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Contributors

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THE HEALTH AND SOCIAL SERVICES

OF DORSET

ANNUAL REPORT

of the

County Medical Officer of Health

for the year

1958

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

Printed by Henry Ling Ltd. at the Dorset Press, Dorchester

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PORTLAND UNDERHILL CLINIC

Front view of building which was opened by the Chairman of the South Dorset Area Health Sub-Committee on 2nd July, 1958

Main waiting hall

Infant weighing room

FOREWORD

A request by the Minister of Health was circulated in December, 1958, asking medical officers of health include in their annual reports brief general comments on the services for which they are responsible, particularly relation to the wider setting of the overall National Health Service.

As it happens a general review of all the county health and welfare services was in progress during 1958. ecial reports were prepared on each service concerned and were either approved by the county council towards end of the year or due for consideration early in 1959.

Ambulance Service

Radio control of ambulances had been in operation in two areas, based on Poole and Weymouth respectively, during the past few years and extension of this service to the rest of the county was given full consideration.

Experience already gained in Dorset and elsewhere has indicated that when radio control was being employed throughout a local health authority area it was desirable, in the best interests of both efficiency and economy, to establish the service on a central control basis.

A new scheme along these lines was accordingly considered and approved by the county council; it is due to start as soon as practicable in 1959.

Atomic Energy Research Establishment, Winfrith

Last year I reported on the location of this establishment in Dorset and stressed the need for the closest possible co-operation between that authority and the county council. During the year discussions commenced on the setting up of a liaison committee and good progress was made.

A great deal has been said and written regarding the desirability of various local authorities setting up facilities for monitoring and testing samples in order to ascertain the degree of radioactivity present. I have always felt, particularly after attending the special course for medical officers of health on atomic energy held early in the year, that not only was it impracticable for local authorities to undertake tests of this nature but that only those who have had considerable and advanced training were in a position to interpret results; in any event local authorities are not involved individually to any great extent as increases in radioactive fallout are mainly due to phenomena occurring abroad or in the cosmos. I consider that testing for radiation should be carried out as widely as possible on a national or even international basis and that the Ministry of Health should make available, at frequent intervals, to medical officers of health the results with appropriate interpretations, if necessary, on a confidential basis.

As the result of meetings with representatives of the Atomic Energy Research Establishment at Winfrith, when the importance of public relations in this sphere in matters of health, safety and the reassurance of local opinion was discussed, it has been agreed that full use will be made of the health education facilities of the county health department.

Mental Health

The Report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency issued in May 1957, and the Mental Health Bill which subsequently came before Parliament, aroused widespread public interest and when the new legislation comes into force its effect on local health and welfare services will be profound.

There is a most serious shortage of institutional beds for mental defectives in the area and it is now almost impossible to obtain a vacancy for a low grade nursing case; additional hospital accommodation and hostels are both urgently required.

Provision of Old People's Dwellings by Local Housing Authorities

Since 1952 the Dorset County Council have been working in close co-operation with those district authorities who wished to participate in a joint scheme to provide appropriate housing with warden facilities for elderly persons.

Considerable progress had been made in various parts of the county, as my reports in previous years have indicated, but a circular issued by the Ministry of Housing and Local Government in 1957 gave a useful impetus to further consideration of the matter. With this in view I discussed the whole problem informally with each of the housing authorities in the county prior to a revised scheme being presented to the county council. The main object of this survey was to ascertain the lines on which the existing scheme could be

extended and simplified. Good progress was made so that by the end of the year the report had been through the appropriate committees and approval by the county council was being sought. Full details will be contained in my report for 1959.

Poliomyelitis Vaccination

By the end of 1958 almost 44,000 children under the age of sixteen years, expectant mothers, doctors and their families, ambulance and hospital staffs and their families had been protected against poliomyelitis. As far as the children are concerned over eighty per cent of all those eligible have been vaccinated. This result is very satisfactory and much credit for the success of the campaign must go to the medical officers, health visitors and clerical staff who have worked unceasingly arranging appointments and keeping records.

The family doctors in Dorset have co-operated to the full and have advised their patients to take advantage of this service. The assistance of all school teachers in the campaign is also very much appreciated and the successful result is in no small measure due to their influence.

Domestic Help Service

The service as it is administered in the Poole and South Dorset areas is entirely satisfactory by virtue of their urban character and the excellent public transport arrangements which considerably simplify supervision and the movement of individual helps from case to case.

In the rest of the county, which is almost entirely rural, a number of problems have gradually developed in recent years as the demand on the service has grown. The main difficulty experienced was the decrease in the number of voluntary organisers who had carried out invaluable work since the scheme was inaugurated. In those parts of the county where it was found impossible to obtain this type of voluntary help the full burden of responsibility fell on the county organiser and the provision of home helps to meet the demand was becoming increasingly difficult and unrealistic.

The need for a home help is fundamentally a medical matter and it was felt, therefore, that it would be a considerable improvement to bring the home help service much closer to the work of the general practitioner, health visitor and district nurse. It was with this in mind that the appropriate committees had under consideration by the end of the year the proposal to link the domestic help service, particularly in connection with the supervision and allocation of home helps, with the duties of the health visitors and district nurses. The solution to the problem became more urgent in October on the sad death of the county home help organiser who had been responsible for building up the service since 1949 most efficiently and conscientiously.

Clinics

The clinic at Portland Underhill was completed and brought into use during the year. It contains accommodation for carrying out many of the local health authority functions on the Island with, in addition, facilities for hospital ante-natal examinations. The chairman of the South Dorset Area Health Sub-Committee formally opened the clinic on 2nd July 1958 and it was considered to be an important addition to the county services.

Smaller clinics were also opened at Gillingham and Sturminster Newton and in Poole a start was made on modernizing the Market Street premises.

Work commenced on building the new clinic at Swanage and plans have been advanced for additional clinics during the coming financial year at Branksome, Bridport and a combined central clinic and administrative offices in Poole.

Water Supply

There has been considerable progress in connection with the formation of water boards, and the outcome of this grouping should be greater efficiency in the use of available water resources. A good deal of negotiation took place during the year and in October the West Dorset Water Board, the first in the county, came into being.

Other parts of Dorset will in due course be supplied by the 'Wessex Plains', 'South-West Wilts' and 'Poole and East Dorset' water boards; consideration has also been given to the 'Dorset Downs' area.

Vital Statistics

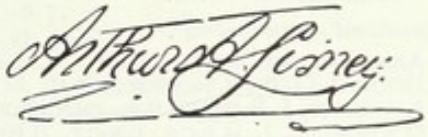
In considering the vital statistics for the county over the past ten years the outstanding feature is the infant mortality rate, which is now 18·7 per thousand live births compared with 22·5 for England and Wales.

The death rate of 12·6 remains slightly higher than the corresponding figure of 11·7 for England and Wales. The birth rate of 14·7 shows a slight increase on that for the previous year but remains below that of 16·4 for the country as a whole.

Of the deaths, cardio-vascular disease was by far the most prominent feature. A further increase in the number of deaths from cancer, especially of the lung and bronchus, also occurred.

I should like to take this opportunity of placing on record my appreciation of the co-operation of members f the Health and Social Services Committee; in particular my thanks are due to Mr. Douglas Jackman, the hairman, for whose advice I have the highest regard.

The staff continue to display an excellent team spirit and have given me every support during a rather ifficult period, particularly when the poliomyelitis campaign considerably disorganised the normal routine work f the department.



County Medical Officer of Health.

lealth Department,
ounty Hall,
orchester, Dorset.
une, 1959.

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;
School Medical Officer.

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

Senior Medical Officer.

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

Assistant Medical Officers of Health.

EVANS, L. S., M.R.C.S., L.R.C.P., D.P.H. (Retired 31/10/58).
HADDEN, W. E., M.B., B.SC., M.R.C.S., L.R.C.P., D.P.H. (Commenced 7/7/58).

(*Combined Appointments*).

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

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.

CHESTER, MISS A. M., L.D.S. (Commenced 20/1/58).
FOREMAN, W. R., L.D.S.
HODGES, W. V. A., M.C., L.D.S.
LINLEY, MRS. E., L.D.S.
MORETON, MRS. N. M., L.D.S. (Part-time) (Commenced 9/6/58) (Died 5/11/58).
NEAME, C. S., L.D.S.
YATES, A. V.

County Public Health Engineer.

KING, F. M. W., M.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. (Died 24/11/58).

Superintendent Nursing Officer; Superintendent Health Visitor; Non-Medical Supervisor of Midwives.

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

Deputy Superintendent Nursing Officer; Deputy Superintendent Health Visitor; Assistant Non-Medical Supervisor of Midwives.

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

Assistant Nursing Superintendent; Assistant Superintendent Health Visitor.

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

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.
BRIDGWOOD, MISS L. G., S.R.N., S.C.M., H.V.CERT. (Commenced 5/8/58).

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.
CRISP, MISS I. M., S.R.N., S.C.M., H.V.CERT., D.S.A.
FOULDS, MISS M. J., S.R.N., 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. (Retired 19/6/58).
JORGENSEN, MISS P. K., S.R.N., S.C.M., H.V.CERT.
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.
NICHOLS, MISS M. W., S.R.N., S.C.M., H.V.CERT. (Temporary October 27th—December 31st, 1958).
PALLADINO, MISS A. E., S.R.N., S.C.M., H.V.CERT. (Commenced 9/6/58).
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.
EVERARD, MISS B.

Supervisor, Poole Occupation Centre.

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

Supervisor, Weymouth Occupation Centre.

HALL, MRS. M. L. (nee Bennett).

District Officers.

BAMFORD, K. W.
COOK, J. C. H.
HOPKINS, C. G.
SALMON, C.

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

Oral Hygienist.

NORMAN, MRS. M.

Chief Administrative Assistant.

HUTCHINGS, H. L.

Administrative Assistant.

CLARKE, V. W. V., D.P.A.

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.

TAYLOR, P. B., L.D.S.

Dental Officers.

ELDON, J., L.D.S.
GAPPER, A. E. G., L.D.S.
RYAN, D. J. C., L.D.S.

Assistant Domestic Help Organiser.

THICKETT, MISS L. M.

Area Superintendent Health Visitor;
Assistant Non-Medical Supervisor of Midwives.

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

Health Visitors.

ASTON, MRS. M. C. (nee Limmer), S.R.N., S.C.M., H.V.CERT.
BROOKS, MISS H. E., S.R.N., S.C.M., H.V.CERT.
CARTER, MISS P., S.R.N., S.C.M., H.V.CERT. (Commenced 1/4/58).

Health Visitors—Cont.

GREAVES, MISS H., S.R.N., S.C.M., Q.I.D.N.S., H.V.CERT. (Commenced 1/11/58).
HALL, MRS. V. M., S.R.N., S.C.M., H.V.CERT. (Resigned 31/3/58)
KELLY, MISS M., S.R.N., S.C.M., R.F.N., H.V.CERT.
KNIGHTLEY, MISS E. E., S.R.N., S.C.M., H.V.CERT. (Commenced 2/6/58).
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.
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).

BELLRINGER, MISS I. M.
EASON, MISS M. G. (Commenced 3/4/58).
FORREST, MISS L. I. I.
HARDY, MISS A. D. E. M.
IMBER, MISS C. V.
JONES, MRS. W. M. L. (Commenced 3/3/58).
LISK, MISS V. A. (Commenced 1/4/58).
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.
LIPINGTON, D. M., L.D.S. (Commenced 2/6/58).
MASON, MRS. M. D., B.D.S. (Part-time).

Assistant Domestic Help Organiser.

BRAWLEY, MRS. M. C.

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.
GOFF, MISS P. F., S.R.N., S.C.M., H.V.CERT. (Commenced 2/6/58).
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., R.S.C.N., 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. (Resigned 31/5/58).
STADDON, MRS. W. N. (Transferred from D.C.N.A. to D.C.C. staff 1/12/58).

OFFICERS OF OTHER AUTHORITIES

(*at* 31*st December*, 1958)

Boroughs	*Medical Officers*	*Public Health Inspectors*
Blandford Forum	DR. G. B. HOPKINS	MR. W. E. RAMM.
Bridport	*DR. A. ARMIT	MR. D. H. TILL (Resigned w.e.f. 31/5/58).
Dorchester	DR. I. B. LAWRENCE	MR. C. F. ALLARD (Senior). MR. D. A. DOLPHIN
Lyme Regis	*DR. A. ARMIT	MR. I. D. KENNAUGH.
Poole	*DR. J. HUTTON	MR. R. LEGGAT (Chief). MR. C. GLOVER (Deputy Chief). MR. R. M. IMPETT. MR. G. TUCKER. MR. F. K. W. FRANCIS. MR. T. K. ASTON (Housing). MR. E. W. WAKEFIELD (Meat Inspector). MR. R. C. STENTIFOLD.

Boroughs	*Medical Officers*	*Public Health Inspectors*
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.
Urban Districts		
Portland	Dr. E. J. G. Wallace	Mr. P. A. Williams.
Sherborne	Dr. N. F. Pearson	Mr. F. E. Raeburn.
Swanage	Dr. E. J. O'Keeffe	Mr. K. W. Greenwood.
Wimborne	Dr. G. B. Hopkins	Mr. R. Gellender.
		Mr. Caddick (Temporary).
	* *Also Port Medical Officer.*	
Rural Districts		
Beaminster	Dr. A. Armit	Mr. C. C. Rundle.
Blandford	Dr. G. B. Hopkins	Mr. G. S. C. Udall (Senior).
		Mr. M. A. Stockley.
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).
		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:—

(*a*) Health Education and Prevention of Illness.
(*b*) 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:—

(a) *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:—

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

Delegated Powers

The functions of the council relating to Ambulance Service 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 1958 of forty-three stations in the county, together with the average hours of sunshine per month of two coastal stations:—

Month	*Average rainfall of 43 stations*	*Average hours of sunshine of 2 coastal stations*	*Month*	*Average rainfall of 43 stations*	*Average hours of sunshine of 2 coastal stations*
January	4·07 inches	65·9	July	2·33 inches	221·7
February	3·55 ,,	47·2	August	3·12 ,,	150·9
March	1·62 ,,	237·7	September	5·44 ,,	167·3
April	0·67 ,,	181·6	October	3·52 ,,	112·5
May	2·72 ,,	227·3	November	3·27 ,,	64·0
June	3·85 ,,	202·5	December	5·05 ,,	23·8

The number of hours of sunshine recorded from the two coastal stations during the year revealed an average figure of 1,583·85. This is a decrease compared with the previous year when the average figure from the same two stations was 1,817·05 hours. As regards rainfall, an average figure of 39·20 inches was recorded from forty-three stations compared with 35·32 inches in 1957. The heaviest falls occurred in January, September and December; it was the wettest September for many years.

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 1958, 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	187,500	
	Rural	116,500	
			304,000
Rateable value as at 1st April, 1958			£3,606,673
Estimated product of a penny rate			£14,366

	Male	*Female*	*Total*
Births:			
Live Births:			
Legitimate	2,212	2,087	4,299
Illegitimate	110	76	186
Total live births	2,322	2,163	4,485
Birth rate per thousand population			14·75
Legitimate birth rate per thousand population			14·14
Illegitimate birth rate per thousand population			0·61
Illegitimate birth rate per thousand live births			43·2
Stillbirths:			
Legitimate—75 Illegitimate—5 Total			80
Stillbirth rate per thousand population			0·26
Stillbirth rate per thousand total live and stillbirths			17·52
Illegitimate stillbirth rate per thousand total illegitimate (live and still) births			26·17
Deaths:			
Total deaths			3,833
Death rate			12·6

	Deaths	*Rate per 1,000 total (live and still) births*
Death from puerperal causes	3	0·65
Deaths of infants under one year of age:		
Legitimate—79 Illegitimate—5 Total		84
Death rate of infants under one year of age:		
All infants per 1,000 live births		18·72
Legitimate infants per thousand legitimate live births		18·37
Illegitimate infants per thousand illegitimate live births		26·88
Deaths from diphtheria		Nil
,, ,, measles		Nil
,, ,, whooping cough		Nil
,, ,, pulmonary tuberculosis		15
,, ,, non-pulmonary tuberculosis		4
,, ,, cancer (all forms)		689

Some of the causes of death, with the corresponding percentages of total deaths (3,833) are given in the table below:—

(a)	Heart disease	35·5
(b)	Cancer (all forms)	18·0
(c)	Vascular lesions of nervous system	15·7
(d)	Other circulatory diseases	4·4
(e)	Bronchitis	4·0
(f)	Pneumonia	3·6
(g)	Accidents other than motor vehicle	1·7
(h)	Congenital malformations	1·0
(i)	Motor vehicle accidents	1·0
(j)	Hyperplasis of prostate	1·0
(k)	Ulcer, stomach and duodenum	1·0
(l)	Other diseases of respiratory system	0·9
(m)	Nephritis and Nephrosis	0·8
(n)	Suicide	0·7
(o)	Leukaemia, aleukaemia	0·7

Comments on Vital Statistics (*Tables* 1—5)

Birth Rate

The birth rate for 1958 was 14·7 compared with a corresponding figure for England and Wales of 16·4. Both these figures show a slight increase on the previous year.

Infant Mortality

The infant mortality rate for 1958 was 18·7 per thousand live births. This figure compared favourably with that for England and Wales of 22·5. The continued fall in the infant mortality rate is encouraging and, as a figure of less than 20 per thousand live births has been achieved for the first time, every effort will be made to effect a further reduction.

Death Rate

The death rate of 12·6 per thousand shows an increase when compared with the previous year and is still greater than the rate for the country as a whole of 11·7.

A further slight increase in the percentages of deaths occurring from heart disease, cancer and vascular lesions of the nervous system has once again taken place. A fall, however, has occurred in the number of deaths from pneumonia, but this is offset by an increase in deaths due to bronchitis.

The number of accidental deaths remained constant, thirty-eight being as the result of motor-vehicle accidents and sixty-six for all other accidents. A distressing factor about these deaths is that so many young persons are involved.

Maternal Mortality

There were three deaths in this category during the year giving a maternal mortality rate of 0·6 per thousand births. Investigations into each of the deaths were carried out in accordance with the practice laid down by the Ministry of Health.

Infectious Diseases

During the year the number of notifications of infectious disease approximated to those in 1957 and, excluding tuberculosis, no deaths occurred.

Morbidity Figures

The number of claims for sickness benefit for the past five years are given in the table below. Unfortunately, during the year an administrative change was made by the Ministry of Pensions and National Insurance in that claims for benefit in the Wimborne area were transferred to Bournemouth. The matter was taken up with the department concerned but it was not possible to separate the Wimborne figures from the others. As a result the statistics are not accurate but give a valuable indication as to trends.

Month	1954		1955		1956		1957		1958	
	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*	*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	3,642	11·98
February	2,802	9·29	3,580	11·78	4,124	13·56	2,451	8·03	2,996	9·85
March	2,800	9·29	3,636	11·96	3,102	10·20	2,314	7·59	2,520	8·29
April	1,755	5·82	2,068	6·80	2,008	6·60	2,319	7·60	2,844	9·35
May	1,944	6·45	2,207	7·26	2,355	7·74	1,910	6·26	1,773	5·83
June	2,082	6·90	1,718	5·56	1,757	5·77	1,745	5·72	1,844	6·06
July	1,482	4·91	1,574	5·17	2,091	6·87	2,061	6·75	2,120	6·97
August	1,884	6·25	2,069	6·81	1,524	5·01	1,606	5·26	1,621	5·33
September	1,622	5·38	1,762	5·81	1,769	5·81	2,043	6·70	2,054	6·75
October	1,851	6·15	2,003	6·59	2,661	8·74	9,657	31·65	1,997	6·56
November	2,479	8·22	2,622	8·63	2,161	7·10	3,873	12·69	2,020	6·64
December	1,854	6·15	1,950	6·41	1,780	5·85	4,300	14·09	2,494	8·20
Totals	25,376	84·16	29,295	96·37	28,766	95·42	37,485	122·85	27,925	91·81

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

As in previous years the majority of notifications of infectious disease have been measles and whooping cough. Scarlet fever and diphtheria no longer present a problem as the incidence continues at a low level. Food poisoning notifications numbered 210 which is the largest number received in any one year.

Other than tuberculosis no deaths occurred from any of the notifiable infectious diseases.

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	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Diphtheria:										
No. of cases notified	3	1	—	1	—	1	—	—	1	—
Incidence rate	0·01	0·003	—	0·003	—	0·003	—	—	0·003	—
No. of deaths	—	—	—	—	—	—	—	—	—	—
Death rate	—	—	—	—	—	—	—	—	—	—
Scarlet Fever:										
No. of cases notified	211	194	172	125	188	184	72	107	113	147
Incidence rate	0·77	0·67	0·58	0·42	0·63	0·61	0·24	0·35	0·37	0·48
No. of deaths	—	—	—	—	—	—	—	—	—	—
Death rate	—	—	—	—	—	—	—	—	—	—
Measles:										
No. of cases notified	3,761	1,545	4,709	950	4,900	102	4,944	1,653	2,663	2,604
Incidence rate	13·67	5·31	15·89	3·20	16·37	0·34	16·26	5·43	8·72	8·56
No. of deaths	2	—	2	—	1	—	—	—	—	—
Death rate	0·007	—	0·007	—	0·003	—	—	—	—	—
Whooping Cough:										
No. of cases notified	819	1,386	1,492	866	1,125	876	591	373	870	262
Incidence rate	2·97	4·77	5·04	2·92	3·76	2·90	1·94	1·22	2·85	0·86
No. of deaths	4	—	3	—	1	1	—	1	1	—
Death rate	0·01	—	0·01	—	0·003	0·003	—	0·003	0·003	—
Typhoid and Para-typhoid Fever:										
No. of cases notified	2	1	4	3	2	1	16	1	1	—
Incidence rate	0·007	0·003	0·01	0·01	0·007	0·003	0·05	0·003	0·003	—
No. of deaths	—	—	—	—	—	—	—	—	—	—
Death rate	—	—	—	—	—	—	—	—	—	—
Food Poisoning:										
No. of cases notified	88	74	34	18	23	35	63	191	29	210
Incidence rate	0·3	0·25	0·11	0·06	0·08	0·12	0·21	0·63	0·07	0·69
No. of deaths	—	—	—	—	—	—	—	—	2	—
Death rate	—	—	—	—	—	—	—	—	0·006	—
Dysentery:										
No. of cases notified	23	21	192	115	68	68	13	63	2	4
Incidence rate	0·08	0·07	0·65	0·39	0·23	0·23	0·04	0·21	0·006	0·01
No. of deaths	—	—	—	—	—	—	—	—	—	—
Death rate	—	—	—	—	—	—	—	—	—	—
Poliomyelitis (including *Polioencephalitis*):										
No. of cases notified	68	111	33	24	150	27	50	11	10	8
Incidence rate	0·25	0·38	0·11	0·08	0·50	0·09	0·16	0·04	0·03	0·02
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	—
Meningococcal Infection:										
No. of cases notified	6	5	4	5	5	4	5	7	5	3
Incidence rate	0·02	0·02	0·01	0·02	0·02	0·01	0·02	0·02	0·01	0·009
No. of deaths	2*	2	2	—	1	1	1	1	—	—
Death rate	0·007	0·007	0·007	—	0·003	0·003	0·003	0·003	—	—

* *Notified as Cerebral-Spinal Fever*

Diphtheria

No cases of diphtheria were reported in the county during the year. Full details of diphtheria immunisation are reported in the section on immunisation and vaccination.

Scarlet Fever

There were 147 cases of scarlet fever notified during the year as compared with 113 in 1957. No deaths occurred as the disease at present only occurs in a mild form.

Measles

During the year 2,604 cases of measles were notified and from the table above it would appear that the bi-annual epidemiological pattern of the disease has been altered. This, however, is not the case as over seventy-five per cent of the 1958 cases occurred during the first half of the year, being a continuation of the outbreak at the end of 1957.

For the fifth successive year no deaths occurred largely due to the fact that secondary infection can be so easily controlled with the use of antibiotics.

Whooping Cough

A total of 262 cases of whooping cough were notified, which is considerably lower than previous returns. No doubt this is due to immunisation against the disease which has been carried out during the past five years. It is encouraging to note that no deaths occurred.

Typhoid and Para-typhoid Fever

For the first time for some years no case of typhoid or para-typhoid fever was notified.

Food Poisoning and Dysentery

There were four cases of dysentery notified during the year and 210 cases of food poisoning. Of the latter 173 resulted from an outbreak of infection in a primary school in Poole.

Since it first became notifiable in 1948 the number of cases occurring each year has tended to increase. Fortunately, however, the disease tends to be mild and no deaths occurred in 1958.

Poliomyelitis

Eight cases of poliomyelitis, six paralytic and two non-paralytic, were notified in 1958, and this is the lowest number recorded in any one year since the post-war increase in the prevalence of the disease occurred. It is also the first year in which there were no deaths. Sporadic cases occurred at Gillingham and near Dorchester. Five of the cases notified occurred in the Wimborne/Ferndown area.

Once again the disease affected people in an older age group. One paralytic case occurred in a man aged 31 years which seems to indicate that in order to eradicate the infection it will be necessary to raise the maximum age of persons to be vaccinated.

Tuberculosis

In all 136 cases of pulmonary tuberculosis and 12 cases of non-pulmonary tuberculosis were notified during the year. The notifications show a 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—1958

	Pulmonary		*Non-Pulmonary*	
Year	*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
1958	136	15	12	4

Pulmonary Cases

The table shows a reduction of twelve in the number of cases of pulmonary tuberculosis which were notified and the downward trend which was halted in 1956 seems to have now become established. The mass radiography units continue to refer a number of patients who are eventually notified as suffering from the disease.

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

Non-Pulmonary cases

There has been a further decrease in the number of notifications of non-pulmonary tuberculosis during the year and it is encouraging to note that there were only four 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 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 and the day-to-day administration in the Poole and South Dorset areas is delegated to the respective area health sub-committees.

The clinical supervision of ante-natal patients is carried out at one centre only. During the year two long established ante-natal clinics closed and although patients can be seen by appointment at other centres the general public do not avail themselves of these facilities. The service includes routine examination of expectant mothers at regular intervals and the collection of blood specimens for relevant tests which are carried out at the county laboratory. Any patient who develops illness or obstetric abnormality during pregnancy is referred to the family doctor for treatment and arrangements are made for radiological examinations to be carried out as necessary.

Patients are referred for hospital confinement where needed on social grounds and those requiring the services of a home help are referred to the local organiser of the domestic help service.

An important development in recent years has been the increased number of midwives' ante-natal clinics in the borough of Poole. There are now five such clinics at which 809 mothers received ante-natal care in 1958.

Statistics

Summary of Ante-Natal and Post-Natal Care at Local Health Authority's Clinics, 1954-58

		1954	1955	1956	1957	1958
Combined Ante-Natal and Post-Natal Clinics		7	7	7	3	3
First Attendances	Ante-Natal	244	150	112	97	59
	Post-Natal	160	70	44	31	29
	Total	404	220	156	128	88
Total Attendances	Ante-Natal	903	739	533	368	263
	Post-Natal	181	115	54	52	37
	Total	1,084	854	587	420	300
Midwives' Ante-Natal Clinics (Poole only)		—	—	5	5	5
First Attendances		—	—	680	730	809
Total Attendances		—	—	2,804	3,298	3,899

Relaxation Classes

During the year every effort has been made to increase the educational aspect of ante-natal care. Relaxation classes and mothercraft talks are carried out simultaneously at eight centres throughout the county. The clinics are staffed by health visitors, district nurses and midwives who arrange for an equitable distribution of instruction time among themselves when arranging talks and demonstrations in their areas. The syllabus used for mothercraft training is that recommended by the National Association for Maternal and Child Welfare. Relaxation classes are carried out by physiotherapists employed on a part-time basis.

As far as possible county council property is used for holding clinics but there are important centres where it is not possible to carry out such instruction because of lack of suitable premises. In Wimborne patients make their own arrangements for attendance at relaxation classes sponsored by the Natural Childbirth Association of Great Britain.

In connection with this training much use has been made of appropriate films to add interest to talks and discussions. Up-to-date leaflets are distributed to expectant mothers attending the classes and posters, which are changed frequently, are on view. Extensive use continues to be made of birth atlases and flannelgraphs in conjunction with the talks.

Statistics

Attendances at Mothercraft and Relaxation Classes

Class	Mothercraft		Relaxation	
	First	Total	First	Total
Blandford	29	119	29	121
Bovington	47	158	38	143
Dorchester	66	396	53	420
Poole	62	356	62	356
Shaftesbury	41	289	41	283
Sherborne	55	557	55	556
Wareham	63	302	63	301
Weymouth	179	745	14	83
Totals	542	2,922	355	2,263

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 1958 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

	1954	1955	1956	1957	1958
Ante-Natal Examinations:					
Number of women examined ..	31	23	18	4	2
Number of examinations made ..	37	27	24	4	2
Post-Natal Examinations:					
Number of women examined ..	1	—	1	2	—
Number of examinations made ..	1	—	1	2	—

Care of Unmarried Mothers

Facilities provided for unmarried mothers include advice from health visitors and midwives, arrangements for maternity beds at hospital and arrangements for admission to maternity homes through the co-operation of the 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 homes administered under the auspices of the Salisbury Diocesan Association for Moral Welfare, and other approved homes.

During the year forty-two mothers were admitted to these homes and this is the lowest number for some years. Eight very young mothers were admitted to St. Monica's Home, Parkstone, which specialises in the care of such cases.

The county council does not employ any staff to deal with the special problems 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 officials of the county health department. For this service an annual grant is made to the Association based on a proportion of the salaries of the four workers along with their travelling expenses.

Statistics

Particulars of Admissions to Mother and Baby Homes

Name of Home	*Number of Cases Admitted*				
	1954	1955	1956	1957	1958
St. Monica's Home, Parkstone	16	30	14	12	8
St. Gabriel's Home, Weymouth ..	23	24	15	19	15
Beckingsale House, Salisbury	6	10	8	10	13
Free Church Council Maternity Home, Bournemouth	—	—	—	4	—
Others	6	6	7	10	6
Totals	51	70	44	55	42

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, 2,013 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	972
Poole Area	825
South Dorset Area ..	216
	2,013

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

Administrative Arrangements

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

Child welfare clinics in the county are staffed by assistant county medical officers of health and health visitors, assisted in some cases by district nurses. A few family doctors in the county are known to organise their own child welfare clinics and arrangements are made to minimise duplication of the service in the districts concerned.

There still remain some voluntary committees and numerous voluntary helpers do a considerable amount of work at the centres. Their assistance with such matters as the maintenance of records, distribution of welfare foods and the care of toddlers when mothers are consulting the doctor is of inestimable value. Unfortunately, such services are not available in the borough of Poole.

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 help of consultants is of considerable value.

The services of the consultant child guidance psychiatrist is available for children attending child welfare centres and are considered to be in need of his help. Child guidance clinics are held at convenient centres in the county and the assistance received from the consultant psychiatrist and his team is much appreciated by the medical officers and health visitors.

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 once again shown a satisfactory increase especially in those areas where large housing estates have been developed. A medical officer and health visitor advise young mothers on a wide variety of problems and the healthy mental development of the child is an important consideration at all clinics. It is distressing to note, however, that more and more of the medical officers' time has been given up to routine immunisation, especially in the rural districts. If this tendency continues it will become necessary for more medical sessions to be provided.

During the year a new clinic was opened at Portland Underhill and the facilities provided have already proved of tremendous advantage to the island. A new welfare centre was opened at Sandford where there is a large new housing estate and a clinic previously held at Blackdown was transferred to Thorncombe to serve more satisfactorily the needs of this very rural area.

During the year a member of the medical staff of the Department of Education for the Deaf, University of Manchester, visited the county and gave demonstrations and instruction to health visitors on the method of detecting deafness during the first year of life. The course was held at Poole on this occasion and has already proved valuable as screening tests with suitable apparatus are carried out on babies and toddlers. Those suspected of defective hearing are then referred for further tests to the county teacher of the deaf and where considered necessary to an ear, nose and throat consultant for treatment, advice and suitable training.

During the year the scheme for immunisation against diphtheria, whooping cough and tetanus was changed once again. The very low incidence of poliomyelitis in the county along with the successful immunisation campaign indicated that it would be advisable to return to the use of a combined method against all three diseases. This method is highly popular with doctors and the public and has the effect of reducing the number of injections required to give adequate protection against the diseases.

The value of a reinforcing dose of prophylactic before school entry is becoming generally appreciated by parents and many children now receive this at child welfare centres.

Whereas the immunisation state against diphtheria and whooping cough has remained at a high level, smallpox vaccination of young children is still not as high as might be desired. It continues, however, to improve especially with the increasing efforts made by the medical officers at child welfare clinics where the procedure was re-introduced in 1954.

The following table shows the number of vaccinations carried out at welfare centres from 1954 to 1958:—

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
1958	149	308	195	652
Totals	657	1,157	837	2,651

Toddlers' Clinics

The twice-monthly sessions provided for toddlers at Dorchester child welfare clinic continue to serve a useful purpose for mothers needing advice, particularly on behaviour defects developing in their children. It affords an opportunity for the early detection of speech defects, partial deafness and squint and also of cases needing early dental and orthopaedic treatment. It has been found impossible, mainly due to lack of staff and inadequacy of premises, to extend these clinics.

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 parents 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 polio-

myelitis, 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 the widespread measles epidemic in the first quarter.

As in previous years much of the attention of the medical officers is given to educate mothers on correct diet. The response is, however, not all that could be desired, especially in view of modern advertising methods. It is generally agreed that toddlers eat far too many sweets and this leads to widespread dental caries. The habit and taste once formed in infants is extremely difficult to break down in favour of a good balanced diet and it is felt that one of the reasons for this unfortunate state of affairs is that the young mothers try to compensate in their children for the lack of sweets that they experienced themselves due to rationing

Statistics

Analysis of Attendance at Welfare Centres, 1954—1958

	1954	1955	1956	1957	1958
Infants under 1 year of age attending first time ..	2,691	2,668	2,821	3,033	3.284
Children 1—5 years of age attending	4,236	7,123	7,556	7,756	8,131
Total attendances of infants under 1 year of age ..	29,274	32,560	34,647	35,970	40.328
Total attendances of children 1—5 years of age ..	18,008	17,930	20,109	20,854	24,324
Number of live births notified	3,991	4,172	4,213	4,312	4,485
Percentage that attended while under 1 year of age ..	67·4	63·9	66·9	70·3	71·0

Other Provision

Dental Care—Priority Classes

The number of expectant and nursing mothers who received treatment during the year has increased slightly, but the number of children under five years of age shows an appreciable increase over the previous year.

There should be, in the near future, a considerable improvement in the service to these classes as there has been an increase in the staff and new clinics have been opened at Gillingham and Portland. In the past shortage of staff and accommodation have been the main factors which have hindered its expansion.

The incidence of dental decay among young children is very high and it is evident at child welfare centres that there is a tendency for many children to be overweight owing to their being fed on a diet containing too large a proportion of carbohydrate. This type of diet, together with insufficient attention to correct oral hygiene, undoubtedly encourages this high rate of dental disease.

Statistics

Dental Care of Expectant and Nursing Mothers, 1954—1958

	1954	1955	1956	1957	1958
Number examined	184	229	250	273	258
Number needing treatment ..	177	220	245	269	258
Number treated	133	153	151	195	179
Number made dentally fit ..	107	106	120	130	162
Particulars of Dental Treatment provided:					
Extractions	367	373	324	445	285
Anaesthetics—General	42	54	39	66	47
Fillings	243	177	190	276	272
Scalings/Gum Treatment	112	90	81	90	48
Silver Nitrate	—	1	—	1	1
Dentures provided — Complete	15	21	29	29	25
Dentures provided — Partial	19	31	47	31	38

Dental Care of Children under Five Years of Age, 1954—1958

	1954	1955	1956	1957	1958
Numbers provided with dental care:					
Number examined	601	572	635	559	786
Number needing treatment ..	538	531	594	516	758
Number treated	489	494	536	459	602
Number made dentally fit ..	464	444	485	384	532
Particulars of dental treatment provided:					
Extractions	562	553	535	503	668
Anaesthetics—General ..	334	323	322	272	394
Fillings	274	294	262	228	344
Scalings/Gum Treatment ..	8	10	6	4	4
Silver Nitrate	35	8	40	27	45

Birth Control

Advice on contraception is given at Blandford, Bridport, Dorchester, Gillingham, Hamworthy, Sherborne, Wareham and Weymouth. During the year two further centres were opened at Gillingham and Sherborne and only patients specifically recommended by family doctors are given advice and instruction.

Statistics

Attendances at Contraception Clinics

Clinic	*Number of Sessions*	*First Attendances*	*Total Attendances*
Blandford	23	26	141
Dorchester	34	60	324
Bridport	19	39	196
Wareham	23	36	247
Hamworthy	73	122	847
Weymouth	39	209	297
Gillingham	15	15	44
Sherborne	—	—	—
Totals	226	507	2,496

Summary of Attendances at Contraception Clinics, 1954—1958

Particulars	1954	1955	1956	1957	1958
Number of Sessions	127	194	209	206	226
First Attendances	247	375	411	514	507
Total Attendances	1,215	1,504	1,584	1,999	2,496

Care of Premature Infants

Domiciliary provision includes special nursing care by the midwife and where necessary the issue of equipment such as hot water bottles, suitable covering and clothing, feeding vessels and special dried milk. When a premature birth can be anticipated the mother is encouraged to have her confinement in a maternity unit or hospital and in practice it is found that a high proportion of infants in this category are born in hospital or are admitted 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.

Of the number of premature infants notified in 1958 eighty-four per cent survived at the end of one month as compared with eighty-eight per cent in 1957.

Weight at Birth	Premature Live Births															Premature Stillbirths		
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
). 4 oz. or ess	32	11	12	4	3	1	7	—	7	—	—	—	1	—	1	8	—	—
r 3 lb. 4 oz. o to and in-uding 4 lb oz.	32	3	29	2	—	2	12	3	9	—	—	—	—	—	—	21	3	—
r 4 lb. 6 oz. o to and in-uding 4 lb. 5 oz.	38	1	34	4	—	4	7	1	6	—	—	—	—	—	—	3	—	—
r 4 lb. 15 oz. o to and in-uding 5 lb. oz.	85	—	82	46	1	45	3	2	1	1	—	1	—	—	—	6	4	—
Totals	187	15	157	56	4	52	29	6	23	1	—	1	1	—	1	38	7	—

Premature Infants Notified, 1954—1958

Premature Live Births	1954	1955	1956	1957	1958
Number of premature infants notified	190	260	303	245	274
Number of premature infants who were					
Born at home	39	69	72	63	85
Born in hospital or nursing home	151	191	231	182	189
Number of those born at home and nursed entirely at home who:					
(1) died during first 24 hours	2	1	3	—	4
(2) survived at end of one month	28	47	54	46	52
Number of those born at home who were transferred to hospital ..	7	17	14	17	29
Number of those born in nursing homes who:					
(1) died during first 24 hours	1	—	—	—	—
(2) survived at end of one month	1	7	—	1	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 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. Regular meetings of officers are suggested in the circular but are not held in this county. Arrangements are, however, made for significant cases of child neglect and all cases of ill-treatment to be reported to the designated officers so that appropriate joint action can 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 fifty-nine initial and twenty-one annual x-ray examinations were completed. None of the films showed signs of tuberculous infection.

Applicants for employment at the two residential establishments for handicapped pupils maintained by the Dorset Local Education Authority are dealt with in the same way, and five radiological examinations of the chest were carried out in 1958; none of the films showed signs of tuberculous infection.

Day Nurseries

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

Admissions are confined to children between the ages of two and five years, whose mothers find it necessary by reason of social circumstances to obtain work in order to support the family and who are single, separated, widowed or have disabled or invalid husbands. A charge is made in respect of each child admitted, and the chairman of the appropriate sub-committee in consultation with the area medical officer is empowered to reduce the amount in case of hardship. The following order of priority was adopted by the county council when applications for admission of children to the day nursery were being considered:—

(*a*) Children living with only one parent or guardian in poor circumstances upon whose earnings their maintenance depends;

(*b*) Children for whose daily care arrangements are desirable by reason of the necessity for the person who would normally have care of them in the home to be gainfully occupied in order to maintain a reasonable minimum standard of subsistence;

(*c*) Children whose admission to a day nursery is rendered desirable for reasons of financial hardship or difficult domestic circumstances not amounting to a qualification under (*a*) or (*b*) above, or by reason of a need for disciplinary training.

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

Statistics

Day Nursery	1954	1955	1956	1957	1958
Number of approved places ..	50	50	50	50	50
Number of children on register at end of year	49	45	47	49	50
Average daily attendance during year	31	29	26	31	35

Distribution of Welfare Foods

The system of distribution of welfare foods has continued to operate as before. Voluntary workers have again given valuable service throughout the year and the number of distribution centres remains fairly constant. From time to time it is necessary to open additional centres but some have been closed because of a fall in demand in the district they serve.

There has been the usual seasonal fluctuation in uptake and the effect of changes in prices and the limitation of distribution of orange juice to children up to two years of age has fully influenced the statistics for 1958.

Welfare Foods Distributed

	1955	1956	1957	1958
National Dried Milk (tins) ..	129,145	121,270	92,535	76,821
Cod Liver Oil (bottles) ..	35,383	31,993	26,736	18,302
Vitamin A & D (packets) ..	12,927	12,885	12,616	12,671
Orange Juice (bottles) ..	204,373	223,452	231,135	149,375

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

Administrative Arrangements

In July, 1948, the service was delegated to the Dorset County Nursing Association who act as agents for the county council. The arrangement covers the county with the exception of the boroughs of Poole and Weymouth where full-time midwives are employed directly by the county council.

During the year recruitment of staff has become more difficult owing to the national shortage of midwives and there have been several districts where vacancies have occurred for long periods. This is the first year in which such great difficulty has been experienced but on the whole the number of midwives employed is satisfactory.

Supervision of Midwives

Medical supervision is carried out by the county medical officer of health, assisted by the senior medical officer and 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 an assistant who is the non-medical supervisor of midwives in Poole.

Refresher Courses

The Central Midwives' Board now require all practising midwives to undertake a course of post-graduate training once in every five years. This procedure has been in operation in Dorset for the past five years and the present enforcement of the Act has not caused any differences or difficulties as far as the domiciliary midwives are concerned.

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-two 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.

Midwives qualified to administer Gas and Air Analgesia

	1954	1955	1956	1957	1958
(1) Institutional Midwives:					
(a) Employed in homes and hospitals in the National Health Service	47	39	43	45	43
(b) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	2	1	2	2	2
Totals	49	40	45	47	45
(2) Domiciliary Midwives:					
(a) Employed directly by the Local Health Authority	13	12	14	13	14
(b) Employed by the Dorset County Nursing Association as agents of the Local Health Authority (Part-time)	53	52	52	49	48
Totals	66	64	66	62	62

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

	1954	1955	1956	1957	1958
Used by midwives in direct employment of the Local Health Authority	13	13	13	13	14
Used by midwives in the employment of the Dorset County Nursing Association as agents of the Local Health Authority	48	48	48	48	48

Number of Cases in which Gas and Air was administered by Midwives in Domiciliary Practice during the years 1954—1958

	1954	1955	1956	1957	1958
By midwives employed directly by the County Council:					
(1) when acting as a midwife	496	549	622	605	784
(2) when acting as a maternity nurse	165	133	112	117	133
Totals	661	682	734	722	917
By midwives employed by the Dorset County Nursing Association as agents of the County Council:					
(1) when acting as a midwife	468	463	402	442	509
(2) when acting as a maternity nurse	206	232	238	242	220
Totals	674	695	640	684	729

Number of Cases in which Pethidine was administered by Midwives in Domiciliary Practice during the years 1954—1958

	1954	1955	1956	1957	1958
By midwives employed directly by the County Council:					
(1) when acting as a midwife	377	435	469	428	546
(2) when acting as a maternity nurse	175	97	109	97	109
Totals	552	532	578	525	655
By midwives employed by the Dorset County Nursing Association as agents of the County Council:					
(1) when acting as a midwife	233	292	220	279	318
(2) When acting as a maternity nurse	149	239	178	175	168
Totals	382	531	398	454	486

Arrangements for Ante-Natal Supervision by Midwives

As most cases are now booked by the family doctors, ante-natal supervision is given by the midwives by arrangement with them. In the rare event of midwife booked cases, routine domiciliary visits are paid monthly during the first six months; fortnightly during the seventh and eighth months and weekly during the ninth month with additional visits as may be found necessary. In all cases, however, the patient is advised to book a doctor.

In addition midwives encourage their patients to attend relaxation classes and mothercraft talks at the nearest centre. This service is much appreciated both by the midwives and patients and the interest of both groups is beneficial to midwifery and child care.

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

Cases in which medical aid was summoned during the year by Midwives	1954	1955	1956	1957	1958
(a) Domiciliary Cases:					
(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service ..	81	58	101	203	261
(ii) Others	31	41	11	13	10
(b) For cases in Institutions	—	6	3	9	9
Totals	112	105	115	225	280

Midwifery Cases Attended, 1958

Cases attended by	*Domiciliary*		*Hospitals*	
	Midwifery	*Maternity*	*Midwifery*	*Maternity*
Midwives employed by the County Council ..	858	142	—	—
Midwives employed by the County Nursing Association	636	255	—	—
Midwives employed in Hospitals	—	—	1,680	539
Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	28	12	—	—
Totals ..	1,522	409	1,680	539

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 midwife on the home circumstances. If the provision of a domestic help will facilitate home confinement, the necessary arrangements are made whenever possible.

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 for some years. In East Dorset, however, the position is different and the demand continues to exceed the number of beds available.

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

Source	1957			1958		
	Requests for investigation of home conditions	*Recommended for hospital confinement*	*Not recommended for hospital confinement*	*Requests for investigation of home conditions*	*Recommended for hospital confinement*	*Not recommended for hospital confinement*
Bournemouth and East Dorset H.M.C.	248	134 (54·0 per cent)	114 (46·0 per cent)	268	156 (58·0 per cent)	112 (42·0 per cent)
Other Sources	31	27 (87·0 per cent)	4 (13·7 per cent)	19	14 (73·6 per cent)	5 (26·4 per cent)

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 1958 twenty-three pupils were trained as compared with nineteen during the previous year.

Maternal and Neonatal Deaths and Conditions Associated with Childbirth

During the year fifty notifications of puerperal pyrexia were received compared with fifty-seven in 1957.

One case of ophthalmia neonatorum was notified during the year compared with six in 1957. In the case notified the vision was not impaired.

An outbreak of pemphigus neonatorum was notified in March, 1958, and four cases occurred in a small maternity unit in North Dorset. There was one death and the unit was closed while the appropriate measures of disinfection were taken.

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

Cause of Death	*Percentage of Total*
Prematurity	47·9
Congenital defects	21·8
Birth injuries	15·1
Atelectasis	8·7
Others	6·5

Statistics

Infectious Diseases associated with Childbirth, Maternal and Neonatal Deaths, 1954—1958

Cases Notified		1954	1955	1956	1957	1958
Puerperal Fever:	Domiciliary Confinements ..	10	4	7	4	3
	Institutional Confinements ..	49	60	53	53	47
Ophthalmia Neonatorum:	Domiciliary Confinements ..	—	6	—	3	—
	Institutional Confinements ..	—	1	2	3	1
Maternal Deaths		3	1	2	—	3
Neonatal Deaths		78	79	74	59	46

Comparison between Hospital and Domiciliary Confinements, 1954—1958

	Poole Area					*South Dorset Area*					*Remainder of County*					*Whole County*				
	1954	1955	1956	1957	1958	1954	1955	1956	1957	1958	1954	1955	1956	1957	1958	1954	1955	1956	1957	1958
1. The total number of live births notified during the year	1187	1227	1256	1226	1269	906	943	934	985	912	2014	1866	1861	1861	1966	4107	4036	4051	4072	4147
2. The percentage of notified births which took place in hospitals and nursing homes ..	50	48	51	51	39	77	75	74	75	75	61	60	61	60	57	61	60	61	60	54
3. The percentage of domiciliary confinements ..	50	52	49	49	61	23	25	26	25	25	39	40	39	40	43	39	40	39	40	46

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

Administrative Arrangements

The total establishment of health visitors in the county is now 41; county area 22, Poole 12 and South Dorset 7. Health visitor are employed in a dual capacity and approximately three sessions per week are spent as school nurses. In the county area the areas of th district medical officers of health are sub-divided and each health visitor is allocated a district in which she is responsible for all healt visiting duties including home visiting and attendances at clinics and welfare centres.

The administration of the health visiting service is under the control of the county nursing officer who has two assistant super intendents in the county area and one in Poole. In all, the equivalent of one-and-a-half superintendent health visitors are employed There are three liaison health visitors whose duties are connected with the social services.

Conferences are held from time to time and guest speakers address such staff meetings.

Routine Visiting

A record card is forwarded to the appropriate health visitor following the notification of each birth so that she may commenc visiting at the appropriate time in order to give advice on general management and health matters. In cases of domiciliary confinemen in accordance with an agreed county policy, the midwives cease to visit on the twenty-eighth day of the puerperium, when the healt visitor becomes responsible. In cases of hospital confinement the health visitor is notified on the day of discharge and usually visits th home within the next few days. Particulars of each infant, whether born in hospital or at home, are forwarded to the health visitor s 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 th child, and to advise on its immediate needs. Much time has been given during the year to visiting potential problem families an attending conferences in connection with these cases in an effort to prevent the break-up of the family. Details and statistics appear unde 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 medic inspections, and also visits the homes of school children for the purpose of making special reports when required by the school medic officer. She also visits the schools regularly to assist the medical officer at medical examinations and on her own account for hygien inspections and weighing.

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

Tuberculosis

A special health visiting record card giving such details as home address and type of the disease, is sent to the appropriate healt visitor for each new case added to the tuberculosis register. The home is visited and a report on environment and contacts together wit recommendations concerning any service the patient requires that can be provided under the care and after-care scheme is made to centr 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 c contacts, and B.C.G. vaccination in suitable cases. The chest physician in turn notifies discharges from sanatoria, and arrangemen are made for the health visitor to commence visiting as soon as possible. This she continues to do at least once in every three month 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-We Metropolitan Regional Hospital Board, as from 1st January, 1953, two health visitors for half their time, one to attend the chest clin at Dorchester and the other at Poole. Since 1st January, 1956, the health visitor seconded to Poole acts in a full-time capacity and i addition to attendance at the chest clinic visits associated domiciliary cases in the area. The health visitor seconded to Dorchester che clinic also attends the clinic at Portwey Hospital, Weymouth.

Poliomyelitis Vaccination

The scheme initiated during 1956 by the Min'stry of Health for the vaccination of children between the ages of two and nin years against poliomyelitis gave much additional work to health visitors. The expanded scheme of 1957 for the vaccination of childre between the ages of six months and fifteen years further increased their work especially for those in rural areas where visits were mad to hand registration forms direct to the parents of children eligible for vaccination under the scheme. During 1958 the campaign wa extended to include young persons in the age group fifteen to twenty-five and health visitors carried out much propaganda in connec tion with all these schemes. It is still felt that the house-to-house campaign carried out in 1956 had an important bearing on the succes of the vaccination scheme in Dorset.

Care of the Elderly

The concept of the care of the family as a whole has now been well established in this county. Work is carried out with all group in the community and the health visitors pay special attention to elderly persons. Arrangements are made to inform the aged of th services available and this work, which increases each year, is found to be time consuming.

Hospital almoners and family doctors refer cases to health visitors who in turn report on a special record card to central offic where the records are closely scrutinised by the two liaison health visitors and the senior medical officer for welfare services. This branc of the work has become a most important part of the social services and it has become evident that a new concept of health visitor duties will have to be defined.

Surveys

In addition to their routine duties, health visitors play a valuable part in various national and local surveys that are undertake from time to time on problems of socio-medical importance. These surveys. as well as contributing to medical knowledge, give an adde 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 thehealth 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 almonersnotify 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 Dorchester, Poole and Weymouth 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—1958
(excluding work as school nurse)

Type of Visit	1957		1958	
	First Visits	*Total Visits*	*First Visits*	*Total Visits*
Routine Visits:				
Expectant Mothers	899	1,318	1,034	1,480
Post-Natal Cases	2,480	3,248	2,951	3,416
Children under one year	4,155	28,289	4,296	25,527
Children between one and two years	285	16,689	135	14,366
Children between two and five years	392	27,110	255	23,677
Special Visits:				
Ophthalmia Neonatorum	1	2	1	1
Care and After-Care:				
Tuberculosis Households	265	3,088	208	2,582
Tuberculosis Patients	259	3,288	218	2,814
Mental Health	14	177	18	133
Old People	739	4,099	772	4,888
Other After-Care Visits	114	625	67	604
Problem Families	37	1,057	89	1,255
Handicapped Persons:				
General Classes	158	414	207	937
Deaf and Dumb	1	11	—	21
Hard of Hearing	2	11	7	23
Miscellaneous:				
Maternity and Child Welfare Clinics attended	—	2,612	—	2,786
Chest Clinics attended	—	782	—	635
Lectures or Talks given	—	289	—	406
Other Home Visits	—	147	—	1,902

HOME NURSING (Section 25)

Administrative Arrangements

As from 1st July, 1948, the service was delegated to the Dorset County Nursing Association who act as agents for the county council and the arrangements covers the whole county. The supervision of the service is carried out by the County Nursing Officer assisted by her deputy and an assistant.

The home nurses in all rural areas combine midwifery and general nursing. In the more densely populated towns, i.e. Poole, Weymouth, Dorchester and Bridport home nurses are employed who have no midwifery duties.

The areas covered by individual nurses have populations sufficiently scattered to make car transport necessary. A travelling allowance is paid to fifty-eight nurses using their own cars, nineteen nurses are provided with cars owned by the county council or the nursing association and two nurses use auto-cycles.

Co-operation with General Practitioners

Applications for the services of the home nurses are made by family doctors or through patients or relatives direct to the nurse concerned. The nurse works in close co-operation with the doctor and arrangements are made for them to meet either at the home of the patient or at the surgery in order to discuss mutual problems concerning patients.

In Poole there is a central office to deal with enquiries, especially by telephone, and the allocation of cases. This is found necessary in this populous area but it would be uneconomical for the smaller districts where the nurse can deal with her own calls.

Liaison with Hospitals

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

Refresher Courses

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

Training

Arrangements are made by the Dorset County Nursing Association through the Queen's Institute of District Nursing for selected candidates to be given Queen's training. During the year two candidates were sponsored in this way and on completion of training returned to take up duties in the county.

Statistics

Home Nursing Staff, 1954—1958

	1954		1955		1956		1957		1958	
	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	40	13	41	13	41	16	36	15	34
State Registered Nurse	6	4	6	4	7	3	6	6	8	7
State Enrolled Assistant Nurse ..	1	10	1	7	1	7	1	7	1	7
Equivalent Whole-time Home Nursing Staff (omitting Administrative Staff) ..	48·5		47·5		47·0		49·5		50·0	
Queen's district training through Dorset County Nursing Association	2		2		2		1		2	

Summary of Cases attended and Visits paid by Home Nurses, 1956—1958

Classification	1956		1957		1958	
	Cases	*Visits*	*Cases*	*Visits*	*Cases*	*Visits*
Medical	5,722	123,402	6,256	126,317	5,738	124,557
Surgical	2,011	33,788	2,000	30,961	1,941	30,786
Infectious Disease	6	61	7	38	4	32
Tuberculosis	174	6,079	134	5,954	111	4,934
Maternal Complications	37	195	58	285	41	227
Others	111	121	39	101	37	91
Totals	8,061	163,646	8,494	162,656	7,872	160,627
Patients 65 or over included in above ..	4,822	111,358	5,048	114,991	4,754	115,245
Children under 5 included in above ..	529	2,618	523	2,461	342	1,620
Patients included in above with over 24 visits	1,543	115,092	1,553	112,330	1,567	115,872

Summary of Cases Attended and Visits Paid by Home Nurses, 1954—1958

Authority	*Number of cases attended by Home Nurses during the year*					*Number of visits paid by Home Nurses during the year*				
	1954	1955	1956	1957	1958	1954	1955	1956	1957	1958
The County Council by agreement with the Dorset County Nursing Association ..	9,033	9,276	8,061	8,494	7,872	166,380	168,873	163,646	162,656	160,627

IMMUNISATION AND VACCINATION (Section 26) (*Tables* 14—19)

Diphtheria, Whooping Cough and Tetanus Immunisation

Administrative Arrangements

During 1956 the triple antigen was brought into use throughout the county. This enables children to be immunised against diphtheria, whooping cough and tetanus simultaneously and with the minimum number of injections. The scheme was successful and popular but following a report by the Medical Research Council which indicated that the use of such combined antigens predisposed to paralysis in persons infected with poliomyelitis it was dropped in favour of separate antigens. Owing to the remarkable change in the epidemiology of poliomyelitis in the county and the fact that a high number of susceptible persons had been successfully immunised, it was decided in 1958 to revert back to the use of the triple antigen. This change has been well received by mothers, children, health visitors and medical officers alike and the additional protection given by the inclusion of tetanus toxoid should be of considerable benefit; the tendency for a slight fall to occur in the number immunised against diphtheria will it is hoped be checked.

Measures to encourage immunisation

These have continued in the form of lectures at clinics, schools, parent-teacher associations, women's institutes and to other interested bodies. The most effective form of publicity, however, is the contact of doctors and health visitors with parents.

Much education is necessary to combat the sense of confusion which the multiplicity of immunological procedures has produced in the minds of the public.

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 1,066 compared with 1,129 in 1957, and of children of one to four years the number is 1,297 compared with 1,351 in the previous year. A total of 2,606 persons were vaccinated during the year and 367 were re-vaccinated.

A fall in the number of vaccinations has occurred in the past year and this may well be due to the fact that so many other inoculations were being carried out. The position remains far from satisfactory but as no cases of smallpox occurred the disease continues to be well controlled in Dorset.

Organised measures to encourage vaccination

In addition to the exhibition of posters and publicity material more films have been shown at child welfare centres and every opportunity is taken to include the subject in the health education campaign.

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

It is estimated that over eighty per cent of children up to the age of sixteen years have now been successfully vaccinated against poliomyelitis. Protection has also been given to a high proportion of expectant mothers and others for whom special arrangements are made.

The outstanding feature of the year was the introduction of a scheme for vaccinating young persons born in the years 1933 to 1942 inclusive. The response from this group has not so far been very great but special measures will be taken in due course. Places of employment have co-operated in encouraging members of their staffs to avail themselves of the service and many employers have allowed time off for the procedures to be carried out.

Statistics

The number of persons who completed a course of poliomyelitis vaccination during 1958 is shown below:—

Class	*County Area*	*Poole Area*	*S. Dorset Area*	*Totals*
Children born in years 1943—1958	20,113	11,089	6,093	37,295
Young persons born in years 1933—1942 ..	1,917	857	1,197	3,971
Expectant Mothers	781	254	281	1,316
General practitioners and their families ..	149	81	99	329
Ambulance staff and their families	55	13	25	93
Hospital staff, medical students and their families	646	112	112	870
Totals	23,661	12,406	7,807	43,874

In addition, 3,729 persons received the first 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.

AMBULANCE SERVICE (Section 27) (*Tables* 20 *and* 21)

Administrative Arrangements

In my report for 1957 mention was made of a reduction in total mileage for the first time on record. During the year 1958, however, considerably more out-patients were carried and the increase in mileage is the largest since 1950. Attention has, therefore, been concentrated on a general reorganisation and streamlining of the service in order to cope with this greater demand without appreciably increasing the cost.

At present the ambulance and hospital car services tend to operate independently of each other and requests for transport go direct to individual ambulance stations. Under a new scheme to be introduced in 1959 all requests for transport will be submitted to County Hall, Dorchester, where journeys will be planned and co-ordinated. Radio will be installed in all vehicles not already so equipped and ambulances throughout the county will be centrally controlled.

The closer integration of the ambulance and hospital car services will result in a considerable saving in mileage and a more exacting scrutiny of the medical necessity for transport will be possible.

The arrangements whereby voluntary organisations operate the service in Shaftesbury, Gillingham and Charmouth have continued satisfactorily, and the mutual aid agreements with neighbouring local health authorities have been renewed.

The annual competition for county ambulance teams was held in Dorchester in May and the winning team from Poole competed later in the regional competition in Bath.

The names of forty-seven drivers were entered for the National Safe Driving Competition and of these forty-three received awards.

Ambulance Stations

A full-time driver was appointed at Lyme Regis to replace volunteers who had previously operated the service.

Garage accommodation in Coldharbour Hospital, Sherborne, was vacated at the request of the hospital authorities and a quarterly tenancy of a nissen hut at the Fairfield, Sherborne, was taken from the Ministry of Works.

Vehicles and Equipment

Two new ambulances and one fourteen-seater 'bus were purchased, the latter for the transport of mental defectives to and from the Poole occupation centre.

All existing stretchers were fitted with adjustable back-rests and all those purchased in future will be of the latest tubular steel pattern.

Oxygen containing five per cent carbon dioxide will be used in future for the first aid treatment of patients suffering from carbon monoxide poisoning.

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
1958	461,046	+12,268	577,098	+94,604	1,038,144	+106,872

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
1958	9·18	2·32	9·70	3·02

Transfer of mentally defective children to and from 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.

Patients involved in home accidents for whom ambulances were required averaged ten per month. This is a decrease by one-third on the preceding year.

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 visted 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 one such person was admitted to the Enham Alamein village centre.

Statistics

Tuberculosis—Care and After-Care

	1954	1955	1956	1957	1958
Number of visits paid by Health Visitors ..	3,769	3,304	3,365	3,288	2,814
Number of shelters provided	10	5	5	5	4
Number of patients receiving milk grants ..	31	42	26	33	55
Total number of pints of milk issued ..	13,077	18,481	12,510	11,780	17,792
Average number of pints of milk per day issued	35·8	50·6	34·2	32·2	48·7

B.C.G. Vaccination of Tuberculosis Contacts

A scheme for the vaccination of contacts of persons suffering from tuberculosis has been carried out in the county since 1950 and B.C.G. vaccination is given to all suitable contacts who are seen by the chest physician at special clinic sessions. Following preliminary tests 390 children received B.C.G. vaccination as compared with 489 in 1957. This is the first occasion in which a fall in the number of contacts vaccinated has been noted and as it is fairly substantial a favourable trend as far as eradiction of the disease is concerned may be indicated.

Statistics

B.C.G. Vaccination of Child Contacts

	1954	1955	1956	1957	1958
Number of contacts successfully vaccinated	267	317	383	489	390

B.C.G. Vaccination of Schoolchildren

Vaccination of children in the thirteen year age group was somewhat curtailed during 1958. This was due to the fact that owing to pressure of work in connection with the poliomyelitis vaccination scheme none of the schools in Poole or South Dorset were visited. In the county area, however, the majority of county council and private schools were offered the service. For the first time a British-made freeze-dried vaccine was used. This was a considerable advantage as far as the administrative arrangements were concerned as the medical officers were able to carry out the work in their own time; in previous years it had been necessary to do the required preliminary skin test on Tuesdays and B.C.G. vaccination when necessary on Fridays. Now it is possible, provided three days elapse between the two procedures, to co-ordinate time tables for schools and other work to greater advantage. In all, fifty-six schools were visited during the year and out of 2,266 children eligible parental consent was given in 77·3 per cent which is the highest rate noted since the scheme was introduced in 1954. This is remarkable in that no special measures to encourage this type of vaccination were carried out.

As in previous years parents of public school and grammar school children gave their consent more readily than those in the secondary modern schools. No statistical analysis of the reasons for refusal of vaccination are available, but as far as the secondary modern schools are concerned it is frequently reported that consent is refused 'because the child does not want it'. As in previous years co-operation of the school teachers has been readily given and without this it would be impossible to gain such favourable results.

Once again a higher percentage of B.C.G. vaccination of children tested was carried out, the number of positive reactors being 14·8 per cent which is considerably lower than twenty per cent in 1955. It must be assumed that the incidence of infective cases of tuberculosis has now become considerably less, this being effected by modern diagnostic and treatment methods.

Statistics

B.C.G. Vaccination of School Children

	1954	1955	1956	1957	1958
Number of schools visited	45	38	73	86	56
Number of children in age group ..	1,500	2,856	4,903	6,582	2,266
Number of parental consents ..	1,275 (85 %)	2,141 (75 %)	3,318 (67·5 %)	4,621 (70·2 %)	1,753 (77·3 %)
Number of children Mantoux tested	1,258	2,003	3,244	4,260	1,601
Positive reactors	472 (37 %)	404 (20 %)	628 (19 %)	687 (16·1 %)	237 (14·8 %)
Negative reactors vaccinated ..	757	1,574	2,584	3,441	1,347
Absentees	27	24	32	132	141

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 and as no concentrated campaigns were held the number of examinations carried out has returned to normal. A considerable amount of preparation and publicity is undertaken before a local campaign and unit staff work in close co-operation with the district medical officers of health, county health department, school teachers, employers of labour 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 22,421 persons were examined in the county and of these 315 (1·4 per cent) were recalled for full size radiological photographs to be taken. Following this second examination 153 (0·68 per cent) were examined clinically and of these 137 were referred to the chest physician; 104 as probably suffering from pulmonary tuberculosis and thirty-three with suspected non-tuberculous chest conditions. Sixteen other cases were referred to their family doctors or to hospital as having non-tuberculous conditions. In all forty-nine persons were referred for treatment of unsuspected non-tuberculous lesions; ten cases of carcinoma of the lung, eight heart conditions and thirty-one other non-tuberculous lung conditions.

Taking the survey as a whole, the number of persons initially examined and who were referred to chest clinics as probably having tuberculosis was 104 (0·46 per cent) and of these twenty-six only were diagnosed as suffering from active disease. This figure is appreciably higher than in the previous year.

The use of mass miniature radiography for diagnosing non-tuberculous conditions has once again proved to be of tremendous value. The figures tend to increase and it is interesting to note that ten cases of cancer of the lung were diagnosed. With the general tendency to a fall in the incidence of tuberculosis it is to be hoped that mass radiography will continue to serve a useful purpose in diagnosing these other conditions.

Statistics

Examination and follow-up of cases 1954—1958

	1954	1955	1956	1957	1958
Number x-rayed	16,398	22,432	29,982	12,637	22,421
Number recalled for larger film	317	335	680	203	315
Number referred to chest clinic for condition probably tuberculous ..	50	31	150	60	104
Number referred to chect clinic for condition probably non-tuberculous	9	13	32	27	33
Number referred to hospital or doctor for other condition	21	20	39	8	16

Ultimate diagnosis and disposal of cases referred to Chest Clinic by Mass Radiography Unit, 1954—1958

	1954	1955	1956	1957	1958
Number seen at chest clinic	50	44	150	60	104
Number diagnosed as active tuberculosis	15	15	31	12	26
Number diagnosed as inactive but requiring further observation ..	20	5	55	36	56
Number diagnosed as inactive and requiring no further action ..	5	7	33	4	12
Number diagnosed as suffering from non-tuberculous conditions ..	9	13	18	6	8
Number still unclassified	1	4	13	2	2
Number referred but did not attend	—	—	—	—	—

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*
Males:											
Examined	608	644	1,282	906	2,111	2,161	1,869	728	487	727	11,523
Active Cases ..	—	—	—	3	6	4	2	2	—	2	19
Rate per 1,000 ..	—	—	—	3·31	2·84	1·85	1·07	2·74	—	2·75	1·64
Females:											
Examined	685	574	1,251	1,023	1,925	1,880	1,730	668	473	689	10,898
Active Cases ..	—	1	2	—	3	1	—	—	—	—	7
Rate per 1,000 ..	—	1·74	1·60	—	1·56	0·53	—	—	—	—	0·64

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 30 female and 6 male patients to suitable holiday homes.

Statistics

After-Care Services provided by the British Red Cross Society

	1954	1955	1956	1957	1958
Home Visiting:					
Number of home visits	7,931	7,602	6,138	4,784	5,124
Number of new cases seen ..	71	230	145	134	149
Articles Supplied:					
Special invalid foods	530	1,805	1,719	1,010	736
Bedding	149	155	118	163	79
Handicraft Materials	814	867	773	828	901
Clothing	363	155	177	204	—*

* *Figures no longer available as requests now met by W.V.S.*

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 1958 at treatment centres was 198, classified as follows:—

Treatment Centre	*Syphilis*	*Gonorrhoea*	*Other conditions*	*Totals*
Bournemouth	—	3	41	44
Dorchester	1	2	7	10
Poole	6	3	49	58
Salisbury	—	2	5	7
Weymouth	6	12	61	79
Yeovil	—	—	—	—
Totals	13	22	163	198

It will be observed from the above table that cases of gonorrhoea and other conditions treated at the Weymouth treatment centre have shown an increase. These cases were chiefly balanitis, genital warts, genital harpes, phosphaturia, vaginitis, cervicitis of trichimona and monilial.

Domiciliary Care of Old People

General Arrangements

The work of health visitors among elderly people continues to increase and the number of the latter on the register now amounts to 2,087. The health visitors are encouraged to keep in close consultation with general practitioners over any of their cases in which this is indicated; all their work being supervised by the two liaison health visitors ensures close co-operation with the hospital authorities and all other sections of the department. The greatest importance is placed on trying to keep elderly persons leading an independent life in their own homes and as detailed elsewhere in this report discussions have been taking place with local housing authorities concerning the provision of special houses for elderly people. The home nursing service and domestic help service have both been used as fully as possible and the meals on wheels service continues to increase. Discussions have taken place during the year over the provision of a laundry service for the elderly and it is hoped to start a small scheme in Poole early in the new year. When all domiciliary care becomes insufficient admission to residential accommodation is recommended, but the waiting list remains long and cases have to be admitted on their degree of urgency.

Statistics

Cased on Register on 1.1.1958	*Entered Hospital or Nursing Home*	*Entered Part III or Private Accommodation*	*Left County*	*Deaths*	*Registrations on* 31.12.1958
2,658	324	179	159	575	2,087

Meals on Wheels

The Women's Voluntary Service has again given invaluable help with the mobile meals service which has continued to expand. The council is much indebted to the members of this organisation who give so much time to the service. The number of persons receiving meals each year since the scheme started was:—

Area	1955	1956	1957	1958
Bridport	21	45	39	50
Dorchester ..	14	16	12	29
Ferndown ..	—	7	8	—
Poole	52	101	151	183
Weymouth ..	36	71	86	88
Totals .:	123	240	296	350

Provision of Old People's Dwellings by Local Housing Authorities

Old people in need of special care and attention not otherwise available to them are the responsibility of the county council under Part III of the National Assistance Act, 1948. In 1957 it was decided that, in the light of Ministry of Housing and Local Government Circular No. 18/57, discussions should be held with district council representatives with a view to giving full consideration to the possibility of making a financial contribution towards the cost incurred by the county district authorities in housing active old people in accommodation provided with special facilities.

It was felt that on humanitarian grounds everything possible should be done to encourage and assist the elderly to remain in their own homes or at least in the same area in which they had friends and other social contacts and, where circumstances made it impossible or undesirable for elderly persons to remain in their existing accommodation, local housing with special welfare facilities should be provided wherever this would meet their needs.

During 1958 informal discussions were held with every housing authority in Dorset and, by the end of the year, a special report had been prepared on existing arrangements with suggestions for future policy.

The scheme contains proposals for the payment to district councils of £30 per house per annum where compactly grouped dwellings with the services of a warden and specified structural welfare services are provided and £20 per house per annum where one or two-bedroomed units of accommodation are provided, either two or three in the same locality or a single unit in an isolated district, with modified warden services and full structural welfare facilities.

Statistics

Local Authority	*Number of dwellings provided (including warden's house)*		*Number of occupants whose tenancies attract county council grant*
Sturminster Newton R.D.C. ..	Marnhull Close ..	14	11
	Stalbridge Close ..	16	16
	Bonslea Mead ..	14	12
	Vale Terrace ..	16	13
Wimborne U.D.C.	Leigh Park ..	17	21
Shaftesbury M.B.	Barton Close ..	12	12
Shaftesbury R.D.C.	Orchard Close ..	19	22
Blandford R.D.C.	Hopsfield Estate ..	8	9
Poole M.B.	Trinidad Housing Estate	17	21
Totals		133	137

Admission of Chronic Sick Cases to Hospital

During the year co-operation with the hospitals has been maintained. In the area of the Bournemouth and East Dorset Group Hospital Management Committee the existing arrangements have been continued and patients placed on the waiting list for chronic sick beds have been visited by a health visitor. A report is sent to the hospital on the home conditions together with an opinion as to the need for priority of admission on social grounds.

On February 1st the arrangements, which were reported as under discussion at the end of 1957, came into force, and since that date all cases in the West Dorset Group Hospital Management Committee's area placed on the waiting list for a chronic sick bed have been visited by the senior medical officer (welfare services). In a number of cases it has been found possible to admit people to residential accommodation instead of to a hospital bed, in agreement with the general practitioner concerned. Where it is obvious that a patient may have to wait some time before admission to hospital, every attempt is made to provide any necessary domiciliary service that may be available. Close consultation is maintained with the group almoner over the transfer of cases from acute to chronic sick hospital beds. During the year co-operation with the Salisbury Group Hospital Management Committee has been strengthened; this Group accepts cases from certain parts of the north of the county. It is felt that the service has been improved and at the request of this Committee a health visitor now visits and reports on the social conditions of patients on the chronic sick hospital waiting list, in a similar manner to the arrangements with the Bournemouth and East Dorset Group.

All these hospital management committees are asked to notify the county medical officer of health at as early a date as possible of any elderly patient likely to be discharged from hospital in the near future. Arrangements can then be made for a health visitor to visit the home and arrange for any necessary domiciliary service which may be required. In some cases it has been possible to prevent the return of a patient to a most unsuitable home; such a case usually means that residential accommodation must be offered as soon as possible.

Statistics

Hospital Management Committees—Chronic Sick Admissions

West Dorset Group

Requests for admission	*Admissions to chronic hospitals*	*Assessed for Part III*	*Withdrawals—deaths, transfers to other areas*	*Waiting list at* 31.12.58
510	284	33	158	35

Bournemouth and East Dorset Group

Requests for investigation of home conditions	*Recommended for priority admission*	*Not recommended for priority admission*	*Request cancelled through decease, etc.*	*Waiting list at* 31.12.58
133	71	19	43	—

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.

In January, 1958, a communication was received from the National Birthday Trust Fund requesting co-operation in a survey which it was hoped to carry out in March, April and May into an urgent problem which is facing the maternity services today, namely, the reduction of stillbirths and neonatal deaths which account for 30,000 deaths yearly and are not decreasing materially. The Trust has drawn up a national enquiry to gather statistics about the distribution and pathology of stillbirths and neonatal deaths, the British Medical Association and the College of General Practitioners being represented on the steering committee together with the other main bodies associated with the maternity services.

The survey consisted of a questionnaire to be completed on every live birth in England, Scotland and Wales during the week of March 3rd-9th, 1958. The details included deliveries in hospitals, maternity homes and nursing homes as well as domiciliary cases, the midwife concerned being responsible for providing the information and completing the necessary form.

Another aspect of the inquiry provided for a specialist autopsy examination on every stillbirth and neonatal death occurring during March, 1958.

It is anticipated that the results of the survey will be published in due course.

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

Prevention of Break-up of Families

The important work in this sphere continues on the same lines as outlined in my report for 1957 and although the combined efforts of various officers and others may not appear to be producing worth-while results, it must nevertheless be remembered that rehabilitation is a slow process in many cases, particularly where one or both parents are dull or backward.

The advent of new legislation in regard to mental health will enable local health authorities to widen the scope of the facilities available to deal with problem families, in the majority of whom the cause is essentially of a medical character.

Statistics

Classification	*On Register* 1.1.58	*Registered during* 1958	*Removed during* 1958	*On Register* 31.12.58	*Case Conferences*
Problem families	76	24	6	94	7
Potential problem families ..	64	16	15	65	—
Totals	140	40	21	159	7

Health Education

It is not possible to give a comprehensive survey of all that is being done in this field as 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.

During the year the work has steadily increased and has included the giving of 148 talks and/or filmshows to audiences totalling 10,583 persons.

Home Safety

A national campaign on this subject was launched at the beginning of November, with the slogan 'Guard that Fire'. Local authorities were asked to co-operate by organising local campaigns for which purpose a guide was distributed.

The campaign in Dorset proved to be extremely successful. The subject was brought to the notice of the public through the media of lectures, film shows, exhibitions, posters and leaflets, window displays and articles in local newspapers. The campaign symbol was used on postal franking machines during the month of November and the plate is being retained for future use.

As a result of this publicity the majority of the showrooms and establishments exhibiting displays reported that they had increased their sales of fireguards during the month. The sales varied in different parts of the county but in the Poole area one establishment trebled its sales and another sold twice as many as in the previous year. The exhibitors were unanimous in their approval of the campaign and they felt that it had made the general public much more fire-guard conscious.

It will be observed from the statistics below that the subject of Home Safety was well covered during the year, a total of thirty-eight talks and/or filmshows being given to audiences totalling 3,334 people.

Smoking and Cancer of the Lung

Ministry of Health circular 17/58, received in August, requested local health authorities to report on the action taken under circular 7/57 regarding the dissemination of information to the public concerning the risks involved in smoking and to give an assessment of the public reaction with any observations or suggestions. In the report sent to the Ministry the view was expressed that it seemed highly improbable that propaganda would be effective so long as cigarettes and tobacco were so widely advertised. It was suggested that the B.B.C. should be requested to allocate more time to this aspect of health education both on sound radio and television.

Subsequent enquiries of cigarette retailers have revealed that there has been no falling off in demand but there has been a marked swing in favour of the filtered variety of cigarette.

Care of the Teeth

This campaign was continued and advantage was taken of the excellent material provided by the General Dental Council. A stereoscopic viewer showing slides was generously provided by the Council for two periods and this was installed at clinics in Dorchester, Poole and Weymouth. A new dental flannelgraph designed by the Central Council for Health Education was added to the department's library during the year.

Displays

Three pegboard triptych displays on home safety, food hygiene and smoking and cancer of the lung continued to be exhibited at welfare centres. A number of pegboards have been constructed for display purposes at clinics. The units, which are collapsible, were also used by members of the staff to display posters and other material when giving talks to the public.

Training

In co-operation with the Central Council for Health Education a one-day In-Service Training Course on the subject of home safety was held in May. Among those attending the course were medical officers, public health inspectors, health visitors, policemen and representatives from voluntary organisations.

The Remedials Organiser, Education Department, arranged a course in April at which a London Physical Medicine Specialist on posture re-education gave an interesting illustrated lecture followed by demonstrations and discussion. Those attending included medical officers, remedials organisers, school teachers and representatives from other counties.

Prophylactic Procedures

Medical officers, health visitors and nurses continued to exert their influence at child welfare centres and in the homes to persuade mothers to take advantage of the various prophylactics available for the protection of their children. During 1958 emphasis was laid on vaccination against poliomyelitis and it is considered that the high vaccination rate of over eighty per cent of children in the age group up to sixteen years is in no small measure due to their efforts.

Lecture Notes

Copies of all lectures prepared and given by the staff are kept in the department for future use. Experience has shown that these are invaluable and can be referred to by individual members as and when a request for a lecture or talk on a specific subject is received.

Information is extracted from the medical press and other journals which may be of use to the staff.

Films, Filmstrips and Slides

These visual aids continued to be widely used and new material is procured as it becomes available. A close watch is kept for any new films, strips or slides which are advertised and where possible they are obtained for preview in order to ascertain their suitability for use by members of the staff.

The undermentioned filmstrips were added to the library during the year:—

Dangerous Droplets	Guard Against Burns
Feeding Baby	The Problem of Lung Cancer.
Dressing Baby	

Atomic Energy Research Establishment, Winfrith

As mentioned in the foreword to my annual report for 1957 work on the above establishment is proceeding and in order to maintain close co-operation between the scientists and the public generally a local liaison committee is being set up to reassure local opinion on the hazards involved at the Establishment. As a result the subject of radiation hazards will be included, when necessary, in future health education programmes.

The film 'Operation Mermaid,' showing experiments taking place off the Dorset coast, is held by the department and has already been shown to various organisations.

Statistics

Subject	*Talk and/or Filmshows*		*Total Attendance*
	Number	*Per cent*	
Home Safety	38	25·7	3,334
Care of the Teeth	11	7·0	1,997
First Aid	25	16·9	614
Vaccination and Immunisation ..	4	3·0	426
Childbirth	10	6·7	295
Child Care	18	12·1	331
Mental Deficiency	3	2·0	175
Care of the Feet	1	0·7	160
Handicapped Children	12	8·0	2,315
Clean Food	4	3·0	131
Poliomyelitis	6	4·0	171
Common Cold	1	0·7	26
Tuberculosis	1	0·7	25
Nutrition	1	0·7	22
Health Services	8	5·1	341
Adolescence	1	0·7	100
Posture	4	3·0	120
Totals	148	100·0	10,583

The following material was issued during the year:—

Leaflets	16,344
Posters	705
Bookmarks ..	8,000
Booklets	731
Picture Sets ..	92

Occupational Health

During the year 279 medical examinations of applicants for county council appointments were carried out: 167 males and 112 females. The distribution according to departments of these examinations and the numbers who were rejected on medical grounds are shown in the tables. Eight persons, seven males and one female, were considered unfit for employment and a summary of the clinical conditions diagnosed in these candidates is recorded.

Statistics

Department	*Number of Examinations*			*Number Unfit*		
	Males	*Females*	*Total*	*Males*	*Females*	*Total*
Accessions	—	1	1	—	—	—
Architect's	1	2	3	—	—	—
Children's	—	2	2	—	—	—
Civil Defence	1	1	2	—	—	—
Clerk's	4	1	5	—	—	—
Education	91	69	160	2	1	3
Fire Brigade	9	—	9	1	—	1
Health	7	26	33	—	—	—
Library	2	1	3	—	—	—
Planning	2	1	3	—	—	—
Police (Civilian staff) ..	2	6	8	—	—	—
Police (Recruits)	33	2	35	4	—	4
Probation	1	—	1	—	—	—
Roads and Bridges ..	7	—	7	—	—	—
Taxation	2	—	2	—	—	—
Treasurer's	2	—	2	—	—	—
Weights and Measures ..	3	—	3	—	—	—
Totals	167	112	279	7	1	8

Clinical conditions of candidates found unfit

	Males	Females	Total
Vision not up to police standard ..	3	—	3
Coronary thrombosis	1	—	1
High blood pressure	1	—	1
Mental illness	—	1	1
Severe varicose veins	1	—	1
Flat feet and varicose veins	1	—	1
Totals	7	1	8

Five men were examined for premature retirement on medical grounds. All were recommended for retirement.

At the request of the Standing Joint Committee the county council agreed that medical staff at county hall should carry out medical examinations of all recruits to the police force. This scheme was put into operation during the year and the figures have been included in the above table.

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 it is estimated that over two hundred persons receive attention during any one year.

DOMESTIC HELP SERVICE (Section 29) (*Table* 22)

Once again the increase in demand for the service has been maintained, 1,097 cases being helped during the year as compared with 1,006 in 1957 and 863 in 1956. This increase was largely brought about by requests on behalf of 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

The establishment consists of one county organiser, two full-time assistant organisers and ten voluntary organisers working in conjunction with area and district medical officers of health. During the year, after a long illness, the death occurred of the county home help organiser. This caused great difficulty especially with regard to the service in the county area. The co-operation of the assistant organiser for the South Dorset area and the voluntary organisers, who undertook on considerably heavier duties and responsibilities for a time, was much appreciated.

The number of equivalent full-time home helps employed in 1958 was 84·3 which shows an increase of eight over the previous year. In all, 225 women are employed in the home help service and of these 139 are employed on a casual basis as spare-time workers. The number who are guaranteed half-time employment has risen from sixty to eighty-four and it is considered that where this is possible it is by far the most satisfactory arrangement. In the rural districts, however, it is more convenient to employ spare-time workers.

Cases

An analysis of the type of case helped indicates that once again over seventy-five per cent of persons receiving assistance are in the old-age and long-term illness groups. A satisfactory increase has occurred in the number of maternity cases receiving home help and where the service is reasonably well developed no such cases have yet been refused assistance. The organisers give maternity and short-term illness cases first priority and much skill is needed in ensuring that the elderly are also looked after in times of emergency. As far as the elderly are concerned the aim is to supply a little help early in order to prevent or delay entry to a home or hospital.

Statistics

Number of Cases for whom Helps were provided, 1954-1958

Types of Cases	1954	1955	1956	1957	1958
Maternity	131	113	126	144	164
Old Age	311	411	468	573	675
Tuberculosis, etc. ..	14	15	12	21	21
Long-term Illness ..	82	117	129	127	134
Short-term Illness ..	72	99	101	141	103
Totals ..	610	755	836	1,006	1,097

Domestic Help Service Staff, 1954-58

Helps	1954	1955	1956	1957	1958
Full-time ..	6	5	4	4	2
Part-time ..	32	47	59	60	84
Spare-time ..	88	95	98	145	139
Totals ..	126	147	161	209	225
Equivalent full-time helps	50·6	57·0	63·5	76·2	84·3

MENTAL HEALTH (Section 51)

Administration

The main recommendations in the report of the Royal Commission which was published in May, 1957, have been incorporated in the Mental Health Bill which was before Parliament during 1958. Under the new proposals mental illness and treatment and mental deficiency will be incorporated in one Act instead of separate legislation as in the past. The main changes are in the methods of admission to mental hospitals and mental deficiency institutions and in the provision of residential accommodation. The hospitals will continue to provide for patients requiring active hospital treatment or training, or permanent nursing care, and the local health authorities will again become responsible for providing residential accommodation for those who can live within the community. This will entail the provision of hostels and other residential establishments where these people can be cared for and supervised.

The Act will also lay a responsibility on local health authorities for the training of all young defectives in occupation centres. Again, local health authorities, especially those in rural areas, may find it more convenient to establish hostels near occupation centres where children living at a distance from the centre can stay during the week and return to their parents at week ends.

Although the new Act will place considerable administrative and financial commitments on local health authorities, many mentally ill and defective people will ultimately benefit from a fuller life within the community. The informal admission to hospitals is a trend towards the more enlightened attitude to mental illness.

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

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

The number of cases on the waiting list for admission into hospitals was 24 at the end of 1958, compared with 23 at the end of 1957. Two defectives were admitted into hospitals for short-term care during the year, in accordance with Ministry of Health Circular No. 5/52.

Arrangements are still 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.

Duties delegated to Voluntary Associations

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

Account of Work undertaken in the Community

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 has shown a slight increase on the previous year. Those remaining in the community are provided for by regular statutory or voluntary supervision, and friendly visits are paid to those patients discharged from hospitals or guardianship. Training for suitable cases is provided at the Poole and Weymouth occupation centres, and also at Yeovil occupation centre by arrangement with the Somerset County Council. In addition, two home teachers visit defectives in areas not covered by occupation centres.

Lunacy and Mental Treatment Acts — *Admissions to Hospital*

Year	Voluntary			Temporary		Certified		Total		
	Men	Women	Children	Men	Women	Men	Women	Men	Women	Children
1958	102	156	1	14	34	73	138	189	328	1

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. It is satisfactory to note that only one defective was dealt with by Order of Court during the year.

Fifty-one cases were reported and ascertained to be mentally defective during the year, of which thirty were notified by education committees. They were dealt with as follows:—

Admitted to hospitals	*Placed under statutory supervision*	*Placed under voluntary supervision*	*Action not yet taken*
7	35	2	7

Statistics

Ascertainment of Mental Defectives during the last five years

Grade	*Number ascertained*				
	1954	1955	1956	1957	1958
Feebleminded ..	51	46	33	28	28
Imbeciles ..	9	12	5	16	15
Idiots	—	3	—	2	8
Totals ..	60	61	38	46	51

Guardianship

The total number of patients under guardianship at the end of the year was 22, compared with 88 at the end of 1957. This form of community care, which requires an order by a judicial authority, provides for the care and protection of the patient other than by hospital placement and also empowers the local health authority to provide for his maintenance and to meet other special expenditure which may be necessary. Such financial assistance cannot be extended to patients under statutory supervision. It is now usual, however, for the financial help of mental defectives to be met by the National Assistance Board.

The Minister of Health, in circular No. 2/58, indicated that in consultation with the Board of Control he agreed with the recommendation of the Royal Commission on the law relating to mental illness and mental deficiency that as far as possible community care services should be available to patients without compulsory procedures. Local health authorities were, therefore, asked to review the patients from their areas who were still subject to a guardianship order and recommend to the Board of Control the discharge of the order in those cases where supervision would suffice.

As a result of this review, 63 cases for whom this authority was responsible have been discharged from guardianship orders and subsequently placed under voluntary supervision.

The private home at Lytchett Matravers, approved by the Board of Control for the reception of ten mental defectives, continues to provide a happy home life for the patients admitted on a permanent basis, but as a holiday home for others. The home teacher visits regularly to give handicraft instruction and a sale of work is held in the village annually.

Home Teaching

Two home teachers are employed to give instruction in handicrafts to defectives under supervision and guardianship. This service is much appreciated by parents and guardians, and the patients enjoy their lessons. At the end of the year seventy patients were receiving regular instruction.

Occupation Centres

The occupation centre at Poole, which has been in existence for many years, provides accommodation for 80 pupils and when the proposed structural improvements are carried out a still larger number can be accommodated. The premises are 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.

An arrangement has been made with the Wilts and Dorset Association for the Deaf for the hall at the centre 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.

The rumbers attending the occupation centre opened in Weymouth in February, 1957, have steadily increased; 29 pupils were on the register at the end of the year. Dinners are provided through the school meals service. The premises are centrally situated and there is ample accommodation for future expansion. Various structural alterations and improvements have been carried out during the year.

Six Dorset children attend the Yeovil occupation centre by arrangement with the Somerset County Council, to whom we are indebted for their help and co-operation in providing this service for Dorset children.

The Royal Commission have recommended that in the case of severely sub-normal children who cannot benefit from normal or special forms of education in school and are recommended for training in a training centre, attendance at the centre should be obligatory unless suitable alternative arrangements are made by the parents. If, as seems likely, this provision is included in future legislation, an expansion of the facilities for occupation centre training would be necessary. In any event, with the trend towards community care such an expansion appears to be inevitable. This service could be expanded either by the establishment of centres in some rural areas, with the consequent heavy commitment for transport, or by providing residential accommodation near the existing occupation centres.

The following gives an indication of the registered pupils at each occupation centre at the 31st December, 1958, with brief details of the districts from which pupils are conveyed:—

Centre	*Number of pupils*	*District*
Poole	72	Broadstone, Corfe Mullen, Ferndown, Lytchett Matravers, Poole, Swanage, Verwood, Wareham and Wimborne.
Weymouth	29	Weymouth, Dorchester and Portland.
Yeovil (Somerset) ..	6	Long Burton, Sherborne and Stalbridge.
Total ..	107	

The following table shows the age groups of pupils attending these centres at the end of the year:—

Under age 16		*Aged* 16 *and over*	
Male	*Female*	*Male*	*Female*
39	20	19	29

Transport

The county ambulance service undertakes the transport of defectives to the Poole occupation centre and pupils attending Weymouth centre are conveyed by the county education committee's school transport. Those attending the Yeovil centre travel in transport provided by Somerset County Council. 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 31*st December*, 1958

	Under 16		*Over* 16		*Totals*
	Males	*Females*	*Males*	*Females*	
Under Guardianship	—	—	10	12	22
Under Statutory Supervision	57	42	81	108	288
Under Voluntary Supervision	1	—	30	48	79
Attending Occupation Centres	39	20	19	29	107
Receiving home teaching	2	3	20	45	70
In institutions (including cases on licence) ..	32	16	228	207	483
In Approved Home	6	6	—	—	12

Details of mental defectives under Care at 31*st December*, 1954—1958

	1954	1955	1956	1957	1958
Under Guardianship	107	104	100	88	22
Under Statutory Supervision	244	270	272	273	288
Under Voluntary Supervision	10	9	9	18	79
Attending Occupation Centres	59	59	64	96	107
Receiving home teaching	65	70	68	64	70
In institutions (including cases on licence) ..	492	489	481	476	483
In an Approved Home	11	12	13	13	12

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. Three meetings of this sub-committee were held during the year.

The visiting committees for the old persons' homes have been reconstituted in accordance with the recommendations of the county council and have been renamed house committees. The functions of these house committees have been specified and the practice of holding meetings not less than once a quarter has been continued.

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; they 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 each of the larger homes the maintenance charges are collected by the officer in charge.

Provision of Accommodation (Sections 21-28) (*Tables* 23—25)

Residential Accommodation

Accommodation Available

At the 31st December, 1958, the number of places provided by the county council amounted to 543, including accommodation for forty-three persons in premises under the control of the Bournemouth and East Dorset Hospital Management Committee. Of this total 168 beds were situated on the ground floor. The county council were also responsible for the cost of maintenance of thirty-six persons in residential homes provided in the county by three voluntary societies and twenty-one persons in voluntary homes outside the county.

Structural Adaptations and Additions

There continues to be a pressing need for ground floor accommodation. During the year eight additional places on the ground floor were provided at Stoke Water House, Beaminster, and arrangements were made for work to commence early in 1959 on the installation of a lift at this home and the construction of a ground floor unit at Stour View House, Sturminster Newton, for twenty-two residents.

An additional ten places were provided on the first floor of the old building known as 'St. Martin's', Gillingham, and the upper floor was adapted to form a flat for occupation by a member of the domestic staff.

The approval of the Minister of Health was received to the Council's revised proposals for the extension and alteration of Belmont Court, the home for the blind at Parkstone. Tenders were invited and submitted to the Minister, and it is hoped that work will commence early in 1959.

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 General Hospital.

Staffing of Homes

At the beginning of the year three homes were without permanent assistants to the matron, but after some difficulty the three vacancies were filled.

The increasing degree of infirmity of persons coming into the care of the county council and the consequent increase in the number of residents requiring nursing attention was the subject of consideration. Arrangements were made with the Dorset County Nursing Association for the home nursing service to be strengthened in those districts in which the county council's old people's homes are situated so that more adequate nursing facilities could be available to residents at times of epidemic illness or whilst they were confined to bed and awaiting hospital admission. In this connection it was agreed that matrons with nursing qualifications could assume responsibility for supervision and that those who accepted this responsibility would be paid additional remuneration.

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 1,200 hours of service during the year. A wide variety of work is undertaken, including assistance with bathing, serving of meals, sorting of linen, escorting residents outside the home, shopping and 'odd jobs'. The council are 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, by way of a 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, 1958

Premises	*Places Occupied*		
	Men	*Women*	*Totals*
In Homes under County Council Management:			
Stoke Water House, Beaminster	66	47	113
Stour View House, Sturminster Newton	36	71	107
Christmas Close, Wareham	30	23	53
Maiden Castle House, Dorchester	13	26	39
'The Lawns', Weymouth	16	24	40
Belmont Court, Parkstone	6	11	17
Castleman House, Blandford	22	28	50
James Day Memorial Home, Swanage	11	22	33
'St. Martin's', Gillingham	19	29	48
In Hospital under the control of Hospital Management Committee:			
Poole General Hospital (St. Mary's Block)	21	22	43
Totals	240	303	543

Waiting List

The number of persons on the waiting list at the end of the year was 144. A special review of these cases has been undertaken in order to determine the number (*a*) of persons who require care in communal homes and the degree of urgency; (*b*) of those who could be satisfactorily housed in grouped old persons' dwelling with warden facilities; (*c*) of those 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 1958

Admissions		*Discharges*	
From Home	141	To Lodgings	13
From Hospital	136	To Home	27
Re-admission after holiday ..	154	Holidays	162
Transfers (in County)	26	Hospital	159
		Mental Hospital	12
		Deaths	25
		Left without notice (no address)	7
		Transfers (in County)	26
	457		431

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.

The three units of temporary accommodation at Hamworthy were completed. These have been provided by the county council in accordance with the joint scheme with the Poole Borough Council, and three families, with a total of fourteen children, were admitted. These families remained in occupation at the end of the year.

A health visitor was appointed to supervise this accommodation and to undertake specialised duties in the care and rehabilitation of problem families; she commenced duty in August.

Considerable use was made of the temporary accommodation provided by the Poole Borough Council in accordance with the joint scheme.

WELFARE SERVICES (Sections 29 and 30)

BLIND AND PARTIALLY SIGHTED (*Tables* 26 *and* 27)

Administrative Arrangements

In order to ensure that registered blind and partially sighted persons benefit from all available facilities, full co-operation has been maintained with the Western Regional Association for the Blind, the Dorset County Association for the Blind and other voluntary and statutory bodies.

Registration

On 31st December, 1958, there were 800 persons on the blind register and 102 registered as partially sighted, an increase of twenty-eight and a decrease of three respectively during the year.

Of the 125 newly registered blind cases 103 were 65 years and over. In the under 16 age group two cases were registered, a baby of under a year who was blind due to congenital causes and a youth of 15 whose congenital eye condition had deteriorated during his last year at secondary modern school; he is awaiting a vacancy at Hethersett for vocational guidance.

Of the twenty cases between 16 and 64, a youth of 16 is employed on a farm and a chartered accountant has left the county to take up a professional post found for him in the North. Five persons are not available owing to domestic responsibilities and thirteen cannot work at present as they have other physical disabilities.

Home Teaching and Visiting

The work is carried out by the same five qualified home teachers who travelled 51,543 miles in the course of their duties. They paid 6,714 visits to blind; 335 to partially sighted and 1,722 to hospitals, doctors, etc., in order to ensure follow-up of treatment. In addition they gave 649 home lessons to the blind in handicrafts and embossed type, fifty-three to partially sighted and held 175 classes. Where possible pupils attend classes so as to gain the additional benefit of mixing with others and the stimulus of competition. In co-operation with the Dorset County Association for the Blind they have held forty-six social gatherings, organised twelve outings and four sales of work and exhibited at five shows with great success.

Workshop Employment

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

Bristol Royal Blind Asylum Workshops—one basket maker.
Royal School for the Blind, Leatherhead—two flat machine knitters.

In addition, another man is in training at Leatherhead as a brush maker. The last is a particularly encouraging case as he was for many years classed as unemployable, but he has improved so much in the special Part III accommodation with occupational therapy that the Ministry of Labour accepted him for training.

Home Employment

Six 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

Difficulty is still found in disposing of goods made by both trained and pastime workers owing to cheap imports but every effort is made to combat this by improving quality and extending the range of products.

Employment in Open Industry

Thirty-five men and five women were employed in this sphere at the end of the year. Another man was newly employed early in the year but, although his work was completely satisfactory, he became redundant with other sighted workers before the end of the year. The general employment position has prevented work being found for two trained workers in spite of continued efforts of the Royal National Institute for the Blind Placement Service as agents for this authority.

Full liaison is maintained with the Ministry of Labour and the welfare officer for the blind serves on the Disablement Advisory Committee at Poole and Weymouth.

Persons in Hospitals, Homes, etc.

At the end of the year there were ninety-one blind persons over the age of sixteen living away from home, thirty-eight in the care of regional hospital boards, twenty-one in homes for the blind, twenty-four in other homes provided under Part III of the National Assistance Act, 1948, and the remaining eight in privately run homes. Co-operation with managing bodies has been maintained to ensure their welfare.

Registers of Blind and Partially Sighted

In co-operation with the Western Regional Association for the Blind further data has been provided for a national research survey on problems of blindness and partial sight.

Deaf or Dumb

Administrative Arrangements

The Ministry of Health's outline scheme, included in circular 32/51 for the provision of welfare services under sections 29 and 30 of the National Assistance Act, 1948, for persons who are deaf or dumb, has been adopted by the county council and approved by the Minister of Health. These services are provided by the Wilts and Dorset Association for the Deaf on behalf of the county council, for which they receive a grant; the council having representation on the committee of the Association.

Details of all cases applying for assistance are entered on duplicate registration record cards which are forwarded to the county health department for inclusion in the register if suitable. Thereafter additional information regarding the patient and services provided which have been recorded by the Association on their record card is sent to the county health department for inclusion on the central register.

Social Welfare

The social welfare services provided by the Association are comprehensive and include interpretation in manual language and advice in domestic and legal subjects and in health and family affairs. Visiting of the sick is undertaken at home and in hospitals as well as routine visiting. Assistance is also given on behalf of the individual for employment.

Social Centres

Social centres are provided for the deaf at Poole, Sherborne and Weymouth and hard of hearing clubs meet regularly at Bridport, Dorchester and Poole. The situation is kept under review and should the need arise in any particular area existing facilities will be extended.

Lip Reading Classes

Instruction in lip reading has been given by a worker of the Association at Burlea Towers and individual instruction when necessary.

Co-ordination

The Association works in conjunction with the Ministry of Labour and National Service and its officers attend interviews in connection with the placement of the deaf in suitable employment. The county council has had representation on the Executive Committee of the West Regional Association for the Deaf which covers the counties of Cornwall, Devon, Dorset, Gloucester and Wiltshire.

Statistics

The following table shows the number of persons, both deaf and hard of hearing registered with the authority on 31st December, 1958:—

Class	*Children under age 16*		*Persons aged 16—64*		*Persons aged 65 and over*		*Total*
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	
Deaf	12	8	63	54	7	4	148
Hard of Hearing ..	8	6	41	57	21	26	159
Total ..	20	14	104	111	28	30	307

Physically Handicapped (General Classes)

Administrative Arrangements

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

The British Red Cross Society (Dorset Branch) act as agents of the county council for certain sections of the scheme for which they receive a grant.

One of the health visitors has also been carrying out special duties as liaison health visitor for dealing with all cases registered under the scheme and those requiring special services are visited by her.

Cases are referred by general practitioners, hospitals, central government departments and voluntary organisations. All cases referred are visited by a health visitor and a report submitted to the county health department. If considered suitable for registration, the person's name is recorded on the central register and arrangements made for the provision of services required either through the agency of the British Red Cross Society, or otherwise. A duplicate of the record card in the central register is kept by the health visitor for the follow-up. The consultant specialist or the general practitioner is consulted by the county medical staff when there is a clinical problem.

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 arises. Many of these services are administered by the British Red Cross Society as an extension of the after-care facilities already available through the agency arrangement with the county council under section 28 of the National Health Service Act. Cases are visited regularly by members of the staff of the health department; general advice and guidance is given and arrangements made for any special services, either through voluntary organisations or otherwise. Handicraft instruction is given by members of the British Red Cross Society in the patient's home and they also assist with the sale of the finished articles.

Arrangements are made for suitable cases to be admitted to holiday homes.

The county council assisted the Dorset Association for the Welfare of the Physically Handicapped by means of a grant for the provision of specialised equipment.

Close co-operation between the county health department and the Ministry of Labour and National Service is maintained. The disablement resettlement officers assist handicapped persons in connection with training under the Disabled Persons (Employment) Act and also help them in securing suitable employment.

Statistics

The following table shows the number of physically handicapped persons (general classes) registered with the authority as at 31st December, 1958:—

Number on Register 31.12.57 ..		390
New Cases		108
		498
Deaths	23	
Removals from Register ..	15	
		38
Number on Register 31.12.58 ..		460

	Register of Handicapped Persons—Age Groups and Sex			
	Children under age 16	*Persons aged 16—64*	*Persons aged 65 and over*	*Totals*
Male ..	80	115	25	220
Female ..	58	142	40	240
Total ..	138	257	65	460

Epileptics

Four boys and three girls are classified as epileptics and of these two are attending special residential schools: the others are attending day special schools or special classes. No fresh cases were assessed during the year.

It is unfortunate that there are no local facilities for carrying out E.E.G. examinations and children have to be taken as far afield as Portsmouth for this to be done. Apart from this difficulty the general arrangements for epileptic schoolchildren are quite satisfactory and working smoothly in the county.

There were twenty-six adults suffering from epilepsy in Part III or joint-user accommodation and in addition four were accommodated in special epileptic colonies.

Spastics

Since 1957 the Victoria Home, formerly in Bournemouth, has been re-established in a new building in Poole and is taking children from both the borough and the county area. This is a great improvement on the previous arrangement as these children can attend a special school within their own county and arrangements have been made for the speech therapist to be available at the home for one session each week. The parents of spastics greatly appreciate having their children within easy travelling distance so that they can visit them at week ends and other permissible times.

The Bournemouth and district group of the National Spastic Society is proceeding with their plans for the proposed day centre and negotiations are taking place with the Dorset Education Authority for the provision of teaching staff.

The county council's arrangements for training adult spastics are still available but again, in 1958, no suitable cases required this type of training.

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:—

Registration	*Number of Homes*	*Number of beds provided*
Homes first registered during the year ..	5	32
Homes on the register at the end of the year ..	20	278
Registrations cancelled	—	—
Registrations refused	—	—

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

It was not necessary for action to be taken under the provisions of section 47 of the Act during the year.

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

In no case was it necessary to take action to store property of patients under section 48 of the Act, but the storage of furniture belonging to ten patients continued during the year.

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* 1958								
	Nose and throat	*Sputum*	*Faeces and urine*	*Water*	*Milk*	*Ice cream*	*V.D.*	*Miscel-laneous*	*Totals*
Dorchester	1,390	207	1,075	3,316	7,106	505	4,751	3,815	22,165
Boscombe	752	93	639	929	674	360	—	1,112	4,559
Totals ..	2,142	300	1,714	4,245	7,780	865	4,751	4,927	26,724

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 ..	1	—	12	12
Homes on the register at the end of the year ..	16	20	145	165

Action taken during 1958

Number of exemptions granted under Section 192 (1) including renewals .. .. —
Number of inspections 24

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 1958 five initial and twenty-one 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	67	253	39	5

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

No new registrations were made under this Act during the year, and there are now two daily minders supervising seven children.

Statistics

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

DAILY MINDERS PROVIDED BY THE AUTHORITY

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

CIVIL DEFENCE

Ambulance and Casualty Collecting Section

The strength of the section at the end of the year was 328 ambulance section personnel (109 men and 219 women) and thirty casualty collecting personnel, a total of 358.

Eleven courses in ambulance training were held and fourteen in first aid.

Efforts were mainly concentrated on obtaining more and better instructors for the section and the result was most satisfactory. The head driver of the county ambulance service in Dorchester obtained a full qualifying certificate at the Home Office School, Falfield, and two volunteer members of the Corps attended officers' courses at that school. Six other volunteer members obtained locally trained instructors' certificates after attending a course in Poole.

The annual county competition was held at Sherborne on Sunday, 13th April. Eleven teams entered, the highest since the competition was inaugurated four years ago, and the standard of work was most encouraging.

Welfare Services

There has been a further decrease in the number of enrolled members, but this is probably due to the review of training records of members and the consequent removal from them of some who have undergone no training for a considerable time. Membership is likely to increase again in 1959 as public interest will no doubt be stimulated by many more lectures, films, courses and competitions which are being planned.

For the first time a rest centre competition was held to culminate the winter training and five teams entered. After eliminating heats the Wareham Rural District Council team (from Lytchett Minster and Upton) beat a team from Wimborne and Ferndown, to win the shield presented for this competition which formed part of the county civil defence competition held in April.

In September a combined civil defence team, including a rest centre element, competed in a regional civil defence competition. The welfare section did well to be equal first with Portsmouth, but the Dorset team did not reach the final. The Lytchett Minster and Upton team formed the rest centre part of this composite Dorset team.

The numbers of enrolled members were distributed as follows:—

Poole Borough	211
Weymouth Borough ..	117
Other urban areas	312
Rural areas	1,048
Total ..	1,688

ENVIRONMENTAL HYGIENE

Water Supplies and Sewerage

General Commentary

The year 1958 was eventful in connection with the development of the water supply and main drainage services of the county. A great deal of consideration was given also to the grouping of water undertakings and, as will be seen from the summary below, useful progress was made.

It is, at long last, satisfactory to be able to report that after more than half a century of deliberation and negotiation the Wimborne Minster sewerage and sewage disposal scheme was eventually begun on the 19th May, when a civic ceremony took place to mark the occasion. By the end of the year nearly three miles of sewer had been laid and the construction of the sewage disposal works was well under way.

Nor far away, at West Parley, the first stage of a major scheme to sewer the much-developed south-western part of the Wimborne and Cranborne rural district was put in hand at about the same time, the actual starting date being 22nd May.

A number of other much-needed schemes were either submitted for approval, commenced or completed, of which details are given later in this report.

Towards the end of the year the brake which financial stringency had for some time been applied to capital investment of this sort was eased and the prospect for the immediate future is promising. Before referring in more detail to some of the schemes which have been carried a stage further during 1958, this will be a convenient point at which, broadly, to sum up the overall position which has been reached in regard to the provision of water supply, sewerage and sewage disposal schemes in Dorset.

As far as water supply is concerned, it can be said that only three of the rural districts are at present without satisfactory piped supplies; these are the Beaminster and Bridport rural districts, for which substantial capital works programmes are under preparation, and the Wareham and Purbeck rural district, where a big stride forward was taken this year. Unfortunately, this does not mean that all of the existing undertakings are faultless; some of these—in urban areas as well as in the rural districts—are in need of augmentation, especially in the case of waterworks which were constructed before the last war. Certain of the sources of supply are not wholly satisfactory and one of the primary aims of the grouping of undertakings is to develop the county's water resources to the best advantage economically and otherwise without regard, necessarily, to parish, county district or even county boundaries. Under present proposals seventeen of the twenty-two undertakings which were in existence prior to 1958 will in due course be merged into two Dorset boards and four—those of the Sherborne Urban and Sherborne Rural District Councils and the Shaftesbury Borough and Shaftesbury Rural District Councils, are likely to join with water boards in south-west Somerset and south-wast Wiltshire respectively. The remaining one—that of the Wimborne and Cranborne Rural District Council—may be taken over by the Bournemouth and District Water Company.

This re-organisation, if and when it is brought about, will mean that some of the less productive or less satisfactory sources now in use will be abandoned and the newly constituted water areas served by major sources which already exist—with or without development. The result should be greater efficiency, more flexibility in operation and a reduction in overhead costs.

Looking still further ahead, the ultimate pattern of water supplies in Dorset might be the merger of the two boards into one for the supply of the whole county with the exception of those county districts which, primarily on engineering grounds, may join the appropriate water boards of adjacent counties.

By reason of the financial contributions which they either are already or will be making, the county council are entitled to representation on the water boards. Furthermore, where works of water supply are to be carried out by the boards under the provisions of the Rural Water Supplies and Sewerage Acts, the schemes concerned will be submitted to the county council for their observations prior to consideration by the Ministry of Housing and Local Government.

The same degree of progress cannot, it is regretted, be reported in so far as main drainage is concerned. It is not illogical that the provision of piped water should have taken priority over drainage schemes although, as has been said before in this report, there is no doubt that had the capital been available money would, in the long run, have been saved by the laying of sewers, as far as practicable, simultaneously with the provision of water mains. Of recent years this system of dual construction has been successfully applied, notably in the rural districts of Bridport and Sherborne, but generally it has been a case of providing main water without, in many instances, ensuring that there were adequate arrangements for dealing with the increased quantities of waste water which were bound to result.

The present position is that only in the Sturminster rural district can it be said that substantial progress has been made with the completion of village sewerage and sewage disposal schemes. In too many rural areas reliance still has to be placed upon pail and chemical closets, or upon cesspools and septic tanks. The resultant pollution of ditches, gardens and subsoil creates a problem which can be properly solved only by main drainage.

The schemes—vital as they are—which have been submitted and in many cases approved both by the county council and by the Ministry, represent only a fraction of the work which must be carried out before it can be said that the county is adequately equipped with main drainage facilities. When it is realised that it is seldom possible to sewer a village at less than £130 per house and that, on average, the construction of a sewage disposal works for up to 200 people costs as much as £13 per head, it is clearly not feasible on financial grounds to proceed with more than a limited number of schemes each year.

One of the purposes which the submission of schemes to the county council serves is to enable comment to be made on the scope of each proposal in relation to its cost and as the result of the consideration given to matters such as this it is often possible to indicate where savings may be made. This is done, not so much by limiting the service to be provided as by suggesting means whereby, in the light of experience, construction can be simplified or less expensive materials employed.

It is clearly desirable to spread over as many schemes as possible the amount of money which, in each year, can be allocated to main drainage and further efforts will be made to this end in dealing with schemes which have yet to be submitted. It is hoped, eventually, that some form of standardisation might be practicable for the design of, say, a typical village sewage disposal works for a given population with a view to providing a functional plant at the minimum cost.

The following briefly summarises the position concerning the work which has been carried out during 1958, (*a*) on water supply; and (*b*) on main drainage:—

(a) *Water Supply—Grouping of Undertakings*

West Dorset Water Board

This board, on which the county council has seven representatives, came into operation on the 1st October, 1958, and serves the borough of Bridport and the rural districts of Beaminster and Bridport. The board have acquired, with the approval of the Ministry, the undertaking of the Bridport Waterworks Company whose chief officers, i.e. Mr. H. Lynam and Mr. W. S. H. Brooks, have become officers of the board in the capacities of clerk and distribution engineer respectively. The board have appointed Mr. R. Chapman, A.M.I.C.E., as their engineer and manager.

Proposed East Dorset Water Board

Discussions have continued between the constituent authorities concerned, the county council and the Ministry of Housing and Local Government regarding the formation of this board. General agreement has been reached that the area of supply should comprise the boroughs of Poole, Blandford and Wareham, the urban district of Swanage and the rural districts of Blandford, Sturminster and Wareham & Purbeck.

The addition, late in the year, of the Sturminster rural district followed discussions during which consideration was given to this rural area joining either the Wessex Plains or the Dorset Downs Board. There are sound engineering as well as economic grounds for the

Sturminster Rural District Council's decision to join the proposed East Dorset Board; on similar grounds there is a strong case for twelve parishes in the Piddle Valley of the Dorchester rural district also to come into this board, bearing in mind that the Buckland Newton and Alton Pancras sources of the Sturminster Rural District Council supply ten of these parishes, whilst the remaining two—i.e. Dewlish and Melcombe Horsey—are supplied from the Milborne source of the Blandford Rural District Council.

The Wimborne and Cranborne Rural District Council have continued their negotiations with the Bournemouth and District Water Company with a view to the company taking over the rural district council's undertaking and becoming the statutory water undertaker for the whole of the rural district with the exception of the parishes of Corfe Mullen, Sturminster Marshall and Shapwick, which are at present supplied by the Poole water undertaking. The county council withdrew, at their November meeting, their objections to this proposal, following a revision of the suggested financial arrangements, provided satisfactory assurances are given by the Company that they will, having first satisfied the requirements of that part of the Wimborne and Cranborne rural district served by the council's existing undertaking and those of the parishes of Colehill, Pamphill and West Moors make available to the proposed East Dorset water board a quantity of water from the Stanbridge Mill source sufficient for their future needs upon terms to be agreed between the company and the board.

In December, a meeting of the constituent authorities was held at the Blandford Rural District Council's offices to deal, primarily, with the question of representation on the proposed board, in the light of certain decisions made by the Poole Corporation, one of which was that the board should be named 'The Poole and East Dorset Water Board'. The constituent authorities other than Poole put it on record that they would be agreeable to the repressntation being:—

Local Authority	*No. of Members*
Poole Borough	9
Blandford Forum Borough	1
Wareham Borough	1
Swanage Urban District	1
Blandford Rural District	1
Wareham and Purbeck Rural District ..	2
Sturminster Rural District	1
Dorset County Council	2
	18

and that they did not object to the naming of the board in accordance with Poole's proposal.

The observations of the Poole Corporation on these matters were not known at the end of the year.

Dorset Downs Area

The same degree of progress which has been made in the west and the east cannot be reported in respect of the central-southern part of the county, although discussions have taken place between the Dorchester Borough and Rural District Councils, the Portland Urban District Council and the Weymouth Waterworks Company with a view to a possible merger.

The establishment of a water board for West Dorset does not mean that a grouping of the undertakings in central and southern Dorset, together with the West Dorset area, is not now likely to take place; the primary reason why the West Dorset Water Board was established in advance of the Dorset Downs Board was to enable progress to be made with a capital works programme primarily for the Beaminster and Bridport rural districts, which is estimated to cost about £650,000. The Ministry made it clear from the outset that a board serving a population of about 23,000 only was too small to function as a separate water authority for very long and it is hoped that at an early date discussions will be instituted by the Dorchester, Weymouth and Portland authorities and the West Dorset Water Board with a view to embracing the whole of west, and central-southern Dorset into one water board.

Wessex Plains Area

Meetings have been held between the constituent authorities of the Wessex Plains water area and the county councils of Somerset and Dorset. This area would embrace water undertakings situated, for the most part, in south-western Somerset, but it was originally suggested that it might also serve the Sherborne urban district and the Sherborne and Sturminster rural districts in Dorset. As already stated, Sturminster has joined the East Dorset group, but it has been accepted that, on engineering grounds, there is a strong case for the two Sherbornes to join the Wessex Plains area. Negotiations are continuing.

West Wilts Area

Discussions have taken place between water undertakers in South-West Wiltshire, the Shaftesbury Rural District Council, the Shaftesbury Borough Council and the Wiltshire and Dorset County Councils in regard to the suggested grouping for this area.

The Shaftesbury Borough Council favoured joining the proposed East Dorset Water Board but, because of their links with the Shaftesbury Rural District Council's water undertaking, they realised that there were strong grounds for them to join whatever grouping the rural district council felt they should adopt. The question of which area these two Dorset authorities should join has, on more than one occasion, been considered by the Dorset County Council, who decided to support the original recommendation of the Public Health Sub-Committee; this was that the Shaftesburys, together with the Mere and Tisbury rural district, should join the proposed East Dorset Water Board. Approaches were made to the Shaftesbury Rural District Council on two occasions in order to put before representatives factors which it was hoped might influence the council to consider seriously joining the East Dorset Group, but at the end of the year it became apparent that there was little likelihood of this coming about. Present indications are that the Shaftesbury Rural District Council and—rather less willingly—the Shaftesbury Borough Council, will join the proposed West Wilts Water Board.

One of the principal sources of supply for the Shaftesbury rural district is Stubhampton, which is situated within the Blandford rural district. From this source the Blandford Rural District Council obtain water for the recently completed Tarrant Valley scheme, and whatever may happen concerning the Shaftesburys it is clear that satisfactory arrangements will have to be made to safeguard, on favourable terms, the needs of the Blandford rural area.

It is difficult to make out a better case on engineering grounds for the merger of the Shaftesburys with West Wilts than for their joining the East Dorset group; indeed, on the available information, the evidence rather favours the Dorset County Council's decision which followed the recommendations of Mr. A. R. Vail's report on the Dorset and South-West Somerset Water Survey.

(b) *Sewerage and Sewage Disposal*

Wimborne Minster Main Drainage Scheme

This scheme, which is estimated to cost £566,000, is now well under way and it is anticipated that it will be completed in 1960 Provision has been made for the sewage disposal works to receive and treat sewage from the Merley area of Poole and the parishes of Colehill, Pamphill and Hampreston (part) of the Wimborne and Cranborne rural district.

Bearing in mind the substantial contribution towards the capital cost of the Wimborne Minster Urban District Council's scheme which the county council decided to make, arrangements have been made for the county public health engineer to carry out such inspections and investigations as may, in his opinion, be desirable. The Wimborne Minster Urban District Council and their consulting engineers have co-operated fully, and every effort is being made to complete the work as quickly as possible.

With the aim of keeping the final cost of this major scheme as low as possible, the Wimborne Urban District Council each decided, on the advice of the county public health engineer and with the approval of the Ministry of Housing and Local Government, to substitute concrete tubes for cast iron pipes where ground conditions permit, at an estimated saving of about £10,500. The council also accepted a suggestion that washed gravel be used for the filter media instead of clinker at a further saving of approximately the same amount.

Progress up to the end of the year had been satisfactory and, despite the bad weather, work was approximately in accordance with schedule.

West Parley

The first two stages of this scheme, estimated in whole to cost £255,000, were commenced in June. The scheme is designed to serve an estimated future population of 4,000 and, by arrangement with the Bournemouth Corporation, the sewage is to be treated at the Kinson sewage disposal works. The crossing of the River Stour was completed without incident in August, and despite difficult ground conditions good progress has been made. The project was designed by the Engineer and Surveyor to the Wimborne and Cranborne Rural District Council, and supervision is being carried out by members of his staff.

Approval has been obtained to go to tender for Stages III and IV, which embrace the Ferndown area and make provision for the Ferndown primary and secondary modern schools, where drainage problems are particularly acute.

West Moors

The outline scheme is nearing completion and is expected to reach the public inquiry stage next year.

Lytchett Minster (Upton)

When tenders for the scheme which the Wareham and Purbeck Rural District Council had prepared for the Upton area were received in January they were found to be considerably in excess of the estimates and further consideration was given to the possibility of conveying the sewage for treatment at the Broadstone works of the Poole Corporation.

The comparative costs of the two schemes (*a*) that prepared by the Wareham and Purbeck Rural District Council based upon an independent treatment plant at Moorland Way; and (*b*) the joint scheme whereby sewage would be treated at Poole Corporation's Broadstone works, were considered by the Wareham and Purbeck Rural District Council in October and their decision again went in favour of the independent scheme.

A report on the comparative costs was made on the 28th October at a special meeting of the public health sub-committee, who were empowered by the county council to act on their behalf in this matter, and the sub-committee decided to raise no objection to the decision which the rural district council had reached.

The Ministry of Housing and Local Government were informed of these developments and in December the rural district council were authorised to go out to tender again.

Gillingham

Further discussions have taken place during the year in an endeavour to reach agreement with the owners of trades premises concerning arrangements for the reception and treatment of trade effluent at the sewage disposal works which the Shaftesbury Rural District Council propose to construct as part of the Gillingham sewerage scheme.

Although a substantial measure of agreement had been reached by the end of the year, the management of one factory claims to have a prescriptive right under the Public Health (Drainage of Trade Premises) Act, 1937, and this issue has not yet been resolved. The continued delay in commencing this scheme, which was approved in principle by the Ministry in 1957, is giving rise to concern, especially to the Avon and Dorset River Board, in view of the heavy pollution of the River Stour.

Schemes Submitted, Commenced and/or Completed during 1958

Local Authority	*Scheme*	*Approximate costs of Schemes*		
		Submitted	*Commenced*	*Completed*
		£	£	£
	Water Supplies			
Blandford Rural ..	Tarrant Valley	—	—	83,337
Bridport Rural ..	Charmouth	5,065	—	—
Dorchester Rural ..	Melcombe Horsey	—	—	3,350
	Abbotsbury and Portesham	—	41,850	—
Sherborne Rural ..	Comprehensive scheme:—			
	Contract No. 4	—	—	25,706
	Contract No. 6	—	—	4,420
Wareham and Purbeck Rural ..	Cold Harbour	9,230	—	—
	Harman's Cross	—	14,000	—
	Regional Scheme:—			
	Blackhill reservoir and main-laying to East Burton	—	188,321	—
	Briantspuddle pumping station	—	21,531	—
	Wool and East Burton	67,500	—	—
Wimborne and Cranborne Rural ..	Comprehensive scheme:—			
	Mains—Edmondsham and Alderholt ..	—	—	19,817
	Mains—Cranborne Cross Roads to Woodlands	—	12,500	—
	Sewerage and Sewage Disposal			
Beaminster Rural ..	Powerstock and Nettlecombe	9,784	—	—
Bridport Rural ..	Puncknowle	—	19,957	—
Dorchester Rural ..	Cattistock	—	—	30,600
	Chickerell	—	61,200	—
Sherborne Rural ..	Trent	—	—	15,430
Sturminster Rural ..	Marnhull—Contract No. 4—Sackmore Lane ..	—	—	1,176
	Hinton St. Mary—Extension	2,850	—	—
	Kings Stag	—	—	8,573
	Sturminster Newton:—			
	Contract No. 3	—	30,270	—
	Contract No. 3a	—	—	440
Wareham and Purbeck Rural ..	Wool and East Burton	109,450	—	—
Wimborne and Cranborne Rural ..	West Parley:—			
	Contract No. 1	—	16,915	—
	Contract No. 2	—	116,503	—
	Sixpenny Handley	—	29,700	—
	Colehill, Pamphill and Hampreston	211,752	—	—
Wimborne Urban ..	Main Drainage Scheme	—	566,000	—

Rivers Pollution Prevention

A start having been made on the sewerage scheme for Wimborne and the augmentation scheme at Dorchester, the black spots in Dorset, as far as river pollution is concerned, have been reduced to three, viz. Gillingham, Beaminster and Charmouth, on the Stour, Brit and Char respectively.

At the end of the year information was received that the Bridport Rural District Council had decided to proceed with the Charmouth scheme but there has been a hold-up over the Beaminster and Netherbury scheme. This was due to the necessity to revise the design of the sewage disposal works following a request by the owners of a large dairy to discharge a greater quantity of trade waste than had been intended when the original calculations were made.

Consultations have taken place from time to time with officers of the Avon and Dorset River Board, and it is again 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

Further progress has been made in the provision of waterborne sanitation and that this has been the case is due in no small measure to the keenness of householders to have earth closets replaced by water-carriage drainage.

Clearly, however, the amount of work that can be done in this connection is related (*a*) to the extent to which main drainage facilities are available; and (*b*) to the policy which individual district councils adopt in the matter of the connection of properties. It is satisfactory to report, in the latter respect, that it is now the practice of most of the rural district councils to make lateral connections to sewers as they are laid; not the least desirable feature of this is that newly-constructed sewage treatment plants carry a 'working load' almost as soon as they are brought into operation.

The increasing amount of work which is being done by means of improvement grants under the Housing Repairs and Rents Act of 1954 has also contributed towards the gradual conversion from pail closets to waterborne sanitation, and if and when the House Purchase and Housing Bill becomes law there is no doubt that the facilities which it is expected to provide will give a further spur to this very important matter.

Public Cleansing

Within the limitations imposed by financial considerations, it can be said that the public cleansing services of the county are continuing to function efficiently. This information was revealed in a return which was obtained from the county district councils last September, following an approach to the county health department by the Association of Public Health Inspectors, who drew attention to difficulties that had arisen in obtaining new refuse disposal sites.

The information received as a result of the survey showed that whereas this problem had occurred in the case of the Bridport, Beaminster and Sherborne rural districts, it could not be said that it had assumed major proportions in the county as a whole. It is known that the county planning committee have given this matter attention and the medical officers of those districts in which difficulties had cropped up were informed that the county health department would be happy, if requested, to assist in negotiations with the county planning department.

So important is this subject considered to be in the national interest that comment must again be made on the apparent lack of progress with schemes for the composting of refuse and sewage sludge. It is realised that the reason why composting is not a practicable proposition on a large scale in a county such as Dorset is because of the expense involved in transporting refuse and sewage sludge in adequate quantities to sites where the necessary plant could be installed. There is, however, no gainsaying that the loss of such valuable compost is something which the nation can ill afford, more especially as the difficulties in the treatment and final disposal of sludge which have existed for a very long time are increasing year by year; indeed, it constitutes probably the biggest single problem which those responsible for the operation and maintenance of sewage purification plants have to face.

Whilst the problem of the litter nuisance was again a matter for concern last summer, it was encouraging to note that a further improvement in the position had taken place. This was partly due to better co-operation from the public and partly to the steps which local authorities, including the county council, had taken in the provision of litter bins at parking places. In this latter connection one feels bound to comment that the variety of containers provided for the reception of litter was almost as incogruous as the litter itself; whilst there is much to be said for the adoption of a standard type of receptacle finished in a standard colour, e.g. green, by far the most important factors clearly are that the containers should be adequate in size, sufficient in number and regularly emptied. It is obviously quite useless to provide small bins which are filled with great rapidity as when they begin to overflow they tend to create an even worse impression than if no containers had been supplied.

Closely allied with the problem of litter resulting from the deposition of paper bags, cartons, tins and bottles is the even greater problem of the fouling of hedgerows, heathland and spinnets on some of the main roads by urine and faecal matter, arising from the growing practice of people sleeping in their cars in laybys and similar parking places. In the absence of any recognised form of sanitary convenience resort is made to the hedgerows, and as a consequence appalling conditions are caused. Bad as this matter is in Dorset, it appears to be even worse in other south-western counties.

It is not easy to suggest a remedy, but in response to enquiries which were made of the county district medical officers of Dorset, Dr. N. F. Pearson, of the North Dorset area, made the suggestion that local authorities whose areas are frequented during the holiday season should examine the possibility of providing along main roads suitably sited overnight car parks, equipped with adequate sanitary facilities. He maintains, also, that legislation should be introduced to prevent overnight casual camping except in authorised parks. Whatever the solution may be, in the interests of public health this disgraceful state of affairs should be brought forcibly to the attention of all who may be in a position to help.

The coming into operation in August of the Litter Act, 1958, cannot be said, as far as experience in this county is concerned, to have met with a great deal of success, but if, next summer, greater attention is given to its enforcement and if penalties are imposed upon offenders, possibly the results will be more satisfactory. In its present form, however, the Litter Act does not appear to include any provision for dealing with the problem of the fouling of the countryside by human excrement but, as has been stressed, some strong measure of control is required in this connection as a matter of urgency.

Shops Act, 1950

Commensurate with their other duties, as much work as possible has been done by the public health inspectors of the county district councils under the Shops Act. Although this falls short of what might be desired it is unlikely that greater attention can be given to this subject until and unless the staffing position improves. Particularly is this the case in those districts where the public health inspector is required also to carry out the duties of surveyor.

Swimming and Sea Water Bathing

Much has been said in earlier reports on the subject of the discharge of sewage into the sea, and whilst feelings on this subject continue to be strong it would not be prudent to comment further until the findings of the working party set up by the Public Health Laboratory Service in 1955 are made known. The problem is being studied from both the bacteriological and epidemiological angles and it is to be hoped that a report will soon be available.

It is satisfactory to report that, with the coming into operation of the Poole Corporation's Broadstone sewage treatment plant, a considerable quantity of sewage which had previously been discharged into the sea is now receiving purification inland. Furthermore, the Corporation are engaged upon a scheme which, when completed, will remove most of Poole's sewage from the sea for treatment at the Broadstone works. This plant is to be extended by stages to deal with an ultimate population of about 80,000.

The provision of learners' swimming pools at certain of the larger schools in the county has proved a great asset and, according to the results obtained on the frequent control tests which are made, the system of water treatment has proved even more satisfactory than had been anticipated. Supervision of '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 under the guidance of the county health department.

Disposal of Radioactive Waste

A good deal of attention has been paid to the proposals under which effluent from the Winfrith Atomic Energy Research Establishment will be discharged into the sea off Arish Mell, in accordance with the authorisation which the Atomic Energy Authority obtained under the Atomic Energy Authority Act, 1954. The county council was consulted in connection with the application for consent to discharge radioactive effluent into the sea, and arising therefrom the following comments were made on behalf of the Minister of Housing and Local Government:—

(i) An assurance can be given that all radioactivity in the effluent in the pipeline will be effectively sealed off throughout its length, and in particular where it passes under the beach. Concentric pipelines will be constructed as far as the shore and the radioactive effluent will flow through the centre pipes. Non-radioactive effluent, which will be discharged into the sea fifty feet below low water mark, will pass through the annuli. On account of the operation of the shore valves the pipes will have to cross the beach separately, but they will be buried in the shingle and encased in massive concrete.

(ii) It is not considered necessary to require the discharges to be made at an even rate within the monthly limit. In practice the wastes will generally be discharged throughout the period but, even if discharges above the average rate were made over a short period, the momentary concentration in the sea would not exceed a safe level. Since the effect of radiation is cumulative the main consideration is the total discharge over a period and it is normal practice in determining permissible levels of activity to base them on a three-monthly period. For these reasons control over the proposed discharges based on a period shorter than a month is not warranted.

(iii) The county council will be consulted before any further authorisation under Section 5 (4) of the Atomic Energy Authority Act, 1954. is issued.

(iv) It is not necessary to buoy off an area of sea on account of the discharge of radioactive wastes. The effluent will be dissipated by the tides and currents and no danger need be expected in any area including that around the end of the pipeline.

(v) The Minister's Radiochemical Inspectors will arrange for the necessary sampling and testing to be carried out and in deciding on the steps needed the Minister will be glad to take into account any views which the county council may wish to make known to him.

(vi) Monitoring reports on radioactive waste entering the pipeline and results of analyses of sea water, sand and other specimens examined will be available for inspection by the county council.

(vii) The Ministry of Agriculture, Fisheries and Food, who have satisfied themselves on the fisheries aspects of the proposal, are in course of consulting the Southern Sea Fisheries Committee.

(viii) The Minister understands that the Atomic Authority are taking steps to establish a local liaison committee as a matter of urgency.

(ix) A report on the tests carried out off the Dorset Coast will be published by the Atomic Energy Authority about the end of this month. It will be entitled 'Final Report on Exercise Mermaid No. A E.R.E./E/R 2065' and will be obtainable from Her Majesty's Stationery Office.

The officers concerned at Winfrith are co-operating in providing information concerning the construction of the pipeline from the research station to the sea, and a complete set of drawings relating to this project has been deposited with the county health department where they may be examined by and explained to any person who may be interested in this subject.

Verminous Premises

The Control of Vermin and Insect Pests

There is once again evidence to show that the decline in the number of persons and premises reported to be verminous, to which reference has been made in recent years, has continued.

Vermin Control

A good deal of valuable work has been done during the year in the destruction of rats and mice but it would be advantageous if there could be some extension of this service as the result of the improved financial situation.

Factories Acts

The number of factories in this county is not great and, therefore, the need for any considerable volume of work under the Factories Acts does not arise. However, less difficulty, it is pleasing to report, now exists in getting necessary improvements carried out at factories.

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

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

Licensed Pasteurising Establishments

At the 1st January, 1958, there were twenty licensed pasteurising establishments in the county, including four in the Borough of Poole. During the year milk pasteurising was discontinued at two dairies so that at the 31st December, 1958, the number of dairy premises licensed for the pasteurising of milk was eighteen.

Supervisory work includes the taking of samples of pasteurised milk at weekly intervals for submission to the prescribed tests. Sampling officers of the county health department and the public health inspectors of Poole Corporation took a total of 2,345 samples during 1958, and it is satisfactory to be able to report that only 0·55 per cent failed the test for efficient heat treatment, and less than 0·25 per cent did not satisfy the keeping quality test.

As a check on cleanliness, rinses of cleaned milk bottles, and swabs and rinses of the pasteurising and ancillary equipment, are taken from time to time and submitted for bacteriological examination. Reference to the statistical summary below shows that of 1,871 specimens examined, 1,608 indicated a satisfactory standard of cleanliness.

Thermometer checks were also made from time to time and holding time tests were carried out at four of the eight dairies where high-temperature-short-time pasteurising plants have been installed.

Prevention of the Sale of Tuberculous Milk

It will be seen from the statistics that a total of 528 samples of milk were taken during 1958 and submitted to the laboratory for biological examination for tubercle. Only one sample was positive and appropriate action was taken, resulting in an animal being slaughtered.

In March, 1958, Dorset became an eradication area under the provisions of the Tuberculosis (Attested Herds) Scheme, 1950, and the testing of all bovine herds is now compulsory.

The chances of tuberculous milk being identified with a dairy herd in Dorset are now remote, and with the continued increase in the sale of pasteurised milk the public should be adequately safeguarded against bovine tuberculosis.

Designated Milk Production

At 1st January, 1958, there were 2,945 registered dairy farms. During the year the number decreased by 74 so that at the end of December, 1958, the figure was 2,871. Licences for the production of tuberculin tested milk showed a further increase for the year, there being 2,070 operative licences at the 1st January, compared with 2,297 at the 31st December, 1958, which is equivalent to eighty per cent of the registered dairy farms.

Specified Areas

Areas of Dorset already 'specified' include the boroughs of Dorchester, Poole, Wareham and Weymouth, the urban districts of Portland, Swanage and Wimborne, the rural district of Wareham and Purbeck, and fifteen parishes of the Dorchester rural district. These county districts together constitute about one-quarter of the county area and have a density of population of nearly three-fifths the total for of Dorset.

No further areas were specified during 1958, but towards the end of the year information was received that the Ministers of Agriculture, Fisheries and Food and of Health proposed to make an order specifying the following additional areas of the county where designated milk only may be sold by retail:—

The boroughs of Blandford and Shaftesbury;
The urban district of Sherborne;
The rural districts of Blandford, Shaftesbury, Sherborne, Sturminster and Wimborne.

The order will become effective not earlier than the 1st April, 1959.

Sale of Milk

Very little ungraded milk is now sold by retail in the county, sales being confined to the more remote parts of the non-specified area. In some districts there is a demand for raw tuberculin tested milk, but by far the highest percentage of the retail liquid milk sales is in respect of pasteurised milk.

Very occasionally a complaint is made by a customer that a bottle of milk has been supplied which contains extraneous matter—usually a piece of broken glass. These complaints are very fully investigated and legal proceedings sometimes follow. It can, however, be stated that dairymen in the county take every reasonable precaution to avoid an occurrence of this nature, which has rarely been found to be due to negligence.

On the whole, the position regarding retail sales of milk in Dorset during 1958 was satisfactory.

Statistical Summary of Samples taken during the year

Milk

Sampling Point	*Methylene blue test*		*Phosphatase test*			*Biological Examination*		
	Pass	*Fail*	*Pass*	*Fail*	*Total*	*Negative*	*Positive*	*Total*
Licensed Pasteurising Establishments	1,765	5	2,332	13	2,345‡	4	—	4
Schools:—								
Pasteurised milk	1,450	7	1,899	8	1,907	5	—	5
T.T. milk	98	30	—	—	128	7	—	7
School Canteens:—								
Pasteurised milk	472	7	621	5	626	2	—	2
T.T. milk	20	9	—	—	29	—	—	—
County Homes and Hospitals:—								
Pasteurised milk	159	1	230	—	230	—	—	—
T.T. milk	27	8	—	—	35	5	—	5
Retailers:—								
Pasteurised milk	365	1	507	—	507	1	—	1
T.T. milk	74	30	—	—	104	12	—	12
Non-designated milk	—	—	—	—	—	—	—	—
Producers and Producer/Retailers:—								
T.T. milk	192	42	—	—	234	362	—	362
Non-designated milk	27	11	—	—	38	161	1	162
Private Schools:—								
Pasteurised milk	263	5	340	1	341	1	—	1
T.T. milk	2	1	—	—	3	1	—	1
Non-designated milk	1	—	—	—	1	1	—	1
Totals	*4,915	157	5,929	27	6,528‡	562	1	563†

* In accordance with the provisions of part 3 to the third schedule of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-53, 1,456 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 410 samples taken by Poole Borough health inspectors.

† Includes 35 samples taken for biological examination by the Poole Borough health inspectors.

Rinses and Swabs

Obtained from	*Satisfactory*	*Fairly Satisfactory*	*Unsatisfactory*	*Total*
Pasteurising Establishments and Schools	1,608	126	137	1,871

Water

Sampling Point	*Satisfactory*	*Suspicious*	*Unsatisfactory*	*Total*
Pasteurising Establishments, Police Houses, Schools, etc. ..	422	79	41	542

General	*Samples*
Water, swimming-bath water, faeces, sewage effluents, Moore's swabs, food, cream, milk, ice cream, not included in above tables	501
Grand total of samples taken (all groups)	9,560

Meat and Other Foods

Meat Inspection

During 1958 meat inspection continued to make a heavy demand on the time of the county district public health inspectors and it is to their credit that, at the majority of the slaughterhouses, a one-hundred-per-cent meat inspection service has been maintained.

The Slaughterhouses Act, 1958, became operative with effect from the 1st August and is principally concerned with the licensing and standards of construction of slaughterhouses and hygienic practices in these premises. The Slaughter of Animals Act, 1958, received the Royal Assent on the 18th December and operates from the 18th January, 1959.

Both Acts have a bearing on the meat inspection service but of particular interest in this respect was the introduction, towards the end of the year, of the Slaughterhouses (Hygiene) Regulations, 1958, which came into operation on the 1st January, 1959. They should be most helpful in bringing about improved standards in respect of the layout, construction and hygiene of slaughterhouses, and it is noteworthy that the regulation made specific reference to the adequacy of space for meat inspection. This will be very welcome for insufficient space presents a problem in some slaughterhouses where the throughput is considerably in excess of that which the design and size of the premises reasonably allow.

The Slaughterhouses (Meat Inspection Grant) Regulations were introduced during 1958 and replace similar provisional arrangements announced in Circular F.S.H.2/57.

Other regulations introduced towards the end of the year and associated in some respect with meat inspection were the Slaughter of Animals (Prevention of Cruelty) Regulations, 1958. These also became operative with effect from the 1st January, 1959.

The Manufacture and Sale of Ice Cream

There was no significant increase in the number of ice cream manufacturers in the county during the year and, for the most part sales continued to be in respect of prepacked or wrapped ice cream supplied by large wholesale manufacturers having a national distribution.

The medical officers of health and public health inspectors of the county district councils maintained close supervision on the manufacture and sale of ice cream. During the year some 534 samples were submitted to the methylene blue test and 578 (ninety-seven per cent) produced a satisfactory result.

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, 1958:—

Nature of Sample	*Number obtained*	*Number certified as adulterated or not up to standard*
Milk	429	1
Butter	11	1
Cream	23	—
Ice Cream	9	—
Potable Spirits	31	—
Other Foods	137	27
Drugs	38	1
Totals	678	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 305 samples of food and drugs were submitted to the Public Analyst during the year.

CLEAN AIR

The following legislation became operative during 1958:—

Clean Air Act (Second Appointed Day) Order, 1958
Dark Smoke (Permitted Periods) Regulations, 1958
Dark Smoke (Permitted Periods) (Vessels) Regulations, 1958.

Atmospheric pollution does not present a problem in Dorset and the county has no 'black' areas. No smoke control areas have been declared, but the relevant provisions of the Clean Air Act are enforced where necessary. In addition to the question of smoke from industrial and domestic chimneys, the public health inspectors of Poole and Weymouth have had regard to vessels in harbour with a view to minimising smoke nuisance from this source.

Close co-operation has been maintained between the public health inspectors and the Alkali inspectorate.

CARAVANS AND CAMPING

The natural beauties of the Dorset Coast are becoming increasingly popular with holiday-makers and it is particularly attractive to those who desire an open-air holiday. There are licensed caravan sites and camping grounds covering practically the whole length of the coast and during the summer they are fully booked by many thousands of visitors to the county.

The majority of the sites maintain a satisfactory standard of hygiene, but the best conditions are to be found where mains water and waterborne sanitation have been provided.

During the holiday season the public health inspectors of the county districts concerned maintain close supervision of the many licensed caravan and camping sites and this makes a heavy demand on their time.

HOUSING (*Table* 28)

The position regarding new house construction in Dorset during 1958 is set out in the table below. The figures have been taken from the Ministry of Housing and Local Government return for 1958. The number of new council houses completed during the year was 419 compared with 478 for 1957, a decrease of 59. Poole and Weymouth Corporations between them built 293 new houses and this represents approximately seventy per cent of the total for the whole county.

It will be noted from the table that no new council houses were built in the boroughs of Bridport, Lyme Regis, Shaftesbury and Wareham; the urban districts of Portland, Swanage and Wimborne, and the Shaftesbury and Sherborne rural districts.

Turning to the rural district councils, Dorchester's record was the best with twenty-nine new houses completed, followed by Blandford and Beaminster with eighteen and fifteen respectively.

Sturminster continues to head the list in post-war house construction, having built a total of 823 houses; Wareham and Purbeck come next, with 801, followed by Wimborne and Cranborne with 784.

With regard to private enterprise houses, the total number built in the county during 1958 was 1,396, an increase of 224 on the number for the preceding twelve months. The largest number of private houses was erected in Poole, where 546 dwellings were completed in the twelve months ending 31st December, 1958. Of the nine rural districts, Wimborne and Cranborne—with 332 private enterprise houses built during the year, holds first place: in fact this rural district is foremost in respect of private house construction with a total of 1,747 since April, 1945. The next highest is the Wareham and Purbeck rural district where 591 houses have been completed during the same period.

Economic factors more than any other cause influenced the low rate of house-building by the majority of the district councils during 1958; in addition, the problem of finding suitable sites has held up progress in some areas.

Figures for the borough and urban districts are not available, but the total number of applicants for housing accommodation on the waiting lists of the nine rural district councils at the end of 1958 was only eighteen less than at the 31st December, 1957. This slight decrease is encouraging, but the overall situation in respect of family units nominally waiting for accommodation indicates that the provision of council houses is still a matter of some urgency. Now that the restriction on capital expenditure has been eased, it is hoped that a more vigorous policy of council-house construction can be pursued, particularly in those areas where the demand is greatest.

The Housing Act, 1949, *and the Housing Act*, 1957

Table 27 gives a summary of the work done by the rural district councils in connection with the conversion of buildings into dwellings, the improvement of dwellings, clearance areas and individual unfit houses.

During the year a total of 249 applications were received for grants for improvements, a reduction of seventy-nine on the number received during 1957. Altogether 289 private dwellings were improved and, in general, grants continued to be in respect of private property although three rural district councils between them carried out improvements to sixty-seven council-owned properties, sixty-four of which were in the Wareham and Purbeck rural district.

One rural district council would like to see a greater use made of the grants for Category 4 properties, i.e. those unsuitable for repair at a reasonable cost. In the opinion of five of the nine rural district councils maximum advantage was being made in the councils' areas of the facilities afforded by the Housing Act, 1949, but this view was not shared by two other councils.

There is no doubt that the carrying out of improvements to dwellings can materially assist in bringing about a satisfactory standard of housing, and it is hoped that owners of rented dwellings, in particular, will show an increasing interest in the facilities afforded by the Act.

Permanent Houses completed in Dorset since 1st April, 1945

Housing Authority	Position as at 31st December, 1957.				Position as at 31st December, 1958.			
	Under Construction		Completed		Under Construction		Completed	
	By Council	Privately	By Council	Privately	By Council	Privarely	By Council	Privately
Boroughs:								
Blandford Forum	16	—	294	38	—	—	310	39
Bridport	—	2	304	123	4	3	304	126
Dorchester	18	30	365	248	—	9	383	304
Lyme Regis	—	8	201	80	—	7	201	104
Poole	122	239	3,065	3,109	84	229	3,199	3,655
Shaftesbury	—	9	138	56	—	7	138	67
Wareham	—	1	135	62	—	5	135	82
Weymouth and Melcombe Regis	148	61	1,344	867	23	75	1,503	994
Urban Districts:								
Portland	—	12	376	98	28	10	376	100
Sherborne	9	1	297	41	—	2	306	44
Swanage	—	26	230	297	—	21	230	330
Wimborne Minster	—	1	119	41	—	1	119	41
Rural Districts:								
Beaminster	12	8	311	128	1	6	326	138
Blandford	18	12	400	178	—	10	418	202
Bridport	4	16	196	211	8	23	204	238
Dorchester	29	36	466	342	24	40	495	376
Shaftesbury	—	11	421	162	—	12	421	184
Sherborne	—	10	244	70	—	7	244	81
Sturminster	2	1	821	134	—	3	823	144
Wareham and Purbeck ..	8	36	791	491	8	52	801	591
Wimborne and Cranborne ..	1	120	783	1,415	—	102	784	1,747
Totals	387	640	11,301	8,191	180	624	11,720	9,587

Clearance Areas and Individual Unfit Houses

By comparison with 1957, it appears that the amount of work undertaken by the nine rural district councils in connection with clearance areas and unfit houses decreased in 1958. It must, however, be borne in mind that the rate at which they can proceed with slum clearance is closely linked with their programme for new houses. With the easing of financial restrictions it is to be hoped that there will be better progress in future with this very important work.

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 31.12.57	Demolished or closed 1.1.55—30.9.57		Included in Orders confirmed 1.1.55 to 31.12.58	Demolished or closed 1.1.55—30.9.58	
		In clearance areas	Elsewhere		In clearance areas	Elsewhere
Boroughs:						
Blandford Forum	—	3	4	—	3	15
Bridport	19	—	6	22	—	43
Dorchester	33	—	36	62	—	67
Lyme Regis	—	1	2	—	1	5
Poole	163	75	36	221	75	52
Shaftesbury	—	—	8	8	—	8
Wareham	—	—	3	—	—	4
Weymouth and Melcombe Regis	36	8	40	40	14	54
Urban Districts:						
Portland	—	—	14	—	—	18
Sherborne	19	—	—	36	15	—
Swanage	—	—	1	—	—	1
Wimborne Minster	—	—	1	—	—	1
Rural Districts:						
Beaminster	10	7	10	10	16	15
Blandford	—	—	18	—	—	18
Bridport	4	—	2	4	—	2
Dorchester	8	—	36	8	—	48
Shaftesbury	—	3	40	—	3	75
Sherborne	—	2	19	—	2	22
Sturminster	—	7	27	—	7	32
Wareham and Purbeck ..	—	—	24	—	—	36
Wimborne and Cranborne ..	—	—	34	—	—	46
Totals	292	106	361	411	136	562

Table 1—Vital Statistics

Area:—622,844 Acres.	*1949*	*1950*	*1951*	*1952*	*1953*	*1954*	*1955*	*1956*	*1957*	*195*
Population:—										
Urban Districts ..	173,914	181,595	183,500	183,600	185,800	188,070	188,700	188,400	188,700	187,50
Rural Districts ..	101,486	109,245	112,800	112,900	113,560	113,430	115,300	115,700	116,400	116,50
Whole County ..	275,400	*290,840	*296,300	*296,500	*299,360	*301,500	*304,000	*304,100	*305,100	*304,0
Rateable Value ..	£1,921,277	£1,951,992	£1,985,454	£2,022,864	£2,055,181	£2,094,569	£2,155,508	£3,660,710	£3,564,262	£3,606,
Estimated Product of a Penny Rate ..	£7,657	£7,757	£7,667	£7,958	£8,121	£8,300	£8,518	£14,593	£14,102	£14,36
Births:—										
Still Births ..	66	88	87	89	104	102	91	93	91	8
Live Births ..	4,435	4,266	4,387	4,241	4,354	4,297	4,172	4,213	4,312	4,48
Legitimate ..	4,247	4,018	4,155	4,029	4,139	4,103	3,984	4,014	4,121	4,29
Illegitimate ..	254	248	232	212	215	194	188	199	191	18
Totals	4,501	4,354	4,474	4,330	4,458	4,399	4,263	4,306	4,403	4,56
Live Birth Rate (per 1,000 population) ..	16·1	14·6	14·8	14·3	14·5	14·2	13·7	13·8	14·1	14·
Still Birth Rate (per 1,000 total births)	14·6	20·2	19·4	20·5	23·3	23·1	21·3	22·6	20·7	17·
Live Birth Rate (England & Wales)	16·7	15·8	15·5	15·3	15·5	15·2	15·0	15·7	16·1	16·
Deaths:—										
Total Deaths (all ages)	3,459	3,629	3,878	3,435	3,615	3,447	3,729	3,790	3,653	3,83
Death Rate (per 1,000 population) ..	12·5	12·4	13·0	11·5	12·0	11·4	12·2	12·5	11·9	12·
Death Rate (England and Wales) ..	11·7	11·6	12·5	11·3	11·4	11·3	11·7	11·7	11·5	11·
Infant Mortality:—										
Deaths under 1 year of age	110	103	116	100	104	98	104	103	86	8
Legitimate ..	91	96	109	94	97	94	96	97	79	7
Illegitimate ..	19	7	7	6	7	4	8	6	7	
Mortality Rate (per 1,000 Legitimate live births) ..	21·5	23·8	26·2	24·8	23·4	22·9	24·0	24·2	19·2	18·
Mortality Rate (per 1,000 Illegitimate live births) ..	76·3	28·2	30·1	28·3	32·5	20·6	42·5	30·2	36·7	26·
Mortality Rate (per 1,000 live births)	24	24	26	23	23	22	24·9	24·5	20·0	18·
Mortality Rate (England & Wales)	32	29	29	27	26	25·5	24·9	23·8	23·1	22·
Maternal Mortality:—										
Maternal Deaths ..	2	3	3	4	5	†3	1	2	—	
Maternal Mortality Rate (per 1,000 births)	0·44	0·68	0·67	0·92	1·1	0·68	0·23	0·47	—	0
TUBERCULOSIS.										
Deaths.										
All forms .. .	80	80	57	62	45	41	30	27	29	1
Death-rate per 1,000 population ..	0·29	0·27	0·19	0·20	0·15	0·13	0·09	0·08	0·09	0·0
Pulmonary	65	72	47	57	39	37	28	24	24	1
Death-rate per 1,000 population ..	0·24	0·24	0·16	0·19	0·13	0·12	0·09	0·07	0·07	0·0
Non-Pulmonary ..	15	8	10	5	6	4	2	3	5	
Death-rate per 1,000 population ..	0·05	0·02	0·03	0·01	0·02	0·01	0·006	0·009	0·01	0·0
Notifications:—										
All forms	224	231	266	217	209	175	155	214	166	14
Pulmonary	169	184	225	177	163	146	135	184	148	13
Non-Pulmonary ..	55	47	41	40	46	29	20	30	18	1
Notification Register as at 31st December:—										
All forms	1,202	1,266	1,448	1,564	1,667	1,634	1,632	1,719	1,775	1,81
Pulmonary:										
Males	553	574	647	697	750	773	794	835	867	90
Females ..	379	404	493	534	582	597	613	657	693	70
Non-Pulmonary:										
Males	148	158	165	175	178	135	107	105	97	9
Females	122	130	143	158	157	129	118	122	118	11

* *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, 1958	Comparable Totals, 1957	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	8	4	1	2	15	24	—	—	1	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—
2. Tuberculosis, other	—	3	1	—	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
3. Syphilitic disease	3	—	3	1	7	11	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
4 Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping cough	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	—	4	3	1	8	8	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—
10. Malignant neoplasm, stomach	34	27	21	19	101	77	—	2	2	—	1	1	2	1	5	4	—	—	4	1	—	3	1	—	5	6	—	—
11. Malignant neoplasm, lung, bronchus	65	14	43	8	130	101	—	—	3	—	6	2	2	—	2	—	—	—	—	—	5	—	3	—	13	6	1	—
12. Malignant neoplasm, breast	—	48	—	27	75	76	—	—	—	3	—	4	—	1	—	2	—	1	—	1	—	4	—	1	—	11	—	—
13. Malignant neoplasm, uterus	—	12	—	8	20	26	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—	2	—	—	—	3	—	—
14. Other maligant and lymphatic neoplasms	114	99	71	79	363	358	2	2	4	2	5	7	1	2	4	2	—	1	7	4	1	6	1	2	26	18	3	—
15. Leukaemia, aleukaemia	8	6	6	6	26	21	—	—	—	—	1	—	—	1	1	1	—	—	—	1	—	—	—	—	2	2	1	—
16. Diabetes	3	10	5	3	21	16	—	—	—	—	—	1	—	1	—	—	—	—	—	1	—	1	—	—	1	2	—	—
17. Vascular lesions of nervous system	153	236	94	120	603	546	5	3	5	12	9	12	2	5	8	7	2	4	12	4	4	17	5	6	37	43	5	1
18. Coronary disease, angina	238	176	127	70	611	593	2	5	9	16	14	6	3	2	9	5	4	7	3	7	7	3	7	—	48	29	6	—
19. Hypertension with heart disease	18	25	14	17	74	64	—	—	—	2	1	3	1	1	2	—	—	—	—	1	—	3	1	1	3	2	1	—
20. Other heart disease	171	233	106	167	677	607	4	5	4	16	16	18	4	5	14	10	1	3	5	8	13	22	2	8	41	49	8	1
21. Other circulatory disease	56	52	27	33	168	173	1	2	3	2	1	5	2	2	4	—	1	4	4	1	2	3	—	1	11	8	2	—
22. Influenza	4	3	6	4	17	49	—	—	1	—	1	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—
23. Pneumonia	42	47	20	28	137	146	1	1	2	4	7	5	1	—	4	3	2	—	—	3	2	1	2	2	9	10	1	—
24. Bronchitis	68	28	38	19	153	103	1	—	5	1	5	3	—	—	3	3	1	—	1	1	2	1	1	—	16	6	—	—
25. Other diseases of respiratory system	16	4	11	3	34	50	—	1	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—	2	2	2	—
26. Ulcer of stomach and duodenum	18	8	11	1	38	33	—	—	—	—	1	1	—	—	—	—	—	1	—	—	1	—	—	—	4	1	—	—
27. Gastritis, enteritis and diarrhoea	4	6	2	1	13	27	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
28 Nephritis and nephrosis	10	8	6	6	30	36	—	—	—	1	—	—	—	—	1	—	1	—	1	—	—	—	1	—	3	2	2	—
29. Hyperplasia of prostate	24	—	14	—	38	43	—	—	1	—	2	—	—	—	2	—	—	—	2	—	4	—	1	—	4	—	1	—
30. Pregnancy, childbirth, abortion	—	1	—	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
31. Congenital malformations	6	16	7	10	39	32	—	—	—	—	1	—	—	—	—	1	—	—	—	1	—	—	—	1	2	4	—	—
32. Other defined and ill-defined diseases	71	102	44	81	298	290	2	1	5	8	2	7	—	1	4	4	3	3	4	2	1	7	—	5	20	15	1	—
33. Motor vehicle accidents	16	5	14	3	38	38	—	—	—	—	1	—	—	—	3	—	—	—	—	—	1	—	—	—	3	—	—	—
34. All other accidents	24	20	13	9	66	65	2	—	—	1	—	1	—	—	2	—	—	1	1	—	1	1	—	1	5	4	1	—
35. Suicide	11	12	1	2	26	33	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	1	—	3	2	—	—
36. Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All Causes	1,185	1,209	709	730	3,833	3,653	20	23	46	71	77	81	18	22	69	42	15	25	45	36	47	77	26	28	259	228	31	[illegible]
Deaths of infants under 1 year:—																												
Total	24	26	17	17	84	86	1	1	—	—	1	—	—	—	3	2	1	—	—	1	—	1	—	1	5	5	—	—
Legitimate	22	24	17	16	79	79	1	—	—	—	1	—	—	—	2	2	1	—	—	1	—	1	—	1	5	5	—	—
Illegitimate	2	2	—	1	5	7	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Live Births:—																												
Total	1,372	1,296	950	867	4,485	4,312	29	33	47	45	79	74	27	23	67	80	23	34	46	33	33	35	15	25	304	294	28	[illegible]
Legitimate	1,298	1,248	914	839	4,299	4,121	28	30	44	44	79	69	26	23	64	79	22	34	42	32	32	35	13	25	284	283	27	[illegible]
Illegitimate	74	48	36	28	186	191	1	3	3	1	—	5	1	—	3	1	1	—	4	1	1	—	2	—	20	11	1	—
Still Births:—																												
Total	29	17	15	19	80	91	1	—	1	1	3	1	—	—	—	2	—	1	—	—	—	—	—	—	5	4	1	[illegible]
Legitimate	27	15	14	19	75	90	1	—	1	1	3	1	—	—	—	1	—	1	—	—	—	—	—	—	4	4	1	[illegible]
Illegitimate	2	2	1	—	5	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—
Estimated 'Home' population, 1958 (which includes non-civilians)	187,500		116,500		304,000	—	3,250		6,630		11,930		3,130		11,400		3,420		7,280		7,220		2,790		37,760		4,90[illegible]	
Estimated 'Home' population, 1957 (which includes non-civilians)	188,700		116,400		305,100	305,100	3,310		6,680		11,510		3,110		13,820		3,430		7,300		7,200		2,760		37,790		4,8[illegible]	

Beaminster R.D.		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.	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	1	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
—	—	—	—	—	—	—	1	—	—	2	—	—	—	—	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	1	—	—	1	—	—	—	1	—	—	—
4	—	1	3	2	—	1	4	—	1	—	—	3	—	5	8	5	3
3	1	5	—	3	1	6	—	1	2	1	—	2	1	9	1	13	2
—	—	—	2	—	1	—	6	—	2	—	3	—	4	—	5	—	4
—	—	—	—	—	—	—	3	—	1	—	1	—	1	—	2	—	—
5	6	4	6	6	7	6	13	5	11	3	6	7	3	14	7	21	20
—	—	—	—	—	1	—	—	2	—	—	—	1	1	1	4	2	—
—	2	1	—	1	—	1	—	—	—	—	—	—	—	—	—	2	1
4	10	9	11	7	7	23	21	4	11	4	7	8	7	12	19	23	27
14	6	4	8	12	13	20	5	6	4	3	3	11	6	14	9	43	16
2	1	—	—	3	2	3	2	3	2	—	—	—	3	—	3	3	4
12	11	8	8	12	9	22	51	3	13	6	8	9	24	13	20	21	23
1	2	2	1	1	2	6	2	2	3	1	—	1	4	3	4	10	15
—	—	1	—	1	—	1	—	—	—	—	—	1	—	1	2	1	2
1	4	2	2	1	2	—	3	4	4	2	1	1	3	4	4	5	5
3	2	2	2	6	—	4	7	3	1	3	2	6	—	2	1	9	4
1	—	—	—	2	—	5	3	—	—	—	—	—	—	—	—	3	—
1	—	1	—	1	—	4	1	—	—	—	—	1	—	1	—	2	—
1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
—	1	1	1	—	1	—	—	—	—	1	1	1	—	3	1	—	1
1	—	—	—	—	—	1	—	2	—	1	—	2	—	3	—	4	—
—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
1	—	1	—	—	—	1	2	1	2	—	1	1	—	2	2	—	3
7	3	6	8	3	5	5	16	3	12	4	3	4	5	4	12	8	17
1	—	1	—	1	1	3	—	—	1	—	—	—	—	2	—	6	1
2	—	1	—	3	—	1	2	—	1	—	—	—	1	1	—	5	5
—	—	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65	50	50	52	67	54	113	145	40	71	32	36	59	63	95	105	188	154
1	—	3	1	—	1	2	3	2	2	1	—	3	—	4	4	1	6
1	—	3	1	—	1	2	3	2	2	1	—	3	—	4	3	1	6
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
68	51	77	97	51	42	155	116	61	79	42	45	86	73	186	196	224	168
67	50	73	93	50	40	148	113	58	76	39	44	84	71	182	188	213	164
1	1	4	4	1	2	7	3	3	3	3	1	2	2	4	8	11	4
1	—	3	2	—	1	2	8	2	2	—	—	—	1	4	3	3	2
1	—	3	2	—	1	2	8	2	2	—	—	—	1	4	3	2	2
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
8,150		12,670		7,560		17,190		9,780		5,710		9,710		20,720		25,010	
8,160		13,480		7,570		16,850		9,830		5,710		9,770		20,760		24,270	

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	—	2	3	2	1	2	—
2	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—
3	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	1
10	—	—	—	—	—	—	—	—	—	1	15	4	9	8	10	14
11	—	—	—	—	—	—	—	—	2	—	27	2	26	8	10	4
12	—	—	—	—	—	—	—	—	—	6	—	20	—	10	—	12
13	—	—	—	—	—	—	—	—	—	1	—	4	—	3	—	4
14	—	—	1	—	—	—	1	1	6	5	25	33	38	32	43	28
15	—	—	1	—	—	1	—	—	1	—	4	—	2	3	—	2
16	—	—	—	—	—	—	—	—	—	—	2	—	—	3	1	7
17	—	—	—	—	—	—	—	—	3	1	11	32	51	42	88	161
18	—	—	—	—	—	—	—	—	6	1	82	25	75	60	75	90
19	—	—	—	—	—	—	—	—	—	—	1	—	8	6	9	19
20	—	—	—	—	—	—	—	—	2	1	14	12	41	35	114	185
21	—	—	—	—	—	—	—	—	—	—	14	3	7	12	35	37
22	1	—	—	—	—	—	—	—	—	—	2	2	—	—	1	1
23	2	3	1	—	—	—	—	1	—	—	9	5	10	12	20	26
24	1	1	1	—	—	—	—	—	2	—	10	2	30	4	24	21
25	—	—	—	—	—	—	—	—	—	—	4	2	9	—	3	2
26	—	—	—	—	—	—	—	—	—	—	7	—	6	1	5	7
27	1	—	—	—	—	—	—	2	—	2	—	—	1	1	2	1
28	—	—	—	—	1	—	—	1	—	1	4	1	2	1	3	4
29	—	—	—	—	—	—	—	—	—	—	1	—	5	—	18	—
30	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
31	2	11	1	—	—	1	—	2	1	—	—	2	1	—	1	—
32	16	11	1	—	—	1	—	1	4	3	13	15	16	28	21	43
33	—	—	1	—	—	—	4	1	3	—	5	1	2	1	1	2
34	1	—	2	1	1	—	3	—	4	—	9	3	1	7	6	9
35	—	—	—	—	—	—	—	—	2	—	5	7	2	2	2	3
36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	24	26	9	1	2	3	5	9	38	24	267	182	344	281	496	683

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	1	—	—	—	1
—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2
—	—	—	—	—	—	—	—	1	—	—	—	1	1	1	—	3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
—	—	—	—	—	1	—	—	—	—	3	—	—	—	—	—	9
—	—	—	—	—	—	—	—	2	—	2	1	6	9	11	9	10
—	—	—	—	—	—	—	—	3	1	20	4	19	1	1	2	11
—	—	—	—	—	—	—	—	—	1	—	8	—	7	—	11	12
—	—	—	—	—	—	—	—	—	1	—	4	—	2	—	1	13
—	—	—	—	1	1	2	1	—	2	14	24	27	24	27	27	14
—	—	—	—	—	—	—	—	—	1	1	1	3	3	2	1	15
—	—	—	—	—	—	—	—	—	—	—	—	2	1	3	2	16
—	—	—	—	—	—	—	—	1	2	11	23	36	31	46	64	17
—	—	—	—	—	—	—	—	—	—	32	11	52	20	43	39	18
—	—	—	—	—	—	—	—	—	—	2	2	3	4	9	11	19
—	—	—	—	—	—	—	—	1	—	7	9	25	25	73	133	20
—	—	—	—	—	—	—	—	—	1	3	4	7	10	17	18	21
—	—	—	—	—	—	—	—	1	—	1	—	2	1	2	3	22
—	—	—	2	—	—	1	—	—	—	5	2	4	6	10	18	23
—	—	—	—	—	—	—	—	—	—	9	1	12	4	17	14	24
—	—	—	—	—	—	—	—	—	—	3	1	2	1	6	1	25
—	—	—	—	—	—	—	—	—	—	1	—	4	1	6	—	26
—	1	—	—	—	—	—	—	—	—	1	—	—	—	1	—	27
—	—	—	—	—	—	—	—	—	—	4	—	1	3	1	3	28
—	—	—	—	—	—	—	—	—	—	2	—	4	—	8	—	29
—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	30
5	6	1	1	—	2	1	—	—	—	—	—	—	1	—	—	31
12	9	—	1	—	—	1	1	1	5	4	12	9	11	17	42	32
—	—	—	—	1	2	2	—	2	—	7	1	1	—	1	—	33
—	1	1	—	2	—	1	—	3	—	5	—	—	1	1	7	34
—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	35
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	36
17	17	2	4	4	6	8	2	15	16	137	111	222	168	304	406	

TABLE 4—CAUSES OF DEATH AT ALL AGES

	1949	*1950*	*1951*	*1952*	*1953*	*1954*	*1955*	*1956*	*1957*	*1958*
1	65	72	47	57	39	37	28	24	24	15
2	15	8	10	5	6	4	2	3	5	4
3	9	11	11	9	4	12	9	3	11	7
4	—	—	—	—	—	—	—	—	—	—
5	4	—	3	—	1	1	—	1	1	—
6	2	2	2	—	1	1	1	1	—	—
7	7	18	2	1	2	2	3	1	1	—
8	2	—	2	—	1	—	5	—	—	—
9	5	18	7	9	7	4	—	4	8	8
10	93	90	80	88	90	100	93	101	77	101
11	N.K.	68	71	93	83	82	107	101	101	130
12	65	50	67	64	69	69	50	60	76	75
13	29	34	29	20	28	20	23	24	26	20
14	370	348	306	323	373	341	339	380	358	363
15	N.K.	17	20	21	20	10	17	18	21	26
16	28	27	27	19	25	20	27	33	16	21
17	451	475	530	527	513	559	575	581	546	603
18		449	488	505	519	469	582	610	593	611
19	1,204	93	88	81	68	69	76	73	64	74
20		715	820	627	659	606	665	647	607	677
21	135	167	175	150	161	183	177	166	173	168
22	29	20	95	6	56	7	19	23	49	17
23	113	124	160	97	123	124	140	182	146	137
24	111	120	145	85	131	102	115	101	103	153
25	53	41	42	36	41	35	32	48	50	34
26	32	45	33	30	37	44	41	31	33	38
27	61	13	14	10	19	14	14	22	27	13
28	76	44	50	54	39	46	36	31	36	30
29	N.K.	42	53	47	39	36	29	44	43	38
30	2	3	3	4	5	3	1	2	—	3
31	47	32	36	33	21	27	31	29	32	39
32	341	357	329	322	305	279	333	309	290	298
33	25	40	31	23	30	26	31	32	38	38
34	58	66	64	53	55	73	94	69	65	66
35	27	20	36	35	40	41	27	31	33	26
36	N.K.	—	2	1	5	1	7	5	—	—

TABLE 5—NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

	1949	*1950*	*1951*	*1952*	*1953*	*1954*	*1955*	*1956*	*1957*	*1958*
Scarlet Fever	211	194	172	125	188	184	72	107	113	147
Whooping Cough	819	1,386	1,492	866	1,125	878	591	373	870	262
Diphtheria (including Membranous Croup) ..	3	1	—	1	—	1	—	—	1	—
Measles (excluding Rubella) ..	3,761	1,545	4,709	950	4,900	102	4,944	1,653	2,663	2,604
Acute Pneumonia (Primary or Influenzal)	200	222	307	191	296	211	166	141	173	124
Meningococcal Infection ..	6	5	4	5	5	4	5	7	5	3
Acute Poliomyelitis	64	111.	33	24	150	27	50	11	10	8
Acute Polioencephalitis ..	4									
Acute Encephalitis	1	1	1	—	2	2	3	2	3	4
Dysentery	23	21	192	115	68	68	13	63	2	4
Cphthalmia Neonatorum ..	3	12	4	1	1	1	7	2	6	1
Fuerperal Pyrexia	21	25	44	80	76	58	65	60	59	51
Smallpox	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	2	1	3	3	3	1	16	1	—	—
Enteric or Typhoid Fever (excluding Paratyphoid) ..	—	—	1	—	2	—	—	—	1	—
Food Poisoning (excluding Dysentery, Typhoid and Paratyphoid) ..	88	74	34	18	23	35	63	191	29	210
Erysipelas	82	55	63	43	40	46	50	33	22	37
Malaria—Believed to be contracted in this country ..	—	—	—	—	—	—	—	—	—	—
Malaria—Believed to be contracted abroad .. .	1	7	2	8	5	2	4	5	2	1
Malaria—Induced in Institutions	—	—	—	—	—	—	—	—	—	—

TABLE 6—ANTE-NATAL AND POST-NATAL CLINICS, 1958

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	—	—	—	—	—	—	—
Bridport	—	—	—	—	—	—	—
Dorchester	2·8	20	4	72	7	79	28
Wimborne	8·1	32	15	177	18	195	24
Poole	*	7	10	14	12	26	*
TOTALS		59	29	263	37	300	52
Midwives' Sessions:							
Branksome	13·0	314	—	1,314	—	1,314	101
Burlea Towers ..	11·1	139	—	666	—	666	60
Hamworthy	9·8	100	—	529	—	529	53
Waterloo	16·0	162	—	832	—	832	52
Wallisdown	10·7	94	—	558	—	558	52
TOTALS	—	809	—	3,899	—	3,899	318

* *Seen by appointment*

TABLE 7—SUMMARY OF ANTE-NATAL AND POST-NATAL CLINICS, 1954—1958

Name of Clinic	1954			1955			1956			1957			1958		
	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session
Medical Officers' Sessions:															
Beaminster ..	9	14	0·64	10	23	0·43	—	—	—	—	—	—	—	—	—
Blandford ..	207	24	8·6	64	24	2·7	52	22	2·4	19	*	*	—	—	—
Bridport ..	20	20	1·0	6	22	0·27	3	22	0·1	1	*	*	—	—	—
Dorchester ..	454	69	6·6	555	52	10·7	310	51	6·0	195	51	3·8	79	28	2·8
Wareham ..	63	24	2·6	36	24	1·5	27	23	1·2	—	—	—	—	—	—
Wimborne ..	136	24	5·7	68	23	2·9	153	23	6·6	161	24	6·7	195	24	8·1
Weymouth ..	91	*	*	44	*	*	—	—	—	—	—	—	—	—	—
Poole	82	12	6·8	71	12	5·9	42	12	3·5	44	*	*	26	—	—
Branksome ..	22	8	2·7	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ..	1,084	195	—	854	180	—	587	153	—	420	75	—	300	52	—
Midwives' Sessions:															
Branksome ..	—	—	—	—	—	—	1,058	71	14·9	1,099	79	13·9	1,314	101	13·0
Burlea Towers ..	—	—	—	—	—	—	360	46	7·8	610	50	12·2	666	60	11·1
Hamworthy ..	—	—	—	—	—	—	529	52	10·2	511	52	9·8	529	53	9·8
Waterloo ..	—	—	—	—	—	—	630	51	12·3	628	52	12·0	832	52	16·0
Wallisdown ..	—	—	—	—	—	—	227	17	13·3	450	36	12·0	558	52	10·7
TOTALS ..	—	—	—	—	—	—	2,804	237	—	3,298	269	—	3,899	318	—

* *Seen by appointment*

TABLE 8—ATTENDANCES AT WELFARE CENTRES DURING 1958

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.	
		1958	1957	1953-56	Totals						
Beaminster ..	26·0	24	33	31	88	31	345	71	181	597	23
Blandford ..	26·2	48	45	31	124	55	409	118	77	604	23
Blandford Garrison	46·7	54	61	102	217	72	1,104	530	607	2,241	48
Bovington Camp ..	50·0	58	62	30	150	79	661	242	199	1,102	22
Bradford Abbas ..	17·1	13	7	26	46	14	170	80	163	413	24
Bridport ..	25·0	59	37	63	159	66	848	170	308	1,326	53
Charmouth ..	12·7	11	7	13	31	13	90	24	39	153	12
Corfe Mullen ..	18·9	24	20	30	74	30	148	68	87	303	16
Dorchester ..	38·8	246	123	91	460	211	2,363	293	216	2,872	74
Ferndown ..	30·0	40	43	39	122	49	484	122	146	752	25
Gillingham ..	20·6	53	48	54	155	71	521	165	224	910	42
Handley	18·5	9	12	22	43	10	87	43	92	222	12
Lulworth Camp ..	19·3	18	14	17	49	24	127	49	54	230	12
Lyme Regis ..	20·8	26	22	18	66	33	346	78	75	499	24
Sandford	25·6	17	16	34	67	19	124	63	123	310	12
Shaftesbury ..	28·2	51	51	29	131	67	778	184	170	1,132	40
Sherborne ..	52·1	129	71	175	375	109	1,618	388	707	2,713	52
Sturminster Newton	13·7	39	25	28	92	49	310	73	95	478	35
Swanage ..	31·6	58	57	86	201	76	924	334	300	1,558	50
Thorncombe ..	16·7	7	13	14	34	11	80	50	70	200	12
Upton	36·0	39	37	42	118	47	441	140	212	793	22
Verwood	23·1	31	21	29	81	34	381	115	59	555	24
Wareham	43·0	66	94	92	252	84	1,270	380	548	2,198	51
West Parley ..	21·1	19	20	16	55	21	257	161	89	507	24
Wimborne ..	49·8	93	70	59	222	103	1,683	388	519	2,590	52
Wool	28·2	31	27	42	100	43	401	119	159	679	24
Poole Area.											
Branksome ..	37·5	194	93	119	406	211	3,182	730	709	4,621	123
Broadstone ..	64·8	66	68	207	341	78	878	913	1,449	3,240	51
Canford Magna ..	24·4	17	19	16	52	17	124	79	90	293	12
Creekmoor ..	26·2	43	20	11	74	54	353	159	119	631	24
Hamworthy ..	32·9	86	77	189	352	97	1,530	524	645	2,699	82
Longfleet ..	51·0	55	49	79	183	67	713	193	318	1,224	24
Lower Parkstone ..	22·7	55	50	22	127	43	565	142	88	795	35
Newtown ..	28·5	75	69	53	197	89	909	251	181	1,341	47
Oakdale	46·1	52	70	77	199	74	846	229	218	1,293	28
Old Town ..	35·9	64	55	76	195	84	1,419	308	250	1,977	55
Rossmore	38·6	94	55	50	199	94	1,371	282	162	1,815	47
St. Aldhelm's ..	29·4	26	51	41	118	37	410	144	153	707	24
Wallisdown ..	52·0	103	111	124	338	121	1,242	599	814	2,655	51
Waterloo	44·7	87	71	30	188	102	1,066	434	333	1,833	41
South Dorset Area.											
Broadwey ..	27·1	53	45	73	171	59	922	237	199	1,358	50
Chickerell ..	18·2	19	24	24	67	27	276	87	56	419	23
Lanehouse ..	25·5	36	28	26	90	40	434	95	58	587	23
Portland Tophill ..	43·5	85	68	102	255	99	1,484	305	300	2,089	48
Portland Underhill	35·8	61	61	119	241	64	1,102	344	309	1,755	49
Preston	7·3	18	10	24	52	18	228	56	74	358	49
Weymouth ..	37·8	229	133	82	444	263	3,151	486	261	3,898	103
Wyke Regis ..	30·3	110	88	132	330	125	2,153	620	354	3,127	103
TOTALS ..		2,891	2,351	2,889	8,131	3,284	40,328	11,665	12,659	64,652	1,900

TABLE 9—SUMMARY OF ATTENDANCES AT WELFARE CENTRES, 1954—1958

Name of Centre	1954			1955			1956			1957			1958		
	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session	Total Attendances	No. of Openings	Average Attendance per Session
Beaminster ..	619	24	25·8	667	24	27·8	439	24	18·0	539	23	23·4	597	23	26·0
Bere Regis ..	227	12	18·9	150	11	13·6	95	12	7·9	—	—	—	—	—	—
Blackdown ..	146	11	13·3	180	11	16·4	153	10	15·3	126	10	12·6	—	—	—
Blandford ..	749	24	31·2	606	24	25·2	469	24	19·5	675	23	29·3	604	23	26·2
Blandford Garrison	—	—	—	1,091	51	21·3	1,351	50	27·0	1,812	49	37·0	2,241	48	46·7
Bovington Camp	—	—	—	528	19	27·8	927	21	44·1	1,198	22	54·5	1,102	22	50·0
Bradford Abbas ..	—	—	—	—	—	—	401	21	19·0	459	24	19·1	413	24	17·1
Bridport ..	1,217	50	24·3	1,272	51	29·4	1,139	51	22·3	1,021	50	20·4	1,326	53	25·0
Charmouth ..	—	—	—	200	12	16·7	170	12	14·2	147	12	12·2	153	12	12·7
Corfe Mullen ..	—	—	—	—	—	—	—	—	—	127	8	15 8	303	16	18·9
Dorchester ..	2,738	66	41·5	2,665	72	37·0	2,777	74	37·5	2,315	74	31·3	2,872	74	38·8
Ferndown ..	937	24	39·0	987	24	41·1	948	24	39·9	805	24	33·5	752	25	30·0
Gillingham ..	607	24	25·3	462	24	19·2	276	23	12·0	303	21	14·4	910	42	20·6
Handley ..	277	12	23·1	178	12	14·8	187	12	15·6	168	12	14·0	222	12	18·5
Lulworth Camp ..	—	—	—	138	9	15·3	163	11	14·8	150	10	15·0	230	12	19·3
Lyme Regis ..	364	24	15·2	264	24	11·0	245	22	11·1	303	24	12·6	499	24	20·8
Milton Abbas ..	157	12	13·1	103	12	8·6	90	12	5·8	80	12	6·7	—	—	—
Sandford ..	—	—	—	—	—	—	—	—	—	—	—	—	210	12	25·6
Shaftesbury ..	358	24	14·9	527	24	21·9	461	24	19·2	506	24	21·0	1,132	40	28·2
Sherborne .	1,801	51	35·3	2,436	52	46·8	2,476	51	48·5	2,438	51	47·8	2,713	52	52·1
Sturminster Newton ..	313	21	14·9	359	24	14·9	426	23	18·5	249	23	10·8	478	35	13·7
Swanage ..	1,097	50	21·9	1,455	51	28·3	1,290	51	25·3	1,398	50	27·9	1,558	50	31·6
Tarrant Rushton	—	—	—	227	12	19·0	158	11	14·4	91	9	10·0	—	—	—
Thorncombe ..	—	—	—	—	—	—	—	—	—	—	—	—	200	12	16·7
Upton ..	889	23	38·6	1,057	24	44·0	938	30	31·3	992	46	21·4	793	22	36·0
Verwood ..	611	24	25·5	562	24	23·2	518	24	21·6	416	23	18·0	555	24	23·1
Wareham ..	2,340	51	45·9	2,300	53	44·5	2,110	51	41·4	1,977	51	38·8	2,198	51	43·0
West Parley ..	—	—	—	—	—	—	64	6	10·7	436	24	18·0	507	24	21·1
Wimborne ..	2,089	51	40·9	3,267	52	45·5	2,048	51	40·2	2,273	52	43·7	2,590	52	49·8
Wool	571	24	23·8	718	24	29·9	737	24	30·7	626	24	26·0	679	24	28·2
Poole Area															
Branksome ..	3,390	103	32·9	3,733	102	36·6	3,834	102	37·6	4,169	109	38·2	4,621	123	37·5
Broadstone ..	662	24	27·6	716	24	29·9	1,003	24	41·8	1,257	29	43·3	3,240	51	64·8
Canford Magna ..	183	10	18·3	199	12	16·6	251	12	20·9	209	12	17·4	293	12	24·4
Creekmoor ..	563	24	23·5	801	23	34·8	607	23	26·4	594	23	25·8	631	24	26·2
Hamworthy ..	796	24	33·2	1,497	52	28·8	1,530	51	30·0	2,178	63	34·6	2,699	82	32·9
Longfleet ..	890	24	37·1	827	24	34·4	881	24	36·7	935	24	39·0	1,224	24	51·0
Lower Parkstone	612	24	25·5	699	24	29·0	787	24	32·8	966	26	37·2	795	35	22·7
Newtown ..	1,217	24	50·7	901	34	26·5	1,217	47	25·9	1,849	47	39·1	1,341	47	28·5
Oakdale ..	1,064	23	46·3	1,141	24	47·5	1,236	24	51·5	978	23	42·5	1,293	28	46·1
Old Town ..	1,400	51	27·4	1,296	53	24·4	1,276	51	25·0	1,342	51	26·3	1,977	55	35·9
Rossmore ..	1,377	48	28·6	1,559	48	32·5	1,677	48	34·9	1,712	47	36·4	1,815	47	38·6
St. Aldhelms ..	454	20	22·7	603	24	25·2	546	24	22·8	692	24	28·8	707	24	29·4
Wallisdown ..	840	24	35·0	888	24	37·0	988	24	41·2	1,634	36	45·4	2,655	51	52·0
Waterloo ..	2,049	28	73·2	2,005	50	40·1	1,771	50	35·4	1,639	39	42·0	1,833	41	44·7
South Dorset Area															
Broadwey ..	1,209	49	24·7	1,172	48	24·4	1,557	48	32·4	1,143	49	23·3	1,358	50	27·1
Chickerell ..	573	50	11·5	599	51	11·7	537	24	22·4	520	24	21·7	419	23	18·2
Lanehouse ..	—	—	—	—	—	—	601	24	25·0	547	24	22·8	587	23	25·5
Portland Tophill	2,257	51	44·3	2,370	51	46·5	2,187	55	39·8	2,063	50	41·3	2,089	48	43·5
Portland Underhill	2,651	52	51·0	2,673	51	52·4	2,936	52	56·5	2,570	53	48·5	1,755	49	35·8
Preston ..	460	52	8·8	324	51	6·4	486	51	9·5	385	51	7·6	358	49	7·3
Weymouth ..	4,033	103	39·2	4,179	100	4·18	3,946	104	37·9	4,143	104	39·8	3,898	103	37·8
Wyke Regis ..	2,495	52	48·0	2,933	51	57·5	3,866	102	37·9	3,669	102	36·0	3,127	103	30·3
TOTALS ..	47,282	1,462	—	52,674	1,641	—	54,756	1,737	—	56,824	1,785	—	64,652	1,900	—

TABLE 10—MIDWIFERY NURSING STAFF, 1954—1958

Staff	1954		1955		1956		1957		1958	
	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	—	40	—	41	—	41	1	36	—	34
State Registered Nurse, State Certified Midwife ..	11	4	11	4	12	4	10	6	13	7
State Certified Midwife	2	10	1	7	—	6	1	7	2	7
Equivalent whole-time midwifery nursing staff (omitting administrative staff)	39·5		37·5		38·0		38·0		38·5	
Midwifery training completed in conjunction with the West Dorset Group Hospital Management Committee, arranged through Dorset County Nursing Association	22		15		20		19		23	

TABLE 11—DETAILS OF MIDWIVES PRACTISING IN THE AREA OF THE LOCAL SUPERVISING AUTHORITY AT THE END OF EACH YEAR FROM 1954—1958

	Domiciliary Midwives					*Midwives in Institutions*					*Totals*				
	1954	*1955*	*1956*	*1957*	*1958*	*1954*	*1955*	*1956*	*1957*	*1958*	*1954*	*1955*	*1956*	*1957*	*1958*
Midwives employed by the Authority ..	13	12	14	13	14	—	—	—	—	—	13	12	14	13	14
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	53	52	51	49	48	—	—	—	—	—	53	52	51	49	48
(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	54	48	49	51	53	54	48	49	51
Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	6	6	3	7	6	4	4	4	5	6	10	10	7	12	12
TOTALS ..	72	70	68	69	68	57	58	52	54	57	129	128	120	123	125

TABLE 12—SUMMARY OF MIDWIFERY CASES ATTENDED, 1954—1958

Cases attended by midwives in the employment of :—			*1954*	*1955*	*1956*	*1957*	*1958*
The County Council:	Domiciliary	Midwifery	569	639	696	675	858
		Maternity	194	187	130	132	142
The County Nursing Association:	Domiciliary	Midwifery	556	523	488	536	636
		Maternity	239	250	276	253	255
	Institutional	Midwifery	—	—	—	—	—
		Maternity	—	—	—	—	—
Hospitals:	Domiciliary	Midwifery	—	—	—	—	—
		Maternity	—	—	—	—	—
	Institutional	Midwifery	1,802	1,765	1,752	1,932	1,708
		Maternity	664	586	649	520	539
Midwives in Private Practice (including midwives employed in Nursing Homes):	Domiciliary	Midwifery	7	5	—	3	—
		Maternity	19	22	12	11	7
	Institutional	Midwifery	36	37	38	34	28
		Maternity	21	22	10	10	5
TOTALS			4,107	4,036	4,051	4,106	4,178

TABLE 13—HEALTH VISITING STAFF, 1954—1958

Employed by (1)	*Number of Health Visitors employed at end of year*										*Equivalent Whole-time Health Visi services provided under Col. (3) (c classes including attendance at Ch Welfare Centres)* (4)				
	Whole-time on Health Visiting (2)					*Part-time on Health Visiting* (3)									
	1954	*1955*	*1956*	*1957*	*1958*	*1954*	*1955*	*1956*	*1957*	*1958*	*1954*	*1955*	*1956*	*1957*	*1*
Local Health Authority	—	2	2	2	3	33	33	37	39	41	$23\frac{7}{22}$	$26\frac{8}{11}$	$28\frac{2}{11}$	$29\frac{7}{11}$	
Voluntary Organisations	—	—	—	—	—	3	3	3	3	3	1	1	1	1	

TABLE 14—NUMBER OF CHILDREN AT 31.12.58 WHO HAD COMPLETED A COURSE OF DIPHTHERIA IMMUNISATION AT ANY TIME BEFORE THAT DATE

	Children under 5 years of age at 31.12.58						*Estimated mid-year population, 1958 Children 0—4 years*	*Children 5—15 years of age at 31.12.58*			*Estimated mid-year population, 1958 Children 5—15 years*	*Total Number of Children under 15 years immunised*
	Under 1	*1*	*2*	*3*	*4*	*Totals*		*5—9*	*10—14*	*Totals*		
aminster R.D. ..	16	79	93	101	95	384		495	497	992		1,376
andford B.	3	34	55	40	46	178		244	315	559		737
andford R.D. ..	9	89	116	110	136	460		730	671	1,401		1,861
idport B.	16	57	76	64	73	286		422	526	948		1,234
idport R.D.	8	55	72	56	47	238		382	472	854		1,092
rchester B. ..	10	81	102	101	87	381		585	668	1,253		1,634
rchester R.D. ..	10	85	149	157	169	570		933	959	1,892		2,462
me Regis B. ..	8	29	31	24	36	128		132	199	331		459
aftesbury B. ..	7	19	17	20	19	82		109	221	330		412
aftesbury R.D. ..	12	66	92	94	111	375	21,300	505	814	1,319	47,100	1,694
erborne U.D. ..	11	54	47	69	66	247		341	567	908		1,155
erborne R.D. ..	12	50	76	58	65	261		345	643	988		1,249
rminster R.D. ..	15	41	67	98	91	312		531	719	1,250		1,562
anage U.D.	1	35	48	61	72	217		288	481	769		986
reham B.	3	19	29	37	48	136		224	233	457		593
reham R.D.	14	140	198	217	213	782		1,132	1,483	2,615		3,397
mborne U.D. ..	8	32	47	41	48	176		233	239	472		648
mborne R.D. ..	31	214	231	240	222	938		1,225	1,492	2,717		3,655
ole B.	27	404	770	757	845	2,803		4,958	6,487	11,445		14,248
ymouth B.	66	331	418	414	348	1,577		2,236	3,861	6,097		7,674
rtland U.D. ..	11	107	130	138	143	529		648	956	1,604		2,133
TOTALS ..	298	2,021	2,864	2,897	2,980	11,060		16,698	22,503	39,201		50,261

Percentage of children under 5 years immunised .. .. 51·9
Percentage of children aged 5—15 years immunised .. .. 83·2
Percentage of total number of children under 15 years of age immunised 73·4

TABLE 15—DIPHTHERIA IMMUNISATION, 1954—1958

(at 31st December of the particular year)

Year	*Children under 5 years*						*Estimated mid-year population Children 0—4 years*	*Children 5—15 years*			*Estimated population mid-year Children 5—15 years*	*Total number of children under 15 years immunised*	*Percentage Immunised*
	Under 1	*1*	*2*	*3*	*4*	*Totals*		*5—9*	*10—14*	*Totals*			
954	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
955	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
956	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
957	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
958	298	2,021	2,864	2,897	2,980	11,060	21,300	16,698	22,503	39,201	47,100	50,261	73·4

TABLE 16—THE NUMBER OF CHILDREN WHO RECEIVED RE-INFORCING DOSES FOR DIPHTHERIA IMMUNISATION, 1954—1958

Year	*Age*		*Totals*
	1—4 years	*5—14 years*	*under 15 years*
1954	98	5,039	5,137
1955	125	4,768	4,893
1956	141	5,417	5,558
1957	179	3,876	4,055
1958	99	3,524	3,623

TABLE 17—CHILDREN IMMUNISED AGAINST WHOOPING COUGH DURING 1958.

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	23	84	2	14	7	—	—	121	9
Blandford Borough	10	26	2	5	4	—	—	41	6
Blandford Rural District	23	90	5	6	24	—	—	119	29
Bridport Borough	25	48	6	—	21	—	—	73	27
Bridport Rural District	14	52	5	5	15	—	—	71	20
Dorchester Borough	25	78	8	2	10	—	—	105	18
Dorchester Rural District	29	81	7	10	16	—	2	120	25
Lyme Regis Borough	9	26	3	—	3	—	—	35	6
Shaftesbury Borough	9	19	—	—	—	—	—	28	—
Shaftesbury Rural District	24	80	1	3	17	2	—	109	18
Sherborne Urban District	17	57	1	6	3	—	—	80	4
Sherborne Rural District	24	65	5	9	5	—	—	98	10
Sturminster Rural District	15	58	—	4	8	1	—	78	8
Swanage Urban District	10	28	2	1	1	—	—	39	3
Wareham Borough	11	21	—	1	—	—	—	33	—
Wareham Rural District	43	122	4	4	13	1	—	170	17
Wimborne Urban District	19	38	1	1	8	—	—	58	9
Wimborne Rural District	66	262	3	6	67	—	—	334	70
Poole Borough	48	482	14	25	146	—	—	555	160
Weymouth Borough	119	296	—	7	24	—	—	422	24
Portland Urban District	23	92	1	4	14	—	—	119	15
TOTALS	586	2,105	70	113	406	4	2	2,808	478

P—Primary Immunisation. *R*—Re-inforcing.

TABLE 18—CHILDREN VACCINATED AGAINST SMALLPOX DURING 1958

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	49	43	—	2	2	3	11	97	13
Blandford Borough	20	12	—	3	—	4	1	39	1
Blandford Rural District	67	67	7	7	9	17	26	158	42
Bridport Borough	47	36	—	—	—	—	2	83	2
Bridport Rural District	41	31	2	2	2	2	7	76	11
Dorchester Borough	46	47	—	—	2	—	1	93	3
Dorchester Rural District	51	51	3	4	2	6	—	112	5
Lyme Regis Borough	9	23	1	1	2	4	7	37	10
Shaftesbury Borough	23	13	—	—	—	2	—	38	—
Shaftesbury Rural District	40	56	—	2	—	4	1	102	1
Sherborne Urban District	33	41	—	1	8	—	6	75	14
Sherborne Rural District	25	34	3	5	—	6	6	70	9
Sturminster Rural District ..	18	32	1	2	6	4	3	56	10
Swanage Urban District	9	15	—	—	1	1	4	25	5
Wareham Borough	4	11	—	—	—	—	—	15	—
Wareham Rural District	51	112	9	22	25	6	16	191	50
Wimborne Urban District	19	26	—	1	2	1	—	47	2
Wimborne Rural District	89	141	3	10	12	13	43	253	58
Poole Borough	193	327	4	51	25	33	74	604	103
Weymouth Borough	196	139	—	6	4	4	11	345	15
Portland Urban District	36	40	2	11	7	3	4	90	13
TOTALS	1,066	1,297	35	130	109	113	223	2,606	367

P—Primary Vaccination *R*—Re-Vaccination

TABLE 19—SMALLPOX VACCINATION, 1954—1958

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
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
1958	1,066	—	1,297	35	130	109	113	223	2,606	367

P—Primary Vaccination. *R*—Re-Vaccination.

TABLE 20—AMBULANCE SERVICE STATISTICS—1958

		Item	Depots. Blandford	Bridport	Charmouth	Dorchester	Ferndown	Gillingham	Lyme Regis	Poole	Shaftesbury	Sherborne	Sturminster Newton	Swanage	Wareham	Weymouth	Wimborne	Total
PATIENTS CARRIED	Emergency	Maternity	48	85	9	146	17	20	25	210	25	25	11	8	39	260	41	969
		Road Accident	29	41	—	157	31	30	6	293	45	46	16	29	53	157	70	1,003
		Other Emergency	34	162	1	113	44	27	17	605	28	33	14	42	71	462	50	1,703
		TOTAL EMERGENCY	111	288	10	416	92	77	48	1,108	98	104	41	79	163	879	161	3,675
	Routine	Hospital Admissions ..	190	302	98	751	288	131	133	1,460	175	287	223	247	306	1,262	357	6,210
		Hospital Discharges	51	132	3	373	81	5	24	1,143	34	117	51	153	223	645	138	3,173
		Inter-Hospital Transfers ..	72	68	—	266	60	2	12	1,172	86	53	9	75	118	729	108	2,830
		Out-Patient Attendances:—																
		Physiotherapy	21	878	4	981	167	—	1	468	—	648	6	—	65	3,835	99	7,173
		Other	96	1,069	53	2,139	263	11	97	10,142	30	793	50	666	830	3,011	374	19,624
		Corpses	—	6	—	10	2	—	—	23	1	5	1	2	2	8	9	69
		Occupation Centre Attendances	—	—	—	—	—	—	—	11,341	—	—	—	—	—	—	4,692	16,033
		Other patients	25	25	6	213	16	7	5	2,489	11	16	9	14	48	187	30	3,101
		TOTAL ROUTINE	455	2,480	164	4,733	877	156	272	28,238	337	1,919	349	1,157	1,592	9,677	5,807	58,213
		TOTAL PATIENTS	566	2,768	174	5,149	969	233	320	29,346	435	2,023	390	1,236	1,755	10,556	5,968	61,888
JOURNEYS		Patient Carrying	405	1,434	126	3,334	460	205	240	5,721	379	845	212	667	542	4,439	731	19,740
		Occupation Centres	—	—	—	—	—	—	—	821	—	—	—	—	—	—	391	1,212
		Other Journeys	9	101	3	98	39	11	8	295	7	44	17	8	9	106	26	781
		TOTAL JOURNEYS	414	1,535	129	3,432	499	216	248	6,837	386	889	229	675	551	4,545	1,148	21,733
MILEAGE		Patient Carrying	14,919	27,122	4,919	63,969	19,704	10,213	7,279	99,880	8,859	22,993	11,243	16,255	22,305	69,415	21,829	420,904
		Occupation Centres	—	—	—	—	—	—	—	13,801	—	—	—	—	—	—	19,177	32,978
		Other Mileage	63	653	90	817	519	96	148	2,548	87	474	204	141	127	736	461	7,164
		TOTAL MILEAGE	14,982	27,775	5,009	64,786	20,223	10,309	7,427	116229	8,946	23,467	11,447	16,396	22,432	70,151	41,467	461,046
		Night Journeys (between 1800 0900 hours)	88	179	19	488	66	62	55	1,225	91	97	47	66	95	791	133	3,502
		Stretcher Cases	343	883	116	1,417	654	181	173	4,959	375	368	215	762	1,005	3,071	858	15,380
		Sitting Cases	223	1,885	58	3,732	315	52	147	24,387	60	1,655	175	474	750	7,485	5,110	46,508
		*Patients Per Journey	1·40	1·93	1·38	1·54	2·11	1·14	1·34	3·15	1·15	2·39	1·84	1·85	3·24	2·38	1·75	2·32
		*Miles Per Patient	26·36	9·80	28·27	12·42	20·33	43·83	22·75	5·55	20·37	11·37	28·83	13·15	12·71	6·58	17·12	9·18

TABLE 21—HOSPITAL CAR SERVICE STATISTICS, 1958

ITEM	AREA										TOTAL
	Blandford	Bridport	Dorchester	Gillingham	Poole.	Shaftesbury	Sherborne.	Wareham.	Weymouth.	Wimborne.	
Hospital Admissions ..	94	80	56	52	179	40	15	78	23	94	711
Hospital Discharges	39	56	53	9	227	34	3	45	88	72	626
Inter-Hospital Transfers ..	5	14	25	—	26	3	3	1	8	5	90
Out-Patient Attendances:—											
Physiotherapy	2,019	3,411	2,094	330	6,240	344	208	3,356	2,226	4,335	24,563
Other	3,670	2,797	2,339	902	6,043	796	856	2,746	1,313	4,400	25,862
Occupation Centre Attendances	478	—	—	—	2,095	—	—	1,763	—	262	4,598
Education, Immunisation, Social Services	548	576	464	344	930	190	494	147	163	317	4,173
Other Patients	5	10	11	4	10	3	1	33	4	7	88
TOTAL PATIENTS	6,858	6,944	5,042	1,641	15,750	1,410	1,580	8,169	3.825	9,492	60,711
Patient Carrying (excluding occupation centre journeys)	2,405	2,225	2,184	566	2,775	663	653	2,235	1,397	3,460	18,563
Occupation Centre Journeys ..	64	—	—	—	636	—	—	306	—	41	1,046
Other Journeys	76	38	70	5	16	14	26	49	26	47	367
TOTAL JOURNEYS	2,545	2,263	2,254	571	3,426	677	679	2,590	1,423	3,548	19,976
Patient Carrying (excluding occupation centre mileage)	84,581	65,977	59,466	23,401	86,916	19,231	17,996	73,806	27,873	84,900	544,237
Occupation Centre Mileage ..	5,192	—	—	—	4,926	—	—	17,930	—	1,078	29,126
Other Mileage	694	479	771	30	234	195	280	626	112	314	3,735
TOTAL MILEAGE	90,467	66,456	60,237	23,431	92,076	19,516	18,276	92,362	27,985	86,292	577,098
*Patients Per Journey	2·65	3·12	2·31	2·90	4·92	2·13	2·42	2·87	2·74	2·67	3·02
*Miles Per Patient	13·26	9·50	11·79	14·26	6·37	13·70	11·39	11·52	7·29	9·20	9·70

* Excluding mental defectives.

TABLE 22—DOMESTIC HELP SERVICE, 1958

	Beaminster	*Blandford*	*Bridport*	*Dorchester*	*Lyme Regis*	*Shaftesbury*	*Sherborne*	*Sturminster*	*Swanage*	*Wareham*	*Wimborne*	TOTAL (*County Area*)	*Poole*	*South Dorset*	GRAND TOTAL
Cases															
Old ..	1	29	30	29	—	30	9	24	8	22	50	233	123	117	473
New ..	5	27	35	31	—	21	13	29	12	9	63	244	238	142	624
Totals	6	56	65	60	—	51	22	53	20	31	113	477	361	259	1,097
Types of Cases															
Maternity—															
Old ..	—	3	—	1	—	—	—	—	—	—	1	5	2	2	9
New ..	—	6	9	11	—	3	1	5	1	1	19	56	76	23	155
Old Age—															
Old ..	1	22	24	25	—	22	9	22	5	18	40	188	77	100	365
New ..	3	10	13	12	—	12	9	21	10	5	35	130	91	89	310
Long-term Illness—															
Old ..	—	4	6	3	—	8	—	1	—	4	7	33	27	8	68
New ..	1	4	11	3	—	2	1	1	1	2	4	30	23	13	66
Short-term Illness—															
Old ..	—	—	—	—	—	1	—	—	1	—	1	3	12	5	20
New ..	—	7	2	4	—	2	2	2	—	1	5	25	43	15	83
Tuberculosis—															
Old ..	—	—	—	—	—	—	—	1	2	—	1	4	5	2	11
New ..	1	—	—	1	—	1	—	—	—	—	—	3	5	2	10
Helps															
Full-time ..	—	—	—	—	—	—	—	1	—	—	—	1	—	1	2
Part-time ..	—	4	3	2	—	5	1	2	3	5	7	32	25	27	84
Spare-time ..	1	8	9	12	—	15	7	19	—	8	26	105	32	2	139
Totals	1	12	12	14	—	20	8	22	3	13	33	138	57	30	225
Hours															
Worked ..	167	10,446	8,103	8,258	—	11,450	4,967	10,579	2,268	9,570	24,263	90,071	44,470	25,974	160515
Travelled ..	19	1,509	528	886	—	1,399	151	1,005	397	1,413	2,786	10,093	2,867	2,569	15,529
Waiting ..	—	98	23	19	—	64	6	2	46	21	41	320	27	60	407
Sickness ..	—	86	135	31	—	—	—	31	26	321	107	737	1,194	1,554	3,485
Holiday ..	—	167	254	133	—	154	66	46	153	248	417	1,638	1,215	1,501	4,354
Totals	186	12,306	9,043	9,327	—	13,067	5,190	11,663	2,890	11,573	27,614	102859	49,773	31,658	184290

TABLE 23—PERSONS RESIDENT ON 31ST DECEMBER, 1958

IN ACCOMMODATION PROVIDED UNDER PART III OF THE NATIONAL ASSISTANCE ACT, 1948

Persons			Persons (exclusive of staff) residing in					
			homes in the possession of the Council whose normal bed complement for residential accommodation is			premises vested in the Minister as hospitals	accommodation provided on behalf of the Council by voluntary organisations	Total
			less than 35	35—70	Over 70			
Not materially handicapped	aged	M	1	38	24	12	14	89
		F	—	48	35	10	38	131
	not aged	M	—	6	2	2	—	10
		F	—	2	2	2	—	6
Blind	aged	M	5	5	1	—	—	11
		F	8	11	4	—	2	25
	not aged	M	—	—	3	—	1	4
		F	3	—	—	—	—	3
Deaf	aged	M	—	7	—	—	—	7
		F	—	6	—	1	—	7
	not aged	M	—	—	—	—	—	—
		F	—	—	—	—	1	1
Epileptic	aged	M	—	—	4	—	—	4
		F	—	—	1	—	—	1
	not aged	M	—	1	3	1	4	9
		F	—	1	6	3	2	12
Others physically handicapped	aged	M	—	42	39	3	2	86
		F	—	73	37	5	—	115
	not aged	M	—	2	5	1	2	10
		F	—	6	4	—	1	11
Mentally handicapped	aged	M	—	5	15	1	—	21
		F	—	4	23	—	—	27
	not aged	M	—	5	6	1	—	12
		F	—	1	6	1	—	8
GRAND TOTAL			17	263	220	43	67	610

TABLE 24—AGE GROUPS OF RESIDENTS IN COUNTY ESTABLISHMENTS AND VOLUNTARY HOMES AS AT 31ST DECEMBER, 1958

Establishment	*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 ..	—	—	—	—	2	3	6	1	14	9	31	14	13	20	66	47	113
Stour View House, Sturminster Newton ..	—	—	—	—	—	1	6	7	5	14	14	30	11	19	36	71	107
Christmas Close, Wareham	—	—	—	—	—	—	2	3	8	1	14	6	6	13	30	23	53
St. Mary's Block, Poole	—	—	1	—	—	—	2	5	6	5	9	10	3	2	21	22	43
Maiden Castle House, Dorchester ..	—	—	—	—	—	1	—	1	3	2	4	6	6	16	13	26	39
'The Lawns', Weymouth	—	—	—	—	—	—	—	—	2	2	4	5	10	17	16	24	40
Castleman House, Blandford	—	—	—	—	—	—	2	1	4	2	7	7	9	18	22	28	50
Belmont Court, Parkstone	—	—	—	—	—	—	—	2	1	2	3	3	2	4	6	11	17
James Day Home, Swanage	—	—	—	—	—	—	1	1	1	1	4	7	5	13	11	22	33
'St. Martin's', Gillingham	—	—	—	1	1	1	3	—	4	3	6	11	5	13	19	29	48
Bournemouth Old People's Homes ..	—	—	—	—	—	—	—	—	—	1	1	8	3	14	4	23	27
Poole Old People's Homes	—	—	—	—	—	—	—	—	—	—	3	6	2	1	5	7	12
Charter House, Swanage	—	—	—	—	—	—	—	—	—	1	—	—	1	5	1	6	7
National Spastics Society	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
The Meath Home, Godalming	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Chalfont Epileptic Colony	—	—	1	1	1	—	1	—	—	—	—	—	—	—	3	1	4
Maghull Epileptic Home, Liverpool ..	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Westcliffe House, Westgate-on-Sea ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Torr Home for the Blind, Plymouth ..	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	1	2
Church Army Home, Bovey Tracey ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Church Army Home, Newport, Isle of Wight	—	—	—	—	—	—	—	—	—	—	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
British Legion Village, Maidstone ..	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Royal Agricultural Benevolent Trust, S.W.1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Poole Mead Home for Deaf Women, Bath	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Totals	—	—	2	3	5	7	24	22	52	43	101	114	78	159	262	348	610
	—		5		12		46		95		215		237		610		

TABLE 25—PERSONS ACCOMMODATED ON 31ST DECEMBER, 1958, IN HOMES UNDER THE CONTROL OF VOLUNTARY ORGANISATIONS

Name of Organisation or Home	*Places Provided*		
	Men	*Women*	*Total*
In-County:			
Bournemouth Old People's Welfare and Housing Society Ltd.	4	23	27
Poole Old People's Welfare and Housing Society Ltd.	5	7	12
British Red Cross, Charter House, Swanage	1	6	7
Out-County:			
Blind Persons:			
Westcliffe House, Westgate-on-Sea, Kent	—	1	1
Torr Home for the Blind, Plymouth	1	1	2
Epileptics:			
The Meath Home for Epileptics, Godalming	—	1	1
Chalfont Epileptic Colony, Chalfont St. Peter	3	1	4
Maghull Home for Epileptics, Liverpool	1	—	1
Others:			
Church Army Home, Newport, Isle of Wight	1	—	1
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
British Legion Village, Maidstone	1	—	1
Totals	22	45	67

Table 26—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	—	5	5	9	17	12	32	31	24	24	184	343
Female	3	3	2	—	4	12	11	43	24	38	317	457
Totals	3	8	7	9	21	24	43	74	48	62	501	800

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	39	9	12	8	22	29	14	39	28	20	122	1	343
Female	29	7	4	7	9	12	27	54	40	34	233	1	457
Totals	68	16	16	15	31	41	41	93	68	54	355	2	800

Children, age under 16

	Under 2	2—4 plus				5-15 plus										Totals
		Educable			Ineducable	Educable						Ineducable				
						Attending Special Schools for the Blind		Attending Other Schools		Not at School		In Mental Deficiency Institutions		At Home or Elsewhere		
	At Home or Elsewhere	Attending Nursery Schools including Sunshine Homes	In Other Residential Homes	At Home or Elsewhere	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	—	—	—	—	—	3	1	1	—	—	1	—	3	—	1	10
Female	1	—	—	2	—	3	1	1	—	—	—	—	—	—	—	8
Totals	1	—	—	2	—	6	2	2	—	—	1	—	3	—	1	18

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

	At School, 16—20	Employed														Undergoing Training			Not Employed									Grand Total (i.e. total of columns (d)—(n) and At School 16—20) (o)	No. of persons registered
		In workshops for the Blind (a)		In Home Workers Schemes for the Blind (b)						Otherwise than in (a) or (b) (c)									Unemployed but capable of and available for work—										
																			Already trained		Subject to being trained								
		21—39	40—59	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	Total Employed (d)	For sheltered employment (e)	For open employment (f)	Professional or University (g)	For sheltered employment (h)	For open employment (i)	For sheltered employment (j)	For open employment (k)	Not available for work (l)		Not capable of work (m)		Not working (n)		
																								16—59	60—64	16—59	60—64	65 and over		
Male	2	1	—	—	2	3	—	—	1	1	13	9	3	5	4	42	2	2	—	4	1	—	1	17	3	40	16	203	333	
Female	—	—	2	—	5	1	1	—	—	—	2	—	1	—	2	14	—	—	—	—	—	—	—	33	15	25	9	353	449	
Totals	2	1	2	—	7	4	1	—	1	1	15	9	4	5	6	56	2	2	—	4	1	—	1	50	18	65	25	556	782	

LE 26—*continued*

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

	Agents, Collectors, etc.	Agricultural Workers	Basket Workers	Upholsterers	Braille Copyists and Proof Readers	Carpenters and Woodworkers	Clerks and Typists	Dealers, Tea Agents, News-agents, Shopkeepers	Domestic Workers	Factory Operatives (open) (sheltered) Employment	Firewood Workers	Gardeners	Knitters: Hand	Knitters: Machine	Labourers	Massage and Physiotherapy	Mat Makers	Musicians and Music Teachers	Newsvendors and Hawkers	Piano Tuners	Netting Makers	Porters, Packers and Cleaners	Poultry Keepers	School Teachers	Telephone Operators	Open Employment other than already Catalogued	Miscellaneous	Totals
thin Workshops the Blind	—	—	1	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	3
pproved Home rkers Schemes	—	—	3	—	—	—	—	—	—	—	—	—	—	7	—	—	1	1	—	1	—	—	—	—	—	—	—	13
ers *not* time Workers	—	5	4	1	1	—	1	2	3	5	1	—	—	—	2	2	3	—	—	1	1	3	—	1	1	2	1	40
Totals	—	5	8	1	1	—	1	2	3	5	1	—	—	9	2	2	4	1	—	2	1	3	—	1	1	2	1	56

Physically and Mentally Defective and Mentally Disordered—all ages

	Mentally Disordered (a)	Mentally Defective (b)	Physically Defective (c)	Deaf without Speech (d)	Deaf with Speech (e)	Hard of Hearing (f)	Not included in either (a), (b), (c), (d), (e) or (f) combination of: Mentally Disordered and Physically Defective (g)	Mentally Disordered and Deaf without Speech (h)	Mentally Disordered and Deaf with Speech (i)	Mentally Disordered and Hard of Hearing (j)	Mentally Defective and Physically Defective (k)	Mentally Defective and Deaf without Speech (l)	Mentally Defective and Deaf with Speech (m)	Mentally Defective and Hard of Hearing (n)	Physically Defective and Deaf without Speech (o)	Physically Defective and Deaf with Speech (p)	Physically Defective and Hard of Hearing (q)	Totals (r)
Male	1	2	60	1	2	5	—	1	—	3	—	—	—	—	1	—	3	79
Female	2	3	70	1	10	16	—	—	—	—	—	—	—	—	1	—	6	109
Totals	3	5	130	2	12	21	—	1	—	3	—	—	—	—	2	—	9	188

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: Homes for the Blind	Residential Accommodation provided under Part III of the 1948 Act, viz.: Section 21: Other Homes	Residential Homes (other than part III)	Mental Hospitals	Mental Deficiency Institutions	Other Hospitals	Totals
Male	6	10	2	5	6	6	35
Female	15	14	6	2	2	17	56
Totals	21	24	8	7	8	23	91

Table 26 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
Male	—	—	1	1	—	—	1	4	3	3	34
Female	1	—	—	—	—	—	2	6	3	8	58
Totals	1	—	1	1	—	—	3	10	6	11	92

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
Male	1	—	1	—	—	—	1	5	2	5	32
Female	1	—	—	—	—	—	2	6	4	9	56
Totals	2	—	1	—	—	—	3	11	6	14	88

Number of home Teachers engaged in the area

	Certificated			Uncertificated			Grand Total
	Sighted	Blind	Total	Sighted	Blind	Total	
Male	—	—	—	—	—	—	—
Female	5	—	5	—	—	—	5
Totals	5	—	5	—	—	—	5

Miscellaneous Information—Number of

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

	Number of Blind Persons in the employ of Local Authorities.		
	Typists	Telephone Operators	Others
M	—	—	1
F	—	—	1
T	—	—	2

Table 27—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	1	4	4	8	21	—	—	—	—	1	—	1	2
Females	—	—	2	2	11	13	53	81	—	—	—	—	1	1	8	10
Totals	—	—	6	3	15	17	61	102	—	—	—	—	2	1	9	12

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	—	—	—	—	—	—	—	—
Females	—	—	—	—	—	1	4	5	—	—	—	—	—	—	—	—
Totals	—	—	—	—	—	1	5	6	—	—	—	—	—	—	—	—

Class A—Persons Near and Prospectively Blind (age 16 and over)

	Employed					Undergoing Training					Unemployed—Not under Training: Available for and capable of training or work					Unemployed—Not under Training: Not available for or not capable of work					Totals—Class A				
	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	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	2	6	8	1	1	2	6	10
Females	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	4	8	45	57	—	4	9	45	58
Totals	1	1	1	—	3	—	—	—	—	—	—	—	—	—	—	—	4	10	51	65	1	5	11	51	68

Class B—Persons mainly Industrially Handicapped (age 16 and over)

	Employed					Undergoing Training					Unemployed—Not under Training: Available for and capable of training or work					Unemployed—Not under Training: Not available for work					Totals—Class B				
	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	—	—	2	—	2
Females	—	2	—	—	2	1	—	—	—	1	—	—	—	—	—	1	2	—	—	3	2	4	—	—	6
Totals	—	2	—	—	2	1	—	—	—	1	—	—	1	—	1	1	2	1	—	4	2	4	2	—	8

	Class C—Persons requiring Observation only (Age 16 and over)					Class D—Children Age 5 and under 16: Educable: Attending Special Schools	Educable: Attending other Schools	Educable: Not at School	Ineducable	Totals	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							
Males	—	3	—	2	5	1	3	—	—	4	—	5
Females	—	3	4	8	15	—	2	—	—	2	—	—
Totals	—	6	4	10	20	1	5	—	—	6	—	5

Table 28—New Housing Accommodation Provided during the Year ended 31.12.58

Summary of Returns made by Rural District Councils under Housing Act, 1957, Section 116

Rural District	*New houses erected by Council*	*Total No. of council houses erected since 1.1.45*	*New houses erected privately*	*Total No. of private houses erected since 1.4.45*	*Council's Housing Programme for the year 1958*		*No. of families accommodated by Council during the year ended 31.12.58*	*Total number of applicants (i.e. family units) on Council's list requiring accommodation as on 31.12.58*	*Difficulties (if any) experienced in connection with:*		
					No. of houses	*Was this programme completed as scheduled?*			*Obtaining tenders*	*Shortage of labour*	*Shortage of materials*
Beaminster ..	15	326	10	138	—	—	38	87	—	—	—
Blandford ..	16	416	24	217	16	Yes	38	118	No	No	No
Bridport ..	8	204	27	238	24*	No	21	145	No	No	No
Dorchester ..	29	495	34	376	24 plus balance from 1957	No	66	302	No	No	No
Shaftesbury ..	2	423	21	183	—	—	46	98	—	—	—
Sherborne	—	244	11	82	—	—	15	90	—	—	—
Sturminster ..	2	823	6	140	2	Yes	89	69	No	No	No
Wareham and Purbeck ..	10	807	100	643	16	No	50	345 (including 33 'transfer' applications)	No	No.	No
Wimborne and Cranborne ..	6	789	332	1,747	1	Yes	44	120	No	No	No
Totals ..	**88**	**4,527**	**565**	**3,764**	**83**	—	**407**	**1,374**	—	—	—

** includes 20 old people's dwellings*

Housing Act, 1949—The Improvement of Dwellings

Summary of Progress Reports received from the Rural District Councils in respect of the year ending 31.12.58

	Beaminster	Blandford	Bridport	Dorchester	Shaftesbury	Sherborne	Sturminster	Wareham and Purbeck	Wimborne and Cranborne
(1) No. of applications received during the year for improvement grants to private persons	17	4	14	42	33	19	12	59	49
(2) No. of schemes approved during the year in respect of:—									
(i) Property owned (or to be acquired) by the Council	Nil	Nil	Nil	1	1	Nil	Nil	6	Nil
No. of dwellings affected	Nil	Nil	Nil	2	1	Nil	Nil	64	Nil
(ii) Private property	14	4	12	44	29	22	12	41	47
No. of dwellings affected	18	6	12	79	35	22	13	41	63
(3) Average approved estimated cost of improvement schemes submitted during the year in respect of:—									
(i) Property owned (or to be acquired) by the Council	Nil	Nil	Nil	£1,510	£1,234	Nil	Nil	£186	Nil
(ii) Private property	£963	£252	£299	£1,084	£552	£281	£906	£710	£596
(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?	There are certainly further houses which could be improved under the Act	Yes	—	Yes	Yes	Yes	The Council wish to see a greater use of grants for Cat. 4 properties, steps being taken to this end	Yes	No

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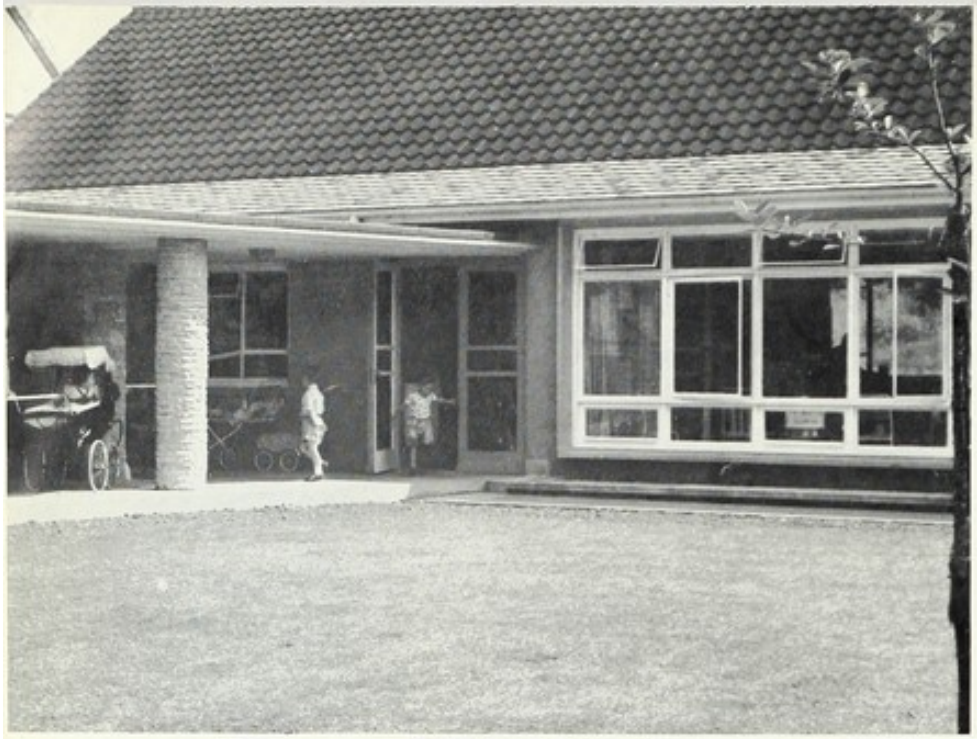

SWANAGE HEALTH CENTRE

Main entrance to clinic and offices opened 17th March, 1960, by The Lady Digby, O.B.E., J.P., Chairman of the Maternity, Child Welfare and Nursing Sub-Committee

Poliomyelitis vaccina in session at the cli

DOMESTIC HELP SERVICE

Home Help in action