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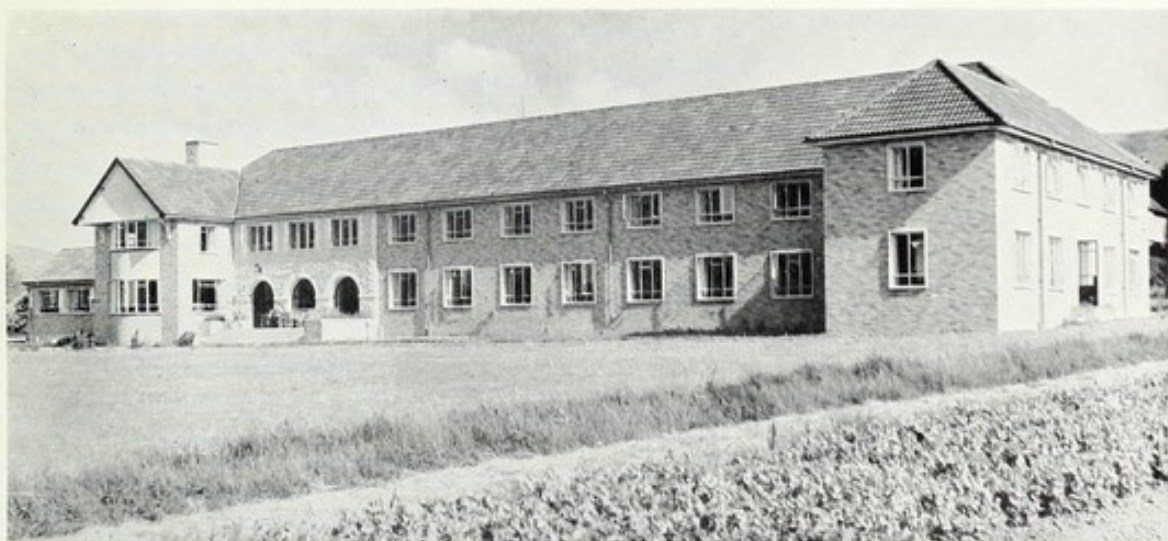
*M. C. C.
9/8/54*



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JAMES DAY MEMORIAL HOME, SWANAGE.

The opening ceremony being performed by The Right Honourable Iain Macleod, M.P., Minister of Health. Also included in the group are Mr. A. D. Pass, O.B.E., J.P., Chairman of the County Council; Mr. Douglas Jackman, M.B.E., Chairman of the Health and Social Services Committee; and Mr. S. J. Gale, Chairman of the Social Services Sub-Committee.



S. F. James, A.I.B.P.

This photograph shows the attractive layout of the new home for old people at Swanage.

63939



'THE LAWNS'

OLD PEOPLE'S HOME, WEYMOUTH.

The new wing shown on the left of the picture was completed during the year.



By kind permission of Evan Jones



THE CUP THAT CHEERS!

Afternoon tea being prepared in the reconstructed modern kitchen at 'The Lawns', Old People's Home, Weymouth.

By kind permission of Evan Jones

THE BELMONT COURT DAY NURSERY, PARKSTONE.

The new nursery was opened by Mrs. G. Bravery, Mayoress of Poole, on 31st March, 1953. This happy picture shows the children at play.



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THE HEALTH AND
SOCIAL SERVICES
OF DORSET



ANNUAL REPORT
of the
County Medical Officer of Health
for the year
1953

A. A. LISNEY, M.A., M.D., D.P.H.

Accommodation for Old People

Considerable progress was made during the year with many of the Council's projects in connection with the provision of accommodation for elderly persons. The James Day Memorial Home at Swanage was completed and formally opened by the Minister of Health. The extension to the home in Dorchester was also completed, and that at the home in Weymouth well advanced by the end of the year. Plans for a further home at Gillingham were included by the County Council in the current budget estimates, and it is hoped that building will commence in the near future.

At the same time as new building was proceeding the accommodation in other homes in the county was reviewed and it was found possible to increase the places at Beaminster, which enabled thirty-three old persons to be removed from the joint-user establishment at Bridport to the more suitable premises at Stoke Water House.

Problem Families

Early in the year the County Council decided that premises provided under Part III of the National Assistance Act were unsuitable for housing evicted families, particularly children, and that they would, therefore, cease to provide accommodation for this class of persons. Instead, greater efforts have been made by the Council's medical, health visiting and welfare staff to deal with the whole question of problem families on a realistic basis, in an endeavour to prevent the circumstances by which such families come to be evicted from local council or private dwellings; some measure of success has been achieved.

We are fortunate in Dorset that the Chairman of the Health and Social Services Committee, Mr. Douglas Jackman, is Vice-Chairman of the South-West Metropolitan Regional Hospital Board, and also serves on the Dorset Local Executive Council. This provides a valuable (if at times disconcerting!) link between the various branches of the National Health Service, and Dorset benefits considerably by the fact that he takes a keen and active interest in all aspects of health, including the prevention and treatment of disease.

I should like to take this opportunity of thanking Mr. Jackman, the members of the Health and Social Services Committee and the various sub-committees, and each member of my staff for the support they have given me during the year.

*Health Department,
County Hall,
Dorchester.
July, 1954.*

ARTHUR A. LISNEY,
County Medical Officer of Health.

STAFF OF HEALTH DEPARTMENT

Central Staff

*County Medical Officer of Health;
Principal School Medical Officer.*

LISNEY, A. A., M.A., M.D., D.P.H.

*Deputy County Medical Officer of Health;
Deputy Principal School Medical Officer.*

TURNER, A. F., M.B., B.CH., D.P.H.

*Senior Assistant County Medical Officer of Health;
Senior School Medical Officer.*

SCOTT, A. G., M.B., CH.B., D.P.H.

Assistant County Medical Officers of Health.

EVANS, L. S., M.R.C.S., L.R.C.P., D.P.H.
SIMONDS, W. H., M.A., M.D.

(Combined Appointments).

ARMIT, A., M.B., CH.B., D.P.H.
LAWRENCE, I. B., B.SC., M.B., CH.B., D.P.H.
MAYES, J. B. M., M.B., B.S., D.P.H.
O'KEEFE, E. J., M.R.C.S., L.R.C.P., D.P.H.
PEARSON, N. F., M.R.C.S., L.R.C.P., D.P.H.

*Joint Appointment with Regional Hospital Board:
(Consultant Chest Physician).*

CLARK, A., M.D., M.R.C.P.

(Consultant Psychiatrist).

WHILES, W. H., M.R.C.S., L.R.C.P., D.P.M.

Principal School Dental Officer.

PRETTY, P. J., L.D.S.

Dental Officers.

ALLEN, J. M., B.D.S.
FLINT, M. F., L.D.S.
GIBSON, A. N. R., L.D.S.
HODGES, W. V. A., M.C., L.D.S.
TYAS, MRS. K. J., L.D.S. (Resigned 31/5/53).
FOREMAN, W. R., L.D.S. (Commenced 1/6/53).

County Sanitary Officer and County Sanitary Engineer.

KING, F. M. W., M.S.E., F.I.S.E., M.R.SAN.I., M.S.I.A.

Assistant County Sanitary Officer.

PARRY, A. H., M.R.SAN.I., M.S.I.A.

County Ambulance Officer.

THOMPSON, W. G. M., O.B.E.

Psychiatric Social Worker.

FILLITER, MISS A. D.

Domestic Help Organiser.

LE FANU, MISS B., B.A., B.S.C.

Superintendent Health Visitor;

Supervisor of Midwives;

County Nursing Superintendent.

RANKLIN, MISS I. F., S.R.N., S.C.M., H.V.CERT.

Assistant Superintendent Health Visitors;

Supervisors of Midwives;

Assistant County Nursing Superintendents.

HEATHER, MISS G., S.R.N., S.C.M., H.V.CERT.
HUNT, MISS R., S.R.N., S.C.M., H.V.CERT.

Health Visitors.

ALLEN, MISS F. N., S.R.N., S.C.M., H.V.CERT.
BADSWORTH, MISS M. G., S.R.N., S.C.M., H.V.CERT.
(Resigned 10/4/53).
BULLOCK, MRS. M. E., S.R.N., S.C.M., H.V.CERT.
CRISP, MISS I. M., S.R.N., S.C.M., H.V.CERT., D.S.A.
FOULDS, MISS M. J., S.R.N., S.C.M., H.V.CERT.
(Commenced 26/5/53).
FULLER, MISS M. E., S.R.N., S.C.M., H.V.CERT.
HARWIN-RICKETTS, MRS. M. V., S.R.N., S.C.M.
JORGENSEN, MISS P. K., S.R.N., S.C.M., H.V.CERT.
MACK, MISS O., S.R.N., S.C.M., H.V.CERT.
METCALF, MRS. J. W., S.R.N., S.C.M., H.V.CERT.
POTT, MISS J. F., S.R.N., S.C.M., H.V.CERT.
READ, MISS L. M., S.R.N., S.C.M., H.V.CERT., D.S.A.
RICHARDSON, MISS I. F., S.R.N., S.C.M., H.V.CERT.
TATE, MISS M. C., S.R.N., S.C.M., H.V.CERT.
(Resigned 30/6/53).
TROTMAN, MISS V., S.R.N., S.C.M., H.V.CERT.
TRUSCOTT, MISS M., S.R.N., S.C.M., H.V.CERT., D.S.A.
WALKER, MISS M. M., S.R.N., S.C.M., H.V.CERT., D.S.A.
(Commenced 1/7/53).
WARVILL, MISS E. I., S.R.N., S.C.M., H.V.CERT.
WHEELER, MISS C. R., S.R.N., S.C.M., H.V.CERT.
WHITE, MISS W. M., S.R.N., S.C.M., H.V.CERT.

Chief Officer for the Welfare of the Blind.

TYACKE, MISS O.

Home Teachers for the Blind.

ABBERTON, MISS M.
CLIST, MISS E. M.
KERSHAW, MISS P. M.
OWEN, MISS G. M.
STEWART, MISS M. E.

Chief Mental Deficiency Officer.

BAZELEY, MISS D. K.

Mental Welfare Officers.

MABB, MRS. B.
STEVENSON, MISS J.

Home Teachers.

EVERARD, MISS B.
LAURENCE, MISS M. D., M.A.O.T.

Supervisor, Poole Occupation Centre.

FRENCH, MRS. C. E., M.A.O.T.

District Officers.

BAMFORD, K. W.
HOPKINS, C. G.
JOHNSTON, H. T.
RANDALL, W. R.
RICHARDS, W. E.

} Also duly authorised officers for
the purpose of the Lunacy and
Mental Treatment Acts.

Occupational Therapist.

GAYE, MISS P. M.

Oral Hygienist.

EVANS, MISS S.

Dental Attendants.

BANKS, MISS A. A.
CLARKE, MISS S. M. (Commenced 1/9/53).
GILL, MRS. M. C. H. (Resigned 31/8/53).
GRAY, MRS. J. M. (Resigned 31/8/53).
HARDING, MISS M. P. (Commenced 19/10/53).
LAVER, MISS D. E. K. (Commenced 9/11/53).
MACKINNON, MRS. L. (Resigned 9/11/53).
ROSE, MISS D. W.
STUDLEY, MISS Q.

Chief Clerk.

HUTCHINGS, H. L.

Poole Area Staff

Area Medical Officer;
School Medical Officer, Excepted Area.

HUTTON, J., M.D., D.P.H.

Assistant County Medical Officers of Health.

MOIGNARD, J. P., M.A., B.M., B.CH., M.R.C.O.G.

SINCLAIR, J. A., M.B., CH.B., D.P.H.

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

Area Dental Officer.

RIMMER, W. K., L.D.S.

Dental Officers.

ALLEN, R., L.D.S. (Resigned 29/1/53).

SULLIVAN, J. M., L.D.S. (Commenced 20/4/53).

THOMAS, C. E., L.D.S.

Area Domestic Help Organiser.

THICKETT, MISS L. M.

Area Superintendent Health Visitor;

Supervisor of Midwives.

KINGSBURY, MISS M. M., S.R.N., S.C.M., H.V.CERT.

Health Visitors.

BROOKS, MISS H. E., S.R.N., S.C.M., H.V.CERT.

HALL, MRS. V. M., S.R.N., S.C.M., H.V.CERT.

KOSTER, MISS I. F., S.R.N., S.C.M., H.V.CERT.

Area Medical Officer.

WALLACE, E. J. G., M.B., CH.B., D.P.H.

Assistant County Medical Officer of Health.

WARD, C. A. G., M.B., B.S.

Dental Officer.

STEWART, D. J., B.D.S.

MASON, MRS. M. D., B.D.S. (Commenced 1/7/53).

Health Visitors.

ALLGOOD, MISS D. B., S.R.N., S.C.M., H.V.CERT.

BROCK, MISS L., S.R.N., S.C.M., H.V.CERT., D.S.A.

HUGHES, MRS. G. M., S.R.N., S.C.M., H.V.CERT.

KUSEL, MISS V. M., S.R.N., S.C.M., H.V.CERT.

LEVER, MISS L. B., S.R.N., S.C.M.

NARBETT, MRS. V., S.R.N., S.C.M., H.V.CERT.

PHILLIPS, MISS M. A., S.R.N., S.C.M., H.V.CERT.

PORTER, MISS K. F., S.R.N., S.C.M., H.V.CERT.

STAPLEY, MRS. M., S.R.N., S.C.M., H.V.CERT.

Midwives (Whole-time).

BELLRINGER, MISS I. M.

FORREST, MISS L. I. I.

GRENET, MISS D. M.

KERNICK, MISS L.

MORRIS, MISS J. E.

O'LEARY, MISS M.

ROBERTS, MISS J.

THICKETT, MISS M.

TUGWELL, MISS E. F.

TYNDALE-BISCOE, MISS B. B.

Matron, Day Nursery.

McCUTCHEON, MISS M. J.

Dental Attendants.

FORREST, MISS G.

MATTISON, MRS. E. T.

NICHOLLS, MISS R. N.

South Dorset Area Staff

RICHARDSON, MISS G. F., S.R.N., S.C.M., H.V.CERT.

SUNDERLAND, MISS D., S.R.N., S.C.M., H.V.CERT., D.S.A.

STEMBRIDGE, MISS I., S.R.N., S.C.M., H.V.CERT.

(Commenced 2/3/53).

Midwives (Whole-time).

CAMPBELL, MRS. L.

CURTIS, MRS. H.

EMERY, MISS G. S.

Dental Attendants.

LANGSDON, MISS M. J. (Commenced 1/7/53).

WOOD, MISS A. B.

OFFICERS OF OTHER AUTHORITIES

(at 31st December, 1953)

Boroughs	Medical Officers	Sanitary Inspectors
Blandford Forum	DR. J. B. M. MAYES	MR. W. E. RAMM.
Bridport	*DR. A. ARMIT	MR. R. N. ARMSTRONG.
Dorchester	DR. I. B. LAWRENCE	MR. C. F. ALLARD (Senior).
		MR. K. H. JAMES.
Lyme Regis	*DR. A. ARMIT	MR. E. PRESCOTT.
Poole	*DR. J. HUTTON	MR. R. LEGGAT (Senior).
		MR. C. GLOVER.
		MR. R. M. IMPETT.
		MR. M. A. STOCKLEY.
		MR. C. A. TRIM.
		MR. G. TUCKER.
		MR. F. K. W. FRANCIS.
Shaftesbury	DR. N. F. PEARSON	MR. W. N. TEASDALE.
Wareham	DR. E. J. O'KEEFFE	MR. N. J. ARNEY.
Weymouth and Melcombe Regis	*DR. E. J. G. WALLACE	MR. H. HANDSCOMB (Chief).
		MR. A. L. HARRIS.
		MR. R. G. S. NEWBOULD.
<i>Urban Districts.</i>		
Portland	DR. E. J. G. WALLACE	MR. H. R. A. BOLT.
Sherborne	DR. N. F. PEARSON	MR. C. E. BEAN (Senior).
		MR. P. A. WILLIAMS.
Swanage	DR. E. J. O'KEEFFE	MR. K. W. GREENWOOD.
Wimborne	DR. J. B. M. MAYES	MR. R. GELLENDER.

<i>Rural Districts</i>	<i>Medical Officers</i>	<i>Sanitary Inspectors</i>
Beaminster	DR. A. ARMIT	MR. C. C. RUNDLE.
Blandford	DR. J. B. M. MAYES	MR. G. S. C. UDALL (Senior).
		MR. D. I. DAVIES.
Bridport	DR. A. ARMIT	MR. L. F. A. MADDOCKS (Chief).
		MR. J. R. NEWMAN.
Dorchester	DR. I. B. LAWRENCE	MR. N. RAWLINS (Senior).
		MR. F. C. POWELL.
Shaftesbury	DR. N. F. PEARSON	MR. W. E. BREEDS.
Sherborne	DR. N. F. PEARSON	MR. J. E. FANNON.
Sturminster	DR. N. F. PEARSON	MR. J. H. DEAN (Senior)
		MR. F. HODSON.
Wareham	DR. E. J. O'KEEFFE	MR. E. D. GRANT (Senior).
		MR. F. W. WHITE.
Wimborne	DR. J. B. M. MAYES	MR. W. CHICK (Chief).
		MR. D. C. MULLEY.

* Also Port Medical Officer.

Public Health Laboratory Service

Dorchester Laboratory.

TEE, G. H., M.A., M.R.C.S., L.R.C.P.

Boscombe Laboratory.

KING, G. J. G. M.A., M.B., B.CHIR.

COMMITTEES

In accordance with the request of the Ministry of Health, details of the committee structure relating to the health services are included in this report.

The County Council delegated to the Health and Social Services Committee:—

(a) their powers and duties under the appropriate statutes relating to:—

Registration and exemption from Registration of Nursing Homes;
Health Education and Prevention of Illness, Care and After-Care;
Notification of Births and related Infectious Diseases;
Midwives and the Supervision of Midwives;
Care of Mothers and Young Children;
Health Visiting;
Midwifery;
Home Nursing;
Vaccination and Immunisation;
Health Centres and Ambulances;
Domestic Help; and

(b) their powers and duties under the following statutes:—

- (i) Housing Acts, 1936-1946, and the Housing (Rural Workers) Acts, 1926-1942, and any enactments amending the same, with the exception of the power to resolve that the functions of a defaulting local authority shall be transferred to the County Council;
 - (ii) National Assistance Act, 1948;
 - (iii) The Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938, as amended by the National Health Service Act, 1946;
 - (iv) Section 25 of the Food and Drugs Act, 1938, the Food and Drugs (Milk and Dairies) Act, 1944, and the Milk (Special Designations) Act, 1949, and any Orders made thereunder and any enactments or Orders amending the same;
 - (v) Nurses Acts, 1943-1945, and any enactments amending the same;
- except the power of levying or issuing a precept for a rate or borrowing money.

The Health and Social Services Committee in turn decided to re-delegate certain powers and duties to sub-committees as follows:—

1. Maternity, Child Welfare and Nursing Sub-Committee:

(i) in respect of those parts of the County not comprised in either the Poole Borough Area, or in the South Dorset Area:—

(a) delegated powers (subject to general control and direction with regard to policy being exercised by the full Committee) with regard to day-to-day administration of the Council's functions under the Statutes relating to:—

- (i) Notification of Births and related Infectious Diseases;
- (ii) Supervision of Midwives;
- (iii) Care of Mothers and Young Children;
- (iv) Health Visiting;
- (v) Midwifery;
- (vi) Home Nursing;
- (vii) Vaccination and Immunisation;
- (viii) Domestic Help;

(b) referred business: to consider and report to the Committee upon all matters arising in respect of the said functions and not dealt with by them under their powers relating to day-to-day administration;

(ii) as regards the Poole Borough Area and the South Dorset Area:—

(a) delegated powers: nil;

(b) referred business: to consider and report to the Committee upon any recommendations of the Area Health Sub-Committees regarding the exercise within those Areas of the functions enumerated in paragraph 1 (i) (a) above and 2 (i) below and involving questions of policy affecting their exercise elsewhere in the County.

2. Area Health Sub-Committees:

(i) delegated powers regarding the exercise within the respective Areas of the functions enumerated in paragraph 1 (i) (a) above;

(ii) referred business: to consider and advise upon any matter referred to the Sub-Committees by the Health and Social Services Committee, or by the Maternity, Child Welfare and Nursing Sub-Committee, the Health Centre and Ambulance Services Sub-Committee, or the Social Services Sub-Committee, or by the respective Chairmen of such Committee or Sub-Committees in connection with the administration of any of the services provided by the County Council under Part III of the National Health Service Act, 1946.

3. Health Centre and Ambulance Services Sub-Committee:

The functions of the County Council relating to Health Centre and Ambulance Services.

4. Social Services Sub-Committee:

The functions of the County Council under:—

(i) The National Assistance Act, 1948;

(ii) The Lunacy and Mental Treatment Acts, 1890-1930, and Mental Deficiency Acts, 1913-1938, as amended by the National Health Service Act, 1946;

(iii) Section 28 of the National Health Service Act, 1946, relating to Care and After-Care.

5. Public Health Sub-Committee:

The functions of the County Council under:—

(i) The Housing Acts, 1936-1946, and the Housing (Rural Workers) Acts, 1926-1942, and any enactments amending the same with the exception of the power to resolve that the functions of a defaulting local authority shall be transferred to the County Council;

(ii) Section 25 of the Food and Drugs Act, 1938, the Food and Drugs (Milk and Dairies) Act, 1944, and the Milk (Special Designations) Act, 1949, and any Orders made thereunder and any enactments or Orders amending the same.

6. Nurses Acts Sub-Committee:

The functions of the County Council under the Nurses Acts, 1943-1945.

NATURAL AND SOCIAL CONDITIONS AND STATISTICS OF THE AREA

Natural and Social Conditions

Dorset is a rural, well-wooded county of just under 1,000 square miles. The climate is mild and healthy with a high number of hours of sunshine. In the following table are given the average monthly rainfall figures for 1953 of 39 stations in the county, together with the average hours of sunshine per month of 2 coastal stations:—

<i>Month</i>	<i>Average rainfall of 39 stations</i>	<i>Average hours of sunshine of 2 coastal stations</i>	<i>Month.</i>	<i>Average rainfall of 39 stations</i>	<i>Average hours of sunshine of 2 coastal stations</i>
January ..	1.00 inches	59.15	July ..	3.34 inches	225.55
February ..	1.99 ..	86.85	August ..	2.09 ..	275.40
March ..	.66 ..	161.70	September ..	3.38 ..	176.45
April ..	2.82 ..	205.75	October ..	3.80 ..	124.9
May ..	2.93 ..	232.55	November ..	2.06 ..	53.80
June ..	2.62 ..	211.05	December ..	.92 ..	43.85

The rainfall figures showed a substantial decrease compared with those for the preceding year, the average for 1953 of 39 stations in the county being 27.61 ins. whilst the figures from 39 stations in 1952 revealed an average of 33.80 ins.

The sunshine figures recorded at the coastal resort of Weymouth during 1953 give a total of 1,916 hours as compared with 1,885 for the previous year.

I am indebted to the Urban District Meteorological Officer for the Swanage figures, the Borough Meteorologist for those relating to Weymouth, and to the Secretary to the Dorset Natural History and Archaeological Society for the remainder.

Dorset enjoys a considerable coastline to the English Channel and it is natural that the sandy beaches of Poole, Swanage, Weymouth, West Bay and Lyme Regis attract large numbers of holidaymakers during the season.

General Statistical Summary of the County

Statistics relating to population, births and deaths are provided by the Registrar-General and include members of the armed forces who were stationed in the area.

Area comparability factors for births and deaths, allowing for the differing age and sex distribution of the population in different areas, are given and may be used for comparing birth rates and death rates with those in other areas.

The numbers of births, stillbirths and deaths allocated to the area are those registered during the year 1953 as adjusted for inward and outward transfers.

The following is a summary of the vital statistics for the administrative county:—

Area in acres	..	..	..	..	..	..	..	..	622,843
Population	..	..	..	..	..	Urban	185,800		
						Rural	113,560		
									299,360
Rateable value as at 1st April, 1953	..	..	..	..	..	..	..	..	£2,055,181
Estimated product of penny rate	..	..	..	..	..	..	..	..	£8,121
Births:									
Live births:						<i>Male.</i>	<i>Female.</i>		<i>Total.</i>
Legitimate	..	..	..	..	..	2,087	2,052		4,139
Illegitimate	..	..	..	..	..	119	96		215
Total live births	..	..	..	..	..	2,206	2,148		4,354
Birth rate per thousand population	..	..	..	..	..	..	..	..	14.5
Legitimate birth rate per thousand population	..	..	..	..	..	..	..	..	13.8
Illegitimate birth rate per thousand population	..	..	..	..	..	..	..	..	.72
Illegitimate birth rate per thousand live births	..	..	..	..	..	..	..	..	.49
Stillbirths:									
Legitimate—94									104
Illegitimate—10									35
Total	..	..	..	..	..	..	..	..	139
Stillbirth rate per thousand population	..	..	..	..	..	..	..	..	23.3
Stillbirth rate per thousand total live and stillbirths	..	..	..	..	..	..	..	..	44.4
Illegitimate stillbirth rate per thousand total illegitimate (live and still) births	..	..	..	..	..	..	..	..
Deaths:									
Total deaths	..	..	..	..	..	..	..	..	3,615
Death rate	..	..	..	..	..	..	..	..	12.07
<i>Rate per 1,000 total (live and still) births</i>									
Deaths from puerperal causes:									
Puerperal sepsis	..	..	..	..	..	5			1.12
Other puerperal causes	..	..	..	..	..	5			1.12
Total	..	..	..	..	..	5			1.12
Deaths of infants under one year of age:									
Legitimate—97									104
Illegitimate—7									
Total	..	..	..	..	..	..	..	..	104
Death rate of infants under one year of age:									
All infants per 1,000 live births	..	..	..	..	..	..	..	..	23.88
Legitimate infants per thousand legitimate live births	..	..	..	..	..	..	..	..	23.4
Illegitimate infants per thousand illegitimate live births	..	..	..	..	..	..	..	..	32.5
Deaths from diphtheria									
.. .. measles	..	..	..	..	..	..	..	..	1
.. .. whooping cough	..	..	..	..	..	..	..	..	1
.. .. pulmonary tuberculosis	..	..	..	..	..	..	..	..	39
.. .. non-pulmonary tuberculosis	..	..	..	..	..	..	..	..	6
.. .. cancer (all forms)	..	..	..	..	..	..	..	..	643

The chief causes of death, with the corresponding percentages of total deaths (3,615) are given in the table below:—

(a) Heart disease	..	..	34.5	(g) Influenza	..	..	1.5
(b) Cancer (all forms)	..	..	17.8	(h) Accidents other than motor-	..	..	1.5
(c) Cerebral haemorrhage	..	..	14.2	vehicle	..	..	1.0
(d) Other circulatory diseases	..	..	4.5	(i) Pulmonary tuberculosis	..	..	1.0
(e) Bronchitis	..	..	3.6	(j) Nephritis	..	..	1.0
(f) Pneumonia	..	..	3.4	(k) Motor vehicle accidents	..	..	.8

Comments on Vital Statistics (Tables 1—5)

Birth Rate. The birth rate for 1953 was 14.5 compared with 15.5 for England and Wales. Both rates show a slight increase on the previous year.

Infant mortality. The rate for Dorset was 23.88 approximating to the figure of 23.57 for 1952. This is well below the corresponding national figure of 26.8.

Death Rate. A death rate of 12.0 exceeds that of 11.4 for England and Wales, and also the county rate of 11.58 in 1952. It is worthy of note that 83 deaths were attributed to cancer of the lung or bronchus, over half being in the 45—65 age group. Of these, 87 per cent were males. Accidents of all kinds accounted for 85 deaths, of which 30 were due to motor vehicle accidents. Ninety per cent of the latter were males.

Maternal mortality. Five deaths were attributed to maternal causes, an increase of one over the figure for the previous year. None of the deaths was due to puerperal sepsis.

Infectious Disease. Deaths from infectious disease numbered five in 1953 compared with one in 1952. There was a marked increase in the number of cases of measles notified and a smaller increase in whooping cough and scarlet fever. There was also a sharp rise in the incidence of poliomyelitis, 150 cases being notified compared with 24 in 1952. Further details are given under the section on infectious diseases.

Morbidity Figures

Information is received weekly from local offices of the Ministry of National Insurance on the number of new claims for sickness benefit in the county. These figures give valuable information regarding the general incidence of illness in the working population, and the effects of seasonal illness or epidemics. During 1953 the total number of new claims for sickness benefit exceeded the figure for 1952, the increase being mainly confined to the first three months of the year when many cases of influenza occurred. The figures were, however, below those recorded during 1951 when a more wide-spread influenza epidemic was experienced.

Details of the monthly morbidity figures for the three years are given in the following table:—

Month	1951		1952		1953	
	Total number of new claims.	Number per 1,000 population	Total number of new claims	Number per 1,000 population	Total number of new claims	Number per 1,000 population
January ..	6,591	22.25	2,551	8.60	3,478	11.61
February ..	4,332	14.62	2,608	8.79	4,483	14.98
March ..	2,249	7.59	2,241	7.55	3,300	11.02
April ..	2,004	6.76	2,385	8.04	2,125	7.09
May ..	2,137	7.21	1,724	5.81	1,785	5.96
June ..	1,557	5.25	1,447	4.88	1,966	6.56
July ..	1,881	6.35	1,837	6.19	1,566	5.23
August ..	1,521	5.13	1,370	4.62	1,354	4.52
September ..	1,626	5.49	2,041	6.88	2,026	6.76
October ..	2,490	8.40	1,961	6.61	2,080	6.94
November ..	1,873	6.32	1,767	5.96	1,969	6.57
December ..	2,105	7.11	2,470	8.33	1,983	6.62
Total ..	30,366	102.48	24,402	82.26	28,115	93.86

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE (Table 5)

The incidence of the more common infectious diseases such as measles, whooping cough and scarlet fever, showed increases during 1953, particularly marked in the case of the first named. The number of poliomyelitis cases was the highest ever recorded in the county.

In the table below are given notifications, deaths and incidence and death rates per thousand home population of the more important infectious diseases in Dorset during each of the past ten years:—

Disease	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
<i>Diphtheria:</i>										
No. of cases notified ..	43	17	20	11	4	3	1	—	1	—
Incidence rate ..	0.18	0.07	0.08	0.04	0.01	0.01	0.003	—	0.003	—
No. of deaths ..	4	3	3	—	—	—	—	—	—	—
Death rate ..	0.02	0.01	0.01	—	—	—	—	—	—	—
<i>Typhoid and Paratyphoid Fever:</i>										
No. of cases notified ..	3	3	1	—	7	2	1	4	3	2
Incidence rate ..	0.01	0.01	0.004	—	0.03	0.007	0.003	0.01	0.01	0.007
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
Death rate ..	—	—	—	—	—	—	—	—	—	—
<i>Measles:</i>										
No. of cases notified ..	1,709	3,056	899	3,232	1,571	3,761	1,545	4,709	950	4,900
Incidence rate ..	7.11	12.58	3.48	13.12	5.76	13.67	5.31	15.89	3.20	16.37
No. of deaths ..	2	1	—	1	—	2	—	2	—	1
Death rate ..	0.008	0.004	—	0.004	—	0.007	—	0.006	—	0.003
<i>Scarlet Fever:</i>										
No. of cases notified ..	297	248	201	147	226	211	194	172	125	188
Incidence rate ..	1.23	1.02	0.78	0.60	0.73	0.77	0.67	0.58	0.42	0.63
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
Death rate ..	—	—	—	—	—	—	—	—	—	—
<i>Smallpox:</i>										
No. of cases notified ..	1	—	—	—	—	—	—	—	—	—
Incidence rate ..	0.004	—	—	—	—	—	—	—	—	—
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
Death rate ..	—	—	—	—	—	—	—	—	—	—
<i>Whooping Cough:</i>										
No. of cases notified ..	818	520	923	825	1,339	819	1,386	1,492	866	1,125
Incidence rate ..	3.40	2.14	3.58	3.35	5.13	2.97	4.77	5.04	2.92	3.76
No. of deaths ..	4	1	5	1	3	4	—	3	—	1
Death rate ..	0.02	0.004	0.02	0.004	0.01	0.01	—	0.01	—	0.003

Smallpox

As has been the finding in each of the past nine years no cases of smallpox were reported in the county during 1953. This is an entirely satisfactory state of affairs, but the trend of decreasing primary vaccinations which has been apparent since 1951 was again experienced and gives cause for concern.

Diphtheria

No cases of diphtheria occurred during the year.

The total number of children under fifteen years of age who have been immunised against diphtheria shows an increase on the 1952 figure, but the number of children under five years who have received this protection is less. Details of the propaganda campaign carried out in conjunction with the Central Council for Health Education, to increase the number of children immunised and to maintain their immunity by booster doses at suitable intervals, will be found in another section of this report.

Whooping Cough

The number of notifications of whooping cough received shows an increase on the figure recorded last year, and one death was caused by the disease.

No official scheme of immunisation against whooping cough has yet been introduced in the county, but a number of children are being immunised by the family doctor. It is anticipated that the investigations of the Medical Research Council into the efficacy of the various antigens available will be completed in the near future, and when the final results are published consideration will be given to an official county scheme.

Scarlet Fever

Scarlet fever also showed a slight increase in the number of notifications compared with 1952, but according to information available the nature of the illness was, generally speaking, mild. No deaths resulted from this disease.

Measles

In contrast to 1952 the number of notifications of measles showed an increase of approximately 4,000, the majority of the cases occurring in the March quarter. One death was attributed to this infection.

Poliomyelitis (including Polioencephalitis)

One hundred and fifty cases of poliomyelitis were notified in the county during the year under review. This figure exceeds the greatest total previously recorded in 1950 by 39 cases. Fortunately only two deaths occurred.

The death rate was 7.0 per million population compared with 7.3 for England and Wales, but the case fatality rate of 1.33 per cent in the county was considerably below the national figure of 7.

Details of the mortality figures for the years 1950 to 1953 in Dorset and England and Wales respectively are given in the following table:—

	1950		1951		1952		1953	
	<i>Dorset</i>	<i>England and Wales</i>	<i>Dorset</i>	<i>England and Wales</i>	<i>Dorset</i>	<i>England and Wales</i>	<i>Dorset</i>	<i>England and Wales</i>
Total deaths	18	755	1	215	1	295	2	320
Death rate per million population	62	17	3	5	3	7	7	7.3
Case fatality rate (percentage)	16	10	3	8	4	8	1.33	7

Seasonal Incidence

In accordance with the findings during previous post-war years, most of the cases occurred in the September quarter, 64 per cent being notified during this period. The rise became apparent in the middle of August when the weekly notifications rose from two or three to twelve, and remained around this level until the end of September when it fell back to the original level. The second rise occurred in November, but by the end of the year practically no cases were being notified.

The table below gives the distribution of cases in the four quarters of each of the years 1950-1953:—

Quarter	1950		1951		1952		1953	
	Cases	Percentage of total	Cases	Percentage of total	Cases	Percentage of total	Cases	Percentage of total
March	3	3	3	9	—	—	6	4
June	1	1	2	6	4	16	6	4
September	70	63	21	64	10	42	97	64.7
December	37	33	7	21	10	42	41	27.3
Totals	111	100	33	100	24	100	150	100

Eight-five, or 56.7 per cent, of the cases occurred in urban areas, Poole Borough having 49 and Weymouth Borough 16 cases. The Wimborne and Cranborne Rural District was the most heavily affected of the rural areas with 25 cases, Wareham and Purbeck Rural District coming next with 12 cases, while 11 notifications were received from Blandford Rural District.

The majority of the cases in Wimborne and Cranborne were concentrated in the vicinity of Gussage All Saints, Gussage St. Michael, Horton and Witchampton. Most of the cases in this local epidemic occurred during the last two months of the year, and the intervals between cases were within the normal incubation period of the disease. Consultations took place between medical officers of the Ministry of Health and of the districts concerned, and the local general practitioners. By the end of the year weekly notifications of cases in this area had ceased completely.

The following table gives details of the distribution of the cases in the local authority areas by quarters:—

District	Quarter of 1953							
	March		June		September		December	
	Paralytic	Non-Paralytic	Paralytic	Non-Paralytic	Paralytic	Non-Paralytic	Paralytic	Non-Paralytic
Blandford Borough	—	—	—	1	—	4	1	1
Bridport Borough	—	—	—	—	3	—	—	—
Dorchester Borough	—	—	—	—	1	1	—	1
Lyme Regis Borough	—	—	—	—	1	—	—	—
Poole Borough	3	1	—	—	7	15	8	5
Portland Urban	—	—	—	—	2	—	—	4
Shaftesbury Borough	—	—	—	—	—	—	—	—
Sherborne Urban	—	—	—	—	—	—	—	—
Swanage Urban	—	—	1	—	—	—	—	—
Wareham Borough	1	—	—	—	—	1	1	—
Weymouth Borough	—	—	—	—	6	10*	—	1
Wimborne Urban	—	—	—	—	3	2	—	—
Beaminster Rural	—	—	—	—	—	—	—	—
Blandford Rural	1	—	2	—	—	7	1	—
Bridport Rural	—	—	—	—	3	2	1	—
Dorchester Rural	—	—	—	—	2	3	—	—
Shaftesbury Rural	—	—	—	—	—	—	—	—
Sherborne Rural	—	—	—	—	1	—	—	—
Sturminster Rural	—	—	—	—	4	1	—	—
Wareham Rural	—	—	2	—	7	1	2	—
Wimborne Rural	—	—	—	—	3	7	8	7
Totals	5	1	5	1	43	54	22	19

* Including one case aboard ship.

A summary of the notifications received in the various districts for the period 1947—1953 is given below:—

District	1953 Population	Number of Cases								Rate per 100,000 of 1953 Population
		1947	1948	1949	1950	1951	1952	1953	Total	
Blandford Borough ..	3,657	4	1	—	1	3	—	7	16	437
Bridport Borough ..	6,397	1	—	—	6	—	—	3	10	156
Dorchester Borough ..	11,610	—	1	1	3	3	—	3	11	95
Lyme Regis Borough ..	2,995	1	—	—	—	—	1	1	3	100
Poole Borough	83,520	14	3	31	13	8	6	39	114	136
Portland Urban	15,840	2	—	—	16	4	—	6	28	177
Shaftesbury Borough ..	3,445	2	—	—	4	—	1	—	7	203
Sherborne Urban	7,193	3	—	1	8	—	—	—	12	167
Swanage Urban	6,874	3	1	2	2	—	—	1	9	131
Wareham Borough	2,754	—	—	—	—	1	—	3	4	145
Weymouth Borough ..	37,040	6	6	5	12	4	6	*17	56	151
Wimborne Urban	4,475	3	1	1	—	1	—	5	11	246
Beaminster Rural	8,091	—	—	10	6	4	3	—	23	284
Blandford Rural	13,510	4	2	2	5	1	2	11	27	200
Bridport Rural	7,669	1	—	1	7	—	2	6	17	222
Dorchester Rural	17,490	—	1	2	5	1	—	5	14	80
Shaftesbury Rural	10,240	2	—	2	7	1	—	—	12	117
Sherborne Rural	5,850	—	—	—	2	—	—	1	3	51
Sturminster Rural	9,710	1	—	3	4	—	1	5	14	144
Wareham Rural	19,310	11	—	—	8	2	2	12	35	181
Wimborne Rural	21,690	7	3	7	2	—	—	25	44	203
Totals	299,360	65	19	68	111	33	24	150	470	

* Including one case aboard ship.

For comparison, in the last column of the table the total number of cases in local authority areas over the seven-year period is expressed as a rate per 100,000 of the 1953 population of each local authority.

Incidence in urban and rural districts

Compared with the country as a whole the incidence of both the paralytic and non-paralytic forms of the disease was much higher in Dorset. The county notification rate of paralytic cases per 100,000 population was the same as that for non-paralytic cases, whereas in England and Wales it was nearly twice as large. The proportion of paralytic cases was higher in the rural part of the county than in urban districts. Details of these rates for urban and rural districts in Dorset, together with the national figures for comparison, are as follows:—

Notification rate per 100,000 population in	Paralytic Cases	Non-Paralytic Cases	All cases
Urban Districts ..	20.4	25.3	45.7
Rural Districts ..	32.6	24.6	57.2
Whole County ..	25.05	25.05	50.1
England and Wales ..	6.7	3.6	10.3

Sex distribution

Of the cases notified in the county during the year under review, 82, or 55 per cent, were males and 68, or 45 per cent, were females. This approximates very closely to the national figures of 56 per cent and 44 per cent, and the Dorset figures for 1952 of 54 per cent and 46 per cent respectively.

Age distribution

A higher proportion of persons in the older age groups was affected than during the previous year, 32 per cent of all cases being aged twenty-five years or over. Apart from this the age distribution, broadly speaking, followed the pattern of 1952. In England and Wales the 5—10 age group again showed the highest proportion of cases during 1953, representing 27 per cent of the total.

Details of the age distribution in Dorset and England and Wales for the year are set out in the following table:—

Age group	Dorset				England and Wales	
	Notifications		Total	Percentage of total cases	Notifications	Percentage of total cases
	Male	Female				
0—	—	3	3	2	127	3
1—	3	7	10	7	494	11
3—	13	4	17	11	585	13
5—	21	9	30	20	1,221	27
10—	13	6	19	13	513	11
15—	10	12	22	15	647	14
25—	22	27	49	32	955	21
Totals	82	68	150	100	4,542	100

Paralytic and Non-Paralytic Cases

Paralytic complications occurred in 50 per cent of the total number of cases in the county, compared with 58 per cent in 1952. The decrease during 1953 was confined to male cases, 49 per cent of whom were classified as paralytic compared with 69 per cent in the previous year. Of the female cases, 51 per cent showed paralysis.

In England and Wales 64 per cent of the cases were paralytic; in 1952 this figure was 70 per cent.

The age distribution of paralytic cases in Dorset and England and Wales in 1953 is compared in the table below. The paralytic cases are expressed as a percentage of the cases in each age group and as a percentage of all cases in all age groups:—

Age group	Number of cases		Number of paralytic cases		Percentage of paralytic cases in age group		Percentage of paralytic cases in all cases	
	Dorset	England and Wales	Dorset	England and Wales	Dorset	England and Wales	Dorset	England and Wales
0—	3	127	3	113	100	89	2.0	2
1—	10	494	7	406	70	82	4.33	9
3—	17	585	9	386	53	66	6.0	8
5—	30	1,221	9	733	30	60	6.0	16
10—	19	513	5	265	26	52	3.33	6
15—	22	647	13	386	59	60	8.66	8
25—	49	955	29	681	59	71	19.33	15

Follow-up of Cases

A follow-up investigation of 132 cases was undertaken at the end of the year. It is interesting to note that the percentage of paralytic cases in this survey (50 per cent) was exactly the same as that in the total number of notifications for the year. The site of paralysis has been classified in the following table:—

Site of Paralysis	Number of Patients
Lower limb(s)	33
Lower limb(s) and trunk	9
Upper limb(s)	7
Upper limb(s) and trunk	4
Upper and lower limbs	7
Upper and lower limbs and trunk	3
Others (Eye; Diaphragm; Abdominal Muscles)	3
Total	66

At the time of the survey 37 cases, or 28 per cent, of the total still had residual paralysis. All the non-paralytic cases and those with no residual paralysis had returned to work or school, or were under school age, with the exception of one case where no information was obtained. All the pre-school children were reported to be in good health.

Of the 37 cases with residual paralysis, 12 were working or were back at school; 12 had not started work or school; 9 were pre-school children; one had weakness of the affected limb and was doing light work; one was wearing a support due to weakness of the back muscles and was unable to do manual work; one had paralysis of the lower limbs and was in a wheel chair, but was able to assist with house work; and one who still had severe paralysis had left the district to live with her parents. Nine of the patients in this group were still undergoing active treatment as in-patients in orthopaedic hospitals.

The time spent in hospital by the cases is tabulated herewith:—

Time in Hospital	Number of Patients
Under one month	85
Under two months	18
Under three months	8
Over three months	12
Nursed at home	9
Total	132

Tuberculosis

The number of notifications of tuberculosis received was again lower than the previous year, 209 being recorded compared with 217 in 1952. The 45 deaths reported were 17 less than the figure for 1952. This gives a death rate of 0.15 per thousand population for the year, compared with 0.20 for England and Wales.

Pulmonary

The decrease in the number of notifications was confined to this form of the disease, 163 being recorded compared with 177 in 1952. Fifty-six per cent of the cases were males, and the 20—34 age groups were most heavily affected representing 37 per cent of the total.

There were 39 deaths from pulmonary tuberculosis, 79.5 per cent occurring in urban districts and 69 per cent being males. The death rate was 0.10. During 1952 there were 57 deaths and the death rate was 0.19. The number of deaths and death rates for the past ten years are as follows:—

Year	Number of deaths	Death rate per 1,000 population
1944	80	0.33
1945	91	0.37
1946	85	0.32
1947	91	0.34
1948	89	0.32
1949	65	0.24
1950	72	0.24
1951	47	0.16
1952	57	0.19
1953	39	0.10

Non-Pulmonary

Forty-six cases of non-pulmonary tuberculosis were notified, six more than in the previous year. The sexes were almost equally affected and the cases were widely scattered throughout the age groups. There were six deaths compared with five during 1952. The number of deaths and non-pulmonary death rate per thousand population over the past ten years given in the following table illustrates recent mortality trends in the disease:—

Year	Number of deaths	Death rate per 1,000 population
1944	19	0.07
1945	19	0.07
1946	25	0.09
1947	23	0.08
1948	14	0.05
1949	15	0.05
1950	8	0.02
1951	10	0.03
1952	5	0.01
1953	6	0.02

The number of pulmonary notifications and deaths show a distinct improvement on last year's figures, and it is to be hoped that this downward trend will be accelerated when the B.C.G. vaccination scheme is extended in 1954 to include suitable school leavers. It is unfortunate that the numbers of deaths and notifications of the non-pulmonary form of the disease have increased, but the figures have now reached such a low level that minor set-backs of this nature may be expected to occur from time to time although the general trend is still progressively downwards.

CARE OF MOTHERS AND YOUNG CHILDREN (*Section 22*)

Ante-Natal and Post-Natal Care (*Tables 6 and 7*)

Administrative Arrangements

The Maternity, Child Welfare and Nursing Sub-Committee is responsible for the care of mothers and young children in the county area, while the day-to-day administration in the Poole and South Dorset areas is delegated to the respective area health sub-committees.

The clinics in the county are staffed by assistant county medical officers, except in two instances where general practitioners attend on a sessional basis. Health visitors are responsible for running the clinics in their own areas under the direction of the assistant medical officer in charge. Midwives attend the clinics with their patients, and general practitioners are welcome to visit for consultation.

No specialist ante-natal or post-natal clinics are provided by the County Council. Liaison with the regional hospital board has been firmly consolidated with a view to the supply of such specialist services as the County Council may require, and co-operation with the consultant obstetricians and gynaecologists has been well maintained during the year under review; their services have proved highly valuable to patients referred to them, in conjunction with the family doctor, from ante-natal clinics.

Few general practitioners in the county are known to hold organised ante-natal clinics, and none has sought the assistance of the county health department for this purpose.

The County Council's scheme for the care of mothers and young children has, since the introduction of the national health service, been administered in close liaison with the Dorset County Nursing Association and the Salisbury Diocesan Association for Moral Welfare.

Clinical Work

This consists of routine examination of expectant mothers at regular intervals and special examinations as the necessity arises, with the object of detecting obstetric abnormalities or signs of general ill-health as early as possible and of arranging, usually by reference to the family doctor, for appropriate treatment before the onset of complications.

Ante-natal supervision includes home visiting by health visitors as well as regular examinations of the patient by the assistant medical officer in charge of the clinic. Where advisable appointments are made for x-ray examinations at local hospitals, and where a history is obtained suggestive of a tuberculous infection or of the presence of tuberculosis contacts in the household, the patient is referred to the chest physician for examination, after consultation with the family doctor.

Other provisions include arrangements for admission to hospital for confinement when advisable on social grounds, and for the conveyance to the clinic by the hospital car service of patients who, on medical grounds, are unable to travel by public transport; arrangements are also made when necessary for home help during the confinement. The patient is encouraged to take regularly the extra rations and food supplements provided for expectant mothers under the Government welfare foods scheme, and every effort is made to put her in touch with any other service available during the ante-natal period.

Patients developing illness or obstetric abnormality during pregnancy are referred to the family doctor for treatment or, after consultation with him, may be referred to the obstetrician in charge of a hospital maternity unit for advice or hospital care.

Specimens of blood are collected as a routine measure at local health authority clinics for the Wassermann and Kahn tests, and for determining the blood group of the mother. These tests together with the examination of any pathological specimens, haemoglobin estimations and pregnancy tests are carried out at the laboratory. General practitioners are invited to send their ante-natal patients to the clinics for collection of blood for testing at the laboratory, and many make use of this service.

Post-natal examinations are carried out at all ante-natal clinics, but the number of women who attend for this purpose continues to be low, due to the fact that those delivered in hospital and under the general practitioner-obstetrician scheme, receive post-natal care under the terms of these services. No ante-natal or post-natal clinics are held in the South Dorset area but post-natal cases are seen by appointment at infant welfare centres.

The Ministry of Health inquiry into virus infections during pregnancy, for which information has been compiled from records of ante-natal clinics covering the births in the whole country for a period of two years, terminated at the end of December, 1952. At the same time a request was made that all registered cases should be followed up until after the baby's second birthday, when the record card in each case will be completed and returned to the Ministry. The purpose of the inquiry is to compare the risks of congenital defects occurring in children:—

- (a) born of women who suffered from rubella, measles, mumps, chicken pox or poliomyelitis at some time during pregnancy; and
- (b) born of other women.

This is an extension on a nation-wide scale of a pilot survey, previously carried out in selected areas in the country, on the relationship between congenital defects and infection during pregnancy.

In Dorset, arrangements were made by which collection of information and completion of record cards, required by the Ministry, would be carried out at local health authority ante-natal clinics, and with the co-operation of the consultant obstetricians in charge of the clinics for which the regional hospital board is responsible.

If, as a result of the inquiry, the risk of congenital defects in children born of women who have suffered from one of the above-mentioned virus infections during pregnancy is proved to be significantly higher than in children born of other women, it will be the responsibility of the health service to adopt measures for the prevention of these infections in women of child-bearing age.

Inquiry into Virus Infections during Pregnancy

Cases registered in the county	44
Records completed	10
Removed from register for various reasons	4
Women who refused examination of their babies	4
Children who died during the period of the inquiry	1
Cases still on register to be completed	25

Ante-Natal and Post-Natal Care at Local Health Authority's Clinics, 1953

Area	Combined Ante-Natal and Post-Natal Clinics	Separate Post-Natal Clinics	1st Attendances		Total Attendances	
			Ante-Natal	Post-Natal	Ante-Natal	Post-Natal
County ..	6	—	261	48	984	91
Poole ..	2	—	44	32	117	34
South Dorset ..	—	—	—	124*	—	124*
Totals ..	8	—	305	204	1,101	249
Grand Totals ..			509		1,350	

* By appointment

Summary of Ante-Natal and Post-Natal Care at Local Health Authority's Clinics, 1949-1953

	1949	1950	1951	1952	1953
Combined Ante-Natal and Post-Natal Clinics ..	11	11	11	10	10
Separate Post-Natal Clinics	4	3	1	1	—
First Attendances { Ante-Natal ..	1,080	536	399	291	305
{ Post-Natal ..	217	271	171	146	204
{ Total ..	1,297	807	570	437	509
Total Attendances { Ante-Natal ..	3,548	1,909	1,399	1,095	1,094
{ Post-Natal ..	359	391	260	204	250
{ Total ..	3,907	2,300	1,659	1,299	1,344

Dental Care

There has been a small increase in the amount of dental treatment carried out for expectant and nursing mothers during the year. This has been made possible by the appointment of additional dental officers within the establishment, and the consequent re-opening of some part-time clinics. These clinics are being re-decorated and fitted with permanent dental equipment, but they are only temporary premises and it will be possible to extend the service still further when permanent clinics are constructed.

It is not possible at present to provide a complete service in all parts of the county owing to the difficulty in obtaining the full establishment of dental officers.

Where the services are available, full treatment is offered to expectant and nursing mothers, including x-ray examination and the supply of dentures when necessary.

Statistics

Dental Care of Expectant and Nursing Mothers, 1949-1953

	1949	1950	1951	1952	1953
Number examined	277	191	179	167	197
Number needing treatment	233	184	174	157	181
Number treated	251	135	150	128	150
Number made dentally fit	277	131	106	120	141
<i>Particulars of Dental Treatment provided:</i>					
Extractions	634	278	333	291	206
Anaesthetics { Local	227	110	88	99	104
{ General	68	29	189	37	26
Fillings	257	312	217	254	268
Scalings/Gum Treatment	100	129	64	62	69
Silver Nitrate	1	2	4	3	5
Dressings	56	54	65	34	72
Dentures provided { Complete	60	24	17	20	13
{ Partial	52	43	30	31	35

Relaxation Classes

At Dorchester relaxation classes are held where consultant obstetricians and general practitioners may refer expectant mothers and also mothers requiring post-natal exercises after confinement.

In January, 1953, the service was extended to provide a relaxation class twice monthly at Blandford, and arrangements were made towards the end of the year for a similar class to commence at Wimborne in January, 1954.

Educational Work

One of the main functions of a local health authority ante-natal clinic is the provision of a sound and progressive educational service, in order to prepare the expectant mother adequately to deal with her individual problems in connection with her pregnancy; to fit her for the care of her new-born child; and to enable her to establish good home conditions and a satisfying family life.

With this end in view, mothercraft training is carried out at all ante-natal clinics in the county by the medical officer in charge and the appropriate health visitor. At the larger clinics individual advice at all sessions is supplemented by regular talks and demonstrations by health visitors. A free discussion follows each talk, and is found to be particularly helpful in bringing to light the hidden fears and anxieties to which the young and inexperienced expectant mother is especially prone.

In addition, health visitors attend the ante-natal clinics of the Regional Hospital Board at Weymouth, Dorchester and Bridport. At Weymouth they attend all hospital sessions, but at Dorchester and Bridport, owing to lack of suitable hospital accommodation, advice on mothercraft and general health education is given at local health authority clinics which the hospital patients attend for this purpose.

For the expectant mother taking advantage of the general practitioner-obstetrician scheme no satisfactory means of securing health education and mothercraft training has yet been evolved. At present, only those patients whom the general practitioner elects to send to an ante-natal clinic for instruction have an opportunity of making use of the facilities provided, and patients not informed of this service are often deprived of help and advice specially designed for their needs.

Methods in the presentation of health education and mothercraft are constantly under review by all staff concerned and additional educational equipment, supplied to the clinics during the year, has proved valuable in stimulating the interest of the expectant mother in the wider aspects of health education and its bearing on her own life and work.

In this connection, a course on methods of instruction in health education was held at Dorchester in the autumn under the auspices of the Central Council for Health Education, and further details will be found in the section on health education.

The number of expectant mothers in the county taking advantage of mothercraft training has steadily increased during the year under review; attendances at the courses of talks and demonstrations held at the ante-natal clinics have been regular, and those taking advantage of the scheme have expressed their appreciation of the facilities provided. The response to instruction in health education during 1953 has certainly been more encouraging than in earlier years, and there now appears to be a growing recognition by the public of the value of this subject.

The work has been much hampered at all clinics due to unsuitable premises and lack of adequate accommodation. For instance, at Blandford, where a church hall is used for ante-natal sessions, relaxation classes; talks and demonstrations; the booking of cases; and all other work with the exception of medical examinations, take place at the same time in the one available hall.

Ante-Natal and Post-Natal Care by General Practitioners

The county scheme for ante-natal and post-natal care of all domiciliary midwifery cases by general practitioners in districts not conveniently served by an ante-natal clinic is still in operation, but due to changes brought about by the National Health Service Act, the facilities are now mainly used in those instances where a woman who elects to book a midwife to take charge of her confinement is unable to attend a clinic for examination.

Statistics

Ante-Natal and Post-Natal Examinations by General Practitioners of Patients who have booked a Midwife but are unable to attend County Council Clinics

	1949	1950	1951	1952	1953
<i>Ante-Natal Examinations:</i>					
Number of women examined ..	42	36	42	25	23
Number of examinations made ..	46	44	51	32	29
<i>Post-Natal Examinations:</i>					
Number of women examined ..	1	1	5	—	—
Number of examinations made ..	1	1	5	—	—

Care of Unmarried Mothers

Facilities provided for unmarried mothers include care at ante-natal clinics, arrangements for maternity beds at hospital or maternity home, visiting by health visitors and co-operation with moral welfare workers.

The County Council is not directly responsible for any mother and baby homes in the county, but financial responsibility is accepted for the maintenance of cases admitted to St. Monica's Home, Parkstone, which is run under the auspices of the Salisbury Diocesan Association for Moral Welfare and provides maternity accommodation for unmarried mothers. Arrangements have also been made for admissions to other approved homes, including St. Gabriel's Home, Weymouth; Hope House, Salisbury; and the Free Church Home, Bournemouth.

No staff is employed by the County Council to deal with the problem of the unmarried mother and her children, but welfare workers, employed by the Salisbury Diocesan Association for Moral Welfare, carry out their duties in close co-operation with the county health department. For these services an annual grant is made to the Association, who provide a valuable and efficient service.

Particulars of Admissions to Mother and Baby Homes

Name of Home	Number of Cases Admitted				
	1949	1950	1951	1952	1953
St. Monica's Home, Parkstone	18	19	24	24	19
St. Gabriel's Home, Weymouth	22	32	31	40	27
Hope House, Salisbury	4	2	2	4	8
Free Church Council Maternity Home, Bournemouth	4	1	—	2	—
St. Aubyn's Home, Dorking, Surrey	1	—	—	—	—
St. Thomas Lodge, Bournemouth	—	1	3	1	1
St. Joseph's, Grayshot, Surrey	—	1	—	—	—
The Fellowship of St. Michael and All Angels, London, S.W.1.	—	1	—	—	1
The Girls' Hostel, Devizes	—	—	2	—	1
St. Bartholomew's Home, Winchester	—	—	1	1	—
Mount Hope, Bristol	—	—	1	—	—
St. Raphael's Home, Bristol	—	—	1	1	1
Hillview Hostel, Bath	—	—	—	1	1
Totals	49	57	65	74	59

Maternity Outfits

The contents of the maternity outfits issued by the County Council conform to the minimum requirements laid down by the Ministry of Health. The outfits are available free of charge for all domiciliary confinements, being supplied to midwives in bulk instead of as formerly on application for each booked case. This new method of distribution reduces the cost of postage and packing and has the added advantage that outfits are available to the midwife for use in emergency cases.

In 1949, the first full year of the national health service, the number of outfits issued was 874, rising to 1,611 in 1950. During 1953 the number of outfits supplied was 1,716.

Welfare Centres (Tables 8 and 9)*Administrative Arrangements*

In general the administrative arrangements are similar to those for ante-natal and post-natal care, and the service is administered with the assistance of voluntary committees and in close liaison with the same voluntary bodies. Co-operation has also been established with the regional hospital board with a view to the supply of such specialist services as the County Council may require, and the remarks under the section dealing with ante-natal and post-natal care apply equally to the welfare service, where the help of all specialists consulted has been of considerable value.

The services of a consultant child psychiatrist, employed part-time by the County Council, are available for children attending child welfare centres who are considered to be in need of child guidance. Child guidance clinics are held regularly at convenient centres in the county, and close co-operation has been established between the consultant psychiatrist and his team on the one hand, and the medical officers and health visitors responsible for child welfare on the other.

No arrangements have, as yet, been made by the County Council for the provision of consultant paediatric clinics in connection with child welfare centres, but children considered to require specialist advice are referred to the family doctor, who in turn refers them to a consultant paediatrician employed by the regional hospital board. Orthopaedic and other cases requiring consultant advice are also referred to the family doctor.

During the past four and a half years in the Poole area, special sessions have been held at welfare centres in connection with research, undertaken by the Medical Research Council, into whooping cough immunisation, and these are likely to continue until July, 1954.

Arrangements made in co-operation with the Ministry of Food for the distribution of welfare foods available under the Government scheme, vary in different areas in the county. In the larger towns the food officer arranges for supplies to be available for distribution at welfare centres, while in some of the smaller towns where the offices are conveniently situated, foods are obtained by the mothers direct, but in rural areas a responsible resident in each of the larger villages undertakes the distribution of supplies. Other dried milks and nutrients are available for sale at welfare centres at special prices plus ten per cent for handling expenses. Medicaments, of which only a very small number are authorised, are supplied free of cost when ordered by the assistant medical officer in charge of a welfare centre.

At Dorchester, the special monthly session for toddlers commenced at the welfare centre in July, 1952, has been well attended, and has given mothers the opportunity fully to discuss with the medical officer in charge many of their problems connected with the mental and physical development of the pre-school child.

As noted in my annual report for 1952, the National Health Service has had little effect on the work of the centres, which remain a popular feature of the facilities provided by the County Council. Forty centres were available during 1953, compared with thirty-seven in 1948, which include ten controlled by voluntary committees and one supervised by a general practitioner on his own premises.

Attendances continue to be satisfactory and the service is used by mothers from all sections of the community. The position regarding accommodation for welfare centres has in no way improved during the year, as no new premises have been completed. Only two centres in the county are held in premises specially built and equipped for this purpose, the remainder being conducted in church halls and adapted private houses. The lay-out of these latter premises prevents, in most instances, the orderly arrangements so necessary for the running of a good centre, and until suitably constructed and equipped accommodation is provided the best use cannot be made of the services available under the County Council's scheme. The first clinic to be provided under the County Council's development plan is now in course of erection at Hamworthy, and it is anticipated that provision will be made early in 1954 for the building of a clinic at Swanage.

Clinical Work

The clinical work of the centres is purely preventive in character and aims at the early detection of congenital and acquired defects and diseases, with the object of referring such cases to the family doctor before complications arise. Each welfare centre is attended regularly by an assistant medical officer, and every infant is medically examined at his first attendance and thereafter at periodic intervals. Infants and young children are closely observed for signs of nutritional deficiencies or other deviations from normal health, and laboratory investigations are carried out when considered advisable. Within the scope of the service nutritional requirements, including food supplements, are adjusted according to the needs of the individual child.

Diphtheria immunisation is carried out regularly at the welfare centres, but vaccination is not performed as a routine, the organisation of the majority of centres not enabling medical and nursing staff to give adequate follow-up supervision. The demand of the public for combined prophylactic treatment against diphtheria and pertussis is rapidly gaining ground, but as there is no county scheme as yet, mothers are referred to the family doctor when they desire this protection for their children. It is hoped that a suitable combined agent will, on the advice of the Ministry of Health, be available following the investigations carried out by the Medical Research Council as to the most suitable material.

Children born of parents known to be suffering from pulmonary tuberculosis, or coming from tuberculous households are, with the approval of the family doctor, referred to the chest physician for investigation and B.C.G. vaccination where necessary.

Statistics

Analysis of Attendances at Welfare Centres

Analysis		1953
Infants under 1 year of age attending first time	.. ..	2,541
Children 1—5 years of age attending	.. ..	2,509
Total attendances of infants under 1 year of age	.. ..	28,458
Total attendances of children 1—5 years of age	.. ..	16,733
Number of live births notified	.. ..	3,849
Percentage that attended while under 1 year of age	.. ..	66.0

Dental Care

There has been an increase in the number of children under five years of age treated during the year by the school dental officers at clinics and schools. Unfortunately, the service is not fully comprehensive in all parts of the county, as the establishment of dental officers is not yet complete.

The demand for treatment for these children is high as, in many cases, dental decay commences at the comparatively early age of two or three years. It is most important that they should receive early treatment as neglect may seriously affect the succeeding permanent teeth, which tend to erupt in irregular positions if the deciduous teeth have been lost prematurely.

Statistics

Dental Care of Children under Five Years of Age, 1949-1953

	1949	1950	1951	1952	1953
<i>Numbers provided with dental care:</i>					
Number examined	266	242	383	388	451
Number needing treatment	173	196	321	314	381
Number treated	232	194	319	281	365
Number made dentally fit	158	188	262	287	358
<i>Particulars of dental treatment provided:</i>					
Extractions	273	216	494	363	443
Anaesthetics	151	128	249	187	246
{ Local	21	10	18	8	9
{ General	130	118	231	179	237
Fillings	101	174	125	334	358
Scalings/Gum treatment	2	2	2	8	5
Silver Nitrate	6	11	11	20	72
Dressings	17	58	61	70	65

Educational Work

Educational work as a statutory obligation of the local health authority, is carried out by assistant medical officers and health visitors at all sessions. This includes detailed instruction on infant feeding and management, with special emphasis on the importance of breast feeding and general hygiene. Posters and suitable literature are provided, and special attention is drawn to the literature issued to demonstrate the prevention of accidents in the home.

Other aspects of health education undertaken at welfare centres and by health visitors visiting the homes include household management, family diets, wise spending of family earnings, measures to be adopted to prevent spread of infectious disease including measures against animal vectors, and also the need for clean handling and suitable storage of food.

In September, 1953, it was decided to try an experimental five minute topical talk at the Dorchester welfare centre to be given by one of the health visitors, followed by a short group discussion at each opening of the centre; this scheme replacing set talks and demonstrations which have been found by long experience not to appeal to the average mother attending a clinic. The experiment proved moderately successful, but the majority of mothers, in contrast to pre-natal patients, show a strong preference for individual teaching bearing on their own particular problems.

The same arrangement was extended to other centres in the county but the response of the mothers to this form of health education has been generally disappointing, and has emphasised their preference for individual advice.

Health of the Child

The year under review is noteworthy for the excellent general condition of most of the children under regular medical supervision at the centres, and for the high standard of care attained by the mothers who are always ready to make use of the facilities provided under the National Health Service.

Other Provision

Birth Control

Advice on contraception is given at the Dorchester, Poole and Bridport ante-natal and post-natal clinics. Assistant medical officers in charge of clinics at Poole and Dorchester hold separate sessions for this service, and only patients specifically recommended by medical practitioners are given advice and instruction. In the Bridport area advice in appropriate cases is given at post-natal clinics.

Statistics

Attendances at Contraception Clinics, 1953

<i>Clinic</i>	<i>Number of Sessions</i>	<i>First Attendances</i>	<i>Total Attendances</i>
Dorchester	24	79	321
Bridport	21	17	59
Burlea Towers, Poole	47	121	658
Totals	92	217	1,038

Summary of Attendances at Contraception Clinics, 1949-1953

<i>Particulars</i>	1949	1950	1951	1952	1953
Number of Sessions ..	53	62	72	81	92
First Attendances ..	124	164	179	185	217
Total Attendances ..	341	461	648	800	1,038

Care of Premature Infants

Domiciliary provision includes special nursing care by the midwife and, where necessary, the issue of equipment such as hot water bottles, suitable covering and clothing, feeding vessels, and special dried milk. Draught-proof cots and oxygen tents are not provided, but can be obtained without difficulty from the nearest hospital paediatric unit if required. Where a premature birth can be anticipated encouragement is given for institutional confinement, and in practice it is found that a high proportion of infants in need of specialised care are either born in hospital or are admitted to hospital within an hour or so of delivery. Arrangements are being made to equip each ambulance depot with a special cot for transferring these cases to hospital.

A good liaison has been established with hospital paediatric units and no difficulty is encountered in obtaining institutional care for premature infants when needed. In doubtful cases a paediatrician on the hospital staff visits the home at the request of the family doctor, and if he considers admission to hospital unnecessary, advises on the domiciliary care of the infant.

Statistics

Of the number of premature infants notified in 1953, 62 were born at home and 193 in hospitals and nursing homes.

Weight at birth	Premature Live Births.															Premature Stillbirths		
	Born in hospital.			Born at home and nursed entirely at home.			Born at home and transferred to hospital on or before 28th day.			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
7 lb. or less	27	13	4	4	3	1	7	1	4	—	—	—	—	—	—	7	5	—
7 lb. 4 oz. and in- g 4 lb.	35	5	27	4	2	1	5	—	3	—	—	—	—	—	—	5	—	1
7 lb. 6 oz. and in- g 4 lb.	43	4	38	5	—	5	1	—	1	1	—	1	—	—	—	4	—	—
7 lb. 15 oz. and in- g 5 lb.	85	2	80	33	—	32	3	—	3	2	—	2	—	—	—	7	2	—
Totals	190	24	149	46	5	39	16	1	11	3	—	3	—	—	—	23	7	1

Premature Infants Notified, 1949-1953.

<i>Premature Live Births.</i>	1949	1950	1951	1952	1953
Number of premature infants notified	198	278	278	223	255
Number of premature infants who were:					
Born at home	52	80	72	56	62
Born in hospital or nursing home	146	198	206	167	193
Number of those born at home and nursed entirely at home who:					
(1) died during first 24 hours	8	5	5	2	5
(2) survived at end of one month	26	58	58	36	39
Number of those born at home who were transferred to hospital	15	14	5	17	16
Number of those born in nursing homes who:					
(1) died during first 24 hours	1	—	—	—	—
(2) survived at end of one month	2	10	1	—	3

Children Neglected or Ill-treated in their own Homes

Arising out of the joint circular issued in 1950 by the Home Office, Ministry of Health and the Ministry of Education with regard to children neglected or ill-treated in their own homes, the County Council appointed the Clerk of the County Council temporarily as the designated officer for this purpose. It was decided that regular meetings of officers as suggested in the circular be not held, but arrangements were made for significant cases of child neglect and all cases of ill-treatment to be reported to the designated officer so that appropriate joint action could be taken. Only one case has, since 1950, been dealt with under this arrangement.

In practice, cases reported to the health department by health visitors, or through other channels, are referred where necessary direct to the local inspector of the National Society for the Prevention of Cruelty to Children for investigation and appropriate action.

Protection of Children from Tuberculosis

In accordance with a recommendation by the Ministry of Health, applicants for employment in residential nurseries and children's homes provided by the County Council undergo a routine medical examination, including an x-ray examination of the chest, before engagement. Thereafter all employees in these establishments are required to undergo an annual x-ray examination of the chest. During the year under review 12 initial and 44 annual examinations were completed.

Applicants for employment at the two residential establishments for handicapped pupils maintained by the Dorset Local Education Authority are dealt with in the same way and 6 x-ray examinations of the chest were completed in 1953, none of the films showing signs of tuberculous infection.

Day Nurseries

The provision of day nurseries in the county is limited to one at Poole, which is maintained by the County Council and is considered adequate to meet the demands for this service. No day nurseries are maintained by voluntary organisations.

Admissions are confined to children between the ages of two and five years, whose mothers find it necessary by reason of social circumstances to obtain work in order to support the family and who are single, separated, widowed or have disabled or invalid husbands. A charge is made in respect of each child admitted, and the chairman of the appropriate sub-committee in consultation with the area medical officer is empowered to reduce the amount in case of hardship.

The new premises specially built for the purpose in the grounds of Belmont Court, Parkstone, to which the nursery was transferred from Sharrow House, Poole, in 1952, are well situated in pleasant surroundings with ample space for indoor and outdoor activities. The nursery provides all the amenities conducive to the mental and physical well-being of the growing child, and serves as a valuable centre for imparting health education to the mothers making use of the service.

Statistics

Day Nursery	1949	1950	1951	1952	1953
Number of approved places ..	50	50	50	50	50
Number of children on register at end of year	75	55	49	34	54
Average daily attendance during year	69	48	46	24	23

DOMICILIARY MIDWIFERY (Section 23) (Tables 10—12)

Administrative Arrangements

Except in the boroughs of Poole and Weymouth this service is delegated to the Dorset County Nursing Association, which employs 52 midwives who also undertake home nursing. Full-time midwives are employed direct by the County Council in Poole and Weymouth to the extent of ten and three respectively.

There are few staffing problems, the only difficulty being that of providing relief nurses for prolonged sickness or holidays. Normally midwives coming to the county have little difficulty in finding suitable accommodation, but in three areas where the rural councils were disinclined to assist, the County Council has undertaken the erection of houses.

As Dorset is a rural county with a scattered population it has been found necessary and economical in staff for the midwives to use car transport with the exception of one in Poole and one in Weymouth. The majority of car users provide their own cars and receive a travelling allowance.

Supervision of Midwives

Medical supervision is carried out by the county medical officer, assisted by the area medical officers in Poole and South Dorset. The county nursing superintendent, who is an officer both of the Dorset County Nursing Association and of the County Council, is responsible for the non-medical supervision of midwives. She has a deputy and two assistants, one of whom is the non-medical supervisor of midwives in Poole.

Administration of Analgesics by Midwives

All sixty-five midwives employed in the service are qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board, and sixty-one sets of apparatus are in use. The machines are serviced quarterly to ensure reliability. All midwives are also qualified to administer pethidine in order to provide their patients with the benefit of this form of analgesia.

Statistics

Midwives qualified to administer Gas and Air Analgesia at the end of each year

	1949	1950	1951	1952	1953
(1) Institutional Midwives:					
(a) Employed in homes and hospitals in the National Health Service	26	44	54	45	53
(b) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	—	4	1	1	4
Total	26	48	55	46	57
(2) Domiciliary Midwives:					
(a) Employed directly by the Local Health Authority	13	14	13	13	13
(b) Employed by the Dorset County Nursing Association as agents of the Local Health Authority (Part-time)	58	57	51	54	52
Total	71	71	64	67	65

Sets of Apparatus for the administration of Gas and Air in use by Domiciliary Midwives at the end of each year.

	1949	1950	1951	1952	1953
Used by midwives in direct employment of the Local Health Authority	4	8	10	10	12
Used by midwives in the employment of the Dorset County Nursing Association as agents of the Local Health Authority	51	51	51	51	49

Number of Cases in which Gas and Air was administered by Midwives in Domiciliary Practice during the years 1949-1953

	1949	1950	1951	1952	1953
By midwives employed directly by the County Council:					
(1) when acting as a midwife	107	228	376	452	548
(2) when acting as a maternity nurse	189	290	223	131	183
Total	296	518	599	583	731
By midwives employed by the Dorset County Nursing Association as agents of the County Council:					
(1) when acting as a midwife	419	383	440	437	358
(2) when acting as a maternity nurse	451	180	218	176	173
Total	870	563	658	613	531

Number of Cases in which Pethidine was administered by Midwives in Domiciliary Practice during the years 1952 and 1953. (Previous years not recorded)

By midwives employed directly by the County Council:		1952	1953
(1) when acting as a midwife .. .. .	.. .. .	286	348
(2) when acting as a maternity nurse .. .. .	.. .. .	46	124
Total .. .. .	.. .. .	332	472
By midwives employed by the Dorset County Nursing Association as agents of the County Council:			
(1) when acting as a midwife .. .. .	.. .. .	119	181
(2) when acting as a maternity nurse .. .. .	.. .. .	142	99
Total .. .. .	.. .. .	261	280

Arrangements for Ante-Natal Supervision by Midwives

Where a midwife books a case routine domiciliary visits are paid monthly during the first six months; fortnightly during the seventh and eighth months; weekly during the ninth month, and additional visits made as may be found necessary. The patient is also seen during her pregnancy by a doctor, either at a local health authority clinic or at home under the County Council general practitioner scheme.

In the event of a doctor booking a case, ante-natal supervision is given by the midwife by arrangement with him.

Co-operation with General Practitioners

With very few exceptions co-operation between midwives and general practitioners is satisfactory. Doctors are asked to indicate to the midwife the degree of supervision they intend to exercise, and whether they wish to be present at the confinement or only to be summoned by the midwife in an emergency. In maintaining statistical records, endeavour has been made to differentiate between these two types of cases, giving credit to the midwife for extra responsibility.

Medical Aid

The number of claims made by general practitioners on the local health authority in respect of medical aid provided at the request of domiciliary midwives is slightly higher than in 1952. It is evident that general practitioners are prepared to provide maternity medical services under Part IV of the National Health Act, but in the majority of cases only attend confinements when any abnormality is present, or at the request of the midwife.

Medical Aid under Section 14 (1) of Midwives Acts, 1918-1951

Cases in which medical aid was summoned during the year by a Midwife	1949	1950	1951	1952	1953
(a) Domiciliary Cases:					
(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service ..	89	46	68	58	101
(ii) Others	122	113	70	50	64
(b) For cases in Institutions	3	4	6	1	1
Totals	214	163	144	109	166

Midwifery Cases Attended, 1953

Cases attended by	Domiciliary		Hospitals and Nursing Homes	
	Midwifery	Maternity	Midwifery	Maternity
Midwives employed by the County Council ..	405	163	—	—
Midwives employed by the County Nursing Association	618	280	—	—
Midwives employed in Hospitals	—	—	1,692	818
Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	—	34	46	24
Totals	1,023	477	1,738	842

Selection of Hospital Confinements on Social Grounds

In accordance with the suggestions of the Ministry of Health, assistance is given to the hospital by the local health authority in recommending whether or not cases booked for confinement in a maternity unit should be admitted on social grounds, after investigation by a health visitor on the home circumstances. If the provision of a domestic help will facilitate home confinement, the necessary arrangements are made.

As noted in my annual report for 1952, the number of maternity beds available in the West Dorset Group Hospital Management Committee area is adequate to meet the applications for accommodation, with the result that the question of admission on social grounds has again only arisen in one case during 1953. In East Dorset, however, where the demand continues to exceed the number of beds available 81 cases out of 183 referred were recommended for hospital confinement on social grounds, compared with 124 cases out of 179 referred in 1952.

Statistics

Selection of Hospital Confinements on Social Grounds

Group Hospital Management Committee	1952			1953		
	Requests for investigation of home conditions	Recommended for hospital confinement	Not recommended for hospital confinement	Requests for investigation of home conditions	Recommended for hospital confinement	Not recommended for hospital confinement
Bournemouth and East Dorset	179	124	55	183	81	102
Salisbury	5	5	—	5	5	—
West Dorset	1	—	1	1	1	—
South Somerset	5	4	1	6	4	2

Refresher Courses

All midwives employed by or on behalf of the County Council attend a post-graduate course once in five years in accordance with the recommendations of the Rushcliffe Committee.

Training

Part II district midwifery training is arranged in conjunction with the West Dorset Group Hospital Management Committee. District midwives are approved by the Central Midwives Board and accept pupils in rotation or as bookings permit. A pupil spends one-half of her six months' training on the district, and about twenty pupils are trained yearly.

New-Born Infant Survey

A new-born infant survey, planned by the Social Medicine Unit, Oxford, in which all domiciliary midwives in the county took part, was completed in 1953, but the results are not yet available. The object of the investigation is:—

- (a) to obtain a set of facts relating to a given period which will adequately describe the pre-natal, natal and post-natal setting of all babies in a given area delivered by one person or supervised by one authority; and
- (b) to compare the initial circumstances of healthy babies, sickly babies, premature babies, stillbirths and deaths before the age of one year, and throw further light on the causes of early death and ill-health during this period.

Maternal and Neonatal deaths, and conditions associated with childbirth

During the six years the national health service has been in operation, the number of notifications of puerperal pyrexia received were 41, 21, 25, 45, 76 and 77 respectively. The relatively high figures recorded in 1952 and 1953 are due to the alteration in the definition of the condition made in the Puerperal Pyrexia Regulations, which came into effect on the 1st August, 1951. No cases of puerperal fever were notified in the period 1948 to 1951; five cases, all in hospital practice, were reported in 1952; and no cases were reported in 1953.

The incidence of ophthalmia neonatorum has remained low, only one case occurring during 1953. In this case the vision, after treatment, was unimpaired.

One case of pemphigus neonatorum was notified during the year.

Five maternal deaths were recorded in the county, three of these occurring in hospital and two in domiciliary practice.

An analysis of the neonatal deaths during the year reveals the following causes:—

Cause of Death	Percentage of Total
Prematurity	46.25
Birth injuries	18.75
Respiratory infections	10.00
Atelectasis	8.75
Congenital deformities	3.75
Erythroblastosis foetalis	2.50
Asphyxia	2.50
Others	7.50
Total	100.00

Statistics

Infectious Diseases associated with Childbirth, Maternal and Neonatal Deaths, 1949-1953.

Cases Notified		1949	1950	1951	1952	1953
Puerperal Pyrexia:	Domiciliary Confinements	6	5	18	15	10
	Institutional Confinements	15	20	27	61	67
Puerperal Fever:	Domiciliary Confinements	—	—	—	—	—
	Institutional Confinements	—	—	—	5	—
Ophthalmia Neonatorum:	Domiciliary Confinements	6	3	1	—	—
	Institutional Confinements	—	7	3	1	1
	(a) Vision unimpaired	5	9	4	—	1
	(b) Vision impaired	—	—	—	—	—
	(c) Vision lost	—	—	—	—	—
	(d) Patient died	—	—	—	—	—
	(e) Patient still under treatment at end of year	1	—	—	—	—
	(f) Patient removed from district	—	1	—	—	—
Pemphigus Neonatorum:	Domiciliary Confinements	—	—	—	2	—
	Institutional Confinements	—	—	—	—	1
Maternal Deaths	2	3	3	4	5	
Neonatal Deaths	75	60	80	73	75	

Comparison between Hospital and Domiciliary Confinements, 1950-1953

	Poole Area				South Dorset Area				Remainder of County				Whole County			
	1950	1951	1952	1953	1950	1951	1952	1953	1950	1951	1952	1953	1950	1951	1952	1953
1. The total number of births notified during the year	1,089	1,118	1,175	1,074	730	829	861	903	2,184	2,126	2,108	2,103	4,003	4,073	4,144	4,080
2. The percentage of notified births which took place in hospitals and nursing homes	43	43	51	56	73	78	82	82	60	58	61	59	57	57	62	63
3. The percentage of domiciliary confinements	57	57	49	44	27	22	18	18	40	42	39	41	43	43	38	37

HEALTH VISITING (Section 24) (Table 13)

Administrative Arrangements

The establishment of health visitors for the whole county is thirty-three employed on a whole-time basis, who undertake a wide range of duties including those defined under section 24 of the National Health Service Act. For this purpose the combined areas of the district medical officers of health have been subdivided and each health visitor allocated an area in which she is responsible for all health visiting duties including attendance at clinics, welfare centres and school medical inspections.

The health visitors work closely with the superintendent health visitor, who co-ordinates their duties, and the district medical officers of health who are also assistant county medical officers.

Routine Visiting

A special record card is forwarded to the appropriate health visitor following the notification of each birth so that she may commence visiting, give advice and submit periodically statistical and other information connected with the state of the health and environment of the child. The present establishment provides for one health visitor to approximately 9,355 of the population which, with the increasing duties falling to these officers, indicates that some addition to the establishment may be necessary in the future.

Special Visiting

Schools Follow-up and Cleanliness

Each health visitor in her capacity of school nurse carries out follow-up visits in connection with defects detected at school medical inspections, and also visits the homes of school children for the purpose of making special reports when required by the school medical officer. She also visits the schools regularly to assist the medical officer at medical examinations, and on her own account for hygiene inspections and weighing.

Tuberculosis

A special health visiting record card giving such details as home address and type of the disease, is sent to the appropriate health visitor for each new case added to the tuberculosis register. The home is visited and a report on environment and contacts, together with recommendations concerning any service the patient requires that can be provided under the care and after-care scheme, is made to central office within ten days. In all cases a copy of this report is sent to the chest physician so that he can arrange for the examination of contacts, and B.C.G. vaccination in suitable cases. The chest physician in turn notifies discharges from sanatoria, and arrangements are made for the health visitor to commence visiting as soon as possible. This she continues to do at least once in every three months when the disease is active, and six-monthly in quiescent cases.

In order further to assist in co-ordinating tuberculosis care and after-care, arrangements were made to second to the South-West Metropolitan Regional Hospital Board, as from 1st January, 1953, two health visitors for half their time, one to attend the chest clinic at Dorchester and the other at the Poole clinic.

During the Autumn a lecture for the benefit of the county health visiting staff was given by the chest physician and his deputy at Poole and Dorchester respectively. Each lecture was followed by a free discussion which proved valuable in bringing to light several difficult problems associated with health visiting in tuberculous households.

Old People

With the special knowledge that a health visitor gains of the families in her area, she is familiar with the circumstances relating to old people. In Dorset arrangements have been made for the health visitors to advise and help where necessary and arrange for whatever specialised services elderly persons may require.

Surveys

In addition to their routine duties, health visitors play a valuable part in various national and local surveys that are undertaken from time to time on problems of socio-medical importance. These surveys, as well as contributing to medical knowledge give an added interest to their work.

No new surveys were commenced during the year, but assistance was continued in the investigation into the present and future needs for specialised visitors in the home, organised by the Rockefeller Institute and the World Health Organisation through the Department of Human Ecology, Cambridge University. Assistance was also continued in a survey requested by the Ministry of Health on virus diseases during pregnancy, and a national survey of the health and development of children sponsored by the Institute of Child Health, University of London.

Attendance at Clinics

The health visitor is responsible for the infant welfare centres in her area and attends all sessions as part of her duties. Advice is given on the various problems raised by mothers and consultations with the clinic medical officer are arranged.

The health visitor plays a major role in health education which is an important function of the centre. She also attends the ante-natal clinics in her area to give talks to expectant mothers on mothercraft and to advise on the preparations required for confinement.

Co-operation with General Practitioners

The health visitor endeavours to keep in constant touch with the family doctor on matters connected with his patients, either by personal visits or communication by telephone. Good co-operation exists in many areas, but might be strengthened in others by a more direct approach by the general practitioner to the health visitor when he requires her services in connection with the care and after-care of his patients. She, naturally, is rather diffident in taking the initiative, but would welcome co-operation, in her sphere, similar to that which exists between the family doctor and the district nurse.

Co-operation with Hospitals

In cases of early discharge from hospital where care is needed for mothers, children, and old people, the hospital almoners notify either the health department, or the health visitor direct. Health visitors also visit the home when information is required regarding environmental conditions before patients are discharged.

In the South Dorset area health visitors attend on rota at the hospital paediatric clinic, where they are able to advise the paediatrician regarding the home conditions of the children and in their follow-up visits to the home ensure that advice given to the parents is being reasonably interpreted. They also attend the special ear, nose and throat clinics for children.

Where space and facilities are available the health visitor attends the hospital and ante-natal clinics to give talks and practical demonstrations on mothercraft. In addition to the obvious benefits to the mother, this arrangement enables the health visitor to be fully informed on all circumstances concerning the confinement so that subsequent visiting is made easier.

Facilities for Refresher Courses

All health visitors in the employment of the County Council attend a post-graduate course of study once in five years. In 1949, a scheme was approved whereby health visitors on the staff were invited to enrol for a part-time course of study for the Diploma in Social Administration, the County Council to be responsible for a portion of the fees and permitting lectures to be taken in duty hours. Six health visitors have been successful in obtaining the Diploma which will assist them in their duties in connection with old persons and mental health.

Training

No arrangements are made to assist suitable officers to obtain the health visitor's certificate, and no facilities are offered by the Council for student health visitors.

Statistics

Summary of Visits paid by Health Visitors during years 1949-1953

<i>Visits to</i>	1949		1950		1951		1952		1953	
	<i>First Visits</i>	<i>Total Visits</i>	<i>First Visits</i>	<i>Total Visits</i>	<i>First Visits</i>	<i>Total Visits</i>	<i>First Visits</i>	<i>Total Visits</i>	<i>First Visits</i>	<i>Total Visits</i>
Children under 1 year of age ..	4,363	24,758	4,208	26,914	4,211	27,284	4,057	28,113	4,137	27,447
Children between ages of 1 and 5	281	35,811	212	41,017	149	38,052	77	36,583	253	43,315
Expectant mothers ..	562	801	558	907	728	1,160	584	898	513	882
Other Cases ..	Not recorded	3,202	1,934	5,051	1,127	5,033	583	4,154	1,834	6,015
Home visits to school children	Not recorded	2,647	Not recorded	3,397	Not recorded	3,260	Not recorded	2,661	Not recorded	2,995

HOME NURSING (Section 25)

Administrative Arrangements

This service was delegated to the Dorset County Nursing Association as from July, 1948, acting as agents of the County Council, and the arrangement cover the whole of the county. The experience of this Association since 1914 ensures that the present service runs smoothly and efficiently. The county nursing officer, assisted by her deputy and an assistant, supervises the work of the nurses as part of her duties.

Since 1948 the establishment of home nurses in rural areas, who also act in the capacity of midwives, has been fifty-four, which includes two relief nurses, while those employed solely on home nursing number sixteen in Poole, five in Weymouth and one each in Dorchester and Bridport respectively. As Dorset is a rural county with a scattered population it has been found necessary and economical in staff for the nurses to use car transport, with the exception of one in Poole. The majority of car users provide their own cars and receive a travelling allowance.

Co-operation with General Practitioners

General practitioners make application for the services of a nurse either directly or through the patient or relatives. The nurse frequently meets the doctor in the home of the patient or in his surgery by mutual arrangement, in order to discuss treatment of the cases. This mutually helpful co-operation works smoothly and very satisfactorily. In Poole there is a central office to deal with incoming telephone calls and the allocation of cases. This arrangement has been found necessary for a populous area, but it would be uneconomical for small districts where the nurses can easily deal with their own calls.

Liaison with Hospitals

Discharge notices of patients requiring treatment are sent by almoners in Poole to the central office, and elsewhere direct to the nurse concerned. This ensures continuity of treatment and the arrangement has worked well.

Refresher Courses

Midwives attend post-graduate courses once every five years. Full-time home nurses attend such courses as are available from time to time.

Training

Arrangements are made by the Dorset County Nursing Association, through the Queen's Institute of District Nursing, for selected candidates to be given Queen's training. The candidate on completion of training returns to take up duty in the county.

Staff	1949		1950		1951		1952		1953	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Administrative	—	3	—	3	—	3	—	3	—	3
Senior Nurse	1	—	1	—	1	—	1	—	1	—
Queen's Nurse (Male) ..	1	—	1	—	1	—	1	—	1	—
Queen's Nurse (Female) ..	13	38	14	36	14	37	14	40	13	39
State Registered Nurse ..	6	9	5	8	7	4	6	5	7	4
State Enrolled Assistant Nurse	1	13	1	12	1	10	1	9	1	9
Equivalent Whole-time Home Nursing Staff (omitting Administrative Staff) ..	52		50		49.5		50		49	
Queen's district training through Dorset County Nursing Association ..	2		1		2		2		2	

Summary of Types of Cases and Visits paid by Home Nurses in 1953

The following is the proportion of the various types of cases attended during the year:—

Medical	6,310
Surgical	2,752
Infectious	52
Tuberculous	108
Maternal complications	54
Others	65

Altogether 9,341 cases were visited by the home nurses necessitating 144,633 visits. Of these, 80,759 visits were paid to patients over 65 years of age, and 3,597 visits to children under five years.

Summary of Cases Attended and Visits Paid by Home Nurses, 1949-1953

Authority	Number of cases attended by Home Nurses during the year					Number of visits paid by Home Nurses during the year				
	1949	1950	1951	1952	1953	1949	1950	1951	1952	1953
The County Council by agreement with the Dorset County Nursing Association ..	8,013	8,749	8,255	8,803	9,341	135,092	143,487	146,338	146,234	144,633

IMMUNISATION AND VACCINATION (Section 26) (Tables 14—18)

Diphtheria Immunisation

Administrative Arrangements

The county scheme remains unchanged, the services of general practitioners, assistant county medical officers, health visitors, midwives and district nurses being utilised to ensure that as many children as possible are immunised against diphtheria. There has been a falling off in the number of children immunised before their first birthday, a trend which is nation-wide and due in no small measure to the fact that the danger of diphtheria has been largely neutralised as a result of immunisation. The number of deaths from diphtheria in England and Wales has fallen from a yearly average of some 2,800 in 1930/40 to less than 25 in 1953, but it must never be forgotten that the elimination of this disease is conditional upon the maintenance of an adequate level of immunity.

All efforts are made to impress upon parents the need for early immunisation, either by their own doctor or by assistant county medical officers at convenient centres. Full use is made of the hospital car service to provide transport for children living in the more remote rural areas. Health visitors are responsible for bringing to the notice of parents the necessity for immunisation, and for securing parental consent by the time an infant reaches the age of nine months.

Primary immunisations and re-inforcing doses are given at welfare centres, and school children are given re-inforcing doses by the school medical officers when they carry out routine medical inspections and, occasionally, at special sessions. School medical officers also impress on teachers the importance of immunisation and they, in turn, take every opportunity of passing on the information to parents. This personal approach to the parent, with its subsequent propaganda value through friends and relations, is in my opinion of greater value and falls on more fertile ground than does the method of mass propaganda by means of press advertising, posters, cinema slides, etc.

A prescribed card for each child is completed by general practitioners and assistant county medical officers who have carried out immunisation, and sent to the county health department, the former being credited with the approved fee.

Organised Measures to encourage immunisation

During the spring of 1953, full use was made of the Ministry of Health's national publicity material. Posters were obtained, special slides were shown in cinemas and advertisements were placed in the local press. Talks to parent/teacher associations were wholly given over to diphtheria immunisation propaganda, and the health visitors made full use of their opportunities to stress to the new generation of mothers the fact that the elimination of this disease is conditional upon the maintenance of an adequate level of immunity.

Immunisation against Whooping Cough

The final result of the field work carried out in one section of the county in conjunction with the Medical Research Council to test the efficacy of the various vaccines, is not yet available. Although it cannot be conclusively claimed that whooping cough will be eliminated in the same way as diphtheria by active immunisation, only a modified attack may be expected in cases where the vaccine does not actually prevent the disease.

Smallpox Vaccination

Administrative Arrangements

The majority of the vaccinations in the county are performed by general practitioners, but to attain the object of vaccinating as many infants as possible the services of medical officers, health visitors and midwives are utilised, and the hospital car service is used as necessary. Every effort is made to obtain parental consent to vaccination as soon as possible after the birth of an infant.

It has not been found practicable to carry out vaccination as a routine measure at welfare centres as their organisation does not enable the medical and nursing staff to give adequate follow-up supervision. If vaccination is requested, special arrangements are made for it to be carried out at an appointed time.

A prescribed record card relating to each vaccination they perform is completed by general practitioners and assistant county medical officers, and sent to the county health department, the former being credited with the appropriate fee.

Organised Measures to encourage Vaccination

Apart from the routine educational work of the medical and nursing staff of the local health authority, lectures and film shows are arranged from time to time in welfare centres, ante-natal clinics and other suitable premises. Posters are displayed in public places and full use is made of publicity material supplied by the Ministry of Health.

Arrangements in the event of an outbreak of Smallpox

In the event of an outbreak of smallpox in any part of the county involving a large emergency demand for public vaccination or re-vaccination, arrangements would be made with general practitioners for special sessions to be held in any suitable premises. The public would be informed of the measures in operation by means of loud-speaker vans, press notices, and announcements in cinemas and other places of public entertainment.

AMBULANCE SERVICE (Section 27) (Tables 19 and 20)

Administrative Arrangements

No major change has been made in the organisation of the ambulance and hospital car service since my last report. The number of ambulance depots remains at fifteen, though increased work has made it necessary to replace a part-time driver at one depot by a full-time appointment, and to engage an additional driver at two of the larger depots.

The close liaison between the administrative staff of the ambulance service and the hospital transport officers continues. Existing mutual aid agreements with neighbouring authorities were continued and a trial agreement with the Wiltshire County Council was confirmed on a permanent basis, whereby their ambulance service is responsible for an area of Dorset best served through the Salisbury ambulance depot, while the Dorset ambulance service provides cover for certain Wiltshire parishes.

Meetings were held with representatives of the Hospital Management Committees, the police, the fire service and other interested bodies to consider the action to be taken in the event of a major disaster, similar to the Lynmouth floods or the Harrow train collision, occurring in the county. An over-all plan has been prepared and detailed arrangements have been made for the part to be played by the county ambulance service.

A competition in first aid and ambulance training for the larger full-time depots in the county was held in July, and the winning team later gained second place in the South-West Regional competition at Taunton. Nine ambulance teams from counties and boroughs in South-West England took part.

The names of 41 drivers were entered for the National Safe Driving competition in 1953, and of these, 37 drove throughout the year without any accident due to their own negligence. The awards claimed were presented by His Worship the Mayor of Weymouth at a ceremony held at the Alexandra Gardens Theatre.

The year under review showed a large and unexpected rise in the combined mileage figure for the ambulance and hospital car service. One reason for this is undoubtedly the increasing tendency to centralise specialist facilities at certain hospitals, with the inevitable result of longer journeys for the ambulance service. Warrants were issued to 131 patients during the year to allow them to travel by rail instead of by ambulance for longer journeys. During 1952, 188 patients were carried by rail, but this number also included those who were transported by ambulance at either end of the rail journey and who paid for their own railway fares.

Depots

In my report for 1952 I mentioned that accommodation for both staff and vehicles was below standard, but that situation has now much improved. A new depot in Weymouth was opened in September by the Chairman of the County Council. This depot includes accommodation for the duty staff, and garages for six vehicles. The construction of new depots at Poole and Swanage has commenced, and considerable progress has been made. Extensive alterations and improvements have been made to existing accommodation at Wimborne.

Vehicles and Equipment

Three new ambulances, one 'bus to carry twenty-five mental defectives to and from Poole Occupation Centre, and one utilicon ambulance were purchased during the year. The vehicle situation is now satisfactory and future requirements should approximate to two vehicles yearly for replacement purposes.

A survey of the county was carried out in December to explore the possibility of using radio equipment in ambulances, and a trial period for Poole and surrounding depots was decided upon.

A new type of resuscitation equipment for the administration of pure oxygen was introduced to replace that previously held for giving a mixture of oxygen and carbon dioxide. Eight of the larger depots in the county have now been provided with this equipment.

Statistics

Comparative Mileage Table

Year	Ambulance Service		Hospital Car Service		Both Services combined	
	Mileage for year	Increase (+) or decrease (—) on previous year	Mileage for year	Increase (+) or decrease (—) on previous year	Mileage for year	Increase (+) or decrease (—) on previous year
1949	238,076	—	377,179	—	615,255	—
1950	334,200	+96,124	396,888	+19,709	731,088	+115,833
1951	363,728	+29,528	385,247	—11,641	748,975	+17,887
1952	378,199	+14,471	376,526	—8,721	754,725	+5,750
1953	440,612	+62,413	388,991	+12,465	829,603	+74,878

It is satisfactory to note that the figures in the efficiency table which follows again show an improvement on previous years with the one exception of 'average miles per patient' for the ambulance service, where there is a slight increase. This is mainly due to the centralisation of specialist facilities already mentioned.

Efficiency Table

Year	Ambulance Service		Hospital Car Service	
	Average mileage per patient	Average number of patients per journey	Average mileage per patient	Average number of patients per journey
1949	11.3	1.38	25.1	1.09
January—June, 1950	8.62	1.63	20.3	1.27
July—December, 1950	8.93	1.59	20.48	1.24
January—June, 1951	8.05	1.68	19.6	1.3
July—December, 1951	10.44	1.54	10.08	2.59
January—December, 1952	9.15	1.75	9.95	2.78
January—December, 1953	10.01	1.77	9.13	3.05

Mentally defective children taken to and from the Poole Occupation Centre have not been recorded in this table as they travel by a 'bus provided for the purpose, and their inclusion would give an exaggerated picture of the average number of patients per journey.

The figures above the double line cannot be compared with those below it since the standard definitions to be used in ambulance statistics, as recommended by the Ministry of Health, were introduced in this county with effect from 1st July, 1951, and from that date 'one patient' and 'one journey' have a different meaning. Each portion of the table should be considered separately.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

This section of the National Health Service Act gives a very wide scope to local health authorities for implementing schemes for the prevention of illness, and for the after-care of sickness generally.

During the year it has been found possible to extend certain of the services provided under this section of the Act.

Tuberculosis

Administrative Arrangements

In accordance with the Public Health (Tuberculosis) Regulations, 1952, copies of individual notifications of tuberculosis are received in accordance with the Tenth Schedule of the National Health Service Act, 1946, as amended by the Schedule to the 1949 Act. From this information a central register is maintained in the county health department and a health visiting record card for each new case, giving such details as home address and type of disease, is sent to the appropriate health visitor. The domiciliary visit is made and a report on home conditions, contacts, and recommendations concerning any service the patient requires that can be provided under the care and after-care scheme, is made to central office within ten days. During the year it was decided that these reports should be sent via the appropriate district medical officer of health in order to ensure that he was fully informed of the conditions affecting the case, and so that he could take any action with regard to housing. Reports on the results of the laboratory examination of sputa and other specimens relating to patients in his area are also sent to the district medical officer of health.

After a health visitor has paid her first visit to a new case she continues to visit the home at least once every three months when the disease is active, and six-monthly in quiescent cases. Should any special circumstances arise a separate report is sent and appropriate action taken. In all cases a copy of the health visitor's report is forwarded to the chest physician, so that he can arrange for the examination of contacts and B.C.G. vaccination of suitable cases. The chest physician in turn notifies discharges from sanatoria so that the health visitor can commence visiting as soon as possible. This officer is employed by the local health authority for 21/121sts of his time, to carry out certain duties in connection with tuberculous patients. In the interests of these patients, it is essential that there shall be a close liaison between the staff of the chest clinics and the health visitors who undertake care and after-care visiting to patients. To help achieve this an agreement was reached with the regional hospital board whereby, from 1st January, 1953, two health visitors were appointed, on a part-time basis, to the staff of the chest clinics in the county in order to form a link between the clinics and the remaining health visitors. In the light of the first year's working it would appear that this scheme could be extended to include more health visitors, as the two already employed in the chest clinics are working to the full extent of their allocation, and the opportunity to confer at the clinics with the remaining health visitors has been limited by this time factor.

When a death is attributed to tuberculosis and no notification has been received during the patient's lifetime, information is sought from the medical practitioner and all relevant details are passed to the chest physician who decides on the follow-up action necessary.

Prior to 1948 the Dorset County Branch of the British Red Cross Society had already established an efficient after-care organisation to cater for the needs of the tuberculous patient, and they have since undertaken this service as agents of the County Council for all types of patient. Handicraft instruction is given, materials and books provided, and other services made available under the scheme, which has run smoothly and efficiently and is of considerable importance to the welfare and well-being of the patient. Arrangements are made at the county health department for issuing free milk grants, and providing shelters for domiciliary cases when this is necessary.

Employment

No difficulty has been experienced in excluding from their employment when necessary infectious workers suffering from tuberculosis. This aspect of tuberculosis prevention and after-care is particularly important where older patients, who are still in an infective state, are employed in close contact with younger persons. Close liaison is maintained between the chest physician and the rehabilitation officer regarding the placement of the few sputum positive patients capable of work, and no known cases thought likely to be a danger to others have persisted in anti-social activities.

The County Council undertakes financial responsibility for the maintenance of cases specifically recommended by the chest physician for admission to rehabilitation centres. During the year seven persons were admitted to Papworth, Preston Hall and other centres in the country.

Statistics

Tuberculosis—Care and After-Care

	1949	1950	1951	1952	1953
Number of visits paid by Health Visitors	3,093	2,949	3,690	3,194	3,487
Number of shelters provided	11	15	14	13	12
Number of patients receiving milk grants	74	88	96	101	53
Total number of pints of milk issued . .	25,635	32,804	29,464	29,854	20,631
Average number of pints of milk per day issued	70	89.87	80.7	81.5	56.5

B.C.G. Vaccination

In August, 1949, the Ministry of Health empowered local health authorities to provide facilities for B.C.G. vaccination against tuberculosis, and the Minister approved the Council's request that provision for this should be added to their proposals under section 28. It was not possible to commence vaccination until towards the end of 1950, and only sixteen cases were successfully converted that year. The numbers increased during the following years and special sessions are now reserved by the chest physician for this work. At present Mantoux testing and B.C.G. vaccination are being carried out on child contacts of actual cases, and in this county segregation is not practised before and during the various stages. Testing and vaccination are also carried out on persons at special risk such as sanatoria nursing staff, but this is outside the scope of the County Council's scheme. It is proposed to extend the scheme to include school children between the ages of 13 and 14, as laid down in Ministry of Health circular 22/53, and the County Council's proposals will be amended to permit this work being commenced on 1st April, 1954. This development bears out the remarks contained under this section of my report for 1952.

Statistics

	1950	1951	1952	1953
Number of Contacts successfully vaccinated	16	156	155	186

Mass Miniature Radiography

Mass miniature radiography is undertaken in the county by the Unit of the South-West Metropolitan Regional Hospital Board based on Bournemouth. This work was commenced in October, 1950, Poole borough being the only part of the county dealt with that year, but regular visits are now being made to the larger centres of population in the county. The preparation and publicity campaign which precede the visits necessitate co-operation between the unit staff, the county health department, district medical officers of health, the education authority and others. Arrangements at all times have worked very smoothly.

On the whole the numbers taking advantage of this service have been satisfactory, and the programme drawn up by the unit allows for one visit a year to each particular centre. Separate sessions are allocated to groups of employees from factories and business houses, to school leavers and to private patients referred direct by general practitioners, in addition to those for the general public. Thanks are due to all concerned for the undoubted success of these special sessions.

Although the primary function of the unit is the early diagnosis of symptomless pulmonary tuberculosis, other chest conditions, both pulmonary and cardiac, are also detected. In cases where there is the slightest doubt about the findings the patient is recalled for a normal size x-ray film, and when the medical director of the unit considers that observation, advice or treatment is required the patient is referred to his own doctor, the chest clinic or hospital as the case may be.

In 1953, twelve surveys were carried out in Dorset. These included seven general public surveys and special surveys at Cold Harbour Hospital, Sherborne, Canford School, and the Wallis Tin Stamping Company, Poole, as well as two surveys of expectant mothers and their husbands in Poole. In all, 21,538 persons were examined and of this number 566 (2.63 per cent) were recalled for a larger film. Following the second examination 111 (10.52 per cent) were clinically examined and 81 referred to the chest clinic, 74 as probably suffering from tuberculosis and seven from non-tuberculous conditions. Thirty-six other cases were referred to their own doctor or to hospital as having non-tuberculous conditions. These conditions were mainly cardio-vascular lesions or non-tuberculous pulmonary conditions; two cases were found to be suffering from cancer of the lung.

Taking the survey as a whole, 0.33 per cent of persons initially examined were referred to the chest clinic as probably having tuberculosis, and thirty-two or 0.148 per cent of the number examined were eventually found to be suffering from active tuberculosis. The incidence of active disease was 1.08 per 1,000 examinations in males, and 1.84 in females, with an overall incidence of 1.48.

During 1952, of the total number examined on miniature film, 0.258 per cent were referred to the chest clinic as probably having tuberculosis, and in 0.104 per cent the diagnosis was confirmed.

Statistics

Examination and follow-up of cases, 1950-1953

	1950	1951	1952	1953
Number x-rayed	7,572	20,415	24,042	21,538
Number recalled for larger film	269	646	606	566
Number referred to chest clinic for condition probably tuberculous	46	89	62	74
Number referred to chest clinic for condition probably non-tuberculous	No figures available		12	7
Number referred to hospital or doctor for other condition	41	99	54	36

Ultimate diagnosis and disposal of cases referred to Chest Clinic by Mass Radiography Unit, 1950-1953

	1950	1951	1952	1953
Number seen at chest clinic	46	89	62	73
Number diagnosed as active tuberculosis	15	35	25	32
Number diagnosed as inactive but requiring further observation	12	27	31	28
Number diagnosed as inactive and requiring no further action	14	17	1	4
Number diagnosed as suffering from non-tuberculous conditions	5	10	3	8
Number still unclassified	—	—	2	1
Number referred but did not attend	—	—	—	1

Age groups examined and incidence of active pulmonary tuberculosis, 1953

	Under 15	15-24	25-34	35-44	45-59	60 and over	Total
<i>Males:</i>							
Number examined ..	1,593	2,561	1,816	1,610	1,691	872	10,143
Number of active cases ..	1	3	1	1	1	4	11
Rate per 1,000 population ..	63	1.17	55	62	59	4.58	1.08
<i>Females:</i>							
Number examined ..	1,019	2,881	2,310	1,976	2,221	988	11,395
Number of active cases ..	—	8	8	2	3	—	21
Rate per 1,000 population ..	—	2.78	3.90	1.01	1.35	—	1.84

Other Illness

After-Care

The British Red Cross Society's organisation caters for all types of patients requiring after-care in one form or another, as well as tuberculosis cases. Arrangements are made through this agency or otherwise to provide care and after-care services to patients discharged from hospital or who are invalids at home, including the aged and chronic sick, and information about persons requiring these services is received from many varied sources. Any arrangements made under this section of the Act lie, of course, outside the scope of the hospital and specialist services and the provisions of Part III of the National Assistance Act.

Arrangements are also made for sending suitable patients to holiday homes, which are run on a private basis and differ from the convalescent homes for which the regional hospital board accepts financial responsibility in that no medical or nursing facilities are provided. Applications for admission are received from hospitals, general practitioners and assistant county medical officers of health, and the consent of the Chairman of the Health and Social Services Committee is obtained in each case before arrangements are made for sending a patient to a private home. When the patient can afford it the cost is recovered in full, otherwise the National Scale B is applied.

Nursing equipment and comforts are loaned or hired to patients from the loan depots established in various parts of the county by the St. John Ambulance Brigade, the British Red Cross Society and the County Nursing Association.

Statistics

After-Care Services provided by the British Red Cross Society

	1949	1950	1951	1952	1953
<i>Home Visiting:</i>					
Number of home visits	4,286	3,445	4,214	3,139	5,340
Number of new cases seen	—	200	231	187	190
Number of patients visited	—not available—				3,000
<i>Articles Supplied:</i>					
Special invalid foods	2,741	2,001	1,667	880	705
Bedding	107	118	135	107	166
Handicraft materials	404	453	457	424	505
Clothing	290	298	337	309	311

Venereal Disease

The services of health visitors are available to undertake the follow-up of persons referred by consultants in venereal diseases in charge of regional hospital board treatment centres. Since the appointed day very few cases have been referred under this arrangement.

The number of Dorset patients dealt with for the first time during 1953 at treatment centres was 213, classified as follows:—

<i>Treatment Centre</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other conditions</i>	<i>Total</i>
Bournemouth	3	6	30	39
Dorchester	3	1	10	14
Poole	9	8	70	87
Salisbury	—	2	5	7
Weymouth	3	12	47	62
Yeovil	—	—	1	1
Other Centres	—	—	3	3
Totals	18	29	166	213

Domiciliary Care of Old People

The policy laid down in 1949, of keeping as many old people as possible in their own homes with whatever assistance can be given by the various services available, has been further pursued. Full use has been made whenever possible of the home nursing service and the domestic home help service.

It should be noted that this policy, combined with strict screening of all applicants for entry into residential accommodation is having a marked effect on the type of case coming into the care of the County Council. The average resident admitted to any of the Council's homes is at the present time in need of more care and attention than was the case two or three years ago, and this is borne out by the fact that more than twenty-five per cent of the residents in all the Council's homes at the present time are aged eighty years or over.

Provision of Old People's Dwellings by Local Authorities

The arrangements whereby annual contributions are made to housing authorities in respect of the provision by them of self-contained dwellings for old people have continued with the consent of the Minister of Housing and Local Government, under the provisions of Section 126 of the Local Government Act, 1948.

In addition to the agreements made with Poole Borough Council in 1951, and with Sturminster Rural District Council and Wimborne Urban District Council in 1952, a contribution has been recommended to Blandford Rural District Council in respect of seven dwellings at Milborne St. Andrew.

Statistics

The following table shows how the applications for residential accommodation received during the year have been dealt with:—

<i>Source of Application</i>	<i>Provided with Home Help</i>	<i>Admitted to Hospital</i>	<i>Referred to other local authorities</i>	<i>Applications withdrawn after investigation</i>	<i>Admitted to residential accommodation</i>
General Practitioner ..	1	13	3	10	78
Relative	—	1	—	1	16
National Assistance Board ..	1	—	—	4	9
Hospital	—	1	3	7	45
Personal	5	2	9	10	86
Totals	7	17	15	32	234

Admission of Chronic Sick Cases to Hospital

It is now generally recognised that the admission of an elderly person to a hospital bed for chronic sick may be urgent on purely social grounds as opposed to medical reasons.

With a view to helping both the hospital authorities and the general practitioners concerned, an arrangement was made with the Bournemouth and East Dorset Hospital Management Committee in June, 1953, whereby the social conditions of every applicant for a hospital bed for chronic sick should be fully investigated by this department, and a report made to the hospital.

The following table gives the numbers of cases investigated up to 31st December, 1953. If a case is not recommended for priority, follow-up visits are made to determine if priority is required at a later date.

The hospital has indicated that these reports are of great help.

Chronic Sick Admissions to Hospital 10th June to 31st December, 1953

<i>Hospital Management Committee</i>	<i>Requests for Investigation of Home Conditions</i>	<i>Recommended for Priority Admission</i>	<i>Not Recommended for Priority Admission</i>	<i>Request cancelled through Decease, etc.</i>
Bournemouth and East Dorset H.M.C.	190	78	92	20

Prevention of Illness

Although certain preventive measures are included in other services provided by the local health authority, powers are given under Section 28 to deal with this subject on a much wider scale. It often happens that matters of a socio-medical nature are of sufficient importance to warrant special attention, and in order that investigations may be conducted on scientific lines co-operation has been maintained with the Social Medicine Unit, Oxford University, and the Ministry of Health. Such an arrangement helps to solve local problems and also contributes to medical knowledge.

Surveys in conjunction with the Social Medicine Unit and the Ministry on the following subjects have been commenced or carried out by various officers of the health department during their normal duties:—

- | | |
|---------------------------------------|--|
| (a) School leavers; | (d) Retrolental fibroplasia in premature infants; |
| (b) Virus infection during pregnancy; | (e) The use of gas and air analgesia in domiciliary midwifery. |
| (c) New-born infants; | |

Investigations into outbreaks of infectious disease are also undertaken as part of the routine work in the department, and an epidemiological committee consisting of the county, area and district medical officers of health, together with representatives of the medical staff of the laboratories, has been formed to deal with major outbreaks. This committee can be called as soon as an epidemic occurs in order to decide on the best means of investigating and controlling it.

Health Education

During the year progress was made in health education schemes in the county generally. Most of the work continues to be carried out at county welfare centres and ante-natal clinics where the health visitors, as well as giving advice to individuals, arrange talks to groups of mothers on health topics. Posters and leaflets are distributed as widely as possible and exhibition stands issued by the Central Council for Health Education are displayed from time to time. Certain of the district medical officers of health followed-up the clean food campaigns organised during 1952 by further visits and talks at schools, canteens and meat factories.

A supply of suitable film strips is kept at the central office, and these are available to health visitors for showing at infant welfare centres. Film shows have also been given from time to time, and there is no doubt that this is a popular form of communal health education.

During the spring an intensive campaign to maintain a high level of diphtheria immunisation in the child population was carried out in conjunction with the Central Council for Health Education. A B.B.C. talk was given on the subject in *News in the West*, an article appeared in the local press, and advertisements were published and shown in the form of lantern slides in local cinemas. Posters were exhibited as widely as possible and a quantity of leaflets with consent forms was issued to health visitors and district nurses for distribution to individual parents.

Another profitable field for health education is the prevention of accidents in the home. This is a subject particularly suited for informal discussions at infant welfare centres.

During the autumn a highly successful series of courses were organised at Dorchester by the Central Council for Health Education, to which medical officers, sanitary inspectors, health visitors and district nurses were invited. The subjects covered were:—

- (a) The function of the child health centre;
- (b) Visual aids, public speaking and group leadership; and
- (c) The Fate of the Family.

Each course consisted of lectures, films, demonstrations and talks as well as discussions by the persons present. The staff attending the courses found them most stimulating, and all agreed that they had been given many new ideas for carrying out health education in their particular spheres and areas.

DOMESTIC HELP SERVICE (Section 29)

The demand for the service has steadily grown during the year, 555 cases being helped in 1953 in comparison with 454 in 1952; this increase is mostly in the areas of the county outside Poole and Weymouth. The equivalent of 45 full-time helps were employed in 1953 as compared with the equivalent of 35 in 1952.

The growing demand is due to the good work of the voluntary organisers in the country districts, and to the continued help of the district medical officers and their staffs; difficulty has, however, been experienced in organising an adequate service in Sherborne. A full-time help was employed there for five months, but as work was intermittent, a change has had to be made in this arrangement.

The services of a local voluntary organiser appears to be the answer to the problem, but every effort to date has failed to find one.

This personal service is decentralised to ensure that it can adapt itself satisfactorily to individual needs, and provide a prompt and human contact with the people being assisted and with the helps themselves. As the service caters for all classes of persons only frequent visiting and easy access to the local organiser can produce a smooth running and efficient service.

A basic routine has been laid down for the whole county for visiting cases, selection of helps, and accounting, but the division of these duties between the local organisers and the appropriate staff of the county health department shows great variation. In the two main areas of population, Poole and Weymouth, the service is decentralised completely under the day-to-day supervision of the respective area sub-committees. In three other areas, where the service is based on the offices of the district medical officer of health, the only functions performed by central staff are the final selection of helps and assessment of householders ability to pay. In another similar area, however, the accounting is undertaken by the central staff, in addition to the two other duties already mentioned. As regards the remaining areas, voluntary organisers undertake most of the duties. The only parts of the county where all functions are undertaken from county hall are those not yet covered by voluntary organisers, and are principally remote, sparsely populated rural areas.

Contact with the hospital almoners and with the National Assistance Board has been close and helpful.

Staff

There is one county organiser, one full-time and one part-time area organiser, and ten voluntary organisers, seven working to a greater or lesser extent in conjunction with the district medical officers. Most of the county helps are spare-time workers, often appointed for a particular case. A nucleus of helps with a guaranteed week is found essential in urban areas, particularly where work is easily available. The duties appeal to public spirited women and in urban districts, apart from a few where the labour position is very difficult, it has been possible to recruit adequate and efficient helps. In rural areas, however, where it may only be possible to offer intermittent work, recruitment is not quite so easy.

Cases

A very large proportion of home helps are assisting old people, 236 having been visited during 1953 compared with 184 in the previous year.

	Beaminster	Blandford	Bridport	Dorchester	Lyme Regis	Poole	Shaftesbury	Sherborne	South Dorset	Sturminster	Swanage	Wareham	Wimborne	Total
<i>Cases:</i>														
Old	—	9	19	9	—	49	7	—	42	6	5	6	5	157
New	2	19	27	27	3	166	20	5	55	27	7	8	32	398
Totals ..	2	28	46	36	3	215	27	5	97	33	12	14	37	555
<i>Types of Cases:</i>														
Maternity —Old ..	—	—	1	—	—	5	—	—	—	1	—	—	—	7
—New ..	2	10	8	8	2	72	3	1	12	9	1	—	6	134
Old Age —Old ..	—	7	15	7	—	27	4	—	39	5	2	4	4	114
—New ..	—	5	12	9	—	25	7	1	29	13	1	6	14	122
Long-term Illness —Old ..	—	2	3	—	—	14	3	—	1	—	3	1	—	27
—New ..	—	2	3	1	1	10	2	1	5	2	4	—	6	37
Short-term Illness —Old ..	—	—	1	2	—	2	—	—	—	—	—	—	—	5
—New ..	—	1	3	8	—	56	8	2	8	3	1	—	6	96
Tuberculosis —Old ..	—	—	—	—	—	1	—	—	2	—	—	1	1	5
—New ..	—	1	—	1	—	3	—	—	1	—	—	2	—	8
<i>Helps:</i>														
Full-time	—	1	1	—	—	2	—	1	2	—	1	—	—	8
Part-time	—	1	2	2	—	2	2	—	12	2	—	1	3	27
Spare-time	2	6	7	3	1	38	10	1	2	7	1	5	9	92
Totals	2	8	10	5	1	42	12	2	16	9	2	6	12	127
<i>Hours:</i>														
Worked	246	7,685	7,306	4,956	177	27,635	5,254	1,211	16,632	3,732	1,598	5,375	6,600	88,407
Travelled	—	849	670	843	18	227	474	71	1,357	710	458	661	1,169	7,507
Waiting	—	108	99	76	—	—	25	122	63	46	48	—	—	587
Sickness	—	299	191	55	—	18	9	—	294	47	—	4	—	917
Holiday	—	154	268	69	—	201	29	22	851	79	126	60	18	1,877
Totals	246	9,095	8,534	5,999	195	28,081	5,791	1,426	19,197	4,614	2,230	6,100	7,787	99,295
Equivalent full-time helps														45.5

Number of Cases for whom Helps were provided, 1950-1953

Types of Cases	1950	1951	1952	1953
Maternity	60	121	118	141
Old Age	84	155	184	236
Tuberculosis	8	11	16	13
Long-term Illness	38	43	47	64
Short-term Illness	84	110	89	101
Mental Deficiency	—	—	—	—
Totals	274	440	454	555

Domestic Help Service Staff, 1950-1953

Helps	1950	1951	1952	1953
Full-time	6	8	8	8
Part-time	12	16	19	27
Spare-time	48	53	72	92
Totals	66	77	99	127
Equivalent full-time helps	12.5	26	35	45.5

MENTAL HEALTH (Section 51)

Administration

Committee

The Social Services Sub-Committee of the Health and Social Services Committee is responsible for the administration of matters coming within the scope of the Mental Deficiency Acts, the Lunacy and Mental Treatment Acts, and the care and after-care of persons suffering from mental illness.

Staff

The assistant county medical officers who are approved for the purpose of certifications under the Mental Deficiency Acts, the consultant psychiatrist, health visitors, psychiatric social worker, duly authorised officers and mental health officers all co-operate in this service.

There has been a considerable increase in this work, particularly in the care of mental defectives, during the past six years. In order to meet the expansion in this particular aspect of mental health work the County Council's proposals under Section 51 of the National Health Service Act provide for a chief mental deficiency officer, two welfare officers and two home teachers. With the exception of one home teacher, who is a Member of the Association of Occupational Therapists, none of the staff have any special qualifications, but have had considerable experience in this type of work. In addition, there are seven persons employed at the Poole Occupation Centre consisting of one supervisor, who is also a Member of the Association of Occupational Therapists, five assistants and a cook.

The consultant psychiatrist was appointed during 1951 to the extent of 1/22nd of his time for duties connected with the mental health service. There is one psychiatric social worker working with him who, although appointed in 1948, was initially engaged on child guidance work.

The establishment of duly authorised officers has been increased from four to five since the National Health Service Act came into operation, and they undertake duties in connection with the Lunacy and Mental Treatment Acts, in addition to certain welfare work. One of these officers attended a refresher course in mental health in 1953.

No arrangements have as yet been made for the other duly authorised officers to attend refresher courses, but health visitors have been given the opportunity of attending instruction for the Diploma in Social Administration sponsored by the University College of the South-West of England, Exeter. Certain aspects of mental health are included in this course, and six health visitors have obtained a diploma to date. These officers will be used to an increasing extent in the county service.

The chief mental deficiency officer and one mental health welfare officer attended refresher courses during the year, and arrangements have been made for the other welfare officer to attend a course shortly.

The supervisor and certain members of the staff of the Poole Occupation Centre, as well as the home teachers, have attended appropriate courses, and arrangements will be made for other members of the staff to attend from time to time as found necessary. Vacancies allotted by the National Association for Mental Health for refresher courses for medical officers are regularly taken up.

Co-ordination with Regional Hospital Board

Co-operation with the Coldeast group of hospitals for mental defectives, with Hortham Colony and the Royal Western Counties Institution, Starcross, is excellent. A large number of Dorset patients are still accommodated in the two latter institutions, to which they were admitted prior to the present arrangements with the South-West Metropolitan Regional Hospital Board. The mental deficiency welfare officers supervise defectives on licence from institutions who reside in this county, and regular visits are paid by assistant county medical officers. Defectives discharged from Orders are also given friendly guidance and help when necessary.

It is hoped that the lack of a psychiatric social worker at Herrison Hospital will not impair the relationship with the duly authorised officers and health visitors in their work of supervising and assisting out-patients from the hospital when required.

The number of defectives awaiting admission to regional hospital board institutions at the 31st December, 1953, was 46, as against 61 at the 31st December, 1952. This reduction is mainly due to the provision of statutory supervision, home teaching, or admission to occupation centres, which has assisted in stabilising the defectives and rendered institutional care unnecessary in certain cases, but the number of hospital beds made available to this Authority during the year 1953 was ten less than in 1952. The waiting time for individual cases and the overall waiting list is a matter of concern, and it is hoped that hospitals will be able to expedite admissions in the near future. It is appreciated that the institutions are finding it increasingly difficult to maintain a reasonable turnover, and that many types of defectives who formerly died at a comparatively early age from respiratory and other infections are, since the introduction of penicillin and other antibiotics, surviving for a much longer period.

There is a real need to provide more places for high-grade children and young adults requiring training, apart from the lower grades, which should be in separate institutions with adequate staff and equipment for training purposes. Many parents are deterred from consenting to their children going to institutions solely because they will be living with lower grade imbeciles and idiots; this reluctance on their part is quite understandable.

It is rather disappointing that Coldharbour Hospital which is situated in the county, could not be made available solely for Dorset cases. This would enable closer contact with local authority arrangements and should, therefore, result in an increased turnover of places. Parents would benefit by the better facilities for visiting, and could more frequently take the patients home for holidays.

Duties delegated to Voluntary Associations

No duties are delegated to voluntary associations directly under Section 51 of the National Health Service Act, but the Dorset County Branch of the British Red Cross Society, as part of the after-care duties undertaken as the agents of the County Council, is prepared to assist in arranging home visits to suitable cases of mental illness excluding mental defectiveness.

Account of Work undertaken in the Community

National Health Service Act—Section 28

The early ascertainment of mental defectives is continuing satisfactorily, and their training is provided for by the Poole Occupation Centre and two home teachers. One home teacher has carried out her duties in the East of the county since 1st September, 1948, and a second has since 1951 been carrying out similar duties in the West of the county. This training is of considerable benefit to the defectives who cannot attend an occupation centre. Kindness and patience on the part of the teachers ensures the interest and co-operation of the patients and excellent results are obtained not only in the standard of the work produced, but in the general demeanour and outlook of the defectives.

Little advance has been made in the promotion of welfare for psychoneurotics, borderline psychotics and inadequate personalities of normal or limited intelligence.

Lunacy and Mental Treatment Acts

The closest co-operation is maintained between the duly authorised officers, the medical superintendent of the mental hospital, the county psychiatrist and the police, and all removals have been carried out without undue difficulty.

Admissions to Hospital

Year	Voluntary		Temporary		Certified		Total	
	Men	Women	Men	Women	Men	Women	Men	Women
1949	19	22	2	8	76	98	97	128
1950	12	15	1	3	78	113	91	131
1951	10	22	—	5	69	92	79	119
1952	18	33	2	4	46	90	66	127
1953	32	40	2	3	51	109	85	152
Totals	91	132	7	23	320	502	418	657

Ascertainment of Mental Defectives

The main source of ascertainment is through the school health service. Following grading by the school medical officers the welfare of the defectives becomes the responsibility of the Health and Social Services Committee. Thirty-one children were notified by the Education Committee during the year of whom seven required institutional care or training.

Children with an intelligence quotient of about 55 or under are not educable and should be graded as defectives. This is always a proper decision to make when there is an alternative training scheme available under the local health or hospital authority arrangements, as high-grade defectives can be trained to do useful work and to become self-supporting under supervision. It is often a difficult decision to make if the only alternative to attendance at school is to remain at home all day, adding to the responsibility of the mother and the rest of the family.

Statistics

The following table relating to mental defectives gives details of the ascertainment of cases during the past five years:—

Grade	Number ascertained				
	1949	1950	1951	1952	1953
Feeble-minded	37	42	46	46	40
Imbeciles	26	16	11	28	18
Idiots	3	6	1	2	—
Moral defectives ..	1	1	—	—	—
Totals	67	65	58	76	58

Guardianship

Every effort is made to deal with suitable cases by placing them under the guardianship of relatives or other suitable persons, thus avoiding the necessity of sending them to institutions.

One guardianship home, approved by the Board of Control for the reception of eight defectives, is situated in a rural part of the county with a large garden and an adjoining field for recreation. The house has been enlarged and adapted for their special needs and comfort, and the home teacher visits weekly in order to give instruction in various types of handicrafts.

Welfare officers visit new cases reported and undertake the supervision of all defectives in the county under statutory or voluntary supervision, on licence and under guardianship, as well as finding situations for defectives capable of employment. They also visit and report upon the homes of defectives in institutions who are coming under review by visiting justices.

Home Teaching

Two home teachers are employed to give instruction in various forms of handicraft to defectives living at home or under guardianship as many of them, in view of the isolated situation of their homes, could not attend occupation centres. This has proved of considerable benefit to the defectives, providing interest and occupation, and fostering a spirit of contentment in their sometimes rather aimless life.

Occupation Centre

The occupation centre at Poole which has been in existence for many years, was taken over by the County Council in 1947. Each new entrant is examined by an assistant medical officer before admission, and regular medical inspections are carried out thereafter.

The number attending has steadily increased, reaching 59 in 1953. The house is admirably suited for the purpose, as the defectives can be grouped in different rooms according to their ages and degree of mental defect; there is also a pleasant garden where games and exercises are organised for them. Dinners cooked on the premises are provided at a nominal charge, and the preparation of meals and kitchen work form part of the training.

The Centre is now full to capacity, and as the demand for vacancies continues to increase the question of an extension of the premises needs consideration.

No other occupation centres are provided, but several Dorset cases near the county border attend the centre at Yeovil in Somerset.

Transport

The county ambulance service undertakes the transport of defectives to the Poole and Yeovil occupation centres from a fairly wide and scattered area, and escorts travel with them.

Cases for admission to hospital under the Lunacy and Mental Treatment Acts are normally conveyed by hired transport due to the difficulty in arranging for a hospital car at short notice, but the county ambulance service is utilised when the family doctor considers this to be necessary. All female patients admitted to hospital are accompanied by a female attendant.

Statistics

Details of mental defectives under Care at 31st December, 1953

	Under 16		Over 16		Total
	Males	Females	Males	Females	
Under Guardianship	1	1	42	67	111
Under Statutory Supervision	48	45	59	85	237
Under Voluntary Supervision	2	—	3	5	10
Attending Occupation Centres	15	17	14	13	59
Receiving home teaching	11	14	11	32	68
In institutions (including cases on licence)	35	24	216	212	487
In an Approved Home	2	7	—	—	9

Details of mental defectives under Care at 31st December, 1949—1953

	1949	1950	1951	1952	1953
Under Guardianship	129	123	117	112	111
Under Statutory Supervision	202	199	195	224	237
Under Voluntary Supervision	15	14	7	8	10
Attending Occupation Centres	44	48	49	55	59
Receiving home teaching	30	31	52	67	68
In institutions (including cases on licence)	448	463	478	482	487
In an Approved Home	—	—	1	9	9

SOCIAL SERVICES (National Assistance Act, 1948)

Reception Centres (Section 17)

The County Council maintains, on behalf of the National Assistance Board, one reception centre attached to Stoke Water House, Beaminster, for persons without a settled way of living.

I would again place on record my opinion that it is unsuitable from the point of view of both the residents and the staff that a reception centre should have to be maintained in conjunction with an old people's home, and this particularly applies to a home in a rural setting such as Stoke Water House.

Statistics

	1953		
	Men	Women	Total
Night accommodation provided at the Reception Centre ..	3,780	—	3,780
Highest monthly total (August)	412	—	412
Lowest monthly total (September)	246	—	246

Provision of Accommodation (Sections 21—28) (Table 21)

RESIDENTIAL ACCOMMODATION

Further progress has been made in the provision of residential accommodation for those in need of care and attention not otherwise available to them.

New Homes

The new home at Swanage, accommodating thirty-five residents, was completed and was formally opened by the Minister of Health on 17th April.

The Council decided not to proceed with the adaptation of 'St. Martin's', Gillingham, but to provide an entirely new home for approximately thirty-six residents on this site. Plans were prepared and approved in principle by the Minister of Health, and it is expected that work will commence in 1954.

Extension of Existing Homes

Work proceeded on the extensions to the homes at Dorchester and Weymouth, increasing the total accommodation to thirty-nine and forty places respectively. The extension to the Dorchester home was completed during the year, and that at Weymouth will be finished in 1954.

Adaptation of Existing Premises

By altering and adapting the home at Beaminster, it has been possible to increase the accommodation by thirty-three places, to a total of one hundred and six.

Proposals were formulated for the adaptation of the Blandford home to increase the accommodation to fifty places, and it is anticipated that the work will be completed in 1954. As the result of these schemes accommodation will be available for a total of five hundred and seventy-eight residents.

Joint User Arrangements

By providing the increased accommodation at Stoke Water House, Beaminster, it has been possible to remove the 32 residents from Port Bredy Hospital, Bridport.

Three establishments continued under joint user between the County Council and the Regional Hospital Board, namely those at Poole, Wareham and Wimborne. Good relations continued to exist between the two authorities.

Voluntary Organisations

The arrangement continued between the County Council and the Bournemouth Old People's Welfare and Housing Society Limited, in regard to the accommodation of elderly persons in homes belonging to the Society. A similar arrangement was completed between the County Council and the Poole Old People's Welfare and Housing Society Limited in regard to Langdon Hostel, Parkstone. A number of persons were also accommodated in voluntary homes outside the county.

Amenities

An occupational therapist employed by the County Council continues to visit regularly six of the residential homes for elderly people. Interest has been maintained, but much supervision is needed to produce a good quality of finished article, and the number of old people taking part does not show any appreciable increase.

Old age pensioners who are smokers receive an ounce of tobacco or twenty cigarettes free each week, in addition to their national tobacco token. With certain exceptions, non-pensioners who are smokers also receive an ounce of tobacco free each week. People who do not smoke are provided instead with one-quarter of a pound of sweets free of charge.

Clothing to the value of £8 to £10 a year for each resident is supplied in necessitous cases. So far as is possible and within certain price restrictions, residents are allowed to choose their outer clothing.

A summer outing for the residents is arranged by the officer in charge of each home, and the Council make a grant towards expenses.

During the winter months film shows are presented at the three larger homes once a fortnight. One of the smaller homes has had a television set presented, while another of the smaller homes has been able to purchase a set with regular weekly subscriptions by the residents.

Residents are allowed one week's leave of absence from the home each year without being charged for the accommodation.

Statistics

Accommodation available and numbers accommodated at 31st December, 1953

<i>Premises</i>	<i>Places Provided</i>	<i>Places Occupied</i>			
		<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
<i>In Homes under County Council Management:</i>					
Stoke Water House, Beaminster	106	64	33	—	97
Stour View House, Sturminster Newton	114	33	69	6	108
Christmas Close, Wareham	56	30	23	—	53
Maiden Castle House, Dorchester	39	14	23	—	37
'The Lawns', Weymouth	23	9	14	—	23
Belmont Court, Parkstone	22	7	15	—	22
Castleman House, Blandford	36	11	23	—	34
James Day Memorial Home, Swanage	35	10	25	—	35
<i>In Hospitals under the control of Hospital Management Committees:</i>					
Poole General Hospital (St. Mary's Block)	43	20	22	—	42
East Boro' Hospital, Wimborne	46	24	20	—	44
Totals	520	222	267	6	495

Age Groups of Residents in County Establishments and Voluntary Homes as at 31st December, 1953

Establishment	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Grand Total
	30—49		50—59		60—64		65—69		70—79		80 and over		Totals		
Stoke Water House, Beaminster	1	2	11	2	7	3	11	2	21	17	13	7	64	33	97
St. Mary's Hospital, Poole	1	1	2	3	2	4	5	3	7	11	3	—	20	22	42
Stour View House, Sturminster Newton	2	1	3	6	1	7	4	8	17	30	6	14	33	66	99
Christmas Close, Wareham	—	1	2	—	1	4	3	5	15	8	9	5	30	23	53
East Boro' Hospital, Wimborne	3	—	2	4	2	2	3	1	12	7	2	5	24	19	43
Maiden Castle House, Dorchester	—	—	1	1	2	1	1	2	3	10	7	9	14	23	37
'The Lawns', Weymouth	—	—	—	—	—	1	—	—	7	7	2	6	9	14	23
Castleman House, Blandford	—	—	—	—	1	1	—	1	1	1	9	20	11	23	34
Belmont Court, Parkstone	—	—	—	1	—	—	2	—	3	8	3	5	8	14	22
James Day Home, Swanage	—	1	1	—	—	—	1	1	7	12	1	11	10	25	35
Bournemouth Old People's Homes	—	—	—	—	—	—	—	—	8	9	4	14	12	23	35
Poole Old People's Homes	—	—	—	—	—	—	—	—	2	3	2	2	4	5	9
The Meath Home, Godalming	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Salvation Army Home, Marlow, Bucks.	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Pembroke House, Royal Naval Home, Chatham	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Bath Home for Deaf Women, Bath	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Maurice House, Westgate-on-Sea	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Chalfont Colony for Epileptics, Chalfont	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Maghull Home for Epileptics, Liverpool	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Ridgemoor Home, Egham, Surrey	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
Star and Garter Home, Rich- mond, Surrey	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Wavertree House, Hove, Sussex	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Royal School for the Blind, Leatherhead	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Torr Home for the Blind, Plymouth	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Totals	12	7	22	18	16	23	31	23	103	126	61	99	245	296	541
	19		40		39		54		229		160		541		

Admissions, Discharges and Deaths during the Year 1953

Admissions	Discharges			Deaths	Total
	To Home	To Hospital	To Mental Hospital		
234	70	81	2	37	190

Persons accommodated on 31st December, 1953, in homes under the control of voluntary organisations

<i>Name of Organisation or Home</i>	<i>Places Provided</i>		
	<i>Men</i>	<i>Women</i>	<i>Total</i>
<i>In-County:</i>			
Bournemouth Old People's Welfare and Housing Society Ltd. ..	12	23	35
Poole Old People's Welfare and Housing Society Ltd. ..	4	5	9
<i>Out-County:</i>			
<i>Blind Persons:</i>			
Wavertree House, Hove, Sussex	—	1	1
Royal School for the Blind, Leatherhead, Surrey	1	—	1
Torr Home for the Blind, Plymouth, Devon	—	1	1
<i>Epileptics:</i>			
The Meath Home for Epileptics, Godalming	—	1	1
Chalfont Colony, Chalfont St. Peter	1	—	1
Maghull Home for Epileptics, Liverpool	1	—	1
<i>Others:</i>			
Salvation Army Home, Marlow	—	1	1
Pembroke House, Royal Naval Home, Chatham	1	—	1
Bath Home for Deaf Women	—	1	1
Maurice House, Westgate-on-Sea	1	—	1
Ridgemoor Home, Egham, Surrey	—	1	1
Star and Garter Home, Richmond, Surrey	1	—	1
Totals	22	34	56

TEMPORARY ACCOMMODATION

On 20th February the County Council decided that temporary accommodation be not provided under Section 21 (1) (b) of the National Assistance Act, 1948, for persons whose need for accommodation arises solely by reason of their having been evicted from their homes in circumstances which could reasonably have been foreseen.

All such cases are, however, investigated with a view to their rehabilitation. Close co-operation is maintained between the Council's welfare officers and the district authorities' housing departments, and where children are involved the cases are referred to the County Children's Officer.

Since this decision was made no evicted families have been provided with temporary accommodation and every effort is being made to rehabilitate the families still living at one of the old people's homes.

Statistics

Families provided with Temporary Accommodation during 1953

	<i>Persons Evicted from Local Authority Houses</i>			<i>Others</i>			<i>Total Persons</i>
	<i>Women</i>	<i>Children</i>	<i>Total</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>	
Applications received	9	35	44	44	101	145	189
Admitted to Temporary Accommodation	1	3	4	3	5	8	12
Other Accommodation Found	8	32	40	41	96	137	177

Families Accommodated on 31st December, 1953

	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
Evicted	—	2	5	7
Others	—	2	1	3
Totals	—	4	6	10

Welfare Services (Sections 29 and 30)

BLIND AND PARTIALLY SIGHTED

Administrative Arrangements

Co-ordination of all work for the welfare of these groups of handicapped persons, by the health department, in close liaison with the West Regional and Dorset County Associations for the Blind, aims at giving the maximum service possible. Facilities offered by other voluntary organisations are utilised as reported under the appropriate headings.

Registration

On the 31st December, 1953, there were 654 persons on the blind register and 80 on the partially sighted register. Statistics continue to shew that the majority of newly certified cases fall in the older age groups, many of whom have other severe physical handicaps.

During 1953, 97 Forms B.D.8 were received, 71 new cases were admitted to the blind register and 3 of these had previously been on the partially sighted register. Two persons were removed from the register as having improved visual acuity. Eighteen partially sighted were newly admitted to the register, and in 6 cases the applicants were found to have too much sight to justify inclusion in either register.

One case of retrolental fibroplasia was registered being one of premature female triplets, and two persons suffering from glaucoma were found to have received no previous treatment for their condition. One case of ophthalmia neonatorum was notified during the year, but there was no impairment of vision.

Close liaison is maintained with ophthalmologists and almoners at hospitals, and general practitioners, to ensure that treatment prescribed is carried out and every encouragement is given to patients to submit to operation where this is recommended.

Home Teaching and Visiting

This is carried out by qualified staff. General welfare work forms a large part of the home teachers' duties, and in addition they instruct in the reading and writing of embossed types, and various handicrafts wherever practicable, in the patient's own home in addition to running two handicraft centres. In co-operation with the Dorset County Association for the Blind the teachers organise seven social centres. Blind pupils exhibited and won many awards at the Dorset Arts and Crafts Exhibition and Bristol Guild of Blind Gardeners Annual Show.

Workshop Employment

A Dorset journeyman is employed at the South Devon and Cornwall Institution for the Blind, and a journeywoman at the Royal School for the Blind, Leatherhead, as there are no sheltered workshops run by this Authority. Payments to these workers have been increased during the year in accordance with National Scales.

Home Employment

Eighteen fully trained blind persons were employed as home workers at the end of the year. The 9 men and 7 women who come under the Bristol Royal Blind Asylum Workshops Scheme, benefit from increased rates of augmentation under the revised arrangements, whilst negotiations are still in progress with the National Library for the Blind regarding 1 man and 1 woman under their supervision. These voluntary bodies act on behalf of the Council in respect of supervision and payments of augmentation.

Marketing

The increased flow of cheap foreign goods into the country has accentuated the difficulties of the disposal of work, in spite of all the efforts under the Home Workers Scheme and the sales held throughout the county in conjunction with the Dorset County Association for the Blind. The co-operation of certain County Council departments in placing orders is greatly appreciated, but it is felt that this could be considerably extended. The help given by the Weymouth and Portland Trades Council in providing a free space at their exhibition, and of the Women's Voluntary Services has been of great value in obtaining private orders, and the home teachers do all they can to encourage purchases being well aware of the importance of keeping their workers fully occupied.

Employment in Open Industry

There were 42 men and 7 women employed in this field at the end of the year, 3 of whom were newly engaged; one man was discharged during 1953. Full co-operation is maintained with the Ministry of Labour and 2 men were sent to Torquay for rehabilitation as a result. Agreement has been reached with the Royal National Institute for the Blind, through their placement service section, to act as agent for this Authority. The welfare officer for the blind serves on the Disablement Committees of the Ministry of Labour at Poole and Weymouth.

General Social Welfare

Arrangements were made for one woman to go to Torquay for two months for social rehabilitation. The co-operation of the Dorset County Association for the Blind for help with holidays and special needs is acknowledged.

Persons in Hospitals, Homes, etc.

Of the 94 persons over the age of sixteen living away from home, 34 were in the care of the Regional Hospital Board and close co-operation is maintained with the managing bodies to provide any welfare service possible. Of the remainder, 24 are in homes for the blind and 29 in other homes provided under Part III of the National Assistance Act, 1948; the remaining 7 are in privately run residential homes. In every case the welfare services are available.

Partially Sighted Children

There are two partially sighted children on the register who have been recommended for education at special schools. Unfortunately, however, there is a lack of vacancies in such schools and these two children were not placed by the end of the year.

Blind Persons—Age Periods

Sex	Pre-School Age	School Age	School Age to 59	60—64	65 and over	Total
Male	1	7	101	17	154	280
Female	2	2	70	26	274	374
Totals	3	9	171	43	428	654

School Age

Sex	Educable		Ineducable		Total
	Special Schools	Awaiting Admission	Severe Physical Handicaps	M.D. Institutions	
Male	3	—	2	2	7
Female	2	—	—	—	2
Totals	5	—	2	2	9

School Age—Normal Pensionable Age

Sex	Employed		Open	Training		Unemployed			Total	
	Sheltered			Sheltered	Professional or University	Trained	Trainable	Not Available		Not Capable
	Workshops	Home Workers								
Male	1	8	35	2	1	5	1	20	45	118
Female	1	8	4	—	—	—	—	35	22	70
Totals	2	16	39	2	1	5	1	55	67	188

Normal Pensionable Age

Sex	Employed		Not Employed	Total
	Sheltered	Open		
Male	2	7	145	154
Female	—	3	297	300
Totals	2	10	442	454

Not in their own homes

Sex	Residential Accommodation provided under Part III of the 1948 Act, viz.: Section 21		Residential Homes (other than Part III)	Mental Hospitals	Mental Deficiency Institutions	Other Hospitals	Total
	Homes for the Blind	Other Homes					
Male	7	12	—	5	4	6	34
Female	17	17	7	1	2	16	60
Totals	24	29	7	6	6	22	94

A. Follow-up of Registered Blind

(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	18	1	1	10
(b) Treatment (medical, surgical or optical)	23	7	—	11
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	22	7	—	9

N.B.—Three cases died before they could receive treatment.

B. Ophthalmia Neonatorum

(i) Total number of cases notified during the year	1
(ii) Number of cases in which:—	
(a) Vision lost	Nil
(b) Vision impaired	Nil
(c) Treatment continuing at end of year	Nil

Partially Sighted Register

A. Follow-up of Registered Partially Sighted Persons

(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No Treatment	5	—	—	3
(b) Treatment (medical, surgical or optical)	5	1	—	4
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	5	1	—	4

DEAF OR DUMB

Administrative Arrangements

The Ministry of Health's outline scheme, included in circular 32/51 for the provision of welfare services under Sections 29 and 30 of the National Assistance Act, 1948, for persons who are deaf or dumb, has been adopted by the County Council and approved by the Minister of Health. The Wilts and Dorset Association for the Deaf have undertaken to provide these services as agents of the County Council, for which they receive an annual grant; the Council having representation on the Committee of the Association.

Details of all cases applying for assistance are entered on duplicate registration record cards and approved by the county health department for inclusion in the register if suitable. One record card is forwarded to the Association for necessary action; the other being retained in the central register. Thereafter additional information regarding the patient and services provided which have been recorded by the Association on the record card, is regularly sent to the county health department to ensure that the central register is kept up to date.

Social Welfare

The social welfare services provided by the Association are comprehensive and include interpretation in deaf sign language; advice in domestic subjects and in legal, health and family affairs. Sick visiting is undertaken at home and hospital as well as routine visiting and supervision, while negotiations are undertaken on behalf of the individual for work finding when industrial problems arise.

Social Centres

Social centres are provided for the deaf at Poole, Sherborne and Weymouth and a hard-of-hearing club meets regularly at Dorchester. The Association has endeavoured to establish social centres for the deaf and clubs for the hard-of-hearing in other parts of the county, but little support was received from the public. The situation is being kept under review and should the need arise in any particular area in the future, existing facilities will be extended.

Lip Reading Classes

Instruction in lip reading has been given by a worker of the Association at evening classes at Bridport and Dorchester, for which the local education authority has accepted financial responsibility. In previous years similar classes were also held in Sherborne, but had to be discontinued during 1953 due to the very small numbers wishing to avail themselves of this service.

Co-ordination

The Association works in conjunction with the Ministry of Labour and National Service, and its officers attend interviews in connection with the placement of deaf persons in suitable employment. All deaf persons on the register are visited at work from time to time by the Association's welfare officers who deal with any problems which may have arisen.

The County Council has had representation on the Executive Committee of the West Regional Association for the Deaf which covers the counties of Cornwall, Devon, Dorset, Gloucester, Somerset and Wiltshire with its headquarters in Bristol.

PHYSICALLY HANDICAPPED (GENERAL CLASSES)

Administrative Arrangements

The scheme, included by the Ministry of Health in circular 32/51 for the provision of welfare services, under sections 29 and 30 of the National Assistance Act, 1948, for handicapped persons other than the blind, partially sighted and deaf or dumb, has been adopted by the County Council and approved by the Minister of Health.

The British Red Cross Society as the agents of the County Council undertake general social welfare work, and give home instruction in handicrafts, crafts and other skilled activities for which they receive an annual grant.

No special staff is employed for this scheme. In addition to the voluntary workers of the British Red Cross Society, health visitors and welfare officers assist in visiting handicapped persons and arranging for any services required, while administrative arrangements are carried out by the central staff. The policy of utilising existing staff may, however, have to be reconsidered in the future, owing to the increasing demand for assistance under the scheme.

Cases are referred by general practitioners, hospitals, central government departments and by workers of voluntary organisations. On receipt of an application for assistance the person is visited by a health visitor in the area, and a report made to the county health department on general conditions and the special needs of the patient. After consideration of all aspects of the case the person's name is included in the central register, if a suitable subject, and arrangements made for the provision of services required, either through the agency of the British Red Cross Society or otherwise. Clinical problems that arise in connection with registration are dealt with by the county medical staff in close consultation with the family doctor.

Services Provided

The social welfare services for handicapped persons set out in circular 32/51 are comprehensive, and are provided wherever possible when the need for them arises. General advice and guidance is given and arrangements also made for any special services necessary, either through a voluntary organisation or otherwise. The British Red Cross Society, through its various branches, provides several of these services as an extension of the after-care facilities already available under the agency arrangement with the County Council under section 28 of the National Health Service Act. The Society does not, however, undertake the defraying of expenses incurred in the carrying out of works of adaptation.

Instruction in handicrafts, crafts and other skilled activities are given by members of the British Red Cross Society in the patients' own homes, and they assist handicapped persons to secure orders for their goods and to dispose of any saleable articles produced by them.

Arrangements for the admission of suitable cases to holiday homes are made by the county health department who also work in conjunction with the Ministry of Labour and National Service to assist handicapped persons in securing suitable employment, and help is also given with any arrangements for training under the Disabled Persons (Employment) Act.

Handicapped children are mainly dealt with by the school health service, but on leaving school these children are referred for inclusion in the register if necessary.

Development of the Service

During the first full year's working of the scheme the policy has been to concentrate on the registration of cases and the implementation of the obligatory clauses of circular 32/51. When fuller information has been acquired regarding the incidence of handicapped persons in the county and the nature of their needs, the advice of the Ministry of Health will be sought on extending the services to include those contained in the permissive clauses of the circular. It is probable that certain of these services will only be economically possible by establishing joint schemes with neighbouring authorities.

No financial provision was made during the year under review for defraying the expenses incurred in carrying out works of adaptation in the homes of handicapped persons designed to secure their greater comfort and convenience, but consideration will be given to the inclusion of a sum for this purpose in the estimates for 1954/55. All cases requiring alterations to their homes are visited and every endeavour is made to assist them by contacting interested bodies, including housing authorities and voluntary organisations.

No facilities at present exist in the county for workshop employment, as it is difficult to arrange these facilities in a rural area with a scattered population. It would appear that the only solution to the problem is the establishment of a workshop on a regional basis in conjunction with neighbouring authorities.

No scheme for home employment has been formulated, but it is understood that a Ministry circular is being prepared on this subject, and further consideration will be given to the matter in the light of recommendations made. Marketing of produce, in so far as it affects home employment, will be considered at the same time.

EPILEPTICS

The exact incidence of epileptics in the county is not accurately known, but eight schoolchildren have been graded as suffering from this handicap and sixteen epileptics are resident in Part III accommodation. In addition, three persons are maintained by the County Council in epileptic colonies in various parts of the country.

No special scheme has been formulated to cater for the needs of epileptics, services being provided when required under the Council's schemes prepared in accordance with section 28 of the National Health Service Act, and section 29 of the National Assistance Act.

SPASTICS

Spastic children of school age fall into two main classes, the educable with an intelligence quotient of sixty and upwards and the ineducable. Out of a total of fifteen in the former category, five are attending special schools, nine ordinary schools and one is receiving home tuition.

There are fourteen ineducable spastics under fifteen years of age; four attending the Poole occupation centre; six receiving home tuition; and four who are graded as imbeciles and receiving supervision in their own homes.

In addition, there are forty-two spastics over fifteen years of age on the mental deficiency register. These receive care and supervision by welfare workers, and those capable of simple handicrafts are also visited by the home teachers.

Registration of Disabled Persons' and Old Persons' Homes (Section 37)

No applications for registration under Section 37 of the National Assistance Act, 1948, were received during the year. The total number of existing registrations is nine.

Removable to suitable premises of persons in need of care and attention (Section 47)

During the year three cases were removed from their homes to residential accommodation under Section 47 of the Act. Two of these were women living alone under filthy conditions, not being able to care for themselves. The third case was that of a man living alone who did not feed himself adequately, and required periodical admission to hospital as the result of starvation.

One of the women was found on admission to be in need of hospital investigation and was admitted to hospital nine days later, while the other woman is still in residential accommodation and appears to have settled down well. The man was taken ill two weeks after admission, and was transferred to hospital where he died three days later.

Temporary Protection for Property of persons admitted to Hospitals, etc. (Section 48)

No new cases under this section have been reported during the year, but in seven cases the County Council continues to give protection to property of persons admitted to hospitals or residential accommodation.

PUBLIC HEALTH LABORATORY SERVICE

The service provided by the Medical Research Council is closely linked with the prevention of illness and the detection of infectious disease. This service is particularly concerned with the bacteriological investigation of materials submitted by the health department, general practitioners and hospitals. The closest co-operation exists between the laboratory service and medical officers of health, especially with regard to epidemiological problems which arise from time to time.

Two laboratories, staffed and administered by the Medical Research Council with a full-time bacteriologist in charge, cover the work in Dorset. One laboratory is located at Dorchester and the other at Boscombe.

Statistics

Laboratory	Specimens received and examined during 1953								
	Nose and throat	Sputum	Faeces and urine	Water	Milk	Ice cream	V.D.	Miscellaneous	Total
Dorchester	1,718	4,975	3,020	2,291	7,743	590	4,915	4,611	29,863
Boscombe	2,402	60	532	660	771	392	4	912	5,733
Totals	4,120	5,035	3,552	2,951	8,514	982	4,919	5,523	35,596

REGISTRATION OF NURSING HOMES

Periodic inspections of the registered homes in the county are carried out and, before any application for a certificate of registration is granted, full enquiry is made as to the suitability and qualifications of the applicant and layout of premises.

Statistics

The following table shows the number of nursing homes, and the number of beds provided:—

Registration	Number of Homes	Number of beds provided for		
		Maternity	Others	Total
Homes first registered during the year	1	—	22	22
Homes on the register at the end of the year	19	15	150	165

Action taken during 1953

Number of exemptions granted under Section 192 (1) including renewals	..	..	Nil
Number of inspections	..	..	18

CHILDREN ACT, 1948 (Section 15)

Medical Supervision of Nurseries and Children's Homes

The county scheme for the medical supervision of all children in County Council residential nurseries and children's homes continues to work well. Good co-operation has been maintained between the health department, the staff of the children's homes and the general practitioners undertaking the treatment of the children under Part IV of the National Health Service Act.

The services of the consultant child psychiatrist appointed to the county medical staff on a part-time basis, have again proved of value in the treatment of difficult and maladjusted children in the homes. Several have shown marked improvement under treatment and are now doing well in their home and school environment.

The public health laboratory service has continued to be responsible for the routine examination of throat swabs and other material necessary for the early detection and prevention of spread of infectious diseases amongst the children, especially those resident in the nurseries.

The pathologist and his staff have again undertaken routine Wassermann and Kahn tests on the blood of children coming into care, as well as the examination of much other material submitted for laboratory investigation connected with the health of the deprived child.

Dental Care

The dental care of children resident in nurseries and children's homes is undertaken by the county dental staff, who arrange periodic inspection and treatment. This regular service encourages habits of good dental hygiene in the children, and provides the conservative treatment so necessary for satisfactory dental condition in later life.

Educationally Sub-normal Pupils

Deprived children in this category are selected, as vacancies occur, for special educational treatment at residential schools. Certain selected boys from the homes are admitted to Clyffe House Special School, near Dorchester, which is maintained by the Dorset Local Education Authority, but girls and all children of the Roman Catholic faith needing special educational treatment are placed, as vacancies become available, in appropriate special schools maintained by other local education authorities.

A high proportion of the children so placed derive considerable benefit from the special educational facilities provided, which are designed to fit them for earning their own living after leaving school.

General health and wellbeing of Deprived Children resident in Children's Homes and Nurseries

Children's Homes

The health of the children in all the homes has been generally good during the year. No major epidemics have occurred and absences from school due to colds and other minor ailments or accidents have been reasonably few, a high proportion of the children having made almost perfect attendances. Any defects noted at medical inspections have in most instances been treated without delay, and suspected cases of infectious disease have been promptly diagnosed and isolated where necessary.

Each home is run as a family unit, the children, according to their age and capacity, taking part in the varied domestic duties and social activities as in an ordinary household so that each child may develop a sense of responsibility and learn gradually to become a useful member of the community. Ample recreational facilities, both at the homes and amongst other children, are available while members of the Children's Committee, private families and organised bodies provide generous and varied entertainment during the Christmas season and at other times as opportunity offers. Regular holidays at the seaside or in the country are arranged for the children in selected private homes, where they derive much benefit from contact with normal family life.

Residential Nurseries

Sandesfort House. This nursery, which provides accommodation for twenty children between the ages of two-and-a-half and five years, is a delightful house with an excellent garden, well suited to the needs of young children. The health record has been good during the year, few cases of infectious diseases or other illness having occurred. The nursery is well equipped with educational toys and other facilities designed to provide good mental and physical development. The children are encouraged to help themselves to be independent, and the staff take a genuine interest in the health and well-being of their charges.

'The Gables'. This nursery, which provides accommodation for twenty children up to the age of two-and-a-half years, is now well equipped for its purpose as all necessary additions and adaptations have been completed during the year under review.

In the first half of the year the health of the children at this nursery was far from satisfactory. A recrudescence of Sonne dysentery occurred in December, 1952, and the nursery was not free from infection until towards the end of February. Also in February, seven members of the staff and several of the children suffered from influenza. The attack in most cases was mild in nature, but three of the children, including a premature baby under one month of age, developed pneumonia and were transferred to hospital for treatment where they made good recoveries. In May an outbreak of whooping-cough occurred, and in June an isolated case of measles and one of pneumonia. No serious complications occurred in any of these cases and all children made rapid recoveries. During the second half of the year the health of the children was good, and apart from cases of mild upper respiratory tract infection there are no illnesses to report.

The number of long-stay children accommodated at the nurseries, and children admitted for temporary care during the absence of their mothers from home due to confinement, operation or sudden illness, continued to decline during 1953.

Protection of Children from Tuberculosis

X-ray examinations on the chest of all staff at residential nurseries and children's homes are carried out before appointment, and thereafter at yearly intervals.

During 1953, twelve initial examinations and forty-four annual examinations were carried out, but none of the films showed signs of tuberculous infection.

<i>Number of residential nurseries and children's homes, including a hostel for working boys in the county</i>	<i>Number of routine visits of medical officer</i>	<i>Number of routine examinations</i>	<i>Number of children referred for treatment</i>	<i>Number of children under observation for defects</i>
8	141	455	48	122

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

One new registration was made under this Act during 1953. There was one daily minder supervising three children.

DAILY MINDERS PROVIDED BY THE AUTHORITY

During the year under review no daily minders were provided by the Authority.

CIVIL DEFENCE

Hospital Planning

In my report for 1951 I mentioned that the proposed plan for the organisation of the hospital and first aid services in war-time in the Western area of the South West Metropolitan Regional Hospital Board had been received. Further details of this plan have since been considered at conferences convened by hospital management committees and it is now possible to assess probable war-time ambulance requirements with greater accuracy.

Ambulance Service

The strength of the ambulance section at the end of the year was 402 which is in excess of peace-time establishment. Eighty per cent of these have completed training or are in the process of doing so.

Five of the county ambulances have been set aside for civil defence training purposes and a sixth will shortly become available. These are located and maintained at various ambulance depots throughout the county, and are utilised for driving instruction and section training. The instructors are selected members of the full time ambulance service.

Two driving courses, for those with no previous driving experience, were held in the autumn and there are indications that this type of training should be popular in future. Those desirous of taking the course must first qualify in first aid and basic training, and there should be a reasonable expectation that they will be in a position to continue driving on privately owned vehicles after the course is finished. Eight section training courses were also held and several practical exercises for civil defence ambulances driven and manned by members of the civil defence corps. The largest of these exercises was held in Poole last November when ten ambulances, four hospital cars, and eighteen members of the civil defence corps took part.

First Aid Training

The following courses were held during the year:—

<i>Type of Course</i>	<i>Number of Courses held</i>
Basic first aid	15
Full first aid	2
First aid revision	6

Welfare Services

The welfare services have continued to be more strongly represented in the rural areas than in the urban areas. With only a few exceptions, enrolments have been well maintained in the rural districts. It is still hoped to increase the enrolments in the urban districts. The number of auxiliaries is again much larger than the number of enrolments.

Training courses have continued to be arranged throughout the year, and it is hoped to increase the number of these courses in the future.

With the abandonment of the policy of transit camps for refugees, the list of suggested rest centres throughout the county is being scrutinised to ensure that all buildings suitable and available for the purpose are included.

ENVIRONMENTAL HYGIENE

Water Supplies and Sewerage

General Commentary

A good deal has been done during the year in furthering the provision of piped water and main drainage in Dorset. A number of new schemes have been commenced and proposals submitted for works of water supply and sewerage to serve rural localities where the need for these services is urgent. The statement below gives the relevant details and refers, also, to schemes which have been completed; particular satisfaction was obtained from the fact that comprehensive water schemes have been considered for the Wareham and Purbeck and Beaminster rural districts, where the situation has been unsatisfactory for many years.

Schemes Submitted, Commenced, and Completed during 1953.

<i>Local Authority</i>	<i>Scheme</i>	<i>Approximate costs of Schemes</i>		
		<i>Submitted</i>	<i>Commenced</i>	<i>Completed</i>
	<i>Water Supplies</i>			
Beaminster Rural	Mains—Shatcombe to Beaminster	9,950	—	—
	Regional Scheme	432,000	—	—
	Corscombe and Halstock	—	—	40,848
	Netherbury—Whitecross extension	—	—	3,616
Blandford Rural	Bryanston, Durweston, etc.	46,626	—	—
	Winterborne Valley—High Level	—	—	75,156
Bridport Rural	Shipton Gorge	9,800	—	—
Dorchester Rural	Regional Scheme—Stage 2	—	—	68,157
	Stinsford and Lower Bockhampton	—	—	3,040
Shaftesbury Rural	Northern Parishes—Part 3	—	—	14,360
	Southern Parishes—Stage 3	—	58,515	—
Sherborne Rural	Northern Parishes—Mains and Reservoirs at Honeycombe and Compton	—	85,864	—
Sturminster Rural	Comprehensive Scheme—			
	Contract No. 2	—	51,413	—
	Contract No. 3	—	—	13,400
	Contract No. 4	—	—	20,206
	Contract No. 5	—	—	3,964
	Childe Okeford extension	—	—	1,286
Wareham Rural	Comprehensive Scheme	333,000	—	—
	Lytchett Matravers	—	10,333	—
	Winfrith	—	—	23,900
Wimborne Rural	Regional Scheme—			
	Contract No. 2	—	—	80,908
	Contract No. 3	—	65,408	—
	Mains—Manswood to Haggates	—	4,822	—
	Mains—Colehill, Hampreston, Pamp-hill and West Parley	—	—	16,737
	Crichel mains and reservoir—Purchase	—	—	2,000
	<i>Sewerage and Sewage Disposal</i>			
Blandford Rural	Blandford St. Mary (part)	—	—	9,500
Bridport Rural	Burton Bradstock	42,536	—	—
	Shipton Gorge	12,116	—	—
Dorchester Rural	Puddletown	26,000	—	—
Shaftesbury Rural	Gillingham—Advance Scheme	14,322	—	—
Sherborne Rural	Bishops Caundle	—	—	14,118
Sturminster Rural	Marnhull—Contract No. 2	—	—	17,174
	Okefords Combined—Contract No. 5	—	—	31,525
	Sturminster Newton	41,000	—	—
Wareham Rural	Bestwall extension	780	—	—

Progress with the water schemes which the Dorchester, Shaftesbury, Sherborne, Sturminster and Wimborne and Cranborne rural district councils are carrying out has continued and, by the end of the year, the high level section of the Blandford Rural District Council's scheme for the Winterborne Valley had been completed. The low level section was finished in 1950.

It had been hoped that the somewhat prolonged negotiations for the purchase of the Bridport Waterworks by a Joint Committee of the Bridport Borough and Rural District Councils would have been brought to a satisfactory conclusion, but early in 1954 news was received that because of the high valuation placed upon the undertaking the negotiations had been abandoned.

The source of supply used by the Bridport Waterworks Company is situated at Litton Cheney, and it had been the intention to develop this reliable source to supply up to half-a-million gallons per day in order to serve the greater part of the Bridport Rural district. In addition, the supply to Bridport borough, where shortages have occurred during the summer months in recent years, would have been augmented. It is too early to say how this setback will affect the provision of adequate supplies of piped water in this part of West Dorset, but it is clear that the failure to reach agreement over the purchase of the Bridport waterworks will add to the appreciable delay which has already occurred. The problem is, however, not insurmountable and alternative proposals are already being examined.

In June the long-awaited Summary of the Report on the Dorset and South-West Somerset Water Survey, which Mr. A. R. Vail, B.Sc., M.I.C.E., a Senior Engineering Inspector of the Ministry of Housing and Local Government, carried out in 1950 was published. The data which this comprehensive document contains has already proved of great assistance, and will continue to do so for some time to come. It is, however, a matter for regret that a lapse of two-and-a-half years occurred between the completion of the Survey and the publication of the findings; as a result, much of the value of the report in providing a guide as to the pattern which future water schemes in Dorset might follow was lost.

In August, the County Sanitary Engineer prepared 'A Review of the Present Position in Dorset in the Light of the Summary of Survey Report published by the Ministry of Housing and Local Government'. This drew attention to the progress which had been made in removing the county's water supply deficiencies during the eight post-war years and showed the manner in which water schemes already completed, under construction or approved differed from the suggestions which Mr. Vail had made. It also explained why it would now be impracticable, except, perhaps, in West Dorset, to adopt 'en bloc' the recommendations set out in the Summary although there was a large measure of agreement on fundamental matters of policy and design.

One of Mr. Vail's principal recommendations was that the existing water undertakings in Dorset should be merged into three water areas, and on this the County Sanitary Engineer commented as follows:—

'It is not necessary to stress the far-reaching effect of these recommendations, or the complications which their implementation would inevitably bring. Introduced at any time, such ideas would give rise to strong reaction, especially from existing undertakers, and at present there is added uncertainty, due to the projected reorganisation of local government and revision of boundaries. Further, there remains the possibility that at some future date the county's water resources might be nationalised and, in this connection it might be mentioned that there were many who regarded the Ministry's decision to make water surveys in several counties as 'the thin end of the wedge'. There is as yet, however, no evidence in support of this view.

'It is not intended to dwell on these matters, or even to discuss them, but simply to draw attention to the extreme difficulty, under present-day conditions, of endeavouring to foretell what the future may bring and what might be the best step to take with a view to meeting the situation as far as public water supplies are concerned. There will clearly be strong opposition to the formation of what will be viewed by many as Water Boards to control the county's water supplies, and respect must be given to the opinions of undertakers and others who take this line. If the situation is viewed dispassionately, however, it will be revealed that there are certain factors in favour of the principle of amalgamation even if only on a limited scale. For example:—

- (a) It would be difficult to dispute the contention that there are, at present, too many water undertakers operating in Dorset to make the best and most economical use of the county's water resources.
- (b) There are too many water sources in use and some are known to be unsatisfactory as respects quality, or yield, or both.
- (c) In the rural areas, because of the widely scattered population and the very long lengths of main which have to be laid, the distribution of water is not proving to be a profitable business and, in most cases, is incurring a deficit. As time goes on, if capital expenditure is increased without a compensating rise in revenue, the burden likely to be placed on individual undertakers will increase, possibly to a serious degree. The effect which such a situation might have upon the county council, as a financial partner in schemes for rural localities, needs no emphasis. It is possible that, when outstanding loan charges have been met, mostly after thirty years, finances will improve, but by then renewals and replacements might be necessary.
- (d) Although successful efforts have been made by undertakers themselves and by the county council to co-ordinate water schemes, this has not gone as far as it might. In this connection it will be recalled that the county council's interest, under the existing Grant Regulations, extends to the rural districts only, unless there are exceptional circumstances.

'These remarks must not be interpreted as representing advice to the county council that the policy recommendations contained in the Summary should receive their support either now or at some future date. It must, however, be said that, whether the proposals in their present form are acceptable or not, the time may come when amalgamation of some statutory water undertakings may, in the country's interest, be essential if the responsibilities and financial burdens involved in the provision and maintenance of piped water supplies in the towns, villages and rural areas are to be fairly shared. The provision of an adequate and wholesome piped water supply might, when all is said and done, be regarded by many as of more importance than the type of authority administering the undertaking, provided economy was ensured, and the effect of this would be to allow engineering considerations to take precedence over politics.

'Whatever else may come from Mr. Vail's Report, it has made all who are concerned with the supply of water in Dorset think of the problems involved in a way which, in the absence of such a factual document, would not—and may never—have happened. It is of paramount importance that future planning should not be restricted to local needs, and the "help your neighbour" policy, which has already been followed to some degree, could and should be developed with advantage to all concerned.

'In West Dorset, where the same progress has not been made in the detailed planning of comprehensive water schemes as has been the case in other parts of the county, the opportunity presents itself for special consideration to be given to Mr. Vail's suggestions, and reference has, accordingly, been made to this matter in the relevant sections of this report.

'In the solution of Dorset's water problems—and it must be admitted that, despite all that has been done, there are many which remain—co-operation is of immense importance, and in achieving this in adequate measure all the authorities concerned have a part to play. The Ministry have given a guide—they have gone no further—as to the pattern which might be followed, and it may be assumed that they will take an active interest in future developments. It is clear beyond all doubt that their further guidance will be required in solving the problems which have still to be faced and, in the light of past experience, there is no reason to believe that any request for help will be made in vain.'

The Review was adopted by the County Council at their November meeting, and copies were sent to the Ministry of Housing and Local Government, the statutory water undertakers in Dorset and Devon, Somerset and Wiltshire County Councils.

In 1953, as in past years, the emphasis has been on water supply rather than sewerage and sewage disposal although, as the Table reveals, some important main drainage schemes have been put in hand and four schemes have been completed; furthermore, proposals affecting several villages have been submitted.

In my Annual Report for 1952 and, indeed, in reports which my predecessors and I have made over a number of years, stress has been laid on the deplorable situation at Wimborne. It had been hoped that approval of Wimborne Urban District Council's main drainage scheme would have been obtained during the year, and this might have been the case had not the Ministry of Housing and Local Government refused to amend their decision that Wimborne could not be regarded as a 'rural locality' for the purpose of grant under the Rural Water Supplies and Sewerage Acts, 1944 and 1951. As the year drew to a close the County Council were, through the appropriate committee, considering the form which further representations to the Minister on the question of an Exchequer grant should take. In the event of the Ministry failing to yield to this further pressure, consideration will be given to the possibility of a grant being made by the County Council under the Public Health Act, 1936, in view of the exceptional circumstances of the case.

The hold-up of starting dates for certain sewerage and sewage disposal schemes which the Ministry have approved is giving rise to concern, and having established the need for these works, the councils concerned find it difficult fully to appreciate the reasons for the continued delay. The schemes affected include:—

Dorchester Rural District	Cerne Abbas and Chickereil.
Sherborne Rural District	Long Burton and Trent.
Sturminster Rural District	Marnhull and Hinton St. Mary.

Some indication of the position regarding the provision of water supply, sewerage and sewage disposal in Dorset can be obtained from the under-mentioned estimate which was prepared at the end of the year:—

<i>Water Schemes</i>	£	£
Schemes under consideration or projected	1,151,346	
Schemes approved and awaiting starting date or under construction	739,322	
Schemes completed post-war	728,313	
		2,618,981
<i>Sewerage and Sewage Disposal</i>		
Schemes under consideration or projected	1,357,780	
Schemes approved and awaiting starting date or under construction	311,271	
Schemes completed post-war	297,810	
		1,966,861
		<u>£4,585,842</u>

It must not, however, be assumed that when the present programme has been completed the problem in Dorset will have been solved. Although this might be the case as far as water supply is concerned, a quarter of a century or more may elapse before the county is adequately sewered.

Rivers Pollution Prevention

The Avon and Dorset River Board have continued to maintain a careful watch over the rivers flowing through this county, and officers of the Board have attended a meeting of the Dorset Branch of the Rural District Council's Association in order to deal with questions arising from the administration of the Rivers (Prevention of Pollution) Act, 1951.

As far as is known, the Board have not taken steps to fix standards for sewage effluent, and the general opinion is that this would be inadvisable—if not impracticable—under present conditions. The restriction on capital investment and the period of grace allowed under the Rivers (Prevention of Pollution) Act, 1951, are jointly principally responsible for the slow progress being made in cleaning up the renowned 'black spots' in the county. It is probable that work will, however, commence during 1954 on a sewerage and sewage disposal scheme for Sturminster Newton and that proposals will be submitted for abating the pollution of the River Char at Charmouth.

In September the County Health Department assisted Mr. J. D. Brayshaw, the Fisheries and Pollution Inspector of the Avon and Dorset River Board, in making a detailed survey of the River Brit at Beaminster, and it is expected that a report on the findings will be available early in 1954. This collaboration is typical of that which exists between the County Council and the River Board, and with the officers of the two authorities. It is greatly valued and is continuing to prove of much assistance—especially in connection with new water and sewerage schemes.

Sanitary Accommodation

Some further progress has been made in conversions from the conservancy methods of sewage disposal to the water-carriage system, but it is again necessary to draw attention to the time-lag which so often exists between the provision of sewerage facilities and the connection of houses. It is the growing practice of rural district councils—and one which is approved by the County Council—to lay lateral connections to the boundaries of properties at the time the sewers are constructed, and it is, therefore, surprising that so much difficulty exists in completing the work.

Samples of sewage effluent taken from grant-aided sewage disposal works recently completed have, in several instances, given disappointing results, due mainly to the fact that insufficient sewage is passing through the plant to enable biological treatment to take place.

If the Housing Repairs and Rents Bill becomes law, it is hoped that this measure will help to further the work of providing waterborne sanitation to many of the older dwellings in the county.

Public Cleansing

Although, taken as a whole, the public cleansing services in the county are efficient, collections are not as frequent as might be desired in some of the rural areas and difficulty is also experienced in the disposal of refuse. As has been pointed out in previous reports, although the problems involved are capable of solution, the expense would be more than the present economic situation would allow.

Shops Act, 1950

It is again evident from the annual reports of the district medical officers of health that it has not generally been possible, because of shortages of staff, to give increased attention to the inspection of shops. Unfortunately, there is little likelihood of any improvement in this direction in the immediate future—especially having regard to the considerable amount of extra work which sanitary inspectors will be required to undertake if and when the Housing Repairs and Rents Bill and the Food and Drugs Amendment Bill become law.

Swimming and Sea Water Bathing

The situation in so far as facilities for swimming and bathing are concerned has undergone no major change during the year. Notwithstanding the fact that there is no evidence to show that the discharge of sewage into the sea has affected bathers, it is a distasteful process and one which must be regarded as potentially dangerous. Each year the popularity of swimming and bathing increases, as also does the volume of sewage being discharged into the sea; it is earnestly hoped that the day will come when, at the least, the more offensive sea outfalls can be replaced by inland sewage treatment plants, and the practice of permitting the discharge of untreated sewage into tidal waters will eventually be discontinued.

In my last report I referred to surveys which had been conducted to determine the bacteriological condition of sea water and certain beaches around the British Isles, and I expressed the view that it might be in the public interest to ascertain by this means, whether, and to what extent, the principal sea-bathing venues in Dorset were suspect. Should the various authorities concerned agree to undertake research work to provide this information, the county health department would, if desired, co-operate to the utmost.

Complaints continue to be received regarding the pollution of beaches by oil, and although it is satisfactory to know that a Select Committee have investigated this problem and reported their findings, it is clear that a solution will not be reached for some years to come—and then only if cooperation is obtained from the principal shipping lines, on an international basis.

The public swimming baths in the county are well supervised and, although they are not all provided with the most modern equipment, they do offer a means of recreation for which there is a keen demand by both local residents and visitors. It is unfortunate, especially as far as school children are concerned, that no facilities for swimming exist in some towns. As a result, the County Education Officer is considering the practicability of constructing swimming baths of a temporary character at certain schools and camps where this form of recreation is urgently needed, and the county health department will give the fullest possible cooperation on the question of water treatment.

Verminous Premises

The Control of Vermin and Insect Pests

It is satisfactory to report that there is evidence to show that the decline in the number of reported cases of verminous persons and premises, to which reference has been made in recent years, has continued.

Vermin Control

Generally speaking, the campaign to destroy rats and mice continued to function satisfactorily, although it has been found, in some districts, to be costly. Due acknowledgment must be made to the work done in this connection by the Pest Destruction Department of the Dorset Agricultural Executive Committee and by the North Dorset Joint Rodent Committee; the co-operation of the Ministry of Food is also appreciated. In my opinion, money devoted to this service is well spent and it is to be hoped that the campaign will be successful, especially having regard to the reported increase in rat breeding which is believed to be due to the exceptionally mild weather during the last quarter of the year.

Factories Acts

The number of factories in this county is not great and, therefore, the need for any considerable volume of work under the Factories Acts does not arise. Less difficulty in getting the necessary improvements carried out at factories as a result of the relaxation of civil building control now exists.

Satisfactory co-operation has been maintained between H.M. Inspectors of Factories and the local authority officers concerned.

School Hygiene

The sanitary survey of maintained schools in the county was completed early in the year, and a report subsequently presented to the County Council. Full details were included in my school annual report for 1953.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

Specified Areas

Towards the end of the year Draft Orders were laid before Parliament providing for the specification of further districts in the country as specified areas in which, from an appointed date not earlier than the 1st April, 1954, only specially designated milk may be sold.

Weymouth and district is one of the proposed areas, and will include the boroughs of Weymouth, Dorchester and Wareham, the urban districts of Portland and Swanage, the Wareham and Purbeck rural district and an area of the Dorchester rural district comprising fifteen parishes. Together with Poole and the urban district of Wimborne, which were included in an area specified in 1952, approximately one quarter of the county will be specified when the new Order comes in force, and three-fifths of the population will be supplied with specially designated milk.

Licensed Pasteurising Establishments

At the beginning of 1953 there were seventeen licensed pasteurising establishments in the county, excluding the borough of Poole. During the year one dairyman gave up milk pasteurisation and the licence in respect of his premises was consequently cancelled. Applications were considered in respect of two dairy premises at which it was proposed to pasteurise milk and, when the premises and equipment complied with the county council's requirements, a Dealer's (Pasteuriser's) Licence was granted in each case. At the end of the year, therefore, the number of licensed pasteurising establishments in the county was eighteen, and an approximate estimate of the quantity of milk processed at these premises for retail sale under the designation 'pasteurised' would be 12,500 gallons per day.

Close supervision of licensed pasteurising establishments is maintained and, in addition to the routine sampling of pasteurised milk, advisory work is carried out. This includes the taking of bottle and churn rinses and swabs of pasteurising equipment for laboratory examination. It will be seen from the statistical summary that only forty-four out of a total of 2,780 routine samples of pasteurised milk (1.58 per cent) failed the prescribed tests and that the number of unsatisfactory rinses and plant swabs obtained was by no means excessive.

In general, it can be said that the standard of hygiene of the licensed pasteurising establishments had been maintained at a very satisfactory level, and managements have always been found ready to co-operate in implementing the measures suggested for improving, if necessary, the conditions for the processing and distribution of pasteurised milk. During the year the necessary equipment was obtained so that the half-hour Aschaffenburg field test for phosphatase at dairies could be undertaken, and this has proved most useful in connection with investigations into the causes of unsatisfactory samples.

It is possible to obtain pasteurised milk almost anywhere in the county with the exception of part of the Beaminster rural district and the borough of Lyme Regis. Considering that Dorset is predominantly an agricultural county and that, apart from the borough of Poole, there is no great concentration of population, it is satisfactory from the public health viewpoint to be able to report that most of the people are consuming either pasteurised or tuberculin tested milk.

Milk in Schools Scheme

At the beginning of the year there were 257 schools in Dorset receiving supplies of milk under the milk in schools scheme, and of this number 218 schools were supplied with pasteurised milk and thirty-nine with tuberculin tested.

During the year one supplier gave up delivery of pasteurised milk to three rural schools in the west of the county. Every effort was made to obtain a designated supply to these schools and, as a result, it was possible to obtain tuberculin tested milk for two whilst arrangements were made with a local producer to supply non-designated milk from an attested herd to the third.

Dairymen are reluctant to undertake long journeys for the purpose of supplying schools with small quantities of milk, and this is the main difficulty in endeavouring to obtain graded supplies for rural schools.

At the 31st December, 1953, the number of schools in the county participating in the milk in schools scheme had increased to 260, and the grades of milk were as follows:—

Pasteurised	223
Tuberculin tested	36
Non-designated	1

Only 4.23 per cent of the schools (eleven) were receiving milk in bulk containers, the remainder being supplied with one-third pint bottles and drinking straws.

Close supervision is maintained of the school milk supplies, and the following table gives details of the results of the bacteriological examination of samples taken during the year by sampling officers of the county health department:—

Pasteurised		Tuberculin tested		Ungraded		Total number of samples	Number of Schools sampled
Pass	Fail	Pass	Fail	Pass	Fail		
1,603	56	198	80	2	1	1,940	229*

* Sampling of milk at 31 schools in the Borough of Poole was carried out by the borough sanitary inspectors.

In addition to the bacteriological sampling of milk, 33 samples were submitted for biological examination for tubercle and all proved negative.

Unsatisfactory laboratory reports in respect of samples of pasteurised milk were investigated by the county sanitary officer and information regarding adverse reports on samples of raw tuberculin tested milk was sent to the county milk production officer, Dorset Agricultural Executive Committee, with a request that investigations be made at the place of production.

Compared with 1952, there was a higher number of unsatisfactory samples of raw tuberculin tested milk, but the overall results for 1953 show up favourably with those of the previous year, and the position in respect of the supply of milk to school children in Dorset remains satisfactory.

Prevention of the Sale of Tuberculous Milk

In the year under review 564 samples of milk were submitted for biological examination. Of this number 508 were obtained from retailers (including producer/retailers) and it will be seen from the statistical summary of samples taken during the year that six gave a positive reaction. Information in respect of each of these was sent to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries and, as a result of investigations which he conducted, three animals were slaughtered under the provisions of the Tuberculosis Order.

Undulant Fever

Eight cases of undulant fever were reported during the year, as a result of which samples of milk were obtained from the dairymen concerned and submitted for laboratory examination for *Brucella abortus*. Only in one instance did the milk give a positive reaction, and in this case appropriate action was taken.

As undulant fever is not a notifiable disease, it is possible that other cases occurred in the county during the year of which the county health department was not informed. The causative organism, *Brucella abortus*, also gives rise to contagious abortion in cattle and the organisms are, at times, freely excreted in the milk of affected animals. Contagious abortion is fairly common amongst dairy herds and consequently the potential risk of affecting milk supplies is significant, but the danger to public health can be removed by efficient heat treatment, either by pasteurisation or sterilisation.

Designated Milk Production

At the commencement of the year there were 3,087 registered milk producers in the county, of which number 53.5 per cent were licensed for the production of designated milk. The number of licensed tuberculin tested producers was 1,350, representing 43.7 per cent of the total, whilst licensed accredited producers amounted to 303, or 9.8 per cent.

At the end of 1953 there were 3,071 registered producers in the county, representing a decrease of sixteen during the year. The number of tuberculin tested milk producers increased to 1,510, or 49.17 per cent of the total, whilst accredited milk producers decreased to 240, or 7.81 per cent.

On the 1st October, 1954, the use of the designation 'Accredited' will be discontinued in accordance with the provisions of section 22 (1) of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, and those producers who will be affected by these provisions should make every endeavour to qualify for the production of tuberculin tested milk.

Although the percentage of licensed tuberculin tested milk producers is about one half of the total number of registered producers in the county, it is reasonable to assume that they own the larger milk producing herds and, consequently, a high percentage of the daily gallonage of milk produced in the county is tuberculin tested.

I am indebted to the County Agricultural Officer for the information relating to milk production in the county during the year, and this opportunity is taken to acknowledge the co-operation which has at all times been obtained from the staff of his Department.

Statistical Summary of Samples taken during the Year

Milk

Sampling Point	Bacteriological Examination			Biological Examination		
	Samples	Complied	Failed	Samples	Negative	Positive
Pasteurising Establishments	2,780	2,736	44	—	—	—
Maintained Schools	1,940	1,803	137	33	33	—
School Canteens	637	585	52	11	11	—
Private Schools	206	196	10	2	2	—
County Homes and Hospitals	361	338	23	10	10	—
Retailers	957	766	191	508	502	6
Totals	6,881	6,424	457	564	558	6

Rinses

Obtained from	Satisfactory	Fairly Satisfactory	Unsatisfactory	Total
Pasteurising Establishments and Schools	1,680	160	214	2,054

Water

Sampling Point	Satisfactory	Suspicious	Unsatisfactory	Total
Pasteurising Establishments, Police Houses, Schools, etc.	651	28	126	805

General

River waters, sewage effluents, sludge, food, milk, water, faeces, etc., not included in above tables	247
Grand total of samples taken (all groups)	10,551

Provision of Meals in Schools

I am grateful to the County Education Officer for supplying the following information relating to the provision of meals to schools in the county:—

Number of schools in the county receiving meals at 1st January, 1953	253
Number of schools in the county not receiving meals at 1st January, 1953	3
Number of schools in the county receiving meals at 31st December, 1953	253
Number of schools in the county not receiving meals at 31st December, 1953	3
Number of new kitchens opened in 1953	3
Number of new dining rooms (not classroom arrangements) opened in 1953	Nil
Number of schools provided with washing-up facilities in 1953	6
Daily average number of meals served in 1953	19,304
Percentage of school population taking meals	51.79

Meat and Other Foods

Towards the end of the year the Government announced in a White Paper that it was intended to end the rationing, allocation and price control of meat and bacon in the summer of 1954. During the time that the Ministry of Food has been responsible for meat supplies it has become evident that the policy of moderate concentration of slaughtering has proved successful and has resulted in a higher standard of meat inspection.

When the Ministry of Food relinquishes its functions in connection with meat, responsibility for ensuring the provision or availability of adequate slaughtering facilities will be handed back to local authorities. No doubt some councils will be able to take over slaughterhouses now under the control of the Ministry of Food, but with the freeing of controls many butchers may wish to resume the practice of slaughtering their own animals in licensed private slaughterhouses. There will not be much time in which to settle the policy to be adopted in connection with slaughtering and for the necessary arrangements to be made to ensure that there will be no interruption in the supplies of meat. As yet it is too early to forecast the probable developments in regard to this matter in Dorset.

In my report for 1952 I made reference to the construction of a Ministry of Food abattoir at Uddens, near Wimborne. This slaughterhouse will be opened on the 29th March, 1954, and on that date the slaughterhouse at Poole—which now serves a large part of the area to be covered from Uddens—will close. It is intended that, to begin with, 250 cattle or equivalent units will be slaughtered per week, and this number will probably rise later to 600 per week—the normal capacity of the slaughterhouse. The Wimborne and Cranborne Rural District Council, in whose area this slaughterhouse is situated, have appointed two additional sanitary inspectors for meat inspection duties. The County Council and, for the time being, the Ministry of Food will be contributing towards their salaries.

The inspection of foodstuffs other than meat has been diligently carried out by the responsible officers of the district councils.

Food Premises

During the year the medical officers and sanitary inspectors of the district councils paid considerable attention to the question of ensuring that a satisfactory standard of hygiene was maintained in all food preparing premises. The value of this work cannot be over-emphasised, and it is a subject which received much publicity in 1953—particularly towards the end of the year when the Government introduced the Food and Drugs Amendment Bill.

Unfortunately, the subject of hygiene in relation to food preparation and distribution is not always received with the enthusiasm which might be expected of those engaged in the business. In some cases the attitude has been only lukewarm, but, partly due to greater interest shown by the public, co-operation has recently improved. The new Food and Drugs Bill provides for the making of regulations which should strengthen the position of local authorities in respect of the registration and general supervision of all food preparing premises.

Manufacture and Sale of Ice Cream

During the year sanitary inspectors to the district councils maintained careful supervision of the manufacture and sale of ice cream. Many samples were submitted to the laboratory for the methylene blue test and it is satisfactory to be able to report that the majority were placed in the first and second grades.

It is noteworthy that whereas the increase in the sales of ice cream continues, the number of small individual manufacturers is decreasing. By far the greater proportion of ice cream sales is in respect of the pre-packed article which is distributed from large and up-to-date manufacturing premises where a very satisfactory standard of hygiene is maintained. In my report for 1952 I mentioned that, from the public health viewpoint, supervision of the manufacture and sale of ice cream would remain incomplete as long as cinemas, clubs, restaurants, hotels and street vendors were exempted from the registration provisions of section 14 of the Food and Drugs Act, 1938. The new Food and Drugs Amendment Bill contains provisions for the making of orders and regulations which will make it necessary for these premises to be registered, and for street vendors to be licensed. This strengthening of the legislation in respect of ice cream will be received with general approval.

The Food Standards (Ice Cream) Order, 1953, which came into operation on the 1st June, restored the standard for ice cream which was in force before the 7th July, 1952, when it became necessary, due to a shortage of milk powder and fats, to fix the minimum fat content of ice cream at 4 per cent and the non-fatty milk solids at 5 per cent. It is satisfactory to report that during the year the position regarding the supply of raw materials improved and it was possible to reintroduce the 1951 standard which provided for a minimum fat content of 5 per cent and 7½ per cent for non-fatty solids.

The relatively high cost of sweets to-day has probably contributed to the popularity amongst children of the iced lollie. In the case of the large manufacturers, iced confections are produced under hygienic conditions, and in such cases there is little need to question their chemical and bacteriological purity. Unfortunately, the popularity of iced lollies has resulted in their being made by persons whose premises and methods of manufacture are, in some cases, far from satisfactory. Since these premises are excluded from the registration provisions of the Food and Drugs Act, 1938, local authorities have had great difficulty in keeping track of some of these 'hole in the corner' manufacturers. From time to time cases have been reported from various parts of the country of iced lollies found to contain metallic contamination, and of instances where the moulds have been found to be in a dirty condition.

The importance of maintaining strict supervision of the methods employed in the manufacture of this commodity cannot be over-emphasised, and it is noted with satisfaction that, under the Food and Drugs Amendment Bill, the Minister is enabled to make regulations which should result in local authorities having the power to require the registration of premises used for the manufacture of iced lollies. If, at the same time, a compositional standard could be fixed then I feel that the control would be complete and from the public health viewpoint the consumption of this article could then be viewed with a greater degree of equanimity.

Adulteration of Food and Drugs

The County Council's duties in connection with sampling under the Food and Drugs Acts, 1938-50, are undertaken by the Department of the Chief Inspector of Weights and Measures. The following particulars relate to samples taken during the year ended 31st December, 1953:—

<i>Nature of Sample</i>	<i>Number obtained</i>	<i>Number certified as adulterated or not up to standard</i>
Milk	415	30
Ice Cream	19	—
Potable Spirits	58	—
Sausages	24	—
Other samples of Food	152	7
Samples of Drugs	25	—
Totals	693	37

In the Borough of Poole this work is carried out by the borough sanitary inspectors and some 301 samples of food and drugs were submitted to the Public Analyst during the year.

HOUSING (Table 22)

Progress in the provision of houses, both by local authorities and by private builders, has continued during 1953, and in the rural districts in Dorset 520 new council houses were constructed, representing an increase of thirty-four over the corresponding figure for the preceding year.

Even so, the returns submitted by the rural district councils in respect of the year ended 30th June, 1953, revealed that the number of applicants for council houses had increased from 2,404 to 2,555—a rise of 151. It was, in fact, clear from the returns that, except in the Sturminster rural district, construction was still not keeping pace with demand, and in one district there had been an increase of more than fifty per cent during the year.

Factors which are believed to have a bearing on the rise in the waiting lists for council houses are:—

- (a) The demand for modern, roomy and more conveniently sited houses.
- (b) The dilapidated state of many existing dwellings.
- (c) The high cost of building houses privately in the absence of a Government subsidy, coupled with the difficulty in raising adequate loans on favourable terms.

With regard to item (c) above, details have recently been announced of measures which the Government are proposing to take in conjunction with local authorities and building societies for requiring a much lower deposit from a prospective house builder than has been the case in the past. This should prove to be a great asset to the individual and to the Exchequer by the appreciable reduction which should result in the payment of subsidies for council houses.

Unfortunately, building costs have tended to rise still further during the year, and if full advantage is to be taken of the proposed new borrowing facilities it would seem that there will have to be a substantial reduction in current building rates. Possibly the greater competition which might arise when the new mortgage terms become effective will, itself, help to bring down prices, but if things stay as they are there will be many who will be forced to rely upon the local authority to satisfy their housing needs.

In spite of the many difficulties it is, however, encouraging that the rise in the rate of private house building to which I referred in my last report is being maintained. The following extract from the Ministry of Housing and Local Government's official returns for the 31st December, 1952 and 1953 shows that:—

- (a) more private houses were under construction, and
- (b) more had been constructed privately in Dorset during 1953.

Permanent Houses completed since 1st April, 1945.

Housing Authority	Position as at 31st December, 1952				Position as at 31st December, 1953			
	Under Construction		Completed		Under Construction		Completed	
	By Council	Privately	By Council	Privately	By Council	Privately	By Council	Privately
<i>Boroughs:</i>								
Blandford Forum ..	36	6	112	18	32	3	158	26
Bridport ..	24	14	230	60	28	12	258	72
Dorchester ..	48	14	166	53	20	19	220	74
Lyme Regis ..	57	4	94	19	57	7	144	25
Poole ..	398	200	2,149	678	187	425	2,549	1,018
Shaftesbury ..	2	2	124	31	—	3	126	35
Wareham ..	6	9	107	31	—	2	119	43
Weymouth and Melcombe Regis ..	274	66	749	307	122	80	987	390
<i>Urban Districts:</i>								
Portland ..	114	12	231	45	22	9	351	59
Sherborne ..	46	2	152	21	28	1	170	25
Swanage ..	54	15	118	80	—	24	180	115
Wimborne Minster ..	—	4	119	21	—	1	119	28
<i>Rural Districts:</i>								
Beaminster ..	17	12	161	61	54	9	188	80
Blandford ..	41	11	250	72	44	13	299	83
Bridport ..	14	18	68	77	34	37	82	103
Dorchester ..	46	36	220	101	57	31	269	157
Shaftesbury ..	61	11	290	63	20	10	371	77
Sherborne ..	70	6	138	29	40	8	196	39
Sturminster ..	55	16	668	79	18	3	745	98
Wareham and Purbeck	85	45	587	170	42	62	660	222
Wimborne and Cranborne ..	65	57	497	295	52	73	589	452
Totals ..	1,513	560	7,230	2,311	857	832	8,780	3,221

The Housing Repairs and Rents Bill

In November, 1953, the Government introduced the Housing Repairs and Rents Bill, which seeks to carry into effect the policy in regard to housing as outlined in a White Paper which was published just prior to the introduction of the Bill and entitled 'Houses—The Next Step'.

The Bill, which contains some forty-four clauses, deals with three aspects of housing all designed to speed the improvement in the general housing position in the country and to maintain in good repair those houses which have, as a result of building restrictions and uneconomic rents, fallen into a state of disrepair. Some clauses of the Bill are likely to promote controversy, and one in particular which deals with 'standards of fitness' would appear to present many administrative difficulties unless it is amended before the Bill receives the Royal Assent.

Part I of the Bill, dealing with clearance areas and the re-development and re-conditioning of unfit houses, will probably cause some local authorities to have misgivings at the prospect of becoming landlords of slum property, and for this reason they may be reluctant to enforce the powers which the new legislation will give them.

There can be no doubt that over the years many good houses have fallen into a state of disrepair, due to civil building control and, more generally, the operation of the Rent Restrictions Acts, which has resulted in landlords finding it almost impossible to carry out even essential repairs at present-day costs. The Bill seeks to effect remedies in this direction by offering inducements to landlords in the form of rent increases, subject to certain conditions, and it will be interesting to see the extent to which the provisions will effect the general standard of maintenance of rented dwellings. It may be that progress in this direction will not be appreciable until the question of revaluation has been settled, for the proposal that the permitted rent increase shall be twice the statutory repairs deduction provided the new rent does not exceed twice the gross value of the property, is bound to result in anomalies under existing valuations.

In my previous reports I have mentioned the disappointing results that have been achieved under the provisions of Part II of the Housing Act, 1949, which deals with improvements and conversions of dwellings. I stated that, as far as Dorset was concerned, the Act had not resulted in any notable contribution to the provision of housing in the county. One of the reasons was the lack of publicity by local authorities of the facilities offered by this Act, and the tendency to discourage both the submission of reconditioning schemes and the approval of improvement grants. There were, however, other factors which influenced the position—not least of which was the restriction occasioned by civil building control and the policy of housing authorities to concentrate their resources on the building of new houses. During 1953, I am pleased to say, more progress was made—although by no means enough—and it is to be hoped that renewed efforts will be made in this field of housing.

The Housing (Improvement Grants) (Expenses) Regulations, 1952, sought to encourage local authorities to make further use of Part II of the Housing Act, 1949, by increasing the minimum and maximum amounts expendable on improvements towards which a grant would be made from £100 to £150 and from £600 to £800 respectively, but even this did not materially affect the position in Dorset regarding the number of applications for improvement grants.

The new Housing Bill contains provisions for the amendment of Part II of the Housing Act, 1949, whereby certain conditions will be removed which, it is considered, have had a restrictive influence on the operation of the Act. For example, it is proposed to remove the limit which can be expended on improvement works—although the amount which can be paid by way of grant will not exceed £400—and to reduce from thirty years to ten years the period which a dwelling which is to be improved will be likely to provide satisfactory housing accommodation.

These and other amendments contained in the Bill are likely to have a considerable influence on the amount of new housing accommodation which will be provided by way of improvements and conversions. The Government have expressed the hope that local authorities will give increased publicity to these facilities and have stated that applications which are submitted to the regional officers of the Ministry of Housing and Local Government will be dealt with promptly.

Although the new Housing Bill, when it becomes law, is likely to add considerably to the duties of those officers of local authorities concerned with housing—in particular medical officers of health and sanitary inspectors—it is to be hoped that it will achieve the object of assisting further in the drive to provide satisfactory homes for the people of this country and that, with this as the main consideration, local authorities will give their full support to its successful operation.

TABLE I—VITAL STATISTICS

—622,843 Acres.	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Population:										
Urban Districts ..	146,980	151,810	163,690	168,290	171,706	173,914	181,595	183,500	183,600	185,800
Rural Districts ..	93,540	91,180	94,400	96,100	101,094	101,486	109,245	112,800	112,900	113,560
Whole County ..	240,520	242,990	258,090	264,390	272,800	275,400	*290,840	*296,300	*296,500	*299,360
able Value ..	£1,857,072	£1,871,483	£1,878,688	£1,905,871	£1,877,578	£1,921,277	£1,951,992	£1,985,454	£2,022,864	£2,055,181
ated Produce of a Penny Rate ..	£7,308	£7,388	£7,442	£7,587	£7,486	£7,657	£7,757	£7,667	£7,958	£8,121
Births:										
Total Births ..	119	120	134	115	108	66	88	87	89	104
ive Births ..	4,589	4,383	4,911	5,381	4,679	4,435	4,266	4,387	4,241	4,354
Legitimate ..	4,217	3,878	4,592	5,157	4,482	4,247	4,018	4,155	4,029	4,139
Illegitimate ..	491	625	453	339	305	254	248	232	212	215
TOTAL ..	4,708	4,503	5,045	5,496	4,787	4,501	4,354	4,474	4,330	4,458
ive Birth Rate (per 1,000 population) ..	19.0	18.0	19.0	20.3	17.1	16.1	14.6	14.8	14.3	14.5
ll Birth Rate (per 1,000 total births) ..	25.2	26.6	26.5	20.9	22.5	14.6	20.2	19.4	20.5	23.3
ive Birth Rate (England & Wales) ..	17.6	16.1	19.1	20.5	17.9	16.7	15.8	15.5	15.3	15.5
Deaths:										
Total Deaths (all ages) ..	3,200	3,180	3,270	3,418	3,179	3,459	3,629	3,878	3,435	3,615
ath Rate (per 1,000 population) ..	13.3	13.0	12.6	12.8	11.6	12.5	12.4	13.0	11.5	12.0
ath Rate (England and Wales) ..	11.6	11.4	11.5	12.0	10.8	11.7	11.6	12.5	11.3	11.4
Infant Mortality:										
aths under 1 year of age ..	150	181	173	148	122	110	103	116	100	104
Legitimate ..	129	151	151	134	111	91	96	109	94	97
Illegitimate ..	21	30	22	14	11	19	7	7	6	7
ortality Rate (per 1,000 Legitimate live births) ..	31.3	39.9	33.7	26.5	25.3	21.5	23.8	26.2	24.8	23.4
ortality Rate (per 1,000 Illegitimate live births) ..	44.0	49.7	50.6	42.0	36.6	76.3	28.2	30.1	28.3	32.5
ortality Rate (per 1,000 live births) ..	32	41	35	27	26	24	24	26	23	23
ortality Rate (England & Wales) ..	46	46	43	41	34	32	29	29	27	26
Infant Mortality:										
ternal Deaths ..	7	5	12	6	4	2	3	3	4	5
ternal Mortality Rate (per 1,000 births) ..	1.4	1.1	2.3	1.09	0.83	0.44	0.68	0.67	0.92	1.1
ternal Mortality Rate (England & Wales) ..	1.93	1.79	1.43	1.17	1.02	0.98	0.86	0.79	0.72	0.76
TUBERCULOSIS:										
Deaths:										
l forms ..	99	110	110	114	103	80	80	57	62	45
ath-rate per 1,000 population ..	0.41	0.45	0.42	0.42	0.37	0.29	0.27	0.19	0.20	0.15
lmonary ..	80	91	85	91	89	65	72	47	57	39
ath-rate per 1,000 population ..	0.33	0.37	0.32	0.34	0.32	0.24	0.24	0.16	0.19	0.13
on-Pulmonary ..	19	19	25	23	14	15	8	10	5	6
ath-rate per 1,000 population ..	0.07	0.07	0.09	0.08	0.05	0.05	0.02	0.03	0.01	0.02
Notifications:										
l forms ..	278	209	216	270	214	224	231	266	217	209
lmonary ..	207	156	163	216	164	169	184	225	177	163
on-Pulmonary ..	71	53	53	54	50	55	47	41	40	46
Notification Register as at 31st December:										
l forms ..	1,094	1,117	1,178	1,257	1,277	1,202	1,266	1,448	1,564	1,667
lmonary:										
Males ..	453	482	505	549	553	553	574	647	697	750
Females ..	323	330	340	387	395	379	404	493	534	582
on-Pulmonary:										
Males ..	159	151	171	161	167	148	158	165	175	178
Females ..	159	154	162	160	162	122	130	143	158	157

* Includes non-civilians.

Please leave open when referring to Tables 2, 3 and 4.

TABLE 2—VITAL STATISTICS IN ADMINISTRATIVE AREAS

Causes of Death	Totals U.D.'s		Totals R.D.'s		Totals whole County, 1953	Comparable Totals, 1952	Blandford Forum M.B.		Dorchester M.B.		Lyme Regis M.B.		Portland U.D.		Shaftesbury M.B.		Sherborne U.D.		Swarage U.D.		Wareham M.B.		Weymouth and Melcombe Regis M.B.		Wimborne M.B.			
	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	1. Tuberculosis, respiratory	21	10	6			2	39	57	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Tuberculosis, other	3	1	1	1	6	9	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
3. Syphilitic disease	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
4. Diphtheria	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5. Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6. Meningococcal infections	—	1	1	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
7. Acute poliomyelitis	—	1	—	—	1	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
8. Measles	—	1	3	2	1	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
9. Other infective and parasitic diseases	23	32	20	15	90	88	—	1	1	3	1	4	1	—	1	3	—	—	—	—	—	—	—	—	—	—		
10. Malignant neoplasm, stomach	46	8	26	3	83	93	2	—	1	2	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
11. Malignant neoplasm, lung, bronchus	—	—	—	—	69	64	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
12. Malignant neoplasm, breast	—	—	—	—	29	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
13. Malignant neoplasm, uterus	—	—	—	—	7	28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
14. Other malignant and lymphatic neoplasms	127	118	75	53	373	323	5	2	7	7	14	5	8	1	6	5	3	7	7	11	2	2	17	22	2	1		
15. Leukemia, aleukaemia	10	5	2	3	20	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
16. Diabetes	7	12	2	4	25	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
17. Vascular lesions of nervous system	19	27	8	14	68	81	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
18. Coronary disease, angina	19	27	8	14	68	81	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
19. Hypertension with heart disease	182	256	110	141	659	627	2	12	10	30	10	15	1	2	7	11	3	3	4	9	12	4	7	2	6	5		
20. Other heart disease	42	62	32	25	161	150	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
21. Other circulatory disease	14	15	16	11	56	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
22. Influenza	37	43	27	16	123	97	2	1	3	5	2	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
23. Pneumonia	54	34	24	19	131	85	2	1	2	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
24. Bronchitis	21	6	11	3	41	36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
25. Other diseases of respiratory system	22	7	8	—	37	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
26. Ulcer of stomach and duodenum	6	8	1	4	19	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
27. Gastritis, enteritis and diarrhoea	10	15	6	8	39	54	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
28. Nephritis and nephrosis	27	—	12	—	39	47	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
29. Hyperplasia of prostate	9	3	—	2	5	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
30. Pregnancy, childbirth, abortion	9	5	4	3	21	33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
31. Congenital malformations	92	95	63	55	305	322	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
32. Other defined and ill-defined diseases	14	2	13	1	30	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
33. Motor vehicle accidents	20	15	14	6	55	53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
34. All other accidents	23	7	6	4	40	35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
35. Suicide	1	2	1	—	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
36. Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
All Causes	1,136	1,227	674	578	3,615	3,435	26	33	51	78	102	98	19	13	51	48	12	23	33	43	39	53	31	30	204	209	43	
Deaths of infants under 1 year—					104	100	—	3	2	—	1	—	2	—	2	1	—	1	—	4	—	1	1	—	4	8	—	
Total	30	30	30	14	97	94	—	3	2	—	1	—	2	—	2	1	—	1	—	4	—	1	1	—	4	8	—	
Legitimate	27	29	27	14	97	94	—	3	2	—	1	—	2	—	2	1	—	1	—	4	—	1	1	—	4	8	—	
Illegitimate	3	1	3	—	7	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Live births—					4,354	4,241	29	26	40	40	84	86	13	20	89	80	38	32	45	50	42	30	18	13	300	292	31	
Total	1,331	1,229	875	919	4,354	4,241	29	26	40	40	84	86	13	20	89	80	38	32	45	50	42	30	18	13	300	292	31	
Legitimate	1,262	1,168	825	884	4,139	4,029	26	28	38	38	82	82	12	20	84	74	37	31	42	49	38	26	18	12	282	280	29	
Illegitimate	69	61	50	35	215	212	3	—	2	2	2	4	1	—	5	6	1	1	3	1	4	4	—	1	18	12	2	
Still births—					89	89	—	1	—	2	2	3	1	1	2	1	—	1	—	1	—	1	1	2	—	12	6	
Total	34	27	22	21	104	89	—	1	—	2	2	3	1	1	2	1	—	1	—	1	—	1	1	2	—	12	6	
Legitimate	31	23	20	20	94	80	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Illegitimate	3	4	2	1	10	9	—	1	—	2	2	3	1	1	2	1	—	1	—	1	—	1	1	2	—	11	6	
Estimated 'Home' population, 1953 (which includes non-citizens)	185,800	113,560	299,360	—	—	—	3,637	6,397	11,610	2,995	15,840	3,445	7,193	6,874	2,754	37,040	4,475	—	—	—	—	—	—	—	—	—	—	
Estimated 'Home' population, 1952 (which includes non-citizens)	183,600	112,900	—	—	296,500	—	3,566	6,379	11,240	2,989	15,000	3,437	7,070	6,566	2,753	36,830	4,500	—	—	—	—	—	—	—	—	—	—	

<i>Beaminster R.D.</i>		<i>Blandford R.D.</i>		<i>Bridport R.D.</i>		<i>Dorchester R.D.</i>		<i>Shaftesbury R.D.</i>		<i>Sheborne R.D.</i>		<i>Sturminster R.D.</i>		<i>Wareham and Purbeck R.D.</i>		<i>Wimborne and Cranborne R.D.</i>	
<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>		<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
1	1	—	—	1	—	1	—	1	—	—	—	—	—	2	1	—	—
—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—
2	—	4	1	4	2	—	3	—	1	1	1	2	1	5	1	2	5
1	—	2	—	1	—	5	1	6	—	—	—	—	—	6	1	5	1
—	3	—	1	—	—	—	3	—	—	—	2	—	1	—	3	—	4
—	—	—	—	—	—	—	2	—	2	—	—	—	2	—	1	—	—
7	5	5	5	8	4	13	8	4	7	4	3	7	7	9	5	18	9
—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	1	—	—
—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	3
5	7	8	8	10	4	10	15	12	7	4	2	3	9	6	19	16	28
8	6	10	2	12	3	16	3	8	11	3	3	9	9	16	8	30	14
1	—	—	1	—	1	2	—	—	2	1	1	—	1	1	3	3	5
11	12	12	11	7	10	28	45	4	6	2	6	14	20	12	9	20	22
2	2	1	1	2	—	1	1	5	1	—	3	3	2	5	1	13	14
2	1	3	—	2	—	2	—	1	3	2	1	—	3	2	2	2	1
3	—	2	1	3	2	5	6	5	2	1	—	2	—	1	3	5	2
3	2	2	1	3	1	4	3	2	—	2	3	3	4	3	4	2	1
1	—	—	1	2	—	1	—	—	—	1	1	2	—	2	1	2	—
1	—	1	—	—	—	1	—	—	—	—	—	—	—	3	—	2	—
—	—	—	—	—	—	—	2	—	1	—	—	—	—	1	1	—	—
1	—	1	—	—	2	—	—	—	1	2	—	—	1	2	2	—	1
—	—	1	—	2	—	—	—	—	—	—	—	2	—	4	—	3	—
—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—
1	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	1	2
10	4	8	1	9	4	7	9	3	8	1	2	5	3	6	7	14	17
—	—	2	—	—	—	3	—	1	—	—	1	—	—	5	—	1	—
1	—	2	—	1	—	4	1	1	1	—	—	—	—	3	1	2	3
—	—	—	—	—	—	2	—	1	1	1	—	2	—	—	2	—	1
—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
61	44	66	35	69	34	104	106	56	56	25	29	55	64	95	77	143	133
7	1	5	—	1	1	6	6	2	2	—	—	—	—	6	1	3	3
7	1	5	—	1	1	4	6	2	2	—	—	—	—	5	1	3	3
—	—	—	—	—	—	2	—	—	—	—	—	—	—	1	—	—	—
85	62	100	99	46	56	141	147	88	73	32	38	88	93	142	195	153	156
78	61	98	96	45	54	130	139	82	68	30	38	83	89	131	192	148	147
7	1	2	3	1	2	11	8	6	5	2	—	5	4	11	3	5	9
—	1	3	3	1	1	5	2	2	3	—	1	2	—	5	7	4	3
—	1	3	3	1	1	5	2	2	3	—	1	2	—	4	6	3	3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—
8,091		13,510		7,669		17,490		10,240		5,850		9,710		19,310		21,690	
8,093		13,680		7,593		17,510		9,808		5,780		9,566		19,310		21,560	

TABLE 3—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF DORSET

Aggregate of Urban Districts.

	0—		1—		5—		15—		25—		45—		65—		75—	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	—	—	1	—	—	—	—	—	7	5	9	3	4	—	—	2
2	—	—	—	—	—	—	—	—	—	—	3	—	—	1	—	—
3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
7	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
8	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
9	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	1
10	—	—	—	—	—	—	—	—	—	8	2	5	14	10	16	16
11	—	—	—	—	—	—	—	—	1	—	25	3	15	3	5	2
12	—	—	—	—	—	—	—	—	—	1	—	22	—	17	—	12
13	—	—	—	—	—	—	—	—	—	2	—	15	—	2	—	2
14	—	—	—	—	2	—	—	2	7	4	30	42	41	33	47	37
15	—	—	—	—	1	1	1	—	1	1	2	2	4	1	1	—
16	—	—	—	—	—	—	—	—	—	—	1	1	2	3	4	8
17	—	—	—	—	—	—	—	—	2	3	23	25	37	56	60	134
18	—	—	—	—	—	—	—	—	1	—	68	20	72	49	71	72
19	—	—	—	—	—	—	—	—	—	—	5	5	8	5	6	17
20	—	—	—	—	—	—	—	—	2	3	14	13	41	41	95	199
21	—	—	—	—	—	—	—	1	—	2	3	7	14	11	25	41
22	—	—	—	—	—	—	1	—	1	—	1	3	7	2	4	10
23	6	4	—	2	—	1	—	—	1	—	6	7	4	7	20	22
24	—	1	—	—	1	1	—	—	1	—	16	—	17	8	19	24
25	—	—	—	—	—	—	—	—	—	1	6	—	8	4	7	1
26	—	—	—	—	—	—	—	—	1	—	7	1	5	2	9	4
27	1	—	—	—	—	—	—	—	1	—	—	2	2	1	2	5
28	—	—	—	—	1	1	—	—	—	1	4	4	1	3	4	6
29	—	—	—	—	—	—	—	—	—	—	—	—	7	—	20	—
30	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—
31	4	5	1	—	—	—	1	—	2	—	—	—	—	—	1	—
32	19	19	2	1	1	—	2	—	5	4	17	14	19	26	27	31
33	—	—	1	—	—	—	3	—	2	—	4	1	1	—	3	1
34	—	1	—	1	1	—	2	—	6	1	4	—	4	1	3	11
35	—	—	—	—	—	—	1	1	3	2	9	3	9	1	1	—
36	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—
	30	30	5	4	7	5	11	6	44	35	267	197	328	291	444	659

TABLE 3 (cont.)

Aggregate of Rural Districts.

0—		1—		5—		15—		25—		45—		65—		75—		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
—	—	—	—	—	—	1	—	1	2	4	—	—	—	—	—	1
—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	2
—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	5
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	7
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
—	—	—	—	—	—	—	—	2	—	—	1	—	—	—	—	9
—	—	—	—	—	—	—	—	—	—	5	3	11	3	4	9	10
—	—	—	—	—	—	—	—	—	—	18	2	5	1	3	—	11
—	—	—	—	—	—	—	—	—	2	—	5	—	5	—	5	12
—	—	—	—	—	—	—	—	—	1	—	1	—	3	—	2	13
—	—	—	—	—	—	—	—	3	3	20	18	33	14	19	18	14
—	—	—	—	1	—	—	—	—	2	—	—	1	1	—	—	15
—	—	—	—	—	—	—	—	—	—	1	1	1	1	—	2	16
—	—	—	—	—	—	—	—	1	—	13	8	30	33	30	58	17
—	—	—	—	—	—	—	—	2	1	24	10	38	16	43	32	18
—	—	—	—	—	—	—	—	—	—	3	2	1	4	4	8	19
—	—	—	—	—	—	—	—	2	3	9	13	27	33	72	92	20
—	—	—	—	—	—	—	—	1	1	6	5	13	4	12	15	21
—	—	—	—	—	1	1	—	—	—	3	2	5	3	7	5	22
3	2	1	—	—	—	—	—	—	—	5	2	6	3	12	9	23
—	1	—	1	—	—	—	—	—	—	2	3	10	3	12	11	24
—	—	—	—	—	—	—	—	—	1	3	—	3	—	4	2	25
—	—	—	—	—	—	—	—	1	—	2	—	2	—	3	—	26
—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	27
—	—	—	—	—	—	2	—	—	—	1	2	3	2	—	4	28
—	—	—	—	—	—	—	—	—	—	1	—	1	—	10	—	29
—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	30
2	2	—	—	—	—	—	—	1	1	—	—	—	—	1	—	31
22	9	2	—	—	1	1	1	1	7	12	9	13	12	12	16	32
—	—	—	1	1	—	3	—	3	—	3	—	2	—	1	—	33
1	—	2	—	2	2	3	—	—	—	4	1	1	—	1	3	34
—	—	—	—	—	—	1	—	1	—	3	3	—	1	1	—	35
—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	36
30	14	5	3	5	4	12	1	19	26	143	94	209	143	251	293	

TABLE 4—CAUSES OF DEATH AT ALL AGES

	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
1	80	91	85	91	89	65	72	47	57	39
2	19	19	25	23	14	15	8	10	5	6
3	10	14	12	8	11	9	11	11	9	4
4	4	3	3	—	—	—	—	—	—	—
5	4	1	5	1	3	4	—	3	—	1
6	7	3	—	1	4	2	2	2	—	1
7	1	3	1	5	—	7	18	2	1	2
8	2	1	—	1	—	2	—	2	—	1
9	1	1	3	3	5	5	18	7	9	7
10	73	78	87	104	100	93	90	80	88	90
11	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	68	71	93	83
12	67	44	64	59	48	65	50	67	64	69
13	26	30	30	22	31	29	34	29	20	28
14	322	325	288	310	346	370	348	306	323	373
15	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	17	20	21	20
16	27	27	29	37	27	28	27	27	19	25
17	360	387	406	411	403	451	475	530	527	513
18	—	—	—	—	—	—	449	488	505	519
19	950	976	1,005	1,082	1,026	1,204	93	88	81	68
20	—	—	—	—	—	—	715	820	627	659
21	89	75	125	120	135	135	167	175	150	161
22	32	6	25	19	6	29	20	95	6	56
23	110	105	122	133	79	113	124	160	97	123
24	122	146	115	139	109	111	120	145	85	131
25	44	39	46	38	51	53	41	42	36	41
26	39	35	27	33	41	32	45	33	30	37
27	88	91	79	103	72	61	13	14	10	19
28	102	98	104	103	76	76	44	50	54	39
29	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	42	53	47	39
30	7	5	12	6	4	2	3	3	4	5
31	54	71	86	86	81	47	32	36	33	21
32	410	383	354	344	295	341	357	329	322	305
33	42	21	30	37	33	25	40	31	23	30
34	83	81	71	66	57	58	66	64	53	55
35	25	21	31	33	33	27	20	36	35	40
36	N.K.	N.K.	N.K.	N.K.	N.K.	N.K.	—	2	1	5

TABLE 5—NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Scarlet Fever	297	248	201	147	226	211	194	172	125	188
Whooping Cough	818	520	923	825	1,339	819	1,386	1,492	866	1,125
Diphtheria (including Membranous Croup)	43	17	20	11	4	3	1	—	1	—
Measles (excluding Rubella)	1,709	3,056	899	3,232	1,571	3,761	1,545	4,709	950	4,900
Acute Pneumonia (Primary or Influenzal)	295	238	240	182	197	200	222	307	191	296
Meningococcal Infection	24	19	18	26	14	6	5	4	5	5
Acute Poliomyelitis	4	19	5	64	16	64	111	33	24	150
Acute Poliоencephalitis	1	2	—	6	3	4				
Acute Encephalitis Lethargica	1	4	5	2	—	1				
Dysentery	196	137	66	48	27	23	21	192	115	68
Ophthalmia Neonatorum	20	13	10	16	16	3	12	4	1	1
Puerperal Pyrexia	26	19	27	29	38	21	25	44	80	76
Smallpox	1	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	3	1	—	—	1	2	1	3	3	3
Enteric or Typhoid Fever (excluding Paratyphoid)	—	2	1	—	6	—	—	1	—	2
Food Poisoning (excluding Dysentery, Typhoid and Paratyphoid)	—	Not Notifiable	—	—	—	88	74	34	18	23
Erysipelas										
Malaria—Believed to be con- tracted in this country	101	70	88	45	65	82	55	63	43	40
Malaria—Believed to be con- tracted abroad	—	4	—	—	1	—	—	—	—	—
Malaria—Induced in Institutions	68	2	6	1	—	1	7	2	8	5
	—	—	—	—	—	—	—	—	—	—

TABLE 6—ANTE-NATAL AND POST-NATAL CLINICS, 1953

Name of Clinic.	Average Attendance per session.	New Cases.		Attendances.		Total Attendances.	No. of Openings.
		Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.		
Beaminstcr	3.0	14	1	36	1	37	12
Blandford	14.6	93	9	321	14	335	23
Bridport	1.8	14	6	29	9	38	21
Dorchester	6.8	84	15	421	46	467	68
Wareham	3.5	27	9	72	9	81	23
Wimborne	5.6	29	8	105	12	117	21
<i>Poole Area</i>							
Branksome	3.0	13	9	26	10	36	12
Old Town	9.6	31	23	91	24	115	12
<i>South Dorset Area</i>							
Portland	—	—	—	—	—	—	—
Weymouth	—	—	124	—	124	124	—
TOTALS	—	305	204	1,101	249	1,350	192

TABLE 7—SUMMARY OF ANTE-NATAL AND POST-NATAL CLINICS, 1949—1953

Name of Clinic	1949			1950			1951			1952			1953		
	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session
Beaminster ..	21	12	1.7	27	12	2.2	28	12	2.3	40	12	3.3	37	12	3.0
Blandford ..	246 20	23 10	10.6 2.0	263	21	12.5	161	21	7.6	194	22	8.8	335	23	14.6
Bridport ..	92	20	4.6	122	20	6.1	35	23	1.5	27	22	1.2	38	21	1.8
Dorchester ..	904 85	95 11	9.5 7.7	709 44	83 11	8.5 4.0	552 37	75 10	7.3 3.7	517 13	71 7	7.2 1.8	67 4	68	6.9
Swanage ..	84	24	3.5	24	14	1.7	24	12	2.0	—	2	—	—	—	—
Wareham ..	93	24	3.8	118	24	4.9	112	24	4.6	80	22	3.6	81	23	3.5
Wimborne ..	188	21	8.9	170	21	8.0	136	21	6.4	95	22	4.3	117	21	5.6
Poole ..	310 33	46 23	6.7 1.4	276 24	49 11	5.6 2.1	240	47	5.1	131	36	3.6	115	12	9.6
Branksome ..	457 60	51 23	8.9 2.6	370 38	51 16	7.2 2.3	285	49	5.8	165	34	4.8	36	12	3.0
Portland ..	219	28	7.8	23	15	1.5	—	—	—	—	—	—	—	—	—
Weymouth ..	1,095	88	12.4	92	35	2.6	49	15	3.2	37	3	12.3	124	—	—
TOTALS ..	3,907	499		2,300	383		1,659	309		1,299	253		1,350	192	—

The second group of figures bracketted at any one clinic refers to a separate post-natal clinic.

TABLE 8—ATTENDANCES AT WELFARE CENTRES DURING 1953.

Centre.	Average Attendance per Session.	New Cases				Attendances.				Number of Openings.	
		Born in				Under 1 year.	Under 1 year.	1—2 years.	2—5 years.		Total.
		1953	1952	1948-51	Total.						
Beaminster	23.8	32	26	21	79	40	295	110	167	572	24
Bere Regis	14.0	17	11	8	36	19	74	47	47	168	12
Blackdown	13.6	9	6	8	23	10	39	16	40	95	7
Blandford	38.7	60	45	48	153	71	428	210	291	929	24
Bridport	29.2	68	54	50	172	72	971	222	266	1,459	50
Dorchester	41.3	172	119	89	380	193	1,892	359	352	2,603	63
Ferndown	35.5	41	36	34	111	45	542	157	154	853	24
Gillingham	22.8	38	31	24	93	44	368	109	70	547	24
Handley	22.7	17	19	18	54	19	82	78	113	273	12
Lyme Regis	11.9	25	15	11	51	30	177	49	73	299	25
Milton Abbas	8.3	17	16	12	45	20	86	24	32	142	17
Shaftesbury	14.2	34	30	18	82	43	248	53	25	326	23
Sherborne	27.1	78	75	66	219	81	874	283	226	1,383	51
Sturminster Newton	14.6	34	27	19	80	38	185	64	86	335	23
Swanage	21.6	65	62	57	184	69	717	150	211	1,078	50
Tipton	47.9	54	38	31	123	62	478	224	400	1,102	23
Verwood	21.7	24	22	22	68	26	208	113	178	499	23
Vareham	41.4	92	80	69	241	97	1,184	496	473	2,153	52
Vimborne	40.2	67	62	59	188	78	1,141	251	656	2,048	51
Wool	24.1	34	29	17	80	41	326	97	156	579	24
<i>Poole Area.</i>											
Branksome	34.3	150	55	31	236	185	2,624	497	443	3,564	104
Broadstone	31.7	34	14	17	65	36	349	125	255	729	23
Creekmoor	39.5	30	4	5	39	32	404	281	263	948	24
Hamworthy	35.0	41	13	13	67	54	440	153	249	842	24
Longfleet	36.9	40	12	2	54	50	519	185	182	886	24
Lower Parkstone	29.4	30	14	5	49	39	411	117	77	605	24
Newtown	57.4	67	11	3	81	73	749	336	292	1,377	24
Oakdale	45.4	68	19	12	99	82	714	208	168	1,090	24
Old Town	30.5	71	20	18	109	83	1,005	270	344	1,619	53
Rossmore	26.2	56	8	6	70	61	840	203	242	1,285	49
St. Aldhelms	18.7	25	14	10	49	32	77	30	24	131	7
Vallisdown	30.3	24	5	2	31	29	361	142	193	696	23
Waterloo	35.6	13	4	6	23	14	38	37	32	107	3
<i>South Dorset Area.</i>											
Broadwey	28.8	48	54	115	217	65	830	210	342	1,382	48
Hickerell	11.7	25	23	44	92	29	317	108	162	587	50
Health Centre	43.6	239	107	107	453	268	3,283	713	412	4,488	101
Portland Tophill	42.2	71	62	121	254	79	1,339	434	338	2,111	50
Portland Underhill	47.8	73	66	95	234	83	1,760	409	271	2,440	51
Preston	12.6	24	18	47	89	27	423	113	121	657	52
Vyke Regis	43.9	100	85	92	277	122	1,660	343	281	2,284	52
TOTALS		2,207	1,411	1,432	5,050	2,541	28,458	8,026	8,707	45,191	1,412

WELFARE CENTRES

TABLE 9—SUMMARY OF ATTENDANCES AT WELFARE CENTRES, 1949—1953

Name of Centre	1949			1950			1951			1952			1953		
	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session
Beaminster ..	453	24	18.8	498	24	20.7	587	24	24.4	534	24	22.2	572	24	23.8
Bere Regis ..	233	12	19.4	236	12	19.6	324	12	27.0	218	12	18.1	168	12	14.0
Blackdown ..	55	11	5.0	43	11	3.9	175	10	17.5	95	9	10.5	95	7	13.6
Blandford ..	1,392	24	58.0	991	24	41.2	929	24	38.7	832	24	34.6	929	24	38.7
Bridport ..	1,969	51	38.6	1,746	51	34.2	1,576	51	30.9	1,550	49	31.6	1,459	50	29.2
Dorchester ..	2,571	52	49.4	2,793	51	54.7	2,738	51	53.6	2,710	57	47.5	2,603	63	41.3
Ferndown ..	849	24	35.3	630	24	26.2	767	24	31.9	738	24	30.7	853	24	35.5
Gillingham ..	496	39	12.7	448	24	18.6	482	22	21.9	519	23	22.5	547	24	22.8
Handley ..	183	12	15.2	179	12	14.9	254	12	21.1	236	12	19.6	273	12	22.7
Lyme Regis ..	453	42	10.7	378	23	16.4	306	23	13.3	223	24	9.2	299	25	11.9
Milton Abbas ..	245	23	10.6	234	22	10.6	223	24	9.2	172	24	7.1	142	17	8.3
Shaftesbury ..	353	24	14.7	195	23	8.4	263	24	10.9	255	24	10.6	326	23	14.2
Sherborne ..	1,637	51	32.0	1,143	51	22.4	952	51	18.6	1,097	53	20.6	1,383	51	27.1
Sturminster Newton ..	1,232	48	25.6	675	48	14.0	685	50	13.7	400	40	10.0	335	23	14.6
Swanage ..	1,943	51	38.0	1,448	51	28.3	1,105	51	21.6	1,169	50	23.3	1,078	50	21.6
Upton ..	—	—	—	1,018	24	42.4	1,020	24	42.5	948	22	43.0	1,102	23	47.9
Verwood ..	563	24	23.4	495	24	20.6	575	24	23.9	572	23	24.8	499	23	21.7
Wareham ..	2,941	52	56.5	2,523	51	49.4	2,052	52	39.4	2,353	50	47.0	2,153	52	41.4
Wimborne ..	1,954	51	38.3	1,998	51	39.1	1,886	51	36.9	2,389	53	45.0	2,048	51	40.2
Wool ..	588	16	36.7	800	24	33.3	737	24	30.7	788	24	32.8	579	24	24.1
<i>Poole Area</i>															
Branksome ..	2,759	52	110.7	4,725	99	47.7	4,194	102	41.7	4,139	102	40.5	3,564	104	34.3
Broadstone ..	487	12	40.5	446	12	37.1	521	12	43.4	573	13	44.0	729	23	31.7
Canford Cliffs ..	295	12	24.5	189	11	17.1	157	11	14.2	151	11	13.7	—	—	—
Creekmoor ..	204	12	17.0	176	12	14.6	229	12	19.0	400	12	33.3	948	24	39.5
Hamworthy ..	1,153	24	48.0	834	23	36.2	789	23	34.3	946	24	39.4	842	24	35.0
Longfleet ..	932	24	38.8	1,030	24	42.9	1,008	24	42.0	900	24	37.5	886	24	36.9
Lower Parkstone ..	459	21	21.8	411	24	17.1	689	24	28.7	734	24	30.5	605	24	29.4
Newtown ..	1,190	24	49.5	1,393	24	58.0	1,437	24	59.8	1,585	24	66.0	1,377	24	57.4
Oakdale ..	1,503	24	62.6	1,291	24	53.7	1,286	24	53.5	1,145	24	47.7	1,090	24	45.4
Old Town ..	1,978	50	39.5	1,337	51	26.2	1,470	50	29.4	1,817	52	34.9	1,619	53	30.5
Rossmore ..	884	24	36.8	1,231	24	51.2	1,387	36	38.5	1,466	48	30.5	1,285	49	26.2
St. Aldhelms ..	—	—	—	—	—	—	—	—	—	—	—	—	131	7	18.7
Wallisdown ..	421	12	35.0	327	12	27.2	769	18	42.7	940	23	40.8	696	23	30.3
Waterloo ..	—	—	—	—	—	—	—	—	—	—	—	—	107	3	35.6
<i>South Dorset Area</i>															
Broadway ..	1,906	50	38.1	2,086	48	43.4	1,714	49	34.9	1,597	51	31.3	1,382	48	28.8
Chickerell ..	—	—	—	656	51	12.8	699	51	13.7	620	50	12.4	587	50	11.7
Health Centre ..	5,508	101	54.5	4,874	103	47.3	4,755	102	46.6	4,938	104	47.4	4,408	101	43.6
Portland Tophill ..	2,508	51	49.1	2,085	51	40.8	1,780	52	34.2	2,226	50	44.5	2,111	50	42.2
Portland Underhill ..	1,380	52	26.5	1,347	51	26.4	1,387	52	26.6	1,823	53	34.3	2,440	51	47.8
Preston ..	691	52	13.2	752	51	14.7	637	51	12.4	675	52	12.9	657	52	12.6
Wyke Regis ..	1,889	51	37.0	1,508	50	30.1	1,637	51	32.0	2,056	52	39.5	2,284	52	43.9
TOTALS ..	49,257	1,279	—	45,169	1,370	—	44,181	1,396	—	46,529	1,414	—	45,191	1,412	—

TABLE 10—MIDWIFERY NURSING STAFF, 1949—1953

Staff	1949		1950		1951		1952		1953	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Administrative	—	4	—	4	—	4	—	4	—	4
Queen's Nurse, State Certified Midwife	—	38	—	36	—	37	—	40	—	39
State Registered Nurse, State Certified Midwife	12	9	12	8	11	4	11	5	11	4
State Certified Midwife	2	13	2	12	2	10	2	9	2	9
Equivalent whole-time midwifery nursing staff (omitting administrative staff)	44		42		38.5		40		39	
Midwifery training completed in conjunction with the West Dorset Group Hospital Management Committee, arranged through Dorset County Nursing Association	—		13		14		15		14	

TABLE 11—DETAILS OF MIDWIVES PRACTISING IN THE AREA OF THE LOCAL SUPERVISING AUTHORITY AT THE END OF EACH YEAR FROM 1949—1953

	Domiciliary Midwives					Midwives in Institutions					Total				
	1949	1950	1951	1952	1953	1949	1950	1951	1952	1953	1949	1950	1951	1952	1953
Midwives employed by the Authority	15	14	13	13	13	—	—	—	—	—	15	14	13	13	13
Midwives employed by Voluntary Organisations:															
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	60	57	51	54	52	—	—	—	—	—	60	57	51	54	52
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	63	68	61	53	53	63	68	61	53	53
Midwives in Private Practice (including Midwives employed in Nursing Homes)	14	29	18	7	20	8	10	4	4	4	22	39	22	11	24
TOTALS	89	100	82	74	85	71	78	65	57	57	160	178	147	131	142

TABLE 12—SUMMARY OF MIDWIFERY CASES ATTENDED, 1949—1953

<i>Cases attended by midwives in the employment of:—</i>			1949	1950	1951	1952	1953
The County Council:	Domiciliary	Midwifery	284	401	528	496	405
		Maternity	499	412	234	210	163
The County Nursing Association:	Domiciliary	Midwifery	418	549	608	583	618
		Maternity	616	312	284	243	280
	Institutional	Midwifery	1	—	6	—	—
		Maternity	15	—	5	—	—
Hospitals:	Domiciliary	Midwifery	1	5	2	—	—
		Maternity	1	2	—	—	—
	Institutional	Midwifery	1,411	1,291	1,723	1,278	1,692
		Maternity	734	910	569	1,238	818
Midwives in Private Practice (including midwives employed in Nursing Homes):	Domiciliary	Midwifery	4	2	7	—	—
		Maternity	53	29	43	32	34
	Institutional	Midwifery	28	22	28	33	46
		Maternity	147	57	17	31	24
TOTALS			4,212	3,992	4,054	4,144	4,080

TABLE 13—HEALTH VISITING STAFF, 1949—1953

Employed by (1)	Number of Health Visitors employed at end of year										Equivalent Whole-time Health Visiting services provided under Col. (3) (a classes including attendance at Child Welfare Centres) (4)			
	Whole-time on Health Visiting (2)					Part-time on Health Visiting (3)								
	1949	1950	1951	1952	1953	1949	1950	1951	1952	1953	1949	1950	1951	1952
Local Health Authority	—	—	—	—	—	30	32	32	32	33	15	23 ³ ₁₁	23 ³ ₁₁	23 ³ ₁₁
Voluntary Organisations	—	—	—	—	—	3	3	3	3	3	1	1	1	1

TABLE 14—NUMBER OF CHILDREN AT 31.12.53 WHO HAD COMPLETED A COURSE OF DIPHTHERIA IMMUNISATION AT ANY TIME BEFORE THAT DATE

	Children under 5 years of age at 31.12.53						Estimated mid-year population, 1953, Children 0—4 years	Children 5—15 years of age at 31.12.53			Estimated mid-year population, 1953, Children 5—15 years	Total Number of Children under 15 years immunised
	Under 1	1	2	3	4	Total		5—9	10—14	Total		
Minster R.D. ...	1	52	69	97	116	335	21,500	487	588	1,075	43,200	1,410
Welford B. ...	—	25	48	44	73	160		299	153	452		612
Welford R.D. ...	10	95	137	152	140	534		662	498	1,160		1,694
Wootton B. ...	7	74	87	77	84	329		525	397	922		1,251
Wootton R.D. ...	4	48	68	91	70	281		461	442	903		1,184
Wootton B. ...	2	56	99	122	127	406		661	492	1,153		1,559
Wootton R.D. ...	6	101	162	175	175	619		921	610	1,531		2,150
Wootton B. ...	3	16	26	27	40	112		189	210	399		511
Wootton B. ...	8	550	830	852	998	3,238		6,329	4,945	11,274		14,512
Wootton U.D. ...	12	92	125	116	134	479		741	570	1,311		1,790
Wootton B. ...	1	8	16	26	28	79		220	205	425		504
Wootton R.D. ...	2	58	85	118	96	359		798	582	1,380		1,739
Wootton U.D. ...	4	49	46	63	52	214		549	350	899		1,113
Wootton R.D. ...	3	42	58	82	77	262		624	394	1,018		1,280
Wootton R.D. ...	4	34	80	126	121	365		707	366	1,073		1,438
Wootton U.D. ...	—	44	46	61	66	217		479	387	866		1,083
Wootton B. ...	2	36	38	45	42	163		232	219	451		614
Wootton R.D. ...	16	142	188	217	255	818		1,457	1,227	2,684		3,502
Wootton B. ...	19	263	405	450	478	1,615		3,787	2,095	5,882		7,497
Wootton U.D. ...	—	37	40	46	44	167		231	89	320		487
Wootton R.D. ...	8	150	214	252	257	881	1,432	1,066	2,498	3,379		
TOTALS	112	1,972	2,867	3,239	3,443	11,633	21,500	21,791	15,885	37,676	43,200	49,309

Percentage of children under 5 years immunised ... 54.10
 Percentage of children aged 5—15 years immunised ... 87.21
 Percentage of total number of children under 15 years of age immunised 76.21

TABLE 15—DIPHTHERIA IMMUNISATION, 1949—1953
 (at 31st December of the particular year)

Year	Children under 5 years						Estimated mid-year population Children 0—4 years	Children 5—15 years			Estimated population mid-year Children 5—15 years	Total number of children under 15 years immunised	Percentage Immunised
	Under 1	1	2	3	4	Total		5—9	10—14	Total			
1949	227	4,097	5,705	3,370	3,252	16,651	22,700	16,176	15,432	31,608	38,040	48,259	79.45
1950	147	2,590	4,752	5,850	3,434	16,773	22,940	16,606	15,281	31,887	38,840	48,660	78.76
1951	176	2,648	3,237	4,865	5,919	16,845	23,230	17,315	15,072	32,387	39,910	49,232	77.97
1952	149	2,374	3,123	3,394	4,942	13,982	22,100	20,085	14,779	34,864	41,800	48,846	76.44
1953	112	1,972	2,867	3,239	3,443	11,633	21,500	21,791	15,885	37,676	43,200	49,309	76.21

TABLE 16—THE NUMBER OF CHILDREN WHO RECEIVED RE-INFORCING DOSES FOR DIPHTHERIA
IMMUNISATION, 1949—1953

Year	Age			
	1—4 years	5—9 years	10—15 years	Total under 15 years
1949	36	2,520	1,546	4,102
1950	40	1,948	1,429	3,417
1951	109	2,745	2,038	4,892
1952	60	3,263	1,510	4,833
1953	88	2,930	1,446	4,464

TABLE 17—NUMBER OF CHILDREN VACCINATED DURING 1953

District	Age								Total	
	Under 1 year	1—4 years		5—14 years		15 years or over		P	R	
		P	R	P	R	P	R			
Beaminster Rural District	31	30	1	1	2	3	5	65	8	
Blandford Borough	7	14	3	—	1	4	3	25	7	
Blandford Rural District	56	68	15	8	20	11	23	143	58	
Bridport Borough	50	39	1	5	3	3	21	97	25	
Bridport Rural District	31	21	3	—	—	1	12	53	15	
Dorchester Borough	17	37	1	—	—	15	39	68	40	
Dorchester Rural District	46	57	—	1	3	4	25	109	28	
Lyme Regis Borough	9	24	2	—	2	4	10	37	14	
Poole Borough	69	182	3	44	14	70	85	365	102	
Portland Urban District	47	54	3	6	6	11	16	118	25	
Shaftesbury Borough	6	17	—	2	2	6	6	31	8	
Shaftesbury Rural District	30	54	—	3	3	2	6	89	9	
Sherborne Urban District	22	23	1	—	9	2	18	47	28	
Sherborne Rural District	22	15	1	—	—	2	2	39	3	
Sturminster Rural District	14	45	1	1	9	2	16	62	26	
Swanage Urban District	18	29	—	3	7	4	11	54	18	
Wareham Borough	8	14	—	3	1	4	9	29	10	
Wareham Rural District	46	84	5	8	19	15	30	153	54	
Weymouth Borough	118	124	3	6	7	17	80	265	90	
Wimborne Urban District	27	20	—	3	6	4	8	54	14	
Wimborne Rural District	91	80	3	3	21	10	38	184	62	
TOTALS	765	1,031	46	97	135	194	463	2,087	644	

P—Primary Vaccination. R—Re-Vaccination.

TABLE 18—VACCINATION, 1949—1953

Year	Under 1 year		1—4 years		5—14 years		15 or over		Total	
	P	R	P	R	P	R	P	R	P	R
1949	627	—	697	24	92	104	100	413	1,516	541
1950	938	—	1,288	42	234	211	245	862	2,705	1,115
1951	1,049	—	1,040	46	259	330	426	1,370	2,774	1,746
1952	889	—	876	77	195	246	315	879	2,275	1,202
1953	765	—	1,031	46	97	135	194	463	2,087	644

P—Primary Vaccination. R—Re-Vaccination.

ITEM	Blandford	Bridport	Charmouth	Dorchester	Ferndown	Gillingham	Lyme Regis	Poole	Shaftesbury	Sherborne	Sturminster Newton	Swanage	Wareham	Weymouth	Wimborne	TOTAL
Maternity	71	101	2	221	28	12	11	182	15	25	2	12	50	324	27	1,083
Road Accident	19	41	12	77	44	21	16	180	28	36	10	7	42	91	27	651
Other Emergency	30	146	—	127	15	31	5	506	52	22	8	77	33	401	30	1,483
TOTAL EMERGENCY	120	288	14	425	87	64	32	868	95	83	20	96	125	816	84	3,217
Hospital Admissions	168	258	77	644	198	131	118	1,578	141	303	104	177	150	1,171	226	5,444
Hospital Discharges	32	113	5	592	39	6	22	897	19	79	2	80	57	648	68	2,659
Inter-Hospital Transfers	26	87	1	609	18	2	30	1,115	74	35	—	73	47	653	79	2,849
Out-Patient Attendances:—																
Physiotherapy	—	1,611	4	1,190	3	—	—	1,379	—	174	—	—	3	2,654	208	7,226
Other	138	1,347	46	2,575	200	23	102	6,353	227	1,018	26	312	253	3,326	79	16,025
Corpses	1	11	1	8	1	—	2	56	—	9	—	3	—	23	2	114
Occupation Centre Attendances	—	—	6	—	—	—	—	11,648	—	—	—	—	—	—	3,163	14,820
Other patients	20	81	9	84	13	2	2	2,137	17	23	7	12	9	172	16	2,604
TOTAL ROUTINE	385	3,508	149	5,702	472	164	276	25,163	478	1,641	139	657	519	8,647	3,841	51,741
TOTAL PATIENTS	505	3,796	163	6,127	559	228	308	26,031	573	1,724	159	753	644	9,463	3,925	54,958
Patient Carrying	388	1,945	118	4,108	466	192	206	6,559	358	822	139	545	344	5,968	567	22,725
Occupation Centre	—	—	4	—	—	—	—	1,186	—	—	—	—	—	—	336	1,526
Other Journeys	11	117	3	231	8	1	7	461	4	26	3	312	5	191	58	1,438
TOTAL JOURNEYS	399	2,062	125	4,339	474	193	213	8,206	362	848	142	857	349	6,159	961	25,689
Patient Carrying	13,415	35,188	4,627	69,140	10,771	9,737	8,026	89,945	9,734	22,345	5,754	12,018	12,966	84,428	13,543	401,637
Occupation Centre	—	—	147	—	—	—	—	16,941	—	—	—	—	—	—	12,693	29,781
Other Mileage	225	716	61	1,496	106	11	89	3,116	64	437	44	711	98	1,229	808	9,211
TOTAL MILEAGE	13,640	35,904	4,835	70,636	10,877	9,748	8,115	110,002	9,798	22,782	5,798	12,729	13,064	85,657	27,044	440,629
Night Journeys (between 1800—0900 hours)	67	238	15	446	74	47	47	1,542	59	138	29	114	76	908	84	3,884
Stretcher Cases	275	822	91	2,073	425	155	187	4,718	325	396	118	519	317	4,395	480	15,296
Sitting Cases	230	2,974	72	4,054	134	73	121	21,313	248	1,328	41	234	327	5,068	3,445	39,662
*Patients Per Journey	1.30	1.95	1.33	1.49	1.20	1.19	1.50	2.19	1.60	2.10	1.14	1.38	1.87	1.59	1.34	1.77
*Miles Per Patient	26.56	9.27	29.47	11.28	19.27	42.71	26.06	6.25	16.99	12.96	36.19	15.96	20.13	8.92	17.77	10.00

* Excluding mental defectives

TABLE 20—HOSPITAL CAR SERVICE STATISTICS—1953

ITEM	AREA										TOTAL
	Blandford	Bridport	Dorchester	Gillingham	Poole.	Shaftesbury	Sherborne.	Wareham.	Weymouth.	Wimborne.	
NUMBER OF PATIENTS CARRIED.											
Hospital Admissions ..	51	47	16	31	72	54	6	49	17	42	38
Hospital Discharges ..	11	16	2	8	129	31	3	86	28	39	35
Inter-Hospital Transfers ..	4	1	2	—	36	2	1	2	7	10	8
Out-Patient Attendances:—											
Physiotherapy ..	1,421	1,972	1,246	662	6,719	178	146	2,037	4,723	2,843	21,54
Other ..	2,006	1,463	908	785	4,876	362	187	1,591	1,091	2,420	15,68
Occupation Centre Attendances	—	—	—	—	524	—	1,544	13	—	1,616	3,8
Education, Immunisation, Social Services ..	341	159	201	72	12	24	369	50	9	412	1,6
Other Patients ..	37	19	38	11	24	1	16	28	2	11	1
TOTAL PATIENTS ..	3,871	3,677	2,413	1,569	12,392	652	2,272	3,856	5,877	7,393	43,9
NUMBER OF JOURNEYS.											
Patient Carrying (excluding occupation centre journeys)	1,560	1,621	966	662	2,277	330	318	1,444	1,805	2,262	13,2
Occupation Centre Journeys ..	—	—	—	—	204	—	347	8	—	501	1,1
Other Journeys ..	39	32	20	6	7	12	17	34	71	82	3
TOTAL JOURNEYS ..	1,599	1,653	986	668	2,488	342	682	1,486	1,876	2,845	14,4
MILEAGE.											
Patient Carrying (excluding occupation centre mileage)	55,425	43,462	23,737	22,694	71,152	11,348	6,443	48,769	31,210	53,326	367,7
Occupation Centre Mileage ..	—	—	—	—	1,469	—	5,310	70	—	10,498	17,7
Other Mileage ..	358	912	184	47	68	111	167	374	567	776	3,3
TOTAL MILEAGE ..	55,783	44,374	23,921	22,741	72,689	11,459	11,920	49,213	31,777	64,600	388,7
*Patients Per Journey ..	2.48	2.27	2.50	2.37	5.21	1.98	2.29	2.66	3.26	2.55	3.1
*Miles Per Patient ..	14.32	11.82	9.84	14.46	6.00	17.40	8.85	12.69	5.31	9.23	8.6

*Excluding mental defectives

TABLE 21—PERSONS RESIDENT ON 31ST DECEMBER, 1953
IN ACCOMMODATION PROVIDED UNDER PART III OF THE NATIONAL ASSISTANCE ACT, 1948

Description of Persons (1)	Persons residing in										No. of persons included in cols. 2 to 6 for whose maintenance other local authorities are responsible (7)		No. of persons (not included in cols 2 to 6) accommodated by other local authorities for whose maintenance the Council are responsible (8)	
	Former workhouses				Other premises managed by the Council (4)		Accommodation provided on behalf of the Council by voluntary organisations (5)		Total (cols. 2 to 5) (6)					
	Owned by the Council (2)		Vested in the Minister as hospitals (3)											
	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.	M.	W.
not materially handicapped by infirmity physically or mentally infirm	57	47	16	13	29	48	17	30	119	138	2	—	—	7
..	33	39	13	15	9	19	2	—	57	73	—	1	—	1
..	6	6	2	—	6	17	1	2	15	25	—	—	—	—
or Dumb	5	8	1	4	1	8	—	1	7	21	—	—	—	—
ptic	8	7	1	2	—	—	2	1	11	10	—	—	—	—
led	6	6	5	4	6	8	—	—	17	18	2	—	—	—
ically infirm (not being aged)	3	6	2	2	—	—	—	—	5	8	—	—	1	—
ally infirm (not being aged)	9	3	4	1	—	—	—	—	13	4	—	—	1	—
TOTALS	127	122	44	41	51	100	22	34	244	297	4	1	2	8
ren accompanied by persons over 16	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ren accommodated under the Children Act, 1948:														
(a) under Section 13 (2)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) under Section 13 (3)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GRAND TOTALS	334				151		56		541		5		10	

TABLE 22—NEW OR ADDITIONAL HOUSING ACCORDING TO RURAL DISTRICTS
Summary of Returns made

Rural District	New Houses erected by Council	New houses erected by Licence	Council's Housing Programme for the year ended 31/12/53		Conversions of existing tenements		
			No. of Houses	Is this programme likely to be completed as Scheduled?	(a) Into dwellings		(b) Into tenements
					By Council	By Licence	By Council
1	2	3	4	5	6	7	8
Beaminster ..	28	19	60	No	—	3	—
Blandford ..	35	12	66	No	—	—	—
Bridport ..	18	15	36	Doubtful	—	—	—
Dorchester ..	52	31	102	No	—	1	—
Shaftesbury ..	58	27	65	No	—	—	—
Sherborne ..	19	9	72	Yes	—	3	—
Sturminster ..	88	10	42	No	—	1	—
Wareham ..	73	41	48	No	—	4	—
Wimborne ..	81	100	100	Probably	—	—	—
Totals ..	452	264	591		—	12	—

HOUSING ACT 1949
Summary of Progress Reports received

	Beaminster	Blandford
(1) No. of applications received under Section 20, for improvement grants to private persons	1	7 (3 subsequently withdrawn)
(2) No. of Schemes submitted to Principal Regional Officer, Ministry of Housing and Local Government in respect of:		
(i) Property owned (or to be acquired) by the Council ..	Nil	Nil
(ii) Private property	Nil	Nil
(3) No. of Schemes approved by Principal Regional Officer (conditionally or otherwise) in respect of:		
(i) Property owned (or to be acquired) by the Council ..	Nil	Nil
No. of dwellings affected	Nil	Nil
(ii) Private property	Nil	Nil
No. of dwellings affected	Nil	Nil
(4) Average approved estimated cost of improvement schemes submitted in respect of:		
(i) Property owned (or to be acquired) by the Council ..	Nil	Nil
(ii) Private property	Nil	£400

URING THE YEAR ENDED 30TH JUNE, 1953.

under Housing Act, 1936, Section 88.

Date of application	No. of families accommodated during year ended 30/6/53	Total Number of applicants (i.e. Family Units) on Council's list requiring accommodation as on 30/6/53	No. of outstanding applications for private building licences as on 30/6/53	Difficulties (if any) experienced in connection with:—		
				Obtaining tenders	Shortage of Labour	Shortage of Materials
Total	13	14	15	16	17	18
4	28	174	—	Yes	Yes	Yes
1	44	190	1	No	No	Bricks, cement and tiles
—	18	130	47	Yes	Yes	Yes
4	49	630	—	No	No	No
—	129	242	4	No	No	Bricks, cement and tiles
3	33	164	1	No	Yes	Bricks, cement and tiles
1	163	39	1	No	No	Bricks, cement and tiles
4	73	498	15	No	No	Not to any great extent
—	120	488	5	No	—	Bricks
17	657	2,555	74	—	—	—

T OF DWELLINGS.

ils in respect of the year ended 30th June, 1953.

Dorchester	Shaftesbury	Sherborne	Sturminster	Wareham	Wimborne
17	4	6	5	Nil	6
Nil	Nil	Nil	2	Nil	Nil
14	4	3	5	Nil	6
Nil	Nil	Nil	2	Nil	Nil
Nil	Nil	Nil	2	Nil	Nil
6	1	1	3	Nil	4
8	1	1	4	Nil	5
Nil	Nil	Nil	£819	Nil	Nil
£235	£743	£380	£800	Nil	£392

INDEX

	<i>Page</i>		<i>Page</i>
ADULTERATION OF FOOD AND DRUGS	56	Social centres	45
AFTER-CARE	30	Social welfare	45
AMBULANCE SERVICE	29	DEATH RATE	3, 9, 59
Administrative arrangements	29	DENTAL CARE	16, 19, 48
Civil Defence	49	Children in nurseries and children's homes	48
Depots	29	Expectant and nursing mothers	16
Statistics	30, 72	Statistics	16, 19
Vehicles and equipment	30	Young Children	19
ANTE-NATAL AND POST-NATAL SERVICES	15	DESIGNATED MILK PRODUCTION	55
Administrative arrangements	15	DIPHTHERIA	3, 11
Ante-natal and post-natal care by general practitioners	17	Administrative arrangements	28
Care of unmarried mothers	17	Immunisation	28
Clinical work	15	Organised measures to encourage immunisation	29
Dental care	16	Statistics	70
Educational work	17	DISABLED PERSONS	47
Maternity outfits	18	DOMESTIC HELP SERVICE	35
Relaxation classes	17	Cases	35
Statistics	16, 17, 18, 64	Staff	35
B.C.G. VACCINATION	31	Statistics	36
Statistics	31	DOMICILIARY CARE OF OLD PEOPLE	33
BIRTH CONTROL	20	Admission of chronic sick cases to hospital	34
Statistics	20	Provision of dwellings by local authorities	34
BIRTH RATE	3, 9, 59	Statistics	34, 40
BLIND AND PARTIALLY SIGHTED	43	DOMICILIARY CONFINEMENTS	24
Administrative arrangements	43	EDUCATIONALLY SUB-NORMAL PUPILS	48
Children	43	ENVIRONMENTAL HYGIENE	49
Employment in open industry	43	Factories Acts	53
General social welfare	43	Public cleansing	52
Home employment	43	Rivers pollution prevention	52
Home teaching	43	Rural Water Supplies	49
Marketing	43	Sanitary accommodation	52
Persons in hospitals, homes, etc.	43	School hygiene	53
Registration	43	Sewerage	49
Statistics	44	Shops Act, 1950	53
Visiting	43	Swimming baths and sea water bathing	53
Workshop employment	43	Verminous premises; the control of vermin and insect pests	53
BRITISH RED CROSS SOCIETY AFTER-CARE SERVICES	33	Water supplies and sewerage	49
CARE OF MOTHERS AND YOUNG CHILDREN	15	EPILEPTICS	46
Ante-natal and post-natal care	15	FACTORIES ACTS	53
Other provision	20	FIRST AID TRAINING	49
Welfare centres	18	FOOD AND DRUGS—ADULTERATION	56
CAUSES OF DEATH	61, 62, 63	FOOD INSPECTION AND SUPERVISION	53
CHILDREN ACT, 1948	48	FOOD PREMISES	56
Children's Homes	48	FOODS—WELFARE	18
Dental care	48	FOREWORD	3
Educationally sub-normal pupils	48	Accommodation for old people	4
General health and well-being of deprived children resident in homes and nurseries	48	Diphtheria	3
Medical supervision of nurseries and children's homes	48	Poliomyelitis	3
Protection of children from tuberculosis	48	Problem families	4
Residential nurseries	48	Tuberculosis	3
Statistics	49	Vital statistics	3
CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES	21	FRONTISPIECE	—
CIVIL DEFENCE	49	GAS AND AIR ANALGESIA	22
Ambulance service	49	Statistics	22
First aid training	49	Survey	34
Hospital planning	49	GENERAL PRACTITIONER SERVICES	17
Welfare services	49	GENERAL STATISTICAL SUMMARY OF THE COUNTY	9
COMMITTEES	7	GUARDIANSHIP	38
CONTRACEPTION CLINICS	20	HEALTH EDUCATION	35
Statistics	20	HEALTH OF THE CHILD	20
CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE	23, 26, 27, 37, 45	HEALTH VISITING	26
DAILY MINDERS	49	Administrative arrangements	26
DAY NURSERIES	22	Attendance at clinics	26
Statistics	22	Co-operation with general practitioners	26
DEAF AND DUMB	45	Co-operation with hospitals	26
Administrative arrangements	45	Old People	26
Co-ordination	46	Refresher courses	27
Lip reading classes	45	Routine visiting	26
		Schools follow-up and cleanliness	26
		Special visiting	26
		Staff	69
		Statistics	27, 69

INDEX—continued.

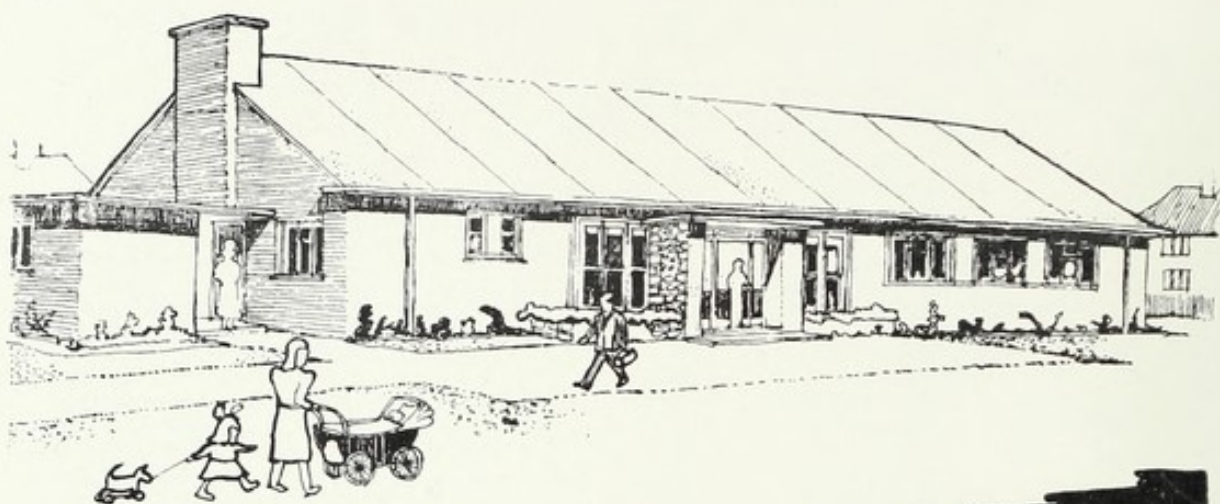
	Page		Page
Surveys	26	National Health Service Act, Section 28 ..	37
Training	27	Occupation centre	38
Tuberculosis	26	Staff	36
HOME EMPLOYMENT	43	Statistics	38, 39
HOME NURSING	27	Transport	39
Administrative arrangements	27	Voluntary associations	37
Co-operation with general practitioners	27	MIDWIFERY SERVICE	22
Liaison with hospitals	27	Administrative arrangements	22
Refresher courses	27	Co-operation with general practitioners	23
Staff	28	Gas and air analgesia	22
Statistics	28	Maternal and neonatal deaths and conditions associated with childbirth	25
Training	27	Medical aid	23
Types of cases attended	28	Newborn infant survey	25
HOME TEACHING	38	Refresher courses	24
HOSPITAL:		Selection of hospital confinements on social grounds	24
Confinements	24	Statistics	22, 24, 25, 68
Co-operation	26	Supervision	22, 23
Services	24, 25, 34	Training	24
HOSPITAL CAR SERVICE	30	MILK IN SCHOOLS SCHEME	54
Statistics	30, 73	Statistics	54
HOUSING	57	MILK SUPPLY	53
Housing Repairs and Rents Bill	58	Designated milk production	55
Permanent houses completed since 1st April, 1945	57	Licensed pasteurising establishments	53
Statistics	75	Milk sampling	55
ICE-CREAM—MANUFACTURE AND SALE	56	Milk in schools scheme	54
IMMUNISATION	28	Prevention of sale of tuberculous milk	54
Administrative arrangements	28	Specified areas	53
Diphtheria	28	Statistics	55
Organised measures to encourage	29	Undulant fever	54
Statistics	70	MORBIDITY FIGURES	10
Whooping cough	29	NATURAL AND SOCIAL CONDITIONS AND STATISTICS OF THE AREA	8
INFANT MORTALITY	3, 9, 59	Comments on vital statistics	9
INFECTIOUS DISEASE—PREVALENCE AND CONTROL OF	9, 10	General statistical summary of the county	9
Diphtheria	11	Morbidity figures	10
Measles	11	Natural and social conditions	8
Poliomyelitis (including polioencephalitis)	11	NATIONAL HEALTH SERVICE ACT—SECTION 28	37
Smallpox	11	NATIONAL ASSISTANCE ACT, 1948—SECTIONS 21—28	39
Scarlet fever	11	NEONATAL DEATHS AND CONDITIONS ASSOCIATED WITH CHILDBIRTH	25
Statistics	10, 64	Statistics	25
Tuberculosis	14	NEWBORN INFANT SURVEY	25, 34
Whooping cough	11	NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES	10
INSPECTION AND SUPERVISION OF FOOD	53	NURSERIES AND CHILDREN'S HOMES—MEDICAL SUPERVISION	48
Adulteration of food and drugs	56	NURSERIES AND CHILD MINDERS REGULATION ACT, 1948	49
Food premises	56	NURSERY PROVISION	48
Meat and other foods	55	NURSING HOMES	47
Manufacture and sale of ice-cream	56	Statistics	47
Milk supply	53	OCCUPATION CENTRE	38
Provision of meals in schools	55	OFFICERS OF OTHER AUTHORITIES	6
LIAISON WITH OTHER BODIES	23, 26, 27, 37, 45	OLD PEOPLE:	
LICENSED PASTEURISING ESTABLISHMENTS	53	Accommodation	4, 34, 70, 74
LIP READING CLASSES	45	Admission to hospital	34
LUNACY AND MENTAL TREATMENT ACTS	37	Domiciliary care	26, 33
Statistics	38	Provision of dwellings	4, 34
MASS MINIATURE RADIOGRAPHY	32	Registration of homes	47
Statistics	32	Statistics	34, 40, 74
MATERNAL MORTALITY	25	OPHTHALMIA NEONATORUM	25
Statistics	25, 59	PASTEURISING ESTABLISHMENTS	53
MATERNITY OUTFITS	18	PEMPHIGUS NEONATORUM	25
MEALS IN SCHOOLS	55	PHYSICALLY HANDICAPPED PERSONS	46
MEASLES	11	Administrative arrangements	46
MEAT AND OTHER FOODS	55	Development of the service	46
MEDICAL AID	23	Services provided	46
Statistics	24	POLIOMYELITIS (INCLUDING POLIOENCEPHALITIS)	3, 11
MENTAL DEFICIENCY	38	Age distribution	13
Statistics	38, 39	Follow-up of cases	14
MENTAL HEALTH	36	Incidence in urban and rural districts	13
Account of work undertaken in the community	37		
Administration	36		
Ascertainment of mental defectives	38		
Committee	36		
Co-ordination with Regional Hospital Board	37		
Guardianship	38		
Home Teaching	38		
Lunacy and Mental Treatment Acts	37		

INDEX—continued.

	Page		Page
Paralytic and non-paralytic	13	SCHOOL MEALS	55
Seasonal incidence	11	SCHOOL MILK	54
Sex distribution	13	SELECTION OF HOSPITAL CONFINEMENTS ON SOCIAL	
Statistics	12	GROUNDS	24
POOLE AREA STAFF	6	Statistics	24
POST-NATAL SERVICES	15	SEWERAGE AND SEWAGE DISPOSAL	49
Administrative arrangements	15	SHOPS ACT, 1950	53
Care of unmarried mothers	17	SMALLPOX	11, 29
Clinical work	15	Administrative arrangements	29
Dental care	16	Arrangements in the event of an outbreak	29
Educational work	17	Organised measures to encourage vaccination	29
Maternity outfits	18	Statistics	71
Post-natal care by general practitioners	17	Vaccination	29
Relaxation classes	17	SOCIAL SERVICES	39
Statistics	16, 17, 18, 64	Provision of accommodation	39
PREMATURE INFANTS	20	Reception centres	39
Statistics	20	Registration of disabled persons and old persons	
PREVALENCE AND CONTROL OF INFECTIOUS DISEASE	10	homes	47
Diphtheria	11	Removal to suitable premises of persons in need	
Measles	11	of care and attention	47
Poliomyelitis (including polioencephalitis)	11	Statistics	39-42, 44, 45
Smallpox	11	Temporary protection for property of persons	
Scarlet fever	11	admitted to hospitals, etc.	47
Statistics	10, 64	Welfare services	43
Tuberculosis	14	SOUTH DORSET AREA STAFF	6
Whooping cough	11	SPASTICS	46
PREVENTION OF ILLNESS, CARE AND AFTER-CARE	30	SPECIFIED AREAS	53
After-care	33	STAFF	5
B.C.G. vaccination	31	Central	5
Domiciliary care of old people	33	Officers of other authorities	6
Health education	35	Poole area	6
Mass miniature radiography	32	Public Health Laboratory Service	7
Other illness	33	South Dorset area	6
Prevention of illness	34	STATISTICS:	
Tuberculosis	31	Ambulance service	30, 72
Venereal diseases	33	Ante-natal and post-natal clinics	16, 17, 18, 64
PROBLEM FAMILIES	4	Ante-natal and post-natal examinations by general	
PROVISION OF ACCOMMODATION—NATIONAL ASSISTANCE		practitioners	17
ACT, 1948—SECTIONS 21—28	39	B.C.G. vaccination	31
Accommodation—Existing	40	Birth Control	20
New	39	Blind and partially sighted	44
Residential	39	Causes of death	61, 62, 63
Temporary	42	Confinements	25
Amenities	40	Day nurseries	22
Housing for old people	34	Dental care	16, 19
Joint user arrangements	40	Diphtheria immunisation	70
Statistics	34, 40, 74	Domestic help service	36
Voluntary organisations	40	Gas and air analgesia	22
PROVISION OF MEALS IN SCHOOLS	55	General summary of county	9
PUBLIC CLEANSING	52	Health visiting staff	69
PUBLIC HEALTH LABORATORY SERVICE	47	Health visiting—visits	27
Staff	7	Home nursing	28
Statistics	47	Hospital car service	73
PUERPERAL PYREXIA AND PUERPERAL FEVER	25	Hospital confinements on social grounds	24
RECEPTION CENTRES	39	Housing	75
Statistics	39	Immunisation	70
REGISTRATION OF DISABLED PERSONS AND OLD PERSONS		Infectious and notifiable diseases	10, 25, 64
HOMES—NATIONAL ASSISTANCE ACT, 1948—SECTION 37	47	Lunacy and Mental Treatment Acts	38, 39
REGISTRATION OF NURSING HOMES	47	Mass miniature radiography	32
Statistics	47	Medical aid	24
RELAXATION CLASSES	17	Midwifery nursing staff	68
REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED		Midwifery cases attended	69
OF CARE AND ATTENTION—NATIONAL ASSISTANCE		Milk sampling	55
ACT, 1948—SECTION 47	47	National Assistance Act—Part III accommodation	40, 74
RESIDENTIAL ACCOMMODATION	39	Nursing homes	47
RETROBENT FIBROPLASIA SURVEY	34	Poliomyelitis	11
RIVERS POLLUTION PREVENTION	52	Premature births	21
RURAL WATER SUPPLIES	49	Public health laboratory service	47
SANITARY ACCOMMODATION	52	Reception centres	39
SCARLET FEVER	11	Temporary accommodation	42
SCHOOL HYGIENE	53	Tuberculosis	14
SCHOOL LEAVERS SURVEY	34	Unmarried mothers	18
		Vaccination	71
		Venereal diseases	33
		Virus infections during pregnancy	16

INDEX—continued.

	Page		Page
Vital statistics	3, 59	VENEREAL DISEASES	33
Vital statistics in administrative areas	60	Statistics	33
Welfare centres	19, 66, 67	VERMINOUS PREMISES	53
SURVEYS:		Vermin control and insect pests	53
Gas and air analgesia	34	VIRUS INFECTION DURING PREGNANCY—SURVEY	15, 34
Newborn infants	34	VITAL STATISTICS	3, 59
Retrolental fibroplasia	34	Administrative areas	60
School leavers	34	Birth rate	9
Virus infections during pregnancy	15, 34	Comments	9
SWIMMING BATHS AND SEA WATER BATHING	53	Death rate	9
TEMPORARY ACCOMMODATION	42	Infant mortality	9
Statistics	42	Maternal mortality	9
TEMPORARY PROTECTION FOR PROPERTY OF PERSONS ADMITTED TO HOSPITAL, ETC.—NATIONAL ASSISTANCE ACT, 1948—SECTION 48	47	Infectious disease	9, 10, 64
TUBERCULOSIS	3, 14, 31	VOLUNTARY ORGANISATIONS	37, 40
Administrative arrangements	31	WATER SUPPLIES AND SEWERAGE	49
B.C.G. vaccination	31	General commentary	49
Employment	31	WELFARE CENTRES	18
Health Visiting	26	Administrative arrangements	18
Mass miniature radiography	32	Clinical work	19
Non-pulmonary	14	Dental care	19
Protection of children	21, 48	Educational work	19
Pulmonary	14	Health of the child	20
Statistics	14, 31, 59	Statistics	19, 66, 67
TUBERCULOUS MILK—PREVENTION OF SALE	54	Welfare foods	18
UNDULANT FEVER	54	WELFARE FOODS	18
UNMARRIED MOTHERS	17	WELFARE SERVICES	43
Statistics	17	Administrative arrangements	43
VACCINATION	29	Blind and partially sighted	49
Administrative arrangements	29	Civil defence	45
Arrangements in the event of an outbreak of smallpox	29	Deaf and Dumb	46
B.C.G.	31	Epileptics	46
Organised measures to encourage	29	Physically handicapped (General classes)	46
Statistics	71	Spastics	46
		WHOOPING COUGH	11
		Immunisation	29
		WORKSHOP EMPLOYMENT	43



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A sketch of the Hamworthy Health Clinic, the first to be built in the county since the war.



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The official opening of the newly constructed Poole ambulance depot by Alderman Douglas Jackman, M.B.E., Chairman of the Health & Social Services Committee. Also included in the group are the Mayor of Poole and Councillor Cyril Stone, Chairman of Health Centre & Ambulance Services Sub-Committee.

