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BUCKINGHAMSHIRE COUNTY COUNCIL



ANNUAL REPORTS

of the

COUNTY MEDICAL OFFICER of HEALTH

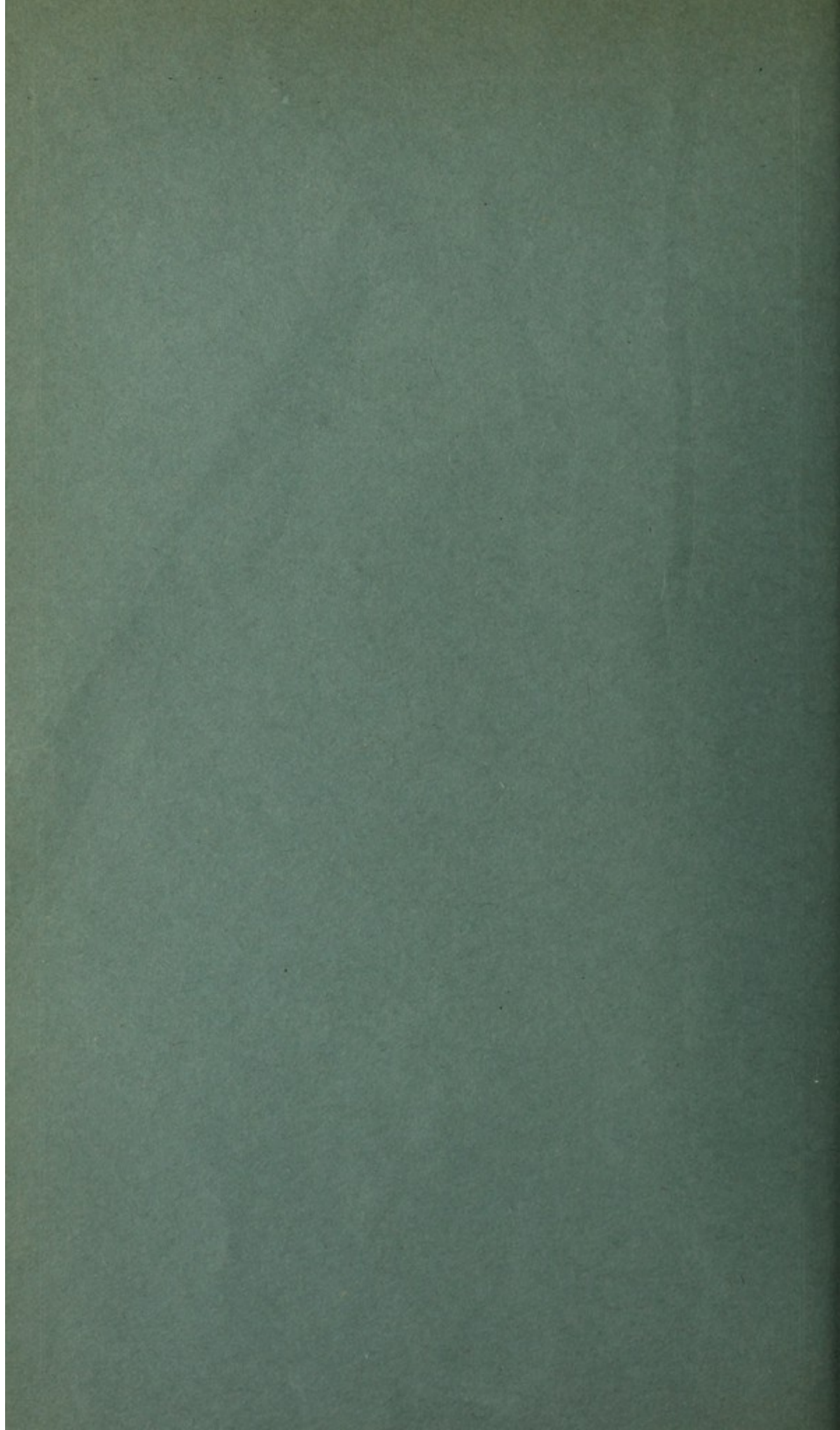
COUNTY WELFARE OFFICER

and

PRINCIPAL SCHOOL MEDICAL OFFICER

for the Year

1965



BUCKINGHAMSHIRE COUNTY COUNCIL



ANNUAL REPORTS

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COUNTY MEDICAL OFFICER of HEALTH


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PART II

(SCHOOL HEALTH SERVICE)

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Department of Health and Welfare,
County Offices,
Aylesbury.
June 1966

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting to you my Annual Reports for 1965.

Once again these reports are submitted in one volume since it is thought that in this way they give a comprehensive outline of the work of the whole Department.

Generally the reports present a picture of continued progress; where development of a particular service fell some way behind our target then invariably the delay was due to continued difficulty experienced in the recruitment of sufficient numbers of adequately trained staff.

In looking at the picture of the gradual progress in the development and of the success of the health and welfare services, it is interesting to look back fifty years to the Annual Report for 1915 which was mainly concerned with sanitary circumstances and a population of approximately half the present number. That report did, however, refer to a total of 164 (14) deaths from pulmonary tuberculosis; 38 (3) from measles; 44 (—) from whooping cough; 95 (2) from influenza and 24 (—) from diphtheria and croup.

An indication of the extent of the progress made over the last fifty years is given when those figures are compared with the corresponding figures for 1965 which are shown in parentheses.

In case we forget, however, that much remains to be done, the Annual report for 1915 also referred to 226 (979) deaths from cancer and 363 (1,513) from heart disease; the 1965 figures, given in parentheses, give an indication of present trends.

I am grateful for the opportunity at the end of another year to thank members of the County Health and Education Committees for their generous support of the staff and myself and of saying a very sincere "thank you" to the voluntary associations, to the voluntary helpers and to the staff for their contribution to another successful year.

I am,

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)

P. LAVIS, M.B., CH.B., D.P.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)

A. J. MUIR, M.B., CH.B., B.H.Y., D.P.H.
(also Medical Officer of Health, Borough of High Wycombe, Urban District of Marlow and Rural District of 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, Rural Districts of Aylesbury and Wing)

Divisional School Medical Officer :

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

Deputy Divisional School Medical Officer :

B. H. BURNE, M.R.C.S., L.R.C.P., D.P.H.
(also Medical Officer of Health, Urban Districts of Beaconsfield and Chesham and Rural District of Amersham)

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., D.P.H.
(Senior Assistant)

LILIAN F. C. BEATTIE, M.B., B.S.

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

BARBARA V. GIBSON, M.B., B.S., M.R.C.S., L.R.C.P.

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

J. P. HUTCHBY, M.B., B.CH., B.A.O.

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

WENDY L. JEFFERSON, M.B., B.S., D.Obst.

PATRICIA M. LAMBERT, B.Sc., M.B., B.CH., D.R.C.O.G., D.C.H. (*Part-time*)

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

EVELYN D. MORLEY, M.B., CH.B., D.C.H.

AUDREY MYANT, M.B., B.S., M.R.C.P., D.P.H.

WINIFRED J. RISK, M.B., CH.B.

G. F. SLOCOMBE, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (*Senior Assistant*)

MARY R. VENNING, B.M., B.CH., C.P.H. (*Part-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.C.H., 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.

Orthodontis

AUDREY 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)

MRS. E. J. BARKER, L.D.S., R.C.S. (*Part-time*)

B. A. BERRILL, L.D.S., R.C.S.

MRS. J. A. BODENHAM L.D.S. (*Part-time*)

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.

MRS. LISE LEVY, L.D.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*)

C. ROONEY, L.D.S.

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

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

Chief Administrative Officer :

E. L. EYRE

Superintendent Health Visitor :

MISS E. L. MARTIN

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

Social Work Training Officer :

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.

North West Metropolitan Regional Hospital Board	.. .. .	BRIAN C. THOMPSON, M.A., M.D.
		J. F. HARE, M.B. M.R.C.P.

Consultant Geriatrician :

H. CAPLAN, B.A., M.B., B.CHIR., M.R.C.S., M.R.C.P.

LORNA C. DAVIES, M.B., B.S., D.C.H., M.R.C.P.

A. W. HOGG, M.B., CH.B., M.R.C.P.

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.

MRS. N. M. OUGHTON, M.B., CH.B., D.O.

The census of the population and administrative County is 47,750 and approximately 700 houses and the number of houses in the County is 10,000. The census of the County is 47,750 and approximately 700 houses and the number of houses in the County is 10,000. The census of the County is 47,750 and approximately 700 houses and the number of houses in the County is 10,000.

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Total	Male	Female	Total	Male	Female
47,750	23,875	23,875	47,750	23,875	23,875
10,000	5,000	5,000	10,000	5,000	5,000

Part 1

1965	1964	1963
18.5	20.1	19.5
8.5	7.4	7.7
155	175	145
11.5	12.8	14.4
10,321	10,805	10,060
156	178	175

LOCAL HEALTH AUTHORITY SERVICES

1965	1964	1963
10.1	11.5	11.5
21.5	27.0	25.7
3	4	3
0.58	0.57	0.50

1965	1964	1963
1,515	1,464	1,037
979	960	930
225	195	267
718	705	378
5	3	45
34	20	16
4	4	3
58	86	88
90	107	114
4,757	4,617	2,111
8.9	8.7	8.9

It will be noted above that the year 1963 was the year when the County was first divided into two parts. The County was divided into two parts in 1963. The County was divided into two parts in 1963.

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

SECTION A.—GENERAL STATISTICS FOR THE COUNTY

The area of the geographical and administrative County is 477,750 acres (approximately 746 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, 1965, was £29,721,227 as against £28,573,934 at 1st April, 1964, an increase of just over four per cent.

The estimate of the Registrar General for mid-1965 refers to the home population including members of the armed forces stationed in the area, and amounts to 532,990 compared with 523,540 for 1964. At the 1961 census the total population of the County was 484,094.

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

Live Births:

1964				1965		
	Males	Females	Totals	Males	Females	Totals
Legitimate ..	5,198	4,862	10,060	5,020	4,786	9,806
Illegitimate ..	280	296	576	348	305	653
Totals ..	5,478	5,158	10,636	5,368	5,091	10,459

	1963	1964	1965
Live birth rate per 1,000 population	19.2	20.1	19.6
Illegitimate live births per cent of total live births	5.7	5.4	6.2
Number of stillbirths	145	172	122
Stillbirths rate per 1,000 total live and stillbirths	14.4	15.9	11.5
Total live and stillbirths	10,060	10,808	10,581
Number of infant deaths (deaths under one year)	175	178	156
Infant Mortality Rates:			
Total Infant deaths per 1,000 total live births	17.7	16.7	14.9
Legitimate infant deaths per 1,000 legitimate live births	17.1	16.4	14.9
Illegitimate infant deaths per 1,000 illegitimate live births	26.4	22.6	15.3
Number of deaths of infants under four weeks	128	139	116
Neo-natal mortality rate (deaths under four weeks per 1,000 live births)	12.9	13.2	11.1
Number of deaths of infants under one week	112	120	106
Early neo-natal mortality rate (deaths under one week per 1,000 live births)	11.3	11.3	10.1
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	25.7	27.0	21.5
Number of maternal deaths (including abortion)	3	4	3
Maternal mortality rate per 1,000 live and still births	0.30	0.37	0.28
Principal causes of deaths:			
Heart disease	1,657	1,464	1,513
Cancer	930	900	979
Bronchitis	267	195	223
Pneumonia	378	362	316
Influenza	42	3	2
Tuberculosis—Respiratory	16	20	14
Other forms	3	4	4
Motor vehicle accidents	88	86	76
All other accidents	114	107	96
Total deaths from all causes	5,111	4,617	4,725
Death rate per 1,000 population	9.9	8.7	8.9

It will be noted above that this year there were three deaths from maternal causes recorded in the County, representing a rate of 0.28 per thousand total live and stillbirths. The rate for England and Wales was 0.25, which equalled the new low record of the previous year.

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

Population trend:

In looking closely at these statistics and at those given throughout this report it is to be remembered that as from 1st April, 1965 the Urban District of Linslade was transferred to Bedfordshire; the figures given throughout refer only to the County of Buckinghamshire whilst those in respect of services provided in Linslade during the quarter ended 31st March 1965 will, so far as is possible, be included in the returns for Bedfordshire.

The Registrar General estimated that the population of the County at mid-1964 was 528,010, and that figure included 4,470 persons living in Linslade. The estimated mid-1965 population of the County of 532,990 was therefore an increase of 9,450 over the actual figure for 1964.

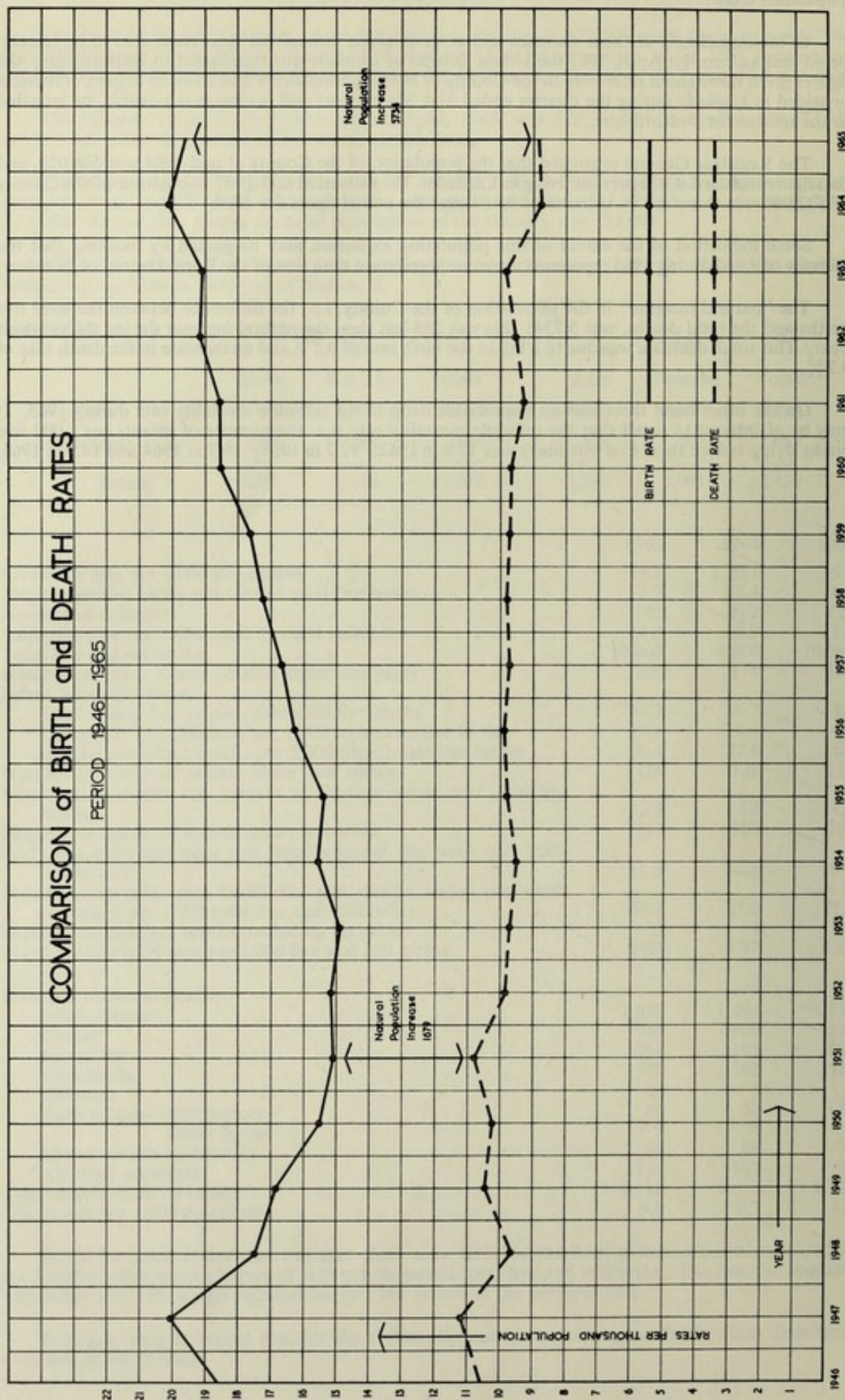
Some indication of the extent of this population explosion may be gained by recalling that the increase of 9,450 during 1965 represents a greater population than that of the Rural District of Winslow.

The 'natural increase' in the population of the County, i.e., the difference between the total live births and the total deaths, was 5,734; this was 285 less than the natural increase during the previous year. This small decrease was due to a fall in the birth rate of 0.5% and an increase in the death rate of 0.2%.

On the other hand there was an appreciable drop in the infantile mortality rate during 1965. It may be of interest to recall that the infantile mortality rate (i.e. the number of infants per 1,000 live births dying before their first birthday) was 17.9 in 1962; 17.7 in 1963; 16.7 in 1964 and 14.9 in 1965.

COMPARISON of BIRTH and DEATH RATES

PERIOD 1946-1965



SECTION B.—GENERAL PROVISION OF HEALTH SERVICES
NATIONAL HEALTH SERVICE ACT, 1946
SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN

Child Welfare Centres

Child welfare centres continue to be popular in this county. Approximately 80% of the children born in 1965 and in 1964 were brought to the centres this year and, generally, the number of children who attended has never been higher. During the year 24,108 children paid 137,610 visits to 126 centres. Two new centres were opened, one at Lacey Green and the other at Cheddington, the latter having previously been visited by the mobile clinic. The centre at Linslade was transferred to Bedfordshire on April 1st and three others were closed, two of which (at Kimble and Worminghall) are now visited by the mobile clinic.

The medical officer at the child welfare centre is not different from his colleagues in hospital and general practice in that during the working session he finds his time more than fully occupied. At the child welfare centre examinations to assess developmental progress, immunisation procedures and advice to parents are important tasks undertaken by the doctor. Of these the immunisation can be delegated.

As one of their many duties, nurses in hospitals and district nurses give injections. During their training nurses are taught to measure accurately the dose of the substance to be given and then to give the injection as painlessly as possible. The County Health Committee agreed that immunisation by injection may be undertaken by state registered nurses at child welfare centres when a medical officer is present and he has prescribed the course of injections.

Parents are particularly glad when they find that the doctor at the child welfare centre is also the school medical officer at the local infants school. The first school medical examination is less of an ordeal when the pupil finds the doctor is someone he knows and has learned to trust. This usually happens when the doctor is a full-time member of the public health staff but there is no reason why other doctors should not acquire the special techniques of developmental examination of young children and work with the school health service. Indeed, some would bring to the work the refreshing stimulus received from clinical work in other fields and the experience of caring for their own children.

Tests for phenylketonuria usually take place in the child's home but they continue to be undertaken at the child welfare centres when the opportunity arises. Phenystix test material is used except at Chesham and Bletchley, where since July, 1965 the health visitors have been co-operating with Dr. L. Woolf, of the Radcliffe Infirmary, Oxford, in his study of a new test for phenylketonuria. Filter paper, having been placed in the napkin, is made thoroughly wet by the infant's urine. It is allowed to dry and then is placed in an envelope and brought to the child welfare centre by the parent or collected by the health visitor at her next visit. Batches of dried filter papers are posted to the laboratory in Oxford every week where they are tested for phenylketonuria, glucosuria, cystinuria, homocystinuria, and proteinuria. Reports are received at the clinic in all cases and by telephone if a further test is required. Apart from one case of suspected tyrosinosis, the diagnosis of which was not confirmed, no abnormalities have been discovered.

Individual health education continues to be undertaken by the health visitors and small exhibits and poster displays are arranged in association with the health education organisers.

The voluntary helpers continue to give valuable service at the centres. It is sad that the number of people able to give the time and energy to help at these sessions is diminishing but to those who do, I wish to record my grateful thanks.

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	(105)	20*	(17)	3	(3)	126	(125)
(2) Times centres opened ..	3,333	(3,259)	210	(205)	59	(60)	3,602	(3,524)
(3) Attendances by Medical Officers	2,254	(2,220)	209	(205)	Nil	(14)	2,463	(2,439)
(4) Examinations by the Medical Officer	36,776	(34,095)	2,271	(1,993)	Nil	(122)	40,047	(36,210)

	<i>Permanent</i>		<i>Mobile</i>		<i>Voluntary</i>		<i>Total</i>	
(5) Number of children referred elsewhere by Medical Officer	312	(308)	14	(6)	—	—	326	(314)
(6) Children who attended during the year and who were born in:—								
(a) 1965	7,668	(7,692)	308	(281)	95	(90)	8,071	(8,063)
(b) 1964	7,840	(7,416)	335	(256)	88	(111)	8,263	(7,783)
(c) 1960—1963 ..	7,449	(7,294)	508	(447)	60	(68)	8,017	(7,809)
(7) Total number of children who attended during the year	22,957	(22,402)	1,151	(984)	243	(269)	24,351	(23,655)
(8) Attendances during the year made by children born in:—								
(a) 1965	50,939	(53,144)	1,073	(981)	444	(410)	52,456	(54,535)
(b) 1964	56,178	(54,243)	1,512	(1,140)	474	(653)	58,164	(56,036)
(c) 1960—1963 ..	26,330	(25,659)	1,578	(1,238)	206	(271)	28,114	(27,168)
(9) Total attendances during the year	133,447	(133,046)	4,163	(3,359)	1,124	(1,334)	138,734	(137,759)

* Twenty half-day sessions each month covering 60 villages.

Distribution of Welfare Foods

Welfare foods were being sold from 132 distribution centres at the end of 1965 and of these centres 96 were held in conjunction with Child Welfare Centres. Welfare foods were also on sale from the mobile Child Welfare Clinic which made monthly visits to some 60 villages mainly in the north of the County.

The following summary of issues of welfare foods during the year (figures for the year 1964 being shown in parentheses,) shows that the sales of bottles of orange juice increased, that there was a small increase in the number of tins of national dried milk (half cream) sold and that sales of other foods fell.

National dried milk—full cream	42,859 tins	(47,245)
National dried milk—half cream	630 tins	(572)
Cod liver oil	10,237 bottles	(10,568)
Vitamin tablets	11,144 pkts.	(12,933)
Orange Juice	170,834 bottles	(165,828)

These sales were undertaken with the co-operation of the Women's Voluntary Service, the British Red Cross Society and the Women's Institutes.

Many of the voluntary workers have helped in the provision of this service since it was taken over by the County Council more than ten years ago. There is no doubt that without that voluntary help it would have been necessary to employ part-time clerical help at more than the two centres at which paid help is at present employed.

Ante-Natal and Post-Natal Care

The majority of confinements are booked to take place in the hospital or maternity units. All expectant mothers who are to be confined at home are advised to consult the general practitioner who arranges to be responsible for the obstetrical care. Close liaison exists between the doctors and the domiciliary midwives. Some mothers are examined in their own homes but, particularly in the towns, it is more convenient if the patients attend ante-natal sessions at clinic premises. Sixteen of these were operating on December 31st. A total of 1,535 mothers attended ante-natally and the midwife was present when 188 of them received their post-natal examinations by the doctor.

The training of expectant mothers in mothercraft, relaxation and correct breathing technique, in preparation for confinement was again undertaken by many domiciliary midwives and health visitors. A total of 1,450 classes were held during 1965 compared with the total of 1,374 during 1964.

Maternity Accommodation

Applications for maternity beds which are made for social or domestic reasons are, except in the North Bucks area, submitted to me, by arrangement with the Hospital Management Committees concerned. 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 1964 are shown in parentheses).

South Bucks Area	..	..	2,281	(2,260)
Wycombe Area	..	..	1,235	(1,235)
Aylesbury Area	..	..	645	(593)

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

Premature Births

The following summary gives details of both premature live births and premature still births occurring during 1965, the corresponding figures for the previous year being shown in parentheses:—

Premature Live Births

(a) In Hospital	..	..	..	534	(525)
(b) At Home or in Private Nursing Homes				65	(64)
				<hr/> 599	<hr/> (589)

Premature Still Births

(a) In Hospital	..	..	..	63	(98)
(b) At Home or in Private Nursing Homes				2	(8)
				<hr/> 65	<hr/> (106)

(Note: A premature birth is defined as one weighing 5½ lbs. or less, irrespective of the period of gestation.)

The premature births in 1965 were 6.3% of the total births.

Where premature births occurred at home, midwives were 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 were available for use in nursing premature infants at home. When necessary, arrangements were 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 again co-operated with the consultant paediatrician for mid-Bucks in a follow-up of premature babies. Hitherto, this was arranged for all infants weighing 5 lbs. and under at birth but during the year it was decided to limit the scheme to infants weighing 4½ lbs. and under. Health visitors paid 92 visits to the parents of these babies and submitted a report on the home conditions and the infant's diet to the paediatrician prior to the infant's examination at the hospital at six months of age.

Detailed information of survival related to birth weights for all premature live births including those occurring in hospitals is shown in the following table, along with details of the weights of premature still births:—

	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	14	10	7	5	6	42
Died aged 1-7 days	6	4	4	4	4	22
Died aged 7-28 days	—	—	—	1	—	1
Survived 28 days	—	22	93	118	236	469
TOTAL	20	36	104	128	246	534
Born at Home or in a Nursing Home and nursed entirely there:						
Died within 24 hours of birth	1	—	—	—	—	1
Died aged 1-7 days	—	—	—	1	—	1
Died aged 7-28 days	—	—	—	—	—	—
Survived 28 days	—	—	—	3	38	41
TOTAL	1	—	—	4	38	43
Born at Home or in a Nursing Home and transferred to Hospital:						
Died within 24 hours of birth	2	—	—	—	—	2
Died aged 1-7 days	1	1	—	—	—	2
Died aged 7-28 days	—	—	—	—	—	—
Survived 28 days	—	—	5	6	7	18
TOTAL	3	1	5	6	7	22
Premature stillbirths						
Born in Hospital	9	15	20	5	14	63
Born at Home or in a Nursing Home	1	1	—	—	—	2
TOTAL	10	16	20	5	14	65

Congenital Malformations

Since January 1st, 1964, in accordance with Ministry of Health requirements, all congenital malformations recognised at birth have been recorded on the birth notification card and a central register of these defects has been kept.

During the year, 187 defects were reported, affecting 131 infants, 40 of whom had two or more defects. In severity, these ranged from minor birthmarks to gross malformations incompatible with life. Notification of a congenital abnormality diagnosed at birth is followed up within a month by a report from a medical officer giving the diagnosis of the system involved, as required by the Registrar General. The incidence of defects reported during 1965 including those of stillborn children was as follows (figures for 1964 in parentheses):—

Central Nervous System	..	46	(54)
Eye, ear .. ..	..	1	(6)
Alimentary system	..	44	(26)
Heart and great vessels	..	4	(3)
Respiratory system	..	1	(1)
Uro-genital system	..	9	(12)
Limbs .. ..	..	59	(59)
Other skeletal	..	1	(4)
Other systems	..	16	(24)
Other malformations	..	6	(15)
Total:	..	187	(204)

Follow up is undertaken at intervals decided upon according to the severity of the condition. Particular attention is given to the assessment of the handicap and to the possible manifestation of associated congenital abnormalities which could not have been diagnosed at birth.

At the end of one year a report on all children is sent to me and during 1965 reports of the children born in 1964 were received.

It will be remembered that in 1964, 47 children with congenital abnormalities were stillborn. 13 died during the first year of life and 15 moved from Buckinghamshire. 76 infants had conditions which required treatment and 27 had minor defects, mainly suspected talipes which in fact corrected spontaneously soon after birth, supernumerary digits and small birthmarks which disappeared without treatment during early life.

Close liaison exists with the school health service and the progress of handicapped children is the concern of medical officers who have an interest in the child during the early years and throughout his school career.

Nurseries

(i) Day Nurseries

At the end of the year under review there were 26 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 20 as compared with an average of 18 for the previous year.

The arrangements, which have been in operation for some years, whereby financial responsibility may be accepted for the maintenance of children resident in this County, who attend day nurseries elsewhere continued during 1965. The arrangements only refer to children in the approved priority groups. At 31st December, 1965 two children from Buckinghamshire were attending the Uxbridge Day Nursery.

(ii) Residential Nurseries and Children's Homes

The arrangements whereby Medical Officers of the Department undertake the medical supervision of nurseries and children's homes maintained by the Children's Committee continued during 1965. The following establishments were supervised:

Aylesbury Area					Capacity of Homes
23, Walton Road, Aylesbury	..	..	..	..	10
The Orchard, 25 Walton Road, Aylesbury	..	..	..	..	16
1a, Churchill Avenue, Aylesbury	..	..	..	..	9
65, Priory Crescent, Aylesbury	..	..	..	..	8
South Bucks Area					
Crosfield House, Gerrards Cross	..	..	..	..	18
Manor Lodge, 2a, Mildenhall Road, Slough	..	..	..	..	18
Brookside Nursery, 103 Bath Road, Slough	..	..	..	..	24
Elmside Boys' Hostel, Slough	..	..	..	..	10
Stow Lodge, Oval Way, Gerrards Cross	..	..	..	..	11
Bilby House, 55 Langley Road, Slough	..	..	..	..	8
"Brandeg," 320 Stoke Poges Lane, Slough	..	..	..	..	9
Wycombe Area					
Bledlow Homes—South Wing and Aylesbury House	..	..	..	..	31
Jasmine House	..	..	..	..	18
The Mount, Little Kimble	..	..	..	..	12
292 Micklefield Road, High Wycombe	..	..	..	..	9
Northgate, 64 Station Road, Beaconsfield	..	..	..	..	10
North Bucks Area					
5 Surrey Road, Bletchley	..	..	..	..	10

As in past years, Medical Officers of the Department examined all children on admission to residential nurseries and children's homes and at intervals afterwards and carried out vaccination and immunisation where necessary. Officers of the Department also arranged for the medical examination of the staff of the nurseries and homes (including periodic X-Ray examination) and furnished medical reports on children about to be boarded out or adopted. Whenever necessary advice was given on questions of hygiene, diet and feeding.

Care of Illegitimate Children

During 1965 there were 653 illegitimate births to Buckinghamshire residents; this was 77 more than the total of the previous year and was in fact an increase of 13.4%.

Of the unmarried mothers who were confined during the year a total of 149 were admitted to suitable mother and baby homes. This was an increase of 28.2% on the figure for 1964. The increase of the 1964 total on that for 1963 was only 3.4%.

The appreciable increase in admissions is a matter which all will note with interest if not concern; it is, however, difficult to say to what extent the rise in the admissions was due to the services which the Department provide for the unmarried mother becoming more widely known.

Arrangements in respect of 12 of the unmarried mothers were made by the Northampton Diocesan Catholic Child Protection and Welfare Society. The other 137 cases were admitted under arrangements made by the Oxford Diocesan Council for Moral Welfare; which Council undertakes this work for the County Council on an agency basis.

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 was made available in approved cases.

An annual grant is paid to the Oxford Diocesan Council in consideration of the case work undertaken by moral welfare workers employed by them. In addition one health visitor with special training and experience in moral social welfare continued to share her duties in the North Bucks Health Area between health visiting and moral welfare case work.

Mrs. Vera Wood, the Organising Secretary of the Diocesan Council kindly provided the following statistics in respect of the work undertaken during 1965 by the moral welfare workers in Buckinghamshire:—

New maternity cases	..	..	..	..	..	..	451
Age at time of confinement:							
14 years	..	..	..	..	..	..	6
15 years	..	..	..	..	..	..	23
16 years	..	..	..	..	..	..	38
17—20 years	..	..	..	..	..	..	215
21—30 years	..	..	..	..	..	..	139
31—40 years	..	..	..	..	..	..	26
Over 40 years	..	..	..	..	..	..	4
Other new cases (mainly consultation in connection with adoption or matrimonial and personal problems)	..	..	..	..	..	..	93
Total new cases	..	..	..	..	..	..	544
Total cases dealt with during the year	..	..	..	..	..	..	775

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

It was agreed during the year that the premises previously used as a Nurses Home and known as The Grange, Amersham Hill, High Wycombe, should be adapted at the County Council's expense and let at an economic rent to the Oxford Diocesan Council for Moral Welfare for use as a Mother and Baby Home.

This home will provide places for twelve unmarried mothers and their babies and will, it is hoped, meet the need which arose for beds following the closure of Putnam House, Aylesbury.

Infant Deaths

There were 10,581 births, including 122 stillbirths, to Buckinghamshire residents during 1965 as compared with a total of 10,808 births during 1964.

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

YEAR	Rate per thousand live births			Rate per thousand live and stillbirths		
	Infant Deaths 0-12 months	Neo-natal deaths (under 4 weeks)	Deaths 1-12 months	Stillbirths	Peri-natal deaths, (stillbirths and deaths under 1 week)	Total stillbirths and Infant Deaths
1963	17.7	12.9	4.8	14.4	25.7	31.8
1964	16.7	13.2	3.5	15.9	27.0	32.4
1965	14.9	11.1	3.8	11.5	21.5	26.3

There is a general reduction in the level of mortality and the perinatal death rate at 21.5 deaths per 1,000 live and stillbirths is the lowest ever recorded in the County. There was a reduction in the number of babies who were reported to have died from anoxia and birth injury and placental insufficiency but an increase from 8 to 15 in those aged between one month and one year who were reported to have died from infections, including bronchopneumonia. For the second year in succession no deaths were reported as due to hypothermia or post-maturity and these categories have been omitted from the following table:—

INFANT DEATHS 1965

Cause of Death	Stillbirth	Deaths up to one week	Deaths 8-28 days	Deaths 1-12 months	Total Infant Deaths
Prematurity only	3	35	1	—	36
Congenital malformation ..	25	24	7	13	44
Anoxia and birth injury ..	16	29	—	1	30
Rhesus Incompatibility ..	8	5	—	—	5
Infections	—	5	1	15	21
Accidents	—	1	1	4	6
Misplacement of cord ..	12	1	—	—	1
Placental insufficiency ..	27	1	—	—	1
Other causes	19	5	1	3	9
Causes not ascertained ..	12	1	—	—	1
TOTAL ..	122	107	11	36	154

Dental Treatment of Expectant and Nursing Mothers and Young Children

The provision of dental treatment for these priority classes was continued during 1965.

A total of 478 children under the age of five years completed courses of treatment this being 76 more than in the previous year.

The number of pre-school children who commenced treatment at the Council's Clinics in 1965 was 113 more than the figure for 1964. In this connection more children in the three to four year old age group are being brought to the clinics for dental inspection; this is particularly so in the Bletchley area. Parents are encouraged to accept the offer of dental inspection before their children go to school since at that age it is often possible to fill small cavities in the teeth and thereby avoid the need for extractions and the possible crowding of teeth which is commonly seen in later years. The majority of these children are referred from Child Welfare Clinics.

There was a fall during the year in the demand for dental treatment for expectant and nursing mothers. Details of the treatment provided are shown in Table (i) on page (83) of this report. It will be seen from the table that 132 expectant and nursing mothers commenced treatment and 97 completed courses of treatment during 1965; the corresponding figures for 1964 were 183 and 129 respectively.

It has to be remembered however that patients in this category may receive the dental treatment they require through the general dental service.

The programme of dental health education for both parents and children attending the dental clinics was continued during the year and it is felt that the young mothers to-day show a greater awareness of the importance of good dental health.

SECTIONS 23 AND 25.—MIDWIFERY AND HOME NURSING SERVICES

Staff

The number of full-time staff in post in the domiciliary nursing services at the end of 1965 was one less than the number in post at the end of the previous year. There were, however, many staff changes during the year; in all 27 full-time members of the nursing staff resigned and 26 full-time replacements were found. In addition ten resignations were received from part-time staff and six part-time appointments were made.

The task of filling these posts was time consuming, and additional effort was called for from the supervisory staff to ensure that the newcomers quickly fell into our ways and fitted into their new surroundings without disruption of the service. This particular aspect of our staffing problem has to be borne in mind when it is recalled that five of the resignations of full-time staff were "retirements" of nurses who had given faithful service in the County for 29, 27, 25, 18 and 14 years respectively. Those retiring nurses were difficult to replace.

The actual staffing position at the end of December, 1965 was as follows:—

Full-Time Posts

Supervisor of Midwives and Home Nurses	..	..	..	1
Deputy Supervisor of Midwives and Home Nurses	..	..	..	1
Assistant Supervisors of Midwives and Home Nurses	..	..	..	2
Superintendents	..	..	..	2
District Nurse/Midwife/Health Visitors	..	..	..	16
Domiciliary Midwives	..	..	..	9
District Nurse/Midwives	..	..	..	84
District Nurses (female) (including 1 State Enrolled Nurse)	..	..	..	16
District Nurse (male)	..	..	..	5

Part-time Posts

Domiciliary Midwives	..	..	..	..	..	3
District Nurse/Midwives	..	..	..	..	..	7
District Nurse	..	..	..	..	..	15

It may be of interest to report that of the 27 resignations of full-time staff referred to above, ten were from nurses who left for service with other local health authorities, eight were due to domestic reasons, two were due to the husbands of the nurses concerned changing their employment, one was from a nurse returning to her home in British Guiana, one from a nurse taking up midwifery training whilst five (as mentioned previously) were retirements.

Summary of Work undertaken by Administrative Nursing Staff

Routine visits to District Nurse/Midwives	..	..	..	..	297
Contact visits with District Nurse/Midwives and other public health workers	..	..	..	..	210
Committees and Conferences	..	..	..	..	123
Talks and Discussions	..	..	..	..	77
Group Staff Meetings	..	..	..	..	26
Visits to Maternity Units and Hospitals	..	..	..	..	7
Nursing Homes Inspections	..	..	..	..	6
Nursing agency—inspection	..	..	..	..	1
Independent midwives	..	..	..	..	5
Pupil Midwives	..	..	..	..	45
Special visits	..	..	..	..	50
Interviews	..	..	..	..	43
Visits to General Practitioners	..	..	..	..	3
Nursing duties and visits	..	..	..	..	422
Medical examinations—student district nurses	..	..	..	..	6

Attendances at "Committees and Conferences" included "geriatric conferences" Hospital Management, Nursing Education, Maternity Liaison and Perinatal Sub-Committee meetings.

The talks and discussions included lectures given to student nurses, student district nurses, pupil midwives, Civil Defence detachments and ante-natal groups to which both the mothers and fathers were invited to attend.

Statistics relating to the work of the Domiciliary Nursing Staff

						1965	
<i>Midwifery</i>						<i>Cases</i>	<i>Visits</i>
Ante-natal							30,300
Deliveries						2,686	47,053
Hospital discharges						2,573	24,502
Post-natal							472
Supervisory							7,258

						1965	
<i>General Nursing</i>						<i>Cases</i>	<i>Visits</i>
Total number of patients						9,567	232,724
of the above	Number of patients 65 years and over ..					5,248	140,358
	Number of patients under 5 years of age					383	2,530
	Total number of visits to all patients ..						342,309

Midwifery

The total number of mothers delivered during 1965 was 10,344; this total was 257 less than the total for the previous year. Of this number 7,658 confinements took place in hospital and it may be of interest to note that the percentage of hospital confinements was 74.3. There were 2,686 domiciliary confinements; this being 387 less than in 1964.

The following table gives details concerning the discharge of mothers confined in hospital during the past two years and shows that there were more early discharges in 1965 than in the previous year:—

<i>Day of Discharge</i>	<i>1st</i>	<i>2nd</i>	<i>3rd</i>	<i>4th</i>	<i>5th</i>	<i>6th</i>	<i>7th</i>	<i>8th</i>	<i>9th</i>	<i>10th</i>	<i>Total</i>
1964	221	669	378	141	139	178	202	230	139	83	2,380
1965	190	689	554	250	187	181	205	200	65	52	2,573

There seems to be little doubt that if the present trend towards early discharge of mothers confined in hospital continues, as more hospital beds become available it may not be necessary to employ as many domiciliary midwives. Similarly there is little doubt that whenever the home conditions are satisfactory, early discharge is favoured by the parents and that the nursing care which these mothers require could be provided by part-time midwives.

Obstetric Emergency Service

This emergency service was called in 35 cases of domiciliary confinement. Response to the calls came from the Royal Buckinghamshire Hospital, Aylesbury (8), Amersham General Hospital (9), Canadian Red Cross Memorial Hospital (14), Barratt Maternity Home (2), King Edward VII Hospital (1) and the Luton Maternity Hospital (1).

Emergencies making these calls necessary were:—

Miscarriages	2
Ante-Partum Haemorrhage	3
Eclampsia	1
Uterine Inertia	1
Asphyxia of the Newborn	1
Haemorrhage from the Newborn	1
Post-partum haemorrhage with retained placenta	4
Post-partum haemorrhage	11
Retained placenta	11

Paediatric Care

It was necessary during the year to call in the Paediatric Flying Squad on five occasions and in forty-five instances the Sparklet apparatus was used in administering oxygen for the resuscitation of newly born infants. No calls were received for the heated cot.

Analgesia

The Central Midwives Board notified all local supervising authorities in July 1965 that approval had been given to the administration by midwives, without supervision, of gas and oxygen using the Entonox apparatus.

The County Health Committee approved the purchase of the necessary machines and these will gradually replace the Minitt apparatus which has been in use for some years.

Arrangements were made for domiciliary midwives employed in the County to be instructed in the use of Entonox apparatus.

During the year analgesia was administered as follows:—

	<i>Pethidine or Pethilorfan</i>	<i>Gas and Air</i>	<i>Trilene</i>
1964	1,583	1,848	769
1965	1,451	1,518	801

There was no significant change in the number of mothers confined at home to whom analgesia was administered although trilene was used in an increased number of cases.

Because of the decision to purchase Entonox apparatus only one additional Trilene apparatus was purchased during the year.

Maternity Liaison Committee

The selection of bookings for hospital and domiciliary confinements and the perinatal mortality rate for the County were the main questions considered by the Liaison Committees which met on three occasions during 1965. As a result of the discussions a Sub-Committee was set up to consider and report on perinatal mortality.

General Nursing

In looking at the figures relating to the provision of home nursing and midwifery services during 1965 it has to be remembered as mentioned earlier in this report that the Urban District of Linslade was transferred to Bedfordshire on 1st April, 1965 and that certain boundary adjustments to the County boundary were made at Woburn Sands which brought about the transfer from Bedfordshire to Buckinghamshire of about 23 homes.

Figures in respect of domiciliary nursing work carried out in Linslade for the quarter ended 31st March, 1965 are not included in the returns for Buckinghamshire but will be shown in the Bedfordshire returns.

The total number of patients nursed during 1965 was 430 less than the total for the previous year but on the other hand there was a slight increase in the number of visits during 1965; in this connection 232,724 visits were made during 1965 and 232,670 in 1964.

In all 383 children under the age of five years were visited; this total was 43 less than the total for 1964 and 166 less than the total for 1963. These figures seem to support the suggestion put forward in my annual report last year that the fall in the numbers of young children visited is due to the continuing improvement in standards of health and maternal care and to the increasing practice of administering drugs orally rather than by injection.

Home Nursing Study

During 1964 the Ministry of Health invited five Local Health Authorities,—the County Boroughs of Birmingham, Newcastle-on-Tyne and York and the County Councils of Lancashire and Buckinghamshire—to participate in a study of the work of the home nursing service with a view to establishing the part that service can play in preventing admissions to hospital.

It was hoped that during the survey records would be kept by selected general medical practices for an initial "control" period of three months in which the doctors concerned would continue their pattern of use of the home nursing service. Thereafter records would be kept for a further period of three months in which the doctors would be encouraged to treat at home with the help of the home nursing service as many patients as possible in the knowledge that the local health authority would meet all their requirements without question. This would entail the local health authority arranging for the doctors to have first call on the services of particular nurses.

The County Health Committee readily agreed to accept the invitation extended by the Ministry of Health and with the whole hearted co-operation of the two practices selected, a survey was carried out in the north of the County during 1965.

Results of the survey are being examined and it is hoped that the information obtained will provide a firm guide towards the future planning of the home nursing service.

Geriatric Care

Members of the supervising nursing staff and on occasion, district nurses, continued to attend the weekly geriatric conferences held at Stoke Mandeville Hospital.

A survey carried out during the year showed that of the eighty patients discharged from the Geriatric Rehabilitation Centre at Stoke Mandeville to the care of home nurses, 42 were still on the nurses' books, sixteen were known to have died, whilst twenty-two were convalescent or had been re-admitted to hospital.

Incontinent Pads and Laundry Service

This service which provides for the supply of incontinent pads to the doubly incontinent and handicapped being nursed in their own homes continued during the year. It was appreciated by those who have the extremely difficult problem of the home care of the doubly incontinent.

More incontinence pads and garments were supplied during 1965 than during the previous year but the additional expenditure involved was well justified.

No particular problems arose regarding disposal of the used pads; disposal by burning is recommended but where this is not possible (e.g. in smokeless zones) collection in wet strength bags for removal by refuse collectors is advised.

Facilities for the laundering of bed linen used by the incontinent which were provided by the St. John's (Stone), Amersham, High Wycombe and Renny Lodge, Newport Pagnell Hospitals were appreciated by all concerned. Transport was however a limiting factor in the provision of this service in the rural areas and in this connection younger relatives or friends of the patients who have motor cars could render very valuable assistance.

Marie Curie Day and Night Nursing Service

The demand for this service was not so great during the year under review as in 1964 and the expenditure incurred amounted to £1,880 12s. 7d. as compared with the total of £3,034 19s. 11d. in 1964.

It was possible to meet all requests for the service and the position regarding the recruitment of nurses to staff the service was satisfactory.

There were 29 nurses on the Day and Night Nursing service register at the end of the year; five resignations from the service were received during the year whilst six new appointments were made.

The arrangement, continued during the year, whereby at the Foundations' request all cases where expenditure was likely to exceed £78 0s. 0d. were referred to the Foundation for approval before it was continued. It was necessary to ask for the service to be extended in five instances and in each case permission was granted for nursing care to be provided until the patient died or was admitted to hospital.

Post Graduate Education

Refresher courses in accordance with Rule G.1 of the Central Midwives Board were arranged during the year for 25 midwives. Four other midwives attended a course on relaxation and parentcraft teaching arranged by the Royal College of Midwives.

A refresher course for district nurses held in Oxford and organised by the Queen's Institute of District Nursing was attended by five district nurses, one of whom was a male nurse.

The Deputy Supervisor of Midwives attended the refresher course for supervisors arranged by the Association of Supervisors of Midwives.

Other events at which the Supervisor of Home Nurses and Midwives was present were the International Congress of Nurses held in Frankfurt and a study day held in Coventry on the subject of mental health problems in the community.

Training

District Nurse Training. Six state registered nurses with the state certified midwifery certificate were accepted for the three month course, and two state registered nurses took the four month course for Queen's District-Nurse Training. At the end of the year three nurses were still in training.

In-Service training was arranged during the year for thirteen nurses who for various reasons, but mainly for domestic reasons, were unable to take the courses for Queen's Training.

The Supervisor of Home Nurses and Midwives gave lectures to student district nurses on the work of the district nurse in a rural area and took part in the practical examination of six students.

District Nurse/Midwife/Health Visitors on two occasions during 1965 gave students an insight into work in a rural area.

Pupil Midwives

More pupil midwives undertook their district training in the County during 1965 than ever before and of the fifty-two who completed their training only two were unsuccessful in their examination for the state certificate. One of these two nurses was successful at her second attempt. At the end of the year twelve pupils were still in training.

The year's results are satisfactory but it would seem reasonable to expect that if the present trend of decreasing numbers of domiciliary confinements continues, it will be extremely difficult to maintain the facilities provided at present for the district training of pupil midwives, a matter which is under review at the present time.

Student Nurses

A total of 108 student nurses from local hospitals accompanied district nurses on their visits during the year in order to gain some knowledge of public health nursing and of the environmental conditions to be found in the homes of the patients. These students were from the Royal Buckinghamshire Group of Hospitals, Aylesbury, Amersham, High Wycombe, Canadian Red Cross, Taplow, and Upton hospitals and from the Princess Mary R.A.F. Hospital, Halton.

Lectures were given by supervisory nursing staff to the students about the County Council's midwifery, home nursing and home help services.

Notification of Intention to Practice by Midwives

In accordance with the requirements of the Midwives Act, 1951 and with the rules of the Central Midwives Board, notifications were received as follows:—

Institutional:

Employed in hospital	..	..	..	139
Employed in nursing homes	..	..	..	9

Domiciliary:

Employed by local supervising authority	..	132 full-time
		8 part-time
Engaged in private practice	..	47 (of whom 28 were employed in Regional Hospital Board maternity units).

SECTION 24.—HEALTH VISITING

Staff

Limitation of staff continued to influence the service given by health visitors to the community.

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	50
Part-time Health Visitors (equivalent to 4.65 full-time)	9
Moral Welfare Worker/Health Visitor	1
District Nurse/Health Visitors (equivalent to 5.33 full-time)	16
Full-time Tuberculosis Health Visitor	1
Part-time School Health Assistants (equivalent to 13.5 full-time)	26
Student Health Visitors in training	3

Of the 16 District Nurse/Health Visitors, 15 hold their Health Visitor's Certificate.

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

Miss D. K. Newington, Superintendent Health Visitor, retired in August after 16 years service in the county, and was succeeded by Miss E. L. Martin.

During the year four health visitors retired, one on medical grounds, and six resigned. The chest clinic sister retired and was not replaced.

In July, eight trainees sponsored by the authority⁷ qualified and entered the service in August; six as full-time health visitors and two working in generalised posts. Married women working in a part-time capacity continued to render a very valuable service.

It was possible to fill three student vacancies and they started on their nine month course in September.

Statistics

The following table gives some indication of the work carried out by the Health Visitors; corresponding figures for 1964 being shown in parentheses:—

CASES VISITED FOR FIRST TIME DURING 1965

<i>Expectant Mothers</i>	4,241	(4,351)
<i>Children under Five Years</i>		
Children born in 1965	10,748	(11,285)
Children born in 1964	7,062	(7,914)
Children born in 1960-63	13,896	(14,415)
<i>Care of the Aged</i>		
Persons aged 65 or over	1,656	(1,752)
No. of these visited at special request of general practitioner or hospital	607	(630)
<i>Mental Health</i>		
Mentally disordered persons	147	(167)
No. of these visited at special request of general practitioner or hospital	52	(53)
<i>Hospital After Care</i>		
Persons discharged from hospital (other than Mental Hospital)	179	(189)
No. of these visited at special request of general practitioner or hospital	104	(127)
<i>Infectious Diseases</i>		
No. of tuberculous households visited	380	(501)
No. of households visited on account of other infectious diseases	16	(63)
TOTAL VISITS		
Children under 5 years of age	77,024	(77,188)
All other visits	20,972	(20,544)
Ineffectual visits	13,793	(13,680)

Since February 1965, as part of the new medical arrangements for long-stay immigrants made by the Ministry of Health, health visitors have visited all immigrants notified by the port of entry to try to ensure that they register with a general practitioner.

Apart from home visiting which should still be considered of primary importance, the health visitors have many other duties to undertake which are given below in table form.

Other Work

Ante-natal Mothercraft and Relaxation Classes

Number attended for first time:

Institutional booked	..	..	..	..	..	961	(1,240)
Domiciliary booked	..	..	..	..	..	450	(594)

School Health Service

No. of sessions	..	..	..	..	..	874	(1,034)
No. of cases visited	..	..	..	..	..	2,306	(1,878)

Detection of Deafness

No. of screening tests	642	(725)
No. of audiometry tests	950	(682)

<i>Phenylketonuria</i>	No. of tests	9,061	(9,332)
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Hospital Liaison

Maternity	270	(240)
Paediatric	76	(83)
Geriatric	46	(41)
Other	55	(33)

<i>Surveys</i>	No. completed	212	(18)
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G.P. Liaison

No. of consultations at surgery	1,903	(1,742)
Other sessional work	139	(53)

Fixtures

Child Welfare Centres	..	..	..	..	..	4,308	(4,190)
Mothers' Clubs	..	..	..	..	..	342	(323)
Group Teaching	..	..	..	..	..	1,497	(1,349)
Chest Clinic	..	..	..	..	..	482	(710)

Whilst routine phenistix tests for phenylketonuria were continued, health visitors in the Chesham and Bletchley areas co-operated with the Medical Research Council in using a different type of test.

Follow-up work was continued in two National Development Surveys.

Lectures, visits of observation and discussion groups were arranged for student nurses at the Royal Bucks and Associated Hospitals, Amersham General Hospital, Upton Hospital, Slough and The Canadian Red Cross Memorial Hospital, Taplow.

The Deputy Superintendent Health Visitor and a health visitor were invited to take part in the College of General Practitioner's Course "Early years in General Practice" with reference to general practitioner/health visitor liaison.

The Deputy Superintendent Health Visitor also attended the Quadrennial Congress of the International Council of Nurses in Frankfurt.

Visitors during the year included Miss I. B. Knight, Assistant Chief Professional Adviser to the Council for the Training of Health Visitors, Miss N. K. Richards, Tutor in charge of the Health Visitors Training, Chiswick Polytechnic; students in social studies, health education, administration and child care, and social work trainees also came along to see something of the work carried out by health visitors in the County.

Two health visitors have been trained as Field Work Instructors and student health visitors were accepted for practical training from Chiswick Polytechnic and Battersea College of Technology.

At the request of the Consultant Physician, liaison with the diabetic clinic at the Royal Bucks Hospital, and with diabetic patients at Stoke Mandeville Hospital was started in June.

Prior to this two health visitors attended a British Diabetic Association Conference in London.

Miss M. Gundry was seconded for health visitor tutor training and commenced at the Royal College of Nursing in September.

Health Assistants

Much of the health visitors time is saved by the use of health assistants who work with them. Twenty six part-time health assistants were employed at the end of the year. The table below gives a summary of the sessions undertaken by them; the corresponding figures for 1964 being shown in parentheses:—

School Health Service							
School Medical Inspections	..	..	..	..	..	1,427	(1,358)
Health Surveys	..	..	..	..	..	777	(655)
Weighing and Measuring	..	..	..	..	..	33	(27)
Vision Testing	..	..	..	..	..	629	(508)
Ophthalmic Clinics	..	..	..	..	..	46	(24)
Minor Ailments	..	..	..	..	..	—	(3)
Audiometry Clinics	..	..	..	..	..	28	(24)
Vaccination and Immunisation							
Diphtheria	..	..	..	..	..	36	(22)
Poliomyelitis	..	..	..	..	..	118	(108)
B.C.G.	..	..	..	..	..	97	(111)
Measles	..	..	..	..	..	3	(—)
Tetanus	..	..	..	..	..	2	(—)
Child Welfare Centres	..	..	..	..	..	932	(812)
Chest Clinics	..	..	..	..	..	39	(97)
Clerical	..	..	..	..	..	762	(648)
Home Visiting Sessions	..	..	..	..	..	10	(26)

The service of these ancillary workers is continually under review and with careful in-service preparation their usefulness increases.

SECTION 26.—VACCINATION AND IMMUNISATION

Vaccination against Smallpox

The improvement in the general position regarding vaccination against smallpox which was mentioned in my report for 1964 was maintained during 1965 and the numbers of vaccinations carried out now approach the levels recorded prior to the decision to delay the offer of vaccination until the second year of the child's life.

Details of the work carried out are given in the following table; corresponding figures for the previous year are shown in parentheses:—

	6 weeks - 3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-14 years	15 yrs. & over	Total
Number Vaccinated	123 (275)	208 (394)	224 (288)	230 (352)	4,262 (3,318)	940 (343)	150 (131)	28 (12)	6,165 (5,113)
Re-vaccinated	— (—)	— (—)	— (—)	— (—)	4 (7)	93 (69)	231 (199)	12 (8)	337 (283)

These vaccinations and re-vaccinations were undertaken mainly by general medical practitioners at their own surgeries or at special sessions; the facilities for vaccination provided at the larger child welfare centres were however appreciated by the mothers concerned.

Vaccination against Poliomyelitis

There were no changes in the general arrangements for vaccination against poliomyelitis during the year and details of the work undertaken are given in the table which follows:—

	Numbers Vaccinated		Total
	Course of two injections with Salk vaccine or three injections of quadruple	Complete course of three doses of Oral vaccine	
Children born in 1965	504	1,704	2,208
Children born in 1964	590	4,944	5,534
Children born in 1963	142	613	755
Children born in 1962	61	286	347
Children born in years 1958—61	17	643	660
Others under 16 years of age	3	244	247
Number of children in all age groups given a third reinforcing dose with Salk vaccine or quadruple vaccine .. ..	.. ..	.. ..	424
Number of children given a reinforcing dose of oral vaccine .. ..	.. ..	.. ..	5,080

Immunisation against Diphtheria

A significant change in the general arrangements for the immunisation of children against diphtheria, pertussis and tetanus was made during 1965. From 1st June, 1965 nursing staff working in some of the Council's child welfare centres and who are state registered nurses were authorised to undertake immunisations recommended by medical officers. The nurses concerned undertake these immunisations provided that;

- the medical officer considers the infant fit for immunisation and has prescribed, in writing, a course of injections;
- an injection is not given unless the medical officer is on the premises when the injection is taking place;
- they are satisfied, the baby is well, is not under medical treatment, has had no illness or convulsion since last seen by the medical officer and has had no other immunisation procedure during the previous three weeks;
- if they are in any doubt the medical officer must be consulted.

The nurses are given clear instructions regarding the way the immunisations are to be carried out and given advice about precautions that must be taken.

It is hoped that this arrangement will allow the medical officers attending the child welfare clinics to devote a bigger proportion of their time to other aspects of their work.

Information relating to immunisation against diphtheria carried out during 1965 is given in the following table :—

<i>Children born in years</i>	<i>Completed Primary Course</i>	<i>Reinforcing Doses</i>
1965	1,811	—
1964	5,448	1,208
1963	1,082	1,527
1962	292	284
1958-1961	512	6,528
Others under 16 years of age	59	1,105

A total of 9,234 children were immunised during the year this being 107 more than the total for 1964.

Immunisation against Whooping Cough

In all 8,686 children were immunised against whooping cough during 1965. Triple antigen was used in all but 813 of the cases.

Immunisation against Tetanus

A total of 10,034 children were immunised against tetanus during the year under review as compared with the total of 10,126 immunised during 1964. Triple antigen was used in 7,856 cases and Quadrilin in the other 813.

SECTION 27.—AMBULANCE SERVICE

As mentioned elsewhere in this report the Urban District of Linslade was transferred to the County of Bedfordshire as from 1st April 1965; this contraction of the ambulance service catchment area contributed towards a reduction in the total ambulance mileage of 46,585 miles during the year. This is the first time for very many years that the overall mileage has been reduced. On the other hand 804 more patients were dealt with during 1965 than during the previous year and the average miles travelled for each patient fell from 8.9 in 1964 to 8.6 in 1965.

Although some part of this welcome drop in the average patient mileage was due to the contraction of the County boundaries and to the efficient use of radio controlled vehicles in handling an increased number of patients, nevertheless both organising and operational staff must take credit for part of the reduction.

So far as the use of radio-controlled vehicles is concerned, it may be of interest to compare the use made of ambulance vehicles in the earlier days of this national service with the present day use. In 1951, 46 vehicles were used to deal with 63,464 patients; on average each vehicle carried 1,379 patients during that year. In 1965, 65 vehicles dealt with 193,114 patients—an average of 2,971 patients for each vehicle.

On the basis of the 1951 average it would have been necessary to have used some 146 vehicles (that is more than double the actual total) in order to have dealt with the total of 193,114 patients in 1965. The cost of providing garage accommodation for a fleet of that order far outweighs the cost of providing and maintaining a system of radio-control.

Whilst comparing these figures it may also be of interest to mention that on average in 1951 each vehicle travelled 16,143 miles, and that in 1965 each vehicle completed some 25,677 miles.

Thanks are due to the ' back-room ' mechanical staff for making this high average mileage possible.

Ambulance vehicles miles were saved during the year in the following way:

Rail Travel

The facilities provided on most main line railway services for both stretcher and sitting cases were used to convey 781 patients and in all approximately 136,860 vehicle miles were saved.

Air Travel

In the case of 14 patients ordinary ambulance transport was undesirable and in the circumstances they were taken to their destination by air. These special journeys resulted in an approximate saving of 11,352 ambulance vehicle miles.

Staff

During the year the operational establishment was increased from 169 to 184 in anticipation of the introduction of the reduced working week and of the increased demand for the service. There were however 39 vacancies at the end of the year. Of the 145 staff in post at that time 139 were qualified in first aid, whilst the other six were undergoing appropriate training.

Of the 111 ambulance drivers eligible for the annual safe driving competition organised by the Royal Society for the Prevention of Accidents 84 gained awards for a year of accident free driving.

Vehicles

At the 31st December 1965 there were 65 vehicles in use, of which 39 were ambulances, 23 dual purpose vehicles and 3 coaches.

The approximate mileage for each vehicle during 1965 was 25,677 miles.

Private Bookings

Under the provisions of the National Health Service (Amendment) Act 1957, private bookings were accepted, at the agreed charge, for vehicles to be available at six sporting events, for one vehicle to be used by a film company and for vehicles to convey one patient to her home and another two from Stoke Mandeville Hospital to Northolt Airport.

Voluntary Aid Societies

Members of the St. John Ambulance Brigade and the British Red Cross Society again gave valuable assistance throughout the year and in addition to duties at Ambulance Stations they also assisted as escorts for patients travelling by rail. Their services were very much appreciated by all concerned.

Civil Defence

Nine Civil Defence training courses were held during the year in various parts of the County at which 101 volunteers of the Ambulance and First Aid Section attended.

During the year 20 Civil Defence First Aid courses were held for volunteers of the Ambulance and First Aid Section and other sections of the Civil Defence Corps. Wherever possible, various sections amalgamated into one class, thus reducing the number of classes and avoiding duplication of instruction.

In addition to the above, two courses were conducted in Extended First Aid and Additional Training in Life Saving Techniques for volunteers of the section who were training for the Advanced Test.

Two local refresher courses for instructors were held at Beaconsfield and Newport Pagnell during the year. Three Ambulance and First Aid Section instructors attended them.

As a result of the National Re-Organisation of the Civil Defence in 1962 when all volunteers were grouped into various classes, the latest figures amount to 168 for all classes. 52 of the volunteers have successfully passed the Standard Training Test and 14 were successful in passing the Advanced Training Test.

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 for the past ten years 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>
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
1964	192,310	763	1,715,622	70,540	1,786,162
1965	193,114	781	1,669,037	68,430	1,737,467

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

Report of the County Chest Consultant.

Dr. Stephen Hall, the County Chest Consultant, kindly let me have the following report on the year's work:—

Population and Medical Staff

In 1965 the population of the county was estimated to be 532,990 of which 360,410 lived in the area served by the Oxford Regional Hospital Board and 172,580 in that served by the North-West Metropolitan Regional Hospital Board. The medical staff of the former comprised three consultants and one registrar while that of the latter comprised two consultants and one registrar. During the year Dr. F. S. Hawkins retired. He had been chest physician at High Wycombe and Amersham since 1951 and had provided a service on which the practitioners in his district came to place great reliance.

Clinics

The chest clinics are sited 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 and as can be seen are closely associated with the hospital in-patient and out-patient services.

Tuberculosis Register

At the end of 1965 there were 1,596 persons on the register compared with 1,883 in 1964 and 2,530 in 1955. Of these, 58 had tubercle bacilli in the sputum compared with 85 in 1964. New tuberculous cases numbered 123 compared with 161 in 1964 and 254 in 1955. The number of new tuberculous immigrants seems now to have passed its apex. It is a strange fact that 30% of all new notifications were non-respiratory and these included cases of tuberculous neck glands in old people and cases of tuberculous endometritis referred from the fertility clinics.

Deaths from tuberculosis numbered 18, so that all the indices of tuberculosis are declining; deaths, new cases and number of tuberculosis patients. The number of tuberculin positive school children also continues to decline. Deaths are at a very low level and one or two more or less make an apparent difference which is of no particular general significance.

The general campaign against tuberculosis followed established practice; the detection, treatment and isolation of the infectious case, the protection of contacts of the case, the protection of the community in general by B.C.G. vaccination of school children and the eradication of tuberculous milk from cattle. All these measures are practised vigorously in the county. It is difficult to visualise other major weapons which we could use rewardingly. Recent mass X-ray surveys have brought to light such very small numbers of tuberculous patients as to cast doubt on the continuing value of the method, especially in such a community as ours. Within the county we provide mass X-ray when necessary for special objects, mobile X-ray units which visit a fixed rota of villages on a weekly basis, and X-ray units at the clinics and hospitals. The coverage of the community is thus very good.

Mass and mobile units filmed 16,135 people and of these 19 were found tuberculous, just over 1 per 1,000.

B.C.G. vaccinations of contacts numbered 611 and the vaccine was also offered to unprotected schoolchildren, workers in the hospital service and police.

Non-tuberculous Disease

Non-tuberculous disease of the chest continues to provide the great majority of new consultations and its sufferers occupy by far the greater number of our beds. Carcinoma of the lung and bronchitis are our main problems and so far there has been no major breakthrough in the treatment of either, although much can be done, especially for bronchitis by general management.

A no smoking consultation clinic is held at Tindal Hospital and good success is recorded. It also serves as a reminder of the grave dangers that accompany cigarette smoking, not only as regards carcinoma, but also bronchitis and other diseases.

New appointment

After much discussion at many levels it was at length decided to make a change in the type of medical appointment at Wycombe and Amersham. The new physician to replace Dr. Hawkins will have general medical duties as well as chest duties and he will retain a link with the County Council.

An outbreak of tuberculosis

Dr. Bermingham submits the following report.

There was an epidemic of respiratory tuberculosis in a Public school in the county. At the beginning of the year a school boy age 18 was taken ill. He was referred to the local chest clinic and admitted to hospital where it was established that he was suffering from pulmonary tuberculosis with positive sputum. A conference was held between the school's medical officer, the chest physician and the headmaster. As a result arrangements were made to X-ray the whole school and staff. This resulted in the discovery of two more cases of tuberculosis among the boys. It was then decided to tuberculin test all the boys in the school and 529 negative reactors were given B.C.G. vaccination. A repeat X-ray examination of the 77 positive reactors three months later brought to light two more cases of tuberculosis. At this stage two further cases of tuberculosis were reported amongst boys who had by now left the school. Thus a total of seven boys including the source case were found to have tuberculosis. Two of these boys required hospital treatment, the remainder having only minimal lesions had treatment by drugs and some modification of their activities. As a result of good organisation and co-operation, all but four boys in the school were X-rayed and tuberculin tested. Out of 606 boys tuberculin tested 77 (12.7%) were found to be positive reactors. It was noted that among 39 boys who had been in close contact with the source case, a high proportion, 22 were found to be tuberculin positive although they were clear on X-ray. Later retesting the remaining 17 of this group revealed that four had converted in the interval to positive. This is an interesting although perhaps expected observation. Amongst the close contacts of the infectious boy, there was a 66.7% positivity rate while in the school at large the rate was 9%. The four boys who had converted to positive in the interval between the testings were assumed to have been infected very recently and although there was no other evidence of disease they were given drug treatment while living ordinary school life. The findings of this survey illustrates the effect of an open case of tuberculosis in a community of adolescent boys. The school authorities have decided that in future all new boys to the school will be tuberculin tested and offered B.C.G. vaccination, and all teaching and domestic staff will need a clear X-ray before employment.

TUBERCULOSIS

Notification and Mortality

Notifications of and deaths from tuberculosis during the twelve year period 1954-65, 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
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
1964	124	161	20	3.8	24	4.5
1965	103	146	14	2.6	18	3.4

The following are the particulars of notifications received during 1965, by sex and age groups:—

Age groups	Respiratory		Non-respiratory		Total
	Males	Females	Males	Females	
0—	1	—	—	—	1
1—	1	—	—	—	1
2—4	1	—	—	2	3
5—9	1	3	—	2	6
10—14	—	4	—	—	4
15—19	2	3	—	3	8
20—24	8	1	2	2	13
25—34	13	9	6	5	33
35—44	10	5	1	5	21
45—54	12	2	2	4	20
55—64	13	1	1	1	16
65—74	5	3	2	2	12
75+	2	2	1	1	6
Age unknown	—	1	—	1	2
Totals	69	34	15	28	146

RETURN RELATING TO WORK OF THE CHEST CLINICS DURING THE YEAR 1965

	Respiratory				Non-Respiratory			
	Men	Women	Children	Total	Men	Women	Children	Total
1. Register at beginning of year ..	892	646	109	1,647	96	116	24	236
2. Additions to register during year—								
New patients.								
Class A (Minus)	28	13	—	41	8	23	3	34
Group 1	3	4	—	7	—	—	—	—
Group 2	15	4	—	19	—	—	—	—
Class B (Plus)	12	8	—	20	—	—	—	—
Group 1	2	—	—	2	—	—	—	—
Group 2								
Group 3								
3. Transfers from child column	2	1	—	3	—	—	—	—
4. Transfers from other registers	40	21	1	62	1	2	—	3
5. Others added	—	—	—	—	—	—	—	—
6. Total of 1—5	994	697	110	1,801	105	141	27	273
7. Removed from register								
Recovered	173	134	16	323	24	32	5	61
Died	16	8	2	26	—	2	—	2
Children transferred to adult column	—	—	3	3	—	—	—	—
Transferred to other registers	29	12	2	43	2	1	—	3
Other reasons	14	7	—	21	3	1	3	7
8. Others removed	232	161	23	416	29	36	8	73
9. Register at end of year	762	536	98	1,396	76	105	19	200

General

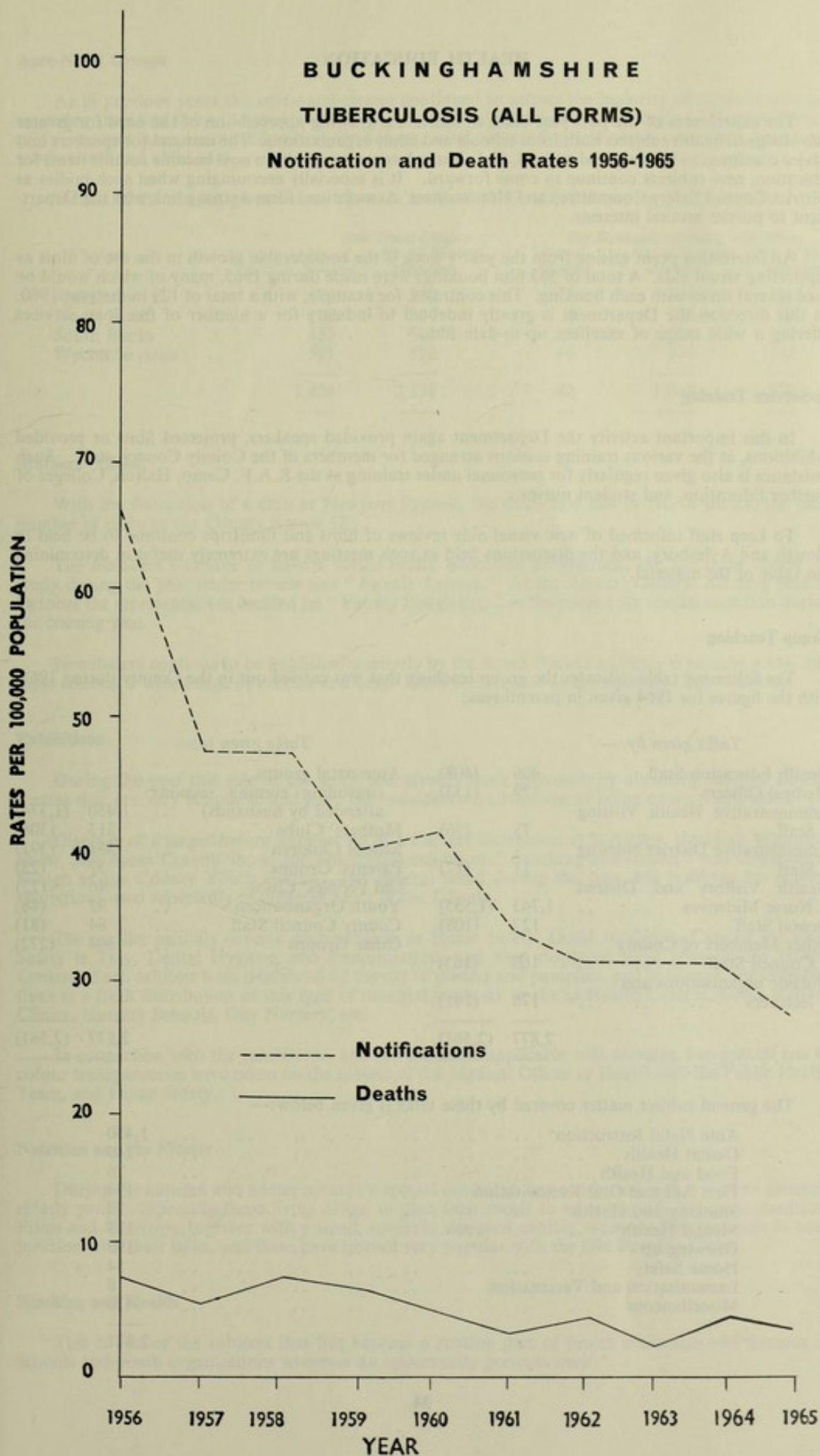
The usual annual follow-up of tuberculosis cases diagnosed six years before in the Oxford Regional Hospital Board area of the county has been continued and details of the enquiry for this and earlier years are given below:—

Year notified	1950	1954	1955	1956	1957	1958	1959
Alive and well after 6 years	179 (71%)	125 (86%)	79 (80%)	143 (85%)	103 (83%)	77 (72%)	67 (85%)
Not very well	15	4	1	1	2	2	—
Deaths from all causes	40	7	14	13	12	18	9
Lost sight of, gone abroad, etc. ..	19	9	4	11	7	9	3
Total cases	253	145	98	168	124	106	79
Recovered	51 (20%)	18 (12%)	19 (19%)	32 (19%)	24 (19%)	19 (18%)	27 (34%)
Cases still on register	118 (47%)	94 (64%)	56 (57%)	89 (53%)	68 (55%)	49 (46%)	31 (39%)
Deaths considered due to tuberculosis	23	2	2	—	3	6	—
Tuberculosis recorded as a complication	2	3	7	7	4	7	4
Death not considered influenced by tuberculosis	15	2	5	6	5	5	5
Cases transferred to other areas ..	25	13	10	28	14	13	9

BUCKINGHAMSHIRE

TUBERCULOSIS (ALL FORMS)

Notification and Death Rates 1956-1965



HEALTH EDUCATION

The experiences of the past year seem to indicate a growing appreciation of the need for greater knowledge in health subjects both from schools and adult organisations. The demand for speakers and advice continues to increase and expand, and although some aspects have now become routine items for education, new subjects continue to come forward. It is especially encouraging when such bodies as District Council Safety Committees and Headmasters' Associations form a strong link with the Department to pursue mutual interests.

An interesting point arising from the year's work is the considerable growth in the use of films as supporting visual aids. A total of 363 film bookings were made during 1965, many of which would be used several times with each booking. This contrasts, for example, with a total of 123 in the year 1960. In this direction the Department is greatly indebted to industry for a number of free loan services offering a wide range of excellent up-to-date films.

In-Service Training

In this important activity the Department again provided speakers, projected films or provided exhibitions, at the various training sessions arranged for members of the County Council staff. Such assistance is also given regularly for personnel under training at the R.A.F. Camp, Halton, Colleges of Further Education, and student nurses.

To keep staff informed of new visual aids reviews of films and filmstrips continue to be held in Slough and Aylesbury, and the discussions held at such meetings are extremely useful in determining the value of the material.

Group Teaching

The following table indicates the group teaching that was carried out in the County during 1965, with the figures for 1964 given in parentheses;

<i>Talks given by:—</i>				<i>Talks given to:—</i>			
Health Education Staff ..	406	(408)		Ante-natal groups			
Medical Officers	179	(133)		(including evening sessions			
Administrative Health Visiting				attended by husbands) ..	1,450	(1,374)	
Staff	73	(56)		Mothers' Clubs	313	(308)	
Administrative District Nursing				School Children	551	(391)	
Staff	11	(17)		Parents' Groups	37	(25)	
Health Visitors and District				Old Peoples' Clubs	46	(22)	
Nurse/Midwives	1,743	(1,535)		Youth Organisations	92	(88)	
Dental Staff	127	(108)		County Council Staff	84	(81)	
Other Members of County				Other Groups	304	(272)	
Council Staff	160	(163)					
Outside organisations and							
lecturers	178	(141)					
	<u>2,877</u>	<u>(2,561)</u>			<u>2,877</u>	<u>(2,561)</u>	

The general subject matter covered by these talks is given below:—

Ante Natal Instruction	1,450
Dental Health	240
Food and Health	76
First Aid and Oral Resuscitation	194
Smoking and Health	77
Mental Health	113
Growing up	195
Home Safety	54
Immunisation and Vaccination	8
Miscellaneous	470
	<u>2,877</u>

Ante-Natal Groups

As in previous years the ante-natal classes continued to attract the majority of mothers who are expecting their first baby. At the classes the health visitors, district midwives, Regional Hospital Board midwives, and Area Health Education Organisers, taught relaxation technique, controlled breathing, mothercraft and child care.

Details of the classes, given below, show an increase of 76 classes above the previous year.

Area	Ante Natal Classes		For Husbands attending with Wives		
	No. of Sessions	No. of Women attending	No. of Sessions	No. of Women attending	No. of Men attending
Aylesbury	176	278	7	194	178
North Bucks	182	354	6	104	81
South Bucks	453	612	13	381	369
Wycombe Area	597	892	16	370	342
	<hr/> 1,408	<hr/> 2,136	<hr/> 42	<hr/> 1,049	<hr/> 970

Mothers' Clubs

With the formation of a club at Newport Pagnell, the third new one in North Bucks, the total number of clubs in the County is now 32.

The members continue to have a varied health education programme, but the main theme for study during the year under review was "Family Leisure." At the Annual General Meeting held in October the representatives decided on "Family Budgetting" as the subject for special attention during the coming year.

Newsletters continue to be published quarterly by the South Bucks and High Wycombe areas, and these contain a wide range of articles and other items contributed in the main by Club members.

Exhibitions

During the year this side of the work was given a fresh approach by obtaining modern display frames that are very adaptable and have the considerable advantage of being easily transported.

Displays of a larger nature were set up at a Careers Exhibition at Bletchley, the High Wycombe Show, and Bucks County Show, and one special exhibit on "Smoking and Health" was displayed in Slough at the County Youth Forum. The general trend during the year was however for smaller exhibitions used repeatedly in different parts of the County.

The smaller exhibits covered such subjects as Home Safety, Good Nutrition, Care of the Feet, Safety in Play, Dental Hygiene, and Immunisation, and were displayed most often in the Health Centres. Such exhibits were reinforced by the use of posters and pamphlets, and in Slough, for example, there is a fresh distribution of this type of material every six weeks to Health Centres, Child Welfare Clinics, Nursery Schools, Day Nursery, etc.

In connection with the exhibitions, and for use when applicable with lectures, two special sets of colour transparencies were taken on the subject of the Medical Officer of Health and the Public Health Team, and Home Safety.

Nutrition and the Elderly

During the autumn and winter months a special campaign was conducted with a view to assisting elderly people, especially those living alone, to plan their meals so as to provide adequate nutrition. Films and filmstrips, together with a small, specially designed exhibit, were used by lecturers in conjunction with their talks, and these have proved very popular with the Old People's Clubs.

Smoking and Health

This is one of the subjects that has become a routine part of health education and features in schools and youth organisations wherever an opportunity presents itself.

A variety of posters issued by the Ministry of Health were widely distributed, and the Health Education staff alone gave 77 talks on the subject, in addition to providing an exhibition on suitable occasions.

The consultative no smoking clinic continued to be held weekly in Aylesbury where individuals were given medical advice and guidance.

Venereal Diseases

Efforts continued to be made to introduce this subject, particularly in schools and youth organisations, especially where it fits in to a programme of lectures in a proper sequence. Talks and discussions on personal relationships are increasingly being asked for in schools, and these are given by suitably qualified people either from the County Health Department or other sources. Towards this end the available visual aid material, films and filmstrips, have been shown to individual headmasters and teachers, group meetings of teachers and outside speakers.

Talks on this subject are always received with a deep interest and appreciation by young people.

CERVICAL CYTOLOGY

The County Health Committee agreed to make a financial contribution to a research project organised by the Nuffield Medical Centre for Combined Research at Stoke Mandeville Hospital, which was to study the effectiveness of screening a population by cervical smears in preventing cancer of the cervix, and to consider the methods by which this could be organised.

In April, 1965 all the women on the electoral roll in the Aylesbury Borough and Rural District received a letter inviting them to agree to have a cervical smear taken, with the following results:—

Circulars sent	..	..	..	..	..	..	..	..	21,100
Replies received	..	..	..	..	..	..	..	..	11,200
Number requiring test	..	..	..	..	..	..	..	..	9,260

As the age where cervical cytology is considered to be most useful is between the years of twenty-five and sixty it has been calculated that the number requiring the test represents 56% of the people in this age range. This response is high, and compares very well with the results of other surveys and illustrates well the extent of public awareness.

All the general medical practitioners in the area have supported the project, and nearly all of them have made arrangements to carry out the test on their own patients. For a few doctors, however, it has been necessary for the research team to make alternative arrangements.

The tests were started in June, 1965, and up to the end of December, 1965, 3,130 smears had been taken with the following results:—

Positive or suspicious smears warranting further investigation	..	9
Clinically undiagnosed invasive carcinoma	.. .. .	2
Carcinoma-in-situ	.. .. .	3
Dysplasia	.. .. .	2
Awaiting investigation	.. .. .	2

One carcinoma of the body was not diagnosed cytologically but was referred to the gynaecologist because of symptoms brought to light at examination. A number of other gynaecological conditions have been diagnosed in the course of this examination which have warranted referral to a gynaecologist at a rate of about four per week since September.

The survey will continue throughout the present year, when it is hoped to complete the original requests. Further plans are being laid to investigate the reasons for women refusing to have cervical smears and to consider the effectiveness of various methods of persuasion, particularly in those groups of women where the risk of developing cervical cancer is known to be highest.

SECTION 29.—HOME HELP SERVICE

There was a decided increase in the amount of home help given to the aged during 1965, but on the other hand there was a drop in the number of maternity cases assisted, the total number of maternity cases for 1965 being 391 as compared with the total of 439 for the previous year.

In all, 2,751 cases were helped during the year under review, and this was 20 less than the figure for 1964. Thirty-eight cases in Linslade received help during the quarter ended 31st March, 1965, but these are not included in the total given above.

In addition to the cases helped, home help organisers visited some 483 applicants for help where on investigation it was found that help could not be provided. These visits although very time consuming could not be shown as cases receiving help during the year.

It is with pleasure that I report no new cases of tuberculosis were referred as being in need of home help; two 'old' cases were however 'carried over' from 1964.

Staff

(a) *Administrative*

It was not necessary during the year to increase the establishment for organising and clerical staff which comprised a County home help organiser, four area organisers, 8 assistant organisers and seven clerks of whom two are employed full-time and the others part-time.

The County Home Help Organiser attended the week-end Conference which was arranged by the Home Help Organisers Institute and held at Nottingham University whilst staff meetings were held at both 'County' and 'Area' level during the year.

(b) *Other*

A total of 528 part-time home helps were employed during 1965 as compared with a total of 537 during the previous year. Seven home helps were however transferred to the Bedfordshire County Council staff at the beginning of April.

It is hoped that it will be possible to employ a limited number of full-time helps in the near future.

Recruitment

Difficulties were experienced during the year in recruiting staff in some parts of the County, but nevertheless all cases requiring home help were helped. It was not always possible to give as much help as needed and if more suitable women could be recruited for this worthwhile work more "time" could be allocated to those cases receiving only the minimum of help at present. It seems that the younger women who are looking for employment favour work in industry where they will not be required to work on their own and where they will share more favourable working conditions with people of their own age.

Training

An in-service training course lasting for six half-days over a total period of six weeks was held in the College of Further Education in the north of the County. This was well attended and proved of immense value to those present.

In the early summer a six day comprehensive in-training course was arranged for twelve home helps who were specially selected and who were prepared to work with problem families. This course was held at the College of Further Education, Aylesbury, where every facility was given to make it a success. Our thanks are due to the Chief Education Officer and his staff for their help and support.

Four half-day courses were held in the south of the County.

This particular form of training is becoming very popular with the home helps since they realise when listening to the various lecturers and demonstrators just what an important contribution they have to make towards the success of the "health and welfare team."

Problem families

During the year twelve families were assisted and there seems to be no doubt that this helped in preventing the break-up of the families concerned. Some of the families showed marked improvement after a home help had worked in their homes; indeed it may be interesting to know that the first mother of a "problem family" to receive help was enrolled during 1965 as a home help and is proving to be a very good worker.

Since the scheme for in-service training commenced more home helps are prepared to undertake work with problem families and they appear to have a better understanding of the circumstances that lead to these families becoming problems in the community.

Good Neighbour Scheme

This scheme has proved to be a very valuable service since it was first pioneered here in 1954. With the assistance of "good neighbours" elderly patients, some of whom are now more than 90 years of age, were maintained in their own homes so relieving, to an extent, the demand for residential beds.

Some of the "good neighbours" are themselves elderly and in these cases cannot undertake cleaning for their 'patients'; they are however employed to care for the more personal needs and arrangements are made for a home help to visit the particular homes to carry out the cleaning on one or two occasions each week.

In all 172 cases were assisted under this scheme during 1965 this being 11 less than the total for the previous year. This fall in the number of cases was mainly due to the death of a number of elderly patients.

Statistics

The following summary gives details of the help provided during 1965 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 ..	28	13	108	—	42	8	—	4	203
Aylesbury Rural ..	19	9	95	—	25	18	1	2	169
Wing Rural ..	3	5	24	—	8	7	1	—	48
<i>North Bucks Area</i>									
Bletchley ..	14	12	117	—	25	9	2	7	186
Buckingham ..	3	8	33	—	7	12	—	—	63
Winslow Rural ..	2	4	26	—	7	7	—	—	46
Stony Stratford ..	1	2	37	—	3	5	—	—	48
Wolverton ..	6	13	131	—	9	14	—	—	173
Newport Pagnell ..	2	1	47	—	—	8	2	—	60
Olney ..	1	6	12	1	—	9	—	1	30
<i>South Bucks Area</i>									
Gerrards Cross, Denham and Fulmer ..	9	1	21	—	9	1	—	1	42
Slough and District ..	60	51	452	1	49	16	4	2	635
<i>Wycombe Area</i>									
High Wycombe ..	45	29	244	—	77	16	2	2	415
Marlow ..	5	3	29	—	15	7	—	—	59
Bourne End ..	8	3	33	—	12	3	—	1	60
Princes Risborough ..	5	3	32	—	12	1	—	—	53
Beaconsfield ..	9	—	21	—	12	1	—	—	43
Chesham ..	18	7	83	—	26	2	—	—	136
Amersham ..	24	9	84	—	23	2	—	2	144
Amersham Rural ..	—	2	25	—	7	9	—	1	44
Chalfonts ..	23	4	37	—	23	7	—	—	94
TOTAL 1965 ..	285	185	1,691	2	381	172	12	23	2,751
Cases included above carried over from 1964 ..	22	101	1,131	2	11	117	6	5	1,395
TOTAL 1964 ..	269	191	1,611	5	439	183	10	15	2,723

MENTAL HEALTH SERVICE

Administration

Matters of mental health policy are dealt with on behalf of the County Health Committee by the Mental Health Sub-Committee which meets quarterly; in addition the Sub-Committee deals with the day-to-day administration of the service in the Aylesbury and North Bucks Health areas. The day-to-day administration of the service in the High Wycombe and South Bucks Health areas is dealt with by the Sub-Committees appointed for those areas.

During the year the Special Sub-Committee of the County Health Committee approved seven medical practitioners with special experience in mental disorders to carry out duties under the Mental Health Act, 1959, and renewed the approval of twenty-three doctors for a further five years. Four doctors on the approved list resigned, or left the area, during the year and at the end of the year there was a total of thirty-six doctors approved to carry out duties under the Act.

Co-operation between the Department and hospital staffs continued on a cordial basis during 1965 and the friendly informality in the relationships which exists between the staff of hospitals and of the Local Authority leads, I am sure, to a better understanding of each patient's needs in hospital and in the community.

The link between the services provided by the County Council as the local health and welfare authority and the hospital services continued to be strengthened by the appointment to the Council's staff, as Consultant Psychiatrist in a part-time capacity, of Dr. D. C. Watt, the Medical Director of St. John's Hospital, Stone. His advice was available on any psychiatric matters and he attended meetings of the Mental Health Sub-Committee.

During the past few years I have, together with the Senior Medical Officer, Mental Health, attended senior staff meetings at St. John's Hospital and I am also a representative of the County Council on the St. John's and Manor House Hospital Management Committee. The close co-operation obtained in this way ensures that the administration and proposed development of local health and hospital services is well known to both sides.

Psychiatric Out-patients Clinics are held in general hospitals in all four health areas. In addition, the Consultant Psychiatrist in subnormality from Borocourt Hospital holds two out-patient sessions each month in Aylesbury, and one session each month in Bletchley and High Wycombe. These have proved to be of great help, especially as the Borocourt hospital staff are at a disadvantage because they are working some forty miles from the more remote parts of the hospital catchment area. Mental welfare officers also attended the out-patient clinics when the patients' progress was being considered.

Staff Training

Difficulties were again experienced during 1965 in the recruitment of trained mental welfare officers and this shortage of social work staff retards the full development of the service and continues to impose a strain on the existing service. Unfortunately, the indications are that no real improvement of what is substantially a national problem can be expected for some time.

Four mental welfare officers were appointed after having served a period of training within the section and with psychiatric social workers in hospitals. One mental welfare officer returned from secondment on a 'Younghusband' course and a further officer commenced a two year course during the year. It remains the policy of the Committee to facilitate the training of officers in this way.

The nucleus of the in-service training programme continued to be the monthly case conferences which were held at St. John's Hospital and which were attended by medical officers, field workers and hostel wardens concerned with the mental health services. These case conferences included a teaching session and lectures were given in the following subjects:—

- "Hospital Services for the Mentally Subnormal"
- "Community Mental Health in Europe"
- "Accommodation for the Mentally Infirm Aged—Home, Hostel or Hospital"
- "The Psychotic Child"
- "Hospital Psychiatric Services"
- "The Youth Employment Service"
- "School Refusal and School Phobia"
- "The use of drugs in Psychiatric Illness"
- "The Neuroses"
- "An Evaluation of the Community Mental Health Service"

Every endeavour was made during the year to improve the facilities for the training of the staff of training centres. The annual conference and "In-Service" Course for all training centre staff was held in the autumn and invitations to attend were extended to the local hospitals' staffs. The conference was held at the Aylesbury Junior Training Centre and the programme included lectures on:

"Music for the Handicapped Child" and

"Physical Education"

The conference provided a useful opportunity for local authority and hospitals staffs to meet informally and to exchange views on their work.

Courses:

The following conferences and courses were attended during 1965:

National Association for Mental Health — The Chairman and a member of the Mental Health Sub-Committee, together with the Senior Medical Officer
Annual Conference

Residential Course for Staff of Hostels — One Hostel Warden

Course on Continuity of Treatment of Adult Psychiatric Patients — Senior Medical Officer and Senior Mental Welfare Officer

Seminars of Committee on Psychiatry and Community Mental Health — Senior Assistant County Medical Officer and One Psychiatric Social Worker

Annual Conference of the Federation of Associations of Mental Health Workers — One Area Mental Welfare Officer and One Supervisor, Adult Training Centre

Child Development Research Centre—Course on Mental Development and Diagnostic Testing of the Very Young. — Senior Assistant County Medical Officer

British Post-Graduate Medical Federation — Senior Medical Officer
— Course on "The Handicapped Child"

British Post-Graduate Medical Federation— Senior Assistant County Medical Officer
Course on "Human Development"

TRAINING CENTRES

The annual medical examinations carried out in junior and adult training centres during 1965 included tests of all new entrants for phenylketonuria. At the end of the year there were four trainees in the centres with phenylketonuria, one of whom was on a special diet. Any immunisations which were required were carried out whilst dental inspections were also undertaken.

All parents were invited to the annual medical examinations in order that the progress of their children could be discussed and an assessment made of future requirements.

Mid-day meals were provided at all Centres during the year; a charge of 1/- was made for these meals in junior centres and 2/- in adult centres. The meals were provided by the School Meals Service except those in Aylesbury where they were cooked at the adjoining hostel.

Three children who were attending junior training centres made sufficient progress during the year to justify their transfer to schools for the educationally subnormal within the educational system.

The teaching of the "Three R's" which was introduced for adult trainees in the Bletchley centre was extended to the Aylesbury centre. The trainees receive lessons in word recognition, writing and a knowledge of numbers which are combined with a background of social competence training. These sessions are provided under the auspices of the County Education Department and are given by qualified teachers who have a special interest in teaching handicapped pupils. Efforts still continue to be made to extend this service to other centres in the County.

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	Junior Section F	Adult Section M	Adult Section F	Juniors	Adults
Aylesbury ..	30	19	19	16	—	—	—	—	49	35
Bletchley	10	8	20	15	—	—	—	—	18	35
Chesham	—	—	—	—	8	7	12	11	15	23
High Wycombe ..	23	15	19	13	—	—	—	—	38	32
Slough	—	—	10*	14*	34	16	7	7	50	38
TOTALS ..									170	163
*Slough Workshops of the National Society for Mentally Handicapped Children.									No. enrolled 333	

The demand for places in adult training centres increased during the year and, in order to meet this need, the Adult Centres at Aylesbury and Wycombe were extended to provide sixteen additional places at each centre. A new purpose-built adult training centre providing forty-five places was also opened in Whaddon Way, Bletchley, on the 8th September, 1965, but this was used for the transfer of adult trainees from the training centre in Bletchley Road, Bletchley, previously used as a combined Adult and Junior Training Centre. The Bletchley Road Centre is now occupied solely by the Junior Training Centre and provides places for fifty junior trainees.

The construction of a new purpose-built junior training centre in Tuns Lane, Slough, to provide places for one hundred junior trainees, was commenced and when this is brought into operation the present premises which are used as a combined Adult and Junior Training Centre will be used solely as an Adult Centre, providing places for 30 trainees.

The need for places in adult centres is due not only to the influx of population and to the need of training for those who, through mental handicaps, prove incapable of retaining work after leaving school but also to the transfer of trainees from the junior centres which is made necessary by reason of age.

Every effort is made to equip trainees to play an increasingly independent part in the community and to place them in employment wherever possible. A scheme was initiated for the placement of small groups of trainees in factories where unskilled repetitive work is available. These groups remain on the roll of the training centre and are supervised by a member of the centre staff. In this way trainees gain experience of working in industry while still receiving the support given by the training centre staff. Payment is made for work done and it is hoped that some trainees will be able to transfer to normal employment in industry.

Transport

Special transport was provided for all trainees except those able to get to the centres by their own means. On all routes, pick-up and set-down points were arranged wherever possible to avoid calling at individual homes. This gives the trainees a further measure of social training and economises in both time and money.

As reported last year it was decided, in view of the large cost involved in engaging private transport contractors, to look into the possibility of running directly-provided transport in conjunction with the ambulance service, but owing to the fact that it would be necessary to provide vehicles larger than normally provided by the ambulance service and the present restriction on capital expenditure, this proposal was not proceeded with. The matter was, however, fully investigated and the conclusion was reached that it was extremely doubtful whether the service could be provided more economically by undertaking it ourselves. Tenders were therefore invited from public contractors for a further three years. The matter will again be reviewed however during the period of the present contracts.

Activities

The customary annual open days were held at the training 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.

The curricula of junior centres is based mainly on a programme of training in social competence and included group activities, educational games, physical training, rhythmic—(movement and music)—and other training graded to the ability of each child.

The main activity in adult centres is industrial training and factory out-work is undertaken. This includes the making of firework cases, the packing of motor car spare parts and the packaging of cosmetics, the assembly of television aerial brackets, switch boxes, limit switches and the pressing out of shelf brackets, radio knobs, switch covers and the cleaning of light alloy pressings and plastic mouldings. All centres operate a car cleaning service and bundle firewood. When other work is not available the Centres undertake craftwork including the making of baskets, coffee tables, stools, table-cloths, table napkins, etc.

Cookery instruction was introduced at one of the adult training centres.

Talks were given by training centre staffs to local societies for mentally handicapped children, church guilds, mothers' unions, women's institutes, youth fellowship and parent-teacher associations, as requested.

Outings organised for the trainees by the staff and various voluntary associations, included coach tours and visits to places of entertainment and of educational and historical interest.

The venture for the children at the Bletchley Junior Centre of a weekly visit to the local swimming pool continued. Parents gave permission for their children to attend and, accompanied in the water by two members of the staff, the children gained great confidence as well as much pleasure.

Manor House Hospital—Day-Care

A further project to meet present needs has been a reciprocal arrangement with the Manor House Hospital whereby children who are resident in the hospital but able to benefit from training are taken to the Aylesbury Junior Training Centre daily. In turn the Manor House hospital takes into daily care from the community, children who are too handicapped to benefit from the training given at the Junior Training Centre. In this way it is possible to relieve parents of the care of children who would otherwise have to remain at home. This project is in its early stages but it is already apparent that it meets a great need. This is, of course, one other aspect of the co-operation that exists between local hospitals and the local authority.

HOSTELS

Adult Hostel for Women, Oaklands, Aylesbury

The general aim of this hostel which provides accommodation for thirty adult mentally ill or sub-normal women residents, is to give to those residents training and confidence to lead an independent life in the community. Although no pressure is put on the residents to go out to work or to leave the hostel before they are ready to do so, it is made clear to them that they have a duty to the community and that they should aim to obtain work and eventually leave for lodgings or for home. All residents including those who are able to follow full-time employment have week-end duties connected with the preparation of meals and washing up. Each resident also cares for her personal belongings, washes and irons her own clothes and keeps her "unit" or room clean.

Admissions to the hostel continued to be made in 1965 after screening by the Senior Medical Officer in consultation with hospital psychiatrists, psychiatric social workers and the Warden. Details of the admissions and discharges are shown in the following table.

<i>In residence at 31.12.64</i>			<i>Admitted during 1965</i>			<i>Discharged during 1965</i>			<i>In residence at 31.12.65</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>
14	12	26	6	11	17	12	12	24	8	11	19

All the mentally ill patients admitted during the year were from hospital and were too handicapped to return to their families or to lodgings. Two were cases that had previously resided in the hostel but had returned to hospital for further treatment.

Many of the residents continued to receive medical treatment and regular visits were made by the medical officer of the hostel.

Of the subnormal patients admitted, two were for temporary care periods only. Four were from hospital, one of these having formerly resided at Oaklands. One was a previous resident who had been given a trial in residential employment but had been unable to maintain the standard required. Three were admitted from their own homes, one of whom had been unable to find employment and the other two required considerable training. One was admitted from the care of the Children's Department.

Of the mentally ill patients discharged during the year, five had to return to hospital for further treatment, four were able to return home and continue in employment, one went into residential employment and one into lodgings and continued in her employment. One resident was transferred to Meadowlands Hostel, High Wycombe. Of the subnormal patients discharged, two were transferred to Meadowlands, one left on marriage and two left to return home and take up employment. One patient was discharged to her home as being unsuitable for hostel care and one 'out-county' case returned to her home county to take up residential employment but she subsequently returned to Oaklands. Two residents left after receiving temporary care. One patient was returned to hospital and two were admitted to hospital as they proved to be unsuitable for residence in the hostel.

At Oaklands there was considerable difficulty in obtaining suitable staff and at the end of the year it had not been possible to obtain the services of a resident Deputy Warden. The number of new admissions had to be restricted owing to this staff shortage.

Meadowlands Hostel, High Wycombe

This hostel which received the first resident on 22nd March, 1965 provides accommodation for;

- (a) twenty adult mentally ill or subnormal women and
- (b) ten elderly mentally disturbed men or women.

(a) The principle was adopted that the mentally ill or subnormal women admitted to Meadowlands for training towards the leading of an independent life in the community, would be of an older age group or more handicapped than those admitted to Oaklands.

Nevertheless, wherever possible, residents at Meadowlands were helped to enter employment and some placements were made during the year. Other residents attended the High Wycombe adult training centre or helped with domestic work in the hostel. Each resident cares for her personal belongings and keep her 'unit' or room clean.

Admissions are made after assessment of the patient's suitability for residence there by the Senior Medical Officer for Mental Health in consultation with hospital psychiatrists, psychiatric social workers and the warden.

Details of the admissions and discharges are shown in the following table:—

<i>Admitted during 1965</i>			<i>Discharged during 1965</i>			<i>In residence at 31.12.65</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>
10	12	22	2	—	2	8	12	20

Six mentally ill patients were admitted from hospitals during the year and one was admitted from Oaklands Hostel as it was thought she would be more suitably placed at Meadowlands. One resident was admitted from an Old Persons' Home, one from lodgings and one from her home.

Of the subnormal patients, eight were admitted from hospitals, two from Oaklands Hostel, one from residential care and one from her home.

Two mentally ill patients were discharged to hospital for further treatment.

(b) The accommodation for the ten elderly mentally disturbed men or women is separate from that provided for the mentally ill and sub-normal patients. Three elderly mentally disturbed patients were admitted from their homes and temporary care was provided for one elderly patient during 1965.

Temporary accommodation was also provided for seven elderly residents of almshouses who had to be found accommodation whilst the rebuilding of the almshouses was in progress.

The following table gives details of admissions and discharges during the year:—

<i>Admitted during 1965</i>			<i>Discharged during 1965</i>			<i>In residence at 31.12.65</i>		
<i>Geriatric</i>	<i>Alms- houses</i>	<i>Total</i>	<i>Geriatric</i>	<i>Alms- houses</i>	<i>Total</i>	<i>Geriatric</i>	<i>Alms houses</i>	<i>Total</i>
4	7	11	1	5	6	3	2	5

One elderly patient returned to her home after a period of temporary care. Three temporary residents returned to the almshouses and two of the almshouses residents were admitted to hospital.

Difficulties were also experienced at Meadowlands in obtaining the required staff and this difficulty still exists.

The Psychiatric Social Worker concerned with the care of the hostel residents reports as follows:—

“The majority of the residents at Oaklands and Meadowlands find happiness during their stay there and seem to appreciate that the staff work for their general well-being. The hostel staff also bear in mind the fact that it is no small matter for women who have suffered from mental illness or who have limited mental ability to adjust themselves to the demands of hostel life on admission and of present-day society when they eventually leave hostels for lodgings. When this step is taken it must always be appreciated that for the first time in years the patient will be trying to become independent and to build up a relationship with members of the household in which she has been placed. Every attempt must therefore be made to give sufficient support to achieve the rehabilitation of each resident.”

“Where a change of employment and accommodation becomes necessary the social worker continues to support the patient until it is certain that transfer to another social worker will be accepted. If support is removed prematurely it is likely that breakdown in ‘placing’ and employment will follow.

The finding of suitable lodgings is vitally important; but it is necessarily time-consuming as the needs of each resident varies greatly as does the service the landladies or hostesses are willing or able to give. All the hostesses appear to appreciate that their contribution towards the happiness of the former hostel resident is an important piece of social work.

The continuing helpful advice of the Ministry of Labour is of great assistance as good work patterns must be established whilst the women are in the hostel in order that the transition to new employment may proceed with the minimum of difficulty.

Every attempt is made to achieve the ultimate happiness and well-being of each resident.”

Experience gained since the hostels opened supports the original view that local health authority hostels should be more concerned in selecting residents according to their actual needs rather than their psychiatric diagnosis, and it is also now known that friction will arise among residents when there is “discrepancy in age” which leads to varying tastes especially during periods of leisure and recreational activities. On the other hand, no difficulties seem to arise from the admission of both mentally ill and sub-normal patients. These factors were taken into consideration when the respective functions of Oaklands and Meadowlands Hostels were determined.

Five-Day Hostel for Children, “Rosebank”, Aylesbury

The primary object of this hostel is to afford accommodation from Monday morning to Friday evening during school term periods for those children attending the Aylesbury Junior Training Centre who live too far away to travel daily from their homes without undue hardship. The children are returned to their own homes for the week-end and for the school holidays. A number of children are also taken into care when their social circumstances make hostel care desirable.

When the staffing situation makes it possible to do so, children are also accommodated at the hostel during school holidays and over week-ends at their parents request. The hostel, however, functions mainly as a five-day hostel and is staffed accordingly. It was, however, possible to give full-time temporary care for seven children during the year.

The following table gives details of admissions and discharges during the year:—

<i>In residence at 31.12.64</i>	<i>Admitted during 1965</i>	<i>Discharged during 1965</i>	<i>In residence at 31.12.65</i>	<i>Short term Care during 1965</i>
9	3	1	11	7

Five-Day Hostel for Children, "The Walnuts" Bletchley.

This five-day hostel was opened in May, 1964, in order to provide a similar service in Bletchley as is provided at "Rosebank" in Aylesbury. It does, however, provide an additional service in that it accommodates a small unit of autistic, or non-communicating, children who do not attend the Bletchley junior training centre, as the warden has shown a special aptitude for dealing with psychotic children.

A Consultant Psychiatrist from Borocourt Hospital visits "The Walnuts" and discusses with the Senior Medical Officer and the warden any problems which the children present.

The facilities provided were particularly useful in doubtful cases where a choice between hospital and community care had to be made but the service had to be limited in extent as it has not yet been possible to fill the post of deputy warden. It was also necessary to abandon short-term care facilities at this hostel because of this staffing difficulty.

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

<i>In residence on 31.12.64.</i>	<i>Admitted during 1965</i>	<i>Discharged during 1965</i>	<i>In residence on 31.12.65.</i>	<i>Short term Care admissions during the year</i>
8	2	2	8	—

One child admitted to the hostel during the year was transferred to Aylesbury and another child later proved suitable to reside at home.

Other Residential Accommodation

(a) Short Term Care

The number of admissions during the year for residential care (e.g. to relieve the family) is shown in the following table; corresponding figures for 1964 are shown in parentheses:

	<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
(a) to National Health Service Hospitals ..	22 (24)	20 (18)	6 (7)	3 (6)	51 (55)
(b) to Local Authority residential accommodation	8 (22)	3 (5)	— (—)	5 (3)	16 (30)
(c) Elsewhere	— (—)	— (—)	1 (—)	— (—)	1 (—)
Total	30 (46)	23 (23)	7 (7)	8 (9)	68 (85)

Permanent Care

The number of patients on the waiting list at the end of the year for admission to a psychiatric hospital for the mentally subnormal is given below; corresponding figures for 1964 being shown in parentheses:

	<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
(a) in urgent need of hospital care	18 (18)	10 (11)	4 (7)	4 (6)	36 (42)
(b) not in urgent need of hospital care	6 (4)	13 (9)	8 (8)	4 (4)	31 (25)
Total	24 (22)	23 (20)	12 (15)	8 (10)	67 (67)

All those on the waiting list are unsuitable for life in the community or in a hostel and require hospital care. A considerable burden is thrown on their families by the lack of suitable accommodation.

Cases under Care and Cases referred

The arrangements continued during 1964 whereby the Mental Welfare Officers visited certain children leaving special schools for the educationally subnormal, in order to offer advice and guidance to the parents.

The good liaison between the Department and that of the Chief Education Officer was maintained during the year and the friendly relationships between Youth Employment Officers and Mental Welfare Officers helped considerably towards the suitable placement of "special school" leavers.

Registered Homes

The following private residential homes for mentally disordered persons are registered in this County under the Mental Health Act, 1959:—

<i>Name</i>	<i>Registration</i>
Lynwood, Woburn Sands	For 6 severely sub-normal men.
Mount Tabor, Wingrave	For 7 severely sub-normal women and 12 severely sub-normal girls (aged 5-16 years).
National Society for Mentally Handicapped Children Hostel, Slough	For 15 severely sub-normal men and 13 severely sub-normal women.

VOLUNTARY ORGANISATIONS

Social Clubs

The club in Aylesbury met weekly with an average attendance of 14 girls. Activities included knitting and embroidery as well as dancing and games. Entertainment was provided on several occasions for the girls.

The club in Bletchley, run by the local society for Mentally Handicapped Children, met weekly with an average attendance of 30 boys and girls. Activities included dancing and organised games.

The club in Slough, run by the local Society for Mentally Handicapped Children, met twice weekly with an average attendance of 50 boys and girls. Activities included dancing, film shows and arts and crafts.

The County Council made a payment of £1 per session towards the cost of club leadership in respect of each of the three clubs.

Bucks Voluntary Association for Mental Welfare

Mr. H. G. Sackett, the Honorary Secretary, submitted the following report on the work of the Association during 1965:—

“ The Association's work as a ‘ care committee ’ for the mentally disordered has continued and thirty-five grants were made to help persons whose needs could not be met from statutory sources. These grants have included the provision of waterproof sheeting, clothing, and fares to assist relatives to keep in touch with hospital patients. Fencing was provided for an outdoor play space for an active severely-subnormal child, and when a man with employment difficulties had to move in order to secure work, assistance was given in the removal of his furniture. At Christmas, seventy-four gifts of clothing or grocery parcels were distributed.

In Aylesbury, the Social Club has received help to enable an outing to be made during the summer and for a party at Christmas.

The Annual General Meeting which was held in the Council's Junior Training Centre, Aylesbury was addressed by Mr. Jeff Smith of the International Voluntary Service organisation. This organisation has given welcome help in assisting repainting and gardening in the home of a patient who is being assisted in the community by the Council's social workers.

During the year a total of 226 passengers travelled on the special bus which the Association organises to enable relatives of patients in Borocourt Hospital to visit more easily.

The Association continued to nominate a member of the Executive Committee to serve as a co-opted member of the County Health Committee and to send representatives to the N.A.M.H. Annual Conference.”

PREVENTATIVE PSYCHIATRY

For the past five years the Medical Directors of the Child Guidance Clinics at Aylesbury and Slough have devoted sessions each week to “ Prevention ” in the mental health field and they reported on this aspect of their work as follows:

Dr. Edith M. Booth (Aylesbury):

“ The sessions set aside for preventative work were, as in former years, largely used in individual and group discussions with professional workers whose contact is, in the widest sense, with children and families. The time available has not allowed much widening of this important field, but I found it interesting to talk to and to hear the views of a group of Home Helps who have been selected to give their services to so called “ problem families.” The discussion was thoughtful and worthwhile, and I hope that it helped these workers, doing a very difficult job, to understand something of their own attitudes and feelings towards those unfortunate families who seem incapable of helping themselves.

Regular discussion groups were also held with a senior school medical officer and the member of the Chief Education Officer's department responsible for the special services which deal with children who, after attending the Child Guidance Clinic, are ascertained as emotionally maladjusted and found to be in need of residential schooling. I found this valuable and hope that it will continue and perhaps extend.

It is, I feel, very important that all those who are responsible for the welfare of children, both maladjusted and “normal,” should work in close co-operation with each other and with the child's family. In addition to the regular groups and individual interviews with house-parents, child care officers, nurses, health visitors, probation officers and police officers, we have on a few occasions been able to include a child's teacher in a group. This seems to have been helpful to all concerned, and it would appear that many people in the community, and not only social workers, are becoming interested in the subject of mental health and the prevention of breakdown in the children and families with whom they are concerned.

The method of discussion, whether it be with a group or an individual, has the great advantage that it enables questions to be asked at the time and thus avoids the ambiguity and misconception which can arise as a result of some other methods. The discussion group seems a good way (I think the best we have as yet) of disseminating knowledge about those factors which underlie mental health and mental illness. Unlike programmes on television or the radio, the discussion

group encourages the interchange of ideas and can bring a greater awareness of one's own strengths and limitations. I believe it is most important for all who are engaged in social work to come to terms with their own feelings of disappointment, resentment and guilt about those unfortunate individuals and families whom they cannot help; optimism is necessary in all branches of human activity, but this is very different from a childish belief that there is some magic formula capable of solving all human problems, including mental illness and the emotional and social maladjustments which lead to so much unhappiness.

During the year I also continued to help selected families who have a handicapped child and my only regret is that shortage of time has prevented my doing more in this field. I hope that a time will come when all families can receive help as soon as a handicapped child is born: I feel that psychiatric help given as soon as it is known that the child is handicapped would prevent a good deal of unnecessary suffering for the parents who often find it impossible to tolerate their own feelings and therefore become severely disturbed.

I am, as always, grateful to the workers in many departments and organisations who give me so much help and encouragement. I value the stimulation which follows from their interest and constructive criticism.

Dr. Mildred I. Pott:

" Shortage of staff and shared accommodation have prevented expansion of the Slough Child Guidance Service. We have tried to meet the needs of the area as far as possible and our figures show an increase in the number of attendances this year. The prospect for next year is bleak as we are likely to be shorter still of Social Workers and without them our work with families cannot be carried on.

Co-operation with Social Agencies, Health Visitors and Teachers has been strengthened by discussion groups and case conferences. A short series of discussions was held with Magistrates of the Slough, Burnham and adjoining areas. These were useful meetings both for the Magistrates and us. The Crisis Consultation Service is continuing and this approach to bereaved families is being better understood in the district.

Although there is nothing new to report, the routine work of the clinic is continuing steadily and we are struggling with fair success to keep our diagnostic and treatment waiting lists comparatively short.

STATISTICS

Hospital Admissions: (Corresponding figures for 1964 are shown in parentheses).

For observation	(Section 25)	..	..	..	..	..	..	142	(177)
For treatment	(Section 26)	..	..	..	..	..	..	31	(35)
In emergency	(Section 29)	..	..	..	..	..	..	78	(81)
By Order of Court	(Section 60)	..	..	..	..	..	..	1	(—)
								252	(293)

Guardianship

At the end of the year there was a total of four cases under guardianship.

Visits and Interviews by Mental Welfare Officers

The visits made and interviews given by welfare officers during the year are set out below:—
(Corresponding figures for 1964 are shown in parentheses)

<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>
382 (335)	3,600 (3,256)	3,982 (3,591)	137 (167)	2,269 (2,679)	2,406 (2,846)

Details of cases under care at the end of December, 1965, and of those referred during the year are shown in the following tables:

NUMBER OF CASES UNDER LOCAL HEALTH AUTHORITY CARE ON 31st DECEMBER, 1965

	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Total subnormal and severely subnormal		Grand Total
	Under 16		Over 16		Under 16		Over 16		Under 16		Over 16		Under 16		Over 16		Under 16	Over 16	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F					
(a) Total number	1	1	212	361	—	—	—	—	1	2	290	209	126	90	174	168	219	841	1635
(b) (i) Attending day training centre ..	—	—	4	4	—	—	—	—	—	—	6	6	98	57	75	65	155	152	315
(b) (ii) Awaiting entry thereto ..	—	—	—	—	—	—	—	—	—	—	9	4	4	3	7	11	7	31	38
(c) (i) Resident in residential training care ..	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
(c) (ii) Awaiting residence therein ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) (i) Receiving home training ..	—	—	2	1	—	—	—	—	—	—	5	—	—	—	1	3	—	9	12
(d) (ii) Awaiting home training ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e) (i) Resident in Local Authority home/hostel ..	—	—	—	16	—	—	—	—	—	—	—	3	14	2	—	20	16	23	55
(e) (ii) Awaiting residence in Local Authority home/hostel ..	—	—	7	—	—	—	—	—	—	—	8	—	2	—	12	2	2	22	31
(iii) Resident at Local Authority expense in other residential homes/hostels ..	—	—	1	2	—	—	—	—	—	—	—	—	3	—	1	1	3	2	8
(iv) Resident at Local Authority expense by boarding out in private household ..	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	2	—	2	6
(f) Receiving home visits and not included under (b) to (e):—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(i) Suitable to attend a training centre	1	2	199	337	—	—	—	—	—	—	7	—	5	5	—	—	10	—	10
(ii) Others	—	—	—	—	—	—	—	—	3	—	268	195	21	28	86	74	59	623	1221

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1965

Referred by:	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Total subnormal and severely subnormal		Grand Total	
	Under 16		Over 16		Under 16		Over 16		Under 16		Over 16		Under 16		Over 16		Under 16	Over 16		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F						
(a) General practitioners	—	—	45	112	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	158
(b) Hospitals, on discharge from in-patient treatment	—	1	29	39	—	—	—	1	—	—	—	—	—	—	—	—	—	—	5	75
(c) Hospitals, after or during out-patient or day treatment ..	—	—	6	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19
(d) Local education authorities ..	—	—	—	—	—	—	—	—	—	7	11	25	17	21	14	—	53	42	95	
(e) Police and courts	—	—	11	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16
(f) Other sources	—	—	58	63	—	—	—	—	—	—	—	4	10	2	2	3	6	4	25	150
TOTAL	—	1	149	232	—	—	—	1	—	7	11	30	28	23	16	6	9	57	73	513

SECTION C.—NATIONAL ASSISTANCE ACT 1948

WELFARE SERVICES

Welfare Accommodation

Two new Homes—Winterton House, Wendover and The Chestnuts, Aylesbury—were completed during 1965. Winterton House, which provides accommodation for thirty-eight residents, was modernised and extended, whilst The Chestnuts is a completely new purpose built home of forty-five beds built on a site adjoining the Council's Occupational Therapy Centre in Walton Street, Aylesbury.

It was hoped that another purpose built Home, to be known as Sinkins House, Slough, and providing fifty beds would have been ready for occupation at the end of the year, but delays in building prevented it being brought into use during 1965. It is, however, in use now.

As from 1st April, 1965 the Manor House, Swanbourne was taken over by the County Council; previously this small Home was administered jointly by the County Council and the Buckinghamshire Old People's Welfare Committee.

It may be of interest to note that the number of persons awaiting admission to the Council's homes on 31st December, 1965 was seventeen less than the number awaiting admission at the end of the previous year.

Amenities

During the year money which in the past was made available by the County Council for the purchase of tobacco and sweets for residents, continued to be available for the provision of outings and entertainments from which all residents could benefit equally.

A trolley shop service was provided in some Homes and this service was again appreciated and particularly so by those residents whose age or physical handicap make it difficult for them to shop in the normal way.

It is with pleasure that I record my appreciation of the help given to residents during the year by both voluntary organisations and individuals. I am sure all the residents, and in particular those left without relatives, really appreciated that help and interest.

Statistics

The table which follows shows the number of persons in accommodation provided in accordance with Part III of the National Assistance Act, 1948 on 31st December, 1965; corresponding figures for 1964 are shown in parentheses:—

	MALE	FEMALE	TOTAL
(i) Homes provided by the Council	113 (135)	370 (314)	483 (449)
(ii) Serviced accommodation	73 (78)	— (—)	73 (78)
(iii) Chilton House	— (2)	27 (34)	27 (36)
(iv) Katharine Knapp Home for the Blind ..	5 (5)	10 (15)	15 (20)
(v) Homes provided by voluntary bodies and other local authorities	95 (88)	142 (123)	237 (211)
	286 (308)	549 (486)	835 (794)

The number of persons awaiting admission to that accommodation at the end of the year was:—

Males	128 (116)
Females	298 (327)
Total	426 (443)

N.B.—The Manor House, Swanbourne is included in section (i).

Details of the number of admissions to the accommodation during 1965 are given in the following table; for comparison corresponding figures for the previous year are shown in parentheses:—

County Council Homes

Permanent	..	..	185	(241)
Holiday	..	..	144	(143)
Periodic	..	..	53	(48)
Temporary	..	..	21	(8)
			<hr/>	403 (440)
Homes provided by voluntary bodies and other local authorities				46 (56)
			<hr/>	
Total				449 (496)

Meals on Wheels

The trend of past years towards the provision of an increasing number of "meals" continued during 1965; in all, a total of 62,963 meals were delivered by members of the Women's Voluntary Service. This was an increase of 7,182 over the number of meals delivered during 1964.

The County Council paid a subsidy of one shilling for each meal supplied to persons who were housebound and who were recommended by a general medical practitioner, health visitor, district nurse, County Council welfare officer or hospital almoner. In addition to this subsidy the County Council pay for containers and other equipment required by the Women's Voluntary Service for delivery of the meals. The equipment remains the property of the Council.

The total cost of the subsidy during 1965 was £3,148 3s. 0d. and an amount of £536 7s. 6d. was paid to helpers towards the cost of travelling expenses.

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 short report:—

"During the year, a second Consultant Physician in Geriatrics has been appointed with joint responsibility. This has already resulted in an improvement in the standard of care and a closer liaison between the two services.

With the opening of the new geriatric unit at Amersham in 1966, it is hoped that joint use will be made of the facilities provided and that the unit will become a meeting point for those providing services to the geriatric population of the area."

Buckinghamshire Old People's Welfare Committee

Mrs. M. C. Cain, Secretary of the Buckinghamshire Old People's Welfare Committee kindly let me have the following report on the work of the Committee during 1965:—

"Three new Old People's Clubs were opened during the year making a total of 115 Clubs in the County, all of which are providing a most useful service to the Community.

There are now several Luncheon and Day Clubs in the County and a new Luncheon Club is shortly being opened at Newport Pagnell. Local Committees are being encouraged to open similar clubs in other parts of the County.

A leaflet was prepared and distributed to all people of pensionable age in the County, setting out the Services available and other items of interest which should be of great benefit.

A successful Handicrafts Exhibition was held in Aylesbury in the Autumn. This was opened by the Lord Lieutenant, Sir Henry Floyd, who expressed his appreciation of all the voluntary work which is being carried out in the County for the benefit of old people.

The National Old People's Welfare Council held a Silver Jubilee Essay Competition, and a County Competition was held in support of this. The three best entries were submitted to the National Old People's Welfare Council.

The Statutory officers were again of great assistance to the Local Committees who are grateful for their co-operation."

Physiotherapy

During the year the Council's physiotherapist regularly visited twelve of the old persons' homes and provided a total of 5,485 treatments for the residents.

The treatments which helped the old people in preserving their physical independence, were made up as follows:—

Exercise	..	..	..	..	..	2,337
Heat Treatment	..	..	..	..	..	1,496
Faradism	..	..	..	..	..	33
Massage	..	..	..	..	..	1,548
Wax Treatment	..	..	..	..	..	104

Chiropody

The Council in 1965 continued to make chiropody treatment available to certain priority classes, namely persons of pensionable age in receipt of a supplementary allowance from the National Assistance Board, registered blind persons, handicapped persons and expectant and nursing mothers.

From the first of February 1965 the definition of handicapped persons was extended to include the mentally handicapped and diabetics of all ages.

Treatment is free to those in the above categories, the choice of chiropodist resting in the hands of the patient who may choose from a list of private practitioners eligible to provide treatment.

The continued increase in the number of patients and number of treatments is shown in the following table, figures for 1964 being shown in parentheses:—

Number of persons treated	..	..	..	..	..	3,260	(2,618)
Number of new patients who received treatment in 1965	..	..	..	..	..	1,063	(1,005)
Treatments given at chiropodists surgeries	..	..	..	..	..	8,079	(6,874)
Treatments given at patients homes	..	..	..	..	..	9,897	(6,737)
Dressings, when full treatment was not given	..	..	..	..	..	227	(157)
Failed appointments	..	..	..	..	..	455	(406)
Number of sessions carried out by chiropodists under contract	..	..	..	..	..	80	(61)

Chiropodists employed at 31st December, 1965:—

Full-time	..	..	..	..	..	1	(1)
Under contract	..	..	..	..	..	51	(48)

From this table it can be seen that there has been a considerable increase in the number of domiciliary cases, however, owing to the categories to which the chiropody service is restricted, it is to be expected that many of these patients are unable to attend the chiropodists surgeries.

A Liaison Committee, to which the Council and the chiropodists appoint an equal number of representatives, considers any issues raised by either the Council or the chiropodists. This, no doubt, helps to maintain the good relationship that exists between the two bodies.

The County chiropodist who holds a full-time post, is responsible for day to day administration of the scheme. A further full-time chiropodist was appointed in July but was subsequently unable to take up the appointment. So far it has not proved possible to fill this vacancy. Treatment at County Council's Old Person's Homes is provided either by the County chiropodist or by private practitioners appointed on a sessional basis.

Treatment is provided at the surgeries of chiropodists under contract. If the patient is unable to attend the surgery, however, domiciliary treatment is available where recommended by the family doctor. Treatments are normally restricted to nine in each year but, if in the chiropodists' opinion further treatment is necessary, application may be made to the Council and each case is then considered by the County Chiropodist. Additional treatments may be authorised where warranted.

During the period May-October, 1965 in conjunction with the Association of Buckinghamshire Chiropodists, a survey was carried out on foot health in expectant and nursing mothers. Ante-natal and child welfare clinics in Aylesbury, High Wycombe, Slough, Bletchley, Buckingham and Wolverton were visited. A total of 151 ante-natal and 69 post-natal patients were examined.

The report indicates that the general standard of foot health was found to be high, and that over 50% of the subjects had no real evidence of foot defects and acquired deformities.

Protection of Property

The National Assistance Act places a duty on County Councils to provide care and protection for the movable property of hospital patients and residents in old persons' homes provided by a Council, where it seems to the Council that there is a danger of loss of, or damage to, such property. In this context, the term "property" includes tenancies, domestic and farm animals, furniture and effects, business, life interests, stocks, shares, money and claims to money, pensions, annuities and interests in estates arising from a will or intestacy. In caring for a patient's property it is, of course, often necessary to care for the house containing it. In some cases where a tenancy is terminated, the Council removes and stores the patient's furniture, etc.

The Council's duties in this respect continued to be discharged throughout the year.

Where hospital patients were worried about their property and nobody suitable was acting on their behalf, the hospitals reported the cases to the Council.

Similar reports were received in respect of resident in old persons' homes. Cases were also brought to the Council's attention by solicitors, neighbours, friends, doctors, landlords and other persons having knowledge of the circumstances.

Investigations were then instituted and any necessary action taken to ensure that the patient's affairs were properly dealt with.

If the patient involved was unable, through mental or physical illness, to give reliable information, the investigations were often intensive and prolonged, especially where interested parties withheld information, or deliberately gave incorrect information.

Where the person concerned was incapable of giving valid instructions because of mental disorder, an application was usually made to the Court of Protection for an Order appointing a person called a "Receiver" to act for him. The Court has power to authorise the Receiver to deal with a patient's property in practically any way in which the patient himself could have done. In cases where no suitable relative or friend was able and willing to act, my Chief Administrative Officer was often appointed.

As aspect of the problem of dealing with patients property which became more prominent during the year, arose from the growing practice of women continuing in employment after marriage, and utilising some of their earnings in furnishing and equipping the matrimonial home, and sometimes helping to pay off a mortgage on the house itself.

If the marriage breaks down and one partner wishes to dispose of the furniture and effects in order to be able to give vacant possession and terminate the tenancy, or sell the house the question frequently arises as to whether the wife or husband as the case may be has any enforceable interest in the house and contents. Where the Council is dealing with the affairs of one of the parties involved, endeavours are made to reach a compromise which is fair to both parties and any children of the marriage, but the negotiations are usually difficult, especially where the patient is unable to give much authenticated information about his or her property.

Co-operation between the Welfare Authority and Local Housing Authorities

Guaranteed Rent Scheme

At the end of December 1965 ten local housing authorities were taking part in the County Council's guaranteed rent scheme. These authorities were, Aylesbury, Wycombe and Slough Borough Councils, Beaconsfield, Bletchley, Marlow and Wolverton Urban District Councils, Amersham, Aylesbury and Wing Rural District Councils.

The following statistics give some indication of the extent of the work carried out under the scheme:

	<i>Men</i>	<i>Women</i>	<i>Children</i>
Families dealt with to date under guarantee	81	93	424
Families given similar help and advice but not included in Guaranteed Rent Scheme	50	53	173
Families who were dealt with under Guarantee who continued to receive help when no longer in arrears	6	6	33
Families evicted—5	4	5	22
Children from such families taken into care :			
(a) Guaranteed	5		
(b) Guarantee refused by District Council	5		
	—		
	10		
	—		
Families rehabilitated who were under Guarantee	32	33	159
Families rehabilitated who were dealt with similarly but not subject to Guarantee	25	28	98
At present being dealt with under Guarantee	20	23	119
At present being dealt with similarly but not subject to Guarantee	19	22	91
Amount paid to District Councils by County Council from commencement of Scheme—18th October, 1957—31st December, 1965	£245 18s. 10d.		
Amount refunded to County Council to date	£15 13s. 7d.		

Staffing

The increase in the number of the Council's old persons homes led to a situation where it was considered that an officer should be appointed with specific responsibility for the day-to-day administration of this accommodation.

The post of Homes Officer was created on the Council's staffing establishment so that the officer appointed could deal with the numerous problems arising daily in connection with staffing, supplies, maintenance, equipment matters in the Homes which previously had been dealt with by various members of the staff. In this way greater efficiency and co-ordination will be achieved, and some degree of staffing uniformity will be maintained whilst matrons will have someone to whom they can refer any difficulties which may arise.

The post was filled in September and the Homes Officer has already proved a welcome addition to the staff.

It would be fair to say however, that a lot of his time is taken up in keeping the domestic and attendant staff of the Homes up to strength and in finding, perhaps at very short notice, relief staff to take over from hard pressed matrons and deputy matrons.

It is extremely difficult to maintain a full-time staff in the Homes and particularly in Slough. For this reason I welcomed the decision of the County Council to purchase four houses within easy reach of the Slough Homes for use by residential staff. From experience gained over the last ten years or so this seems to be the only likely way of achieving any "staffing stability" in the Homes for old people.

Social Work Training

In March, 1965 the committee, in order to co-ordinate staff training, agreed to create a new post of Social Work Training Officer to undertake training and teaching in the Health and Welfare Department of the Council, including responsibility for the organisation of in-service training courses. The person appointed was also to undertake responsibilities of Area Mental Health/Welfare Officer for the Aylesbury area. Miss E. R. Gloyne the Senior Medical Social Worker was appointed to this post and took up the appointment in June, 1965.

For this year it has seemed best that each section of social workers should continue with its own programme of staff development and some staff have attended conferences and short courses as part of this programme. Two trainees were appointed under the trainee scheme which began in the mental health section in 1962. The services for the physically handicapped have recruited some unqualified staff as well as trained personnel, and two trainee home teachers for the blind have joined the staff.

The County has been a pioneer in in-service training and special courses were arranged in 1961-62 and 1963-64. In October, 1965 a new day release course was started. Staff from the Mental Health, Welfare, Physically Handicapped and Home Help Organiser Services are attending this course which will carry through until June, 1966. Two Education Welfare Officers have also joined this course and are giving the group a very valuable wider view of the personal services of a Local Authority.

The Chief Education Officer has given facilities for the group to meet at Green Park Youth Service Training Centre which has made an ideal centre for the course. The Children's Officer gave permission for Miss Lefroy, Senior Child Care Officer to give a six weeks' seminar on "The Child and the Community," and staff from the hospitals and other social services have also given lectures.

The help given in these ways is recorded with appreciation and thanks. A special debt of gratitude is due to the Chief Education Officer and his staff at Green Park for their interest and unfailing welcome and patience in fitting the course in with their own programme.

Involvement in professional social work training mounts each year. Staff are also being regularly seconded to take full time professional social work courses. In addition, more requests to take students for fieldwork training in social work have been received. Social work courses have expanded and new ones such as the two year course at High Wycombe College of Further Education have been set up. These requests to take students are likely to increase as fieldwork training facilities are much in demand.

During the year ten students came to the department for fieldwork training. Two were studying the special one year course at the National Institute for Social Work Training in London for the certificate in social work. Five came from the two year course for the certificate in social work at High Wycombe College of Further Education. Three students came from the University social science courses for shorter periods as part of their practical work in connection with their academic studies, and one overseas post-graduate student from Iraq spent a month observing services in the Health and Welfare Department.

WELFARE OF THE HANDICAPPED

Work of the County Medical Social Workers

During the year 1,274 new cases were referred and a total of 2,190 patients and their families were helped. This was an increase of 137 cases over last years' figures and represented a considerable additional load on the social workers because in two of the Health Areas there were shortages of staff.

The sources of referral were as follows:—

Hospital	308
Chest Clinic	84
Other public health and welfare staff ..	285
Private doctors	288
Outside agencies	87
Relatives or friends	121
Other	101
Brought forward	916

It is interesting to note that compared with the last few years the number of referrals from general practitioners decreased and the number referred from other public health and welfare staff increased. This would seem to suggest that in more areas the Health Visitors are now working closely with the general practitioners and acting as referring agents. This does not mean that the medical social worker has lost contact with the general practitioners, for wherever appropriate cases are discussed with them personally.

The following table of categories of medical social work problems shows that once again the substantially and severely handicapped formed the largest single group of persons referred for help during the year and that the geriatric patients were the second largest group:

Substantially and permanently handicapped	881
Short term illness and/or terminal care ..	246
Long term illness	391
Geriatric	647
Family or social problems	137
Tuberculosis	81
Mental illness	44
Confusion	12
Other	39

The number of severely handicapped increased by more than 100 and most of these patients need continuous and concentrated help to enable them to remain in the community in the care of their families. Included in this group are the patients suffering with progressive crippling illnesses and one of their important needs, that of intermittent or periodic relief for the family, is becoming increasingly difficult to find. The close liaison with the Geriatric Unit makes it possible to provide this service for the elderly severely handicapped but for the middle aged and young chronic sick there is no statutory provision within the county. Those patients who cannot be maintained in the community have therefore to be found accommodation away from family and friends.

A similar difficulty arises in relation to the number of terminal cancer patients referred. Again because of the shortage of hospital beds most terminal cases are nursed at home by their families. The social work supportive role is short term but concentrated and the maximum of domiciliary services are required. When home care is not possible terminal nursing often has to be sought in the London area.

Holidays for the Handicapped

This is an important service to both the patient and his relatives. During the year group holidays were arranged for two parties of handicapped persons; one went in May to a Holiday Camp at Caister and the second in September to Gorleston. These group holidays have proved so successful and beneficial to the severely handicapped who are often homebound and lonely that they have become an annual event. Other independent or family holidays are arranged for the handicapped and aged.

Convalescence

A total of 219 patients were referred to the medical social workers for convalescence; of these 127 were accepted under the County Convalescence scheme and went to homes for periods of 2—4 weeks. Of the remainder some went to National Health Service Homes—others to recuperative/convalescent homes privately, and either paid the cost themselves or were helped by voluntary organisations.

Equipment/Alterations to premises

The scheme for the loan of medical and nursing equipment continued to expand and a wide variety of daily living aids were planned with the assistance of the occupational therapists, and obtained. Structural alterations to 31 premises were carried out to enable the disabled to live more independently at home. This work is often for the wheelchair bound patient and involves widening of doors, the provision of ramps, erecting suitable lifting apparatus, etc.

Venereal disease

During the past year a new service developed, and one of the medical social workers is now offering a social work service for patients attending either of the two special clinics in Buckinghamshire.

A survey was first made in order to discover how best the clinics could use a social worker. It was found that while there is a need for educational and preventative work the social worker is mainly doing her normal work—helping those patients attending the V.D. clinics with social problems associated with and resulting from their illness.

Care Committees

The Care Committees met at quarterly intervals and continued to show interest and concern for the welfare of the cases brought to them. A wide variety of material help was given from the voluntary money raised by the Committee; help was given to families who had got into debt owing to prolonged and unforeseen illness; to those requiring a sitter-in to relieve a daughter looking after aged sick parents; and fares were paid to enable relations to visit patients in hospital.

Occupational Therapy

A total of 526 patients received treatment in their homes or at one of the three occupational therapy workrooms during the year. In the course of their work throughout the County the occupational therapists made 11,400 home visits. Regular visits to deliver materials, give therapy and in some cases collect finished products, either outwork or craftwork, is the basic work of the domiciliary side of the service.

There were 130 new cases referred for treatment and 125 were discharged. Of the discharges almost one third died during the year but, more hopefully, 29 were able to return to work or household duties, and others were discharged following assessment and advice on aids for daily living.

The Aylesbury Occupational Therapy Centre in Walton Street continued its expansion with 63 cases attending the workrooms. The increase in numbers can be partly attributed to the provision of transport for some patients too handicapped to make use of public transport. This has inevitably led to an increase in the number of more severely disabled patients attending the Centre and the amount of occupational therapists' time devoted to their physical care. In order to avoid using skilled time in this way it may be necessary to consider the employment of an attendant at some time in the future.

The Bletchley Centre was opened in 1958 in a wooden hut which had previously belonged to Toc. H. This served its limited purpose well until it was damaged by fire during November. Fortunately, the new purpose-built centre was ready for its official opening in mid-December, necessitating only a brief break in continuity of service to the patients. The centre has two large workrooms each designed to accommodate twenty patients, a kitchen and canteen, office accommodation, occupational therapy preparation room and store rooms. Outwork is obtained from factories in the Bletchley area and any offers to supply more to the centre would be much appreciated.

Work at the Slough Centre increased with a total of 59 patients from the area attending. Of these, five were able to return to employment.

Since May a six-seater ambulance transport vehicle has been provided to enable 16 patients unable to use public transport because of disability to attend one or two days a week. Patients can get a mid-day meal if they are attending all day.

Old persons' homes in the County were visited on 392 occasions by the occupational therapists but shortage of staff in the early part of the year meant that rather fewer visits were made than the previous year. The Disabled Men's Club in Slough was visited fortnightly to help with the craftwork done there.

Once again the standard of patients' craftwork on sale at the Bucks County Show and the County Offices sale was high. The general public, committee members and staff who kindly supported these sales were able to buy a wide variety of decorative and useful articles and to help disabled people at the same time. It is also a pleasure to record again the valuable help given by voluntary workers with sales for patients and in numerous other ways.

Distribution of Car Badges for Disabled Drivers

During 1965 twenty-five new applicants were issued with car badges and 224 handicapped people have now been provided with badges since the scheme started.

Badges are valid for three years from the date of issue and during the year thirteen were renewed as they became out of date.

WELFARE OF THE BLIND

Registration

At the end of December 1965 there were 841 blind persons on the register compared with 824, at the end of the previous year. A total of 108 newly registered blind persons were added to the register during the year and there were 21 inward transfers. In all persons 125 were removed from the register because of death or leaving the County whilst the vision of one person improved sufficiently to allow them to be transferred to the register of the partially sighted.

Blind Population

The following table shows the ages of the blind population of the County at the end of 1965 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	8	16	21	17	24	47	70	51	55	199	132	135	62	1	841

Register of Partially Sighted Persons

The number of partially sighted persons on the register at 31st December, 1965 was 369 as compared with 370 in 1964. The following table shows the age classification in the form required by the Ministry of Health:—

0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Total
—	—	24	17	43	60	225	369

Observation Register

During the year under review one new case was added to the register and at 31st December, 1965 37 persons were under observation.

Incidence of Blindness and Partial Sight

The following table gives details concerning the registration of 110 blind and 56 partially sighted persons 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	33	12	19	4	56	40
(2) Number of cases where treatment was recommended	24	12	14	4	20	36
(3) Number of cases at (2) above which on follow up received treatment	12	7	11	2	14	22

Ophthalmia Neonatorum

During the year four notifications of ophthalmia neonatorum were received as compared with the eight notifications received during 1964. Of the four children concerned three were born in maternity hospitals and one at home.

Employment

(1) Home Workers. On 31st December, 1965 there were 12 blind persons employed in the Homewokers 'A' Scheme by arrangement with the Royal London Society for the Blind, which Society acts as the County Council's agents. Four others were employed in the 'B' Scheme. The occupation of these homewokers were as follows:—

CLASS A				CLASS B			
Basket makers	..	..	2	Basket makers	..	..	2
Music Teacher	..	..	1	Hand Knitter	..	..	1
Machine Knitters	..	..	5	Assembly, Leather and Seagrass			
Piano Tuners	..	..	3	Worker	..	..	1

In addition one braille copy typist was employed in the Homewokers 'A' Scheme by arrangement with the National Library for the Blind.

Workshop Employees

At the end of 1965 there were 2 female machine knitters and one male capstan operator from the County in the London Workshop of the Royal London Society for the Blind. The blind man was formerly employed as a basket maker but during the year returned to work in the Society's new light engineering Department. The Luton Workshop of the Association for the General Welfare of the Blind provided employment in their soap department for one blind man and a partially sighted man from Buckinghamshire worked as a mat maker in the Royal School for the Blind Workshop at Leatherhead. Two other blind men were undergoing training for employment in sheltered workshops.

Other Employment

The following table gives details regarding the employment of the blind persons in open employment:—

<i>Professional, Administrative and Executive Workers</i>				<i>Craftsmen, Production Workers, Labourers</i>			
Youth Leader	..	..	1	Machine tool operators	..	..	14
Proprietor and Executives	..	..	2	Fitters and Assemblers	..	..	4
Journalist	..	..	1	Inspectors	..	..	2
Musicians (including music teachers)	..	..	1	Packers	..	..	6
				Storekeepers	..	..	2
<i>Clerical Workers</i>				Upholsterers	..	..	4
Shorthand typists	..	..	6	Basket Maker	..	..	1
Telephone operators	..	..	3	Mat Makers	..	..	2
				Chair seaters	..	..	1
<i>Sale Workers</i>				Process Workers	..	..	12
Working proprietor	..	..	1	Labourers	..	..	6
Representative	..	..	1				
Shop Assistant	..	..	1	<i>Service Workers</i>			
				Domestic Workers	..	..	4
<i>Animal Husbandry</i>				Laundry Workers	..	..	2
Poultry keepers	..	..	4	Miscellaneous Workers	..	..	2

Placement Service

The Ministry of Labour undertakes the placement of suitable blind persons in employment other than commercial appointments which remain the responsibility of the Royal National Institute for the Blind. The County Council's staff co-operate in this service by referring those blind people seeking employment to the appropriate agency and supplying any relevant information. Wide use of the service was made during the year.

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 1,137

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

Braille	..	..	..	..	..	..	42
Moon	..	..	..	..	..	..	26
Handicrafts	..	..	..	..	..	..	119

The Home Teachers made 11,190 visits dealing with the social welfare of the blind and general administration of the service.

General Social Welfare

The Buckinghamshire Association for the Blind continued during the year under review to provide, on an agency basis, for the general social welfare of the blind in the County through their Divisional Committees.

In this connection the Social Clubs held at Aylesbury, Buckingham, Chesham, High Wycombe, Slough and Wolverton were well supported and appreciated by those blind persons attending.

The Association's well established practice of making grants to blind people for such items as clothing, fuel, holidays, and braille and talking book libraries continued to operate during 1965. The emphasis was however on the making of grants for clothing, fuel and holidays. The Association also continued to provide certain essential items of furniture on loan to persons with special needs.

Radios were provided on loan and free of charge to all blind people in the County who needed them and the Association continued to undertake this work as agents for the British Wireless for the Blind Fund. Other services which the Association provides include the distribution of concessionary tickets for use on certain public service vehicles, free issue of a wide variety of blind aids and especially adapted games and supplies of handicraft materials at reduced prices. The supply of braille watches and alarm clocks on free loan has proved a popular additional facility and demand has steadily increased since it was introduced about three years ago.

During the year holiday arrangements were made both for groups and individuals. Outings were also arranged to the seaside and to places of interest.

The marketing of goods made by blind persons was expanded during 1965 and it is estimated that sales during the financial year 1965/66 were well in excess of £600.

The goods were, as in previous years, exhibited at the Bucks County Show, where a special marquee was used, and in conjunction with the Association's Annual General Meeting. In addition goods were displayed in shop windows in Slough (kindly made available by the Women's Voluntary Service) and in Aylesbury.

In reporting increased sales of goods made by the blind one must, however, look beyond the cold financial aspect of the transactions and attempt to assess the therapeutic value of the spur and the new target which the increased sales give to the blind.

The general picture of the field of "welfare of the blind" continues to be one of expansion; expansion invariably means additional expenditure which cannot always be covered from voluntary sources. With this in mind, the County Council's financial support of the Association was increased during 1965.

The success of the year's work for the blind depended largely and as always, on the very good work of the voluntary officers and helpers and it is therefore my pleasure to record my appreciation of their valuable contribution towards the welfare of the blind people in Buckinghamshire.

The Katherine Knapp Home for the Blind

At the end of 1965 there were 15 female, six male and two holiday beds at this home. Four women and one man from the Home were however in hospital at that time whilst the two holiday beds were unoccupied.

Difficulties were experienced during 1965 in staffing the Home and these seemed to be more acute in the last quarter of the year. As a result less use was made of the two holiday beds which were in use for a total of 27 weeks and six days during the year.

The residents benefited from the fortnightly handicraft class which was started during 1964 whilst various outings and entertainment were arranged by local voluntary organisations.

The services of voluntary helpers were appreciated both by the residents and the staff who were hard pressed at times to keep the Home going.

Deaf Persons

The Oxford Diocesan Council for the Deaf are the County Councils' agents for the care of the deaf.

The Diocesan Council's staff consists of a Superintendent/Chaplain, two Superintendents, one Assistant Superintendent and four Welfare Officers. One of the Welfare Officers who was previously based in Slough now has an office in Aylesbury; this change is proving beneficial to the deaf people in mid and north Bucks.

The social clubs at Slough, High Wycombe and Aylesbury continued with their excellent work. There are Friends of the Deaf Associations at Aylesbury and Slough.

Regular Church services were held at Aylesbury, High Wycombe and Slough.

Sports meetings, outings and seaside holidays are now an established feature of the social life of deaf people.

The Clubs for the Hard of Hearing at High Wycombe and Bletchley are prospering and both have received financial aid from the Council.

The number of persons on the deaf register increased by 14 during the year and at 31st December, 1965 was as follows:—

	MALES	FEMALES	TOTAL
Children under 16	44	30	74
Persons aged 16—64	104	76	180
Persons over 65	18	33	51
	<hr/> 166	<hr/> 139	<hr/> 305

During the year the Council became a member of the South East Regional Association for the Deaf.

The Association covers the London area and thirteen counties in south east England. Its objects include the promotion of the welfare of all persons suffering from defective hearing of any degree including deafness associated with other disabilities.

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, 1965, the following quantities of water were pumped from the Board's various sources:—

<i>Chalk Sources</i>					
Bourne End	..	..	..	..	286,675,000 galls.
Dancers End	..	..	..	..	77,852,000 galls.
Hampden	..	..	..	..	285,571,000 galls.
Hawridge	..	..	..	..	431,470,000 galls.
Marlow	..	..	..	..	319,516,000 galls.
Mill End	..	..	..	..	1,039,895,000 galls.
New Ground	..	..	..	..	589,072,000 galls.
Pan Mill	..	..	..	..	1,016,800,000 galls.
Radnage	..	..	..	..	82,028,000 galls.
Wendover Dean	..	..	..	..	326,726,000 galls.
					4,455,605,000 galls.
<i>Greensand Sources</i>					
Battlesden	..	..	..	..	290,644,000 galls.
Sandhouse, Bletchley	..	..	..	..	264,341,000 galls.
					554,985,000 galls.
<i>River Source</i>					
Foxcote	..	..	..	..	684,224,000 galls.
					684,224,000 galls.
<i>Other Sources</i>					
Ash Hill	..	..	..	..	39,368,000 galls.
Brackley	..	..	..	..	32,453,000 galls.
Stony Stratford	..	..	..	..	33,315,000 galls.
Weston Underwood	..	..	..	..	39,803,000 galls.
Wycombe Rural Area (Princes Risborough)	..	..	..	..	59,863,000 galls.
					204,802,000 galls.
Total pumped from all sources	..	..	..	..	5,899,616,000 galls*
<i>Add Bulk Supplies from:</i>					
Birchmoor Source of Birchmoor Water Committee	..	..	..	..	160,549,000 galls.
Rickmansworth Water Company (at Hazelmere)	..	..	..	..	Nil
					160,549,000 galls.
					6,060,165,000 galls.
 The above total quantity can be divided into:—					
Supplied within the Board's area	..	..	..	..	5,769,916,000 galls.
Supplied outside the Board's area	..	..	..	..	290,249,000 galls.
					6,060,165,000 galls.

The total quantity of water supplied by the Board during the year was, therefore, 6,060,165,000 gallons or an average daily quantity throughout the year of 16,600,000 gallons.

Of the 5,769,916,000 gallons supplied within the Board's area, an analysis can be made as follows:—

Metered Consumption (to Agriculture, Trade and Service Departments)	..	..	..	..	2,014,890,000
Unmetered Consumption	..	..	..	..	3,755,026,000
Total gallons	..	..	..	..	5,769,916,000

During the year extensive work has been carried out to harness the Board's source at Bourne End. The Ministry of Housing and Local Government have granted a licence to the Board to abstract up to 5 million gallons per day from this source. The Order granting these powers to the Board required that they should supply compensation water to the Abbotsbrook up to a maximum of 250,000 gallons per day. A system of trunk mains has been laid and will shortly be commissioned for conveying this water from Bourne End to a new 2 million gallon reservoir now under construction at Widdenton Park, near High Wycombe. A further length of 24 inch diameter trunk main is now being laid northward from Widdenton Park to Saunderton to convey additional supplies to central Buckinghamshire.

The second of two 1½ million gallon reinforced concrete reservoirs at Winchester Wood, just outside Princes Risborough, has been completed and brought into use.

During the year nearly 33 miles of mains from 24 in. to 2 in. diameter have been laid and a further 5 miles have been re-laid. During the same period 3,170 new non-metered services and 171 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.

Restrictions—Summer 1965

Eighty per cent of the water supplied by the Bucks Water Board is derived from the chalk of the Chiltern Hills in which underground strata replenishment is only derived from winter rainfall—summer rainfall being wholly absorbed by vegetation. During 1963, 1964 and 1965 there was a marked lack of winter rainfall and, in fact, during the three winters of 1962/63, 1963/64 and 1964/65 only about two-thirds of the normal winter rainfall was recorded. These three consecutive dry winters were as dry as any other three consecutive winters in this century.

Faced with rapidly rising demand, a low level of sources and unable—for reasons beyond their control—to harness the new Bourne End source, the Board were compelled to impose restrictions and to appeal to the public for economy in the use of water during the summer of 1965. In the event, the summer was both cool and wet and this fact, together with the excellent response made by the public to the Board's appeal, meant that the need to ration water did not eventually materialise.

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 then forwarded to the Ministry.

On 31st December, 1965, the position was as follows:—

	£
39 Schemes of Water Supply (39 schemes completed)	1,563,800
114 Schemes of Main Drainage (110 schemes completed and 4 schemes under construction) ..	6,792,142
Total	<u>£8,355,942</u>

SCHEMES OF WATER SUPPLY

Fifty schemes of water supply have been submitted, and at 31st December, 1965, the following thirty-nine schemes had reached the stage shown below:—

PROGRESS REPORT TO 31st DECEMBER, 1965

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
Aylesbury R.D.C.	Penn	370	100
	Haddenham	105	100
Bucks Water Board	Wellwick	650	100
	Mid Bucks	1,266,000	100
	Bledlow—North Mill	1,120	100
	Brill	400	100
	Gt. Horwood—Park Hill Farm	1,300	100
	Gt. Horwood—Windmill Farm	1,600	100
	Long Crendon—Thame Road	1,955	100
	Lower Hartwell	790	100
	Lower Winchendon—Barrack Hill	1,770	100
	Lower Winchendon—Marsh Farm	560	100
	Quainton—Shipton Lee Estate	2,040	100
	Stoke Goldington—Purse Lane	600	100
Buckingham R.D.C.	Buffler'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
	Iver Heath Aldebourne Lane	485	100
	Taplow	10,066	100
	Wraybury Main Scheme	55,797	100
	Nursery Lane	360	100
Newport Pagnell R.D.C. ..	Staines Road	3,800	100
	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		£1,563,800	

Flouridation of Water Supplies

In 1963 the County Council agreed in principle to the making of arrangements with local water undertakers for the addition of fluoride to water supplies in the County which were deficient in it naturally. There are practical difficulties, however, in the making of such arrangements with the water undertakes concerned, due to the dependence of local health authority areas on common sources of supply.

The County Council, in view of these difficulties, decided to ask the County Councils Association to pursue with the Ministry of Health some means by which a national uniform policy for the flouridation of water supplies could be achieved.

A new circular from the Ministry of Health No. 15/65, dated 3rd August, 1965, urged the benefits of flouridation and hoped that all local health authorities would take steps to make arrangements for its introduction.

Following the receipt of this circular, the Clerk of the Council was instructed to approach the various water undertakers serving the County, as to whether they would now be willing to institute the flouridation of their water supplies in view of this fresh encouragement from the Ministry of Health.

All the water undertakings are now actively considering the question as a result of this approach, and the possibility of making suitable arrangements will continue to be pursued.

MAIN DRAINAGE SCHEMES

Of the 136 main drainage schemes submitted by Rural District Councils, the following 114 schemes had on the 31st December, 1965, reached the stage shown below:—

PROGRESS REPORT TO 31st DECEMBER, 1965

Local Authority	Scheme	Total Estimated Cost	Percentage of Scheme Completed
		£	%
Amersham R.D.C.	Ashley Green (Two Bells Lane) ..	1,658	100
	Chalfont St. Giles (Lodge Lane) ..	6,750	100
	Chalfont St. Giles (Gorelands Lane) }	4,875	100
	Chalfont St. Peter (London Road) }	31,865	100
	Chalfont St. Giles (Burton's Lane) ..	36,725	100
	Chalfont St. Peter (Chalfont Heights) ..	5,600	100
	Chartridge (Stage 1)	25,605	100
	Chenies	3,615	200
	Chesham Bois (Holloway Lane) ..	4,275	100
	Coleshill	10,100	100
	Gt. Missenden (Cockpit Hole) ..	85,250	100
	Holmer Green	4,093	100
	Holmer Green (Penfold Lane) ..	63,859	100
	Little Chalfont (Stages 1, 2, 3) ..	4,034	100
	Little Kingshill (Hare Lane) ..	33,021	100
	Link Sewer	21,600	100
	Newbarn Lane and Three households	25,585	100
	Penn	106,000	100
	Prestwood	12,500	100
	Relief Sewer	12,280	100
	Kiln Road, Prestwood	157,180	100
	Seer Green and Jordans		
Aylesbury R.D.C.	Chilton	17,539	100
	Cuddington	58,378	80
	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
Buckingham R.D.C.	Adstock and Padbury	73,500	100
	Akeley	33,000	100
	Charndon and Calvert	76,000	20
	Maids Moreton	31,000	100
	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 (Stage 1)	410,500	100
	Burnham (Dropmore Road)	6,553	100
	Burnham (Linkwood Road)	13,200	100
	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	100
	Horton and Wraysbury (Stage 1) ..	91,000	100
	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		
	Stage 1 & 2	507,748	100
	Stage 3		100
	Stage 4		100
	Taplow (Amerden Close)	800	100
	Wexham (Church Lane)	420	100
Newport Pagnell R.D.C. ..	Birchmoor (Newport R.D.C. share) ..	29,724	100
	Bow Brickhill	20,030	100
	Bradwell	11,516	100

Local Authority	Scheme	Total Estimated Cost	Percentage of Scheme Completed
		£	%
	Castlethorpe	37,550	100
	Chicheley	17,500	15
	Emberton	24,900	100
	Hanslope	64,623	100
	Lavendon	31,560	100
	Loughton and Shenley Church End	82,000	100
	North Crawley	35,000	40
	Ravenstone and Stoke Goldington ..	69,000	100
	Wavendon	31,573	100
	Woughton-on-the-Green	14,500	100
Wing R.D.C.	Aston Abbots	28,600	100
	Cheddington	12,150	100
	Cheddington (Station Road)	8,700	100
	Cublington	6,070	100
	Dagnall	16,800	100
	Great Brickhill	24,500	100
	Great Gap, Ivinghoe	2,320	100
	Horton	2,280	100
	Ivinghoe Aston	9,650	100
	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
	Great Marlow	160,307	80
	Hambleden	45,730	100
	Hazlemere	34,280	100
	Hedsor and Berghers Hill	40,150	100
	Hughenden Valley	218,000	100
	Princes Risborough	14,175	100
	Stokenchurch	148,743	100
	Wooburn Valley	1,710,000	100
	Wooburn Valley (Tylers Green and Penn)	211,000	100
TOTAL ..		£6,792,142	

Twenty-two of the Main Drainage Schemes that have been approved by the County Council had not been started by the end of the year.

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, 1965
			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	109
Buckingham	1,364	52	30	—	30	27
High Wycombe	12,650	1,408	32	522	554	753
Slough	18,500	368	14	354	368	504
URBAN DISTRICTS						
Beaconsfield	2,520	28	—	28	28	26
Bletchley	3,685	106	3	103	106	137
Chesham	4,000	137	85	52	137	102
Eton	1,146	23	7	16	23	49
Marlow	2,007	107	6	101	107	176
Newport Pagnell	1,525	63	63	—	63	142
Wolverton	4,579	261	19	178	197	199
RURAL DISTRICTS						
Amersham	13,000	265	265	—	265	275
Aylesbury	8,681	314	219	95	314	184
Buckingham	2,500	116	14	102	116	134
Eton	12,994	264	15	249	264	407
Newport Pagnell	4,958	188	100	—	100	137
Wing	2,792	126	116	10	126	174
Winslow	2,531	35	20	15	35	67
Wycombe	12,800	430	178	—	178	221
TOTAL ..	118,260	4,326	1,186	1,860	3,046	3,823

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, 1965.

NEW HOUSING—SUMMARY OF PROGRESS TO 31st DECEMBER, 1965

NEW HOUSING—SUMMARY OF PROGRESS TO 31st DECEMBER, 1962					
Local Authorities	PERMANENT HOUSING				Total Permanent Houses Completed
	Local Authorities		Private Builders		
	Under Construction	Completed	Under Construction	Completed	
BOROUGHES					
Aylesbury	369	3,249	300	2,489	5,738
Buckingham	32	312	21	238	550
High Wycombe	291	3,342	164	4,096	7,438
Slough	732	4,450	120	3,415	7,865
URBAN DISTRICTS					
Beaconsfield	34	544	68	1,216	1,760
Bletchley	252	3,288	188	1,426	4,714
Chesham	7	988	92	2,212	3,200
Eton	—	321	1	186	507
Marlow	51	534	173	1,384	1,918
Newport Pagnell	57	216	2	480	696
Wolverton	6	563	97	296	859
RURAL DISTRICTS					
Amersham	106	2,120	578	5,852	7,972
Aylesbury	50	1,732	210	1,959	3,691
Buckingham	18	416	73	291	707
Eton	32	2,643	382	4,402	7,045
Newport Pagnell	27	621	97	661	1,282
Wing	50	799	43	477	1,276
Winslow	12	474	56	615	1,089
Wycombe	45	2,311	396	5,739	8,050
TOTAL ..	2,171	28,923	3,061	37,434	66,357

SECTION E.—INSPECTION AND SUPERVISION OF FOOD

The Chief Inspector submits the following report for 1965:—

(1) Food and Drugs Act (Composition and Quality)

A total of 2,136 samples of food and drugs were taken during the year. 542 of this total were submitted to the Public Analyst who commented adversely upon 54 of them. The samples included:

Baby Food, Beefburgers, Beverages, Biscuits, Bread, Breakfast Cereals, Butter Beans, Cake, Cake Decorations, Cake Mix, Cheese Spread, Glace Cherries, Chocolate, Chocolate Flavoured Drink, Chocolate Spread, Chutney, Coffee, Colourings, Condiments, Condensed Milk, Cooked Meat, Cooking Oil, Cordials, Corned Beef, Cornish Pasty, Corn Oil, Dressed Crab, Cream, Custard Powder, Dried Fruit, Dried Herbs, Edible Fats, Evaporated Milk, Fish Cakes, Frozen Fish, Tinned Fish, Flavourings, Flour (Plain, Self-Raising and Wholemeal), Fruit Juices, Fruit Pie Filling, Tinned Fruit, Gelatine, Ginger Punch, Glucose, Gravy Browning, Ground Almonds, Honey, Ice Cream Powder, Jam and Preserves, Jelly, Diabetic Marmalade, Marzipan, Mashed Potato, Meat Paste, Meat Pies and Puddings, Tinned Meat, Meat Tenderizer, Milk, Skimmed Milk, Flavoured Milk Drink, Milk Puddings, Milk Shake Syrup, Mincemeat, Pancake Mix, Mussels, Mustard, Pastry, Pectin, Pickles, Sauces, Sauerkraut, Sausages, Sausage Rolls, Savoury Ducks, Soft Drink Crystals, Soup, Spices, Spirits, Squashes, Steaklets, Vegetarian Foods, Vinegar, Vitamised Health Drink, Wine, Yeast Extract and Yoghurt.

In addition, 1,649 samples of milk were tested in the Department's laboratory. 1,625 were found to be genuine or to vary but slightly from the standard laid down by the Sale of Milk Regulations. The other 24, which were below standard, resulted in investigations which led to 5 prosecutions.

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

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

1961	..	..	..	..	..	6.39%
1962	..	..	..	..	..	5.92%
1963	..	..	..	..	..	4.17%
1964	..	..	..	..	..	10.70%
1965	..	..	..	..	..	9.96%

There were 10 prosecutions during the year and fines and costs amounted to £526 3s. 0d. Five concerned milk which contained added water and two others concerned milk containing bristles and general dirt. A steak and kidney pie contained a sweet wrapper, another pie was mouldy and a piece of coconut candy contained a sharp piece of wood.

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

232 samples of milk, involving 6,175 cows, were taken from farms for guinea pig test to detect the presence of tubercule infection; the same samples were also tested biologically for brucella abortus or brucella melitensis. There were no positive T.B. results, but 6 were infected with brucella. The appropriate District Medical Officers were informed of the infections so that human consumption of the milk in its raw state could be prevented. These samples were also tested for the presence of penicillin and this was confirmed in 3 of them. In each case the farmer was warned to discard milk from cows which had been treated with penicillin for at least 48 hours.

A further 4 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, 207 samples of pasteurised milk delivered to schools and other County Council establishments were checked and all were satisfactory.

There were 224 samples of pasteurised milk taken from 5 pasteurising plants licensed by the County Council where approximately 13,350 gallons of milk are heat-treated daily. Only one failed to pass the phosphatase test.

331 samples of various designations of milk were also taken from licensed dealers within the County. 13 failed to pass the methylene blue test due mainly to stocks being held too long. The dealers were warned and subsequent samples were satisfactory. One sample of pasteurised milk failed to pass the phosphatase test. The cause was traced to an obscure fault in the plant. This was corrected and no further failures occurred.

692 visits were made under the Specified Area Orders which require that only specified grades of milk be sold by retail in Buckinghamshire. 762 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

Once again it is with pleasure that I report there were no notifications of poliomyelitis during 1965.

2. Diphtheria

For the eighteenth year in succession there were no deaths from diphtheria in the County; no notifications of the disease were received during 1965.

In this connection it is of interest to look at the annual report for 1915 when 199 cases of diphtheria were notified and 24 deaths from diphtheria and croup were recorded. That report tells, in detail, of the measures taken to fight the outbreak which was particularly heavy in the Newport Pagnell Rural District; children were excluded from school for long periods, some schools were closed, other schools were closed for cleaning and fumigating, overcrowding of one school was "abated" and anti-toxin was supplied free of charge "but was not used in all cases."

It is of course easy to look back but if those who decline or hesitate to accept the protection which vaccination and immunisation offer for children today could only appreciate the anguish which must have followed the trail of diphtheria cases in 1915, and later, the acceptance rate for vaccination and immunisation would I am sure receive a welcome "boost".

General

Detailed information relating to all cases of infectious disease notified during 1965 is set out in Table (h) of Section H of this report.

SECTION G.—GENERAL

Capital Building Works

Good progress was made during the year in the implementation of the ten year health and welfare development programme but the acquisition of suitable sites once again proved a difficult problem, which lead to delays in the completion of some of the projects.

1. Works Completed

Aylesbury	Chestnuts Old Persons' Home, Croft Road (45 places).
Bletchley	(a) Occupational Therapy Centre and Workshop. (b) Mental Health Adult Training Centre (45 places).
High Wycombe	(a) Two nurses houses, garages and district room, Cressex Road. (b) Mental Health Adult Hostel (Meadowlands), Cressex Road (30 places)
Long Crendon	One nurse's house, garage and district room.
Slough	Six nurses flats with garages and district room (Tuns Lane).
Stone	Two nurses houses, garages and district room.
Wendover	Winterton House, Old Persons' Home, extensions and adaptation of existing premises (40 places).

2. Under Construction 31.12.65

Aylesbury	(a) Extensions to Aylesbury Ambulance Station. (b) Child Welfare Centre and Dental Clinic, Quarrendon Estate. (c) Mental Health Service—Extensions to Adult Training Centre (16 places). (d) Mental Health Service Conversion of Ivy House, Bierton Road, into two staff flats.
Bletchley	(a) Mental Health Adult Hostel (30 places). (b) Two nurses houses, garages and district room.
Chalfont St. Peter	Ambulance Sub-Station with office accommodation for health visitors and lecture room.
Chalfont St. Giles	One Nurse's flat, garage and district room.
High Wycombe	(a) Mental Health Service—Extensions to Adult Training Centre (16 places) (b) The Grange, Amersham Hill, High Wycombe—Conversion to Mother and Baby Home.
Slough	(a) "Sinkins House" Old Persons' Home, Tuns Lane (50 places) (b) Mental Health Junior Training Centre (100 places). (c) Extensions to Ambulance Station. (d) Two flats for nurses with garages and district room (Cippenham).
Stewkley	One nurse's house with garage.

3. Proposed Works

Aylesbury	Two nurses houses, garages and district room.
Beaconsfield	Two nurses houses, garages and district room.
Buckingham	(a) Old Persons' Home, Maids Moreton Hall, (40 places) (b) Ambulance Station, Maids Moreton Hall.
Chesham	(a) Mental Health Service—Adult Training Centre (25 places) (b) Mental Health Service—Junior Training Centre (50 places) (c) Two houses for nurses, garages and district room.
Datchet/Wraysbury	Two houses for nurses, garages and district room.
Denham	One house for nurse, garage and district room.
Farnham Common	Two houses for nurses, garages and district room.
Great Missenden	Old Persons' Homes (40 places).
High Wycombe	(a) Extension of Ambulance Station. (b) Three houses for nurses, garages and district room (Totteridge) (c) Two houses for nurses, garages and district room. (d) Old Persons' Home (40 places)
Holmer Green	Old Persons' Home (40 places).
Iver Heath	Two houses for nurses, garages and district room.
Lane End	One house for nurse, garage and district room.
Princes Risborough	Old Persons' Home (40 places).

Penn	Two houses for nurses, garages and district room.
Marlow	Two houses for nurses, garages and district room.
Slough	(a) Ten flats for nurses, garages and district room.
	(b) Redevelopment of present clinic facilities at Burlington Road Health Centre.
	(c) Day Nursery (35 places)
	(d) Mental Health Service, Five Day Hostel.
	(e) Mental Health Service, Adaptation and alteration of present Junior Centre to Adult Training Centre.
Stony Stratford	Old Persons' Home (40 places)
Tylers Green	Old Persons' Home—Katharine Knapp (40 places).

Other projects—Two Houses for Staff of Welfare Homes.

Public Health Act, 1936

Registration of Nursing Homes

At the end of 1965 ten nursing homes were registered by the County Council under the provisions of the Public Health Act 1936. These homes provided a total of 26 maternity and 123 other beds, making a total of 149.

During the year one new home was registered whilst another, situated in Linslade, became the responsibility of the Bedfordshire County Council on 1st April, 1965.

The County Council's officers visit homes before registration and thereafter at intervals of not less than three months. During these visits special attention is given to the requirements of the Conduct of Nursing Homes Regulations 1963.

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

National Assistance Act, 1948

Registration of Old Persons' Homes

A total of 25 homes was registered by the County Council under the National Assistance Act, 1948 at the end of the year under review. These homes provided 427 places for old people, 540 for epileptic persons and 55 for young adult spastics.

A list of the registered homes is given in Table (c) of Section (H) of this report.

NURSERIES AND CHILD MINDERS REGULATIONS ACT 1948

During 1965 nineteen applications for registration of premises (for the reception of 425 children) were approved. In addition twenty-four daily minders were registered for the first time and they were authorised to take a total of 235 children for minding.

The number of approved registrations at the end of the year showed an increase over the numbers for the previous year and for comparison purposes figures for both years are given in the following table:

							<i>Number registered</i>		<i>Number of children</i>	
							1964	1965	1964	1965
Premises	..	..	..	..	..	..	37	51	906	879
Daily Minders	..	..	..	..	..	..	91	97	802	939

The demand for the daily minding of children either in premises registered for the purpose or in the homes of daily minders has been rising quite rapidly over the last ten years; in 1956 only 3 premises and 7 daily minders were registered for the reception of 107 children, whilst, as will be seen from the table above, 51 premises and 97 daily minders were registered at the end of last year for the reception of 1818 children.

In the circumstances it may be of interest to give a little of the background of the requirements of the Act and of the action that is taken before registrations are approved.

Where children are looked after for a substantial part of the day other than in their own homes, the County Council has a responsibility to ensure that the premises and the persons responsible are suitable.

Applicants for registration are advised to seek guidance as to whether or not planning permission is required for the "changed use" of the premises. The Chief Fire Officer is asked to have the premises inspected and his advice is obtained on the need for fire appliances and about possible fire hazards.

Advice is given to all applicants for registration about the minimum space required for each child taken for minding having regard to the age groups to be accommodated. Guidance is also given about sanitary facilities, heating and where appropriate food hygiene.

Applicants are told what equipment including suitable play materials will be required and advised about "dress for activities" for the children. They are also told that a first-aid box will have to be provided and properly maintained.

Registration is only recommended when an assurance is given that the proportion of adult helpers will be sufficient to enable adequate supervision to be given to the children minded.

Those undertaking the daily care of children are advised about suitable literature whilst efforts are made to persuade them to undergo short courses of training.

General advice is given on both indoor and out-door activities for children, on diet, rest periods, helping the children in personal hygiene and on the prevention of accidents.

Following registration private nurseries and daily minders are visited at regular intervals by members of the Department staff in order that any necessary advice and guidance can be given and to ensure that the required standards are maintained.

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	B. H. BURNE, M.R.C.S., L.R.C.P., D.P.H.
Bletchley	P. LAVIS, M.B., B.CH., D.P.H.
Buckingham, Borough of	P. LAVIS, M.B., B.CH., D.P.H.
Chesham	B. H. BURNE, M.R.C.S., L.R.C.P., D.P.H.
Eton	G. M. HOBBS, M.B., CH.B., D.P.H.
High Wycombe, Borough of	A. J. MUIR, M.B., CH.B., B.H.Y., D.P.H.
Marlow	A. J. MUIR, M.B., CH.B., B.H.Y., D.P.H.
Newport Pagnell	P. LAVIS, M.B., B.CH., D.P.H.
Slough, Borough of	M. A. CHARRETT, M.R.C.S., L.R.C.P., D.P.H.
Wolverton	P. LAVIS, M.B., B.CH., D.P.H.
RURAL DISTRICTS	
Amersham	B. H. BURNE, M.R.C.S., L.R.C.P., D.P.H.
Aylesbury	A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H.
Buckingham	P. LAVIS, M.B., B.C.L., D.P.H.
Eton	G. M. HOBBS, M.B., CH.B., D.P.H.
Newport Pagnell	P. LAVIS, M.B., B.CH., D.P.H.
Wing	A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H.
Winslow	P. LAVIS, M.B., B.C.L., D.P.H.
Wycombe	A. J. MUIR, M.B., CH.B., B.H.Y., 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	Rosslyn, 46 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.
STOKE POGES	Stoke Place	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) REGISTERED OLD PERSONS' HOMES

ADDRESS	DESCRIPTION
Abbeyfield House, 113 Walton Road, Aylesbury ..	5 aged persons.
Brook House, Wooburn Green	6 aged persons.
Calverton Lodge, Horsefair Green, Stony Stratford ..	7 aged or infirm.
Chalfont Colony, Chalfont St. Peter	540 epileptic persons.
Chilworth, 7 Rectory Avenue, High Wycombe ..	9 aged or infirm.
Dawn House, South Park Crescent, Gerrards Cross ..	12 aged persons, either sex.
Gresham House, Weston Road, Olney	15 aged or infirm.
Harrias House, Hedgerley Lane, Beaconsfield	24 aged or infirm.
Homeleigh, 196 High Street, Aylesbury	8 aged or infirm.
Horton, near Slough	35 aged or infirm.
Howard House, Vicarage Way, Gerrards Cross ..	20 aged or infirm.
Manor House, Broughton, Newport Pagnell	19 aged or infirm, either sex.
"Maryland," 45 The Leys, Woburn Sands	4 aged or infirm (not otherwise handicapped) females.
Ponds, Home for Young Adult Spastics, Seer Green ..	55 cerebral palsy cases.
Prestwood Park House, Prestwood, Great Missenden ..	20 aged or infirm.
Redlands, Bulstrode Way, Gerrards Cross	6 aged or infirm.
St. Dominics, The Lea, Western Avenue, Denham ..	25 aged, either sex.
Swarthmore, Gerrards Cross	35 aged or infirm.
Taplow House, Berry Hill, Taplow, Maidenhead ..	27 aged or infirm (not otherwise handicapped) either sex.
Tickford Abbey, Newport Pagnell	44 aged or infirm.
Trout Hollow, Saunderton, Princes Risborough ..	5 aged or infirm (not otherwise handicapped).
Westlands, High Street, Olney	24 aged or infirm.
White Plains, Tilehouse Lane, Denham	15 aged persons, either sex.
"Wittington," Medmenham, near Marlow	36 aged or infirm.
Woodlands Park, Wendover Road, Great Missenden ..	28 aged or infirm (not otherwise handicapped) either sex.

(d) 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, Stonehaven Road ..	Thrice monthly
„ SOUTHCOURT	Church of the Good Shepherd, Church Square, Southcourt	Twice monthly
„ TRING ROAD	Limes Avenue Baptist Church, Tring Road	Weekly
BEACONSFIELD	The Old Rectory	Monthly
BLETCHLEY	School Clinic, Whalley Drive	Weekly
„	Methodist Church, Bletchley Road	Twice 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	Twice monthly
BURNHAM	British Legion 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
CHEDDINGTON	Methodist Schoolroom	Monthly
CHESHAM	The School Clinic, Germain Street	Twice monthly
„ POND PARK	Community Hall, Windsor Road, Pond Park, Chesham	Twice monthly
COLNBROOK	Parish Room	Monthly
DATCHET	Village Hall	Twice monthly
DENHAM	Health Centre, Oxford Road	Thrice monthly
DORNEY	Village Hall	Monthly
DOWNLEY	Memorial Hall	Do.
EDLESBOROUGH	Memorial Hall	Do.
ETON WICK	Village Hall	Do.
FARNHAM COMMON	Village Hall, Victoria Road	Do.
FARNHAM ROYAL	Village Hall	Twice monthly
FARNHAM ROYAL, BRITWELL ESTATE	Wentworth Avenue, Britwell Estate	Weekly
FLACKWELL HEATH	Community Centre	Weekly
GAWCOTT	Village Hall	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	No doctor
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	Twice monthly
„ MICKLEFIELD	St. Peter's Church Hall	Twice monthly
„ SANDS	War Memorial Hall	Twice monthly
„ TOTTERIDGE	Totteridge Social Centre	Twice monthly
„ 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	Twice monthly
IVINGHOE	Youth Hostel	Twice monthly
LACEY GREEN	Village Hall	Monthly
LANE END	Memorial Hall	Twice monthly
LEE COMMON	Ballinger War Memorial Hall	Monthly
LITTLE CHALFONT	Little Chalfont Hall	Twice monthly
LONG CRENDON	Old Court House	Monthly
LOUDWATER	Recreation Hall	Do.
MARLOW	Health Centre, Victoria Road	Weekly
MARLOW BOTTOM	Village Hall	Monthly
MEDMENHAM (Voluntary)	R.A.F. Camp, Medmenham	No doctor

CHILD WELFARE CENTRES—continued

NAME OF CENTRE	SITUATE	DOCTOR ATTENDS
NAPHILL	Memorial Hall	Monthly
NAPHILL (Voluntary)	Wives' Club, R.A.F. Bomber Command	No doctor
NEWPORT PAGNELL	Congregational Schoolroom, High Street	Twice monthly
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	Parish Church 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	Weekly
" CIPPENHAM	Central Hall, Bower Way	Weekly
" PARLAUNT PARK	Parlaunt Road	Do.
" THE MERRYMAKERS HALL	Meadow Road, 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	No Doctor
STOKENCHURCH	Memorial Hall	Monthly
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	Twice monthly
WOBBURN SANDS	The Institute	Twice monthly
WOLVERTON	Scouts' Hall	Weekly
WOBBURN GREEN	Scouts Hall	Monthly
WRAYSBURY	Village Hall	Do.

MOBILE WELFARE CENTRE

(Doctor attends each session)

MONTHLY SESSION	VILLAGES VISITED
First Monday (afternoon)	Westcott, Upper Winchendon, Lower Winchendon, Cuddington.
Second Monday	Milton Keynes, Broughton, Moulsoe, Wavendon.
Third Monday	Great Horwood, Little Horwood, Mursley.
Fourth Monday	Stoke Hammond, Drayton Parslow, Swanbourne.
First Tuesday (morning)	Bierton.
First Tuesday (afternoon)	Slapton, Ivinghoe Aston, Marsworth.
Second Tuesday	Castlethorpe, Haversham.
Third Tuesday	Loughton, Shenley Church End, Shenley Brook End.
Fourth Tuesday	Longwick, Great Kimble, Butlers Cross.
First Thursday	Preston Bissett, Charndon, Calvert.
Second Thursday	Stoke Goldington, Ravenstone, Filgrave.
Fourth Thursday	Ickford, Worminghall, Oakley.
First Friday (morning)	Thornton, Nash, Whaddon.
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)	Akeley, Lillingstone, Leckhampstead.
Fourth Friday (morning)	Adstock, Padbury.
Fourth Friday (afternoon)	Tingewick, Dadford, Maids Moreton

(e) POPULATIONS, BIRTH AND MORTALITY RATES FOR THE YEAR 1965

District	Population Census, 1961	Registrar- General Estimated Population Mid-1965	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	Neonatal Mortality Rate per 1,000 Births	Maternal Mortality Rate per 1,000 Live and still births
URBAN								
Aylesbury ..	27,923	33,680	23.0 (776)	8.6 (289)	0.119 (4)	15.5 (12)	10.3 (8)	—
Beaconsfield ..	10,013	11,170	16.7 (187)	8.0 (89)	—	16.0 (3)	10.7 (2)	—
Bletchley ..	17,095	22,110	23.2 (514)	7.0 (154)	—	13.6 (7)	7.8 (4)	—
Buckingham ..	4,379	4,780	20.7 (99)	9.2 (44)	—	30.3 (3)	30.3 (3)	—
Chesham ..	16,297	19,420	25.5 (496)	8.8 (171)	0.051 (1)	16.1 (8)	12.1 (6)	—
Eton ..	3,894	5,300	12.5 (66)	6.6 (35)	—	45.5 (3)	45.5 (3)	—
High Wycombe ..	49,981	54,470	20.9 (1141)	8.9 (485)	0.018 (1)	16.7 (19)	12.3 (14)	—
Marlow ..	8,724	9,700	24.0 (233)	8.8 (85)	0.206 (2)	8.6 (2)	8.6 (2)	—
Newport Pagnell ..	4,743	5,430	19.7 (107)	15.8 (86)	—	—	—	—
Slough ..	80,781	85,620	19.6 (1675)	7.6 (653)	0.047 (4)	9.0 (15)	7.2 (12)	1.18 (2)
Wolverton ..	13,113	13,150	18.3 (240)	10.8 (142)	0.076 (1)	4.2 (1)	4.2 (1)	—
TOTAL URBAN	236,943	264,830	20.9 (5534)	8.4 (2233)	0.049 (13)	13.2 (73)	9.9 (55)	0.36 (2)
RURAL								
Amersham ..	56,005	61,090	18.6 (1137)	8.9 (546)	0.033 (2)	12.4 (14)	8.1 (10)	—
Aylesbury ..	33,336	35,800	17.2 (617)	10.8 (385)	—	14.6 (9)	13.0 (8)	—
Buckingham ..	8,497	9,590	15.3 (147)	8.2 (79)	—	27.2 (4)	13.6 (2)	6.80 (1)
Eton ..	66,932	70,490	17.0 (1198)	8.3 (586)	0.028 (2)	20.9 (25)	15.0 (18)	—
Newport Pagnell ..	14,107	14,520	15.6 (227)	13.2 (191)	—	22.0 (5)	17.6 (4)	—
Wing ..	9,083	9,520	18.2 (173)	9.9 (94)	—	11.6 (2)	11.6 (2)	—
Winslow ..	7,939	8,700	20.5 (178)	12.8 (111)	—	16.9 (3)	16.9 (3)	—
Wycombe ..	51,252	58,450	21.4 (1248)	8.6 (500)	0.017 (1)	16.8 (21)	11.2 (14)	—
TOTAL RURAL	247,151	268,160	18.4 (4925)	9.3 (2492)	0.019 (5)	16.9 (83)	12.4 (61)	0.20 (1)
TOTAL COUNTY	484,094	532,990	19.6 (10,459)	8.9 (4725)	0.034 (18)	14.9 (156)	11.1 (116)	0.28 (3)
ENGLAND AND WALES	46,071,604	47,762,800	18.1	11.5	0.048	19.0	13.0	0.25

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.

(f) COMPARATIVE TABLE OF BIRTH, DEATH AND INFANT MORTALITY RATES FOR TEN YEAR PERIOD, 1956-1965

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
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
1964	21.8	18.5	20.1	18.4	8.4	9.1	8.7	11.3	16.5	17.1	16.7	20.0
1965	20.9	18.4	19.6	18.1	8.4	9.3	8.9	11.5	13.2	16.9	14.9	19.0

(g) CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE
COUNTY OF BUCKINGHAM, 1965

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	31	10	10	12	17	18	36	110	259	321	367	1,191	35	13	8	17	23	18	25	79	228	357	496	1,299
	F	24	8	4	7	6	14	40	61	110	237	531	1,042	26	9	6	5	7	10	22	66	137	220	685	1,193
1—Tuberculosis, Respiratory	M	-	-	1	-	-	-	-	1	2	2	1	7	-	-	-	-	-	-	-	1	-	-	1	2
	F	-	-	-	-	-	-	2	1	1	-	-	4	-	-	-	-	-	-	-	-	-	-	1	1
2—Tuberculosis, Other ..	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	1	1	-	2	-	-	-	-	-	-	1	-	1	-	2	
3—Syphilitic Disease ..	M	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	-	1	1	3	-	5
	F	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	1
4—Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5—Whooping Cough ..	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6—Meningococcal infections	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
7—Acute Poliomyelitis ..	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8—Measles	M	-	-	-	2	-	-	-	-	-	-	-	2	-	1	-	-	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9—Other infective and parasitic diseases ..	M	-	-	-	-	-	-	1	-	1	-	-	2	-	1	-	1	-	-	-	-	-	-	-	2
	F	-	-	-	-	1	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	1	1
10—Malignant neoplasm, stomach	M	-	-	-	-	-	-	1	2	7	9	10	29	-	-	-	-	-	1	1	3	10	17	9	41
	F	-	-	-	-	-	-	-	1	4	11	13	29	-	-	-	-	2	-	1	2	5	13	23	23
11—Malignant neoplasm, lung, bronchus ..	M	-	-	-	-	-	-	2	12	46	32	15	107	-	-	-	-	-	4	12	28	43	10	97	97
	F	-	-	-	-	-	-	3	3	6	3	1	16	-	-	-	-	-	1	-	7	3	3	14	-
12—Malignant neoplasm, breast	M	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	1	6	12	7	12	8	46	-	-	-	-	1	3	6	18	11	6	45	-
13—Malignant neoplasm, uterus	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	3	1	4	5	2	5	20	-	-	-	-	-	1	1	5	4	1	12	-
14—Other Malignant and Lymphatic Neoplasms	M	-	-	2	3	-	2	4	18	21	48	27	125	-	-	2	2	1	3	1	4	28	34	47	122
	F	-	-	1	1	2	9	11	23	29	44	120	120	-	-	2	2	2	1	3	18	22	31	51	132
15—Leukaemia, Aleukaemia	M	-	-	-	2	-	-	1	-	2	1	-	6	-	-	-	1	1	-	-	-	4	-	6	-
	F	-	-	-	-	1	-	1	1	-	-	-	3	-	-	-	2	-	1	-	3	1	-	2	9
16—Diabetes	M	-	-	-	-	-	-	-	1	-	2	1	4	-	-	-	-	-	-	-	1	1	3	5	8
	F	-	-	-	-	-	-	-	-	1	1	5	7	-	-	-	-	-	-	-	-	2	6	8	-
17—Vascular lesions of nervous system ..	M	-	-	-	1	2	-	1	3	14	29	35	85	-	-	-	-	-	-	2	8	17	39	68	134
	F	-	-	-	1	-	-	1	2	13	36	106	159	-	-	-	-	-	1	2	5	12	38	133	191
18—Coronary disease, angina	M	-	-	-	-	-	-	12	39	87	85	84	307	-	-	-	-	-	1	11	37	64	111	127	351
	F	-	-	-	-	-	-	2	8	20	64	74	168	-	-	-	-	-	2	4	27	44	113	190	190
19—Hypertension with Heart disease ..	M	-	-	-	-	-	-	1	-	4	2	7	14	-	-	-	-	-	-	1	-	2	5	8	-
	F	-	-	-	-	-	-	-	-	3	5	10	18	-	-	-	-	-	-	-	-	6	14	20	-
20—Other heart disease ..	M	-	-	-	-	1	2	-	4	12	13	56	88	-	-	-	-	1	-	2	11	29	48	91	-
	F	-	1	-	-	-	-	4	2	6	20	83	116	-	-	-	-	1	-	1	12	6	20	102	142
21—Other circulatory disease	M	-	-	-	-	-	-	-	1	12	15	17	45	-	-	-	-	-	-	1	10	8	35	54	-
	F	-	-	-	-	1	1	1	1	4	12	35	55	-	-	-	-	-	-	4	5	6	50	65	-
22—Influenza	M	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
23—Pneumonia	M	2	3	-	-	-	1	-	1	2	7	39	55	1	2	1	1	-	-	1	14	14	61	95	-
	F	-	3	-	1	1	-	-	3	1	17	51	77	-	1	-	-	-	-	2	2	10	74	89	-
24—Bronchitis	M	-	1	1	-	-	-	1	5	16	34	36	94	-	-	-	-	-	-	1	16	19	26	62	-
	F	-	-	1	-	-	-	-	-	3	10	22	36	-	-	-	-	-	-	1	5	4	21	31	-
25—Other diseases of respiratory system ..	M	-	-	-	-	-	-	-	-	6	3	5	14	-	-	-	-	-	-	-	-	1	7	12	20
	F	-	-	1	-	-	-	-	-	1	-	5	7	-	1	-	-	-	-	-	-	4	5	10	-
26—Ulcer of Stomach and Duodenum	M	-	-	-	-	-	-	1	2	2	6	5	16	-	-	-	-	-	-	-	1	4	3	8	-
	F	-	-	-	-	-	-	-	-	1	2	3	6	-	-	-	-	-	-	-	1	1	5	7	-
27—Gastritis, Enteritis, Diarrhoea	M	-	1	-	-	1	1	-	1	1	1	-	6	-	1	-	1	-	-	-	-	1	3	6	-
	F	-	-	-	-	-	1	-	-	-	-	5	6	-	-	-	1	-	1	-	1	6	10	6	-
28—Nephritis and Nephrosis	M	-	-	-	-	-	1	-	1	2	1	6	13	-	-	-	-	-	-	-	-	2	4	6	-
	F	-	-	-	-	-	-	-	1	-	2	3	6	-	-	-	-	-	1	-	3	5	1	10	-
29—Hyperplasia of prostate	M	-	-	-	-	-	-	-	-	-	3	10	13	-	-	-	-	-	-	-	1	1	9	11	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30—Pregnancy, Childbirth, Abortion	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	1	1	-	-	-	-	2	-	-	-	-	-	1	-	-	-	-	-	1
31—Congenital Malformations ..	M	8	3	-	-	-	-	-	1	-	-	-	12	7	3	1	-	-	-	-	-	-	-	-	11
	F	8	2	1	1	-	1	1	-	1	-	-	15	3	4	-	-	-	-	-	-	-	-	-	8
32—Other defined and ill-defined diseases ..	M	21	1	4	2	3	1	4	7	16	15	9	83	27	4	-	4	2	2	2	13	12	21	89	-
	F	16	1	-	2	1	2	4	8	6	6	39	85	21	1	2	-	-	3	7	13	14	61	122	-
33—Motor vehicle accidents	M	-	-	1	2	6	9	1	6	2	5	1	33	-	-	1	1	13	5	-	1	3	2	2	28
	F	-	-	1	1	-	-	-	-	-	1	3	6	-	-	-	-	1	1	-	3	2	1	9	-

**(b) SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES RECEIVED
DURING THE YEAR 1965**

DISTRICT			Tuber- culosis		Scarlet Fever	Whooping Cough	Diphtheria	Measles	Acute Pneumonia	Meningococcal Infections	Acute Polio- my- elitis		Acute Enceph- alitis		Dysentery	Ophthalmia neonatorum	Puerperal Pyrexia	Smallpox	Para-typhoid Fever	Typhoid Fever	Food poisoning	Erysipelas
			Respiratory	Other							Paralytic	Non- paralytic	Infective	Post infectious								
URBAN																						
1.	Aylesbury Borough	..	6	3	10	9	-	247	2	-	-	-	-	-	113	1	3	-	1	-	-	-
2.	Beaconsfield	.. ..	4	-	-	2	-	168	-	-	-	-	-	-	1	-	1	-	-	-	-	-
3.	Bletchley	.. ..	4	2	2	25	-	540	-	-	-	-	-	-	1	-	-	-	-	-	-	-
4.	Buckingham Borough	..	1	-	-	1	-	6	-	-	-	-	-	-	3	-	-	-	-	-	-	-
5.	Chesham	.. ..	2	2	1	-	-	399	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6.	Eton	.. ..	-	-	-	2	-	102	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7.	High Wycombe Borough		14	4	10	1	-	376	1	-	-	-	-	-	1	-	2	-	-	-	-	4
8.	Marlow	.. ..	-	-	-	-	-	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9.	Newport Pagnell	..	-	-	-	-	-	57	-	-	-	-	-	-	2	-	-	-	-	-	6	-
10.	Slough Borough	..	30	8	20	3	-	1,470	5	-	-	-	1	-	16	-	26	-	1	-	3	6
11.	Wolverton	.. ..	2	-	4	1	-	146	-	-	-	-	-	-	-	-	2	-	-	-	-	-
TOTAL URBAN		..	63	19	47	44	-	3,528	8	-	-	-	1	-	137	1	34	-	2	-	9	10
RURAL																						
1.	Amersham	.. ..	7	4	20	19	-	572	11	-	-	-	-	-	6	-	3	-	1	2	1	-
2.	Aylesbury	.. ..	8	5	3	6	-	555	2	-	-	-	-	-	80	-	-	-	-	-	-	-
3.	Buckingham	.. ..	1	1	-	-	-	14	2	-	-	-	-	-	1	-	-	-	-	-	-	-
4.	Eton	.. ..	18	4	17	12	-	1,467	3	-	-	-	1	1	58	2	43	-	-	-	-	3
5.	Newport Pagnell	.. ..	-	1	1	14	-	113	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6.	Wing	.. ..	2	-	3	1	-	37	-	-	-	-	-	-	-	-	-	-	-	-	1	-
7.	Winslow	.. ..	-	3	1	-	-	78	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8.	Wycombe	.. ..	4	6	10	35	-	844	-	-	-	-	-	-	13	-	1	-	-	-	2	1
TOTAL RURAL		..	40	24	55	87	-	3,680	18	-	-	-	1	1	158	2	47	-	1	2	3	5
TOTAL FOR COUNTY		..	103	43	102	131	-	7,208	26	-	-	-	2	1	295	3	81	-	3	2	12	15

(i) DENTAL TREATMENT FOR MOTHERS AND YOUNG CHILDREN, 1965

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	147	132	97
Children aged under 5	942	626	478

Forms of treatment provided:—

	Scaling and gum treatment	Fillings	Silver Nitrate treatment	Crowns and Inlays	Extrac- tions	General Anaes- thetics	Dentures provided		Radio- graphs
							Fell upper or lower	Partial upper or lower	
Expectant and Nursing mothers	85	234	—	1	96	9	15	2	16
Children aged under 5 years	39	1,003	227	—	214	72	—	—	14

(j) AMBULANCE SERVICE

Statistics for the year 1965

PATIENTS

Stretcher cases	..	..	..	30,727	Emergencies/Accidents	..	..	23,543
Sitting cases	..	..	..	162,387	General Removals	..	..	169,571
Total cases	..	..	..	193,114	Total cases	..	..	193,114

MILEAGE

Ambulances	..	..	..	986,238	Vehicle mileage	..	..	1,669,037
Other Vehicles	..	..	..	682,799	Rail mileage	..	..	68,430
Vehicle mileage	1,669,037	Total mileage	1,737,467

RAIL

Patients	781	Mileage	68,430
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STAFF

VEHICLES

Superintendents	4	Ambulances	39
Duty Officers	15	Coaches	3
Head Drivers and Leading Drivers				16	Other vehicles	..	..	23
Driver Attendants and Attendants				110				
Total Staff	..	..	..	145	Total vehicles	..	..	65

OTHER INFORMATION

No. of journeys	..	..	..	40,126	No. of Ambulance Stations	..	8
Patients per 1,000 population	..			362	Civil Defence (Ambulance Section):—		
Journeys per 1,000 population	..			75.28	Instructors	..	22
Average road mileage per patient	..			8.64	Volunteers	..	170
Average rail mileage per patient	..			87.62	Training Vehicles	..	6

NUMBER OF CHILDREN ON SCHOOL ROLLS

County Nursery Schools	804
County Primary Schools (including nursery classes)	50,495
Secondary Modern Schools	20,004
Selective Secondary Schools	12,028
Special Schools	693
	<hr/>
	84,024

The school population at the end of 1965 was 2.1 % higher than at the end of the previous year.

MEDICAL INSPECTIONS

As in previous years, periodic medical inspections were carried out on the child's entry to school, at ten to eleven years of age, and again prior to leaving school.

In all 22,284 children were examined at these periodic inspections and of these only seven were found to be in an unsatisfactory condition.

There has been a quite remarkable improvement over the last few years in the number of children found at periodic medical inspections to be in an unsatisfactory condition; this is shown in the following short table:—

<i>Year</i>	<i>Number of children examined found to be in an unsatisfactory condition</i>
1962	187
1963	102
1964	13
1965	7

The following table shows the number of children examined at periodic medical inspections each year since 1954 and the percentage of those children found to have defects requiring treatment:—

<i>Year</i>	<i>Total School Population</i>	<i>Total No. of children examined</i>	<i>% of children with defects requiring treatment</i>
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
1964	82,285	26,111	11.3
1965	84,024	22,284	10.2

In addition to the periodic medical inspections, School Medical Officers carried out a total of 6,899 other examinations of which 1,052 were special examinations undertaken at the request of parents, school teachers or school nurses. The remaining 5,847 examinations were re-inspections of children who at previous inspections had been found to have defects which although not requiring treatment, needed to be kept under observation.

The number of special inspections and re-inspections carried out in 1965 was in excess of the numbers undertaken during 1964 when 934 special inspections and 3,760 re-inspections were completed.

DEFECTS FOUND ON MEDICAL EXAMINATIONS

Comprehensive details regarding the defects found at periodic special and re-inspections which required either treatment or observation are given in Table XI which appears on page 110 of this report. I have, however, the following comments to make about the more common of those defects;

Skin Disease

Of the total of 189 children found on periodic examination to require treatment because of skin defects, 56 were entrants to school, 61 were school leavers and the remaining 72 in the intermediate group. In addition 81 children examined at these inspections were referred for observation because of skin defects.

A total of 33 children examined during the year as specials or re-inspections were referred for treatment because of skin defects whilst another 44 children were referred for observation for the same reason.

Eye Defects

Defects of vision were the most common defects found at periodic, special and re-inspections, although the total of 1,076 children referred for treatment during the year was 239 less than the corresponding total for 1964.

On the other hand the total of 728 children referred during the year for observation because of suspected defects of vision was 209 higher than the number recommended for observation during 1964.

Of the 788 children referred from periodic inspections for treatment because of these defects, 113 were in the entrant group, 300 were school leavers and the other 375 in the intermediate group.

There was a fall in the number of children found to require treatment because of squint; the total of 109 referred for treatment in 1965 being 11 less than the number referred in 1964. There was however, an increase in the number of children examined who were found to have squint which although not requiring treatment required observation.

These figures suggest that although a similar number of defects of vision and squint were found in 1964 and 1965 (2,015 and 2,001 respectively) the proportion of more severe defects were less in 1965 than in the previous year. It will be interesting to see if this trend continues.

There was a fall in the number of children found during the year to require treatment because of errors of refraction; the total was 3,238 as compared with 3,352 during 1964. Spectacles were prescribed in 1,275 cases.

It has to be remembered that children requiring treatment for defects of vision may be referred for treatment not only through the school medical service, but also the family doctor or the hospital services.

Ear defects

Of the children examined at periodic special or re-inspections during 1965, 553 were referred for treatment and 588 were recommended to be kept under observation because of ear defects.

Although most of the defects found were of hearing (some 223 children were referred for treatment because of this defect from periodic medical inspections) there was unfortunately an increase in the number of children referred for treatment because of infection of the middle ear. Although the total was relatively small (68 cases in 1965 as compared with 33 in 1964), this trend will be kept under review.

No formal system of routine audiometric tests is employed in the County. But as part of the steps taken to detect deafness selective examinations are carried out by health visitors trained in the use of pure tone audiometers. 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.

The following table gives an indication of the work carried out by health visitors in this particular field:—

<i>Division</i>	<i>No. of children referred to health visitors for testing</i>
Amersham/Chesham	149
Aylesbury	78
Buckingham/Winslow	10
Eton	157
High Wycombe	135
North Bucks	80
Slough	82
TOTAL	692

Audiometric tests were also carried out on 38 children in attendance at Wendover House Special School and on 22 children at Knotty Green Special School.

The three Partially Hearing Units in the County continued during the year and between twenty and twenty-four children were in attendance. The Slough Unit caters for children of junior school age and the Amersham and High Wycombe Units take children from nursery schools and give them help up to the end of their junior course.

Good co-operation was maintained between the units and the schools to which they are attached. The children attending the units also attend classes in the schools as they become able to follow them and the teachers from the Units also give assistance with remedial teaching, supervision, etc., in the schools.

Eight children were admitted to the Units for the first time during 1965, and of the three children discharged one was transferred to a special school, one left the County and the other went to continue his education at an ordinary school.

Nose and Throat Defects

The total of 364 children referred for treatment because of defects of the nose and throat was appreciably less than the corresponding total for 1964. There was however an increase in the number of children examined at periodic, special or re-inspections who were referred for observation because of these defects, the total for 1965 being 635 as compared with 557 for the previous year.

It is known that 1,679 children received operative treatment during 1965 because of adenoids and chronic tonsillitis or for other nose and throat conditions. It must be remembered however, that not all children are referred from school medical inspections for this treatment; children may also be referred to the hospital consultants by the family doctors.

Speech Defects

As a result of periodic, special or re-inspections carried out during 1965, a total of 268 children were referred for treatment and 253 referred for observation because of defects of speech. The corresponding figures for 1964 were 248 and 177 respectively.

Of the children referred from periodic medical inspections 71 were school entrants, 2 school leavers and the other 21 in the intermediate group.

Treatment was provided by the speech therapists who reported on their work as follows:—

Aylesbury Area

Miss E. A. Williams and Miss G. Coventry:—

“ Children requiring Speech Therapy in the Aylesbury area have once again been referred mainly from Primary School medical examinations.

Most of these children have been seen immediately after referral, but in some districts travelling difficulties have made this impossible.

The number of regular clinics held in schools has been increased this year, and twenty-five schools are now visited weekly. Individual treatments have also become more practicable, which has often augmented the effectiveness of therapy.

Statistics:

Number of cases treated in 1965	..	..	149
Number of new cases	..	..	61
Number of cases discharged	..	..	39
Number of attendances in 1965	..	..	2,011
Number on Register—31.12.65	..	..	110
Number on waiting list—31.12.65	..	..	6

Amersham Area

Miss K. Wade:—

“The figures given for the past year vary very little from the 1964 figures but the children have been referred from a larger number of schools and consequently even more time has been spent in travelling.

Weekly treatment sessions have been held in twenty-four of the schools in the area, ranging from Nursery School to the Grammar School. Two sessions each week are held at the Chesham Clinic.

The ever increasing interest shown in Speech Therapy throughout the area has resulted in my visiting and meeting the staff of the majority of schools and several talks being given to local organisations.

	Amersham/Chesham				Knotty Green
No. on Register—31.12.65	104	2
Number waiting	14	—
No of Attendances	2,411	36
Number Admitted	49	1
Number discharged	55	—

High Wycombe

Miss J. Shakeshaft:—

“The demands made upon the speech therapy service in this area have increased greatly during the year; there are 165 children on the register, which is 72 more than in December 1964 and the waiting list is 41.

It is becoming increasingly difficult to make the necessary contact with parents and teachers of the children who are receiving treatment for speech defects. There are 20 out of 80 schools in this area who have not referred a child at all during the year; many of these schools are in outlying districts and I have not been able to visit them. It is hoped to appoint an additional Speech Therapist in the near future and this should ease the position greatly.

All children on the case load have been seen either on a weekly basis or on 3 monthly observations. The largest number of cases treated were articulation defects and the next largest number were stammers. There were fewer children with dysarthria and delayed language development, these last two groups presenting the most difficult therapy problem. I have had two groups of patients during the year.

One group was for teenage stammerers, who were all boys and mostly attended local County Secondary Schools. This group was disbanded in July as the slight stammerers had improved enough to be discharged, while the three severe stammerers were in need of more individual treatment. This group was invaluable as a confidence booster for those boys who needed only encouragement and it will be formed again if there are sufficient numbers of slight stammerers.

The second group was for pre-school late speakers. This was aimed to be a diagnostic and therapeutic venture; however, as it had to be run single handed, the therapy and speech stimulation were having their effects whilst detailed assessment, tape recording and observation were lagging

behind. Out of 12 pre-school children, the youngest of whom was 3½ years old, 5 still require treatment, 2 have been discharged, 1 transferred to another clinic and four are under observation and developing speech normally. Early referral of these children with delayed speech development would seem to be worthwhile as the 55% who only need to attend the group for a short time benefit from parent counselling and speech guidance. A mother who is worried that her child will not be understood when he goes to school can put far too much pressure on the child directly and indirectly through her own anxiety; her problem will seem that much easier when she can talk to other mothers with the same worry and when she feels that something is being done for her child.

Home visiting has been an invaluable aid in treating those children seen at school and parents and teachers have been most co-operative. The head-teachers have been very helpful in finding suitable accommodation for the speech therapist when treating in the schools.

There has been a good liaison with Miss Harrod and Miss Monaghan, speech therapists at the hospital, with thanks due to Miss Harrod for working in the partially hearing unit at Terriers C.P., Miss Wade at Amersham has very kindly been dealing with Beaconsfield children who should come under the Wycombe area.

Weekly clinics have been held at:— Municipal Health Centre, The Rye, High Wycombe; Marlow Health Centre; Berndene C.P.; Flackwell Heath C.P.; Gt. Kimble C/E Primary; Little Marlow C.P.; Princes Risborough C.P.; Priory Road Special; Verney Avenue Special; Wheeler End C.P.; Wooburn Infants and West Wycombe C.P."

With regard to the speech therapy carried out in the Slough, Eton and North Bucks Divisions, the Divisional Medical Officers concerned reported as follows:—

Slough

Dr. M. A. Charrett

"Clinics were held in 12 centres and schools, including the school for educationally sub-normal children and the unit for cerebral palsied children. In addition to this, visits were made to homes and to the junior training centre. A few children were persistent non-attenders but the majority received treatment according to schedule.

A full complement of speech therapists was on the staff during the year and one with considerable experience showed great interest in the spastic centre where she rendered great assistance. The value of a full staff is also shown by the fact that there is now no waiting list.

The contact between school teachers and speech therapists has been good and as the schools gradually learn the value of the treatment which can be given to children with speech which is difficult to understand so, I am sure, will the initiative come more readily and frequently from them.

Students from the West End Hospital Training School have continued to attend local clinics.

Eton Division

Dr. G. M. Hobbin:—

"Speech Therapy Clinics have been held at both Health Centres and Schools. Because of the travelling facilities available, children in this Division frequently are seen in Slough Clinics, e.g. Langley or Burlington Road.

Apart from a few persistent non-attenders, attendance at clinics has been good. The Therapist reports that teachers in schools have been very helpful but it is usually found that the therapists have to take the initiative in making contact. Students from the West End Hospital Training School have continued to attend clinics in our area.

Apart from children who are seen in Slough as a matter of convenience, clinics located in this area have been held at Wexham Court, Wraysbury, Denham and Britwell. The time-table at present is as follows:—

Wexham Court	—	Thursdays
Wraysbury	—	Friday mornings
Denham	—	Friday afternoons
Britwell	—	Thursday mornings (with student in attendance)

The therapists had hoped to hold a conference of all their colleagues in the Buckinghamshire School Health Service during the year but it was not possible. They now hope to arrange this in 1966.

The statistics relating to this Division are as follows:—

Number on waiting list 1.1.65	Nil
Number on waiting list 31.12.65	Nil
Number of cases referred during 1965	35
Number of cases treated during 1965	84
Number of cases discharged during 1965	26
Current cases being treated 31.12.65	58
Total attendances for 1965	912 "

North Bucks Area

Dr. P. Lavis:

" A total of 77 schools were visited by the speech therapist who took up her appointment in February, 1965. Of the 245 pupils requiring treatment because of speech defects 235 needed regular and sustained treatment.

In all 129 new cases commenced speech therapy during the year and at the end of the year 75 children were under treatment whilst 142 cases were on the waiting list.

The total attendances at the speech therapy clinics was 1,963.

The area was without a full-time speech therapist for the whole of 1964 and a lengthy waiting list had built up before the vacant post could be filled. It will be some time, therefore, before all the children on the list can be offered treatment, but the need to reduce the time lag between referral and offer of treatment is being kept under constant review."

Heart Defects

There were a total of 37 children referred for treatment from medical inspections during the year because of defects of the heart; of this total 27 children were found at periodic inspections and the other ten at special or re-inspections. These figures appear to emphasise the importance of periodic medical inspection; without routine examination some of the children might well have " escaped " detection.

In addition to the children referred for treatment for these defects 203 were referred for observation.

Lung Defects

Of the 102 children referred for treatment because of defects of the lungs 51 were examined at periodic inspections and 51 at special or re-inspections. The total was 17 more than the corresponding total for 1964. In addition to the children referred for treatment 314 were referred for observation, this being 40 more than the figure for the previous year.

Despite these rises tuberculosis in all forms continued to be 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	-	1	-	-
6	-	-	-	-
7	-	1	-	-
8	1	1	-	-
9	-	1	-	-
10	-	-	-	-
11	-	-	-	-
12	-	-	-	-
13	-	1	-	1
14	-	-	-	-
15	-	-	-	-
16	-	-	-	-
17	-	-	-	-
	1	5	-	1

B.C.G. Vaccination

Protection against tuberculosis continued to be offered during the year to children prior to leaving school and to students. The table which follows shows the numbers in each of the school divisions who were skin-tested prior to vaccination and of these the number found to be positive reactors and the number found to be negative reactors and subsequently vaccinated.

<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 ..	689	48	641
Aylesbury	993	79	914
Eton	658	88	570
High Wycombe	1,534	184	1,350
North Bucks (including Buckingham and Winslow)	1,005	61	944
Slough	1,313	119	1,194
	6,192	579	5,613

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

B.C.G. vaccination was also offered to children at Chest Clinics maintained by the Oxford and the North West Metropolitan Regional Hospital Boards as contacts of tuberculous patients. Statistics relating to the school children attending Chest Clinics are as follows:—

Oxford Regional Hospital Board Area

Children attending as contacts for first time	70
Children examined for the first time for other reasons	126
Children notified as suffering from respiratory tuberculosis ..	—

North West Metropolitan Regional Hospital Board

* Children attending as contacts	144
* Children attending for other reasons	107
Children notified as suffering from respiratory tuberculosis ..	6
Children notified as suffering from non-respiratory tuberculosis	1

* These figures include children from Berkshire. The Regional Hospital Board are unable to "split" the figures for Bucks and Berkshire "until the Windsor Clinic re-opens."

Orthopaedic Defects

A total of 499 children were referred for treatment from school medical inspections because of orthopaedic defects and of these more than half were found to have defects of the feet. In addition, 103 children were found at these inspections to have defects which, although not requiring treatment, needed to be kept under observation.

Of the 499 children referred for treatment 121 had postural defects, 267 had defects of the feet and 111 other orthopaedic defects.

Treatment for these orthopaedic defects continued during the year 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. Remedial classes were held in the Slough Division and the Remedial Gymnast's report on the work undertaken is given below:—

"Although the number of children under treatment remained high, there was some reduction in the total of new cases referred. This was mainly accounted for by a further decrease in the number of children referred for postural defects.

The average weekly roll is 260 and, as in previous years, many of the classes are still too large and varied for efficient treatment.

Eighty-two parents accepted an invitation to attend an early session of their child's treatment. This number represents approximately 58% of new cases referred and parents attending mostly had children in the Infant and Junior Schools.

Head Teachers and Staff have continued to give their help and support; in fact, without such co-operation, it would be impossible to compile a workable time table for treatment.

	1963	1964	1965
Number of schools in which treatment was carried out ..	35	35	34
Total number of new cases referred	190	212	141
Total number of children who received treatment	427	445	405
Children who have left school or district and those discharged from treatment	190	184	163

Summary of cases treated

(a) For foot and knee defects	197	245	246
(b) For postural defects	134	125	88
(c) For asthma and chest conditions	81	69	65
(d) For neurological conditions	15	6	6

In addition another 25 were treated at the Slough High School for girls and the Slough Technical High School whose staff continued to give treatment to their own pupils."

Verruca Pedis in School Children

The County Chiropodist carried out foot inspections and treatment of verruca pedis in certain secondary schools in the High Wycombe area during the Easter, Summer and Winter terms of 1965.

Where children were found to be suffering from verruca pedis, the parents were offered the opportunity of having the child treated at the school; most parents took advantage of this offer. With the co-operation of school matrons there was a minimal loss of schooling and continuity of treatment was ensured.

The following table shows the number of treatments given together with the degree of infection:—

<i>Degree of Infection</i>	<i>Treated by County Chiropodist</i>		<i>Treated by G.P's or Hospitals</i>		<i>Total Number of Cases</i>	
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
1 Foot ..	22	97	4	19	26	116
Both Feet ..	4	11	—	—	4	11
1 Verrucae ..	22	84	4	18	26	102
2 Verrucae ..	2	9	—	—	2	9
3 Verrucae ..	1	9	—	—	1	9
4 or more Verrucae ..	1	6	—	1	1	7

The total number of boys seen was 1,032 whilst the total number of girls seen was 2,501.

The County Chiropodist expressed his concern at the large number of children of both sexes suffering from disorders of the feet. The general impression created was that most of the lesions seen were largely attributed to pressure and friction from badly shaped or fitted shoes rather than abnormalities of the feet themselves. It is particularly disturbing to note that this trend is extending to the younger age groups where it is not uncommon to find hallux valgus, corns and callosities on the feet of eleven year old children.

Cerebral Palsy Unit, Slough

Dr. M. A. Charrett, Divisional School Medical Officer, reports as follows on the work undertaken:-

"Nineteen children were attending the Centre at the end of 1965 and of these seven were under the age of 5 years. Ten of the children received full-time education, four were given educational sessions according to their needs and the remainder received care and training in the Nursery or Care Section.

Contacts with Nursery, Primary and Special Schools in the vicinity have continued with great benefit and I am grateful to the Head Teachers for their co-operation and for the way in which they have received the children into their schools. The benefits which handicapped children receive from contact and from mixing with normal children can be very great.

The centre was fortunate in having a full-time physiotherapist throughout the year and he gave individual treatment to 17 children; in addition 6 received regular group treatment and 6 others were treated on an out-patients basis. Training aids of all types have been provided as necessary either by the hospital service or by a locally employed craftsman.

The services of an experienced speech therapist have continued to be of the utmost value and her interest in deafness has been very fortunate; the speech of cerebral palsied children may be affected not only by difficulty in moving the muscles required for speech but also by defective hearing which may be extremely hard to detect in the presence of multiple physical handicaps.

Another additional activity commenced during 1965 was horse-riding. This was very kindly provided by the Bucks and Berks Branch of the Association for Riding for the Disabled. Five children attended weekly.

Regular visits by Dr. J. Rubie, the Consultant Paediatrician, continued throughout the year; apart from dealing purely with children attending the Centre, out-patient facilities are provided for all cerebral-palsied children from the area. Not only have Dr. Rubie's visits been most useful in this speciality but contacts between Local Authority and Hospital doctors is most valuable and the benefits extend far beyond this narrow sphere.

Although the number of children attending the Centre is the same as it was at the end of 1964, the Centre has now begun to have a 'turnover.' During the year, two children left the district, two were placed in special residential schools and one child with cerebral degeneration is in hospital.

The children are, of course, growing older and the question of their care beyond the Primary School age is becoming urgent. Some of the children will require places in special residential schools and some will be integrated into local normal schools but there will remain a considerable number, mainly in the E.S.N. group, who will need special education in sheltered surroundings but who could continue to be cared for at home. At the present time there appears to be no prospect for them when they reach Secondary School age either in Local Authority centres or in schools run by voluntary organisations. Facilities for older children, are, therefore, now under active consideration.

Handicapped Pupils

Dr. Patricia Herdman, Principal Senior Medical Officer, kindly submitted the following report:-

This year has seen no great change in the general care of handicapped pupils in the County. The most important event was the opening of the new school for educationally subnormal pupils in Aylesbury which by the end of the year contained its full complement of 100 day and weekly boarding pupils aged from six to sixteen years. Details of the numbers of handicapped pupils in the County are given in table XIV at the end of the report.

When considering care of the handicapped, emphasis is laid on the positive rather than the negative features in that what the child can do is stressed rather than the things he is unable to do. The aim is to ensure that opportunity and encouragement are given to enable the pupil to develop as far as his capabilities allow. For this early ascertainment is essential so that the child may not pass the maximum learning phase for any skill without, if possible, acquiring that skill. One assessment of the child's ability is not enough and in this county as elsewhere they take place periodically. On these occasions the parent is helped by counselling and by learning what progress is to be expected next.

The school medical officers require a full knowledge of the facilities available for the children with various handicaps and here the officers of the education department are particularly helpful.

Furthermore, in this context during the year discussions have taken place with the psychiatrists at the child guidance clinics to ensure that closer links are built up and maintained with the teachers of residential schools outside the county. This will enable the psychiatrist to have a greater knowledge of the schools for the maladjusted and, at the same time, the head teachers at the schools to receive support from the psychiatrist in the management of individual pupils who attend the child guidance clinic.

Another main item of discussion has been the management of incontinent children in ordinary schools. Fortunately these do not occur frequently but when they do, understandably, teachers and the other pupils find the problem a difficult one to tolerate. With recent developments in the treatment of cases of spina bifida it is possible that more children with this complaint will be competent to be educated in ordinary schools especially during the infant stage. We depend on our surgical colleagues whenever possible to make the incontinence of these children manageable by the time they are five or six years old and with an infant helper in the school these children present little difficulty. Others unfortunately remain whose surgical treatment comes later if at all, and they can be helped by careful management and deodorants. It is desirable that these children are allowed and welcomed into the infants school. For any child, education other than in school with friends of his own age, is only second best. It is not surprising that, on the whole, teachers in Buckinghamshire take an enlightened view and accept these children into their care.

In-service training for the school medical officers took the form of a two day conference at the Nuffield Research Centre, Stoke Mandeville Hospital, Aylesbury, to which medical officers from neighbouring authorities were also invited. One of the sessions was devoted to the school health service, particularly as it affected pupils in ordinary schools, including those with some degree of handicap.

It is pleasing to report that the closest co-operation continues to exist between the health and education departments from which nothing but good can come for the handicapped pupils under our care."

Child Guidance Service

During the year under review the County was covered by three child guidance teams; Dr. E. M. Booth directs the team in the Aylesbury and North Bucks Area with clinics in Aylesbury and Bletchley; Dr. C. E. Bagg directs the team in the Wycombe Area, whilst Dr. M. I. Pott directs the team in the South Bucks Area.

The Consultant Psychiatrists reported as follows on the year's work:

Dr. E. M. Booth:—

"The demands on the Child Guidance Service continue to increase in all directions although, unfortunately, the number of staff to deal with them does not.

The Child Guidance Clinics in Buckinghamshire are responsible for practically all Child Psychiatry and therefore deal with most of the diagnostic, therapeutic and preventive work in connection with disturbed children. Since disturbance in any child is usually accompanied by disturbance in the family, which also needs treatment, this is a large task. It involves co-operation with many other workers in the field of child care and family health, and with the schools. Thus "Child Psychiatry" is family psychiatry, for if a child has difficulties which express themselves by disturbed conduct (e.g., refusal to attend school, temper tantrums, educational problems, etc.), his family, and those who care for him, are also involved. They will need skilled help in understanding the child's disturbance and in modifying their own attitudes.

The name "Child Guidance," although it has an honourable tradition, is now out of date and often leads to misunderstanding of what a Child Guidance Service really is and does. The so called Child Guidance Clinics are in effect out-patient clinics for Child and Family Psychiatry, and it seems reasonable, as some other authorities have already done, to call them by that name. It seems that many parents would appreciate this and it is not unusual for them to resent referral to a Clinic bearing a name which, to them, implies that they need to be told how to guide, i.e., bring up their children, with the added implication that they are failing to do so effectively. Most parents, especially those who are seriously concerned about their children's welfare, feel anxious and even guilty when their child is ill, in any way. A few parents refuse to attend the Clinic, others arrive feeling resentful because the name leads them to suppose that they have been referred

because they need counselling and "guidance." Counselling and guidance, although useful in some situations, are not substitutes for the full psychiatric, psychological and, if necessary, physical investigations which are undertaken at the Clinics.

Shortage of staff at all levels is serious and means that not nearly so many cases are being seen as ought to be. Although we can claim that no case which is urgent on psychiatric grounds has to wait for an appointment, children with milder disorders (often the forerunners of more serious ones) are often not seen at all: they are continually being pushed back on the waiting list to make way for emergencies, such as school refusals, severe depressive and anxiety states, which cannot wait.

All maladjusted children attending residential schools have been seen during each holiday and many have needed more than one appointment. Ideally, all schools which cater for emotionally disturbed children should have psychiatric advice readily available, but only a few seem to be in this position.

It seems that not enough personnel in all grades (Children's Psychiatrists, Educational Psychologists, Psychiatric Social Workers, Psychotherapists) are being trained to meet the demands of what should be a rapidly expanding service. The work done by Psychologists and Psychiatric Social Workers is no longer confined to psychiatric clinics and hospitals: these workers are in very short supply and, nowadays, have wider fields (e.g., Local Authority Services and Industry) in which to use their skills. At present the Child Guidance Services, except in large cities, do not seem to be attracting even the minimum of essential staff. Repeated, almost continuous, advertisement over the past twelve months for an Educational Psychologist and a Psychiatric Social Worker for the Aylesbury and Bletchley Clinics has failed to produce even one application.

Figures are given and, although they cannot give a true picture of either quantity or quality of work done, they do show how relatively few new cases have been seen. There are many reasons for this and amongst them is the serious national shortage of psychiatric in-patient accommodation for children and adolescents. Much clinic time is expended, often to no avail, in trying to get seriously disturbed patients admitted to hospital. The Clinics have to treat, as out-patients, cases which need to be in a controlled environment and this throws a great strain on all the staff. The time is coming when a new look will have to be taken at staffing of the Child Guidance Service or otherwise treatment, except of a most superficial nature, will become impossible.

As in former years, it is a pleasure to thank the members of the Education Department, the School Health Service and the various Social Services, who give us so much help.

Aylesbury

The Aylesbury Child Guidance Clinic, although seriously under-staffed, has, for many reasons, fewer difficulties than the one at Bletchley. During the twelve years over which it has been functioning the doctors who refer cases have become familiar with the type of case which can be helped and selection is therefore good. Broken appointments, except in the case of illness, are rare. Public transport is easier and few cases need to come by ambulance. The services of two part-time educational psychologists (adding up to a little more than one full-time) and the fact that schools are in a more compact area, mean that there is greater opportunity for school visits and the co-operation with teachers, which is so helpful. Having a psychotherapist for even one day (two sessions) a week is stimulating and helpful as are the frequent discussions with the Consultant Paediatrician.

As in Bletchley, most of the cases we see are urgent. Because family doctors and school medical officers who refer cases screen them so carefully, the waiting list is of reasonable proportions but we are by no means able to meet the real need in the community.

A good deal of time is, as it should be, devoted to teaching. In September, after discussion with Mr. Day, Tutor to the Certificate Course in Social Work at the Wycombe College of Technology and Art, we agreed to accept second year students from the course for supervised practical work. Although this meant extra work, especially for Miss Hamilton, we felt that, in the long run, it would increase the number of Social Workers coming to the County. It is hoped that the scheme can be continued and expanded but this will depend on the other commitments of the Clinic team and whether the establishments for another Educational Psychologist and Psychiatric Social Worker can be filled, for at present Mr. Wheeler and Miss Hamilton are covering the needs of both Clinics.

Bletchley

In August 1964 I was approached by Mrs. Cornes who, having read of our shortage of staff, in the local paper, was anxious to help on a voluntary basis. Although without formal training, Mrs. Cornes had worked for some years in connection with the Child Guidance Service in Singapore, where she helped deprived children to adjust in a socially desirable manner. During the year she worked voluntarily in the Clinic and gave valuable help to several disturbed children who

were unable either to learn in school or to make relationships. Because of lack of space in the Clinic it was, unfortunately, not possible for us to use her services after the end of the year. I was sorry we could not keep her and wish that my colleagues and I had been able to devote more time to helping her with some children who caused her a good deal of anxiety. I take this opportunity of thanking Mrs. Cornes for her help.

Since the Clinic first started in 1962, the need for a remedial/therapeutic class has been pressing. Coaching of children who are backward, but not disturbed, can be and is done in schools: the disturbed child, however, benefits more from a therapeutic teaching group where his emotional difficulties are understood and allowed for. There is ample work for a full-time teacher of such a class but, unfortunately, there is no room for it to be held, as it should be, on Clinic days. As a temporary measure it was arranged that Mrs. Hopkins, the teacher at the Aylesbury Child Guidance Clinic, should hold a class for the most urgent cases on two mornings a week, using the Clinic playroom as a schoolroom. Mrs. Hopkins started the class in May and, in spite of the extremely cramped conditions under which she and the children are working, it has filled a great need. However, it is hoped that the necessary accommodation will shortly become available for a full-time class. The number of children in Aylesbury and Bletchley who need this type of treatment demands the appointment of a separate full-time teacher for each Clinic. A special class for more severely maladjusted children, like the one in High Wycombe, would also fill a great need.

It is sad that Educational Psychologists and Psychiatric Social Workers do not seem to wish to come to the North Buckinghamshire area, because it is an interesting one. The town of Bletchley is growing rapidly and offers a challenge to people who are really interested in the welfare of children and families. Any applicant coming to the town would gain valuable experience in co-operation with other social services, all of which in the Bletchley area are staffed by enthusiastic and helpful people. Although it may seem invidious to single out organisations from among the many who help us, I would particularly like to mention the Mental Welfare Officers and the School Welfare Officers who have gone to great lengths to ensure that children in difficulties are seen at the Clinic. Often they have given up their own time to bring them and I appreciate this all the more for knowing how little time they have. The Health Visitors and Child Care Officers have likewise been helpful in collecting information and keeping contact between the Clinic and some of the disturbed children and families whom we are trying to help.

Owing to the interest and co-operation of the school medical officers and the family doctors, the waiting list has been kept down to reasonable proportions but this means that, on the whole, we see only the most urgent and complicated cases which need much detailed investigation and the collecting of information from many different sources. The cases we actually see and treat could be compared to the top of an iceberg, concealing a larger mass underneath. The type of case we are at present seeing is so time-consuming that we are prevented from helping many pre-school children and those who, whilst seriously disturbed, do not present as a social problem. Emotional disturbance in young children can be serious without appearing urgent, whereas disturbance in the older age group, particularly the adolescent, is apt to show itself in serious anti-social behaviour. If faulty methods of reacting to circumstances could be dealt with at an early age, there would probably be less disturbance in adolescence. Disturbed adolescents are of great concern to the home, the school and the probation service, and present long standing problems which can seldom be resolved by attendance at a Child Guidance Clinic. However difficult the case, the probation officers are always anxious to help and it is a matter of great regret when, in the Clinic, we cannot in the time available, and on an out-patient basis, do what should be done for the adolescent and his family. With four psychiatric sessions, and a part-time Educational Psychologist and Psychiatric Social Worker who are also responsible for much of the work of the Aylesbury Clinic, we can only meet the most urgent demands for diagnosis and treatment. I still feel that, in most cases, the former without the latter is unsatisfactory and moreover gives to the public a false picture of what a psychiatric service for children and families ought to be. Even a relatively small number of children and parents who have been effectively helped can, in time, so influence a community that it will demand a properly staffed service able to help those who need it.

	<i>Aylesbury Bletchley</i>	
Number of families referred during 1965:	78	81
Number of cases seen for full investigation	162	137
Age-groups—Pre-school	5	6
5-7	22	15
8-11	55	25
11+	70	18
Over school age	11	3
Number of cases seen in regular treatment on 31st December	48	14
Number of cases attending less often	30	19
Waiting list on 31st December	27	22

Dr. C. E. Bagg:

Throughout 1965 new referrals, together with recurrent crises from the accumulating nucleus of problem families, continued to make increasingly heavy demands on the time and energy of the staff. To meet this situation four steps have been taken:—

- (i) In 1965 the Oxford Regional Board appointed to the area an additional Consultant Child Psychiatrist, Dr. Janet Lindsay. She will spend nine sessions per week at the High Wycombe Clinic, where she will be Clinical Director, starting in January, 1966.
- (ii) At the end of 1964 the Local Authority increased the establishment of staff for the High Wycombe/Chesham area by an additional Psychologist, Psychiatric Social Worker and Secretary.
- (iii) With this increase in staff, it became possible in 1965 for a separate Clinic for the Chesham and Amersham areas to be planned, and it is likely that the arrangements for the new Clinic will be completed by early 1966. The saving of the time and expense of travelling to High Wycombe will be greatly appreciated by the families living in Chesham and its adjacent areas. Thanks are due to the Local Authority for their assistance in the organisation and equipping of the future Child Guidance Clinic there. The vacancies have not yet been filled, but it is hoped that staffing of the Chesham Clinic will be completed in 1966.
- (iv) With the appointment of the new Consultant to the High Wycombe Clinic, the Psychiatrist in charge of the new Chesham Clinic will be serving a correspondingly smaller population. This will release time for a weekly session to be devoted to intensive work in the preventive sphere. Towards the end of 1965, therefore, an appointment of a Consultant in Preventative Psychiatry for the High Wycombe/Chesham Area was proposed.

This preventative measure was based on recognition of the fact, clearly revealed in our experience at High Wycombe, that attempts are needed to deal with potentially psychiatric children at an earlier stage and at the same time to safeguard the emotional health of the whole family. This need has become increasingly apparent in the area. From the referral rate it has been found that only a fringe of the child population at risk can be approached within the clinic situation, and unless potential referrals can sometimes be dealt with by other techniques of management the work at the Clinic is liable to become clogged up.

Within the Clinic itself, the only means of increasing the number of families dealt with would have been by curtailing the duration of their attendances to periods below the minimum required to meet therapeutic needs, and obviously this measure could not provide a solution to the problems of the community. As a rule, however, the longer a case has been on the waiting list the more time-consuming it has been found to be when it has finally come to be dealt with. The result has been that with the passage of time the Clinic has tended to find itself needing to make longer and longer intervals between each attendance for those cases already under treatment, because the timetable becomes progressively filled as new cases come to occupy the sessions still required by the earlier ones. Thus, while the waiting list lengthens, no corresponding advantage accrues to the cases under treatment. On the basis of this experience it was therefore decided that an "external" system of preventative psychiatry, to supplement the machinery for diagnosis and treatment within the Clinic itself, should be instituted. By closely advising and assisting the various welfare and health workers on a sessional basis, more timely help may be made available to the families, and the development of years of misunderstanding and mutual parent-child rejection may be forestalled in those instances where these tragic and sometimes almost intractable attitudes might otherwise arise.

The class for maladjusted children is continuing to prove its worth as a much-needed part of the Educational Service, its situation within the Clinic not only serving as a useful centre for observation but also providing a closer link between school and clinic and home. To give the Clinic a helpful understanding of the environment in which the child is trying to function, the teacher visits the children's homes and schools. Moreover this personal contact with parents and school staff gives the parents themselves a clearer understanding of the child's reactions, and it provides the schools with an additional insight for adjustment of their handling of the child in accordance with its psychological needs.

This year's intake into the class has included a higher proportion of more severely disturbed children—a development which was foreseen as a very welcome possibility when the class helper was appointed. In fact it has been possible this year to hold all but three of the children in the class, and recourse to transferring any of the other children to boarding schools has been entirely avoided. Nevertheless there will always be categories of disturbance too serious and long-term to be accepted into a Unit such as this.

At any point in the year almost half the class has come from the Amersham/Chesham area, and this has necessitated considerable travelling time out of the school day. The inevitable restriction of intake due to the need to keep the groups in these units to the size of a small family serves to highlight the need for expansion of the service when it becomes possible.

During the year consultations with the Paediatricians have again been of great assistance, to both the Child Guidance and the Paediatric services.

In conclusion mention should be made of the loss to the Clinic resulting from the temporary departure of Mrs. Oakley, Social Worker, who was seconded in the autumn to the Mental Health Course at the London School of Economics. This diminished the rate of work during the remainder of the year, and the number of children seen during this period was also reduced by the correspondence and discussions involved in case closures and work required for smooth handing-over of current cases to the new consultant. Hence a smaller number of children attended than in previous years, but at the end of 1965 two sessions per week of Social Worker help were obtained on an interim basis prior to Mrs. Oakley's return in 1966. With double the number of psychiatrists' session now available at High Wycombe, however, together with the increase in the ancillary staff for the area, it is felt that the problems of the waiting list may now become more manageable, both at the High Wycombe and the Chesham Clinics.

Cases referred	..	..	..	..	..	117
Cases seen for full investigations	..	..	..	..	..	71
Waiting List	..	..	..	..	..	100
Cases closed	..	..	..	..	..	56

Dr. M. I. Pott:

"During the past year there has been no opportunity for new developments in the Child Guidance Service. 198 families have been referred and this is a slight increase on the number in 1964. We are always glad when doctors and school medical officers refer young children as they and their families tend to respond well to short term treatment and we have had a number of pre school children seen at the Clinic recently. We still have an unhappily large number of boys and girls not referred till they are in the middle or top classes of secondary school and we feel that some of these should have been recognised as being in need of child guidance treatment at an earlier age.

The number of children at the Adjustment Unit, George Green, has been increased to 20 by the provision of an extra classroom. Two boys transferred to boarding school have benefitted greatly from their experience and special education at George Green. Two others have settled successfully in secondary day schools. The school staff and clinic team have regular case discussions and these supplemented by the psychologists visits ensure close co-operation.

The preventative work continues to be carried on side by side with normal child guidance work. Families have been seen under the Crisis Consultation Scheme and teaching by lectures and group discussions has been undertaken by all members of the clinic team.

We continue to work closely with the health visitors and all the social agencies and welfare workers who deal with families in the area and we are grateful for their co-operation."

SCHOOL NURSING SERVICE

Health visitors and health assistants continued to work closely with the teaching staff of the schools to promote the health of the children. In 1965 health visitors undertook rather less of the sessional work, giving more time to consultations with staff about individual children and visits to the home—providing an important link between school and home on any health matters.

Their work is summarised below, with figures for 1964 in brackets:—

Health Visitors

Sessional work in schools	..	..	..	..	874 sessions	(1,034)
Home visits	..	..	..	..	2,304 sessions	(1,878)

Health Assistants

School medical inspections	..	..	..	..	1,427 sessions	(1,358)
Health surveys	..	..	..	..	777 sessions	(655)
Weighing and measuring and vision testing	..	..	..	..	662 sessions	(535)
Ophthalmic clinics	..	..	..	..	46 sessions	(24)
Audiometry clinics	..	..	..	..	28 sessions	(24)
B.C.G.	..	..	..	..	97 sessions	(111)

The vision of all children is checked when due for medical inspection and also at 7—8 years old. At this stage a small number of defects are found which have become apparent since the medical inspection at 5 years.

The general standard of personal hygiene remains high. At 103,765 individual examinations made during the year, 502 pupils were found to be infested with nits or lice.

Advice concerning health and hygiene is given to groups and individual pupils within the schools by both health visitors and health assistants and a watch is kept for any signs of defects or other problems of health arising in the schools.

In 1965 the hearing of 691 children was tested using a pure-tone audiometer. Tests are carried out by health visitors or health assistants who have been trained in the technique.

HEALTH EDUCATION

The amount of health education carried out in schools by the County Health Department staff once more made a steady increase during the year.

Over 550 sessions were undertaken by various members, mainly Medical Officers, Health Visitors, Dental staff, and Health Education Officers, whilst the subjects taught ranged over Dental Health, Smoking and Health, Home Safety, Public Health Services, Child-care and "Growing up."

It is encouraging that more schools are now becoming interested in having short series of talks and discussions on subjects of a health nature, both from the personal and community aspects, especially for the pupils who are about to leave school. More Headmasters, too, are seeking the help of the Department in planning such talks and for advice on the availability and use of films and other visual aids. On subjects such as personal relationships, where it is of considerable help if the parents of the children are kept in touch, the Department has assisted by showing to the parents the various films used for the pupils in school.

Mainly through the work of the dental auxiliaries, and Area Health Education staff, the extremely important subject of dental health has now become a routine education in many schools.

The Department assisted the School Meals Service at their Staff Conference in November by arranging an exhibition and competition on the subject of "Food Hygiene."

RADIOACTIVE SUBSTANCES IN SCHOOLS

Over recent years, with the greatly increased use of many forms of radioactive materials in advanced educational establishments and in industry, the need to use materials in schools for teaching purposes has become increasingly widespread.

In January, 1965 the Department for Education and Science issued a revised memorandum (Administrative Memorandum 1/65) on the use of ionising radiations in schools, establishments of further education and teacher training colleges. This set out in detail sets of tables for educational requirements for approval to a school using radioactive materials. In addition to detailing the quantities and types of radioactive materials, the Secretary of State required satisfactory arrangements to be made for the safe storage and handling of radioactive materials and laid down the qualifications and training of the teachers using them.

In all cases the Principal School Medical Officer is consulted concerning the arrangements made in schools.

So far some 19 maintained schools and 4 independent schools in the County have been approved for the storage and use of radioactive materials.

SCHOOL DENTAL SERVICE

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

"The scope of the school dental service again expanded during the year under review.

New equipment was installed in some clinics and the building of a new dental suite in the health centre at Quarrendon, in Aylesbury, was commenced. It is hoped this will be opened in the Spring of 1966.

The two mobile Dental Clinics were in use throughout the year by our dental officers and it was possible to provide dental treatment in some schools in the rural areas where in previous years facilities were far from satisfactory. A new mobile dental unit is under construction and will be brought into use during 1966.

The proven value of mobile dental units as a method of providing treatment in the rural areas is shown by the higher treatment acceptance rate seen in the schools where these units have operated. It has also been possible in some areas, to transport children from small schools to a central rural school where the mobile unit has been stationed. This has proved quite a satisfactory arrangement. It is felt that the provision of treatment in a mobile unit is a most important function of the School Dental Service, as in the larger centres of population in the County there is a high density of general dental practitioners, and it is possible for children in the towns to obtain treatment comparatively easily both from the Council's Clinics and from the general dental services, but in the rural areas where the need is greater, the mobile clinic is invaluable.

The toothpaste survey, to which reference was made in my previous reports, being carried out by the Preventive Dentistry Department of the Royal Dental Hospital was continued, and the third annual assessment of the caries incidence of the children participating in the survey was made this year.

The annual survey of some of the children in Slough who had had the benefit of a natural flouride content in their drinking water has again been carried out. It confirms that the greater resistance to dental decay in the teeth of these children has been maintained. The topical application of a flouride solution to the teeth of some children attending one of the Council's Clinics has also continued.

Staff

Although it was not possible to reach the full establishment of dental officers, the total number of part-time staff showed a slight increase. Dr. Dannen, who had given loyal service as a dental officer for nearly ten years at the High Wycombe clinic retired in the Spring and a new dental officer, Mr. Rooney was appointed to this clinic. Mrs. England, the dental auxiliary, moved her place of residence and had consequently to resign her appointment at Slough, which she held for about three years. We appreciate the good work done by these members of our staff and wish them well in the future.

Dental Health Education

I am pleased to report that the work in the field of dental health education has continued to develop.

The dental auxiliary, the dental hygienist and four members of the County Health Education staff gave talks and demonstrations and showed films to over 15,000 children during the year, so a significant proportion of the school population have received some form of dental health instruction. This has been an important part of the work of the School Dental Service and I must pay tribute to all those who did such valuable work. Favourable comment has been received from many Head Teachers on the importance of this work and there appears to be an improvement in the dental hygiene of the children.

Talks were also given by Dental Officers on such subjects as "Dentistry as a Career" to High School girls in the Amersham area and to other interested groups. Help was provided in the preparation of dental health displays at village and school fetes and the Mobile Cinema of the Oral Hygiene Service, showing films on dental health, was in use and created much interest at one of these events.

Talks were also given to Sections of the British Dental Association on "Preventative Dentistry" and to student Dental Hygienists by the Principal Dental Officer.

Courses and Conferences

A short course for dental officers was held at Missenden Abbey Adult Education College in May; lectures were given on subjects of dental interest and a film was also shown. From the subsequent discussion it was felt that this course was valuable in keeping the dental staff informed of the latest techniques and methods of treatment.

Miss Blandford, the County Orthodontist, attended a three day Course on Orthodontics at the University of Keele, organised by the Public Dental Officers Group of the British Dental Association whilst I attended the Annual Conference of that Association.

Statistics

I am pleased to report that it was possible to inspect and treat more school children than in previous years. The use of the mobile clinics has enabled many more rural schools to be treated than before. The number of fillings has increased as has the number of courses of treatment completed. It has been necessary to extract fewer permanent teeth and the proportion of teeth filled, to teeth extracted, has remained well above the national average. This indicates that the trend I have remarked upon in my previous reports, has continued; that conservation of the teeth, rather than extraction of teeth, is the aim of the School Dental Service. There was also a fall in the number of emergency treatments during the year.

The number of crowns, and of the more advanced type of conservative work has shown a marked increase. The demand for orthodontic treatment remains high and as is shown in the Orthodontic Report, the number of patients having appliances for the correction of dental abnormalities is still considerable.

The overall picture of the dental health of the children, especially in the urban areas of the County is reasonably good. Most children are continuing to receive regular dental inspection and treatment from either the General Dental Service or the School Service and one does not see the neglected mouths that were all too common twenty years ago.

The staff of the Education Department have been most interested and helpful in dental matters and I should like to take this opportunity of thanking them all for their support. I would also like to thank our Consultant Anaesthetists who most expertly administered anaesthetics at a number of our clinics during the year."

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 374 new patients referred by the school dental officers. In addition 1,217 children whose treatment commenced prior to 1965 continued to receive treatment. All those children, previously on the waiting list, commenced their treatment during the year, and the cases completed during the year totalled 249 mostly by appliance therapy, but some by extraction only. A total of 270 removable plates were fitted, 131 of these being for new patients.

As in previous years the dental department of Stoke Mandeville and also Upton Hospital, Slough continued to co-operate with us by undertaking surgery and x-rays where necessary, for our orthodontic cases."

SCHOOL MEALS SERVICE

The following report has been submitted by the County School Meals Organiser:—

CENSUS FOR AUTUMN TERM 1965

Meals for a day in				September, 1965	September, 1964
Number of pupils present	..	..	..	77,087	75,095
Number taking school dinners	..	..	..	56,268	52,476
				i.e. 73.09%	i.e. 69.94%
Number of dinners provided free	..	..	..	1,432	1,387
				i.e. 2.58%	i.e. 2.64%
Milk					
(a) <i>Maintained Schools</i>					
Number of pupils present	..	..	..	77,333	75,242
Number drinking milk	..	..	..	58,103	58,177
				i.e. 75.13%	i.e. 77.32%
(b) <i>Independent Schools</i>					
Number of pupils present	..	..	..	10,432	10,739
Number drinking milk	..	..	..	9,330	9,373
				i.e. 89.43%	i.e. 87.28%

The number of children taking meals again shows an increase over the previous year and the percentage of diners (73.09%) is the highest achieved.

The percentage of pupils taking milk in maintained schools shows a slight decrease—this drop in numbers is shown to be amongst the senior pupils. In independent schools the percentage taking milk has again risen.

Since January 1965, 17 new school kitchens have been opened. Two existing kitchens have also been enlarged and brought up to date.

In addition, several existing kitchens have been improved and brought up to date. Also when replacing sink units in permanent school kitchens stainless steel sinks and draining boards have been installed.

Meetings of school meals staff were held in the spring and summer terms in each Division and in November a meeting of 300 staff from all Divisions was held at The High School, Aylesbury. Mr. Morley Parry spoke on "Modern Trends in Food Processing".

PHYSICAL EDUCATION

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

Swimming

"The season for school swimming was not altogether a happy one. Firstly, the weather was most unhelpful and secondly several areas in the County were suffering from a water shortage. The Bucks Water Board had to introduce a ban on filling school pools, and this created many difficulties and disappointments.

All publicly owned pools were used to the maximum by both Primary and Secondary schools and a new Open-Air Centre i.e. the Wolverton U.D.C. Pool was opened. The water is heated here, and this helps to offset the rigours of the climate and to make teaching more efficient.

Schools continue to be enthusiastic about having their own "learner pool," and a total of 40 school pools were in use during the year. Head Teachers are delighted with the results obtained in teaching many children to swim. In most Primary schools with their own pool, the children of Infant age are also included for swimming instruction.

The Schools' Annual Gala was held at Wolverton on 9th July, and in the Divisional Championships of the English Schools' Swimming Association at Luton on 25th September, Buckinghamshire won the Diving Cup. 14 swimmers and divers from the County were selected to take part in the National Championships in Cambridge.

Courses

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

Archery	..	..	..	..	..	..	High Wycombe
Basketball	..	..	..	..	..	..	Amersham
Dance, National	..	..	..	..	..	..	Amersham
Dance, Modern Educational	..	..	..	..	..	..	Slough
Physical Education (Primary)	..	..	..	..	..	..	Bletchley, Missenden Abbey
Volleyball	..	..	..	..	..	..	Green Park, Aston Clinton

Demonstrations

The following two hour coaching demonstrations were given by National Coaches:—

Athletics	..	..	..	..	Aylesbury, High Wycombe and Slough
Swimming	..	..	..	..	Amersham, Aylesbury, High Wycombe and Wolverton

Courses for Children in Secondary Schools

One week residential courses at which children spent most of the time taking part in physical activities proved very popular and great credit is due to the teachers who took charge of the groups and worked from morning until bed time each day.

They were attended by the following numbers:—

Crystal Palace National Recreation Centre

263 girls, 293 boys, and 38 teachers from 24 secondary modern schools during six weeks in September, October and November.

Shortenalls, Chalfont St. Giles

260 boys and 15 girls from 10 secondary modern schools during March, April, May, June, September, October and December.

Camping and Outdoor Activities

During the summer term the tented camp near Wolverton, where children stay from Monday to Friday, was used by 519 children and 37 teachers from Primary schools and at weekends by 157 youth club members and 34 leaders.

A number of Primary and Secondary Schools arranged their own camps and outdoor activities' projects in various parts of the country.

Duke of Edinburgh Award

The following details have been supplied by Miss M. Roydes, the County Award Officer.

Numbers taking part in the Scheme: 19 schools, 10 Youth Clubs and 2 Firms.

	<i>Boys</i>	<i>Girls</i>	
New entrants:	158	183	for Bronze Award
	44	32	„ Silver „
	202	215	
Total Participants	234	196	„ Bronze „
	68	48	„ Silver „
	9	—	„ Gold „
	311	243	
Awards gained:	48	45	„ Bronze „
	13	12	„ Silver „
	5	4	„ Gold „

The numbers do not include all the boys and girls in the county taking part, but only those whose schools or youth clubs operate the scheme through the Education Committee. Some clubs operate through National Voluntary Organisations.

Schools Sports Associations

A recent addition to the large number of associations which organise competitions at county and national level is the Bucks Schools' Gymnastic Association, which will arrange championships in Olympic gymnastics.

Bucks School Camp Association

The camp site owned by the Association at Nettlestone, Isle of Wight, has been improved by the provision of main gas and electricity services and main drainage together with a permanent kitchen and toilets. A generous grant from the Education Committee contributed towards the cost of these developments.

The following attended the camp during the period 30th July to 20th August:—

334 girls, 336 boys and 146 adults from 36 Primary, 9 Secondary Modern and 1 Secondary Technical School."

MILK IN SCHOOLS

Mr. G. L. Davis, 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, for adequate heat treatment and disease infection where appropriate. Sources of supply are approved by the Principal School Medical Officer.

5 samples of raw milk were free from tubercle bacilli and brucella abortus.

In addition, 207 samples of pasteurised milk were checked and all were found to be satisfactory, as were 214 samples tested for quality.

Complaints from schools concerning the milk supplies are always investigated with great care; two enquiries in 1965 proved this circumspect attitude necessary. Both concerned alleged foreign bodies in sealed bottles, a piece of brass rod and screws and nails. In each case similar specimens were found elsewhere on the school premises, which pointed to an ingenious scholar as the culprit rather than a careless dairyman. In two other complaints of foreign matter the evidence was not conclusive that the dairymen were to blame, as it could not be established with certainty where the contamination took place.

Old drinking straws, glass, bristles from a brush and dirt were also found in school milk bottles. There was a pattern of persistence in the unsatisfactory nature of one supply, for a number of similar contaminations occurred in quick succession. The suppliers' contract was terminated and they were prosecuted.

A source of taint variously described as boot polish, paraffin, turpentine, metal or citrus fruit was sought in vain. The taint had neither pathological nor chemical origin, and was eventually thought to have been an absorbed one. Supplies from the same source to other schools were unaffected.

An improvement was effected in the external cleanliness of bottles where, although the contents were wholesome, the bottles were frequently becoming soiled in transit.”

INFECTIOUS DISEASES

The following table gives some indication of the incidence of infectious diseases in school children in schools in the County with the exception of schools in Slough. It will be seen that while there was an increase in cases of measles and german measles there was an appreciable drop in the number of cases of mumps.

	1958	1959	1960	1961	1962	1963	1964	1965
Diphtheria ..	—	—	3	—	—	—	—	—
Scarlet Fever ..	116	122	90	24	22	41	17	23
Measles	979	1,515	113	931	448	781	296	844
German measles ..	222	27	66	103	893	194	40	141
Whooping cough ..	86	86	48	20	6	82	62	28
Poliomyelitis ..	14	2	1	1	—	—	—	—
Chickenpox ..	790	699	821	165	486	727	578	509
Mumps	522	508	530	575	120	493	802	117
Other	39	1,486	42	132	12	50	34	67
TOTAL ..	2,768	4,445	1,714	1,951	1,987	2,368	1,829	1,729
% of school population ..	4.1	6.3	2.3	2.5	2.6	2.9	2.2	2.06

SCHOOL HYGIENE AND SANITATION

The following schools had improvements to washing and sanitary accommodation carried out during 1965:—

Aylesbury Division

Whitchurch C.P.	Provision of covered way to toilets, alterations to urinal stalls and provision of doorway.
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Amersham and Chesham Division

Whitehill C.P.	Renewal of water main to school.
Russell C.P., Chorleywood	..	..	Provision of sinks in cloakrooms.
Newland Park Training College			Installation of extra settling tank to sewage system.
Raans C. Sec.	..	..	Minor improvements to ground floor urinals.
Little Missendon C.E. Primary			New lavatory basins and hot water system.
Chalfont St. Giles C.P.	..	..	Provision of drinking fountains.
Chalfont C. Sec.	..	..	Improvements to cold water storage tanks.

Wycombe Division

Booker Hill C.P.	..	..	Provision of two additional toilets
Terriers C.P.	..	..	Installation of wash-basins in external toilets.
Loudwater C.P.	..	..	Provision of staff toilets.
Claytons C.P., Bourne End	..	..	Provision of staff toilets.
Great Kingshill C.P.	..	..	Provision of staff toilet.
Spring Gardens C.P.	..	..	Provision of new toilet block.

Eton Division

Iver Heath C.P.	..	..	Renewal of W.C. pans.
George Green Adjustment Unit			Installation of sink unit and drainage.
Iver C.P.	..	..	Hot water supply to outside toilets.
Lynch Hill C.I.	..	..	Improvements to Infants' toilets.
Horton C.E. Primary	..	..	Improvements to lavatory accommodation.
Claycots C.P.	..	..	Tiling in Infants toilets.

FOOD HYGIENE REGULATIONS, 1960 and 1962

The following schools had improvements to canteens and wash-ups carried out during 1965:—

Buckingham and Winslow District

Drayton Parslow C.P.	Provision of sterilizer and formica tops to benches.
Stewkley C.E. Primary	Formation of kitchen within school premises.

North Bucks Division

Saints C.J., Bletchley	Provision of lavatory basin, formica tops to benches and renewal of sterilizer.
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Aylesbury Division

The Grange C. Sec., Aylesbury	Alterations and improvements to kitchen including provision of stainless steel sink units.
Stoke Mandeville C.P.	Alterations and provision of new sterilizer and formica tops to working benches.
Aylesbury Girls High	Replacement of wooden drainers with stainless steel.

Amersham and Chesham Division

Missenden Abbey	Installation of stainless steel sink units in wash-up.
Prestwood C.P.	Renewal of water supply.
Chalfont St. Peter C.I.	Minor improvements to kitchen.
Woodside C.P.	Minor improvements to kitchen.
Dr. Challoners Grammar	Installation of stainless steel units
Woodside C.P.	Installation of stainless steel units.
Chenies C.P.	Installation of stainless steel units.
Chesham Central Kitchen	Improvements to sinks, yard, decor, etc.
Colehill C.E.	Provision of hand basin and extractor fan in kitchen.
Great Missenden C.E.	Renewal of kitchen floors.
Chesham Technical School	Improvements to sinks, tiling, etc.
Chalfont St. Peter C.E.	Renewal of kitchen floor.
Lowndes C. Sec. School	Installation of stainless steel unit.
Ashley Green C.E.	Renewal of water supply to kitchen.

Wycombe Division

Sands Nursery Class Canteen	Installation of sterilizing sink.
Verney Avenue Day Special School	Alterations to provide cooking facilities.
Micklefield C.P.	Extension of dining room.

Eton Division

Lynch Hill C.P.	Improvements to kitchen.
Datchet C.E. Primary	Installation of steaming oven.
Alderbourne C. Sec.	Installation of steaming oven.

MEDICAL INSPECTION AND TREATMENT

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1966, as in Form 7, 7M, 8b and 11 Schools 84,024

TABLE I

PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	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	No			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1961 and later	196	196	—	3	25	27
1960	3,927	3,926	1	46	361	398
1959	3,572	3,571	1	62	285	338
1958	437	437	—	12	60	69
1957	201	201	—	5	29	34
1956	166	166	—	7	22	26
1955	3,664	3,661	3	189	278	416
1954	2,751	2,749	2	132	189	308
1953	424	424	—	36	19	53
1952	178	178	—	11	5	16
1951	691	691	—	40	35	73
1950 & earlier	6,077	6,077	—	266	261	517
TOTAL	22,284	22,277	7	809	1,569	2,275

TABLE II

OTHER INSPECTIONS

Number of Special Inspections	..	..	..	1,052
Number of Re-inspections	..	..	..	5,847
TOTAL	..	..	..	6,899

TABLE III

INFESTATION WITH VERMIN

Total number of individual examinations of pupils in schools by school nurses or other authorised persons	..	..	..	..	..	103,765
Total number of individual pupils found to be infested	..	..	..	..	..	502
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	..	..	279
Errors of refraction (including squint)	..	..	2,959
		TOTAL	3,238
Number of pupils for whom spectacles were prescribed	..	..	1,275

TABLE V

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Received operative treatment—			
(a) for diseases of the ear	..	..	139
(b) for adenoids and chronic tonsilitis	..	..	1,582
(c) for other nose and throat conditions	..	..	97
Received other forms of treatment	..	..	38
		TOTAL	1,856
Total number of pupils in schools who are known to have been provided with hearing aids—			
(a) in 1965	..	..	33
(b) in previous years	..	..	57

TABLE VI

ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Pupils treated at clinics or out-patients departments	..	..	132
(b) Pupils treated at school for postural defects	..	..	425
		TOTAL	557

TABLE VII

DISEASES OF THE SKIN

(excluding uncleanness, for which see Table III)

Ringworm—(a) Scalp	..	..	..	..	..	..	..	2
(b) Body	..	..	..	..	..	..	..	2
Scabies	..	..	..	..	..	..	..	1
Impetigo	..	..	..	..	..	..	..	18
Other skin diseases	..	..	..	..	..	..	..	1
							TOTAL	24

TABLE VIII

CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance clinics	1,073
--	----	----	----	----	----	-------

TABLE IX

SPEECH THERAPY

Pupils treated by speech therapists	858
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TABLE X

OTHER TREATMENT GIVEN

(a) Pupils with minor ailments	1,324
(b) Pupils who received convalescent treatment under School Health Service arrangements	2
(c) Pupils who received B.C.G. vaccination	..	..	..	..	..	5,613
(d) Other than (a), (b) and (c) above.						
Verruca	..	..	..	..	..	229
Tinea Pedis	..	..	..	..	..	34
Enuresis	..	..	..	..	..	30
					TOTAL	7,232

TABLE XI

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR

NOTE.—The general rise in the number of defects found at 'Special Inspections' is due to the Department's instruction that defects found at 'pre-inspections' should be included in this column.
(1964 figures in parentheses)

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
			Entrants	Leavers	Others	Total	
4	Skin	T	56 (17)	61	72	189 (159)	33 (7)
		O	33	20	28 (72)	81 (143)	44 (9)
5	Eyes— <i>a.</i> Vision	T	113	300 (488)	375 (511)	788 (1,113)	288 (202)
		O	156 (137)	194 (71)	206 (282)	556 (490)	172 (29)
	<i>b.</i> Squint	T	44	5	15 (45)	64 (95)	39 (25)
		O	46 (26)	5	14 (31)	65 (57)	29 (4)
	<i>c.</i> Other	T	9	3	9 (13)	21 (20)	12 (6)
		O	6 (16)	14 (2)	12 (10)	32 (28)	11 (6)
6	Ears— <i>a.</i> Hearing	T	126	39	58 (221)	223 (375)	222 (118)
		O	151	23	75 (126)	249 (321)	235 (53)
	<i>b.</i> Otitis Media ..	T	29	1 (5)	18 (8)	48 (26)	20 (7)
		O	43 (19)	3	10 (11)	56 (32)	22 (6)
	<i>c.</i> Other	T	8	5	10 (6)	23 (18)	17 (4)
		O	17	3	— (1)	20 (14)	6 —
7	Nose and Throat	T	151 (91)	45	62 (118)	258 (241)	106 (55)
		O	327	23	105 (153)	455 (489)	180 (68)
8	Speech	T	71	2	21 (81)	94 (164)	154 (104)
		O	101 (78)	5	26 (62)	132 (145)	121 (32)
9	Lymphatic Glands	T	15 (2)	2	1	18 (6)	6 (—)
		O	25 (11)	2	4 (11)	31 (22)	10 (—)
10	Heart	T	13	8 (14)	6 (25)	27 (49)	10 (10)
		O	64	8 (14)	29 (65)	101 (154)	102 (31)
11	Lungs	T	24 (15)	10	17 (51)	51 (74)	51 (10)
		O	101 (78)	16 (30)	66 (97)	183 (205)	131 (69)
12	Developmental— <i>a.</i> Hernia ..	T	9	3 (12)	8	20 (25)	3
		O	18	6	8	32 (21)	10 (2)
	<i>b.</i> Other	T	9	7 (16)	33	49 (76)	27 (13)
		O	83	18	75 (134)	176 (237)	110 (36)
13	Orthopaedic— <i>a.</i> Posture ..	T	19	16 (39)	36 (75)	71 (133)	50 (7)
		O	26	13 (7)	19 (77)	58 (104)	45 (13)
	<i>b.</i> Feet	T	70	30 (25)	72 (95)	172 (192)	95 (6)
		O	71	35 (19)	57 (117)	163 (202)	81 (10)
	<i>c.</i> Other	T	16	29 (18)	25 (51)	70 (90)	41 (9)
		O	40	17 (24)	31 (53)	88 (122)	46 (17)
14	Nervous System— <i>a.</i> Epilepsy ..	T	5	1 (5)	6	12 (17)	6 (4)
		O	21	8 (4)	11 (24)	40 (46)	27 (10)
	<i>b.</i> Other	T	3	3 (6)	5	11 (25)	8 (10)
		O	24	12 (6)	16 (46)	52 (86)	59 (33)
15	Psychological— <i>a.</i> Development	T	44 (19)	4	30 (72)	78 (92)	149 (69)
		O	141 (80)	23 (4)	66 (125)	230 (209)	219 (78)
	<i>b.</i> Stability	T	18	6	18 (13)	42 (35)	40 (59)
		O	73	5	32 (64)	110 (143)	124 (44)
16	Abdomen	T	7 (1)	6	7	20 (11)	3 (1)
		O	4 (13)	4	7	15 (30)	15 (4)
17	Other	T	35 (10)	16	49 (21)	100 (40)	37 (26)
		O	71	63 (28)	87	221 (162)	123 (34)

(T)=The number of pupils found to require treatment. (O)=The number of pupils found to require observation.

DENTAL INSPECTION AND TREATMENT

ORTHODONTICS

TABLE XIII

Special classes and units (not forming part of a special school) in the Authority's area
on 20th January, 1966

111

Number of teachers of the deaf and partially hearing employed by the Authority
(other than in special schools) on 20th January, 1966

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 XIV
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, 1965	Blind (1)	Parti- ally Sighted (2)	Deaf (3)	Parti- al Hearing (4)	Physic- ally 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	1	2	4	8	10	37	173	1	—	237
B. (i) No. of children included at A newly placed in special schools (other than hospital special schools) or boarding homes	—	1	—	3	2	4	3	38	1	—	52
B. (ii) No. of children assessed prior to 1st January, 1965, newly placed in special schools (other than hospital special schools) or boarding homes	—	—	—	—	9	—	5	163	2	—	179
TOTAL (B(i) and B(ii)) ..	—	1	—	3	11	4	8	201	3	—	231
C. (i) No. of handicapped pupils requiring places in special schools—											
(a) day	—	—	—	—	—	—	—	200	—	—	200
(b) boarding	2	—	2	—	5	3	21	53	—	—	86
C. (ii) included at (i) who had not reached the age of 5 and were awaiting—											
(a) day places	—	—	—	—	—	—	—	2	—	—	2
(b) boarding places ..	2	—	1	—	2	—	—	1	—	—	6
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	—	—	—	—	—	—	—	34	—	—	34
(b) boarding places ..	—	—	—	—	—	1	1	19	—	—	21
D. (i) on the registers of—											
(1) maintained special schools as—											
(a) day pupils	—	3	2	1	—	1	—	536	—	—	543
(b) boarding pupils ..	1	2	9	10	10	10	5	149	—	—	196
(2) non-maintained special schools as—											
(a) day pupils	—	—	—	—	—	—	—	3	—	—	3
(b) boarding pupils ..	11	7	5	2	15	15	16	64	5	—	140
(3) on the registers of independent schools under arrangements made by the Authority	1	—	3	6	20	4	73	31	—	—	138
D. (ii) boarded in homes and not already included under (i) above	—	—	—	—	—	2	6	—	—	—	8
TOTAL (D)	13	12	19	19	45	32	100	783	5	—	1028
Number of children awaiting places or who are receiving special education in special schools or who are boarded in homes.											
TOTAL of C(i)a and b, and D	15	13	21	19	50	35	122	1036	5	—	1316
E. Being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944—											
(i) in hospitals	—	—	—	—	20	—	—	—	—	—	20
(ii) in other groups (e.g. units for spastics, convalescent homes)	—	—	—	—	22	1	—	1	1	—	25
(iii) at home	—	1	—	—	15	3	3	3	—	—	24

TABLE XV

CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL

During the calendar year ended 31st December, 1965:—

(i) No. of children who were the subject of new decisions recorded under Section 57 (4) of the Education Act, 1944	38
(ii) No. of reviews carried out under the provisions of Section 57A of the Education Act, 1944	2
(iii) No. of decisions cancelled under Section 57A (2) of the Education Act, 1944	1

TABLE XVII

SCHOOL CLINICS

as at December, 1965

	Sessions
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	14 sessions per week
Whalley Drive, Bletchley	13 " " "
Flat 1, Verney Close, Buckingham	1 " " "
The School Clinic, Germain Street, Chesham	8 " " "
51 Priory Road, High Wycombe	24 " " "
The Health Centre, Victoria Road, Marlow	5 " " "
The Health Centre, Burlington Road, Slough	10 " " "
Wexham Court, Knolton Way, Slough	1 " " "
The School Clinic, 122 Church Street, Wolverton	1 " " "
Ambulance Centre, Chiltern Avenue, Amersham	6 " " "
Health Centre, Parlaunt Park, Langley, Slough	7 " " "
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 " " "
Health Centre, Victoria Road, Marlow	1 " " "
Municipal Health Centre, High Wycombe	3 " " "
Vaccination and Immunisation :	
Pebble Lane, Aylesbury	As and when required
Whalley Drive, Bletchley	" " " "
School Clinic, Germain Street, Chesham	" " " "
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	" " " "