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BUCKINGHAMSHIRE COUNTY COUNCIL



ANNUAL REPORTS

of the

COUNTY MEDICAL OFFICER of HEALTH

COUNTY WELFARE OFFICER

and

PRINCIPAL SCHOOL MEDICAL OFFICER

for the Year

1963

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County Health Department,
County Offices,
Aylesbury.
June, 1964

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my Annual Reports for 1963. The combination of these reports in one volume and their presentation in a form which, it is hoped, will be readable and self explanatory, should give to those most concerned a comprehensive picture of the work of the Department. Comment on the year's work has been incorporated in the text and needs no further comment here.

I am grateful for the opportunity to pay tribute to members of the County Health and Education Committees for the encouragement and consideration shown to the staff and to myself throughout the year, as well as to thank voluntary associations for their invaluable contributions. In spite of difficulties arising from inadequate office accommodation and rather a lot of illness in the Department, the staff have, as usual, responded splendidly.

I am, Sir,

Your obedient Servant,

G. W. H. TOWNSEND,

*County Medical Officer, County Welfare Officer
and Principal School Medical Officer.*

STAFF

*County Medical Officer of Health,
County Welfare Officer and Principal School Medical Officer :*

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

*Deputy County Medical Officer of Health,
Deputy County Welfare Officer and Deputy Principal School Medical Officer :*

J. DRUMMOND, M.B., CH.B., D.P.H.

Area Medical Officers and Divisional School 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.HY., D.P.H.
(also Medical Officer of Health, Borough of High Wycombe, Urban District of Marlow and Rural District of High Wycombe)

A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H.
(also Medical Officer of Health, Borough of Aylesbury, Urban District of Linslade, Rural Districts of Aylesbury and Wing)

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, Newport Pagnell and Wolverton, Rural Districts of Buckingham, Newport Pagnell and Winslow)

Divisional School Medical Officers :

G. M. HOBBIN, B.COM., M.B., CH.B., D.P.H.
(also Medical Officer of Health, Urban District of Eton and Rural District of Eton)

Deputy Divisional School Medical Officer :

R. E. ATKINSON, M.B., CH.B., D.P.H.
(also Medical Officer of Health, Urban Districts of Beaconsfield and Chesham and Rural District of Amersham)

Senior Medical Officers :

PATRICIA HERDMAN, M.B., B.S., D.P.H.
FANNY STANG, M.D., L.R.C.P., L.R.C.S., D.P.H.

Assistant County Medical Officers and School Medical Officers :

INEZ R. ALDOUS, M.B., B.CH., D.C.H.

B. H. BURNE, M.R.C.S., L.R.C.P., D.P.H.
(Senior Assistant)

ANNE M. DIXON, M.B., B.S., D.A., D.P.H.

P. E. DOYLE, M.B., B.CH., B.A.O., B.A., D.P.H.

MARIE J. FREEMAN, M.B., B.S.

JOAN GRAY, M.B., CH.B., D.P.H.

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

ETHEL G. JENNINGS, M.A., M.B., B.CH., B.A.O., D.P.H.

R. M. LASLETT, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H.

R. A. MATTHEWS, M.B., B.S., D.P.H.

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

WINIFRED J. RISK, M.B., CH.B. (*Half-time*)

MARY R. VENNING, B.M., B.CH., C.P.H. (*Half-time*)

*Child Guidance and Preventive Psychiatry :
Consultant Psychiatrists*

E. M. BOOTH, M.B., CH.B., D.P.M.
M. I. POTT, M.B., CH.B., M.R.C.S., L.R.C.P., D.CH., D.P.M.

*Child Guidance :
Consultant Psychiatrist*

C. E. BAGG, M.A., M.R.C.S., L.R.C.P., D.P.M.

Principal School Dental Officer :

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

Orthodontist :

A. M. BLANDFORD, L.D.S., D.ORTH.

School Dental Officers :

(also employed part-time on the dental care of expectant and nursing mothers and young children)

P. D. BRISTOW, L.D.S., R.C.S.

K. DANNEN, D.M.D.

R. J. E. DERWENT, L.D.S., R.C.S.

EVA DEUTSCH, M.D. (Part-time)

K. R. DIXON, L.D.S., R.C.S.

C. HOWARD, B.D.S., L.D.S., R.C.S.

J. D. HOWELLS, L.D.S., R.C.S. (Part-time)

L. F. LOEWE, M.D.

MRS. B. A. MAUDSLEY, B.D.S., L.D.S. (Part-time)

MRS. J. W. PAUL, L.D.S., R.C.S. (Part-time)

MISS M. A. RICHARDSON, B.D.S., L.D.S., R.C.S. (Part-time)

G. A. SCIVIER, B.D.S., L.D.S.

P. W. SEWELL, L.D.S., R.C.S.

Dental Auxiliary :

MRS. S. E. ENGLAND

Chief Administrative Officer :

E. L. EYRE

Superintendent Health Visitor :

MISS D. K. NEWINGTON

Deputy Chief Administrative Officer :

A. D. H. RIDPATH

Supervisor of Midwives and Home Nurses :

MISS D. T. N. COLE

*County Health Inspector
and Health Education Organiser :*

J. W. KENDALL

County Home Help Organiser :

MRS. A. TOMLINSON

County Transport and Ambulance Officer :

E. W. DANIELS

Senior Medical Social Worker :

MISS E. R. GLOYNE

Senior Occupational Therapist :

MISS F. B. SILK

**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.
J. F. HARE, M.B. M.R.C.P.

Consultant Geriatrician :

L. WOLLNER, M.B., B.S., M.R.C.P.
(to 20-3-1963)

Ophthalmic Surgeons :

(Part-time services made available by arrangement with the
North West Metropolitan and Oxford Regional Hospital Boards)

T. S. S. GREGORY, M.B., B.CH., F.R.C.S., D.O.M.S.

R. C. JACK, M.B., B.CHIR., F.R.C.S., M.R.C.S., L.R.C.P., D.O.M.S.

J. MOSS, M.B., CH.B., D.O.

V. P. PURVIS, M.B., B.S., D.O., D.O.M.S., R.C.P.S.

C. B. V. TAIT, M.B., B.S., M.R.C.S., L.R.C.P., D.O.M.S., R.C.P.S.

Part 1

**LOCAL HEALTH AUTHORITY
SERVICES**

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 numbers of private households and private dwellings at the 1961 census were 149,053 and 152,525 respectively, increases over the 1951 census figures of 31.9 and 39.7 per cent.

The rateable value of the County at 1st April, 1964, was £27,984,968 as against £27,421,237 at 1st April, 1963, an increase of just over two per cent.

The estimate of the Registrar General for mid-1963 refers to the home population including members of the armed forces stationed in the area, and amounts to 515,920 compared with 505,130 for 1962. At the 1961 census the total population of the County was 488,233.

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

Live Births:

	1962			1963		
	Males	Females	Totals	Males	Females	Totals
Legitimate	4,683	4,519	9,202	4,745	4,602	9,347
Illegitimate	257	255	512	292	276	568
Totals	4,940	4,774	9,714	5,037	4,878	9,915
				1961	1962	1963
Live birth rate per 1,000 population				18.6	19.2	19.2
Illegitimate live births per cent of total live births				4.5	5.3	5.7
Number of stillbirths				145	144	145
Stillbirths rate per 1,000 total live and stillbirths				15.6	14.6	14.4
Total live and stillbirths				9,278	9,858	10,060
Number of infant deaths (deaths under one year)				165	174	175
Infant Mortality Rates:						
Total infant deaths per 1,000 total live births				18.1	17.9	17.7
Legitimate infant deaths per 1,000 legitimate live births				18.2	18.1	17.1
Illegitimate infant deaths per 1,000 illegitimate live births				14.5	13.7	26.4
Number of deaths of infants under four weeks				128	121	128
Neo-natal mortality rate (deaths under four weeks per 1,000 live births)				14.0	12.5	12.9
Number of deaths of infants under one week				114	106	112
Early neo-natal mortality rate (deaths under one week per 1,000 live births)				12.5	10.9	11.3
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)				27.9	25.4	25.7
Number of maternal deaths (including abortion)				1	1	3
Maternal mortality rate per 1,000 live and still births				0.11	0.10	0.30
Principal causes of death:						
Heart disease				1,462	1,583	1,657
Cancer				886	903	930
Bronchitis				219	262	267
Pneumonia				297	315	378
Influenza				55	25	42
Tuberculosis—Respiratory				16	21	16
Other forms				1	2	3
Motor vehicle accidents				76	96	88
Accidents in the home				35	33	58
Other accidents				54	54	56
Total deaths from all causes				4,603	4,865	5,111
Death rate per 1,000 population				9.4	9.6	9.9

It will be noted above that this year there were three deaths from maternal causes recorded in the County, representing a rate of 0.30 per thousand total live and stillbirths. The rate for England and Wales was 0.28, a new low record.

It is gratifying to report for the sixteenth year in succession no deaths from diphtheria occurred in the County.

SECTION B.—GENERAL PROVISION OF HEALTH SERVICES

NATIONAL HEALTH SERVICE ACT, 1946

SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN

Child Welfare Centres

The general pattern in the child welfare centres continued as in previous years and the number of children who attended has never been higher. Three new centres were opened and, in all, 21,508 children paid 120,995 visits to 123 centres. The emphasis remains on observation of the child's development, immunisation, general advice on child care and family problems and referral for treatment elsewhere when indicated.

The popularity of the centres amongst the mothers who use them is clear for all to see. Mothers of first babies are particularly appreciative, feeling the need for advice and reassurance. Mothers of second, third and later children are more inclined to come to have their children immunised.

Certain babies are born at risk to future handicap and they deserve observation and examination so that, if present, the handicap is diagnosed in good time. A scheme to ensure that all babies born in these categories are followed up until found to be developing normally would seem to be a worthwhile endeavour. However, it proved impossible to introduce such a scheme all over the County because of the reluctance of some of the paediatricians to agree to the need for the local health authority to take part in it. A difficult attitude to understand as examinations of child development take place in child welfare centres, as well as in the surgeries of enlightened general practitioners and in hospitals and, furthermore, the only department properly equipped to provide a follow-up service for defaulters is the County Health Department.

Nevertheless, increasingly the medical officers and health visitors are becoming aware of the risk groups and the children they know to be at risk are examined to ensure that development is progressing satisfactorily.

No comment on the child welfare centres would be complete without including once again my thanks to the ladies of the voluntary committees who do so much to maintain the happy atmosphere of the centres.

The following table gives particulars of the attendances at the child welfare centres operating during the year, corresponding figures for the previous year being shown in parentheses:—

	<i>Permanent</i>		<i>Mobile</i>		<i>Voluntary</i>		<i>Total</i>	
(1) Centres operating at end of year	103	(102)	17*	(17)*	3	(3)	123	(122)
(2) Times centres opened ..	3,067	(3,046)	170†	(198)†	57	(59)	3,294	(3,303)
(3) Attendances by Medical Officers	2,225	(2,202)	170	(198)	33	(35)	2,428	(2,435)
(4) Examinations by the Medical Officer	29,728	(29,900)	2,140	(2,328)	180	(238)	32,048	(32,466)
(5) Number of children referred by Medical Officer elsewhere	340	(—)	8	(—)	—	(—)	348	(—)
(6) Children who attended during the year and who were born in—								
(a) 1963	7,301	(7,042)	268	(257)	90	(94)	7,659	(7,393)
(b) 1962	6,750	(6,171)	234	(268)	82	(76)	7,066	(6,515)
(c) 1958-1961 ..	6,265	(6,176)	486	(445)	32	(59)	6,783	(6,680)
(7) Total number of children who attended during the year	20,316	(19,389)	988	(970)	204	(229)	21,508	(20,588)
(8) Attendances during the year made by children born in—								
(a) 1963	48,992	(82,641)	966	(1,732)	444	(754)	50,402	(85,127)
(b) 1962	46,192	(20,428)	1,038	(938)	574	(192)	47,804	(21,558)
(c) 1958-1961 ..	21,398	(14,316)	1,299	(1,171)	92	(190)	22,789	(15,557)
(9) Total attendances during the year	116,582	(117,385)	3,303	(3,721)	1,110	(1,136)	120,995	(122,242)

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

†Reduction in number of times mobile clinics were open was due mainly to arctic conditions prevailing in early months of year.

Distribution of Welfare Foods

It will be seen from the following summary of issues of welfare foods during 1963 (figures for 1962 being shown in parenthesis) that there were increases in the issue of all foods with the exception of National dried milk—full cream. This was particularly so with regard to the sale of orange juice although the increase may, to some extent, be due to the fact that it can now be bought for children under five years of age, whereas in the past it could only be obtained for children under two years.

National dried milk—full cream	42,503 tins	(44,705)
National dried milk—half cream	649 tins	(605)
Cod liver oil	11,484 bottles	(10,852)
Vitamin tablets	13,616 packets	(13,378)
Orange juice	146,041 bottles	(116,045)

At the end of the year, sales of these foods were being made from 134 distribution centres, of which 93 were held in conjunction with child welfare centres. Welfare foods were also available from the mobile child welfare clinic which called at 49 villages once each month.

The arrangements for the sale of welfare foods during the year continued to be organised with the co-operation of the Women's Voluntary Service, the British Red Cross Society and Women's Institutes. The invaluable help given by the many voluntary helpers, of which I once again record my appreciation, may best be gauged by emphasising that it is still only necessary to employ part-time paid help at three distribution centres in the County.

Ante-Natal and Post-Natal Care

As the majority of confinements during the year were booked to take place in hospital maternity units or maternity homes, most of the ante-natal and post-natal work was undertaken at specialist ante-natal clinics administered by the Hospital Management Committees and by General Practitioners. There were, however, thirteen midwives' ante-natal clinics operating at the end of the year and in all 1,950 mothers attended. Of these mothers, 106 also received post-natal examinations.

As in previous years, the training of expectant mothers in mothercraft, relaxation and correct breathing technique, in preparation for confinement was undertaken by many domiciliary midwives and health visitors. A total of 1,316 classes were held during 1963 compared with the total of 1,306 during 1962.

Maternity Accommodation

Applications for maternity beds which are made for social or domestic reasons are, by arrangement with the Hospital Management Committees concerned, submitted to me. Each application is investigated and recommendations are made to the appropriate officers appointed by the Management Committees, which are based on the health visitor's report after she has made a home visit. In this way every effort is made to ensure that the best use is made of all available maternity beds.

During the year, health visitors carried out the following investigations in three health areas (corresponding figures relating to 1962 are shown in parenthesis):—

South Bucks Area	2,140	(2,264)
Wycombe Area	1,176	(977)
Aylesbury Area	554	(542)

All maternity bookings in the North Bucks Area are undertaken by the Matron of the Westbury Maternity Home, Newport Pagnell.

Premature Births

There was again an increase in the number of premature births (a premature birth is defined as one weighing 5½ lbs. or less, irrespective of the period of gestation) to mothers resident in the County during 1963.

The following summary gives details of both premature live-births and premature still-births, the corresponding figures for the previous year being shown in parenthesis:—

Premature Live Births

(a) In Hospital	463	(440)
(b) At Home or in Private Nursing Homes	94	(96)
	<hr/>	<hr/>
	557	(536)

Premature Still Births

(a) In Hospital	71	(76)
(b) At Home or in Private Nursing Homes	2	(3)
	<hr/>	<hr/>
	73	(79)

The number of premature live births expressed as a percentage of the total live births is 5.62 per cent; as compared with the figure of 5.47 per cent for 1962.

Where premature births occur at home, midwives are required to seek immediate advice and any necessary assistance from the County Supervisor of Midwives, and special portable heated cots and an infant oxygen tent are available for use in nursing premature infants at home. When necessary, arrangements are made to transfer premature babies to hospital.

Health visitors continued to pay particular attention to the care of premature babies when the responsibility of the midwife ceased at the end of the lying-in period. They also continued to maintain close liaison with maternity departments of hospitals and with maternity homes in order to obtain early information of the discharge of children to their own homes and of any special care needed.

Health visitors have again co-operated with the Consultant Paediatrician for Mid-Bucks in a follow-up of premature babies up to 5 lbs. in weight. During 1963, visits were made by health visitors to 117 of these 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
	2lb. 3ozs. or less	Over 2lb. 3ozs. up to and including 3lb. 4ozs.	Over 3lb. 4ozs. up to and including 4lb. 6ozs.	Over 4lb. 6ozs. up to and including 4lb. 15ozs.	Over 4lb. 15ozs. up to and including 5lb. 8ozs.	
Premature live births						
Born in Hospital—						
Died within 24 hours of birth	24	9	11	—	3	47
Died aged 1-7 days	5	6	3	1	1	16
Died aged 7-28 days	1	2	—	—	2	5
Survived 28 days	—	22	52	108	213	395
TOTAL	30	39	66	109	219	463
Born at Home or in a Nursing Home and nursed entirely there:						
Died within 24 hours of birth	—	2	—	—	—	2
Died aged 1-7 days	—	—	—	—	—	—
Died aged 7-28 days	—	—	—	—	—	—
Survived 28 days	—	—	3	14	54	71
TOTAL	—	2	3	14	54	73
Born at Home or in a Nursing Home and transferred to Hospital:						
Died within 24 hours of birth	2	1	1	—	—	4
Died aged 1-7 days	—	2	—	—	—	2
Died aged 7-28 days	—	—	—	1	—	1
Survived 28 days	1	—	3	5	5	14
TOTAL	3	3	4	6	5	21
Premature stillbirths						
Born in Hospital	7	23	16	10	15	71
Born at Home or in a Nursing Home	—	2	—	—	—	2
TOTAL	7	25	16	10	15	73

Nurseries

(i) Day Nurseries

At the end of December, 1963, there were 28 children on the register of the Manor Park Day Nursery, Slough, which is the only day nursery maintained by the County Council. The average daily attendance at this nursery which provides 35 places was 19 as compared with the average of 21 throughout 1962.

Although the arrangements whereby financial responsibility for the maintenance of children who are in the priority classes for day nursery admission resident in this County but attending a day nursery maintained by the Middlesex County Council, continued during the year, the two children from Buckinghamshire who attended the Uxbridge Day Nursery had left at the end of 1963.

(ii) *Residential Nurseries and Children's Homes*

The arrangements whereby Medical Officers of the County Health Department undertake the medical supervision of nurseries and children's homes maintained by the Children's Committee continued during 1963. The following establishments were supervised:—

	<i>Capacity of Homes</i>
Aylesbury Area:	
23 Walton Road, Aylesbury	12
The Orchard, 25 Walton Way, Aylesbury	16
1a Churchill Avenue, Aylesbury	10
65 Priory Crescent, Aylesbury	9
South Bucks Area:	
Bilby House, Slough	8
Brookside, Slough (formerly Larchmoor)	24 plus 2 isolations
Crossfield House, Gerrards Cross	18
Manor House, Slough	18
Stow Lodge, Gerrards Cross	11
Wycombe Area:	
Bledlow—South Wing	14
Jasmine "A"	12
Jasmine "B"	12
Aylesbury House	15
The Mount, Kimble	15
292 Micklefield Road, High Wycombe	9

Medical Officers of the Department examine all children on admission to residential nurseries and children's homes and at intervals afterwards and carry out vaccination and immunisation where necessary. They also advise on general hygiene, supervise the diet and feeding, arrange the medical examination of the staff, including periodic X-ray examination and furnish medical reports on children about to be boarded out or adopted.

(iii) *Training*

The Manor Park Day Nursery, Slough, and The Brookside Residential Nursery in Slough, are recognised as training schools for the National Nursery Examination Board Certificate. The medical and nursery staff of the Health Department continued, during the year, to help in teaching the appropriate sections of the syllabus.

Students were not accepted at the day nursery but it continued to be used by the Education Committee for students from nursery schools to enable them to obtain experience with young babies.

Care of Illegitimate Children

During 1963, a total of 113 unmarried mothers were admitted to suitable mother and baby homes. Arrangements in respect of 13 cases were made by the Northampton Diocesan Catholic Child Protection and Welfare Society and the remaining 100 under arrangements made by the Oxford Diocesan Council for Moral Welfare who undertake this work for the County Council on an agency basis. There was an increase of six cases over the total for 1962. 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 confinement, is made available in approved cases.

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. In addition, one health visitor with special training and experience in moral social welfare continues to share her duties in the North Bucks Health Area between health visiting and moral welfare case work.

Close co-operation is maintained between health visitors and moral welfare workers in order to ensure the adequate supervision of illegitimate children following discharge from mother and baby homes.

Infant Deaths

A total of 9,972 births, including 145 stillbirths, to Buckinghamshire residents were notified during 1963. This is an increase of 2% over the 1962 figures.

Comparative infant death rates over the past three years and the causes of death are set out in the following tables:—

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
1961	18.1	14.0	4.1	15.6	27.9	33.4
1962	17.9	12.5	5.4	14.6	25.4	32.6
1963	17.1	12.9	4.8	14.9	25.5	31.8

INFANT DEATHS 1963

Cause of Death	Stillbirth	Deaths up to one week	Deaths 2-28 days	Deaths 1-12 months	Total Infant Deaths
Prematurity only	—	38	1	—	39
Congenital malformation ..	34	14	5	13	32
Anoxia and birth injury ..	11	46	—	3	49
Rhesus Incompatibility ..	7	5	—	—	5
Infections	—	6	5	20	31
Accidents	—	1	—	7	8
Hypothermia	—	—	—	—	—
Post Maturity	—	—	—	—	—
Misplacement of cord ..	12	1	—	—	1
Placental insufficiency ..	32	—	—	—	—
Other causes	9	11	2	1	14
Causes not ascertained ..	40	1	—	—	1
TOTAL ..	145	123	13	44	180

Young Children handicapped by impaired hearing

The arrangements brought into operation in the South Bucks Area during 1962 in accordance with the Ministry of Health circular No. 23/61 (and Ministry of Education Circular No. 14/61) to ensure the early assessment of young children with impaired hearing continued during 1963. Dr. M. A. Charrett, Area Medical Officer, has reported that of the 92 appointments sent to mothers during the year, 48 (52%) attended. Of the 48 babies brought to see the doctors, 36 were found to have hearing within the normal limit and the remaining twelve were placed under observation for the following reasons:—

Cleft palate	1
Spastic	1
Hypocalcaemia	1
Severely sub-normal	1
Hydrocephalic	1
Mongol	1
Squint	1
Referred to hospital regarding deafness	3
For observation at later date	2

It will be seen that there was, unfortunately, a very high absentee rate as many mothers did not feel that a special journey to a clinic for the purpose of the test was worthwhile.

Dental Treatment of Expectant and Nursing Mothers and Young Children

During the year, a larger number of expectant and nursing mothers were inspected and treated than in 1962; appropriate details will be found in Table (h) of Section H of this report.

The importance of good dental health at this time was stressed in a leaflet distributed at the ante-natal clinics in South Bucks, and it was felt that mothers were showing more interest in dental matters as a result of the extension of dental health education.

The demand for treatment at the clinics was not as high as might have been expected, but most of the patients were receiving regular dental treatment from their own general dental practitioners. Talks were given to mothers' clubs and films were shown by our dental officers and the dental auxiliary. The amount of treatment, especially of a conservative nature, increased considerably.

The number of pre-school children inspected and treated during the year was larger than in previous years, and it is hoped that work for this important group will further expand. It is sad to see how many children have extensive caries by the time they are seen at their first school dental inspection. Mothers should be encouraged to have their children's mouths examined at about the age of three years, in order that the teeth of the deciduous dentition may be conserved, and thus prepare for a healthy and regular set of permanent teeth. Advice on dental matters was given in many clinics, and the mothers were usually most anxious to do all they could to teach their children the simple rules of dental hygiene. The number of fillings done for pre-school children increased considerably in 1963, and it is hoped that it will be possible to further extend the services for this important age group.

SECTIONS 23 AND 25.—MIDWIFERY AND HOME NURSING SERVICE

Staff

The first three months of 1963 will long be remembered for the extremely cold and arctic conditions which persisted without a break for many weeks. Travelling conditions for those providing emergency services were hazardous; in addition, the lack of water and heating called for a really pioneering spirit in some of the homes visited by the domiciliary nursing staff. There is no doubt that as the early months of 1964 approached there was a good deal of anxiety in the hearts of those who withstood these conditions.

There was an encouraging improvement in recruitment during 1963 and, although the leave entitlement was increased by one week for each member of the staff, the number of patients attended and the visits to those patients show a considerable increase.

On December 31st, 1963, the staffing position was as follows:—

Full-time :

Supervisor of Midwives and Home Nurses	1
Deputy Supervisor of Midwives	1
Assistant Supervisor of Midwives and Home Nurses	2
Superintendents of Nurses' Homes	2
Assistant Superintendents of Nurses' Homes	1
District Nurse/Midwife/Health Visitors	13
Domiciliary Midwives	6
District Nurse/Midwives	92
District Nurses (female)	14
District Nurses (male)	4

Part-time :

Domiciliary Midwives	2
District Nurse/Midwives	9
District Nurses	16

During the second half of the year an additional Assistant to the Supervisor of Midwives and Home Nurses was appointed, and organisation of the service on an area basis became possible.

As more housing accommodation became available it was decided to increase the number of male nurses, and at the end of the year there were two in Slough, one in High Wycombe and one in Aylesbury. In addition, the approved establishment was changed to allow the appointment of other male nurses in Slough and Aylesbury during this year.

Changes in staff were much the same as in recent years; there were 30 resignations, of which 14 were part-time appointments. Of the remaining sixteen who resigned, five had reached retirement age after serving the County for 17, 20, 29 and 39 years respectively. There were 38 appointments made up of an assistant supervisor of midwives and home nurses, a superintendent and an assistant superintendent of nurses' homes, twelve part-time district nurses and midwives, one district nurse/midwife/health visitor, eighteen district nurse/midwives and four district nurses.

Summary of Work undertaken by Administrative Nursing Staff

Routine visits to district nurse/midwives	271
Contact visits with district nurse/midwives and other public health workers	93
Special visits	103
Interviews	39
Committees and conferences	39
Talks and discussions	83
Staff group meetings	17
Teaching rounds	42
Maternity units visited	3
Nursing homes visited	10
Independent midwives visited	1
Injections given at nurses' home	203
Nursing relief visits on odd days	222
Nursing relief additional to above	50
Ante-natal groups attended	8
Students	6

Statistics relating to the Work of the Domiciliary Nursing Staff

Midwifery						Cases	Visits
Ante-natal	..	..	..	..	..		32,827
Deliveries	..	..	..	..	..	2,996	54,692
Hospital discharges	..	..	..	..	..	1,775	17,115
Post natal	..	..	..	..	..		840
Supervisory	..	..	..	..	..		5,434
General Nursing							
Total number of patients	..	..	..	..	..	11,370	239,493
Of the } Number of patients 65 years of age and over						5,801	131,404
above } Number of patients under 5 years of age						549	2,920
Total number of visits to all patients						..	350,401

Midwifery

There was again a slight over-all increase by 304 in the number of mothers delivered during 1963. Of the total, 9,958, the number of hospital confinements was 6,959 and home confinements 2,996 plus 3 where private midwives were engaged. Mothers discharged home to the care of the domiciliary midwife after hospital confinement numbered 1,775. From the chart below it will be seen that the trend shown in recent years continues with the highest number of discharges taking place on the second day of the lying-in period.

Day of Discharge	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	Total
1962	165	420	220	128	119	124	106	145	82	77	1,606
1963	163	574	256	138	111	127	128	182	61	32	1,775

Obstetric Flying Squad

The number of calls for this service dropped by seven compared with last year's figure of 42. Responses to calls were made by the Canadian Red Cross Hospital—8, Amersham Hospital—10, Royal Buckinghamshire Hospital—13, Radcliffe Infirmary—1, Barratt Maternity Home—1, Old Windsor Hospital—2, a total of—35. The reasons for the calls were: eclampsia 2, ante-partum haemorrhage 2, premature labour 1, twins 1, abnormal presentation 2, post-partum haemorrhage 11, retained placenta 15 and premature infant 1.

The reduction in the use of the Flying Squad and in the number of home confinements coupled with an increase in hospital deliveries probably indicates that better selection for hospital confinement is taking place, thus making the best possible use of the limited number of hospital obstetric beds available.

Maternity Services Liaison Committees

Two meetings were held in Windsor and Aylesbury where the consultant obstetricians, hospital midwives, general practitioners and local authority staffs met together. Implementation of the recommendations of the Cranbrook Report is one of the functions of these committees. The meetings provide an opportunity for the discussion of difficulties which may arise as a result of tripartite administration of the Maternity Service.

A Maternity Services Co-operation Card approved by the Ministry of Health was brought into use in this County in September. The object of the card is to provide a complete record of the ante-natal care, labour and lying-in period for future reference, and in particular an up-to-date record of ante-natal observations which would be available to any midwife, doctor or hospital attending the expectant mother wherever she may be. The card is held by the expectant mother and produced on each ante-natal visit. After the confinement the record is passed to the family doctor for his retention and reference.

Analgesia

Experiments are in progress to replace gas and air machines with an apparatus suitable for the administration of nitrous oxide and oxygen by midwives on their own responsibility. There is evidence to show that a further improvement in the stillbirth and neonatal death rate is possible, by using a joint mixture instead of nitrous oxide and air.

Three gas and air machines were condemned during the year as being unserviceable and were replaced by three Trilene machines, which together with the planned purchase of two per annum, brought the total number of these latter machines in use in the County to 23. There are 117 gas and air machines available.

Analgesia was administered as follows:—

	<i>Pethidine or Pethilorfan</i>	<i>Gas and Air</i>	<i>Trilene</i>
1962	1,646	2,264	589
1963	1,549	1,993	718

Trilene was used in some 129 more cases than in the previous year; this increase, together with a slight fall in the number of mothers delivered at home, accounts for the decrease in the number of cases where gas and air and pethidine were given. Pethidine is not usually given where trilene is likely to be used.

Resuscitation of the Newborn

The sparklet oxygen apparatus carried by the domiciliary midwives was used for resuscitating newborn infants on 82 occasions, heated cots were brought into use seven times and in three instances the Premature Baby Flying Squad was needed to transfer infants from home to hospital.

General Nursing

The number of patients referred to district nurses was 1,666 more than in 1962; of these additional cases 1,224 were persons over the age of 65.

A total of 11,370 patients received 239,493 visits during the year. Of these, the number of patients over the age of 65 amounted to 5,801 with 131,404 visits and the number of children under the age of 5 was 549 with 2,920 visits; the latter figure shows a slight decrease and follows the trend of recent years.

Geriatric Care

Many prejudices require to be eradicated so far as the medical care of old people is concerned. For instance, the old ideas that it is useless to make any effort to rehabilitate them and that their care is not a valid occupation for highly trained nurses and medical staff still persist in some places.

The basic principles of securing maximum activity and independence in the patient often remains unpractised because the therapeutic expectations which such an approach provides are not appreciated. Consequently, there is an urgent need for continuous post graduate training in new rehabilitation techniques of all types of nurses.

At the same time, the families who ultimately resume care of the rehabilitated patient also require help and instruction on the principles of managing frail old people. Details of successful hospital management must be passed on to the patient's family and it is essential that the district nurse and the family should see and know for themselves the degree of independence the patient has reached before discharge takes place.

A member of the administrative nursing staff attended a course on this subject in August, and Study Days for groups of district nurses were commenced in the Autumn. The programme consisted of the principles of good posture and various ways of lifting patients, including a demonstration of the mechanical hoist; the use of passive exercises in stroke rehabilitation; and the management of incontinence. The programme ended with a discussion led by a medical social worker on the social aspects of the care of geriatric and chronic sick patients and the place of the social worker in the public health team.

One of the district nursing administrators attends the Geriatric Conference held at Stoke Mandeville Hospital each week, when the progress of patients likely to be discharged is discussed. When the return home is anticipated, preparations are begun, to mobilise the services and prepare the relatives, so that the optimum point of recovery attained in hospital may be maintained at home.

The laundry service for incontinent patients continues to be of great assistance in the care of the incontinent, especially during the winter months. Facilities provided by St. John's, High Wycombe and Amersham Hospitals, now in the third year of operation are much appreciated.

Nursing Aid Service

Members of the British Red Cross Society and St. John Ambulance Brigade assisted district nurses by visiting 21 patients to whom 127 visits were made. This voluntary service has a great potential, especially in the welfare of the housebound patient and those living alone.

Marie Curie Day and Night Nursing Service

The needs of 62 patients suffering from cancer were met by the Day and Night Nursing Service of the Marie Curie Memorial Foundation. There were four resignations and eight appointments to this service; the number of nurses on the register at the end of the year was 27. Grants totalling £1,868 10s. 5d. were made by the Foundation and in addition there were donations to the value of £59 15s. 0d. made by grateful relatives.

Post Certificate Education

The Supervisor of Midwives attended the course for non-medical supervisors at Bedford College, the theme of which was Perinatal Mortality.

In accordance with the rules of the Central Midwives Board, 24 domiciliary midwives attended courses at Hull, Stoke-on-Trent, Oxford and Westcliff-on-Sea. One midwife was sponsored for a one-month's course in hospital to qualify for re-instatement on the Roll of Practising Midwives; three midwives attended a course on Relaxation and Parentcraft Teaching and are now taking an active part in turn with the Health Visitors in conducting classes held in their districts, so relieving the latter for other duties. A male nurse attended a course in Liverpool especially arranged for male district nurses and four district nurses attended similar courses arranged by the Queen's Institute of District Nursing at Southend and Oxford.

Staff Group Discussion

Group discussions were held when refresher courses were reported upon by those who attended. Subjects raised in the course of discussions were, the 1958-60 Report on Maternal Deaths, the Ministry of Health Co-operation Card, Drugs in Pregnancy, Prevention of Stillbirths and Infant Deaths, Site Location of Intramuscular Injections and the use of Syntometrine.

Training and Post-Graduate Experience

District Nurse Training : Two nurses were undergoing training at the end of 1962 whilst another nine were accepted for training during 1963. Nine nurses qualified, one failed to satisfy the examiners and the remaining nurse had not completed her training by the end of the year.

Student Nurses : Any meeting together in a professional capacity of hospital and domiciliary nurses is bound to establish greater knowledge and understanding of both aspects of the service. For this reason, district nurses find it a rewarding experience to take on their rounds student nurses and other students. During 1963, student nurses from the Aylesbury, High Wycombe and District, and Windsor Hospital Groups and the Princess Mary's R.A.F. Hospital, Halton, visited with district nurses and the opportunity thus afforded gave students an insight into the social background of the patients and into the scope of domiciliary services. As this is a two-way exchange of ideas, information is gleaned from the student by district nurses of up-to-date treatments being used in local hospitals.

Student District Nurses : Thirteen student district nurses spent three days during their training period with district nurse/midwife/health visitors. The students came from the training centres of North London District Nursing Association, South London District Nursing Association, City of Leicester Home Nursing Service, Fulham District Nursing Association and the Ranyard Nurses. This experience is designed to give them an opportunity of observing the management of generalised work in a rural community.

Pupil Midwives : Forty-two pupil midwives completed Part II midwifery training and eight were still in training at the end of the year. Of those completing the course, 36 were successful in passing the qualifying examination.

Students from other countries and fields of work visited the department during the year. The nursing administrators also took part in in-service training of social workers and home helps. Lectures were given to student nursery nurses at the Slough College of Further Education by the Superintendent of the Slough Nurses' Home on the care of the newborn baby and premature infant.

Notification by Midwives of Intention to Practise

Institutional

Employed in hospital	..	..	..	..	..	..	121
Employed in nursing homes	..	..	..	..	..	..	12

Domiciliary

Employed by Local Authority	..	..	155	full-time	9	part-time
Engaged in private practice	..	..	22			

From these notifications, details of which are sent annually to the Central Midwives Board, the roll of practising midwives is prepared.

SECTION 24.—HEALTH VISITING

Staff

Recruitment of staff to keep pace with the rapidly increasing population was a problem again this year.

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

Superintendent Health Visitor	1
Deputy Superintendent Health Visitor	1
Area Superintendent Health Visitors	3
Full-time Health Visitors	47
Part-time Health Visitors (Equivalent to 3 full-time)	6
Moral Welfare Worker/Health Visitor	1
District Nurse/Health Visitors (equivalent to 4.2 full-time)	14
Full-time Tuberculosis Health Visitor	1
Chest Clinic Sister	1
School Health Assistants (Part-time)	16
Student Health Visitors in training	4

Of the 14 District Nurse/Health Visitors, 13 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.

There were nine resignations during the year, of which two were for domestic reasons, one because of retirement, whilst the other six were due to transfer to other local health authorities. It appears that in four of these transfers the lack of housing accommodation was the overriding factor leading to the resignations.

The gap caused was counterbalanced by eight full-time and three part-time appointments. Included in this number were four student health visitors sponsored by the County Council who qualified in June. No increase of establishment has been possible.

The employment of married women whose domestic ties allow them to return to health visiting in a part-time capacity must be accepted as one of the main sources of recruitment today. Where two days or more are worked in a week an appropriate case load is allocated to part-time health visitors; in this way responsibility for and interest in their work is maintained. Part-time health visitors are indispensable to the service today.

Statistics

The revised statistics required by the Ministry this year lays the emphasis on the number of cases visited and not the number of visits paid. It is not, therefore, easy to compare figures with last years.

CASES VISITED FOR FIRST TIME DURING 1963

<i>Expectant Mothers</i>	4,164
<i>Children under Five Years</i>	
Children born in 1963	10,263
Children born in 1962	7,476
Children born in 1958-61	13,302
<i>Care of the Aged</i>	
Persons aged 65 or over	1,970
No. of these visited at special request of G.P. or hospital	630
<i>Mental Health</i>	
Mentally disordered persons	86
No. of these visited at special request of G.P. or hospital	33
<i>Hospital After Care</i>	
Persons discharged from hospital (other than Mental Hospital)	223
No. of these visited at special request of G.P. or hospital	158
<i>Infectious Diseases</i>	
No. of tuberculous households visited	530
No. of households visited on account of other infectious diseases	66

TOTAL VISITS

Children under 5 years of age	68,939
All other visits	20,005
Ineffectual visits	11,735

The greater part of the health visitor's work devoted to home visiting continues to be with the expectant mothers and young children. The help and support required by young mothers today is no less than those of previous generations. The problems facing them are often more complex than in the past and time spent with individual cases can be considerable.

Each year sees a marked increase in the home visiting of the elderly. After assessing a particular need the health visitor is often able to contact the appropriate agency and so get the wheels turning to relieve it. Her help is also sought by geriatricians for home reports on circumstances relevant to admission and also for follow up of cases discharged to their own homes.

Hospital follow-up visits for patients other than the elderly and young is on the increase as better liaison with our hospitals develops.

Other Work

Ante-natal Mothercraft and Relaxation Classes

Number attended for first time:

Institutional booked	..	..	..	..	..	..	..	..	1,109
Domiciliary booked	..	..	..	..	..	..	..	..	581

School Health Service

No. of sessions	..	..	..	..	..	..	..	..	1,110
No. of cases visited	..	..	..	..	..	..	..	..	1,942

Detection of Deafness

No. of screening tests	27
No. of audiometry tests	490

<i>Phenylketonuria</i> No. of tests	8,326
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Hospital Liaison

Maternity	244
Paediatric	63
Geriatric	73
Other	38

<i>Surveys</i> No. completed	8
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G.P. Liaison

No. of consultations at surgery	1,137
Other sessional work	175

Fixtures

Child Welfare Centres	..	..	..	..	..	..	..	..	3,880
Mothers' Clubs	..	..	..	..	..	..	..	..	387
Group Teaching	..	..	..	..	..	..	..	..	1,124
Chest Clinic	..	..	..	..	..	..	..	..	683

The demand for mothercraft and relaxation classes continues to increase and it is still only possible for mothers expecting their first babies to attend. Further details of the work will be found in the Health Education section of this report.

Phenylketonuria tests on all babies between four and six weeks of age have been carried out by health visitors either at Child Welfare Centres or during home visits.

The link between hospital and home has continued as can be seen by the number of visits paid to the various departments of the hospitals during the year. This contact invariably results in a number of requests for home follow-up visits to both pre-admission and discharged patients.

General Practitioners and Health Visitors

During the year this service has been extended to the Chesham and Bletchley areas. In both cases the pattern has followed that described in my report of last year. For the first time a part-time health visitor has been included. This is in the Chesham area, where she has been allocated a two doctor practice.

In Aylesbury an interesting experiment has been tried out. One group practice who now have their surgery housed in new and larger premises invited the health visitor to hold a session there each week for mothers and their young children. Mothers are invited to attend by both general practitioners and health visitor. In this surgery the general practitioners work an appointments system, which means any referrals made at this session by the health visitor to general practitioner are given an appointment on the spot. It is working very satisfactorily and the health visitor sees and advises far more mothers than would be possible during the same period of home visiting.

The importance attached to the clerical side of the health visitors work has become more apparent during the past few years. Report writing, record keeping and filing have made increasing demands on their time. To counteract this and improve the service I have allocated a clerical assistant from the central office to work with the health visitors at Pebble Lane Clinic each morning. The clerical assistant has proved an indispensable member of the team and this service will be extended to other groups of health visitors in the County.

Health Assistants

Sixteen part-time Health Assistants were employed at the end of the year and the following table gives a summary of the work they undertook:—

School Health Service								
School Medical Inspections	..	..	..	..	..	..	1,280	(1,143)
Health Surveys	..	..	..	..	..	..	601	(576)
Weighing and Measuring	..	..	..	..	..	..	78	(135)
Vision Testing	..	..	..	..	..	..	464	(444)
Ophthalmic Clinics	..	..	..	..	..	..	34	(40)
Minor Ailments	..	..	..	..	..	..	9	(31)
Audiometry Clinics	..	..	..	..	..	..	9	(7)
Vaccination and Immunisation								
Diphtheria	..	..	..	..	..	..	25	(76)
Poliomyelitis	..	..	..	..	..	..	142	(186)
B.C.G.	..	..	..	..	..	..	112	(135)
Smallpox	..	..	..	..	..	..	—	(2)
Tetanus	..	..	..	..	..	..	—	(—)
Child Welfare Centres	..	..	..	..	..	..	698	(583)
Chest Clinics	..	..	..	..	..	..	88	(103)
Clerical	..	..	..	..	..	..	612	(697)
Home Visiting Sessions	..	..	..	..	..	..	61	

The major part of the health assistants time is spent on work within the schools. It is here that she relieves the health visitor of a great deal of routine work.

I cannot commend too highly the valuable work undertaken in our Child Welfare Centres by voluntary helpers, their service is much appreciated by mothers and health visitors alike. Unfortunately, in some areas sufficient voluntary help is not available and then the health assistants come in to fill the gap. They cover the routine jobs which are essential to the efficient running of a child welfare centre.

SECTION 26.—VACCINATION AND IMMUNISATION

Vaccination against Smallpox

At first glance the following figures relating to vaccinations and re-vaccinations carried out during 1963 suggest a disappointing aspect of the year's work, for not only are the totals considerably lower than those for 1962 when there was an outbreak of smallpox in the country, but also much lower than the corresponding figures for 1960 and 1961. During those years 6,538 and 6,936 vaccinations respectively, were undertaken, whereas only 2,642 were carried out last year. This decrease was, however, due almost wholly to the decision to delay the offer of vaccination against smallpox until the second year of life instead of during the first year as was the practice in the past.

The overall position will, it is expected, return to normal this year.

Number	Age								
	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-14 years	15 and over	Total
vaccinated	395	743	290	218	627	155	236	28	2,642
re-vaccinated	—	—	—	—	6	63	240	15	324

Vaccination against smallpox continued to be undertaken mainly by general medical practitioners at their own surgeries or at special sessions but the facilities for vaccination provided at the larger child welfare centres were appreciated by the mothers concerned.

Vaccination against Poliomyelitis

The Ministry of Health Circular No. 10/63, dated 29th May, 1963, drew the attention of local health authorities to the following advice, given by the new Joint Committee on Vaccination and Immunisation appointed by the Central and Scottish Health Services Councils, which is aimed at securing even greater protection against poliomyelitis of those who have already been immunised:

- (i) Children who have had two doses only of Salk vaccine (the second not more than a year previously) should receive, as an alternative to a third dose of Salk vaccine, two doses of oral vaccine to complete their basic course of immunisation.
- (ii) All immunised children joining school should be offered a reinforcing dose of vaccine.
- (iii) A reinforcing dose of vaccine should be offered also to immunised persons at special risk of contracting poliomyelitis.

The Joint Committee also advised that the occurrence of a case of paralytic poliomyelitis would justify the emergency administration of a single dose of oral vaccine to all children in the neighbourhood of the case, e.g. living nearby or attending the same school, regardless of the vaccination state.

The following details given are an indication of the work undertaken in this particular field during 1963:—

Numbers Vaccinated

(a) with Salk vaccine

Course of two injections with Salk vaccine or three injections of quadruple vaccine

Children born in 1963	396
Children born in 1962	932
Children born in 1961	92
Children and Young Persons born in 1943-1960	120
Young Persons born in years 1933-1942	56
Others	117
Number of persons in all age groups given a third injection	1,899
Number of children in the age group 5-12 years given a reinforcing injection	742

(b) with Oral (Sabin) vaccine

Complete course of three doses

Children born in 1963	1,537
Children born in 1962	4,588
Children born in 1961	1,200
Children and Young Persons born in 1943-1960	1,429
Young Persons born in years 1933-1942	674
Others	589
Number of persons given a reinforcing dose of oral vaccine after two injections with Salk	1,418
Number of children in the age group 5-12 years given a reinforcing dose with oral vaccine after three injections with Salk vaccine or two doses of Salk vaccine or two or three doses of oral vaccine	5,247

Immunisation against Diphtheria

The use of triple antigens containing pertussis, diphtheria and tetanus prophylactic continued during 1963. Information relating to immunisation against diphtheria is given in the following table:—

Children born in Years	Work undertaken during		Total
	Half Year ended 30th June	Half Year ended 31st December	
1963	52	1,399	1,451
1962	1,528	2,641	4,169
1961	946	610	1,556
1960	56	94	150
1959	24	36	60
1954—1958	114	151	265
1949—1953	12	16	28
Reinforcing Injections	3,223	3,898	7,121

Of the total of 7,679 primary immunisations carried out, quadrilin vaccine was used in 456, triple antigen was used in 6,547, diphtheria/pertussis antigen in 27, diphtheria/tetanus antigen in 481 and single antigen in the remainder.

Immunisation against Whooping Cough

There was a welcome increase in the number of children immunised against whooping cough during the year; in all, 7,087 children were immunised as compared with 4,172 during the previous year. Some 6,547 of the children were treated with triple antigen, 27 with diphtheria/pertussis antigen, 57 with single antigen only and 456 with quadrilin.

The total number of children born in 1962 or 1963 and immunised against whooping cough during 1963 expressed as a percentage of live births during the twelve months ended 30th June, 1963, was 54 per cent.

Immunisation against Tetanus

A total of 8,798 children were immunised against tetanus during 1963; this was an increase of 1,902 over the figure for 1962. In carrying out these immunisations quadrilin was used in 456 cases, triple antigen in 6,547 cases, double antigen in 481 cases and single antigen in 1,314 cases.

It must be emphasised that quadrilin is not used at child welfare centres but only by some general medical practitioners.

SECTION 27.—AMBULANCE SERVICE

Patients

The number of patients dealt with during the year was 184,922 as compared with 189,042 in 1962 and 184,082 in 1961.

The number of emergency cases totalled 23,027 which was approximately 63 per day as compared with 21,648 and approximately 59 per day in 1962.

Mileage

The mileage travelled was 1,618,350. Previous figures were: 1,614,061 in 1962 and 1,587,843 in 1961.

Rail Travel

During the year, 797 patients travelled by rail as compared with 769 in 1962 and 759 in 1961.

These journeys afford a considerable saving both in expense and manpower, and approximately 156,000 vehicle miles were saved by taking advantage of the facilities provided on most main line services for stretcher and sitting cases.

Air Travel

During the year nine patients travelled by air, and these journeys also afforded considerable saving in expense and manpower. Approximately 6,160 vehicle miles were saved.

Of the nine patients who travelled by air one was a patient who travelled by helicopter, the arrangements having been made within the County. A seriously ill spinal patient was conveyed from Upton Hospital, Slough to Stoke Mandeville Hospital. This journey was arranged in conjunction with the specialists at Upton Hospital and Dr. Guttman of Stoke Mandeville Hospital.

Staff

The authorised establishment of operational personnel was 155 but at the end of the year there were two vacancies. Of the 153 operational personnel employed, 148 had qualified in first aid; the other five were undergoing training at the end of the year.

Ambulance Drivers were entered in the annual safe driving competition organised by the Royal Society for the Prevention of Accidents and of the 126 drivers who were eligible for the 1963 Competition, 92 gained awards for an accident-free year of driving.

Vehicles

The number of vehicles in use at the end of the year was 62, comprising 41 ambulances, 18 dual-purpose vehicles and 3 coaches.

The average mileage per vehicle for the year was approximately 26,102.

Civil Defence

Seven training courses were held during the year in various parts of the County at which 96 volunteers of the Ambulance and First Aid Section attended.

During the year, five Civil Defence First Aid Courses were held for volunteers of the Ambulance and First Aid Section and fifteen for volunteers of other sections of the Civil Defence Corps.

One Senior Officer of the Ambulance Service attended a Senior Officers' Course at the Civil Defence Staff College, Sunningdale; one Duty Officer attended an Ambulance and First Aid Section Officers' Course at Falfield.

As a result of the National Re-organisation of Civil Defence in the latter part of 1962, when all active volunteers were grouped into various classes, the latest figures now amount to 132 for all classes. 17 of these volunteers successfully passed the Standard Training Test and are now undergoing advanced training.

Private Bookings

Under the provisions of the National Health Service (Amendment) Act, 1957, private bookings were accepted for six sporting events, eleven films, three patients attending Court proceedings, one Crash Fence Test and three patients to be taken home.

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. Again, in addition to duties at Ambulance Stations, they also assisted as escorts for patients travelling by rail. These services were very much appreciated.

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 as follows:—

<i>Year</i>	<i>Total Patients</i>	<i>Patients by rail</i>	<i>Vehicle Mileage</i>	<i>Rail Mileage</i>	<i>Total Mileage</i>
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
1961	184,082	759	1,587,843	75,024	1,662,867
1962	189,042	769	1,614,061	74,729	1,688,790
1963	184,922	797	1,618,350	78,019	1,696,369

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

Report of the County Chest Consultant

Dr. Stephen Hall the County Chest Consultant, kindly submitted the following report:—

Population and Medical Staff

In 1963 the population of the County was estimated at 515,920 of which 346,720 lived in the area served by the Oxford Regional Hospital Board and 169,190 in that served by the North West Metropolitan Regional Hospital Board. The medical staff of the former comprised one part-time consultant, one full time consultant, one senior hospital medical officer and one registrar, while that of the latter comprised one part-time consultant, one full-time consultant and one 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-patient Clinic) and Wolverton (Out-patient Clinic). All these Clinics are well equipped.

Tuberculosis Register

At the end of 1963 there were 2,278 persons on the register as compared with 2,655 in 1962 and 2,880 in 1961. Very few of these patients were infectious at any one time and only 98 had sputum carrying tubercle bacilli at some time during the year.

The number of new patients was 173, about the same as during the previous two years but, curiously, while the numbers in the south are declining, those in the north are increasing. The amount of tuberculosis in immigrants, particularly Pakistanis and Italians, is becoming substantial.

While this problem is not so bad with us as elsewhere in England, yet it is bad enough. For instance, on the Aylesbury Register, 11% of patients are from abroad and in 1963 in Aylesbury new patients numbered 27, of whom 9 were either Italians or Pakistanis. There was a small outbreak of primary tuberculosis in the children of two Italian families but the source case could not be found. Pakistanis present special problems and a great deal of time is spent over them, trying to understand what they say, what are their troubles and trying to find them jobs. They seem good natured people. Italians give a good deal of work also: they are jolly patients and respond well to treatment. Doctors are encouraged to send to the mobile X-ray any immigrant coming on their list. West Indians and others of African race do not provide any tuberculosis cases although a number of them come to the diagnostic clinic.

It will be recalled in connection with tuberculosis in immigrants that for several years after the war the Poles provided patients out of all proportion to their population. Nowadays, the Poles are indistinguishable from the rest of us as regards tuberculosis. There is, perhaps, something in being a stranger in a foreign land which affects people adversely.

Dr. Brian Thompson writes for the Chest Clinic at Slough:—

“Tuberculosis in Pakistanis and Indians is becoming a true problem as immigrants from the Sub-Continent increase. Unfortunately, I have no figures for their total population in this area but it is, in any case, a quickly fluctuating figure. Quite often they bring their tuberculosis in with them and, in some cases, where they seem to have developed it since coming to this country, it may have been picked up in the crowded living conditions which they usually have—probably from an immigrant sufferer; in other words, better control for entry to the U.K. would reduce both primary and secondary cases.

These people are not easy to treat—especially if, for social or clinical reasons, one has to admit them to hospital. Not only are there language difficulties but they are very often under financial pressure, with commitments to send money home, which they are unable to meet, when ill. On the other hand, once they understand about long-term chemotherapy, they are, as a rule, quite reliable in taking drugs, and results of treatment are, on average, probably no worse than with our home-born patients.”

Tuberculosis deaths numbered 19, all of them over the age of 45: no less than 15 of them were in men.

Mass X-ray and Mobile X-ray

The Mass X-ray units radiographed 43,270 persons, nearly all of them in the Oxford Regional Hospital Board part of the county. The Mobile Units now visit 15 centres on a regular rota and during the year radiographed 4,738 persons. The total find of active tuberculosis was 27 persons.

B.C.G. Vaccination

The B.C.G. Vaccine was given to 745 persons at Chest Clinics and also, as reported elsewhere, to tuberculin negative school children.

Contacts of tuberculous patients examined numbered 1,559 and of them, 21 were found to have tuberculosis.

No smoking clinic

A consultative no smoking clinic was started at Aylesbury during the year and was conducted on the basis of referral from private practitioners and with individual interviews. A number of patients seem to have deep personal problems: "my wife and I are drifting apart," while others regard their smoking habits as a personal peculiarity like an extra toe which a doctor can remove without any trouble on their part. In rather over half the patients, treatment of the habit seems successful. This clinic should be regarded as part of the campaign to deal with bronchial carcinoma.

General

The speed with which tuberculosis is being overtaken has abated a little because of the immigrants but the general situation can still be regarded with confidence. Other chest diseases such as bronchitis and cancer occupy our clinical time and the problem of cancer should need no emphasizing here. However soon we can persuade people to stop smoking its effect will be experienced for many years and we must expect a rising death roll for some time to come. Again, Dr. Brian Thompson writes "Our Chest Clinic work is, to an increasing extent, occupied with non-tuberculous chest disease—which is a good deal more time consuming, per patient, than in the old days of tuberculosis only. Respiratory function tests are done regularly on most of these patients, and we are beginning to do gas analyses also.

The proportion of mainly cardiac problems is becoming substantial. Some of these stem from old tuberculosis—not infrequently in patients who have had major surgery."

The usual annual follow-up of tuberculosis cases diagnosed six years before in the Oxford Regional Hospital area has been continued and details of the enquiry for this and earlier years are given below:—

Year notified	1950	1951	1952	1953	1954	1955	1956	1957
Alive and well after six years	179 (71%)	152 (72%)	154 (78%)	166 (87%)	125 (86%)	79 (80%)	143 (85%)	103 (83%)
Not very well	15	8	15	3	4	1	1	2
Deaths from all causes ..	40	35	12	10	7	14	13	12
Lost sight of, gone abroad, etc.	19	14	15	10	9	4	11	7
Total cases	253	209	196	189	145	98	168	124
Recovered	51 (20%)	40 (19%)	27 (14%)	28 (15%)	18 (12%)	19 (19%)	32 (19%)	24 (19%)
Cases still on our register ..	118 (47%)	89 (43%)	118 (60%)	121 (64%)	94 (64%)	56 (57%)	89 (53%)	68 (55%)
Deaths considered due to tuberculosis	23	17	8	2	2	2	0	3
Tuberculosis recorded as a complication	2	7	2	4	3	7	7	4
Death not considered influenced by tuberculosis ..	15	11	2	4	2	5	6	5
Cases transferred to other areas	25	31	24	20	13	10	28	14

TUBERCULOSIS

Notification and Mortality

Notifications of, and deaths from, tuberculosis during the twelve-year period 1952-1963, 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
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
1961	144	172	16	3.3	17	3.5
1962	122	160	21	4.2	23	4.6
1963	148	173	16	3.1	19	3.7

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

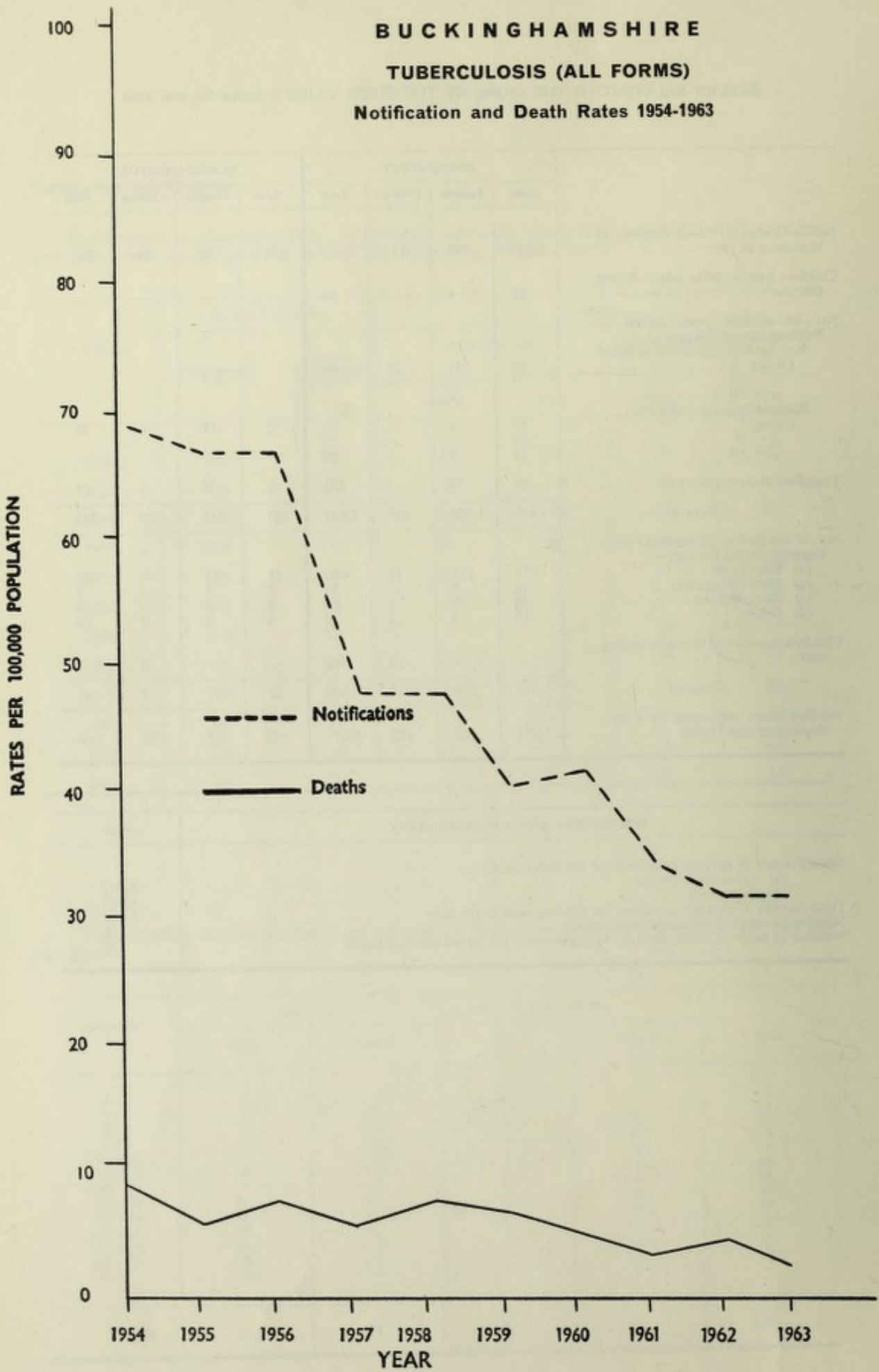
Age groups	Respiratory		Non-respiratory		Total
	Males	Females	Males	Females	
0—	1	—	—	—	1
1—	2	1	—	—	3
2—4	6	4	1	1	12
5—9	2	1	1	—	4
10—14	—	2	—	1	3
15—19	4	5	1	—	10
20—24	8	7	2	1	18
25—34	18	17	4	4	43
35—44	15	15	1	4	35
45—54	15	—	1	—	16
55—64	11	2	1	—	14
65—74	8	—	—	1	9
75+	4	—	—	1	5
Totals	94	54	12	13	173

RETURN RELATING TO THE WORK OF THE CHEST CLINICS during the year 1963

	RESPIRATORY				NON-RESPIRATORY			
	Males	Females	Children	Total	Males	Females	Children	Total
Notified cases on Clinic Register at beginning of year	1,276	997	137	2,410	106	115	24	245
Children transferred to adults during the year	10	6	—	16	—	—	—	—
No. of notified cases added to Register during the year—								
Not bacteriologically confirmed								
Group I	22	23	21	66	}	12	4	27
" II	5	—	—	5				
" III	—	—	—	—				
Bacteriologically confirmed:								
Group I	27	8	—	35				
" II	15	7	—	22				
" III	12	6	—	18				
Transfers in during the year ..	63	35	3	101	3	7	1	11
TOTALS	1,430	1,082	161	2,673	121	133	29	283
No. of notified cases removed from Register during the year—								
(a) Recovered	252	211	17	480	11	11	—	22
(b) Died (all causes)	24	6	—	30	2	1	—	3
(c) Transfers out	42	40	4	86	3	3	—	6
(d) Others	18	4	2	24	6	2	2	10
Children transferred to adults during year	—	—	16	16	—	—	2	2
TOTALS	336	261	39	636	22	17	4	43
Notified cases remaining on Clinic Register at end of year	1,094	821	122	2,037	99	116	25	240

RESPIRATORY AND NON-RESPIRATORY	Total
Total number of persons examined for the first time by:—	
(a) clinic examination	4,367
(b) X-ray only	8,337
Total number of persons examined for the first time as contacts	1,559
Number of contacts diagnosed tuberculous	21
Number of patients whose sputum during the year contained tubercle bacilli	98

BUCKINGHAMSHIRE
TUBERCULOSIS (ALL FORMS)
Notification and Death Rates 1954-1963



HEALTH EDUCATION

Throughout the year the health education service was steadily maintained through the established channels, and extended where possible when a need was shown to exist.

Groups of expectant mothers are still considered to be the most receptive and worthwhile audiences. The mothers' clubs continue to grow from strength to strength, there has been a welcome increase in the amount of work amongst schoolchildren and interest amongst the youth organisations has not flagged.

Staff

The County Health Education Organiser was seconded in September for one academic year to enable him to complete the course for the Diploma in Health Education at the University of London.

While area health education organisers are expected to give many of the lectures and to lead discussions, their main task is to assist in the planning and organisation of health education in the health areas in the County, a task to which they are giving an increasing amount of their time.

All members of the staff assist with health education if asked to do so; the dental staff have been active this year; the medical officers have played a larger part than before, a trend to be encouraged because few people can discuss health matters with greater authority than a doctor who is fully conversant with his subject. Health visitors with the district nurse/midwives have carried the main burden and one wishes they could be spared more frequently from their other equally important activities.

Group Teaching

The following group teaching was carried out during 1963, with the figures for 1962 being shown in parentheses:—

<i>Talks given by:—</i>			<i>Talks given to:—</i>		
Health Education Staff	435	(461)	Expectant Mothers (including		
Medical Officers	130	(119)	evening sessions attended by		
Administrative Health Visiting			husbands)	1,353	(1,337)
Staff	24	(14)	Mothers' Clubs and Groups ..	436	(416)
Administrative District Nursing			School Children	373	(296)
Staff	45	(24)	Parent Groups	9	(41)
Health Visitors and District			Old People's Clubs	10	(27)
Nurse/Midwives	1,341	(1,482)	Youth Organisations	71	(84)
Dental Officers	131	(30)	Outside Organisations	197	(261)
Other Members of County					
Council Staff	107	(114)			
Outside Organisations	47	(137)			
Others	189	(64)			
Professional Lecturers	—	(17)			
	<hr/>	<hr/>		<hr/>	<hr/>
	2,449	(2,462)		2,449	(2,462)
	<hr/>	<hr/>		<hr/>	<hr/>

In-Service Training

This continued to be a regular and increasing part of the health education programme.

It was considered important that a nucleus of well-informed opinion about fluoridation of water supplies should exist in the County. A medical officer, a dental officer and the County Health Inspector visited the four areas to give the facts and to lead discussions under the chairmanship of the Area Medical Officer. All members of staff were invited to these meetings as were the public health inspectors of the district councils. One good result, not associated with fluoridation, was the desire expressed for similar meetings to be held to discuss other health topics, and meetings have been held regularly in two areas since.

A competition was organised in association with an exhibition on clean food at three refresher courses held for home helps and one course for members of the school meals service.

Senior staff of the various sections of the County Health Department, and other Departments where it was considered necessary, were informed of all new films and filmstrips, by means of regular reviews, and about other methods of visual aid such as posters and pamphlets as they were published.

Students and Visitors

As in previous years, the Nursery Nurse students at the Slough College were given health lectures by the Health Education staff.

Once again many visitors were received from overseas, and from other local authorities, who wished to know more about the methods and working of health education in the field.

Relaxation and Parentcraft Groups

These groups again had a very active year. Each series of classes for expectant mothers terminated with a filmshow to which expectant fathers were invited to accompany their wives. The film "My first Baby" was shown during the earlier part of the year, but later the more up-to-date colour film "To Janet a Son" was introduced. A questionnaire, completed by approximately 300 people attending these filmshows in the South Bucks area, confirmed the popularity of the latter film. The Mayor and Mayoress of Slough in their official capacity attended one of the evening classes when "To Janet a Son" was shown. Details regarding these classes are given in the following tables:—

Area	Classes for Expectant Mothers	Total Mothers attended	For Husbands attending with Wives		
			Sessions	Attendance of men	Attendance of women
North Bucks	215	320	6	44	47
Aylesbury	174	277	7	120	122
High Wycombe	483	842	11	312	339
South Bucks	444	665	13	384	394
	<hr/> 1,316	<hr/> 2,104	<hr/> 37	<hr/> 860	<hr/> 902

The tuition at the parentcraft classes was carried out by the area health education organisers, the health visitors and the district nurse/midwives. Regional Hospital Board midwives also took part in three of the larger classes.

Mothers' Clubs

Thirty-three clubs were in existence at the end of the year, two new clubs having been formed, one at Stony Stratford and the other at Langley.

The annual rally took place in High Wycombe when over 600 mothers came to hear Johnnie and Fanny Craddock describe continental food and wine. Clubs had been invited to enter a poster competition and posters describing the name of the club, without using any writing, were on display during the evening. Finally, three clubs performed three short mimes on a health education topic of their choice and these were greatly enjoyed by the audience.

At the Annual General Meeting held in October, clubs agreed to consider whether the larger clubs could be divided into senior and junior parts. This would enable new members to invite speakers to discuss subjects of special interest to young mothers, but perhaps no longer so stimulating to the older mothers who, nevertheless, are valued members and are needed to give support to the clubs.

As the clubs mature new ideas are forthcoming. Some clubs have held official debates, with the programme decided upon beforehand, when the proposer and opposer, both club members, give prepared speeches. The topics, for example "supermarkets are a good invention," were chosen for their general interest to the mothers but contained a health aspect which the members were encouraged to mention during the debate.

The Mothers' Clubs in the South Bucks area have joined together to print a quarterly newsletter. It contains news from the clubs, articles of local interest and items of health education and homecraft, and it is produced and distributed by the mothers themselves under the guidance of the Area Health Education Organiser.

Exhibitions

Small exhibits are placed in the child welfare centres and larger exhibitions were produced on nine occasions during the year, details of which are given below:—

<i>Place</i>	<i>Audience</i>	<i>Duration</i>	<i>Subject</i>
Bletchley	General Public	1 day	Home Safety
Slough	Home Helps	1 day	" "
High Wycombe	General Public	2 weeks	" "
" "	Agricultural Show	1 day	" "
Beaconsfield	General Public	4 weeks	Public Health Services
Aylesbury	School Meals Staffs	1 day	Clean Food
Bletchley	Home Helps	1 day	" "
High Wycombe	" "	1 day	" "
Slough	" "	1 day	" "

Veneral Diseases

The visual aids so far available are of limited value but as better ones are produced it will be easier to spread knowledge on this particular subject. However, a small amount has been done. The parents are the people who should be able to tell their teenage children about the dangers of venereal disease and it was chosen as one of the subjects for study by the mothers' clubs during the year. Advice about speakers has been given to organisations, and medical officers have instructed pupils in schools at the request of a few head teachers.

Smoking and Health

The policy adopted during 1962 with regard to smoking and health was continued during 1963. The main aim is to prevent youngsters from starting to smoke and at the same time to ensure that the information about the dangers of smoking is brought convincingly to the notice of as many people as possible. The sound filmstrip "A Dangerous Habit," produced by this Department, was shown to pupils in junior schools. Talks and discussions have been held in secondary schools, youth clubs and with other groups, including one held at a teacher training college. Posters were on display in schools, clinic premises and in the surgeries of some general practitioners, especially those where the general practitioner/health visitor liaison scheme is in operation. Book marks were issued through the County Library service. An anti-smoking clinic, run by the chest consultant for certain patients who attend the chest clinic, is described elsewhere in the report.

Two slogan plates were ordered for use on the postal franking machine; one showed an owl with the caption "Be Wise, Don't Smoke" and the other carried the message "Cigarettes Can Kill." The wording of both was unacceptable to the firm which manufactures the plates and which works in close association with the General Post Office and the Ministry of Health. Similar slogans on posters and elsewhere, but used in campaigns on other subjects, have been produced and the fact that the "smoking" ones are not permitted gives some small indication of the difficulties being encountered in this particular campaign.

SECTION 29.—HOME HELP SERVICE

Although the home help service continued to expand in order to keep pace with the increase in population, the actual increase in the number of cases helped was not as great as during 1962. During 1963, a total of 2,771 cases were helped as compared with the total of 2,703 helped during the previous year.

A much higher percentage of the people who received assistance were over the age of sixty-five years but this trend is to be expected so long as the policy of supporting old folk in their own homes continues.

It was rather surprising to find that assistance was only given to 438 cases in 1963 because of confinement at home, as compared with a total of 504 similar cases in 1962.

Some 485 homes were visited because home help had been recommended but for a variety of reasons the offer of help was not accepted.

It was decided that from 1st June, 1963, the standard hourly charge for home help should be 5/9d. per hour; it had remained at 3/9d. per hour for a considerable time previously. So far as can be gauged the increase in standard charge had very little effect in the demand for the service and it would seem fair to conclude that the service is being provided for those in greatest need.

Staff

(a) *Administrative*

It was necessary during the year to appoint two additional assistant organisers and to increase the clerical establishment by the appointment of one part-time clerk. The approved establishment is now: County Home Help Organiser, four area organisers, eight assistant organisers, one full-time and six part-time clerks.

The supervisory staff were able to maintain a close control over the service and this ensured that the possibility of "exploitation" was reduced to a minimum.

Staff meetings were held during the year in order to keep all concerned in touch with the development of the service.

(b) *Other*

At the end of the year, 531 part-time home helps were employed, compared with 487 at the end of 1962.

Recruitment

In previous reports the difficulties experienced in recruiting an adequate staff of home helps has been mentioned. Experience now seems to suggest that as the service becomes more widely known more women are coming forward for employment. In this connection, publicity given by the local and national press has been of the greatest possible assistance and in addition, the "day conferences" held during the year highlighted this "down-to-earth" service.

On occasion, difficulties were experienced in finding a home help in very remote country districts, but by various "devices" assistance was given in every case.

Problem Families

It is with pleasure that I report a fall in the demand for home help for problem families; only seven cases had to be assisted during 1963 compared with eleven cases during 1962.

The policy was continued during the year of selecting, with care, those home helps required to work in the homes of problem families; this care was rewarded by improvement, although not always permanent, in each case helped.

Laundry Service for Incontinent Patients

This particular service which is made possible by the co-operation of local hospitals, continued during the year to be used in extremely difficult cases; without such a service it would have been impossible to keep the people concerned in their own homes.

Good Neighbour Scheme

This scheme, which was pioneered here some ten years ago, has now become an integral part of the Home Help Service.

During the year, 179 cases were provided with Good Neighbours; this was an increase of 35 over the figure for 1962.

The question is often asked, "What is a good neighbour?" and the answer quite simply is that a good neighbour does just what one would expect a good neighbour to do; she is, however, paid for the service provided rather than on the basis of hours of work. The work to be undertaken is left to the good neighbour and to her patient for whom she soon develops a sense of responsibility. Payments are assessed on the service, with a maximum of £3 weekly; this maximum was fixed during 1963; previously it was £2 per week.

Experience has shown that it is even possible to recruit good neighbours from residents of old people's bungalows; the more active old people are prepared to assist their less fortunate next door neighbours.

During the year it was decided that in suitable circumstances one person could act as a good neighbour to two patients. This led to the recruitment of a good neighbour who cares for a blind lady of 82 and an old gentleman of nearly ninety. Meals are prepared at both houses and invariably the Good Neighbour has a meal with her charges but provides her own food.

It would be fair to say that without their good neighbour it would be difficult for those old folks to remain alone in their own homes.

Conferences

A day conference for home helps was held in two health areas during the year, whilst two half day conferences were held in another health area. The opportunity of getting together, to talk over their problems, to hear lectures and to see demonstrations, was appreciated by all concerned. Good attendances at these conferences seems to suggest that the proposed introduction during 1964 of an In-Service Training Scheme for Home Helps at a College of Further Education will bring worthwhile results.

The County Home Help Organiser, two Area Organisers and one Assistant Organiser attended the week-end conference of Home Help Organisers at Buxton which was held in the autumn.

Cases

The following summary gives details of the help provided during 1963 in the various districts:—

AREA	Acute Sick	Chronic Sick	Old Age	T B	Maternity	Good Neighbours	Problem Families	Mentally Disordered	TOTAL
<i>Aylesbury Area</i>									
Aylesbury Borough	30	19	114	—	43	7	—	1	214
Aylesbury Rural	16	13	89	—	39	19	—	—	176
Linslade	1	3	25	—	11	—	—	1	41
Wing Rural	—	3	28	—	10	7	1	—	49
<i>North Bucks Area</i>									
Bletchley	21	16	119	—	38	7	1	1	203
Buckingham	9	8	30	—	6	12	—	—	65
Winslow Rural	3	2	24	—	12	7	—	—	48
Stony Stratford	—	5	44	—	2	8	—	—	59
Wolverton	10	10	117	—	3	12	—	1	153
Newport Pagnell	3	1	37	1	1	6	—	—	49
Olney	2	5	16	1	—	7	—	—	31
<i>South Bucks Area</i>									
Gerrards Cross, Denham and Fulmer	4	2	17	—	4	—	—	2	29
Slough and District	64	58	426	3	70	19	3	9	652
<i>Wycombe Area</i>									
High Wycombe	51	37	196	1	69	25	1	3	383
Marlow	10	—	32	—	8	11	—	—	61
Bourne End	7	6	26	—	21	5	1	1	67
Princes Risborough	1	2	19	—	9	3	—	—	34
Beaconsfield	10	2	20	—	12	3	—	—	47
Chesham	13	5	79	1	15	5	—	—	118
Amersham	27	8	77	—	28	3	—	2	145
Amersham Rural	5	1	27	—	13	8	—	—	54
Chalfonts	19	2	42	—	24	5	—	1	93
TOTAL 1963	306	208	1,604	7	438	179	7	22	2,771
Cases included above carried over from 1962	22	131	1,029	5	6	101	2	5	1,301
TOTAL 1962	353	374	1,310	7	504	144	11	—	2,703

MENTAL HEALTH SERVICE

Administration

The Mental Health Sub-Committee of the County Health Committee meets quarterly to deal with the mental health policy for the whole County and with day-to-day matters for the Aylesbury and North Bucks Health Areas. The Area Health Sub-Committees in High Wycombe and South Bucks deal with their own day-to-day administration.

During the year the Special Sub-Committee of the County Health Committee approved three doctors with special experience in mental disorders to carry out duties under the Mental Health Act and there are now thirty-two approved doctors in the County.

Responsibility for the day-to-day administration of the Council's duties under the Mental Health Act is that of a Senior Medical Officer and part-time Senior Assistant County Medical Officer at the central office and that of the Area Medical Officers in the Wycombe and South Bucks Health Areas.

A senior mental welfare officer is assisted by three area and eight district mental welfare officers and four trainees in the fieldwork of the mental health services in the community. In addition, there is a psychiatric social worker who also undertakes the duties of a mental welfare officer. Apart from the senior mental welfare officer and the psychiatric social worker, all workers in the field are also welfare officers under the National Assistance Act.

Good co-operation was maintained with Regional Hospital Boards and Hospital Management Committees. Members of the Mental Health Sub-Committee, Area Committees and Senior Medical staff of the department continued to serve on Hospital Management Committees and attended hospital staff conferences.

In the care of the mentally subnormal, regular out-patient sessions at the Royal Bucks Hospital were established during the year which were attended by the Psychiatrist from the Psychiatric Hospital for Mentally Subnormal some 35 miles away. Here, psychiatrist and paediatrician work in close co-operation with the Senior Medical Officer of the department. Discussions about patients took place also at the nearby hostel and training centre, thus maintaining continuity of supervision of discharged patients and treatment for others. At the General Hospital in High Wycombe, paediatric out-patient sessions are also attended by an Assistant County Medical Officer and the care of mentally handicapped and spastic children is discussed.

There now exists a friendly informality in the relationships between the staff of hospitals of the Oxford Regional Hospital Board and this Local Authority at all levels. This has led to a better understanding of the patients' needs in hospital and in the community.

Staff Training

For the last two years the appointment of trained mental welfare officers has become increasingly difficult and it has been found necessary to train our own staff by the introduction of a trainee scheme and to improve the knowledge of our established staff by in-service training. This would have been impossible but for the co-operation and support from St. John's Hospital. The Medical Director has arranged weekly and monthly case conferences. The weekly conferences, at which a particular patient is demonstrated and his treatment and needs on discharge discussed, are attended by the Medical Officer and the Mental Welfare Officers in whose area the patient lived and to which he would be discharged.

The monthly case conferences are combined with teaching sessions. These are attended by all Mental Welfare Officers and Medical Officers concerned with Mental Health. Informal lectures by the hospital staff included demonstrations of patients where deemed suitable and useful. Schizophrenia, psychopathy, organic psychosis, epilepsy, manic depressive psychosis and "who should be in hospital" were subjects discussed. Outside lecturers were invited to lead discussions on the care and after care of the psychiatric prisoner and the emotional significance of work. "Skilled case history taking" was discussed by the psychiatric social worker of St. John's Hospital. The meetings are concluded with referrals of cases by Psychiatrists to Mental Welfare Officers and reporting back on old standing cases.

Direct case referrals also take place at two out-patient clinics held at general hospitals and attended by Mental Welfare Officers and by letter or telephone between meetings.

A reciprocal arrangement, whereby a different student mental nurse accompanies the Mental Welfare Officer on his visits one day a week to learn at first hand about the care of the mentally disordered in the community, has been continued and proves very useful.

At the end of the year the staff employed in field work, in residential establishments and at Training Centres, was as follows:—

Senior Mental Welfare Officer	..	..	..	..	1
Psychiatric Social Worker	..	..	..	..	1
Area Mental Welfare Officers	..	..	..	..	3
District Mental Welfare Officers	..	..	..	..	8
Trainee Mental Welfare Officers	..	..	..	..	4
Hostel Wardens	..	..	..	..	2
Hostel Deputy Warden	..	..	..	..	1
Hostel Assistant Warden	..	..	..	..	1
Training Centre Supervisors	..	..	..	..	8
Training Centre Assistants	..	..	..	..	13
Training Centre Trainees	..	..	..	..	3
Training Centre Helpers	..	..	..	..	3

Courses

At our yearly study day for training centre staff, Mrs. Curzon, Advisory Mental Welfare Officer of the Ministry of Health, spoke about "The Relationship between Junior and Adult Training Centres." This was followed by a discussion on other themes such as the designing of programmes for training as opposed to occupation, the use and value of new progress charts introduced during this year and the attendance of mothers at the Training Centres to observe and learn about the handling of their children. One supervisor reported on the success of mothers accompanying the children during the first few weeks to ease settling in. Unfortunately, this procedure is not very often possible as in most cases the distance and lack of public transport prevent the frequent attendance of mothers at centres.

We have continued the practice of training suitable candidates in the Training Centres before seconding them to the N.A.M.H. Course. During the year three trainees were employed in the Centres of whom one was seconded to the Course. One nursery school teacher engaged as an assistant supervisor proved that this type of training has a lot to offer to potential teachers of mentally subnormal children. There has also been an exchange of staff between a Training Centre and nursery school in one area. This is found to be useful to nursery school teachers as well as to assist supervisors.

Outside Courses arranged by the N.A.M.H. have again been attended by Mental Welfare Officers and members of staff of the Training Centres. Three Medical Officers attended a one week refresher course, "Mental Health Services Today and Tomorrow," arranged by the Society of Medical Officers of Health. The Senior Medical Officer and Senior Assistant County Medical Officer also attended the second international congress on the education and social integration of the mentally handicapped child, in Brussels. Valuable information was gained in the international aspect of this problem and useful international contacts were made.

TRAINING CENTRES

In each Centre annual medical examinations of all trainees are carried out. This also offers a suitable opportunity for parents to attend. In spite of the distances often involved, most parents make an effort to attend and discuss the physical, mental and social problems with the doctor and supervisor. Routine dental inspections are now carried out in three centres and it is hoped to extend these to at least all the new centres.

As a matter of routine, all entrants are tested for phenylketonuria. No new cases were discovered during the year. Testing of all newly born babies was introduced a year ago in the County. There are at present four trainees attending Training Centres who suffer from phenylketonuria and one, aged five, is on the special diet.

Mid-day meals are provided in all Centres at the charge of 1/- in Junior and 2/- in Adult Centres. The school meals service supplies all Centres except at Aylesbury where the meals are cooked at the nearby hostel.

During the year, two children were admitted to an E.S.N. school after attendance at Junior Training Centres and two adults left for full-time employment. One young man is now earning £9 10s. 0d. per week as a gardener.

In September, lessons in reading and writing were introduced at the Adult Unit of one Centre. These are given by a teacher experienced in dealing with mentally subnormal pupils. The teacher attends three times a week for two hourly sessions, taking small groups of 2-6 at a time. The lessons are eagerly attended by the trainees and have stimulated them to discuss what they read afterwards. It will be interesting to see what progress is actually made in reading.

Enrolments

The following table shows the number of children and adults on the registers of the various training centres at the end of the year:—

	Junior Centres		Adult Centres		Mixed Centres		Centres		TOTAL	
	M	F	M	F	Junior Section M	Section F	Adult Section M	Section F	Juniors	Adults
Aylesbury ..	26	21	15	10	—	—	—	—	47	25
Bletchley	—	—	—	—	13	9	16	13	22	29
Chesham	—	—	—	—	9	4	5	8	13	13
High Wycombe ..	22	15	19	6	—	—	—	—	37	25
Slough	—	—	8*	14*	34	14	3	2	48	27
	TOTALS ..								167	118

*Slough Workshops of the National Society for Mentally Handicapped Children.

No. enrolled 119

The table below shows how the numbers attending training centres have increased since the inception of the National Health Service Act, 1946:—

<i>Year</i>	<i>No.</i>	<i>Year</i>	<i>No.</i>	<i>Year</i>	<i>No.</i>	<i>Year</i>	<i>No.</i>
1948	19	1952	48	1956	103	1960	176
1949	21	1953	67	1957	108	1961	176
1950	23	1954	78	1958	122	1962	261
1951	27	1955	84	1959	145	1963	286

The steep increase from 1961 to 1962 can be accounted for by the absorption of trainees in the larger centres in Aylesbury, Bletchley and High Wycombe, plus the fact that some trainees were able to be accommodated at the Five-day Hostel in Aylesbury. The increase from 1962 to 1963, however, probably represents what will be the usual annual intake.

Transport

Special transport was provided for all but 23 trainees who were able to get to the Centres by their own means. The network of journeys carried out by private coach proprietors under contract covers most parts of the County and trainees are conveyed to the five towns where training centres are located.

On all routes pick up and set down points are arranged whenever possible to avoid calling at individual homes, thus economising on both time and money. It also trains the child or adult to wait and catch transport in a normal way. Adults in particular are encouraged to travel by public transport wherever possible and their fares are refunded.

The journeys are arranged so as to take no more than one hour from start to finish. One journey on Mondays and Fridays takes children to and from the Five-day Hostel in Aylesbury, catering mainly for those who live in outlying parts and covers 60 miles each way. It is hoped to plan a similar route for the children in North Bucks when the Bletchley Five-day Hostel opens.

Activities

The customary annual open days were held at all Centres to give parents and friends of trainees, as well as members of the general public, an opportunity to see the facilities available for the mentally handicapped in the County. Christmas parties were held at each centre and hostel and each trainee and resident received a present towards which the County Council made a contribution of 10/- each. A clinic which was converted into a Training Centre at Bletchley was officially opened by Alderman Mrs. C. L. Lovelock-Jones, the Chairman of the Mental Health Sub-Committee, on the 28th March, 1963. At the Chesham Training Centre there was a special ceremony on the 30th May, 1963, to mark the handing-over of a workshop to the County Council by the Chesham Round Table.

Visits were arranged for the trainees by various voluntary associations to several places of interest during the year. Included in the outings were river trips and coach tours as well as visits to seaside, zoo, circus, pantomime and airport.

The Training Centre supervisory staff gave five talks to various groups including health visitors, Social Science students, and Red Cross nurses. Several doctors and nurses from overseas visited the Training Centres and Hostels.

It is of interest to record that one adult trainee assisted the police in making an arrest, for which he received a reward and this was followed up by a Justice of the Peace giving a talk to the trainees on simple points of law on behaviour.

Outwork from local factories was undertaken by the adults in all centres, but there is still room for further development in this field. Efforts are constantly being made to interest local industry in the idea of giving trainees a chance to be tried in work outside. During the year, the work carried out included trimming plastic toys and other goods, pasting carrier bags and the manufacture of fireworks. In addition, six trainees undertook part-time seasonal work as potato pickers on local farms. During the slack period of outwork the trainees made cushions from furnishing fabric and foam rubber fillings, stools, shopping baskets, dish cloths, wastepaper baskets, floor mops and peg bags. They also chopped and bundled firewood. Vegetables were also grown and sold to parents.

Income from all sources during the year amounted to £631 16s. 9d. and this was repaid to the trainees in small weekly amounts varying from 2/- to 15/-.

The two new independent Adult Centres close for three weeks in the year as there are only two members of staff available. It has, however, been found that few of the trainees actually took a holiday with their parents during the two weeks in August and one week at Christmas, when the Centres were closed. The trainees were, in fact, left to their own devices while the other members of the family were at work. It may, therefore, be of advantage when the Centres increase in size and a third member of staff is appointed, to keep the Centres open throughout the year and stagger holidays for trainees and members of staff, which will also allow for a greater continuity of outwork.

RESIDENTIAL ACCOMMODATION

Adult Hostel for Females, Aylesbury—Oaklands

This is a hostel for 30 adult female residents and the general aim is to give the residents training and confidence to lead an independent life in the community. There has been no pressure exerted on them to go out to work or leave the hostel before they were ready to do so. It is, however, understood from the beginning that every resident has duties in the care for the "community" in the hostel and their aim is to obtain work and leave for lodgings or for home. Those who follow full-time employment—and these at any given time amounted to half or more residents in the hostel—have, nevertheless, week-end duties connected with the preparation of meals, washing up and assisting with the cooking. It is also understood that each resident cares for her personal belongings, washing, ironing of clothes and keeping her unit or room clean as the case may be. Those who are receiving full-time training in the hostel are engaged in the laundry, kitchen and on general domestic work. They are paid, in addition to their pocket money which comes from National Assistance or National Insurance sources, varying amounts up to 15/- per week for this work. All residents look forward to starting work outside as they soon realise that earnings outside are much higher. From their earnings they contribute, after deduction of all expenses and the first £1, two-thirds towards their board and lodgings in the hostel. Most of those who have left have remained in contact with the hostel through visits or letters. They also seem to call on the hostel when in difficulty.

All admissions are screened by the Senior Medical Officer in consultation with the hospital Psychiatrists—most of whom have visited the hostel—Psychiatric Social Workers and the Warden. All general practitioners, if not instrumental in bringing the case to our notice, are kept informed of admission and progress and, of course, of discharge of their patients. There is close liaison between St. John's Hospital and Borocourt Hospital, from which most of the residents come, and hospital staff often accompany their patients on admission and the Warden and our Psychiatric Social Worker often visit residents readmitted to hospital. Two patients were treated in the nearby day hospital to avoid readmission during the year as there are facilities for E.C.T. there. A general practitioner with special knowledge of mental disorder visits the hospital twice a week as most residents are on drug treatment. Those who are working are given appointments at the general practitioner's surgery after working hours.

Since the appointment of a Psychiatric Social Worker on the central staff last May, it has been her duty to assist in the rehabilitation of the hostel residents and apart from finding work and lodgings to visit parents or other relatives and encourage their interest and help. The Psychiatric Social Worker is also on call to assist the Warden. Periodical case conferences are held at the hostel, attended by a member of the staff of the Labour Exchange, to discuss with the Senior Medical Officer, Psychiatric Social Worker and Warden, suitable work in the individual case. The resident may be seen on this occasion, which helps to overcome the fear or shyness that some may feel on going to the Labour Exchange for work. Following this introduction they then call at the Labour Exchange in the usual way to obtain work. This provides a useful opportunity for discussing the abilities and failings of the individual candidate.

The arrangements for their leisure time are flexible and the residents are encouraged to find their own occupations. Four attended evening classes for cooking, sewing and painting. One evening a dancing mistress attends voluntarily and a Health and Beauty club was formed which has been joined by most members. Similarly, a member of the Health Education staff shows films once a week. Several of the more severely mentally subnormal residents attend a club outside the hostel once a week. No compulsion as to attendance or participation in group activities is exerted.

The admission and discharge figures during the year are given in the following table:—

<i>In residence at 31.12.62</i>			<i>Admitted during 1963</i>			<i>Discharged during 1963</i>			<i>In residence at 31.12.63</i>		
<i>Mentally ill</i>	<i>Sub-normal</i>	<i>TOTAL</i>	<i>Mentally ill</i>	<i>Sub-normal</i>	<i>TOTAL</i>	<i>Mentally ill</i>	<i>Sub-normal</i>	<i>TOTAL</i>	<i>Mentally ill</i>	<i>Sub-normal</i>	<i>TOTAL</i>
13	11	24	17	17	34	17	17	34	13	11	24

The details of these admissions and discharges were as follows:—

<i>Admissions</i>	<i>Mentally Ill</i>	<i>Subnormal</i>
From hospital	14	1
.. own home	2	15
.. residential employment ..	1	—
.. special school	—	1

Mentally Ill Cases

Those who were admitted from hospital had been there for periods varying from several months to 15 years and all had been admitted to hospital on two or more occasions. The two cases admitted from their own homes had been unable to obtain or hold down any jobs over a period of several years. The one in residential employment had broken down and become aggressive in her behaviour.

Mentally Subnormal Cases

The patients admitted from home included four for varying periods of temporary care for domestic reasons.

<i>Discharges</i>	<i>Mentally Ill</i>	<i>Subnormal</i>
To hospital	10	4
„ own home	1	12
„ lodgings	6	1

Mentally Ill Cases

All the cases discharged were schizophrenics and those who went to hospital were admitted for further treatment. The one who was discharged home was admitted to hospital after a month. Those who went into lodgings were successfully placed in employment and appear to be happy and well settled. One case in particular had been mentally ill for 20 years and never before completely free of symptoms.

Mentally Subnormal Cases

The cases discharged to hospital all returned for treatment and training. In two of the cases the return to hospital was necessitated by the frustration caused by their being unable to keep up to the standard set by the more capable residents. This type of case will be considered for our new hostel which will cater mainly for those who are only capable of attending the Adult Training Centre or working in the hostel. The patient discharged to lodgings left against advice and was subsequently readmitted to hospital.

Those discharged home included four patients who had been receiving temporary care, two who returned to the Adult Training Centres in their respective areas, two who were found to be unsuitable for hostel life and four who have taken up employment.

Rosebank, Aylesbury

This is primarily a five-day hostel for children of both sexes to afford Training Centre facilities for those who live too far away to travel daily from home. During the year it was found, however, that in addition to temporary care during school holidays, some five-day residents also stayed over weekends at their parents request or when it was felt to be in the interest of the child and the hostel had children for 22 weekends during the year. The hostel is staffed by a Resident Warden and Deputy who are assisted by three domestic helpers amounting to 60 hours per week. The resident staff are encouraged to take their holidays during term time so that both are on duty during the holidays when the Centre is closed and the children have to be cared for in the hostel all day.

The admission and discharge figures during the year are given in the following table:—

<i>In residence at 31.12.62</i>	<i>Admitted during 1963</i>	<i>Discharged during 1963</i>	<i>In residence at 31.12.63</i>	<i>Short term Care Admissions during the year</i>
6	7	1	12	21

We soon gained the impression that children appeared to progress very noticeably in their social maturity after admission to the hostel. In order to assess this, eight children were tested on the Vineland Social Maturity Scale on entering the hostel and reviewed at the end of the first and second three months period. The Warden acted as informant and the assessment was made by the Senior Medical Officer. The result is shown in the table below.

Initials	Chronological Age (in years)	Special Home Circumstances	Gain in Social Maturity		Social Maturity Age reached at the end of 6 mths.
			During 1st quarter	During 2nd quarter	
P.S.	13	Lives with grandmother. Illegitimate and also blind, had not attended a training centre before	12 mths	15 mths	3.7 yrs
C.S.	7	Problem family. Autistic child, had not attended a training centre before	11 ..	7 ..	2.9 ..
G.F.	6	Problem family. Admitted after exclusion from school ..	3 ..	8 ..	4.7 ..
M.S.	13	Good home—attended training centre for 14 months ..	11 ..	5 ..	8.8 ..
R.B.	11	Mother died recently, was an invalid for years while the child was at home	8 ..	18 ..	7.6 ..
T.F.	9	Mother chronic invalid ..	5 ..	8 ..	6.0 ..
P.G.	7	Mother over-protective. Child frequently absent	3 ..	2 ..	3.0 ..
P.S.	12	Mother good. Attended training centre since 5 years of age ..	17 ..	18 ..	5.2 ..

The first two children had never attended a Training Centre before as they lived too far away, the next two were admitted on being excluded from school and it is interesting to observe that schooling for a year or more had not brought up their optimum ability. The remaining four had attended Training Centres in other parts of the County, but even those could be considerably helped. During the next six months, however, little progress was made with the exception of number three who was admitted to an E.S.N. school. From this, one could perhaps draw the tentative conclusion that this type of residential care with good training facilities and contact with the family was most successful in bringing out the higher level of social ability of which the child is capable.

Short-term Care

The number of admissions during the year for temporary residential care (e.g. to relieve the family) is shown in the following table:—

	Under 16		Over 16		Total
	M	F	M	F	
(a) to National Health Service Hospitals ..	33 (22)	16 (14)	4 (8)	7 (5)	60 (49)
(b) to Local Authority residential accommodation	15 (1)	6 (2)	— (—)	4 (—)	25 (3)
(c) elsewhere—private homes	— (2)	— (—)	— (—)	— (—)	— (2)
Total	48 (25)	22 (16)	4 (8)	11 (5)	85 (54)

Corresponding figures for 1962 are shown in parentheses.

All applications for short-term care were met. Most of the patients admitted to hospital for temporary care were severely handicapped and already on the waiting list for permanent care.

Permanent Care

The number of patients on the waiting list at the end of the year for admission to hospital for permanent care is given below:—

	Under 16		Over 16		Total
	M	F	M	F	
(a) in urgent need of hospital care	10 (13)	11 (8)	7 (3)	4 (4)	32 (28)
(b) not in urgent need of hospital care	5 (9)	7 (6)	7 (6)	3 (3)	22 (24)
Total	15 (22)	18 (14)	14 (9)	7 (7)	54 (52)

Corresponding figures for 1962 are shown in parentheses.

The total figure includes some elderly severely subnormal cases who, having previously been kept at home, come to the notice of the Department when their parents either die or become too old to care for them. Some of these cases will leave the waiting list when they are admitted to a hostel being built for older and less capable residents.

Registered Homes

The following private homes are registered in this County under the Mental Health Act, 1959:—

Description	Name	Registration
Residential Home	Lynwood, Woburn Sands.	Registered for 6 severely subnormal adult male patients.
Residential Home	Mount Tabor, Wingrave.	Registered for 7 severely subnormal female adults and 12 severely subnormal girls aged 5—16.
Residential Hostel	National Society for Mentally Handicapped Children, Slough.	Registered for 28 mentally severely subnormal patients (15 male, 13 female).

Hitcham Place Nursing Home, Burnham, closed down on the 30th April, 1963.

VOLUNTARY ORGANISATIONS

Buckinghamshire Voluntary Association for Mental Welfare

The Annual General Meeting of the Associations under the Chairmanship of Alderman A. E. Ward, J.P., Chairman of the County Council, was held in the Council's Junior Training Centre at Aylesbury on 12th June, 1963. The meeting was open to the general public and those attending were given an opportunity to see some of the work carried out in the Training Centre.

Mrs. E. Morgan, Organiser of the Local Association Department of the N.A.M.H., was the speaker and told of the Minister of Health's commendation of the work voluntary organisations undertook to supplement the health services provided by local authorities and hospitals. The speaker stressed that voluntary workers have a different contribution to the service from professional workers but each has its own place and may be particularly appropriate at any given time. Local voluntary associations were able to stimulate interest among lay people in mental health work and thus help to make the work of the statutory authorities more effective.

In its work as a "Care Committee" for the mentally disordered, the Voluntary Association has made grants in 65 instances during the year to help patients who were not eligible for assistance from statutory sources. These grants have included special waterproof bedding and clothing for incontinent patients, protective helmets for epileptics, for coal, food parcels and clothing, holiday and fares. In addition, 123 postal orders of 7/6d. each and 58 food parcels valued at 30/- each, were sent at Christmas time and grants for amenities and outings were made to the Aylesbury and Slough social clubs.

With the extension of Training Centre facilities and transport for trainees, the home tuition scheme has been progressively reduced but at the end of the year one man and three women were being visited in their homes for periods up to three hours a week.

The Association continued to run a special bus from Aylesbury, Amersham and High Wycombe to enable relatives to visit patients in Borocourt and during the year a total of 223 passengers were carried. The possibility of running a similar service for relatives of patients in Leavesden Hospital was investigated but found to be impracticable owing to the small number who would travel regularly.

Slough Group of the National Society for Mentally Handicapped Children

The Slough Group of the National Society for Mentally Handicapped Children continued to run a very successful friendly club in their area, where members met weekly in a terrapin hut bought by the Group. They now have a membership of over 40 and many parents attend for a cup of tea and a chat with other parents.

In September, the Group introduced a further venture by opening a creche on two days a week, where mothers can leave their very young mentally handicapped children whilst they are shopping in the knowledge that their children are being cared for. A dozen children were using the creche by the end of the year.

National Society for Mentally Handicapped Children

No Buckinghamshire cases were admitted during the year to the hostel at Slough controlled by the National Society for Mentally Handicapped Children, but twenty two adults were in attendance at the workshop. The cost of the transport and training for these was borne by the County Council.

PREVENTIVE PSYCHIATRY

Close co-operation with the Paediatricians in the County and early reports from Health Visitors enable us now to assist families in the care of a mentally handicapped child from an early stage. Periodic examination and assessment of the individual child's development and drawing on auxiliary services, such as the Home Help Service, and temporary care in hospitals enable us to eliminate the burden on the mothers. Our main concern, however, this year has been the increasing difficulty to obtain beds in hospitals for really urgent cases.

For the last three years, the Medical Directors of two Child Guidance Clinics in the County have given three sessions per week to "Prevention" in the mental health field and I give below their reports:—

Dr. Edith M. Booth :

As the result of a printing error in my last year's report, I was quoted as saying that "the teaching of Preventive Psychiatry is best done by organised lectures." On the contrary, it is my experience that formal lectures in Psychiatry and Psychopathology should be confined to those intending to specialise in this branch of medicine and are not generally suitable for in-service training of social workers. I have found that the most satisfactory way of helping social workers to gain insight into psychological problems is by discussion of their own cases and their personal attitudes towards them.

To this end, I have during the year continued to hold discussion groups and to talk individually with workers in the field of mental health and child care who have sought my advice. These have included health visitors, probation officers, child care officers, police officers and many others whose work brings them into contact with children and families in difficulty. I find it helpful to share their experience and to hear their views.

It should be emphasised, however, that individuals differ in their capacity to take part in psychologically oriented discussion. Some, doing excellent work in their own field, find the psychiatric approach emotionally disturbing—an attitude which they have in common with many doctors, nurses and medical students. Such workers who are, for personal reasons, unable to participate in group discussion often welcome the opportunity of talking over their individual cases with the Psychiatrist. A psychiatrist doing this kind of preventive work must respect these feelings and should avoid giving the impression that those who are unable to take part in the "psychiatric approach" are in any way "inferior." In dealing with human beings, true sympathy, common-sense and love of one's fellow men will continue to be vitally important.

The concern of Preventive Psychiatry is largely with the mental health of families. All families encounter crises, such as bereavement, illness and unemployment. A family can deal with a crisis in a mentally healthy or unhealthy way. Prompt psychiatric intervention can sometimes mobilise family resources so as to enable its members to meet problems in a way which avoids permanent damage to the family's mental health. Serious family crises are always urgent and cannot await a place on a waiting list. I am fortunate in being able to use one of the sessions in Preventive Psychiatry to deal promptly with some of these situations.

Of all the crises which affect family life and health, one of the most serious is the birth of a baby with severe physical deformities and/or mental handicap. Such an event is always a great strain on the family's mental health and stability, and can be so traumatic as to lead to what is virtually a complete disruption of normal family life. Families, like individuals, however healthy they may seem, have their "breaking point" and many, apparently stable, have been completely disorganised by the birth of a child with severe handicaps. This has long been known to those who work in the field of Family Psychiatry and it is not uncommon to see, at child guidance clinics, parents who are feeling guilty and depressed because they have, from its birth, been unable to accept fully the burden of a handicapped child. Only when the child or another member of the family (sometimes a sibling) presents as a psychiatric casualty is the full story heard. At such a late date it is always difficult to deal with the emotional disturbances which have arisen in parents and child as a consequence of the initial rejection. The right time to help these families is when the child is born and not years later.

A severely handicapped child can be totally rejected at birth—in such cases the mother may be suffering from a severe depressive illness carrying a substantial risk of irreversible tragedy to herself, the deformed child, and any normal children she may have. This sad fact can be verified by reading newspaper reports. Parents

who reject a severely deformed child are by no means always "bad," "heartless" or irresponsible and they are, indeed, often acting from high ethical motives. Their anxiety to protect their normal children from contact with a very abnormal sibling is understandable and sometimes their decision not to bring up the handicapped baby is best for all concerned. The less that is known about the cause of a condition such as congenital deformity, the more do superstition and old wives' tales substitute for knowledge. Because of this, parents must often suffer malicious gossip and uninformed advice from neighbours and relatives. If the general public could be made aware that practical help, for example with the washing and housework, is more constructive than ignorant advice and criticism, we should be in a better position to help these afflicted parents.

Often these families—mother, father and normal children—need the skills of a team of workers, all of whom think, advise and act along similar lines. This team work involving, as it does, personnel from different disciplines, often geographically far apart from each other, demands a good deal of time and much goodwill and co-operation. It is no exaggeration to say that the wrong approach, by even one person, attempting to help these disturbed families can have a disastrous effect on the eventual outcome. It is important to realise that the birth of a very deformed child arouses intense emotions, not only in parents and relatives but in every person involved in the total situation, e.g. family doctor, obstetrician, paediatrician, maternity nurse and health visitor. Unless each member of the team, dealing with such situations, understands this, inter-personal tensions are apt to arise and to create further difficulties for the child and his family. At present it seems reasonable that a psychiatrist should co-ordinate the work of the team. Help will, at first, involve psychiatric treatment for the mother, sometimes also the father, protection of the rejected baby, and of his normal brothers and sisters. One practical difficulty is that of finding a place for the baby; in such cases it is needed immediately, and not in several years' time. It is particularly unfortunate that permanent residence for mentally or physically handicapped infants is very hard to find. Later, genetic counselling may be needed for parents who are anxious to know the risks of their having another deformed child. Parents may also need advice concerning birth control, possible sterilization, and adoption. The latter is sometimes advanced as a solution to this painful problem although, in reality, hasty and unwise adoption frequently leads to further tragedy for adoptive parents and the adopted child. Another child, whether conceived or adopted, can seldom be a "cure" for a severely depressed woman who has had the misfortune to bear a handicapped child.

I do not wish to give the impression that all handicapped babies are rejected by their parents. Each case is different and each needs an individual approach. The reduction of infant mortality means that the number of surviving handicapped infants is bound to increase. All cases need an understanding, non-moralising, non-judging approach, and above all, practical help with the day-to-day burden imposed by the care of a handicapped baby. The eventual decision of whether the child should stay with his family depends on individual circumstances—the personalities and ages of the parents, the other children in the family and the whole family constellation.

Not all cases require the intensive team approach which I have outlined, even were it possible to supply it.

In connection with the problem of the handicapped child and his parents, I would like to mention the sensitive and sympathetic work done by my colleagues in the Mental Health Section, who, in these distressing circumstances, give so much help to both child and parents. In my travels about the County I have been approached by parents who have asked me to convey their appreciation of the help given to them and their handicapped children. To the greater proportion of such children and their families, in the County, the doctors and other staff of the Mental Health Section have been successful in giving all the help needed, and I have been able to deal, therefore, with families where prompt psychiatric treatment is indicated.

As always, it gives me pleasure to thank all my colleagues in the Health Department, Children's Department and many others in the County Council organisation who give me so much help and encouragement in the field of Preventive Psychiatry. I would like to make a special acknowledgement to many mothers and fathers who must remain anonymous; I refer to those who, being aware of my efforts in this field, have talked to me in personal terms of their own experiences (often long past) in bearing, sometimes losing and sometimes rearing, a handicapped child. Their understanding, based on personal experience, has been of invaluable help to me.

Dr. Mildred I. Pott :

From the Slough Child Guidance Clinic we continue to develop our community work as much as possible without detriment to the clinical work, but we are, of course, very limited because of shortage of time and staff. Our major preventive work is the Crisis Consultation Service for families suffering bereavement. This psychiatric first-aid aims at preventing later maladjustment and mental illness. As always in preventive work it is difficult to assess results but our own clinical cases and research done by psychiatrists in adult work make it clear that bereavement in childhood is an important factor in producing later depressive illness and anti-social behaviour.

While we do not aim at dealing with all cases at the Clinic—this would be unrealistic and unnecessary—we do try to see immediately any families who have been recently bereaved and need help for a few weeks. We also try to spread in the community sound understanding of the principles that lie behind this crisis work so that other professional workers, doctors, teachers, health visitors, clergy and social workers, are themselves able to help the family in need or make the suggestion that they approach the Clinic. It is encouraging to note that the need for such a service is being recognised in many places, and I have been able to speak on our Crisis Consultation Service to the South West Inter-Clinic Conference and on the same subject to a discussion group of the World Federation for Mental Health. Bereavement, children without fathers, the one parent family and so on, are now subjects for consideration and discussion by groups of all sizes and standing throughout the country. The loss of a loved person, whether grandparent, parent or sibling, is being recognised as a major emotional trauma which is so frequent and universal that its significance has not been generally realised. We in Slough are attempting to meet the area's needs by our own first aid service and by our free discussion of the subject with parents and members of the community.

Our discussion groups have been continued throughout the year, and I have been able to meet groups of Magistrates this year, in addition to the health visitor, teacher, social worker and clergy groups. Meetings of this type are of great value for us in the Clinic as well as for the workers, as it provides an excellent opportunity for full discussion of subjects of mutual interest as well as the valuable experience of meeting in person workers otherwise only known as names on paper. Less formal and less intensive meetings have been held for church groups, men's meetings, women's meetings, Parent-Teacher Association meetings.

The psychiatric service for adults in the Slough area, however, is still very limited in proportion to the needs of the district. Child guidance clinics cannot help many families where children are suffering from the effects of their parent's mental illness—prevention of maladjustment in the children would be more possible if treatment were available for the parents on a day basis, particularly as mothers of young children cannot travel far for treatment or accept in-patient treatment. A day hospital in the area would be able to meet the needs of many mentally ill parents and in addition could possibly have facilities for special groups of disturbed children who are unsuitable for normal schooling. Facilities such as these would lessen the strain on other members of a family and help prevent further breakdown of parents or children.

STATISTICS

Hospital Admissions

For observation (Section 25)	130	(127)
For treatment (Section 26)	30	(59)
In emergency (Section 29)	112	(133)
By Order of Court (Section 60)	3	(8)
	<u>275</u>	<u>(327)</u>

Corresponding figures for 1962 are shown in parentheses.

The three cases referred under Section 60 were all severely subnormal. Section 29 cases may subsequently remain in hospital under Section 25 or as informal patients without being recorded by the local authority.

Guardianship

There was, at the end of the year, a total of five cases under guardianship. It was found that some patients, suitable for guardianship, could equally well be cared for informally under the Mental Health Act, 1959.

Visits and Interviews by Mental Welfare Officers

The visits made and interviews given by mental welfare officers during the year are set out below:—

<i>Mentally Ill</i>			<i>Subnormal and Severely Subnormal</i>		
<i>Interviewed at office</i>	<i>Visited at home</i>	<i>TOTAL</i>	<i>Interviewed at office</i>	<i>Visited at home</i>	<i>TOTAL</i>
352 (360)	2,849 (2,058)	3,231 (2,418)	242 (193)	2,308 (2,142)	2,550 (2,335)

Corresponding figures for 1962 are shown in parentheses.

Home Training

In addition to the four cases being visited by home teachers of the Buckinghamshire Voluntary Association for Mental Welfare, 13 patients received training from the Council's occupational therapists at their own homes or at the occupational therapy workshops.

Cases under Care and Cases Referred

Details of cases under care as at 31st December, 1963, and details of those referred during the year are shown in Table (II) of Section H.

Record Keeping

At the beginning of the year a punched card system of record keeping was introduced to facilitate the compilation of statistics required for the Annual Return to the Ministry of Health. At the end of the year the system proved itself by showing a very considerable saving in time on previous methods in the production of the figures required.

The punched card was designed also to provide additional useful data and to be used in a card index system for the central register of cases in the County.

SECTION C.—NATIONAL ASSISTANCE ACT, 1948

WELFARE SERVICES

Welfare Accommodation

The extensions at The Green, Newport Pagnell, were completed and the residents returned there from Winterton House, Wendover, on 14th June, 1963. Deansway House, Chesham, came into use on 20th September, 1963, and The Coppice, Bletchley, on 22nd October, 1963.

Stow Lodge, Gerrards Cross, which accommodated ten female residents, was closed on 7th November, 1963. These residents were transferred to the new home, Deansway House, Chesham.

The "serviced" accommodation at Renny Lodge Hospital, Newport Pagnell, was given up on 29th October, 1963. The residents in this accommodation were transferred to The Green, Newport Pagnell, or to The Coppice, Bletchley.

Building operations are in hand at Upton Road, Slough, where a new Home is being built, and at Winterton House, Wendover, which is being extended. Both of these Homes should be brought into use during 1964.

Despite the extra accommodation provided, the number of persons awaiting admission at the end of the year had increased.

Voluntary organisations, as well as individuals, make frequent visits to the Homes. The interest shown is greatly appreciated and particularly by those residents who cannot get out and about.

Statistics

The following table shows the number of persons in accommodation provided in accordance with Part III of the National Assistance Act, 1948, on 31st December, 1963:—

	MALES	FEMALES	TOTAL
(i) Homes provided by the Council	106 (86)	268 (218)	374 (304)
(ii) Serviced accommodation	65 (99)	23 (29)	88 (128)
(iii) Homes provided in conjunction with Bucks Old People's Welfare Committee ..	7 (8)	51 (54)	58 (62)
(iv) Katharine Knapp Home for the Blind ..	5 (6)	15 (15)	20 (21)
(v) Homes provided by voluntary bodies and other local authorities	79 (65)	126 (119)	205 (184)
(vi) Temporary accommodation for evicted families	13 (7)	16 (7)	29 (14)
Totals ..	<u>275 (271)</u>	<u>499 (442)</u>	<u>774 (713)</u>

The number of persons awaiting admission to accommodation on the 31st December, 1963, was:—

Males	96 (119)
Females	255 (219)
Total ..	<u>351 (338)</u>

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

Permanent admissions to Council's Homes, etc.	223 (215)
Holiday admissions	130 (100)
Periodic admissions	49 (52)
Temporary admissions	9 (10)
Homes provided by voluntary bodies, etc.	53 (44)
Total ..	<u>464 (421)</u>

In all the above tables the corresponding figures for the previous year are shown in brackets.

Chiropody

During 1963 the Chiropody Service progressed satisfactorily, no major difficulties arose and there is a very good relationship between the County Council and the private chiropodists participating in the Scheme. There is a liaison committee formed of an equal number of representatives of the chiropodists and the County Council which considers any issues raised either by members of the profession or by the County Council.

There has been no extension of the scheme during the year, treatments being available to all persons of pensionable age who receive a supplementary allowance from the National Assistance Board, all registered blind persons, registered physically handicapped persons, and expectant and nursing mothers.

Treatment is provided in the chiropodists' own surgeries. If the patient is unable to attend the surgery, domiciliary treatment is also provided where recommended by the family doctor. Treatments are normally limited to nine each year, but if there are special circumstances to justify an increase, additional treatments may be authorised.

Chiropodists' fees are paid in full by the County Council and no payment is asked from the patient in respect of any treatment provided under the scheme.

The fees paid to the chiropodists are as follows:—

Initial examination (not payable when treatment is given on the same date)	5s.	0d.
Treatment at surgery	9s.	0d.
Dressing charge for redressing of septic cases at surgery	4s.	0d.
Domiciliary Visits	15s.	0d.
Dressings charge for redressing septic cases at patients' homes	10s.	0d.

Half the appropriate fee is paid by the County Council for appointments not kept by patients.

In the case of chiropodists joining the scheme after 1st October, 1962, the Whitley Council rate of payment is applicable, i.e. 9s. 0d. for surgery treatment and 15s. 0d. for domiciliary treatment. A mileage allowance of 9d. per mile is made in respect of all domiciliary treatments. The chiropodists employed previously to 1st October, 1962, were offered the Whitley Rates, but with one exception all chose to remain on the Council's Scale.

A full-time County Chiropodist was appointed and commenced duties in September, 1963. He is responsible for administration of the scheme and at present providing treatments to the residents in eight of the Old Persons' Homes.

The following table gives details of chiropody services provided during the year:—

Number of Persons Treated	1,846
Number of new patients who received their first treatments during the year (included in above)	618
Treatments given at Chiropodists' Surgeries	5,114
Treatments given at Patients' Homes	2,898
Dressings when Full Treatment was not given	99
Failed Appointments	279
Number of Sessions carried out by Chiropodists under contract	44
Chiropodists employed at 31st December, 1963:	
Full-time	1
Under Contract	41

Problem Families

Co-operation between the Welfare Authority and Local Housing Authorities

(GUARANTEED RENT SCHEME AND UNSATISFACTORY TENANTS)

By the end of 1963, 8 housing authorities had agreed to the inclusion of suitable tenants in the Guaranteed Rent Scheme during the year.

This scheme is intended to safeguard the tenancy by giving such authorities some measure of protection against the accumulation of excessive rent arrears whilst the County Council's Welfare Officers attempt to persuade the families to meet their responsibilities.

Close co-operation has been maintained between the County Council and the housing authorities concerned, and frequent case conferences were held in Bletchley, Aylesbury, Amersham and Marlow, to co-ordinate the social work necessary and to discuss special problems.

In all cases accepted under the Scheme there were children involved who would, almost inevitably, have become the responsibility of the County Council if eviction had taken place for non-payment of rent.

Three other authorities, who had not chosen to use the Guaranteed Rent Scheme, nevertheless, referred to the County Council those tenants whose rent was seriously in arrears or whose houses and gardens were badly neglected, before taking action to obtain possession of the property. These tenants received advice from the social workers on similar lines to those included in the scheme.

The following table shows the number of adults and of children under school leaving age, who were involved in cases receiving attention on the 31st December, 1963:—

	<i>Families included in Guaranteed Rent Scheme</i>		<i>Other Families</i>	
	MALE	FEMALE	MALE	FEMALE
Number of Adults	15	17	11	15
Number of Children	83		65	

Meals on Wheels

During the year a total of 42,055 meals were supplied to old people living in their own homes by the Women's Voluntary Service; this was 9,956 more than the number supplied during the previous year. Several new centres were opened during the year, whilst there was an increase in the meals supplied from existing centres.

The cost of subsidies paid by the County Council for these meals was £1,935 7s. 6d., this being made up on the basis of 9d. for each meal supplied before 1st April, 1963, and 1/- for each meal supplied after that date.

Travelling expenses, amounting to £381 8s. 6d. were paid to the helpers as compared with £312 5s. 6d. during 1962.

Difficulties were experienced during the year in making arrangements for the cooking of the meals. With the exception of a few meals which are prepared at Wing Lodge old persons' home, Wing, cooking is undertaken at restaurants. Consideration was given to the possibility of meals being provided by school canteens but this was found to be impracticable. It was not possible to extend the arrangement in operation at Wing Lodge, since facilities for cooking at old persons' homes are generally only adequate for the needs of the residents and staff.

Physiotherapy

Physiotherapy continued to be given to residents in the Council's old persons' homes and is of considerable assistance in preserving their physical independence. During the year, 150 residents received 5,123 treatments. These were made up as follows:—

Exercise	..	..	..	..	..	2,090
Heat treatment	..	..	..	..	..	1,440
Faradism	..	..	..	..	..	77
Massage	..	..	..	..	..	1,350
Wax treatment	..	..	..	..	..	166

The number of residents treated in the Homes was as follows:—

Stow Lodge, Gerrards Cross	..	..	..	..	..	2
Wing Lodge, Wing	..	..	..	..	..	16
Leonard West Home, Aylesbury	..	..	..	..	..	14
Wexham Court, Slough	..	..	..	..	..	14
Upton Towers, Slough	..	..	..	..	..	13
Katharine Knapp Home for the Blind, Penn	..	..	..	..	..	6
Winterton House, Wendover	..	..	..	..	..	1
Chilton House, Chilton	..	..	..	..	..	16
Redfield, Winslow	..	..	..	..	..	30
Beechlands, High Wycombe	..	..	..	..	..	27
Deansway House, Chesham	..	..	..	..	..	4
Upton Hospital Part III Accommodation, Slough	..	..	..	..	..	7

Protection of Property

During the year, in instances where hospital patients or residents in old persons' homes were unable to provide for the safe custody of their furniture and other items of value, and it seemed that there was danger of loss of, or damage to, such property, it was necessary to arrange for care and protection.

Often the intrinsic value of the furniture involved was small, although it represented the entire home of the patient.

Where patients were tenants of a local housing authority, the tenancy was sometimes relinquished and the furniture removed to the Council's stores, on the understanding that, in the event of recovery, another tenancy would be offered.

Some furniture and effects in care have been stored for long periods, as the possibility of the patient's recovery has to be borne in mind.

For instance, a patient who was admitted to hospital in 1956 and discharged in 1962 was not at first in a fit state to assume responsibility for his property. It was not until a year later, when he had been given the tenancy of another house, that the property in the Council's care could be restored to him.

Where persons suffering from mental disorder have remained in hospital for very long periods and the doctor in attendance has been of opinion that the prospects of discharge are remote, application has been made to the Court of Protection for authority to dispose of the patient's furniture and effects.

Other cases have been reviewed periodically, and sometimes patients have authorised the disposal of the whole, or part, of their belongings.

Although, if at all possible, arrangements not involving removal to the Council's stores were made, the demand on the available space is increasing continuously. Especially is this so because of the great pressure to avoid housing accommodation being used merely as a furniture store.

Co-operation between Welfare Authority and Regional Hospital Board

Dr. A. W. Hogg, Consultant Physician in Geriatrics, appointed jointly by the County Council and the Oxford Regional Hospital Board, kindly submitted the following report:—

“The joint appointment system continues to serve the best interests of the geriatric population of the County.

Hospital Services. It is not yet possible to record any increase in the number of geriatric hospital beds provided. On the contrary, building operations at High Wycombe Memorial Hospital and closure of psycho-geriatric beds at St. John's Hospital have increased the demand for admission to geriatric beds. This, especially in wintertime, results in delays which act to the detriment of the patients concerned.

Welfare Services. The virtual abolition of the waiting list for admission of hospital cases to Part III accommodation is a pleasing feature of the year's operations. A continuation of this service enables the most effective use to be made of the available restricted supply of hospital beds.

Two hospital patients only remained on the waiting list at the end of the year.”

Buckinghamshire Old People's Welfare Committee

Mr. R. L. G. White, Honorary Secretary of the Buckinghamshire Old People's Welfare Committee, kindly let me have the following report on the work of the Committee during 1963:—

“One new Old People's Club was opened during the year, making a total of 106 Clubs in the County. The Clubs continue to flourish with increased membership.

Most of the Local Committees and Clubs are now running organised holidays for the aged, and during the year, eight Clubs availed themselves of an offer to visit Ostend and the members were delighted to spend a very enjoyable week's holiday on the Continent, with tours into Belgium, France and Holland.

Leaders and Local Courses have continued throughout the year and the attendance has been most satisfactory.

There are 15 Local Committees in the County and with the severe winter these Committees again proved their usefulness in carrying out regular visitation, maintaining fuel supplies and generally assisting aged persons and ensuring that food, water, etc., were available. The daily Clubs were also well patronised during this period.

The Committee are now considering issuing to all aged persons a County handbook listing the various statutory and voluntary services available, and giving other useful information.

The advice and help given by the statutory officers has again been greatly appreciated.”

WELFARE OF THE HANDICAPPED

Work of the County Medical Social Workers

The pace of increasing numbers slackened a little in some areas during 1963. Altogether there were 1,219 new cases and work for 749 patients was carried through from 1962 into 1963, making a total of 1,968. The Slough and Amersham offices had a phenomenal rise in new cases. Slough had 322 against 257 in 1962 and Amersham 257 against 192.

Referrals came from many sources. General practitioners sent more—31% of the total as against 30% last year—and so did the other agencies. Under this heading have been put referrals from sources not connected with the National Health Service or Local Authority, and it includes a wide variety of organisations ranging from the Red Cross, voluntary charities and groups, to the National Assistance Board and Ministry of Labour. This is a welcome sign that the community care services of the Local Authority are getting better known and accepted.

It is interesting to see from the following detailed breakdown of figures, what services general practitioners have asked for and for what groups of persons. The medical social workers have made a social assessment of the total situation after they have got to know the person, and his or her family and present problems. This is difficult to do and inevitably a tentative judgment, but it is a useful guide in deciding the kind of help needed and the length of time one will need to keep in touch with the patient and his family.

Referred by Private Doctor

Reason for referral

Emotional problems	26
Social assessment	58
Supportive	134
Environmental	89
Equipment	91
Convalescence	142
Nursing Home or Hospital	100
Old People's Home	62
Other	59

Medical/Social Category

Substantially and permanently handicapped	157
Short term illness and/or terminal care	68
Long term illness	117
Geriatric	202
Family or social problems	81
Tuberculosis	2
Mental Illness	19
Confusion	10
Other	11

Social Assessment

Personal difficulties precipitating illness	30
Illness added to existing personality differences	180
Problems of illness otherwise adequate personality	316
External problems (e.g. housing, income, etc.)	62
Personal difficulties—no significant illness	65
Other	11

These figures confirm what one might expect to find; the importance of giving support in times of illness and handicap, apart from practical services, and giving the amount of practical help which is needed, too. Often both kinds of help have been wanted at the same time, and they are always complementary and interrelated. Again, the longer the illness, the more severe the handicap, the more vulnerable the person is or the more complicated his personal relationships, the more need there is for help which should be skilled, resourceful and consistent. It is very encouraging that private doctors are using the medical social workers increasingly for this sort of help.

Contrary to expectation from last year's trends, there have altogether been fewer family and social problems dealt with—166 (or 8.4%) cases instead of 174 (or 9.9%) in 1962. More patients with tuberculosis have been helped—143 as against 101. This slight rise has halted the steady decline in numbers noted last year.

A total of 289 patients were referred to the medical social work section for convalescence. Of these, 107 were accepted under the County convalescence scheme and went to convalescent homes for periods varying from one to four weeks. 12 patients were referred by hospital almoners and were also accepted and sent away through the scheme, making a total of 119. For the remaining 182 patients, various other arrangements were made. Some needed treatment in some form or other as well as convalescence, so that their convalescence became a National Health Service responsibility. Others went to recognised convalescent homes or privately recommended guest houses, and either paid the full cost themselves or were helped by voluntary organisations. Others were helped to stay with friends or relatives who could give them the required care and change of environment. For some it was evident, after they had talked over their problem and their private doctor had been consulted again, that convalescence was not the best or even an adequate solution to their problem. In each case, the medical social workers tried to help them find a solution which more nearly met their needs and to put it into effective action. With adequate domiciliary services and good family and social resources, most patients can and do convalesce at home, or go to relatives on their own. Those who are referred for convalescence to be arranged often have other problems as well, such as special stresses at home for themselves and their relatives, or lack of family support, economic difficulties and housing problems. Often the request for convalescence is only the outward visible sign of more deep-seated troubles. Sometimes a period away from the usual environment is a helpful emergency or interim measure, while help is sought for their more long-standing difficulties. It is rare that a convalescence is just a question of forms and vacancies. In practice it is found that every request needs thoughtful individual consideration and it may frequently result in helping in other ways too, and continuing to do so for quite a long period afterwards.

The Care Committees have continued to meet quarterly and have given generous help and support. Committee members have offered gifts (for example, a sewing machine) as well as raised money for voluntary funds. £381 has been raised for the voluntary funds during the year. The replenishment

of these funds is a continuing need. Some of the most successful money-raising ventures have been coffee and wine and cheese parties, the Alexandra Rose Day collection in North Bucks, and the House-to-House collection in Amersham and Chesham. There is not much publicity for these voluntary funds and this is not altogether to be desired, but it makes the generosity and efforts of Committee members and their friends even more necessary and appreciated.

Holidays for handicapped persons with special problems are a yearly project which calls on these funds considerably. Two parties of 10 persons each were arranged this year. One party went to the holiday camp at Gorleston run by the Norfolk Association for the Handicapped. The other party was an experiment to give a holiday to a group of "over-65" handicapped persons. They were too old for the usual holiday schemes, too young not to enjoy and benefit by a holiday right away from home, and too handicapped to be able to manage the kind of holiday organised by Old People's Welfare Committees. The group had a most successful week in May (although the weather was colder than one had hoped for) at Caister at a camp run by Holidays for the Disabled Inc.

During the year the medical social workers have taken their share, along with other sections in demonstrating the work of health and welfare departments to the frequent visitors from overseas who come each year to Great Britain to study our social services. The number of social work students and senior workers who have spent periods varying from 1 week to 6 months in the section as part of their studies has been higher than usual. Two of the social workers from abroad were on study grants and spent four weeks and six weeks in the section respectively. Mr. Roslund from Norway had a Council for Europe medical fellowship and was studying rehabilitation and Miss Guazzelli from San Paolo University Hospital was on a United Nations Fellowship observing the role of the medical social worker in Community Care.

Five students have spent part of their field work training in the Section. Two were taking the Diploma in Social Studies at Swansea University College and one was from the Diploma course of Liverpool University. They spent two weeks each with a medical social worker. From November, 1962, to mid-July, 1963, two students were placed in the Aylesbury office for supervised field work from the special one-year course for the General Certificate in Social Work organised for senior workers by the National Institute for Social Work Training.

We all have a responsibility to pass on our knowledge and experience to students and new young workers. Supervising students, too, is interesting and stimulating. They bring new ideas and the contacts made with their training bodies are valuable, both for helping teach the students and for keeping in touch with new developments in social work. But there is no doubt that this work is time-consuming and that it is at present impossible to lighten effectively the day-to-day work of the medical social worker who is supervising a student.

Students need teaching and help in learning about their work, and specially chosen and limited caseloads, so one cannot regard them as in any way assistants and supplementary staff. However, there is a tremendous need for good fieldwork experience for students, if national training schemes are to continue satisfactorily, and it is to be hoped that it will be possible to continue with this contribution to social work training.

In August, Miss G. Carter, on completing successfully the new General Certificate in Social Work course at Birmingham, joined the section to take up the appointment of Social Welfare Visitor in the Amersham office.

In-service Training

There was no in-service training course for the year September 1962 to July 1963, but another group began a course in September 1963. Eleven members of the Health and Welfare Department drawn from the Mental Health/Welfare, Home Help Organisers, Home Teachers for the Blind and Medical Social Workers' sections, are following a similar course of lectures, discussions and visits of observation, and are released from their sections for one day a fortnight to do so.

Occupational Therapy

A total of 484 patients received treatment during 1963. This figure includes those having domiciliary treatment and those attending the three work centres in the County. There were 134 new cases with a wide range of disabilities referred for treatment mainly by general practitioners and hospital consultants. New cases are visited by the Occupational Therapists and ability to benefit from treatment and type of treatment most suited is assessed in each case. Social problems connected with the disability often come to light during these initial visits and if necessary the assistance of the County Medical Social Worker or other social worker is sought.

Of the 107 patients discharged during the year, 31 were able to resume work or household duties; 11 left to reside in other districts; 14 were considered to have received maximum benefit from treatment; 15 were discharged to hospitals, homes or training centres; 9 were too ill to continue treatment and 27 died.

The number of home visits, 9,934, was a slight reduction on the previous year, due to the increased attendance at the work centres, the very severe weather early in the year and the temporary shortage of Occupational Therapists. In addition, 335 visits were made to the Old Persons' Homes and 31 to the Slough Disabled Men's Club. These visits to the Homes are of value in keeping the old people interested and active and they greatly enjoy the personal relationship with the Occupational Therapist.

Factory outwork continued to play an important part in the treatment of patients in their homes and at the centres. Since its value in therapy has become widely recognised the competition for available local supplies has increased. This means that much time and effort has to be devoted to maintaining contact with factories already providing outwork and in visiting new ones in the hope that they will have something suitable to offer. Unless light industrial development keeps pace with the increasing population and employment remains at a satisfactory level, the outlook for maintaining the present level is poor. However, the Department has established good relationships over the years with local industries by ensuring that work is promptly and satisfactorily done and this will help if more difficult times should come.

In 1955, when the Aylesbury Day Nursery closed, the temporary buildings which housed it were converted and opened as a work centre for disabled people. This proved to be such a necessary addition to the occupational therapy service that other centres were opened at Bletchley in 1958 and Slough in 1962. The clearance of the site for the new block of County Offices last year involved the demolition of the Aylesbury work centre which was by then in poor structural repair, and new and much improved premises were provided on the ground floor of Walton House, Walton Street, Aylesbury, after extension and conversion. The accommodation comprises three workrooms, stores for both craft and outwork, a preparation room for district work and general offices. The Department had settled down by the end of the year and 42 patients were being treated in the workrooms.

The following report has been received from the Slough Work Centre:—

"During its second year, the Slough Work Centre has continued to prove its effectiveness in dealing with 54 physically and mentally handicapped potentially homebound patients in the area. Of these, 30 are still attending, 10 are now in open employment and 4, after assessment here, are receiving specialised re-training elsewhere. County Officers assisting the disabled, including the Disablement Resettlement Officer, make regular visits to the Centre.

Local factories have provided a supply of varied light industry and are on the whole very co-operative and interested in the project. However, the sporadic nature of most jobs often involves the Occupational Therapists in a time consuming hunt round the Trading Estate for new work, to the detriment of patients' treatment. One difficulty is the relatively small turnover of work by an average of 16 patients attending daily, in the face of the mass production required in most industries. The Centre is well able to accommodate more patients and to build up a greater work capacity of genuine use to local light industry and I am sure that if transport could be provided from statutory or voluntary sources, then quite a number of those who sit at home with or without occupational therapy could find great benefit in attending the Centre."

The work centre at Bletchley which was open two days a week provided treatment for 16 patients.

Distribution of Car Badges to Disabled Drivers

During the year 1963, a further 41 badges were issued to severely disabled drivers, making a total of 191 issued since the commencement of the scheme in 1961.

WELFARE OF THE BLIND

Registration

The number of registered blind persons on 31st December, 1963, was 796, compared with 791 on 31st December, 1962. During the year under review, 88 new cases were registered and there were 23 inward transfers. Removals from the register owing to death, persons leaving the County, etc., totalled 106.

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 & over	Age N.K.	Total
—	1	1	—	1	12	15	16	18	25	46	78	53	51	233	117	81	48	—	796

Register of Partially Sighted Persons

The County Council's Scheme approved by the Minister of Health provides that a register of the partially sighted shall be kept. The number of partially sighted persons on the register at 31st December, 1963, was 353, the age classification in the form required by the Ministry of Health being as follows:—

0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Total
—	—	26	12	45	54	216	353

The number on the register at the end of the previous year was 305.

Observation Register

During the year under review, one person was certified as blind and at the 31st December, 1963, there were 38 under observation.

Incidence of Blindness and Partial Sight

The following table gives particulars of the 88 blind and 85 partially sighted persons registered during the year:—

	Cause of Disability					
	Cataract		Glaucoma		Others	
	Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted
(1) Number of persons registered during the year	22	32	15	12	51	41
(2) Number of cases where treatment was recommended	15	30	5	11	19	31
(3) Number of cases at (2) above which on follow up received treatment	7	22	5	10	11	25

Ophthalmia Neonatorum

During the year, 1 case of ophthalmia neonatorum was notified, the child concerned being born in a Maternity Home.

Employment

(i) **Homeworkers.** The Royal London Society for the Blind continued to operate the Homeworkers' Scheme as agents for the Council and in addition one braille copyist was employed by arrangement with the National Library for the Blind. At the end of the year there were fourteen blind persons in Class A of the Society's scheme and one in Class B, as follows:—

CLASS A		CLASS B	
Basket Makers	5	Hand Knitter	1
Music Teacher	1		
Machine Knitters	5		
Piano Tuners	3		

(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. In addition, one blind man was employed in the soap department at the Luton Workshop of the Association for the General Welfare of the Blind and one partially sighted male mat maker was employed in the Workshop of the Royal School for the Blind at Leatherhead.

(iii) **Other Employment.** At the end of the year, 84 blind persons were employed and the following table gives details of their employment:—

<i>Professional, Administrative and Executive Workers</i>		<i>Craftsmen, Production Workers, Labourers</i>	
Teacher	1	Machine Tool Operators ..	11
Religious Orders	1	Fitters and Assemblers ..	5
Proprietors and Executives ..	2	Inspectors	2
Journalist	1	Packers	5
<i>Clerical Workers</i>		Storekeepers	2
Shorthand Typists	3	Carpenter	1
Dictaphone Typists	3	Upholsterers	4
Telephone Operators	2	Basket Maker	1
<i>Sales Workers</i>		Mat Makers	2
Working Proprietor	1	Chair Seater	1
Representative	1	Process Workers	15
Shop Assistant	1	Labourers	5
<i>Animal Husbandry</i>		<i>Service Workers</i>	
Poultry Keepers	5	Domestic Workers	5
		Laundry Workers	2
		Lift Operator	1
		Cemetery Labourer	1

Placement Service

The arrangements whereby the Royal National Institute for the Blind undertook the placing of suitable blind persons in open industry ceased on the 30th September, 1963, when the Ministry of Labour assumed responsibility for this service. The changeover was effected smoothly and, as the officer who undertook this work on behalf of the Institute was transferred to the Ministry's staff, continuity was maintained. The service continues to be widely used.

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	11,382
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Visits to give instruction in the subjects shown were made as follows:—

Braille	83
Moon	.. .. .	9
Handicrafts	.. .. .	66

The Home Teachers made 11,224 visits dealing with social welfare of the blind and general administration of the service.

General Social Welfare

The general social welfare of blind persons in the County is undertaken by the Buckinghamshire Association for the Blind through its six Divisional Committees. Social Clubs for the blind are organised and held at Aylesbury, Buckingham, Chesham, High Wycombe, Slough and Wolverton. These Clubs continue to be very popular with the blind people. Grants are given from the Association's funds for such items as clothing, fuel, food, holidays and braille and talking book libraries. The Association act as agents for the British Wireless for the Blind Fund and assist in the distribution of concession tickets for use on public service vehicles. Many kinds of blind aids and specially adapted games are supplied free of charge and handicraft materials are available at greatly reduced prices.

During 1963, the Association purchased a large number of braille alarm clocks, wrist watches and pocket watches which are available on free loan to blind persons who require them.

A block booking was again made at an hotel at Clacton-on-Sea to enable twenty-one blind people from the three southernmost Divisions to take two weeks' summer holiday as a party, Home Teachers acting as guides. These arrangements are proving so popular that they are being extended to include all Divisions and it is hoped to provide holidays for some sixty people in this way in 1964.

Many day trips to the seaside and to places of interest were arranged during the year and were very much enjoyed by those attending.

The Association again held exhibitions and sales of work at the Bucks County Show and in conjunction with their Annual General Meeting and the W.V.S. kindly allowed the use of their shop window in Slough High Street for three weeks. These exhibitions not only provide a useful means of marketing articles made by the blind, but provide a valuable opportunity to increase public awareness of the work being done in this field.

Many of these activities depend for their success on the efforts of voluntary officers and helpers and their contribution to the welfare of the blind in Buckinghamshire is very much appreciated.

The Katharine Knapp Home for the Blind

During 1963, demand for permanent accommodation persisted, and at the end of the year there were 22 residents.

Twenty-two blind persons from various parts of the County took holidays at the Home during the year and the holiday beds were occupied for 44 weeks.

An outing to Whipsnade Zoo and a coach tour including a stop at Burnham Beeches, were arranged during the year.

The continued interest of local organisations, whose members visit the Home to talk and read to the residents is very much appreciated.

DEAF PERSONS

The Oxford Diocesan Council for the Deaf are the County Council's agents for work amongst the deaf.

The staff of the Diocesan Council has been increased from five to six and now consists of a Chaplain-Superintendent, an Assistant Superintendent/Missioner, three Missioner/Welfare Officers and one trainee Missioner/Welfare Officer. The appointment of an additional officer has enabled the staff to devote more time to the deaf in Buckinghamshire.

There are Social Clubs in Aylesbury, High Wycombe and Slough. The Slough Club has its own premises and it is hoped that the Aylesbury Club will soon be in a similar position.

English classes for the deaf are held at Slough and Aylesbury.

Day outings and holidays were organised during the summer of 1963.

Church services are held at Aylesbury, High Wycombe and Slough. Missioners have until recently held services at Rayners School for Deaf Children at Penn. This school is now used entirely for partially hearing children who are able to join in the activities of hearing children.

There are Friends of Deaf Associations at Slough and Aylesbury. Members of these Associations give much of their time for the social welfare of the deaf.

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

	MALES	FEMALES	TOTAL
Children under 16 years	19	17	36
Persons between 16 and 64 years	86	66	152
Persons 65 years and over	14	21	35
	119	104	223

The High Wycombe Club for the Hard of Hearing has again given much pleasure and help to club members. The Club has had a difficult time financially and the County Council made a special donation in 1963.

ACCOMMODATION FOR THE HOMELESS

Saunderton Hostel

Temporary accommodation for homeless families continued to be available at Saunderton Hostel during 1963, and the Children's Officer who is responsible for the administration of the hostel, has kindly supplied the following information:—

“The hostel has been fully occupied; 24 families were admitted and nineteen discharged. On discharge, six families were re-housed by local housing authorities and thirteen found their own accommodation (including one family who were repatriated to India and two children from another who were returned to relatives in Canada).

In all, 28 adults and seventy children stayed at the hostel for periods varying from one day to twelve months.

The Warden reports that things at the hostel have run smoothly and there have been no particular difficulties during the year.”

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, 1963, the following quantities of water were pumped from the Board's various sources:—

Chalk Sources

Bourne End	282,245,000 galls.	
Dancers End	67,013,000 galls.	
Hampden	305,311,000 galls.	
Hawridge	372,100,000 galls.	
Marlow	359,771,000 galls.	
Mill End	511,587,000 galls.	
New Ground	467,649,000 galls.	
Pann Mill	960,472,000 galls.	
Radnage	63,815,000 galls.	
Wendover Dene	318,554,000 galls.	
		<u>3,708,517,000 galls.</u>

Greensand Sources

Battlesden	292,491,000 galls.	
Sandhouse, Bletchley	314,928,000 galls.	
		<u>607,419,000 galls.</u>

River Source

Foxcote	674,539,000 galls.	674,539,000 galls.
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Other Sources

Ash Hill	35,184,000 galls.	
Brackley	29,326,000 galls.	
Stony Stratford	34,969,000 galls.	
Weston Underwood	38,256,000 galls.	
Wycombe Rural Area (Princes Risborough)	68,348,000 galls.	
		<u>206,083,000 galls.</u>

Total pumped from all sources	5,196,558,000 galls.
Add Bulk supply from Birchmoor Source of Birchmoor Water Committee	153,988,000 galls.
	<u>5,350,546,000 galls.</u>

The above total quantity can be divided into:—

Supplied within the Board's area	5,097,286,000
Supplied outside the Board's area	253,260,000 galls.
	<u>5,350,546,000 galls.</u>

The total quantity of water supplied by the Board during the year was, therefore, 5,350,546,000 gallons, or an average daily quantity throughout the year of 14,659,000 gallons.

Of the 5,097,286,000 gallons supplied within the Board's area, an analysis can be made as follows:—

Metered Consumption (to Agriculture, Trade and Service Departments)	1,852,457,000
Unmetered Consumption	3,244,829,000
	<u>5,097,286,000</u>

During the year, much progress has been made on the Board's Mid Bucks Scheme, which is a major development scheme, the first stage of which is estimated to cost £1,100,000 and which will take up to 4 million gallons of water a day from the Board's Mill End source at High Wycombe and pass it through a 24" diameter main from Mill End running northwards across the Vale of Aylesbury and terminating finally at Mursley and at Quainton. In August, 1962, it became possible for the first time to draw supplies through the new trunk mains and by this means the Board have been able to provide urgently needed reinforcement of their supplies in central and north Bucks.

As part of the Mid Bucks Scheme, a new 1½ million gallon reinforced concrete service reservoir is now under construction at Winchester Wood, just outside Princes Risborough. This reservoir is expected to be complete and brought into use by mid-1964.

In addition to the trunk mains of the Mid Bucks Scheme, there have been laid about 20 miles of new watermains in diameters from 18" to 3". During the same period, 2,748 new non-metered services and 193 new metered services have been 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."

Fluoridation of Water Supplies

During the year, the County Council considered the question of adding fluoride to water supplies as a practical answer to the increasing incidence of tooth decay, especially in children. They agreed in principle to the making of arrangements with local water undertakers for the addition of fluoride to water supplies which are naturally deficient in this respect.

In view of the practical difficulties created by the dependence of different local authority areas on common sources of supply, the County Council agreed to support the recommendation made to the County Councils Association, that the Association should pursue with the Ministry of Health means by which a uniform national policy can be achieved.

2. Water Supplies and Sewerage Acts, 1944—1961

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 forwarded to the Ministry.

On 31st December, 1963, the position was as follows:—

	£
30 schemes of Water Supply (29 schemes completed and 1 scheme under construction) ..	1,552,370
98 schemes of Main Drainage (86 schemes completed and 12 schemes under construction) ..	6,256,265
Total	<u>£7,808,635</u>

Details of the above Schemes are contained in the Tables shown below:—

SCHEMES OF WATER SUPPLY

Thirty six schemes of water supply have been submitted, and at 31st December, 1963, the following thirty schemes had reached the stage shown below:—

PROGRESS REPORT TO 31st DECEMBER, 1963

Local Authority	Scheme	Total Estimated Cost	Percentage of Scheme Completed		
		£	%		
Amersham R.D.C.	Ashley Green }	1,667	100		
	Chartridge }				
	Cholesbury }				
	Coleshill (Amended)			100	100
	Chalfont St. Giles			570	100
	Great and Little Missenden			2,785	100
	Latimer			460	100
	Penn	370	100		
Aylesbury R.D.C.	Haddenham	105	100		
	Wellwick	650	100		
Bucks Water Board	Mid Bucks	1,266,000	95		
	Brill	400	100		
	Lower Hartwell	790	100		
Buckingham R.D.C.	Bufler's Holt	650	100		
	East Claydon }	1,902	100		
	Middle Claydon }				
Eton R.D.C.	Burnham Littleworth Common	439	100		
	Datchet Ditton Park Road	897	100		
	Dorney Boveney	1,760	100		
	Dorney Lake End	198	100		
	Iver Mansion Lane	900	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		£1,552,370			

MAIN DRAINAGE SCHEMES

Of the 118 main drainage schemes submitted by Rural District Councils, the following 98 schemes had, on the 31st December, 1963, reached the stage shown below:—

PROGRESS REPORT TO 31st DECEMBER, 1963

Local Authority	Scheme	Total Estimated Cost	Percentage of Scheme Completed
		£	%
Amersham R.D.C.	Chalfont St. Giles (Lodge Lane)	6,750	100
	Chalfont St. Giles (Gorelands Lane) }	4,875	100
	Chalfont St. Peter (London Road) }		
	Chenies	25,605	50
	Gt. Missenden (Cockpit Hole)	10,100	100
	Holmer Green	85,250	100
	Holmer Green (Penfold Lane)	4,093	90
	Little Chalfont (Stages 1, 2, 3)	63,859	100
	Link Sewer	33,021	100
	Newbarn Lane and Three households	21,600	100
	Penn	25,585	100
	Prestwood	106,000	100
	Relief Sewer	12,500	100
	Kiln Road, Prestwood	12,280	100
	Seer Green and Jordans	157,180	80
Aylesbury R.D.C.	Chilton	17,539	100
	Dinton	20,000	100
	Grendon Underwood	56,000	100
	Hardwick and Weedon	69,850	100
	Long Crendon (Lower End)	43,500	100
	Oakley	41,200	100
	Quainton	41,070	100
	Shabbington	13,790	100
	Stone	15,400	100
	Stoke Mandeville	36,500	100
	Upper Winchendon	4,020	100
	Westcott	8,200	100
	Wendover	29,450	100
Worminghall and Ickford	42,903	100	

Local Authority	Scheme	Total Estimated Cost	Percentage of Scheme Completed
		£	%
Buckingham R.D.C.	Adstock and Padbury	73,500	100
	Akeley	33,000	100
	Maids Moreton	31,000	30
	Marsh Gibbon	30,500	100
	Tingewick	20,900	100
	Thornborough	35,500	100
	Twyford	53,000	100
Eton R.D.C.	Burnham, Taplow and Dorney	410,500	25
	Burnham (Dropmore Road)	6,553	100
	Burnham (Linkwood Road)	13,200	50
	Denham (Wyatts Covert)	1,980	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
	East Burnham (Crown Lane)	42,990	100
	Farnham Royal	168,180	95
	Iver (Iver Lane)	14,175	100
	Iver (Langley Park Road)	169	100
	Iver (North)	54,910	100
	Iver (Thorney Lane)	8,280	100
	Iver (Wood Lane)	5,415	100
	Middle Green	26,270	100
	Stoke Poges and Wexham	507,748	
	Stage 1 & 2		100
	Stage 3		50
	Stage 4		25
Newport Pagnell R.D.C.	Birchmoor (Newport R.D.C. share)	29,724	100
	Bow Brickhill	20,030	100
	Bradwell	11,516	100
	Castlethorpe	37,550	100
	Emberton	24,900	100
	Hanslope	64,623	100
	Lavendon	31,560	100
	Loughton and Shenley (Church End)	82,000	90
	Ravenstone and Stoke Goldington	69,000	100
	Wavendon	31,573	100
	Woughton-on-the-Green	14,500	25
	Wing R.D.C.	Aston Abbotts	28,600	100
Cheddington		12,150	100
Cublington		6,070	100
Dagnall		16,800	100
Great Prickhill		24,500	100
Great Gap, Ivinghoe		2,320	100
Horton		2,280	100
Ivinghoe Aston		9,650	100
Ledburn		8,690	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
	Stewkley (North End)	5,000	100
	Swanbourne and Mursley	40,000	100
	Winslow	22,200	100
Wycombe R.D.C.	Downley	15,270	100
	Hambleden	45,730	100
	Hazlemere	34,280	100
	Hedsor and Berghers Hill	40,150	100
	Hughenden Valley	218,000	100
	Princes Risborough	14,175	90
	Stokenchurch	148,743	100
	Wooburn Valley	1,710,000	100
	Wooburn Valley (Tylers Green and Penn)	211,000	100
TOTAL ..		£6,256,265	

A total of 20 Main Drainage Schemes that have been approved by the County Council have not yet been commenced.

Several Main Drainage Schemes for villages are being prepared by various Rural District Councils, although the majority of schemes yet to be submitted will be for extensions to the existing Main Drainage and Mains Water facilities.

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, 1963
			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	101
Buckingham	1,364	52	30	—	30	26
High Wycombe	12,650	1,408	32	522	554	611
Slough	18,500	368	14	354	368	473
URBAN DISTRICTS						
Beaconsfield	2,520	28	—	28	28	17
Bletchley	3,685	106	3	103	106	131
Chesham	4,000	137	85	52	137	81
Eton	1,146	23	7	16	23	35
Linslade	1,214	100	—	10	10	30
Marlow	2,007	107	6	101	107	157
Newport Pagnell	1,525	63	63	—	63	124
Wolverton	4,579	261	19	178	197	67
RURAL DISTRICTS						
Amersham	13,000	265	265	—	265	252
Aylesbury	8,681	314	219	95	314	150
Buckingham	2,500	116	14	102	116	113
Eton	12,994	264	15	249	264	318
Newport Pagnell	4,958	188	100	—	100	119
Wing	2,792	126	116	10	126	139
Winslow	2,531	35	20	15	35	45
Wycombe	12,800	430	178	—	178	213
TOTAL	119,474	4,426	1,186	1,870	3,056	3,202

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, 1963.

NEW HOUSING—SUMMARY OF PROGRESS TO 31st DECEMBER, 1963

Local Authorities	PERMANENT HOUSING				Total Permanent Houses Completed
	Local Authorities		Private Builders		
	Under Construction	Completed	Under Construction	Completed	
BOROUGHES					
Aylesbury	289	2,764	255	2,108	4,872
Buckingham	32	280	12	211	491
High Wycombe	129	3,117	212	3,507	6,624
Slough	338	3,990	132	3,233	7,223
URBAN DISTRICTS					
Beaconsfield	30	514	51	1,049	1,563
Bletchley	136	2,853	91	894	3,747
Chesham	12	932	117	2,067	2,999
Eton	28	277	—	184	461
Linslade	30	280	19	335	615
Marlow	23	448	135	1,023	1,471
Newport Pagnell	—	216	33	391	607
Wolverton	48	411	63	149	560
RURAL DISTRICTS					
Amersham	—	2,100	489	5,157	7,257
Aylesbury	26	1,670	102	1,537	3,207
Buckingham	6	404	34	209	613
Eton	163	2,314	278	4,056	6,370
Newport Pagnell	34	576	28	483	1,059
Wing	11	758	34	369	1,127
Winslow	—	434	54	402	836
Wycombe	46	2,186	231	4,361	6,547
TOTAL	1,381	26,524	2,370	31,725	58,249

SECTION E.—INSPECTION AND SUPERVISION OF FOOD

The Chief Inspector submits the following report for 1963:—

(1) Food and Drugs (Composition and Quality)

A total of 1,352 samples of food and drugs were taken during the year and 479 of this total were submitted to the Public Analyst who commented adversely upon 20 of them. The samples included:—

Almond Essence, Aspirin, Batter Mix, Biscuits, Borax, Cakes and Cake Mixes, Cauliflower, Cheese and Cheese Preparations, Chicklets, Chocolate and Chocolate Preparations, Cocoa, Coffee, Compound Magnesia, Cooked Meats, Cough Syrup, Cream, Cream of Tartar, Crisps, Crystallized Ginger, Cucumber-in-Vinegar, Egg Vermicelli, Faggots, Fats, Fresh and Tinned Fish, Fishcakes, Fish Paste and Shell Fish, Fruit Drinks, Fruit Juices, Tinned Fruit, Glucose Preparations, Glycerine, Goat's Milk, Gripe Water, Ground Almonds, Honey, Ice Cream, Icing, Jellies, Liqueurs, Liquid Paraffin, Marzipan, Tinned Meat, Meat Pastes and Pies, Menthol and Eucalyptol, Milk, Mineral and Vegetable Oils, Mushrooms, Mussels, Nuts, Uncooked Pastry, Peanut Butter, Pickles, Pie Fillings, Preserves, Puddings, Puff Pastry, Sauces and Condiments, Sausages, Sea Food Dressing, Slimmers' Sugar, Smoked Cracklins, Soup, Soup Tablets and Soup Mixes, Soft Drinks, Spirits, Sweets, Syrups, Tea, Tomato Puree, Trotters, Top of the Milk, Dehydrated and Tinned Vegetables, Vinegars, Virol, Zinc and Caster Oil Cream.

873 samples of milk were tested 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.

224 informal samples of milk were taken at schools from milk supplied under the Milk-in-Schools Scheme. Milk was also sampled at hospitals, children's homes and old persons' homes on behalf of the various committees concerned and all but one were satisfactory.

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

1959	..	..	..	..	..	..	3.97%
1960	..	..	..	..	..	..	3.59%
1961	..	..	..	..	..	..	6.39%
1962	..	..	..	..	..	..	5.92%
1963	..	..	..	..	..	..	4.17%

There were 7 prosecutions during the year and fines and costs amounted to £254 13s. 0d. Two concerned glass in milk and one a dirty milk bottle. A cake contained a piece of metal and another a nail; a cigarette end was embedded in a loaf of bread and a tin of mincemeat contained a cigarette packet.

(2) Food and Drugs Act and Milk and Dairies Regulations (Wholesomeness)

217 samples of milk, involving 4,872 cows, were taken from farms for guinea pig test to detect the presence of tubercle infection; the same samples were also tested biologically for brucella abortus or brucella melitensis. There were no positive T.B. results, but 14 samples were infected with brucella. The appropriate District Medical Officers were informed of the infections forthwith so that human consumption of the infected milk in its raw state could be prevented.

A further 16 samples were taken from the raw milk delivered to schools under the Milk-in-Schools Scheme. None of these was infected with T.B. or brucella organisms. In addition, 206 samples of pasteurised milk delivered to schools and other County Council establishments were checked and all but 4 were found to be satisfactory.

There were 259 samples of pasteurised milk taken from 5 pasteurising plants licensed by the County Council, where approximately 12,000 gallons of milk are heat-treated daily. Of these, 13 failed to pass the phosphatase test. These failures were mainly due to plant breakdowns at two establishments.

639 visits were made under the Specified Area Orders which require that only specified grades of milk be sold by retail in Buckinghamshire. 741 samples were taken and all were satisfactory. The requirements of the Specified Area Orders continue to be observed.

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

1. Poliomyelitis

Although there were no deaths from poliomyelitis during the year, there were two confirmed cases (paralytic); one patient resided in the Urban District of Bletchley and the other in the Rural District of Eton.

2. Diphtheria

There were no cases of diphtheria in the County during the year and no death due to this disease for the sixteenth year in succession.

3. General

Information relating to all cases of infectious disease notified during the year is set out in Table (g) of Section H of this report.

SECTION G.—GENERAL

1. Capital Building Works

Progress was made during the year in the implementation of the Council's ten-year health and welfare development programme but the acquisition of suitable sites proved a difficult problem, leading to unavoidable delay in the completion of various projects.

Works Completed

Aylesbury	(a) Four nurses' flats, garages and district room (Bedgrove Estate). (b) Adaptation of premises for Child Guidance Clinic and Occupational Therapy Workshops (Walton House).
Bletchley	Old Persons' Home (40 places).
Buckingham	Three nurses' flats, garages and district room.
Chesham	Old Persons' Home (40 places).
Farnham Royal (Britwell Estate)	(a) Four nurses' flats, garages and district room. (b) Child welfare centre and dental clinic.
High Wycombe (Micklefield)	(a) Two nurses' houses, garages and district room. (b) Adaptation of premises for child guidance clinic.
Langley (Parlaunt Park)	(a) Child welfare centre and dental clinic. (b) Two nurses' houses, one flat and district room.
Newport Pagnell	Old persons' home, extension to existing premises to increase number of beds to 40.
Wing	Nurses' house, garage and district room.

Under Construction at 31st December, 1963

Aylesbury	(a) Extensions and stores, Aylesbury Ambulance Station and Headquarters. (b) Two nurses' houses, garages and district room (Elmhurst Estate).
High Wycombe	Adaptation of existing accommodation to provide an additional dental surgery.
New Bradwell	Two nurses' houses, garage and district rooms.
Newport Pagnell	Nurse's house, garage and district room.
Simpson (Near Bletchley)	Adaptation of private dwelling for mental health five-day hostel (10-12 places).
Slough	Old persons' home (40 places).
Wendover	Extension of existing premises to form old persons' home (40 places).

Proposed Works

Amersham	Two nurses' houses, garage and district room.
Aylesbury	(a) Old persons' home (40 places). (Rear of Walton Terrace). (b) Child welfare centre and dental clinic (Quarrendon Estate). (c) Child welfare centre and dental clinic (Bedgrove Estate).
Bletchley	(a) Mental health adult hostel (30 places), and adult training centre (45 places). (b) Occupational Therapy Centre and Workshop.
Buckingham	(a) Ambulance Station. (b) Old persons' home.
Chalfont St. Giles	One nurse's flat, garage, and district room.
Chalfont St. Peter	Ambulance sub-station.
High Wycombe	(a) Extension of existing ambulance station. (b) Two nurses' houses, garage and district room (Cressex Road). (c) Mental health adult female hostel, Cressex Road (30 places).
Long Crendon	Nurse's house, garage and district room.
Marsh Gibbon	Nurse's bungalow, garage and district room.
Olney	Two nurses' houses, garages and district room.
Slough	(a) Old persons' home (50 beds). (Tuns Lane). (b) Mental health junior training centre (100 places). (Tuns Lane). (c) Six flats for nurses with garages and district room. (Tuns Lane). (d) Additional smoking room accommodation at Wexham Court Old Persons' Home.

Stone	Two nurses' houses, garage and district room.
Langley (Parlaunt Park)	Three garages for district nurses living at Humber Way, Parlaunt Park, Slough. To be built by Slough Borough Council for County Council.

Negotiations in Progress at 31st December, 1963

Beaconsfield	Site for old persons' home (40 beds).
Bletchley	Site for two nurses' houses, garage and district room.
Chesham	Site for two nurses' houses, garage and district room.
Lane End	Site for nurse's house, garage and district room.
Milton Keynes	Site for nurse's house, garage and district room.
Princes Risborough	Site for nurse's house, garage and district room.
Penn	Site for two nurses' houses, garages and district rooms.
Slough	Site for day nursery.
Slough (Cippenham)	Erection of two nurses' houses, garages and district room by Slough Borough Council for County Council.
Stewkley	Site for nurse's house, garage and district room.

Towards the end of the year the health and welfare development programme formulated by the County Health Committee for the period 1st April, 1962 to 31st March, 1972, was reviewed in the light of changing circumstances, and in accordance with the Ministry of Health Circular No. 21/63, so that it covers the ten years 1st April, 1964, to 31st March, 1974.

2. Public Health Act, 1936

Registration of Nursing Homes

At the end of the year there was a total of ten homes registered by the County Council under the provisions of the Public Health Act, 1936; these nursing homes provided in all, 26 maternity and 133 other beds, making a total of 159.

A list of these registered nursing homes is given in Table (b) of Section (H) of this Report.

3. Nurseries and Child Minders Regulation Act, 1948

Six new premises were registered (for the reception of 125 children) for the first time during 1963, whilst the registration of six premises in respect of the reception of a total of 113 children was surrendered.

Twenty-one daily minders were registered for the first time during the year. These registrations cover the reception of 156 children. Three registrations, previously approved, were amended to allow for the reception of a further 13 children. Ten certificates of registration were surrendered by daily minders.

The numbers remaining on the register at the end of the year were as follows:—

	<i>Number registered</i>	<i>Number of Children</i>
Premises	20	476
Daily Minders	88	690

The arrangement with the Chief Fire Officer continued whereby any applications for the registration of premises under the Act were referred to him so that recommendations regarding fire precautionary methods could be referred to the applicants; thereafter, the applications are only approved after the Chief Fire Officer's recommendations have been carried out to his satisfaction. In the case of daily minders, taking children into their own homes for minding, health visitors pay regular visits of inspection when they bear in mind fire precautionary advice given by the Chief Fire Officer. If during these visits they meet any difficulty regarding fire risk the matter is referred to the Chief Fire Officer, who arranges for his representative to inspect the homes concerned and to give any advice necessary.

SECTION H.—STATISTICAL TABLES, ETC.

(a) LIST OF SANITARY AUTHORITIES

DISTRICT	MEDICAL OFFICER OF HEALTH
URBAN DISTRICTS	
Aylesbury, Borough of	A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H.
Beaconsfield	R. E. ATKINSON, 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.T.M. & H., D.P.H.
Chesham	R. E. ATKINSON, M.B., CH.B., D.P.H.
Eton	G. M. HOBBIN, M.B., CH.B., D.P.H.
High Wycombe, Borough of	A. J. MUIR, M.B., CH.B., B.HY., D.P.H.
Linslade	A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.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	R. E. ATKINSON, M.B., CH.B., D.P.H.
Aylesbury	A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H.
Buckingham	D. H. WALDRON, O.B.E., M.D., B.CH., B.A.O., D.P.H., D.T.M. & H.
Eton	G. M. HOBBIN, 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	A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H.
Winslow	D. H. WALDRON, O.B.E., M.D., B.CH., B.A.O., D.P.H., D.T.M. & H.
Wycombe	A. J. MUIR, M.B., CH.B., B.HY., D.P.H.

(b) REGISTERED NURSING HOMES
(Including Maternity Homes)

DISTRICT	NAME AND ADDRESS	DESCRIPTION
AYLESBURY	The Gables, 123 Wendover Road	Maternity.
BEACONSFIELD	St. Joseph's, Candlemas Lane	Maternity, Acute Surgical, Minor Surgical, Medical, Convalescent, Aged and Infirm.
BEACONSFIELD	Rossllyn, 47 Ledborough Lane	Minor Surgical, Medical, Convalescent Aged and Infirm.
*BOURNE END	Fieldhead	Aged and Infirm.
EMBERTON	West Farm	Maternity.
FARNHAM COMMON	Withyfield, Green Lane	Convalescent, Aged and Infirm.
GERRARDS CROSS	White House, North Park	Medical, Convalescent, Aged and Infirm.
HIGH WYCOMBE	Oak Lodge, 749 London Road	Convalescent, Aged and Infirm.
LINSLADE	Southcourt House	Convalescent, Aged and Infirm.
WOBURN SANDS	Oaklands, 60 Station Road	Convalescent, Aged and 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	Thrice 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	Weekly
BEACONSFIELD	The Old Rectory	Monthly
BLEDLOW RIDGE	Village Hall, Bledlow Ridge	Monthly
BLETCHLEY	School Clinic, Whalley Drive	Weekly
“	Methodist Church, Bletchley Road	Thrice monthly
BOURNE END	Red Cross Hut, New Road	Monthly
BRADWELL	Labour Hall, New Bradwell	Twice monthly
BRILL	The Institute	No doctor
BUCKINGHAM	Congregational School Room	Monthly
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	Twice 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 WICK	Village Hall	Do.
FARNHAM COMMON	Village Hall, Victoria Road	Do.
FARNHAM ROYAL	Village Hall	Thrice monthly
FARNHAM ROYAL, BRITWELL ESTATE	Wentworth Avenue, Britwell Estate	Twice weekly
FLACKWELL HEATH	Community Centre	Twice monthly
GERRARDS CROSS	British Legion Hall	Monthly
GREAT HAMPDEN	Village Hall	Do.
GREAT KINGSHILL	Village Hall	Do.
GREAT MISSENDEN	Memorial Hall, Station Approach	Do.
GRENDON UNDERWOOD	Village Hall	Do.
HADDENHAM	Village Hall	No doctor
HALTON (Voluntary)	R.A.F. Camp, Halton	Twice monthly
HANSLOPE	Church Institute	Monthly
HAZLEMERE	Penn Road Methodist School Room	Twice monthly
HIGH WYCOMBE	Health Centre, The Rye	Weekly
“ BOOKER	Castlefield Methodist Church Hall	Twice monthly
“ DEEDS GROVE	Methodist Church, Desborough Avenue	Monthly
“ MICKLEFIELD	St. Peter's Church Hall	Do.
“ SANDS	War Memorial Hall	Do.
“ TOTTERIDGE	Totteridge Social Centre	Do.
“ WEST WYCOMBE	Methodist Schoolroom	Monthly
“ WYCOMBE MARSH	St. Anne's Church Room	Do.
HOLMER GREEN	Village Centre	Twice monthly
HOLTSPUR	St. Thomas' Church Hall, Holtspur, Beaconsfield	Monthly
HORTON	Champneys Hall	Do.
HUGHENDEN VALLEY	Village Hall	No doctor
IVER	Church Institute, Thorney Lane	Monthly
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	Monthly
MEDMENHAM (Voluntary)	R.A.F. Camp, Medmenham	No doctor
NAPHILL	Memorial Hall	Monthly
NAPHILL (Voluntary)	Wives' Club, R.A.F. Bomber Command	Twice monthly
NEWPORT PAGNELL	Congregational Schoolroom, High Street	Do.
NEW BEACONSFIELD	Youth Club, Maxwell Road	Monthly
NEWTON LONGVILLE	Methodist Church Schoolroom	Do.
OLNEY	Church Hall, High Street	Twice monthly
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 JORDANS	Baptist School Room, Seer Green	Do.
SLOUGH	Health Centre, Burlington Road	Twice weekly
" CIPPENHAM	Central Hall, Bower Way	Weekly
" PARLAUNT PARK	Parlaunt Road	Do.
" LANGLEY ESTATE	173 Trelawney Avenue, Langley	Do.
" 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	No doctor
WELL END	Abbotsbrook Hall	Monthly
WENDOVER	Memorial Hall	Weekly
WESTON TURVILLE	Haig Hall	Monthly
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
WOUBURN GREEN	Scouts 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, Stoke Hammond.
First Tuesday	Dagnall*, Slapton*, Cheddington, Marsworth.
Second Tuesday	Castlethorpe, Haversham.
Third Tuesday	Loughton, Shenley Church End, Shenley Brook End.
First Thursday	Preston Bissett, Charndon, Calvert.
Third Thursday	Westcott, Cuddington, Upper Winchenden, Lower Winchenden.
First Friday (morning)	Nash, Whaddon, Thornton.
First Friday (afternoon)	Bow Brickhill, Little Brickhill, Great Brickhill.
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, Chackmore, Maids Moreton.

*Alternate months.

(d) POPULATIONS, BIRTH AND MORTALITY RATES FOR THE YEAR 1963

District	Population Census, 1961	Registrar-General Estimated Population Mid-1963	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 Rate per 1,000 Live and still births
URBAN								
Aylesbury ..	27,923	31,030	23.3 (724)	10.0 (311)	0.097 (3)	13.8 (10)	9.7 (7)	— (—)
Beaconsfield ..	10,013	10,540	17.6 (185)	8.6 (91)	— (—)	27.0 (5)	21.6 (4)	— (—)
Bletchley ..	17,095	19,390	23.3 (452)	7.1 (137)	0.052 (1)	19.9 (9)	13.3 (6)	— (—)
Buckingham ..	4,379	4,530	19.0 (86)	7.5 (34)	— (—)	23.3 (2)	11.6 (1)	— (—)
Chesham ..	16,297	18,310	23.9 (437)	8.1 (149)	— (—)	9.2 (4)	6.9 (3)	— (—)
Eton ..	3,894	5,110	12.7 (65)	9.4 (48)	— (—)	46.2 (3)	30.8 (2)	— (—)
High Wycombe ..	49,981	53,440	21.4 (1145)	8.4 (451)	— (—)	17.5 (20)	14.0 (16)	0.86 (1)
Linslade ..	4,139	4,340	21.9 (95)	11.3 (49)	— (—)	10.5 (1)	10.5 (1)	— (—)
Marlow ..	8,724	9,210	21.2 (195)	11.1 (102)	0.109 (1)	30.8 (6)	25.6 (5)	— (—)
Newport Pagnell ..	4,743	5,000	18.0 (90)	20.6 (103)	— (—)	11.1 (1)	11.1 (1)	— (—)
Slough ..	80,781	84,210	20.1 (1694)	8.9 (746)	0.036 (3)	18.3 (31)	13.0 (22)	— (—)
Wolverton ..	13,113	12,970	15.4 (200)	14.6 (189)	— (—)	15.0 (3)	5.0 (1)	— (—)
TOTAL URBAN ..	241,082	258,080	20.8 (5368)	9.3 (2410)	0.031 (8)	17.7 (95)	12.9 (69)	0.18 (1)
RURAL								
Amersham ..	56,005	58,170	17.9 (1044)	10.4 (603)	0.034 (2)	18.2 (19)	15.3 (16)	— (—)
Aylesbury ..	33,336	34,690	18.5 (643)	12.2 (422)	0.058 (2)	14.0 (9)	7.8 (5)	1.54 (1)
Buckingham ..	8,497	9,440	15.5 (146)	10.0 (94)	— (—)	13.7 (2)	13.7 (2)	— (—)
Eton ..	66,932	69,330	17.2 (1191)	8.8 (613)	0.029 (2)	16.8 (20)	12.6 (15)	— (—)
Newport Pagnell ..	14,107	14,270	15.7 (224)	13.6 (194)	— (—)	8.9 (2)	8.9 (2)	— (—)
Wing ..	9,083	9,110	15.1 (138)	13.4 (122)	— (—)	29.0 (4)	29.0 (4)	— (—)
Winslow ..	7,939	8,200	18.4 (151)	19.4 (159)	0.122 (1)	39.7 (6)	26.5 (4)	— (—)
Wycombe ..	51,252	54,630	18.5 (1010)	9.0 (494)	0.073 (4)	17.8 (18)	10.9 (11)	0.97 (1)
TOTAL RURAL ..	247,151	257,840	17.6 (4547)	10.5 (2701)	0.043 (11)	17.6 (80)	13.0 (59)	0.43 (2)
TOTAL COUNTY ..	488,233	515,920	19.2 (9915)	9.9 (5111)	0.037 (19)	17.7 (175)	12.9 (128)	0.30 (3)
ENGLAND AND WALES ..	46,071,604	47,022,700	18.2	12.2	0.063	20.9	14.2	0.28

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.

(e) COMPARATIVE TABLE OF BIRTH, DEATH AND INFANT MORTALITY RATES FOR TEN YEAR PERIOD, 1954-1963

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
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
1961	19.8	17.4	18.6	17.4	9.1	9.6	9.4	12.0	19.0	17.1	18.1	21.4
1962	20.3	18.2	19.2	18.0	9.1	10.1	9.6	11.9	16.5	19.5	17.9	21.4
1963	20.8	17.6	19.2	18.2	9.3	10.5	9.9	12.2	17.7	17.6	17.7	20.9

(f) CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF BUCKINGHAM, 1963

Causes of Death	Sex	Aggregate of Urban Districts											Aggregate of Rural Districts												
		Under 4 wks.	4 wks. - under 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	Total	Under 4 wks.	4 wks. - under 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	Total
ALL CAUSES	M	35	18	8	10	21	25	31	92	257	347	440	1,284	36	14	5	9	18	9	41	106	221	338	511	1,368
	F	34	8	8	8	11	14	14	65	138	261	565	1,126	23	7	3	6	7	11	20	63	115	290	788	1,333
1—Tuberculosis, Respiratory	M	-	-	-	-	-	-	-	1	1	2	1	5	-	-	-	-	-	-	-	2	2	1	1	2
	F	-	-	-	-	-	-	-	-	2	-	-	1	-	-	-	-	-	-	-	-	1	-	-	2
2—Tuberculosis, Other	M	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
3—Syphilitic Disease	M	-	-	-	-	-	-	-	-	1	1	3	5	-	-	-	-	-	1	-	-	1	3	1	6
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
4—Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5—Whooping Cough	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6—Meningococcal infections	M	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1
7—Acute Poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8—Measles	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9—Other infective and parasitic diseases	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	3
	F	-	-	-	-	-	-	1	-	1	1	3	-	-	-	-	1	-	-	-	1	-	-	-	2
10—Malignant neoplasm, stomach	M	-	-	-	-	-	-	1	4	8	12	11	35	-	-	-	-	1	-	4	4	9	7	9	30
	F	-	-	-	-	-	-	1	3	4	8	13	29	-	-	-	-	-	-	1	5	2	16	24	24
11—Malignant neoplasm, lung, bronchus	M	-	-	-	-	-	-	6	36	28	9	79	-	-	-	-	-	-	4	21	32	34	22	113	
	F	-	-	-	-	-	-	1	3	6	3	13	-	-	-	-	-	-	2	1	7	8	4	22	
12—Malignant neoplasm, breast	M	-	-	-	-	-	-	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	1	2	9	9	15	4	40	-	-	-	-	-	-	3	10	11	11	8	43	
13—Malignant neoplasm, uterus	M	-	-	-	-	-	-	4	4	2	4	14	-	-	-	-	-	-	-	2	3	6	1	12	
	F	-	-	-	-	-	-	4	4	2	4	14	-	-	-	-	-	-	-	2	3	6	1	12	
14—Other Malignant and Lymphatic Neoplasms	M	-	-	1	2	6	7	8	29	36	31	120	1	-	-	1	1	2	5	12	24	35	51	132	
	F	-	-	2	3	2	8	29	32	30	108	-	-	-	3	-	1	2	13	22	29	45	115	115	
15—Leukaemia, Aleukaemia	M	-	-	-	1	-	-	1	-	2	2	6	-	-	-	-	-	-	-	-	1	3	-	4	
	F	-	-	2	-	1	1	1	2	3	4	15	-	-	-	1	1	1	-	1	-	1	2	7	
16—Diabetes	M	-	-	-	-	-	-	1	1	1	6	5	13	-	-	-	-	-	-	-	-	1	2	3	
	F	-	-	-	-	-	-	1	1	1	6	5	13	-	-	1	-	-	-	-	-	1	8	10	
17—Vascular lesions of nervous system	M	-	-	-	1	1	1	6	16	33	47	105	-	-	-	-	1	-	1	8	14	31	60	115	
	F	-	-	-	3	11	13	38	97	162	162	-	-	-	-	-	-	3	5	3	15	58	156	240	
18—Coronary disease, angina	M	-	-	-	2	8	27	83	98	82	300	-	-	-	-	-	-	-	7	22	67	95	134	325	
	F	-	-	-	-	4	28	50	79	161	-	-	-	-	-	-	-	-	1	4	9	57	114	185	
19—Hypertension with Heart disease	M	-	-	-	-	-	3	2	9	13	27	-	-	-	-	-	-	-	-	1	3	8	12	24	
	F	-	-	-	-	-	2	5	8	20	35	-	-	-	-	-	-	-	-	1	2	11	16	29	
20—Other heart disease	M	-	-	-	2	1	5	10	28	68	114	-	-	-	1	-	-	1	2	2	10	17	93	126	
	F	-	-	-	2	1	4	7	26	115	155	-	-	-	-	-	2	-	4	8	26	136	176	176	
21—Other circulatory disease	M	-	-	-	1	1	4	7	9	23	45	-	-	-	-	-	-	-	1	2	7	13	17	40	
	F	-	-	-	1	1	4	5	11	33	55	-	-	-	-	-	-	1	-	2	5	17	58	83	
22—Influenza	M	-	-	-	-	-	-	1	3	6	10	-	-	-	-	-	-	-	-	-	1	1	7	9	
	F	-	-	-	-	-	-	2	4	6	6	-	-	-	-	-	-	-	-	-	1	1	15	17	
23—Pneumonia	M	-	4	1	-	1	-	3	5	17	55	87	2	4	-	-	-	-	1	4	9	13	58	91	
	F	1	2	4	-	-	-	1	5	16	57	86	1	2	-	-	1	1	-	-	4	19	86	114	
24—Bronchitis	M	-	2	-	-	-	-	6	26	36	37	107	-	-	-	-	-	-	-	4	12	28	35	79	
	F	-	-	-	-	-	-	3	1	10	26	40	-	2	-	-	-	-	1	3	10	25	41	41	
25—Other diseases of respiratory system	M	-	1	1	-	1	-	2	5	7	6	23	-	-	-	-	-	-	1	2	3	5	8	19	
	F	-	-	1	-	1	-	2	1	3	8	-	-	-	-	-	-	-	-	-	2	3	4	9	
26—Ulcer of Stomach and Duodenum	M	-	-	-	-	-	-	4	2	5	11	-	-	-	-	-	-	-	1	-	1	7	8	17	
	F	-	-	-	-	-	-	2	1	5	8	-	-	-	-	-	-	-	-	2	-	4	11	17	
27—Gastritis, Enteritis, Diarrhoea	M	-	2	-	-	1	-	1	-	2	6	-	-	1	-	-	-	-	1	-	-	2	2	6	
	F	-	-	-	1	1	-	1	-	1	7	11	-	1	-	-	-	-	-	-	-	1	1	1	
28—Nephritis and Nephrosis	M	-	-	-	-	2	1	-	1	4	3	11	-	1	-	-	1	-	1	1	-	1	3	8	
	F	-	-	-	-	1	-	1	-	5	2	9	-	-	-	-	1	-	2	-	-	-	2	5	
29—Hyperplasia of prostate	M	-	-	-	-	-	-	-	-	2	7	9	-	-	-	-	-	-	-	-	-	4	12	16	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
30—Pregnancy, Childbirth, Abortion	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	2	
31—Congenital Malformations	M	6	5	1	3	-	-	-	2	-	-	-	17	4	6	1	1	-	-	1	-	2	1	17	
	F	5	3	-	2	-	-	-	-	-	-	1	12	2	3	-	1	-	-	1	-	-	-	8	
32—Other defined and ill-defined diseases	M	28	1	-	2	2	4	2	8	8	21	78	28	19	-	-	3	2	-	5	11	12	20	28	
	F	27	1	1	2	2	-	4	8	11	32	88	19	-	-	1	1	-	1	11	10	21	58	122	
33—Motor vehicle accidents	M	-	1	2	3	9	6	3	1	5	1	2	33	-	-	1	4	11	2	3	7	4	1	36	
	F	-	1	-	1	-	2	-	-																

(g) SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES RECEIVED
DURING THE YEAR 1963

DISTRICT	Tuber- culosis		Scarlet Fever	Whooping Cough	Diphtheria	Measles	Acute Pneumonia	Meningococcal Infections	Acute Poliomy- elitis		Acute Encephal- itis		Dysentery	Ophthalmia neonatorum	Puerperal Pyrexia	Smallpox	Para-typhoid Fever	Typhoid Fever	Food poisoning	Erysipelas	Malaria
	Respiratory	Other							Paralytic	Non- paralytic	Infective	Post infections									
URBAN																					
1. Aylesbury Borough ..	15	1	6	3	-	488	7	3	-	-	-	-	6	-	1	-	-	-	-	-	-
2. Beaconsfield ..	2	-	2	7	-	48	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-
3. Bletchley ..	8	-	27	19	-	337	-	1	1	-	1	-	18	-	2	-	-	-	-	-	-
4. Buckingham Borough ..	1	1	-	2	-	28	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Chesham ..	6	3	-	-	-	270	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
6. Eton ..	-	-	1	4	-	141	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
7. High Wycombe Borough	29	4	10	-	-	357	-	1	-	-	-	-	-	-	3	-	-	-	-	-	5
8. Linslade ..	1	-	3	3	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Marlow ..	2	-	-	-	-	54	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Newport Pagnell ..	1	-	-	-	-	78	-	-	-	-	-	-	65	-	3	-	-	-	2	-	-
11. Slough Borough ..	34	10	19	27	-	1,061	7	1	-	-	-	-	6	-	26	-	-	-	6	6	-
12. Wolverton ..	5	-	4	3	-	291	2	-	-	-	-	-	1	-	-	-	-	-	-	-	-
TOTAL URBAN ..	104	19	72	68	-	3,155	16	6	1	-	1	-	98	-	37	-	-	3	6	11	-
RURAL																					
1. Amersham ..	6	3	56	22	-	1,080	28	-	-	-	-	-	4	-	5	-	-	-	-	1	-
2. Aylesbury ..	5	-	6	3	-	242	3	1	-	-	-	-	36	-	-	-	-	-	-	-	1
3. Buckingham ..	-	-	-	13	-	182	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-
4. Eton ..	17	1	19	25	-	783	13	2	1	-	-	-	10	1	32	-	-	-	2	1	-
5. Newport Pagnell ..	3	1	7	3	-	115	1	-	-	-	-	-	28	-	-	-	-	-	-	-	-
6. Wing ..	2	-	5	2	-	39	2	-	-	-	-	-	3	-	-	-	-	-	-	1	-
7. Winslow ..	2	-	13	-	-	292	1	-	-	-	-	-	3	-	-	-	-	-	-	1	-
8. Wycombe ..	9	1	16	6	-	688	-	-	-	-	-	-	17	-	1	-	2	-	-	3	-
TOTAL RURAL ..	44	6	122	74	-	3,421	51	3	1	-	-	-	102	1	38	-	2	-	2	8	1
TOTAL FOR COUNTY ..	148	25	194	142	-	6,576	67	9	2	-	1	-	200	1	75	-	2	3	8	19	1

(h) DENTAL TREATMENT FOR MOTHERS AND YOUNG CHILDREN, 1963

Numbers provided with dental care:—

	Number of persons examined during the year	Number of persons who commenced treatment during year	Number of courses of treatment completed during the year
Expectant and Nursing Mothers	157	148	103
Children aged under 5	1,048	478	347

Forms of treatment provided:—

	Sealing and gum treatment	Fillings	Silver Nitrate treatment	Crowns and Inlays	Extractions	General Anaesthetics	Dentures provided		Radiographs
							Full upper or lower	Partial upper or lower	
Expectant and Nursing mothers	41	209	4	—	172	30	13	22	19
Children aged under 5 years	26	681	174	—	231	55	—	—	5

(i) AMBULANCE SERVICE

Statistics for the year 1963

PATIENTS

Stretcher cases	28,597	Emergencies/Accidents	23,037
Sitting cases	156,325	General Removals	161,885
Total cases	184,922	Total cases	184,922

MILEAGE

Ambulances	1,064,258	Vehicle mileage	1,618,350
Other Vehicles	554,092	Rail mileage	78,019
Vehicle mileage	1,618,350	Total mileage	1,696,369

RAIL

Patients	797	Mileage	78,019
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STAFF

VEHICLES

Superintendents	4	Ambulances	41
Duty Officers	16	Coaches	3
Head Drivers and Leading Drivers	19	Other vehicles	18
Driver Attendants and Attendants	114		
Total Staff	153	Total vehicles	62

OTHER INFORMATION

No. of journeys	40,029	No. of Ambulance Stations ..	10
Patients per 1,000 population ..	358	Civil Defence (Ambulance Section):—	
Journeys per 1,000 population ..	77.6	Instructors	21
Average road mileage per patient ..	8.75	Volunteers	132
Average rail mileage per patient ..	98	Training Vehicles	6

Part II

SCHOOL HEALTH SERVICE

NUMBER OF CHILDREN ON SCHOOL ROLLS

County nursery schools	775
County primary schools (including nursery classes)	47,803
Secondary modern schools	19,490
Selective secondary schools	11,690
Special schools	575
	80,333

The schools population at the end of the year was 3.8% higher than at the end of 1962.

MEDICAL INSPECTIONS

Periodic medical inspections are carried out on a child's entry to school, at ten to eleven years and prior to leaving school. As a result, some 24,860 children were examined at routine medical inspections during the year. Of these, only 104 (0.4%) were found to be in an unsatisfactory condition while the corresponding figure for 1962 was 187 (0.83%).

The following tables show the number of children examined each year since 1952:—

Year	Total School Population	Total No. of children examined	% of children with defects requiring treatment
1952	50,188	14,569	15.6
1953	52,288	15,963	10.6
1954	54,647	15,503	11.3
1955	57,658	14,566	7.1
1956	60,628	16,203	9.8
1957	63,779	17,951	8.8
1958	67,033	17,531	10.0
1959	69,901	19,902	9.3
1960	73,017	19,516	10.8
1961	75,794	23,734	9.7
1962	77,429	22,802	8.7
1963	80,833	24,860	10.6

It is interesting to note that although there was a decrease in the number of children found to be in an unsatisfactory condition, there was an appreciable increase in the number of those who, in the opinion of the examining School Medical Officer, had defects requiring treatment.

It is found, when the periodic medical examinations are broken down into the main age groups referred to above (i.e. 5-6 years, 10-11 years and 14 years and over), that the proportion in each group having defects requiring treatment showed corresponding variations to the proportions in each group found to require treatment in 1962. This is shown in the following table:—

Year	Proportion found to require treatment		
	(a) 5-6 years	(b) 10-11 years	(c) 14 years and over
1961	8.3%	9.2%	8.1%
1962	7.8%	8.7%	6.7%
1963	8.3%	10.3%	8.7%

Over and above the periodic medical inspections, School Medical Officers carried out 4,933 other examinations, of which 1,549 were special examinations undertaken at the request of parents, teachers or school nurses. The other 3,384 examinations were re-inspections of children who at previous inspections had been found to have defects requiring observation. During the previous year, some 1,237 special inspections and 3,636 re-inspections were carried out.

Of the 1,549 children examined on specific request by either parents, teachers or school nurses, 39% were found to require treatment mainly because of defects of vision, hearing, speech and of nose and throat.

The co-operation of the parents, the teaching and nursing staff in bringing forward pupils thought to have defects, once again proved extremely valuable, for in this way children with defects received the required treatment much more quickly than would have been the case if their defects had remained undetected until a periodic medical examination was carried out.

DEFECTS FOUND ON MEDICAL EXAMINATION

Skin defects

The incidence of skin disease amongst children examined at periodic inspections during 1963 was 0.2%, which was slightly lower than the figure for the previous year. In all, 57 children examined at these inspections were found to require treatment because of skin defects, whilst another 104 had skin defects which although not requiring treatment needed to be kept under observation.

Eye defects

Of the 2,623 children who on periodic medical examination were found to require treatment no less than 1,146 (44%) had defects of the eye. In addition, 744 children examined at periodic medical inspections during the year had eye defects which required them to be kept under observation.

One hundred and forty-one of the children examined at special inspections were recommended for treatment because of eye defects; in addition, 51 of these children were recommended for observation for the same reason.

The apparent reduction in the incidence of squint which was mentioned in my report for 1962 was more than overtaken during 1963 by a rise in the figure of 79 for 1962 to 179 in 1963. Indeed, the rise in the incidence of all children reported as having visual defects requiring treatment from 794 to 1,287 is much greater than can be accounted for by the 10% (approximately) increase in the number of children medically examined during the year.

While such an isolated increase is of little significance in one year only, any continuance in subsequent years will merit further investigation.

It has, of course, to be remembered that not all children with visual defects requiring treatment are referred, necessarily, from school medical inspections since treatment can be obtained through the family doctor and the hospital services. It may well be that many children with squint have been treated successfully for squint before they begin their school life. During the year, 3,650 children received treatment because of errors of refraction (including squint) and spectacles were prescribed for 1,380 pupils.

Ear defects

In all, 29 children examined at periodic medical inspections during 1963 were found to require treatment because of chronic diseases of the middle ear; this is more than three times the number of children found to have this particular defect during the previous year. Another 34 children were recommended for observation because of this disease.

Selective examinations are carried out by health visitors trained in the use of pure tone audiometers, although there is no formal system for routine audiometric tests in the County. Children who are thought to have some hearing loss, or who are having difficulties which could be associated with a hearing impairment can be referred to the health visitor concerned by teachers or parents. Those children whose responses to the audiometric tests are unsatisfactory or doubtful are referred to the school medical officer for more detailed examination. If necessary, the child can be referred through the family doctor for consultant examination.

During the year under review, 370 children were referred for treatment and a further 249 children were recommended for observation because of defective hearing.

Information relating to children referred during 1963 to health visitors for audiometric testing and about the action recommended as a result of testing is given in the following table:—

<i>Division</i>	<i>No. of children referred to health visitors for testing</i>	<i>No. referred to school medical officers special clinics</i>	<i>Referred for further action, i.e. specialists, etc.</i>
Amersham/Chesham ..	59	—	12
Aylesbury	55	12	4
Buckingham/Winslow ..	15	—	—
Eton	228	38	24
High Wycombe	77	17	5
North Bucks	49	21	8
Slough	143	—	6
TOTAL ..	626	88	59

In addition to these figures, audiometric tests were carried out on 21 children at Wendover House and on 20 children at Knotty Green Special Schools.

As a result, one boy from the Wendover House School was referred to an ear, nose and throat consultant.

Details, so far as they were available at the end of the year, concerning children referred for further examination following audiometric tests are as follows:—

No serious loss of hearing discovered	2
Wax removed from ears; no further treatment	1
Tonsils and/or adenoids removed	7
Awaiting tonsillectomy and/or adenoidectomy	12
Other operations (e.g. politzerisation or myringotomy) ..	4
Hearing aid supplied	1
Attending general practitioner for treatment	1
Final report not received	31
	—
	59
	—

By the end of the year, 140 children attending maintained schools were known to have been supplied with hearing aids and of these, 118 were of the Medresco type and supplied through the hospital service. Where, however, a consultant otologist recommends that a particular child would benefit from any other type of aid, purchase is arranged and the cost borne by the Education Committee. Since 1952, 46 of these commercial aids have been supplied for children in attendance at maintained schools in the County.

During 1963, a third unit for partially hearing children was opened. This new unit is at Amersham and is maintained in association with Woodside County Junior School and the Henry Allen Nursery School. The other units are attached to the Terriers County Primary School, High Wycombe, and the Lea County Infants' School, Slough. They are proving extremely useful for both teaching and diagnostic purposes.

Six children were admitted to one or other of the units during 1963 and two children were transferred to special schools because their hearing disability was found to be too great for them to benefit from the kind of education provided by the units. Most of the children of junior school age are now integrating, to a greater or lesser degree, in the respective primary schools to which units are attached.

Unfortunately, the Slough unit has had to be closed temporarily because of the lack of a suitable teacher.

Speech defects

Of the children examined at periodic or special inspections during 1963, 172 were found to have speech defects and were recommended for speech therapy; the corresponding figure for 1962 was 164.

Once again difficulties were experienced in recruiting sufficient speech therapists and except for a short period, it was not possible to find a speech therapist to undertake duty in the North Bucks area.

The reports submitted on the work of the speech therapists throughout the year are as follows:—

Aylesbury Area

Miss E. A. Williams writes:—

“ At the end of 1963, 64 patients—47 boys and 17 girls—were receiving treatment at clinics in the Aylesbury area.

As the children are mostly in outlying districts and unable to reach a central clinic conveniently, more clinics have had to be established at schools to meet the requests for treatment. This has once again meant that much time is involved in travelling, as often six or more schools have to be visited in one day.

Clinics are now being held regularly at 18 schools: Oving, Waddesdon, Haddenham C.P., Haddenham C. of E., Long Crendon, Ickford, Oakley, Grendon Underwood, Westcott, Haydon County Junior, Wingrave, Wing, Linslade C.P., Cheddington, Edlesborough, Marsworth, The Gables Private School and Wendover House Special School; and permanent sessions are also held at Wendover and Aylesbury.”

High Wycombe/Amersham Areas

The number of children treated at the High Wycombe speech therapy clinic during the year was 164. These children were treated up to 31st July, 1963, when Mrs. G. Arkle, Speech Therapist left and it had not been possible to appoint her successor by the end of the year.

In March, 1963, Mrs. J. Page resigned her post of speech therapist in the Amersham/Chesham Divisions and her place was taken by Miss Wade who reports:—

“ This year, three new school clinics have been opened at Chalfont St. Giles, Seer Green and Little Missenden, bringing the total number of speech therapy clinics up to thirteen, each clinic being visited weekly. Visits are also made to Tylers Green and Princes Risborough. The majority of parents have been visited at home and the co-operation between the home and school has greatly aided my work; details of which are as follows:—

	<i>Amersham/Chesham</i>
Number on register at 31.12.63	110
Number on waiting list	6
Number of attendances	1,984
Number of cases treated	165
Number admitted	69
Number discharged	34

Slough

Dr. M. A. Charrett, Divisional School Medical Officer, reports as follows:—

“ Statistics:

Number on waiting list 1.1.1963	30
Number on waiting list 31.12.1963	16
Current cases being treated at 31.12.1963	89
Number discharged during 1963	55
Number treated during 1963	144

The number of cases treated shows a decrease over the previous year and this is due to the fact that we had our full complement of speech therapists for three months of the year only.

A considerable amount of time has been devoted to the Cerebral Palsy Unit.”

Eton Division

Dr. G. M. Hobbin, the Divisional School Medical Officer, reports:—

“ The relevant figures for Speech Therapy in this Division for the year 1963 are as follows:—

Total number of cases under treatment at 1.1.63	60
and at 31.12.63	45
Number of cases (new) referred during the year	31
Number discharged during year	28
Number of cases at 31.12.63 who have not yet been given appointments	18
Average waiting period for first appointments	2 months
Total attendances for the year	274

The speech therapists are shared between this Division and the Slough Division, but clinics have been held in this Division at the Britwell Health Centre and the Denham Health Centre. It is more convenient for children from Datchet and Wraysbury to attend at the Slough Centre (Burlington Road) and a few also from the Eton Division attend at the Langley Centre.

The records are kept separately and the above figures, of course, relate only to those attending schools in the Eton Division.

The frequent resignations and new appointments of speech therapists have been disturbing for brief periods and on one or two occasions appointments have been repeated at parent's request with a 'please expedite' but looking at the year as a whole the disorganisation has not been more than transient."

North Bucks Area

Dr. D. H. Waldron, Divisional School Medical Officer, writes:—

"This area has been without a speech therapist for the whole year apart from February.

With the help of a part-time therapist, 40 cases were dealt with but these were confined to Bletchley schools."

Lung defects

Eighty-seven children were referred for treatment during the year because of a respiratory defect, this being 11 more than the number found at medical inspections during 1962 to require treatment for the same reason.

Pulmonary tuberculosis continues to be relatively uncommon in school children as the following table illustrates:—

NEW NOTIFICATIONS OF TUBERCULOSIS (in age groups)

Age	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
5	2	—	—	—
6	—	—	1	—
7	1	—	—	—
8	—	—	—	—
9	—	—	—	—
10	—	—	—	—
11	—	1	—	—
12	—	—	—	—
13	—	—	—	—
14	1	—	1	—
15	—	—	—	—
16	—	—	—	—
	4	1	2	—

However, of particular interest is the following report by Dr. F. S. Hawkins, Chest Physician, of the investigation of a case of reactivation of pulmonary tuberculosis in a school child.

"The boy, a sixth former, was found to have pulmonary tuberculosis with positive sputum. This was considered to be a re-activation of an earlier infection. He last attended school in January, 1963.

In consultation with the Medical Officer of Health, it was decided that the investigation should take the form of tuberculin testing all boys who had not been previously tuberculin tested—either because their age-group of thirteen had not been reached, or because they had missed the test for one reason or another. In addition, it was decided to X-ray all boys and as many as possible of the staff, both teaching and ancillary.

On 4th March, 193 boys were tuberculin tested. In addition, of those not tested, one was absent sick, and in five cases permission had not been forthcoming.

The tests were read on 8th March. Eighteen showed a positive tuberculin reaction, of whom only two were strongly positive. These two boys appeared in very good health, admitted no symptoms and knew of no tuberculous infection in the family. Three who had been tuberculin tested were absent for the reading. Letters have been sent to their local Chest Physicians about these three boys and the boy who was absent from the test itself, strongly advising that they should be tuberculin tested and X-rayed.

On 8th March, the Mass Radiography Unit attended the school and X-rayed all the pupils who were present and 41 members of the staff. A few were recalled for a larger film, solely for technical reasons, and all were considered to have passed.

All boys who had missed the tuberculin test in their age-group, and who were tuberculin negative, were vaccinated with B.C.G.

Presumably, the infectious boy, being a senior, was predominately in contact with those who had been protected by B.C.G., which may account for the virtually negative findings.

It is recommended that the two who were strongly positive, should be re-X-rayed in three months' time. The Chest Physician for their area has been asked to offer them an appointment.

It is a pleasure to acknowledge the co-operation received from the Medical Officer of Health, the Mass Radiography Unit and the members of the School."

It will be seen from the report that Dr. Hawkins suggests that a significant factor in preventing the spread of infection in such cases is the protection afforded by B.C.G. vaccination.

This means of acquiring artificial immunity is offered to children prior to leaving school and the following table shows the number of children and students over fourteen years of age in each of the school divisions who were skin tested and vaccinated during the year:—

<i>School Division</i>	<i>No. of Children Tested</i>	<i>No. found to be positive Reactors</i>	<i>No. found to be negative Reactors and Vaccinated</i>
Amersham/Chesham ..	613	26	585
Aylesbury	1,004	53	950
Eton	633	94	515
High Wycombe	1,782	127	1,607
North Bucks (including Buckingham and Winslow)	924	88	828
Slough	1,189	45	1,129
	6,145	433	5,614

These totals include some children found after skin testing to have been vaccinated previously.

In addition to the arrangements for the B.C.G. vaccination of certain schoolchildren and students, children attending Chest Clinics maintained by the Oxford and North West Metropolitan Regional Hospital Boards as contacts of tuberculous patients may also be offered B.C.G. vaccination. Statistics relating to schoolchildren at chest clinics in the Oxford Regional Hospital Board's area of the County are as follows:—

Children examined as contacts for first time	136
Children examined for the first time for other reasons	194

Figures relating to the North West Metropolitan Regional Hospital Board's area of the County are as follows:—

Children attending as contacts	257
Children attending for other reasons	222
Children notified as suffering from respiratory tuberculosis	9
Children notified as suffering from non-respiratory tuberculosis	4

Of the 13 children notified as suffering from tuberculosis only 5, however, were children of school age.

Orthopaedic defects

There was an increase in the number of children examined at periodic medical inspections and found to be in need of treatment because of orthopaedic defects; in all, 398 children were recommended for treatment because of these defects as compared with the total of 303 in 1962. In addition, 378 children examined at these inspections were found to have defects justifying the children concerned being kept under observation.

Of the 398 children requiring treatment, 95 had postural defects, 203 defects of the feet and 100 other orthopaedic defects.

Treatment for orthopaedic defects continued to be provided at orthopaedic clinics administered by the Regional Hospital Boards, at special remedial classes, or where the needs were relatively simple, at school by physical education instructors. The remedial classes previously held at Beaconsfield were discontinued during the year but classes were held in the Slough Division and the physiotherapist's report on the work undertaken is given below:—

“ Report of Remedial Gymnast

No. of schools visited	35
No. of children who received treatment	427
New cases referred	190
Children discharged from supervision of exercises and those who have left school and district	190

Summary of cases referred

Those for postural defects	134
Those for foot defects	184
Those for knee defects	13
Those for asthma and chest conditions	81
Those with neurological symptoms	15

The figures given above represent the number of children who are treated by the Remedial Gymnast. In addition, there are some 20 children who have been treated by the gymnasts of their own schools. There are three schools who undertake this work—Langley County Secondary School, Slough Technical High, and Slough & Eton C. of E. Secondary School.

The problem of arranging treatment for children has eased this year a little. For most of the year there has only been a small waiting list, although many of the groups are still grossly overcrowded. On 20th December there were 226 cases on the register for regular weekly treatment. On 30th June there were 266 on the roll. Naturally, this number is variable and is occasionally higher than 300. As well as these, there were 8 children who were visited occasionally in Nursery Schools and at the Training Centre.

Parental co-operation appears to have improved this year; more than 75% of those invited to attend a session at the commencement of their child's treatment were able to accept. This improvement is gratifying. Continued support from the schools has been appreciated and has helped to make the work for the year run as smoothly as possible, although conditions are often difficult.”

Cerebral Palsy Unit

Dr. M. A. Charrett, Divisional School Medical Officer, reports as follows on the work undertaken during the year at this purpose built unit which was opened in March, 1962:—

“ Four more children were admitted to the Unit for full-time training during 1963; the total at the end of the year being 15. In addition, 7 other children attended for out-patient physiotherapy and one or two mothers of babies were instructed in the appropriate exercise techniques which they could use at home.

The staff-child ratio in a Unit for Cerebral Palsied Children must always be high, not only because of the variety of physical defects but also because there is usually some other handicap such as partial hearing, speech difficulty, visual defect or defective space relationship. This means almost individual attention for each child and is accentuated when some of the hemiplegics are extremely active and easily distracted.

Ten of the children are now over five years of age and are gradually being introduced to more formal education commensurate with their ability. One boy, indeed, is attending James Elliman County Primary School next door for one period each week.

Progress in children with such severe handicaps is inevitably slow and only made by patience and perseverance, not only by the staff but also by the children themselves. All of them, whether over or under the age of five years, continue to benefit by the social, sensory and nursery training.

Handicapped children also tend to be deprived of normal contacts outside school time and visits to an ordinary Nursery School, to the Slough Lido, to a local farm and to Chessington Zoo have been made, and pony rides, which are not only very enjoyable but also have therapeutic value, were made possible by a young lady who kindly brought her animals to the Centre.

Full and detailed records of each child are essential because progress tends to be slow or spasmodic and, in addition to the normal written word, filmed records have been started; each child's progress being recorded visually at appropriate intervals.

Regular visits were paid by the Consultant Paediatrician and the extremely good liaison which has been effected in this field has led to much valuable co-operation in relation to children's problems as a whole.

A number of staff changes took place during the year and it has been particularly disappointing that full physiotherapy and speech therapy facilities were not always available.

I would like to record my appreciation of the way in which all staff, past and present, have devoted themselves to the children entrusted to their care."

Buckinghamshire Child Survey

I made reference in my annual reports for the years 1961 and 1962 to this Survey, which was under the direction of Dr. M. Shepherd of the Institute of Psychiatry, University of London, and Dr. A. N. Oppenheim of the London School of Economics, and financed by the Nuffield Provincial Hospital Trust. The survey which was concerned with the mental health of a representative sample of school-children in Buckinghamshire, had a primary focus on the frequency of symptoms suggesting emotional disturbances in the schoolchild. Dr. Shepherd has kindly submitted the following report on the work of the survey during the year under review:—

"During 1963, most of the data already collected from parents and teachers have been processed and analysed. Work has also started on a follow-up study which is to be conducted in 1964 thanks to an additional year's grant from the Nuffield Provincial Hospitals Trust. This study will entail the obtaining of up-to-date information about a group of the children included in the original investigation three years ago. In this way it will be possible to assess the changes which have occurred in the children's health and behaviour."

HANDICAPPED PUPILS

Dr. Patricia Herdman, Senior Medical Officer, makes the following contribution to this report:—

"Handicapped Pupils"

The care of handicapped pupils continues to be one of the most important tasks of the school health service and the procedure of earlier years remained unchanged. During the year, particular attention has been devoted to two categories of handicapped pupils.

An attempt is being made to improve the services available for the maladjusted, not only those officially ascertained, but for all emotionally disturbed children who are in need of treatment. The child guidance service is hampered by lack of staff, a situation not peculiar to this County and, particularly in the High Wycombe and Amersham divisions, medical officers are reluctant to refer cases because of the length of the waiting list. This results in children being referred when they are older and their problems have become severe and perhaps less amenable to treatment. Increasingly, the need to place children in residential schools arises when they have reached the age of thirteen or fourteen, when placement can be difficult and results disappointing. The aim for the future is to ensure early referral, early diagnosis and early treatment and some small steps have been taken towards achieving this. Unfortunately, the problem of shortage of staff remains, but additional accommodation for maladjusted pupils is being provided. The Education Committee has agreed in principle to the establishment of a school or hostel for maladjusted pupils in the County and it is hoped to provide a mixed school for fifty pupils aged nine to sixteen years. Nowhere is it more important to match the school and the pupil than in the case of the maladjusted, therefore it is not to be expected that the proposed school will be suitable for all types of maladjusted pupils, some of whom may still require residential education outside the County.

A new mixed class for maladjusted pupils of primary school age was opened during the year at the George Green annexe of the Wexham Court School. Here, pupils are admitted after consultation at the Child Guidance Clinic in Slough and remain under the care of the psychiatrist. The headmaster visits the clinic once weekly for discussions about the progress of his pupils. This class is fulfilling a long-felt need as does the adjustment class attached to the High Wycombe Child Guidance Clinic. A remedial class is attached to the Aylesbury Child Guidance Clinic and it is hoped to start a similar class attached to the Child Guidance Clinic at Bleckley in the near future.

The other category of handicapped pupil to which particular attention has been paid is the partially hearing.

Auditory training must start as soon as the diagnosis of deafness is made, and to help young deaf children to hear speech sounds every day the Education Committee has agreed to purchase speech training aids to be loaned to parents who are capable of using them. If possible, children are admitted to partially hearing units while still of nursery school age.

The first partially hearing unit in the County was opened four years ago and the first pupils to reach secondary school age left the unit during the year. Some disappointment, perhaps, was felt that none was considered suitable to attend an ordinary school, but it should not be forgotten that in the units are children who are severely deaf or have more than one handicap and who will never be able to integrate fully into an ordinary school. These children are admitted because the units perform two separate functions, assessment and education.

When a child is young, no matter how severe his handicap, his main need is to receive intensive auditory training while continuing to live in his own home. The benefit which these youngsters derive from attending the units cannot be over-stressed and while at the unit the degree of deafness and ability to learn can be estimated. For other pupils the emphasis is on education. They have some speech and require education as partially hearing pupils who can gradually learn to take part happily in some of the activities of an ordinary school. All degrees of handicap between these two extremes exist, but while the young deaf are admitted and, quite rightly, are allowed to remain while they are young, the proportion of children who leave to attend an ordinary school is bound to be small.

As none of the pupils who have left or are likely to leave in the near future, could manage to attend an ordinary school, the possibility of providing a partially hearing unit attached to a secondary school has been investigated, but the evidence in favour of such an enterprise is not convincing enough to proceed at present. It is felt that full-time attendance at a small unit does not provide as wide an education as would be obtained at special secondary schools for the partially hearing where a pupil can benefit from group discussion with the teacher and his fellow pupils. However, if enough partially hearing pupils are discovered who can manage to make progress in ordinary secondary schools with only occasional help from a teacher of the deaf, the possibility of providing a unit for them will be considered.

The excellent co-operation which exists between officers of the health and education departments has continued and helps to ensure that the handicapped pupils themselves receive the best service that can be offered to them"

Child Guidance Service

The arrangements continued during 1963 whereby the whole of the County is covered by three child guidance teams; Dr. M. I. Pott directs the team in the South Bucks area; Dr. C. E. Bagg leads the team in the Wycombe area, whilst Dr. E. M. Booth is leader of the team covering the Central and Northern areas with clinics in Aylesbury and Bletchley.

The psychiatrists in charge of the child guidance teams have reported as follows:—

Dr. M. I. Pott :

" The number of families referred to the Slough Child Guidance Clinic has increased this year by 32 and at the same time the period of waiting both for diagnosis and treatment has decreased. This reflects great credit on the clinic team which is still working short staffed as reported last year. Recently, the Regional Hospital Board has allowed one more psychiatric session. This has been largely devoted to work with parents and routine administrative work much of which would be unnecessary for me to undertake if we had a full social work staff, and the time could then be spent on diagnosis and treatment.

New methods of approaching family problems and very careful selection of cases for psychotherapy have resulted in more time being given to consultation with other agencies who have to supervise and work with the families for whom clinic treatment is not available or for whom psychotherapy is not suitable. I am convinced that the best clinical work is done with families when acute anxiety is present and at that time a short period of psychotherapy can be of maximum value. It is, therefore, essential to shorten both the time before referral and between diagnostic and treatment interviews. In an attempt to make clinic intervention as effective as possible we have instituted parent group intake interviews. Each month we invite to a group meeting parents of all children referred the previous month. At this meeting, many of the parents' anxieties about clinic referral can be allayed, they find that other parents have problems similar to their own and they begin to understand how the clinic works and what are the scope and limitations of the service offered. They also see the extent to which they as parents are involved in the treatment situation. These meetings have been held regularly for the past eight months and have proved their worth, they will be continued as a part of the routine diagnostic procedure. All parents are given individual appointments after the group meeting and the invitation to the

group makes this clear so that anxious parents reluctant to join a group know that they will be seen individually at a later date. However, we find that the vast majority of parents come to the group and that fathers as well as mothers make good use of this opportunity.

At Whitsun the Education Department opened a class for maladjusted children at George Green School. This Adjustment Class can admit ten children. Those selected are boys and girls of average or above average intelligence whose emotional maladjustment prevents them from learning in the ordinary primary school and who are not able to benefit by transfer to a special class. All children admitted to the Adjustment Class are recommended after full diagnostic examination at the clinic. This class is an exciting development of the school psychological service and although it has only been working for a term and a half the progress of the children is encouraging. For a considerable time we have been very concerned about the lack of day and residential schooling for severely maladjusted children and this class is meeting the need of one group. The class is not able to provide the right environment for secondary school children. We need very badly day school provision for the maladjusted older child and more provision for boarding school placement. The present position is particularly bad for the disturbed adolescent for whom we can rarely get suitable education in a therapeutic environment, and for whom the ordinary boarding school without psychiatric supervision is useless. I am also increasingly concerned with the problem of families in which several children present psychiatric symptoms and behaviour problems largely due to one or both parents being mentally ill. Many of these parents seem to be too disturbed to be able to cope with the children yet unwilling to enter a mental hospital. The extension of community care must, I believe, be supported by better psychiatric services in the community and linked with an active day hospital.

Community work from the clinic has been continued and developed by discussion groups and individual consultation with professional workers. Groups of teachers, Health Visitors, Clergy and Ministers, Magistrates and Social Workers have met at the clinic for discussion and lectures have been given by clinic staff to parents' associations, church groups and others.

The Crisis Consultation service for families suffering from a bereavement has been used by a number of families, but difficulty is still met in making contact with the family at the time of the death. We are gradually making known the principles which lie behind this preventive measure. We hope that people in the community who are in touch with bereaved families may suggest that they come to the clinic for help or may themselves be able to help the grown ups and children mourn deeply, express their grief and share their feelings instead of repressing them. We still meet cases referred to the clinic for depression and other symptoms which can be related to a bereavement many years before. This makes it more than ever necessary to extend the scope of this preventive work both in our own area and throughout the country. I had the opportunity of addressing the South Western Child Guidance Inter-Clinic Conference on our Crisis Consultation Scheme and much interest was shown by psychiatrists and psychiatric social workers, many of whom confirmed our findings by citing cases of their own. I was also asked to give a paper on this topic to a study group organised by the World Federation for Mental Health, where the subject was 'Prevention of Mental Illness in Childhood.'

In our Child Guidance work in the Clinic and in the Community we are very grateful for the co-operation of many members of the Health, Education and Children's Departments and of other social workers and social agencies. Without good relationships with these workers our child guidance work would be more difficult and less effective."

Dr. E. M. Booth

Aylesbury

"For the first four months of the year, as during the previous eighteen months, the Clinic limped along, crippled by shortage of essential staff. In spite of the efforts made by the Educational Psychologists (Mr. Wilson Wheeler and Mrs. Elvin) and myself, to do our own work and as much as possible that of Psychiatric Social Worker and Child Psychotherapist, there were times when we feared that the service was in danger of breaking down. Like any consultant service, a Child Guidance Clinic can only function efficiently if it has the trained personnel who compose the diagnostic and therapeutic team. I find that as a single-handed psychiatrist, my time is largely occupied by diagnosis and general administrative work. The latter includes taking part in planning for future needs, which are now being considered from various angles and by various interested parties, including the Ministries of Health and Education, the Regional Hospital Board and the School Health Service. My time for treatment is, therefore, very limited, and during the year, I have concentrated on treatment of very disturbed adolescents. Diagnosis, combined with counselling to parents, together with adjustment of school and home environment, is successful in only some of the referred cases. Most of our referrals are urgencies involving gross emotional disturbance in children bound up with complex family problems. This kind of problem is helped, if at all, by intensive treatment involving not only the disturbed child but also his family. Inadequate treatment arouses anxiety and disappointment in child and parents, and eventually gives a bad name to Child Guidance in general. A clinic giving diagnosis without effective treatment is, in my view, largely a waste of time. A surgeon finding, for example, appendicitis

would quickly fall into disrepute if he were not able to treat the condition for lack of nursing and theatre staff. Surgical emergencies involve immediate danger to life, but nowadays in our Child Guidance Clinics we have to treat psychiatric emergencies, some of which also carry a substantial risk to life: all of them menace future mental health and happiness, often extending into future generations. In many of these crises we cannot give adequate treatment.

It is, however, pleasant to record that in May the Aylesbury Clinic had two welcome additions to its staff, when Miss Madge Hamilton was appointed to the position of Psychiatric Social Worker and Mrs. Lydia Mundy as Child Psychotherapist. The latter works with us for two days a week and spends the rest of her time at the Hospital for Sick Children, Great Ormond Street. Miss Hamilton is at present trying to cover the work of both the Aylesbury and Bletchley Clinics—both of which, however, need as a bare minimum a full-time Psychiatric Social Worker. Nevertheless, these two part-time appointments have been of great benefit as we can now offer essential treatment to some children and families, although by no means to all who need it.

Early in August the Aylesbury Child Guidance Clinic moved, somewhat precipitately, from the old Chapel, Buckingham Road, into the Walton Vicarage. My colleagues and I are most grateful to all those on the staff of the County Council who converted this unpromising looking building into what, with some minor additions, will be an almost ideal Child Guidance Clinic. We thank all those who helped with the removal and furnishings, and also the Architects for their understanding efforts to meet our needs. With the experience of working in a 'purpose-built' Clinic, I am of the opinion that a well converted Victorian house, such as we now occupy, makes an excellent Child Guidance Clinic. The building has a comforting air of solidity and permanence, and is interesting to children. The general decor and furnishings, although modest, are adequate to their purpose.

A proportion of the cases referred to the Clinic during the year needed immediate in-patient treatment. In this region, as in most of the country, there are only a few beds for disturbed children and none at all for adolescents. This lack has grave repercussions, as children and adolescents who need in-patient psychiatric treatment have to be admitted after long delay to schools or hostels for maladjusted pupils or, as a regrettable last resort, to a Mental Hospital for Adults. During the year we had several cases of this kind and I spent an inordinate amount of time in trying and usually failing to get hospital in-patient treatment for them. Schools and hostels for maladjusted children and adolescents vary greatly, and some achieve excellent results. There are, however, others who seem to give their pupils little beyond some sort of formal education and custodial care. The heads of these latter establishments show a woeful lack of understanding of emotionally disturbed children and do not provide either a therapeutic community or psychiatric treatment. Many colleagues from other regions and counties have spoken to me about their doubts and fears concerning some so-called schools for maladjusted children. There is a general feeling that the whole subject requires appraisal by those who are, by reason of their psychological and psychiatric qualifications, able to assess these schools properly.

Because of an almost total lack of in-patient accommodation for adolescents, there were long periods when the Child Guidance Clinic had to assume the function of a day hospital. In two recent cases this meant that one of the Clinic staff (Psychiatrist, Psychologist, Psychiatric Social Worker or Remedial Teacher) took charge of the patient for a period every day of the week. Although in one case this almost certainly saved the life of a potentially useful and intelligent citizen, it had the effect that other children in need had to be deprived of treatment. It took four months to get a vacancy in an adolescent unit in London for this patient and every possible source, including two private neurosis units, was tried.

This report may sound pessimistic but I believe it is essential to draw attention to some deficiencies in our present facilities for dealing with disturbed children, adolescents and their families. These deficiencies are not confined to our own region or county but apply generally throughout the country. To refuse to acknowledge that they exist would be dangerously complacent: it is good to know that they are at last being recognised and will doubtless in time be remedied.

Dr. Dermod MacCarthy and I still continue to hold our joint Paediatric/Psychiatric sessions—these now take the form of discussion of all cases with which we are both concerned and they continue to be of great value. I see, as necessary, children in the wards of all the local hospitals.

It remains for me to thank my own colleagues in the Clinic for their continued help and support and to acknowledge on their behalf and mine the help we receive from so many departments who are attempting to help children and families in difficulty. Children's Psychiatry is also Family Psychiatry and has links with many other branches of medicine and the social services."

Statistics :

Psychiatric sessions	148
New cases	86
Old cases re-opened	14
Return visits	633
Cases closed	27
Waiting list	25
Number of cases under weekly or twice weekly treatment with psychotherapist and psychiatric social worker	14

Educational Psychologists :

Diagnostic testing (including tests of intelligence, attainment, personality and vocational)	269
Remedial teaching	285
School visits	161
Home visits	47

Bletchley

" The Bletchley Clinic serves not only a growing town but also a scattered rural area where public transport facilities are non-existent. We use ambulance transport and due allowance is made for unavoidable delays. During the first three months of the year, owing to the outstandingly bad weather, transport of patients to the Clinic often failed and Mr. Wheeler and I had great difficulty in getting there ourselves. Whenever we could, we visited patients in their own homes, thus avoiding a 'pile up' of work when the weather improved.

In May a welcome addition to the staff in the form of that rare person, a psychiatric social worker arrived. Miss Madge Hamilton took up a part-time appointment at the beginning of May, and to have her as part of the team has meant that a better service is provided for children and families. To try to run a Child Guidance Clinic without a psychiatric social worker is crippling. Had it not been for the invaluable help given by Mr. Wheeler, who has special experience and long training in the field of social work, the work of the Clinic would have been even more seriously curtailed. Unfortunately, however, Miss Hamilton has to divide her time between Aylesbury and Bletchley Clinics. Bletchley is a growing town with many social as well as psychiatric problems and the Clinic needs a full-time psychiatric social worker and an educational psychologist as soon as possible. Difficult as it is to attract psychiatric social workers to the provinces, I believe that in time, and perhaps a short time, we could find one who would be willing to accept the challenge of working in this rapidly growing area.

As I indicated in my last year's report, the purpose-built clinic is too small for the needs of an expanding service and we have already outgrown it. No room is provided for another Psychiatrist or for a Remedial Teacher or teacher of maladjusted children. A special teacher, such as we have at Aylesbury, is urgently needed. The question of additional psychiatric help is being considered in other quarters.

From the experience gained in starting 'from scratch' two other Child Guidance Clinics I know that it takes some time to establish an effective working arrangement with the local doctors, and the School Health Service. I do not feel that, as yet, the Bletchley Clinic is functioning as smoothly as it could, but I am confident that it will eventually do so. Some difficulties arise from shortage of staff. Although the Clinic has been open since January, 1962, it is only in the last six months that we have had the three essential people who compose a Child Guidance team. We are, however, expected to give a service and it must become irritating to those who refer children, to receive letters apologising for lack of staff and the length of the waiting list. Once a service is provided, demands on it increase by leaps and bounds and I am aware that we are not, at present, able to meet adequately many of the demands made upon us. So many urgent cases are being referred that we have little time for treatment. I hold the view that for a child psychiatric clinic to offer a diagnostic service, combined perhaps with a little counselling to the child's parents, and environmental adjustment, is not enough. The load of urgent cases referred by the General Practitioners and the Juvenile Courts means in effect that we are spending much time in dealing with children and families whose maladjustment is often the result of adverse social conditions and serious personality disorders. Those who refer these cases have the same problems as we have ourselves and we cannot therefore refuse to give such limited help and advice as we can. This, however, has the effect that emotionally disturbed younger children without behaviour disorder get displaced further and further back on the waiting list and are often not seen at all, or seen only when their illness has become more serious.

One psychologist dividing his time between Aylesbury and Bletchley, and having to undertake remedial work, is unable to cover even the number of school visits which we consider urgent. The Educational Psychologist and I are both keenly aware that we are not as yet providing a School Psychological Service and cannot do so until we have another Psychologist.

As at Aylesbury, the absence of any provision for the in-patient treatment of disturbed adolescents, means that we are having to treat as out-patients very disturbed young people who should be in hospital.

We are fortunate in having Dr. MacCarthy, the Children's Physician, to help us with the physical aspects of some childhood disturbances. As at Aylesbury, we continue to hold joint discussions with him and with consultants in other branches of medicine. I hope that next year we shall see more of the school medical officers.

Over the past year we have received help from many people, both in the medical profession and the social services. This has come from so many sources that it may be invidious to single out one. However, although grateful to them all, I would like to thank particularly the staff of the Ambulance Service who give much sympathetic consideration to their young passengers."

Statistics :

Psychiatric sessions	140
New cases	55
Old cases reopened	8
Return visits	474
Cases closed	27
Waiting list	21

Educational Psychologist :

Diagnostic tests	164
Remedial cases	314
School visits	67
Home visits	17
Consultation and conference	55

Dr. C. E. Bagg

"During 1963 the amount of work referred to the Clinic has continued to increase and the waiting list has inevitably lengthened. The difficulty has been partially met by instituting a system of preliminary Social Worker's visits to the families in selected cases. This has enabled us to assess degrees of urgency at close quarters, and to give the families a reassuring contact with the Clinics and an opportunity of making a direct approach for further help in the event of subsequent deterioration. In some instances this facility has resulted in earlier treatment than would have otherwise been feasible, while in other cases subsequent home visits have been carried out on an interim basis. These measures, however, have been available to only a minority of cases, and the problem has remained a difficult one. It seems possible that the proposed school for maladjusted children in the County will result in a certain amount of improvement in the situation. The present length of the waiting periods for admission to such schools often necessitates continuing supervision by the Clinic, and a reduction of these waiting periods should save considerable Clinic time.

The work of the Educational Psychologist, in addition to the value of psychometric testing in the Clinic, has provided useful exchange of information between the Clinic and the schools. This has enabled therapeutic attitudes to be continued into the school setting.

In June, 1963, the Clinic moved to its present address in Roberts Road, and these pleasant new premises have been greatly appreciated by the children, their parents and the Clinic team. When the Clinic moved, its class for maladjusted children moved with it into a set of rooms in the premises here which had been appropriately modified. There is also a good sized garden. It was then possible to begin to build up the basic equipment essential to the work of social and educational rehabilitation of the children. They attend in small groups for part of each week. With plenty of space to run free, and room to work uninterrupted, the children soon begin to use their new environment to great advantage. With the restrictions imposed by the difficulties of the old premises now gone, it was possible to make some increase in the average group numbers, though this has still been limited to four or five children by the difficulties of supervision with only one staff. Early in the new year, however, we hope to appoint a helper. It should then be possible to increase the total roll considerably beyond that of the class in 1963, and as the helper comes to know the work we shall be able to bring our group numbers to seven or eight per session and the total roll to a more satisfactory level while still maintaining the essential family character so necessary for the best results.

The class has been found to be of help to the schools by reducing the time during which the disturbed child is in school and by eventually improving the child's behaviour in school through his ability to make a better adjustment. Schools are thus supported by the knowledge that the Child Guidance Clinic is taking partial responsibility for the child.

Throughout the year regular meetings have been held with the Consultant Paediatricians of the area, at intervals as frequent as the general pressure of work has permitted. These meetings are maintaining their value both to the Child Guidance Clinic and to the Paediatric Departments.

The part-time remedial teacher, who was appointed to the Division in September, 1963, comes to the Clinic and has provided a useful liaison in connection with Clinic children under treatment in the schools. She not only helps those who are backward but also attempts to smooth out the children's day-to-day problems in the schools and gives information back to the Clinic about the child's difficulties there."

Statistics :

Cases referred during 1963	..	..	..	..	..	130
Children awaiting treatment at 31st December, 1963	..	..				97
New cases seen during 1963	..	..	..	..	..	70
Number of children seen during 1963	..	..	..	..	..	140
Total number of attendances in 1963	..	..	..	..	..	576

SCHOOL NURSING SERVICE

Health Visitors and Health Assistants have continued to work in close co-operation with medical officers and teachers to promote the health and well-being of the schoolchildren.

The general standard of health and cleanliness found at termly health surveys remains high. Although the school population increased by nearly 3,000 there was a substantial drop in the number of children found to be infested with lice or nits—384 in 1963, compared with 610 in the previous year.

During the year, 626 children suspected of deafness were referred for audiometric tests. These were carried out in the school, at health centres or in the home according to circumstances.

The health visitors' work with schoolchildren is summarised as follows:—

Sessional work in schools	..	..	..	..	..	..	1,110
Home Visits	..	..	..	..	..	..	1,942

The part-time health assistants have continued to do much of the routine school work. This is shown in the table below:—

School medical inspections	..	..	..	..	..	1,280 sessions
Health Surveys	..	..	..	..	..	601 sessions
Weighing and measuring and vision testing	..					542 sessions
Ophthalmic Clinics	..	..	..	..	..	34 sessions
Other Clinics	..	..	..	..	..	18 sessions
B.C.G.	..	..	..	..	..	112 sessions

HEALTH EDUCATION

Health education undertaken by people other than the school staff cannot be more than complementary to the health teaching which occurs naturally as part of the school routine. It can stimulate and create interest but can only be expected to have a lasting effect on the attitudes of the pupils if it is supported by teachers who have a vast influence on the habits of their pupils.

During the year, health education, other than by teachers, increased and classes were given on 373 occasions, covering mainly the subjects of feminine hygiene, child care, dental health, smoking and health, home safety and on one occasion venereal diseases. Much time continued to be given to dental health education. In association with a fluoride toothpaste survey the Area Health Education Organiser gave instruction on dental hygiene at ten schools in the High Wycombe and Amersham divisions. The oral hygiene service dental van visited seven schools in the Aylesbury division, and the dental auxiliary continued to give instruction in the junior schools in the Slough and Eton divisions.

Smoking and health continued to be dealt with as a subject of the utmost importance. Pupils were encouraged to discuss the subject and, when invited, health education organisers led the discussions. A lively discussion led by a senior medical officer took place at one of the teacher training colleges. The mobile anti-smoking unit belonging to the Central Council for Health Education spent two days in the Eton division. The importance of informing pupils in junior schools of the facts about smoking and health is realised and plans are being made for health visitors to show the sound filmstrip entitled "A Dangerous Habit" to pupils in all junior schools in the County.

A local medical practitioner has volunteered to give sex instruction to pupils at one of the secondary modern schools in the County. The initial course will take place early in 1964 and will be reported on next year.

SCHOOL DENTAL SERVICE

Mr. C. H. Griffiths, Principal School Dental Officer, submitted the following report on the school dental service:—

"The School Dental Service was developed and expanded in a number of ways during 1963.

It was possible, during the year, to open two new purpose built dental clinics in the southern part of the County; both integral parts of the subsidiary clinics erected to serve the rapidly developing areas of Britwell and Parlaunt Park in Slough. These dental suites, which include surgery, waiting and office accommodation, have proved to be most satisfactory. As a result the design of the Clinics and the equipment installed will be adopted as a pattern for future development of this service throughout the County. It was also possible during the year to re-equip some of the other clinics and to improve waiting room accommodation.

In July, delivery was taken of a second Mobile Dental Clinic which had been designed to our specification, particularly with regard to the interior lay-out and equipment. It was in continuous use and has provided very good working conditions for dental officers in the rural areas. The two mobile units in operation have made it possible to provide improved treatment facilities in outlying districts without the loss of valuable 'school time'; it is, perhaps, significant that the acceptance rate for dental inspection and treatment in rural areas has gone up since treatment has been provided by these units.

Unfortunately, recruitment difficulties continued and at the end of the year some vacancies for dentists remained unfilled.

Mr. Bristow joined the dental staff in Slough during the early part of 1963, whilst Dr. Deutsch who retired from full-time duty with the authority, carried on work for the school health service in a part-time capacity.

Mrs. H. Adutt, senior dental surgery assistant, who served with us for twenty years, retired during the summer and I would like to record my thanks for her loyal and unselfish work in Aylesbury and in other parts of the County.

We have had the services of a Dental Auxiliary for more than a year and I consider that the work she has undertaken, both in the surgery and in the field of Dental Health Education amply justifies the employment of this new category of dental ancillary staff. In connection with the latter work, she gave talks on the care of teeth to all classes in schools in her area which had been inspected by the dental officers; subsequently there was found to be a marked improvement in the dental hygiene of the children inspected. The clinical work undertaken by the dental auxiliary has been most valuable and her approach to her young patients admirable.

During the year, clinical trials of toothpaste were undertaken in the High Wycombe and Amersham areas in collaboration with the Preventive Dentistry Department of the Royal Dental Hospital, London. The association of our school dental service with the dental department of a Teaching Hospital promotes the interest of our dental officers in preventive dentistry and is something that must be fostered. Without the interest and co-operation of Headteachers, teachers and parents this important investigation could not have been carried out and my thanks are due to all concerned.

Some members of the dental staff talked to Teachers, Parent Teacher Associations and to Mothers' Clubs on the importance of dental hygiene and on the subject of the 'fluoridation of water supplies.' A series of lectures on this latter subject was given to health visitors and other members of the staff of the County Health Department. We are, of course, fortunate in this matter, since we are able to judge on the spot the results likely to accrue from the fluoridation of water supplies since the incidence of dental caries in children who have lived in Slough all their lives where the natural fluoride content of the water supply is 0.7 parts per million is only about half that in other areas of the County where there is a negligible amount of fluoride in the water. The good teeth of Slough children has been the subject of favourable comment of

doctors and dentists who have had the opportunity of examining their mouths. I hope, therefore, that the recommendations of the Minister of Health will be implemented and that the benefits arising from the use of fluoridated water will be seen in other parts of the County.

Dental Health Education

Much progress was made during the year in the field of dental health education and in this connection valuable assistance was given by the staff of the Health Department directly concerned with health education and as mentioned above by the dental auxiliary. It was decided that instruction in the important rules of dental health should be given at, or about the same time, as the children were to be inspected and treated.

During the summer term, the Mobile Cinema Unit of the Oral Hygiene Service visited selected schools in the Aylesbury area; talks were given and appropriate films shown to the children, who showed great interest in the visits.

The subject of 'tuck shops' in schools was again one on which the dental staff were consulted; it is gratifying to be able to report that these tuck shops have been discontinued in some schools, whilst others, as a result of the advice given, stocked less cariogenic foods such as nuts and raisins, rather than sweets and biscuits. It is hoped that the value of apples and other cleansing foods as 'a finish' to meals will be fully appreciated by all.

Courses and Conference

Some dental officers attended Post Graduate Courses on the subjects of 'Nutrition' and 'Dental Treatment Planning'; they also attended the Conference of the British Dental Association which was held in July, 1963.

Statistics

It is interesting to note from Table XIII to this report that whilst there was an increase in the amount of clinical work undertaken during the year under review there was a change in the pattern of work; more school dental inspections were made and more conservative dentistry of all forms was carried out than in previous years. Ten years ago the number of fillings done to every one extraction was approximately 2.5, but in 1963 it was approximately 5 fillings to every extraction.

The number of children having a dental inspection at school during 1963 was twice the number having these inspections in 1953; by 1963 the number of fillings carried out had increased by 9,000, whereas the number of teeth which needed to be extracted had fallen by 2,000 compared with 1953.

This most important trend towards the conservation of teeth is admirable and it is hoped that the many preventive measures, including dental health education and the use of fluorides, will lead to a continuing fall in the number of teeth which require to be extracted.

Information gained from dental inspections confirmed the impression that there was an overall improvement in the dental condition of pupils. Many children were receiving regular treatment from general dental practitioners and it appears that the 'dental consciousness of school children' has improved in the past few years. Certainly fewer neglected mouths were seen during the year.

The aim of the school dental service should always be to ensure that children leave school with a healthy mouth and with a full complement of teeth and with the significant fall in the number of extractions required and the increase in the conservation of teeth it seems that we are nearer that aim than ever before.

The County Orthodontist's report which follows also indicates that greater use is being made of this important service. Parents and patients were appreciative of improvements in both appearance and function of the teeth that could only be brought about by the suitable and timely correction of abnormalities. The demand for orthodontic treatment continued to increase and it will be seen that more cases were completed in 1963 than in the previous year.

I would like to thank the Consultant Anaesthetists, Headteachers and others for the help they gave to the dental staff during 1963."

ORTHODONTIC TREATMENT

Miss A. Blandford, the County Orthodontist, submitted the following report on her work during the year under review:—

Orthodontic treatment was commenced during the year for 320 new patients referred by the school dental officers. A further 95 patients referred have been placed on the waiting list as in some areas the demand for this form of treatment is high. It is hoped that treatment for most of these cases will be commenced during the coming year. In addition to these, a further 1,124 children, commenced prior to 1963, continued to receive treatment.

Cases completed totalled 199, most of these being treated by appliance therapy, but a few by extractions only. 242 removable plates were fitted, 111 of these for new patients.

The dental department of Stoke Mandeville Hospital accepted 48 patients from the school service, some of these for surgical treatment, but the majority for orthodontic treatment. This reciprocal arrangement between the hospital and school dental service has proved to be of great value, and the co-operation of the dental department at the hospital is much appreciated."

PHYSICAL EDUCATION

Miss J. K. Clark and Mr. C. Franks, Organisers of Physical Education, kindly submitted the following report:—

Swimming

The open air swimming programme was carried out as usual during the Summer Term in spite of the very poor weather. The coldness of the water necessarily affects the results which can be obtained in teaching children to swim. The fact that the water at the High Wycombe Borough Pool was heated this year was much appreciated and helped towards the good results achieved at this centre. In spite, however, of the weather, the following county swimming certificates were awarded:—

Beginners : 4,411. *Intermediate* : 1,630. *Advanced* : 457.

Five additional school pools were completed this year. These were:—

Large pools: Burnham Grammar School.
Langley Grammar School.
Warren Field School (indoor).

Small pools: Little Chalfont County Primary School.
Wendover C.E. Primary School.

The heated indoor pool at Warren Field Comprehensive School has proved most valuable. This is the only one of its type in the county, and was provided instead of a second gymnasium. The pupils at this school all have one swimming lesson a week throughout the year, and two contributory Junior schools in the area send some classes for instruction. This swimming bath is also used extensively during the evening by after-school clubs, and teachers' refresher courses.

Lecture/demonstrations to teachers were given by one of the Amateur Swimming Association's National Technical Officers at swimming pools in Aylesbury, High Wycombe and Slough. These prove a most useful way of keeping up-to-date with all the latest techniques used in teaching children to swim. Considerable importance is now given to the use of artificial aids for this purpose as this proves to be a quick method of giving confidence and becoming 'water-borne' at an early stage.

'Learn to Swim' courses for adults were held at Aylesbury, Chalfont St. Peter, Wing and Wolverton.

The Schools' Annual Swimming Gala was held at The Vale Pool, Aylesbury, on 5th July, 1963, when competitors from all parts of the county took part. Buckinghamshire were represented by boys and girls in the Divisional Gala which was held at Reading, and at the National Championships at Bournemouth.

Courses

During the year the following Refresher Courses for teachers were held:—

Athletics	Aylesbury
Basket Ball	Slough
Dancing	Aylesbury, High Wycombe
Minor Games	Wolverton
Physical Education	Amersham, Missenden Abbey
Swimming and Diving	Slough
Trampolining	Aylesbury

Courses for Children in Secondary Schools

At Shortenills, where weekly residential courses are held, the following numbers of children attended courses in games and outdoor activities, including training for the Duke of Edinburgh Award Scheme:—

	Boys	Girls
February	40	—
April	20	20
May	27	24
June	—	30
July	30	—
September	—	20
October	20	—
December	30	—

Duke of Edinburgh Award

(a) Groups sponsored by the County Award Committee

In training for		Awards gained	
Bronze :	Girls 141 Boys 224	Girls 42 Boys 28	
Silver :	.. 29 .. 35	.. 17 .. 8	
Gold :	.. 10 .. 9	.. 3 .. 1	

Seventeen schools, one College of Further Education and eight Youth Clubs had girls taking part, and fifteen schools, one College of Further Education and six Youth Clubs had boys.

(b) Uniformed Organisations (8) sponsored by their National Headquarters

In training	Awards gained
205	Bronze 43
	Silver 34
	Gold 19

Camping

During the summer term, the tented camp near Wolverton was attended by 457 children and 30 teachers from twelve primary schools and 81 members of two Youth organisations.

Bucks Schools Camp Association

The Annual Camp organised by the Bucks Schools Camp Association was on the site, recently purchased by the Association, at Nettlesome, Isle of Wight, and was attended by 651 children and 169 teachers and helpers. Children came from 45 primary and 9 secondary schools.

In September, work began to provide main services and drainage in the field and plans have been submitted to the Isle of Wight Planning Officer for toilet blocks."

SCHOOL MEALS SERVICE

The County School Meals Organiser kindly submitted the following report:—

"The results of a census of meals and milk in schools carried out during the Autumn Term, 1963, were as follows:—

Meals for a day in	September, 1963	September, 1962
Number of day pupils present	73,081	70,815
Number taking school dinners	49,781	45,975
	i.e. 68.12%	i.e. 64.92%
Number of dinners provided free	1,366	1,114
	i.e. 2.86%	i.e. 2.43%
Milk		
(a) <i>Maintained Schools</i>		
Number of pupils present	73,401	71,120
Number drinking milk in school	56,426	55,103
	i.e. 76.87%	i.e. 77.36%
(b) <i>Independent Schools</i>		
Number of pupils present	11,027	11,093
Number drinking milk in school	9,583	9,630
	i.e. 86.90%	i.e. 86.81%

The number of children taking meals again shows an increase over the previous year, and the percentage of diners (68.12%) is by far the highest ever achieved.

The percentage of pupils taking milk in school shows a small overall decrease over the previous year.

Since January, 1963, fifteen new kitchens have been opened. This figure includes a number of new kitchens which have been built at existing schools and it is the Committee's policy to continue whenever possible, to build cooking kitchens in schools where there are at present only service kitchens. Every effort continues to be made to reduce the number of carried meals.

In addition, a number of schemes for improvements and adaptations to existing premises have been carried out. Every possible means for improving the standards of hygiene is being adopted. In October, 1963, another School Meals Conference was held, and the importance of hygiene was illustrated by a poster display and a film.

In new school kitchens, stainless steel sinks and draining boards are installed and much of the large cooking equipment is of the same material.

Anodised aluminium beakers are now in use in many school diningrooms and will, in due course, replace most of the plastic beakers. These, with stainless steel cutlery and opalware crockery, give little chance for bacterial growth."

MILK IN SCHOOLS

Mr. G. L. Davies, the Chief Inspector, reporting on the Milk-in-Schools Scheme, states:—

"Supervision of milk supplies to schools under the Milk-in-Schools Scheme continued as in previous years. All samples were tested for quality and cleanliness, and for disease infection where necessary. All suppliers and their sources of supply are approved by the Principal School Medical Officer.

Sixteen samples of 'tuberculin tested' raw milk were examined for tubercle bacilli and brucella abortus. All were satisfactory.

In addition, 216 samples of pasteurised milk were checked and four were found to be under heat-treated. They were biologically examined and found to be satisfactory.

224 samples of milk were tested for butter fat and other solids and only one was unsatisfactory.

Two firms supplying school milk were prosecuted, both for selling bottles of milk containing splinters of glass. One offence was caused by staff absenteeism and the other was attributed to unsatisfactory conditions at the plant. Fines and costs of £58 18s. 0d. and £35 were imposed. Seven other complaints concerning glass and foreign bodies in bottles of milk were investigated."

INFECTIOUS DISEASES

The number of cases of infectious diseases notified from schools during the year is shown in the table which follows. Although it does not give a really accurate picture of the incidence of these diseases in the community it provides a useful guide and gives an indication of the amount of "school time" lost by pupils:—

	1956	1957	1958	1959	1960	1961	1962	1963
Diphtheria ..	—	—	—	—	3	—	—	—
Scarlet Fever ..	52	82	116	122	90	24	22	41
Measles	260	1,061	979	1,515	113	931	448	781
German measles ..	135	110	222	27	66	103	893	194
Whooping cough ..	89	120	86	86	48	20	6	82
Poliomyelitis ..	7	4	14	2	1	1	—	—
Chickenpox ..	1,625	734	790	699	821	165	486	727
Mumps	285	576	522	508	530	575	120	493
Other	74	189	39	1,486	42	132	12	50
TOTAL ..	2,527	2,876	2,768	4,445	1,714	1,951	1,987	2,368
% of school population ..	4.1	4.5	4.1	6.3	2.3	2.5	2.6	2.9

SCHOOL HYGIENE AND SANITATION

During the year, a total of 27 schools had improvements to washing and sanitary accommodation carried out, as shown below:—

<i>School</i>	<i>Improvements carried out</i>
Buckingham and Winslow District	
Buckingham C. Secondary ..	Improvement and additions to staff and boys' lavatories.
North Bucks Division	
New Bradwell C.I.	Enclosure of lavatory block.
Aylesbury Division	
Abbey C.I.	Provision of additional six urinal places.
Bierton C.E. Primary	Provision of staff W.C.
Weston Turville C.E. Primary ..	Provision of white-glazed urinal stall and roof over.
Ivinghoe C.P.	Provision of four lavatory basins.
Amersham and Chesham Division	
Ashley Green C.E. Primary ..	New water supply from main.
St. George's C.E. Primary ..	Improvements to staff toilets.
Seer Green C.E. Primary ..	Improvements to outside toilets.
Townsend Road C.P. (Girls) ..	Improvements to water supply.
Hyde Heath C.P.	Water supply to toilets.
Ley Hill C.P.	Water supply to toilets.
Hyde Heath C.P.	Renewal of sanitary equipment.
Lowndes C. Sec. Girls ..	Extension to water supply.
Seer Green C.E. Primary ..	Renewal of W.C. pans.
St. Leonards C.E. Primary ..	Improvements to outside toilets.
Holmer Green C.P.	Renewal of section of water supply.
Whelpley Hill C.P.	Improvement to sanitary equipment in cloaks.
Waterside C.I. (Annexe) ..	Installation of urinal slab and renewal of W.C. pans.
Wycombe Division	
West Wycombe C.P.	New toilets inside main building.
Loudwater C.P.	New toilets adjoining main building.
Sands C.P.	Additional staff toilet.
Tylers Green C.P.	Additional wash-basins.
Eton Division	
George Green Special Class ..	Installation of water heater.
Iver C.P.	Installation of two drinking fountains.
Lynch Hill C.P.	Installation of six drinking fountains.
Colnbrook C.E. Primary ..	Installation of hot water supply and additional basins.

FOOD HYGIENE REGULATIONS, 1955

Improvements were carried out to 21 school canteens during 1963, as follows:—

<i>School</i>	<i>Improvements carried out</i>
Buckingham and Winslow District	
Steeple Claydon C.P.	Re-arrangement and improvements to canteen.
North Bucks Division	
Wolverton C.J.	Re-arrangement and improvements to canteen.
Aylesbury Division	
Queens Park C.P.	Improvements to wash-up.
Walton Road Canteen	Renewal and re-arrangement of sinks and other minor improvements.

School

Improvements carried out

Amersham and Chesham Division

Coleshill C.P.	Renew section of hot water supply.
Prestwood C.P.	Installation of new equipment.
Chenies C.P.	Installation of new equipment.
Germaines C. Sec. (Boys) ..	New water supply and improvements to hot water supply.
Chalfont St. Peter C.E. Primary	Alterations and improvements.
Coleshill C.P.	Renewal of floor with tiles, renovations and improvements.
Raans C. Sec.	Improvements to ceilings.
Chalfonts C. Sec.	Improvements to walls and drainage.
Chalfont St. Peter C.I. ..	Renovations and improvements.
Misbourne C. Sec.	Alterations and improvements.
Little Missenden C.E.	Alterations and improvement to wash-up.

Wycombe Division

Mill End C. Sec. Schools ..	Alterations and improvements.
Wheeler End C.P.	Alterations and improvements.
Wycombe Marsh C.I.	Alterations and improvements.
Hambledon C.E. Primary ..	Alterations and improvements.

Slough and Eton Divisions

Datchet C.E. Primary	Alterations and improvements.
Eton, Porny C.E. Primary ..	Conversion of British Restaurant to school meals canteen.
St. Joseph's R.C. Sec., Slough ..	Improvements and renovations.

MEDICAL INSPECTION AND TREATMENT

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1964, as in Form 7, 7 M. and 11 Schools 80,333

TABLE I

PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No of Pupils Inspected	PHYSICAL CONDITION OF PUPILS INSPECTED				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at part II	Total Individual pupils
		No	% of Col 2	No	% of Col 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1959 and later	737	737	100	—	—	1	38	39
1958	4,778	4,758	99.59	20	.41	44	301	339
1957	3,718	3,704	99.63	14	.37	34	364	390
1956	669	665	99.4	4	.6	22	156	174
1955	317	317	100	—	—	17	106	120
1954	217	217	100	—	—	21	53	73
1953	3,842	3,812	99.21	30	.79	192	191	371
1952	2,369	2,362	99.71	7	.29	140	139	267
1951	395	395	100	—	—	35	52	85
1950	288	288	100	—	—	33	38	71
1949	577	577	100	—	—	57	39	91
1948 & earlier	6,953	6,923	99.57	30	.43	361	251	603
TOTAL	24,860	24,755	99.58	105	.42	957	1,728	2,623

TABLE II
OTHER INSPECTIONS

Number of Special Inspections	1,549
Number of Re-inspections	3,384
TOTAL ..	4,933

TABLE III
INFESTATION WITH VERMIN

Total number of individual examinations of pupils in schools by school nurses or other authorised persons	89,504
Total number of individual pupils found to be infested	384
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944)	2
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944)	—

TABLE IV
EYE DISEASES, DEFECTIVE VISION AND SQUINT

External and other, excluding errors of refraction and squint	212
Errors of refraction (including squint)	3,650
TOTAL ..	3,862
Number of pupils for whom spectacles were prescribed	1,380

TABLE V
DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Received operative treatment:—	
(a) for diseases of the ear	122
(b) for adenoids and chronic tonsilitis	1,629
(c) for other nose and throat conditions	103
Received other forms of treatment	56
TOTAL ..	1,910
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(a) in 1963	19
(b) in previous years	121

TABLE VI
ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Pupils treated at clinics or out-patients' departments	262
(b) Pupils treated at school for postural defects	453
TOTAL ..	715

TABLE VII
DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table III)

Ringworm—(a) Scalp	—
(b) Body	6
Scabies	—
Impetigo	10
Other skin diseases	—
TOTAL ..	16

TABLE VIII
CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance clinics	626
--	-----

TABLE IX
SPEECH THERAPY

Pupils treated by speech therapists 680

TABLE X
OTHER TREATMENTS GIVEN

(a) Pupils with minor ailments	50
(b) Pupils who received convalescent treatment under School Health Service arrangements	5
(c) Pupils who received B.C.G. vaccination	5,614
(d) Admission to Holiday Camp for Diabetic Children	1
TOTAL ..	<u>5,670</u>

TABLE XI
DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR
PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	REQUIRING TREATMENT				REQUIRING OBSERVATION			
		Entrants	Leavers	Others	Total	Entrants	Leavers	Others	Total
4	Skin	14	22	21	57	38	27	39	104
5	Eyes— <i>a.</i> Vision	66	374	517	957	171	176	297	644
	<i>b.</i> Squint	62	39	53	154	32	7	28	67
	<i>c.</i> Other	9	16	10	35	11	1	21	33
6	Ears— <i>a.</i> Hearing	98	34	147	279	105	22	89	216
	<i>b.</i> Otitis Media	14	1	8	23	21	5	6	32
	<i>c.</i> Other	4	1	12	17	7	1	3	11
7	Nose and Throat	122	18	150	290	361	10	165	536
8	Speech	52	2	51	105	109	—	63	172
9	Lymphatic Glands	3	—	1	4	14	2	3	19
10	Heart	7	9	20	36	71	11	56	138
11	Lungs	15	9	46	70	99	21	97	217
12	Developmental— <i>a.</i> Hernia	9	1	9	19	12	5	15	32
	<i>b.</i> Other	5	8	37	50	88	34	122	244
13	Orthopaedic— <i>a.</i> Posture	12	23	60	95	30	14	30	74
	<i>b.</i> Feet	75	40	88	203	77	25	91	193
	<i>c.</i> Other	36	16	48	100	54	12	45	111
14	Nervous System— <i>a.</i> Epilepsy	1	3	2	6	17	5	17	39
	<i>b.</i> Other	2	3	9	14	27	12	19	58
15	Psychological— <i>a.</i> Development	16	3	40	59	84	7	116	207
	<i>b.</i> Stability	11	5	37	53	68	2	65	135
16	Abdomen	3	4	3	10	6	10	8	24
17	Other	24	15	17	56	21	16	48	85

TABLE XII
SPECIAL INSPECTIONS

Defect Code No (1)	Defect or Disease (2)	Pupils Requiring Treatment (3)	Pupils Requiring Observation (4)
4	Skin	3	8
5	Eyes— a. Vision b. Squint c. Other	111 25 5	39 9 3
6	Ears— a. Hearing b. Otitis Media c. Other	91 6 3	33 2 2
7	Nose and Throat	72	59
8	Speech	67	34
9	Lymphatic Glands	1	—
10	Heart	8	20
11	Lungs	17	52
12	Developmental— a. Hernia b. Other	3 —	1 47
13	Orthopaedic— a. Posture b. Feet c. Other	28 22 24	4 25 17
14	Nervous System— a. Epilepsy b. Other	7 6	1 40
15	Psychological— a. Development b. Stability	48 41	43 22
16	Abdomen	3	—
17	Other	18	19

TABLE XIII
DENTAL INSPECTION AND TREATMENT

1.	Number of pupils inspected by Authority's Dental Officers:—		
	(a) At Periodic Inspection	49,901	
	(b) As Specials	2,264	
2.	Number found to require treatment		52,165
3.	Number offered treatment		28,380
4.	Number actually treated		23,141
5.	Number of attendances, excluding orthodontic		9,412
6.	Half-days devoted to Periodic (School) Inspection	491	
	Half-days devoted to treatment	4,380	
7.	Fillings in Permanent Teeth	20,624	
	Fillings in Temporary Teeth	6,875	
8.	Number of Teeth filled:—		26,757
	(a) Permanent	16,410	
	(b) Temporary	6,090	
9.	Extractions:—		22,500
	(a) Permanent	1,383	
	(b) Temporary	4,145	
10.	Administrations of general anaesthetics for extractions		5,528
11.	Number of pupils supplied with artificial teeth		1,202
12.	Other operations:—		48
	(a) Permanent Teeth	6,572	
	(b) Temporary Teeth	3,083	
			9,655

ORTHODONTICS

1.	Number of attendances made by pupils for orthodontic treatment	..	..	..	..	..	..	..	3,396
2.	Half days devoted to orthodontic treatment	..	..	..	..	..	..	..	444
3.	Cases commenced during the year	..	..	..	..	..	..	..	357
4.	Cases brought forward from the previous year	..	..	..	..	..	..	..	1,134
5.	Cases completed during the year	..	..	..	..	..	..	..	223
6.	Cases discontinued during the year	..	..	..	..	..	..	..	117
7.	Number of pupils treated by means of appliances	..	..	..	..	..	..	..	154
8.	Number of removable appliances fitted	..	..	..	..	..	..	..	280
9.	Number of fixed appliances fitted	..	..	..	..	..	..	..	6
10.	Cases referred to and treated by Hospital Orthodontists	..	..	..	..	..	..	..	48

TABLE XIV
SPECIAL CLASSES AND UNITS IN THE AUTHORITY'S AREA
 Special classes and units (not forming part of a special school) in the Authority's area
 on 23rd January, 1964

Name and Address	Number of Classes or Units				No of pupils in each class
	Partially Sighted	Partially Hearing	Physically Handicapped	Maladjusted	
Unit for Cerebral Palsy Children, Elliman Avenue, Slough	-	-	1	-	15
The Partially Hearing Unit, The Lea County Infant's School, Grasmere Avenue, Slough	-	1	-	-	6
Unit for Partially Hearing Children, Terriers County Primary School, Terriers, High Wycombe	-	1	-	-	8
Unit for Partially Hearing Children, Woodside County Junior School, Mitchell Walk, Amersham	-	1	-	-	7
Special Class for Maladjusted Pupils, Roberts Road Clinic, High Wycombe	-	-	-	1	11
George Green Adjustment Class, attached to: Wexham Court County Junior School, Church Lane, Wexham, Slough ..	-	-	-	1	9

Number of teachers of the deaf and partially hearing employed by the Authority
 (other than in special schools) on 23rd January, 1964

Teachers Employed	Manchester University qualification		National College of Teachers of the Deaf qualification		Total
	Males	Females	Males	Females	
In special classes or units ..	-	2	1	-	3
In audiology clinics	-	-	-	-	-
As peripatetic teachers	-	-	-	-	-

TABLE XV
HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS
APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944
OR BOARDING IN BOARDING HOMES

During calendar year ended 31st December, 1963	Blind (1)	Parti- ally Sighted (2)	Deaf (3)	Parti- al Hearing (4)	Physi- cally Handi- capped (5)	Delicate (6)	Malad- justed (7)	E.S.N. (8)	Epileptic (9)	Speech Defects (10)	TOTAL (11)
A. Handicapped pupils newly assessed as needing special educational treatment at special schools or in boarding homes	—	1	6	4	10	17	30	139	1	—	208
B. (i) No. of children included at A newly placed in special schools (other than hospital special schools) or boarding homes	—	1	3	2	2	12	10	35	1	—	66
B. (ii) No. of children assessed prior to 1st January, 1963, newly placed in special schools (other than hospital special schools) or boarding homes	—	—	1	6	5	9	5	137	—	—	163
TOTAL (B(i) and B(ii))	—	1	4	8	7	21	15	172	1	—	229
C. (i) No. of handicapped pupils requiring places in special schools—											
(a) day	—	—	2	1	—	—	1	162	—	—	166
(b) boarding	1	—	1	2	5	7	10	72	1	—	99
C. (ii) included at (i) who had not reached the age of 5 and were awaiting—											
(a) day places	—	—	2	1	—	—	—	—	—	—	3
(b) boarding places	—	—	1	—	—	—	—	—	—	—	1
C. (iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, were awaiting:—											
(a) day places	—	—	—	—	—	—	—	39	—	—	39
(b) boarding places	—	—	—	—	—	4	—	39	—	—	43
D. (i) on the registers of—											
(1) maintained special schools as—											
(a) day pupils	—	2	2	20	17	1	9	441	—	—	492
(b) boarding pupils	—	5	11	6	5	23	—	126	—	—	176
(2) non-maintained special schools as—											
(a) day pupils	—	—	—	—	—	—	—	—	—	—	—
(b) boarding pupils	15	5	7	3	13	14	18	76	7	—	158
TOTAL	15	12	20	29	35	38	27	643	7	—	826
D. (ii) on the registers of independent schools under arrangements made by the Authority	—	1	4	4	18	9	59	28	—	—	123
TOTAL (D(i) and D(ii))	15	13	24	33	55	47	56	671	7	—	949
D. (iii) boarded in homes and not already included under (i) and (ii) above	—	—	—	—	—	4	6	—	—	—	10
TOTAL (D(i), (ii) and (iii))	15	13	24	33	53	51	92	671	7	—	959
E. Being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944—											
(i) in hospitals	—	—	—	—	23	—	—	—	—	—	23
(ii) in other groups (e.g. units for spastics, convalescent homes)	—	—	—	—	7	—	—	2	—	—	9
(iii) at home	—	1	—	1	16	4	4	4	2	1	33

TABLE XVI
INDEPENDENT SCHOOLS USED BY THE AUTHORITY
UNDER SECTION 6 OF THE EDUCATION (MISCELLANEOUS PROVISIONS) ACT, 1953,
IN RESPECT OF HANDICAPPED PUPILS

Full Name and Address of School (1)	Whether for Boys, Girls or Both (2)	Number of pupils whose fees are being paid in whole or part by the L E A (3)	Category of handicap of each pupil in col 3 (4)	Age range of pupils in col 3 (5)
Akeley Wood School, Buckingham	Boy	1	Maladjusted	10
Battisborough House, Holbeton, Nr. Plymouth, Devon	Boys	{ 1 1	Delicate Maladjusted	17 15
Botteshanger School, Nr. Deal, Kent	Boy	1	Delicate	12
Burnt Norton School, Chipping Campden, Gloucestershire	Boys	{ 6 1	Maladjusted E.S.N.	11—15 12
Rylands School, Rylands, Stratfield Turgis, Nr. Basing- stoke, Hants	Girls	2	Maladjusted	11
Camphill Rudolph Steiner School, Murtle House, Bielside, Aberdeen	Boys	2	E.S.N.	12—14
Clwyd Hall, Rutkin, Denbighshire	Both	6	Maladjusted	11—15
Convent of the Nativity of Our Lord, Maidenhead, Berkshire	Girl	1	Partially Hearing	13
Craig-y-Fare School for Spastics, Pantryah, Cardiff ..	Boy	1	Physically handicapped	10
Dane Park Further Education Centre, Dane Park, Shipbourne Road, Tonbridge, Kent	Boy	1	Physically handicapped	10
Eccles Hall School, Quidenham, Norwich, Norfolk ..	Boys	2	E.S.N.	11—12
Falcon Manor School, Towcester, Northants	Boy	1	Maladjusted	12
Farney Close, Belmay Court, Belmay, Sussex	Both	2	Maladjusted	13

TABLE XVII
CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL

During the calendar year ended 31st December, 1963:—

(i) No. of children who were the subject of new decisions recorded under Section 57 (4) of the Education Act, 1944	29
(ii) No. of reviews carried out under the provisions of Section 57A of the Education Act, 1944	1
(iii) No. of decisions cancelled under Section 57A (2) of the Education Act, 1944	Nil

TABLE XVIII
NUMBER OF CHILDREN RECEIVING SPECIAL EDUCATIONAL TREATMENT
IN SCHOOLS OR HOSTELS DURING ALL OR PART OF 1963
(Other than in Ordinary Schools in the County)

Blind and Partially Sighted	
Barclay School, Sunninghill	2
Blatchington Court, Seaford	3
Chorleywood College, Chorleywood	1
Dorton House, Sevenoaks	9
John Aird Day School, Hammersmith	3
Royal Normal College, Shrewsbury	2
Royal School for Blind, Bristol	1
Sunshine House Nurseries	3
Worcester College, Worcester	2

Blind with other Handicaps

Condover Hall, Shrewsbury	3
-----------------------------------	---

Partially Sighted or Physically Handicapped with other Handicaps

Exhall Grange, Exhall, Nr. Warwick	6
--	---

Physically Handicapped with other Handicaps

Irton Hall, Holmrook, Cumberland	1
--	---

Deaf and Partially Hearing

Brighton School for the Partially Deaf, Brighton	3
Burwood Park, Walton-on-Thames	1
Convent of the Nativity of our Lord, Maidenhead	1
Donnington Lodge Nursery, Newbury	3
Hamilton Lodge School, Brighton	4
Heston School for the Deaf, Heston	1
Mary Hare Grammar School, Newbury	2
Mill Hall, Oral School for the Deaf, Cuckfield	1
Nutfield Priory, Redhill	3
Portley House, Caterham	1
Rayners School, Penn	2
Royal School for the Deaf, Margate	2
St. John's Residential School, Boston Spa	2
St. Thomas' School, Basingstoke	8
Summerfield House, Malvern	3
Tewin Water School, Welwyn	5

Delicate or Maladjusted

Battisborough House, Holbeton, Nr. Plymouth	2
---	---

Delicate and Physically Handicapped

Betteshanger School, Deal, Kent	2
Brentwood School, St. Leonards-on-Sea	2
Chailey Heritage Craft, Chailey	10
Colwell Court, Bexhill	2
Corley Residential School, Corley, Nr. Coventry	3
Craig-y-Parc, Pentyrch, Cardiff	3
Dedisham Nursery Home, Slinfold	1
Dene Park Further Education Centre, Tonbridge	1
Eden Hall, Bacton-on-Sea	10
Elmers Court, Lymington	3
Fairfield House Open Air School, Broadstairs	4
Grove School, Hindhead	1
The Hall, Bratton Seymour	1
Halliwick Cripples Home, Winchmore Hill, London, N.21	7
Hatchford Park, Cobham	1
Hephaistos, Farley Castle, Farley Hill, Reading	6
Inglefield Manor, Billingshurst	1
Kent College, Canterbury	1
Lord Mayor Treloar College, Froyle	1
Meath House, Ottershaw	3
Normansal School, Seaford	1
Ogilvie School of Recovery, Clacton-on-Sea	1
Park Place Open Air School, Henley-on-Thames	3
Penbury Grove, Penn	3
Penhurst School, Chipping Norton	2
Periton Mead, Minehead	3
Pilgrims School, Seaford	1
St. Audries' School, Nr. Taunton	2
St. Catherine's Open Air School, Isle of Wight	3
St. Dominic's School, Hambledon	6
St. John's Open Air School, Woodford Bridge	4
St. Mary's School, Bexhill	4
St. Mary's Convent, Lowestoft	1
St. Michael's School, Eastcote, Pinner	3
St. Patrick's Open Air School, Hayling Island	1
St. Rose's, Stroud	2
Staplefield Place, Nr. Hayward's Heath	2
Suntrap Open Air School, Hayling Island	3
Thomas Delarue School, Tonbridge	3
Warlies, Waltham Abbey	1
Warnham Court, Horsham	3
Wilfred Pickles School, Stamford	3
Wokingham Special Class, Wokingham	2
Other Independent Schools	5

Educationally Sub-Normal

All Souls' Special School, Hillingdon	14
Besford Court, Worcester	9
Camphill-Rudolph Steiner School, Aberdeen	2
Compton Diagnostic Unit, Nr. Winchester	1
Crowthorn School, Bolton	7
Downs Day School, Hove	1
Grange Day Special School, Kempston	2
High Wycombe Day Special Schools	165
High View, Chigwell	2
Hilton Grange, Old Bramhope, Leeds	24
Holyport Manor, Maidenhead	2
Knotty Green School, Penn Road, Beaconsfield	83
Littleton House, Girton, Cambridge	1
Meadows House, Southborough	3
Park Day Special School, Slough	153
Pitt House Junior School, Chudleigh	20
Pitt House Senior School, Torquay	23
St. Francis Residential School, Birmingham	4
St. John's Residential School, Brighton	14
St. Joseph's School, Cranleigh	12
St. Margaret's School, Great Gaddesdon	7
Slade Park Day School, Headington	5
Swaylands School, Tonbridge	1
Townhill Park, Southampton	3
Wendover House School, Wendover	81
White Spire School, Bletchley	101
Other Independent Schools	6

Maladjusted

Battledown Manor, Chorlton Kings, Cheltenham	1
Burnt Norton School, Chipping Campden	8
Caldecott Community, Mersham le Hatch	1
Clwyd Hall, Ruthin	7
Edward Rudolph Memorial School, Dulwich	4
Fernhurst Special School, Pinkneys Green, Maidenhead	1
Field House Hostel, Wokingham	1
Fortesque House, Twickenham	2
Greenmore College, Birmingham	1
Hengrove, St. Leonards, Nr. Tring	5
Hilbre School, Sheringham	2
Mountstephen House, Cullompton	3
Muntham House School, Horsham	2
Our Lady's School, Virgo Fidelis Convent, Central Hill, London	3
Potterspurty Lodge, Towcester	1
Redhill School, East Sutton	1
Royal Wanstead, Wanstead, London, E.11	4
St. Christopher's School, Leatherhead	1
St. Francis School, Hook	2
St. Joseph's School, East Finchley	1
St. Martin's House Hostel, Lewisham	3
St. Peter's School, Wakefield	1
St. Thomas More's, East Allington	9
Sandon House, Nr. Chelmsford	3
Stockwell Hall, Billericay	2
Sutcliffe School, Bradford-on-Avon	7
Walton Elm, Nr. Basingstoke	1
William Henry Smith School, Boothroyd	1
Other Independent Schools	24

Epileptic

Lingfield Hospital School, Lingfield	6
St. Elizabeth's School and Home, Much Hadham	1

Speech Defects

John Horniman School, Worthing	1
Moor House School, Oxted	1

Diabetic

Carruthers Corfield House, Rustington	1
Palingswick House, Hammersmith	3
St. Monica's Hostel, Deal	1

TABLE XIX

SCHOOL CLINICS

as at December, 1963

	<i>Sessions</i>
Child Guidance :	
Walton House, Walton Street, Aylesbury	3 sessions per week
88 Roberts Road, High Wycombe	4 " " "
The Health Centre, Burlington Road, Slough	7 " " "
Whalley Drive, Bletchley	3 " " "
Dental :	
Pebble Lane, Aylesbury	15 sessions per week
Whalley Drive, Bletchley	10 " " "
The White House, Buckingham	1 " " "
The School Clinic, Germain Street, Chesham	14 " " "
51 Priory Road, High Wycombe	20 " " "
The Health Centre, Victoria Road, Marlow	6 " " "
The Health Centre, Burlington Road, Slough	15 " " "
Wexham Court, Knolton Way, Slough	1 " " "
The School Clinic, 122 Church Street, Wolverton	1 " " "
Ambulance Centre, Chiltern Avenue, Amersham	5 " " "
Health Centre, Parlaunt Park, Langley, Slough	4 " " "
1 Wentworth Avenue, Britwell Estate, Slough	5 " " "
Ophthalmic :	
51 Priory Road, High Wycombe	2 sessions per week
The Health Centre, Burlington Road, Slough	3 " " "
Orthoptic :	
51 Priory Road, High Wycombe	4 sessions per week
Speech Therapy :	
Walton House, Walton Street, Aylesbury	4 sessions per week
The School Clinic, Germain Street, Chesham	2 " " "
The Health Centre, Oxford Road, Denham	1 " " "
The Health Centre, Burlington Road, Slough	3 " " "
173 Trelawney Avenue, Langley, Slough	1 " " "
1 Wentworth Avenue, Britwell Estate, Slough	1 " " "
Health Centre, Parlaunt Park, Langley, Slough	1 " " "
Vaccination and Immunisation :	
Pebble Lane, Aylesbury	As and when required
Whalley Drive, Bletchley	" " " "
School Clinic, Germain Street, Chesham	" " " "
51 Priory Road, High Wycombe	" " " "
Municipal Health, Centre, High Wycombe	" " " "
Health Centre, Burlington Road, Slough	" " " "
Wexham Court, Knolton Way, Slough	" " " "
Health Centre, Oxford Road, Denham	" " " "
173 Trelawney Avenue, Langley, Slough	" " " "
1 Wentworth Avenue, Britwell Estate, Farnham Royal, Slough	" " " "
Health Centre, Parlaunt Park, Langley, Slough	" " " "

THE
MIDDLE
CLASS

The middle class is a social class that has emerged in modern societies. It is characterized by its position between the upper and lower classes. The middle class is often associated with a certain level of education, income, and social status. It is a class that has played a significant role in the development of modern societies.

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