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# THE HEALTH AND SOCIAL SERVICES OF DORSET



# ANNUAL REPORT

# of the

County Medical Officer of Health for the year 1955

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

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#### FOREWORD

The general health of the people of Dorset continues excellent; there was, however, the usual background fluctuation in the notifications of the common infectious diseases of childhood. Measles, for instance, was running true to form in that the biennial increased incidence occurred and, in fact, was the highest annual total recorded for over fifteen years. Although there was a slight increase over the previous year in the number of cases of poliomyelitis notified, the incidence did not reach epidemic proportions.

#### Vital Statistics

The birth rate of 13.7 per thousand live births was the lowest recorded in the county since 1936, the corresponding figure for England and Wales being 15.0. The death rate was 12.2 per thousand compared with the rate for England and Wales of 11.7.

As in previous years the birth rate was lower and the death rate slightly higher than the corresponding figures for the country as a whole, the latter being due to the large number of elderly persons resident in the county.

It is encouraging to note that there was only one maternal death in the county.

There was a slight increase in the infant mortality rate for the first time for a number of years, but owing to the relatively small number of infant deaths that occur slight fluctuations are to be expected.

#### Infectious Diseases

During the year just over 6,000 cases of infectious and other notifiable diseases were registered. Approximately eighty-five per cent of these patients were suffering from measles, and it is encouraging to note that no death occurred in any of these 4,944 patients. This is due to a number of factors, prominent among them being the increase in the general health of the children and to some extent the use of antibiotic drugs.

The number of deaths from tuberculosis is the lowest ever recorded in the county, and it is to be hoped that with the increased use of B.C.G. vaccine in school children a marked fall in the incidence of this infection will result within the next few years.

Of the four deaths from infectious disease other than tuberculosis, three were cases of bulbar poliomyelitis. Recent experience in the United States of America, Australia and New Zealand has indicated that a prophylactic vaccine confers a substantial degree of immunity against poliomyelitis and it is hoped that it will be effective in this county when it is introduced.

#### Major Disasters

If the major disasters reported from other parts of the country from time to time in recent years seemed rather remote to those living in Dorset, there was a sharp reminder that the occurrence of catastrophes is completely unpredictable when, in July, a torrential storm of tropical intensity occurred resulting in 7.15 inches of rain falling in fifteen hours over a narrow coastal belt between Dorchester and Weymouth on the east and Bridport on the west. From experience gained by other authorities, the county council had prepared a plan based on the civil defence organisation to cope with any major disaster which might arise. This plan proved very useful in dealing with the problems caused by the heavy flooding, and a number of modifications and improvements were subsequently made to meet any future contingencies.

#### **Problem Families**

In my report for 1954, I indicated the lines on which it was intended to develop the county scheme dealing with the prevention of the break-up of families.

Full details of the year's work are given later in this report, and it is satisfactory to note that good progress is being made. It is aimed to ascertain potential problem families at the earliest possible stage, so that the maximum preventive measures may be applied before the break-up of the family becomes imminent.

#### Domiciliary Care of Old People

Two liaison health visitors were appointed during the year for special duties in connection with the care of elderly and handicapped persons, and progress has thereby been made in co-ordinating the services of the local health authority and the hospitals. During the year a joint scheme was initiated with the Bournemouth and East Dorset Hospital Management Committee, defining the duties of the officers of the respective authorities in order to obtain both efficiency and uniformity in selection of patients for hospital, homes for the elderly provided by the county council and domiciliary care.

#### Mental Health

One of the most pressing problems at the present time is the acute shortage of institution beds for mental defectives, particularly low grade cases, and this has necessitated a completely new approac to community care. It is recognised that facilities must be made available so that defectives can remai at home wherever possible, leaving the available institution beds for low grade cases requiring nursin or custodial care, and high grade cases suitable for training with a view to rehabilitation in the community

In a rural county such as Dorset, the establishment of occupation centres is not practicable exception in the larger urban areas. In Poole the centre, accommodating sixty cases, serves the borough and a const derable surrounding rural area. An extension to provide twenty additional places has been approved by the county council and the provision of a new centre covering the Weymouth area is receivin consideration.

The guardianship home at Lytchett Matravers, a photograph of which appears on the frontispiece is a very valuable asset to the county. Here eight cases can be accommodated, and the owner had developed the home entirely on her own initiative because of her great interest in this work.

I should like to take this opportunity of placing on record my appreciation of the kind co-operation of the members of the committee and in particular the chairman, Mr. Douglas Jackman, whose help and advic is readily given at all times.

My thanks are also due to the staff of the department for their loyal and willing support, and assistanc in the compilation of this report.

> ARTHUR A. LISNEY, County Medical Officer of Health.

Health Department, County Hall, Dorchester, Dorset. July, 1956.

#### STAFF OF HEALTH DEPARTMENT

#### **Central Staff**

unty Medical Officer of Health; incipal School Medical Officer. LISNEY, A. A., M.A., M.D., D.P.H.

puty County Medical Officer of Health; puty Principal School Medical Officer. TURNER, A. F., M.B., B.CH., D.P.H.

tior Medical Officer; tool Medical Officer. SCOTT, A. G., M.B., CH.B., D.P.H. (Resigned 15/5/55) MACLEOD, M. C., M.D., D.P.H. (Commenced 1/7/55).

sistant 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'Keeffe, 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.

nt Appointment with Regional Hospital Board: Consultant Chest Physician). CLARK, A., M.D., M.R.C.P.

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

ncipal School Dental Officer. PRETTY, P. J., L.D.S.

ntal Officers.

FLINT, M. F., L.D.S. FOREMAN, W. R., L.D.S. HODGES, W. V. A., M.C., L.D.S. MACGREGOR, J. A. E., L.D.S. (Resigned 31/8/55). O'CONNOR, MISS M. P., L.D.S.

unty Sanitary Engineer. KING, F. M. W., F.S.E., F.I.S.E., F., R.S.H., M.S.I.A. sistant Sanitary Officer. PARRY, A. H., M.R.S.H., M.S.I.A.

unty Ambulance Officer. THOMPSON, W. G. M., O.B.E.

vchiatric Social Worker. FILLITER, MISS A. D.

mestic Help Organiser. LE FANU, MISS B., B.A., B.SC.

perintendent Health Visitor; pervisor of Midwives; unty Nursing Officer. RANKLIN, MISS I. F., S.R.N., S.C.M., H.V.CERT.

sistant Superintendent Health Visitors; bervisors of Midwives; sistant County Nursing Officers. HEATHER, MISS G., S.R.N., S.C.M., H.V.CERT. HUNT, MISS R., S.R.N., S.C.M., H.V.CERT.

M Health Visitors. BENNETT, MISS W. E., S.R.N., S.C.M., H.V.CERT. MASON, MISS E. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

#### Health Visitors.

Allen, Miss F. N., S.R.N., S.C.M., H.V.CERT. 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. 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. Mansbridge, Miss D. E. A., 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. Trotman, Miss V., S.R.N., S.C.M., H.V.CERT. Trotman, Miss V., S.R.N., S.C.M., H.V.CERT. Truscott, Miss M., S.R.N., S.C.M., H.V.CERT. Walker, Miss M. E., S.R.N., S.C.M., H.V.CERT. Walker, Miss M. M., S.R.N., S.C.M., H.V.CERT. Walker, Miss C. R., S.R.N., S.C.M., H.V.CERT. 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. COOK, J. G. H. (Commenced 1/3/55) HOPKINS, C. G. JOHNSTON, H. T. (Retired 30/6/55) 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. ROYLE, MRS. P. M. (Commenced 2/5/55; Resigned 4/11/55).

Dental Attendants.

BANKS, MISS A. A. BASCOMBE, MRS. L. D. CLARKE, MISS S. M. GORDON ALLARDYCE, MRS. M. (Resigned 20/3/55). HARDING, MISS M. P. RICHARDS, MRS. G. A. (Commenced 25/4/55); Resigned 27/12/55). STUDLEY, MISS Q.

Chief Administrative Assistant. HUTCHINGS, H. L. Area Medical Officer; School Medical Officer, Excepted Area. HUTTON, J., M.D., D.P.H.

Assistant County Medical Officers of Health.
CAIRNS, K. M., M.B., B.S., M.R.C.S., L.R.C.P.
PARKEN, D. S., M.B., B.S., D.C.H., D.P.H. (Commenced 19/12/55).
SINCLAIR, J. A., M.B., CH.B., D.P.H. (Retired 30/9/55).
WILLIAMSON, H. C., M.B., B.CH., D.P.H.

Area Dental Officer. RIMMER, W. K., L.D.S.

Dental Officers. SULLIVAN, J. M., L.D.S. 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.
COWLEY, MISS C., S.R.N., S.C.M., H.V.CERT. (Commenced 1/11/55).
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 Officers.

GIBSON, A. N. R.L.D.S. (Resigned 31/12/55). MASON, MRS. M. D., B.D.S.

Area Domestic Help Organiser. PERRY, MISS J. A. 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. (Resigned 14/8/55).
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. (Resigned 14/11/55). Hardy, Miss A. D. E. M. Hill, Miss W. M. O'Leary, Miss M. Roberts, Miss J. (Resigned 30/6/55). Thickett, Miss M. Tugwell, Miss E. F.

Matron, Day Nursery. McCurcheon, Miss M. J.

Dental Attendants. ALLEN, MISS J. E. (Commenced 21/3/55). FORREST, MISS G. MATTISON, MRS. E. T. NICHOLLS, MISS R. N. (Resigned 28/2/55).

#### South Dorset Area Staff

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. Richardson, Miss G. F., S.R.N., S.C.M., H.V.CERT. Stembridge, Miss I., S.R.N., S.C.M., H.V.CERT. SUNDERLAND, Miss D., S.R.N., S.C.M., H.V.CERT., D.S.A.

to

Midwives (Whole-time). CAMPBELL, MRS. L. CURTIS, MRS. H. EMERY, MISS G. S.

Dental Attendants. BRIGGS, MRS. M. J. WOOD, MISS A. B.

## **OFFICERS OF OTHER AUTHORITIES**

				(at 31st December, 195	5)	
Boroughs				Medical Officers		Sanitary Inspectors
Blandford Forum				DR. J. B. M. MAYES		 MR. W. E. RAMM.
Bridport				*DR. A. ARMIT		 MR. D. H. TILL (appointed 18/2/55).
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).
				2		 MR. C. GLOVER.
						MR. R. M. IMPETT.
						MR. C. A. TRIM.
						MR. G. TUCKER.
						MR. F. K. W. FRANCIS.
						MR. T. K. ASTON (Housing).
						MR. E. W. WAKEFIELD (Meat Inspect
Chattachar				De N. P. Deverser		
Shaftesbury			• •	DR. N. F. PEARSON	••	 MR. W. N. TEASDALE.
Wareham				DR. E. J. O'KEEFFE		 MR. J. R. TANNER.
Weymouth and M	leicombe	Regis		*Dr. E. J. G. WALLACE	5	 MR. H. HANDSCOMB (Chief).
						MR. A. L. HARRIS.
						MR. R. G. S. NEWBOULD.
Urban Districts						
Portland				DR. E. J. G. WALLACE	5	 Mr. P. A. Williams.
Sherborne				DR. N. F. PEARSON		 MR. C. E. BEAN (Senior).
						Mr. F. E. RAEBURN.
Swanage				DR. E. J. O'KEEFFE		 MR. K. W. GREENWOOD.
Wimborne				Dr. J. B. M. MAYES		 MR. R. GELLENDER.

\* Also Port Medical Officer.

Rural Districts			Medical Officers		Sanitary Inspectors
Beaminster		 	Dr. A. Armit		 Mr. C. C. Rundle.
Blandford	••	 	DR. J. B. M. MAYES	••	 MR. G. S. C. UDALL (Senior). MR. M. A. STOCKLEY.
Bridport		 	<sup>•</sup> Dr. A. Armit		 MR. L. F. A. MADDOCKS (Chief). MR. I. R. NEWMAN.
Dorchester		 	DR. I. B. LAWRENCE	••	 Mr. N. Rawlins (Senior). Mr. J. M. S. Stamp. Mr. J. B. S. Salt.
Shaftesbury		 	Dr. N. F. Pearson		 MR. J. D. S. SALL. MR. W. E. BREEDS (Senior). MR. D. F. ANTHONY.
Sherborne		 	DR. N. F. PEARSON		 Mr. J. E. FANNON.
Sturminster		 	DR. N. F. PEARSON		 Mr. F. Hodson. Mr. I. A. McDonald.
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. G. BOWER. MR. R. E. S. HARGREAVES ] Meat
					MR. A. HOLMES MR. W. T. BARTON

Dorchester Laboratory.

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

**Public Health Laboratory Service** 

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;
- (vi) Nurseries and Child Minders Regulation Act, 1948;

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-Committee 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.
- 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.
- 7. Nursing Homes and Nurseries and Child Minders Sub-Committee:

The functions of the county council under:--

- Sections 187 to 195 of the Public Health Act, 1936, relating to Registration and exemption from registration of Nursing Homes;
- (ii) Nurseries and Child Minders Regulation Act, 1948.

# 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 1955 of forty-three stations in the county, together with the average hours of sunshine per month of two coastal stations:—

Month	Average rainfall of 43 stations	Average hours of sunshine of 2 coastal stations	Month	Average rainfall of 43 stations	Average hours of sunshine of 2 coastal stations
January	 3-87 inches	42.3	July	3.58 inches	313-9
February	2.50 ,,	107.7	August	-65 ,,	249-9
March	 1.59 ,,	185-1	September	1.56 .,	185-7
April	 -79 ,,	193-3	October	3-69 ,,	144-5
May	 4-48 ,,	246.4	November	3.94	89-5
June	 2.70 ,,	211.6	December	5-83	36.5

A storm of tropical intensity occurred in the Weymouth area on 18th July when the rainfall was the highest ever recorded the district, 7.15 inches falling in fitteen hours. During the same storm the fall at Martinstown was 11 inches, and this figure was he highest ever recorded in a twenty-four hour period anywhere in the British Isles. The rainfall figures for the whole county lowed a decrease compared with those for the preceding year, the average for 1955 of forty-three stations being 35-18 inches, whilst e figures from thirty-nine stations in 1954 revealed an average of 40-10 inches.

The sunshine figures recorded at Weymouth revealed that the resort had 2,010 hours; this is only the fifth occasion since 395 that a figure of 2,000 hours has been exceeded for that area.

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

During the summer months large numbers of holiday makers are attracted to the sandy beaches of Poole, Swanage, Weymouth, est Bay and Lyme Regis.

#### 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 rces 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 ifferent 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 1955, as adjusted for ward and outward transfers.

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

Area in acres										622,843
Population							Urban	1	88,700	campo ro
							Rural	1	15,300	
								_		304,000
Rateable value as at	1st April,	1955 .								$\pm 2,155,508$
Estimated product o Births:	f a penny i	rate .	•		•••					£8,518
Dirtiis.										
Live Births:							Male		Female	Total
Legitimate				102.11			2.057		1.927	3.984
Illegitimate							103		85	188
Total live b				1			2,160		2,012	4.172
Birth rate per th	housand po	pulation		No.		10000				13.7
Legitimate birth										13-1
Illegitimate birt										0.62
Illegitimate birt										47
Stillbirths:										
Legitimate-		Illeg	itimate	e—7		Total				91
Stillbirth ra										0.29
Stillbirth r	ate per tho	usand to	tal live	and s	tillbirths					21.3
Illegitimate	stillbirth 1	rate per t	housar	id tota	d illegiti	mate (liv	e and stil	I) births		35-89
Deaths:										
Total deaths										3.729
Death rate										12.2
Dourn rute										1
										Rate per 1,000 total
							1	Deaths		(live and still) births
Deaths from pu	erperal cau	ses .				• •		1		0.23
Deaths of infant	ts under on	e year of	age:							
Legitimate-	-96	Illeg	itimate	e-8		Total				104
Death rate of in	fants unde	r one yea	r of ag	ge:						
All infants	per 1,000 li	ive births	5							24.9
Legitimate										24.0
Illegitimate	infants pe	r thousan	nd illeg	itimat	e live bin	rths				42.5
Deaths from dip										Nil
	and the second se									Nil
	looping cou	gh .								Nil
	lmonary tu									28
	n-pulmona									2
	ncer (all for									612
	1									

Some of the causes of death, with the corresponding percentages of total deaths (3,729) are given in the table below:----

(a)	Heart disease	35.4	(h) Ulcer, st	omach and d	uodenum	 1.0
(b)	Cancer (all forms)	16.4	(i) Nephritis	and nephro	sis	 0.9
(c)	Vascular lesions of nervous		(i) Motor ve	hicle acciden	its	 0.8
	system	15.4	(k) Tubercul	osis, respirat	ory	 0.9
(d)	Other circulatory diseases	4.7	(l) Suicide			 0.7
(e)	Pneumonia	3.7	(m) Influenza			 0.5
(f)	Bronchitis	3.0				
(g)	Accidents other than motor-					
	vehicle	2.5				

#### Comments on Vital Statistics (Tables 1-5)

Birth Rate. The birth rate for 1955 was 13.7 per thousand compared with the corresponding figure of 15.0 for England and Wales. Both rates show a slight decrease when compared with the previous year's figures.

Infant mortality. The rate for Dorset of 24.9 was the same as the figure for England and Wales. Last year the rate for the county was 22.0, and this is the first year in which a decrease has not taken place. Since 1942 the infant mortality rate in the county has been consistently lower than the national figure.

Death Rate. The death rate of 12·2 per thousand remains slightly above the rate for England and Wales of 11·7, this presumably being due to the greater percentage of old folk resident in the county. In common with the country as a whole, heart diseases (thirty-five per cent of the total) accounted for the largest number of deaths. Cancer remains a prominent cause of death and the number of deaths from cancer of the lung, especially in males, continues to rise. There was a further fall in the deaths from tuberculosis, but deaths from bronchitis and pneumonia showed a slight increase over the previous year. Violent deaths continued to feature prominently and it is encouraging to note that the number of suicides fell from 41 in 1954 to to 27 in the current year.

Maternal mortality. The death arising out of pregnancy occurred in a twenty-two year old housewife, and as far as can be ascertained from the present state of obstetrical knowledge, nothing could have been done to prevent this occurrence. It would appear that we have reached a stage when the maternal mortality has reached the lowest possible figure.

Infectious diseases. There were four deaths from infectious diseases, three from poliomyelitis and one from meningococcal meningitis. The incidence of infectious disease generally showed an increase compared with 1954; the number of cases of measles notified was the greatest for over fifteen years.

#### Morbidity Figures

Information is received weekly from the local offices of the Ministry of National Insurance on the number of new claims for sickness benefit in the county. These figures give useful information on the general incidence of illness in the working population, and the effects of seasonal illness or epidemics. There was an increase in the number of new claims during 1955 as compared with the previous year's figures. This was due to the large number of claims made during the first three months of the year when there was an epidemic of influenza.

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

	19	953	1	954	1955			
Month	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	3,478	11.61	2,821	9.35	4,106	13-51		
February	4,483	14.98	2,802	9.29	3,580	11.78		
March	3,300	11.02	2,800	9.29	3,636	11.96		
April	2,125	7.09	1,755	5.82	2,068	6.80		
May	1,785	5.96	1,944	6.45	2,207	7.26		
June	1,966	6-56	2,082	6.90	1,718	55-6		
July	1,566	5.23	1,482	4.91	. 1,574	5.17		
August	1,354	4.52	1,884	6.25	2,069	6.81		
September	2,026	6.76	1,622	5.38	1,762	5.81		
October	2,080	6.94	1,851	6.15	2,003	6.59		
November	1,969	6.57	2,479	8.22	2,622	8.63		
December	1,983	6-62	1,854	6.15	1,950	6-41		
Totals	28,115	93-86	25,376	84.16	29,295	96.37		

#### PREVALENCE AND CONTROL OF INFECTIOUS DISEASE (Table 5)

During the year 1955, 6,049 cases of infectious and other notifiable diseases were registered. This figure included 4,944 who were suffering from measles and 591 from whooping cough. With the exception of these two common infectious diseases of childhood, the notifications of other diseases, including pneumonia, remained at a low level.

In the table below are given notifications, deaths, and incidence and death rates per thousand home population of the more mportant infectious diseases in Dorset during the past ten years. The table differs slightly from previous years, smallpox has been mitted as there has been no case in Dorset since 1944 and food poisoning, dysentery and meningococcal infections and poliomyelitis have been included.

	_										
Disease	Ţ	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Diphtheria: No. of cases notified		20	11	4	3	1		1	-	1	
Incidence rate		0.08	0-04	0.01	0.01	0-003		0-003		0.003	
No. of deaths	•••	3				0.003	-			0.002	
		0.01	_	-	_	-	_	_	_		-
Death rate	•••	0.01	-			_	-				
Scarlet Fever:							170	107	100		=0
No. of cases notified		201	147	226	211	194	172	125	188	184	72
Incidence rate		0.78	0.60	0.73	0.77	0.67	0.58	0.42	0.63	0.61	0.24
No. of deaths				TE	-	-	-	-		1000-000	-
Death rate	• •	-	-	-	-	-	-	-		-	
Measles:					100000					000000	
No. of cases notified		899	3,232	1,571	3,761	1,545	4,709	950	4,900	102	4,944
Incidence rate		3.48	13.12	5.76	13.67	5.31	15.89	3.20	16.37	0.34	16-26
No. of deaths		_	1		2	-	2	-	1.	-	
Death rate		-	0.004	-	0-007	-	0.007	-	0.003	-	-
Whooping Cough:				-							
No. of cases notified		923	825	1,339	819	1,386	1,492	866	1,125	876	591
Incidence rate		3-58	3.35	5.13	2.97	4.77	5.04	2.92	3.76	2.90	1.94
No. of deaths		5	1	3	4	-	3		1	1	-
Death rate		0.02	0.004	0.01	0-01	-	0.01	-	0-003	0.003	
Typhoid and Para- typhoid Fever:			1.1.1.1								
No. of cases notified		1	1	7	2	1	4	3	2	1	16
Incidence rate		0.004	11120023	0.03	0.007	0-003	0-01	0.01	0.007	0.003	0.05
No. of deaths		0.001		0.00	0.007	0000	001			0 000	000
Death rate		-	_	_	_	_	_	_		_	_
P. 10 1											
Food Poisoning: No. of cases notified		Not noti	fiable		88	74	34	18	23	35	63
Incidence rate		HOC HOL	nabie	I.	0.3	0.25		0.06	0.08	0.12	0.21
No. of deaths			1.								
Death rate	1.1						0.11				100000
Death face			T	-	-	-		-		_	-
		=	=	Ξ					-	=	=
					=	=	-				
No. of cases notified		66	48	27	- 23	21	192		68	68	
No. of cases notified Incidence rate			48 0·18	0.10	23 0-08	21 0·07	 192 0-65		68 0·23		13 0·04
No. of cases notified		66	48		- 23	21	192		68	68	
No. of cases notified Incidence rate No. of deaths Death rate Poliomyelitis (including		66 0·25	48 0·18 —	0.10	23 0-08	21 0·07	192 0-65		68 0·23	68 0-23	13 0.04 —
No. of cases notified Incidence rate No. of deaths Death rate Poliomyelitis (including Polioencephalitis):		66 0·25 	48 0·18 	0·10 	 23 0.08 	21 0.07 		 115 0·39 	68 0·23 	68 0·23 —	
No. of cases notified Incidence rate No. of deaths Death rate Poliomyelitis (including Polioencephalitis): No. of cases notified	··· ··· ·· ··	66 0·25 — 5	48 0·18  70	0·10  	 23 0·08  68	21 0.07 		 115 0·39   24	68 0·23 - - 150	68 0·23 	13 0·04 — 50
No. of cases notified Incidence rate No. of deaths Death rate Poliomyelitis (including Polioencephalitis): No. of cases notified Incidence rate	··· ··· ··	66 0·25 — — 5 0·02	48 0·18   70 0·26	0·10 		21 0.07   1111 0.38			68 0·23 	68 0·23 - - 27 0·09	13 0·04 — — 50 0·16
No. of cases notified Incidence rate No. of deaths Death rate Poliomyelitis (including Polioencephalitis): No. of cases notified	··· ··· ·· ··	66 0·25 — 5	48 0·18  70	0·10  	 23 0·08  68	21 0.07 		 115 0·39   24	68 0·23 - - 150	68 0·23 	13 0-04 — 50
No. of cases notified Incidence rate No. of deaths Death rate Polioencephalitis): No. of cases notified Incidence rate No. of deaths Death rate	· · · · · · · · · · · · · · · · · · ·	66 0·25 	48 0·18   70 0·26 5	0·10  		21 0.07   111 0.38 18			68 0·23 - - 150 0·50 2	68 0·23 — — 27 0·09 2	13 0·04 — — 50 0·16 3
No. of cases notified Incidence rate No. of deaths Death rate Poliomyelitis (including Polioencephalitis): No. of cases notified Incidence rate No. of deaths Death rate Meningococcal Infection	 3   011:	66 0·25   5 0·02 1 0·003	48 0·18   70 0·26 5 0·02	0.10   19 0.07  		21 0·07   111 0·38 18 0·06					13 0·04   50 0·16 3 0·01
Incidence rate No. of deaths Death rate Poliomyelitis (including Polioncephalitis): No. of cases notified Incidence rate No. of deaths Death rate Meningococcal Infection No. of cases notified	 s  on: d	66 0·25 	48 0·18   70 0·26 5 0·02 26	0.10   19 0.07   14	$ \begin{array}{c} - \\ 23 \\ 0.08 \\ - \\ - \\ 68 \\ 0.25 \\ 7 \\ 0.03 \\ 6 \end{array} $	21 0·07   111 0·38 18 0·06 5			68 0·23   150 0·50 2 0·007 5	68 0·23   27 0·09 2 0·007 4	$ \begin{array}{c}                                     $
No. of cases notified Incidence rate No. of deaths Death rate Poliomyelitis (including Polioencephalitis): No. of cases notified Incidence rate No. of deaths Death rate Meningococcal Infection	 3   011:	66 0·25   5 0·02 1 0·003	48 0·18   70 0·26 5 0·02	0.10   19 0.07  		21 0·07   111 0·38 18 0·06					13 0·04 — — 50 0·16 3 0·01

\* Notified as Cerebral-Spinal Fever

#### Smallpox

There was no case of smallpox notified during the year.

Diphtheria

No case of diphtheria was reported in the county during the year and only two cases have been notified during the past five years. Full details of the diphtheria immunisation scheme are reported elsewhere and efforts to increase the number of children immunised are being maintained.

#### Scarlet Fever

The steady decline in the incidence of this infection has been maintained, and during the year under review only seventy-two cases were notified. In common with the experience in other parts of the country, all infections were mild and no deaths have, in fact, occurred during the past ten years. It is interesting to note, however, that fifty cases of erysipelas, which is caused by the same organism as scarlet fever, were notified and that the incidence of this type of infection has not fallen to as great an extent as that of scarlet fever.

#### Measles

The number of cases of measles notified during 1955 was 4,944, the highest total in any one year for over fifteen years. It is gratifying, however, to note that despite the large number of cases of the disease no deaths occurred. This is probably due to several factors, important among them the general increase in health of the children affected, better housing conditions, and improved methods of treating the secondary infections which caused so many deaths from this infection in the past.

#### Whooping Cough

The number of cases of whooping cough notified was 591, this being the lowest figure for the past ten years. During the year, a scheme was introduced for the protection of pre-school children by combined immunisation against whooping cough and diphtheria. The results of the Medical Research Council's investigation into the effectiveness of immunisation against whooping cough have proved that a considerable degree of protection can be afforded to all young children. It is to be hoped that a continued fall in the incidence of this infection will result.

#### Typhoid and Para-typhoid Fever

During the year sixteen cases of para-typhoid fever were notified and this is the highest figure notified for over ten years. Two sporadic cases occurred in the Poole area due to a para-typhoid carrier infecting members of his household. The remaining fourteen patients were visitors and residents in South Dorset, who were infected by artificial creams which were traced to a particular bakery in Weymouth. The outbreak was fully investigated by the medical officer of health for Weymouth and the Epidemiological Research Laboratory at Colindale. The infection arose from Chinese frozen eggs and as a result of the investigations which followed large quantities of the same batch were destroyed.

#### Food Poisoning and Dysentery

The incidence of these infections remained at a low level compared with the country as a whole. There were sixty-three cases of food poisoning and thirteen cases of dysentery notified during the year. No deaths occurred from either of these bowel infections. It is interesting to note, that in common with experience elsewhere cases of food poisoning tend to occur in the summer months, whereas all the cases of dysentery were notified during the first and last quarters of the year.

#### Poliomyelitis

During the past ten years the average number of cases of poliomyelitis occurring in the county has been fifty-five. Broadly speaking, there is a variation in the number of cases notified from twenty-five to over one hundred in any one year. During the year under review fifty cases of poliomyelitis were notified and this must be regarded as the expected incidence in Dorset. Three persons, a soldier aged twenty-nine years, a boy aged nine years and a housewife aged forty-one years, died as the result of bulbar poliomyelitis. The case fatality rate of six per cent shows a reduction on the previous year. Details of the mortality figures for the years 1950 to 1955 in Dorset and England and Wales respectively are given in the following table:—

	19	50	19	51	19	52	19	53	19	54	19	55
	Dorset	England and Wales	Dorset	Englan and Wale								
Total deaths	18	755	1	215	1	295	2	320	2	114	3	241
Death rate per million population Case fatality	62	17	3	5	3	7	7	7.3	6.6	2.57	9-8	5*4
rate (percentage)	16-0	10.0	3.0	8.0	4.0	8.0	1.33	7.0	7-4	5.8	6.0	3.8

#### Seasonal Incidence

Although the greatest number of notifications are expected in the September quarter, a feature of the incidence during 1955 was that more cases occurred in the fourth quarter than during the third quarter. Fewer cases were notified in the first half of the year than in any previous year. It would appear, therefore, that the epidemiological incidence curve shifted to the right, giving a peak incidence in the autumn rather than in the summer months.

The table below gives the distribution of cases in the four quarters of each of the years 1950-1955:-

		15	950	19	951	19	952	19	953	15	954	. 15	955
Qua	rter	Cases	Percen- tage of total	Cases	Percen- tage of total	Cases	Percen- tage of total	Cases	Percen- tage of total	Cases	Percen- tage of total	Cases	Percen- tage of total
March June September December	  	 3 1 70 37	3.0 1.0 63.0 33.0	3 2 21 7	$9.0 \\ 6.0 \\ 64.0 \\ 21.0$		16·0 42·0 42·0	6 6 97 41	4.0 4.0 64.7 27.3	2 5 13 7	7.4 18.5 48.2 25.9	$\begin{array}{c}1\\2\\23\\24\end{array}$	$2.0 \\ 4.0 \\ 46.0 \\ 48.0$
Tota	als	 111	100	33	100	24	100	150	100	27	100	50	100

Of the fifty cases notified, thirty-one occurred in the urban districts and nineteen in the rural districts, in contrast to the 1954 figures when both district groups were equally affected. No notifications were recorded in the boroughs of Blandford, Bridport, Shaftesbury and Wareham, urban district of Wimborne and the rural districts of Beaminster, Blandford, Sherborne and Sturminster, In an area north and west of a line drawn from Chickerell to Shaftesbury only four cases, two of paralytic poliomyelitis and two non-paralytic, were notified and one of these, a boy on holiday at Lyme Regis, sickened before arriving in the county. The main incidence of infection, therefore, was in the more densely populated districts in the east and south of the county.

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

				Quarter 19	55			
District	Ma	rch	Jı	ine	Septe	mber	Decen	nber
District	Paralytic	Non- Paralytic	Paralytic	Non- Paralytic	Paralytic	Non- Paralytic	Paralytic	Non Paralyti
Blandford Borough	 _	_	_	-			_	-
Bridport Borough	 	-		-		-		-
Dorchester Borough	 -	-	-	-		1	1	
yme Regis Borough	 		-		1			
Poole Borough	 	-	-	-	3	4	8	1
Portland Urban	 	_		-	1		-	-
Shaftesbury Borough	 -	-	-				-	
sherborne Urban	 -	-	- 1		_	_	1	-
wanage Urban	 				1		_	
Wareham Borough	 -	-		_	_		-	
Veymouth Borough	 _		_	-	4	3	1	1
Wimborne Urban	 _			10 10 10 10 10 10 10 10 10 10 10 10 10 1		_	1.000	
Beaminster Rural	 	_	-	_		_		
Blandford Rural	 							1
Bridport Rural	 -					1		
Dorchester Rural	 1						1	
Shaftesbury Rural	 					1		
Sherborne Rural	 			_			_	
Sturminster Rural	 	-						-
Wareham Rural	 		1	_	2	1	3	1
Wimborne Rural	 -		1	-	-	-	3	2
Totals	 1	_	2	_	12	11	18	6

A summary of the notifications received in the various districts for the period 1947-1955 is given below:----

Distin	1077				Nu	nber of	Cases					Rate per 100,000 of 1955
District	1955 Population	1947	1948	1949	1950	1951	1952	1953	1954	1955	Total	Population
Blandford Borough	3,490	4	1		1	3		7			16	458
Bridport Borough	6,750	1	-	-	6	-		3	-	-	10	141
Dorchester Borough	11,710		1	1	3	3		3	8	2	21	179
Lyme Regis Borough	3,060	1		-		-	1	1		1	4	131
Poole Borough	85,540	14	3	31	13	8	6	39	2	16	132	154
Portland Urban	15,160	2			16	4		6		1	29	191
Shaftesbury Borough	3,450	2	-	-	4		1	-		1000	7	203
Sherborne Urban	7,390	3	-	1	8	-		-	-	1	13	175
Swanage Urban	7,110	3	1	2	2			1		1	10	141
Wareham Borough	2,770			_		1		3	-	-	4	144
Weymouth Borough	37,850	6	6	5	12	4	6	17	4	9	69	185
Wimborne Urban	4,420	- 3	1	1		1	-	5		-	11	249
Beaminster Rural	8,150	-	-	10	6	4	3	-	-	-	23	282
Blandford Rural	13,150	4	2	2	5	1	2	11	1	1	29	228
Bridport Rural	7,380	1		1	7		2	6	2	1	20	271
Dorchester Rural	17,290		1	2	5	1	_	5	7	2	23	133
Shaftesbury Rural	10,450	2		2	7	1		-	-	1	13	124
Sherborne Rural	5,720	-		-	2	-		1		-	3	524
Sturminster Rural	9,880	1		3	4	-	1	5	-		14	142
Wareham Rural	20,210	11	-	-	. 8	2	2	12	-	8	43	212
Wimborne Rural	23,070	7	3	7	2	-		25	3	6	53	230
Totals	304,000	65	19	68	111	33	24	150	27	50	547	

For comparison, the last column of the table consists of the total number of cases in local authority areas over the nine-year period, expressed as a rate per 100,000 of the 1955 population of each local authority.

#### Incidence in urban and rural districts

Compared with the country as a whole the incidence of paralytic forms of the disease was greater in Dorset, whereas the incidence of non-paralytic cases was lower than the England and Wales figure. The ratio of the notifications of paralytic to non-paralytic cases indicated that a higher proportion of paralytic cases occurred than in the country as a whole, the figures for urban and rural districts in the county being the same. The actual notification rates of paralytic cases were higher in the urban districts. Details of these rates for urban districts and rural districts in Dorset, together with the national figures for comparison are as follows:—

Notification rate per 100,000 population i	n	Paralytic Cases	Non-Paralytic Cases	All cases
Urban Districts		11-1	5.3	16-4
Rural Districts		10.4	6.0	16.4
Whole County		10-8	5.6	16-4
England and Wales		8-4	5.9	14.3

#### Sex distribution

Of the cases notified in the county twenty-eight (56 per cent) were males and twenty-two (44 per cent) were females. The sex distribution percentage is identical with the national figures.

#### Age distribution

The greatest incidence of the disease occurred in Dorset in the over twenty-five year age group and the age group five to ten years was also heavily affected, these two groups having twenty-eight per cent and twenty-six per cent of cases respectively. The incidence in persons over twenty-five years of age is considerably higher than the national average.

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

		1	Dorset		England and Wales				
Age group	Notifi	cations	Total	Percentage		Notifications		Percentage	
	Male	Female	1 otal	of total cases	Male	Female	Total	of total cases	
0					114	77	191	3.0	
1	2		2	4	428	284	712	11.2	
3—	2 8	2	4	8	454	380	834	13.2	
5	8	5	13	26	1,176	731	1,907	30-1	
10	8	1	9	18	461	304	765	12.1	
15-	3	5	8	16	362	377	739	11.7	
25-	5	9	14	28	572	602	1,174	18.6	
Jnknown	-	-		-	6	3	9	0.1	
Totals	28	22	50	100	3,573	2,758	6,331	100	

#### Paralytic and Non-Paralytic Cases

Approximately two-thirds of the cases in the county were notified as suffering from paralysis, and of these two-thirds were male and one-third female. Seventy-eight per cent of the male and fifty per cent of the female cases had paralytic complications; during 1954 two-thirds of the cases in the county showed paralysis. In England and Wales fifty-eight per cent of the cases were paralytic compared with sixty-seven per cent in 1954.

The age distribution of paralytic cases in Dorset and England and Wales respectively in 1955 is given in the following table:-

4.00	Number of cases				Percentage of paralytic cases in age group		Percentage of paralytic cases in all cases	
Age group	Dorset	England and Wales	Dorset	England and Wales	Dorset	England and Wales	Dorset	England and Wales
0		191	_	157	_	8.22	_	2.4
1	2	712	2	545	100	76.5	4	8.6
3	4	834	3	502	75	60.2	6	7.9
5	13	1,907	10	952	77	49.9	20	15.0
10	9	765	5	347	55	45.3	10	5.4
15	8	739	4	399	50	53.9	8	6.3
25-	14	1,174	9	804	64	68.4	18	12.6
nknown		9		4		44.4		0.06

#### Follow-up of Cases

A follow-up investigation of thirty-eight cases was undertaken at the end of the year. Twenty-four were reported to have suffered from paralysis and fourteen remained non-paralytic at that time. The site of paralysis has been classified in the following table:—

Site of Pdralysis		Numbe	er of Patients
Bulbar		 	7
Bulbar and upper limbs		 	1
Lower limb(s)		 	5
Lower limb(s) and trunk		 	1
Upper limbs		 	5
Upper and lower limbs		 	4
Upper and lower limbs an	d trunk	 	1
			24

At the time of the survey nineteen cases of these twenty-four cases (79 per cent) still had residual paralysis. All the non-paralytic cases and five with no residual paralysis had returned to work or school by the end of the year, while of the nineteen cases with residual paralysis eight were working or attending school and six were still in hospital or attending hospital as outpatients.

The following table shows the time spent in hospital by the thirty-eight cases followed up:---

Time in Hospital.		Numb	er of Pat	ients
Under one month	 		24	
One to two months	 		5	
Two to three months	 		3	
Over three months	 		6	
			11.5	
			38	

#### Tuberculosis

During the year a further decrease in the number of notifications was recorded, the total number of notifications of tuberculosis, 155, was the lowest ever recorded in the county and shows a decrease of twenty on the previous year. Only thirty deaths occurred, which was eighty fewer than in 1946.

Number of	Notifications and Deaths from Tuberculosi	5
	in Dorset 1946-1955	

	Pulmo	Non-Pulmonary			
Year Number of Notifications				Number of Deaths	
1946	163	85	53	25	
1947	216	91	54	23	
1948	164	89	50	14	
1949	169	65	55	15	
1950	184	72	47	8	
1951	225	47	41	10	
1952	177	57	40	5	
1953	163	39	46	6	
1954	146	37	29	4	
1955	135	28	20	2	

#### Pulmonary

The table shows a further decrease in the number of notifications of pulmonary tuberculosis and also indicates that the decrease in the number of deaths has been more striking. Although new methods of treatment have probably been the biggest factor in prevention of spread and prolongation of life, the effects of the wide scale use of B.C.G. vaccination cannot be too greatly stressed. For the past two or three years the protection of thirteen-year-old children, just prior to leaving school and being exposed to infection, has been carried out at all county council secondary schools. New methods of treatment have rendered the chronic cases non-infective at an earlier date then would have been possible ten years ago.

#### Non-Pulmonary

. The fall in the number of notifications and deaths from this form of tuberculosis has continued, only twenty cases being notified and two deaths occurring. It is to be hoped that with the creation of specified areas under Orders made by the Minister of Food and the decline in pulmonary tuberculosis, non-pulmonary tuberculosis will cease to be a problem within a few years.

#### 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 one instance where a general practitioner attends on a sessional basis. Health visitors are responsible for running the clinics in their own areas under the direction of the 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 examinations 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 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 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 abnormalities 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 antenatal 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 clinic is held in the South Dorset area, but post-natal cases are seen by appointment at the health centre.

The Ministry of Health inquiry into virus infections during pregnancy, of which details have been given in earlier annual reports, terminated in 1952, but the Ministry requested a follow-up of all registered cases of children up to the age of two years and this was not completed until early in 1955, when the final batch of record cards were returned.

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.

The result of the inquiry is awaited with great interest, as if the risk of congenital defects in children born of women who have suffered from one of the above-mentioned virus infections 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 childbearing age.

		Combined Ante-Natal and	Separate Post-Natal	First Atte	ndances	Total At	tendances
Area		Post-Natal Clinics	Clinics	Ante-Natal	Post-Natal	Ante-Natal	Post-Nata
County		6		127	29	694	45 26
Poole		1		23	14	45	
South Dorset		-	1	-	27*		44*
				150	70	739	115
Fotals	11	/	1	150		139	115
Grand Totals				22	20	8	54

Ante-Natal and Post-Natal Care at Local Health Authority's Clinics, 1955

\* By appointment

Summary of Ante-Natal an	d Post-Natal Care at Local	Health Authority	's Clinics, 1951-55
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		1951	1952	1953	1954	1955
Combined Ante-Natal and		11	10	10	7	7
Separate Post-Natal Clini	ics	1	1		1	1
	(Ante-Natal	399	291	305	244	150
First Attendances	Post-Natal	171	146	204	160	70
	Total	570	437	509	404	220
	Anto Natal	1,399	1.095	1,094	903	739
Total Attendances	Doct Natal	260	204	250	181	115
	Total	1,659	1,299	1,344	1,084	854

#### )ental Care

Dental treatment for expectant and nursing mothers continues to show a slight increase. The service is still somewhat estricted by the shortage of dental officers, and still further by the lack of suitable clinic accommodation which limits most of this ork to Dorchester, Poole and Weymouth.

Where available, full treatment is offered, including general anaethetics, supplies of dentures, and x-ray examination.

#### latistics

Dental Care o	f Expectant	and Nursin	ø Mothers.	1951-1955

	1951	1952	1953	1954	1955
Number examined	 179	167	197	184	229
Number needing treatment	 174	157	181	177	220
Number treated	150	128	150	133	153
Number made dentally fit	 106	120	141	107	106
Particulars of Dental Treatment provided:					
Extractions	 333	291	206	367	373
Anaesthetics—General	 189	37	26	42	54
Fillings	 217	254	268	243	177
Scalings/Gum Treatment	 64	62	69	112	90
Silver Nitrate	 4	3	5		1
Dentures provided Complete	 17	20	13	15	21
Dentures provided Complete Partial	 30	31	35	19	31

#### elaxation Classes

At Dorchester, Wimborne and Weymouth relaxation classes are held where consultant obstetricians and general practitioners ay refer expectant mothers, and mothers requiring post-natal exercises. The class held at Blandford for the past three years as temporarily suspended in June due to falling attendances and lack of suitable accommodation.

At each centre the classes are held in conjunction with ante-natal sessions, and provide opportunity for those attending to btain advice on mothercraft and kindred subjects from the health visitor in charge.

The classes are aimed at giving the expectant mother an insight into the mechanism of labour, at helping her to attain good uscular co-ordination and control, as well as a confident approach to her delivery.

The total number of attendances at relaxation classes during 1955 was 427.

#### ducational Work

Educational work at ante-natal clinics has continued to make progress during the year although the number of xpectant mothers availing themselves of this service is still far from satisfactory. In practice, young expectant mothers booked r hospital maternity beds, and referred from hospital ante-natal clinics attend in fair numbers but, except in rare instances, attents booked under the general practitioner-obstetrician scheme do no attend.

In this connection the work at local authority ante-natal clinics emphasises the need for all those responsible for clinical inte-natal care to provide adequate instruction for maternity patients in order to prepare the expectant mother for childbirth, for the care of her infant, and for the problems which are likely to arise on her return to ordinary family life. The need for this during first pregnancy cannot be too strongly stressed.

Mothercraft training is carried out at ante-natal clinics in the county by the medical officer in charge and the appropriate ealth visitor. Talks on a wide range of suitable subjects are arranged at the larger clinics and are supplemented by individual advice. ach talk is followed by a free discussion. In addition, health visitors attend the ante-natal clinics of the regional hospital board at 'eymouth and Bridport. At Weymouth they attend all hospital ante-natal sessions but at Dorchester and Bridport, owing to lack suitable accommodation, advice on mothercraft and general health education is given at local authority clinics which the hospital atients attend for this purpose.

During the year, the scope of the talks at ante-natal clinics has been widened in the light of experience; more use has been ade of films to supplement talks and demonstrations; a wide variety of up-to-date leaflets and posters has been provided and Dorchester a campaign for safety in the home was launched at the clinic in December.

The position with regard to clinic accommodation has not improved during the year as the clinic premises completed at amworthy in 1954 have not yet been followed by the erection of further health clinics. Lack of suitable accommodation and lequate equipment continues to hamper the work, and prevents expansion of facilities already available under the county council heme.

The total number of attendances at mothercraft talks in 1955 was 523.

## Ante-Natal and Post-Natal Care by General Practitioners

The county scheme for ante-natal and post-natal care of 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

		and the second s		
42	25	23	31	23
51	32	29	37	27
5	-		1	-
5			1	
		51 32 5 —	51 32 29 5 — —	51 $32$ $29$ $375$ 1

#### 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 admission to other approved homes, including St. Gabriel's Home, Weymouth; and Beckingside House, Salisbury.

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.

#### Statistics

Particulars of Admissions to Mother and Baby Homes

Name of Hor			Number of Cases Admitted							
Name of Hon	ме		1951	1952	1953	1954	1955			
St. Monica's Home, Parkstone		 	24	24	19	16	30			
St. Gabriel's Home, Weymouth			31	40	27	23	24			
Beckingsale House, Salisbury		 	2	4	8	6	10			
Free Church Council Maternity			_	2	_	_	-			
St. Thomas Lodge, Bournemout		 	3	ī	1		1			
The Fellowship of St. Micha										
London, S.W.1		 			1					
The Girls' Hostel, Devizes		 	2		1	3	1			
St. Bartholomew's Home, Winc		 	1	1	_		-			
Mount Hope, Bristol		 	1		_		1			
St. Raphael's Home, Bristol		 	1	1	1	1	2			
Hillview Hostel, Bath		 	-	1	1	1	_			
St. John's Home, Bristol		 		1100-01-01-01		1	-			
Grove House Home, Bristol		 	-	-			1			
	Totals	 	65	74	59	51	70			

#### 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 and are supplied to the midwives in bulk instead of as formerly on application for each booked case. The present method of distribution has reduced the cost of packing and postage and has the added advantage that outfits are available to the midwife for use in emergency cases.

During the year 1,688 outfits were issued compared with 1,720 in 1954 and 874 in 1949, the first full year of the national health service.

The distribution of the outfits was as follows:---

FS

Total	 	1,688
South Dorset Area	 	161
County Area	 	852 675
and a dame the t		

#### **4**dministrative Arrangements

In general the administrative arrangements are similar to those for ante-natal and post-natal care, and the service is adminstered with the assistance of voluntary committees and in close liaison with the same voluntary bodies. Co-operation has also been stablished 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 the ante-natal and post-natal care apply equally to the welfare service, where he 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 hild welfare centres who are considered to be in need of child guidance. Child guidance clinics are held regularly at convenient entres in the county, and close co-operation has been established between the consultant psychiatrist and his team on the one hand, nd 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 hem to a consultant paediatrician employed by the regional hospital board. Orthopaedic and other cases requiring consultant advice re also referred to the family doctor.

Following research undertaken by the Medical Research Council into whooping cough immunisation in connection with which pecial immunisation sessions over a period of five years, completed in July, 1954, were held at welfare centres at Poole and elsewhere, mmunisation against whooping cough became available in July, 1955, at all infant welfare centres in the county. This service has net with a good response and a number of young children previously immunised against diphtheria have now also been immunised gainst whooping cough. A combined diphtheria-pertussis prophylactic is used to immunise young children and infants not already mmunised against diphtheria.

Vaccination against smallpox which became available at all welfare centres in the county in November, 1954, has also met rith a good response, and is now accepted at some centres as a routine procedure.

Dried milks and nutrients, other than those supplied under the national scheme, are available for sale at welfare centres at ost price, plus ten per cent for handling expenses. Medicaments, of which the issue is very small, are supplied free of cost when rdered by the medical officer in charge of a welfare centre.

The two monthly sessions provided for toddlers at Dorchester welfare centre are well attended although numbers are urposely kept low to allow time for mothers fully to discuss with the medical officer problems connected with the mental and chysical development of the pre-school child. Many of the children attending are those transferred from the infant welfare clinic nd are well known to the staff. Others are children who for some reason or other have not previously attended a welfare centre nd are referred due to the presence of defects noted by health visitors at routine visits to the home.

Problems developing at this period are very different from those during the first year of life. Behaviour difficulties loom large specially when a new baby arrives on the scene. For this reason mothers known to be expecting a second child are encouraged to be been very carefully the toddler for the advent of the baby, and are urged, in his interests, to be confined at home.

The toddlers' clinic affords opportunity for the early detection and specialist treatment of speech defects, partial deafness and squint, also of cases needing early dental and orthopaedic treatment.

Potential problem families are encouraged to attend the centre, where kindly advice and mixing with families of higher standards often work wonders in tiding the family over a difficult period and gradually establishing a sound way of life.

The satisfactory attendances at this clinic and the appreciation expressed by mothers of the services provided, suggest hat similar clinics if opened at other centres in the county might serve a useful purpose in leading to a better understanding of the roblems connected with the upbringing of the pre-school child.

The number of attendances at welfare centres in 1955 is the highest recorded in the county since the establishment of this ervice, and reflects the growing demand of the public for preventive and social medicine. Mothers in all walks of life attend the entres with their young children and make good use of available facilities. As noted in previous annual reports, the national health ervice has had little effect on the work of the centres, which is steadily expanding from year toyear. Forty-one centres were available during 1955, which included ten controlled by voluntary committees and one supervised by a general practitioner on his own remises.

In addition, there are three infant welfare centres in military camps in the county, run by voluntary committees, where realth visitors attend for weight recording and to give advice on mothercraft. Two small centres also have been established, one at Rushton Heights and one at Charmouth, each of which is attended regularly by a health visitor for weight recording and to give advice on mothercraft.

#### 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 a medical officer, and every infant is medically examined at his first attendance and thereafter at periodic ntervals. 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, neluding food supplements, are adjusted according to the needs of the individual child.

Diphtheria immunisation is carried out at all centres and since July, 1955, combined diphtheria-pertussis prophylaxis has been available. Vaccination against smallpox is performed at a number of the centres.

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. In this connection it is gratifying to note the increasing awareness of the public of the dangers of tuberculous infection and of the advantages of early detection and examination of all contacts. This attitude was well illustrated recently when the mother of a young child learned that a visitor to her home, who had been three or four times in intimate contact with the child, was discovered to be suffering from pulmonary tuberculosis. The mother lost no time in seeking the advice of the medical officer at the local child welfare centre who immediately arranged for an appointment to be made for the child to attend the chest clinic.

#### Analysis of Attendances at Welfare Centres

Infants under 1 year of age attending first time		 2,668
Children 1-5 years of age attending		 7,123
Total attendances of infants under 1 year of age		 32,560
Total attendances of children 1-5 years of age		 17,930
Number of live births notified		 4,172
Percentage that attended while under 1 year of as	ge	 63-9

#### Dental Care

There has been no marked improvement in the dental condition of these children as many still attend for treatment at a very early age. The service is somewhat hindered by shortage of staff and lack of suitable accommodation, but the state of their teeth would be improved considerably by better co-operation of the parents in instructing the children in oral hygiene. The parents should also supervise the cleaning of their children's teeth, and films on this subject are now being shown at meetings of various associations and at child welfare centres in order to encourage mothers to teach their children the value of tooth brush drill.

Dental Care of	Children under	Five Years of	age, 1951-1955
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	1951	1952	1953	1954	1955
Numbers provided with dental care:		7.0.000			
Number examined	 383	388	451	601	572
Number needing treatment	 321	314	381	538	531
Number treated	 319	281	365	489	494
Number made dentally fit	 262	287	358	464	444
Particulars of dental treatment provided:					
Extractions	 494	363	443	562	553
Anaesthetics—General	 249	187	246	334	323
Fillings	 125	334	358	274	294
Scalings/Gum treatment	 2	8	5	8	10
Silver Nitrate	 11	20	72	35	8

#### Educational Work

Educational work as a statutory obligation of the local health authority is carried out by medical officers and health visitors. The broad principles of health education are brought to the notice of those attending welfare centres by means of large arresting posters, films and short talks by health visitors, with the object of arousing the interest of parents in the more detailed aspects of the subject according to their individual needs and capacity. The maintenance of good physical health and mental balance is encouraged by eminently practical measures including advice on food values and good cooking, suitable clothing and footwear, labour-saving devices and equipment and the need for adequate rest and recreation. Talks where possible are supplemented by films or a display of suitable footwear for toddlers and school children, and clothing, bedding, etc., kindly lent for the purpose by local tradesmen.

The subject of accidents in the home has been kept in the forefront of current propaganda, also the importance of dental hygiene and of the care of the feet, special poster displays and demonstrations being arranged in connection with each subject for a period of a month or six weeks during the year.

Although many mothers attending the centres are not attracted by films and set talks, the vast majority respond well to individual advice and practical demonstrations. Small group discussions continue to be popular and prove highly successful as a means of introducing sound educational principles.

It is interesting to note the attention paid to educational posters, leaflets and demonstrations by the general public, as observed in the waiting halls of clinic premises. Workmen, cleaners and others visiting the building for various purposes scrutinise the displays and read carefully the information. School boys and girls, waiting for treatment at dental and other clinics, appear to be particularly interested in the topics displayed.

#### Health of the Child

Birth Control

The good general health of young children under regular medical supervision at welfare centres has been well maintained. Early treatment of physical defects is usual, a large majority of children under the age of one year are immunised against diphtheria and whooping cough and the response to the facilities provided for vaccination against smallpox is steadily improving.

In the field of mental health, the increasing recognition by parents of the need for advice in instances of enuresis, feeding difficulties, temper tantrums and other behaviour problems has been responsible for a considerable number of consultations at welfare centres. In mild cases common sense advice and attention to physical defects have been successful, but in others, more serious, where psychiatric advice was considered necessary, cases have been referred to the county consultant psychiatrist with very happy results.

Advice on contraception is given at the Dorchester, Poole, Blandford, Wareham, Bridport and Beaminster ante-natal clinics. Medical officers in charge of clinics at Poole, Dorchester and Wareham hold separate sessions for this service and only patients specifically recommended by medical practitioners are given advice and instruction.

Other Provision

The clinics have proved their usefulness in helping married women suffering from serious medical conditions, including pulmonary tuberculosis, cardiac diseases, mental illness, disseminated sclerosis and innumerable other conditions hazardous to child-bearing, to avoid pregnancy. A high proportion of the patients attending the clinics voluntarily discard birth control as soon as their health permits; others who cannot be restored to full mental or physical well-being due to the nature of their illness are relieved of anxiety which may have threatened to wreck martial relations and the whole structure of home and family life.

It is regrettable to note that in problem families where the mother is incapable, due to mental or physical ill-health of managing a family of more than two or three children, she is also incapable of sustained effort in the practice of birth control. Women in this category, often in the early twenties, already with a family of two or more children, are referred to the clinic by the family doctor, but time and again they either fail to respond to instruction or fail to persevere in using the necessary method. On the other hand, a few women of apparently low mentality have been strikingly successful.

Statistics

#### Attendances at Contraception Clinics,

Clinic	Clinic ,		Numb Sessi		First Attendances		Total Attendances	
Blandford			24	1	28		46	
Dorchester			25	)	79	307		
Bridport			2:	3	33	137		
Beaminster			23	3	6		34	
Wareham			24		55	1	165	
Hamworthy			71		117	1 7	741	
Weymouth			-		57		74	
Totals			194		375	1,5	04	
Summ	ary of	Attend	ances at C	ontraception	Clinics, 195	1—1955		
Particulars			1951	1952	1953	1954	195	
Number of Sessions			72	81	92	127	19-	
First Attendances			179	185	217	247	47	
Potel Attendence			648 800		1.038	1,215		

#### Care of Premature Infants

Domiciliary provision includes special nursing care by the midwife and, where necessary, the issue of special dried milk and equipment such as hot water bottles, suitable covering and clothing, feeding vessels. 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 have been made to equip all full-time ambulance depots 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. The number of premature live births notified in 1955 was 260 compared with 190 in 1954 and 255 in the preceding year.

The number of premature live births notified in 1955 was 260 compared with 190 in 1954 and 255 in the preceding year. The number of premature stillbirths notified in 1955 was 42, the same number as in 1954. It is disappointing to note that the number of premature births notified year by year in Dorset during the period 1950 to 1955, has shown little reduction despite the facilities provided for maternity patients under the National Health Service Act and the prevailing improved economic and social conditions.

#### Statistics

Of the number of premature infants notified in 1955, sixty-nine were born at home and 191 in hospitals and nursing homes.

							Prema	ture Liv	e Birth:	i.							Prematu Stillbirth	
,	Born	ı in hosp	vital.	a	orn at ho nd nursa rely at h	ed	tro ho	at hom insferred spital on ire 28th	l to or	hom	n in nus e and nu tirely th	ursed	home to	n in nur and tran: hospital or before 28th day	sferred on	Born	Born	Born
	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	in hos- pital	at home	nurs- ing home
or less	41	7	20		-	-	3	_	2	-	-	-	-	-	-	9	2	-
4 oz. nd in- 4 lb.	24		17	7	1	5	10	_	8	_	_	_	_		_	12	3	_
6 oz. nd in- 4 lb.	31	1	26	5	_	5	2	_	1	4	_	4	1		_	4	5	_
15 oz. nd in- 5 lb.	87	1	80	40		37	2	_	2	3	_	3	_		_	6	1	_
als	183	9	143	52	1	47	17	_	13	7	_	7	1	_	_	31	11	-

	Premature 1	Infants	Notified.	1951-1955
--	-------------	---------	-----------	-----------

Premature Live Birth	s			1951	1952	1953	1954	1955
Number of premature infants notified				278	223	255	190	260
Number of premature infants who were: Born at home				72	56	-62	39	69
				206	167	193	151	191
Number of those born at home and nursed of	entirely a	at home w						
(1) died during first 24 hours				5	2	5	2	1
(2) survived at end of one month				58	36	39	28	47
Number of those born at home who were th			ital	5	17	16	7	17
Number of those born in nursing homes wh								
(1) died during first 24 hours						-	1	
(2) survived at end of one month				1		3	1	7

#### Children Neglected or Ill-treated in their own Homes

Arising out of a 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 designated officer It was decided that regular meetings of officers as suggested in the circular be not held, but arrangement 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. Since 1950 only one case has been dealt with under this arrangement.

#### 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 and an annual X-ray examination thereafter. During the year under review eleven initial and twenty-two annual X-ray examinations were completed. None of the films showed signs of tuberculous infection.

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 five x-ray examinations of the chest were carried out in 1955; none of the films showed 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 following order of priority was adopted by the county council when applications for admission of children to the day nursery were being considered:—

- (a) Children living with only one parent or guardian in poor circumstances upon whose earnings their maintenance depends:
- (b) Children for whose daily care arrangements are desirable by reason of the necessity for the person who would normally have care of them in the home to be gainfully occupied in order to maintain a reasonable minimum standard of subsistence;
- (c) Children whose admission to a day nursery is rendered desirable for reasons of financial hardship or difficult domestic circumstances not amounting to a qualification under (a) or (b) above, or by reason of a need for disciplinary training.

The nursery which was opened in 1952 was specially built for the purpose and is pleasantly situated in the grounds of Belmont Court, Parkstone. It is fitted with good modern equipment and there is ample space for indoor and outdoor activities. In addition to providing amenities conducive to the mental and physical well-being of the growing child, the nursery serves as a valuable centre for imparting principles of mothercraft and general health education to mothers making use of the service.

#### Statistics

Day Nursery	1951	1952	1953	1954	1955
Number of approved places Number of children on register at	50	50	50	50	50
end of year	49	34	54	49	45
vear	46	24	23	31	29

#### Distribution of Welfare Foods

Administrative arrangements for the distribution of welfare foods under the government scheme have worked smoothly in Dorset since this service became the responsibility of local health authorities in June, 1954. Foods are distributed from village halls, post offices, private houses, chemists shops, etc., and stocks are held at many clinics in the county. Practically all the distributors are voluntary workers, many of whom are members of the Women's Voluntary Services who operate most of the main distribution centres.

During the year the delivery firm operating on behalf of the Ministry of Agriculture, Fisheries and Food has reorganised its districts and some supplies are now received from a third depot at Bristol, while many centres previously served by the Southampton depot are supplied from Exeter; thus earlier and very regular deliveries are ensured.

There are now fifteen main and 140 subsidiary centres in the county, an increase of five on the previous year, and it is anticipated that this number will continue to increase steadily according to local demands.

Distribution in Poole and Weymouth continues under the supervision of the area medical officers. No great difficulties have been experienced during the year and it has been found possible to administer an adequate and satisfactory service without any additional staff in this department.

Statistics

#### Welfare Foods Distributed

National Dried Milk (tins)	 	 129,145
Cod Liver Oil (bottles)	 	 35,383
Vitamin A. & D. (packets)		 12,927
Orange Juice (bottles)	 	 204,373

#### DOMICILIARY MIDWIFERY (Section 23) (Tables 10-12)

#### Administrative Arrangements

The service is delegated to the Dorset County Nursing Association, except in areas coinciding with the boroughs of Poole and Weymouth where full-time midwives are employed directly by the county council to the extent of ten and three respectively. The Dorset County Nursing Association employ fifty midwives, who undertake combined duties, midwifery and home nursing, and an additional two who are employed on a part-time basis.

No difficulty is experienced in replacing staff when necessary, but it is frequently difficult to provide relief during illness or holiday periods. In providing houses for midwives few problems have arisen in the county.

Owing to the large area covered by each midwife, all fifty-two midwives employed by the Dorset County Nursing Association are travelling officers; thirty-six provide their own cars and sixteen use a car allocated to the district. In the South Dorset area, one midwife provides her own car and one uses a car provided by the County Council. In the Poole area four midwives provide their own cars and six use county cars.

#### Supervision of Midwives

Medical supervision is carried out by the county medical officer of health, 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 nonmedical supervisor of midwives in Poole.

#### Administration of Analgesics by Midwives

All sixty-four 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.

	1951	1952	1953	1954	1955
<ul> <li>Institutional Midwives:         <ul> <li>(a) Employed in homes and hospitals in the National Health Service</li> <li>(b) Employed in nursing homes or in maternity homes and hospitals not in the National</li> </ul> </li> </ul>	54	45	53	47	39
Health Service	1	1	4	2	1
Totals	55	46	57	49	40
<ul> <li>Domiciliary Midwives:         <ul> <li>(a) Employed directly by the Local Health Authority</li> <li>(b) Employed by the Dorset County Nursing</li> </ul> </li> </ul>	13	13	13	13	12
Association as agents of the Local Health Authority (Part-time)	51	54	52	53	52
Totals	64	67	65	66	64

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

	1951	1952	1953	1954	1955
Used by midwives in direct employment of the Local Health Authority Used by midwives in the employment of the Dorset	10	10	12	13	13
County Nursing Association as agents of the Local Health Authority	51	51	49	48	48

Number of Cases in which Gas and Air was administered by Midwives in Domiciliary Practice during the years 1951-1955

	1951	1952	1953	1954	1955
By midwives employed directly by the County Council: (1) when acting as a midwife	376 223	452 131	548 183	496 165	549 133
Totals	599	583	731	661	682
By midwives employed by the Dorset County Nursing Association as agents of the County Council: (1) when acting as a midwife	440 218	437 176	358 173	468 206	463 232
Totals	658	613	531	674	695

Number of Cases in which Pethidine was administered by Midwives in Domiciliary Practice during the years 1952—1955. (Previous years not recorded)

			1	1952	1953	1954	1955
(0) when acting as a matemity nume	ouncil	: 		286 46	348 124	377 175	435 97
		Totals		332	472	552	532
By midwives employed by the Dorset County Nu the County Council:	irsing .	Association as	agents of				in come
(1) when acting as a midwife				119 142	181 99	233 149	292 239
		Totals		261	280	382	531

#### 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 intended 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

In 1955 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 again low. It is evident that general practitioners are prepared to provide maternity medical services under—Part IV of the National Health Service Act, but in the majority of cases attend confinements only when any abnormality is present, or at the request of the midwife. atistics

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

Cases in which medical aid was summoned during the year by Midwives.	1951	1952	1953	1954	1955
<ul> <li>(a) Domiciliary Cases:</li> <li>(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service</li> <li>(ii) Others</li> <li>(b) For cases in Institutions</li> </ul>	68 70 6	58 50 1	101 64 1	81 31	58 41 6
Totals	144	109	166	112	105

#### Midwifery Cases Attended, 1955

Course thread a bar	Domie	ciliary	Hospitals and 1	Nursing Home
Cases attended by	Midwifery	Maternity	Midwifery	Maternity
Midwives employed by the County Council	645	181		_
Midwives employed by the County Nursing Association	523	250	_	_
Midwives employed in Hospitals		1777.	1,765	586
Midwives in Private Practice (including Mid- wives employed in Nursing Homes)	5	22	37	22
Totals	1,173	453	1,802	608

#### lection 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 recommending whether or not cases booked for confinement in a maternity unit should be admitted on social grounds, after vestigation by a health visitor on the home circumstances. If the provision of a domestic help will facilitate home confinement, e necessary arrangements are made.

The number of maternity beds available in the West Dorset Group Hospital Management Committee area is adequate to eet the applications for accommodation, with the result that the question of admission on social grounds has not arisen during the st two years. In East Dorset, however, where the demand continues to exceed the number of beds available, 127 cases of 222 ferred were recommended for hospital confinement on social grounds compared with ninety-two out of 162 referred in 1954.

#### atistics

Selection of	Hospital Con	finements on	Social	Grounds
--------------	--------------	--------------	--------	---------

		1954		1955				
Source.	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 H.M.C Other Sources	148	<u></u>	<u>60</u> —	188 34	107 20	81 14		

#### efresher Courses

All midwives employed by or on behalf of the county council attend a post-graduate course once in five years.

#### raining

Part II district midwifery training is arranged in conjunction with the West Dorset Group Hospital Management Committee. idwives approved by the Central Midwives Board as district teachers accept pupils in rotation as bookings permit. A pupil spends If her six months' training on the district, and in 1955 fifteen pupils were trained compared with twenty-two during the previous ar.

#### Maternal and Neonatal deaths, and conditions associated with childbirth

During the years 1948 to 1955 inclusive, the number of notifications of puerperal pyrexia received were 41, 21, 25, 45, 76, 77, 58 and 65 respectively. The relatively high figures recorded since 1952 are due to the alteration in the definition of the condition by the Puerperal Pyrexia Regulations which came into effect on 1st August, 1951. Only six cases puerperal fever were recorded during the period 1948-1955; one in 1954 and five in 1955.

Seven cases of ophthalmia neonatorum were notified in 1955 as compared with one in the previous year, but in no case was vision impaired. No case of pemphigus neonatorum was notified during the year.

One maternal death was recorded in the county.

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

Cause of De	ath	1	Percentage of Total				
Prematurity			40.50				
Congenital deformi	ties		25.32				
Respiratory infecti			10.12				
Birth injury			8.87				
Accidental asphyxi	a		6.33				
Atelectasis			3.80				
Rh factor			2.53				
Others Sources			2.53				
Total			100.00				

#### Statistics

Infectious Diseases associated with Childbirth, Maternal and Neonatal Deaths, 1951-1955

Ca	ises Notified	1951	1952	1953	1954	1955
Puerperal Pyrexia:	Domiciliary Confinements	18	15	10	10	4
	Institutional Confinements	27	61	67	48	60
Puerperal Fever:	Domiciliary Confinements	finements        27       61       67         inements              finements              inements              inements              inements              inements              inements               inements                inements                inements                  inements                  ed <t< td=""><td></td><td>_</td></t<>		_		
	Institutional Confinements		5		1	
Ophthalmia Neonatorum:	Domiciliary Confinements	1	_			6
	1	3	1	1		1
	(a) Vision unimpaired	4		1		7
	What and the stand			_		
	1.5 Minian last					
	(A) Datient died					
	(e) Patient still under treatment					
	at and of season					CONTRACTOR OF
	(f) Patient removed from district	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	(g) Other classification					
Pemphigus Neonatorum:	Domiciliary Confinements	1224	2			
1	Institutional Confinements			1	1	
Maternal Deaths		3	4	5	3	1
Neonatal Deaths		80	73	75	78	79

Comparison between Hospital and Domiciliary Confinements, 1952-1955

			Poole Area				South Dorset Area			Remainder of County				Whole County			
		1952	1953	1954	1955	1952	1953	1954	1955	1952	1953	1954	1955	1952	1953	1954	195
	The total number of births notified during the year The percentage of notified	1,175	1,074	1,187	1,227	861	903	906	943	2,108	2,103	2,014	1,866	4,144	4,080	4,107	4,03
3	births which took place in hospitals and nursing homes The percentage of domici-	51	56	50	48	82	82	77	75	61	59	61	60	62	63	61	6
	liary confinements	49	44	50	52	18	18	23	25	39	41	39	40	38	37	39	4

#### HEALTH VISITING (Section 24) (Table 13)

#### Administrative Arrangements

The establishment of health visitors for the whole county has been increased to thirty-five, to include two additional health visitors appointed during the year for liaison duties under section 28 of the National Health Service Act. The health visitors, who are all employed on a full-time basis, 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 sub-divided 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 county nursing officer, who co-ordinates their duties, and the district medical officers of health who are also assistant county medical officers.

The fourth Saturday in every month has been set aside for health visitors' conferences. During the year, subjects for discussion included the Ministry of Health Report for 1953, a recent Ministry of Health circular on diphtheria immunisation, the care of old people, dental health, and health education.

#### 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 at the appropriate time in order to give advice on general management and health matters. Formerly, in cases of domiciliary confinement, the midwife ceased to visit on the fourteenth day of the puerperium when the health visitor became responsible, but during 1955 attendance by the midwife has been extended to the twenty-eighth day when visiting is transferred to the area health visitor. Particulars of each infant, whether born in hospital or at home, are forwarded to the health visitor to the area health visitor. Particulars of each infant, whether born in hospital or at home, are forwarded to the health visitor to that at her first visit to the home she may be familiar with the salient features of the case, be in a position to assess the progress of the child and to advise on its immediate needs. The present establishment provides for one health visitor for approxinately 9.212 of the population which, with the increasing duties falling to these officers, indicates that some addition to the estabishment will be necessary in the near future. In this connection it cannot be repeated to often that the most important work of he health visitor is in the homes of the people, where her unique knowledge of the family and its environment is particularly valuable nameting the needs of individual members of all ages. This part of the health visitor's duty is very time consuming and, if a high tandard of visiting is to be maintained, cannot be carried out without adequate health visiting staff.

#### Special Visiting

## School s 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 nedical 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.

During the year under review the work of the health visitors has been extended to include a series of talks on health education and mothercraft to senior girls at selected second ary modern and grammar schools in the county. This venture has proved highly accessful in stimulating the interest of teachers and pupils in these subjects and if sufficient staff became available, might well be provided at all secondary modern and grammar schools in Dorset.

#### Tuberculosis

A special health visiting record card giving such details as home address and type of the disease, is sent to the appropriate, healt h visitor for each new case added to the tuberculosis register. The home is visited and a report on environment and contacts ogether 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 he examination of contacts, and B.C.G. vaccination in suitable cases. The chest physician in turn notifies discharges from sanatoria, ind arrangements are made for the health visitor to commence visiting as soon as possible. This she continues to do at least once is 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 thest clinic at Dorchester and the other at the Poole clinic.

#### 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 or whatever specialised services elderly persons may require.

In addition, two health visitors have been appointed during the year to act in the capacity of liaison officers between doctors, ocial workers and other interested bodies on the one hand and the area health visitors on the other, with the object of ascertaining the essential needs of old and handicapped persons living in their own homes and putting them in touch with the help provided for their benefit by the available social services under the county council scheme. The value of the service, which has expanded normously during 1955, is apparent particularly in the number of old people who have been enabled with its assistance to remain a their own homes and environment instead of ending their days in county homes, often far from their friends and familiar urroundings.

#### 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 connection with a national survey of the nealth and development of children sponsored by the Institute of Child Health, University of London. The final batch of record ards compiled in Dorset in connection with the Ministry of Health survey on virus diseases during pregnancy, were returned to the Ministry during the year.

#### 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 s 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 inte-natal clinics in her area to give talks to expectant mothers on mothercraft and to advise on the preparations required for confinenent.

#### Co-operation with General Practitioners

As noted in previous annual reports 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 and is steadily improving in others, but might be still further strengthened 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.

#### 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.

Co-operation has been well maintained during the year and has proved particularly valuable in the follow-up of mothers and old people after discharge from hospital.

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.

#### F acilities for Refresher Courses

All health visitors in the employment of the county council attend a post-graduate course of study once in five years.

#### 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 the years 1951-1955

Visits to	19	51	19	52	19	1953		1954		55
VISIIS IO	First Visits	Total Visits								
Children under 1 year of age Children between	4,211	27,284	4,057	28,113	4,137	27,447	4,035	26,811	3,983	34,739
ages of 1 and 5 Expectant	149	38,052	77	36,583	253	43,315	209	42,973	454	38,851
mothers	728	1,160	584	898	513	882	647	995	604	947
Other Cases Home visits to	1,127 Not	5,033	583 Not	4,154	1,834 Not	6,015	713 Not	5,390	1,003	5,675
school children	recorded	3,260	recorded	2,661	recorded	2,995	recorded	1,954	Not recorded	2,628

#### 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 covers 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.

In 1955 the establishment of home nurses in rural areas, who also act in the capacity of midwives, has been fifty-two, two of whom undertake part-time duties only. In addition, sixteen in Poole, four in Weymouth, and one each in Dorchester and Bridport are employed solely on home nursing. 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 health matters. 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.

#### R efresher Courses

Full-time home nurses attend such courses as are available from time to time.

#### raining

Arrangements are made by the Dorset County Nursing Association, through the Queen's Institute of District Nursing, for lected candidates to be given Queen's training. During 1955 two candidates completed training and returned to take up duty in le county.

#### atistics

A study of the following tables shows that the total number of visits paid by home nurses has again increased when compared ith previous years. The number of visits paid for giving injections only was 46,213 out of a total of 168,873. There were 1,572 itients who received more than twenty-four visits during the year.

51-11	1951		1952		1953		1954		1955	
Staff	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)	14	37	14	40	13	39	13	40	13	41
State Registered Nurse	7	4	6	5	7	4	6	4	6	4
State Enrolled Assistant Nurse	1	10	1	9	1	9	1	10	1	7
Equivalent Whole-time Home Nursing Staff (omitting Administrative Staff)	49-3	5	5	0.	4	9	4	8.5	47	5
Queen's district training through Dorset County Nursing Association		2		2		2		2		2

#### Home Nursing Staff, 1951-1955

Summary of Types of Cases and Visits paid by Home Nurses in 1955

(1)	Medical (2)	Surgical (3)	Infectious Diseases (4)	Tuber- culosis	Maternal Compli- cations (6)	Others (7)	Totals (8)	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year* (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year* (10)	Patients included in (2)-(7) who have had more than 24 visits during the year* (11)
a) Cases	6,706	2,318	11	143	48	50	9,276	5,242	636	1,572
b) Visits	127,593	36,301	72	4,650	178	79	168,873	116,556	3,166	89,269

\*The number of visits paid to the special classes of patients in columns (9), (10) and (11) is shown under item (b).

Summary of	Cases	Attended	and Visits	Paid by	Home	Nurses,	1951-1955
------------	-------	----------	------------	---------	------	---------	-----------

Authority	Number of cases attended by Home Nurses during the year					Number of visits paid by Home Nurses during the year				
	1951	1952	1953	1954	1955	1951	1952	1953	1954	1955
he County Council by agreement with the Dorset County Nursing Association	8,255	8,803	9,341	9,033	9,276	146,338	146,234	144,633	166,380	168,873

#### Visits paid for the purpose of giving injections to patients.

					Patients		Visits	Average visits per patient
Insulin					169		18,021	106
Mersalyl					396		9,867	25
Antibiotics					1,081		10,432	9
Liver					248		4,939	20
Other injection	IS				161		2,954	18
					2,055		46,213	22
All other Visits	to Pai	lients						
Patients								7,221
Visits								122,660
Average visits								17
Percentage of I	patient	s visited for	or inject.	ions only	y against al	l other	types	28.4
Percentage of v								37.6

Note.—Whereas the average number of visits per patient of all cases other than injection visits was 17, the average number of injection visits per patient was 22.

#### IMMUNISATION AND VACCINATION (Section 26) (Tables 14-18) Diphtheria and Whooping Cough Immunisation

#### Administrative Arrangements

During the year it was decided to bring into use the diphtheria-pertussis antigen, and this combined protection is given as a matter of routine throughout the county. Supplies of combined antigen are now held for use by general practitioners, and it is hoped in the near future to bring into use the triple vaccine which also gives protection against tetanus.

The incidence of diphtheria is still satisfactory in this county as no cases were notified during the year, but constant propaganda is necessary in order to maintain the interest of parents, but in the absence of cases this will become increasingly difficult.

During 1955 the percentage of children under five years of age immunised was 53.47 and still further propaganda is needed to raise this figure to the generally regarded safety level of seventy-five per cent.

#### Organised measures to encourage immunisation

A number of lectures have been given on preventive prophylactic measures, and film shows have been given to supplement an organised system of personal persuasion.

#### Smallpox Vaccination

#### Administrative Arrangements

There has been no change in the administrative arrangements. The vaccination of 2,202 persons was carried out during the year, and 228 were re-vaccinated. This shows a slight rise on the figure for 1954, but it is rather disappointing to note that there has been a steady fall since 1951 when 2,774 primary vaccinations were carried out, and 1,746 re-vaccinations.

#### Organised measures to encourage vaccination

In addition to the exhibition of posters and publicity material more films on the subject have been shown at child welfare centres, and the acquisition by the health department of a 16 m.m. film projector has greatly increased the ability to give health propaganda at clinics; still further use will be made of this method during ensuing years.

#### A rrangements in the event of an outbreak of smallpox

In the event of a smallpox outbreak in any part of the county creating a large emergency demand for smallpox vaccination or re-vaccination, arrangements would be made with medical practitioners for special sessions to be held, the public being informed of the measures in operation by means of press notices, announcements in cinemas and other places of entertainment, and by loudspeaker vans.

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

#### Administrative Arrangements

Further experience with radio control introduced during the previous year at the six ambulance depots in the south-east of the county, has proved beyond doubt that this method of control is particularly suited to the Dorset ambulance service. Vehicles can now be diverted at a moment's notice to answer emergency calls, and there has been a considerable saving in running costs. A comparison of statistics for two half-years, one before wireless was introduced and one after, has shown an estimated annual saving of two thousand working hours and six thousand miles per annum. It is hoped that radio control will shortly be installed at the remaining depots.

There has been a further sharp rise in the combined mileage figure for the ambulance and hospital car services, the mileage for 1955 being 75,839 miles in excess of that for 1954. An increase of 5,404 in the number of physiotherapy patients carried, and of 1,920 in the number of other out-patients, is the chief reason for this increase.

The mutual aid agreements with neighbouring local health authorities continue as do also the arrangements with voluntary organisations operating the ambulance service in Shaftesbury, Gillingham and Charmouth.

In my last report I mentioned that a team from the county ambulance service had, for the second year in succession, gained econd place in the South-West Regional Competition for local authorities ambulance services. Last October a county team was accessful in winning the competition, and the team leader also gained the award for the best individual performance. This team will now compete in the national competition to be held at Falfield in February.

The names of forty-three drivers were entered for the national safe driving competition, and of these nineteen received fiverear medals and eighteen received diplomas.

#### Depots

There was no change in the depot organisation during the year under review.

#### Vehicles and Equipment

Two new ambulances were purchased during the year to replace two of the older vehicles.

A new type of carrying chair, loaned by the manufacturers, was tried out and proved satisfactory. A small supply of these vas purchased and it is hoped gradually to increase the number until one is available for each ambulance.

Statistics

Comparative Mileage Tab.	Com	parati	ve M	lileage 1	Table
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	Ambu	lance Service	Hospit	al Car Service	Both Services Combined		
Year	Mileage for year	Increase (+) or decrease () on previous year	Mileage for year	Increase (+) or decrease () on previous year	Mileage for year	Increase (+) or decrease (	
1950	334,200	+96,124	396,888	+19,709	731,088	+115,833	
1951	363,728	+29,528	385,247		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	
1954	434,659	- 5,953	420,231	+31,240	854,890	+25,287	
1955	459,421	+24.762	471,308	+51,077	930,729	+75,839	

#### Efficiency Table

	Ambulan	ce Service	Hospital Car Service			
Year	Average mileage per patient	Average number of patients per journey	Average mileage per patient	Average number of patients per journey		
1952	9-15	1.75	9.95	2.78		
1953	10-01	1.77	9.13	3.05		
1954	9.40	1.88	9.47	3.11		
1955	9.37	1.97	9.61	3.00		

Mentally defective children have not been recorded in the above table since they travel to and from occupation centres by special 'bus maintained by the ambulance service, and their inclusion would give an exaggerated picture of the number of patients per journey.

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

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

#### Tuberculosis

#### Administrative Arrangements

In accordance with the Public Health (Tuberculosis) Regulations, 1952, the National Health Service Act, 1946, and the 1949 amendment, a central register continues to be maintained at the county health department. Health visiting record cards are issued for all new cases, and the home is visited initially and thereafter at at least three-monthly intervals until the case has been notified as quiescent. Co-operation with the chest physician has been maintained, and copies of all health visitors' reports are sent to him in order that he can arrange for the follow-up examination of contacts and B.C.G. vaccination when necessary. The chest physician notifies this department of admissions to and discharges from hospital in order that the health visitor can arrange home visits accordingly. In order to achieve closer co-operation, two health visitors, one in Poole and one in Dorchester, spend a proportion of their time as members of the chest clinic staff.

The Dorset County Branch of the British Red Cross Society continues to provide an efficient after-care service to meet the needs of tuberculous patients.

Arrangements are made at the county health department for issuing free milk grants to necessitous cases and providing sleeping shelters for domiciliary cases as and when required.

#### Employment

No difficulty has been experienced in excluding from their employment, when necessary, infectious workers suffering from tuberculosis. This aspect of tuberculosis prevention 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 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 two persons were admitted to Preston Hall and the Enham Alemein village settlement.

#### Statistics

Tuberculosis-Care and After-Care

	1951	1952	1953	1954	1955
Number of visits paid by Health Visitors	3,690	3,194	3,487	3,769	3,304
Number of shelters provided	14	13	12	10	5
Number of patients receiving milk grants	96	101	53	31	42
Total number of pints of milk issued Average number of pints of milk per	29,464	29,854	20,631	13,077	18,481
day issued	80.7	81.5	56.5	35.8	50-6

#### B.C.G. Vaccination

B.C.G. vaccination for protection against tuberculosis has been available in Dorset since 1950. Two categories of children are included in the scheme *i.e.*, contacts of tuberculous patients and school children in the thirteen-year age group.

As in previous years chest physicians held special sessions for the vaccination of child contacts and following preliminary tests, 317 children received B.C.G. vaccination. Protection to these children, who were at considerable risk, remains the important factor in lowering the incidence of tuberculosis.

Following the initial campaign in 1954, the scheme for vaccination of children prior to leaving school was extended to Poole and South Dorset during the year under review. Visits were paid to all centres in the county and school children between the ages of thirteen and fourteen years were Mantoux tested and given B.C.G. vaccination where necessary.

Much credit for the success of the campaign goes to the education authority, headmasters and school staff, for their interest and ready co-operation in ensuring its smooth running. In order to enable intensive work to be carried out, children from several schools were seen at one convenient centre wherever possible.

The preliminary skin tests were reduced to one, this being an injection with a solution of 1/1000 purified protein derivative. Following this test B.C.G. vaccination was carried out on all negative reactors.

Parental consent to vaccination was received for 2,141 or seventy-five per cent of the children in the age group concerned, and this response is considered to be satisfactory. Of those children tested twenty per cent were Mantoux positive as compared with thirty-eight per cent in 1954. It is difficult to account for this considerable disparity.

#### Statistics

B.C.G. Vaccination of Child Contacts

	1951	1952	1953	1954	1955
Number of contacts successfully vaccinated	156	155	186	267	317

#### B.C.G. Vaccination of School Children.

Number of schools visited	 38
Number of children in age group	 2,856
Number of parental consents	 2,141 (75 per cent)
Number of children Mantoux tested	 2,003
Positive reactors	 404 (20 per cent)
Negative reactors vaccinated	 1,575
Absentees	 24

#### Mass Miniature Radiography

With the co-operation of the South-West Metropolitan Regional Hospital Board, a mass miniature radiography unit has continued to make visits to the larger centres of population in the county. The unit staff, the county health department, district medical officers, the education authority, and other bodies combined to carry out the preparatory work and publicity campaigns which preceed the visit. On the whole a satisfactory response from the general public is obtained, and where possible separate sessions are carried out at factories and places of business. I wish to express my thanks to all concerned for the undoubted success of these campaigns.

During the year 22,432 persons attended for examination in the county and of this number 335 (1-41 per cent) were recalled for x-ray on a larger film. Following this second examination, sixty-eight were clinically examined and forty-four referred to the chest clinic, thirty-one as probably suffering from tuberculosis and thirteen from non-tuberculous conditions. Twenty other cases were referred to their own doctor or to the hospital as having non-tuberculous conditions; two cases were found to be suffering from bronchial carcinoma. Taking the survey as a whole, 0.13 per cent of persons initially examined were referred to chest clinics as probably having tuberculosis, and fifteen or 0.07 per cent were eventually found to be suffering from active tuberculosis. The incidence of active disease was 0.57 per 1,000 examinations in males, 0.76 in females. In no case was any abnormality detected on radiological examination of a child under the age of fifteen years

#### Statistics

#### Examination and follow-up of cases, 1951-1955

	1951	1952	1953	1954	1955
Sumber x-rayed	20,415	24,042	21,538	16,398	22,432
sumber recalled for larger film	646	606	566	317	335
sumber referred to chest clinic for condition probably tuber-					
culous	89	62	74	50	31
	to figures				
tuberculous	vailable	12	7	9	13
Sumber referred to hospital or doctor for other condition	99	54	36	21	20

#### Ultimate diagnosis and disposal of cases referred to Chest Clinic by Mass Radiography Unit, 1951-1955

	1951	1952	1953	1954	1955
Number seen at chest clinic	89	62	73	50	44
Number diagnosed as active tuberculosis	35	25	32	15	15
Number diagnosed as inactive but requiring further observation	27	31	28	20	5
Number diagnosed as inactive and requiring no further action	17	1	4	5	7
Number diagnosed as suffering from non-tuberculous conditions	10	3	8	9	13
Number still unclassified		2	1	1	4
Number referred but did not attend			1		

Age groups examined and incidence of active pulmonary tuberculosis.

	Under 15	15—24	25—34	35-44	45—59	60 and over	Totals
Males:	Constant of		-				
Number examined	 2,317	2,002	1,822	1.622	1,849	935	10,547
Number of active cases	 	1		3	1	1	6
Rate per 1,000 examined	 -	0.49		1.85	0.54	1.07	6 0.57
Females:							
Number examined	 2,277	2,183	2,084	2,054	2,245	1.042	11,885
Number of active cases	 	5	1	2	1		9
Rate per 1,000 examined	 	2.29	0.48	0.97	0.45		0.76

#### Other Illness

#### After-Care

In exercising its functions under this heading, the Dorset County Council utilises the services of the Dorset Branch of the British Red Cross Society whose organisation caters for the requirements of persons where their needs are attributable to illness. The necessary arrangements are made through this or other means to provide care and after-care services to patients discharged from hospital or homebound invalids, including the aged and chronic sick.

Cases are referred from many and varied sources, and the council has been fortunate in obtaining the services of two experienced health visitors whose principal duties are to liaise with the hospital and specialist services in order that the requirements of cases due for discharge can be accurately assessed and arrangements made for the provision of medical equipment or nursing aids when needed.

The county council's holiday home scheme caters for persons who, after illness, require a period of rest, change of scenery, good food, and fresh air to restore them to normal health but no medical treatment or nursing attention. Cases are considered for admission on the recommendation of a hospital physician, general practitioner, or assistant county medical officer. The homes used are run on a private non-profit making basis and the county council exercises its powers to recover from persons availing themselves of this service such charges as are considered reasonable having regard to their means.

During the year under review arrangements were made for the admission of 36 females and 6 male patients to suitable holiday homes.

#### After-Care Services provided by the British Red Cross Society

			1951	1952	1953	1954	1955
Home Visiting:							
Number of home visits		N	ot availabl	e	5,340	7.931	7,602
Number of new cases se	en		231	187	190	71	230
Number of patients visi	ted		4,214	3,139	3,000	4,291	4,841
Articles Supplied:							
Special invalid foods			1.667	880	705	530	1,805
Bedding			135	107	166	149	155
Handicraft Materials			457	424	505	814	967
Clothing			337	309	311	363	155

#### 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 1955 at treatment centres was 257, classified as follows:-

Treatment Centre		Syphilis	Gonorrhoea	Other conditions	Totals	
Bournemouth			_	7	39	46
Dorchester			-	-	13	13
Poole			15	12	93	120
Salisbury			-	-	5	5
Weymouth			8	5	59	72
Yeovil				_	1	1
Other Centres			_	-		-
Tota	ls		23	24	210	257

#### Domiciliary Care of Old People

The home nursing and domestic home help services have again been used to the fullest extent; and during the year, with the help of the Women's Voluntary Service it has been possible to extend the mobile meals service, which was already established in Weymouth, to Poole, Dorchester and Bridport and district. It is hoped that during the coming year there may be further extensions of this service which is proving of great benefit to many elderly people.

#### Provision of Old People's Dwellings by Local Authorities

No new schemes which would be entitled to a contribution to housing authorities in respect of the provision by them of self contained dwellings for old people have been brought forward during the year, but the agreements already made with a number of housing authorities have continued.

#### Statistics

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

Source of Application	Admitted to Hospital	Referred to other local authorities	Applications withdrawn after investigation	Admitted to residential accommodation	Totals
General Practitioner .	. 9	_	1	- 98	108
Relative	. 2	_	1	12	15
National Assistance Board .	. —	1	-	7	8
Hospital		1	2	67	70
Personal	. 1	3	7	19	30
Totals	. 12	5	11	203	231
## Admission of Chronic Sick Cases to Hospital

Arrangements for reports on the social conditions of applicants for chronic sick hospital beds have been continued, and have been extended during the year to include cases under the West Dorset Group Hospital Management Committee.

The two liaison health visitors are much involved in this work, and they are able to keep in close touch with the hospitals concerned, not only over the admission of chronic sick cases but also patients fit to be discharged, to ensure that as many as possible are enabled to return to their own homes.

Chronic Sick Admissions to Hospital

Hospital Management Committee	Requests for Investigation of Home Conditions	Recommended for Priority Admission	Not Recommended for Priority Admission	Request cancelled through Decease, etc.
Bournemouth and East Dorset	263	182	65	16
West Dorset	129	58	58	13
Totals	392	240	123	29

# **Prevention of Illness**

Certain preventive measures are included in other services provided by the local health authority, but under this section owers are given to deal with the subject on a much wider scale. Matters of a socio-medical nature are often of sufficient importance o merit special attention and co-operation has been maintained with the Social Medicine Unit, Oxford University, and the Ministry of Health, in order that investigations may be conducted on scientific lines. Such an arrangement helps to solve local problems and lso contributes to medical knowledge.

Since 1948, surveys in conjunction with the Institute, and with the Ministry have been carried out by officers of the health lepartment on the following subjects:—

- (a) Old Age;
- (b) School Leavers;
- (c) Deficiency diseases in expectant and nursing mothers;
- (d) Virus infection during pregnancy;
- (e) Health and development of children;

- (f) The age of menarche;
- (g) New born infants;
- (h) Retrolental fibroplasia in premature infants;
- (i) The use of gas and air analgesia in domiciliary midwifery.

The investigation of outbreaks of infectious disease is also undertaken as part of the routine work of the department. County, rea and district medical officers of health, together with representatives of the medical staff of the laboratories, form an epidemioogical committee to deal with major outbreaks, and this committee can be called as soon as an epidemic occurs to decide on the set means of investigating and controlling it.

#### Prevention of Break-up of Families

In my report for 1954 I referred briefly to the receipt of Ministry of Health circular 27/54, and expressed the view that in uture health visitors would be required to devote more time to families where problems are likely to arise or are known to exist. The administrative arrangements to deal with this problem were carefully worked out after a full discussion with all concerned. The health visitors, in view of their wide duties in connection with domiciliary work, are the chief source for ascertainment and when their reports are received in the office these are very carefully scrutinised; where appropriate, reference is made to any other lepartment, particularly the children's department, in order to ascertain whether any additional information is available.

The area medical officers and district medical officers who are also assistant county medical officers, hold a key position in he scheme by virtue of the fact that they can bring to bear on these problems factors such as those connected with local housing. f, in spite of all efforts, little or no progress is being made in preventing a family becoming a social problem, the area or district nedical officer holds a case conference to which he invites all those who have been concerned with the family; such as the family loctor, clergyman, Ministry of Labour, National Assistance Board, children's officer, probation officer, and National Society for the 'revention of Cruelty to Children. As a result of these conferences any further steps decided upon are taken, and efforts generally networking in order to achieve the complete rehabilitation of the family and prevent the trend of circumstances which may ultimately ead to eviction and the transfer of the children to the care of the children's committee.

At the end of the year nineteen problem families and two potential problem families were registered and under observation, nd it is hoped that a complete picture of the situation in the county will soon emerge. Generally speaking, the arrangements are working well, but two difficulties constantly arise for which no provision at present exists.

The first of these concern certain cases in which, despite all efforts to solve a particular problem, district councils feel obliged o obtain eviction orders because of rent arrears. Often the family are making good progress towards rehabilitation and it is unforunate that this matter of finance should be an obstacle; the family is split up and the children taken into care, thus placing a onsiderable financial burden directly on the county council. It is felt that if some financial assistance could be given towards the waying off of a proportion of such arrears of rent, this in itself would be a most important step in the rehabilitation of the family. A family may be anxious to return to normal, but the weight of the debt outstanding for rent arrears and other could be given hem from reaching even a subsistence level during the period of repayment, and the knowledge that some assistance could be given n this way would be of the utmost help. The county council is debarred from making any direct payment of this nature.

In regard to the second difficulty, though excellent work in connection with home management is being carried out by the sealth visitors and experienced home helps, the time is coming when a more positive approach will be necessary in order to deal with he difficult type of family. The answer could be the employment of one or more mobile whole-time home helps with special experence, and it is hoped that this may be effected in the near future.

# **Health Education**

Despite the advances that have been made in recent years in the methods available for health education, personal contact remains the most effective means. In a few cases this commences at the ante-natal clinic where the health visitor and medical officer advise on the health of the mother and unborn child. In visits to the home, health visitors advise the mothers of pre-school children of the services available and on the principles of healthy living. At medical inspections school medical officers and nurses advise mothers and children on a variety of subjects relevant to health. The value of all such contacts cannot be too greatly emphasised.

Aids to health education, such as posters and leaflets, are supplied by several organisations including the Central Council for Health Education, National Baby Welfare Council, National Association for the Prevention of Tuberculosis, Royal Society for the Prevention of Accidents and the Dental Board of the United Kingdom. An increasing number of valuable leaflets are provided by the National Baby Welfare Council, and their poster on vaccination against smallpox has been extensively used throughout the county. The Ministry of Health continued to supply leaflets and series of posters which were displayed. In Dorset, the British Medical Association's monthly publication, *Family Doctor*, is made available in the waiting rooms of clinics and is read by many people who attend; reprints of appropriate articles which are of value to the department are supplied. All this material is greatly appreciated, but it is felt that co-operation between the various bodies in preparing such aids might be carried out with advantage as it sometimes happens that similar leaflets and posters are prepared simultaneously by different organisations.

#### Health Clinics

The orderly layout of clinics plays an important part in indicating to those attending the value of cleanliness and method. It has been noted that the three clinics in the county which have been built specially for the purpose are by far the most effective in educational matters. If real expansion in this field is to continue the need for new clinic buildings at the main centres from which health education campaigns can be carried out is clamant.

The work carried out at all clinics has been fully described elsewhere in this report, but the health education field work at Hamworthy clinic is worthy of special mention. The assistant medical officer and health visitor give lectures and hold discussion groups regularly, and the average attendance of twenty mothers at the monthly talks is excellent; there is also a good attendance of expectant mothers at lectures given on ante-natal clinic days.

# Schools

Much excellent work in this field is carried out at schools where children are at a most receptive age. In this connection tribute must be paid to the excellent work of the teachers, especially those concerned with physical education. Apart from their routine work school medical and dental officers give lectures and arrange film shows from time to time. The remedial exercises organiser's enthusiasm in the instruction of mothers and children of all ages in correct footwear is of inestimable value in health education.

#### Lectures, etc.

During the year members of the staff gave a total of forty-eight lectures and talks to a wide variety of audiences, including women's institutes, parent-teacher associations, young wives' groups, and the general public. The subjects included such varied topics as vaccination and immunisation, prevention of accidents in the home, clean food, the case for breast feeding and the care of children's feet. The average number attending each of these lectures was forty, but on one occasion the Poole area medical officer spoke to as many as 300 senior school girls.

Towards the end of the year a 16 m.m. film projector was purchased by the department, and has been extensively used to supplement lectures and discussions.

# Campaigns

Dorchester. A campaign for the prevention of accidents in the home was carried out at the Dorchester clinic during November and December. The campaign lasted for six weeks and during that period the attention of all persons attending the clinic was drawn to the problem. Copies of one poster were displayed at vantage points in the town, and there was an attractive display of posters in the clinic. Leaflets and bookmarks illustrating various aspects of the problem were placed in the clinic, but the uptake was disappointing. Two lectures with filmstrips and one film show were given with varying results, the most receptive group being, the expectant mothers who attended ante-natal clinics. On the other hand it was noted that the presence of children at toddlers' clinics tended to distract the attention of the mothers.

On the whole the campaign was a success and many useful lessons were learnt which will be of value on future occasions.

*Poole.* During the month of September special emphasis was laid on the feeding of infants and toddlers. Suitable posters showing the correct foods for body building and other nutritional points were displayed at Hamworthy clinic. During clinic sessions the assistant medical officer gave individual talks and discussion groups were encouraged. An attractive demonstration of suitable foods indicating their various values was prepared by the health visitor and it was apparent that this form of visual aid added considerably to the success of the campaign.

Bridport. A successful health exhibition organised by the Bridport borough council in conjunction with the Dorset county council and the Ministry of Agriculture, Fisheries and Food was held at the Drill Hall, Bridport, from 6th to 11th June, 1955. The Ministry had an impressive centrally placed stand dealing with rodent and insect pest control with special emphasis on the value of taking adequate precautions in food premises. A senior technical officer of the Ministry gave a lecture which was well attended. Stands dealing with clean food, cafe and canteen hygiene and the work of a sanitary inspector were supported by locally prepared exhibits showing housing and other activities in the borough. The county council supplied displays indicating the scope of work of the health visitor and home help, the school health service and propaganda for vaccination against smallpox and immunisation against whooping cough and diphtheria. Other subjects dealt with included home safety and the prevention of road accidents. Regular film shows were provided in the hall. The total attendance of 1,600 persons, twenty-four per cent of the population of the borough, must be considered to be highly satisfactory.

## DOMESTIC HELP SERVICE (Section 29) (Table 21)

The demand for this service continues to grow, and during the year it has become known to a wider public and many more cases in need of assistance have come to the attention of the organisers. In all, 147 home helps, five of whom are full time, are employed. A total of 755 households were helped during 1955 as compared with 610 in the previous year. Despite this increase the service is still comparatively little known in the county, and it would appear that before it reaches its maximum usefulness the demand for the service will probably double.

A basic routine has been laid down for visiting cases, selection of helps, and accounting; but the division of these duties stween the local organisers and the appropriate staff of the county health department shows considerable variation. In the two ain areas of population, Poole and South Dorset, the service is decentralised completely under the day-to-day supervision of the spective area sub-committees. In three other areas, where the service is based on the offices of the district medical officer of health, he only functions performed by central staff are the final selection of helps, the assessment of householders' ability to pay, and the ollection of accounts.

The National Assistance Board and hospital afmoners have continued to give most helpful co-operation and their assistance very much appreciated.

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There is one county organiser; one full-time and one part-time organiser; and twelve voluntary organisers working, to a reater or lesser extent, in conjunction with the area and district medical officers of health.

The number of equivalent full-time helps employed in 1955 was 57 as compared with 50.6 in the previous year; in rural areas use consist mainly of spare-time workers.

# ural Services

During the year under review the main increase in the service has been in the rural areas. At the inception of the scheme it as thought that the demand in country districts would be small, but it has now become apparent that the service is equally aportant here as in the urban districts. Relatives and neighbours continue to assist in running the house in times of illness and d age, but owing to the increasing proportion of old persons in the population the need for additional help is now apparent. o-operation between home helps and the neighbours or relatives enables old persons to remain in their homes when otherwise care a county home would have been required. The cost of supplying a home help in this way is small when compared with cost in residential establishment and this aspect of the service cannot be too greatly stressed.

Services in rural areas are based on villages and small market towns where voluntary organisers have their headquarters. or example, in two rural districts with a population of 23,000, seventy-seven cases were helped during the year. Voluntary ganisers in these areas had to deal with up to forty cases at one time. The demand in any part of a rural district is of necessity nall and this produces difficulties which are only surmounted by the ingenuity of the local organisers and the enthusiasm of the elps who frequently have to travel considerable distances to reach their cases. As far as possible, helps are centred on small towns or on one of the few regular 'bus routes, but on occasions it is necessary to employ the help for a single case. Generally speaking, elps attend cases in their own areas, but those suitably located are available for relief duties in case of emergency or holidays.

There is an increasing demand for help at those groups of old people's bungalows in the larger villages where old persons re now living at some distance from their old homes and neighbours. In some of these groups there is a resident warden who works a close co-operation with the help to supply all the needs of the old people.

Maternity and tuberculous cases present particular difficulties in the county area. The problem of the withdrawal of a help or full-time service on a maternity case frequently leaves her other cases with less assistance than is necessary. Tuberculous patients an only come within the scope of the scheme when suitable helps live in the same areas.

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## tatistics

Number of Cases	for wh 1951-		bs were ;	providea	<i>l</i> ,	Dom	esti	c Help 1951	Servica 1-55	Staff,	
Types of Cases	1951	1952	1953	1954	1955	. Helps	1	1951	1952	1953	1954
Maternity Old Age Tuberculosis	121 155 11	118 184 16	141 236 13	131 311 14	113 411 15	Part-time		8 16 53	8 19 72	8 27 92	6 32 88
Long-term Illness Short-term Illness	43 110	47 89	64 101	82 72	117 99	Totals		77	99	127	126
Totals	440	454	555	610	755	Equivalent full-time helps		26	35	45.5	50-6

# MENTAL HEALTH (Section 51) Administration

#### ommittee

The Social Services Sub-Committee is responsible for the administration of matters coming within the scope of the Mental reficiency Acts, the Lunacy and Mental Treatment Acts, and the care and after-care of persons suffering from mental illness. Three neetings of the Sub-Committee were held during the year.

#### taff

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

The county council's proposals under Section 51 of the National Health Service Act for the care of mental defectives provide or a chief mental deficiency officer, who is a petitioning officer under the Mental Deficiency Acts, two welfare officers and two home tachers. In addition there are seven persons employed at the Poole occupation centre, consisting of a supervisor, who is a Member f the Association of Occupational Therapists, five assistants, two of whom have the Diploma of the National Association for Mental Health, and a cook.

Medical officers attend refresher courses organised by the National Association for Mental Health from time to time, and acancies at refresher courses for mental health officers and staffs of occupation centres are regularly taken up. There are four duly authorised officers on the establishment, who undertake duties in connection with the Lunacy and Mental Treatment Acts, in addition to certain welfare work.

# Co-ordination with Regional Hospital Board

Close contact is maintained with the Coldeast and Tatchbury Mount group of hospitals for mental defectives, the Royal Western Counties Institution at Starcross, and Hortham Hospital. A large number of Dorset patients are accommodated in the two latter institutions, to which they were admitted prior to the present arrangements with the South-West Metropolitan Regional Hospital Board. Patients resident in Lyme Regis can still be admitted into the Royal Western Counties Institution.

The mental deficiency welfare officers supervise defectives on licence from institutions who reside in this county, at the request of the hospitals concerned, and frequent discussions take place between the local authority's officers and the medical and lay officers of the various hospitals in connection with patients on licence, or those for whom licence is being considered. This is a very helpful arrangement as the health authority usually has full information of the home circumstances, and the medical superintendents, with their knowledge of the patient, are better able to reach decisions regarding licence.

The number of defectives awaiting admission into institutions still far exceeds the accommodation available. The number on the waiting list at the 31st December, 1955, was 38, compared with 37 at the end of the previous year. Every effort is made to meet the needs of the patients within the community, and by providing home teaching, admission to occupation centres and supervision it has been possible to remove twelve defectives from the waiting list during the year, as they no longer needed institutional care or training.

Vacancies for low grade patients are still very difficult to obtain, and a great strain placed on family life in many cases by the presence of a low grade and often helpless and noisy patient in their midst.

Three defectives have been admitted into institutions for short-term care during the year, under Ministry of Health Circular No. 5/52. It would be of very great assistance if more facilities were available under the circular, as the removal of a patient from home to give parents temporary relief from their heavy burden may prevent a serious breakdown in their health.

# Duties delegated to Voluntary Associations

No duties are delegated to voluntary associations directly under section 51 of the National Health Service Act. 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, but this excludes mental defectiveness.

## Account of Work undertaken in the Community

#### National Health Service Act—Section 28

The 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 since 1951 a second has been carrying out similar duties in the west of the county. This training is of considerable benefit to those defectives who cannot attend occupation centres, and is much appreciated by parents and guardians who co-operate extremely well with the home teachers. Excellent results are obtained and a high standard of work produced, most of which is saleable. The most important factor is, of course, that the defective is kept happily occupied, and has a real interest in life.

# Lunacy and Mental Treatment Acts

During the year removals of certified patients to mental hospitals were carried out satisfactorily and credit is due to the duly authorised officers, who maintained close co-operation with the medical superintendent of the mental hospital, the general practitioners and police.

# Statistics

## Admissions to Hospital

V	Volu	intary	Tem	borary	Cert	tified	Ta	tals
Year	Men	Women	Men	Women	Men	Women	Men	Women
1955	58	104	13	13	48	96	119	213

# Ascertainment of Mental Defectives

The main sources of ascertainment of mental defectives are the mental health services staff and education authority. Cases are also reported by medical practitioners, hospitals, parents, the courts, police, and others.

Sixty-one cases were reported and ascertained to be mentally defective during the year. Thirty-four were notified by education committees, and of the latter cases nine were considered to require institutional care or training. Statistics

Ascertainment of Mental Defectives during the last five years

<i>c</i> . 1	ni processione	Number ascertained				
Grade	1951	1952	1953	1954	1955	
Feebleminded	46	46	40	51	46	
Imbeciles	11	28	18	9	12	
Idiots	1	2			3	
Totals	58	76	58	60	61	

## uardianship

The total number of patients under guardianship at the end of the year was 104, compared with 107 at the end of 1954. his form of community care requires an order by a judicial authority. It gives the guardian the power of control over the patient, indenables the local health authority to provide for his care and protection other than by institutional placement. It also enables he authority to provide for the patient's maintenance, and to meet other special expenditure if necessary. Such assistance is not stended to patients under statutory supervision. It is usual, however, for the financial needs of mental defectives over the age of is years to be met by the National Assistance Board, but other expenditure may be necessary which would not be covered by the oard's grant.

Each patient under guardianship is visited approximately twice a year by a medical officer, and welfare officers visit quarterly more frequently when necessary. Training is provided at the occupation centres or by home teachers.

A guardianship home situated in a rural part of the county is approved by the Board of Control for the reception of eight atients, and the owner is devoted to the work she has undertaken in caring for these handicapped people. The home is of very great sistance to the authority, not only for permanent cases, but suitable patients are placed there for holiday periods. Television is rovided in the sitting room, and there is a large garden. Patients are taken on coach outings in the summer, and occasional shopping speditions; they also look forward to the regular visits by the home teacher who gives instruction in various types of handicraft work.

#### alulory Supervision

Supervision is a most valuable branch of the mental health service. It differs from guardianship in that no legal proceedings e involved, the local health authority having no power to contribute towards the cost of a defective under supervision, and there ing no regulations indicating how the supervision should be carried out. There is no way of enforcing supervision against the wishes the parent or guardian of the defective, as this can only successfully be carried out with the co-operation of the family. Visits by e welfare officers are usually welcomed and, in addition to ensuring that the patient is adequately cared for, much useful help in advice can be given. Assistance in obtaining suitable employment is given when required, and home teaching or admission to an ecupation centre is arranged for patients incapable of earning their living.

Periodical reviews of the cases take place and where supervision is considered no longer necessary appropriate action is taken r it to be withdrawn.

Forty-nine new cases were placed under statutory supervision, making a total of 270 at the end of the year, and in nine cases pluntary supervision has been provided.

#### ome Teaching

Two home teachers are employed to give instruction in handicrafts to defectives under guardianship or statutory supervision, ind at the end of the year seventy patients were receiving regular instruction. The home teachers' visits are much appreciated by the parents and guardians, and the patients enjoy their lessons. The scheme provides training for those living in rural areas too far stant from an occupation centre.

# ccupation Centres

The occupation centre at Poole, which has been in existence for many years, was taken over by the county council in 1947. ach new entrant is examined by an assistant medical officer before admission, and regular medical inspections are carried out at the centre. The house is admirably suited for the purpose as the defectives can be grouped in different rooms according to their ages ad degree of mental defect; there is also a pleasant garden where games and exercises are organised. Dinners cooked on the premises the 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 to meet the growing demand for places it is hoped that the extension of the premises the building of an additional large room will be completed next year. This will also provide improved facilities for meals and hysical exercises, recreation, etc.

Students undergoing a course of training for staffs of occupation centres have been sent to this centre from time to time by the National Association for Mental Health for a few weeks practical training as part of the course, and the facilities granted are uch appreciated.

Some Dorset defectives attend occupation centres in other counties by arrangement with the local health authorities incerned.

Plans are in progress for the establishment of a new centre in Weymouth, to provide for the patients living within reasonable istance of the town.

#### ransport

The county ambulance service undertakes the transport of defectives to the Poole and Yeovil occupation centres from a fairly ide 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 the difficulty in arranging for a hospital car at short notice, but the county ambulance service is utilised when necessary. All male patients admitted to hospital are accompanied by a female attendant.

#### latistics

## Details of mental defectives under Care at 31st December, 1955

			Under 16		Over 16		Totals
			Males	Females	Males	Females	1 01013
Under Guardianship			 1		38	65	104
Under Statutory Supervision			 63	42	69	96	270
Under Voluntary Supervision			 2	A DECTOR	4	3	9
Attending Occupation Centres			 18	9	12	20	59
Receiving home teaching			 9	10	14	37	59 70
In institutions (including cases	on lice	ence)	 37	19	222	211	489
In an Approved Home			 4	8	<u></u>		12

# Details of mental defectives under Care at 31st December, 1951-1955

			1951	1952	1953	1954	1955
Under Guardianship			 117	112	111	107	104
Under Statutory Supervision			 195	224	237	244	270
Under Voluntary Supervision			 7	8	10	10	9
Attending Occupation Centres			 49	55	59	59	59
Receiving home teaching			 52	67	68	65	70
In institutions (including cases	on lice	ence)	 478	482	487	492	489
In an Approved Home			 1	9	9	11	12

# SOCIAL SERVICES (National Assistance Act, 1948)

# Reception Centres (Section 17)

On behalf of the National Assistance Board, the county council maintains one reception centre attached to Stoke Water House, Beaminster, for male persons without a settled way of living.

## Statistics

Number of nights accommodation pro	vided at th	e Recepti	on Centre	 	3,451
Highest monthly total (April)				 	387
Lowest monthly total (September)	·			 	194

# Provision of Accommodation (Sections 21-28) (Tables 22-24)

# RESIDENTIAL ACCOMMODATION

# New Homes

Building work on the new home at Gillingham has progressed well during the year, and it is hoped that the home will be ready for opening in the Autumn of 1956. This home will provide accommodation for thirty-nine residents, fifteen of them on the ground floor. In addition, provision is to be made for a number of residents on the first floor of the old building known as 'St. Martin's'.

The additional ground floor accommodation which the new home will provide is urgently needed. With the development of the service during the past five years it is found that there is an increasing demand by people who are unable, through physical infirmity, to climb stairs regularly. The increasing amount of care and attention that is needed by many residents puts an added strain on the staffs of the various homes.

#### Joint User Arrangements

Joint user arrangements between the county council and the regional hospital board have continued at Christmas Close, Wareham, and at St. Mary's Block, Poole.

During the year a lift has been installed at Christmas Close, Wareham, which is proving of very great benefit both to the county council and the hospital board services.

## Voluntary Organisations

Arrangements already made between the county council and various voluntary societies for the maintenance of residents in homes belonging to these organisations have continued satisfactorily. A number of persons were also accommodated in voluntary homes outside the county.

### Amenities

A diversional therapist employed by the county council continues to pay regular visits to six of the residential homes for elderly people.

Clothing to the value of  $\pounds 8$  to  $\pounds 10$  a year for each resident is supplied in necessitous cases, and as far as is possible, 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 makes a grant towards expenses.

During the winter months film shows are presented at the three larger homes once a fortnight.

Six homes are equipped with television receivers, provided either by the council, by way of gift or by subscriptions from residents' clubs.

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

tatistics

# Accommodation available and numbers accommodated in County Council Establishments, 31st December, 1955

Premises		Places -	Places Occupied			
r remises .		Provided -	Men	Women	Totals	
In Homes under County Council Management:	_					
Stoke Water House, Beaminster		108	64	41	105	
Stour View House, Sturminster Newton		108	36	71	107	
Christmas Close, Wareham		56	31	25	56	
Maiden Castle House, Dorchester		41	12	29	41	
'The Lawns', Weymouth		40	15	25	40	
Belmont Court, Parkstone		50	22	28	50	
Castleman House, Blandford		23	6	17	23	
James Day Memorial Home, Swanage		35	10	25	35	
In Hospital under the control of Hospital Management Committee:						
Poole General Hospital (St. Mary's Block)		43	20	22	42	
Totals		504	216	283	499	

## Admissions, Discharges and Deaths during the year 1955

Administra		Discharges		Deaths	Tetal
Admissions	To Home	To Hospital	To Mental Hospital	Deaths	Total
203	64	68	12	50	194

# TEMPORARY ACCOMMODATION

Three families were provided with temporary accommodation during the year, having been rendered homeless by unforeseen incumstances. A considerable number of other cases were investigated with a view to their rehabilitation. Close co-operation is naintained between the council's welfare officers and the district authorities housing departments, and where children are involved he cases are referred to the County Children's Officer.

Under the provisions of the joint scheme between the county council and the Poole borough council, co-operation between he county council's welfare organisation and the district housing department has removed the need for eviction in a number of ases. Progress has been made towards the provision of special accommodation for housing evicted families, and it is hoped that he premises to be provided both by the county council and the borough council will be available for use in 1956.

## WELFARE SERVICES (Sections 29 and 30)

BLIND AND PARTIALLY SIGHTED (Tables 25 and 26)

# Administrative Arrangements

Close co-operation has again been maintained between the county health department and the Western Regional and Dorset County Association for the Blind and other voluntary organisations and statutory bodies, in order to obtain the maximum service or each person registered.

#### Registration

On the 31st December, 1955, there were 702 persons on the blind register and 97 on the register of partially sighted.

Of the 89 newly registered blind cases 72 were aged 65 years and over. There were no new cases under the age of 20 years. Of the three new cases between the ages of twenty and forty-nine years, one continued in his old employment, one has been trained and found employment whilst the third is unemployable owing to other severe physical handicaps.

Special efforts are made to co-operate with ophthalmologists and general practitioners concerning follow-up and treatment.

# Home Teaching and Visiting

The work is carried out by five qualified home teachers. In addition to their home visiting, they organise seven social centres n co-operation with the Dorset County Association for the Blind, and handicraft classes at two separate centres with excellent results.

# Workshop Employment

As this authority has no sheltered workshops, arrangements are made with the following voluntary bodies who each employ one worker on our behalf, payments to workers being on the National Scale:—

> Bristol Royal Blind Asylum Workshops; Royal School for the Blind, Leatherhead; South Devon and Cornwall Institution for the Blind.

## Home Employment

Bristol Royal Blind Asylum Workshops supervise ten men and seven women who are fully trained, on behalf of this authority. The National Library for the Blind supervise two copyists on the 'pastime scheme'.

#### Marketing

Every endeavour is made through the Home Workers Scheme and the Dorset County Association for the Blind and by the Home Teachers themselves to try and find fresh markets for goods made by the blind and to obtain orders.

## Employment in Open Industry

Forty men and six women were employed in this sphere at the end of the year, one being newly employed. As in previous years several workers have had to leave the County in order to obtain suitable employment. The Royal National Institute for the Blind, who are employed as our agents, have been chiefly responsible for obtaining employment elsewhere, through their placement service.

Full co-operation is maintained with the Ministry of Labour, and the welfare officer for the blind serves on the Disablement Advisory Committees at Poole and Weymouth.

## Persons in Hospitals, Homes, etc.

At the end of the year there were 94 persons over the age of 16 living away from home, 40 in the care of the Regional Hospital Board, 24 in homes for the blind, 24 in other homes provided under Part III of the National Assistance Act, 1948, and the remaining 6 were in privately run homes. Every effort is made to promote the welfare of these persons in co-operation with the managing bodies.

# Blind Register

A. Follow-up of Registered Blind

-		Cause of Disability					
(1)	Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:	Cataract	Glaucoma	Retrolental Fibroplasia	Others		
	(a) No treatment	17	8	-	23		
	(b) Treatment (medical, surgical or optical)	15	7	2	19		
(ii)	Number of cases at (i) (b) above which on follow-up action have received treatment	12	7	_	16		

## B. Ophthalmia Neonatorum

(i)	Total number of cases notified during the year	 7
(ii)	Number of cases in which:—         (a) Vision lost         (b) Vision impaired         (c) Treatment continuing at end of year	 Nil Nil Nil

# Partially Sighted Register

## A. Follow-up of Registered Partially Sighted Persons

		Cause of Disability						
(1)	Number of cases registered during — the year in respect of which para. 7 (c) of Forms B.D.8 recommends:	Cataract	Glaucoma	Retrolental Fibroplasia	Others			
	(a) No treatment	2	-		6			
	(b) Treatment (medical, surgical or optical)	4	3	-	5			
(ii)	Number of cases at (i) (b) above which on follow-up action have received treatment	4	3	-	5			

## DEAF OR DUMB

# Administrative Arrangements

The Dorset County Council administers its functions for the provision of welfare services for the deaf and dumb through an arrangement which exists with the Wilts and Dorset Association for the Deaf, and for which an annual grant is paid. The scheme closely follows that recommended by the Minister of Health, and all cases applying or referred for assistance are investigated by the association's staff prior to registration.

## Social Welfare

The association is able to provide a comprehensive social welfare service which includes interpretation in manual language, advice in domestic, legal, health and family matters, and domiciliary and hospital visiting.

#### Social Centres

The deaf continue to derive benefit by the provision of social centres at Poole, Sherborne and Weymouth, and the need for additional social centres, together with clubs for the hard of hearing, is under frequent review.

# ip-Reading

During the year the Association was able to appoint a full-time lip-reading teacher for work in Dorset, and it has been possible to answer a demand of many years standing by the provision of domiciliary instruction of both adults and children, in addition to the lip-reading classes which have been held in Bridport, Dorchester and Poole. Fees are recovered from the Local Education Authority in respect of the home tuition of children and for attendance of the teacher at classes for both adults and children.

## Co-ordination

Close liaison exists between the association and the Ministry of Labour and National Service when placing deaf or hard of pearing persons in employment, and the Association's officers attend interviews in this connection to obviate any possible drift of this class of handicapped person into employment of an unsuitable nature.

#### Statistics

The following table shows the number of persons, both deaf and hard of hearing, registered with the authority on 31st December, 1955:--

Church	Children under age 16		Persons aged 16 to 64		Persons aged 65 and over		Total
Class -	М	F	М	F	М	F	1 014
Deaf	13	9	48	47	7	4	128
Hard of Hearing	15	. 8	4	6	5	4	42

#### PHYSICALLY HANDICAPPED (GENERAL CLASSES)

## Administrative Arrangements

The county council adopted the model scheme prepared by the Ministry of Health for the welfare of handicapped persons, other than the blind, partially sighted, and deaf or dumb. This was approved by the Minister of Health, and the British Red Cross Society (Dorset Branch) have been appointed agent of the county council for certain sections of the scheme.

Cases are referred from various sources including general practitioners, hospitals, central government departments and workers of voluntary organisations. The initial visit is usually made by a health visitor who submits a report on the case to the county health department. If considered suitable the person's name is included in the central register, and any service required is provided through the agency of the British Red Cross Society, or otherwise. The general practitioner concerned is consulted when there is a clinical problem.

Administrative arrangements are carried out by the central staff of the county health department.

## Services Provided

The chief services provided can be grouped under the heading 'Social Welfare'. The Dorset Branch of the British Red Cross Society carry out many of these services as an extension of its after-care facilities provided on behalf of the Dorset County Council ander Section 28 of the National Health Service Act, 1946.

The admission of handicapped persons to holiday homes is arranged through the county health department, and in conjunction with the Ministry of Labour and National Service, suitable cases are assisted in obtaining employment and help given with arrangenents for training under the Disabled Persons (Employment) Act, 1944.

Handicrafts are taught to handicapped persons by members of the British Red Cross Society who also help with the sale of finished articles and the placing of orders.

#### Development of Service

There has been no provision of new services during the period under review, but it has again been a year of consolidation of the existing services provided under the obligatory clauses of the model scheme.

#### Statistics

The following table shows, under the respective age groups, the number of physically handicapped (general classes) registered with the authority as at 31st December, 1955:—

	Children under age 16		Persons aged 16—64		Persons aged 65 and over		TH
Description -	М	F	М	F	М	F	Total
Physically Handicapped (general classes)	65	60	70	79	6	6	286

# EPILEPTICS

There are at present four children in this category in special schools for the epileptic, and two cases were ascertained during 1955 as needing special residential care with education. There is no difficulty in finding places for school children suffering from epilepsy, but there is occasionally difficulty in dealing with adults who are sometimes admitted to residential accommodation for old people and no other facilities exist. Some of these patients are probably as well cared for in this accommodation as elsewhere, but a few have caused difficulty with the other residents and are not really suitably placed.

Four persons are maintained by the county council in epileptic colonies in various parts of the country. As stated in previous reports there are no special services provided, and they are dealt with under the council's schemes under section 28 of the National Health Service Act, and section 29 of the National Assistance Act.

#### SPASTICS.

It is becoming less difficult to get spastic children needing residential treatment suitably placed. This is due in some measure to the decreased incidence of some other types of handicapped children. Two severe spastics were admitted to the Victoria Home, Bournemouth, where excellent facilities exist for physiotherapy, remedial teaching and schooling. The spastic cases requiring speech therapy at this home are dealt with by a county speech therapist at the Poole clinic, which has proved a very suitable arrangement.

There are still over forty spastics on the mental deficiency register; eight are at the occupation centre at Poole, eleven receiving home teaching and the remainder being cared for by their parents at home. It is felt that the general position regarding spastics has improved, the educable cases who are more likely to respond to treatment receiving this at a somewhat earlier age.

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

Before any application for a certificate of registration is granted, the premises are inspected to determine their suitability and details of the staffing arrangements and furnishing are required.

#### Statistics

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

Registration Homes first registered during the year Homes on the register at the end of the year		Number of Homes 2 10	Number of beds provided 38 180
--	--	-------------------------------	---

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

One man and one woman were removed from their homes under the provisions of section 47 of the Act. The man was allowed to return to his home after a stay of two months in one of the county council's residential homes, and the woman remains a resident of accommodation provided under Part III of the Act.

## Temporary Protection of Property of Persons admitted to Hospitals, etc. (Section 48)

The council has become responsible for the temporary protection of property in three new cases, the total number of cases in which protection is given under this section being eleven.

# 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. The routine laboratory work of this service is mainly concerned with the bacteriological examinations of 'medical' specimens from general practitioners, infectious diseases hospitals and local authorities and all 'sanitary' specimens from local or food authorities. The laboratories of the service normally do not undertake work which is rightly the province of the hospital or clinical pathologist. 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 each with a full-time bacteriologist in charge, cover the work in Dorset. One laboratory is located at Dorchester and the other at Boscombe.

Statistics

			Spec	imens receiv	ed and exam	ined during 1	1955		
Laboratory	Nose and throat	Sputum	Faeces and urine	Water	Milk	Ice cream	V.D.	Miscel- laneous	Totals
Dorchester	 370	206	1,123	2,381	6,342	446	4,480	3,253	18,601
Boscombe	 1,078	116	819	994	642	555	-	1,235	5,439
Totals	 1,448	322	1,942	3,375	6,984	1,001	4,480	4,488	24,040

# **REGISTRATION OF NURSING HOMES**

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

atistics

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

Registration	Number of	Number of beds provided for			
Registration	Homes	Maternity	Others	Totals	
Homes first registered during the year			-		
Homes on the register at the end of the year	19	20	172	192	
n taken during 1955			/		
Number of exemptions granted under Section 192 (	1) includin	g renewals		N	
Number of inspections				:	

# CHILDREN ACT, 1948 (Section 15)

## edical Supervision of Children's Homes

In the year under review the scheme for the supervision of all children in county council children's homes has continued to ork well. Good co-operation has again been maintained between the health department, the staff of the children's homes and the neral practitioners undertaking the treatment of the children under Part IV of the National Health Service Act.

The policy of intensive boarding-out adopted by the children's committee is proving successful in the majority of cases, and certainly preferable, for young children under five years of age, to admission to a residential nursery where the risk of infection which these children are particularly liable is considerably higher than in an ordinary home.

In this connection difficulty has been experienced from time to time in finding suitable foster mothers willing to undertake e care of young babies, and the nursery panel of foster mothers envisaged when the two residential nurseries were closed in 1954 s not yet materialised. In some instances, due to lack of a suitable foster home, young children have been accommodated for consirable periods at the reception centre/nursery unit which was designed specifically for the temporary reception of babies pending insfer to a foster mother on the nursery panel; in other cases babies have been successfully cared for at children's homes or in dinary foster homes. This arrangement has been particularly satisfactory where a whole family of children of varying ages has en kept together in one home, either one maintained by the county council, or one suitable for fostering a large family.

The public health laboratory service has continued to be responsible for the routine examination of throat swabs and other aterial necessary for the early detection and prevention of spread of infectious diseases among the children and staff in the homes.

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

#### ntal Care

The dental care of children resident in children's homes is undertaken by the county dental staff who arrange periodic spection and treatment. In addition, treatment is available at dental clinics, or dental sessions at schools for children found on amination by the medical officer to need emergency treatment on admission to the homes.

#### lucationally Sub-normal Pupils

Deprived children in this category are selected, as vacancies occur, for special educational treatment either at residential ecial schools or at the day special school recently opened at Wimborne. Certain selected boys from the children's homes are admitted Clyffe House Special School, near Dorchester, which is maintained by the Dorset Local Education Authority; boys and girls are gible for attendance at Wimborne day special school and suitable children from the children's homes at Broadstone and Parkstone e able to attend. Girls needing education at residential special schools and children of the Roman Catholic faith are placed, as cancies become available, in appropriate special schools maintained by other local education authorities.

It is pleasing to note that the waiting period before admission for children recommended for special educational treatment special schools has been steadily reduced during the past year and that on the 31st December, 1955, no children resident in ildren's homes were still on the waiting list.

#### entally Defective Children

The situation with regard to the provision of suitable institutions for the training and care of mental defectives continues to use anxiety, although during the year vacancies have been obtained for all adolescent high grade mentally defective girls in the mes needing institutional care. Vacancies for low grade children are almost non-existent and the only provision available for their aining is the occupation centre at Poole, where children resident in the homes at Broadstone and Poole attend daily.

#### neral health and wellbeing of Deprived Children resident in Children's Homes

The health of the children resident in children's homes has been generally good during 1955. No cases of serious illness and no despread epidemics have occurred during the year. Children coming into care temporarily due to sudden illness of the mother, nfinement, or family misfortune have been found to be in good condition, and even children committed to the care the authority owing to parental neglect and other social evils, although often dirty and poorly clad, have been reasonably well urished and free from gross physical defects. Unhappily a high proportion of children coming from broken homes and generally d environment show evidence of marked emotional disturbance and need prolonged psychiatric treatment, and much patient re and understanding at a children's home before they can be deemed ready for a trial in a foster home. In some cases boarding-out oves unsuccessful and residence in a children's home on a long-term basis has to be accepted as the best solution in the interest the child's development and future well-being.

The reception/observation centre continues to be run as a satisfactory family unit. There have been few changes in staff during the year and the senior members are, without exception, eminently suitable for the reception and care of children. All, including the domestic staff and part-time gardener, are genuinely interested in the welfare of the children and combine to make their lives happy and contented. Facilities for sport, games, gardening and care of pets are available for the older children and there is a good supply of toys for the toddlers. On admission, children are welcomed with kindness and understanding, each child's particular needs are quickly assessed by the staff, and he soon settles down as a member of a happy family unit.

There are no new developments to report in connection with the three remaining children's homes which are run as small family units. Ample facilities are provided to cater for the varied interests and aptitudes of children resident in the homes, and every encouragement is given to the children to take part in the social activities of the neighbourhood and to mix with their school friends out of school hours. Difficult children unsuitable for boarding-out form the majority of residents in these homes and are usually long-stay cases. Their development and progress is constantly under review by the medical officer in close co-operation with the consultant child psychiatrist with the object of preparing them for suitable occupations when they reach school-leaving age.

### Protection of Children from Tuberculosis

Chest X-ray examinations of all staff at children's homes are carried out before appointm ent and thereafter at yearly intervals.

During 1955, eleven initial and twenty-two annual examinations were carried out, but none of the films showed signs of tuberculous infection.

Statistics

Number of children's homes including the reception/observation centre	Number of routine visits of medical officer	Number of routine examinations	Number of children referred for treatment	Number of children under observation for defects
4	80	241	37	_

# NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

One new registration was made under this Act during the year, and there are now two daily minders supervising seven children. Statistics

	Number registered at end of year	Number of children provided for
Premises: (a) Factory (b) Other	-	-
Nurseries	-	-
Daily minders	2	7

# DAILY MINDERS PROVIDED BY THE AUTHORITY

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

# CIVIL DEFENCE

#### Ambulance Service

The strength of the section at the end of the year was 383 (Men 122, Women 261) of whom 321 have received training in some form.

The following courses were held:

Full first aid		 4
Full first aid revision		 4
Basic first aid		 1
Basic first aid revision		 2
Ambulance section traini	ing	 15

Two large-scale exercises were held in September at Gillingham and Sherborne, with four ambulances and a number of sitting case, cars taking part in each, and smaller exercises were also held in Poole and Weymouth. The Gillingham exercise was particularly useful for the casualty collection personnel, as it was held at the brick-fields where conditions were similar to what might be expected in a bombed area.

## Velfare Services

The number of enrolled members of the welfare section at 31st December, 1955, was 1,672, an increase of nine during the rear. These members were distributed as follows:----

Poole Borough	 	237
Weymouth Borough	 	159
Other urban areas	 	242
Rural areas	 	1,034

The figures again show that representation is still stronger in the rural areas, although the large number of auxiliaries who ontinue to show active interest in the Civil Defence Corps suggests that the potential strength, should an emergency occur, would e much greater than that of the actual enrolled members.

Many interested persons attended training lectures and exercises which were held at centres throughout the county, and s a result of such attendances some have enrolled.

### **Iajor** Disasters in Peace-Time

Valuable experience was gained by the welfare section of the civil defence corps when sudden and serious flooding occurred in ome southern areas of the county during the night of 18th July. Rest centres were opened at short notice, and manned by members f the section together with auxiliaries from various voluntary associations and other voluntary helpers. In one rest centre as many s 200 people rendered homeless by the floods were cared for during the night.

It was possible to close the last rest centre on the morning of 20th July, by which time the homeless had been able to make ther arrangements.

Much good work was done by the members of the section and the other volunteers. It can also be said that many lessons are learnt through this experience.

In November a course in 'Care of the Homeless' was held for locally trained instructors and the results of the examination thich followed it were quite satisfactory, ten volunteers qualifying for instructors' certificates.

# ENVIRONMENTAL HYGIENE

# Water Supplies and Sewerage

#### eneral Commentary

Although progress during 1955 was not as great as might have been desired, valuable work was done both in the actual rovision of piped water and main drainage in Dorset and in the preparation of future schemes.

The hope had been expressed in my report for 1954 that, having settled the principle under which the Wimborne sewerage nd sewage disposal scheme would be financed, something tangible would be achieved during 1955 on a project which was rgently needed, but unfortunately, this has not been the case. One reason for this is that, in May, 1955, the Poole Corporation pproached the Wimborne Minster Urban District Council on the question of provision being made at the latter's proposed sewage isposal works for dealing with a population of 2,500 from the Merley area.

With the approval of the county council, the urban district council agreed, in principle, to this request and, although the reparation of the draft agreement has been in hand for some time, this is still not ready and may prove to be a factor causing yet arther delay.

Agreement, in principle, has been reached with the Wimborne and Cranborne Rural District Council for the reception of ewage from an ultimate population of 3,500 from the parishes of Colehill, Pamphill and Hampreston.

Provided the outstanding formalities are cleared up early in 1956 it is hoped that the Ministry of Housing and Local Government will be able to arrange for the public inquiry or local investigation into this scheme as a whole to be held in the first half of he year. Anxiety has been expressed about the possible effect of the further economic measure introduced by the Chancellor of the exchequer during the autumn on this and other much needed main drainage and water supply schemes projected in Dorset, but is hoped that works of extreme urgency such as, for example, the Wimborne scheme will not be held up on this account.

The rapid development which has taken place over recent years in the Ferndown-West Moors districts of the Wimborne and ranborne Rural District Council has emphasized the need for main drainage in these expanding rural localities; furthermore, the rection of a secondary modern school in Church Road, Ferndown, increased the drainage problems and crystalised the need for peedy action. Accordingly, discussions have taken place during the year between the officers concerned of the county council and of he Wimborne and Cranborne Rural District Council, and in October an informal meeting at the Ministry of Housing and Local overnment was attended by the rural district council's engineer and surveyor and the county sanitary engineer. An effort is being inde to submit an outline scheme for the first part of the Ferndown drainage scheme—which will include the school site—to the linistry during the spring of 1956, and in this connection it might be mentioned that the Bournemouth Corporation have expressed heir willingness to receive a limited quantity of sewage from the Ferndown area into their Kinson works. Provided terms can be greed between the two councils, there is reason to believe that advantage will be taken of this offer.

Although the Gillingham sewerage scheme was approved, in principle, by the Ministry of Housing and Local Government in uly, 1954, it is a matter for regret that faster progress has not been made in completing the negotiations regarding the treatment t the new sewage disposal works of trade wastes from the town. The complexities involved are appreciated, but it is felt that ufficient time has elapsed for the fundamental issues to be settled. Disappointment has also been experienced anent the Dorchester Rural District Council's scheme for the sewerage of the parish of Charminster and Herrison Hospital. In the scheme submitted to the county council in 1954 it was the rural district council's intention to pump the sewage from Charminster to the sewage disposal works of the Dorchester Corporation, which were being substantially enlarged. In the light of a report from the county sanitary engineer, however, and discussions which he had subsequently with the consulting engineers concerned, the rural district council gave instructions at a later date for the preparation of revised plans, so far as sewage disposal was concerned, making provision for the construction of a combined sewage disposal works on a suggested site near Bradford Peverell for the treatment of sewage from Charminster (including Herrison Hospital). Bradford Peverell and Stratton. The urgency for this scheme is due to the growing need for main drainage in Charminster itself, and to the necessity for providing more satisfactory drainage facilities for Herrison Hospital. The existing arrangements for sewage treatment at the hospital are heavily taxed and are a source of anxiety to the management committee and those responsible for the maintenance of the present works.

It is with satisfaction that I am able to report the completion, in October, of the Sturminster Newton sewage disposal works, as this was the solution to a river pollution problem which had been in existence for far too long, and had become particularly serious since the establishment of the Milk Marketing Board depot. The trade waste from this factory has been connected to the sewers and is now being treated at the new combined sewage disposal works under an Agreement drawn up between the rural district council and the Board.

It should, I feel, be placed on record that not only have the Sturminster Rural District Council achieved much in the field of housing, but the council have, for many years past, provided the bulk of their district with main water—the undertaking having recently been considerably extended and improved. Moreover, they have done more than any other rural district council in the county in the provision of main drainage facilities. One of the few remaining 'black spots'—King's Stagg—will, it is hoped, be provided with a sewerage scheme in the not-far-distant future if proposals which were the subject of a local investigation in December are approved by the Ministry.

The Bridport Rural District Council, having officially opened on the 20th October, 1955, a much-needed water scheme for Shipton Gorge, were doubtless glad to hear by the end of the year their sewage and sewage disposal scheme for this village would also be substantially finished. This was the first grant-aided scheme in Dorset in which the Ministry of Housing and Local Government agreed to the laying of the sewers and water mains simultaneously, where practicable, in order to effect a worthwhile saving in capital costs.

It is also satisfactory to report that, in October last, an inquiry was held into the rural district council's scheme for providing certain new sewers and a sewage disposal works at Charmouth, based on the activated sludge system, and in the same month a start was made with the long-awaited Burton Bradstock sewerage and sewage disposal scheme.

Public inquiries and local investigations have also been held during the year into the following sewerage and sewage disposal projects:----

Puddletown Lytchett Minster (Upton) Sixpenny Handley.

As far as water supply is concerned, it will be recalled that in my report for 1954 I mentioned that the Bridport Rural District Council had instructed their consulting engineers to prepare a scheme to serve practically the whole of the rural district. The outline scheme was submitted to the county council in May, the project providing (a) for a bulk supply of water from the Lyme Regis District Water Company, from which the western part of the rural district would be served as far, probably, as Chideock; and (b) for the sinking of a new borehole at Stancombe Barn, Askerswell, from which the remaining part of the area would be supplied. The estimated cost of the scheme, which went forward to the Ministry of Housing and Local Government, is  $\pounds 228,600$ .

On the question of the West Dorset water problems in general, it should be placed on record that, in February, the Lyme Regis Borough Council called, at short notice, an informal meeting of representatives of (i) the West Dorset local authorities; (ii) the East Devon Water Board; and (iii) the Dorset County Council, in order to consider the possible establishment of a water board embracing either West Dorset alone, or West Dorset and part of the area now being supplied by the East Devon Water Board. Unfortunately, the delegates present at the meeting felt that they could not commit their authorities to a scheme such as was proposed by Lyme Regis without some more definite information as to what exactly was proposed and what the costs might be. The Lyme Regis representatives agreed to report back to their Council who decided to take no further action.

The Ministry have, nevertheless, made it clear that, in their opinion, there should be a reduction in the number of water undertakings at present functioning, and in due course consideration will be given to the arguments for and against some degree of amalgamation.

In the autumn discussions took place between officers of the Ministry and representatives of the Swanage Urban District Council and the Wareham and Purbeck Rural District Council on the question of the comprehensive scheme which the rural district council was anxious to commence for the supply of the greater part of its ar-a. Although a public inquiry was held in January, 1954, the Minister had withheld his decision on this scheme because of difficulties which had arisen in negotiations concerned with the possibility that Swanage might take a bulk supply of water from the trunk main in order to relieve shortages which occur in the town from time to time. It is believed that a satisfactory basis has now been reached on which to apportion the extra cost of making provision for the needs of Swanage and that agreement might shortly be reached between the parties concerned. Meanwhile, work is well advanced on the severage scheme at Briantspuddle, which was necessary in order to protect the borehole. When the Swanage question has been settled it is anticipated that the Minister will give his approval, in principle, to the scheme as a whole.

A policy matter of major importance to which consideration was given during the year was the question of whether the county council should accept the principle of giving financial assistance to boroughs and urban district councils, as well as to rural district councils in respect of water supply and sewerage schemes. The plight of the smaller boroughs and urban districts in financing water supply and sewerage schemes has been dealt with in previous annual reports, and it is to be hoped that the efforts which the county council are making will help in overcoming a very real hindrance to progress.

1		Eduna	Approx	imate costs of S	chemes
Local Authority		Scheme	Submitted	Commenced	Completed
TRUE AND		Water Supplies	£	£	£
Beaminster Rural		Corscombe and Halstock—Clarkham Cross extension	-		9,500
Blandford Rural		Bryanston, Durweston, Stourpaine, Bland- ford St. Mary, Charlton Marshall and Spettisbury:— Acquisition and covering Gallops Reservoir			12.660
		Mains from Reservoir to Durweston		8 400	
		Tarrant Valley—Farnham Section	_	8,400	3,716
		Winterborne Valley-Coombe Hill extension	3,600	-	-
Bridport Rural		Comprehensive Scheme— Stage 1	106,600		
		Stage 2	122,000		10 M 10 M
		Shipton Gorge	-	-	10,431
Dorchester Rural		Moreton extension	-	_	1,300
		Charminster—augmentation	6,000		-
		Maiden Newton—additional reservoir Osmington extension	3,190	=	1,275
Sturminster Rural		Regional Scheme—Contract No. 7 Contract No. 8	_	20,382	-
			-	10,500	
Wareham Rural	•••	Regional Scheme—Bere Regis Section	_	21,050	
Wimborne Rural		Regional Scheme— Contract No. 3A			11,340
		Contract No. 3A			11,070
		Contract No. 4B			39,370
		Holt extension		12,659	_
		Woodlands to Verwood	-	—	7,439
		Sewerage and Sewage Disposal			
Bridport Rural		Burton Bradstock	1	35,986	-
		Shipton Gorge	-	—	12,749
Shaftesbury Rural		Stubhampton—Borehole protection		_	11,013
Sturminster Rural		Marnhull and Hinton St. Mary-Contract		5.000	
		No. 4	-	5,666	_
		(additional)	_	1,235	-
Wareham Rural		Sandford extension Briantspuddle	5,980	28,000	Ξ
Wimborne Urban					
and Rural and Poole Borough		Revised sewage disposal works	128,250	_	-
Wimborne Rural		Sixpenny Handley	29,500	_	

# Schemes Submitted, Commenced and Competed during 1955

# **Rivers Pollution Prevention**

Towards the end of the year approval was given, in principle, by the Avon and Dorset River Board and by the county council a joint scheme for the sampling of sewage effluents which, if acceptable to the county district councils, will avoid duplication the sampling of grant-aided sewage disposal works.

Most of the 'black spots' in the county, from the river pollution viewpoint, have already received attention; some have, in oct, been removed by the provision of main drainage facilities and others will be dealt with by schemes either in an advanced stage preparation, or actually in course of construction. It is, however, a matter for regret that details are not yet available of the vised Beaminster and Netherbury sewerage scheme, which is so urgently needed to abate the pollution of the River Brit which as been occurring for many years and which, in summer especially, must be regarded as a potential source of danger to public ealth. It is again a pleasure to place on record appreciation for the co-operation which the county council have received from the Avon and Dorset River Board in the matter of rivers pollution prevention, and a special word of thanks is due to the Board's Fisheries and Pollution Inspector, Mr. J. D. Brayshaw.

## Sanitary Accommodation

In those rural districts in which main drainage facilities have been provided, progress in carrying out conversions from the conservancy method of sewage disposal to the water carriage system has been more rapid that in the past, and in some cases the work has been carried out simultaneously with the construction of sewers. This practice has been facilitated where laterals have been laid at public expense between the sewer and the boundaries of the properties to be connected, and it is hoped that this policy will become uniform throughout the county.

Not only is it desirable, in the interests of public health, to provide indoor waterborne sanitation in the rural districts and, let it be said, to parts of some urban areas also, but necessary also, in so far as the working of sewage treatment plants is concerned. It is a well-established fact that, unless there is an adequate flow of domestic sewage, efficient biological action will not take place, and especially is this the case with newly constructed works.

The greater attention given during the year to the improvement of dwellings under the Housing Repairs and Rents Act of 1954 has been a means whereby sanitary accommodation has been improved, and it is hoped that this good work will continue.

# **Public Cleansing**

The public cleansing services administered by the county district councils in Dorset are, in general, efficient, but it has again been apparent that in some rural areas collections are not as frequent as might be desired. Complaints which are received from time to time often appear to be well founded, but the cost involved in increasing the number of collections would be too great to warrant serious consideration under present circumstances.

If it were possible, economically, to convert refuse into a source of income by, on the one hand, paying greater attention to salvage and, on the other, using ash and organic matter for conversion into fertilizing material, with or without the admixture of sewage sludge, it might be possible to go some way towards financing the development of the public cleansing and allied services.

Unfortunately, although some very successful experiments have been carried out at a large hospital in the county, at which most of the raw materials required for the manufacture of compost are readily available, it is clear that it would not, in general, be economic to implement schemes for the composting of sewage sludge and refuse on a large scale in rural areas. There might, possibly, be exceptions in those instances where it would be a simple matter to convey the required amount of refuse to the sewage disposal works site, and where it would be possible to obtain adequate quantities of straw at a reasonable cost, but the chances of these conditions being met are remote.

The time might well come, however, when, as a matter of national policy, serious consideration will have to be given to the question of returning humus to the land in part-compensation for the vast amounts which have been removed for centuries past. Far more thought has been given, it must be admitted, to what can be got out of the land than to what can be put back into it, and sooner or later soil deficiencies must, in some way, be restored. The conversion of refuse and sewage sludge into fertilizing material and humus can, it has been proved, be achieved satisfactorily—albeit at a cost—and it is not without interest that the Ministry of Housing and Local Government have indicated their willingness to consider schemes submitted by local authorities to provide for composting in connection with the disposal of sewage sludge. A tremendous field for research and development is open here to those with the initiative and purpose to devote to it.

The exceptional spell of fine, warm weather last summer brought the highest number of jvisitors into Dorset in many years and, whilst this was a welcome indication that the appeal of the West Country was as strong as ever, the trail of litter—comprising paper, tins, bottles and filth of every description—which was left behind created a major nuisance and brought numerous complaints both to the county and county district health departments. In some of the rural districts special collections from these unauthorised dumps had to be made at considerable expense, which could so easily be avoided if sheer thoughtlessness did not lead to such flagrant despoiling of heathlands, byeways, roadside verges and beaches. Quite what the answer is, short of an intensive publicity campaign aided by appeals over the television and radio services, it is difficult to suggest. Perhaps, however, it is not too much to hope that one result of the improved education system will be that school children will be taught to appreciate the countryside in which they live, or which they visit, and be instilled with the desire to take a pride in it.

#### Shops Act, 1950

It is evident from the annual reports of the district medical officers of health that, generally speaking, it has not been possible —because of shortages of staff—to give the increased attention which is so desirable to the inspection of shops. Having regard to the considerable amount of extra work which sanitary inspectors will be required to undertake as the result of the coming into force of the Food and Drugs Act, 1955, and the Food Hygiene Regulations, 1955, in addition to the pressure of work brought by the Housing Repairs and Rents Act, 1954, and the decontrol of slaughtering, there is little prospect of the health aspects of the Shops Act being subjected to detailed review in the immediate future.

It has been clear for a number of years that officers holding the joint appointments of surveyor and sanitary inspector have seldom been able to devote adequate time to the many ramifications and responsibilities associated with their posts, and it is hoped that, as soon as economic circumstances permit, the district councils who are relying on this system will either see their way clear to make separate appointments or employ an adequate staff of assistant sanitary inspectors. Only in this way is it felt that the advisory and enforcement work called for under existing legislation can be properly provided.

# Swimming and Sea Water Bathing

It is again necessary to draw attention to the distasteful and potentially dangerous practice of discharging sewage into the sea. If, up to the present, proof has not been obtained of any serious outbreak of waterborne disease being attributed to bathing in sea water polluted by sewage, there is certainly no case for waiting until such a catastrophe arises. Bearing in mind that year by year more and more people indulge in bathing whilst increasing volumes of sewage are being emptied into the sea, it does not need a strong imagination to appreciate the risks which may be run in the height of the summer season, by children and adults alike. Whilst fully sensible of the fact that this must be a long-term programme, I again express the hope that the day will come when a start can be made in providing adequate works inland for the treatment of sewage.

To begin with it would be a step in the right direction if the Ministry of Housing and Local Government, in consultation with the Ministry of Health would, as a matter of policy, sanction no new scheme which did not provide for adequate treatment of sewage before the discharge of effluent into the sea, or into tidal waters. The few public swimming baths which exist in Dorset are well supervised and, although not all of them are provided with most modern equipment, they do offer a means of recreation for which there is a keen demand both by residents and by visitors, go some way to preventing children using rivers and streams which may be polluted.

It is unfortunate, therefore—more especially for the school children concerned—that public baths are not available in some ns and, as a result, the county council authorised, during the year, the construction of experimental swimming pools at the chester and Wareham secondary modern schools. The Dorchester school bath was completed in October, 1955, and the ity health department is assisting in the treatment of the water by means of chlorination applied by hand dosage. The results ined to date have been satisfactory, and close supervision of the free chlorine content will be maintained throughout the periods the bath is in use. The same vigilance will be given to the Wareham school bath when it is ready for use.

# Verminous Premises

#### 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 premises, to which reference has been made in recent years, has continued.

#### min Control

The arrangements in operation for the destruction of rats and mice continue to function satisfactorily, although the cost ome districts has been found to be heavy. Due acknowledgment must be made to the work done in this connection by [the pest ruction department of the Dorset Agricultural Executive Committee and by the North Dorset Joint Rodent Committee; the peration of the Ministry of Agriculture, Fisheries and Food is also appreciated. In my opinion, money devoted to this service, rided the expenditure is kept within reasonable bounds, is money well spent, and within these limits it is to be hoped that the k will prosper.

#### **Factories Acts**

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

Satisfactory liaison has been maintained between H.M. Inspector of Factories and the local authority officers concerned.

# INSPECTION AND SUPERVISION OF FOOD Milk Supply

# nsed Pasteurising Establishments

At the beginning of the year there were sixteen licensed pasteurising establishments in the county, excluding the borough 'oole. During the year applications for Dealer's (Pasteuriser's) Licences were received in respect of two dairies, one of which was ited, the other being in abeyance pending the completion of improvements to the premises.

Close supervision is maintained of the pasteurising depots and, in this connection, due acknowledgment is made of the helpful peration given by the dairy managers. Towards the end of the year it became necessary to take formal action in the case of one y in order to remedy certain breaches of the conditions subject to which the licence was granted, but generally a very satisfactory dard of hygiene has been maintained.

During the past twenty years the consumption per capita of liquid milk has increased from about one-third of a pint to almost e-quarters of a pint per day, and it is estimated that liquid milk consumption now accounts for approximately eighty per cent he total gallonage produced. With this increase, changes have occurred in the methods of collection and distribution of milk to consumer. The number of individual producer/retailers is getting smaller and there is an increasing practice for milk to be beeted from the farms by large wholesale creameries where it is bulked and thence distributed to the retailers. This calls for ful supervision not only of the methods of production at the farm, but also of the handling arrangements at the creameries if milk supplied to the consumer is to be of good keeping quality and free from pathogenic organisms. In this connection pasteurisaplays an important part and the marked increase both in the availability of and demand for this type of milk is noted with staction. About ninety-two per cent of the schools in Dorset are being supplied with pasteurised milk under the Milk in Schools me.

From the statistical summary it will be seen that 4,936 samples of pasteurised milk were obtained during the year by sampling ers of the county health department. 198 samples (four per cent) did not comply with the prescribed tests, but of this number eighty-eight (1.8 per cent) failed the phosphatase test, which determines the efficiency of pasteurisation. 547 samples of raw erculin tested milk were obtained of which 116 (21 per cent) failed the prescribed test for this grade of milk. Comparatively, only hall quantity of raw non-designated milk is sold by retail in the county, mostly in the more isolated areas, direct by the producer.

## vention of the Sale of Tuberculous Milk

During the year under review 430 samples of milk were submitted for biological examination for tubercle bacilli and only gave a positive reaction. Information in respect of each of these was sent to the divisional veterinary inspector of the istry of Agriculture, Fisheries and Food, and as a result of investigations which he conducted three cows were slaughtered. In connection it is interesting to report that information was received regarding two cows slaughtered at Uddens slaughterhouse, nborne, which were found upon post mortem examination to be affected with generalised tuberculosis. The animals had been for slaughter from two farms in West Dorset and arrangements were made for composite samples of milk to be obtained from dairy herds at these farms. One of the samples proved positive on examination for tubercle bacilli and the subsequent investigation ducted by the veterinary department resulted in one cow being taken from the dairy herd concerned and slaughtered under the visions of the Tuberculosis Order.

The foregoing is an example of the value of co-operation between the meat inspectors of the county district authorities and ers of the county health department in preventing the sale of tuberculous milk.

## Specified Areas

No further area of the county became 'specified' during the year. Close supervision was maintained of the sales of milk by retail in the existing specified areas and it is satisfactory to be able to report that no formal action was called for.

# Undulant Fever

Information regarding two cases of undulant fever was received and, as a result, samples of raw milk were obtained from the dairymen concerned for laboratory examination for Brucella abortus. Three of the samples proved positive to the test, but in each case the milk was pasteurised before sale by retail.

The incidence rate of undulant fever throughout the county is not known, as the disease is not notifiable. If, however, statistical evidence was available there is no doubt that a sharp decline in the number of cases would be found, largely as a result of the increasing consumption of pasteurised milk. This, coupled with the vaccination of young stock in dairy herds, should eventually result in cases of undulant fever due to the organism Brucella abortus (Bang) becoming very rare.

#### Designated Milk Production

On the 1st October, 1949, the number of tuberculin tested licences in force was 797, representing some twenty-five per cent of the total milk producers in the county. At the 3rd December, 1955, the figure was 1,841, or sixty-one per cent of the total registered producers, and it is very satisfactory to report that this means that approximately seventy-two per cent of the total gallonage of milk sold from farms in Dorset is produced from tuberculin tested herds.

During the year good progress has been made in the Attested Herd Scheme for the number of attested herds in the county increased from 1,859 at the 1st January to 2,199 at the end of the year—an increase of 340.

It has been announced that, with effect from the 1st March, 1956, Dorset will be included in an area to be known as a 'free testing area' under the provisions of the Tuberculosis (Attested Herds) Scheme, 1950, and this should encourage the cleaning u p of herds not already on the attested register.

I am indebted to the county agricultural officer for supplying information on this subject.

Statistical Summary of Samples taken during the year.

# Milk

Sampling Daint	Bacteri	ological Exam	ination	Biological Examination		
Sampling Point	Samples	Complied	Failed	Samples	Negative	Positive
Pasteurising Establishments	1,649	1,613	36		_	
Maintained Schools	2,060	1,936	124	16	16	_
School Canteens	596	549	47	10	10	-
Private Schools	156	144	12	2	2	
County Homes and Hospitals	304	291	13	12	12	
Retailers	374	303	71 2	390	386	4
Producer/Retailers	482	441	41 5	000	000	-
Totals	5,621	5,277	344	430	426	4

## Rinses

Obtained from	Satisfactory	Fairly Satisfactory	Unsatisfactory	Total
Pasteurising Establishments and Schools	1,781	136	191	2,108

Water

Sampling Point	Satisfactory	Suspicious	Unsatisfactory	Total
Pasteurising Establishments, Police Houses, Schools, etc.	517	107	42	666

# General

Samples

Water, river waters, swimming bath water, sewage effluents,	trade effluents,	Moore's	s swabs,	food,	
milk, ice cream, etc., not included in the above tables					355
Grand total of samples taken (all groups)					9,180

# Meat and Other Foods

The Report of the Interdepartmental Committee on Slaughterhouses for England and Wales was published as a White Paper in July, 1955, and in it are included references to the provision and degree of concentration of slaughterhouses and to the making of regulations by the Minister laying down minimum standards for both new and existing slaughterhouses. Of particular interest is the Committee's recommendation that the meat inspection service should remain a function of local authorities and that the costs of the service should be met by a charge on the owner of the meat at the time it is inspected in the slaughterhouse. On the 1st January, 1955, there were twenty-seven licensed slaughterhouses in use in the county, and although no additional ighterhouses were brought into use during the year, a new slaughterhouse in the rural district of Dorchester will be opened in uary, 1956. In most cases meat inspection is undertaken by the sanitary inspectors and, due to the irregular hours of slaughtering the scattered location of some of the slaughterhouses, this work entails considerable overtime which is a strain on those officers see endeavour it is to maintain a one hundred per cent meat inspection service. Particularly is this the case in the borough of chester, where slaughtering continued on an extensive scale during the year.

Provision is contained in the Food and Drugs Act, 1955, which comes into operation on the 1st January, 1956, for the isters of Health and Agriculture, Fisheries and Food, acting jointly, to make regulations for the compulsory staining or sterilion by heat, of meat which is unfit for human consumption or which is derived from animals slaughtered in a knacker's yard, s hope that the Ministers will introduce these regulations at an early date, for it is very necessary from the public health viewit that adequate precautionary measures be taken to prevent this type of meat being sold for human consumption.

## **Food Premises**

The Food and Drugs Amendment Act, 1954, which was to come into operation on the 1st January, 1956, was immediately ealed by the Food and Drugs Act, 1955, which, in turn, became operative on the same date. The 1955 Act consolidates the visions of the Amendment Act of 1954, together with the Food and Drugs Act of 1938, and the Food and Drugs (Milk, Dairies and ificial Cream) Act, 1950, both of which are repealed. Certain other enactments relating to slaughterhouses and knackers' yards are consolidated in the new Act.

Made under the Food and Drugs Act, 1955, regulations known as the Food Hygiene Regulations, 1955, which come into operaon the 1st January, 1956, will be generally welcomed by all who are interested in the promotion of a satisfactory standard of iene in the catering and food preparation industries. Of special interest is the fact that the definition of 'business' for the purpose he regulations includes a canteen, club, school, hospital or institution, and any undertaking or activity carried on by a public ocal authority.

The district medical officers of health and sanitary inspectors have the subject of food hygiene constantly before them and y have, in many instances, been able to do much by adopting persuasive methods and by giving talks to food handlers and traders. en so, the law on this vital matter required strengthening and the scope of the regulations is such that much higher standards ald be reached as time goes on.

# The Manufacture and Sale of Ice Cream

Laboratory reports in respect of the methylene blue test carried out on 307 samples of ice cream during the year indicate t approximately ninety-three per cent were of a satisfactory bacteriological standard.

Of the total number of registered ice cream premises throughout the county only a very small percentage are in respect of the sufacture of that commodity. Most of the sales are of pre-packed ice cream manufactured at large ice cream factories, and it is I known that the standard of hygiene at these factories is maintained at a very satisfactory level.

It is unfortunate, however, that in some districts it has not been possible for the sanitary inspector to obtain samples of ice am for bacteriological examination and deliver them to the laboratory within the prescribed period.

Ice lollies are popular, particularly with children, and it is satisfactory to report that the majority of samples submitted to laboratory during the year satisfied the methylene blue test.

# Adulteration of Food and Drugs

The county council's duties in connection with sampling under the Food and Drugs Act, 1955, are undertaken by the departit of the chief inspector of weights and measures. The following particulars relate to samples taken during the year ended 31st tember, 1955:—

Nat	ure of Sa	mple	Number obtained	Number certified as adulterated or not up to standard
Milk			 429	41
Cream			 9	_
Ice Cream			 14	
Milk Resid	lue		 1	_
Potable St	pirits		 41	-
Other Foo			 168	14
Drugs			 14	-
	Totals		 676	55

Appropriate action was taken in connection with all samples adversely reported upon by the public analyst.

In the borough of Poole this work is carried out by the borough sanitary inspectors and some 300 samples of food and drugs re submitted to the public analyst during the year.

# HOUSING (Table 27)

From the statistics, set out below, taken from the Ministry of Housing and Local Government's official returns for 31st cember, 1954 and 1955, it will be observed that the total number of council houses constructed by the housing authorities in rset since 1945 has increased from 9,722 to 10,399 during the year. The increase of 677 is, however, less by some 265 dwellings n that which occurred during the preceding year.

In the Swanage and Wimborne Minster urban districts, and in the Sherborne rural district, no council houses were, according to the Ministry return, completed during 1955, and throughout the county the slowing-up in the construction of council houses to which reference was made last year, has continued. The reason is partly financial and partly because, in some districts, the demand for new council houses has substantially been met.

To what extent this is the case cannot be stated in detail in so far as the boroughs and urban districts are concerned, but in the rural districts, when the annual returns were submitted for the year ended 30th June, 1955, waiting lists had dropped from 2,233 to 1,993, a reduction of 240 in twelve months. Nevertheless, the need for council houses still exists in certain areas, and especially is this the case in the rural districts of Dorchester, Wareham and Purbeck, and Wimborne and Cranborne.

For example, although sixty houses were completed in the Dorchester rural district during the year ended 30th June, 1955, and despite the fact that the waiting list was reduced by 220 compared with that of a year ago, there remained 451 applicants for council houses. In the Wareham and Purbeck rural district, where thirty-eight houses were completed during the period covered by the return, the waiting list dropped from 380 to 341, and in the Wimborne and Cranborne rural district, where sixty-five houses were completed, there were still 320 applicants for accommodation, compared with 423 at the end of June, 1954. The Blandford Rural District Council built sixteen more houses than they did during the preceding year, but the waiting list grew from 124 to 230, and in the Beaminster rural district, where forty houses were completed, the waiting list rose from 118 to 135. Whilst the difficulties facing the housing authorities are appreciated, it is apparent that faster progress in council house construction in these districts would be desirable.

Reference to the Ministry's figures will show that the number of privately owned dwellings completed during 1955 increased by no less than 1,300, the total number of such dwellings in the county completed between the 1st April, 1945, and the 31st December, 1955, being 5,695. This means that nearly double the number of private dwellings to that of council houses were built during the year, and that the percentage of post-war private dwellings compared with post-war council houses at the end of 1955 was about fifty-four per cent. This analysis of the position reveals that the trend which had been anticipated two years ago has developed and seems likely to continue.

To sum up, it may be said, that whereas the housing situation, in general, in the county is satisfactory, concern must be expressed regarding the size of the waiting lists for council houses in some districts.

## Permanent Houses completed since 1st April, 1945

	Posit	ion as at 31s	December,	1954	Posit	ion as at 31st	December,	1955
	Under Co	nstruction	Comf	pleted	Under Co	nstruction	Comf	pleted
Housing Authority	By Council	Privately	By Council	Privately	By Council	Privately	By Council	Private
Boroughs:								
Blandford Forum	30	2	202	31	21	1	240	34
Bridport	10	3	286	83		9	296	93
Dorchester	28	6	252	105	27	25	304	12
Lyme Regis	18	3	183	39		11	201	4
Poole	66	200	2,745	1,596	82	306	2,830	2,05
Shaftesbury	12	4	126	38			138	4
Wareham	16	5	119	50	-		135	5
Weymouth and								1
Melcombe Regis	126	54	1,103	470	28	60	1,220	67
Urban Districts:								
Portland		15	373	68		11	376	8
Sherborne	33	3	204	28	20	2	249	3
Swanage	_	27	180	154	_	39	180	21
Wimborne Minster	-	i	119	32	-	6	119	3
Rural Districts:						A REAL PROPERTY		1
Beaminster	19	5	241	96	8	6	274	11
Blandford	12	14	351	108	13	14	369	13
Bridport	54	39	105	136	20	36	164	16
Dorchester	56	32	330	184	34	32	380	22
Shaftesbury	12	2	409	99		5	421	11
Sherborne	4	12	236	43	4	7	236	5
Sturminster	19	5	774	103	8	13	799	11
Wareham and Purbeck	28	50	720	275	14	51	754	35
Wimborne and								
Cranborne	42	70	664	657	36	79	714	91
Totals	585	552	9,722	4,395	315	713	10,399	5,69

# The Housing Repairs and Rents Act, 1954

In my Annual Report for 1954 I commented on this Act and expressed the view that the amendments in respect of improve ment grants should encourage an increase in the number of applications for grants and, as far as the nine rural districts in the county are concerned, 914 applications were received during the year under review, compared with 383 for 1954. This is a satisfactory indication that many more owners are taking advantage of the facilities afforded by the Housing Acts to effect improvements to their properties and, at the same time, are making a useful contribution towards the general housing needs. With restrictions on capital expenditure, increased loan charges and higher building costs, present trends can hardly be scribed as favourable for housing authorities to embark upon schemes of slum clearance which are bound to incur considerable penditure in the erection of new dwellings for rehousing the families vacating properties to be demolished. Yet, from the public alth viewpoint, it is most important that the problem should be tackled vigorously and without further delay.

As will be seen from Part I (ii) of table 27, the periods required for the completion of the slum clearance programme vary om five years to as long as fifteen years, so that even if councils are able to carry out their plans without interruption a consirable time must elapse before the last of the families living in substandard accommodation has been satisfactorily rehoused. It to be hoped, therefore, that as much encouragement as possible will be given to housing authorities to carry out the work of slum arance.

On the other hand very few applications have been made by tenants for certificates of disrepair, which would suggest that operty owners are reluctant to incur the risk of having to meet heavy costs for repairs in return for a limited and often uneconomic it increase. If landlords are to be encouraged to keep their houses in a good state of repair, it would seem that the present Act uld require amendment with a view to making the conditions qualifying for rent increases less stringent and affording a reasonable metary return for the expenditure involved. Although such a measure might be unpopular, it might well be inevitable if older-type operties are to be saved from falling into a state of irreparable decay.

In accordance with the provisions of section 1 of the Act, housing authorities were required to submit to the Minister of pusing and Local Government, within one year from the commencement of the Act, proposals for dealing with slum clearance thin their respective areas. The following is a summary of the proposals submitted by the rural district councils in Dorset, and it I be seen that, out of a total of 34,834 permanent houses, 2,053 or 6 per cent were estimated to be unfit for human habitation thin the meaning of section 9 of the Housing Repairs and Rents Act, 1954. For the whole of England and Wales it is estimated at 6.5 per cent of the permanent houses are scheduled for clearance or demolition.

		and the second	TAI	BLE 1-VIT.	al Statisti	cs				
ea:—622,843 Acres.	1946	1947	1948	1949	1950	1951	1952	1953	1954	1
	163,690 94,400 258,090 £1,878,688	$168,290 \\96,100 \\264,390 \\ \pounds 1,905,871$	171,706 101,094 272,800 {1,877,578	173,914 101,486 275,400 £1,921,277	181,595 109,245 *290,840 £1,951,992	183,500 112,800 *296,300 £1,985,454	183,600 112,900 *296,500 £2,022,864	185,800 113,560 *299,360 £2,055,181	188,070 113,430 *301,500 £2,094,569	188 115 *30- £2,15
timated Produce of a Penny Rate	£7,442	£7,587	£7,486	£7,657	£7,757	£7,667	£7,958	£8,121	£8,300	£
oths:	134 4,911 4,592 453 5,045	115 5,381 5,157 339 5,496	108 4,679 4,482 305 4,787	66 4,435 4,247 254 4,501	88 4,266 4,018 248 4,354	87 4,387 4,155 232 4,474	89 4,241 4,029 212 4,330	104 4,354 4,139 215 4,458	102 4,297 4,103 194 4,399	
Live Birth Rate (per 1,000 population)	19.0	20.3	17.1	16-1	14.6	14.8	14.3	14.5	14.2	
Still Birth Rate (per 1,000 total births)	26.5	20.9	22.5	14-6	20.2	19-4	20.5	23-3	23.1	
ive Birth Rate (England & Wales)	19-1	20.5	17-9	16.7	15.8	15.5	15-3	15.5	15-2	
aths:— fotal Deaths (all ages)	3,270	3,418	3,179	3,459	3,629	3,878	3,435	3,615	3,447	
Death Rate (per 1,000 population)	12.6	12.8	11-6	12.5	12.4	13-0	11.5	12-0	11.4	
Death Rate (England and Wales) ant Mortality:—	11.5	12.0	10.8	11.7	11.6	12.5	11.3	11.4	11.3	
Deaths under 1 year of age Legitimate Illegitimate Jortality Rate (per	173 151 22	148 134 14	122 111 11	110 91 19	103 96 7	116 109 7	100 94 6	104 97 7	98 94 4	
1,000 Legitimate live births) fortality Rate (per	33.7	26.5	25-3	21.5	23.8	26-2	24.8	23-4	22.9	
1,000 Illegitimate live births) Iortality Rate	50.6	42.0	36-6	76-3	28.2	30.1	28-3	32.5	20.6	
(per 1,000 live births)	35	27	26	24	24	26	23	23	22	
(England & Wales)	43	41	34	32	29	29	27	26	25.5	
daternal Mortality:— daternal Deaths daternal Mortality	12	6	4	2	3	3	4	5	<del>†</del> 3	
Rate (per 1,000 births)	2.3	1.09	0-83	0.44	0.68	0-67	0.92	1.1	0-68	
TUBERCULOSIS. aths. All forms Death-rate per 1,000	110	114	103	80	80	57	62	45	41	
population Pulmonary	0·42 85	$0.42 \\ 91$	0-37 89	$     \begin{array}{c}       0.29 \\       65     \end{array} $	0·27 72	0·19 47	0·20 57	0-15 39	0·13 37	
Death-rate per 1,000 population Non-Pulmonary	$     \begin{array}{c}       0.32 \\       25     \end{array} $	$0.34 \\ 23$	0·32 14	0·24 15	0·24 8	$0.16 \\ 10$	0·19 5	0·13 6	$0.12 \\ 4$	
Death-rate per 1,000 population	0.09	0.08	0.05	0.05	0.02	0.03	0.01	0-02	0.01	0
tifications:— All forms Pulmonary Non-Pulmonary tification Register as	$216 \\ 163 \\ 53$	270 216 54	$\begin{array}{c} 214\\ 164\\ 50\end{array}$	224 169 55	231 184 47	266 225 41	217 177 40	209 163 46	175 146 29	
at 31st December:	1,178	1,257	1,277	1,202	1,266	1,448	1,564	1,667	1,634	1
Pulmonary: Males Females	505 340	549 387	553 395	553 379	574 404	647 493	697 534	750 582	773 597	
Non-Pulmonary: Males Females	1.00	161 160	167 162	148 122	158 130	165 143	175 158	178 157	135 129	1

\* Includes non-civilians.

† Includes one at age 45 where the interval between maternal condition and death was stated to exceed 12 months.



																TAI	BLE 2-7	VITAL	STAT157	TICS IN	ADMIN	ISTRATIV	VE ARE.	AS.			
	Tota	stals D.'s	Totali R.D.'		Totals whole	Comparable Totals,	Bland) Forum	ford M.B.	Bridge M.B		Dorches M.B		Lyme R M.B	egis	Portlan U.D.		Skaftesba M.B.	му	Skerbo U.D		Swann U.D	age ).	Wareho M.B	12	Weymou and Melcom Regis M.	abe W	Winterne Minuter U.D.
Causes of Death.	0.0				County, 1955	1954		F	M	F		F		F	M	F	M	F	M	F	М	F	M	F	M	F	MF
	M	F	М	F			М	F	10		1		-	-	1		1	-	1	-	3	-	-	-	1		1 -
Tuberculosis, respiratory     Tuberculosis, other     Syphilite disease     Diphtheria     Whooping cough     Meiningscoccal infections     More and parasitic disease     Malignant neoplasm, thomach     Malignant neoplasm, thereast     Molese and the neoplasm     Concoursy disease, angina     Diabetes     More disease of nervous system     Concoursy disease, angina     Diabetes     Malignant disease     Moler thomach and disease     Moler thomach and there disease     Malignant and partness     Malignant disease     Moler thomach and there disease     Moler thomach and there disease     Moler thomach and there disease     Malignant disease     Moler thomach and there disease     Moler the disease disease     Moler there accidents     Malignation     Moler theole accidents     Malignation     Malignation     Moler theole accidents     Malignation     Malignation     Moler theole accidents     Malignation     Malignation     Malignation     Malignation     Moler theole accidents     Malignation     Malignation     Moler theole accidents     Malignation     Malignation     Malignation     Moler theole accidents     Malignation     Malignation     Moler theole accidents     Malignation     Malignation     Malignation     Malignation     Moler theole accidents     Malignation     Malignation     Malignation     Malignation     M	37 9 3	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	1 16 5 3	28 2 9 - - - - - - - - - - - - -	37 4 12 1 1 2 2 4 100 820 340 100 259 696 606 183 7 1192 345 345 1192 345 345 1192 345 1192 345 1112 345 345 1112 345 345 1112 345 345 1112 345 345 1112 345 1112 345 345 1112 345 345 1112 345 345 1112 345 345 345 1112 345 345 345 1112 345 345 345 345 345 345 345 345		1 3 3        2 1  1	4   1 2 6 1 1 7   1 2 1   1   3     3   1   3   1   47	$\begin{array}{c} - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - $	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				- 			2  4   4  3  1      3  1   2  4  1        3  1         3  1	3	1 		-	2 2     3     7 3 2 4 4 2   1 2 1                             29		$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		8         1
All Causes			4-1					1	-		2			1	1	_	_	1	-	-	-	2	-	-	10	3	
Deaths of infants under 1 year: Total ··· ··· Legitimate ··· ··· ·· Illegitimate ··· ···		$\begin{array}{cccc} 32 & 21 \\ 29 & 18 \\ 3 & 3 \end{array}$		18		98 94 4	2	2 1	1		2	1	-	-1			=	1	=	=	-		=	11	82	3	11
Live Births	. 1,230	04 1,197 36 1,150 68 47	50 821	777	3,984	4,103	34 33 1		39			75 71 4	13 11 2	13 13 —	104 98 6	63 62 1		24 24 —			40 39 1	25	16	18	305	276 267 9	22 21
Still Births:	3		27 16 25 15 2 1	5 13		98	1	3 1 3 1	2	21	4 3 1		1	111	3 2 1	111		1		1	111		1	111		8	
Estimated 'Home' population, 1955 (which includes ) circlians)	он-	188,700	115	5,300	304,000			3,490		6,750	1	1,710		3,060	15.	160	3	3,450	-	7,390		7,110		2,770		,850	4,439
Estimated 'Home' population, 1954 (which includes to civilians)	1	188,070	117	3,430		301,500		3,620		6,660	1	1,750	-	3,030	15,	,630	3	3,470	2	7,340		7,020	2	2,770	31,	,760	

ter	Bland R.1	ford D.	Brid R.I	port D.	Dorch R.I	ester D.	Shafte R.I		Shert R.		Sturm R.		Ware an Puri R.	id beck	Wimb an Crani R.D	d borne
F	М	F	М	F	М	F	М	F	М	F	М	F	M	F	М	F
$\begin{array}{c c c c c c c c c c c c c c c c c c c $		$\begin{array}{c} & & \\$	1 1 - - - - - - - - - - - - -		$\begin{array}{c} 3\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$	$\begin{array}{c} - \\ - \\ 1 \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\$	$ \begin{array}{c}                                     $	$ \begin{array}{c}                                     $	$ \begin{array}{c} - \\ - \\ 1 \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ -$		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1 	$\begin{array}{c} - \\ - \\ 2 \\ - \\ - \\ 1 \\ 1 \\ - \\ 1 \\ 1 \\ - \\ 9 \\ - \\ 10 \\ 16 \\ 3 \\ 14 \\ 5 \\ - \\ 7 \\ 6 \\ 1 \\ 1 \\ 2 \\ 5 \\ - \\ 10 \\ 3 \\ 2 \\ - \\ 103 \\ \end{array}$	1 		$\begin{array}{c} 2\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\ -\\$
	22	4 4	22	2 2 	4 4	3 3 —	6 6 —	1	111	2 2 	3 3	1	5 5	33	10 8 2	22
62 59 3	92 84 8	83 81 2	$38 \\ 36 \\ 2$	38 34 4	$\begin{array}{c}133\\131\\2\end{array}$	119 112 7	92 90 2	79 75 4	39 38 1	38 37 1	83 80 3	84 82 2	164 158 6	155 150 5	149 143 6	157 147 10
111	1		1	2 2	4 3 1	4 4	22	111	2 2 		22	111	111	1 1 -	2 2	6 6
0	13	,150	7,	380	17,	290	10	,450	5	720	9,	880	20,	210	23,	070
40	12	,990	7.	490	17,	260	9	,820	5	750	9,	780	20	,030	22,	170

	0		1-		5		15-		25-	_	45-	_	6.	5	75-	-
	М	F	М	F	М	F	М	F	М	F	M	F	М	F	М	1
$1\\2\\3\\4\\5\\6\\7\\8\\9\\10\\11\\23\\14\\15\\16\\17\\18\\9\\20\\1\\22\\2\\2\\4$	M	F	M	F	M		M		M 1 - - - - - - - - - - - - -	F 1 1 1 1 1 1 1 1 4 2 5 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\begin{array}{c c} M \\ \hline 12 \\ 1 \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ -$	F 1 1 1 1 1 - - - - - - - - - - - - -	M 	$\begin{array}{c} F \\ \hline 2 \\ - \\ - \\ - \\ - \\ - \\ - \\ 1 \\ 11 \\ 3 \\ 13 \\ 2 \\ 27 \\ 1 \\ 3 \\ 62 \\ 42 \\ 3 \\ 355 \\ 12 \\ 1 \\ 13 \\ 6 \end{array}$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	1
25 26 27 28 29 30 31 32 33 34 35 36	       5 16     		1212	1							$ \begin{array}{c} 3 \\ 4 \\ -7 \\ -1 \\ 14 \\ 15 \\ 5 \\ 1 \end{array} $	$ \begin{array}{c} 3\\1\\2\\2\\-\\23\\-\\3\\5\\-\\-\end{array} $	$ \begin{array}{c} 3 \\ 4 \\ -1 \\ 2 \\ -1 \\ 1 \\ 2 \\ -1 \\ 16 \\ 1 \\ 2 \\ -1 \\ -1 \\ 2 \\ -1 \\ -1 \\ 2 \\ -1 \\ -1 \\ 2 \\ -1 \\ -1 \\ -1 \\ 2 \\ -1 \\ -1 \\ -1 \\ -1 \\ -1 \\ -1 \\ -1 \\ -1$	$ \begin{array}{c} 4 \\ 5 \\ 1 \\ 3 \\ - \\ 1 \\ 22 \\ 1 \\ 5 \\ 1 \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ - \\ -$	2 8 1 2 16 	
	32	21	9	3	6	2	25	8	35	33	277	193	325	280	465	6

# Aggregate of Urban Districts.

TABLE 3 (cont.)

Aggregate of	Rural	Districts.
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0-	-	ŀ	-	5-	-	15	-	25-	-	45	-	65	-	75	-
M	F	М	F	М	F	М	F	М	F	М	F	М	F	М	F
						1	. 1	1	1	3	1		1	_	21
		-	-	-	-	-	-	-	-	-			-	-	
				-	-			- 1	-	2	1	2	-		
-	-	-			-		-	-		-	-	-		-	
	-	-	-			-		-		-	-	-		-	-
			-	1-	-	-	-	-		-	-	-	-	-	
				1	-	-	-	1	-	-		-		-	
33	-							-	1 221	-	-		-	-	-
		1	-	-	-	-	100	-		1	-	-	-	-	1
	-	-	-		-	-		1		5	2	10	3	4	5
		-			-	-		-	-	11	3	10	1	4	-
-	-		-	-	-			_	1	-	7		3	-	4
-	-		-	-		-	I.	-	1	10		10	2		4
1	-	-		1	1	2		3	2	16	11	18	11	17	22
	-	3	-		-		一志。	-	1	3	1	-		-	-
-	-	-		-	_	1	T	2	3	6	22	2	24	2 46	1 77
		-	-	_			TE	3	1	28	9	29 43	32	40	36
		1			_		1	-	-	1	1	43	9	10	30
	-	_	_	_	_	-	Ŧ.		3	17	17	32	34	67	101
_		0 27			_		TE 1	1		3	3	4	12	28	19
				1			100	-	12	-	2	2	14	20	2
5	3		1		1			1	_	5	3	7	6	10	11
_	_			1	-	-	-	-1	1	6		11	6	9	4
						-		_		2	1	2	2	3	4
					_		1	_		ī	î	7		i	_
	-		1				1	_	2		i	i	2		2
	-		_			1	1	_		3	-	2	2	2	2
	-				_	_				_		4	_	7	-
_	-		-			-	1	_			-				
6	6	_	1			1		_	1	_	_		1	-	
18	8	-	-	1	-		1	2	4	13	18	13	12	20	37
_	_	_		-		6		6		3	1	1			_
3	-	-	2		-	1		2	1	3		4	2	2	11
		-			-	-	_	1	1	3	3	1	1	-	_
	1	-	1	-	-	-	-	-	1	-	-	1	-	-	-
33	18	4	6	6	2	14	3	24	21	135	108	209	166	276	352

.

1	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
1	85	91	89	65	72	47	57	39	37	2
2	25	23	14	15	8	10	5	6	4	
3	12	8	11	9	11	11	9	4	12	
4	3	-	-	-			-			-
5	5	1	3	4		3		1	1	1
6	-	1	4	2	2	2		1	1	
7	1	5	-	7	18	2	1	2	2	
8	-	1		2		2	-	1		
9	3 87	3	5	5	18	7	9	7	4	-
10		104 N.K.	100 N.K.	93	90	80	88	90	100	9
11	N.K. 64	59	48	N.K.	68	71	93	83	82	10 5 2 33
12	30	22	- 31	65 29	50	67	64	69	69	5
13	288	310	346		34	29	20	28	20	2
14	N.K.	N.K.	N.K.	370 N.K.	348	306	323	373	341	33
15 16	29	37	27	28	17 27	20	21	20 25	10	1
17	406	411	403	451	475	27 530	19	513	20	
18	400		405	451	449	488	527	515	559 469	57
19	1,005	1,082	1,026	1,204 >	93	400	505 81	68	469	2 57 58 7
20	1,000	1,002	1,020	1,204	715	820	627	659	606	66
21	125	120	135	135	167	175	150	161	183	17
22	25	19	6	29	20	95	6	56	7	17
23	122	133	79	113	124	160	97	123	124	14
24	115	139	109	111	120	145	85	131	102	11
25	46	38	51	53	41	42	36	41	- 35	1
26	27	33	41	32	45	33	30	37	- 44	4
27	79	103	72	61	13	14	10	19	14	1
28	104	103	76	76	44	50	54	39	46	3
29	N.K.	N.K.	N.K.	N.K.	42	53	47	39	36	2
30	12	6	4	2	3	3	4	5	3	
31	86	86	81	47	32	36	33	21	27	1
32	354	344	295	341	357	329	322	305	279	35
33	30	37	33	25	40	31	23	30	26	5
34	71	66	57	58	66	64	53	55	73	ę
35	31	33	33	27	20	36	35	40 5	41	2
36	N.K.	N.K.	N.K.	N.K.	-	2	1	5	. 1	
15										

TABLE 5-NOTIFICATIONS OF INFECTIOUS AND C	<b>JTHER NOTIFIABLE I</b>	DISEASES
---	---------------------------	----------

		1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
et Fever		201	147	226	211	194	172	125	188	184	72
oping Cough		923	825	1,339	819	1,386	1,492	866	1,125	878	591
theria (including	501								100000	1000	
Membranous Croup)		20	11	• 4	3	1		1		1	_
les (excluding Rubella)		899	3,232	1,571	3,761	1,545	4,709	950	4,900	102	4,944
Pneumonia (Primary or											
luenzal)		240	182	197	200	222	307	191	296	211	166
ngococcal Infection		18	26	14	6	5	4	5	5	4	5
e Poliomyelitis		.5	64	16	64 ]					1000	
e Polioencephalitis			6	3	4	111	33	24	150	27	50
Encephalitis		5	2		1	1	1		2	2	3
ntery		66	48	27	23	21	192	115	68	68	13
halmia Neonatorum		10	16	16	3	12	4	1	1	1	7
peral Pyrexia		27	29	38	21	25	44	80	76	58	65
pox								-	_	1	
yphoid Fever				1	2	1	3	3	3	1	16
ic or Typhoid Fever					-						* 5/7
cluding Paratyphoid)		1		6		_	1		2		
Poisoning (excluding	5					1000			-		
sentery, Typhoid and	1	Not N	otifiable	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	88	74	34	18	23	35	63
ratyphoid)	1		oumaore		00				20		00
pelas	1	88	45	65	82	55	63	43	40	46	50
ia-Believed to be con-			10		01						00
cted in this country				1			-	-			
ia-Believed to be con-				1	11 11 11	1.200	12 12 1		1		
cted abroad	16	6	1		1	7	2	8	5	2	4
ria-Induced in Institution	10	_				-	-	_		_	1

TABLE 6-ANTE-NATAL AND	POST-NATAL CLINICS, 1955
------------------------	--------------------------

Name of	Clinic	Average Attendance	New C	Cases.	Attena	lances.	Total	No. of
Nume of	onnic.	per session.	Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.	Attendances.	Openings
ninster		 .43	3	1	9	1	10	23
lford		 2.7	21	1	59	5	64	24
port		 0-27	2	2	4	2	6	22
hester		 10.7	61	15	529	26	555	52
tham		 1.5	19	5	31	5	36	24
borne	÷	 2.9	21	5	62	6 -	68	23
Poole A	rea							
ſown	••	 5.9	23	14	45	26	71	12
South Dor	set Area							
mouth		 -	-	27		44	44	-
Тот	LS		150	70	739	115	854	180

	1	1951			1952			1953			1954			195.	5
Name o Clinic	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
Beaminster	 28	12	2.3	40	12	3.3	37	12	3.0	9	14	0.64	10	23	0.43
Blandford	 161	21	7.6	194	22	8.8	335	23	14.6	207	24	8.6	64	24	0-27
Bridport	 35	23	1.5	27	22	1.2	38	21	1.8	20	20	1.0	6	22	0.27
Dorchester	 ${552 \atop 37}$	$\Big\} \begin{smallmatrix} 75\\10 \end{smallmatrix}$	$\left. \right\}_{3\cdot7}^{7\cdot3}$	${517 \atop 13}$	$\left. \right\} \left. \begin{array}{c} 71 \\ 7 \end{array} \right.$	$\left.  ight\} _{1\cdot 8}^{7\cdot 2}$	}467	68	6.9	454	69	6.6	555	52	10.7
Swanage	 24	12	2.0	-	2	-	-		-	-	-	-	-	-	-
Wareham	 112	24	4.6	80	22	3.6	81	23	3.5	63	24	2.6	36	24	1.5
Wimborne	 136	21	6-4	95	22	4.3	117	21	5.6	136	24	5.7	68	23	2.9
Poole	 240	47	5.1	131	36	3-6	115	12	9.6	82	12	6.8	71	12	5
Branksome	 285	49	5.8	165	34	4.8	36	12	3-0	22	8	2.7	-	-	.9
Weymouth	 49	15	3.2	37	3	12.3	124	-	-	91	_	_	44	-	-
TOTALS	 1,659	309	-	1,299	253	-	1,350	192	-	1,084	195	-	854	180	-

# TABLE 7-SUMMARY OF ANTE-NATAL AND POST-NATAL CLINICS, 1951-1955

The second group of figures bracketted for the Dorchester clinics refer to a separate post-natal clinic.

Centre.	Average						2.00		dances.		
Centre.	Attendance per Session.		Bo	n in		Under	Under	1-2	2-5	Totals	Number of Openings
	per Session.	1955	1954	1949-53	Totals	1 year.	1 year.	years.	years.	1 01413	Openings
nster	27.8	23	33	• 33	89	31	429	102	136	667	24
egis	13.6	5	13	6	24	6	60	38	52	150	11
own	16.4	12	15	7	34	14	80	62	38	180	11
ord	25.2	37	63	77	177	46	295	124	187	606	24
t	29.4	48	43	104	195	57	773	161	338	1,272	51
ster	37.0	162	185	128	475	201	2.056	361	248	2,665	72
wn	41-1	63	32	52	147	59	582	178	227	987	24
am	19.2	22	11	5	38	32	263	87	112	462	24
y	14.8	9	10	21	40	14	73	44	61	178	12
Regis	11.0	18	11	8	37	14	161	70	33	264	24
41.1	8.6	7	18	17	42	8	50	24	29	103	12
La contra c	21.9	58	56	31	145	51	377	52	98	527	24
ne	46.8	82	99	120	301	107	1.528	581	327	2.436	52
nster Newton	14.9	35	12	15	62	36	230	51	78	359	24
	28.3	65	82	85	232	89	872	255	328	1,455	51
;e	44.0	43	29	54	126	44	544	194	319	1.057	24
d	23.2	20	25	41	86	25	250	141	171	562	24
	44.5	58	83	93	234	72	1,231	482	647	2,360	53
	45.5	118	58	69	245	69	1,404	402	555	2,367	52
rne	29.9	32	30	38	100	38	379	197	142	718	24
	29.9	34	30	00	100	30	319	197	142	/10	24
pole Area.			in.								
ome	36-6	220	109	125	454	238	3,015	508	210	3,733	102
tone	29-9	44	26	70	140	47	341	145	230	716	24
I Magna	16-6	8	16	19	43	12	69	33	97	199	12
100r	34.8	29	34	105	168	32	332	154	315	801	23
orthy	28.8	49	56	100	205	65	909	240	548	1,497	52
et	34.4	38	50	58	146	50	520	136	171	827	24
Parkstone .	29-0	44	36	23	103	57	508	98	93	699	24
vn		51	54	68	173	55	515	179	207	901	34
е	47.5	44	69	83	196	64	756	170	215	1,141	24
wn	24.4	75	43	78	196	84	904	164	228	1,296	53
ore	32.5	59	97	51	207	79	1,152	241	166	1,559	48
helms	25.2	19	32	18	69	31	373	128	102	603	24
lown	37.0	54	41	39	134	58	516	214	158	888	24
00	40.1	68	80	185	333	88	981	340	684	2,005	50
Dorset Area.				1			1				
vey	24.4	49	28	85	162	49	655	266	251	1,172	48
ell	11.7	27	26	44	97	37	361	127	111	599	51
d Tophill	46.5	79	68	114	261	79	1,504	517	349	2,370	51
d Underhill	52.4	84	80	105	269	95	1,900	441	332	2,673	51
1	6.4	8	18	24	50	10	164	67	93	324	51
outh	41.8	272	95	204	571	283	3,181	544	454	4,179	100
Regis	57.5	125	101	91	317	142	2,267	420	246	2,933	51
TOTALS		2,363	2,067	2,693	7.123	2,668	32,560	8,744	9,186	50,490	1,538

# TABLE 8-ATTENDANCES AT WELFARE CENTRES DURING 1955.

		1951			1952			1953			1954			1955	
Name of Centre	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
Beaminster	587	24	24.4	534	24	22.2	572	24	23.8	619	24	25.8	667	24	27.8
Bere Regis	0.04	12	27.0	218	12	18.1	168	12	14.0	227	12	18.9	150	11	13.6
Blackdown		10	17.5	95	9	10.5	95	7	13-6	146	11	13.3	180	11	16-4
Blandford	000	24	38.7	832	24	34-6	929	24	38.7	749	24	31.2	606	24	25-2
Bridport	1 000	51	30-9	1,550	49	31-6	1,459	50	29.2	1,217	50	24.3	1,272	51	29-4
Dorchester	0 200	51	53-6	2,710	57	47.5	2,603	63	41.3	2,738	66	41.5	2,665	72	37-0
Ferndown	mon	24	31.9	738	24	30.7	853	24	35.5	937	24	39.0	987	24	41-1
Gillingham	482	22	21.9	519	23	22.5	547	24	22.8	607	24	25.3	462	24	19-2
Handley	054	12	21.1	236	12	19.6	273	12	22.7	277	12	23.1	178	12	14.8
Lyme Regis .		23	13.3	223	24	9.2	299	25	11.9	364	24	15.2	264	24	11-0
Milton Abbas .	. 223	24	9.2	172	24	7.1	142	17	8.3	157	12	13-1	103	12	8-6
Shaftesburv .		24	10.9	255	24	10.6	326	23	14.2	358	24	14.9	527	24	21.9
Sherborne	. 952	51	18.6	1,097	53	20.6	1,383	51	27.1	1,801	51	35.3	2,436	52	46.8
Sturminster	1.			1 Same	1.00	1 and the		1 124	No.		1.10	and the second			1.3582
Newton .	. 685	50	13.7	400	40	10.0	335	23	14-6	313	21	14.9	359	- 24	14-9
Swanage .		51	21.6	1,169	50	23.3	1,078	50	21.6	1,097	50	21.9	1,455	51	28-3
Upton .		24	42.5	948	22	43.0	1,102	23	47-9	889	23	38.6	1,057	24	44-0
Verwood .	. 575	24	23.9	572	23	24.8	499	23	21.7	611	24	25.5	562	24	23.2
Wareham .		52	39.4	2,353	50	47.0	2,153	52	41.4	2,340	51	45.9	2,300	53	44-5
Wimborne .		51	36-9	2,389	53	45.0	2,048	51	40.2	2,089	51	40.9	32,67	52	45-5
Wool	. 737	24	30.7	788	24	32.8	579	24	24.1	571	24	23.8	718	24	29.9
Poole Area												100			
Branksome .		102	41.7	4,139	102	40.5	3,564	104	34.3	3,390	103	32.9	3,733	102	36-6
Broadstone .		12	43-4	573	13	44.0	729	23	31.7	662	24	27.6	716	24	29.9
Canford Cliffs .	. 157	11	14.2	151	11	13.7	-					-		-	
Canford Magna .		-		-				-	10-	183	10	18.3	199	12	16-6
Creekmoor .		12	19.0	400	12	33.3	948	24	39.5	563	24	23.5	801	23	34-8
Hamworthy .		23	34.3	946	24	39.4	842	24	35.0	796	24	33.2	1,497	52	28.8
Longfleet .		24	42.0	900	24	37.5	886	24	36-9	890	24	37.1	827	24	34.4
Lower Parkstone	689	24	28.7	734	24	30.5	605	24	29-4	612	24	25.5	699	24	29-0
Newtown .		24	59.8	1,585	24	66-0	1,377	24	57-4	1,217	24	50.7	901	34	26-5
Oakdale .		24	53.5	1,145	24	47.7	1,090	24	45.4	1,064	23	46.3	1,141	24	47-5
Old Town .		50	29.4	1,817	52	34.9	1,619	53	30-5	1,400	51	27.4	1,296	53	24-4
Rossmore .	1,387	36	38.5	1,466	48	30.5	1,285	49	26.2	1,377	48	28.6	1,559	48	32-5
St. Aldhelms .			10.5				131	7	18.7	454	20	22.7	603	24	25-1
Wallisdown	1 2 2 2 2 2 2	18	42.7	940	23	40.8	696 107	23 3	30·3 35·6	840 2,049	24 28	35·0 73·2	888 2,005	24 50	37-0
							107								
South Dorset Area	1.000	1 35	1000	AN ANY		1 1 2		1	tin/s	and the		134	13.331	Sec. 1	(abri
Broadwey	1,714	49	34.9	1,597	51	31.3	1,382	48	28.8	1,209	49	24.7	1,172	48	24-
Chickerell	699	51	13.7	620	50	12.4	587	50	11.7	573	50	11.5	599	51	11-1
Portland Tophill	1,780	52	34.2	2,226	50	44.5	2,111	50	42.2	2,257	51	44.3	2,370	51	46-:
Portland Underhill		52	26-6	1,823	53	34-3	2,440	51	47.8	2,651	52	51.0	2,673	51	52~
Preston		51	12.4	675	52	12.9	657	52	12.6	460	52	8.8	324	51	6-
Weymouth		102	46-6	4,938	104	47-4	4,408	101	43.6	4,033	103	39.2	4,179	100	4.1
Wyke Regis	1,637	51	32.0	2,056	52	39-5	2,284	52	43.9	2,495	52	48.0	2,933	51	57.
TOTALS	44,181	1,396		46,529	1,414		45,191	1,412		47,282	1,462	-	50,490	1,538	-

1.

# Welfare Centres Table 9—Summary of Attendances at Welfare Centres, 1951—1955

		15	51	15	52	15	53	15	54	19	55
Staff		Full- time	Part- time								
dministrative		• _	4	-	4	-	4	-	4	-	4
ueen's Nurse, State Certified Midwife		-	37	-	40	-	39	-	40		41
ate Registered Nurse, State Certified Midwife		11	4	11	5	11	4	11	4	11	4
ate Certified Midwife		2	10	2	9	2	9	2	10	1	7
uivalent whole-time midwifery nursing sta (omitting administrative staff)	aff	38	-5	40	0	3	9	39	0.5	3	7.5
idwifery training completed in conjunction wi the West Dorset Group Hospital Manag ment Committee, arranged through Dors County Nursing Association	e-		14		15		14	2	12	1	5

# TABLE 10-MIDWIFERY NURSING STAFF, 1951-1955

# TABLE 11-DETAILS OF MIDWIVES PRACTISING IN THE AREA OF THE LOCAL SUPERVISING AUTHORITY AT THE END OF EACH YEAR FROM 1951-1955

-		Domici	liary M	idwives			Midwiv	es in In	stitution	15			Totals		
	1951	1952	1953	1954	1955	1951	1952	1953	1954	1955	1951	1952	1953	1954	1955
wives employed by Authority	13	13	13	13	12	-		1-21		·	13	13	13	13	12
wives employed by intary Organisations:					the day					16-	(interfer				
Under arrangements with the Local Health Authority in pursuance of Section						1111				1.52.14					
23 of the National Health Service Act, 1946 Otherwise (including	51	54	52	53	52		-	-	-		51	54	52	53	52
Hospitals not trans- ferred to the Minister under the National Health Service Act)	-	_	_	_	_	-	_	_	-	1	-	_	_	_	_
vives employed by pital Management mittees or Boards of ernors under the onal Health Service						61	53	53	53	54	61	53	53	53	54
vives in Private tice (including Mid- s employed in		7	20	6	6	4				4	22	11	24	10	10
TOTALS	82	74	85	72	70	65	4	4	4	58	147	131	142	129	128

Cases allended by midwive	es in the employment of :—	1951	1952	1953	1954	1955
The County Council:	Domiciliary ∫Midwifery	528	496	405	569	639
	Maternity	234	210	163	194	187
The County Nursing	Domiciliary Midwifery	608	583	618	556	523
Association:	1 Maternity	284	243	280	239	250
	Institutional { Midwifery Maternity	6	_	-	-	- 1
	ر Maternity	5	-		-	-
Hospitals:	Domiciliary (Midwifery	2	_			_
	Maternity	-				-
	Institutional / Midwifery	1,723	1,278	1,692	1,802	1,765
	1 Maternity	569	1,238	818	664	586
Midwives in Private Practice	Domiciliary f Midwifery	7			7	5
(including midwives	Maternity	43	32	34	19	22
employed in Nursing	Institutional   Midwifery	28	33	46	36	37
Homes):	( Maternity	17	31	24	21	22
Тота	LS	4,054	4,144	4,080	4,107	4,036

# TABLE 12-SUMMARY OF MIDWIFERY CASES ATTENDED, 1951-1955

# TABLE 13-HEALTH VISITING STAFF, 1951-1955

ployed by			Number	of Heal	th Visitor	rs employe	d at end o	of year				alent Whi es provid		
(1)	W	hole-time	on Heali	th Visiti	ng	P	Part-time o	m Healt. (3)	h Visitii	ng	classes	includin	ng attend re Centr (4)	lance at
(1)														
	1951	1952	1953	1954	1955	1951	1952	1953	1954	1955	1951	1952	1953	1954
Health	-	-	-	-	2	32	32	33	33	33	23 <u>3</u>	23 <u>3</u>	23 <u>7</u>	$23\frac{7}{22}$
itary nisations	-	-	-	-	-	3	3	3	3	3	1	1	1	1

# TABLE 14-NUMBER OF CHILDREN AT 31.12.55 WHO HAD COMPLETED A COURSE OF DIPHTHERIA IMMUNISATION AT ANY TIME BEFORE THAT DATE

		Child	ren un	der 5 ye	ars of	age at 3	1.12.55	1955,		en 5—15 e at 31.12		Estimated mid-year population, 1955,	Total Number of Children under 15
		Under 1	1	2	3	4 '	Totals	Children 0—4 years	5—9	10-14	Totals	Children 5—15 years	years immunised
er R.D.		16	83	80	81	78	338		567	533	1.100		1,438
B		10	36	44	35	55	188		316	190	506		694
R.D.		21	105	151	116	150	543		771	528	1,299		1,842
B		7	65	87	90	85	334		494	453	947		1,281
R.D		4	41	78	68	73	264		503	417	920		1,184
r B.		19	66	97	83	116	381		802	425	1,227		1,608
r R.D.		21	119	167	154	173	634		1,130	534	1,664		2,298
is B.			24	16	16	29	85		194	206	400		485
ry B.		3	16	22	17	18	76	÷	223	189	412	0	488
ry R.D.		8	84	98	95	89	374	21,300	789	602	1,391	45,200	1,765
U.D.		4	62	74	68	55	263	-	539	358	897	ić,	1.160
R.D.	11	10	47	53	54	61	225	64	600	450	1,050	4	1,275
er R.D.		7	67	100	88	87	349		765	435	1,200		1,549
U.D		ní	50	46	58	48	213		443	413	856		1,069
B		9	43	44	46	41	183		232	224	456		639
R.D		40	166	203	197	206	812		1.436	1,264	2,700		3,512
U.D.		7	42	44	45	46	184		276	141	417		601
R.D.		8	169	235	200	225	837		1.536	1,107	2,643		3,480
		10	564	787	808	921	3.090		6,314	5,163	11,477		14,567
h B		65	258	369	378	424	1,494		3,412	2,868	6,280		7,774
U.D.		30	123	128	118	124	523		789	572	1,361		1,884
TOTALS		318	2,230	2,923	2,815	3,104	11,390	-	22,131	17,072	39,203		50,593

86.73

# ABLE 15-DIPHTHERIA IMMUNISATION, 1951-1955

(at 31st December of the particular year)

	Children under 5 years				Estimated mid-year population	Child	ren 5—15	years	Estimated population mid-year	Total number of children under	Percent-	
Under 1	1		Totals	Children 0—4 years	5—9	10—14	Totals	Children 5—15 years	15 years immunised	age Immunised		
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
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
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
253	2415	2685	3017	3,306	11,676	21,400	22,003	16,522	38,525	44,600	50,201	76-06
318	2,230	2,923	2,815	3,104	11,390	21,300	22,131	17,072	39,203	45,200	50,593	76.07

V	A	Totals		
Year	1—4 years	5—14 years	under 15 years	
1951	109	4,783	4,892	
1952	60	4,773	4,833	
1953	88	4,376	4,464	
1954	98	5,039	5,137	
1955	125	4,768	4,893	

TABLE 16—THE NUMBER OF CHILDREN WHO RECEIVED RE-INFORCING DOSES FOR DIPHTHERIA Immunisation, 1951—1955

TABLE 17-CHILDREN VACCINATED AGAINST SMALLPOX DURING 1955

				A	ge				
District	Under	Under 1-4 years		5—14 years		15 years or over		Total s	
	year	Р	R	Р	R	P	R	P	R
Beaminster Rural District	52	39	4	3	6		1	94	11
Blandford Borough	30	21	5	8	10	1	3	60	18
Blandford Rural District	55	90	17	31	42	3	8	179	67
Bridport Borough	48	24	-	2	2		-	74	2
Bridport Rural District	30	20		1		2		53	
Dorchester Borough	34	38	-	1	2			73	2
Dorchester Rural District	60	88	2	5	5		2	153	9
Lyme Regis Borough	16	13	1	1		1	1	30	2
Shaftesbury Borough	8	17	1	1	2	-		26	3
Shaftesbury Rural District	36	35	1	-	1	1	3	72	4
Sherborne Urban District	33	21	-	2	10		1	56	11
Sherborne Rural District *	19	17		1	1	-		37	1
Sturminster Rural District	23	33	1	2	1	-	-	58	2
Swanage Urban District	10	28	-	5	1	-	-	43	1
Wareham Borough	1	19	-	4	-	-	-	24	-
Wareham Rural District	75	137	6	8	31	2	1	222	38
Wimborne Urban District	24	28		1	7	-	1	53	8
Wimborne Rural District	84	99	5	5	10	4	8	192	23
Poole Borough	61	202	2	27	10	2	2	292	14
Weymouth Borough	165	131	4	6	1	1	3	303	8
Portland Urban District	49	57	1	2	3	-	-	108	4
TOTALS	913	1,157	49	116	145	16	34	2,202	228

P-Primary Vaccination.

R-Re-Vaccination.

TABLE 18-SMALLPOX VACCINATION, 1951-1955	TABLE	18-SMALLPOX	VACCINATION,	1951 - 1955
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	Age									
v	Under 1 year		1–4 years		5—14 years		15 or over		Totals	
Year	P	R	P	R	Р	R	Р	R	Р	R
1951	1,049	_	1,040	46	259	330	426	1,370	2,774	178
1952	889		876	77	195	246	315	879	2,275	1,746
1953	765		1,031	46	97	135	194	463	2,087	1,202
1954	925		1,049	41	120	113	18	24	2,112	644
1955	913		1,157	49	116	145	16	34	2,202	228

P-Primary Vaccination.

R-Re-Vaccination.
	1,000	817	1,562	3,379	6,040	3,400	3,215	8,912 18,468	69	15,699	2,067	57,870	61,249	22,377	1,196	746	24,319	420,122	32,512	6.787	459,421	3,159	16,543	44,706	2.04	9-22
dmiW	30	41	35	106	298	III	86	59 375	1	3,632	20	4,593	4,699	693	364	20	1,077	18302	16980	242	35524	66	617	4,082	1.54	17.2
меули	331	106	415	852	1,346	655	761	4,788 3,443	10	1	184	11187	12039	6,088	1	115	6,203	86374	1	788	87162	905	4,902	7,137	1-98	7.7
(Mare)	7	32	35	111	194	149	52	60 572	10	1	21	1,053	1,164	401	1	2	408	15331	1	86	15417	60	497	667	2.90	13.2
euews	10	18	23	51	193	94	55	344	3	-	Ξ	701	752	436	-	13	450	11498	48	110	11656	50	466	286	1-72	15-3
Sturm.	0	21	16	42	101	4	3	31	1	1	3	145	187	142	1	5	147	7,156	1	82	7,238	24	114	73	1.32	38.3
Sherbe	18	43	54	115	316	108	4	450 634	61	1	28	1,582	1,697	814	1	28	842	19721	1	679	20400	95	427	1,270	2.08	11-6
i Shaft	11	39	33	79	161	10	42	6	61	1	=	296	375	319	1	3	322	7,408	1	33	7,441	76	302	73	1.18	19-8
poole	177	236	574	987	1,634	1,323	1,285	957 7,863	26	12066	1,613	26767	27754	5,957	831	281	7,069	94407	15484	2,455	112346	945	5,217	22537	2.47	6-42
эшбү 3	13	47	9	66	201	6.	5	37	1	1	4	256	322	250	1	-	251	7,329		53	7,382	50	216	106	1.29	22.8
Gilling	+	24	14	42	121	4	3	12 133	3	1	9	282	324	237	1	61	239	668'6	1	22	9,921	68	167	157	1-37	1.0 18.2 30.6 22.8
Eernd	40	37	23	100	240	60	66	5 235	61	1	10	618	718	462	1	4	466	13053	1	29	13082	86	541	177	1.55	18-2
Dorch	163	78	124	365	652	649	673	1,734	80	I	73	7,074	7,439	4,443	1	152	4,595	81536	1	1,137	82673	455	1,983	5,456	1-67	11-0
- Сряти	-	1	0	2	106	20	10	4 80	1	L	-	221	228	163	1	4	167	5,805		11	5,882	19	103	125	1-40	25-5
dping .	61	43	181	321	274	138	88	843 1,239	9	T	47	2,635	2,956	1,576	1	103	1,679	28020	I	936	28956	146	704	2,252	1.88	9-48
Bland	20	51	34	135	173	66	30	157	1	1	33	460	595	396	1	8	404	14283	1	58	14341	90	287	308	1.50	24-0
	Maternity	Road Accident	Dether Emergency	-	Hospital Admissions	Hospital Discharges	Inter-Hospital Transfers			Occupation Centre Attendances	Other patients	TOTAL ROUTINE	TOTAL PATIENTS	g Patient Carrying	Occupation Centre	Other Journeys	TOTAL JOURNEYS	Patient Carrying	Occupation Centre	Other Mileage	TOTAL MILEAGE	Night Journeys (between 1800 0.900 hours)	Stretcher Cases	Sitting Cases	*Patients Per Journey	*Miles Per Patient
	Maternity	PATTENTS CARRIED Emergency Torat Emergency Hospital Discl Hospital Discl Inter-Hospital Other Accident Hospital Discl Corpses Corpses Tocupation Ce													E Routine	If gontine Em	m <sup>2</sup> Routine Em	JOORNEYS Routine Routine	E JOORNEAS	Every JOORNEVS Kontine	ILLEAGE JOURNEYS ROUTING ROUTING	AILEAGE JOURNEYS ROUTINE ROUTINE	AILEAGE JOURAEYS Routine Routine	AILEVEL JOORNEAS		* WILEVEL JOORAEVE GRANEVE

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### TABLE 20-HOSPITAL CAR SERVICE STATISTICS-1955

			-		AREA						
Item	Blandford	Bridport	Dorchester	Gillingham	Poole.	Shaftesbury	Sherborne.	Wareham.	Weymouth.	Wimborne.	To
Hospital Admissions	56	58	23	59	100	5	59	34	45	46	
Hospital Discharges	17	37	12	9	243	41	1	77	65	113	
Inter-Hospital Transfers	3	8	1		32	3	-	5	8	10	
Out-Patient Attendances:— Physiotherapy Other	$1,689 \\ 2,509$	2,260 2,046	1,472 1,251	417 1,161	5,893 6,140	368 619	94 411	2,809 1,829	5,290 1,560	4,021 3,009	24 20
Occupation Centre Attendances	-	-	-	-	1,467		1,536	-	-		3
Education, Immunisation, Social Services	381	205	188	208	82	127	140	31	5	472	1
Other Patients	17	24	6	4	37	2	3	6	32	4	
TOTAL PATIENTS	4,672	4,638	2,953	1,858	13,994	1,219	2,196	4,791	7,005	7,675	51
Patient Carrying (excluding occupation centre journeys)	1,899	1,924	1,173	721	2,257	623	329	1,684	2,078	3,046	15
Occupation Centre Journeys	-	-	_		453	-	340	-	_	-	
Other Journeys	52	32	38	9	9	5	11	27	24	58	
TOTAL JOURNEYS	1,951	1,956	1,211	730	2,719	628	680	1,711	2,102	3,104	16
Patient Carrying (excluding occupation centre mileage)	69,686	59,632	28,896	27,680	75,740	14,754	9,368	59,474	46,211	67,341	458
Occupation Centre Mileage		-	-	_	4,835	_	5,145		-	_	9
Other Mileage	464	396	377	80	95	40	97	318	162	517	2
TOTAL MILEAGE	70,150	60,028	29,273	27,760	80,670	14,794	14,610	59,792	46,373	67,858	471
*Patients Per Journey	2.46	2.41	2.52	2.58	5.55	1.96	2.00	2.84	3.37	2.52	
*Miles Per Patient	14.91	12.85	9.79	14.89	6.05	12.11	14.20	12.42	6.60	8.77	

\*Excluding mental defectives

### TABLE 21-DOMESTIC HELP SERVICE, 1955

	Beaminster	Blandford	Bridport	Dorchester	Lyme Regis	Poole	Shaftesbury	Sherborne	South Dorset	Sturminster	Swanage	Wareham	Wimborne	TOTAL
Cases		14 21	17 37	$\frac{12}{20}$	E	80 183	26 17	4 3	68 110	13 $21$	8 5	10 14	29 35	281 474
Totals	8	35	54	32	-	263	43	7	178	34	13	24	64	755
s of Cases rnity— Old New Nge— Old New -term ness—	4	1 5 10 10			11 11	4 51 47 47			1 15 57 68	- 6 13 11				6 107 201 210
Old New -term ness—	2	3 2	5 4	1	Ξ	18 37	8 3	2	7 11	1	5 2	1 1	3 1	50 67
Dld New rculosis—	Ξ	3	1 7	1 6	Ξ	10 45	$\frac{2}{3}$		3 15	1	Ξ		Ξ	17 82
Dld New	Ξ			1	Ξ	$\frac{1}{3}$	=	T	1		1	2	2	7 8
Helps time time			1 2 6	1 8		1 9 36			2 17 —	54	1	2 6		5 47 95
Totals	3	11	9	9	<u></u>	46	16	4	19	9	2	8	11	147
Hours ed elled ing iess lay	583 65 — —	8,253 1,371 127 13 125	7,737 686 174 104 159	4,595 623 28  85		29,137 1,188 	10,361 1,345 125 	1,038 39 — —	19,923 1,849 361 701 843	7,743 880 49 30 150	$2,112 \\ 642 \\ 66 \\ \\ 102$	6,072 783 5 125	${ \begin{array}{c} 12,852 \\ 2,212 \\ 21 \\ 35 \\ 159 \end{array} } }$	110,406 10,683 *956 1,655 2,101
Totals	648	9,889	8,860	5,331	-	31,361	11,920	1,077	23,677	8,852	2,922	6,985	15,279	125,801

\*Including 222 hours on training course.

			1	Persons re	esiding i	n					No. of	persons	No. of pe (not inclu
		Former w	orkhouse:	\$			provid	modation ded on of the			incluc cols.	led in 2 to 6 whose	cols 2 t accommod by other
scription of Persons		l by the incil	Vested Minis hospi	ter as	pren mana	her nises ged by ouncil	Coun volu orga	cil by ntary nisa- ms		otals 2 to 5)	maint other author	enance	authorit for wh maintena Council respons
(1)	(	2)	(3	3)	(	4)	(	5)	(	6)	(	7)	(8)
Aged	М.	<i>W</i> .	М.	W.	M.	W.	М.	<i>W</i> .	М.	W.	М.	W.	<i>M</i> .
<ul> <li>(a) not materially handicapped by infirmity</li> <li>(b) physically or</li> </ul>	38	24	10	12	28	39	17	34	93	109	2	3	1
mentally infirm	50	73	3	1	17	36	4	1	74	111	1	-	1
3lind	8	10	-	-	5	21	1	2	14	33	-	-	-
Deaf or Dumb	2	3	1	4	4	10	-	1	7	18		-	-
Epileptic	8	11	-	1	-	2	2	2	10	16	-	-	-
Crippled	5	3	4	4	7	14		1	16	22	1	-	-
Physically infirm (not being aged)	6	4	_	-	1	1	1	1	8	6	1	_	_
Mentally infirm (not being aged)	14	9	2	_	3	1	_	_	19	10	1	-	1
Totals	131	137	20	. 22	65	124	25	42	241	325	6	3	3
Children accompanied by persons over 16		_	-		_	_		-	_	_	_	_	-
Children accommo- dated under the Children Act, 1948: (a) under Section 13 (2) (b) under	-	_	_	- / -	_	-	-	-	_	-	_	-	1
Section 13 (3)	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	-	_	-	-			-	-	_	-		-	-
GRAND TOTALS	26	8		42	18	19	6	7	56	6	9		1

### TABLE 22-PERSONS RESIDENT ON 31ST DECEMBER, 1955 IN ACCOMMODATION PROVIDED UNDER PART III OF THE NATIONAL ASSISTANCE ACT, 1948

TABLE 23-AGE GROUPS OF RESIDENTS IN COUNTY ESTABLISHMENTS AND VOLUNTARY HOMES AS AT 31ST DECEMBER, 1955

Establishment         N         <										-		-					1.	-	
oke Water House, Beaminster	Establishment		Men	Шотен	Men	Women	Men	Women	Men	изшоА	Men	Women	Men	Шотен	Men	Women	Men	Шотен	Grand Total
our View House, Sturminster Newton			11-	-20	21-	40	41-	-50	51-	-60	61-	-70	71-	-80	Over	80	To	tals	
ristmas Close, Wareham	oke Water House, Beaminster		-	-	-	-	4	3	7	3	18	10	20	19	15	6	64	41	105
Mary's Block, Poole       1       1       1       1       1       2       5       6       11       9       1       4       20       22       42         aiden Castle House, Dorchester       -       -       1	ourView House, Sturminster Newto	n	-	_		-	2		3	7	8	14	16	27	7	23	36	71	107
aiden Castle House, Dorchester       .       .       .       .       1       <	ristmas Close, Wareham		-	-	-	-	1	-	2	2	4	4	18	12	6	7	31	25	56
he Lawns', Weymouth  <	. Mary's Block, Poole		1	-	1	-	-	1	1	2	5	6	11	9	1	4	20	22	42
stleman House, Blandford <td< td=""><td>aiden Castle House, Dorchester</td><td></td><td>-</td><td>-</td><td>-</td><td>_</td><td>-</td><td>1</td><td>1</td><td>1</td><td>1</td><td>5</td><td>3</td><td>10</td><td>7</td><td>12</td><td>12</td><td>29</td><td>41</td></td<>	aiden Castle House, Dorchester		-	-	-	_	-	1	1	1	1	5	3	10	7	12	12	29	41
clinont Court, Parkstone       -       -       1       -       3       1       1       4       7       1       5       6       17       23         mes Day Home, Swanage       -       -       -       -       2       1       4       7       4       17       10       25       35         purnemouth Old People's Homes       -       -       -       -       2       6       11       1       9       7       22       29       90         pole Old People's Homes       -       -       -       -       3       4       2       2       5       6       11         atter House, Swanage       -       -       -       -       -       -       1       1       2       2       3       5       6       11         atter House, Swanage       -       -       1       1       -       -       -       1       1       2       2       3       5       5       6       11       1       2       2       3       5       1       1       1       2       2       3       5       1       1       1       1       2       2	he Lawns', Weymouth		-	-	-	-	-	-	-	-	-	3	9	10	6	12	15	25	40
mes Day Home, Swanage       .	stleman House, Blandford		-	-	-	-	-	-	2	1	2	4	13	9	5	14	22	28	50
purnemouth Old People's Homes	elmont Court, Parkstone		_	-	-	-	-	1	-	3	1	1	4	7	1	5	6	17	23
bole Old People's Homes <td< td=""><td>mes Day Home, Swanage</td><td></td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>2</td><td>1</td><td>4</td><td>7</td><td>4</td><td>17</td><td>10</td><td>25</td><td>35</td></td<>	mes Day Home, Swanage		-	-	-	-	-	-	-	-	2	1	4	7	4	17	10	25	35
arter House, Swanage          1       1         1       1         1       1         1       1         1       1         1       1         1       1         1       1         1       1       1        1	ournemouth Old People's Homes		-	-	-	_	1	-	-	_	_	2	6	11	1	9	7	22	29
ational Spastics Society         1       1         1       1         1       1         1       1         1       1         1	oole Old People's Homes		-	-	-	_	-	-	-	-	-	_	3	4	2	2	5	6	11
ne Meath Home, Godalming 1 1 1 1 <td>arter House, Swanage</td> <td></td> <td>-</td> <td>-</td> <td></td> <td>-</td> <td>-</td> <td>_</td> <td>-</td> <td>_</td> <td>-</td> <td>-</td> <td>-</td> <td>- 1</td> <td>2</td> <td>2</td> <td>2</td> <td>3</td> <td>5</td>	arter House, Swanage		-	-		-	-	_	-	_	-	-	-	- 1	2	2	2	3	5
adfont Epileptic Colony 1 1 1 1 1 1 1 1   aghull Epileptic Home, Liverpool 1 1 1 1 1 1 1 1 2   estcliffe House, Westgate-on-Sea 1 <td>ational Spastics Society</td> <td></td> <td>-</td> <td>_</td> <td>1</td> <td>1</td> <td>-</td> <td>_</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>_</td> <td>-</td> <td>_</td> <td>1</td> <td>1</td> <td>2</td>	ational Spastics Society		-	_	1	1	-	_	-	-	-	-	-	_	-	_	1	1	2
aghull Epileptic Home, Liverpool         1       1          1       1          1       1          1       1          1       1         1        1	e Meath Home, Godalming		-	-	-	-		1	-	_	-	-	-	_	-	_	-	1	1
estcliffe House, Westgate-on-Sea	alfont Epileptic Colony			-	-	-	1	_	_	-	-	_	-		-	-	1	-	1
byal School for the Blind, Leatherhead        1          1        1        1        1        1        1 <td< td=""><td>aghull Epileptic Home, Liverpool</td><td></td><td>-</td><td>-</td><td>-</td><td>-</td><td>1</td><td>1</td><td>-</td><td>_</td><td>_</td><td>_</td><td>-</td><td>_</td><td>-</td><td>-</td><td>1</td><td>1</td><td>2</td></td<>	aghull Epileptic Home, Liverpool		-	-	-	-	1	1	-	_	_	_	-	_	-	-	1	1	2
prr Home for the Blind, Plymouth	estcliffe House, Westgate-on-Sea		-	_	-	-	-	_	-	_		_	-	-	-	1	-	1	1
ampshire Old People's Housing and Welfare Society             1        1       1       1       2         oyal Naval Benevolent Trust, Chatham           2         2       .	oyal School for the Blind, Leatherhe	ad	-	-	1	-	-	_	-	-	-	-	-	_	-	_	1	-	1
Welfare Society              1        1	orr Home for the Blind, Plymouth		-	-	-	_	_	_	-	_	_	-	-	1	-	-	-	1	1
Idvation Army Eventide Home, Godalming   <	ampshire Old People's Housing a Welfare Society	and	_	_	-	_	_	-	_	-	_	_	1	_	_	1	1	1	2
Godalming	oyal Naval Benevolent Trust, Chath	am		-	-	-	-	_	-	-	2	-	-	-	-	-	2	-	2
Thittington Salvation Army Home, Nr. Marlow, Bucks.	lvation Army Eventide Home, Godalming		_	_	-	_	_	_	_	_	-	-	_	-	_	1	-	1	1
Nr. Marlow, Bucks. </td <td>lvation Army Home, Tunbridge We</td> <td>ells</td> <td>-</td> <td>-</td> <td></td> <td>-</td> <td></td> <td>_</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>1</td> <td>-</td> <td>-</td> <td>1</td> <td>1</td> <td>1</td> <td>2</td>	lvation Army Home, Tunbridge We	ells	-	-		-		_	-	-	-	-	1	-	-	1	1	1	2
ritish Legion Home, Westgate-on-Sea          1          1         1         1         1        1         1        1       1       1          1 <td>hittington Salvation Army Home, Nr. Marlow, Bucks.</td> <td></td> <td>_</td> <td>_</td> <td>-</td> <td>_</td> <td>_</td> <td>_</td> <td>_</td> <td>_</td> <td>_</td> <td>_</td> <td>_</td> <td>1</td> <td>_</td> <td>_</td> <td>_</td> <td>1</td> <td>1</td>	hittington Salvation Army Home, Nr. Marlow, Bucks.		_	_	-	_	_	_	_	_	_	_	_	1	_	_	_	1	1
oval Agricultural Benevolent Trust ,S.W.1	ar and Garter Home, Richmond, Su	irrey	-	-	1	_	-	-	-	-	_	_	1	-	-	_	2	-	2
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	ritish Legion Home, Westgate-on-Se	a	-	-	-	_	1	-	-	-	_	-	_	-	-	_	1	-	1
Totals 1 4 1 10 9 16 19 43 50 110 129 57 117 241 325 566	CW1		1	-	-	_	-	-	_		_	_	_	1	_	_	_	1	1
Totals	oole Mead Home for Deaf Women, B	ath	-	-	-	-	-	1	-	-	-	-	-	-	_	-	-	1	1
	Tetals		1		4	1	10	9	16	19	43	50	110	129	57	117	241	325	500
	Iotais			1		5	1	9	3	5	5	3	23	39	17	4	56	36	566

TABLE	24-PERSONS	ACCOMMODATED	ON	31st	DECEMBER,	1955,	IN	HOMES	UNDER	THE	CONTROL	OF
			VOL	UNTAR	RY ORGANISA	TIONS						

New Constant of the				Plac	es Provide	d
Name of Organisation or Hon	ne			Men	Women	Total
n-County:						
Bournemouth Old People's Welfare and Housing	ng Society	Ltd.	 	7	22	29
Poole Old People's Welfare and Housing Society	ty Ltd.		 	5 2	6	11
British Red Cross, Charter House, Swanage			 	2	3	5
Dut-County:						
Blind Persons:					1.11.11.11.1	
Westcliffe House, Westgate-on-Sea, Kent					1	1
Royal School for the Blind, Leatherhead			 	1		î
Torr Home for the Blind, Plymouth					1	1
For Home for the Dinki, Hymouth	••		 			
Epileptics:						
The Meath Home for Epileptics, Godalming					1	1
Chalfont Epileptic Colony, Chalfont St. Peter			 	1		i
Maghull Home for Epileptics, Liverpool			 	i	1	2
Magnum Home for Ephopues, Erverpoor			 			-
Others:					-	
National Spastics Society				1	1	2
Hampshire Old People's Housing and Welfare	Society		 	î	i	
Royal Naval Benevolent Trust, Chatham, Ker			 	2		2
Salvation Army Eventide Home, Godalming,			 		1	ī
Salvation Army Home, Tunbridge Wells, Ken		11	 	1	i	2
Whittington Salvation Army Home, Nr. Marlo					i	1 1
Star and Garter Home, Richmond, Surrey			 	2		2
British Legion Home, Westgate-on-Sea			 	ĩ	1	Ĩ
Royal Agricultural Benevolent Trust, London,			 		1	i
Poole Mead Home for Deaf Women, Bath			 		i	i
roote mead frome for Dear fromen, Dath			 		-	
	Tot	als	 	23	45	67

### TABLE 25-WELFARE OF THE BLIND-REGISTRATION

Age Periods of Registered Blind Persons

	0-4	5-10	11-15	16-20	21-30	31—39	40-49	50-59	60—64	65—69	70 and over	Totals
Male	. 3	5	6	9	13	12	25	36	19	25	155	308
Female	4	2	-	-	· 13	7	10	39	25	38	256	394
Totals	7	7	6	9	26	19	35	75	44	63	411	702

					Ag	e at onset	of Blindn	ess					
	0-4	5-10	11-15	16-20	21-30	31—39	4049	50-59	60-64	65-69	70 and over	Unknown	Totals
e	40	10	7	8	25	22	17	36	26	25	92	-	308
nale	31	8	3	7	12	9	26	52	36	26	183	1	394
als	71	18	10	15	37	31	43	88	62	51	275	1	702

### Children, age under 16

	Under 2		2-	4 plu	s					5	-15 plus					-
		1	Educable		Ineducable			Educ	able				Inedu	cable		
	At Home or Elsewhere Attending Nursery Schools including	ng Nursery including ne Homes	11	OV .	01.	Atten Spe Schoo the B	cial Is for	Ot	nding her ools		ot at hool	Defic	lental siency utions	At H o Elsei	r	Totals
		Attending Schools inc Sunshine 1	In Other Residential Homes	At Home ( Elsewhere	At Home c Elsewhere	No Other Defects	With Other Defects	No Other Defects	With Other Defects	No Other Defects	With Other Defects	Blind	With Multiple Defects	Blind	With Multiple Defects	
	-	1	-	2	-	5	2	-	-	-	1	-	2		1	14
ale	-	1	-	2	1	2	-	-	-	-	-	-	-	-	-	6
ls	-	2	-	4	1	7	2	-	-	-	1	-	2	-	1	20

Education, Training and Employment. Age periods, 16 years and upwards

	_				E	mple	oyed								idergo raini	oing ng				Not	Emj	ployea	i				
rk- for nd	Se	In 1 hem	Hom ues fi	e W or th	orke e Bl	rs ind		Othe		e the		n					Unem and d	ployed wailab	but cap le for u	able of ork		ot lable	N cap		Not work-		
			(0		-	-	-	1	(c		1	-					Alre trai		Subj to be trai	ing	for a	work I)	ofu		ing (n)	5	stered Persons 1944,
00-00	16-20	21—39	40-49	5059	6064	65 and over	16-20	21-39	40-49	5059	60-64	65 and over	Total Employed	For sheltered employment	For open employment	Professional or University	For sheltered employment	For open employment	For sheltered employment	For open employment	16-59	60-64	1659	6064	65 and over	Grand Total (i.e. total of columns (d)— $(n)$ and At School $16$ — $20$ )	No. of persons regis under the Disabled (Employment) Act, included in Col. (o)
				1									( <i>d</i> )	(e)	(f)	(g)	(h)	<i>(i)</i>	( <i>j</i> )	(k)				-		(0)	( <i>p</i> )
1	1	2	3	1	1	2	2	12	9	10	1	6	52	1	-	-	. 2	1	-	-	13	6	36	11	172	294	32
ī		5	1	1	-	-	-	1	-	3	2	-	14	1	-		-	-	-	-	34	17	22	6	294	388	11
2	1	7	4	2	1	2	2	13	9	13	3	6	66	2	-	-	2	1			47	23	58	17	466	682	43

continued

Occupations of Employed Blind Persons (included in Col. (d) above)

	ors, etc.	Workers		s and	Woodworkers	ypists	gents, News- bers	115	seratives (open) Employment	245		Kni	llers		Physiotherapy		Music Teachers		s and Cleaners			ators	ent other than ted	
	Agents, Collectors,	Agricultural Wo	Basket Workers	Braille Copyists Proof Readers	Carpenters and	Clerks and Typ	Dealers, Tea Agents agents, Shopkeepers	Domestic Workers	Factory Operatives (sheltered) Employ	Firewood Workers	Gardeners	Hand	Machine	Labourers	Massage and P	Mat Makers	Musicians and	Piano Tuners	Porters, Packers	Poultry Keepers	School Teachers	Telephone Operators	Open Employment a lready Catalogued	Miscellaneous
iin Work- s for Blind	_	-	1	-	_	_	-	_	-	-	-	-	1	_	_	-	-	-	1		1	-	-	
pproved te Workers mes	-	_	5	-	-	-	-	_	_	-	-	-	7	-	-	2	1	2	-	_	-	-	-	-
ers Pastime kers	1	5	4	1	_	1	4	5	6	1	2	-	-	3	2	2	-	-	3	1	1	2	1	1
ls	1	5	10	1	-	1	4	5	6	1	2	-	8	3	2	4	1	2	4	1	1	2	1	1

Physically and Mentally Defective and Mentally Disordered-all ages

								Not	nctudea	l in eith	er (a), (i	o), (c), (	d), (e) o	r (f) co	moinati	on of	
	Mentally Disordered	Mentally Defective	Physically Defective	Deaf without Speech	Deaf with Speech	Hard of Hearing	Mentally Disordered and Physically Defective	Mentally Disordered and Deaf without Speech	Mentally Disordered and Deaf with Speech	Mentally Disordered and Hard of Hearing	Mentally Defective and Physically Defective	Mentally Defective and Deaf without Speech	Mentally Defective and Deaf with Speech	Mentally Defective and Hard of Hearing	Physically Defective and Deaf without Speech	Physically Defective and Deaf with Speech	Physically Defective and Hard of Hearing
	(a)	(b)	(c)	(d)	(e)	( <i>f</i> )	(g)	(h)	(i)	( <i>j</i> )	(k)	(l)	(m)	(n)	(0)	( <i>p</i> )	(q)
Male	1	7	51		1	10	-	1	-	2	2			_	1	3	1
emale	1	3	56	_	8	19	_	-	1	_	-	-	-		3	2	8
otals	2	10	107		9	29	_	1	1	2	2	-	_	-	4	5	9

Blind Persons age 16 and upwards (excluding those in Hostels for workers)-resident in

	Reside Accommodati under Part II Act, viz.: S	on provided I of the 1948	Residential Homes	Mental Hospitals	Mental Deficiency	Other Hospitals	Totals
	Homes for the Blind	Other Homes	(other than part III)	nospitais	Institutions	Trospinuis	1 01013
Male	6	10	1	4	5	9	35
Female	18	14	5	2	2	18	59
Totals	24	24	6	6	7	27	94

### itinued

ad Persons Registered as New Cases (excluding recertifications and transfers from other areas) during the year-age at date of registration

0-4	510	11—15	16-20	21-30	31—39	40-49	50-59	60—64	65—69	70 and over	. Totals
	-	-	_	1	2	-	2	-	1	27	33
-	-		-	<u> </u>	-	-	6	6	6	38	56
-	-	-	-	1	2		8	6	7	65	89

'nd Persons Registered as New Cases (excluding recertifications and transfers from other areas) during the year-age at onset of Blindness

0-4	5-10	11—15	16-20	21-30	31—39	40—49	50—59	60—64	65—69	70 and over	Totals
-	_	-	-	2	1		2	1	4	23	33
-	-	-			-	-	7	6	7	36	56
-	-	-	-	2	1	-	9	7	11	59	89

Number of home Teachers engaged in the area

Miscellaneous Information-Number of

Ci	ertificated		U	ncertificat	ed	Grand Total
ghted	Blind	Total	Sighted	Blind	Total	1 0444
-			-	-	-	-
5		5	-	-	-	5
5		5				5

Social Centres	7
Handicraft Classes	2
Special Classes and Socials for the Deaf-Blind	-
Persons newly employed in open industry during year	1
Persons discharged from open industry during year	-
St. Dunstaners	1.4



# TABLE 26-REGISTRATION OF PARTIALLY SIGHTED PERSONS

		Total Numl	ber on Regist	ter—Age Gre	oups and Se	x		Cases	newly reg	istered (exclu	iding recertij	fications and	l transfers	from other A	(reas)
0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Totals	0-1							reasj
11-		4	1	6	3	1.9				5-15	16-20	21-49	50-64	65 and over	Totals
							27		-	1				3	
-	-	2	2	9	12	45	70								4
	_	6	3	15	15							-	1	15	16
				10	10		97	- 1	-	1			1	18	20
	-	0-1 2-4	0-1         2-4         5-15           -         -         4           -         -         2	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	0-1       2-4       5-15       16-20       21-49       50-64       65 and over       Totals         -       -       4       1       6       3       13       27         -       -       2       2       9       12       45       70       -       -       1       -       -       3         -       -       6       3       15       58       97       -       -       1       -       -       1       15					

						Remova	als from Regist	ter during t	he year fo	or reasons set	t out below						
			(a)	On Admissio	on to Blind	Register					(b	) On Decertij	fication due i	to Improved	Winnel A.		
	0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Totals		0-1	2-4	-	1			ty	
the loss											2-4	5-15	16-20	21-49	50-64	65 and over	Totals
Males							1	1			-	-					
Females	-	-		·		3	2	5									
a ch												-	-	-	-	-	-
Jotais					_	3	3	6			-						
			-	4			and the second sec										1

	1	1	Employa	d			Under	oing T	raining					Unemplo	oyed—N	ot unde	r Train	ing							
												lvailable tra	e for an ining o	d capabl r work	e of	N		lable for ble of u	r or not			Tot	als—Çl	ass A	
	16-20	21-49	50-64	65 and over		16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and		16-20	21-49	50-64	65 and	Total
Males	-	-	-	-			-				-	_													1 ofai
Females		1	1		2												1000	2	11	13	-	-	2	11	13
	_								-	-		-	-	-		1	2	7	40	50	1	3	8	40	52
Totals	1	1		-	2	-	-		-	-		-	-			1	2	9	51	63	1	3	10	51	65

	-	1	Employ	ed			Under	ening T	raining				U	nemploy	ed—No	t under	Train	ing							
	-						- micra					Availabi tra	e for an	d capable r work	e of		Not ava	ilable fo	r work			Tot	als—Cla	ass B	
	16-20	21-49	50-64	65 and over		16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over		16-20	21-49	50-64	65 and	Totals	16-20	21-49	50-64	65 and	Total
Males	-	1	-	-	1		1	-	-	1		_	1	-	1		1			1	_	3	1		4
Females	-	1	-	-	1	-			-		-				-		2			2		3			
Totals	-	2	-	-	2	-	1		-	1	-	-	1	-	1	-	3	-	-	3	_	6	1		7

	Cla. Obser	ss C—1 vation o	Persons nly (Ag	requiris e 16 an	ng d over)		Class D—Ch	ildren Age 5 and un	der 16			
				65			Educable				Children Age 16 and over still at School	Persons Registered under the Disabled
	16-20	21-49	50-64	and over	Totals	Attending Special Schools	Attending other Schools	Not at School	Ineducable	Totals		Persons (Employment) Act, 1944
Males	1	3	-	2	6	1	2	1		4	_	5
Females	-	3	4	5	12	_	2			2	1	
Totals	1	6	4	7	18	. 1	4	1	_	6	.1	5

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# TABLE 27-RURAL HOUSING RETURNS, 1955-Section 88, Housing Act, 1936

### HOUSING REPAIRS AND RENTS ACT, 1954, SECTION 1

Summary of Proposals submitted by Rural District Councils to the Minister of Housing and Local Government

	Beaminster	Blandford	Bridport	Dorchester	Shaftesbury	Sherborne	Sturminster	Wareham	Wimborne	
Total number of permanent dwellings in the local authority's area	2,939	3,017	2,727	4,980	3,037	1,993	3,343	5,281	7,517	34,8
<ul> <li>Part 1. The total problem: <ul> <li>(i) Estimated number of houses unfit for human habitation within the meaning of Sec. 9 of the Housing Repairs and Rents Act, 1954, and suitable for action under Sec. 11 or Sec. 25 of the Housing Act, 1936</li></ul></li></ul>	80 8	54 5	236 9	300 5	372 5	142 5	134 5	450 10	285 15	2,0
<ul> <li>Part 2. Orders already made, etc.:</li> <li>(iii) Number of houses in (i) in clearance areas and already covered by operative clearance or compulsory purchase orders or owned by the local authority</li></ul>	2	3	-	- 8	3	7	23			
<ul> <li>Part 3. Action in the first five years:</li> <li>(v) Number of houses which are already in clearance areas and for which clearance or compulsory purchase orders are to be made or which are to be purchased by agreement within the five years</li> <li>(vi) Number of houses which are to be included in clearance areas still to be declared and which within the five years will be owned by the local authority or will have been included in a clearance</li> </ul>	-	3	-	-	-	-	-	-	-	
<ul> <li>order or a compulsory purchase order submitted to the Minister</li> <li>(vii) Number of houses under (iii), (iv), (v) and (vi) to be patched (if necessary) and retained within the five years under Section 2 of the Housing Repairs</li> </ul>	30	_	123	109	20	-	18	-	35	
and Rents Act, 1954, for temporary accom- modation	-	-	55	-	-	-	-	-	-	
<ul><li>be demolished in the five years</li></ul>	25	6	68	117	23	7	41	-	35	
demolished in the five years as a result of action under Section 11 of the Housing Act, 1936	25	8	63	183	349	135	29	200	121	

Rural District.	ct.	New Houses erected by	New houses	Counci for the	l's Housing Programme e year ended 31/12/55	No. of families	Total Number of applicants (i.e. Family Units) on Council's	Diff	iculties (if an connectio	y) experienced in with:
1		Council 2	crected privately	No. of Houses	Is this programme likely to be completed as Scheduled?	accommodated by Council during year ended 30/6/55	list requiring accommodation as on 30/6/55.	Obtaining tenders	Shortage of Labour	shortage of Materials
	_		3	4	5	6	7	8	9	10
Beaminster		40	13	22	Yes	40	135	Yes	No.	No
Blandford	•••	56	20	40	Yes	72	230	No.	No.	No.
Bridport		47	26	32	Yes	62	152	Yes	Yes	Normal periodical shortages
Dorchester	•••	60	41	90	No.	91	451	No	No.	No.
Shaftesbury		19	17	83	No.	66	220	No	No.	No
Sherborne		6	7	8	No.	12	90	No	No	
Sturminster		- 25	7	19	Yes	92	54	No.	No	No.
Wareham		38	60	22	Yes	38	341	Becoming difficult	No	No.
Wimborne		65	275	34	Yes	104	320	No.	No.	No.
Totals		356	466	350		577	1,993			

## TABLE 28-New HOUSING ACCOMMODATION PROVIDED DURING THE YEAR ENDED 30TH JUNE, 1955. Summary of Returns made by Rural District Councils under Housing Act, 1936, Section 88.

HOUSING ACT, 1949—THE IMPROVEMENT OF DWELLINGS. Summary of Progress Reports received from the Rural District Councils in respect of the year ended 30th June, 1955.

	Beaminster	Blandford	Bridport	Dorchester	Shaftesbury	Sherborne	Sturminster	Wareham	Wimborne
(I) No. of applications received during the year ended 30/6/55 for improvement grants to private persons	32	51	17	57	39	28	25	67	133
<ul> <li>(2) No. of schemes approved during the year ended 30/6/55 in respect of:</li> <li>(i) Property owned (or to be acquired) by the Council No. of dwelling affected</li></ul>	Nil Nil 31 37	Nil Nil 44 75	Nil Nil 16 21	Nil Nil 50 80	Nil Nil 26 29	Nil Nil 28 35	Nil Nil 25 28	Nil Nil 63 63	Nil Nil 84 106
(i) Property owned (or to be acquired) by the Council (ii) Private Property	Nil £993	Nil £386	Nil £378	Nil £770	Nil £646	Nil £899	Nil £446	Nil £485	Nil £577
(4) Is it considered, in the light of present information, that maximum advantage is being taken in the Council's area of the facilities offered under this Act?	Yes	Yes	Yes	Yes	No but position improving	Yes	No	No -	Yes

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