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THE HEALTH AND SOCIAL SERVICES OF DORSET



ANNUAL REPORT of the County Medical Officer of Health for the year 1957

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

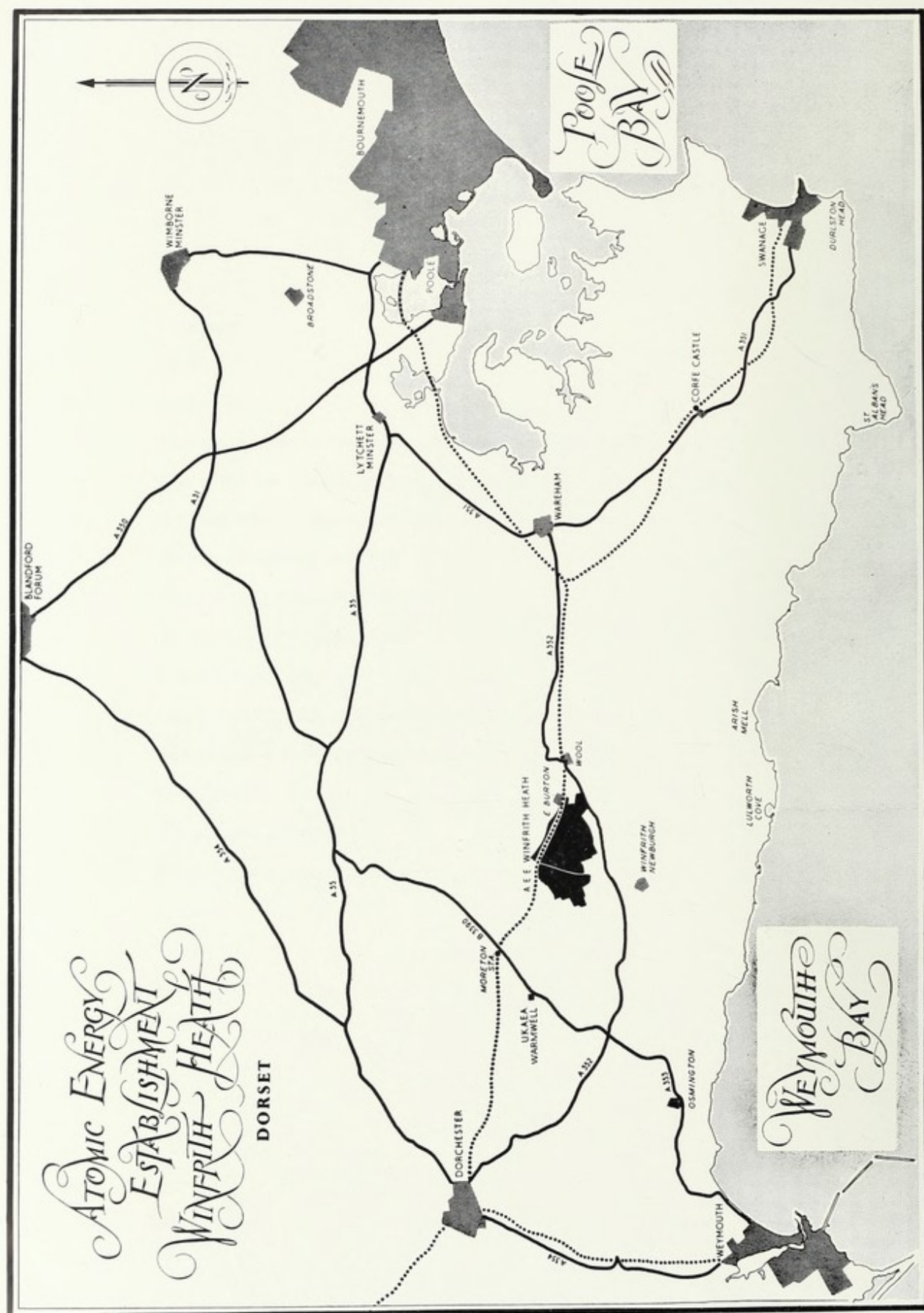
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Approximate Scale : 1" to 3 miles.

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FOREWORD

The year will be remembered for two main occurrences; the widespread use of poliomyelitis vaccine to give children up to school leaving age immunity against the disease and preparations for the setting up of an atomic energy research establishment on Winfrith Heath.

There was a marked rise in the number of notifications of measles and whooping cough. Fortunately, however, the vast majority of cases were mild in character and the death rate from infectious diseases was once again low.

The poliomyelitis figures were the lowest recorded since the post-war increase in the prevalence of the disease and a remarkable feature of this was that six out of the ten cases notified occurred in persons over school leaving age.

Atomic Energy Research Establishment, Winfrith

With the advent of the 'atomic age' associated problems of an entirely new nature confront the medical officer of health, particularly in those local government areas where atomic establishments of one sort or another are being developed.

During the year plans for an atomic research unit on Winfrith Heath in Dorset received the earnest consideration of the county council and other interested bodies. Following a public inquiry the Minister of Housing and Local Government gave his approval for the scheme to proceed and by the end of the year site works were already in progress. Undoubtedly the presence of the research establishment at Winfrith will have a profound effect on the county, particularly in connection with employment and housing.

Although the mishap which involved the atomic reactor at Windscale in Cumberland during the autumn fortunately resulted in no serious effects on health in the locality, it nevertheless acted as a salutary reminder that a great deal more information should be available both to medical officers of health and the public and arrangements have, therefore, been made for staff of health departments to attend suitable courses dealing with the subject of radioactivity and its health implications. Subsequently reference will, where appropriate, be made to this matter in health education programmes.

The Fleck report, issued as the result of an inquiry into the Windscale mishap, emphasise the necessity for specialised training and urges the setting up of local liaison committees in conjunction with the various atomic establishments so as to ensure the closest possible co-operation between the scientists and the public generally.

Poliomyelitis Vaccination

During the year the scheme for vaccination against poliomyelitis was extended to include all children born during or after 1943, expectant mothers, general medical practitioners and their families, ambulance staff and their families, and the families of hospital staff nursing infectious disease. It is estimated that there were 65,000 individuals in these groups and by the end of the year approximately 12,500 had been successfully vaccinated. An encouraging feature of the campaign was that without undue publicity consents were received from approximately sixty-five per cent of those eligible.

Vital Statistics

The vital statistics of the county follow the same general pattern as in previous years, the death rate being slightly above and the birth rate slightly below the corresponding figures for England and Wales. An unprecedented occurrence was the fact that no maternal deaths occurred. It is also encouraging to note that the infant mortality rate for the county is once again well below the national figure, the rates being 20.0 and 23.0 per thousand live births respectively.

Winter Illness

During the late summer and early autumn a large amount of minor illness, presumably mostly of virus origin, was reported. This reached a peak in October when, for example, more than three times the average number of new claims for sickness benefit were made in the county. Considerable numbers of school children were excluded from school due to illness and industry was badly affected. Asian influenza was mainly responsible but undoubtedly there were other infections about at the time and these continued throughout the winter. Individuals tended to have many more head colds and similar minor upsets than is usually encountered.

Health Visiting

During the past few years the work of the health visitor has been undergoing a gradual change. There appears little doubt that on the whole it has been increasing due particularly to the increase in immunisation procedures which have been carried out and to the need for more emphasis to be placed on the social services.

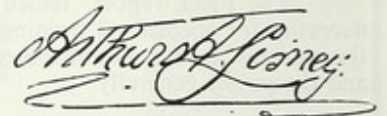
In 1955 two liaison health visitors were appointed in connection with the care of elderly persons in their own homes. These visitors are now well established and their services in co-ordinating the work of the local health authority, the hospital and the family doctor, are much appreciated by all. The district health visitor has extended her care to include visiting of old persons, giving advice and help to those in their own homes and when necessary advising on the services available and on residential accommodation. Family doctors, home nurses and the general public have expressed appreciation of these services.

Water Supply, Sewerage and Sewage Disposal

Although restrictions on capital investment have not made it possible to commence many of the urgently needed schemes the opportunity has been taken for planning and bringing preparatory work through to the public inquiry stage. This should no doubt save valuable time in the future.

My thanks are due to the kind co-operation of members of the Health and Social Services Committee and in particular to the Chairman, Alderman Douglas Jackman, whose extensive interest and knowledge of all branches of the health services is of considerable value both to the committee and myself.

I should also like to take this opportunity of placing on record my appreciation to the health department staff for their loyal and willing support, especially in connection with the poliomyelitis vaccination scheme which has necessitated many additional hours of work.



County Medical Officer of Health.

*Health Department,
County Hall,
Dorchester, Dorset.
June, 1958.*

STAFF OF HEALTH DEPARTMENT

Central Staff

County Medical Officer of Health;
Principal School Medical Officer.

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

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

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

Senior Medical Officer;
Senior School Medical Officer.

MACLEOD, M. C., M.D., D.P.H.

Assistant County Medical Officers of Health.

EVANS, L. S., M.R.C.S., L.R.C.P., D.P.H.

SIMONDS, W. H., M.A., M.D.

(Combined Appointments).

ARMIT, A., M.B., CH.B., D.P.H.

HOPKINS, G. B., M.B., CH.B., D.P.H. (Commenced 23/1/57).

LAWRENCE, I. B., B.Sc., M.B., CH.B., D.P.H.

O'KEEFE, E. J., M.R.C.S., L.R.C.P., D.P.H.

PEARSON, N. F., M.R.C.S., L.R.C.P., D.P.H.

Joint Appointment with Regional Hospital Board:

(Consultant Chest Physician).

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

(Consultant Psychiatrist).

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

Principal School Dental Officer.

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

Dental Officers.

FLINT, M. F., L.D.S. (Resigned 11/11/57).

FOREMAN, W. R., L.D.S.

HODGES, W. V. A., M.C., L.D.S.

LINLEY, MRS. E., L.D.S.

MILES, A. I., L.D.S. (Part-time) (Resigned 28/10/57).

NEAME, C. S., L.D.S. (Commenced 4/3/57).

RYAN, D. J. C., L.D.S. (Part-time) (Transferred to Poole 21/2/57).

YATES, A. V. (Transferred from Poole 15/4/57).

County Public Health Engineer.

KING, F. M. W., F.S.E., F.I.P.H.E., F.R.S.H., M.A.P.H.I.

Assistant County Public Health Officer.

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

County Ambulance Officer.

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

Psychiatric Social Worker.

FILLITER, MISS A. D.

Domestic Help Organiser.

LE FANU, MISS B., B.A., B.Sc.

County Nursing Officer.

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

Deputy County Nursing Officer.

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

Assistant County Nursing Officers.

HUNT, MISS R., S.R.N., S.C.M., H.V.CERT. (Resigned —/1/57).

TOPLEY, MISS D., S.R.N., S.C.M., H.V.CERT. (Commenced 1/4/57).

Liaison 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.

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

COWLEY, MISS C., S.R.N., S.C.M., H.V.CERT. (Transferred from Poole 16/12/57).

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. (Resigned 30/11/57).

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

MORRIS, MISS M., S.R.N., S.C.M., H.V.CERT. (Commenced 1/12/57).

POTT, MISS J. F., S.R.N., S.C.M., H.V.CERT.

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

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

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

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

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

TUFF, 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., D.S.A.

WALTERS, MISS H., 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.

DAVEY, MRS. J. L. (Commenced 1/3/57).

EVERARD, MISS B.

LAURENCE, MISS M. D., M.A.O.T. (Resigned 8/3/57).

Supervisor, Poole Occupation Centre.

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

Supervisor, Weymouth Occupation Centre.

BENNETT, MISS M. L. (Commenced 1/1/57).

District Officers.

BAMFORD, K. W.

COOK, J. C. H.

HOPKINS, C. G.

RICHARDS, W. E.

(Retired 31/3/57)

SALMON, C.

(Commenced 13/5/57)

} Also duly authorised officers
for the purpose of the
Lunacy and Mental Treat-
ment Acts.

Oral Hygienist.

NORMAN, MRS. M.

Chief Administrative Assistant.

HUTCHINGS, H. L.

Administrative Assistant.

CLARKE, V. W. V.

Poole Area Staff

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.

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

Area Dental Officer.

RIMMER, W. K., L.D.S. (Resigned 22/4/57).

TAYLOR, P. B., L.D.S. (Commenced 15/4/57).

Dental Officers.

ELDON, J., L.D.S. (Commenced 3/7/57).

GAPPER, A. E. G., L.D.S. (Commenced 1/7/57).

RYAN, D. J. C., L.D.S. (Transferred to Poole 21/2/57).

THOMAS, C. E., L.D.S. (Resigned 11/1/57).

YATES, A. V. (Transferred to Bridport 15/4/57).

Assistant 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. (Transferred to Blandford 16/12/57).

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

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

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

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

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

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.

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

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

Midwives (Whole-time).

BELLINGER, MISS I. M.

CHEESEMAN, MRS. M. E. (Resigned 18/12/57).

EGAN, MRS. W. M. (Resigned 31/10/57).

FORREST, MISS L. I. I.

HARDY, MISS A. D. E. M.

IMBER, MISS C. V. (Commenced 1/6/57).

MORRIS, MISS J. E.

O'LEARY, MISS M.

PETLEY, MISS B. M.

THICKETT, MISS M.

TUGWELL, MISS E. F.

Matron, Day Nursery.

MCCUTCHEON, MISS M. J.

South Dorset Area Staff

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.

FARWELL, E., L.D.S.

MASON, MRS. M. D., B.D.S. (Part-time).

Assistant Domestic Help Organiser.

BRAWLEY, MRS. M. C. (Commenced 12/8/57).

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.

Midwives (Whole-time).

CURTIS, MRS. H.

EMERY, MISS G. S.

GIBBS, MISS D. G.

OFFICERS OF OTHER AUTHORITIES

(at 31st December, 1957)

Boroughs	Medical Officers	Public Health Inspectors
Blandford Forum	DR. G. B. HOPKINS (Commenced 23/1/57). DR. E. JACKSON (Resigned 19/1/57) ..	MR. W. E. RAMM.
Bridport	*DR. A. ARMIT	MR. D. H. TILL.
Dorchester	DR. I. B. LAWRENCE	MR. C. F. ALLARD (Senior). MR. D. A. DOLPHIN
Lyme Regis	*DR. A. ARMIT	MR. E. PRESCOTT (Retired 20/9/57). MR. I. D. KENNAUGH (Appointed 20/9/57).
Poole	*DR. J. HUTTON	MR. R. LEGGAT (Senior). MR. C. GLOVER. MR. R. M. IMPETT. MR. C. A. TRIM (Resigned 31/12/56). MR. G. TUCKER. MR. F. K. W. FRANCIS. MR. T. K. ASTON (Housing). MR. E. W. WAKEFIELD (Meat Inspector). MR. R. C. STENIFOLD (Appointed 18/1/57).

<i>Boroughs</i>	<i>Medical Officers</i>	<i>Public Health Inspectors</i>
Shaftesbury	DR. N. F. PEARSON	MR. W. N. TEASDALE.
Wareham	DR. E. J. O'KEEFFE	MR. J. R. TANNER.
Weymouth and Melcombe Regis	*DR. E. J. G. WALLACE	MR. H. HANDSCOMB (Chief).
		MR. A. L. HARRIS.
		MR. R. G. S. NEWBOULD.
<i>Urban Districts</i>		
Portland	DR. E. J. G. WALLACE	MR. P. A. WILLIAMS.
Sherborne	DR. N. F. PEARSON	MR. C. E. BEAN (Senior) (Retired 13/12/57).
		MR. F. E. RAEURN (Appointed 14/12/57).
Swanage	DR. E. J. O'KEEFFE	MR. K. W. GREENWOOD.
Wimborne	DR. G. B. HOPKINS	MR. R. GELLENDER.
	(Commenced 23/1/57).	MR. CADDICK (Temporary appointed 1/11/57).
	DR. E. JACKSON (Resigned 19/1/57)	
	* Also Port Medical Officer.	
<i>Rural Districts</i>		
Beaminster	DR. A. ARMIT	MR. C. C. RUNDLE.
Blandford	DR. G. B. HOPKINS	MR. G. S. C. UDALL (Senior).
	(Commenced 23/1/57).	MR. M. A. STOCKLEY.
	DR. E. JACKSON (Temp.) (Resigned 19/1/57).	
Bridport	DR. A. ARMIT	MR. L. F. A. MADDOCKS (Chief).
		MR. J. 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. W. E. BREEDS (Senior).
		MR. L. F. P. WARREN.
Sherborne	DR. N. F. PEARSON	MR. J. E. FANNON.
Sturminster	DR. N. F. PEARSON	MR. F. HODSON.
		MR. H. C. WATKIN.
Wareham	DR. E. J. O'KEEFFE	MR. E. D. GRANT (Senior).
		MR. F. W. WHITE.
Wimborne	DR. G. B. HOPKINS	MR. W. CHICK (Chief).
	(Commenced 23/1/57).	MR. G. BOWER (Resigned 16/6/57).
	DR. E. JACKSON (Temp.) (Resigned 19/1/57).	MR. F. BOAM.
		MR. R. E. S. HARGREAVES } Meat
		MR. A. HOLMES } Inspectors.

Public Health Laboratory Service

Dorchester Laboratory.

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

Boscombe Laboratory.

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

COMMITTEES

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

Health and Social Services

1. *Composition.* Thirty ordinary members. Chairman and Vice-Chairman of the Council and of the Education Committee and Chairman or Vice-Chairman of the Finance Committee, *ex-officio*, six co-opted Members.—Total 41.

2. *Delegated Powers.* The powers and duties of the Council referred to in paragraph 3 below (under the heading 'Delegated Powers'), together with those relating to:—

- Health Education and Prevention of Illness.
- Provision of Housing Accommodation for District Nurses, Midwives and Health Visitors.

Referred Business. All functions of the council relating to water supplies, sewerage and sewage disposal and the public health aspect of rivers pollution and food hygiene, and any other functions of a public health nature.

3. The following powers and duties delegated to the committee have, with the approval of the council, been re-delegated or referred to the sub-committees named:—

- Poole and South Dorset Area Health Sub-Committees.*

Delegated Powers.

The functions of the council with regard to day-to-day administration of the following services under the National Health Service Acts, 1946 to 1952, in the Poole Borough Area and the South Dorset Area, subject to general control and direction with regard to policy being exercised by the committee:—

- Notification of Births and Infectious Diseases;
- Supervision of Midwives;
- Care of Mothers and Young Children;
- Health Visiting;
- Midwifery;
- Home Nursing;
- Vaccination and Immunisation;
- Domestic Help; including the appointment and dismissal of Home Helps with power to re-delegate to the County Medical Officer.

Referred Business

To consider and advise upon any matter referred to the sub-committee 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.

(b) *Maternity, Child Welfare and Nursing Sub-Committee*

Delegated Powers

The functions of the council with regard to day-to-day administration of the services referred to in paragraph 3 (a) (i) to (viii) above in those parts of the county not comprised in either the Poole Borough Area or in the South Dorset Area.

Referred Business

To consider and report to the Committee upon all matters arising in respect of the said functions and not dealt with by the sub-committee under their powers relating to day-to-day administration.

To consider and report to the committee upon any recommendations of the Poole Area and the South Dorset Area Health Sub-Committees regarding the exercise within those areas of the functions referred to in paragraphs 3 (a) and (b) above and involving questions of policy affecting their exercise elsewhere in the county.

(c) *Health Centre and Ambulance Services Sub-Committee*

Delegated Powers

The functions of the council relating to Health Centre and Ambulance Services including the appointment and dismissal of ambulance drivers/attendants with power to re-delegate.

(d) *Social Services Sub-Committee*

Delegated Powers

The functions of the council under:—

- (i) The National Assistance Act, 1948; including the appointment and dismissal of resident and non-resident staffs in establishments.
- (ii) The Lunacy and Mental Treatment Acts, 1890-1930, and Mental Deficiency Acts, 1913-1938, as amended by the National Health Service Acts, 1946 to 1952;
- (iii) Section 28 of the National Health Service Act, 1946, relating to Care and After-Care.

(e) *Nurses Acts Sub-Committee*

Delegated Powers

The functions of the council under the Nurses Acts, 1943-1945, relating to licensing of agencies for the supply of nurses.

(f) *Public Health Sub-Committee*

Delegated Powers

The functions of the Council under the:—

- (i) Housing Acts, 1936 to 1957 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 council;
- (ii) Part II of the Food and Drugs Act, 1955 (except Sections 32, 47 and 48) and any Orders made thereunder and any enactments or Orders amending the same.

Referred Business

The functions of the committee relating to water supplies, sewerage and sewage disposal and the public health aspect of rivers pollution and food hygiene, and any other functions of a public health nature not within the terms of reference of any other sub-committee.

(g) *Nursing Homes and Nurseries and Child Minders Sub-Committee*

Delegated Powers

The functions of the council under the Public Health Act, 1936, relating to the registration and exemption from registration of Nursing Homes and the Nurseries and Child Minders Regulation Act, 1948, relating to the registration of premises as nurseries or persons as child minders.

Note.—There are excepted from the Delegation of Powers to each committee (a) the powers of levying or issuing a precept for a rate or of borrowing money; (b) except where otherwise stated, the power of appointment and dismissal of established officers; and (c) the acquisition of all property and sites.

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 particularly favourable all the year round being moderately bracing for the most part, the downland air and sea breezes combining to produce a distinctly healthful atmosphere. Sunshine records are high and there is a pleasing absence of very severe frosts or fogs. In the following table are given the average monthly rainfall figures for 1957 of forty-three stations in the county, together with the average hours of sunshine per month of two coastal stations:—

Month	Average rainfall 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	3.55 inches	62.3	July	4.08 inches	208.0
February	4.56 ..	81.6	August	3.28 ..	194.5
March	3.01 ..	115.4	September	3.65 ..	136.6
April	2.28 ..	191.8	October	2.89 ..	105.3
May	2.29 ..	249.4	November	2.56 ..	77.6
June	2.12 ..	323.4	December	3.05 ..	71.0

The number of hours of sunshine recorded from the two coastal stations during the year revealed an average figure of 1,817.05 hours. This shows a slight decrease compared with the previous year when the average figure from the same two stations was 1,832.75 hours. The rainfall showed a slight increase, an average figure of 35.32 inches being recorded from forty-three stations compared with 33.11 inches in 1956. The heaviest falls occurred in January, February, July and September.

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

General Statistical Summary of the County

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

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

The numbers of births, stillbirths and deaths allocated to the area are those registered during the year 1957, as adjusted for inward and outward transfers.

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

Area in acres	..	..	..	..	..	..	..	622,844
Population	..	..	..	..	..	Urban	188,700	
						Rural	116,400	
								305,100
Rateable value as at 1st April, 1957	..	..	..	..	..			£3,564,262
Estimated product of a penny rate	..	..	..	..	..			£14,102
Births:								
Live Births:								
Legitimate	..	..	..	..	..	Male	2,149	Female 1,972
Illegitimate	..	..	..	..	..		92	99
Total live births	..	..	..	..	..		2,241	2,071
Birth rate per thousand population	..	..	..	..	..			14.13
Legitimate birth rate per thousand population	..	..	..	..	..			13.5
Illegitimate birth rate per thousand population	..	..	..	..	..			0.62
Illegitimate birth rate per thousand live births	..	..	..	..	..			44.3
Stillbirths:								
Legitimate—90						Illegitimate—1	Total	91
Stillbirth rate per thousand population	..	..	..	..	..			0.29
Stillbirth rate per thousand total live and stillbirths	..	..	..	..	..			20.67
Illegitimate stillbirth rate per thousand total illegitimate (live and still) births	..	..	..	..	..			5.20
Deaths:								
Total deaths	..	..	..	..	..			3,653
Death rate	..	..	..	..	..			11.97
								Rate per 1,000 total (live and still) births
Death from puerperal causes	..	..	..	..	..	Deaths Nil		Nil
Deaths of infants under one year of age:								
Legitimate—79						Illegitimate—7	Total	86
Death rate of infants under one year of age:								
All infants per 1,000 live births	..	..	..	..	..			19.9
Legitimate infants per thousand legitimate live births	..	..	..	..	..			19.2
Illegitimate infants per thousand illegitimate live births	..	..	..	..	..			36.6
Deaths from diphtheria	..	..	..	..	..			Nil
.. .. measles	..	..	..	..	..			Nil
.. .. whooping cough	..	..	..	..	..			1
.. .. pulmonary tuberculosis	..	..	..	..	..			24
.. .. non-pulmonary tuberculosis	..	..	..	..	..			5
.. .. cancer (all forms)	..	..	..	..	..			638

Some of the causes of death, with the corresponding percentages of total deaths (3,653) are given in the table below:—

(a) Heart disease	34.6	(h) Other diseases of respiratory system	1.4
(b) Cancer (all forms)	17.5	(i) Influenza	1.3
(c) Vascular lesions of nervous system	14.9	(j) Hyperplasia of prostate	1.2
(d) Other circulatory diseases	4.7	(k) Nephritis and nephrosis	1.0
(e) Pneumonia	4.0	(l) Motor vehicle accidents	1.0
(f) Bronchitis	2.8	(m) Ulcer, stomach and duodenum	0.9
(g) Accidents other than motor vehicle	1.8	(n) Suicide	0.9

Comments on Vital Statistics (Tables 1—5)

Birth Rate. The birth rate for 1957 was 14.1 compared with the corresponding figure for England and Wales of 16.1. Both these figures show a slight increase in the birth rate when compared with the previous year.

Infant Mortality. The infant mortality rate for 1957 was 20.0 per thousand live births, this figure comparing with that for England and Wales of 23.0. The Dorset figure for the previous year was 24.4 per thousand live births and this fluctuation is probably due to the relatively small number of infant deaths that now occur annually.

Death Rate. The death rate of 11.9 per thousand shows a slight reduction when compared with the previous year and is still slightly greater than the rate for England and Wales of 11.5. The main causes of death show little variation from the previous year. Heart disease, vascular catastrophes of the nervous system, and cancer once again constituted by far the greatest number of deaths. The total number of deaths from cancer showed a slight decrease when compared with the previous year. There was a slight decrease in the number of deaths from pneumonia, but forty-nine persons died from influenza as compared with twenty-three the previous year. This, no doubt, resulted from the autumn and early winter epidemic of Asian influenza. All accidents again featured prominently there being a total of 103 such deaths during the year.

Maternal Mortality. There were no maternal deaths during the year. This remarkable occurrence is quite without precedent and does considerable credit to the social and medical advances that have taken place in the past few years.

Infectious Diseases. During the year the number of deaths from infectious disease was four as compared with three in 1956. The number of notifications was higher than in the previous year due largely to an increase in the prevalence of whooping cough and measles.

Morbidity Figures

The number of claims for sickness benefit for the past four years is given in the table below. There is a considerable and significant increase in the total number of new claims in the last four months of the year. In October, for example, 9,657 new claims were made which is more than three times the average figure for that month. This increase was due to Asian influenza and other winter illnesses which were exceptionally prevalent in the county at the time.

Month	1954		1955		1956		1957	
	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	Total number of new claims	Number per 1,000 population
January ..	2,821	9.35	4,106	13.51	3,434	11.29	3,206	10.51
February ..	2,802	9.29	3,580	11.78	4,124	13.56	2,451	8.03
March ..	2,800	9.29	3,636	11.96	3,102	10.20	2,314	7.59
April ..	1,755	5.82	2,068	6.80	2,008	6.60	2,319	7.60
May ..	1,944	6.45	2,207	7.26	2,355	7.74	1,910	6.26
June ..	2,082	6.90	1,718	5.56	1,757	5.77	1,745	5.72
July ..	1,482	4.91	1,574	5.17	2,091	6.87	2,061	6.75
August ..	1,884	6.25	2,069	6.81	1,524	5.01	1,606	5.26
September ..	1,622	5.38	1,762	5.81	1,769	5.81	2,043	6.70
October ..	1,851	6.15	2,003	6.59	2,661	8.74	9,657	31.65
November ..	2,479	8.22	2,622	8.63	2,161	7.10	3,873	12.69
December ..	1,854	6.15	1,950	6.41	1,780	5.85	4,300	14.09
Totals ..	25,376	84.16	29,295	96.37	28,766	95.42	37,485	122.85

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE (Table 5)

During the year there were 4,127 notifications received compared with 2,649 in 1956. This increase is largely due to an increased number of whooping cough and measles notifications—870 and 2,663 as against 373 and 1,653 respectively.

Food poisoning and dysentery dropped from 191 and 63 to 29 and 2, but there were two deaths registered as due to food poisoning.

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

Disease	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
<i>Diphtheria:</i>										
No. of cases notified	4	3	1	—	1	—	1	—	—	1
Incidence rate	0.01	0.01	0.003	—	0.003	—	0.003	—	—	0.003
No. of deaths	—	—	—	—	—	—	—	—	—	—
Death rate	—	—	—	—	—	—	—	—	—	—
<i>Scarlet Fever:</i>										
No. of cases notified	226	211	194	172	125	188	184	72	107	113
Incidence rate	0.73	0.77	0.67	0.58	0.42	0.63	0.61	0.24	0.35	0.37
No. of deaths	—	—	—	—	—	—	—	—	—	—
Death rate	—	—	—	—	—	—	—	—	—	—
<i>Measles:</i>										
No. of cases notified	1,571	3,761	1,545	4,709	950	4,900	102	4,944	1,653	2,663
Incidence rate	5.76	13.67	5.31	15.89	3.20	16.37	0.34	16.26	5.43	8.72
No. of deaths	—	2	—	2	—	1	—	—	—	—
Death rate	—	0.007	—	0.007	—	0.003	—	—	—	—
<i>Whooping Cough:</i>										
No. of cases notified	1,339	819	1,386	1,492	866	1,125	876	591	373	870
Incidence rate	5.13	2.97	4.77	5.04	2.92	3.76	2.90	1.94	1.22	2.85
No. of deaths	3	4	—	3	—	1	1	—	1	1
Death rate	0.01	0.01	—	0.01	—	0.003	0.003	—	0.003	0.003
<i>Typhoid and Para-typhoid Fever:</i>										
No. of cases notified	7	2	1	4	3	2	1	16	1	1
Incidence rate	0.03	0.007	0.003	0.01	0.01	0.007	0.003	0.05	0.003	0.003
No. of deaths	—	—	—	—	—	—	—	—	—	—
Death rate	—	—	—	—	—	—	—	—	—	—
<i>Food Poisoning:</i>										
No. of cases notified	—	88	74	34	18	23	35	63	191	29
Incidence rate	—	0.3	0.25	0.11	0.06	0.08	0.12	0.21	0.63	0.07
No. of deaths	—	—	—	—	—	—	—	—	—	2
Death rate	—	—	—	—	—	—	—	—	—	0.006
<i>Dysentery:</i>										
No. of cases notified	27	23	21	192	115	68	68	13	63	2
Incidence rate	0.10	0.08	0.07	0.65	0.39	0.23	0.23	0.04	0.21	0.006
No. of deaths	—	—	—	—	—	—	—	—	—	—
Death rate	—	—	—	—	—	—	—	—	—	—
<i>Poliomyelitis (including Polioencephalitis):</i>										
No. of cases notified	19	68	111	33	24	150	27	50	11	10
Incidence rate	0.07	0.25	0.38	0.11	0.08	0.50	0.09	0.16	0.04	0.03
No. of deaths	—	7	18	2	1	2	2	3	1	1
Death rate	—	0.03	0.06	0.007	0.003	0.007	0.007	0.01	0.003	0.003
<i>Meningococcal Infection:</i>										
No. of cases notified	14	6	5	4	5	5	4	5	7	5
Incidence rate	0.05	0.02	0.02	0.01	0.02	0.02	0.01	0.02	0.02	0.01
No. of deaths	4*	2*	2	2	—	1	1	1	1	—
Death rate	0.01	0.007	0.007	0.007	—	0.003	0.003	0.003	0.003	—

* Notified as Cerebral-Spinal Fever

Diphtheria

One case of diphtheria was notified in an unimmunised girl of five years of age. The type of organism isolated was a virulent *C. diphtheriae mitis*. The occasional occurrence of virulent diphtheria organisms in the community emphasises the need for continued immunisation of all young children. Full details of diphtheria immunisation are reported elsewhere.

Scarlet Fever

There were 113 cases of scarlet fever notified during the year. As in recent years these infections were mild and no deaths occurred.

Measles

During the year 2,663 cases of measles were notified and of these approximately 2,000 occurred during the second and third quarters of the year. It is encouraging once again to note that no deaths occurred. The epidemiological pattern of this infection has continued its bi-annual course for more than ten years.

Whooping Cough

A total of 870 cases of whooping cough were notified during the year. On the whole cases were mild and with the increased use of vaccines diagnosis in young inoculated children has become increasingly difficult. One female child, aged one month, died from the disease. This emphasises the necessity for early immunisation of infants and for every effort being made to immunise young children.

Typhoid and Para-typhoid Fever

There was one case of para-typhoid fever notified during the year. Occasional sporadic cases do occur from time to time, but no outbreaks were reported.

Food Poisoning and Dysentery

During the year twenty-nine cases of food poisoning, two of which were fatal, and two cases of dysentery were notified. This is the lowest number of cases notified since 1953 and the lack of prevalence of these bowel infections may to some extent be due to the wet summer which reduced the amount of dust and prevalence of flies.

Poliomyelitis

Ten cases of poliomyelitis, all paralytic, were notified during 1957 and this is the lowest number in any one year since the post-war increase in the prevalence of the disease. Once again the serious nature of the infection is emphasised by the fact that three of these cases were of the bulbar type and that one of these, a man aged 28 years, died.

Geographically the cases were scattered throughout the county, there being no undue prevalence in any area. The most remarkable epidemiological feature was in the age incidence. Six of the people affected were adults and the remaining four children under the age of ten years. Of these children none had been vaccinated against the infection.

During the year further steps were taken for the vaccination of children born in the years 1947-54 inclusive and full details are given elsewhere in this report. It seems reasonable to speculate that the remarkable age distribution of cases of poliomyelitis, formerly known as infantile paralysis, might in some way be due to the success of the vaccination scheme.

Tuberculosis

In all 148 cases of pulmonary tuberculosis and eighteen cases of non-pulmonary tuberculosis were notified during the year. The notifications show an overall decrease when compared with the figures for the previous year, but the number of non-pulmonary cases decreased to a greater extent.

*Number of Notifications and Deaths from Tuberculosis
in Dorset 1948-1957*

Year	Pulmonary		Non-Pulmonary	
	Number of Notifications	Number of Deaths	Number of Notifications	Number of Deaths
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
1956	184	24	30	3
1957	148	24	18	5

Pulmonary Cases

The table shows a reduction of thirty-six in the number of cases of pulmonary tuberculosis which were notified and it must be assumed that the downward trend has once again been established. Every effort is being made to diagnose these cases and the mass radiography units continue to refer a large number of patients who are eventually notified as suffering from the disease.

The schemes for vaccination of contacts and thirteen-year-old school children with B.C.G. as a prophylactic measure have been continued.

Non-Pulmonary cases

There has been a slight decrease in the number of notifications of non-pulmonary tuberculosis during the year and it is encouraging to note that there were only five deaths from this disease. Improved methods of milk production, the creation of specified areas under Orders made by the appropriate Ministry and the general decline of tuberculosis throughout the country should bring about a steady decrease in the years to come.

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, under delegated powers, for the care of mothers 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, assisted by health visitors and midwives who are responsible for running the clinics in their respective areas under the direction of the medical officer in charge.

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 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.

Proposals for the Improvement of Ante-Natal Care

Concerning the proposals made for improved ante-natal care set out in last year's annual report, arising from a study of Ministry of Health circular 9/56 and the memorandum from the Standing Maternity and Midwifery Advisory Committee of the Central Health Services Council on the subject of ante-natal care, the present position is as follows:—

- Midwives encourage their patients to book a doctor for confinement and there are now very few cases in the county area in which the expectant mother does not take advantage of the facilities available under the general practitioner-obstetrician scheme.
- The introduction of the appointment system in place of regular ante-natal sessions for the attendance of expectant mothers at local health authority ante-natal clinics has proved highly satisfactory as it has allowed the closure of those clinics which were becoming redundant due to the expansion of facilities provided at hospital ante-natal clinics and under the general practitioner-obstetrician scheme. Regular sessions are now held only at Dorchester, Poole and Wimborne.
- No general practitioners in the county have as yet applied for the use of local health authority clinics to examine their own patients with the midwife in attendance.
- Considerable propaganda is being carried out to ensure that obstetricians and general practitioners are made aware of the facilities provided by the county council for the education of the expectant mother. Good progress has been made in the expansion of this service and the county, with the exception of a few gaps which it is hoped to fill early in the coming year, is covered with adequate facilities for relaxation classes and mothercraft instruction.
- Publicity and persuasion without direct action have led to a ten per cent increase in the number of tests carried out on the blood of expectant mothers at the county laboratory during 1957, the number being 2,310 compared with 2,100 in the previous year.

General Arrangements

Ante-natal clinical supervision by assistant county medical officers is provided as heretofore for patients making use of local authority ante-natal clinics.

The service includes routine examinations of expectant mothers at regular intervals and collection of blood for Wassermann and Kahn tests, blood grouping and haemoglobin estimations. These tests, together with the examination of any pathological material and pregnancy tests where necessary, are carried out at the county laboratory.

Patients developing illness or obstetric abnormality during pregnancy are referred to the family doctor for treatment and arrangements are made for x-ray examinations if considered necessary. Patients are referred for hospital confinement where needed on social grounds, and those requiring the services of a home help are put in touch with the county organiser of the domestic help service.

Facilities for post-natal examination are available at all ante-natal clinics sessions or by appointment. No ante-natal clinic is held in the South Dorset area but post-natal cases are seen by appointment at the health centre.

Statistics

Summary of Ante-Natal and Post-Natal Care at Local Health Authority's Clinics, 1953-57

	1953	1954	1955	1956	1957
Combined Ante-Natal and Post-Natal Clinics ..	10	7	7	7	3
First Attendances { Ante-Natal ..	305	244	150	112	97
{ Post-Natal ..	204	160	70	44	31
{ Total ..	509	404	220	156	128
Total Attendances { Ante-Natal ..	1,094	903	739	533	368
{ Post-Natal ..	250	181	115	54	52
{ Total ..	1,344	1,084	854	587	420
Midwives' Ante-Natal Clinics (Poole only) ..	—	—	—	5	5
First Attendances ..	—	—	—	680	730
Total Attendances ..	—	—	—	2,804	3,298

Relaxation Classes

Relaxation classes and mothercraft training are carried out where possible in conjunction with clinical ante-natal sessions, but where an appointment system has been adopted for clinical supervision relaxation and mothercraft classes are held independently, a physiotherapist being in charge of the relaxation class and health visitors and midwives arranging talks and demonstrations in their respective areas.

Substantial progress has been made during 1957 in the expansion of this service. New centres have been opened at Shaftesbury, Sherborne and Wareham and are well supported by obstetricians, general practitioners and midwives, resulting in good attendances at all sessions. At Shaftesbury, by arrangement with the Salisbury Group Hospital Management Committee, the classes are held at the Westminster Memorial Hospital in conjunction with the hospital ante-natal clinics and are very well attended. At other centres the

classes are held in premises either owned or rented by the county council. At Wimborne, where the work had been carried on for several years in conjunction with the ante-natal clinic, relaxation classes were discontinued towards the end of the year due to unsuitable accommodation and small attendances. Wimborne patients make their own arrangements for attendance at relaxation classes sponsored by the Natural Childbirth Association of Great Britain which are available in the area.

In connection with mothercraft training, during 1957 much use has been made of appropriate films to add interest to talks and discussions, up-to-date leaflets have been distributed to expectant mothers attending the classes, and posters and demonstrations which are changed from week to week have been on view. Good use has also been made of a birth atlas and flannelgraphs in conjunction with the talks.

Statistics

Attendances at Mothercraft and Relaxation Classes

Class	Mothercraft		Relaxation	
	First	Total	First	Total
Bovington	41	377	—	—
Dorchester	58	308	63	416
Poole	30	156	41	289
Shaftesbury	54	334	56	331
Sherborne	25	136	21	137
Wareham	24	96	25	91
Weymouth	189	569	6	37
Wimborne	—	—	10	50
Totals	421	1,976	222	1,351

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 during 1957 were used in very few instances.

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

	1953	1954	1955	1956	1957
<i>Ante-Natal Examinations:</i>					
Number of women examined ..	23	31	23	18	4
Number of examinations made ..	29	37	27	24	4
<i>Post-Natal Examinations:</i>					
Number of women examined ..	—	1	—	1	2
Number of examinations made ..	—	1	—	1	2

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 Beckingsale 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.

Statistics

Particulars of Admissions to Mother and Baby Homes

Name of Home	Number of Cases Admitted				
	1953	1954	1955	1956	1957
St. Monica's Home, Parkstone ..	19	16	30	14	12
St. Gabriel's Home, Weymouth ..	27	23	24	15	19
Beckingsale House, Salisbury ..	8	6	10	8	10
Free Church Council Maternity Home, Bournemouth	—	—	—	—	4
Others	5	6	6	7	10
Total	59	51	70	44	55

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 in bulk to the midwives who distribute them, as needed, to their domiciliary cases.

During the year, 1,726 outfits were issued, the highest number recorded since the outfits became available without charge in 1948 under the National Health Service Act.

The distribution of the outfits was as follows:—

County Area	..	900
Poole Area	..	682
South Dorset Area	..	144
		<hr/> 1,726

Welfare Centres (Tables 8 and 9)

Administrative Arrangements

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

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

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

General Survey

The number of attendances at child welfare centres in the county has shown a satisfactory increase in 1957, especially in those areas where large housing estates have been developed. It is interesting to note in this connection that with improved housing conditions mothers become much more likely to attend a welfare centre with their children and to take advantage of the facilities provided for the betterment of the family. Similarly, modern, well laid-out premises attract a much greater number of attendances than an unpleasing building although the facilities available at each are the same. This tendency was well exemplified when the new Hamworthy health clinic was opened in 1955 and again at Blandford following the removal of the clinic to modern premises at the Red Cross Hall in November of this year.

Applications from interested bodies for the opening of additional clinics, usually in small centres of population, were received during the year and were considered on their merits. A new welfare centre was opened at Corfe Mullen at the Red Cross Hut in August, which brings the number of centres in the county at the end of the year, including fourteen at Poole and eight in the South Dorset area, to fifty. Blackdown and Milton Abbas centres were closed at the end of the year due to low attendances and Rushton Heights centre was closed in October as few families remained in the locality.

During the year arrangements were made for a member of the medical staff from the Department of Education for the Deaf, University of Manchester, to visit the county and give demonstrations and instruction to health visitors at Poole and Dorchester on the method of detecting deafness in babies and young children. The course has already proved highly valuable as screening tests with suitable apparatus are now carried out on a number of babies and toddlers attending the welfare centres. Those suspected of defective hearing are then referred for further tests to the county teacher for the deaf and where considered necessary to an ear, nose and throat consultant for treatment and advice on suitable training.

The scheme for immunisation against diphtheria, whooping cough and tetanus at child welfare centres has continued during the year. The use of triple antigen, combining protection against all three diseases introduced in 1956, proved highly popular with the public, but this prophylactic was abandoned in 1957 on the advice of the Ministry of Health in favour of separate immunisation against each disease at spaced intervals. Despite the increased number of injections involved, which leads to confusion in the minds of some parents, the service continues to be much in demand and has become almost a routine measure for the protection of infants and young children attending local health authority centres. Intensive propaganda by medical officers and health visitors emphasising the urgency of early protection against whooping cough is meeting with an excellent response. The demand for protection against tetanus is steadily increasing. The value of a reinforcing dose of diphtheria prophylactic before school entry is becoming generally appreciated by the parents of children in this category.

Vaccination against smallpox, which became available at child welfare centres in the county in 1954, has met with an improved response during 1957. The number of infants about three months of age vaccinated during the year is an improvement on last year's figures but is still far from satisfactory.

The following table shows the number of vaccinations carried out at welfare centres from 1954 to 1957:—

Year	County Area	Poole	South Dorset	Total
20.11.54—31.12.55	161	63	194	418
1956	163	321	216	700
1957	184	465	232	881
Totals	508	849	642	1,999

The bi-monthly sessions provided for toddlers at Dorchester child welfare centre continue to serve a useful purpose for mothers needing advice, particularly on behaviour difficulties developing in their young children, and affords opportunity for the early detection of speech defects, partial deafness and squint, also of cases needing early dental and orthopaedic treatment.

Outline of Work carried out at the Centres

The clinical work of the centres is purely preventive in character and aims at early detection of congenital and acquired defects and diseases with the object of referring such cases to the family doctor before complications arise. In this connection it is pleasing to note that the number of young babies seen at the clinics suffering from untreated defects or diseases is steadily decreasing due to detection during the neonatal period by hospital obstetricians and family doctors undertaking domiciliary confinements. Each welfare centre is attended regularly by a medical officer and every infant is examined at his first visit and thereafter at periodic intervals. Infants and young children are closely observed for signs of nutritional deficiencies or other deviations from normal health and laboratory investigations are carried out when considered advisable. Within the scope of the service, nutritional requirements, including food supplements, are adjusted according to the needs of the individual child.

Immunisation against diphtheria, whooping cough and tetanus are carried out at all centres; also vaccination against smallpox and, as occasion arises, against poliomyelitis.

Children found to be tuberculosis contacts from any source and not already under observation at the chest clinic are, with the approval of the family doctor, referred to the chest physician for examination and B.C.G. vaccination if necessary.

Educational work at the centres is designed to broaden the mother's conception of healthy living and of the various aspects of the subject which tend to promote mental and physical wellbeing. The value of good housing, including proper heating, lighting and ventilation; adequate means of food storage, productive vegetable gardens and garden space for children's activities is pointed out to the parent by means of talks, films, leaflets and posters. The importance of clean food, suitable diets for children of different ages, well planned family budgets, prevention of accidents in the home, is stressed at all sessions by medical officers and health visitors. Films have been shown during the year to supplement talks on accidents in the home, immunisation procedures, vaccination against poliomyelitis, breast feeding and dental care. Several other films on the subject of child care have been shown at both ante-natal clinics and child welfare centres. At the larger clinics attractive display boards have been set up and the subject matter which has included the need for clean food, the care of the feet, suitable clothing for young children and dental hygiene, is changed at monthly intervals. Posters and leaflets bearing on the subject of each particular display have been shown at the same time to focus the attention of the public on these aspects of health education.

Health of the Child

The physical health of pre-school children under regular medical supervision at welfare centres has been well maintained during the year despite a widespread measles epidemic and an epidemic of whooping cough in some areas. The present day feeding habits of the young child are causing great concern at the centres as a tendency to overweight, beginning at the weaning stage, has become increasingly evident during the year under review. Extensively advertised, easily prepared carbohydrate weaning foods are, it is thought, to a great extent responsible for this trend as mothers are naturally responsive to attractive, colourful advertisements displayed on hoardings and in booklets and magazines. These foods introduced in small quantities in conjunction with a protein preparation would be perfectly satisfactory, but in so many instances the protein supplement is neglected and the carbohydrate fed to the child in excess because he likes it. Unfortunately, the preference for sweet foods once acquired in the infants is extremely difficult to break down in favour of the good balanced diet so essential to the proper development of the growing child. However, every effort is made at the welfare centres to check this trend, but it is an uphill fight.

Statistics

Analysis of Attendance at Welfare Centres, 1953—1957

	1953	1954	1955	1956	1957
Infants under 1 year of age attending first time ..	2,541	2,691	2,668	2,821	3,033
Children 1—5 years of age attending ..	2,509	4,236	7,123	7,556	7,756
Total attendances of infants under 1 year of age ..	28,458	29,274	32,560	34,647	35,970
Total attendances of children 1—5 years of age ..	16,733	18,008	17,930	20,109	20,854
Number of live births notified ..	3,849	3,991	4,172	4,213	4,312
Percentage that attended while under 1 year of age ..	66.0	67.4	63.9	66.9	70.3

Other Provision

Dental Care—Priority Classes

There continues to be a steady increase in the number of expectant and nursing mothers treated, but a slight decrease in the number of young children. The service is assisted by the fact that there is now a full staff of dental officers and as an increase in establishment of three has been approved for the coming year, a still further improvement is expected.

The shortage of suitable clinics, however, restricts the treatment of these priority classes, especially the mothers, in certain areas of the county.

Where available, full treatment is offered including x-ray examination, administration of general anaesthetics and the provision of dentures free of cost to mothers.

Dental Care of Expectant and Nursing Mothers, 1953—1957

	1953	1954	1955	1956	1957
Number examined	197	184	229	250	273
Number needing treatment	181	177	220	245	269
Number treated	150	133	153	151	195
Number made dentally fit	141	107	106	120	130
<i>Particulars of Dental Treatment provided:</i>					
Extractions	206	367	373	324	445
Anaesthetics—General	26	42	54	39	66
Fillings	268	243	177	190	276
Scalings/Gum Treatment	69	112	90	81	90
Silver Nitrate	5	—	1	—	1
Dentures provided) Complete	13	15	21	29	29
Partial	35	19	31	47	31

Dental Care of Children under Five Years of Age, 1953—1957

	1953	1954	1955	1956	1957
<i>Numbers provided with dental care:</i>					
Number examined	451	601	572	635	559
Number needing treatment	381	538	531	594	516
Number treated	365	489	494	536	459
Number made dentally fit	358	464	444	485	384
<i>Particulars of dental treatment provided:</i>					
Extractions	443	562	553	535	503
Anaesthetics—General	246	334	323	322	272
Fillings	358	274	294	262	228
Scalings/Gum treatment	5	8	10	6	4
Silver Nitrate	72	35	8	40	27

Birth Control

Advice on contraception is given at Poole, Dorchester, Blandford, Bridport, Wareham and Weymouth.

*Statistics**Attendances at Contraception Clinics*

Clinic	Number of Sessions	First Attendances	Total Attendances
Blandford	23	48	145
Dorchester	34	63	329
Bridport	21	41	199
Wareham	22	44	213
Hamworthy	74	146	841
Weymouth	32	172	272
Totals	206	514	1,999

Summary of Attendances at Contraception Clinics, 1953—1957

Particulars	1953	1954	1955	1956	1957
Number of Sessions	92	127	194	209	206
First Attendances	217	247	375	411	514
Total Attendances	1,038	1,215	1,504	1,584	1,999

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, and 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.

It is encouraging to note that the number of premature live births notified in 1957 shows a substantial decrease on the number notified in 1956. Of the 245 premature infants notified in 1957, 216 or 88 per cent survived at the end of one month compared with 80.8 per cent in 1956. The number of premature stillbirths notified is also lower than in 1956, the total number notified being forty-four compared with fifty in 1956.

The high incidence of prematurity remains a serious national problem, and is particularly disappointing in view of the improved medical, social and economic circumstances of the decade now nearing its end. It is much to be hoped that the Perinatal Mortality Survey planned under the auspices of the National Birthday Trust Fund, to be carried out in March, April and May of 1958, may reveal further causes of the condition and will lead to advances in the medical and social care of the pregnant woman and the potential mother.

Statistics

Of the number of premature infants notified in 1957, sixty-three were born at home and 182 in hospitals and nursing homes.

Weight at Birth	Premature Live Births															Premature Stillbirths		
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hos- pital	Born at home	Born in hos- pital
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
3 lb. 4 oz. or less	31	5	12	—	—	—	6	1	3	—	—	—	—	—	—	10	—	—
Over 3 lb. 4 oz. up to and in- cluding 4 lb. 6 oz.	32	1	30	6	—	6	4	—	3	—	—	—	—	—	—	17	1	—
Over 4 lb. 6 oz. up to and in- cluding 4 lb. 15 oz.	25	1	24	8	—	8	1	—	1	—	—	—	—	—	—	3	1	—
Over 4 lb. 15 oz. up to and in- cluding 5 lb. 8 oz.	93	—	92	32	—	32	6	—	4	1	—	1	—	—	—	9	3	—
Totals	181	7	158	46	—	46	17	1	11	1	—	1	—	—	—	39	5	—

Premature Infants Notified, 1953—57

Premature Live Births	1953	1954	1955	1956	1957
Number of premature infants notified	255	190	260	303	245
Number of premature infants who were:					
Born at home	62	39	69	72	63
Born in hospital or nursing home	193	151	191	231	182
Number of those born at home and nursed entirely at home who:					
(1) died during first 24 hours	5	2	1	3	—
(2) survived at end of one month	39	28	47	54	46
Number of those born at home who were transferred to hospital	16	7	17	14	17
Number of those born in nursing homes who:					
(1) died during first 24 hours	—	1	—	—	—
(2) survived at end of one month	3	1	7	—	1

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 arrangements were made for significant cases of child neglect and all cases of ill-treatment to be reported to the designated officer so that appropriate joint action could be taken.

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 a radiological examination of the chest, before engagement and an annual x-ray examination thereafter. During the year under review sixteen initial and twenty-three 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 three radiological examinations of the chest were carried out in 1957; 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

<i>Day Nursery</i>	1953	1954	1955	1956	1957
Number of approved places ..	50	50	50	50	50
Number of children on register at end of year ..	54	49	45	47	49
Average daily attendance during year ..	23	31	29	26	31

Distribution of Welfare Foods

The system of distribution of welfare foods has continued to operate quite smoothly during the past year and the voluntary workers have maintained the service very successfully. The number of distribution centres has not varied, one or two in small villages have been temporarily closed owing to a period during which there was no demand for foods, several have been transferred to new premises and a number of new centres have been opened.

There has been the usual seasonal fluctuation in uptake, but since the increase in the price of National Dried Milk in April, 1957, from 10½d. to 2s. 4d. per tin, there has been a reduction in the amount taken up. Similarly, when the issue of orange juice was limited to children up to the age of two years, in November, 1957, a result of the report of the Joint Committee on Welfare Foods, the quantities issued began to drop. As would be expected, the amount of cod liver oil taken up during the summer months was low, but during the latter part of the year there was an increase in uptake.

Welfare Foods Distributed

	1955	1956	1957
National Dried Milk (tins) ..	129,145	121,270	92,535
Cod Liver Oil (bottles) ..	35,383	31,993	26,736
Vitamin A & D (packets) ..	12,927	12,885	12,616
Orange Juice (bottles) ..	204,373	223,452	231,135

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. The establishment at Poole is eleven midwives but there was one vacancy at the end of the year. At Weymouth three midwives are employed. The Dorset County Nursing Association employ forty-nine midwives who undertake combined duties, midwifery and home nursing.

During 1957 vacancies have been more difficult to fill than in previous years and the provision of relief staff during illness or holiday periods continues to be a problem. Housing for midwives in the county is generally satisfactory.

Owing to the large area covered by each midwife, all forty-nine midwives employed by the Dorset County Nursing Association are travelling officers. Twenty-nine provide their own cars and twenty use a car allocated to the district. In Poole three midwives provide their own cars and seven use county cars. In the South Dorset area, two midwives provide their own cars and one uses a car allocated to the district.

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 officer, who is an officer both of the Dorset County Nursing Association and of the county council, is responsible for the non-medical supervision of midwives. She has a deputy and two assistants, one of whom is the non-medical supervisor of midwives in Poole.

Administration of Analgesics by Midwives

All sixty-two 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. Two machines for the administration of trilene, as an alternative to gas and air, are provided. 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

	1953	1954	1955	1956	1957
(1) Institutional Midwives:					
(a) Employed in homes and hospitals in the National Health Service	53	47	39	43	45
(b) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	4	2	1	2	2
Totals	57	49	40	45	47
(2) Domiciliary Midwives:					
(a) Employed directly by the Local Health Authority	13	13	12	14	13
(b) Employed by the Dorset County Nursing Association as agents of the Local Health Authority (Part-time)	52	53	52	52	49
Totals	65	66	64	66	62

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

	1953	1954	1955	1956	1957
Used by midwives in direct employment of the Local Health Authority	12	13	13	13	13
Used by midwives in the employment of the Dorset County Nursing Association as agents of the Local Health Authority	49	48	48	48	48

Number of Cases in which Gas and Air was administered by Midwives in Domiciliary Practice during the years 1953—1957

	1953	1954	1955	1956	1957
By midwives employed directly by the County Council:					
(1) when acting as a midwife	548	496	549	622	605
(2) when acting as a maternity nurse	183	165	133	112	117
Totals	731	661	682	734	722
By midwives employed by the Dorset County Nursing Association as agents of the County Council:					
(1) when acting as a midwife	358	468	463	402	442
(2) when acting as a maternity nurse	173	206	232	238	242
Totals	531	674	695	640	684

Number of Cases in which Pethidine was administered by Midwives in Domiciliary Practice during the years 1953—1957 (Previous years not recorded)

	1953	1954	1955	1956	1957
By midwives employed directly by the County Council:					
(1) when acting as a midwife	348	377	435	469	428
(2) when acting as a maternity nurse .. .	124	175	97	109	97
Totals	472	552	532	578	525
By midwives employed by the Dorset County Nursing Association as agents of the County Council:					
(1) when acting as a midwife	181	233	292	220	279
(2) when acting as a maternity nurse .. .	99	149	239	178	175
Totals	280	382	531	398	454

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 intend to be present at the confinement or only to be summoned by the midwife in an emergency. In maintaining statistical records, endeavour has been made to differentiate between these two types of cases, giving credit to the midwife for extra responsibility.

Medical Aid

The scheme for supplying medical aid to mothers and infants continues as in previous years.

Statistics

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

<i>Cases in which medical aid was summoned during the year by Midwives</i>	1953	1954	1955	1956	1957
(a) Domiciliary Cases:					
(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service	101	81	58	101	203
(ii) Others	64	31	41	11	13
(b) For cases in Institutions	1	—	6	3	9
Totals	166	112	105	115	225

Midwifery Cases Attended, 1957

<i>Cases attended by</i>	<i>Domiciliary</i>		<i>Hospitals</i>	
	<i>Midwifery</i>	<i>Maternity</i>	<i>Midwifery</i>	<i>Maternity</i>
Midwives employed by the County Council ..	675	132	—	—
Midwives employed by the County Nursing Association	536	253	—	—
Midwives employed in Hospitals	—	—	1,888	499
Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	37	21	—	—
Totals	1,248	406	1,888	499

Selection of Hospital Confinements on Social Grounds

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

The number of maternity beds available in the West Dorset Group Hospital Management Committee area is adequate to meet all applications for accommodation, with the result that the question of admission on social grounds has not arisen during the past four years. In East Dorset and the Salisbury Group Hospital Management Committee areas, however, where the demand continues to exceed the number of beds available, assistance is given to the hospitals by the local health authority in recommending whether or not cases booked for confinement in a maternity unit should be admitted on social grounds.

Endeavours are being made to extend the home help service to cover the more isolated areas in the county to ease the demand for hospital maternity beds on social grounds, as many women who now go into hospital for confinement would be glad to remain at home if adequate domestic help were available.

Statistics

Selection of Hospital Confinements on Social Grounds

<i>Source</i>	1956			1957		
	<i>Requests for investigation of home conditions</i>	<i>Recommended for hospital confinement</i>	<i>Not recommended for hospital confinement</i>	<i>Requests for investigation of home conditions</i>	<i>Recommended for hospital confinement</i>	<i>Not recommended for hospital confinement</i>
Bournemouth and East Dorset H.M.C.	208	128 (61.5 per cent)	80 (38.5 per cent)	248	134 (54.0 per cent)	114 (46.0 per cent)
Salisbury Group H.M.C.	2	2	—	—	—	—
Other Sources	23	15 (65.0 per cent)	8 (35.0 per cent)	31	27 (87.0 per cent)	4 (13.7 per cent)

Refresher Courses

In the past, all midwives employed by or on behalf of the county council have attended a post-graduate refresher course once in every five years. From 31st December, 1957, it will become compulsory for every midwife to attend a post-graduate refresher course once in every five years, according to a new rule of the Central Midwives' Board.

Training

Part II district midwifery training is arranged in conjunction with the West Dorset Group Hospital Management Committee. Midwives approved by the Central Midwives' Board as district teachers accept pupils in rotation as bookings permit. A pupil spends half of her six months training period on the district and in 1957 nineteen pupils were trained as compared with twenty during the previous year.

Maternal and Neonatal Deaths and Conditions Associated with Childbirth

During the year fifty-seven notifications of puerperal pyrexia were received compared with sixty during 1956.

Six cases of ophthalmia neonatorum were notified in 1957 compared with two in the previous year, but in no case was the vision impaired.

No case of pemphigus neonatorum was notified during the year, nor were there any maternal deaths.

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

<i>Cause of Death</i>	<i>Percentage of Total</i>
Prematurity	44.5
Congenital deformities	20.6
Birth injuries	9.5
Respiratory infections	7.9
Atelectasis	7.9
Rh. factor	4.8
Others	4.8
Total	100.0

Infectious Diseases associated with Childbirth, Maternal and Neonatal Deaths, 1953—1957

Cases Notified		1953	1954	1955	1956	1957
Puerperal Pyrexia:	Domiciliary Confinements	10	10	4	7	4
	Institutional Confinements	67	48	60	53	53
Puerperal Fever:	Domiciliary Confinements	—	—	—	—	—
	Institutional Confinements	—	1	—	—	—
Ophthalmia Neonatorum:	Domiciliary Confinements	—	—	6	—	3
	Institutional Confinements	1	—	1	2	3
	(a) Vision unimpaired	1	—	7	2	6
	(b) Vision impaired	—	—	—	—	—
	(c) Vision lost	—	—	—	—	—
	(d) Patient died	—	—	—	—	—
	(e) Patient still under treatment at end of year	—	—	—	—	—
	(f) Patient removed from district	—	—	—	—	—
	(g) Other classification	—	—	—	—	—
Pemphigus Neonatorum:	Domiciliary Confinements	—	—	—	—	—
	Institutional Confinements	1	—	—	—	—
Maternal Deaths .. ..	.. ..	5	3	1	2	—
Neonatal Deaths .. ..	.. ..	75	78	79	74	59

Comparison between Hospital and Domiciliary Confinements, 1953—1957

	Poole Area					South Dorset Area					Remainder of County					Whole County				
	1953	1954	1955	1956	1957	1953	1954	1955	1956	1957	1953	1954	1955	1956	1957	1953	1954	1955	1956	1957
1. The total number of births notified during the year	1074	1187	1227	1256	1226	903	906	943	934	985	2103	2014	1866	1861	1861	4080	4107	4036	4051	4072
2. The percentage of notified births which took place in hospitals and nursing homes	56	50	48	51	51	82	77	75	74	75	59	61	60	61	60	63	61	60	61	60
3. The percentage of domiciliary confinements	44	50	52	49	49	18	23	25	26	25	41	39	40	39	40	37	39	40	39	40

HEALTH VISITING (Section 24) (Table 13)

Administrative Arrangements

The establishment of health visitors for the whole county was increased by two with effect from the 1st April, 1956. The total establishment is now thirty-nine, which includes two health visitors appointed in 1955 for liaison duties under section 28 of the National Health Service Act. Two further health visitors are needed to bring the establishment up to one health visitor per 6,000 of the population, which is the ratio for the country as a whole. The health visitors, who are all appointed on a whole-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.

Conferences formerly held on the fourth Saturday morning in each month at which medical officers on the central staff and the county nursing officer met the health visiting staff to discuss subjects of current interest connected with their work were superseded in 1957 by occasional staff meetings as required, and two one-day conferences attended by area and district medical officers and health visitors. Speakers were invited to give lectures and demonstrations on their particular subject, followed by a general discussion.

'The Education and Care of Women in Childbirth' was the subject of talks and demonstrations by Dr. and Mrs. Grantly Dick Read in May. A film illustrating this technique was shown at the conclusion of the morning session. This whole-day conference was open to consultant obstetricians, general practitioners and midwives, and was well attended. Provocative questions led to enlightenment on points connected with ante-natal care and the approach of the expectant mother to childbirth, and was followed by a full discussion on various other aspects of the subject.

Among other subjects taken at local conferences were 'The Physically Handicapped in the Home' by a Physical Medicine Consultant, 'Posture' by a physio-therapist and 'Poliomyelitis' and 'Tuberculin Techniques' by a medical officer.

Routine Visiting

A 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. In cases of domiciliary confinement, in accordance with an agreed county policy, the midwives cease to visit on the twenty-eighth day of the puerperium, when the health visitor becomes responsible. In cases of hospital confinement the health visitor is notified on the day of discharge and usually visits the home within the next few days. Particulars of each infant, whether born in hospital or at home, are forwarded to the health visitor so 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. Much time has again been given during the year to visiting potential problem families and attending conferences in connection with these cases in an effort to prevent the break-up of the family. Details and statistics appear under this heading later in the report.

Special Visiting

Schools Follow-up and Cleanliness

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

During the year under review health visitors have continued to give talks on health education and mothercraft to senior girls at selected secondary modern and grammar schools in the county. These talks are well received by teaching staff and pupils and as well as having a stimulating effect on personal hygiene are valuable in giving the girls an insight into the aims and objects of preventive medicine. From the school at Dorchester, organised groups of girls attended the child welfare centre for short courses of instruction in child welfare.

Tuberculosis

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

In order to further assist in co-ordinating tuberculosis care and after-care, arrangements were made to second to the South-West Metropolitan Regional Hospital Board, as from 1st January, 1953, two health visitors for half their time, one to attend the chest clinic at Dorchester and the other at Poole. Since 1st January, 1956, the health visitor seconded to Poole acts in a full-time capacity and in addition to attendance at the chest clinic visits associated domiciliary cases in the area. The health visitor seconded to Dorchester chest clinic also attends the clinic recently opened at Portway Hospital, Weymouth.

Poliomyelitis Vaccination

The scheme initiated during 1956 by the Ministry of Health for the vaccination of children between the ages of two and nine years against poliomyelitis gave much additional work to health visitors. The expanded scheme initiated in 1957 for the vaccination of children between the ages of six months and fifteen years further increased their work especially for those in rural areas where visits were made to hand registration forms direct to the parents of children eligible for vaccination under the scheme. The propaganda, very thoroughly carried out by health visitors in house-to-house visiting during the 1956 campaign, was an important factor in the successful response to the 1957 campaign, particularly noticeable amongst parents who had doubted the need for anti-poliomyelitis vaccination when approached in 1956.

Care of the Elderly

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 and is in a position to assess their particular needs.

In Dorset arrangements have been made for the health visitors to advise and help where necessary and to arrange for whatever specialised services elderly people may require. The work entailed is expanding rapidly year by year and includes interviewing old people in their homes, a very time-consuming matter, and endeavouring to discover and discuss each old person's individual problems and needs such as housing, admission to hospital, domiciliary medical care, home help or essential bedding or clothing, and then to arrange for the appropriate service. Hospital almoners and general practitioners co-operate with the health visitor in each area by informing her of any old person in that area discharged from hospital and needing any special service. The health visitor is then able to visit and make any necessary arrangements for the after-care of the old person.

The work of the two liaison health visitors appointed in 1955 continues to increase and is referred to elsewhere in the report.

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 and details of the research undertaken under this heading are given on a later page.

Attendance at Clinics

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

The health visitor plays a major role in health education which is an important function of the centre.

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 and at Dorchester and Poole health visitors attend on rota at hospital paediatric clinics 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. In the South Dorset area health visitors attend the special ear, nose and throat clinics for children.

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

Facilities for Refresher Courses

All health visitors in the employment of the county council attend a post-graduate course of study once in five years. During the year courses attended have provided special instruction on health education techniques and methods of capturing the interest of the public in current developments and advances in the prevention of disease in the community.

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.

Summary of Visits paid by Health Visitors during 1957 (excluding work as school nurse)

<i>Type of Visit</i>	<i>First Visits</i>	<i>Total Visits</i>
<i>Routine Visits:</i>		
Expectant Mothers	899	1,318
Post-Natal Cases	2,480	3,248
Children under one year	4,155	28,289
Children between one and two years	285	16,689
Children between two and five years	392	27,110
<i>Special Visits:</i>		
Ophthalmia Neonatorum	1	2
<i>Care and After-Care:</i>		
Tuberculosis Households	265	3,088
Tuberculosis Patients	259	3,288
Mental Health	14	177
Old People	739	4,099
Other After-Care Visits	114	625
Problem Families	37	1,057
<i>Handicapped Persons:</i>		
General Classes	158	414
Deaf and Dumb	1	11
Hard of Hearing	2	11
<i>Miscellaneous:</i>		
Maternity and Child Welfare Clinics attended	—	2,612
Chest Clinics attended	—	782
Lectures or Talks given	—	289
Other Home Visits	—	147

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.

The establishment of home nurses in rural areas, who also act in the capacity of midwives, is forty-nine. In addition, seventeen at Poole, four at Weymouth and one each at 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 all the nurses, except one, to use car transport. 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.

Home Care

The Minister of Health has requested information about the effectiveness of the home nursing service in relieving pressure on hospitals by providing home care for patients who might otherwise have to be admitted to hospital. There are four ways in which this has been achieved:—

- The service has provided visiting nursing care for in-patients discharged early. Such cases include a wide variety of medical and surgical conditions in persons who would otherwise have had to remain in hospital for a longer period.
- Preparation is given to out-patients prior to radiological examination, and this branch of the work has been steadily increasing over the past three years.
- Domiciliary out-patient treatment is carried out by the home nurses under the instructions of hospital consultants. This avoids frequent attendance at the out-patient department and is found advantageous in that it relieves the patient of tiresome journeys and the out-patient departments of considerable pressure in this rural county.
- In all, over seventy per cent of total visits by home nurses are paid to persons over sixty-five years of age. This extensive service to geriatric patients enables many to continue living in their own homes who might otherwise have to be admitted to chronic sick hospitals.

Refresher Courses

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

Training

Arrangements are made by the Dorset County Nursing Association, through the Queen's Institute of District Nursing, for selected candidates to be given Queen's training. In 1957, one candidate completed training and returned to take up duty in the county.

Statistics

Home Nursing Staff, 1953—1957

	1953		1954		1955		1956		1957	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Administrative	—	3	—	3	—	3	—	3	—	3
Senior Nurse	1	—	1	—	1	—	1	—	1	—
Queen's Nurse (Male)	1	—	1	—	1	—	1	—	1	—
Queen's Nurse (Female)	13	39	13	40	13	41	13	41	16	36
State Registered Nurse	7	4	6	4	6	4	7	3	6	6
State Enrolled Assistant Nurse ..	1	9	1	10	1	7	1	7	1	7
Equivalent Whole-time Home Nursing Staff (omitting Administrative Staff) ..	49		48.5		47.5		47.0		49.5	
Queen's district training through Dorset County Nursing Association	2		2		2		2		1	

Summary of Cases attended and Visits paid by Home Nurses during 1956 and 1957

Classification	1956		1957	
	Cases	Visits	Cases	Visits
Medical	5,722	123,402	6,256	126,317
Surgical	2,011	33,788	2,000	30,961
Infectious Disease	6	61	7	38
Tuberculosis	174	6,079	134	5,954
Maternal Complications	37	195	58	285
Others	111	121	39	101
Totals	8,061	163,646	8,494	162,656
Patients 65 or over included in above ..	4,822	111,358	5,048	114,991
Children under 5 included in above ..	529	2,618	523	2,461
Patients included in above with over 24 visits	1,543	115,092	1,553	112,330

Summary of Cases Attended and Visits Paid by Home Nurses, 1953—1957

Authority	Number of cases attended by Home Nurses during the year					Number of visits paid by Home Nurses during the year				
	1953	1954	1955	1956	1957	1953	1954	1955	1956	1957
The County Council by agreement with the Dorset County Nursing Association ..	9,341	9,033	9,276	8,061	8,494	144,633	166,380	168,873	163,646	162,656

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

Diphtheria, Whooping Cough and Tetanus Immunisation

Administrative Arrangements

During 1956 the triple antigen was brought into use throughout the county. This enabled children to be immunised against diphtheria, whooping cough and tetanus with the minimum number of injections and it was very successful and popular. Unfortunately, the Medical Research Council, who were investigating the provocative effect of antigens, reported that there was a significant connection between the use of combined antigens and the occurrence of paralytic poliomyelitis and as a result the scheme was dropped in favour of separate antigens. Children are now being immunised against whooping cough commencing at the age of three to four months and against diphtheria at the ninth month.

Organised measures to encourage immunisation

These have continued in the form of lectures at schools, clinics, parent/teacher associations, women's institutes and other interested bodies.

Smallpox Vaccination

Administrative Arrangements

There has been no change in the administrative arrangements. The number of primary vaccinations of children under one year of age, was 1,129 compared with 1,134 in 1956, and of children of one to four years 1,351 compared with 1,226 in the previous year. A total of 2,910 persons were vaccinated during the year and 523 were re-vaccinated. The number of primary vaccinations is the highest recorded since 1951 when 2,774 persons were given primary vaccination.

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 mm. 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.

Arrangements 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 loud-speaker vans.

Poliomyelitis Vaccination

Administrative Arrangements

During the year as more vaccine became available the priority groups were extended and at the end of 1957 were composed of:—

- (a) children born between 1943 and 1957;
- (b) expectant mothers;
- (c) general practitioners and their families;
- (d) ambulance staff and their families;
- (e) the families of hospital staff nursing infectious disease.

It is estimated that there are 65,000 individuals in these classes and at the end of the year 12,500 had been vaccinated. Throughout the county the consent rate was approximately sixty-five per cent, and arrangements were well in hand to vaccinate a large number of these in the early months of 1958.

Statistics

The number of children who completed a course of poliomyelitis vaccination during 1957 is shown below:—

Area	Born in Years 1943 to 1946	Born in Years 1947 to 1957	Totals
County ..	1	5,922	5,923
Poole ..	4	2,407	2,411
South Dorset	18	2,220	2,238
Totals ..	23	10,549	10,572

In addition 1,561 children received one injection only.

Organised measures to encourage vaccination

Arrangements were made to explain the merits of vaccination by lectures, press articles and individual approach to parents by health visitors. The head teachers and staffs of all schools were most helpful and a large part in the success of the scheme is due to them.

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

Administrative Arrangements

For the first time since the inception of the National Health Service Act there has been an overall decrease in the mileage travelled as compared with the previous year; in all 931,272 miles were covered, a reduction of 13,413 in the figures for 1956. Early in the year officers of the county council and the regional hospital board met to consider the steadily increasing mileage and it seems likely that the resulting reduction was partly due to the action taken following this meeting. Among the measures taken were:—

- The holding of more out-patient clinics at small hospitals at which the specialists attended, thus diminishing the number of miles that many patients had to travel to the larger centres.
- The alteration of times of hospital out-patient clinics in order to coincide with the available public transport. For example, holding clinics on market days whenever possible.
- Making attempts to arrange for different treatments and investigations to be carried out in the same building whenever possible. In some cases orthopaedic and physiotherapy departments are widely separated and this causes a considerable load on the ambulance service.

Much consideration has been given to the question of radio control. At present radio control is carried on from Poole, Dorchester and Weymouth, thus covering the southern and eastern parts of the county. It has now been decided to extend the service in order to give complete coverage. A detailed examination of the ambulance and hospital car services has been carried out and this indicates a tendency for each service to operate in its own separate sphere. It is clear, therefore, that under the present system true integration of the two services has not been possible.

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

During the year there has been a further increase in the number of patients transferred by rail. In all 249 journeys were made showing an increase of thirty-two over the previous year.

The Weymouth ambulance section team, which had previously won the county and regional ambulance competitions, were successful in winning the trophy presented for the best local health authority team in England and Wales at the National Ambulance Competition. This is the first occasion on which a team from Dorset has won this award and reflects favourably on the service and the county.

The names of forty-five drivers were entered for the National Safe Driving Competition and of these twenty received six to nine-year bars, four five-year medals and seventeen diplomas.

Ambulance Stations

Full-time drivers were appointed in two areas to replace volunteers who had previously operated the service. Certain improvements have been carried out at Wareham.

Vehicles and Equipment

Three new sitting case vehicles were brought into service during the year and these are based at Poole, Dorchester and Weymouth. There were models of a new type of vehicle having six bucket seats facing forward with provision for an occasional stretcher case. Already they have proved their value for out-patient work in the larger centres and it is thought that even larger vehicles for some of this work may have to be considered in due course.

All ambulances and the larger utilicons were fitted with oxygen apparatus.

Statistics

Comparative Mileage Table

Year	Ambulance Service		Hospital Car Service		Both Services Combined	
	Mileage for year	Increase (+) or decrease (—) on previous year	Mileage for year	Increase (+) or decrease (—) on previous year	Mileage for year	Increase (+) or decrease (—) on previous year
1950	334,200	+96,124	396,888	+19,709	731,088	+115,833
1951	363,728	+29,528	385,247	—11,641	748,975	+17,887
1952	378,199	+14,471	376,526	—8,721	754,725	+5,750
1953	440,612	+62,413	388,991	+12,465	829,603	+74,878
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
1956	443,576	—15,845	501,109	+29,801	944,685	+13,956
1957	448,778	+5,202	482,494	—18,615	931,272	—13,413

Efficiency Table

Year	Ambulance Service		Hospital Car Service	
	Average mileage per patient	Average number of patients per journey	Average mileage per patient	Average number of patients per journey
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
1956	9-36	2-02	9-49	3-07
1957	8-98	2-23	9-83	3-00

Transfer of mentally defective children to and from the Poole occupation centre by a special 'bus is carried out by the ambulance service. Figures relating to these journeys are not, however, included in the above table.

During the year a note was kept of the number of patients involved in home accidents for which ambulances were required to transport them to hospital. An average of fifteen such cases occurred each month.

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, a central register is maintained at the county health department. Health visiting record cards are issued for each new case, and the home is visited initially and thereafter at three-monthly intervals by the district health visitor until the case becomes quiescent. Two health visitors attend the chest clinics at Poole and Dorchester respectively, and act as liaison officers between the chest physicians and the district health visitors. This means of co-operation has worked well and has been supplemented by monthly conferences when the district medical officer, the health visitor and chest physician meet to discuss the clinical and social aspects of the individual cases. Notifications of admission to hospital are received from the chest physicians and passed to the health visitors. When a death is attributed to tuberculosis and no notification has been received during the lifetime of the patient, the medical practitioner is contacted and all relevant details are passed to the chest physician in order that follow-up action of contacts may be carried out.

The Dorset 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 as required for domiciliary cases.

Employment

During the year no difficulty has been experienced in excluding from employment infectious workers suffering from tuberculosis. This aspect of tuberculosis prevention and after-care is particularly important where older patients, who are still in an infective state, are employed in close contact with younger persons. Close liaison is maintained between the chest physician and the re-settlement officer regarding the placement of a few sputum positive patients capable of work, and no cases thought likely to be a danger to others have persisted in anti-social activities. With new treatment methods, however, the number of such cases who are not rendered free from infection in a short time is rapidly decreasing.

The county council undertakes financial responsibility for the maintenance of cases specifically recommended by the chest physician for admission to re-habilitation centres. During the year three such persons were admitted to Preston Hall and the Enham Alamein village centre.

Statistics

Tuberculosis—Care and After-Care

	1953	1954	1955	1956	1957
Number of visits paid by Health Visitors ..	3,487	3,769	3,304	3,365	3,288
Number of shelters provided ..	12	10	5	5	5
Number of patients receiving milk grants ..	53	31	42	26	33
Total number of pints of milk issued ..	20,631	13,077	18,481	12,510	11,780
Average number of pints of milk per day issued ..	56-5	35-8	50-6	34-2	32-2

B.C.G. Vaccination

The scheme for the vaccination of children against tuberculosis by means of B.C.G. vaccine has been continued. Since 1950, contacts of cases of tuberculosis have been dealt with by the chest physicians who hold special sessions. Following preliminary tests 489 children received B.C.G. vaccination and the protection afforded to these children who are at considerable risk must be an important factor in lowering the incidence of the disease.

Statistics

B.C.G. Vaccination of Child Contacts

	1953	1954	1955	1956	1957
Number of contacts successfully vaccinated	186	267	317	383	489

As in the previous year all schools in the county with children in the thirteen-year age group were visited. This included private schools who do not normally come within the orbit of the school medical officer. Vaccine produced at the State Serum Institute in Copenhagen was used and this necessitated preliminary skin tests being carried out on Tuesdays and B.C.G. vaccination, when necessary, on Fridays. The medical officers who are specially trained and authorised for the purpose visit a series of schools on these days. In all, eighty-six such schools were visited during the year and of over 6,500 children eligible parental consent was given for 70.2 per cent. This shows a slight improvement when compared with the 1956 response.

It is interesting to note that parents of public school and grammar school children give their consent more readily than those in the secondary modern schools. In the past three years every effort has been made to explain the value of B.C.G. vaccination to school teachers without whose co-operation the scheme could not have been operated.

A higher percentage of B.C.G. vaccinations on children tested was carried out, the number of positive reactors this year being 16.1 per cent which is considerably lower than that discovered in previous years. This might be due to the fact that the incidence of tuberculous infected milk and open cases of tuberculosis have become considerably fewer in the past few years.

Statistics

B.C.G. Vaccination of School Children

	1955	1956	1957
Number of schools visited	38	73	86
Number of children in age group	2,856	4,903	6,582
Number of parental consents	2,141 (75%)	3,318 (67.5%)	4,621 (70.2%)
Number of children Mantoux tested	2,003	3,244	4,260
Positive reactors	404 (20%)	628 (19%)	687 (16.1%)
Negative reactors vaccinated	1,575	2,584	3,441
Absentees	24	32	132

Mass Miniature Radiography

As in previous years mass miniature radiography has been undertaken in the county by a unit of the South-West Metropolitan Regional Hospital Board. The larger centres of population are visited regularly, but owing to an intensive campaign in Scotland in which all units in the country were concentrated for two months the amount of work carried out locally showed some reduction when compared with previous years. Prior to a local campaign a considerable amount of preparation and publicity is carried out by the unit staff, the county health department, district medical officers of health, school teachers and others.

During the year the arrangements have continued to run smoothly, and the numbers taking advantage of the service have been satisfactory. In addition to sessions for the general public, separate sessions are, where possible, allocated to groups of employees from factories and offices, to school leavers, and patients referred direct by the general practitioners.

During the year 12,637 persons were examined in the county and of these 203 (1.6 per cent) were recalled for full size radiological photographs to be taken. Following this second examination ninety-nine (0.78 per cent) were examined clinically and of these eighty-seven were referred to the chest physician: sixty as probably suffering from pulmonary tuberculosis and twenty-seven with suspected non-tuberculous chest conditions. Eight other cases were referred to their family doctors or to hospital as having non-tuberculous conditions. In all thirty-five persons were referred for treatment of unsuspected non-tuberculous lesions: five cases of carcinoma of the lung, four heart conditions and twenty-five other non-tuberculous lung conditions.

Taking the survey as a whole, sixty (0.48 per cent) of the persons initially examined were referred to chest clinics as probably having tuberculosis and of these twelve only were diagnosed as suffering from active disease. This figure is appreciably lower than in the previous year.

The use of mass miniature radiography for diagnosing non-tuberculous conditions has once again been proved to be of tremendous value.

Examination and follow-up of cases, 1953—1957

	1953	1954	1955	1956	1957
Number x-rayed	21,538	16,398	22,432	29,982	12,637
Number recalled for larger film	566	317	335	680	203
Number referred to chest clinic for condition probably tuberculous	74	50	31	150	60
Number referred to chest clinic for condition probably non-tuberculous	7	9	13	32	27
Number referred to hospital or doctor for other condition	36	21	20	39	8

Ultimate diagnosis and disposal of cases referred to Chest Clinic by Mass Radiography Unit, 1953—1957

	1953	1954	1955	1956	1957
Number seen at chest clinic	73	50	44	150	60
Number diagnosed as active tuberculosis	32	15	15	31	12
Number diagnosed as inactive but requiring further observation	28	20	5	55	36
Number diagnosed as inactive and requiring no further action	4	5	7	33	4
Number diagnosed as suffering from non-tuberculous conditions	8	9	13	18	6
Number still unclassified	1	1	4	13	2
Number referred but did not attend	1	—	—	—	—

Age groups examined and incidence of active pulmonary tuberculosis

	Under 14	14	15—19	20—24	25—34	35—44	45—54	55—59	60—64	65+	Total
<i>Males:</i>											
Examined	547	365	509	478	1,222	1,164	970	339	230	289	6,113
Active Cases	—	—	—	—	1	1	3	1	—	1	7
Rate per 1,000	—	—	—	—	0.82	0.86	3.09	2.95	—	3.46	1.14
<i>Females:</i>											
Examined	435	257	732	778	1,307	1,235	1,004	336	194	246	6,524
Active Cases	—	—	3	—	2	—	—	—	—	—	5
Rate per 1,000	—	—	4.09	—	1.53	—	—	—	—	—	0.77

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 34 female and 4 male patients to suitable holiday homes.

Statistics

After-Care Services provided by the British Red Cross Society

	1953	1954	1955	1956	1957
<i>Home Visiting:</i>					
Number of home visits	5,340	7,931	7,602	6,138	4,784
Number of new cases seen	190	71	230	145	134
<i>Articles Supplied:</i>					
Special invalid foods	705	530	1,805	1,719	1,010
Bedding	166	149	155	118	163
Handicraft Materials	505	814	967	773	828
Clothing	311	363	155	177	204

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 1957 at treatment centres was 159, classified as follows:—

<i>Treatment Centre</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other conditions</i>	<i>Totals</i>
Bournemouth	1	1	26	28
Dorchester	1	3	7	11
Poole	4	9	58	71
Salisbury	—	—	4	4
Weymouth	5	4	35	44
Yeovil	—	—	1	1
Totals	11	17	131	159

Domiciliary Care of Old People

Emphasis has again been placed on an attempt to keep elderly persons in their own homes provided that they can there continue to lead a happy and independent life.

Health Visiting

During the past few years the health visitor has been steadily becoming the all-purpose visitor for elderly persons. By their increasing knowledge of the needs of the elderly it is possible to use the home nursing and domestic home help services to the fullest extent.

The work of the health visitors in the field is under the supervision of the two liaison health visitors who were appointed in 1955, and in addition these two senior health visitors maintain close contact with the hospital almoners. They visit people in hospital who are notified as ready for discharge, and visit the relatives and arrange for the reception of the patients. In cases where there is no adequate home to which the patient can return, suitability for admission to Part III accommodation is reported on.

Statistics

Subsequent Movements

<i>Cases Registered in 1957</i>	<i>Hospital</i>	<i>Part III</i>	<i>Left County</i>	<i>Deaths</i>	<i>Balance of 1957 Registrations still at Home on 31st December, 1957</i>
1,401	124	80	68	236	893

Meals on Wheels

The Women's Voluntary Service has again given invaluable help with the mobile meals service which has continued to expand. The need for the service in Ferndown ceased to exist after July, but it will be recommenced if and when necessary. The council is much indebted to the members of this organisation who give so much time to this service. The number of persons receiving meals each year since the scheme started was:—

<i>Area</i>	<i>1955</i>	<i>1956</i>	<i>1957</i>
Bridport	21	45	39
Dorchester	14	16	12
Ferndown	—	7	8
Poole	52	101	151
Weymouth	36	71	86
Totals	123	240	296

Provision of Old People's Dwellings by Local Housing Authorities

Old people needing special care and attention are the responsibility of the county council under Part III of the National Assistance Act, 1948, but under circular 18/57 of the Ministry of Housing and Local Government the county council have the Minister's general consent to contribute to a maximum of thirty pounds per house per annum towards the cost incurred by the county district authorities in housing active old people.

In the light of the circular the county council reviewed their policy and bearing in mind future policy in relation to residential accommodation, decided that early in the coming year discussions should be held with representatives of all district authorities with a view to giving full consideration to the whole matter at a later date.

<i>Local Authority</i>	<i>Number of Dwellings Provided (including Warden's House)</i>	<i>Number of Occupants at 31.12.57 whose tenancies attract County Council Grant</i>
Sturminster Newton R.D.C. ..	Marnhull Close .. 14	13
	Stalbridge Close .. 16	16
	Bonslea Mead .. 14	14
	Vale Terrace .. 16	14
Wimborne U.D.C.	Leigh Park .. 17	22
Shaftesbury M.B.	Barton Close .. 12	13
Shaftesbury R.D.C.	Orchard Close .. 19	18
Blandford R.D.C.	Hopsfield Estate .. 8	10
Poole M.B.	Trinidad Housing Estate 17	21
Totals	133	141

Admission of Chronic Sick Cases to Hospital

During the year co-operation with the hospitals has been maintained. Patients placed on the waiting list for chronic sick hospital beds are visited by a health visitor and a report is sent to the hospital on the home conditions, together with an opinion on whether there is need for priority of admission on social grounds.

At the end of the year discussions were taking place with the West Dorset Group Hospital Management Committee with a view to a joint appointment by which one of the council's medical officers would visit each patient at home before admission to a chronic sick hospital bed in order to determine the relative urgency of the case. This appointment will in the first instance be for an experimental period, but should have the advantage that the admission of every elderly person whether to a chronic sick hospital bed or to an old persons' home will be under the control of one person. It will give the added advantage that anyone who may have to wait for admission to hospital will be offered whatever domiciliary services may be necessary during the waiting period.

The chronic sick hospitals in the area of the West Dorset Group Hospital Management Committee will be required to notify the county medical officer of health of any elderly patient whose discharge is imminent, so as to allow arrangements to be made for a health visitor to visit the home to ensure that all is ready and suitable for the reception of the patient. Should the home prove to be unsuitable, or if there is no home to which the patient may be discharged, it is intended that the liaison health visitor should visit the patient in hospital to assess the type of county council home to which the patient should be admitted.

Statistics

Chronic Sick Admissions to Hospital

<i>Hospital Management Committee</i>	<i>Requests for Investigation of Home Conditions</i>	<i>Recommended for Priority Admission</i>	<i>Not Recommended for Priority Admission</i>	<i>Request cancelled through Decease, etc.</i>
Bournemouth and East Dorset ..	143	87	22	34
West Dorset ..	106	46	27	33
Totals ..	249	133	49	67

Prevention of Illness

Although certain preventive measures are an essential part of the services provided by the local health authority, powers are given under section 28 of the National Health Service Act to deal with this subject on a wider scale. Matters of a socio-medical nature are frequently of sufficient importance to warrant special attention, and in order that investigations may be conducted on correct scientific lines close co-operation has been maintained with the Institute of Social Medicine, University of Oxford, and the Ministry of Health. By so doing, local problems are investigated and a considerable amount of original medical knowledge is contributed.

An investigation into the incidence of poliomyelitis virus in the faeces of pre-school children in the Borough of Dorchester was carried out during the year by the Public Health Laboratory Service and field work for this was done by the Dorchester health visitors. The result of the investigation was entirely negative, this being in keeping with what was found in other places throughout the country.

In addition a national survey was continued on the health and development of children. This has been proceeding for the past twelve years.

During the year school medical officers, whilst carrying out routine medical inspections, recorded the number of children who had had their tonsils removed. This is a long term investigation that is being carried out by the Ministry of Education. In addition, a list of children who have been supplied with hearing aids is being compiled.

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

Prevention of Break-up of Families

During the year under review thirty-four new problem families were registered, eight were removed from the register and at the end of the year there remained seventy-six families under observation. In the same period twenty-four potential problem families were discovered, ten were removed and sixty-four remained on the register on 31st December, 1957.

Of the eighteen families removed from the register only five did so because the problem had been solved. The remainder were transferred to other local health authority areas.

One of the characteristics of this type of family is that they do change their abodes with great frequency.

Although the results are by no means spectacular, those working in the field are convinced that their efforts are of some real value in preventing the families from actually breaking up. In some cases the mere fact that someone is interested in their problems and who also appreciates their difficulties has so impressed the parents that they have managed to solve or adapt themselves to meeting their specific problems.

Housing authorities have co-operated in providing council houses and the fact that a family can be transferred to a council house in a town from a very rural district in which it was unhappy may be one method of solution.

The British Red Cross Society have been of help in some cases in providing essential basic furnishings and the assistance given by home helps has been found to be of considerable value. The N.S.P.C.C. Inspector and the moral welfare worker all play their part in this most important work, and the pooling of information from anything up to twelve to fifteen sources at the case conferences ensures that co-ordination of effort which is so essential in our endeavours to solve the many problems which beset these unfortunate families.

Statistics

<i>Classification</i>	<i>On Register 1.1.57</i>	<i>Registered during 1957</i>	<i>Removed during 1957</i>	<i>On Register 31.12.57</i>	<i>Case Conferences</i>
Problem families	50	34	8	76	16
Potential problem families ..	50	24	10	64	—
Totals	100	58	18	140	16

Health Education

Responsibility for health education throughout the county rests with the county medical officer of health and a brief summary of the methods used is given in this section of the report. It cannot be a comprehensive survey of all that is being done in the field because by far the greatest influence in health education comes about during routine visits and individual examinations by medical officers, health visitors and nurses in their day-to-day work.

Campaigns

As in previous years local campaigns were carried out on a wide variety of subjects. In the Borough of Poole emphasis was on Accidents in the Home and Care of the Teeth, and many visits were paid to schools at which talks and film shows were given.

At Dorchester a display of suitable clothing and footwear for children was held at the clinic for one week. This attracted considerable attention and was much appreciated by the mothers.

Displays

The Topic Exchange Service organised by the Central Council for Health Education was wound up in 1956 and during the present year the council issued their first 'Make It Yourself' display on the subject of Home Safety. The display is designed for use on a pegboard triptych display unit and is printed in colour on sheets of stiff card and cartridge paper. It is easily made up and can be used as a static display or as a visual aid for a speaker.

Subsequently two other displays on the subjects of Food Hygiene and Smoking and Lung Cancer have been purchased from the council and these are being exhibited at clinics, youth clubs and similar places.

Smoking and Cancer of the Lung

Ministry of Health Circular 7/57 drew the attention of local health authorities to the statement made by the Minister in the House of Commons in June, 1957. The object of the circular was to enlist the help of local health authorities in bringing the facts concerning smoking and cancer of the lung to the attention of all sections of the community in order that they might be made aware of the risks involved.

In addition to exhibiting posters and obtaining the assistance of the local press a circular letter was addressed to leaders of the larger youth clubs pointing out the alarming increase in lung cancer over recent years and appealing for their help in bringing the facts to the attention of their members. It asked them to include the subject in any discussion which they might organise for their members and to display posters on the club premises.

The co-operation of all head teachers in the county was requested in an article which the County Education Officer kindly included in his circular letter to schools, and with a view to contacting all age groups arrangements were made with county and other libraries to issue bookmarks on the subject with all books issued. The co-operation of librarians in this connection is much appreciated.

Every opportunity has been taken to arrange local publicity on the subject and efforts have been concentrated as far as possible on the young people. When the matter is discussed with habitual smokers, however, the general impression is that they tend to defend their habits and it cannot be claimed that much reduction in their smoking habits has been effected.

Prophylactic Procedures

With the recent advances and rapid changes that are taking place in inoculation methods much of the time spent in lecturing by medical officers has been devoted to this subject. Early in the year an industrial publicity officer gave an interesting lecture, illustrated by film, to a professional audience consisting of medical officers of health, general practitioners, pharmacists and health visitors. His subject was 'The Manufacture and Safety Testing of Poliomyelitis Vaccine' and this talk and ensuing discussion were of considerable benefit to those who attended in that it clarified many of the questions concerning the safety of vaccination products which were at that time being asked by the general public. This lecture no doubt had much to do with the success of the campaign for vaccination of children which commenced later in the year.

The National Federation of Women's Institutes have taken a particular interest in smallpox vaccination and during the year talks and film shows were given to various branches of the institute stressing the need for maintaining a high vaccination rate throughout the county.

Lecture Notes

The Ministry of Health supplied lecture notes which were distributed to health visitors for use in connection with their health education activities. Among those distributed were: Summertime Health; Winter Health Hints; Cleanliness and Health; Home Safety; Dental Care of Mothers and Young Children; and Growing Older.

Filmstrips and Slides

A number of film slides were prepared showing graphs and figures for Dorset in connection with cancer of the lung, food poisoning, poliomyelitis, tuberculosis, and the problems of old age. These county figures have proved of great value to the staff when giving talks on the subjects.

Several new filmstrips have been added to the department's library including six dealing with first aid.

Statistics

<i>Subject</i>	<i>Talks and/or Filmshows</i>	<i>Total Attendance</i>
Child Care	6	109
Ante-Natal Care and Childbirth	6	136
Breast Feeding	1	12
Women's Problems	1	60
Adolescence	1	100
Sex Education	2	45
Home Safety	12	1,881
Hygiene in the Home	4	171
Food Hygiene	3	99
Health and Social Services	3	140
School Health Service	3	170
Cerebral Palsy	1	30
First Aid	11	187
Poliomyelitis	3	64
Health Hints	3	149
Care of the Teeth	3	1,695
Nutrition	1	35
Public Health and Hygiene	13	359
Recent Advances in Medicine	2	51
Vaccination and Immunisation	9	424
Grand Totals	91	5,917

In addition, 5,697 leaflets were issued, the greatest numbers concerning vaccination and immunisation, influenza, accidents in the home and food poisoning. During the year 129 picture sets and 385 booklets were distributed.

Occupational Health

During the year 275 medical examinations of applicants for county council appointments were carried out: 141 males and 134 females. The distribution according to departments of these examinations and the numbers who were rejected on medical grounds are shown in the tables. Four persons, three males and one female, were considered unfit for employment and a summary of the clinical conditions diagnosed in these candidates is recorded.

Department	Number of Examinations			Number Unfit		
	Males	Females	Total	Males	Females	Total
Architect's	1	1	2	—	—	—
Children's	4	12	16	—	—	—
Civil Defence	7	—	7	—	—	—
Clerk's	3	2	5	—	—	—
Education	63	89	152	—	1	1
Fire Brigade	22	—	22	2	—	2
Health	11	20	31	—	—	—
Library	1	2	3	—	—	—
Planning	2	—	2	—	—	—
Police (Civilian staff)	2	3	5	—	—	—
Probation	1	1	2	—	—	—
Roads and Bridges	21	—	21	1	—	1
Small Holdings	—	—	—	—	—	—
Taxation	—	1	1	—	—	—
Treasurer's	3	3	6	—	—	—
Totals	141	134	275	3	1	4

Clinical conditions of candidates found unfit

	Males	Females	Total
Result of head injury	1	—	1
High blood pressure	1	1	2
Poor general condition	1	—	1
Totals	3	1	4

Six persons were examined for premature retirement on medical grounds, four males and two females. All were recommended for retirement.

Facilities available for Central Office Staff

A rest room is set aside in the health department at county hall for the treatment of emergencies. It is frequently used for periods of rest in cases of minor illness and for examination by medical officers and nurses as required. First aid treatment is carried out, and over two hundred persons received such attention during the year. Among the conditions treated were removal of foreign bodies, cuts, sprains, headaches, toothache, etc. These cases are dealt with expeditiously thus, in many instances, avoiding referral to hospital out-patient departments or their own doctors. During the year this resulted in a considerable saving in working hours.

DOMESTIC HELP SERVICE (Section 29) (Table 21)

The demand for the service has steadily grown during the year. 1,006 cases were helped as compared with 836 in 1956 and it is interesting to note that fifty-seven per cent of the cases were in persons over retiring age.

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

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

Staff

There is one county organiser, two full-time assistant organisers and ten voluntary organisers working in conjunction with the area and district medical officers of health.

The number of equivalent full-time helps employed in 1957 was 76.2 as compared with 63.5 in the previous year; in rural areas these consist mainly of spare-time workers.

Cases

An analysis of the type of case helped indicates that the greatest increase has taken place in the old age and long term illness groups. Some of these long term cases are with families where a young mother is incapacitated by diseases such as disseminated sclerosis, cardiac failure and arthritis, but the bulk of the long term work is in the homes of the elderly. Every effort is now made to supply home helps to needy old persons before deterioration in the state of cleanliness, etc., of the home occurs. This is a considerable help to the old people and obviates the necessity of cleaning up filthy houses.

In addition to their normal housewifery duties the visits of the home helps are much appreciated as it is frequently the only contact that the old person has with the outside world. The home helps themselves have over the years developed a sense of vocation and the service is well respected throughout the county.

Statistics

Number of Cases for whom Helps were provided, 1953-57						Domestic Help Service Staff, 1953-57					
Types of Cases	1953	1954	1955	1956	1957	Helps	1953	1954	1955	1956	1957
Maternity ..	141	131	113	126	144	Full-time ..	8	6	5	4	4
Old Age ..	236	311	411	468	573	Part-time ..	27	32	47	59	60
Tuberculosis, etc. ..	13	14	15	12	21	Spare-time ..	92	88	95	98	145
Long-term Illness ..	64	82	117	129	127	Totals ..	127	126	147	161	209
Short-term Illness ..	101	72	99	101	141	Equivalent full-time helps ..	45.5	50.6	57.0	63.5	76.2
Totals ..	555	610	755	836	1,006						

MENTAL HEALTH (Section 51)

Administration

Committee

The Social Services Sub-Committee is responsible to the county council for the administration of matters coming within the scope of the Mental Deficiency Acts, the Lunacy and Mental Treatment Acts, and the care and after-care of persons suffering from mental illness. Four meetings of the sub-committee were held during the year.

Staff

The assistant county medical officers, who are approved for the purpose of certifications under the Mental Deficiency Acts, health 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 for a chief mental deficiency officer, who is a petitioning officer under the Mental Deficiency Acts, two welfare officers and two home teachers. In addition, there are seven persons employed at the Poole occupation centre, consisting of a supervisor, who is a qualified occupational therapist, five assistants, and a cook; and a supervisor and two assistants are employed at the Weymouth occupation centre.

Medical officers attend refresher courses organised by the National Association for Mental Health from time to time, and vacancies 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, and the Mental Deficiency Acts, in addition to certain welfare work.

Co-ordination with Regional Hospital Board

Close contact is maintained with the Coldest 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 and 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 position regarding admission of patients to institutions has improved during the year. Although new cases have been regularly added to the waiting list only twenty-three were awaiting admission at the end of the year compared with thirty-five at the end of 1956. This is partly due to the arrangements made to meet the needs of patients in the community by providing home teaching, occupation centres, and supervision, and by assisting in the placement of patients in private care.

The low grade defective presents a very real problem in the family. Accommodation for these cases is more difficult to obtain as they so frequently require permanent hospital care and the turnover of beds for this type of patient is much less than that of the high grade patient. Three defectives were, however, admitted to institutions for short-term care during the year in accordance with Ministry of Health circular No. 5/52. It would be of great benefit to parents if sufficient accommodation could be available to enable these facilities to be increased. Many families loyally shoulder the often heavy responsibility of caring for a low grade defective in the home, and short term institutional care for the patient gives welcome relief to the parents.

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.

Royal Commission on the Law relating to Mental Illness and Mental Deficiency

The Report of the Royal Commission, which was published in May, 1957, contains recommendations which, if incorporated in future legislation, will make radical changes in the law relating to patients suffering from mental illness and mental deficiency. The Report is far too extensive to permit of any detailed comment here, but two outstanding recommendations relate to the procedure for the admission of patients to mental deficiency hospitals and discharge therefrom, and to the division of patients into two main groups, namely, those considered suitable for community care and those requiring admission into hospital for medical treatment, training or continuous nursing care.

Of those suitable for community care some may require residential accommodation and it is suggested in the Report that local health authorities will need to provide residential homes or hostels for severely sub-normal and psychopathic patients. In this event very close co-operation between local health and hospital authorities will be necessary in deciding the type of care required in any particular case. If more patients are to remain in the community the establishment of further occupation centres would become a necessity and, with the provision of homes or hostels, a considerable expansion of the county council's services would be entailed.

With a view to a discussion of the Report of the Royal Commission on the law relating to Mental Illness and Mental Deficiency, a study day organised by the Chairman of the Health and Social Services Committee was held at Herrison Hospital, Dorchester, in August, when representatives from the Ministry of Health, the South-West Metropolitan Regional Hospital Board, the Dorset County Council, Hospitals and the Local Medical Committee were present. A very full discussion took place on various aspects of the report, with particular reference to the change in the responsibilities of regional hospital boards and local health authorities which is recommended in the report. It was generally agreed that a very much closer liaison would be necessary between these two bodies if the recommendations of the Royal Commission were implemented.

Account of Work undertaken in the Community

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.

National Health Service Act—Section 28

The ascertainment of mental defectives is continuing satisfactorily, and their training is provided for at the Poole and Weymouth occupation centres and by two home teachers. Home 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

Admissions to Hospital

Year	Voluntary		Temporary		Certified		Totals	
	Men	Women	Men	Women	Men	Women	Men	Women
1957	91	111	15	16	36	89	142	216

Ascertainment of Mental Defectives

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

Forty-six cases were reported and ascertained to be mentally defective during the year. Thirty-four were notified by education committees, of the latter cases five were found not subject to be dealt with.

Statistics

Ascertainment of Mental Defectives during the last five years

Grade	Number ascertained				
	1953	1954	1955	1956	1957
Feeble-minded ..	40	51	46	33	28
Imbeciles ..	18	9	12	5	16
Idiots ..	—	—	3	—	2
Totals ..	58	60	61	38	46

Guardianship

The total number of patients under guardianship at the end of the year was 88, compared with 100 at the end of 1956. This form of community care requires an order by a judicial authority. It gives the guardian the power of control over the patient, and enables the local health authority to provide for his care and protection other than by institutional placement. It also enables the authority to provide for the patient's maintenance, and to meet other special expenditure if necessary. Such assistance is not extended to patients under statutory supervision. It is usual, however, for the financial needs of mental defectives over the age of sixteen years to be met by the National Assistance Board, but other expenditure may be necessary which would not be covered by the Board's grant.

Each patient under guardianship is visited approximately twice a year by a medical officer, and welfare officers visit quarterly or 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 patients, and the owner is devoted to the work she has undertaken in caring for these handicapped people. The home is of very great assistance to the authority, not only for permanent cases, but suitable patients are placed there for holiday periods. Television is provided in the sitting room, and there is a large garden. Patients are taken on coach outings in the summer, and occasional shopping expeditions; they also look forward to the regular visits by the home teacher who gives instruction in various types of handicraft work.

Home Teaching

Two home teachers are employed to give instruction in handicrafts to defectives under guardianship or statutory supervision, and at the end of the year sixty-four 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 distant from an occupation centre.

Occupation Centres

The occupation centre at Poole, which has been in existence for many years, was taken over by the county council in 1947. Each new entrant is examined by an assistant medical officer before admission, and regular medical inspections are carried out at the centre. The house is admirably suited for the purpose as the defectives can be grouped in different rooms according to their ages and degree of mental defect; there is also a pleasant garden where games and exercises are organised. Dinners cooked on the premises are provided at a nominal charge, and the preparation of meals and kitchen work form part of the training.

In order to meet the growing demand for places at this centre, and to provide improved dining and recreation facilities, a large hall has been added to the existing premises, and it was brought into use during the year.

An arrangement has been made with the Wilts and Dorset Association for the Deaf for this hall to be used by the deaf club on certain evenings throughout the year.

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 much appreciated.

A new occupation centre was opened at St. Aubyn's, 5, Carlton Road North, Weymouth, in February, 1957. Patients attend from the Weymouth, Portland and Dorchester areas. Dinners are provided through the school meals service. The premises are centrally situated, and there is ample accommodation for future expansion. The opening of this centre has enabled several children to be removed from the waiting list for institutional care.

Some Dorset defectives attend the Yeovil occupation centre by arrangement with the Somerset County Council.

Transport

The county ambulance service undertakes the transport of defectives to the Poole and Yeovil occupation centres from a fairly wide and scattered area, and defectives attending Weymouth occupation centre are conveyed by the county education committee's school transport. Escorts travel with the defectives where necessary.

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

Statistics

Details of mental defectives under Care at 31st December, 1957

	Under 16		Over 16		Totals
	Males	Females	Males	Females	
Under Guardianship	—	—	32	56	88
Under Statutory Supervision	56	41	77	99	273
Under Voluntary Supervision	4	2	6	6	18
Attending Occupation Centres	33	23	17	23	96
Receiving home teaching	4	6	15	39	64
In institutions (including cases on licence)	32	18	228	198	476
In an Approved Home	6	7	—	—	13

Details of mental defectives under Care at 31st December, 1953—1957

	1953	1954	1955	1956	1957
Under Guardianship	111	107	104	100	88
Under Statutory Supervision	237	244	270	272	273
Under Voluntary Supervision	10	10	9	9	18
Attending Occupation Centres	59	59	59	64	96
Receiving home teaching	68	65	70	68	64
In institutions (including cases on licence)	487	492	489	481	476
In an Approved Home	9	11	12	13	13

SOCIAL SERVICES (National Assistance Act, 1948)

Administrative Arrangements

The functions of the county council under the National Assistance Act, 1948, have been delegated to the Social Services Sub-Committee of the Health and Social Services Committee, and the administration is under the direction of the County Medical Officer of Health. Four meetings of this sub-committee were held during the year.

A visiting committee is appointed annually for each old persons' home, which meets not less than once a quarter and advises on matters of administration.

In each district the health visitor is now responsible for interviewing every applicant for residential accommodation, the work being co-ordinated by two liaison health visitors.

There are four district welfare officers, who are also duly authorised officers for the purposes of the Lunacy and Mental Treatment Acts, who investigate the financial resources of these applicants prior to admission, make detailed arrangements for admission and, in the case of the smaller homes, collect charges for maintenance. At the larger homes the maintenance charges are collected by the officer in charge.

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

RESIDENTIAL ACCOMMODATION

Accommodation Available

At the 31st December, 1957, the number of places provided by the county council amounted to 538, including accommodation for forty-three persons in premises under the control of the Bournemouth and East Dorset Hospital Management Committee. Of this total, 160 beds were situated on the ground floor. The county council were also responsible for the cost of maintenance of forty-three persons in residential homes provided in the county by three voluntary societies, and twenty persons in voluntary homes outside the county.

The degree of infirmity of persons coming into the care of the county council is now much higher than in the years immediately following the introduction of the National Assistance Act, and for many of these cases ground floor accommodation and considerable attention from the staff is necessary. The accommodation problem will be alleviated to some extent by (a) the adaptation of the former reception centre at Stoke Water House, Beaminster, to provide an additional eight ground floor beds; (b) the installation of a lift at this home; and (c) the construction of a ground floor unit at Stour View House, Sturminster Newton, for twenty-two residents. Insufficient ground floor accommodation is one of the chief factors which delays the discharge from hospital of a number of infirm elderly persons.

Structural Adaptations and Additions

During the year the county council reversed their decision not to use the first floor of the old building known as 'St. Martin's', Gillingham, for elderly persons, and work commenced on the adaptation necessary to provide accommodation for ten residents and one resident staff.

Two new staff flats were provided for the Superintendent and Matron and their Assistants at Stour View House, Sturminster Newton, and the vacated rooms were used to accommodate three additional residents and to alleviate the overcrowding to the extent of four places.

Owing to the financial situation during the year, the Minister of Health was unable to grant loan sanction for the planned extension to Belmont Court, the home for the blind at Parkstone.

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.

The county council agreed to bear the cost of a number of improvements to the Part III accommodation at St. Mary's Block.

Staffing of Homes

Considerable difficulty has been experienced in filling the appointment of resident assistant to the matron, and at the end of the year three homes were without permanent assistants.

During the year the county council authorised the appointment of a resident married couple at two of the smaller homes, the wife acting as matron and the husband as attendant.

Amenities

Members of the British Red Cross Society have continued to pay regular visits to five homes to instruct and assist residents with handicrafts. The amount of interest it is possible to maintain varies from home to home, but the society has given considerable encouragement to the old people and many useful articles are made. Knitting, embroidery and rug making are some of the more popular crafts, and a number of prizes have been won at local arts and crafts exhibitions. The council are indebted to the members of the society for the work they have undertaken in this connection.

Valuable assistance has been provided at four homes by members and cadets of the St. John Ambulance Brigade, who have given over 1,500 hours of service during the year. A wide variety of work is undertaken, including assisting with bathing, serving meals, sorting linen, escorting residents outside the home, shopping and 'odd jobs'. The council are greatly indebted to the members of this organisation for their interest and efforts on behalf of the old people.

Clothing is supplied in necessitous cases and, as far as 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 during the winter months film shows are presented at the three larger homes.

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

Special arrangements have been made with the county librarian for books to be readily available to the residents at the homes.

Accommodation and numbers accommodated in County Council Establishments, 31st December, 1957

Premises	Places Occupied		
	Men	Women	Totals
<i>In Homes under County Council Management:</i>			
Stoke Water House, Beaminster	60	45	105
Stour View House, Sturminster Newton	33	65	98
Christmas Close, Wareham	30	22	52
Maiden Castle House, Dorchester	13	27	40
'The Lawns', Weymouth	16	23	39
Belmont Court, Parkstone	6	14	20
Castleman House, Blandford	21	28	49
James Day Memorial Home, Swanage	11	23	34
'St. Martin's', Gillingham	8	30	38
<i>In Hospital under the control of Hospital Management Committee:</i>			
Poole General Hospital (St. Mary's Block)	19	21	40
Totals	217	298	515

Waiting List

The number of persons on the waiting list at the end of the year was 219. A special review of these cases is in hand in order to determine the number of persons (a) who require care in communal homes, and the degree of urgency; (b) who could be satisfactorily housed in grouped old persons' dwellings with warden facilities; (c) who could, with the help of the council's domiciliary services, remain in their own homes for some time to come.

Admissions, Discharges and Deaths during the year 1957

Admissions			Discharges		
From Home	152		To Home	59	
From Hospital	119		Holidays	189	
Re-admission after holiday	187		Hospital	157	
Transfers (in County)	28		Mental Hospital	9	
			Deaths	25	
			Left without notice (no address)	8	
			Transfers (in County)	28	
	486			475	

TEMPORARY ACCOMMODATION

It was not necessary to provide any families with temporary accommodation in the old peoples' homes during the year. In many instances this was due to extensive investigation and rehabilitation carried out by the council's welfare officers, especially their officer in Poole. Close co-operation is maintained between the welfare officers and the district authorities' housing departments, and where children are involved the cases are referred to the Children's Officer.

Under the provisions of the joint scheme between the county council and the Poole Borough Council, co-operation between the county council's welfare organisation and the district housing department has removed the need for eviction in a number of cases. The number of families temporarily accommodated under the joint scheme with the Poole Borough Council was five, and work commenced during the year on three units of temporary accommodation within the Borough. After full discussion at both the Health and Social Services Committee and Children's Committee it was decided to appoint a health visitor to supervise this accommodation and to undertake specialised duties in the care and rehabilitation of problem families.

WELFARE SERVICES (Sections 29 and 30)

BLIND AND PARTIALLY SIGHTED (Tables 25 and 26)

Administrative Arrangements

The close co-operation of the Dorset county authority and the Western Regional and Dorset County Associations for the Blind and other voluntary organisations and statutory bodies has been maintained to ensure that registered blind and partially sighted persons benefit from all the facilities available.

Registration

On the 31st December, 1957, there were 772 persons on the blind register and 105 persons registered as partially sighted, an increase of fifty-two and a decrease of three respectively during the year.

During the past five years the blind register has increased by 124 and the partially sighted register by forty.

Of the 121 newly registered blind cases, ninety-six were sixty-five years and over. Two children under the age of two years were registered; blindness being due to congenital causes in one case and retrolental fibroplasia in the other. In the 5-10 year age group, a girl with other disabilities was registered, and in the 11-20 year age group one boy was transferred from the partially sighted register and is at a blind school, and the other who became blind at adolescence has moved from a sighted grammar school to training at the Royal

Normal College. Of the twenty cases registered between 20 and 64 years of age, a man aged fifty-eight has returned to his own work following a successful operation, and one aged fifty-four who had previously been an agricultural worker has been rehabilitated, trained, and employed as a factory operative with the co-operation of the Ministry of Labour. A young man in his twenties has been away for rehabilitation and it is hoped that he will go for training shortly when work can be found for him which he can do in view of his other physical disabilities. Six persons are not available for work owing to domestic responsibilities and eleven cannot work at present owing to additional severe physical handicaps. One of these, aged twenty-six, was deaf and dumb on registration and had not received any form of education. The home teacher has succeeded in breaking down the antagonism of the parents and has made contact with him, teaching him several handicrafts and also a little speech. Steady progress is being made and it is hoped that he will ultimately be able to go away for specialised residential rehabilitation.

Home Teaching and Visiting

The work is carried out by the same five qualified home teachers who travelled 51,605 miles in the course of their duties. They paid 6,612 visits to blind cases; 423 to the partially sighted and 1,818 to hospitals, doctors, etc., to ensure follow-up of treatment recommended. In addition, they gave 669 home lessons to the blind in handicrafts and embossed type, 107 to the partially sighted, and held 160 classes. In conjunction with the Dorset County Association for the Blind they have held 59 socials, organised nine outings and four sales and exhibited at three shows with great success.

Workshop Employment

As this authority has no sheltered workshop, arrangements are made with the following bodies who each employ one worker on our behalf, payments being on the national scale subject to the standard of work and earnings reaching the minimum laid down in the recommendations of the County Councils Association after consultation with the National Association of Workshops for the Blind:—

Bristol Royal Blind Asylum Workshops;
Royal School for the Blind, Leatherhead.

Home Employment

Nine men and seven women are supervised by the Bristol Royal Blind Asylum Workshops Home Workers Scheme on behalf of this authority and the National Library for the Blind supervise two copyists on the pastime scheme.

Marketing

The flood of cheap imported goods continues to make it difficult to dispose of the products of both trained and pastime workers but every effort is made to open up new markets on the strength of the quality of the goods produced.

Employment in Open Industry

Thirty-four men and six women were employed in this sphere at the end of the year, three being newly employed, but the national increase in the number of unemployed has added to the difficulty of finding suitable openings. The Royal National Institute for the Blind continued as agents for the county council in this respect and are most helpful.

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 ninety-four blind persons over the age of sixteen living away from home, forty-three in the care of the Regional Hospital Boards, twenty-four in homes for the blind, twenty-two in other homes provided under Part III of the National Assistance Act, 1948, and the remaining five in privately run homes. Every effort is made to promote their welfare in co-operation with the managing bodies.

Registers of Blind and Partially Sighted

This department has co-operated with the Western Regional Association for the Blind in providing data for a national research survey on various aspects of the problems of blindness and partial sight.

DEAF OR DUMB

Administrative Arrangements

The Dorset county council administer their functions for the provision of welfare services for the deaf and/or dumb through an arrangement with the Wilts and Dorset Association for the Deaf, to whom they give an annual grant. All cases applying or referred for assistance are investigated by the Association's staff prior to registration. The council have representation on the committees of the association.

Social Welfare

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

Social Centres

Social centres are provided for the deaf at Sherborne and Weymouth. Through an arrangement between the county council and the association premises attached to the Poole occupation centre are used in the evenings and at week-ends for Deaf and Hard of Hearing Clubs. There are also hard of hearing clubs at Dorchester and Bridport.

Lip Reading Classes

Instruction in lip reading has been given by a worker of the Association at classes at Bridport, Dorchester, and Poole. Additional classes are given at Gillingham, Sherborne and Weymouth as and when the need arises. Individual tuition is also given at home to those prevented from attending by reason of ill-health, age or distance of their homes from classes.

Co-ordination

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

The county council also has representation on the Executive Committee of the West Regional Association for the Deaf which covers the counties of Cornwall, Devon, Dorset, Gloucester, Somerset and Wiltshire.

Statistics

The following table shows the number of persons both deaf and hard of hearing, registered with the authority on 31st December, 1957:—

Class	Children under age 16		Persons aged 16 to 64		Persons aged 65 and over		Total
	M.	F.	M.	F.	M.	F.	
Deaf	12	6	95	60	3	4	180
Hard of Hearing ..	11	8	48	28	18	37	150

PHYSICALLY HANDICAPPED (GENERAL CLASSES)

Administrative Arrangements

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, has been adopted by the county council. This was approved by the Minister of Health and the British Red Cross Society (Dorset Branch) act as agents of the county council in respect of 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 made by a health visitor who submits a report on the case to the county health department. If the person wishes to be registered under the council's scheme, and is considered suitable the application is recorded in the central register and services required are provided through the agency of the British Red Cross Society or otherwise. Clinical problems that arise are dealt with by an assistant medical officer of health in close consultation with the general practitioners. Administrative arrangements are carried out by the staff of the county health department.

Owing to the increasing number of applications from handicapped persons for assistance under the scheme, a district health visitor has been devoting part of her time to liaison duties in this connection. All cases are referred to her and those requiring special services are visited by her.

Services Provided

The social welfare services for handicapped persons set out in circular 32/51 are comprehensive and are provided wherever possible when the need for them arises. General advice and guidance is given and arrangements made for any special services, either through voluntary organisations or otherwise. The British Red Cross Society provides several of these services as an extension of the after-care facilities available under the agency arrangements with the county council under Section 28 of the National Health Service Act. 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.

The county council authorised a grant to the Dorset Association for the Welfare of the Physically Handicapped to assist with the general welfare of handicapped persons.

Admission to holiday homes of suitable cases are made by the county health department.

Close liaison is maintained with the Ministry of Labour and National Service through the disablement resettlement officers to assist handicapped persons in securing suitable employment, and help is also given with arrangements for training under the Disabled Persons (Employment) Act.

Statistics

The following table shows the number of physically handicapped (general classes) registered with the authority as at 31st December, 1957:—

Number on Register 31.12.1956 ..	341
New Cases	116
	457
Deaths	29
Removals from Register ..	38
	67
Number of Register 31.12.57 ..	390

	<i>Register of Handicapped Persons—Age Groups and Sex</i>			
	<i>Children under age 16</i>	<i>Persons aged 16—64</i>	<i>Persons aged 65 and over</i>	<i>Total</i>
Male ..	83	91	23	197
Female ..	60	98	35	193
Total ..	143	189	58	390

EPILEPTICS

Three epileptic children have been placed in special residential schools and there are no children on the waiting list; in addition, five children are being educated in ordinary schools. Five adults are maintained in epileptic colonies in various parts of the country, and twenty adults suffering from epilepsy are in Part III or joint-user accommodation.

SPASTICS

The provisions for education and training of spastics continue to improve. During the year the county council gave financial help in the form of a loan to the Victoria Home, Bournemouth, so that their proposed building programme could be expedited and more places for the severely handicapped educable spastic become available. The new home will be in Poole which will be within easy travelling distance for parents from any part of the county to visit.

The newly formed Bournemouth and District Group of the National Spastics Society is also hoping to open a day centre which will take spastics, both educable and ineducable, living within reach.

The county council's arrangements for training adult spastics in a trade are still available but during 1957 no suitable cases were forthcoming.

Five educable spastics are at present being maintained in residential schools and sixteen ascertained mentally defectives who are also suffering from spastic paralysis are either dealt with at occupation centres or through the home teaching scheme.

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.

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

<i>Registration</i>	<i>Number of Homes</i>	<i>Number of beds provided</i>
Homes first registered during the year ..	4	47
Homes on the register at the end of the year ..	15	246
Registrations cancelled	3	14
Registrations refused	—	—

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

One man was removed from his home under the provisions of Section 47 of the Act. After three months in residential accommodation he was admitted to hospital, where he subsequently died.

This old man, aged 84, had been living alone in a third floor attic room, was very infirm and had become quite unable to care for himself. He resolutely refused, however, to voluntarily enter an old persons' home, but it was obvious that he was badly in need of care and attention that could not be given by way of domiciliary services.

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

The county council became responsible for the temporary protection of property in one new case, the total number of cases in which protection is given under this section being twelve.

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

Laboratory	Specimens received and examined during 1957								Totals
	Nose and throat	Sputum	Faeces and urine	Water	Milk	Ice cream	V.D.	Miscellaneous	
Dorchester	479	187	1,157	2,246	5,867	464	1,791	2,831	15,022
Boscombe	978	87	498	1,015	778	435	—	1,308	5,099
Totals	1,457	274	1,655	3,261	6,645	899	1,791	4,139	20,121

REGISTRATION OF NURSING HOMES

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

Statistics

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

Registration	Number of Homes	Number of beds provided for		
		Maternity	Others	Totals
Homes first registered during the year ..	—	—	—	—
Homes on the register at the end of the year ..	16	20	146	166

Action taken during 1957

Number of exemptions granted under Section 192 (1) including renewals	Nil
Number of inspections	30

CHILDREN ACT, 1948

In accordance with the Memorandum by the Home Office on the conduct of children's homes certain duties are carried out for the Children's Committee by the county health department.

Medical Supervision of Nurseries and Children's Homes

During the year under review the scheme for the supervision of all children in county council children's homes has again been satisfactory. Co-operation has continued between the health department, the staff of the children's homes and the general practitioners undertaking the treatment of the children under Part IV of the National Health Service Act.

Dental Care

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

Protection of Children from Tuberculosis

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

During 1957 sixteen initial and twenty-three annual examinations were carried out, but none of the films showed signs of tuberculosis.

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	66	207	30	—

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

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

Statistics

	Number registered at end of year	Number of children provided for
Premises: (a) Factory ..	—	—
(b) Other Nurseries ..	—	—
Daily minders ..	3	11

DAILY MINDERS PROVIDED BY THE AUTHORITY

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

CIVIL DEFENCE

Ambulance and Casualty Collection Section

The strength of the section at the end of the year was 332 ambulance section personnel (102 men and 230 women), and thirty-four casualty collection personnel (twenty-three men and eleven women), a total of 366.

Seventeen courses in ambulance section training were held and eight courses in first aid.

Ambulance vehicles manned by volunteers of the Civil Defence Corps took part in recruiting displays in Wimborne, Bridport, Sherborne, and Sturminster Newton.

During the year there was a very gratifying increase of interest in Civil Defence matters in both North and West Dorset, and courses in ambulance work were held for the first time in Lyme Regis and Charmouth.

There was an excellent entry of nine teams for the annual competition held in Poole Stadium on Sunday, 16th June, when the Sturminster Newton team won the challenge shield.

Welfare Services

The number of enrolled members of the welfare section at 31st December, 1957, was 1,731, a slight decrease during the year, but it is anticipated that this figure will rise considerably during the next few months as interest is stimulated by talks and a larger number of training courses are being arranged to include many of the smaller villages hitherto not covered by the training programmes.

The numbers of members were distributed as follows:—

Poole Borough	226
Weymouth Borough	178
Other urban areas	301
Rural areas	1,076

As mentioned above, more courses have been arranged and these are designed to include more members, especially those from many of the small villages. Where talks, as distinct from courses and exercises, have been given as a preliminary to further training, an encouraging number of enrolments has resulted.

During the year an officer was appointed to assist with the organisation of the emergency meals and rest centre services and to help with the planning of training courses and competitions. He attended various Home Office courses and as a qualified instructor has been a valuable help in the promotion of interest among members by taking courses in several centres and judging at competitions, etc.

Three more locally trained instructors qualified during the year and have been added to the growing panel of persons available to hold courses in the rural districts.

County rest centre competitions were planned in preparation for the regional competitions to be held in 1959.

ENVIRONMENTAL HYGIENE

Water Supplies and Sewerage

General Commentary

From a water supply and sewerage viewpoint, 1957 will be remembered in Dorset as a year of negotiation. Because of the restrictions on capital investment, it has not been possible to begin many of the schemes which are urgently needed, but useful progress has been made in other directions. The opportunity has, for example, been taken to bring forward outline plans and, where possible, to carry preparatory work through to the public enquiry stage. This, it is hoped, will save valuable time when the economic situation improves.

The subject which, as the result of the Ministry of Housing and Local Government's circular 52/56, came to the fore this year has been the grouping of water undertakings. In this connection the county council felt that their policy should be to take part in, rather than initiate local discussions, whilst recognising to the full the far-reaching importance of the subject, both on a national and a county basis.

In the case of West Dorset, however, at the invitation of the water undertakers concerned, the county council played a more direct part, the discussions devolving around a report by the county public health engineer prepared in October, 1956, which, on engineering grounds, showed a clear case for the establishment of a joint water authority for West Dorset.

Originally it was suggested that the area of the proposed joint water authority should comprise the boroughs of Bridport and Lyme Regis and the rural districts of Beaminster and Bridport, but at a later date Lyme Regis elected to become a constituent authority of the East Devon Water Board, a move which, conditionally, the county council did not oppose.

The joint water committee, which comprises representatives of the remaining authorities in West Dorset and the county council, invited the county treasurer to be their financial adviser who, with the approval of the county council, agreed to act in this capacity and to prepare a report upon the financial implications of the formation of a water board.

The joint committee subsequently advised their respective authorities that a water board, to be known as the West Dorset Water Board, should be established for the area, and recommended, in the light of the report of the financial adviser, that approval be given to the financial provisions which they had agreed.

With the consent of the West Dorset authorities and the county council, a draft water order for the formation of a water board under section 9 of the Water Act, 1945, as amended by sections 2 and 14 of the Water Act, 1948, was drawn up by the clerk to the joint committee, in consultation with the clerk of the county council and the county treasurer. In December the joint committee approved the first draft and agreed the representation on the proposed board as between the authorities concerned.

It was the aim of the joint committee that the West Dorset Water Board should operate as from the 1st April, 1958, but even if it had been possible, with the approval of the four authorities concerned, to submit an agreed draft order to the Minister early in the year, it is doubtful whether the appointed day could have been earlier than the 1st October, 1958.

In East Dorset, discussions initiated by the Poole Borough Council took place early in the year between representatives of the Boroughs of Blandford Forum, Poole, Shaftesbury and Wareham, the Urban District Council of Swanage, and the Rural District Councils of Blandford, Wareham and Purbeck, and Wimborne and Cranborne. Certain progress was made, and in July the Ministry of Housing and Local Government, the county council, the Shaftesbury, and Mere and Tisbury (Wiltshire) Rural District Councils were invited to—and did, in fact—send representatives to attend a further meeting. Thereafter, the county council took an active part in water grouping developments in that part of the county.

It was learned, in December, that the Poole Corporation had requested the town clerk to prepare a draft order for the establishment of a water board comprising the areas of the boroughs of Blandford Forum, Poole and Wareham; and the rural districts of Blandford, and Wareham and Purbeck. However, the county council, at their November meeting, agreed that the most advantageous grouping for the area, on engineering or economic grounds, would be a water board comprising the undertakings of the boroughs of Blandford Forum, Poole, Shaftesbury, and Wareham; the Swanage urban district; and the rural districts of Blandford, Shaftesbury, Wareham and Purbeck, Wimborne and Cranborne, and Mere and Tisbury. Subsequently, the Ministry of Housing and Local Government were informed of this decision.

Meanwhile, the Wimborne and Cranborne Rural District Council had commenced negotiations with the Bournemouth and District Water Company with a view to their water undertaking, which is based on the excellent Stanbridge Mill source, being acquired by the company, whose limits of supply would be increased to cover the whole of the rural district.

In North Dorset discussions have taken place between statutory water undertakers within the Wessex Plains water area, as envisaged in the Vail Report, but these were adjourned in order that talks of a more local character might proceed. Thereafter, the Sturminster Rural District Council, the Sherborne Urban District Council and the Sherborne Rural District Council approached the Ministry of Housing and Local Government suggesting that there were good grounds why they should each be allowed to retain their existing water undertakings. In reply, the Ministry drew attention to the terms of Circular 52/56 and advised that further consideration should be given by each of the authorities concerned to the suggested Wessex Plains area, which embraced certain statutory water undertakings in South-West Somerset as well as the three North Dorset authorities to which reference has been made.

As far as sewerage and sewage disposal is concerned, probably the most important development was the final approval of the main drainage scheme for the Wimborne Minster urban district and the promise of an early starting date; tenders were, in fact, invited in December. Earlier in the year, the Ministry of Housing and Local Government expressed the view that only the first stage of the scheme should proceed, but, following representations by the Wimborne Minster Urban District Council, with the support of the county council, it was later stated by the Ministry that there would be no hold-up in carrying out the scheme as a whole, provided the staging had their prior approval.

Another major step forward was the holding, in March, of a public inquiry into the West Parley sewerage scheme. In the evidence which he gave, the county public health engineer stated:—

'The economic difficulties which faced both central and local government were well known, and the necessity for a restriction on capital works is fully appreciated. Nevertheless, it had to be said that nowhere in the County of Dorset was the need for main drainage more urgent than in the West Parley-Hampreston-West Moors areas of the Wimborne and Cranborne rural district, and nowhere could the county council be advised more whole-heartedly to play their part in insuring against a potential health hazard of considerable magnitude.'

In May the Ministry of Housing and Local Government gave approval in principle, to this scheme, which was estimated to cost £249,930, but shortly after a further letter was received stating, in effect, that because so many years had elapsed between the provision of piped water and the suggested provision of main drainage, the Minister could not see his way clear to make a grant under the Rural Water Supplies and Sewerage Acts, 1944-1955. In August, representatives of the county council and the rural district council visited the Ministry in order to make representations against the Minister's decision not to award a grant, but a letter was received in November stating that it was regretted that the decision previously given could not be varied.

Other schemes in the county which have met with a similar fate are those for improvements to the sewerage system and the construction of a new sewage disposal works at Charmouth, and the long-awaited sewerage and sewage disposal scheme for Gillingham. In the latter case, the Shaftesbury Rural District Council were advised, in December, that the Ministry would be prepared to reconsider the question of a grant for that scheme and, if necessary, the county council have agreed to give their support to the case.

Whilst it is open to the county council to make a grant to a county district council in respect of water supply and sewerage schemes, it is by no means easy for an equitable dividing line to be drawn as between the schemes which should be assisted in this way and those which, after consideration of all the factors involved, should not be grant-aided.

Reference to the Table will give an indication of the progress which has been made with individual schemes during 1957.

Other Schemes

In addition to the schemes and matters specifically mentioned above, substantial progress was made, despite the economic difficulties, in the execution of much-needed works of sewerage, sewage disposal and water supply. The Table which follows these notes shows the schemes which were (i) submitted to the county council for consideration under the Rural Water Supplies and Sewerage Acts; (ii) commenced; and (iii) completed during the year. In addition, public inquiries or, where appropriate, local investigations were held by inspectors of the Ministry of Housing and Local Government into the following proposals:—

Water supply:

Bridport Rural District	Puncknowle.
Sturminster Rural District	Extension to Woolland.

Sewerage and sewage disposal:

Blandford Rural District	Pimperne.
Bridport Rural District	Puncknowle.
Wimborne and Cranborne Rural District	West Parley.

Inspections of schemes completed or in progress were made by inspectors of the Ministry of the following works:—

Water supply:

Sturminster Rural District	Area scheme.
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Sewerage and sewage disposal:

Bridport Rural District	Burton Bradstock.
Wareham and Purbeck Rural District	Affpuddle (Briantspuddle).

In each case the Ministry's representatives appeared to be satisfied with the manner in which the schemes were being carried out.

Schemes Submitted, Commenced and/or Completed during 1957

Local Authority	Scheme	Approximate costs of Schemes		
		Submitted	Commenced	Completed
	<i>Water Supplies</i>	£	£	£
Beaminster Rural ..	Beaminster and Netherbury—Supplementary main and headworks	—	—	15,900
Bridport Rural ..	Charmouth—Alterations and extension	4,178	—	—
	Charmouth—Alterations and extension (amended)	1,843	—	—
	Puncknowle (revised)	18,705	—	—
Dorchester Rural ..	Charminster (augmentation)	—	—	6,000
	Maiden Newton—Extension	—	—	3,190
	Melcombe Horsey	—	3,350	—
	Dewlish	—	—	8,175
Sherborne Rural ..	Comprehensive scheme:—			
	Contract No. 5	—	—	18,818
	Contract No. 6	—	4,420	—
Sturminster Rural ..	Comprehensive scheme:—			
	Woolland Extension	5,305	—	—
Wareham and Purbeck Rural ..	Harman's Cross—Temporary supply	15,475	—	—
Wimborne and Cranborne Rural ..	Comprehensive scheme—Direct labour:—			
	Mains—Holt, Hinton Martell and Chalbury ..	—	—	16,505
	Main—Horton to Three Cross	—	—	10,633
	Main—Mannington-Holt Heath area	—	—	1,990

Local Authority	Scheme					Approximate costs of Schemes		
						Submitted	Commenced	Completed
	Sewerage and Sewage Disposal							
Beaminster Rural ..	Thorncombe .. .. .	..	..	..	..	—	—	6,350
Bridport Rural ..	Puncknowle .. .. .	..	..	..	..	21,723	—	—
	Burton Bradstock .. ..	..	..	..	..	—	—	46,351
Dorchester Rural ..	Broadmayne .. .. .	..	..	..	..	10,250	—	—
	Charminster .. .. .	..	..	..	..	78,500	—	—
	Cattistock .. .. .	..	..	..	..	—	30,600	—
Shaftesbury Rural ..	Iwerne Minster .. ..	..	..	..	..	—	—	3,769
Sherborne Rural ..	Trent .. .. .	..	..	..	..	—	15,430	—
Sturminster Rural ..	Kings Stag .. .. .	..	..	..	..	—	8,573	—
Wareham and Purbeck Rural ..	Briantspuddle .. ..	..	..	..	..	—	—	28,000

Rivers Pollution Prevention

Some of the Dorset rivers are heavily polluted in places particularly at Gillingham, Wimborne, Dorchester, Beaminster and Charmouth, affecting the Rivers Stour, Allen, Frome, Brit and Char respectively.

These are receiving the attention of the Avon and Dorset River Board with whom close liaison is maintained. Once again, it is a pleasure to place on record appreciation of the co-operation which has been received from Mr. J. D. Brayshaw, the board's fisheries and pollution inspector.

Sanitary Accommodation

Wherever practicable, progress has been made in the conversion of conservancy methods of sewage disposal to the waterborne system. The amount of work which can be done in this connection, however, is related (a) to the extent to which main drainage facilities have been provided; and (b) to the policy which individual rural district councils adopt in the matter of the connection of properties. At one time, considerable reluctance was shown in making adequate use of a sewerage scheme after its completion; but today, partly because of the greater desire amongst householders for waterborne facilities and partly by reason of the practice whereby lateral connections are made in the majority of cases as and when the sewers are laid, schemes are mostly carrying a 'working load' as soon as they are brought into operation.

Mention must also be made of the incentive provided under the Housing Repairs and Rents Act of 1954, by means of which improvement grants are payable in respect of works which include the provision of modern sanitation.

Public Cleansing

It can fairly be said that, in the main, the public cleansing services of the county have functioned efficiently. Nevertheless, it must be admitted that, in some of the country districts, collections are not as frequent as might be desired. The reasons for this are twofold: namely, the high cost of transportation and the extreme difficulty which exists in certain parts of the county in obtaining suitable land for refuse disposal. The situation appears to be particularly acute in the rural district of Bridport; it is known that the Beaminster rural district, also, have been exploring the possibility of finding new tips.

The comment must again be made that it is unfortunate that greater advantage cannot be taken of the composting of refuse and sewage sludge, since the value of compost as a fertilizer has long been established. The reason why composting is not a practical proposition in a county such as Dorset is because the expense which would be involved in bringing both the refuse and the sewage sludge together on sites of adequate size to enable the necessary plant to be installed cannot be justified. Apart from the loss of such valuable material, the difficulties which arise in the treatment and ultimate disposal of sludge produced at sewage disposal works are increasing year by year; in fact, this is probably the biggest problem to be faced in the operation and maintenance of sewage purification plants. It may be that in the bigger centres of population composting will in future become a reality, and already it is a step in the right direction that the Ministry of Housing and Local Government have indicated their willingness to consider schemes where it can be shown that such provision could be made at a reasonable expense.

Turning to the problem of the litter nuisance to which reference was made in both the 1955 and the 1956 annual reports, it is encouraging to state that a marked improvement was observed last year. Whilst still more co-operation is required from all concerned, it is clear that local authorities have been doing what they can to provide facilities for the deposition of litter, and the campaigns which have been publicised in the national press, over the radio and in television programmes have, undoubtedly, helped a great deal.

Shops Act, 1950

Because of increasing pressure of work in other even more important branches of public health, the amount of time which the public health inspectors have been able to devote to Shops Act work has, in the majority of cases, not increased appreciably. In those county districts where the public health inspector is responsible, also, for carrying out the duties of surveyor, it is virtually impossible for him to cover adequately the many varied aspects of his joint appointment. The result is that less urgent work, such as shop inspections, just cannot be done.

Almost year by year the need for separating the post of surveyor and public health inspector is, it is satisfactory to report, recognised by county district councils, and new appointments have been made during 1957 in districts in which the joint system had been practised for many years. There are now only six county districts in Dorset in which the duties of surveyor and public health inspector are combined; of these, three are boroughs, one is an urban district, and two are rural districts. Whilst it is understandable that the creation of separate posts must inevitably place a still greater strain on local resources, this is one of the many factors which, clearly, will require consideration when, in due course, the question of local government reorganisation comes under review at the county level.

Swimming and Sea Water Bathing

Because of the unsatisfactory position the county council drew the attention of the Ministry of Housing and Local Government to the increasing extent to which sewage was being deposited into the sea.

It is interesting to note that during the year public concern was expressed at the degree of pollution of tidal waters and as a result the Ministry of Health set up a working party, under the auspices of the Medical Research Council, to enquire into and report on the matter.

The county education committee have, with much voluntary help from the schools concerned, and parents, succeeded in extending the scheme for the provision of learners' swimming pools. In this connection the county health department is assisting in the treatment of the water by means of chlorination applied by hand dosage, and the results obtained to date have been highly satisfactory. Close supervision of the free chlorine content is maintained during the periods that the baths are in use, and in this the teaching staff and selected senior pupils are co-operating fully.

Verminous Premises

The Control of Vermin and Insect Pests

It is again satisfactory to report that there is evidence that the decline, mentioned in previous reports, in the number of cases of verminous persons and premises has continued.

Vermin Control

Much useful work has been done during the year in the destruction of rats and mice, but it must again be said that it is apparent and, to some extent, disturbing that there appears to be some hesitancy in the spending of public money on this service. Bearing in mind the possible dangers to public health and the damage to foodstuffs and crops which annually occurs through the activities of vermin, it is to be hoped that any temptation to over-economise in this direction will be strenuously resisted in the national interest.

Factories Acts

The number of factories in Dorset is not great, and therefore the need for any considerable volume of work under the Factories Acts does not arise. However, the necessary attention is given to this subject by the county district councils, and satisfactory co-operation has been maintained between H.M. Inspectors of Factories and the local officers concerned.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

Licensed Pasteurising Establishments

At the 1st January, 1957, there were twenty-two licensed pasteurising establishments in the county, including four in the Borough of Poole, licensed by the Poole Corporation as the Food and Drugs Authority. During the year, however, the licence in respect of one dairy was cancelled as milk pasteurisation ceased.

Approximately 25,000 gallons of milk per day are pasteurised at these licensed dairies, the greater part for consumption within the county.

During the year 2,403 samples of pasteurised milk were obtained at the pasteurising dairies and reference to the Table will indicate that less than one per cent failed the phosphatase test for efficient heat treatment. In the case of the unsatisfactory samples, advisory visits were made to the dairies concerned.

The high-temperature-short-time method of milk pasteurisation is carried out at ten dairies, and holding time and flow rate tests were carried out in respect of five of these plants.

Close supervision of all the pasteurising dairies was maintained during the year, and, in addition to the check samples of milk which were obtained, rinses of cleaned bottles and swabs of the pasteurising and ancillary equipment were submitted to the public health laboratory for examination. Details concerning these specimens are given in the Table, and it will be noted that 136 (6.9 per cent) of the 1,963 rinses and swabs failed to reach a satisfactory standard of cleanliness.

Of the total quantity of liquid milk sold by retail in the county, by far the highest percentage is pasteurised and, from the public health viewpoint, the continued increase in the sale of this grade of milk is encouraging.

Prevention of the Sale of Tuberculous Milk

Due to the considerable increase that has taken place in the past five years both in the sale of pasteurised milk and in the production of tuberculin tested milk, the risk of the sale of tuberculous milk to the general public has diminished. Nevertheless, vigilance has been maintained to ensure that infected milk does not reach the public, and during the year 561 samples of milk were submitted to the laboratory for biological examination. It will be seen from the Table that four samples proved positive and appropriate action was taken, resulting in the slaughter of the animals found to be affected.

Designated Milk Production

During 1957 there was a decrease in the number of registered dairy herds in the county from 2,986 at the 1st January, to 2,945 at the 31st December. There was, however, an appreciable increase in the number of licensed producers of tuberculin tested milk, i.e. from 1,988 at the commencement of the year to 2,070 at the 31st December, a rise of just over six per cent. This means that, of the total number of registered milk producers in the county at the end of 1957, approximately seventy per cent were licensed for the production of tuberculin tested milk.

On the 1st March, 1956, Dorset was included in an area known as a 'free testing area' under the provisions of the Tuberculosis (Attested Herds) Scheme, 1950, and on the 1st January, 1956, there were 2,199 attested herds which, by the end of that year, had increased to 2,409. During the year under review a further 487 herds have attained attested status, bringing the total number of attested herds to 2,986 at the 31st December, or about ninety per cent of all herds (dairy and non-dairy). With effect from the 1st March, 1958, Dorset will become an 'eradication area', when the testing of all bovine herds will be compulsory.

Specified Areas

No further areas of the county were 'specified' during the year. Close supervision was maintained of the sale of milk in those parts of the county already specified and informal action was taken in the case of one producer-retailer who sold undesignated milk to the occupiers of a few holiday caravans.

Sale of Milk

Except in remote parts of the county, milk is bottled for retail sale and the dairymen are sensible of their responsibilities for ensuring that the bottles are thoroughly cleaned before being filled with milk. Some of the larger dairies devote considerable time and expense to devising safeguards to prevent an unclean bottle reaching the consumer but in spite of these efforts a case does arise from time to time when a complaint is made that a bottle is dirty, or that a piece of foreign matter—not necessarily harmful bacteriologically—has been found in the milk. In some instances these conditions can be traced to the misuse of a milk bottle by the consumer who, by rinsing the empty bottles with clean water before returning them to the dairy, would greatly assist the dairyman in his endeavours to prevent such incidents occurring.

Statistical Summary of Samples taken during the year

Milk

Sampling Point	Methylene blue test		Phosphatase test		Total	Biological Examination		Total
	Pass	Fail	Pass	Fail		Negative	Positive	
Licensed Pasteurising Establishments	1,308	1	2,385	18	2,403	16	—	16
Schools:—								
Pasteurised milk	1,244	4	1,696	6	1,706	4	—	4
T.T. milk	86	20	—	—	106	6	—	6
School Canteens:—								
Pasteurised milk	402	10	547	3	560	3	—	3
T.T. milk	19	5	—	—	24	—	—	—
County Homes and Hospitals:—								
Pasteurised milk	172	—	227	—	227	—	—	—
T.T. milk	15	6	—	—	21	7	—	7
Retailers:—								
Pasteurised milk	240	1	372	—	372	—	—	—
T.T. milk	75	23	—	—	98	7	—	7
Non-designated milk	1	—	—	—	1	1	—	1
Producers and Producer/Retailers:—								
T.T. milk	169	29	—	—	198	275	—	275
Non-designated milk	49	11	—	—	60	238	4	242
Totals	*3,780	110	4,728	26	5,276	557	4	561†

*In accordance with the provisions of part 3 to the third schedule of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-1953, 1,382 samples of pasteurised milk were not submitted to the methylene blue test as the atmospheric shade temperature exceeded 65 deg. F. on the days the samples were obtained.

†Includes 23 samples taken for biological examination by the Poole Borough public health inspector.

Rinses

Obtained from	Satisfactory	Fairly Satisfactory	Unsatisfactory	Total
Pasteurising Establishments and Schools	1,774	53	136	1,963

Water

Sampling Point	Satisfactory	Suspicious	Unsatisfactory	Total
Pasteurising Establishments, Police Houses, Schools, etc. ..	453	109	47	609

*General**Samples*

Water, swimming-bath water, faeces, sewage effluents, Moore's swabs, food, cream, milk, ice cream, not included in above tables	411
Grand total of samples taken (all groups)	8,820

Meat and Other Foods

There are twenty-seven licensed slaughterhouses in the county, excluding two bacon factories. At the majority of these premises the public health inspectors of the county district councils maintain a one hundred per cent meat inspection service although, in some cases, this entails considerable overtime, including week-ends, and imposes a severe strain on the officers. The most effective means of bringing about an improvement in this very unsatisfactory position would be to regulate the hours of slaughter, but it is regretted that there has been no indication of the early introduction of the necessary regulations.

For some district councils the financial burden of meat inspection has been lightened by the introduction, in April, 1957, of a Government scheme for the payment of grants in respect of 'export' meat, i.e. meat not intended for consumption within the area of the inspecting authority.

On the question of hygiene in slaughterhouses, draft regulations were published in August, 1957, setting out minimum requirements for the construction, layout and equipment of slaughterhouses in England and Wales. The regulations, which cannot be made until the necessary enabling legislation is in force, will apply to new buildings in the first instance, and to existing premises on dates appointed for each district council area by the Minister of Agriculture, Fisheries and Food.

It is noteworthy that the regulations state that suitable and sufficient accommodation shall be provided for the retention, in separate locked containers or premises, of all meat rejected as being unfit for human consumption. No mention is made, however, of the measures which should be taken in the interests of public health to dispose of unsound meat. The compulsory staining of this class of meat served a very useful purpose and it should be reintroduced.

Towards the end of 1957 the Government introduced the Slaughterhouses Bill which, apart from dealing with the licensing of slaughterhouses, also contains provisions for the making of the regulations referred to above.

The Manufacture and Sale of Ice Cream

The medical officers of health and public health inspectors of the county district councils continued to maintain close supervision of the manufacture and sale of ice cream during the year. Of 464 samples of ice cream submitted to the Public Health Laboratory, Dorchester, 414 (89 per cent) were categorised provisional grade I and only four (0.9 per cent) were provisional grade IV.

In September, 1957, the Ministry of Agriculture, Fisheries and Food published a report of the Food Standards Committee on the ice cream standard. The committee recommended that, for the time being, the fat and milk-solids-not-fat content of ice cream should not be raised beyond the existing standard of 5 per cent and 7½ per cent respectively. An interesting feature of the report is concerned with the product sold as dairy ice cream, or cream ice, and the committee recommends that a special provision should be made to reserve the description 'dairy ice cream' (and other descriptions likely to suggest the use of dairy ingredients) for a product in which the fat content is wholly milk fat.

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 department of the chief inspector of weights and measures. The following particulars relate to samples taken during the year ended 31st December, 1957:—

<i>Nature of Sample</i>	<i>Number obtained</i>	<i>Number certified as adulterated or not up to standard</i>
Milk	456	7
Butter	8	—
Cream	16	—
Ice Cream	13	—
Stewed Steak	5	—
Potable Spirits	36	—
Other Foods	131	21
Drugs	23	2
Totals	688	30

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 public health inspectors and some 314 samples of food and drugs were submitted to the Public Analyst during the year.

HOUSING (Table 27)

The position regarding new house construction in Dorset during 1957 and for the period 1.4.45—31.12.57 is set out in the table below. The figures have been taken from the Ministry of Housing and Local Government returns for 1956 and 1957. The number of new council houses completed during the year was 478 compared with 424 for 1956, an increase of 54.

According to the official returns no new council houses were built in the boroughs of Bridport, Lyme Regis, Shaftesbury and Wareham, the urban districts of Portland and Wimborne, and the rural districts of Shaftesbury and Sherborne. With the exception of the boroughs of Poole and Weymouth, and the rural districts of Bridport and Dorchester, the year has seen a further decrease in new council house construction. This is due, primarily, to the high loan charges and to increased building costs. In some cases difficulty in finding suitable sites has contributed to the slowing down of the councils' programmes for new houses.

Figures for the borough and urban district councils are not available, but in respect of seven of the nine rural district councils the number of applicants on the councils' housing lists showed a decrease during the year. Dorchester Rural District Council, with 336, has the longest waiting list, and Sturminster Rural District Council the shortest, with 44. Despite a reduction of 205 compared with the year 1956, and whilst waiting lists are often misleading, the estimate of 1,398 requiring accommodation in the rural districts is disturbing, indicating, as it does, that the problem of obtaining adequate housing accommodation, by rental, still exists.

With regard to the total number of new council houses erected by the rural district councils since 1945, Sturminster heads the list of 821, followed by Wareham and Purbeck with 791 to their credit and Wimborne and Cranborne with 783.

In the county as a whole, 1,172 private enterprise houses were erected during the year, 152 fewer than in 1956. At the 31st December, 1957, the total number of private houses completed since 1945 was 8,191. Considering the high interest rates prevailing during the year, the reduction is not as great as might have been expected. As far as the rural district councils are concerned, the greatest number of private houses was erected in the Wimborne and Cranborne rural district where, since 1945, 1,415 properties have been built.

To sum up, it can be said that, whereas some district councils still have sizeable waiting lists for housing accommodation, there has been a general reduction in the number of applicants for council houses which may be due, in part, to the continued increase in private house building. There is much to be said for house ownership, which should be encouraged by every means, but it must be remembered that there are those who have little hope of achieving this goal and yet are in urgent need of accommodation. It is hoped that, in formulating their housing policies, district councils will continue to have regard to the demand for houses to rent in addition to the provision which they themselves must make to meet the requirements of slum clearance programmes.

the Housing Act, 1949, and the Housing Repairs and Rents Act, 1954

Compared with the twelve-monthly period ending 30th June, 1956, fewer applications for improvement grants were submitted to the rural district councils during the year under review. Eight of the nine councils, nevertheless, considered that the maximum advantage was being taken of the facilities offered under the Act.

In at least one rural district more applications have been received in respect of rented than for owner-occupied dwellings. This encouraging, for although the improvement of owner-occupied dwellings should not be discouraged, it is felt that the facilities afforded by the Act were primarily intended to apply to rented houses and to act as an inducement to landlords to bring their properties up to satisfactory standard, thereby adding to the national stock of fit houses.

Permanent Houses completed in Dorset since 1st April, 1945

Housing Authority	Position as at 31st December, 1956				Position as at 31st December, 1957			
	Under Construction		Completed		Under Construction		Completed	
	By Council	Privately	By Council	Privately	By Council	Privately	By Council	Privately
Boroughs:								
Blandford Forum	27	1	265	35	16	—	294	38
Bridport	—	12	304	106	—	2	304	123
Dorchester	44	16	331	193	18	30	365	248
Lyme Regis	—	10	201	64	—	8	201	80
Poole	92	239	2,939	2,623	122	239	3,065	3,109
Shaftesbury	—	2	138	53	—	9	138	56
Wareham	—	—	135	59	—	1	135	62
Weymouth and Melcombe Regis	100	60	1,242	757	148	61	1,344	867
Urban Districts:								
Portland	—	8	376	89	—	12	376	98
Sherborne	32	—	265	40	9	1	297	41
Swanage	12	27	218	260	—	26	230	297
Wimborne Minster	—	—	119	41	—	1	119	41
Rural Districts:—								
Beaminster	19	8	286	118	12	8	311	128
Blandford	20	8	382	158	18	12	400	178
Bridport	—	24	192	186	4	16	196	211
Dorchester	26	41	430	275	29	36	466	342
Shaftesbury	—	6	421	143	—	11	421	162
Sherborne	—	9	244	58	—	10	244	70
Sturminster	3	5	810	126	2	1	821	134
Wareham and Purbeck	11	25	768	441	8	36	791	491
Wimborne and Cranborne	12	66	757	1,194	1	120	783	1,415
Totals	398	567	10,823	7,019	387	640	11,301	8,191

Clearance Areas and Individual Unfit Houses

The following Table, taken from the Housing Returns published by the Ministry of Housing and Local Government, will give an indication of the work done by the district councils in connection with slum clearance since 1st January, 1955. For the purpose of comparison, the figures from the returns for 1956 have also been given:—

Housing Authority	Houses in Clearance Areas and Unfit Houses Elsewhere			Houses in Clearance Areas and Unfit Houses Elsewhere		
	Included in Orders confirmed 1.1.55 to 31.12.56	Demolished or closed 1.1.55—30.9.56		Included in Orders confirmed 1.1.55 to 31.12.57	Demolished or closed 1.1.55—30.9.57	
		In clearance areas	Elsewhere		In clearance areas	Elsewhere
Boroughs:						
Blandford Forum	—	3	2	—	3	4
Bridport	—	—	6	19	—	6
Dorchester	—	—	30	33	—	36
Lyme Regis	—	1	1	—	1	2
Poole	75	—	23	163	75	36
Shaftesbury	—	—	7	—	—	8
Wareham	—	—	1	—	—	3
Weymouth and Melcombe Regis	14	—	25	36	8	40
Urban Districts:—						
Portland	—	—	12	—	—	14
Sherborne	19	—	—	19	—	—
Swanage	—	—	1	—	—	1
Wimborne Minster	—	—	—	—	—	1
Rural Districts:—						
Beaminster	10	5	7	10	7	10
Blandford	—	—	9	—	—	18
Bridport	—	—	1	4	—	2
Dorchester	8	—	15	8	—	36
Shaftesbury	—	3	26	—	3	40
Sherborne	—	2	8	—	2	19
Sturminster	—	7	16	—	7	27
Wareham and Purbeck	—	—	19	—	—	24
Wimborne and Cranborne	—	—	22	—	—	34
Totals	126	21	231	292	106	361

From the returns submitted by the nine rural district councils it is noted that thirty-one individual unfit houses were demolished during the year, involving twenty-nine persons and nine families. In 190 cases unfit houses were made fit and defects remedied as a result of informal action and formal action under the Housing Act was taken in respect of twenty-four properties. Forty-seven unfit houses were closed under the provisions of the Housing Acts, involving eighteen persons and eight families.

With regard to unfit houses in temporary use, the Sturminster Rural District Council had eleven of this type of accommodation licensed for temporary use at the 31st December, 1957.

TABLE 1—VITAL STATISTICS

Area:—622,844 Acres.	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Population:—										
Urban Districts ..	171,706	173,914	181,595	183,500	183,600	185,800	188,070	188,700	188,400	188,700
Rural Districts ..	101,094	101,486	109,245	112,800	112,900	113,560	113,430	115,300	115,700	116,400
Whole County ..	272,800	275,400	*290,840	*296,300	*296,500	*299,360	*301,500	*304,000	*304,100	*305,100
Rateable Value ..	£1,877,578	£19,21,277	£1,951,992	£1,985,454	£2,022,864	£2,055,181	£2,094,569	£2,155,503	£3,660,710	£3,564,262
Estimated Product of a Penny Rate ..	£7,486	£7,657	£7,757	£7,667	£7,958	£8,121	£8,300	£8,518	£14,593	£14,102
Births:—										
Still Births ..	108	66	88	87	89	104	102	91	93	91
Live Births ..	4,679	4,435	4,266	4,387	4,241	4,354	4,297	4,172	4,213	4,312
Legitimate ..	4,482	4,247	4,018	4,155	4,029	4,139	4,103	3,984	4,014	4,121
Illegitimate ..	305	254	248	232	212	215	194	188	199	191
TOTALS ..	4,787	4,501	4,354	4,474	4,330	4,458	4,399	4,263	4,306	4,403
Live Birth Rate (per 1,000 population) ..	17.1	16.1	14.6	14.8	14.3	14.5	14.2	13.7	13.8	14.1
Still Birth Rate (per 1,000 total births) ..	22.5	14.6	20.2	19.4	20.5	23.3	23.1	21.3	22.6	20.7
Live Birth Rate (England & Wales) ..	17.9	16.7	15.8	15.5	15.3	15.5	15.2	15.0	15.7	16.1
Deaths:—										
Total Deaths (all ages) ..	3,179	3,459	3,629	3,878	3,435	3,615	3,447	3,729	3,790	3,653
Death Rate (per 1,000 population) ..	11.6	12.5	12.4	13.0	11.5	12.0	11.4	12.2	12.5	11.9
Death Rate (England and Wales) ..	10.8	11.7	11.6	12.5	11.3	11.4	11.3	11.7	11.7	11.5
Infant Mortality:—										
Deaths under 1 year of age ..	122	110	103	116	100	104	98	104	103	86
Legitimate ..	111	91	96	109	94	97	94	96	97	79
Illegitimate ..	11	19	7	7	6	7	4	8	6	7
Mortality Rate (per 1,000 Legitimate live births) ..	25.3	21.5	23.8	26.2	24.8	23.4	22.9	24.0	24.2	19.2
Mortality Rate (per 1,000 Illegitimate live births) ..	38.6	76.3	28.2	30.1	28.3	32.5	20.6	42.5	30.2	36.7
Mortality Rate (per 1,000 live births) ..	26	24	24	26	23	23	22	24.9	24.5	20.0
Mortality Rate (England & Wales) ..	34	32	29	29	27	26	25.5	24.9	23.8	23.0
Maternal Mortality:—										
Maternal Deaths ..	4	2	3	3	4	5	†3	1	2	—
Maternal Mortality Rate (per 1,000 births) ..	0.83	0.44	0.68	0.67	0.92	1.1	0.68	0.23	0.47	—
TUBERCULOSIS.										
Deaths:—										
All forms ..	103	80	80	57	62	45	41	30	27	29
Death-rate per 1,000 population ..	0.37	0.29	0.27	0.19	0.20	0.15	0.13	0.09	0.08	0.09
Pulmonary ..	89	65	72	47	57	39	37	28	24	24
Death-rate per 1,000 population ..	0.32	0.24	0.24	0.16	0.19	0.13	0.12	0.09	0.07	0.07
Non-Pulmonary ..	14	15	8	10	5	6	4	2	3	5
Death-rate per 1,000 population ..	0.05	0.05	0.02	0.03	0.01	0.02	0.01	0.006	0.009	0.01
Notifications:—										
All forms ..	214	224	231	266	217	209	175	155	214	166
Pulmonary ..	164	169	184	225	177	163	146	135	184	148
Non-Pulmonary ..	50	55	47	41	40	46	29	20	30	18
Notification Register as at 31st December:—										
All forms ..	1,277	1,202	1,266	1,448	1,564	1,667	1,634	1,632	1,719	1,775
Pulmonary:—										
Males ..	553	553	574	647	697	750	773	794	835	867
Females ..	395	379	404	493	534	582	597	613	657	693
Non-Pulmonary:—										
Males ..	167	148	158	165	175	178	135	107	105	97
Females ..	162	122	130	143	158	157	129	118	122	118

* Includes non-civilians.

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

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

TABLE 2—VITAL STATISTICS IN ADMINISTRATIVE AREAS.

Causes of Death.	Totals U.D.'s		Totals R.D.'s		Totals whole County, 1957	Comparable Totals, 1956	Blandford Forum M.B.		Bridport M.B.		Dorchester M.B.		Lyme Regis M.B.		Portland U.D.		Shaftesbury M.B.		Sherborne U.D.		Swanage U.D.		Wareham M.B.		Weymouth and Melcombe Regis M.B.		Wimborne Minster U.D.	
	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	11	5	3	5	24	24	—	—	—	1	—	—	—	—	1	—	—	—	—	—	2	—	—	—	2	2	1	—
2. Tuberculosis, other	3	1	1	—	5	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—
3. Syphilitic disease	5	4	2	—	11	3	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Diphtheria	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
5. Whooping cough	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	1	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	3	3	1	8	4	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—
9. Other infective and parasitic diseases	25	27	16	9	77	101	1	1	—	1	1	1	—	—	1	2	1	2	1	1	1	—	—	1	4	8	2	1
10. Malignant neoplasm, stomach	58	11	27	5	101	101	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. Malignant neoplasm, lung, bronchus	—	—	—	—	76	60	—	—	—	4	—	4	—	—	—	1	—	—	2	—	—	—	—	1	—	11	—	—
12. Malignant neoplasm, breast	—	13	—	13	26	24	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—
13. Malignant neoplasm, uterus	124	103	75	56	358	380	1	3	6	6	6	5	—	2	10	7	3	2	4	1	2	1	4	1	38	18	1	—
14. Other malignant and lymphatic neoplasms	8	3	5	5	21	18	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—
15. Leukaemia, aleukaemia	2	8	4	2	16	33	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	1	—	—	—
16. Diabetes	151	196	92	107	546	581	5	5	4	9	14	10	1	3	6	6	3	3	6	6	8	5	6	30	49	4	—	—
17. Vascular lesions of nervous system	257	151	121	64	593	610	4	1	14	4	14	5	5	5	5	1	3	4	6	3	7	6	1	1	43	32	11	—
18. Coronary disease, angina	12	25	15	12	64	73	—	—	—	1	—	2	1	1	3	2	—	1	1	—	—	—	—	2	3	4	—	—
19. Hypertension with heart disease	136	216	98	157	607	647	2	11	7	15	4	12	1	4	8	18	3	2	4	1	3	9	1	8	42	30	5	—
20. Other heart disease	60	57	19	37	173	166	—	—	1	2	2	6	1	—	2	1	2	4	2	4	4	1	1	4	11	8	—	—
21. Other circulatory disease	18	16	9	6	49	23	1	—	—	—	—	1	—	—	—	—	—	—	—	—	2	1	—	2	5	4	1	—
22. Influenza	49	18	26	10	103	101	1	—	2	2	2	2	—	1	8	1	—	—	—	—	2	1	—	9	10	1	—	—
23. Pneumonia	48	48	23	27	146	182	—	—	4	3	4	5	—	—	2	2	1	3	3	3	2	1	—	8	5	1	—	—
24. Bronchitis	19	9	11	11	50	48	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	2	1	—	—
25. Other diseases of respiratory system	14	6	9	4	33	31	3	—	2	1	1	1	—	—	—	—	—	—	—	—	—	—	—	4	1	—	—	—
26. Ulcer of stomach and duodenum	4	11	8	4	27	22	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
27. Gastritis, enteritis and diarrhoea	14	7	13	2	36	31	1	—	—	—	4	—	—	—	1	—	—	2	—	—	1	—	—	—	—	—	—	—
28. Nephritis and nephrosis	27	—	16	—	43	44	—	—	2	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—
29. Hyperplasia of prostate	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion	7	11	9	5	32	29	—	—	—	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	1	—	—
31. Congenital malformations	81	83	58	68	290	309	2	3	3	5	6	5	4	1	2	2	2	3	2	1	6	1	1	19	27	2	—	—
32. Other defined and ill-defined diseases	14	10	13	1	38	32	2	1	1	1	1	—	—	—	1	—	—	—	—	—	—	—	—	3	1	—	—	—
33. Motor vehicle accidents	17	22	16	10	65	69	—	1	—	1	1	1	—	—	1	—	—	—	—	—	3	—	—	—	2	5	1	—
34. All other accidents	11	9	11	2	33	31	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
35. Suicide	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
36. Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All Causes	1,177	1,119	703	654	3,653	3,790	25	28	49	58	72	64	15	18	58	49	20	23	32	25	42	44	16	26	245	238	39	20
Deaths of infants under 1 year:—																												
Total	26	23	23	14	86	103	—	—	2	3	3	—	—	—	1	2	1	—	—	—	—	1	1	1	6	6	—	—
Legitimate	24	22	20	13	79	97	—	—	2	3	3	—	—	—	—	2	1	—	—	—	—	1	1	1	6	6	—	—
Illegitimate	2	1	3	1	7	6	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Live Births:—																												
Total	1,310	1,203	931	868	4,312	4,213	21	29	38	39	99	86	21	20	75	69	27	20	44	36	36	26	21	25	327	290	34	20
Legitimate	1,254	1,140	895	832	4,121	4,014	20	28	36	36	95	79	20	20	72	66	27	20	44	34	33	25	20	25	317	248	33	17
Illegitimate	56	63	36	36	191	199	1	1	2	3	4	7	1	—	3	3	—	—	—	2	3	1	1	—	10	42	1	3
Still Births:—																												
Total	27	23	21	20	91	93	—	—	1	—	4	2	—	—	4	—	2	—	—	2	1	1	—	—	5	4	—	—
Legitimate	26	23	21	20	90	87	—	—	—	—	4	2	—	—	4	—	2	—	—	2	1	1	—	—	4	4	—	—
Illegitimate	1	—	—	—	1	6	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Estimated 'Home' population, 1957 (which includes non-civilians)	188,700		116,400		305,100	—	3,310		6,680		11,510		3,110		13,820		3,430		7,300		7,200		2,760		37,790		4,350	
Estimated 'Home' population, 1956 (which includes non-civilians)	188,400		115,700		—	304,100	3,400		6,730		11,380		3,060		14,970		3,420		7,280		7,180		2,750		37,850		4,370	

ter	Blandford R.D.		Bridport R.D.		Dorchester R.D.		Shaftesbury R.D.		Sherborne R.D.		Sturminster R.D.		Wareham and Purbeck R.D.		Wimborne and Cranborne R.D.	
F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	2	1
—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	1	—	2	1	4	1	—	2	2	—	2	—	1	2	4	2
—	2	—	2	—	4	2	1	—	2	—	6	1	4	—	5	2
1	—	3	—	5	—	4	—	1	—	2	—	2	—	2	—	11
1	—	3	—	1	—	1	—	—	—	—	—	2	—	1	—	4
9	6	5	4	7	10	7	4	3	1	4	4	4	15	9	25	8
1	—	—	1	1	—	1	—	—	—	—	—	—	1	1	2	1
—	1	—	1	—	—	—	—	1	—	—	1	—	—	—	—	1
5	10	8	5	12	22	13	10	8	4	5	10	14	8	16	18	26
9	10	3	12	8	20	6	7	6	1	1	10	10	18	7	29	14
—	1	2	2	1	2	4	3	1	—	—	1	1	2	—	4	3
11	8	17	9	9	18	47	6	10	4	5	18	25	12	19	19	14
2	1	—	—	2	2	4	4	3	—	2	2	4	3	5	6	15
—	1	2	—	1	3	—	1	—	—	—	—	—	2	2	1	1
2	3	3	3	2	1	6	—	1	3	1	4	1	4	4	3	7
2	3	1	1	1	3	—	1	1	2	1	4	1	5	1	6	2
3	—	1	—	—	—	4	2	—	—	—	2	—	1	1	6	2
—	—	—	—	—	2	3	1	—	—	—	2	—	1	1	2	—
—	2	—	1	—	—	1	—	1	1	—	1	—	1	1	2	1
1	1	—	2	—	1	1	—	—	2	—	1	—	4	—	2	—
—	2	—	1	—	3	—	1	—	1	—	3	—	1	—	4	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	1	—	1	1	1	1	—	—	1	—	1	—	2	3	2	—
5	3	7	3	5	10	14	5	4	6	6	6	6	4	11	15	10
—	1	—	—	—	6	—	1	—	—	—	2	—	2	—	—	1
—	3	—	1	—	4	1	2	1	2	—	1	1	—	—	2	7
—	1	—	2	—	2	—	—	1	1	—	1	—	2	—	1	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
53	62	55	53	59	118	121	49	44	34	27	83	72	95	88	160	135
—	2	2	2	2	4	1	2	—	4	—	2	1	3	7	3	1
—	1	2	2	2	4	1	2	—	4	—	2	1	3	6	2	1
—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
62	92	88	48	52	141	136	77	66	37	40	66	57	181	187	221	180
60	87	84	48	52	134	129	72	60	35	37	62	56	177	181	214	173
2	5	4	—	—	7	7	5	6	2	3	4	1	4	6	7	7
—	3	5	1	—	5	3	1	2	1	—	1	4	6	4	3	2
—	3	—	1	—	5	3	1	2	1	—	1	4	6	4	3	2
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	13,480		7,570		16,850		9,830		5,710		9,770		20,760		24,270	
	13,630		7,530		16,840		9,820		5,730		9,840		20,480		23,690	

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

Aggregate of Urban Districts.

	0—		1—		5—		15—		25—		45—		65—		75—	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	—	—	—	—	—	—	—	—	2	1	6	2	1	2	2	—
2	—	—	—	—	1	—	—	—	1	1	1	—	—	—	—	—
3	—	—	—	—	—	—	—	—	—	—	1	3	3	—	1	1
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	—	—	1	—	—	—	—	—	—	—	—	2	—	1	—	—
10	—	—	—	—	—	—	—	—	1	5	4	4	11	9	9	13
11	—	—	—	—	—	—	—	—	2	28	4	24	6	4	4	1
12	—	—	—	—	—	—	—	—	—	3	—	18	—	11	—	13
13	—	—	—	—	—	—	—	—	—	1	—	7	—	3	—	2
14	—	—	1	2	—	2	—	—	3	3	28	27	40	29	52	40
15	—	—	—	1	—	—	1	—	—	—	4	2	1	—	2	—
16	—	—	—	—	—	—	—	—	—	—	1	4	—	1	1	3
17	—	—	—	1	—	—	—	—	2	—	19	26	47	56	83	113
18	—	—	—	—	—	—	—	—	11	80	20	79	50	87	87	81
19	—	—	—	—	—	—	—	—	—	—	1	2	2	4	9	19
20	—	—	—	—	1	—	—	1	1	2	14	14	34	39	86	160
21	—	—	—	—	—	—	1	—	2	1	11	6	14	9	32	41
22	—	—	—	—	—	—	—	1	2	—	7	7	4	1	5	7
23	6	2	1	1	—	—	—	—	1	1	8	1	10	15	22	28
24	—	1	—	—	—	—	1	—	—	—	15	3	16	1	17	13
25	—	—	1	—	—	—	—	—	2	1	5	3	4	2	7	3
26	—	—	—	—	—	—	—	—	—	—	5	1	5	—	4	5
27	—	—	—	—	—	—	—	1	—	1	2	—	—	3	3	4
28	—	—	—	—	—	—	1	—	3	2	1	—	3	2	6	3
29	—	—	—	—	—	—	—	—	—	—	—	—	3	—	24	—
30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31	5	8	—	—	1	—	—	—	—	—	—	1	1	1	—	1
32	14	10	1	—	1	1	2	3	3	7	15	13	20	20	25	29
33	—	—	—	1	2	—	1	1	5	2	4	2	1	3	1	1
34	1	1	1	—	3	—	3	—	1	—	3	5	1	5	4	11
35	—	—	—	—	—	—	2	—	2	1	2	6	2	—	3	2
36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	26	23	6	6	9	3	12	7	44	28	265	185	326	273	489	594

TABLE 3 (cont.)

Aggregate of Rural Districts.

0—		1—		5—		15—		25—		45—		65—		75—	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	—	—	—	—	—	2	3	2	—	1	—	—
—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—
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—	—	—	—	—	—	—	—	1	1	8	15	24	26	65	115
—	—	—	—	—	—	—	1	—	—	3	4	5	8	11	24
—	—	—	—	—	—	—	—	—	—	2	—	1	2	6	4
2	1	—	—	—	1	1	—	—	—	1	2	11	4	8	19
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6	5	1	—	—	—	—	—	—	—	1	—	1	—	—	—
13	6	—	1	1	—	—	—	—	3	11	10	16	14	17	34
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1	1	—	—	—	—	1	—	2	1	4	1	3	—	5	7
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—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
23	14	4	1	3	2	9	3	12	18	153	100	226	159	273	357

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TABLE 4—CAUSES OF DEATH AT ALL AGES

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
1	89	65	72	47	57	39	37	28	24	24
2	14	15	8	10	5	6	4	2	3	5
3	11	9	11	11	9	4	12	9	3	11
4	—	—	—	—	—	—	—	—	—	—
5	3	4	—	3	—	1	1	—	1	1
6	4	2	2	2	—	1	1	1	1	—
7	—	7	18	2	1	2	2	3	1	1
8	—	2	—	2	—	1	—	5	—	—
9	5	5	18	7	9	7	4	—	4	8
10	100	93	90	80	88	90	100	93	101	77
11	N.K.	N.K.	68	71	93	83	82	107	101	101
12	48	65	50	67	64	69	69	50	60	76
13	31	29	34	29	20	28	20	23	24	26
14	346	370	348	306	323	373	341	339	380	358
15	N.K.	N.K.	17	20	21	20	10	17	18	21
16	27	28	27	27	19	25	20	27	33	16
17	403	451	475	530	527	513	559	575	581	546
18			449	488	505	519	469	582	610	593
19	1,026	1,204	93	88	81	68	69	76	73	64
20			715	820	627	659	606	665	647	607
21	135	135	167	175	150	161	183	177	166	173
22	6	29	20	95	6	56	7	19	23	49
23	79	113	124	160	97	123	124	140	182	146
24	109	111	120	145	85	131	102	115	101	103
25	51	53	41	42	36	41	35	32	48	50
26	41	32	45	33	30	37	44	41	31	33
27	72	61	13	14	10	19	14	14	22	27
28	76	76	44	50	54	39	46	36	31	36
29	N.K.	N.K.	42	53	47	39	36	29	44	43
30	4	2	3	3	4	5	3	1	2	—
31	81	47	32	36	33	21	27	31	29	32
32	295	341	357	329	322	305	279	333	309	290
33	33	25	40	31	23	30	26	31	32	38
34	57	58	66	64	53	55	73	94	69	65
35	33	27	20	36	35	40	41	27	31	33
36	N.K.	N.K.	—	2	1	5	1	7	5	—

TABLE 5—NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Scarlet Fever	226	211	194	172	125	188	184	72	107	113
Whooping Cough	1,339	819	1,386	1,492	866	1,125	878	591	373	870
Diphtheria (including Membranous Croup)	4	3	1	—	1	—	1	—	—	1
Measles (excluding Rubella)	1,571	3,761	1,545	4,709	950	4,900	102	4,944	1,653	2,663
Acute Pneumonia (Primary or Influenzal)	197	200	222	307	191	296	211	166	141	173
Meningococcal Infection	14	6	5	4	5	5	4	5	7	5
Acute Poliomyelitis	16	64	111	33	24	150	27	50	11	10
Acute Polioencephalitis	3	4		—	—	—	—	—	—	—
Acute Encephalitis	—	1	1	1	—	2	2	3	2	3
Dysentery	27	23	21	192	115	68	68	13	63	2
Ophthalmia Neonatorum	16	3	12	4	1	1	1	7	2	6
Intermittent Pyrexia	38	21	25	44	80	76	58	65	60	59
Smallpox	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	1	2	1	3	3	3	1	16	1	—
Enteric or Typhoid Fever (excluding Paratyphoid)	6	—	—	1	—	2	—	—	—	1
Food Poisoning (excluding Dysentery, Typhoid and Paratyphoid)	—	88	74	34	18	23	35	63	191	29
Erysipelas	65	82	55	63	43	40	46	50	33	22
Malaria—Believed to be con- tracted in this country	1	—	—	—	—	—	—	—	—	—
Malaria—Believed to be con- tracted abroad	—	1	7	2	8	5	2	4	5	2
Malaria—Induced in Institutions	—	—	—	—	—	—	—	—	—	—

TABLE 6—ANTE-NATAL AND POST-NATAL CLINICS, 1957

Name of Clinic.	Average Attendance per session.	New Cases.		Attendances.		Total Attendances.	No. of Openings.
		Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.		
Medical Officer's Sessions:							
Blandford	*	5	2	16	3	19	*
Bridport	*	1	—	1	—	1	*
Dorchester	3·8	44	10	166	29	195	51
Wimborne	6·7	30	12	148	13	161	24
Poole	*	17	7	37	7	44	*
TOTALS		97	31	368	52	420	75
Midwives' Sessions:							
Branksome	13·9	286	—	1,099	—	1,099	79
Burlea Towers ..	12·2	123	—	610	—	610	50
Hamworthy	9·8	111	—	511	—	511	52
Waterloo	12·0	110	—	628	—	628	52
Wallisdown	12·0	100	—	450	—	450	36
TOTALS		730	—	3,298	—	3,298	269

* Seen by appointment

TABLE 7—SUMMARY OF ANTE-NATAL AND POST-NATAL CLINICS, 1953—1957

Name of Clinic	1953			1954			1955			1956			1957		
	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session
<i>Medical Officers' Sessions:</i>															
Beaminster ..	37	12	3.0	9	14	0.64	10	23	0.43	—	—	—	—	—	—
Blandford ..	335	23	14.6	207	24	8.6	64	24	2.7	52	22	2.4	19	*	*
Bridport ..	38	21	1.8	20	20	1.0	6	22	0.27	3	22	0.1	1	*	*
Dorchester ..	467	68	6.9	454	69	6.6	555	52	10.7	310	51	6.0	195	51	3.8
Wareham ..	81	23	3.5	63	24	2.6	36	24	1.5	27	23	1.2	—	—	—
Wimborne ..	117	21	5.6	136	24	5.7	68	23	2.9	153	23	6.6	161	24	6.7
Weymouth ..	124	*	*	91	*	*	44	*	*	—	—	—	—	—	—
Poole ..	115	12	9.6	82	12	6.8	71	12	5.9	42	12	3.5	44	*	*
Branksome ..	36	12	3.0	22	8	2.7	—	—	—	—	—	—	—	—	—
TOTALS ..	1,350	192	—	1,084	195	—	854	180	—	587	153	—	420	75	—
<i>Midwives' Sessions:</i>															
Branksome ..	—	—	—	—	—	—	—	—	—	1,058	71	14.9	1,099	79	13.8
Burlea Towers ..	—	—	—	—	—	—	—	—	—	360	46	7.8	610	50	12.2
Hamworthy ..	—	—	—	—	—	—	—	—	—	529	52	10.2	511	52	9.8
Waterloo ..	—	—	—	—	—	—	—	—	—	630	51	12.3	628	52	12.0
Wallisdown ..	—	—	—	—	—	—	—	—	—	227	17	13.3	450	36	12.0
TOTALS ..	—	—	—	—	—	—	—	—	—	2,804	237	—	3,298	269	—

* Seen by appointment

TABLE 8—ATTENDANCES AT WELFARE CENTRES DURING 1957

Centre.	Average Attendance per Session.	New Cases				Attendances					Number of Openings.
		Born in				Under 1 year.	Under 1 year.	1—2 years.	2—5 years.	Totals.	
		1957	1956	1952-55	Totals.						
Beaminster ..	23.4	31	24	37	92	27	253	111	175	539	23
Blackdown ..	12.6	16	4	17	37	13	45	27	54	126	10
Blandford ..	29.3	54	36	22	112	60	474	123	78	675	23
Blandford Garrison ..	37.0	83	41	69	193	69	1,108	304	400	1,812	49
Bovington Camp ..	54.5	66	72	33	171	86	862	196	140	1,198	22
Bradford Abbas ..	19.1	5	22	25	52	7	177	179	103	459	24
Bridport ..	20.4	41	40	73	154	57	682	227	112	1,021	50
Charmouth ..	12.2	6	4	19	29	7	34	38	75	147	12
Corfe Mullen ..	15.8	25	7	12	44	25	69	22	36	127	8
Dorchester ..	31.3	172	123	120	415	187	1,833	263	219	2,315	74
Ferndown ..	33.5	52	47	57	156	65	435	144	226	805	24
Gillingham ..	14.4	17	13	16	46	21	200	55	48	303	21
Handley ..	14.0	13	7	30	50	14	53	33	82	168	12
Lulworth Camp ..	15.0	13	16	7	36	15	66	49	35	150	10
Lyme Regis ..	12.6	24	11	25	60	26	198	44	61	303	24
Milton Abbas ..	6.7	2	5	7	14	5	40	9	31	80	12
Shaftesbury ..	21.0	41	23	10	74	44	401	78	27	506	24
Sherborne ..	47.8	84	86	182	352	103	1,333	434	671	2,438	51
Sturminster Newton ..	10.8	32	15	31	78	30	124	28	97	249	23
Swanage ..	27.9	54	53	95	202	69	864	234	300	1,398	50
Tarrant Rushton ..	10.0	2	4	16	22	3	21	13	57	91	9
Upton ..	21.4	36	32	51	119	42	530	181	281	992	46
Verwood ..	18.0	28	20	49	97	28	246	68	102	416	23
Vareham ..	38.8	74	65	105	244	88	1,050	403	524	1,977	51
Vest Parley ..	18.0	19	11	17	47	23	298	89	49	436	24
Wimborne ..	43.7	133	20	41	194	85	1,405	419	449	2,273	52
Wool ..	26.0	23	36	46	105	33	363	124	139	626	24
Poole Area.											
Branksome ..	38.2	172	172	131	475	188	3,149	620	400	4,169	109
Broadstone ..	43.3	44	51	41	136	47	482	309	466	1,257	29
Canford Magna ..	17.4	15	12	23	50	19	81	49	79	209	12
Creekmoor ..	25.8	53	33	25	111	55	324	144	126	594	23
Hamworthy ..	34.6	68	76	143	287	106	1,307	322	549	2,178	63
Longfleet ..	39.0	51	37	70	158	57	566	189	180	935	24
Lower Parkstone ..	37.2	59	42	41	142	73	673	115	178	966	26
Newtown ..	39.1	96	53	37	186	99	1,274	327	248	1,849	47
Oakdale ..	42.5	57	39	105	201	63	571	183	224	978	23
Old Town ..	26.3	45	59	62	166	62	1,007	185	150	1,342	51
Rossmore ..	36.4	58	48	32	138	70	1,263	252	197	1,712	47
St. Aldhelm's ..	28.8	40	40	45	125	42	358	125	209	692	24
Wallisdown ..	45.4	108	78	122	308	88	774	363	497	1,634	36
Waterloo ..	42.0	97	88	77	262	96	915	391	333	1,639	39
South Dorset Area.											
Broadwey ..	23.3	47	32	63	142	53	604	314	225	1,143	49
Chickerell ..	21.7	25	27	18	70	32	296	165	59	520	24
Lanehouse ..	22.8	27	30	16	73	29	356	116	75	547	24
Portland Tophill ..	41.3	65	56	114	235	73	1,311	343	409	2,063	50
Portland Underhill ..	48.5	73	83	142	298	87	1,650	513	407	2,570	53
Preston ..	7.6	15	8	32	55	20	190	64	131	385	51
Weymouth ..	39.8	255	163	123	541	294	3,175	533	435	4,143	104
Wyke Regis ..	36.0	126	138	138	402	149	2,480	694	492	3,669	102
TOTALS ..		2,742	2,202	2,812	7,756	3,034	35,970	10,214	10,640	56,824	1,785

WELFARE CENTRES

TABLE 9—SUMMARY OF ATTENDANCES AT WELFARE CENTRES, 1953—1957

Name of Centre	1953			1954			1955			1956			1957		
	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session
Beaminster ..	572	24	23.8	619	24	25.8	667	24	27.8	439	24	18.0	539	23	23.4
Bere Regis ..	168	12	14.0	227	12	18.9	150	11	13.6	95	12	7.9	—	—	—
Blackdown ..	95	7	13.6	146	11	13.3	180	11	16.4	153	10	15.3	126	10	12.6
Blandford ..	929	24	38.7	749	24	31.2	606	24	25.2	469	24	19.5	675	23	29.3
Blandford Garrison ..	—	—	—	—	—	—	1,091	51	21.3	1,351	50	27.0	1,812	49	37.0
Bovington Camp ..	—	—	—	—	—	—	528	19	27.8	927	21	44.1	1,198	22	54.5
Bradford Abbas ..	—	—	—	—	—	—	—	—	—	401	21	19.0	459	24	19.1
Bridport ..	1,459	50	29.2	1,217	50	24.3	1,272	51	29.4	1,139	51	22.3	1,021	50	20.4
Charmouth ..	—	—	—	—	—	—	200	12	16.7	170	12	14.2	147	12	12.2
Corfe Mullen ..	—	—	—	—	—	—	—	—	—	—	—	—	127	8	15.8
Dorchester ..	2,603	63	41.3	2,738	66	41.5	2,665	72	37.0	2,777	74	37.5	2,315	74	31.3
Ferndown ..	853	24	35.5	937	24	39.0	987	24	41.1	948	24	39.9	805	24	33.5
Gillingham ..	547	24	22.8	607	24	25.3	462	24	19.2	276	23	12.0	303	21	14.4
Handley ..	273	12	22.7	277	12	23.1	178	12	14.8	187	12	15.6	168	12	14.0
Lulworth Camp ..	—	—	—	—	—	—	138	9	15.3	163	11	14.8	150	10	15.0
Lyme Regis ..	299	25	11.9	364	24	15.2	264	24	11.0	245	22	11.1	303	24	12.6
Milton Abbas ..	142	17	8.3	157	12	13.1	103	12	8.6	90	12	5.8	80	12	6.7
Shaftesbury ..	326	23	14.2	358	24	14.9	527	24	21.9	461	24	19.2	506	24	21.0
Sherborne ..	1,383	51	27.1	1,801	51	35.3	2,436	52	46.8	2,476	51	48.5	2,438	51	47.8
Sturminster Newton ..	335	23	14.6	313	21	14.9	359	24	14.9	426	23	18.5	249	23	10.8
Swanage ..	1,078	50	21.6	1,097	50	21.9	1,455	51	28.3	1,290	51	25.3	1,398	50	27.9
Tarrant Rushton ..	—	—	—	—	—	—	227	12	19.0	158	11	14.4	91	9	10.0
Upton ..	1,102	23	47.9	889	23	38.6	1,057	24	44.0	938	30	31.3	992	46	21.4
Verwood ..	499	23	21.7	611	24	25.5	562	24	23.2	518	24	21.6	416	23	18.0
Wareham ..	2,153	52	41.4	2,340	51	45.9	2,300	53	44.5	2,110	51	41.4	1,977	51	38.8
West Parley ..	—	—	—	—	—	—	—	—	—	64	6	10.7	436	24	18.0
Wimborne ..	2,048	51	40.2	2,089	51	40.9	3,267	52	45.5	2,048	51	40.2	2,273	52	43.7
Wool ..	579	24	24.1	571	24	23.8	718	24	29.9	737	24	30.7	626	24	26.0
<i>Poole Area</i>															
Branksome ..	3,564	104	34.3	3,390	103	32.9	3,733	102	36.6	3,834	102	37.6	4,169	109	38.2
Broadstone ..	729	23	31.7	662	24	27.6	716	24	29.9	1,003	24	41.8	1,257	29	43.3
Canford Magna ..	—	—	—	183	10	18.3	199	12	16.6	251	12	20.9	209	12	17.4
Creekmoor ..	948	24	39.5	563	24	23.5	801	23	34.8	607	23	26.4	594	23	25.8
Hamworthy ..	842	24	35.0	796	24	33.2	1,497	52	28.8	1,530	51	30.0	2,178	63	34.6
Longfleet ..	886	24	36.9	890	24	37.1	827	24	34.4	881	24	36.7	935	24	39.0
Lower Parkstone ..	605	24	29.4	612	24	25.5	699	24	29.0	787	24	32.8	966	26	37.2
Newtown ..	1,377	24	57.4	1,217	24	50.7	901	34	26.5	1,217	47	25.9	1,849	47	39.1
Oakdale ..	1,090	24	45.4	1,064	23	46.3	1,141	24	47.5	1,236	24	51.5	978	23	42.5
Old Town ..	1,619	53	30.5	1,400	51	27.4	1,296	53	24.4	1,276	51	25.0	1,342	51	26.3
Rossmore ..	1,285	49	26.2	1,377	48	28.6	1,559	48	32.5	1,677	48	34.9	1,712	47	36.4
St. Aldhelms ..	131	7	18.7	454	20	22.7	603	24	25.2	546	24	22.8	692	24	28.8
Wallisdown ..	696	23	30.3	840	24	35.0	888	24	37.0	988	24	41.2	1,634	36	45.4
Waterloo ..	107	3	35.6	2,049	28	73.2	2,005	50	40.1	1,771	50	35.4	1,639	39	42.0
<i>South Dorset Area</i>															
Broadwey ..	1,382	48	28.8	1,209	49	24.7	1,172	48	24.4	1,557	48	32.4	1,143	49	23.3
Chickerell ..	587	50	11.7	573	50	11.5	599	51	11.7	537	24	22.4	520	24	21.7
Lanehouse ..	—	—	—	—	—	—	—	—	—	601	24	25.0	547	24	22.8
Portland Tophill ..	2,111	50	42.2	2,257	51	44.3	2,370	51	46.5	2,187	55	39.8	2,063	50	41.3
Portland Underhill ..	2,440	51	47.8	2,651	52	51.0	2,673	51	52.4	2,936	52	56.5	2,570	53	48.5
Preston ..	657	52	12.6	460	52	8.8	324	51	6.4	486	51	9.5	385	51	7.6
Weymouth ..	4,408	101	43.6	4,033	103	39.2	4,179	100	41.8	3,946	104	37.9	4,143	104	39.8
Wyke Regis ..	2,284	52	43.9	2,495	52	48.0	2,933	51	57.5	3,866	102	37.9	3,669	102	36.0
TOTALS ..	45,191	1,412	—	47,282	1,462	—	52,674	1,641	—	54,756	1,737	—	56,824	1,785	—

TABLE 10—MIDWIFERY NURSING STAFF, 1953—1957

Staff	1953		1954		1955		1956		1957	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Administrative	—	4	—	4	—	4	—	4	—	4
Queen's Nurse, State Certified Midwife	—	39	—	40	—	41	—	41	1	36
State Registered Nurse, State Certified Midwife ..	11	4	11	4	11	4	12	4	10	6
State Certified Midwife	2	9	2	10	1	7	—	6	1	7
Equivalent whole-time midwifery nursing staff (omitting administrative staff)	39		39.5		37.5		38.0		34.5	
Midwifery training completed in conjunction with the West Dorset Group Hospital Management Committee, arranged through Dorset County Nursing Association	14		22		15		20		19	

TABLE 11—DETAILS OF MIDWIVES PRACTISING IN THE AREA OF THE LOCAL SUPERVISING AUTHORITY
AT THE END OF EACH YEAR FROM 1953—1957

	Domiciliary Midwives					Midwives in Institutions					Totals				
	1953	1954	1955	1956	1957	1953	1954	1955	1956	1957	1953	1954	1955	1956	1957
Midwives employed by the Authority ..	13	13	12	14	13	—	—	—	—	—	13	13	12	14	13
Midwives employed by Voluntary Organisations:															
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	52	53	52	51	49	—	—	—	—	—	52	53	52	51	49
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	53	53	54	48	49	53	53	54	48	49
Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	20	6	6	3	7	4	4	4	4	5	24	10	10	7	12
TOTALS ..	85	72	70	68	69	57	57	58	52	54	142	129	128	120	123

TABLE 12—SUMMARY OF MIDWIFERY CASES ATTENDED, 1953—1957

<i>Cases attended by midwives in the employment of :—</i>			<i>1953</i>	<i>1954</i>	<i>1955</i>	<i>1956</i>	<i>1957</i>
The County Council:	Domiciliary	{ Midwifery Maternity	405 163	569 194	639 187	696 130	675 132
The County Nursing Association:	Domiciliary	{ Midwifery Maternity	618 280	556 239	523 250	488 276	536 253
	Institutional	{ Midwifery Maternity	— —	— —	— —	— —	— —
	Hospitals:	Domiciliary	{ Midwifery Maternity	— —	— —	— —	— —
	Institutional	{ Midwifery Maternity	1,692 818	1,802 664	1,765 586	1,752 649	1,932 520
Midwives in Private Practice (including midwives employed in Nursing Homes):	Domiciliary	{ Midwifery Maternity	— 34	7 19	5 22	— 12	3 11
	Institutional	{ Midwifery Maternity	46 24	36 21	37 22	38 10	34 10
	TOTALS		4,080	4,107	4,036	4,051	4,106

TABLE 13—HEALTH VISITING STAFF, 1953—1957

Employed by (1)	Number of Health Visitors employed at end of year										Equivalent Whole-time Health Vi- siting services provided under Col. (3) classes including attendance at C Welfare Centres) (4)			
	Whole-time on Health Visiting					Part-time on Health Visiting								
	(2)					(3)								
	1953	1954	1955	1956	1957	1953	1954	1955	1956	1957	1953	1954	1955	1956
Local Health Authority	—	—	2	2	2	33	33	33	37	39	23 $\frac{7}{22}$	23 $\frac{7}{22}$	26 $\frac{3}{11}$	28 $\frac{2}{11}$
Voluntary Organisations	—	—	—	—	—	3	3	3	3	3	1	1	1	1

TABLE 14—NUMBER OF CHILDREN AT 31.12.57 WHO HAD COMPLETED A COURSE OF DIPHTHERIA IMMUNISATION
AT ANY TIME BEFORE THAT DATE

	Children under 5 years of age at 31.12.57						Estimated mid-year population, 1957 Children 0—4 years	Children 5—15 years of age at 31.12.57			Estimated mid-year population, 1957 Children 5—15 years	Total Number of Children under 15 years immunised
	Under 1	1	2	3	4	Totals		5—9	10—14	Totals		
ter R.D.	20	86	104	97	82	389	21,300	497	521	1,018	47,000	1,407
rd B.	8	49	40	44	49	190		279	269	548		738
rd R.D.	15	110	111	130	152	518		739	622	1,361		1,879
B.	17	68	59	72	82	298		438	506	944		1,242
R.D.	7	63	53	43	80	246		437	417	854		1,100
ter B.	8	95	99	86	114	402		636	580	1,216		1,618
ter R.D.	14	136	157	168	184	659		968	815	1,783		2,442
egis B.	3	28	24	35	19	109		154	193	347		456
ury B.	3	18	20	20	22	83		130	225	355		438
ury R.D.	8	78	100	108	101	395		550	796	1,346		1,741
ne U.D.	8	44	65	69	86	272		344	549	893		1,165
ne R.D.	3	75	57	65	59	259		388	617	1,005		1,264
ster R.D.	1	46	97	91	102	337		604	623	1,227		1,564
U.D.	5	49	58	71	53	236		312	491	803		1,039
n B.	4	29	39	47	45	164		241	217	458		622
n R.D.	32	171	211	210	223	847		1,185	1,462	2,647		3,494
ne U.D.	4	45	40	48	45	182		282	232	514		696
ne R.D.	27	190	216	217	241	891		1,319	1,350	2,669		3,560
th B.	86	681	728	833	863	3,191		5,817	5,749	11,566		14,757
U.D.	88	393	407	342	387	1,617		2,640	3,773	6,413		8,030
	29	122	134	139	126	550		902	680	1,582		2,132
TOTALS	390	2,576	2,819	2,935	3,115	11,835		18,862	20,687	39,549		51,384

Percentage of children under 5 years immunised 55.56
Percentage of children aged 5—15 years immunised 84.15
Percentage of total number of children under 15 years of age immunised 75.23

TABLE 15—DIPHTHERIA IMMUNISATION, 1953—1957
(at 31st December of the particular year)

Children under 5 years						Estimated mid-year population Children 0—4 years	Children 5—15 years			Estimated population mid-year Children 5—15 years	Total number of children under 15 years immunised	Percent- age Immunised
Under 1	1	2	3	4	Totals		5—9	10—14	Totals			
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	2,415	2,685	3,017	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
512	2,422	2,808	3,046	2,883	11,671	21,300	21,885	17,900	39,785	46,600	51,456	75.78
390	2,576	2,819	2,935	3,115	11,835	21,300	18,862	20,687	39,549	47,000	51,384	75.23

TABLE 16—THE NUMBER OF CHILDREN WHO RECEIVED RE-INFORCING DOSES FOR DIPHTHERIA IMMUNISATION, 1953—1957

Year	Age		Totals
	1—4 years	5—14 years	under 15 years
1953	88	4,376	4,464
1954	98	5,039	5,137
1955	125	4,768	4,893
1956	141	5,417	5,558
1957	179	3,876	4,055

TABLE 17—CHILDREN VACCINATED AGAINST SMALLPOX DURING 1957

District	Age							Totals	
	Under 1 year	1—4 years		5—14 years		15 years or over			
		P	R	P	R	P	R	P	R
Beaminster Rural District	47	26	1	13	4	6	17	92	22
Blandford Borough	28	20	—	4	1	9	6	61	7
Blandford Rural District	69	67	14	19	29	21	51	176	94
Bridport Borough	33	28	—	3	3	3	2	67	5
Bridport Rural District	24	33	—	3	1	—	3	60	4
Dorchester Borough	54	39	—	1	1	1	1	95	2
Dorchester Rural District	53	68	1	9	1	3	2	133	4
Lyme Regis Borough	11	24	—	1	3	5	7	41	10
Shaftesbury Borough	20	9	—	1	2	6	7	36	9
Shaftesbury Rural District	32	55	—	8	—	4	8	99	8
Sherborne Urban District	24	20	—	8	1	2	11	54	12
Sherborne Rural District	22	26	—	1	4	4	2	53	6
Sturminster Rural District	15	40	—	—	5	2	18	57	23
Swanage Urban District	8	39	—	3	9	6	2	56	11
Wareham Borough	9	11	1	1	—	—	—	21	1
Wareham Rural District	92	149	13	30	19	4	5	275	37
Wimborne Urban District	23	27	—	4	—	5	7	59	7
Wimborne Rural District	131	113	5	15	33	14	53	273	91
Poole Borough	215	342	4	100	17	50	90	707	111
Weymouth Borough	175	169	3	39	19	9	24	392	46
Portland Urban District	44	46	2	5	8	8	3	103	13
TOTALS	1,129	1,351	44	268	160	162	319	2,910	523

P—Primary Vaccination. R—Re-Vaccination.

TABLE 18—SMALLPOX VACCINATION, 1953—1957

Year	Age								Totals	
	Under 1 year		1—4 years		5—14 years		15 or over			
	P	R	P	R	P	R	P	R	P	R
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
1956	1,134	—	1,226	27	128	147	1,113	223	2,601	397
1957	1,129	—	1,351	44	268	160	162	319	2,910	523

P—Primary Vaccination. R—Re-Vaccination.

ITEM	PATIENTS CARRIED															TOTAL		
	Blandford	Bridport	Charmouth	Dorchester	Ferndown	Gillingham	Lyme Regis	Poole	Shaftesbury	Sherborne	Sturminster Newton	Swanage	Wareham	Weymouth	Wimborne			
Emergency	Maternity	54	87	7	198	33	4	11	222	9	29	2	13	49	291	47	1,056	
	Road Accident	41	24	6	124	47	22	7	318	33	41	10	14	58	148	66	959	
	Other Emergency	43	172	7	120	33	9	9	709	35	32	32	42	65	453	43	1,804	
	TOTAL EMERGENCY	138	283	20	442	113	35	27	1,249	77	102	44	69	172	892	156	3,819	
Routine	Hospital Admissions	170	315	114	700	290	123	123	1,382	194	286	124	236	308	1,318	415	6,098	
	Hospital Discharges	78	159	10	401	94	5	20	1,040	16	98	8	135	230	756	157	3,207	
	Inter-Hospital Transfers	51	77	6	262	51	1	24	1,318	57	47	8	75	151	452	92	2,672	
	Out-Patient Attendances:—																	
	Physiotherapy	17	1,217	2	1,662	112	6	6	485	—	671	—	8	69	3,740	61	8,056	
	Other	140	1,246	49	2,673	235	73	157	9,452	28	697	8	492	792	2,680	427	19,149	
	Corpses	—	7	—	7	—	—	2	28	2	5	1	—	2	12	1	67	
	Occupation Centre Attendances	—	—	—	—	—	—	—	11,168	—	—	—	—	—	—	—	3,500	14,668
	Other patients	27	41	4	109	12	2	5	2,019	11	88	—	17	39	173	26	2,573	2,573
	TOTAL ROUTINE	483	3,062	185	5,814	794	210	337	26,892	308	1,892	149	963	1,591	9,131	4,679	56,490	56,490
JOURNEYS	TOTAL PATIENTS	621	3,345	205	6,256	907	245	364	28,141	385	1,994	193	1,032	1,763	10,023	4,835	60,309	60,309
	Patient Carrying	396	1,613	157	3,873	494	183	237	5,745	348	833	164	600	544	4,476	808	20,471	20,471
	Occupation Centres	—	—	—	—	—	—	—	798	—	—	—	—	—	—	367	1,165	1,165
	Other Journeys	7	101	3	180	14	3	5	221	8	27	5	14	11	124	28	751	751
MILEAGE	TOTAL JOURNEYS	403	1,714	160	4,053	508	186	242	6,764	356	860	169	614	555	4,600	1,203	22,387	22,387
	Patient Carrying	15,593	26,125	5,698	64,173	15,701	8,676	6,900	97,421	8,592	22,488	8,265	14,307	22,753	69,425	23,871	409,988	409,988
	Occupation Centres	—	—	—	—	—	—	—	13,798	—	—	—	—	—	—	18,227	32,025	32,025
	Other Mileage	138	1,026	28	1,099	289	32	40	1,613	58	470	106	99	100	1,217	450	6,765	6,765
	TOTAL MILEAGE	15,731	27,151	5,726	65,272	15,990	8,708	6,940	102,832	8,650	22,958	8,371	14,406	22,853	70,642	42,548	448,778	448,778
Night Journeys (between 1800 and 0900 hours)																		
Stretcher Cases																		
Sitting Cases																		
*Patients Per Journey																		
*Miles Per Patient																		

* Excluding mental defectives

TABLE 20—HOSPITAL CAR SERVICE STATISTICS, 1957

		AREA									
		Blandford	Bridport	Dorchester	Gillingham	Poole.	Shaftesbury	Sherborne.	Wareham.	Weymouth.	Wimborne.
NUMBER OF PATIENTS CARRIED	Hospital Admissions ..	66	73	36	43	149	46	23	63	16	82
	Hospital Discharges ..	41	48	44	4	229	44	8	74	99	90
	Inter-Hospital Transfers ..	2	12	10	4	34	9	9	3	5	1
	Out-Patient Attendances:—										
	Physiotherapy ..	1,288	1,806	2,065	536	5,045	412	88	2,525	3,545	3,601
	Other ..	3,380	2,334	2,127	1,109	5,089	569	625	2,469	1,407	3,701
	Occupation Centre Attendances	—	—	—	—	2,388	—	558	331	—	—
	Education, Immunisation, Social Services ..	202	140	190	44	931	26	208	19	11	244
	Other Patients ..	57	18	33	17	4	2	4	24	6	3
	TOTAL PATIENTS ..	5,036	4,431	4,505	1,757	13,869	1,108	1,523	5,508	5,089	7,722
NUMBER OF JOURNEYS	Patient Carrying (excluding occupation centre journeys)	2,031	1,723	1,782	660	2,531	549	418	1,713	1,635	2,721
	Occupation Centre Journeys ..	—	—	—	—	722	—	126	46	—	—
	Other Journeys ..	58	35	62	4	18	9	9	28	27	25
	TOTAL JOURNEYS ..	2,089	1,758	1,844	664	3,271	558	553	1,787	1,662	2,746
MILEAGE	Patient Carrying (excluding occupation centre mileage)	73,305	55,537	42,271	25,520	77,488	13,790	14,983	61,392	27,797	72,646
	Occupation Centre Mileage ..	—	—	—	—	10,160	—	2,268	2,793	—	—
	Other Mileage ..	447	567	561	46	113	53	121	240	124	272
	TOTAL MILEAGE ..	73,752	56,104	42,832	25,566	87,761	13,843	17,372	64,425	27,921	72,918
*Patients Per Journey ..		2.48	2.57	2.53	2.66	4.54	2.02	2.31	3.02	3.11	2.84
*Miles Per Patient ..		14.56	12.53	9.38	14.52	6.75	12.45	15.53	11.86	5.46	9.41

* Excluding mental defectives

TABLE 21—DOMESTIC HELP SERVICE, 1957

	<i>Bramminster</i>	<i>Blandford</i>	<i>Bridport</i>	<i>Dorchester</i>	<i>Lyme Regis</i>	<i>Shaftesbury</i>	<i>Sherborne</i>	<i>Sturminster</i>	<i>Swanage</i>	<i>Wareham</i>	<i>Wimborne</i>	<i>TOTAL</i>	<i>Poole</i>	<i>South Dorset</i>	<i>TOTAL</i>
<i>Cases</i>															
Old ..	1	30	27	20	—	30	8	29	5	19	36	205	105	103	413
New ..	4	28	34	25	5	27	7	22	13	23	56	244	220	129	593
Totals	5	58	61	45	5	57	15	51	18	42	92	449	325	232	1,006
<i>Types of Cases</i>															
Maternity—															
Old ..	—	—	2	—	—	—	—	—	—	1	—	3	3	2	8
New ..	2	10	5	7	2	6	2	7	—	5	15	61	61	14	136
Old Age—															
Old ..	1	24	19	20	—	20	5	25	3	14	31	162	65	88	315
New ..	2	9	15	12	2	14	4	10	5	10	25	108	82	68	258
Long-term															
Illness—															
Old ..	—	4	6	—	—	9	2	1	2	4	4	32	26	10	68
New ..	—	4	4	3	—	2	1	2	2	3	4	25	22	12	59
Short-term															
Illness—															
Old ..	—	2	—	—	—	1	—	2	—	—	—	5	8	2	15
New ..	—	4	8	2	1	5	—	3	4	4	10	41	52	33	126
Tuberculosis—															
Old ..	—	—	—	—	—	—	1	1	—	—	1	3	3	1	7
New ..	—	1	2	1	—	—	—	—	2	1	2	9	3	2	14
<i>Helps</i>															
Full-time ..	—	—	—	—	—	—	—	—	1	—	—	1	1	2	4
Part-time ..	—	4	3	2	—	2	1	3	—	4	7	26	10	24	60
Spare-time ..	1	11	5	14	1	20	7	15	2	9	23	108	35	2	145
Totals	1	15	8	16	1	22	8	18	3	13	30	135	46	28	209
<i>Hours</i>															
Worked ..	297	8,738	7,814	7,685	87	13,235	4,098	9,208	1,986	10,522	17,016	80,686	39,986	24,193	144,865
Travelled ..	32	1,406	442	837	—	1,635	176	1,114	439	1,722	2,134	9,937	2,280	2,182	14,399
Waiting ..	—	145	40	7	—	21	100	154	121	18	65	671	—	44	715
Sickness ..	—	121	41	53	—	—	38	224	8	48	167	700	688	1,395	2,783
Holiday ..	—	262	219	132	—	126	86	173	115	279	301	1,693	837	1,126	3,656
Totals	329	10,672	8,556	8,714	87	15,017	4,498	10,873	2,669	12,589	19,683	93,687	43,791	28,940	166,418

TABLE 22—PERSONS RESIDENT ON 31ST DECEMBER, 1957
IN ACCOMMODATION PROVIDED UNDER PART III OF THE NATIONAL ASSISTANCE ACT, 1948

Persons (exclusive of staff) residing in:									
Former Workhouses		Other premises managed by the Council	Accommodation provided on behalf of the Council by voluntary organisations	Description of persons			Totals of Cols. 1—4 5	No. of persons included in cols. 1—4 for whose maintenance other local authorities are responsible 6	No. of persons (not included in cols. 1—4) accommodated by other authorities for whose maintenance the Council is responsible 7
Owned by the Council	Vested in the Minister as hospitals								
1	2	3	4						
24	10	26	13	M	1. Aged but not materially handicapped by infirmity	M	73	2	—
8	12	54	34	F		F	108	2	4
64	4	16	2	M	2. Aged and physically or mentally handicapped	M	86	1	2
91	3	29	2	F		F	125	1	3
5	—	7	2	M	3. Blind	M	14	—	1
5	—	23	2	F		F	30	—	—
3	1	7	—	M	4. Deaf or Dumb	M	11	—	—
4	2	15	1	F		F	22	—	—
6	1	1	4	M	5. Epileptic	M	12	—	—
8	3	1	1	F		F	13	1	—
1	2	14	—	M	6. Crippled	M	17	—	—
1	1	21	—	F		F	23	—	—
5	—	—	1	M	7. Physically infirm (not being aged)	M	6	1	—
5	—	1	1	F		F	7	—	—
15	1	4	—	M	8. Mentally infirm (not being aged)	M	20	—	—
10	—	1	—	F		F	11	1	—
123	19	75	22	M	9. Total of items 1 to 8	M	239	4	3
132	21	145	41	F		F	339	5	7
—	—	—	—		10. Children accompanied by persons over 16		—	—	—
—	—	—	—		11. Children accommodated under the Children Act, 1948		—	—	—
—	—	—	—		12. Total of items 10 and 11		—	—	—
255	40	220	63		13. GRAND TOTAL of ITEMS 9 and 12		578	9	10

TABLE 23—AGE GROUPS OF RESIDENTS IN COUNTY ESTABLISHMENTS AND VOLUNTARY HOMES
AS AT 31ST DECEMBER, 1957

Establishment	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	GRAND TOTAL
	11—20	21—40	41—50	51—60	61—70	71—80	Over 80	Totals											
Stoke Water House, Beaminster ..	—	—	4	3	6	1	11	7	26	15	13	19	60	45					105
Stour View House, Sturminster Newton ..	—	—	1	—	4	9	6	11	15	28	7	17	33	65					98
Christmas Close, Wareham ..	—	—	—	1	3	2	5	1	13	7	9	11	30	22					52
St. Mary's Block, Poole ..	—	—	—	2	3	3	6	4	8	8	2	4	19	21					40
Maiden Castle House, Dorchester ..	—	—	—	1	—	1	5	2	3	7	5	16	13	27					40
'The Lawns', Weymouth ..	—	—	—	—	—	—	2	4	7	8	7	11	16	23					39
Castleman House, Blandford ..	—	—	—	—	2	1	2	1	8	10	9	16	21	28					49
Belmont Court, Parkstone ..	—	—	—	—	—	2	1	2	4	4	1	6	6	14					20
James Day Home, Swanage ..	—	—	—	—	2	1	1	1	3	9	5	12	11	23					34
'St. Martin's', Gillingham ..	—	—	—	1	—	1	—	1	5	15	3	11	8	30					38
Bournemouth Old People's Homes ..	—	—	—	—	—	—	—	2	3	9	3	11	6	22					28
Poole Old People's Homes ..	—	—	—	—	—	—	—	—	3	5	1	—	4	5					9
Charter House, Swanage ..	—	—	—	—	—	—	—	—	—	4	1	1	1	5					6
National Spastics Society ..	—	—	—	1	—	—	—	—	—	—	—	—	—	1					1
The Meath Home, Godalming ..	—	—	—	—	—	1	—	—	—	—	—	—	—	1					1
Chalfont Epileptic Colony ..	1	—	1	—	1	—	—	—	—	—	—	—	3	—					3
Maghull Epileptic Home, Liverpool ..	—	—	1	—	—	—	—	—	—	—	—	—	1	—					1
Westcliffe House, Westgate-on-Sea ..	—	—	—	—	—	—	—	—	—	—	—	1	—	1					1
Royal School for the Blind, Leatherhead ..	—	—	1	—	—	—	—	—	—	—	—	—	1	—					1
Torr Home for the Blind, Plymouth ..	—	—	—	—	—	—	1	—	—	1	—	—	1	1					2
Church Army Home, Bovey Tracey ..	—	—	—	—	—	—	—	—	—	—	—	1	—	1					1
Hampshire Old People's Housing and Welfare Society ..	—	—	—	—	—	—	—	—	1	—	—	—	1	—					1
Royal Naval Benevolent Trust, Chatham ..	—	—	—	—	—	—	2	—	—	—	—	—	2	—					2
Salvation Army Eventide Home, Godalming ..	—	—	—	—	—	—	—	—	—	—	—	1	—	1					1
Salvation Army Home, Tunbridge Wells ..	—	—	—	—	—	—	—	—	—	—	—	1	—	1					1
British Legion Home, Westgate-on-Sea ..	—	—	1	—	—	—	—	—	—	—	—	—	1	—					1
Royal Agricultural Benevolent Trust, S.W.1 ..	—	—	—	—	—	—	—	—	—	—	—	1	—	1					1
Poole Mead Home for Deaf Women, Bath ..	—	—	—	1	—	—	—	—	—	—	—	—	—	1					1
Mutual Aid Homes, Weybridge, Surrey ..	—	—	—	—	—	—	—	—	—	—	1	—	1	—					1
Totals ..	1	—	8	9	21	22	42	36	99	130	67	140	239	339					578
	1	3	17	43	78	229	207	578											

TABLE 24—PERSONS ACCOMMODATED ON 31ST DECEMBER, 1957, IN HOMES UNDER THE CONTROL OF VOLUNTARY ORGANISATIONS

Name of Organisation or Home	Places Provided		
	Men	Women	Total
<i>In-County:</i>			
Bournemouth Old People's Welfare and Housing Society Ltd.	6	22	28
Poole Old People's Welfare and Housing Society Ltd.	4	5	9
British Red Cross, Charter House, Swanage	1	5	6
<i>Out-County:</i>			
<i>Blind Persons:</i>			
Westcliffe House, Westgate-on-Sea, Kent	—	1	1
Royal School for the Blind, Leatherhead	1	—	1
Torr Home for the Blind, Plymouth	1	1	2
<i>Epileptics:</i>			
The Meath Home for Epileptics, Godalming	—	1	1
Chalfont Epileptic Colony, Chalfont St. Peter	3	—	3
Maghull Home for Epileptics, Liverpool	1	—	1
<i>Others:</i>			
Church Army Home, Bovey Tracey	—	1	1
National Spastics Society	—	1	1
Hampshire Old People's Housing and Welfare Society	1	—	1
Royal Naval Benevolent Trust, Chatham, Kent	2	—	2
Salvation Army Eventide Home, Godalming, Surrey	—	1	1
Salvation Army Home, Tunbridge Wells, Kent	—	1	1
British Legion Home, Westgate-on-Sea	1	—	1
Royal Agricultural Benevolent Trust, London, S.W.1	—	1	1
Poole Mead Home for Deaf Women, Bath	—	1	1
Mutual Aid Homes, Weybridge, Surrey	1	—	1
Totals	22	41	63

TABLE 25—WELFARE OF THE BLIND—REGISTRATION

Age Periods of Registered Blind Persons

	0—4	5—10	11—15	16—20	21—29	30—39	40—49	50—59	60—64	65—69	70 and over	Totals
Male	1	5	9	7	17	9	31	32	28	19	183	341
Female	3	5	—	—	4	13	9	39	24	40	294	431
Totals	4	10	9	7	21	22	40	71	52	59	477	772

Age at onset of Blindness

	0—4	5—10	11—15	16—20	21—29	30—39	40—49	50—59	60—64	65—69	70 and over	Unknown	Totals
Male	41	10	10	8	21	30	15	40	30	20	116	—	341
Female	30	7	3	7	8	12	25	50	41	33	214	1	431
Totals	71	17	13	15	29	42	40	90	71	53	330	1	772

Children, age under 16

	Under 2	2—4 plus				5-15 plus										Totals
	At Home or Elsewhere	Educable			Ineducable At Home or Elsewhere	Educable						Ineducable				
		Attending Nursery Schools including Sunshine Homes	In Other Residential Homes	At Home or Elsewhere		Attending Special Schools for the Blind		Attending Other Schools		Not at School		In Mental Deficiency Institutions		At Home or 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	
Male	—	1	—	—	—	6	1	1	—	—	1	—	3	—	2	15
Female	2	—	—	1	—	2	1	1	—	—	—	—	—	—	1	8
Totals	2	1	—	1	—	8	2	2	—	—	1	—	3	—	3	23

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

Employed													Undergoing Training			Not Employed										Grand Total (i.e. total of columns (d)–(n) and At School 16–20) (o)	No. of persons registered under the Disabled Persons (Employment) Act, 1944, included in Col. (p)
In Home Workers Schemes for the Blind (b)						Otherwise than in (a) or (b) (c)						Total Employed (d)	For sheltered employment (e)	For open employment (f)	Professional or University (g)	Unemployed but capable of and available for work—				Not available for work (l)		Not capable of work (m)		Not work- ing (n)			
																Already trained	Subject to being trained										
																		For sheltered employment (h)	For open employment (i)	For sheltered employment (j)	For open employment (k)	16–59	60–64		16–59			60–64
16–20	21–39	40–49	50–59	60–64	65 and over	16–20	21–39	40–49	50–59	60–64	65 and over	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	16–59	60–64	16–59	60–64	65 and over	(o)	(p)	
—	3	4	—	—	2	2	12	7	5	5	3	44	1	2	—	4	—	—	1	18	6	36	17	197	326	34	
—	5	1	1	—	—	—	2	—	2	—	2	14	1	—	—	—	—	—	—	31	14	21	10	332	423	11	
—	8	5	1	—	2	2	14	7	7	5	5	58	2	2	—	4	—	—	1	49	20	57	27	529	749	45	

Table 25 continued

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

	Agents, Collectors, etc.	Agricultural Workers	Basket Workers	Braille Copyists and Proof Readers	Carpenters and Woodworkers	Clerks and Typists	Dealers, Tea Agents, Newsagents, Shopkeepers	Domestic Workers	Factory Operatives (open) (sheltered) Employment	Firewood Workers	Gardeners	Knitters		Labourers	Massage and Physiotherapy	Mat Makers	Musicians and Music Teachers	News-vendors and Hawkers	Piano Tuners	Netting Makers	Porters, Packers and Cleaners	Poultry Keepers	School Teachers	Telephone Operators	Open Employment other than already Catalogued	Miscellaneous
Within Workshops for the Blind	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
In approved Home Workers Schemes	—	—	3	—	—	—	1	—	—	—	—	—	7	—	—	2	1	—	2	—	—	—	—	—	—	—
Others not Pastime Workers	—	4	4	1	—	1	2	3	8	1	—	—	—	2	1	3	—	1	—	1	3	—	1	1	2	—
Totals	—	4	8	1	—	1	3	3	8	1	—	—	8	2	1	5	1	1	2	1	3	—	1	1	2	—

Physically and Mentally Defective and Mentally Disordered—all ages

	Mentally Disordered	Mentally Defective	Physically Defective	Deaf without Speech	Deaf with Speech	Hard of Hearing	Not included in either (a), (b), (c), (d), (e) or (f) combination of																			
	(a)	(b)	(c)	(d)	(e)	(f)	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	Physically Defective and Deaf without Speech	Physically Defective and Deaf with Speech	Physically Defective and Hard of Hearing	Physically Defective and Deaf without Speech	Physically Defective and Deaf with Speech	Physically Defective and Hard of Hearing	Physically Defective and Deaf without Speech	Physically Defective and Deaf with Speech	Physically Defective and Hard of Hearing
Male	1	7	56	1	2	8	—	1	—	2	2	—	—	—	1	2	1	—	—	—	—	—	—	—	—	—
Female	2	2	74	1	8	18	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Totals	3	9	130	2	10	26	—	1	—	2	2	—	—	—	3	2	1	—	—	—	—	—	—	—	—	—

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

	Residential Accommodation provided under Part III of the 1948 Act, viz.: Section 21		Residential Homes (other than part III)	Mental Hospitals	Mental Deficiency Institutions	Other Hospitals	Totals
	Homes for the Blind	Other Homes					
Male	7	9	1	4	5	12	38
Female	17	13	4	2	2	18	56
Totals	24	22	5	6	7	30	94

Continued

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

0-4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70 and over	Total
—	—	2	—	2	—	—	7	4	1	33	49
2	1	—	—	—	2	1	1	3	7	55	72
2	1	2	—	2	2	1	8	7	8	88	121

Blind 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	21-29	30-39	40-49	50-59	60-64	65-69	70 and over	Total
—	—	2	—	3	—	—	7	3	1	33	49
3	—	—	—	—	2	1	2	4	9	51	72
3	—	2	—	3	2	1	9	7	10	84	121

Number of home Teachers engaged in the area

Certificated			Uncertificated			Grand Total
Sighted	Blind	Total	Sighted	Blind	Total	
—	—	—	—	—	—	—
5	—	5	—	—	—	5
5	—	5	—	—	—	5

Miscellaneous Information—Number of

Social Centres	7
Handicraft Classes	2
Special Classes and Socials for the Deaf-Blind	—
Persons newly employed in open industry during year	3
Persons discharged from open industry during year	1
St. Dunstaners	14

TABLE 26—REGISTRATION OF PARTIALLY SIGHTED PERSONS

	Total Number on Register—Age Groups and Sex								Cases newly registered (excluding recertifications and transfers from other Areas) Age at Date of Registration																	
	0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Totals	0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Totals										
Males	—	—	4	—	4	4	10	22	—	—	1	—	—	2	1	4										
Females	—	—	2	2	11	14	54	83	—	—	—	—	1	1	10	12										
Totals	—	—	6	2	15	18	64	105	—	—	1	—	1	3	11	16										
Removals from Register during the year for reasons set out below																										
	(a) On Admission to Blind Register								(b) On Decertification due to Improved Visual Acuity																	
	0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Totals	0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Totals										
Males	—	—	1	—	1	2	1	5	—	—	—	—	—	—	—	—										
Females	—	—	1	—	1	1	4	7	—	—	—	—	—	—	—	—										
Totals	—	—	2	—	2	3	5	12	—	—	—	—	—	—	—	—										
Class A—Persons Near and Prospectively Blind (age 16 and over)																										
	Employed					Undergoing Training					Unemployed—Not under Training										Totals—Class A					
											Available for and capable of training or work					Not available for or not capable of work										
	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 over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	
Males	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	9	12	—	—	3	9	12	
Females	—	—	1	—	1	—	—	—	—	—	—	1	—	—	1	—	4	8	46	58	—	5	9	46	60	
Totals	—	—	1	—	1	—	—	—	—	—	—	1	—	—	1	—	4	11	55	70	—	5	12	55	72	
Class B—Persons mainly Industrially Handicapped (age 16 and over)																										
	Employed					Undergoing Training					Unemployed—Not under Training										Totals—Class B					
											Available for and capable of training or work					Not available for work										
	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 over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	
Males	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	1	—	1	1	1	—	2
Females	1	1	—	—	2	1	—	—	—	1	—	—	—	—	—	—	2	—	—	2	2	3	—	—	5	
Totals	1	1	—	—	2	1	—	—	—	1	—	—	1	—	1	—	3	—	—	3	2	4	1	—	7	
	Class C—Persons requiring Observation only (Age 16 and over)					Class D—Children Age 5 and under 16					Children Age 16 and over still at School					Persons Registered under the Disabled Persons (Employment) Act, 1944										
	16-20	21-49	50-64	65 and over	Totals	Attending Special Schools	Attending other Schools	Not at School	Ineducable	Totals																
Males	—	3	—	1	4	1	3	—	—	4																
Females	—	3	5	8	16	—	2	—	—	2																
Totals	—	6	5	9	20	1	5	—	—	6																

TABLE 27—NEW HOUSING ACCOMMODATION PROVIDED DURING THE YEAR ENDING 30TH JUNE, 1957.
Summary of Returns made by Rural District Councils under Housing Act, 1957, Section 116.

Rural District.	New Houses erected by Council	New houses erected privately	Council's Housing Programme for the year ending 31.12.57		No. of families accommodated by Council during year ended 30.6.57	Total number of applicants (i.e. Family Units) on Council's list requiring accommodation as on 31.12.57	Difficulties (if any) experienced in connection with:—		
			No. of Houses	Was programme completed as Scheduled?			Obtaining tenders	Shortage of Labour	Shortage of Material
1	2	3	4	5	6	7	8	9	10
Beaminster ..	25	10	—	—	41	82	—	—	—
Blandford ..	20	20	20	Yes	20	110	No	No	No
Bridport ..	4	25	16	No	15	125	No	No	No
Dorchester ..	36	67	65	No	74	336	No	No	No
Shaftesbury ..	Nil	18	Nil	—	67	169	—	—	—
Sherborne ..	Nil	12	Nil	—	25	84	—	—	—
Sturminster ..	10	9	10	Yes	82	50	No	No	No
Wareham and Purbeck ..	23	50	24	No	65	315	No	No	No
Wimborne and Cranborne ..	24	220	24	Yes	80	127	No	No	No
Totals	142	431	159	—	469	1,398	—	—	—

HOUSING ACT, 1949—THE IMPROVEMENT OF DWELLINGS

Summary of Progress Reports received from the Rural District Councils in respect of the year ended 31st December 1957

	Beaminster	Blandford	Bridport	Dorchester	Shaftesbury	Sherborne	Sturminster	Wareham and Purbeck	Wimborne and Cranborne
(1) No. of applications received during the year ended 31/12/57 for improvement grants to private persons ..	15	24	24	59	25	18	28	70	65
(2) No. of schemes approved during the year ended 31/12/57 in respect of:									
(i) Property owned (or to be acquired) by the Council ..	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
(ii) Private property ..	15	24	17	61	27	12	30	63	59
No. of dwellings affected ..	17	32	18	84	27	17	35	63	82
(3) Average approved estimated cost of improvement schemes submitted during the year ended 31/12/57 in respect of:									
(i) Property owned (or to be acquired) by the Council ..	—	—	—	—	—	—	—	—	—
(ii) Private property ..	£787	£800	£741	£712	£700	£320	£630	£598	£513
(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? ..	No. of applications has decreased	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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