observation, treatment and care can be provided by the combined use of the Local Health Authority and Hospital services.

Hospital Services

There has been no change in the number of geriatric and chronic sick beds in the area. Acute nursing shortage had necessitated the temporary closure of several beds during the year. A new geriatric block at Amersham General Hospital is, however, in an advanced stage of planning. There is a need for a daily living unit for the assessment and training of patients in the problems of daily living and self care. Attendance of day patients has proved a valuable service and it is hoped that this can be further expanded.

Pre-admission assessment and a programme of after-care has been developed further. The joint appointment of a Hospital and County Almoner has in this way proved most valuable.

Welfare Services.

A certain number of elderly people who are quite fit are admitted to Part III accommodation purely because no other housing accommodation can be found for them. The majority, however, are infirm and it is, therefore, becoming clear that an increasing number of residents in Welfare accommodation are becoming more frail and infirm. Ground floor accommodation, day and night attendance, and the introduction of minor aids have become essential. These facilities are available in the new hostel at Beechlands, High Wycombe, which was opened during 1960 and this has proved of the greatest value. A physiotherapy service in the hostels to maintain the physical activity of the residents has also continued."

Buckinghamshire Old People's Welfare Committee.

Mr. R. L. G. White, Honorary Secretary of the Buckinghamshire Old People's Welfare Committee, has submitted the following report on the work of the Committee during 1960:—

"Seven new old people's clubs opened during the year, making a total of 97 clubs in the County with an approximate membership of ten thousand.

The need for daily clubs in larger parishes is now realised, and the third permanent daily club in the county was opened at Olney in December. The Committee welcome this step and will continue to encourage and develop daily clubs.

The Slough and District Old People's Welfare Group are organising a rally for members of the clubs in Slough and district when talks will be given on home nursing, first aid, national assistance, etc. This is unique and is being followed with interest by the National Old People's Welfare Council.

Interest in the voluntary field of old people's welfare continues to increase, and more local committees are in process of being formed, whilst the courses throughout the year have been well attended.

With the County Council providing a chiropody service the Committee has been able to utilise its funds to a larger extent in developing the work of old people's welfare, and assisting certain committees and clubs with pioneer schemes."

WELFARE OF THE HANDICAPPED

"The emphasis in all social work with the handicapped should be on people who are handicapped rather than on handicapped people." (Younghusband Report p. 610). Looking back over the year's work, the truth of this statement is evident. The number of new referrals made during the year was 595, but this number gives no indication of the widely different problems which have been presented, nor of the great variation in time and skill required in giving help. Some patients who have needed the most help have not been as severely handicapped as others who have more quickly and easily made use of the services available. A sixty-six year old widow, suffering from an anxiety state and unwilling to go into hospital, was referred by her doctor. She was upset over family quarrels and the difficulties over settling into her new home. She needed very frequent visits from the almoner over a period of two or three weeks and still is being seen weekly. This intensive help has been effective as she has now recovered so well that there is no question of entering hospital and she is beginning to work out her own plans for her future. Another patient with an amputation—a severe but not unmanageable handicap in itself—and seeking new employment, has needed a great deal of time spent with her, because her personality difficulties have got in the way of a good adjustment to her handicap. In other cases, because of their more adaptable personalities together with good family relationships and neighbourly help, much more severely handicapped patients have been able to achieve remarkable success in living in the community.

This difference in the individual's response to his or her handicap was one of the considerations underlying the experiment in 1959 of appointing two social workers who were not qualified almoners. These social workers have continued to work alongside and under the supervision of an almoner and have given a valuable service to those patients whose problems have been more simple and straightforward. In the Slough area, where the almoner and the social worker have had a full year of work uninterrupted by staff changes, 172 new cases were undertaken by the almoner and 99 by the social worker. It looks as if the proportion of work may stabilise at approximately a ratio of three to two between almoners and social workers, in the areas where they are working together.

It is, however, important to remember that social work for the handicapped must go alongside good practical and social facilities. Efforts to overcome the anxiety, loneliness and physical discomforts of disability and to reach out to wider interests and more normal living can be fostered and are often successful. But the sense of frustration and disappointment are all the greater if there are no satisfactory outlets for these hardly won achievements. There has been an increasing demand for suitable work for the handicapped. Co-operation with the Ministry of Labour services for the disabled has been maintained, but the placing of those who can take a place in normal industrial life has been a problem especially in some areas of the county. For those who cannot work under ordinary conditions, sheltered workshops and domiciliary occupational therapy provide a valuable outlet and could, with advantage, be more widely used.

The emphasis in current medical care on maintaining the handicapped at home has led to increased demands on the loan service for equipment for home nursing and other aids. Where the need for these aids is permanent, efforts have been made to help patients buy what is required. During the year, too, holidays have been arranged for a few handicapped persons whose needs were especially well-known to the County Almoners. The National Association for the Paralysed have given much help in these plans, which have provided valuable support for both patients and their families in their efforts to live a normal life in the community without undue stress. Convalescence was recommended for 108 patients during the year. Of these 97 were accepted and went away for periods of two to four weeks, and the remaining eleven were accepted but did not go away for various reasons.

The Care Committees have continued to meet at three-monthly intervals and help has been given from both voluntary and statutory funds. Where patients need financial help, every effort is made to raise money from resources, charitable or otherwise, on which they have special claims. The Care Committees have raised and dispensed voluntary funds where help from other sources has not been available. Raising voluntary funds is not an easy task, but it is a very essential one if the Committees are to continue to give the kind of help they have done in the past. A debt of gratitude must be accorded to the Committee members who have worked hard to raise money for the voluntary funds.

A particular feature of the year has been the volume of work undertaken for elderly people and for the hospital geriatric services. This is part of the total picture of increasing numbers of the aged in the population and of expanding geriatric medical services in the county. New developments in these services will undoubtedly come. More and more old people are helped to recovery or partial recovery through new medical techniques. They are encouraged to remain in the community as long as possible, with the support of their families and the domiciliary health service. Some of these elderly folk need the continuing interest of the almoner or social worker, and their relatives often too need help and support in carrying a heavy load of responsibility and sheer physical strain.

Finally, no annual report for 1960 can leave unrecorded Miss Swallow's valuable work and devoted interest during the years she was Senior County Almoner. During this time many changes and developments have taken place in the services for the handicapped. Miss Swallow put a great deal of thought and work into the growth of these services. As well, she found time to serve on the Younghusband Committee. Care Committees, staff and patients have all expressed regret at her leaving, which has been joined with very good wishes for her future happiness.

Occupational Therapy.

A total of 485 patients received treatment throughout the year. New cases referred for treatment by general practitioners and hospital consultants numbered 103, and 11,036 home visits were made by the Occupational Therapists. Of the 169 patients discharged, 28 were fit to return to open employment, 94 were considered to have obtained the maximum benefit from treatment and 47 died. The Old People's Homes were visited on 397 occasions, the Slough Disabled Men's Club 35 times and the Slough Training Centre nine times. At each of these visits group and individual occupational therapy was given.

The steady expansion of work which has taken place year by year since the service started has been slightly checked this year due to a number of staff changes. Two of the Occupational Therapists went abroad and another two had to leave because of family responsibilities. As some delay in obtaining replacements was inevitable and the number of cases referred remained more or less constant, it was necessary to open a waiting list for treatment and to take a more critical view of the progress of some of the patients who had been receiving treatment for a considerable time. However, it is never easy to assess which patients may be discharged as having received maximum benefit unless this is judged simply from the physical viewpoint. Occupational therapy for the disabled persons in their homes involves much more than straightforward therapy. Their regular meetings with the Occupational Therapist, discussions of their problems and the support they receive are, for some, the only factors which weight the scales down on the side of activity and contentment against apathy and depression. Time, therefore, is an essential commodity in this as in other personal services and for this reason individual case loads must be kept as far as possible limited within bounds.

The Aylesbury workshop has continued its successful career which depends to some extent on the availability of factory outwork in the area. Out of the 46 patients who attended regularly, seven were able to resume open employment again. This is a satisfactory result considering that very few of the patients who attended were initially considered as cases who might be rehabilitated to the extent of returning to work. For the others the workroom has provided congenial occupation, companionship and a small addition to any statutory financial assistance they may receive.

Bletchley workroom was opened during 1959 and this year 18 patients have received treatment, 16 of whom have attended regularly on the two days each week on which it has been open. It is hoped that the number of days may be extended when more staff are available.

Home treatment is, of course, still the backbone of the service and it will be noted that the number of home visits has increased. Some of the patients do factory outwork but the majority do craft work which after an initial period usually reaches a sufficiently high standard for sale on its own merits. Successful sales were held in the County Offices, at local shows and at stalls run in conjunction with voluntary organisations. Besides this, regular sales were maintained at the Aylesbury market stall and the Helping Hand Shop in High Wycombe.

The Christmas dinner held in Aylesbury for the patients seems to have become a permanent feature. Funds are collected within the department and last year it was as usual a most enjoyable occasion, not only for the patients but also for those who helped.

WELFARE OF THE BLIND

Registration. The number of registered blind persons on 31st December, 1960, was 753 compared with 728 on 31st December, 1959. During the year under review 99 new cases were registered and there were 27 inward transfers. Removals from the register for various reasons such as death, left the county, etc., totalled 101.

Blind Population. The ages of the blind population in the county at the end of the year are shown in the following table which is in accordance with the age distribution required by the Ministry of Health.

0	1	2	3	4	5—10	11—15	16—20	21—29	30—39	40—49	50—59	60—64	65—69	70—79	80—84	85—89	90 and Over	Age N.K.	Total
—	1	1	1	2	14	16	10	17	23	55	77	42	60	212	111	73	38	—	753

Register of Partially Sighted Cases. The County Council's Scheme approved by the Minister of Health provides that a register shall be kept of the partially sighted. The number of partially sighted cases on the register at 31st December, 1960, was 254, 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
—	2	34	9	41	35	133	254

The number on the register at 31st December, 1959, was 209.

Observation Register. During the year under review seven cases were certified as blind and at the end of the year there were 117 under observation.

Incidence of Blindness and Partial Sight. The following table gives particulars of the 99 blind and 62 partially sighted cases certified during the year.

	Cause of Disability					
	Cataract		Glaucoma		Others	
	Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted
(1) Number of cases registered during the year	34	27	11	1	54	34
(2) Number of cases where treatment was recommended	21	16	7	1	11	13
(3) Number of cases at (2) above which on follow up received treatment	2	3	—	—	—	1

Ophthalmia Neonatorum. During the year 13 cases of ophthalmia neonatorum were notified, 12 institutional and one domiciliary.

Employment.

(i) **Homeworkers.** The Royal London Society for the Blind operates the Homeworkers' Scheme in the county and on the 31st December, 1960, there were fourteen blind persons in Class A and one in Class B. The scheme has functioned very well during the year.

Class A.		Class B.	
Basket Makers	5	Machine Knitter	1
Machine Knitters	5		
Piano Tuners	4		

There was also one braille copyist included by arrangement in the Scheme operated by the National Library for the Blind.

(ii) **Workshop Employees.** At the end of the year under review there were two female machine knitters and one male basket maker from the County in the London Workshops of the Royal London Society for the Blind.

(iii) **Other Employment.** At the end of the year 107 blind persons were usefully employed and the following table gives details of their employment:—

Agricultural Worker	1	Massage and Physiotherapy	1
Basket Workers	7	Mat Makers	3
Upholsterers	2	Minister of Religion	1
Boot Repairer	1	Music Teachers	2
Chair Seater	1	Piano Tuners	5
Clerks and Typists	6	Porters	4
Dealer and Shopkeeper	1	Poultry Keepers	5
Domestic Workers	3	School Teacher	1
Factory Operatives	31	Telephone Operators	5
Gardener	1	Open employment other than	
Labourers	7	already catalogued	9
Legal Profession	1	Miscellaneous	1
Machine Knitters	8		

Placement Service. The use of the Placement Service of the Royal National Institute for the Blind for the placement of suitable blind persons in open industry was continued. In addition, arrangements are made through this service in conjunction with the Ministry of Labour for rehabilitation or training where considered necessary.

The Royal National Institute for the Blind attach great importance to their officers maintaining contact with cases placed in employment, and this is much appreciated by the blind persons.

Home Teaching Service. The following is a summary of the work carried out through the home teaching service during the year:—

Total number of visits paid	8,173
Visits to give instruction in the subjects shown were made as follows:—	
Braille	183
Moon	131
Rug-making	5
Cane and basket making	3
String-bag	29
Straw plait	12
Sea-grass	40
Typewriting	28
Knitting	6

The home teachers made 7,736 visits dealing with social welfare of the blind and general administration of the Service.

Social Centres. No changes have been made during the year in the number of centres established in the county. Great interest in the various activities has again been shown by the blind persons, helpers and friends attending the centres.

General Social Welfare. The respective divisional committees, in conjunction with the County Executive Committee of the Buckinghamshire Association for the Blind, have continued to maintain their interest in the general social welfare of the blind persons in the county. Annual outings and other social gatherings have been arranged and there continued to be a good demand for handicraft materials which are supplied at cost price. Numerous types of blind aids have also been provided free or at reduced prices by the Association.

The Katharine Knapp Home for the Blind. During the year under review the permanent accommodation was well used and at 31st December there were 22 residents.

Eighteen blind persons from various parts of the county spent holiday periods at the Home during the year, and the holiday beds were occupied for 35 weeks.

Various local organisations continued to take an active interest in the Home, and the residents and Staff greatly appreciated the entertainments which were provided by them.

In June, all the residents were taken on an outing to Whipsnade Zoo, where they were escorted round by the head guide. Tea was taken at the zoo and on the way home a stop for refreshment was made at Woburn Sands. The weather was fine, and the residents thoroughly enjoyed their day out.

DEAF PERSONS

The Oxford Diocesan Council for the Deaf still act as the County Council's agents for work amongst the deaf.

The staff of the Diocesan Council consists of a Chaplain Superintendent, an Assistant Superintendent Missioner, two Missioners and a Lady Worker. One of the Missioners spends most of his time on work amongst the deaf in Buckinghamshire.

Social clubs continue to be very active in Aylesbury, High Wycombe and Slough. The Slough club buildings mentioned in my last report were opened by the Lord Mayor of York in April, 1960. The Lord Mayor takes a very active interest in the deaf and is Secretary of the National Council of Missioners and Welfare Officers to the Deaf. A Youth Club in Slough was inaugurated in March, 1960. A building fund has been started in Aylesbury with a view to the erection of club premises. A Public Meeting has been held in Aylesbury to publicise work for the deaf. Outings and sports are organised by the various clubs and in May, 1960, a Sports Rally was held at the Edinburgh Playing Field, Aylesbury, when the championship cup was won by the Bucks team.

A caravan holiday was organised at Burnham-on-Sea by the Chaplain Superintendent and a special holiday week was arranged at Cliftonville.

The welfare workers are making a special effort to get in touch with the deaf/blind.

Church services are held at Slough, High Wycombe, Aylesbury and Linslade as well as Rayners School for the Deaf, Penn.

The number of cases on the register at the end of the year was as follows:—

	Males.	Females.	Total.
Children under 16 years	20	14	34
Persons between 16 and 64 years	83	67	150
Persons 65 years and over	7	14	21
Total	110	95	205

The number on the register at the end of 1959 was 212.

The High Wycombe and District Club for the Hard of Hearing is still very vigorous and the activities are much appreciated by the members. The County Council has again made a contribution towards the expenses of the club.

ACCOMMODATION FOR THE HOMELESS

Saunderton Hostel.

Saunderton Hostel has continued to provide temporary accommodation for homeless families.

The Children's Officer has supplied the following information on the hostel relating to the year 1960:—

"During the year the hostel has been fully occupied; sixteen families were admitted and twelve families discharged. Six of these families were rehoused by local housing authorities and six found their own accommodation.

In all, 33 adults and 52 children stayed at the hostel for periods ranging from one week to eight months. Eight children from three families were received into the care of the Children's Committee as the parents were unable to accommodate them on leaving the hostel."

SECTION D.—SANITARY CIRCUMSTANCES OF THE AREA.

1. Water Supply.

The Engineer of the Bucks Water Board has kindly supplied the following information:—

“During the year ended 31st March, 1960, the following quantities of water were pumped from the Board’s various works:—

Wendover Dene	... ..	300,886,000 gallons
New Ground	... ..	516,393,000 „
Dancers End	... ..	72,903,000 „
Hawridge	... ..	261,290,000 „
Battlesden	... ..	295,345,000 „
Hampden Bottom	... ..	313,279,000 „
Wycombe	... ..	110,783,000 „
Foxcote	... ..	562,880,000 „
Total	... ..	<u>2,433,759,000 gallons</u>

The above total quantity can be divided into:—

Supplied within the Board’s area	... ..	1,688,258,000 gallons
Supplied outside the Board’s area	... ..	745,501,000 gallons
Total	... ..	<u>2,433,759,000 gallons</u>

This total represents an average daily quantity of 6,649,000 gallons, compared with 6,256,000 gallons for the previous year.

Of the 1,688,258,000 gallons supplied within the Board’s area, an analysis can be made as follows:—

Metered Consumption (to Agriculture, Trade and Service Departments)	... ..	851,656,000 gallons
Unmetered Consumption	... ..	836,602,000 „
Total	... ..	<u>1,688,258,000 gallons</u>

During the year 7½ miles of new water mains were laid to meet new housing requirements and agricultural needs. During the same period 537 new non-metered services and 100 new metered services were laid.

Samples of water from consumers’ taps and from various sources were collected regularly during the year. The results of these samples indicated that the water supplied by the Board conforms to the high standard of that required from any public supply authority.

The enlarged Bucks Water Board came into being on the 1st April, 1960, and the above figures therefore relate to the last year of the smaller Board's existence."

2. Water Supplies and Sewerage Acts, 1944—1955.

The Ministry of Housing and Local Government and the County Council continue to make grants towards the cost of approved Schemes of piped water supply and main drainage in the rural areas of the county. Details of all these Schemes are first submitted to the County Council, whose observations are then forwarded to the Ministry.

On 31st December, 1960, the position was as follows:—

	£
25 Schemes of Water Supply (Completed)	283,383
68 Schemes of Main Drainage, i.e. 54 Schemes Completed and 14 Schemes Under Construction	4,667,870
Total	£4,951,253

Details of the above Schemes are contained in the Tables shown below.

SCHEMES OF WATER SUPPLY

PROGRESS TO 31st DECEMBER, 1960.

Local Authority.	Scheme.	Total Estimated Cost.	Percentage of Scheme Completed.
		£	%
Amersham R.D.C.	Ashley Green	1,667	100
	Chartridge		100
	Cholesbury		100
	Coleshill (Amended)	100	100
	Chalfont St. Giles	570	100
	Great and Little Missenden	2,785	100
	Latimer	460	100
Aylesbury R.D.C.	Penn	370	100
	Haddenham	105	100
	Oakley	1,300	100
Bucks Water Board	Wellwick	650	100
	Mid Bucks	1,266,000	{ Commenced Nov. 1960.
Buckingham R.D.C.	Buffler's Holt	650	100
	East Claydon	1,902	100
	Middle Claydon		100
Eton R.D.C.	Burnham (Littleworth Common)	439	100
	Dorney (Boveney)	1,760	100
	Dorney (Lake End)	198	100
	Taplow	10,066	100
	Wraysbury (Main Scheme)	55,797	100
	(Nursery Lane)	360	100
	(Staines Road)	3,800	100
Newport Pagnell R.D.C.	Birchmoor (Newport R.D.C. share)	31,794	100
	East End, North Crawley	4,000	100
	Great Linford—Part 1	2,330	100
	—Part 2	4,370	100
	Northern Areas Water Supply	17,450	100
	Moulsoe Link Main	4,000	100
	Regional Water Supply Scheme		
	(a) Main Laying	130,760	100
	(b) Reservoir	7,000	100

Total:— £1,550,683

MAIN DRAINAGE SCHEMES

Of the 98 main drainage schemes submitted by Rural District Councils, the following 68 schemes had, on the 31st December, 1960, reached the stage shown below:—

PROGRESS REPORT TO 31st DECEMBER, 1960.

Local Authority.	Scheme.	Total Estimated Cost.	Percentage of Scheme Completed.
		£	%
Amersham R.D.C.	Holmer Green	85,250	90
	Little Chalfont (Stages 1, 2, 3) ...	63,859	100
	Link Sewer	33,021	100
	Prestwood	106,000	100
	Relief Sewer	12,500	100
	Kiln Road, Prestwood	12,280	75
Aylesbury R.D.C.	Chilton	17,539	90
	Dinton	20,000	100
	Grendon Underwood	56,000	60
	Long Crendon (Lower End)	43,500	70
	Oakley	41,200	90
	Quainton	41,070	100
	Shabbington	13,790	100
	Stone	15,400	100
	Stoke Mandeville	36,500	100
	Upper Winchendon	4,020	50
	Westcott	8,200	100
	Worminghall and Ickford	42,903	100
Buckingham R.D.C.	Adstock and Padbury	73,500	100
	Akeley	33,000	100
	Marsh Gibbon	30,500	100
	Tingewick	20,900	100
	Thornborough	35,500	100
	Twyford	16,000	5
Eton R.D.C.	Burnham (Dropmore Road)	6,553	100
	Denham—Stage 1	231,843	100
	Denham—Stage 2	35,308	100
	Denham—Stage 3	65,350	100
	Denham—Stage 4	42,500	100
	Farnham Royal	168,180	80
	Iver (North)	54,910	100
	Iver (Thorney Lane)	8,280	100
	Middle Green	26,270	100
	Stoke Poges and Wexham	507,748	100
Newport Pagnell R.D.C. ...	Birchmoor (Newport R.D.C. share)	29,724	100
	Bow Brickhill	20,030	100
	Bradwell	11,516	100
	Emberton	24,900	100
	Hanslope	64,623	75
	Lavendon	31,560	100
	Wavendon	31,573	75
Wing R.D.C.	Aston Abbots	28,600	75
	Cheddington	12,150	100
	Dagnall	16,800	100
	Great Brickhill	24,500	100
	Great Gap, Ivinghoe	2,320	100
	Horton	2,280	100
	Ivinghoe Aston	9,650	100
	Littleworth and Burcott	31,000	100
	Marsworth	17,250	100
	Pitstone	24,150	100
	Rowsham	8,050	100
	Slapton (Church Road)	5,550	100
	Soulbury	30,850	100
	Stoke Hammond	10,305	100
	Wingrave—Stage 1	23,450	100
	Wingrave—Stage 2	20,885	100
Winslow R.D.C.	Drayton Parslow	15,800	100
	Granborough	31,000	100
	Great and Little Horwood	29,500	100
	North Marston	20,000	100
	Stewkley	35,000	100
	Winslow	22,200	100
Wycombe R.D.C.	Downley	15,270	100
	Hambleden	45,730	100
	Hazlemere	34,280	100
	Hughenden Valley	218,000	75
	Wooburn Valley	1,710,000	75
Total:—		£4,667,870	

There remains, therefore, a total of 30 approved Main Drainage Schemes yet to be commenced. It is understood that several Rural District Councils have further Main Drainage Schemes in course of preparation which have yet to be submitted to the County Council.

3. Housing.

The Ministry inaugurated a Five Year Plan of Slum Clearance in 1955—when Housing Authorities were required to submit proposals for dealing with unfit houses within that period. The position in Bucks is summarised below:—

HOUSING AUTHORITIES SLUM CLEARANCE PROPOSALS FOR FIVE YEARS FROM 1955

Housing Authority.	Total number of permanent houses in area at 31.12.55.	Estimated number of unfit houses.	ACTION PROPOSED IN FIRST 5 YEARS.			Total number of houses demolished or closed from 1st January, 1955—30th September, 1960
			Number of houses to be demolished.			
			Individual houses.	Houses in clearance areas.	Total number of houses to be demolished.	
BOROUGHES.						
Aylesbury	6,028	35	—	35	35	37
Buckingham	1,364	52	30	—	30	25
High Wycombe	12,650	1,408	32	522	554	346
Slough	18,500	368	14	354	368	329
URBAN DISTRICTS.						
Beaconsfield	2,520	28	—	28	28	16
Bletchley	3,685	106	3	103	106	106
Chesham	4,000	137	85	52	137	21
Eton	1,146	23	7	16	23	2
Linslade	1,214	100	—	10	10	24
Marlow	2,007	107	6	101	107	97
Newport Pagnell	1,525	63	63	—	63	88
Wolverton	4,579	261	19	178	197	30
RURAL DISTRICTS.						
Amersham	13,000	265	265	—	265	163
Aylesbury	8,681	314	219	95	314	112
Buckingham	2,500	116	14	102	116	76
Eton	12,994	264	15	249	264	214
Newport Pagnell	4,958	188	100	—	100	74
Wing	2,792	126	116	10	126	71
Winslow	2,531	35	20	15	35	16
Wycombe	12,800	430	178	—	178	169
TOTAL ...	119,474	4,426	1,186	1,870	3,056	2,016

The Ministry's Progress Reports on New Housing are cumulative as from April, 1945. The following table shows the progress made by the Local Authorities in Bucks to 31st December, 1960.

NEW HOUSING—SUMMARY OF PROGRESS TO 31st DECEMBER, 1960.

Local Authorities.	Permanent Housing.				Total Permanent Houses Completed.
	Local Authorities.		Private Builders.		
	Under Construction.	Completed.	Under Construction.	Completed.	
BOROUGHES.					
Aylesbury	103	2,104	222	1,051	3,155
Buckingham	16	250	17	93	343
High Wycombe	105	2,823	277	2,614	5,437
Slough	33	3,687	541	2,156	5,843
URBAN DISTRICTS.					
Beaconsfield	8	473	92	778	1,251
Bletchley	163	2,218	46	558	2,776
Chesham	45	880	163	1,411	2,291
Eton	—	275	2	172	447
Linslade	—	273	44	220	493
Marlow	20	398	41	691	1,089
Newport Pagnell	17	185	21	209	394
Wolverton	39	368	—	71	439
RURAL DISTRICTS.					
Amersham	14	1,982	693	3,866	5,848
Aylesbury	43	1,545	100	1,205	2,750
Buckingham	2	370	17	142	512
Eton	24	2,072	319	3,197	5,269
Newport Pagnell	16	544	19	358	902
Wing	69	644	6	253	897
Winslow	18	362	18	259	621
Wycombe	20	2,221	202	3,077	5,298
TOTAL ...	755	23,674	2,840	22,381	46,055

SECTION E.—INSPECTION AND SUPERVISION OF FOOD.

The Chief Inspector submits the following report for 1960:—

(1) Food and Drugs (Compositional Quality).

A total of 1,423 samples of food and drugs was procured during the year, and the Public Analyst reported adversely upon 17 of them.

The number of general samples submitted to the Public Analyst was 451, including:—

Angelica, Apple Pie, Aspirin, Beef Suet, Beer, Bile Beans, Biscuits, Brawn, Butter, Cakes, Cereals, Cheese, Cocoa, Coffee, Condiments, Confectionery, Cooked Meat, Cooking Fats, Cream, Curry, Custard Powder, Dried Fruit, Flavours, Flour, Fruit Juices, Gelatine, Glycerine of Thymol, Guavin, Honey, Ice Cream, Instant Icing, Jam, Jellyed Eels, Lemonade Powder, Marzipan, Mayonnaise, Meat Paste, Meat Pies, Milk, Milk Pudding, Minced Meat, Minerals, Molasses, Pease Pudding, Pickled Eggs, Pickles, Preserves, Sage and Onion Stuffing, Sauces, Sausages, Soups, Spaghetti, Spirits, Squashes, Sugar Confectionery, Sweet Corn, Tea, Tinned Fish, Tinned Fruit, Tinned Meat, Tinned Vegetables, Vanilla Pods, Vegetable Oil, Vinegar, Yeast, Zinc and Castor Oil Cream.

22 formal samples of milk, comprising 14 suspected of adulteration or deficiency in fat and 8 consequential "follow-up" samples, i.e. taken on "Appeal-to-cow" or in course of delivery, were also sent to the Public Analyst.

In addition 950 informal samples of milk were 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.

A total of 290 informal samples of milk was taken at schools from milk supplied under the Milk in Schools Scheme. Samples of milk were also taken at hospitals, children's homes and old persons' homes on behalf of the various committees concerned and all were satisfactory.

The proportion of samples adversely reported upon by the Public Analyst during the last five years has been as follows:—

1956	...	...	...	...	...	...	...	...	...	5.78%
1957	...	...	...	...	...	...	...	...	...	5.09%
1958	...	...	...	...	...	...	...	...	...	8.45%
1959	...	...	...	...	...	...	...	...	...	3.97%
1960	...	...	...	...	...	...	...	...	...	3.59%

There were two cases before the Courts during the year and fines and costs amounted to £62 2s. They were in respect of string and hemp fibres and bread containing a nail.

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

Samples of milk numbering 305, involving 5,059 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. There were 14 infected (all 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 ten 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 was found tuberculous nor brucella infected. In addition, 254 samples of "Pasteurised" milk delivered to schools were checked, only three being unsatisfactory due to under heat-treatment.

There were 342 check-samples of "Pasteurised" milk procured from seven pasteurising plants licensed by the County Council where approximately 30,000 gallons of milk are pasteurised daily. Of these only three were found unsatisfactory.

136 samples of milk were taken on delivery to hospitals, children's and old persons' homes. These were tested bacteriologically and for compositional quality, and all were satisfactory.

450 visits were made under the Buckinghamshire Specified Area Order which requires that only specified grades of milk may be lawfully sold by retail. 759 samples of milk were taken and all were satisfactory. The requirements of the Specified Area Order are being well observed.

SECTION F.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

1. Poliomyelitis.

For the second year in succession only two confirmed cases of poliomyelitis were notified, one from Amersham Rural District, the other from Eton Rural District, both paralytic. There was no death from poliomyelitis recorded.

The continuance of notifications at such a low level is very welcome, but it is too early to assume that this disease will never recur in epidemic proportions.

2. Diphtheria.

As mentioned earlier in the Report, there was no death due to diphtheria in the county for the thirteenth year in succession, but the "minor" epidemic continued, a total of eight confirmed cases being notified, one in the Wycombe Borough, three in Wycombe Rural District and four in Aylesbury Rural District.

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. Local Government Act, 1958.

Delegation of Health and Welfare Functions.

Schemes for the delegation of health and welfare functions under Sections 46 and 47 of the Local Government Act, 1958, were submitted to the Minister of Health by the Borough of Slough and the Eton Rural District Council.

Subsequently, following agreement on certain proposals for revising the constitution and enlarging the functions of the South Bucks Area Sub-Committee, the Slough Borough Council agreed to withdraw their scheme, but the Eton Rural District Council decided to leave theirs with the Minister, who ultimately rejected it.

The constitution of the South Bucks Area Sub-Committee was fixed as follows, with the Chairman of the County Health Committee entitled to attend any of the meetings in an ex-officio capacity:—

Representatives of County Health Committee	7
Representatives of County District Councils:—	
Slough Borough	5
Eton Urban District	1
Eton Rural District	3
—	9
	—
	16
	—

The terms of reference provided for the new Area Sub-Committee to have delegated to them all matters relating to the local administration within their Area of the following services, with power to incur expenditure included in the approved revenue estimates of the County Health Committee:—

(a) Under Part III of the National Health Service Act, 1946:—

- Health Centres (Section 21)
- Care of mothers and young children (Section 22)
- Midwifery (Section 23)
- Health visiting (Section 24)
- Home nursing (Section 25)
- Vaccination and immunisation (Section 26)
- Prevention of illness, care and after-care (with the exception of the care and after-care of the mentally ill in residential accommodation) (Section 28 as extended by Section 6 of the Mental Health Act, 1959)
- Domestic help (Section 29)

(b) Under the National Assistance Act, 1948:

- Welfare of disabled persons (Section 29 (as extended by Section 8 of the Mental Health Act, 1959) and Section 30)

(c) Under the Nurseries and Child Minders Regulation Act, 1948:

Registration and regulation of private day nurseries and child minders.

(d) (i) Under the Lunacy and Mental Treatment Acts, 1890 to 1930, and the Mental Deficiency Acts, 1913 to 1938:

Functions relating to mentally ill and mentally defective persons.

(ii) Under the Mental Health Act, 1959:

Functions of the local health authority other than those conferred through the extension by Section 6 of the Act of Section 28 of the National Health Service Act, 1946.

Following the agreement on the lines mentioned, a similar scheme was instituted for the Wycombe Area Sub-Committee except the power to exercise functions relating to the welfare of disabled persons under Section 29 (as extended by Section 8 of the Mental Health Act, 1959) and Section 30 of the National Assistance Act, 1948, with the following constitution:—

Representatives of County Health Committee	9
Representatives of County District Councils:—	
High Wycombe Borough	3
Beaconsfield Urban District	1
Chesham Urban District	1
Wycombe Rural District	2
Amersham Rural District	2
Marlow Urban District	1
—	10

19

Both schemes came into operation on the 1st April, 1960, and appear to be functioning quite satisfactorily.

2. Capital Building Works.

Steady progress has been made during the year and whilst one could wish for a more speedy realisation of our building requirements the present position can be considered reasonable having due regard to the several factors which impede rapid progress not least of which are an acute shortage of suitable sites, limited availability of technical staff and of building trade operatives.

Nevertheless, with few exceptions, full advantage has been taken of schemes approved in principle by the appropriate Ministries, which have been most co-operative and helpful.

Works Completed.

Chesham	—4 Nurses Flats, Garages and District Room.
Stony Stratford	—2 Nurses Houses by District Council (Garages and District Room awaiting completion) for the County Council.
Westcott	—Nurse's Bungalow, Garage and District Room by District Council for the County Council.
Amersham	—Ambulance Station.
High Wycombe	—Old Persons Hostel (60 places).

Under Construction.

Tingewick	—Nurse's House, Garage and District Room.
Winslow	—2 Nurses Houses, Garages and District Room on behalf of County Council.
Aylesbury	—Modernisation of Tindal Hospital Part III serviced accommodation. Mental Health Adult Female Hostel (30 places), Senior and Junior Training Centres (24 and 50 places respectively).
Bletchley	—Ambulance Station. Child Welfare Centre, 2 Dental Clinics and Child Guidance Clinic.
High Wycombe	—Mental Health Senior and Junior Training Centres (24 and 50 places respectively).
Slough	—Spastic Unit. Occupational Therapy Workshops. Hostel and Workshops for Mentally Handicapped on behalf of the National Society for the Mentally Handicapped.

Out to Contract.

Steeple Claydon	—Nurse's House, District Room and Garage.
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Negotiations in Progress.

Farnham Royal (Britwell Estate)	—Site for 4 Nurses Houses or Flats, Garages and District Room. Site for Child Welfare Centre and Dental Clinic.
Bletchley	—Erection of Old Persons Home (40 places). Site for Mental Health Adult Male Hostel (30 places) and Senior Training Centre (24 places). Adaptations for Mental Health Junior Training Centre (50 places).
High Wycombe	—Site for Mental Health Adult Female Hostel (30 places).
Chesham	—Erection of Old Persons Home (40 places) in conjunction with District Council's scheme for Old Persons Bungalows.
Langley (Parlaunt Park)	—3 Nurses Flats, Garages and District Room by the Borough Council for the County Council. Child Welfare Centre and Dental Clinic.
Slough	—Site for Old Persons Home (40 places).
Aylesbury	—4 Nurses Flats, Garages and District Room on Bedgrove Estate on behalf of the County Council. Adaptation of Private Dwelling as Mental Health 5-day hostel (10/12 places).
Buckingham	—4 Nurses Flats, Garages and District Room.
New Bradwell	—Site for 2 Nurses Houses, Garages and District Room.
Newport Pagnell	—Extension of The Green Old Persons Home from 14 to 40 places.

Proposed Major Works subject to site acquisition.

Aylesbury	—Child Welfare Centres and Dental Clinics (two—one of which to be on the Bedgrove Estate). Occupational Therapy Workshops.
Chesham or Amersham	—Mental Health Hostel and Senior and Junior Training Centres (24 and 50 places respectively).
Amersham	—Old Persons Home (40 places).
North Bucks Area	—Mental Health 5-day hostel (10/12 places).

The ready assistance and co-operation of the District Councils during the year is greatly appreciated.

The proposals for Chesham, which are under active consideration, comprise a joint scheme for an Old Persons Home and Old Persons bungalows to be erected by the County Council and District Council respectively, on the same site. Central heating of these bungalows will be provided from the Old Persons Home system and general supervision of the residents will be given by the Home staff.

3. Public Health Act 1936.

Registration of Nursing Homes.

There were no new registrations during the year but one home closed voluntarily owing to the retirement of the proprietress, which meant there was a total of seventeen homes on the register at the end of the year.

These seventeen nursing homes provided 27 maternity beds and 220 other categories, making a total of 247 as against 251 at the end of 1959.

A complete list of registered nursing homes is contained in Table (b) of Section H.

4. Nurseries and Child Minders Regulation Act, 1948.

This Act provides for the registration and inspection of places such as private day nurseries, usually in hired premises, in which children are cared for by the day. It also provides for the registration in certain circumstances of persons known as daily minders who look after other people's children in their own homes. Since the Act first became law, 15 premises and 48 daily minders have been registered, supervision being undertaken by the health visitors.

During the year, five premises (121 children), and fourteen daily minders (92 children) were registered for the first time. One daily minder who was registered to take 14 children surrendered her certificate for cancellation on ceasing to operate, and another registration was increased from ten to twelve children.

The number remaining on the register at the end of the year was as follows:—

	<i>Number registered.</i>	<i>Number of children.</i>
Premises	10	206
Daily minders	35	269

SECTION H.—STATISTICAL TABLES, ETC.

(a) LIST OF SANITARY AUTHORITIES.

DISTRICT.	MEDICAL OFFICER OF HEALTH.
URBAN DISTRICTS.	
Aylesbury, Borough of	J. T. C. SIMS-ROBERTS, M.B., ch.B., D.P.H. Barrister-at-Law.
Beaconsfield	F. SEYMOUR, M.B., ch.B., D.P.H.
Bletchley	D. H. WALDRON, O.B.E., M.D., B.Ch., B.A.O., D.P.H., D.T.M. & H.
Buckingham, Borough of	D. H. WALDRON, O.B.E., M.D., B.Ch., B.A.O., D.P.H., D.T.M. & H.
Chesham	F. SEYMOUR, M.B., ch.B., D.P.H.
Eton	G. M. HOBBS, M.B., ch.B., D.P.H.
High Wycombe, Borough of	A. J. MUIR, M.B., ch.B., B.Hy., D.P.H.
Linslade	D. H. WALDRON, O.B.E., M.D., B.Ch., B.A.O., D.P.H., D.T.M. & H.
Marlow	A. J. MUIR, M.B., ch.B., B.Hy., D.P.H.
Newport Pagnell	D. H. WALDRON, O.B.E., M.D., B.Ch., B.A.O., D.P.H., D.T.M. & H.
Slough, Borough of	M. A. CHARRETT, M.R.C.S., L.R.C.P., D.P.H.
Wolverton	D. H. WALDRON, O.B.E., M.D., B.Ch., B.A.O., D.P.H., D.T.M. & H.
RURAL DISTRICTS.	
Amersham	F. SEYMOUR, M.B., ch.B., D.P.H.
Aylesbury	J. T. C. SIMS-ROBERTS, M.B., ch.B., D.P.H. Barrister-at-Law.
Buckingham	D. H. WALDRON, O.B.E., M.D., B.Ch., B.A.O., D.P.H., D.T.M. & H.
Eton	G. M. HOBBS, M.B., ch.B., D.P.H.
Newport Pagnell	D. H. WALDRON, O.B.E., M.D., B.Ch., B.A.O., D.P.H., D.T.M. & H.
Wing	D. H. WALDRON, O.B.E., M.D., B.Ch., B.A.O., D.P.H., D.T.M. & 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.
ADDINGTON	Seven Gables, Addington	Maternity, Convalescent, Aged, Infirm.
ADSTOCK	Rose Villa, Adstock	Aged, Infirm.
AYLESBURY	The Gables, 123, Wendover Road, Aylesbury	Maternity, Medical, Convalescent, Aged, Infirm.
BEACONSFIELD	St. Joseph's, Candlemas Lane, Beaconsfield	Maternity, Acute and Minor Surgical, Medical, Convalescent, Aged, Infirm.
BEACONSFIELD	Bryn Glyn, Penn Road, Beaconsfield	Medical, Convalescent, Aged, Infirm.
BEACONSFIELD	Roslyn, Ledborough Lane, Beaconsfield	Minor Surgical, Medical, Convalescent, Aged, Infirm.
*BOURNE END	Fieldhead, Bourne End	Aged, Infirm
BURNHAM	Hitcham Place, Burnham	Voluntary, temporary & certified patients under the Mental Treatment Acts.
FARNHAM COMMON	Withyfield, Green Lane, Farnham Common	Convalescent, Aged, Infirm.
GERRARDS CROSS	White House, North Park, Gerrards Cross	Medical, Convalescent, Aged, Infirm.
GERRARDS CROSS	Dawn House, South Park, Gerrards Cross	Medical, Convalescent, Aged, Infirm.
HIGH WYCOMBE	Oak Lodge, 749, London Road, High Wycombe	Convalescent, Aged, Infirm.
IVER HEATH	South Lodge, Iver Heath	Convalescent, Aged, Infirm.
OLNEY	90, High Street, Olney	Maternity.
OLNEY	Gresham House, Weston Road, Olney	Convalescent, Aged, Infirm.
STOKE POGES	Fulmer Grange, Stoke Poges	Medical, Minor Surgical, Aged, Infirm.
WOBURN SANDS	Oaklands, 60, Station Road, Woburn Sands	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)	Community Centre, Woodside Farm, 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	Twice monthly.
„ SOUTH COURT	Church of the Good Shepherd, Church Square, Southcourt	Do.
„ TRING ROAD	Limes Avenue Baptist Church, Tring Road ...	Monthly
BEACONSFIELD	The Old Rectory	Twice monthly
BLEDLOW RIDGE	Village Hall, Bledlow Ridge	Monthly
BLETCHLEY	School Clinic, Bletchley Road	Thrice monthly
„ FAR BLETCHLEY	Warwick Road Methodist Church, Castles Estate	Twice 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
„ LENT RISE	Methodist Church Hall, Lent Rise	Do.
CHALFONT ST. GILES	Memorial Hall	Monthly
CHALFONT ST. PETER	Tithe Barn, Swan Farm	Twice monthly
CHARTRIDGE	Village Hall	Monthly
CHESHAM	The School Clinic, Germain Street	Twice monthly
„ POND PARK	Community Hall, Windsor Road, Pond Park, Chesham	Monthly
COLNBROOK	Parish Room	Do.
DATCHET	Village Hall	Twice monthly
DENHAM	Health Centre, Oxford Road	Thrice monthly
DORNEY	Village Hall	Monthly
DOWNLEY	Village Hall	Do.
EDLESBOROUGH	Memorial Hall	Do.
ETON	Austin, Leigh and Baldwin Institute	Do.
ETON WICK	Village Hall	Do.
FARNHAM COMMON	Village Hall, Victoria Road	Do.
FARNHAM ROYAL	Village Hall	Thrice monthly
FARNHAM ROYAL, BRITWELL ESTATE	1, Wentworth Avenue, Britwell Estate ...	Weekly.
FLACKWELL HEATH	Community Centre	Monthly
GERRARDS CROSS	British Legion Hall	Do.
GREAT HAMPDEN	Village Hall	Do.
GREAT KINGSHILL	Village Hall	Do.
GREAT MISSENDEN	Memorial Hall, Station Approach	Do.
HADDENHAM	Village Hall	Do.
HALTON (Voluntary)	R.A.F. Camp, Halton	Twice monthly
HAMBLEDEN	Parish Hall	Monthly
HANSLOPE	Church Institute	Do.
HAZLEMERE	Penn Road Methodist School Room	Do.
HIGH WYCOMBE	Health Centre, The Rye	Twice weekly
„ BOOKER	Castlefield Methodist Church Hall	Twice monthly
„ MICKLEFIELD	St. Peter's Church Hall	Do.
„ SANDS	War Memorial Hall	Do.
„ TOTTERIDGE	Turner's Sports Pavilion	Do.
„ WEST WYCOMBE	Methodist Schoolroom	Monthly
„ WYCOMBE MARSH	St. Anne's Church Room	Do.
HOLMER GREEN	Village Centre	Do.
HOLTSPUR	Congregational Hall, Holtspur, Beaconsfield ...	Do.
HORTON	Champneys Hall	Do.
IVER	Church Institute, Thorney Lane	Do.
IVER HEATH	Village Hall	Do.
IVINGHOE	Town Hall	Twice monthly
KIMBLE	Stewart Hall, Little Kimble	Monthly
LANE END	Memorial Hall	Twice monthly
LEE COMMON	Youth Club Hall	Monthly
LINSLADE	Forster Institute	Do.
LITTLE CHALFONT	Little Chalfont Hall	Twice monthly
LONG CRENDON	Old Court House	Monthly
LOUDWATER	Recreation Hall	Do.

CHILD WELFARE CENTRES—continued.

NAME OF CENTRE.	SITUATE.	DOCTOR ATTENDS.
MARLOW	Health Centre, Victoria Road	Weekly
MARLOW BOTTOM	Village Hall	No doctor.
MEDMENHAM (Voluntary)	R.A.F. Camp, Medmenham	Do.
NAPHILL	Memorial Hall	Monthly
NAPHILL (Voluntary)	Wives' Club, R.A.F. Bomber Command	Twice monthly
NEWPORT PAGNELL	Congregational Schoolroom, High Street	Do.
OLNEY	Church Hall, High Street	Do.
PRESTWOOD	Village Hall	Monthly
PRINCES RISBOROUGH	Walsingham Hall	Twice monthly
QUANTON	Memorial Hall	Monthly
RADNAGE	Cricket Pavilion	No doctor
RICHINGS PARK, IVER	St. Leonard's Church Hall, Richings Park	Monthly.
ST. LEONARDS-CUM-CHOLESBURY	Village Hall, Cholesbury	Do.
SEER GREEN AND JORDONS	Baptist School Room, Seer Green	Do.
SLOUGH	Health Centre, Burlington Road	Weekly
" CIPPENHAM	Central Hall, Bower Way	Do.
" LANGLEY VILLAGE	Women's Institute Hall	Do.
" LANGLEY ESTATE	173, Trelawney Avenue, Langley	Weekly
" ST. MICHAEL'S	Slough Social Centre, Farnham Road	Do.
" WEXHAM COURT	Wexham Court, Knolton Way, Slough	Do.
STEEPLE CLAYDON	Library Hall	Monthly
STEWKLEY	Village Hall	Do.
STOKENCHURCH	Memorial Hall	Do.
STOKE POGES	Village Hall	Twice monthly
STONE	Village Hall	Monthly
STONY STRATFORD	Scouts Hut	Twice monthly
THORNBOROUGH	Church Hall	Monthly
TWYFORD	Village Hall	Do.
TYLERS GREEN AND PENN	Parish Room, Tylers Green	Do.
WADDESDON	Village Hall	Do.
WELL END	Abbottsbrook Hall	Do.
WENDOVER	Memorial Hall	Thrice monthly
WESTON TURVILLE	Church Room	No Doctor
WHITCHURCH	Methodist Hall	Monthly
WING	Village Hall	Do.
WINGRAVE	Temperance Hall	Do.
WINSLOW	British Legion Hall	Do.
WOBURN SANDS	The Institute	Do.
WOLVERTON	Scouts' Hall	Weekly
WOBBURN GREEN	St. Mary's Church Hall	Monthly
WORMINGHALL	The Old School	Do.
WRAYSBURY	Village Hall	Do.

MOBILE WELFARE CENTRE.

(Doctor attends each session).

MONTHLY SESSION	VILLAGES VISITED.
First Monday (afternoon)	Stoke Goldington, Ravenstone, Filgrave.
Second Monday "	Moulsoe, Milton Keynes, Wavendon, Broughton.
Third Monday "	Great Horwood, Little Horwood, Mursley.
Fourth Monday "	Swanbourne, Drayton Parslow, Newton Longville.
First Tuesday "	Dagnall*, Slapton*, Cheddington, Marsworth.
Second Tuesday "	Castlethorpe, Haversham.
Third Tuesday "	Stoke Hammond, Great Brickhill, Little Brickhill.
First Thursday "	Preston Bissett, Charndon, Calvert.
Third Thursday "	Grendon Underwood, Westcott, Cuddington.
First Friday (morning)	Nash, Whaddon, Thornton.
First Friday (afternoon)	Shenley Brook End, Shenley Church End, Loughton.
Second Friday (morning)	Sherington, Lavendon.
Second Friday (afternoon)	Astwood, North Crawley.
Third Friday (morning)	Shalstone, Westbury.
Third Friday (afternoon)	Leckhampstead, Lillingstone Dayrell, Akeley.
Fourth Friday (morning)	Adstock, Padbury.
Fourth Friday (afternoon)	Tingewick, Dadford*, Chackmore*, Maids Moreton.

*Alternate months.

(d) POPULATIONS, BIRTH AND MORTALITY RATES FOR THE YEAR 1960.

District.	Population Census, 1951.	Registrar- General Estimated Population Mid-1960	Crude Birth Rate per 1,000 Population.	Crude Death Rate per 1,000 Population.	Tuberculosis Death Rate per 1,000 Population.	Infant Mortality Rate per 1,000 Births.	Neo-natal Mortality Rate per 1,000 Births.	Maternal Mortality per 1,000 Live and Still-births.
URBAN.								
Aylesbury	21,050	24,410	19.3 (472)	9.4 (229)	0.04 (1)	23.3 (11)	19.1 (9)	(—)
Beaconsfield	7,913	9,870	16.5 (163)	11.4 (113)	—	24.5 (4)	12.3 (2)	(—)
Bletchley	10,919	16,680	20.1 (335)	7.6 (126)	—	14.9 (5)	14.9 (5)	(—)
Buckingham	3,942	4,190	19.8 (83)	9.1 (38)	0.24 (1)	—	—	(—)
Chesham	11,433	15,010	23.6 (354)	10.1 (152)	0.07 (1)	19.8 (7)	16.9 (6)	(—)
Eton	3,247	5,190	13.5 (70)	5.8 (30)	0.19 (1)	14.3 (1)	14.3 (1)	(—)
High Wycombe	40,702	46,330	20.5 (931)	9.9 (459)	0.09 (4)	21.0 (20)	18.9 (18)	(—)
Linslade	3,270	3,770	21.5 (81)	11.1 (42)	—	12.3 (1)	—	12.2 (1)
Marlow	6,481	8,160	22.3 (182)	12.0 (98)	—	16.5 (3)	16.5 (3)	(—)
Newport Pagnell	4,377	4,620	14.3 (66)	15.6 (72)	—	—	—	(—)
Slough	66,471	77,410	18.4 (1,426)	8.6 (666)	0.05 (4)	25.2 (36)	16.8 (24)	(—)
Wolverton	13,426	13,190	13.7 (180)	15.5 (205)	—	22.2 (4)	22.2 (4)	(—)
TOTAL URBAN	193,231	228,830	19.1 (4,363)	9.7 (2,230)	0.05 (12)	21.1 (92)	16.5 (72)	0.23 (1)
RURAL.								
Amersham	41,437	53,460	19.4 (1,035)	9.3 (497)	0.07 (4)	11.6 (12)	8.7 (9)	(—)
Aylesbury	29,545	32,710	17.7 (580)	9.9 (324)	0.03 (1)	15.5 (9)	13.8 (8)	(—)
Buckingham	9,422	9,660	15.4 (149)	9.2 (89)	—	13.4 (2)	13.4 (2)	(—)
Eton	43,143	63,960	18.5 (1,186)	8.5 (546)	0.05 (3)	22.8 (27)	18.5 (22)	(—)
Newport Pagnell	13,823	14,660	16.0 (234)	12.0 (176)	0.14 (2)	25.6 (6)	21.4 (5)	(—)
Wing	9,047	8,900	16.7 (149)	11.7 (104)	0.11 (1)	13.4 (2)	13.4 (2)	(—)
Winslow	7,268	7,870	15.4 (121)	13.8 (109)	—	16.5 (2)	8.3 (1)	(—)
Wycombe	39,375	49,160	18.8 (924)	9.9 (485)	0.02 (1)	22.7 (21)	17.3 (16)	(—)
TOTAL RURAL	193,060	240,380	18.2 (4,378)	9.7 (2,330)	0.05 (12)	18.5 (81)	14.8 (65)	(—)
TOTAL COUNTY	386,291	469,210	18.6 (8,741)	9.7 (4,560)	0.05 (24)	19.8 (173)	15.7 (137)	0.11 (1)
ENGLAND AND WALES			17.1	11.5	0.075	21.7	15.6	0.39

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

(c) COMPARATIVE TABLE OF BIRTH, DEATH AND INFANT MORTALITY RATES FOR TEN YEAR PERIOD, 1951-60.

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.
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
1954.....	15.3	15.9	15.6	15.2	9.1	9.9	9.5	11.3	19.0	25.6	22.4	25.5
1955.....	15.3	15.5	15.4	15.0	9.5	10.0	9.8	11.7	18.1	21.7	20.0	24.9
1956.....	15.7	16.8	16.3	15.7	9.5	10.3	9.9	11.7	16.7	17.5	17.1	23.8
1957.....	16.5	16.9	16.7	16.1	9.5	9.8	9.7	11.5	25.6	17.8	21.6	23.0
1958.....	17.0	17.6	17.3	16.4	9.9	9.8	9.8	11.7	14.7	18.0	16.4	22.5
1959.....	17.7	17.5	17.6	16.5	9.6	9.7	9.7	11.6	17.1	19.6	18.4	22.0
1960.....	19.1	18.2	18.6	17.1	9.7	9.7	9.7	11.5	21.1	18.5	19.8	21.7

(f) CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF BUCKINGHAM, 1960

CAUSES OF DEATH.	SEX	Aggregate of Urban Districts.									Aggregate of Rural Districts.									TOTAL.
		0-1	1-4	5-14	15-24	25-44	45-64	65-74	75+	TOTAL.	0-1	1-4	5-14	15-24	25-44	45-64	65-74	75+	TOTAL.	
ALL CAUSES	M	49	8	10	12	43	375	302	394	1193	47	8	11	16	47	296	295	450	1170	
	F	43	7	3	11	33	179	236	525	1037	34	1	6	2	29	175	253	660	1160	
1-Tuberculosis, Respiratory	M	—	—	—	—	—	3	5	1	9	—	—	—	—	—	4	2	2	8	
	F	—	—	—	—	—	1	1	—	2	—	—	—	—	—	—	—	2	2	
2-Tuberculosis, Other	M	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	2	
	F	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	
3-Syphilitic Disease	M	—	—	—	—	—	1	—	—	1	—	—	—	—	—	3	2	—	5	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4	
4-Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5-Whooping Cough	M	—	1	—	1	—	—	—	—	2	1	—	—	—	—	—	—	—	1	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6-Meningococcal infections	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	1	—	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	
7-Acute Poliomyelitis	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8-Measles	M	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9-Other infective and parasitic diseases	M	—	—	—	1	—	—	—	—	1	—	—	—	—	2	1	—	—	3	
	F	—	—	—	—	1	—	1	—	2	—	—	—	—	1	2	—	—	3	
0-Malignant neoplasm, stomach	M	—	—	—	—	1	13	8	7	29	—	—	—	—	3	11	6	8	28	
	F	—	—	—	—	3	7	4	4	18	—	—	—	—	1	7	6	20	34	
11- " " lung, bronchus	M	—	—	—	—	2	53	38	10	103	—	—	—	—	1	43	28	17	89	
	F	—	—	—	—	1	6	5	2	14	—	—	—	—	—	3	8	2	13	
2- " " breast	M	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	15	12	13	40	—	—	—	—	5	24	10	14	53	
3- " " uterus	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	1	9	5	7	22	—	—	—	—	1	7	5	4	17	
4-Other Malignant and Lymphatic Neoplasms	M	—	1	1	1	6	53	23	34	119	—	3	1	1	6	38	44	37	130	
	F	1	—	—	1	8	26	25	27	88	—	—	—	—	2	38	37	42	119	
5-Leukæmia, Aleukæmia ...	M	—	1	—	—	—	2	1	—	4	—	—	—	—	1	—	3	—	5	
	F	—	1	1	1	—	2	1	2	8	—	—	1	—	—	—	1	1	3	
6-Diabetes	M	—	—	—	—	—	2	2	1	5	—	—	—	1	1	—	3	2	7	
	F	—	—	—	1	—	2	3	6	12	—	—	1	—	—	2	1	9	13	
7-Vascular lesions of nervous system	M	—	—	—	—	1	27	26	50	104	—	—	—	—	1	27	32	53	113	
	F	—	—	—	—	3	24	47	99	173	—	—	—	—	3	11	42	125	181	
8-Coronary disease, Angina	M	—	—	—	—	6	87	79	69	241	—	—	—	—	11	87	69	82	249	
	F	—	—	—	—	1	19	42	73	135	—	—	—	—	2	37	50	94	183	
9-Hypertension with Heart disease	M	—	—	—	—	1	4	5	10	20	—	—	—	—	—	4	4	9	17	
	F	—	—	—	—	1	4	8	18	31	—	—	—	—	—	6	11	17	34	
0-Other heart disease	M	—	—	—	1	3	19	32	70	125	—	—	—	—	4	10	23	81	118	
	F	—	—	—	—	1	16	31	125	173	—	—	—	—	4	6	14	123	147	
1-Other circulatory disease	M	—	—	—	—	1	15	8	24	48	—	—	1	—	—	11	14	16	42	
	F	—	—	—	—	2	7	4	29	42	—	—	—	—	1	6	13	32	52	
2-Influenza	M	—	—	—	—	—	1	1	2	4	—	—	—	—	—	1	1	2	1	
	F	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	1	
3-Pneumonia	M	7	—	2	—	1	8	20	44	82	7	—	—	—	—	8	10	51	76	
	F	5	1	—	1	1	2	9	36	55	3	—	—	—	—	5	9	61	78	
4-Bronchitis	M	1	1	—	—	3	25	28	24	82	—	—	1	—	—	16	19	31	67	
	F	2	1	—	—	1	5	10	18	37	—	—	—	—	—	5	11	24	40	
5-Other diseases of respiratory system	M	—	1	—	—	1	6	5	4	17	—	1	—	—	—	3	2	—	6	
	F	—	—	—	—	—	2	1	—	3	—	—	—	—	1	—	4	3	8	
6-Ulcer of Stomach and Duodenum	M	—	—	—	—	1	3	4	3	11	—	—	—	—	—	2	4	6	12	
	F	—	—	—	—	—	—	1	3	4	—	—	—	—	—	—	1	6	7	
7-Gastritis, Enteritis, Diarrhoea	M	1	—	—	—	—	1	—	1	3	—	—	—	—	—	3	3	—	6	
	F	—	—	—	—	1	1	2	2	6	1	—	—	—	—	1	1	5	8	
8-Nephritis and Nephrosis	M	—	—	—	2	1	7	1	1	12	—	—	—	—	—	6	—	1	7	
	F	—	—	—	—	1	3	2	6	12	—	—	—	—	—	4	—	3	7	
9-Hyperplasia of prostate ...	M	—	—	—	—	—	2	4	9	15	—	—	—	—	—	—	4	16	20	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
0-Pregnancy, Childbirth, Abortion	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1-Congenital Malformations	M	14	1	1	1	1	—	1	—	19	9	—	1	—	1	—	—	1	12	
	F	5	1	1	—	—	1	—	—	8	8	—	2	—	1	—	—	1	12	
2-Other defined and ill-defined diseases	M	26	—	5	1	2	23	7	24	88	28	2	1	1	2	6	13	28	81	
	F	27	1	1	3	—	13	16	38	99	21	—	2	—	2	11	25	60	121	
3-Motor vehicle accidents ...	M	—	—	—	2	6	10	1	3	22	—	—	3	10	7	4	5	2	31	
	F	1	—	—	2	3	4	—	2	12	—	—	—	2	2	2	3	2	11	
4-All other accidents	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(a) In the home	M	—	1	—	1	1	4	3	1	11	2	1	—	2	1	—	1	3	10	
	F	1	—	—	—	2	6	1	10	20	1	1	—	—	—	1	4	11	18	
(b) Otherwise	M	—	1	1	1	1	1	—	1	6	—	—	2	—	2	5	—	3	12	
	F	1	1	—	—	1	—	—	3	6	—	—	—	—	—	1	—	2	3	
5-Suicide	M	—	—	—	—	4	5	—	—	9	—	—	—	1	2	2	2	—	7	
	F	—	—	—	—	1	4	2	2	9	—	—	—	—	3	2	—	—	5	
6-Homicide and operations of war	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

(g) SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES RECEIVED DURING THE YEAR 1960

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	Para-typhoid Fever	Typhoid Fever	Food poisoning	Erysipelas	Malaria
	Respiratory	Other							Paralytic	Non- para-lytic	Infective	Post infectious									
URBAN.																					
1. Aylesbury Borough ...	6	6	22	13	-	-	-	1	-	-	-	-	16	1	4	-	1	-	9	1	-
2. Beaconsfield ...	1	-	6	-	-	40	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-
3. Bletchley ...	7	-	29	21	-	101	1	-	-	-	-	-	34	-	1	-	-	-	2	3	-
4. Buckingham Borough ...	4	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Chesham ...	1	1	-	7	-	2	-	1	-	-	-	-	2	-	-	-	-	-	-	-	-
6. Eton ...	2	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. High Wycombe Borough ...	15	4	13	1	1	-	-	1	-	-	-	-	5	-	4	-	-	-	-	4	-
8. Linslade ...	2	-	4	7	-	2	6	-	-	-	-	-	1	-	-	-	-	-	-	-	-
9. Marlow ...	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Newport Pagnell ...	1	-	1	-	-	65	-	-	-	-	-	-	4	-	6	-	-	-	-	-	-
11. Slough Borough ...	51	5	30	26	-	241	17	-	-	-	-	-	7	5	30	-	-	-	3	8	-
12. Wolverton ...	3	1	1	11	-	4	3	-	-	-	-	-	-	-	1	-	-	-	-	1	-
Total Urban ...	95	17	106	88	1	459	27	4	-	-	-	-	69	6	47	-	1	-	14	17	-
RURAL.																					
1. Amersham ...	13	7	35	12	-	155	12	2	1	-	-	-	5	-	6	-	-	-	-	1	-
2. Aylesbury ...	6	3	12	1	4	10	5	-	-	-	-	-	24	-	4	-	-	1	1	1	-
3. Buckingham ...	2	-	3	-	-	19	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Eton ...	23	12	83	29	-	29	4	1	1	-	-	-	5	7	79	-	-	-	4	4	-
5. Newport Pagnell ...	3	-	4	16	-	25	-	-	-	-	-	-	6	-	-	-	-	-	-	1	-
6. Wing ...	-	-	6	-	-	4	-	-	-	-	-	-	2	-	-	-	-	-	-	1	-
7. Winslow ...	-	2	13	-	-	32	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
8. Wycombe ...	14	2	19	9	3	13	-	-	-	-	-	-	7	-	1	-	-	-	4	4	-
Total Rural ...	61	26	175	67	7	287	22	3	2	-	-	-	50	7	90	-	-	1	9	12	-
Total for County ...	156	43	281	155	8	746	49	7	2	-	-	-	119	13	137	-	1	1	23	29	-

(h) CARE OF MOTHERS AND YOUNG CHILDREN

SUMMARY OF DENTAL TREATMENT, 1960.

Numbers provided with dental care:—

	Examined.	Needing treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	86	82	82	74
Children under five years of age	640	390	244	216

Forms of dental treatment provided:—

	Scaling and gum treatment.	Fillings.	Silver Nitrate treatment.	Inlays and Crowns.	Extractions.	General Anaesthetics.	Dentures provided.		Radio-graphs.
							Complete.	Partial.	
Expectant and Nursing mothers	31	341	—	—	45	7	4	6	16
Children under five years of age	11	304	81	—	147	40	—	—	5

(j) AMBULANCE SERVICE

Statistics for the year 1960

PATIENTS

Stretcher cases	21,744	Emergencies/Accidents	18,879
Sitting cases	155,509	General Removals	158,374
Total cases	177,253	Total cases	177,253

MILEAGE

Ambulances	985,756	Vehicle mileage	1,535,853
Other vehicles	550,097	Rail mileage	81,715
Vehicle mileage	1,535,853	Total mileage	1,617,568

RAIL

Patients	806	Mileage	81,715
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STAFF

VEHICLES

Superintendents	4	Ambulances	36
Senior Drivers	16	Sitting Case Cars	2
Head Drivers and Leading Drivers	19	Coaches	3
Driver Attendants and Attendants	93	Other vehicles	17
Total Staff	132	Total vehicles	58

OTHER INFORMATION

No. of journeys	38,885	No. of Ambulance Stations	10
Patients per 1,000 population ...	378	Civil Defence (Ambulance Section):—	
Journeys per 1,000 population ...	83	Instructors	22
Average road mileage per patient	9	Volunteers	269
Average rail mileage per patient	101	Training Vehicles	7