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THE HEALTH AND SOCIAL SERVICES OF DORSET



ANNUAL REPORT of the County Medical Officer of Health for the year 1961

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

CONTENTS

	<i>Page</i>
FOREWORD	iii
STAFF	1, 2
COMMITTEES	3
NATURAL AND SOCIAL CONDITIONS AND STATISTICS OF THE AREA	5
PREVALENCE AND CONTROL OF INFECTIOUS DISEASE	7
NATIONAL HEALTH SERVICE ACT, 1946	8
NATIONAL ASSISTANCE ACT, 1948	34
PUBLIC HEALTH LABORATORY SERVICE	39
REGISTRATION OF NURSING HOMES	39
CHILDREN ACT, 1948	40
NURSERIES AND CHILD MINDERS REGULATION ACT, 1948	40
CIVIL DEFENCE	40
ENVIRONMENTAL HYGIENE	41
INSPECTION AND SUPERVISION OF FOOD	47
CLEAN AIR	49
CARAVANS AND CAMPING	49
HOUSING	49
TABLES	52
INDEX	77

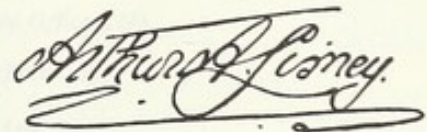
FOREWORD

Reference to the vital statistics contained in this report again reveals a satisfactory position; infant and maternal mortality rates remain low, there were no cases of poliomyelitis or diphtheria and both the virulence and incidence of tuberculosis showed a further downward trend. The incidence of the various zymotic diseases remains at an extremely low level due to the sustained campaign to encourage and effect protection against them, but it is desirable that a higher percentage of young children should be immunised against diphtheria and vaccinated against smallpox.

On 1st April 1961 the administration of the health and welfare services in the Borough of Poole was delegated to the Poole Borough Council in accordance with the Local Government Act 1958. At the same time the opportunity was taken to reorganise the various sub-committees of the Health and Social Services Committee with a certain amount of rearrangement of subjects delegated to them; full details are given on later pages.

Some curtailment in the capital building programme had to be effected because of the economic situation, the Government calling for restraint upon the rate of development. During the year however the new central clinic and administrative offices in Poole were well on the way to completion and the new Branksome clinic opened; the building of a new training centre for the mentally subnormal at Weymouth and a central clinic at Dorchester were started. Under the National Assistance Act a new home for the elderly in Poole was nearing completion by the end of the year and homes in Weymouth and Swanage were being extended.

There is a happy relationship between the members of the Health and Social Services Committee and the staff of the department and with goodwill and co-operation much has been achieved during the year under review; I am particularly grateful for the continued and valuable support of the Chairman of the full Committee, Mr. Douglas Jackman, and the Chairmen of the sub-committees.



County Medical Officer of Health.

Health Department,
County Hall,
Dorchester,
Dorset.
July, 1962

Reference to the vital statistics contained in this report again reveals a satisfactory position, infant and maternal mortality rates remain low, there exists no cases of poliomyelitis or diphtheria and both the incidence and incidence of tuberculosis show a further downward trend. The incidence of the various zymotic diseases remains at an extremely low level due to the sustained campaign to encourage and effect protection against them, but it is desirable that a higher percentage of young children should be immunised against diphtheria and vaccinated against measles.

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County Medical Officer of Health

HEALTH DEPARTMENT ESTABLISHMENTS

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 Officers:

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

TOWNSEND, M., M.B., B.S., M.R.C.P., D.C.H.

Assistant County Medical Officers of Health.

MEADOWS, J. G., M.B., Ch.B., D.P.H. (Commenced 17/7/61).

WHITE, J. C., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.

*District Medical Officers of Health and Senior Assistant County
Medical Officers of Health.*

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

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

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

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

(Consultant Psychiatrist).

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

Psychiatric Social Workers (2).

Principal School Dental Officer.

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

Dental Officers.

COULTON, K. H., L.D.S.

GREENFIELD, D. G., L.D.S. (Full-time from 27/3/61).

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

LAYLEE, MRS. E. G., L.D.S. (Part-time).

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

MAYNARD, P. H. W., L.D.S. (Commenced 30/10/61).

NEAME, C. S., L.D.S.

ROBERTSON, K. P., L.D.S.

YATES, A. V.

County Public Health Engineer.

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

Assistant County Public Health Officer.

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

Technical Assistants (2)

County Ambulance Officer.

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

County Nursing Officer.

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

Deputy County Nursing Officer.

HEATHER, MISS G., S.R.N., S.C.M., H.V.CERT. (Resigned 11/4/61).

FLEX, MISS J. E., S.R.N., S.C.M., H.V.CERT. (Commenced 1/8/61).

Assistant County Nursing Officer.

WOOD, MISS M. P., S.R.N., S.C.M., H.V.CERT., M.T.D.

Liaison Health Visitors (3).

Health Visitors (23).

Nursing and Midwifery Staff (52).

Domestic Help Organiser

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

Senior Officer for Mental Health and Care and After Care.

PALING, H., D.P.A., D.N.A.

Home Teachers for Mentally Handicapped (2).

Chief Officer for the Welfare of the Blind.

TYACKE, MISS O.

Home Teachers for the Blind (6).

Senior District Welfare Officers (4).

District Welfare Officers (6).

Chief Administrative Assistant.

HUTCHINGS, H. L.

Administrative Assistant.

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

South Dorset Area Staff

Area Medical Officer.

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

Assistant County Medical Officer of Health.

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

Dental Officers.

FARWELL, E., L.D.S.

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

Vacancy.

Assistant Domestic Help Organiser.

BRAWLEY, MRS. M. C.

Health Visitors (8).

Nursing and Midwifery Staff (12).

DELEGATE DISTRICT—POOLE BOROUGH.

Staff

Borough Medical Officer of Health.
School Medical Officer, Excepted Area.

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

Assistant 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. (Resigned 10/9/61).
WILLIAMSON, H. C., M.B., B.Ch., D.P.H.
HADDEN, W. E., M.B., B.S., D.P.H., D.A., D.T.M. & H.

Borough Senior Dental Officer.

TAYLOR, P. B., L.D.S. (Resigned 30/9/61).
WILLIAMS, E. R., L.D.S. (as from 13/11/61).

Dental Officers.

BARNARD, A. C. S., L.D.S., R.C.S.
GAPPER, A. E. G., L.D.S.
WILLIAMS, E. R., L.D.S. (Promoted).
One Vacancy.

Domestic Help Organiser.

THICKETT, Miss L. M.

Borough Nursing Officer.

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

Deputy Borough Nursing Officer.

GUTTMAN, Miss C. E., S.R.N., S.C.M., H.V.CERT.

Liaison Health Visitor (3).

Health Visitors (12).

Midwives (Whole-time) (13).

Home Nurses (Whole-time) (18).

OFFICERS OF OTHER AUTHORITIES

(at 31st December, 1961)

Boroughs	Medical Officers	Public Health Inspectors
Blandford Forum	DR. G. B. HOPKINS	MR. H. L. BIRKETT.
Bridport	*DR. A. ARMIT	MR. E. ISMAY
Dorchester	DR. I. B. LAWRENCE	MR. C. F. ALLARD (Senior). MR. D. A. DOLPHIN MR. S. J. HALL (Commenced 1/9/61).
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. R. R. TUCKER MR. F. K. W. FRANCIS (Housing). MR. E. W. WAKEFIELD (Meat Inspector). MR. R. C. STENTIFORD. MR. S. T. DAVIES. MR. F. BURGIN. MR. W. N. TELSDALE. MR. J. R. TANNER. MR. H. HANDSCOMB (Chief). MR. A. L. HARRIS. MR. R. G. S. NEWBOULD.
Shaftesbury	DR. N. F. PEARSON	MR. P. A. WILLIAMS.
Wareham	DR. E. J. O'KEEFFE	MR. F. E. RAEBURN.
Weymouth and Melcombe Regis	*DR. E. J. G. WALLACE	MR. K. W. GREENWOOD. MR. F. CADDICK
* Also Port Medical Officer.		
<i>Urban Districts</i>		
Portland	DR. E. J. G. WALLACE	MR. C. C. RUNDLE.
Sherborne	DR. N. F. PEARSON	MR. G. S. C. UDALL (Senior). MR. M. A. STOCKLEY.
Swanage	DR. E. J. O'KEEFFE	MR. J. R. NEWMAN.
Wimborne	DR. G. B. HOPKINS	MR. N. RAWLINS (Senior). MR. J. M. S. STAMP. MR. J. B. S. SALT. MR. F. E. CASEMORE (Chief). MR. W. E. BREEDS. MR. L. F. P. WARREN. MR. R. A. LEACH, MR. C. R. MARCHANT } Meat Inspector
<i>Rural Districts</i>		
Beaminster	DR. A. ARMIT	MR. J. E. FANNON.
Blandford	DR. G. B. HOPKINS	MR. F. HODSON. MR. H. C. WATKIN (Resigned 31/12/61). MR. E. D. GRANT (Senior). MR. F. W. WHITE. MR. W. CHICK (Chief). MR. F. BOAM (Senior additional). MR. G. HALL (additional) (Commenced 1/8/61). MR. A. HOLMES } Meat MR. R. E. J. HARGREAVES } Inspectors.
Bridport	DR. A. ARMIT	
Dorchester	DR. I. B. LAWRENCE	
Shaftesbury	DR. N. F. PEARSON	
Sherborne	DR. N. F. PEARSON	
Sturminster	DR. N. F. PEARSON	
Wareham	DR. E. J. O'KEEFFE	
Wimborne	DR. G. B. HOPKINS	

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 and social 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*; seven co-opted Members.—*Total 42.*

2. *Delegated Powers.* The powers and duties of the Council referred to in paragraph 3 below (under the heading 'Delegated Powers').

Referred Business. The 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 have been referred or re-delegated to the sub-committees named:—

(a) *Ambulance Service Sub-Committee*

Delegated Powers

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

(b) *Health Services Sub-Committee*

Referred Business

The functions of the Council relating to:—

- (i) Notification of Births and Infectious Diseases;
- (ii) Supervision of Midwives;
- (iii) Health Centres;
- (iv) Care of Mothers and Young Children;
- (v) Health Visiting;
- (vi) Midwifery;
- (vii) Home Nursing;
- (viii) Vaccination and Immunisation;
- (ix) Domestic Help;
- (x) Housing Accommodation for District Nurses, Midwives and Health Visitors;
- (xi) Health Education;
- (xii) Prevention of Illness;
- (xiii) Care and After-Care.

Delegated Powers

The powers and duties of the Council relating to the functions specified above, except such as may be either:—

- (i) the subject of a delegation scheme made under the Local Government Act, 1958 or any other enactment, or
- (ii) from time to time delegated to the South Dorset Area Health Sub-Committee;

(c) *South Dorset Area Health Sub-Committee*

Referred Business

- (i) Matters arising in the South Dorset Area in connection with the Council's functions specified in paragraph 3 (b) (i) to (x) above, and
- (ii) Matters referred to the Sub-Committee by the Health and Social Services Committee, the Health Services Sub-Committee, or the Ambulance Service Sub-Committee, or by the respective Chairmen of such Committee or Sub-Committees in connection with any of the services provided by the Council under Part III of the National Health Service Act, 1946, and any enactment re-enacting or amending the same.

Delegated Powers

The powers and duties of the Council relating to the day-to-day administration within the South Dorset Area of the functions to which reference is made in (i) above.

(d) *Mental Health Sub-Committee*

Referred Business

The functions of the Council relating to mental health (except those relating to the registration of mental nursing homes and those exercisable as Children's Authority and Education Authority), including the appointment and dismissal of resident and non-resident staff in residential establishments.

Delegated Powers

The powers and duties of the Council relating to the functions to which reference is made above, except such as may be the subject of a delegation scheme made under the Local Government Act 1958, or any other enactment, with power to re-delegate to a Sub-Committee or to the County Medical Officer the appointment and dismissal of resident and non-resident staff in residential establishments.

(e) *Public Health Sub-Committee*

Referred Business

The 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 not within the terms of reference of any other sub-committee.

Delegated Powers

The functions of the council under:—

- (i) the 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.

(f) *Social Services Sub-Committee*

Referred Business

Matters arising in connection with:—

- (i) the Council's functions under the National Assistance Act, 1948 and any enactment re-enacting or amending the same, including the appointment and dismissal of resident and non-resident staffs in establishments;
- (ii) the Council's functions under the Disabled Persons (Employment) Act, 1958, and any enactment re-enacting or amending the same;
- (iii) the Council's power under Section 56 of the Local Government Act, 1958 or any enactment re-enacting or amending the same to make contributions to the expenditure of District Councils in respect of the housing of old people;
- (iv) the Council's powers under Section 136 of the Local Government Act, 1948 and any other enactment for the time being in force to contribute towards the expenses of trustees of charitable trusts in connection with the provision or maintenance of almshouses.

Delegated Powers

The powers and duties of the Council relating to the functions enumerated above, except such as may be the subject of a delegation scheme made under the Local Government Act, 1958, or any other enactment, with power to re-delegate to a Sub-Committee or to the County Medical Officer the appointment and dismissal of resident and non-resident staffs in residential establishments.

(g) *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.

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

Delegated Powers

The functions of the Council under:—

- (i) the Public Health Act, 1936 relating to the registration and exemption from registration of Nursing Homes;
- (ii) the Nurseries and Child-Minders Regulation Act, 1948 relating to the registration of premises as nurseries or persons as child minders;
- (iii) the Mental Health Act, 1959 relating to the registration of mental nursing homes.

Delegation of Functions to Councils of County Districts

Poole Borough Council

Delegated Functions. The functions of the County Council relating to:—

- (i) Health Centres;
- (ii) Care of Mothers and Young Children;
- (iii) Midwifery;
- (iv) Health Visiting;
- (v) Home Nursing;
- (vi) Vaccination and Immunisation;
- (vii) Prevention of Illness;
- (viii) Care and After-Care;
- (ix) Domestic Help;
- (x) Mental Health (except residential accommodation);
- (xi) Welfare arrangements for Disabled Persons;
- (xii) Disabled Persons (Employment) Act—Section 3;
- (xiii) Nurseries and Child-Minders Regulation Act, 1948.

NATURAL AND SOCIAL CONDITIONS AND STATISTICS OF THE AREA

Natural and Social Conditions

Dorset is a predominantly rural county of just under 1,000 square miles. About half the population is associated with an industrial area in the south-eastern quadrant, comprising the Borough of Poole and adjacent dormitory districts, and the south Dorset area consisting of the Borough of Weymouth and Portland. The remainder of the county is made up of rural districts with small boroughs and well scattered urban districts. The climate is comparatively mild and in the summer months many holidaymakers visit Poole, Weymouth, Swanage, Bridport and Lyme Regis. The number of hours of sunshine is high and there is a pleasant absence of severe frosts or fogs. The following table indicates the average monthly rainfall figures for 1961 from fifty-six stations in the county, together with the average hours of sunshine per month from two coastal stations.

Month	Average rainfall of 56 stations	Average hours of sunshine of 2 coastal stations	Month	Average rainfall of 56 stations	Average hours of sunshine of 2 coastal stations
January	5.26 inches	49.8	July	1.52 inches	252.2
February	3.35 "	64.3	August	2.00 "	192.9
March	.06 "	168.6	September	3.26 "	143.3
April	4.77 "	133.9	October	5.53 "	139.8
May	1.33 "	262.2	November	2.20 "	60.6
June	.93 "	275.2	December	4.17 "	63.5

The number of hours of sunshine recorded from two coastal stations averaged 1,806.3 which is an increase compared with the previous year when the corresponding figure was 1,746.7. The rainfall average of 34.38 inches also compares favourably with that in 1960; the heaviest falls occurred in January and October and the month of March was the driest for over a century.

I am indebted to the urban district meteorological officer for the Swanage figures, the borough meteorologist for those relating to Weymouth and the Secretary of 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.

The numbers of births, stillbirths and deaths allocated to the area are those registered during the year 1961, 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	..	195,330		
						Rural	..	120,250		
								315,580		
Rateable value as at 1st April, 1961	..	..	..	..	..			£4,129,179		
Estimated product of a penny rate	..	..	..	..	..			£16,750		
Births:										
Live Births:										
						<i>Male</i>		<i>Female</i>		<i>Total</i>
Legitimate	..	..	..	..	..	2,287		2,271		4,558
Illegitimate	..	..	..	..	..	131		134		265
Total live births	..	..	..	..	..	2,418		2,405		4,823
Birth rate per thousand population	..	..	..	..	..	..	..	..	..	15.2
Legitimate birth rate per thousand population	..	..	..	..	..	..	..	..	..	14.4
Illegitimate birth rate per thousand population	..	..	..	..	..	..	..	..	..	0.83
Illegitimate birth rate per thousand live births	..	..	..	..	..	..	..	..	..	54.9
Stillbirths:										
Legitimate—96										
Illegitimate—6										
Total	..	..	..	..	..	..	..	..	..	102
Stillbirth rate per thousand population	..	..	..	..	..	..	..	..	..	0.32
Stillbirth rate per thousand total live and stillbirths	..	..	..	..	..	..	..	..	..	20.7
Illegitimate stillbirth rate per thousand total illegitimate (live and still) births	..	..	..	..	..	..	..	..	..	22.14
Deaths:										
Total deaths	..	..	..	..	..	..	..	..	..	4,077
Death rate	..	..	..	..	..	..	..	..	..	12.9

	Deaths	Rate per 1,000 (live and still) b
Death from puerperal causes	2	0.4
Deaths of infants under one year of age:		
Legitimate—91		
Illegitimate—5		
Total	96	
Death rate of infants under one year of age:		
All infants per 1,000 live births		19.9
Legitimate infants per thousand legitimate live births		19.9
Illegitimate infants per thousand illegitimate live births		18.8
Death rate of infants under 4 weeks of age per 1,000 total live births		12.6
Death rate of infants under one week of age per 1,000 total live births		11.1
Still births and deaths under one week combined per 1,000 total live and stillbirths		32.0
Deaths from diphtheria		Nil
" " measles		1
" " whooping cough		Nil
" " pulmonary tuberculosis		18
" " non-pulmonary tuberculosis		1
" " cancer (all forms)		75.3

Some of the causes of death with the corresponding percentages of total deaths (4,077), are given in the table below:—

(a) Heart disease	34.7	(i) Motor vehicle accidents	0.9
(b) Cancer (all forms)	18.4	(j) Hyperplasia of prostate	0.9
(c) Vascular lesions of nervous system	13.9	(k) Suicide	0.8
(d) Pneumonia	5.7	(l) Other diseases of respiratory system	0.7
(e) Other circulatory diseases	4.8	(m) Ulcer, stomach and duodenum	0.6
(f) Bronchitis	3.3	(n) Nephritis and nephrosis	0.5
(g) Accidents other than motor vehicle	1.6	(o) Leukaemia, aleukaemia	0.4
(h) Congenital malformations	1.1		

Comments on Vital Statistics (Tables 1—5)

Birth Rate

The birth rate for 1961 was 15.2 compared with the corresponding figure for England and Wales of 17.4. The comparatively low birth rate is due to the high percentage of retired persons who reside in the county.

Infant Mortality

The infant mortality rate for 1961 was the same as for 1960 at 19.9 per 1,000 live births which compares favourably with the corresponding figure for England and Wales, 21.4. The continued downward trend in infant deaths is highly satisfactory and it is hoped that still further reductions will be recorded in future years.

Death Rate

The death rate of 12.9 per 1,000 population remains virtually the same as in the previous year and is greater than the rate for the country as a whole. Approximately two thirds of the deaths were due to heart disease, vascular lesions of the nervous system and cancer. It is interesting to note that the deaths from cancer of the lung and bronchus have risen from 125 in 1960 to 138 in 1961. Only four deaths from influenza occurred as compared with seventy-nine in the previous year when an epidemic was prevalent during the early months.

Infectious Disease

The number of cases of dysentery notified was greatly reduced over the previous year. The incidence of measles has risen considerably; otherwise the general pattern of notifications remains much the same as in previous years.

Accidental Deaths

Accidental deaths are recorded in two categories, namely motor vehicle accidents and all other. Although the figure of sixty-seven deaths from all other accidents is almost the same as in the previous two years that for motor vehicle accidents continues to decrease from forty-five in 1960 to thirty-eight in the year under review.

When considering the age groups concerned analysis shows that sixty-two per cent of the deaths arising from motor vehicle accidents occurred in the 15—44 years age group whereas of all other accidents fifty-four per cent of the deaths were of persons over the age of sixty-five years.

Age Group	Motor Vehicles		All Other Accidents	
	Deaths	Per Cent	Deaths	Per Cent
0—	2	5	4	6
5—	3	8	2	3
15—	9	24	4	6
25—	7	18	6	8
45—	8	21	14	22
65—	9	24	37	55
Totals	38	100	67	100

Morbidity Figures

The number of claims for sickness in the past five years is given in the table below. The figures for a small area in the east of county around Wimborne have to be estimated on a population basis since they are normally included in the statistics referring to Dorset. The numbers involved are too small however to make any appreciable difference to the overall picture.

January and February were the months when most claims for sickness benefit were made and this was due to an epidemic of influenza and upper respiratory infections.

Month	1957		1958		1959		1960		1961	
	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	3,206	10.51	3,642	11.98	3,074	9.99	2,931	9.41	4,703	14.90
February	2,451	8.03	2,996	9.85	4,189	13.62	2,926	9.40	6,012	19.05
March	2,314	7.59	2,520	8.29	5,332	17.33	3,581	11.50	3,085	9.78
April	2,319	7.60	2,844	9.35	2,727	8.86	2,231	7.17	2,257	7.15
May	1,910	6.26	1,773	5.83	1,842	5.99	2,569	8.25	2,639	8.36
June	1,745	5.72	1,844	6.06	2,144	6.97	1,932	6.21	2,012	6.38
July	2,061	6.75	2,120	6.97	1,806	5.87	1,909	6.13	1,954	6.19
August	1,606	5.26	1,621	5.33	1,651	5.36	2,408	7.74	2,305	7.30
September	2,043	6.70	2,054	6.75	2,200	7.15	2,076	6.67	2,091	6.63
October	9,657	31.65	1,997	6.56	2,132	6.93	2,518	8.09	3,248	10.29
November	3,873	12.69	2,020	6.64	2,587	8.41	3,198	10.27	2,839	8.99
December	4,300	14.09	2,494	8.20	2,679	8.71	2,461	7.91	3,208	10.17
Totals	37,485	122.85	27,925	91.81	32,363	105.19	30,740	98.75	36,353	115.19

Population:—315,580.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE (Table 5)

No cases of diphtheria, typhoid, paratyphoid, poliomyelitis or meningococcal infection were notified and there was a decrease in incidence of scarlet fever and dysentery. In contrast a slight increase occurred in cases of whooping cough and food poisoning and a considerable rise in the incidence of measles.

Disease	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Diphtheria:										
No. of cases notified ..	1	—	1	—	—	1	—	1	1	—
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
Scarlet Fever:										
No. of cases notified ..	125	188	184	72	107	113	147	227	140	55
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
Measles:										
No. of cases notified ..	950	4,900	102	4,944	1,653	2,663	2,604	3,350	1,702	5,431
No. of deaths ..	—	1	—	—	—	—	—	1	—	1
Whooping Cough:										
No. of cases notified ..	866	1,125	876	591	373	870	262	161	110	238
No. of deaths ..	—	1	1	—	1	1	—	—	—	—
Typhoid and Para-typhoid Fever:										
No. of cases notified ..	3	2	1	16	1	1	—	1	3	—
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
Food Poisoning:										
No. of cases notified ..	18	23	35	63	191	29	210	48	24	45
No. of deaths ..	—	—	—	—	—	2	—	—	—	—
Dysentery:										
No. of cases notified ..	115	68	68	13	63	2	4	112	238	28
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
Poliomyelitis (including Polioencephalitis):										
No. of cases notified ..	24	150	27	50	11	10	8	3	1	—
No. of deaths ..	1	2	2	3	1	1	—	1	—	—
Meningococcal Infection:										
No. of cases notified ..	5	5	4	5	7	5	3	4	1	—
No. of deaths ..	—	1	1	1	1	—	—	—	2	—

Diphtheria

No cases of diphtheria were notified in 1961 and there have been only five cases in the county during the last ten years, due largely to the scheme of immunisation reported in another section. Cases of diphtheria occurring in other parts of the country emphasise the importance of maintaining a higher level of immunisation than is at present being achieved.

Scarlet Fever

A decrease to fifty-five in the number of cases notified represents the lowest figure recorded since 1939. There were no deaths from this disease.

Measles

The number of cases of measles notified increased considerably, the figure being higher than that in any year since 1939. This increase was typical of the two-yearly fluctuation which is usually experienced in the incidence of measles. Eighty-five per cent of cases occurred between April and September.

Despite the large number of cases, however, there was only one death associated with this disease.

Whooping Cough

The appreciable reduction in the number of cases of whooping cough which occurred in 1960 has not been maintained but few deaths occurred.

Typhoid and Para-Typhoid Fever

No cases of infection in this group were notified during the year.

Food Poisoning and Dysentery

There was only one outbreak of food poisoning of any size, eighteen cases being notified from a school in Sherborne.

Two cases were notified in which the rare infection of *cholera suis salmonella Kunzendorf* may have been a contributory factor in subsequent death.

Poliomyelitis

There were no cases of poliomyelitis in Dorset for the first time since immunisation was started in 1956 and it is hoped that the disease will eventually be eradicated from the community as a whole. Oral vaccine, which shortly comes into use, should accelerate progress.

Tuberculosis

The steady decrease in the notifications of pulmonary tuberculosis still continues, the eighty-two new cases being the lowest recorded in the county. The number of new notifications of non-pulmonary cases was fourteen, an improvement on the two previous years.

Number of Notifications and Deaths from Tuberculosis in Dorset 1952—1961

Year	Pulmonary		Non-Pulmonary	
	Number of Notifications	Number of Deaths	Number of Notifications	Number of Deaths
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
1959	131	14	20	2
1960	116	12	25	3
1961	82	18	14	1

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

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

Administrative Arrangements

In January the Minister of Health approved a scheme of delegation of health and welfare functions made by the Poole Borough Council under Section 46 of the Local Government Act 1958, which came into operation on 1st April.

Since that date the Poole Borough Health Committee have been responsible for the care of mothers and young children within their area. The day-to-day administration in South Dorset continues to be the responsibility of the South Dorset Area Health Committee and similar functions in the remainder of the county are exercised by the Health Services Sub-Committee, which replaced the former Maternity, Child Welfare and Nursing Sub-Committee.

In the Poole area alone, midwives clinics continued to be held at seven centres.

Statistics

Summary of Ante-Natal Care at Clinics held by Midwives in Poole, 1957-1961

	1957	1958	1959	1960	1961
Midwives' Ante-Natal Clinics	5	5	8	7	7
First Attendances	730	809	841	977	848
Total Attendances	3,298	3,899	3,754	4,366	3,608

thercraft and Relaxation Classes.

Sessions continue at Blandford, Dorchester, Poole, Portland, Shaftesbury, Sherborne, Wareham and Weymouth and during the year the scheme has been extended to include Bridport, Sturminster Newton, Swanage and Upton and extra sessions provided in Poole. With the larger number of classes there is increasing difficulty in obtaining physiotherapists and gradually health visitors and midwives are taking over these functions. In view of this trend it is hoped to send health visitors and midwives to refresher courses on physiotherapy so that gradually a trained staff will be built up to offset the shortage of physiotherapists. The continued need for this type of service to expectant mothers is reflected in the increasing demand for the service.

Statistics

Attendances at Mothercraft and Relaxation Classes

Class	Mothercraft		Relaxation	
	First	Total	First	Total
Blandford	34	146	34	145
Bridport	37	169	23	151
Dorchester	69	380	70	461
Poole	213	1,378	213	1,378
Portland	28	160	—	—
Shaftesbury	26	124	24	101
Sherborne	47	326	47	317
Sturminster Newton	10	36	10	36
Swanage	42	291	—	—
Upton	29	120	29	100
Wareham	54	320	57	305
Weymouth	168	942	—	—
Totals	757	4,392	507	2,994

Ante-Natal and Post-Natal Care by General Practitioners

The county scheme for the ante-natal care of domiciliary midwifery cases by general practitioners is still in operation, but the County Council Clinics were not used in 1961 due to changes brought about by the National Health Service Act.

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

Statistics

	1957	1958	1959	1960	1961
<i>Ante-Natal Examinations:</i>					
Number of women examined ..	4	2	3	1	—
Number of examinations made ..	4	2	3	1	—
<i>Post-Natal Examinations:</i>					
Number of women examined ..	2	—	2	1	—
Number of examinations made ..	2	—	2	1	—

Care of Unmarried Mothers

Facilities provided for unmarried mothers include advice from health visitors and midwives, arrangements for maternity beds at home 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. Altogether fifty-nine mothers were admitted to homes during the year.

The County Council does not employ any staff to deal with the special problems of the unmarried mother and her child, 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 workers together with their travelling expenses.

Statistics

Particulars of Admissions to Mother and Baby Homes

Name of Home	Number of Cases Admitted				
	1957	1958	1959	1960	1961
St. Monica's Home, Parkstone	12	8	17	16	16
St. Gabriel's Home, Weymouth	19	15	16	12	22
Beckingsale House, Salisbury	10	13	8	8	3
Free Church Council Maternity Home, Bournemouth	4	—	4	5	6
Others	10	6	8	7	12
Totals	55	42	53	48	59

Maternity Outfits

The contents of the maternity outfits issued by the County Council conform to the minimum requirements laid down by the Ministry of Health. The outfits are available free of charge for all domiciliary confinements and are supplied in bulk to the midwives who distribute them, as needed, to their domiciliary cases.

The distribution during the year was as follows:—

County Area	..	..	..	1,008
Poole	..	..	..	796
South Dorset Area	..	..	..	192
				<hr/>
				1,996

Welfare Centres (Tables 8 and 9)

Administrative Arrangements

The Health Services Sub-Committee are responsible for the care of pre-school children in the county area whereas in Poole the functions are the responsibility of the Poole Borough Health Committee under delegated powers; the day-to-day administration in the South Dorset Area continues to be supervised by the South Dorset Area Health Sub-Committee.

Child welfare clinics in the county are staffed by medical officers and health visitors, assisted in some cases by district nurses.

The clinics in the county area receive valuable assistance from numerous voluntary workers whose co-operation is much appreciated. Unfortunately similar voluntary service is not available in the borough of Poole.

Co-operation has 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 are available for children attending child welfare centres and who are considered to be in need of this 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.

Children seen at child welfare centres who are considered to require specialist advice are sent to the family doctor who in turn refers them to consultant paediatricians employed by the regional hospital board. Orthopaedic and other cases requiring specialist advice are also referred to the family doctor.

General Survey

The number of welfare centres in the county area remains the same but two were closed and two opened. Thorncombe clinic was closed in March as the premises in which it had been held were disposed of by the landlords and no other suitable accommodation could be found. Transport has therefore been arranged for those mothers in the area who wish to attend Beaminster clinic.

Bradford Abbas clinic was closed in December as attendances had fallen off to such an extent that further sessions were not justified, due to the fact that most of the children in the village are now approaching school age. Should however circumstances justify in the future the clinic will be re-opened.

A clinic was started in the village of Lytchett Matravers in March and is held monthly in the Salvation Army Hall. This has been more than justified already in that many mothers have brought toddlers and school children for immunisation and vaccination, which they had not had done when the nearest clinic was at Upton.

In November a child welfare clinic was opened in the Church Hall at Colenill and is proving of increasing value to the community.

At most centres the work continues to be heavy particularly in relation to sessions at which prophylactic injections are given. In several areas additional sessions attended by a medical officer could be held with advantage. It has not been possible however to increase the number of sessions other than at Corfe Mullen. Medical sessions are held weekly at Dorchester, Sherborne and Wimborne; twice monthly at Blandford, Bridport, Corfe Mullen, Ferndown, Gillingham, Shaftesbury, Sturminster Newton, Swanage, Wareham, Wool and monthly elsewhere.

As in previous years vaccination against smallpox, combined injections against diphtheria, whooping cough and tetanus, and poliomyelitis vaccination is offered to all babies attending the child welfare centres when they reach the appropriate ages. The schedule of procedure followed in the clinics, while varying slightly according to the wishes of the medical officer in charge, corresponds fairly accurately with the procedure suggested in Ministry of Health circular 26/61 (Schedule 8). Requests for vaccination against smallpox remain too low in spite of an increase in propaganda, chiefly carried out by health visitors.

Statistics

Vaccination against Smallpox

Year	County Area	Poole	South Dorset	Total
1957	184	465	232	881
1958	149	308	195	652
1959	615	425	246	1,286
1960	387	526	289	1,202
1961	382	808	357	1,547
Totals	1,717	2,532	1,319	5,568

Toddlers' Clinics

As the separate facilities given to toddlers do not now warrant separate sessions these attendances have been combined with growing infant welfare clinics and the whole position will be reviewed in the coming year.

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. Each welfare centre is attended by a medical officer, and infants are examined at the first attendance and thereafter as required, any showing signs of deviation from normal health being referred to the family doctor.

Much time is devoted to giving advice on correct diet but the response is not always all that could be desired and young children are allowed to eat far too many sweets this being the main cause of extensive dental caries which is at present giving rise to so much concern. In spite of the fact that wherever possible the times of welfare centres and dental clinics are co-ordinated so as to be in session at the same time, resulting in an increasing number of dental examinations and treatment being carried out before the age of five years is reached, it has been found impossible to keep pace with the increase in caries.

Children born to parents known to be suffering from pulmonary tuberculosis or coming from tuberculous households are, with the approval of the family doctor, referred to the chest physician for investigation and, where necessary, B.C.G. vaccination. Vaccination against smallpox and poliomyelitis and immunisation against diphtheria, whooping cough and tetanus are, however, carried out at all centres.

Statistics

Analysis of Attendance at Welfare Centres, 1957—1961

	1957	1958	1959	1960	1961
Infants under 1 year of age attending first time ..	3,033	3,284	3,378	3,729	3,713
Children 1—5 years of age attending ..	7,756	8,131	8,414	8,997	9,501
Total attendances of infants under 1 year of age ..	35,970	40,328	40,977	41,922	42,177
Total attendances of children 1—5 years of age ..	20,854	24,324	23,451	23,409	21,478
Number of live births notified ..	4,312	4,485	4,518	4,817	4,823
Percentage that attended while under 1 year of age ..	70.3	71.0	74.7	77.4	77.0

Other Provision

Dental Care—Priority Classes

There has been a reduction in the number of expectant and nursing mothers and children under five years of age who have received dental treatment during the year. The number fluctuates from year to year and this reduction is not considered statistically significant.

Expectant and nursing mothers are now able to obtain dentures through the general dental service without payment whereas hitherto this could only be done through the local authority service. The new arrangement will be an advantage to many mothers as their treatment can be continued by their usual dental practitioner.

Many children under five years of age are not brought for dental treatment until they are suffering from toothache and it is often necessary to extract more than one tooth. It is desirable however for children to have their teeth inspected and any necessary conservative treatment carried out at an early age. This will not only save unnecessary pain and give the child a better introduction to the dental surgery but it will also be a means of keeping their temporary teeth for the normal period as early loss can cause irregularities of the permanent teeth in later life.

Dental health education is being carried out to a limited extent but greater efforts are needed so that more parents recognise the importance of early and regular dental treatment for their children and take advantage of the facilities which are available.

Statistics

Dental Care of Expectant and Nursing Mothers, 1957—1961

	1957	1958	1959	1960	1961
Number examined ..	273	258	269	405	251
Number needing treatment ..	269	258	269	349	233
Number treated ..	195	179	192	247	203
Number made dentally fit ..	130	162	136	201	137
<i>Particulars of Dental Treatment provided:</i>					
Extractions ..	445	285	432	614	403
Anaesthetics—General ..	66	47	64	93	80
Fillings ..	276	272	187	314	252
Scalings/Gum Treatment ..	90	48	30	81	38
Silver Nitrate ..	1	1	2	24	13
Dentures provided) Complete ..	29	25	19	47	20
) Partial ..	31	38	32	26	31

Dental Care of Children under Five Years of Age, 1957—1961

	1957	1958	1959	1960	1961
<i>Numbers provided with dental care:</i>					
Number examined ..	559	786	662	797	663
Number needing treatment ..	516	758	626	690	585
Number treated ..	459	602	583	639	548
Number made dentally fit ..	384	532	467	532	440
<i>Particulars of dental treatment provided:</i>					
Extractions ..	503	668	611	710	787
Anaesthetics—General ..	272	394	324	385	399
Fillings ..	228	344	288	428	518
Scalings/Gum Treatment ..	4	4	2	3	3
Silver Nitrate ..	27	45	45	59	40

Birth Control

The greater proportion of women seeking advice did so for social reasons rather than on medical grounds and it was felt therefore that the clinics were exceeding the work it is reasonable for a local authority to undertake. An approach was made to the Family Planning Association in order to ascertain whether they would take over the service, other than in the Borough of Poole and the South Dorset Area. As a result of these negotiations the Association now holds clinics in Blandford, Bridport, Dorchester and Wareham. The County Council make a grant towards this service to which patients who would have attended County Council clinics are now referred. Contraceptive clinics are still held by the County Council in the Poole and Weymouth areas.

Clinic			Number of Sessions	First Attendances	Total Attendances
Blandford	..	..	10	15	66
Dorchester	..	..	17	34	190
Bridport	..	..	17	25	171
Wareham	..	..	13	15	116
Poole	..	..	67	462	766
Weymouth	..	..	29	116	192
Gillingham	..	..	12	15	69
Portland	..	..	12	34	62
Totals			177	716	1,632

Summary of Attendances at Contraception Clinics, 1957—1961

Particulars	1957	1958	1959	1960	1961
Number of Sessions	206	226	252	253	177
First Attendances	514	507	512	466	716
Total Attendances	1,999	2,496	2,081	2,218	1,632

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 practise 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 1961 eighty per cent survived one month.

Statistics

Weight and Survival of Premature Births during 1961

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
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days		
3 lb. 4 oz. or less	34	14	13	1	1	—	3	—	3	—	—	—	—	—	—	15	3
Over 3 lb. 4 oz. up to and including 4 lb 6 oz.	44	7	35	2	1	1	—	—	—	—	—	—	—	—	—	16	2
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	45	1	44	5	—	5	2	1	3	—	—	—	—	—	—	4	1
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	106	3	98	23	—	23	3	—	1	4	—	4	—	—	—	9	2
Totals	229	25	190	31	2	29	8	1	7	4	—	4	—	—	—	44	8

Premature Infants Notified, 1957—1961

Premature Live Births	1957	1958	1959	1960	1961
Number of premature infants notified	245	274	262	294	272
Number of premature infants who were					
Born at home	63	85	77	91	39
Born in hospital or nursing home	182	189	185	203	233
Number of those born at home and nursed entirely at home who:					
(1) died during first 24 hours	—	4	4	5	2
(2) survived at end of one month	46	52	54	55	29
Number of those born at home who were transferred to hospital	17	29	18	15	8
Number of those born in nursing homes who:					
(1) died during first 24 hours	—	—	—	—	—
(2) survived at end of one month	1	1	5	—	4

Children Neglected or Ill-treated in their own Homes

Arising from a circular issued jointly 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. Significant cases of child neglect and ill treatment are, however, dealt with at case conferences called by the district medical officers of health as described under the prevention of break-up of families.

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 check, including a radiological examination of the chest, before engagement and an annual x-ray examination thereafter. During the year under review seven initial and twenty-three annual x-ray examinations were completed. None of the films showed signs of tuberculous infection.

Applicants for employment at the two residential establishments for handicapped pupils maintained by the Dorset Local Education Authority are dealt with in the same way and six radiological examinations of the chest were carried out in 1961, 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 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; mothers who are single, separated, widowed or have disabled or invalid husbands are also assisted in this way. A charge is made in respect of each child admitted and the chairman of the appropriate sub-committee is, in consultation with the area medical officer, empowered to reduce the amount in case of hardship. The following order of priority has been adopted by the County Council to be applied when applications for admission of children to the day nursery are being considered:—

- Children living with only one parent or guardian in poor circumstances upon whose earnings their maintenance depends;
- 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 house to be gainfully occupied in order to maintain a reasonable minimum standard of subsistence;
- 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	1957	1958	1959	1960	1961
Number of approved places	50	50	50	50	50
Number of children on register at end of year	49	50	50	50	57
Average daily attendance during year	31	35	23	29	26.77

Distribution of Welfare Foods

Early in the year instructions were received from the Ministry of Health that, with effect from the 1st June 1961, coupons would no longer be required for vitamin A & D tablets, cod liver oil and orange juice but that these supplementary foods should be charged for at the rate of sixpence per packet, one shilling and one shilling and sixpence per bottle respectively. Arrangements for the issue of tins of national dried milk in exchange for coupons at the rate of two shillings and fourpence per tin remain unaltered. All distributors were informed of the changes by letter and special accounting forms were printed and sent to them. Without exception all voluntary helpers undertook to continue with their service and the scheme is still being economically operated by a large team of willing and efficient helpers.

Six subsidiary centres have closed owing to the removal or death of the helpers and nine new centres have been opened where there was a fresh demand for the foods. Without exception new owners have offered to continue distribution when businesses have changed hands. The Women's Voluntary Service continue to give valuable assistance with the administration of the scheme.

Welfare Foods Distributed

	1957	1958	1959	1960	1961
National Dried Milk (tins)	92,535	76,821	73,050	65,176	52,966
Cod Liver Oil (bottles) ..	26,736	18,302	16,730	16,479	11,523
Vitamin A & D (packets)	12,616	12,671	12,998	14,184	10,263
Orange Juice (bottles)	231,135	149,375	146,909	143,738	88,661

MIDWIFERY (Section 23) (Tables 10—12)

Administrative Arrangements

All midwives in the county are now in the full-time employment of the County Council but it is becoming increasingly difficult to maintain full establishment in the county area. At the end of the year there was an unfilled vacancy for a district nurse midwife in the Milton Abbas area and it is apparent that the difficulty of obtaining staff is going to increase as time goes on.

Supervision of Midwives

Medical supervision is carried out by the county medical officer of health assisted by a senior medical officer and the medical officers in Poole and South Dorset. The county nursing officer 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. Altogether 354 routine visits were made to midwives by the non-medical supervisors of midwives and it was not found necessary to suspend any midwife because of her being a source of infection.

Refresher Courses

The Central Midwives Board require all practising midwives to undertake a course of post-graduate training once in every five years and arrangements are made to meet this requirement. Twelve midwives attended refresher courses during the year.

Administration of Analgesics by Midwives

All sixty-six midwives employed in the service are qualified to administer gas and air analgesia in accordance with the regulations of the Central Midwives Board and sixty-six sets of apparatus are in use. Three machines for the administration of trilene, as an alternative to gas and air, are provided. Arrangements are made for regular quarterly servicing of machines. All midwives are also qualified to administer pethidine in order to provide their patients with the benefit of this form of analgesia.

Statistics

Midwives qualified to administer Gas and Air Analgesia

	1960	1961
(1) Institutional Midwives:		
(a) Employed in homes and hospitals in the National Health Service	50	72
(b) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	3	2
Totals	53	74
(2) Domiciliary Midwives:		
Employed directly by the Local Health Authority	71	66

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

	1960	1961
Used by midwives in direct employment of the Local Health Authority	64	66

Number of Cases in which Gas and Air was administered by Midwives in Domiciliary Practice during the years 1960—1961

	1960	1961
By midwives employed directly by the County Council:		
(1) when acting as a midwife	1,245	1,249
(2) when acting as a maternity nurse	392	352
Totals	1,637	1,601

Number of Cases in which Pethidine was administered by Midwives in Domiciliary Practice during the years 1960—61

	1960	1961
By midwives employed directly by the County Council:		
(1) when acting as a midwife	957	950
(2) when acting as a maternity nurse	382	271
Totals	1,339	1,221

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.

In some areas in the rural parts of the county general practitioner obstetricians set aside sessions, usually one morning each week, when they do rounds with the domiciliary midwife. It is then possible for the doctor and midwife to see the patient together in the homes where the confinement will take place and this has been found to be of great benefit to the patient, doctor and midwife.

Medical Aid

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

Statistics

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

<i>Cases in which medical aid was summoned during the year by Midwives</i>	1957	1958	1959	1960	1961
(a) Domiciliary Cases:					
(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service	203	261	290	307	325
(ii) Others	13	10	8	10	10
(b) For cases in Institutions	9	9	6	2	—
Totals	225	280	304	319	335

Midwifery Cases Attended, 1961

<i>Cases attended by</i>	<i>Domiciliary</i>		<i>Hospitals</i>	
	<i>Midwifery</i>	<i>Maternity</i>	<i>Midwifery</i>	<i>Maternity</i>
Midwives employed by the County Council	1,422	429	—	—
Midwives employed in Hospitals	—	—	1,923	792
Midwives in Private Practice (including Midwives employed in Nursing Homes)	23	15	—	—
Totals	1,445	444	1,923	792

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 the maternity beds were increased during the year by the opening of the new maternity block at Poole General Hospital, and of The Firs, Bournemouth as an additional general practitioner unit. As a result the question of admission on social grounds has not arisen in the east of the county for some months.

During the year there has been a considerable improvement in the home help service and at no time has a woman had to go to hospital for confinement because adequate domestic help could not be made available.

Statistics

Selection of Hospital Confinements on Social Grounds

Source	1960			1961		
	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.	372	215 (57.8 per cent)	157 (42.2 per cent)	288	190 (66.0 per cent)	98 (34.0 per cent)
Other Sources	6	5 (88.3 per cent)	1 (16.7 per cent)	22	16 (72.7 per cent)	6 (27.3 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 1961 twenty-three pupils were trained as compared with seventeen during the previous year.

Maternal and Neonatal Deaths and Conditions Associated with Childbirth

During the year eighty-seven cases of puerperal pyrexia and five of ophthalmia neonatorum were notified compared with sixty-two and six respectively in 1960. As in previous years there was no impairment of vision and this disease is now little more than a nuisance. An analysis of the neonatal deaths during the year reveals the following fundamental causes:

Cause of Death	No.	Percentage of Total
Prematurity ..	24	42.1
Congenital defects ..	8	14.05
Birth injuries ..	4	7.0
Atelectasis ..	8	14.95
Respiratory infection	4	7.0
Rh. factor ..	1	1.75
Others ..	8	14.05
	57	100.0

Statistics

Infectious Diseases associated with Childbirth, Maternal and Neonatal Deaths, 1957—61

Cases Notified		1957	1958	1959	1960	1961
Puerperal Fever:	Domiciliary Confinements ..	4	3	15	11	7
	Institutional Confinements ..	53	47	34	51	80
Ophthalmia Neonatorum:	Domiciliary Confinements ..	3	—	—	6	—
	Institutional Confinements ..	3	1	4	2	5
Maternal Deaths ..	.. ..	—	3	2	1	2
Neonatal Deaths ..	.. ..	59	46	47	58	57

Comparison between Hospital and Domiciliary Confinements, 1957—1961

	Poole Area					South Dorset Area					Remainder of County					Whole County				
	1957	1958	1959	1960	1961	1957	1958	1959	1960	1961	1957	1958	1959	1960	1961	1957	1958	1959	1960	1961
1. The total number of live births notified during the year ..	1226	1269	1193	1339	1489	985	912	987	1035	1087	1861	1966	2024	1988	1987	4072	4147	4204	4362	4563
2. The percentage of notified births which took place in hospitals and nursing homes ..	51	39	43	39	52	75	75	75	71	70	60	57	57	57	60	60	54	57	55	60
3. The percentage of domiciliary confinements ..	49	61	57	61	48	25	25	25	29	30	40	43	43	43	40	40	46	43	45	40

HEALTH VISITING (Section 24) (Table 13)

Administrative Arrangements

In order to achieve the maximum co-operation between the various officers working in the field, the district authority areas in the county have been taken as convenient boundaries within which the health visiting districts have been allocated. For the first time some difficulty has been experienced in filling vacancies and for a considerable period during the year the number of health visitors was one below establishment; by the end of the year, however, the vacancy had been filled. All health visitors are also employed as school nurses, spending an average of three sessions a week on these duties.

Routine Visiting

There have been no changes during the year. A record card is forwarded to the appropriate health visitor following the notification of each birth so that she may commence visiting at the appropriate time in order to give advice on general management and health matters. In cases of domiciliary confinement in the county area the midwife ceases to visit on the twenty-eighth day of the puerperium, when the health visitor becomes responsible. In the Poole area health visitors take over on the fourteenth day. In cases of hospital confinement the health visitor is notified on the day of discharge and visits the home within the following few days. Known particulars of each infant, whether born at hospital or at home, are forwarded to the health visitor so that at her first visit to the home she may be familiar with the salient features of the case. Following the first visit circumstances determine the frequency of follow-up and this method of selective visiting has worked extremely well. As in previous years more time is being given to problem families and aged persons. Details of these schemes appear elsewhere in this report.

Special Visiting

Schools Follow-up and Cleanliness

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

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

Tuberculosis

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

In each of the Bournemouth and East Dorset and West Dorset Hospital Management Committee areas a health visitor held a joint appointment at the chest clinic carrying out liaison duties between the two parts of the National Health Service. During the year however, the Bournemouth and East Dorset Hospital Management Committee appointed a full-time clinic sister and while the tuberculosis health visitor maintained liaison with the chest clinic she was able to spend more time on home visiting and follow-up.

Poliomyelitis Vaccination

The scheme, initiated during 1956 and later expanded to include all persons up to the age of forty years, has given considerable additional work to the health visitors and the success of the vaccination programme is in no small measure due to their enthusiastic efforts.

Phenylketonuria

Health visitors performed routine tests on all infants at the age of six weeks, but no new cases were found during the year.

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 groups in the community and the health visitors pay special attention to elderly persons. Arrangements are made to inform the aged of the 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 submit special record cards to central office where they are closely scrutinised by the two liaison health visitors and the senior medical officer for welfare services. This branch of the work has become a most important part of the social services and it is evident that a new concept of the duties of a health visitor is emerging.

Surveys

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

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; districts are so arranged that each health visitor has at least one clinic to supervise. Advice is given on the various problems raised by mothers and when necessary consultations with the clinic medical officers are arranged. Most of the children are immunised or vaccinated at the child welfare centres and when possible booster doses are given before the child reaches school age. Health education is a prominent function of the centre and in this the health visitor plays a major role.

Co-operation with General Practitioners

Towards the end of 1961 a meeting was held between representatives of the general medical practitioners and the health visitors. It is hoped that as a result there will be closer co-operation in future.

Co-operation with Hospitals

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

Co-operation has been well maintained during the year and has proved particularly valuable in the follow-up of mothers and old people after returning home 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 six health visitors attended such a course.

Training

The County Council contributes towards the training of student health visitors but no special grants or arrangements were made for health visitors during the year. In-service training is arranged from time to time.

Statistics

Summary of Visits paid by Health Visitors during 1960—1961 (excluding work as school nurse)

Type of Visit	1960		1961	
	First Visits	Total Visits	First Visits	Total Visits
<i>Routine Visits:</i>				
Expectant Mothers	1,078	1,596	953	1,383
Post-Natal Cases	4,478	4,820	4,266	4,633
Children under one year	4,748	27,138	4,743	26,792
Children between one and two years	128	14,510	245	13,935
Children between two and five years	206	24,239	468	22,022
<i>Special Visits:</i>				
Ophthalmia Neonatorum	3	4	1	2
Puerperal Pyrexia	—	—	—	—
<i>Care and After-Care:</i>				
Tuberculous Households	168	1,216	326	1,084
Tuberculous Patients	178	1,328	412	1,434
Mental Health	6	93	2	52
Old People	1,152	7,105	872	6,436
Other After-Care Visits	169	938	237	1,113
Problem Families	92	2,704	109	2,735
Other categories of Mental Illness	17	104	17	126
<i>Handicapped Persons:</i>				
General Classes	210	1,573	231	1,855
Deaf and Dumb	1	38	3	17
Hard of Hearing	2	22	—	18
Blind and Partially sighted	13	56	5	51
<i>Miscellaneous:</i>				
Maternity and Child Welfare Clinics attended	—	2,619	—	2,475
Chest Clinics attended	—	282	—	184
Lectures or Talks given	—	355	—	389
Other Home Visits	—	2,271	—	2,295

HOME NURSING (Section 25)

Administrative Arrangements

In Poole, Weymouth, Dorchester and Bridport staff are employed entirely on nursing duties but in the rest of the county the duties are combined with midwifery. Increasing difficulty has been experienced in filling vacancies as they arise and the position may well worsen in the future.

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. During the year twelve midwives and six home nurses attended courses.

Training

Arrangements are made through the Queen's Institute of District Nursing for selected candidates to be given special 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, 1957—1961

	1957		1958		1959		1960		1961	
	<i>Full-time</i>	<i>Part-time</i>	<i>Full-time</i>	<i>Part-time</i>	<i>Full-time</i>	<i>Part-time</i>	<i>Full-time</i>	<i>Part-time</i>	<i>Full-time</i>	<i>Part-time</i>
Administrative	—	3	—	3	—	3	—	5	1	3
Senior Nurse	1	—	1	—	1	—	—	—	—	—
Queen's Nurse (Male) ..	1	—	1	—	1	—	1	—	1	—
Queen's Nurse (Female) ..	16	36	15	34	14	34	16	39	14	35
State Registered Nurse ..	6	6	8	7	8	10	6	7	9	8
State Enrolled Nurse	1	7	1	7	1	7	1	7	1	7
Equivalent Whole-time Home Nursing Staff (omitting Administrative Staff) ..	49.5		50.0		50.5		50.5		54.5	
Queen's district training ..	1		2		2		2		2	

Summary of Cases attended and Visits paid by Home Nurses, 1959—1961

<i>Classification</i>	1959		1960		1961	
	<i>Cases</i>	<i>Visits</i>	<i>Cases</i>	<i>Visits</i>	<i>Cases</i>	<i>Visits</i>
Medical	5,860	120,818	5,794	118,385	5,864	122,986
Surgical	1,787	32,533	1,571	30,549	1,418	28,682
Infectious Disease	17	47	3	2	4	13
Tuberculosis	105	5,196	111	4,075	76	2,429
Maternal Complications	32	258	48	240	34	220
Others	34	139	42	407	48	545
Totals	7,835	158,991	7,569	153,658	7,444	154,875
Patients 65 or over included in above ..	4,499	109,145	4,441	87,358	4,567	91,646
Children under 5 included in above ..	397	1,929	335	1,794	332	1,669
Patients included in above with over 24 visits	1,551	111,433	1,461	104,340	1,468	98,777

Summary of Cases Attended and Visits Paid by Home Nurses, 1957—1961

<i>Number of cases attended by Home Nurses during the year</i>					<i>Number of visits paid by Home Nurses during the year</i>				
1957	1958	1959	1960	1961	1957	1958	1959	1960	1961
8,494	7,872	7,835	7,569	7,444	163,656	160,627	158,991	153,658	154,875

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

Diphtheria, Whooping Cough and Tetanus Immunisation

Administrative Arrangements

A primary course consisting of three injections of triple antigen to cover diphtheria, whooping cough and tetanus is given at monthly intervals commencing at the age of four months. The scheme, started in north Dorset during 1960 and consisting of holding special immunisation clinics, provides a convenient and satisfactory protection against these diseases; a higher immunisation rate is however necessary before a satisfactory degree of overall protection within the community is maintained.

Measures to Encourage Immunisation

Lectures to selected audiences, leaflets and posters continue to be used but there is no doubt that the personal approach to parents by doctors and health visitors is the only effective method of achieving satisfactory results. As infectious diseases diminish and disappear so the difficulties of propaganda increase.

Smallpox Vaccination

Administrative Arrangements

The number of children vaccinated within the first year of life and between the ages of one to four years was 1,081 and 1,725 respectively. A total of 3,286 persons of all ages were vaccinated and 485 were re-vaccinated. For some inexplicable reason the number of those protected against smallpox in the county is not in keeping with the excellent figures achieved for poliomyelitis, B.C.G., and other prophylactic measures.

Organised Methods to Encourage Vaccination

The direct approach to parents is the method of choice and some headway has been made at clinics and by the health visitors in the homes, but there is room for much improvement in the overall response to the facilities offered for vaccination.

Arrangements in the event of an outbreak of smallpox

On the 15th May 1961 the Regional Hospital Board made arrangements for Weyhill Hospital, Andover, to be equipped as the first line hospital for the reception of patients suffering from smallpox from this area and notified the closure of Crabwood Hospital which was previously used for this purpose.

In the event of an outbreak, adequate supplies of lymph are held in the County Laboratory at Dorchester and at the Medical Research Council laboratory in Poole. If mass vaccination was required, an unlikely event if modern epidemiological methods are followed, the county clinic and other suitable premises would be used for this purpose.

Poliomyelitis Vaccination

Administrative Arrangements

A steady volume of work was sustained and arrangements were made to give a fourth injection to school children between the ages of five to eleven years. Oral vaccine was not used during the year and the majority of injections were carried out by the county medical staff, at the same time however the number of cases vaccinated by general practitioners continues to increase.

Statistics

The following table shows the number of persons who were vaccinated against poliomyelitis during 1961:—

<i>Class</i>	<i>Received two injections</i>				<i>Received third injection</i>			
	<i>County Area</i>	<i>Poole Area</i>	<i>S. Dorset Area</i>	<i>Totals</i>	<i>County Area</i>	<i>Poole Area</i>	<i>S. Dorset Area</i>	<i>Totals</i>
Children and young persons born born in years 1943—1961 ..	2,976	2,041	995	6,012				
Persons born in years 1933—1942	834	456	269	1,559	9,804	2,691	5,715	18,210
Persons born before 1933 who have not reached their 40th birthday	2,088	1,246	382	3,716	<i>Received fourth injection</i>			
Others	45	62	78	185				
Totals	5,943	3,805	1,724	11,472	11,809	5,553	5,731	23,093

Organised measures to encourage vaccination

Arrangements were made to explain the merits of this vaccination by lectures, press articles and individual approach to parents by health visitors.

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

Administrative Arrangements

Plans have now been completed to extend central ambulance control until ten p.m. every night. Calls between ten p.m. and eight a.m. will be taken by the Fire Service, the County Constabulary being relieved of their present responsibility in that connection.

The demands for the service continue to increase and the number of patients carried has now reached 150,000 per annum; an average of over 400 per day. The tendency to centralise certain medical and surgical treatment at particular hospitals together with the expansion of the health services generally had resulted in this steady increase; the appointment of full-time transport officers in the larger hospitals would help considerably to lessen the burden.

The British Red Cross Society ceased to operate a service in Charmouth owing to difficulties in obtaining voluntary attendants. An additional full-time driver was therefore appointed at Bridport and a third ambulance garaged there.

The county establishment was increased by four additional drivers owing to the reduction of the working week to forty-two hours and the general increase in work at all stations. Wage-awards to drivers in recent years have so reduced the differential between this work and supervising personnel that a review of the rates of pay of the latter became imperative. A similar situation is known to exist in the services provided by most local authorities and a national scale of ranks and pay would be of assistance.

Some difficulty has been experienced in enrolling hospital cars of the larger type at existing mileage rates and a proposal to the County Councils' Association for an increase has since been adopted by them.

Training

The course in advanced first aid referred to in my last report was so successful that in 1961 courses were held in Poole and Dorchester, attendance at both, which was voluntary, being even better than in the previous year. These courses concluded with an examination, those passing qualifying for first aid allowances. This procedure will be followed in future years and the duration of the course will also be extended.

Particular attention was paid to instruction in mouth-to-mouth resuscitation and a 'resuscianne doll' on which trainees might practice was purchased.

A major disaster exercise involving a crashed aircraft and one hundred casualties was held at Hurn airport when Dorset, Wiltshire and Bournemouth ambulance services all co-operated to the maximum extent possible. This exercise was of the greatest value in testing the existing schemes for dealing with major disasters.

The names of forty-nine drivers were entered for the National Safe Driving competition and of these forty-three received awards. The Bridport ambulance team was placed third in the Regional ambulance competition.

Ambulance Stations

The construction of a new ambulance station was commenced at Sturminster Newton and will eventually be the main station for north Dorset.

Vehicles and Equipment

Three Austin ambulances for normal station duties, one Austin ambulance specially designed for long distance transport and one dual purpose vehicle were purchased. The need for some larger sitting case vehicles became apparent and one to carry a driver and eleven patients will be purchased. Stephenson minuteman resuscitators were purchased for the depots at Weymouth and Dorchester.

Statistics

Comparative Mileage Table

Year	Ambulance Service		Hospital Car Service		Both Services Combined	
	Mileage for year	Increase (+) or decrease (-) on previous year	Mileage for year	Increase (+) or decrease (-) on previous year	Mileage for year	Increase (+) or decrease (-) on previous year
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
1959	487,746	+26,700	612,880	+35,782	1,100,626	+62,482
1960	487,922	+176	640,262	+27,382	1,128,184	+27,558
1961	527,136	+39,214	714,147	+73,885	1,241,283	+113,099

Table Efficiency

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
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
1959	8.35	2.66	9.77	3.02
1960	7.65	2.81	9.30	3.18
1961	8.37	2.63	9.82	3.24

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. Also included under this section during 1961 were the local health authorities' responsibilities for mental illness and mental subnormality, which has had the effect of repealing Section 51 in the original National Health Service Act 1946.

Tuberculosis

Administrative Arrangements

In accordance with the Public Health (Tuberculosis) Regulations 1952 a central register is maintained at the county health department. Health visiting cards are issued for each new case, the home being visited initially and thereafter at three monthly intervals, more frequently if necessary, until the case becomes quiescent. Two health visitors attend the chest clinics at Poole and Dorchester in the capacity of liaison officers between the chest physician and the district health visitors. Close co-operation is maintained between the district medical officers, health visitors, and chest physicians. 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 communicated with and all relevant details are passed to the chest physician in order that follow-up action of contacts may be carried out.

The visiting cards used by the health visitors have recently been replanned and this should result in fuller information being available to the department.

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 rehabilitation centres. Two men who were at Enham Alamein village centre at the beginning of the year have since become self supporting and no new cases were admitted.

Statistics

Tuberculosis—Care and After-Care

	1957	1958	1959	1960	1961
Number of visits paid by Health Visitors ..	3,288	2,814	2,415	1,328	1,434
Number of shelters provided	5	4	4	3	3
Number of patients receiving milk grants ..	33	55	57	52	41
Total number of pints of milk issued ..	11,780	17,792	19,065	17,714	15,343
Average number of pints of milk per day issued	32.2	48.7	52.2	48.4	42.0

B.C.G. Vaccination of Tuberculosis Contacts

In this scheme the contacts of persons suffering from tuberculosis are given a preliminary skin test by the chest physician and, if as a result of this are considered suitable, are vaccinated. During 1961 a total of 311 children received this protection compared with 394 in 1960.

Statistics

	1957	1958	1959	1960	1961
Number of contacts successfully vaccinated	489	390	328	394	311

B.C.G. Vaccination of Schoolchildren

The B.C.G. vaccination scheme for protecting children reaching the age of thirteen years has continued and all private and public schools are included in the scheme as well as those under the control of the local education authority.

The acceptance rate was 81.9 per cent and of the 3,410 children tested 365 were mantoux positive (10.7 per cent). It is interesting to note that 14.5 per cent of the children tested in Poole were positive, the figure for the remainder of the county being 9.2 per cent. Arrangements are made for all positive children to be followed up by chest x-ray.

Statistics

B.C.G. Vaccination of School Children

	1957	1958	1959	1960	1961
Number of schools visited	86	56	68	53	46
Number of children eligible	6,582	2,266	5,942	4,579	4,546
Number of parental consents	4,621 (70.2 %)	1,753 (77.3 %)	4,333 (81.3%)	3,789 (82.7%)	3,726 (81.9%)
Number of children Mantoux tested	4,260	1,601	4,174	3,689	3,410
Positive reactors	687 (16.1 %)	237 (14.8 %)	455 (10.9%)	401 (10.8%)	365 (10.7%)
Negative reactors vaccinated	3,441	1,347	3,673	3,194	2,935
Absentees	132	141	159	225	316

Mass Miniature Radiography

As in previous years mass miniature radiography has been undertaken in the county by the Dorset, West Hampshire and South Wiltshire unit of the Wessex Regional Hospital Board and I am indebted to the medical director for details of the work in this area. The main centres of population are visited regularly and visits paid to places of work, schools, etc. A considerable amount of preparation and publicity is undertaken before a local campaign is launched and the units staff work in close co-operation with the district medical officers of health, county health department, school teachers, employers of labour and others.

Table I (35 mm. and 100 mm. units)

Total number of cases examined	30,682	
Number referred to chest clinic or family doctor	398	(1.294%)
Number with definite or probable tuberculosis	74	(0.241%)
Number with other conditions	324	(1.056%)

The circuit of the 35 mm. unit covers areas outside the county and takes two to three years to complete. In 1961 more time was spent in Dorset and as a result a larger number of persons were examined, a total of 30,682 as compared with 15,849 in 1960. The corresponding figures for the 100 mm. unit are almost the same as those of the previous year, the additional examinations being carried out by the 35 mm. unit.

Table II (35 mm. film unit)

Number examined	21,934	
Recalled for large film examination	173	(0.79%)
Recalled for clinical examination	106	(0.48%)
Referred to Chest Clinic	72	(0.33%)
(a) probably tuberculous	31	(0.14%)
(b) probably non-tuberculous	41	(0.19%)
Referred to doctor or hospital	26	(0.12%)

Table III (a)

Ultimate Diagnosis and Disposal of cases referred to Chest Clinic

Number of cases referred to the appropriate Chest Clinic as probably tuberculous—31.

	Male	Female	Total
Number of cases diagnosed as active pulmonary tuberculosis and recommended for hospital treatment	4	1	5
Number of cases diagnosed as active pulmonary tuberculosis and recommended for domiciliary treatment	4	3	7
Number of cases diagnosed as tuberculosis requiring supervision	11	4	15
Number of cases diagnosed as non-tuberculous	1	—	1
Number of cases not yet classified	2	1	3
	22	9	31

Table III (b)
Diagnosis and Disposal of Non-tuberculous cases

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Non-tuberculous cases: Referred to Chest Clinic			41
Referred to Doctor or Hospital			26
			—
			67
Cardiovascular lesions	9	11	20
Carcinoma of lung	6	1	7
Other non-tuberculous conditions	24	16	40
	39	28	67

Table IV
Age groups examined and incidence of active pulmonary tuberculosis

	<i>Under 14</i>	<i>14</i>	<i>15—19</i>	<i>20—24</i>	<i>25—34</i>	<i>35—44</i>	<i>45—54</i>	<i>55—59</i>	<i>60—64</i>	<i>65+</i>	<i>Total</i>
<i>Males:</i>											
Examined	11	25	1,990	793	1,976	2,104	1,819	742	523	760	10,743
Active Cases	—	—	—	—	1	1	2	—	1	3	8
<i>Females:</i>											
Examined	5	31	2,082	978	1,883	2,261	1,863	697	575	816	11,191
Active Cases	—	—	—	1	1	1	—	—	—	1	4

Odelca Camera Unit

In addition to the work carried out by the 35 mm. unit, the Regional Hospital Board provided a 100 mm. Odelca Camera Unit which is installed in a motor vehicle complete with office space, generating its own power, and staffed by one radiographer and one clerk.

This unit is primarily intended for those who have complained of chest symptoms and been referred for x-ray by general practitioners. The unit is also used for surveys in small factories and institutions, routine x-ray of hospital staffs and is available to local health authorities for pre-employment examination; it is also used for the routine examination of naval personnel in Weymouth.

Attention might be drawn to the increasing number of cases of carcinoma of the lung diagnosed by the 100 mm. unit. Unfortunately however early diagnosis by this means is not a guarantee of successful treatment.

Mental Health

Administrative Arrangements

In view of the expansion of the mental health service and the increased volume of business arising therefrom, a Mental Health Sub-Committee was established to deal with those matters appertaining to mental health which had previously been the responsibility of the Social Services Sub-Committee.

As from the 1st April the Poole Borough Council assumed delegated powers for the service within their area, with the exception of responsibility for providing residential accommodation. Provision was made for the senior officer for Mental Health and care and after-care to act in a similar capacity in the Borough and in this way it was possible for matters of mutual interest to the two Councils to be kept constantly under review such as transport arrangements, the allocation of vacancies at training centres, the provision of hostel accommodation and acquisition of sites.

The information and statistics given below apply to the whole county, including Poole.

The district welfare officers, who also undertake mental health duties, were re-deployed into four main areas Poole Borough, east Dorset, south Dorset and west Dorset. A senior district welfare officer was placed in charge of each area and he was assisted by a district welfare officer.

A trainee district welfare officer was appointed with a view to gaining practical experience in the duties of a mental health and welfare officer before taking one of the courses established in accordance with the recommendations of the Younghusband Report. An appointment to the remaining vacancy on the establishment was made at the end of the year and the officer concerned was due to take up his duties early in February 1962.

A newly appointed officer attended an induction course for mental welfare officers. Several staff conferences were held which were valuable in keeping the officers informed of developments in the service.

Co-ordination with Regional Hospital Board

Consultations took place throughout the year with officers of the Wessex Regional Hospital Board concerning the development of the service. Several meetings were held to discuss the provision of accommodation for mentally subnormal patients and also regarding the development of a mental health centre in the Poole area.

Members of the Mental Health Sub-Committee visited Coldeast and Tatchbury Mount Hospitals.

Mental Illness

The year was noteworthy for a marked rise in the number of patients admitted to hospitals by the mental welfare officers for treatment for mental illness. Herrison Hospital received all but a small number of these patients. The total of 804 admissions, during 1960, which was until then the highest ever recorded, was exceeded by 187 making a total of 991 cases classified as follows:—

Informal		Observation		Treatment		Emergency		Court Orders		Total	
Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	M.	F.
295	478	12	33	18	40	41	71	2	1	368	623

The main reason for the increase is undoubtedly a greater willingness on the part of patients to accept informal admission. It can also be explained in part by a tendency for patients to enter hospital for short periods, leaving before they are fully recovered and requiring readmission soon afterwards. A further reason is that general practitioners and the medical staff at Herrison Hospital are relying more and more on the mental welfare officers to arrange the admission of informal patients seen at outpatient clinics or in their homes. This trend is valuable in that, although it adds considerably to the work of the officers, it enables them to establish an early relationship with patients who may subsequently require after-care.

In May all sea borne passenger traffic to and from Southampton and the Channel Islands was transferred to Weymouth and psychiatric patients are now met on arrival at Weymouth by the mental welfare officer for south Dorset who arranges for admission either to Herrison Hospital or direct to a hospital in their home areas.

The after-care service has developed rapidly and 171 cases were referred. Of these 108 remained under visitation at the end of the year. The mental welfare officers submitted reports following each visit and copies were sent to the hospitals by whom the patients were referred for after-care.

Mental Subnormality

Eighty-seven new cases were referred and found to be subnormal or severely subnormal as follows:—

Subnormal				Severely Subnormal				Total	
Under 16		Over 16		Under 16		Over 16		M	F
M	F	M	F	M	F	M	F	M	F
20	6	8	6	18	9	7	13	53	34

The mental welfare officers paid regular visits to the 527 mentally subnormal patients resident in the community at the end of the year. These were classified as follows:—

Subnormal				Severely subnormal				Totals			
Under 16		Over 16		Under 16		Over 16		Under 16		Over 16	
M	F	M	F	M	F	M	F	M	F	M	F
21	5	64	35	74	41	118	169	95	46	182	204

The review of guardianship cases immediately following the inception of the Mental Health Act 1959 resulted in eighteen patients being discharged and at the end of the year only four cases remained, two of which had been dealt with by the courts during the year and placed under the guardianship of the local health authority.

Twenty long-stay cases were admitted to hospital as follows:

Hospital	Male		Female		Totals
	Under 16	Over 16	Under 16	Over 16	
Hortham	—	1	—	3	4
Harperbury	—	—	—	1	1
St. Mary's, Alton	—	—	—	2	2
Tatchbury Mount	1	3	—	—	4
Coldeast	4	1	3	1	9
Totals	5	5	3	7	20

By the end of the year twenty-seven patients were awaiting long term hospital care, ten of whom were considered to be urgent cases.

The provision of hospital accommodation for short term care patients is inadequate to meet the need and it was possible to admit only seven patients of this category to health service hospitals. Consequently use had to be made of private homes in the case of fifteen patients for whom the local health authority accepted financial responsibility.

In May a small training centre for juniors and adults was opened at Bridport in rented premises, the pupils being conveyed daily by the hospital car service from widely scattered areas. Despite having to work under the handicap of inadequate accommodation, the centre quickly became established and there was a rapid improvement in the social behaviour of the children attending.

At Poole it was found necessary to rent a large hall in a church adjoining the training centre so as to eliminate a waiting list of some twenty-four children. This additional accommodation provided two extra classrooms which made it possible to redistribute the pupils throughout the centre, it being intended to establish an additional nursery class as early as possible in 1962.

Nursery attendants were engaged at both the Poole and Weymouth training centres and this made it possible to admit more children to the nursery classes.

The capacity of the building in which the Weymouth centre operates is limited by inadequate toilet accommodation. In spite of this difficulty it is hoped to be able to meet the demand for places until such time as the new premises become available. A start on the purpose built centre was made in the autumn and it should be ready for occupation in the spring of 1963. It will cater for both juniors and adults, but they will have separate entrances and the only parts of the building to be used by both groups will be the assembly hall and the kitchen. Separate dining accommodation is being provided by partitioning the hall with a folding screen.

The Parent/Teacher Association at the Weymouth training centre engaged the services of a speech therapist at the centre on a part-time basis and the County Council gave financial assistance. The children benefitted considerably from the speech therapy provided and it was unfortunate that the arrangement had to be discontinued on account of the therapist leaving the county. It is, however, hoped to resume the service early in 1962.

Of the children attending the Weymouth training centre, four were out-county cases who were resident on a long term basis at Hawthorn Lodge, the Cheshire Home for mentally handicapped children in Dorchester.

The following figures give the numbers of pupils receiving training at the end of the year.

Training Centre	Under 16		Over 16		Total
	M	F	M	F	
Bridport	11	3	1	3	18
Poole	32	13	18	21	84
Weymouth	21	19	7	11	58
Out county centres ..	3	1	1	2	7
Totals	67	36	27	37	167

One supervisor and two assistant supervisors attended refresher courses.

A useful start was made on outwork for local industrialists at the Bridport and Weymouth centres and the senior pupils enjoyed this departure from traditional handicrafts, especially as there was some small remuneration for them in return for the work done. It is intended to expand this type of work as much as possible but the scope is limited on account of the small amount of light industry in Dorset.

Much attention has been paid during the year to the need for training centre facilities to be provided in the north of the county. At present there are seven children from that area attending the Yeovil Training Centre by kind permission of the Somerset County Council, but on account of travelling difficulties it has not been possible to extend this arrangement to cover the whole area. It has, therefore, been decided to establish a training centre at Sturminster Newton early in the new year and the former secondary modern school buildings are being adapted for the purpose. The county will then be served by four centres and it will be possible to convey pupils to them on a daily basis from all but the most remote areas.

Registration of homes

There are four residential homes for mentally disordered persons catering for subnormal and severely subnormal patients, but there are no mental nursing homes. One of the homes had been registered by the end of the year and the remainder were in process of registration following enquiries and improvements made regarding fire precautions, staffing and other matters.

One of these homes, at Lytchett Matravers, accommodates some twenty-seven adult women, who would otherwise have to be provided for in hospitals or local authority hostels. Following discussions with the National Assistance Board the County Council has accepted financial responsibility for those residents who are placed in the home through the agency of the mental welfare officers and whose means are insufficient to meet the weekly maintenance charge which has been agreed with the proprietor.

Statistics

The 1,013 mentally subnormal and severely subnormal patients on the register at the end of the year were dealt with as follows:

Disposal	Under 16 years		16 years and Over		Totals
	Males	Females	Males	Females	
Visited at home	94	46	181	202	523
Under guardianship ..	1	—	1	2	4
In hospitals	47	38	218	183	486
Totals	142	84	400	387	1,013

The 486 subnormal patients were in the following hospitals:

Hospital	Under 16		Over 16		Totals
	Males	Females	Males	Females	
<i>Within Wessex Regional Hospital Board Area</i>					
Coldeast	19	29	4	33	85
Tatchbury Mount	14	—	67	—	81
Port Bredy, Bridport	—	—	—	19	19
Field Place Home	4	6	—	—	10
St. Mary's, Alton	—	—	—	9	9
<i>In other regions</i>					
Royal Western Counties	2	1	64	32	99
Hortham	2	1	53	58	114
Botleys Park	—	—	4	3	7
Fountain	2	—	—	—	2
Harperbury	—	—	—	2	2
Rampton and Moss Side	—	—	7	7	14
Royal Earlswood	3	1	3	2	9
South Ockendon	—	—	2	—	2
St. Lawrence's Caterham	—	—	—	2	2
Sandhill Park	—	—	4	1	5
Stoke Park	—	—	8	10	18
Darenth Park	—	—	1	—	1
Leavesden	—	—	—	1	1
Lisieux Hall	1	—	—	—	1
St. Raphaels	—	—	1	—	1
St. Teresa's	—	—	—	1	1
Totterdown Hall	—	—	—	3	3
Totals	47	38	218	183	486

Other Illness

After-Care

In exercising their 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. Arrangements are made 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 co-operate 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 who require 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 exercise their 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 twenty-two female and three male patients to suitable holiday homes.

Statistics

After-Care Services provided by the Dorset Branch of the British Red Cross Society

	1957	1958	1959	1960	1961
<i>Home Visiting:</i>					
Number of home visits	4,784	5,124	4,967	4,983	3,142
Number of new cases seen	134	149	114	135	111
<i>Articles Supplied:</i>					
Special invalid foods	1,010	736	550	709	421
Bedding	163	79	61	68	42
Handicraft Materials	828	901	808	780	673
Clothing	204	—*	—*	—*	—*
Medical Aids and Comforts	No figures	available	252	306	661

*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 centres but these facilities are seldom used.

The number of Dorset patients dealt with for the first time during 1961 at treatment centres was 246, classified as follows:—

<i>Treatment Centre</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other conditions</i>	<i>Totals</i>
Bournemouth	—	6	20	26
Dorchester	—	—	16	16
Poole	7	20	93	120
Salisbury	—	—	1	1
Weymouth	2	11	64	77
Yeovil	—	1	5	6
Totals	9	38	199	246

The number of cases of syphilis notified is unaltered but gonorrhoea shows an increase and other conditions a reduction throughout the county.

Domiciliary Care of Old People

General Arrangements

The work of health visitors among elderly persons continues to increase and the number of the latter on the register now amounts to 3,858. The health visitors are encouraged to keep in close consultation with general practitioners concerning any of their patients where this is indicated and as all their work is supervised by the two liaison health visitors this ensures close co-operation with the hospital authorities and all other sections of the department. The greatest importance is placed on encouraging elderly persons to lead an independent life in their own homes and the Council co-operate with local housing authorities in the provision of special dwellings for old people. The home nursing and domestic help services have been used as fully as possible and the meals on wheels service continues to increase. In the Poole area there are laundry facilities for the elderly as an adjunct to the domestic help service. When all domiciliary care becomes insufficient admission to residential accommodation is recommended, but the waiting list remains long and cases have to be admitted according to the degree of urgency.

Statistics

<i>Cases on Register on 1.1.1961</i>	<i>Entered Hospital or Nursing Home</i>	<i>Entered Part III or Private Accommodation</i>	<i>Left County</i>	<i>Deaths</i>	<i>Registrations on 31.12.61</i>
3,539	253	191	126	546	3,858

Meals on Wheels

The Women's Voluntary Service has again given invaluable help with the mobile meals service and the Council are much indebted to the members of this organisation who give so much time to the work. The service plays an important part in the domiciliary care of old people; the meals are much enjoyed and appreciated by them, as also is their friendly contact with the helpers. During the year the service was introduced into two new areas.

Statistics

The number of persons receiving meals each year since the scheme started was:—

<i>Area</i>	1955	1956	1957	1958	1959	1960	1961
Blandford	—	—	—	—	—	9	—
Bridport	21	45	39	50	37	31	40
Corfe Castle	—	—	—	—	7	8	10
Dorchester	14	16	12	29	18	11	33
Ferndown	—	7	8	—	—	—	—
Lyme Regis	—	—	—	—	—	—	7
Poole	52	101	151	183	110	84	207
Portland	—	—	—	—	—	20	38
Swanage	—	—	—	—	18	15	36
Weymouth	36	71	86	88	67	54	131
TOTALS	123	240	296	350	257	232	502

Provision of Old People's Dwellings by Local Housing Authorities

It is well known that in preference to being admitted to accommodation for old persons most of the elderly prefer to remain for as long as possible in their own homes in the area in which they have friends and social contacts. To assist them in this, the County Council have for many years sought to co-operate with local housing authorities in the provision of dwellings provided with welfare facilities specially suited to the needs of old people.

In 1951 the County Council first approved contributions being made towards expenses incurred by a district council in the provision of old people's dwellings. The present scheme provides for the following contribution rates:

- (a) £30 for each dwelling in a group of dwellings where a full-time warden service and the requisite structural welfare facilities are provided.
- (b) £32 (in lieu of £30) for each dwelling coming within category (a) above, where, in providing a full-time warden service, the district council employs a deputy to act in the absence of the warden and in an emergency.
- (c) £20 for each one or two-bedroom unit of accommodation in the same locality or each isolated one or two-bedroom dwelling, with a modified warden service and the requisite structural welfare facilities.

District councils have complete freedom in the choice of tenants of the dwellings but the contributions are made only in respect of those dwellings which are occupied by old people who, on a medical assessment, are approved by the county medical officer of health as being, or likely within a reasonable time to be, in need of the welfare facilities which the dwelling affords. The scheme allows for the continuance of a contribution in special circumstances in which a dwelling is occupied by a tenant who cannot be regarded as being in need of the accommodation on medical grounds. There is also a joint assessment of the housing waiting lists of district councils and the County Council's records of old people so that a realistic estimate can be made as to the need for special dwellings and of the number of tenants who could be approved for contribution purposes.

The scheme contains details of the structural welfare facilities considered desirable and the minimum facilities acceptable for contribution purposes are specified.

The duties of the wardens are determined by the district councils by whom they are employed but the County Council require that wardens shall see the residents periodically and be responsible for taking appropriate action in any situation requiring attention. Where a full-time warden service is provided the warden is required to be available by call-bell or other system and to ensure that someone is nominated to deputise for him in his absence.

Statistics

Up to the end of 1961 the following dwellings provided or proposed to be provided especially for old people had been approved for contribution purposes subject to the specified conditions relating to occupancy and welfare facilities.

<i>Local Authority</i>	<i>Number of Dwellings</i>	<i>Location</i>
Beaminster R.D.C.	10	Netherbury
Blandford B.C.	7	Barnes Homes, Blandford Forum
	10	Harewood Place, Blandford Forum
Blandford R.D.C.	7	Hopsfield Estate, Milborne St. Andrew
	9	General Wolfe Close, Shroton
Dorchester B.C.	12	Liscombe Close
	10	Hawthorne Flats
Dorchester R.D.C.	2	Near Dorchester
	8	Broadmayne
	4	Chickerell
Poole B.C.	16	Trinidad Estate
	29	Waterloo House
Shaftesbury R.D.C.	18	Orchard Close, Fontmell Magna
	10	Gillingham
Shaftesbury B.C.	11	Barton Hill, Shaftesbury
Sherborne U.D.C.	43	Durrant Close, Sherborne
	3	Chrysanthemum Row
Sturminster R.D.C.	14	Bonslea Mead, Sturminster Newton
	15	Vale Terrace, Shillingstone
	16	Stalbridge Close
	13	Marnhull
	2	Jesamine Cottages, Marnhull
	2	Kingston, Hazelbury Bryan
Weymouth B.C.	35	Sussex Road
	18	Radipole House Site (approved in principle)
Wimborne U.D.C.	16	Leigh Park
Wimborne and Cranborne R.D.C.	5	Tricketts Cross, West Parley
	345	

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 health visitors. A report is sent to the hospital on home conditions together with an opinion as to the need for priority of admission on social grounds.

Under the arrangements previously reported, 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 one of the senior medical officers. In a number of cases it has been found possible to admit persons 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. Co-operation with the Salisbury Group Hospital Management Committee has continued and this group accepts cases from certain parts of the north of the county. In this area health visitors report on the social conditions of patients on the chronic sick hospital waiting list.

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. 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 sick hospitals	Assessed for Part III	Withdrawals—deaths, transfers to other areas	Waiting list at 31.12.61
561	372	46	121	22

Hospital Management Committee	Requests for investigation of home conditions	Requests cancelled through decease, etc.	Recommended for priority admission	Not Recommended for priority admission
Bournemouth and East Dorset Group ..	247	60	160	50
Salisbury Group	16	4	12	—
Somerset Group	2	—	2	—

Chiropody

Prevention of Illness

During the year there has been a continued heavy increase in the demand for the chiropody service, which was started in 1959 following the decision of the Minister of Health to relax the restrictions which had hitherto existed.

The service is provided on the County Council's behalf by the Dorset Branch of the British Red Cross Society with the help of a substantial financial grant. Local chiropodists are engaged by the Society and sessions are held at the County Council's clinics and other conveniently situated premises throughout the county. Patients are seen by appointment and a nominal charge of 2/6d. is made towards the cost of the chiropodists' fees, dressings and drugs. Free transport is arranged when necessary. Priority is given to elderly and physically handicapped persons and expectant mothers.

By the end of the year, clinic sessions were held as follows:—

Town	Number of three-hourly sessions per quarter	Number of patients registered	Waiting List
Blandford	52	224	—
Bridport	36	136	12
Charmouth	6	26	—
Dorchester	33	189	—
Gillingham	36	74	—
Lyme Regis	4	18	—
Marnhull	6	25	—
Hamworthy	16	125	—
Maiden Newton	12	67	1
Poole	92	921	3
Shaftesbury	15	71	—
Sherborne	13	58	—
Stalbridge	6	30	—
Sturminster Newton	10	39	—
Swanage	36	250	—
Wareham	26	62	—
Total	399	2,315	16

Prevention of Break-up of Families

This important work has continued on the lines previously described and the combined efforts of the various officers and others concerned has undoubtedly been largely instrumental in preventing the disintegration of a number of families. The health visitors in particular and the district social services officers play a prominent part in this work and the success of their efforts is more often to be found in a steady improvement of a situation over a long period, or the prevention of its further deterioration, than in a readily apparent solution of the problem. A liaison health visitor co-ordinates the work of health visitors and other officers concerned with problem families in the county, with the exception of Poole, and undertakes intensive rehabilitative work in appropriate cases. Another liaison health visitor carries out similar duties in Poole.

Arrangements have been made for the early notification by district councils of tenants in arrears with their rent, the supervision of such families by the County Council's welfare officers, the payment to district councils of any loss which they might suffer through continuing to house unsatisfactory tenants for a specified period and the payment of a contribution towards extraordinary dilapidations caused by such tenants.

With two exceptions district councils, excluding the Poole Borough Council, have agreed to participate in a scheme whereby certain district councils will provide intermediate accommodation, it being intended that a family becoming homeless in any district shall be placed in the nearest vacant unit of accommodation on the understanding that they will be rehoused within six months by the district council in whose area they became homeless. The County Council undertakes to meet, by way of contribution under Section 56 of the Local Government Act, 1958, the financial deficiency incurred by the district councils in providing the intermediate accommodation and carries out any necessary rehabilitative work with the families concerned. The scheme provides for joint meetings between representatives of the County Council and district councils.

The joint scheme already in operation with the Poole Borough Council continues. This provides for the temporary accommodation and rehabilitation of problem families by the County Council and for their rehousing by the Borough Council. Other homeless families are placed in intermediate accommodation provided by the Borough Council, the County Council meeting the financial deficiency. When such action is deemed to be necessary case conferences, to which all interested persons are invited, are convened by the appropriate district medical officer.

Statistics

Classification	On Register 1.1.61	Registered during 1961	Removed during 1961	On Register 31.12.61	Case Conferences
Problem families	115	43	41	117	2
Potential problem families ..	64	25	35	54	3
Totals	179	68	76	171	5

Survey of Malignant Diseases in Childhood

During the past year the Health Department has co-operated with the Department of Social Medicine, Oxford University in a survey of malignant diseases in childhood. Other local health authorities have also been engaged in this work so that eventually a national picture will be built up of these diseases which are the second commonest cause of death in children aged between one and fifteen years.

The main aim of the investigation is to find out the reasons for the disturbing increase in the number of children dying from leukaemia, an illness which was once extremely rare. Part of the increase is no doubt spurious, due to better diagnosis, and part real due to the fact that before the discovery of penicillin and other antibiotics these children commonly died from pneumonia and respiratory infection before there was time for leukaemia to develop.

Previous experimental work has indicated that chemical agents, hormones, heredity and ionizing radiation might be among the factors playing some part in the development of malignant disease but it was felt that there was also some 'new' and unknown factor in ordinary life which might be responsible for the rising incidence of leukaemia.

A more detailed knowledge of these factors, resulting from the survey, will be used to test the stress theory of the cause of cancer which was postulated from data collected during a previous investigation in which this department also co-operated. According to this theory cancers and leukaemias are the result of a two-stage process. The first essential change is a genetic mutation so that all cells which subsequently develop from the cell which has undergone the alteration are defective. The period during which these defective cells multiply is symptomless and of little consequence unless the cells' environment changes; should this happen in such a way as to expose a defective cell to conditions of stress then the cells may develop malignant properties. Many factors are thought to cause stress, for example, radiation, chronic irritation and infection; also rapid cell division and multiplication such as takes place in the developing child.

In the last five years twenty-three children have died in Dorset from malignant disease, thirteen of them from leukaemia, their ages ranging from one to thirteen with an average age of just over four years.

For the purposes of the survey the parents of these children were interviewed by a member of the medical staff to obtain answers to a number of set questions on previous illness in the family and exposure to X-rays. The mothers of suitably matched controls were also interviewed in an attempt to find a difference between the backgrounds of the child who had died and a normal healthy child. In all, thirty-four homes were visited by the medical staff during the course of which they were greatly assisted by the health visitors.

No parent refused to be interviewed and it is hoped that when the information obtained is statistically analysed their unselfish co-operation may prove to be a further step towards the prevention of these tragic happenings in the future. This investigation will illustrate also the potential of public health in the performance of research work of this type.

Health Education

Every opportunity has been taken to emphasise the importance of health education in the form of lectures, discussions, films, filmstrips, posters and other literature. At the same time it must be stressed that the greater part of the work is carried out by medical officers and health visitors during the course of routine work at clinics and during home visits.

The county, Weymouth and Portland branches of N.A.L.G.O. staged a local government exhibition in the ballroom at the Pavilion, Weymouth, at which the county health department and the Weymouth borough health department co-operated in planning two stands. All aspects of the health services were displayed and members of the staff were in attendance at the stands throughout the exhibition in order to answer questions put to them by the public and to distribute suitable literature. Judged by the fact that approximately 6,000 persons attended during the three and a half days the exhibition was open, the large amount of extra work involved in organising the exhibition is considered well worth while.

Home Safety

Electrically operated display units are used as well as other methods in the form of pegboards and flannelgraphs, and lectures supported by films given to impress upon the public the importance of this subject and falls, burns, scalds and first aid are among the subjects covered.

A film company made and presented to the department a complimentary copy of a special film which has proved a most valuable addition to the film library.

Smoking and Cancer of the Lung

Every opportunity has been taken in order to bring this subject to the fore, especially by the wide distribution of posters and leaflets.

Care of the Teeth

The principal school dental officer and other members of his staff have given talks on the care of the teeth, supported by films, in schools and places where such instruction could be of value. Other instruction has been given at welfare centres by health visitors and very good use has been made of pegboard displays and leaflets on the subject.

Displays, Films, Filmstrips and other Equipment

Good use is made of these media for health education which are in constant use throughout the year at clinics and welfare centres. Pegboard displays and flannelgraphs are available and these have been well used and changed frequently. Many requests continue to be received for a variety of posters and leaflets and new literature is obtained when published.

Prophylactic Procedures

Progress has been made by medical officers, health visitors and nurses in encouraging mothers to take advantage of prophylactic measures available. Posters, press notices and leaflets played their usual part in these campaigns.

Atomic Energy Research Establishment

As stated in previous reports a liaison committee has been set up to deal with health, safety and public relations in connection with this establishment. The committee consists of representatives from the Atomic Energy Authority, Home Office, Ministry of Housing and Local Government, Dorset County Council, Wessex Regional Hospital Board, Local Authorities, Chief Constable, Ministry of Agriculture, Fisheries and Food, Avon and Dorset River Board, Southern Sea Fisheries, Dorset Farmers' Union, and military and naval establishments in the area and meets when necessary.

Statistics

Subject	Talks and/or Film Shows		Total Attendance
	Number	Per cent	
Child Care	90	32.9	1,235
First Aid	57	20.8	988
Vaccination and Immunisation	24	9.5	479
Childbirth	19	6.8	520
Personal Hygiene	16	5.9	258
Home Safety	15	5.4	500
Home Nursing	13	4.9	175
Care of the Teeth	12	4.3	356
Food Hygiene	9	3.2	190
Care of the Elderly	5	1.9	85
Physically Handicapped Children	4	1.3	127
Mental Health	3	1.1	121
National Health Service	3	1.1	70
Surgery (Specialist Audience)	1	.3	31
Farm Safety	1	.3	23
Health Visiting	1	.3	16
Totals	273	100.0	5,174

Note: the above figures do not include approximately 2,000 people who attended sixteen film shows given at the local government exhibition.

The following material was issued during the year:—

Leaflets	10,730
Posters	775
Booklets	1,020

Occupational Health

During the year 475 medical examinations of applicants, 312 males and 163 females, for County Council appointments were undertaken and of these twenty males and two females were considered unfit for employment. In 1960 a total of 412 examinations were performed and fifteen persons found unfit.

The distribution according to departments of these examinations and the number who were rejected on medical grounds is shown in the first table whilst the second table gives the clinical conditions diagnosed.

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

The arrangement instituted in 1958 for the medical examination of all recruits to the police force by the central medical staff was continued. The scheme is working well but will be more satisfactory when the new Dorchester clinic is completed.

It is considered most important that medical examinations should be carried out before candidates take up their appointments. Only in this way can it be made certain that persons are medically fit for employment and a reasonable risk for superannuation purposes. At the same time it can be ensured that no person will be suffering from an illness, such as tuberculosis, which may endanger other employees.

In order to prevent any unnecessary delay arrangements have been made for a medical officer to be available on a Wednesday or Friday afternoon when it is hoped the majority of appointments will be made. Examinations will continue to be carried out at other times when requested, depending on the availability of medical staff.

Statistics

Department	Number of Examinations			Number Unfit		
	Males	Females	Total	Males	Females	Total
Architect's	3	3	6	—	—	—
Children's	2	11	13	1	—	1
Civil Defence	1	—	1	—	—	—
Clerk's	4	6	10	—	—	—
Education	83	88	171	—	2	2
Fire Brigade	41	—	41	4	—	4
Health	10	25	35	—	—	—
Library	6	8	14	—	—	—
Planning	6	1	7	—	—	—
Police	49	1	50	6	—	—
Police (Civilian Staff)	5	9	14	—	—	—
Probation	1	2	3	—	—	—
Roads and Bridges	97	—	97	8	—	8
Taxation	1	1	2	1	—	1
Treasurer's	3	8	11	—	—	—
Weights and Measures	—	—	—	—	—	—
Totals	312	163	475	20	2	22

Clinical conditions of candidates found unfit

	Males	Females	Total
Bronchitis	2	—	2
Colour blindness	4	—	4
Defective Vision	2	—	2
Epilepsy	1	—	1
High blood pressure	4	—	4
Other conditions	7	2	9
Totals	20	2	22

Medical Examination of Retained Firemen

On the advice of the Central Fire Brigades' Advisory Council, the Secretary of State recommended fire authorities to arrange that retained members of fire brigades should be medically examined on appointment and, in order to ensure that they remain physically fit for the work, not less often than at the age of fifty-five and again annually thereafter.

Appointments were given to forty-six firemen to attend for medical examination and of these thirty were found to be medically fit, two were found to be medically fit for extension of one year's service only, eleven were found to be medically unfit and three resigned before being examined.

The clinical conditions found in those unfit to continue their duties were defective vision five, heart disease two, hernia one, hypertension two and osteoarthritis one.

Medical Examination of Roadmen for extension of service, after reaching the age of 65 years

Since October 1961 any road employee who wishes to continue service after reaching the age of sixty-five is required, as a condition of the continuation of his employment by the County Council, to pass a medical examination of fitness each year during such continued employment.

From October to December 1961 three appointments for medical examination were made as the result of which two roadmen were found to be medically fit to continue in the service and one to be medically unfit to continue in the service.

Facilities available for Central Office Staff

A staff rest room is available in the health department at county hall for the treatment of medical emergencies. It is frequently used for periods of rest in cases of minor illness, for examination by medical officers and nurses as required and first aid treatment.

DOMESTIC HELP SERVICE (Section 29) (Table 22)

The demand for the service continues to increase, 1,636 cases having been assisted compared with 1,534 in 1960. The rise in the number of cases was mainly due to the need for giving help to the aged and infirm together with a slight increase in the number of maternity cases assisted. The service is also being used more frequently for assistance to problem families and in cases where the parents of young children are suffering from mental illness. The greatest increase was in the Wimborne area and a full-time assistant organiser living in the district will soon be needed to deal with the work adequately and efficiently.

In April the voluntary organiser for the Bridport and Beaminster areas resigned and the administration of these districts was carried out from Dorchester.

The organisers visit everyone recommended for help and work in close liaison with the National Assistance Board, hospitals and other social services.

The service in Poole is the responsibility of the Borough Council under delegated powers, and in south Dorset day-to-day supervision is carried out by the South Dorset Area Health Sub-Committee.

The county organiser is based on Dorchester with full-time organisers at Poole and Weymouth. Three part-time assistant organisers are employed in the Poole, Wimborne and Ferndown and north Dorset areas respectively. It was found necessary in August to increase the weekly sessions of the part-time organiser for north Dorset from five to eight. There is a steady increase in the home helps working on a guaranteed week and the number employed on this basis was 114, with a further 123 employed as spare-time helps.

The mobility of the service is being gradually increased, four home helps using their own cars, thus reducing the hours spent in travelling. Suitable women are encouraged to use motor-scooters and at the end of the year these numbered ten.

It is evident that subject to there being sufficient availability of home helps in all areas the service will expand considerably within the next few years.

Cases

Once again the greatest number receiving assistance were elderly persons and cases of long term illness, fifty-nine per cent of all cases being in the first category and seventeen per cent in the second. There was an increase in applications for home helps in all categories, other than for short term illness where the number of cases fell from 162 in 1960 to 151 in the year under review.

Statistics

<i>Number of Cases for whom Helps were provided, 1957-1961</i>						<i>Domestic Help Service Staff, 1957-61</i>					
<i>Types of Cases</i>	1957	1958	1959	1960	1961	<i>Helps</i>	1957	1958	1959	1960	1961
Maternity	144	164	143	195	208	Full-time	4	2	2	1	1
Old Age	573	675	832	940	972	Part-time	60	84	93	103	114
Tuberculosis, etc. .. .	21	21	18	10	12	Spare-time	145	139	145	143	123
Long-term Illness .. .	127	134	167	227	293	Totals	209	225	240	247	238
Short-term Illness .. .	141	103	112	162	151	Equivalent full-time helps	76.2	84.3	97.5	100.9	98.0
Totals	1,006	1,097	1,272	1,534	1,636						

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. Meetings of house committees for the old persons homes have continued to be held at not less than quarterly intervals.

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

There are four district welfare officers and four senior district welfare officers, who are also mental welfare officers; 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 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 1961 the number of places provided by the County Council amounted to 593, including accommodation for forty-three persons in premises under the control of the Bournemouth and East Dorset Hospital Management Committee. Of this total 208 beds were situated on the ground floor. The County Council were also responsible for the cost of maintenance of forty-four persons in residential homes provided in the county by three voluntary societies and twenty-four persons in voluntary homes outside the county.

Structural Adaptations and Additions

Work continued on a new home in Poole for fifty old persons and this will be ready for occupation in 1962.

A ground floor unit at Stour View House, Sturminster Newton, for twenty-two residents was completed and officially opened by the Chairman of the Sturminster Rural District Council on the 21st June. This will help to alleviate the continuing need for ground floor accommodation, but it has become increasingly apparent that the majority of persons entering the homes are unable to negotiate stairs without difficulty and the Council have therefore made provision in their five-year capital programme for the installation of lifts in all homes which do not already have this facility.

Chalbury Lodge, Preston, Weymouth, a house sited on approximately four acres of land, was brought into use for the accommodation of seventeen residents in July. The premises will be extended as soon as practicable to provide accommodation for fifty-five elderly people.

Work commenced on the enlargement of the homes at Swanage and Weymouth in order to provide a total of fifty places at each

Replacement of Existing Accommodation

Following an investigation into the cost of maintaining the three former public assistance institutions at Beaminster, Sturminster Newton and Wareham and the relative standard of the accommodation provided at these homes the Council decided to make provision in their capital programme for the replacement of the premises at Beaminster and Wareham by three purpose-built homes each of fifty-five beds. It was apparent that the greatest need for new accommodation exists in the Bridport, Weymouth and Wimborne areas and negotiations were opened for the purchase of suitable sites in these towns. Having regard to the substantial capital improvements recently undertaken at the Sturminster Newton home it was decided that this should be retained for another fifteen years. Negotiations were, however, opened for the purchase of a large site at Sturminster Newton, part of which might be earmarked for the future provision of accommodation for old people.

The Council also decided to replace the Part III accommodation at St. Mary's Wing, Poole General Hospital, and negotiations were opened with the Wessex Regional Hospital Board for the purchase of a site adjoining Alderney Hospital, Poole. If this site is acquired it is proposed that the construction of the replacement home should be commenced at the earliest possible date.

Following receipt of Ministry of Health circular No. 12/61, which forecasts a rise in the proportion of people of pensionable age during the next ten years from one in seven to one in six of the population, it was decided to earmark a site for another home at Poole and to negotiate for the purchase of approximately two acres of land adjoining Christmas Close, Wareham, as a site for an old persons' home.

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.

Amenities

Members of the British Red Cross Society have continued to pay regular visits to the homes in order 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. 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 several homes by members and cadets of the St. John Ambulance Brigade, who have given many 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 where necessary 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.

The 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.

Statistics

Numbers accommodated in County Council Homes 31st December 1961

Premises	Places Occupied		
	Men	Women	Totals
<i>In Homes under County Council Management:</i>			
Stoke Water House, Beaminster	66	47	113
Stour View House, Sturminster Newton	35	71	106
Christmas Close, Wareham	30	27	57
Maiden Castle House, Dorchester	12	27	39
'The Lawns', Weymouth	13	26	39
Belmont Court, Parkstone	5	29	34
Castleman House, Blandford	20	28	48
James Day Memorial Home, Swanage	10	25	35
'St. Martin's', Gillingham	16	31	47
Chalbury Lodge, Preston, Weymouth	5	12	17
<i>In Hospital under the control of Hospital Management Committee:</i>			
Poole General Hospital (St. Mary's Block)	21	22	43
Totals	233	345	578

Waiting List

The number of persons on the waiting list at the end of the year was 204. A 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' dwellings 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.

TEMPORARY ACCOMMODATION

In a number of instances the Council's welfare officers helped to find accommodation for families faced with eviction. 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 provided at Hamworthy under the joint scheme with the Poole Borough Council have accommodated four families with a total of nineteen children during the year. These families were under the supervision of the health visitor appointed to undertake specialised duties in the care and rehabilitation of problem families in Poole.

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

As stated elsewhere in this report, a scheme has been approved for co-operation with district councils in relation to the provision of intermediate accommodation for homeless families.

WELFARE SERVICES (Sections 29 and 30)

BLIND AND PARTIALLY SIGHTED (Tables 26 and 27)

Administrative Arrangements

Work in connection with the welfare of these groups of handicapped persons is co-ordinated in the health department in close liaison with the Western Regional Association for the Blind and other voluntary organisations.

Registration

On the 31st December 1961 there were 815 persons on the blind register and 120 on the partially sighted register. Statistics continue to show that the majority of newly certified cases fall in the older age groups and many have other physical handicaps.

Of the 119 newly registered blind cases during the year 104 were over sixty-five years of age. There were two cases registered under the age of fifteen; a five months old baby who has since died and a girl aged four years for whose education arrangements are being made. Of the thirteen cases aged between sixteen and sixty-four years, one attended a rehabilitation course, seven are not available for work and five are unable to work owing to additional disabilities.

Home Teaching and Visiting

The work is carried out by six qualified home teachers of the blind, two employed in the Borough of Poole and the other four covering the remainder of Dorset. Handicraft and other classes, socials, outings, sales and shows are arranged by the home teachers in co-operation with the Dorset County Association for the Blind. Instruction is given in reading and writing embossed type and individual handicraft instruction is given to pupils in their own homes.

Workshop Employment

As this authority has no sheltered workshops arrangements are made with the following organisations who employ workers on behalf of the county, payments being made on the national scale subject to the standard of work and earnings reaching the minimum laid down:

Bristol Royal School and Workshop for the Blind—One Basket Maker.

Royal School for the Blind, Leatherhead—Two Flat Machine Knitters

One Brush Maker

Yorkshire School for the Blind—One Brush Maker.

In addition, another woman is in training at the Bristol Workshops for the Blind as a machine knitter.

Home Employment

Six men and seven women are supervised by the Bristol School and Workshops for the Blind on behalf of this authority.

Two braille copyists are supervised by the National Library for the Blind on the pastime scheme.

Marketing

Some difficulty is still found in disposing of goods made by both trained and pastime workers owing to cheap imported goods but every effort is made to combat this by improving quality and extending the range. Sales are organised throughout the county in co-operation with the Dorset County Association for the Blind. Some County Council departments assist by placing orders through the Association.

Employment in Open Industry

Forty-two men and six women were employed in open industry at the end of the year. The employment and resettlement of older men and women with a purely rural background is still a problem. Assistance in finding suitable employment is given by the Royal National Institute for the Blind placement officer in co-operation with the Ministry of Labour.

Persons in Hospital, Homes, etc.

There were 109 blind persons over sixteen years of age living away from home at the end of the year, thirty-five in the care of the regional hospital boards, forty-two in homes for the blind, nineteen in homes provided under Part III of the National Assistance Act 1948 and the remaining thirteen in privately run homes.

Registers of Blind and Partially Sighted

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

DEAF, DUMB AND HARD OF HEARING

Administrative Arrangements

The Dorset County Council administer their functions for the provision of the welfare services for the deaf, dumb and hard of hearing by an agency arrangement with the Salisbury Diocesan Association for the Deaf and Hard of Hearing to which they give an annual grant. The Council are represented on the committee of the Association.

Persons applying for assistance are visited and details entered on duplicate registration cards, one copy being retained by the Association and the other sent to the health department for inclusion in the central register.

Ascertainment

A comprehensive scheme for the ascertainment of deafness in children was evolved towards the end of 1960 and the results are now available for the first full year of working. The figures obtained show that children who would otherwise probably have been handicapped by slight deafness until their middle school years are now being detected at a very early stage and corrective treatment, either by operative treatment or auditory training, given wherever possible.

During 1961 the audiometrician, who is also a trained teacher of the deaf, working in the county and south Dorset areas gave full hearing assessments to over 400 children and of these 116 were referred to the ear, nose and throat clinic. Operative treatment was carried out in fifty-nine cases, usually resulting in improved hearing.

Also as a result of these investigations twenty-nine children were referred to the teacher of the deaf for auditory training and of these twenty-one were recommended for hearing aids by the consultant.

The pattern of the assessment services in the county is now as follows. All infants and 'at risk' babies are given an elementary hearing test by the health visitor and any who appear unresponsive are referred to monthly hearing assessment clinics which are held throughout the county, for a comprehensive investigation by the audiometrician. Also seen at these clinics are patients referred from any other sources and children who fail the school sweep tests.

All infant entrants to primary school are sweep tested and children who fail are further investigated as described in the preceding paragraph. During 1961 over 4,000 children were given an audiometric sweep test and of these 425 merited further investigation.

Partially deaf children whose hearing is good enough for them to continue to attend ordinary schools receive help from a peripatetic teacher of the deaf. The teacher gives them regular instruction at home or at school, in the use of hearing aids and, if necessary, in lipreading. Fifty-two children received this help during 1961.

Deaf and partially deaf children who live within daily travelling distance of Poole can be admitted to a school for deaf children recently established there. At present the school accepts infants and junior school children and it is hoped in the near future to establish classes for children of other age groups.

Deaf and partially deaf children who require residential schooling are graded under the Handicapped Pupils Regulations and, subject to parents' consent, placed at a suitable school. The education authority pays the whole of the fees involved in such a placement.

Any cases of suspected deafness in children which present particular problems are referred to a panel of specialists who meet periodically at Poole and Weymouth. All spheres of child health and education are represented on the panel which includes an ear, nose and throat specialist, a paediatrician, an educational psychologist, a children's psychiatrist, teachers of the deaf and other officers having an interest in the case. The panel interviews the child and the parents and advises on the treatment and the routine management of the case.

Social Welfare

The social welfare services provided by the Association are comprehensive and include interpretation in manual language, advice in domestic, social, legal, health and family affairs. Routine visiting is undertaken at home and in hospital with emphasis on the sick and infirm. Assistance is given to individuals with regard to the question of employment in co-operation with the disablement resettlement officers of the Ministry of Labour.

Social Centres

Social centres are provided for the deaf at Sherborne and Weymouth with clubs for the hard of hearing at Bridport, Dorchester and Weymouth.

Lip Reading Classes

A qualified teacher of the deaf who is a member of the staff of the Association gives lip reading instruction when and where required, either with groups or individuals, together with advice on the use of hearing-aids and help in welfare problems generally.

Co-ordination

The Association works in conjunction with the Ministry of Labour and their officers attend interviews in connection with the placement of the deaf and hard of hearing in suitable training and employment. The County Council and the Association have representation on the Executive Committee of the West Regional Association for the Deaf which covers the counties of Cornwall, Devon, Dorset, Gloucester, Somerset and Wiltshire.

Statistics

The following table shows the number of persons both deaf and hard of hearing, registered with this authority on 31st December, 1961:—

Class	Children under age 16		Persons Aged 16—64		Persons Aged 65 and over		Total	
	M	F	M	F	M	F	M	F
Deaf	11	10	67	53	7	8	85	71
Hard of Hearing	15	10	42	81	10	28	67	119
Total	26	20	109	134	17	36	152	190

PHYSICALLY HANDICAPPED (GENERAL CLASSES)

Administrative Arrangements

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

The Dorset Branch of the British Red Cross Society act as agents of the County Council for the provision of certain services for which they receive a grant.

A full-time liaison health visitor assists in the operation of the scheme and is responsible for specialised visiting; she is also responsible for the co-ordination of the health visitors in this sphere.

Cases are referred by general practitioners, hospitals, central and local government departments, voluntary organisations and the numbers are steadily increasing. They are visited by health visitors and reports submitted to the county health department where registration of suitable cases is maintained and arrangements made for the provision of any necessary services; a duplicate registration card is retained by the health visitor who carries out routine follow-up visits. Consultants and general practitioners co-operate fully in maintaining as comprehensive a service as possible.

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. Regular visits are paid to handicapped persons and advice and assistance is given to help them overcome their disabilities and live as normal a life as possible. The severely disabled are helped with holidays and this benefits both patient and relatives who care for them during the year, specialised equipment is supplied on loan and minor adaptations to patients' homes are carried out. Arrangements are made for admission to residential homes and assistance given towards the cost of transport to special training and holiday centres.

The services provided by the Dorset Branch of the British Red Cross Society as an extension of the after care facilities which are available to handicapped persons include handicraft instruction, the purchase of materials and assistance with the sale of articles produced. Special aids and gadgets are also supplied.

The Dorset Association for the Welfare of the Physically Handicapped receive a grant from the County Council to assist them in their activities for the promotion of the general welfare of the handicapped.

Close co-operation is maintained between the county health department and the Ministry of Labour. The disablement resettlement officers are consulted when handicapped persons need assistance in connection with training and employment under the Disabled Persons (Employment) Act, 1941.

Statistics

The following table shows the number of physically handicapped persons (general classes) registered with this Authority on 31st December, 1961:—

Number on register 31.12.60	..	..	653
New cases	..	..	184
			<hr/> 837
Deaths	..	..	42
Removals from Register	..	..	33
			<hr/> 75
			<hr/> 762

<i>Registered Handicapped Persons—Age Groups and Sex</i>				
	<i>Children under Age 16</i>	<i>Persons aged 16—64</i>	<i>Persons aged 65 and over</i>	<i>Totals</i>
Male ..	68	191	67	226
Female ..	66	264	106	436
Total ..	134	455	173	762

EPILEPTICS

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

With the valuable help of the paediatrician and the family doctor concerned many epileptic children are now attending ordinary schools and the co-operation of teachers and normal pupils is such that they can be quite happily educated in the community at an ordinary school. This is a great advance on the situation some years ago when an epileptic child was looked upon as an oddity and frequent placement at a school for epileptics was called for solely because the child was not accepted socially within the community.

A number of persons suffering from epilepsy applied for driving licences. The applications were very carefully investigated and a decision made on the grounds of a neurologist's report, the patient's history and the response to suppressive drugs. It is considered that every opportunity should be given to epileptic persons to live as normal a life as possible and if it can be shown that their fits are completely suppressed, which is possible, they should be given the same opportunity to drive cars as normal people.

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

SPASTICS

Training facilities for spastic children have been greatly improved over the past few years. The Bournemouth and Poole Spastic Society have developed their new centre at Alder Road, Poole, and this is a praiseworthy voluntary effort which is fulfilling a great need for the domiciliary care of spastic children. Both educable and non-educable children are taken at this centre and its development has improved the outlook for spastic children in the whole of the Bournemouth and east Dorset areas.

The Victoria Home still continues to cater for the more severe types of spastic children requiring operative procedures and special residential care and in combination with the Bournemouth and Poole Spastic Society's centre the outlook for these unfortunate children has been considerably widened.

The County Council also has arrangements for training adult spastics who are capable of subsequent employment and one spastic was undergoing training in 1961.

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

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

Statistics

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

<i>Registration</i>	<i>Number of Homes</i>	<i>Number of beds provided</i>
Homes first registered during the year ..	5	42
Homes on the register at the end of the year ..	27	302
Registrations cancelled (voluntary closures) ..	5	58
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)

The storage of property continues to be arranged when necessary and in any case in which there is little likelihood of the patient leaving hospital or a home the views of the Court of Protection are obtained. The Committee then decides whether to dispose of the furniture and effects of the person concerned and apply the proceeds to his or her benefit.

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

<i>Laboratory</i>	<i>Specimens received and examined during 1961</i>							<i>Totals</i>
	<i>Nose and throat swabs</i>	<i>Sputum</i>	<i>Faeces and urine</i>	<i>Water</i>	<i>Milk</i>	<i>Ice cream</i>	<i>Miscellaneous</i>	
Dorchester ..	877	72	327	3,602	7,440	551	2,756	15,625
Boscombe ..	558	42	380	979	1,004	125	1,603	4,691
Totals ..	1,435	114	707	4,581	8,444	676	4,359	20,316

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:—

<i>Registration</i>	<i>Number of Homes</i>	<i>Number of beds provided for</i>		
		<i>Maternity</i>	<i>Others</i>	<i>Totals</i>
Homes first registered during the year ..	—	—	—	—
Homes on the register at the end of the year ..	15	15	185	200

Action taken during 1961

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 1961 seven initial and twenty three annual examinations were carried out, but none of the films showed signs of tuberculosis.

Statistics

<i>Number of children's homes including the reception observation centre</i>	<i>Number of routine visits of medical officer</i>	<i>Number of routine examinations</i>	<i>Number of children referred for treatment</i>	<i>Number of children under observation for defects</i>
4	45	128	5	—

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Routine visits of inspection were carried out during the year of the day nurseries and daily minders registered under this Act.

Statistics

	<i>Number registered at end of year</i>	<i>Number of children provided for</i>
Premises: (a) Factory ..	—	—
(b) Other Nurseries ..	2	23
Daily minders	5	43

DAILY MINDERS PROVIDED BY THE AUTHORITY

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

CIVIL DEFENCE

AMBULANCE AND FIRST AID SECTION

There has been a marked improvement not only in recruitment but also in the willingness of volunteers to undergo training after enrolment. This is due in the main to the political situation but the elimination of unwilling volunteers carried out in 1960 no doubt had its effect. The strength of the section at the end of the year was 314 compared with 242 at the close of 1960.

Every effort has been made to associate the ambulance and first aid section with the county ambulance service and civil defence personnel are included in the county ambulance plan which will operate in the event of a major disaster.

Training

For the first time courses in basic civil defence for full-time drivers of the county ambulance service were organised in Poole and Dorchester. These courses were much appreciated and great importance is attached to them since, in the event of a national emergency, the county ambulance service and the ambulance and first aid section of civil defence will be merged to form one whole.

More combined ambulance and first aid courses were held at various centres in the county than in any previous year.

Two large scale exercises were held in conjunction with Hampshire Civil Defence Corps, one to practice movement in convoy and the other deployment and control.

Vehicles

The civil defence training section now consists of the following vehicles, garaged and maintained by the county ambulance service.

Three new Ford 'Rollalong' ambulances (1960/61)

Three old ambulances transferred from the county service (1949);

Two old ambulances transferred from the county service (1950/51).

It is anticipated that the three ambulances registered in 1949 will be replaced by new 'Rollalong' vehicles within the next six months.

ENVIRONMENTAL HYGIENE

Water Supplies and Sewerage

General Commentary

The year under review will be remembered for the considerable progress made in the field of public health engineering. This was not wholly on the technical or constructional side; a number of policy matters have been under discussion which are likely to be of considerable importance in the future.

In April Ministry of Housing and Local Government Circular No. 15/61 was published which reviewed the procedure for making grants to county district councils under the Rural Water Supplies and Sewerage Acts 1944-61. Some of the major changes which apply to all schemes for which tenders are submitted to the Minister on or after 1st April 1961 are:—

- (i) A formula has been introduced for the assessment of grants for (a) water and (b) sewerage schemes; the effect of this is that county district councils are now able to calculate for themselves the grant which they claim on each scheme at the time of making application. In the past a considerable period often elapsed between the date of submitting details to the Ministry and the date of the Minister's notification of the grant, if any, to be paid.
- (ii) There is a fundamental departure from the earlier system in that the cost of headworks for water supply and sewage disposal works or sea outfalls will in future not rank for grant aid. The explanation given in the circular for this decision is that in broad terms the cost of developing a source of water or of providing sewage disposal works is the same in rural as in urban areas. Thus the aim of the new grant procedure is to provide help to meet the extra expenditure falling on rural areas; the principle to be followed is to take the cost of laying mains or sewers in a rural locality, deduct from it a sum which is related to the cost of equivalent services for the same number of properties in an urban area and then assess grant as a fixed proportion of the resultant cost.
- (iii) The circular makes an attempt to define what is meant by the term 'rural localities'; this, as has been pointed out in earlier reports, has caused difficulty and created a good deal of controversy. Whilst the definition contained in the circular will certainly be helpful time alone will show to what extent it can be generally applied.

Perhaps because the Minister discussed his proposals in draft form with the local authorities' associations and with the British Waterworks Association, the procedure outlined in the circular has been generally welcomed. The Minister evidently recognises that it is advisable that the basis upon which rural water and sewerage schemes are financed should be examined from time to time by stating that the present procedure will be reviewed after a period of three years and that he will be prepared to consider an earlier review if the circumstances justify this course.

As a result of the decision not to pay grant either towards the development of water sources or the construction of sewage disposal works, there has been a tendency to think more towards the advantages to be gained by schemes based upon joint works. This is all to the good and whereas in the past the long and somewhat abortive lengths of sewer which, for example, have been necessary to link one village or one drainage area with another has counted against joint sewage disposal works, the increasing use of new pipe-laying techniques and the fact that the cost of the outfall or link sewer is assessable for grant have done much to encourage fresh thinking in this matter.

In Dorset there have been two examples of the way in which amalgamation for the purpose of water supply, sewerage or sewage disposal might be achieved. As far as water supply is concerned progress has been made in exploring the possibilities of a merger of water authorities in central, south and west Dorset with a view to the possible formation of one large water authority; the area affected by this proposal comprises the borough of Dorchester, the rural district of Dorchester, the urban district of Portland, the existing statutory areas of the Weymouth Waterworks Company and the West Dorset Water Board. At a joint meeting on 1st September between the representatives of the water undertakings concerned and officers of the Ministry of Housing and Local Government and of the County Council it was decided that the deputy county treasurer be asked to convene and preside over a meeting of a working party made up of the financial officers of the interested water undertakings.

In the field of sewerage and sewage disposal the terms of Circular 15/61 provided one incentive towards the meetings which have taken place on the question of a joint sewerage scheme to serve the borough of Bridport and parts of the neighbouring rural districts of Beaminster and Bridport. The first meeting between representatives of the councils directly concerned and officers of the Ministry and the County Council took place in October; at this meeting consideration was given to the results of the hydrographical survey of West Bay which had been carried out on the instructions of the Bridport Borough Council by a specialist firm of contractors. This investigation was made following a suggestion by the county public health engineer that a submarine pipeline might provide a satisfactory means of overcoming the problem of the disposal of sewage in the Bridport area.

The report revealed that not only would it be feasible physically to lay a submarine pipeline in West Bay but that if the outfall were taken to a point about one mile due south of the harbour no nuisance would be likely to arise from the discharge of sewage. The estimated cost of such a project would, the contractors indicated, be in the region of £125,000 compared with a minimum of £175,000 if an inland works were constructed; furthermore, the cost of maintaining the submarine pipeline would be very small in comparison with that of running a sewage treatment plant, which might well have to be sited in such a position as to raise major difficulties aesthetically.

At a meeting in December attended by the interested parties it was decided (i) to ask a firm of consulting engineers to prepare a report on a joint sewerage scheme based upon a submarine pipeline and (ii) to request the County Council to make the services of the county public health engineer available as co-ordinator. It is expected that the report will be ready in May 1962.

During the summer an engineering inspector of the Ministry of Housing and Local Government visited the Beaminster, Blandford, Bridport, Shaftesbury and Wimborne and Cranborne rural districts, the boroughs of Blandford Forum and Shaftesbury and the urban district of Wimborne Minster. The purpose of these visits was to inspect existing sewerage and sewage disposal arrangements and, where appropriate, discuss either the need for improvements to these installations or for the provision of main drainage in certain localities. This was, it was felt, a timely move on the part of the Ministry since, for one thing, it enabled the position in these areas to be assessed with the result the Ministry now know where in Dorset the need for main drainage is greatest.

Although fair progress was made during 1961 both in the construction of approved sewerage and sewage disposal schemes and in the preparation of new proposals, a great deal remains to be done before the situation in Dorset can be considered satisfactory as far as main drainage is concerned. The economic restrictions imposed by the Government last autumn, of course, have not helped matters but this is no reason why outline schemes should not be prepared for early submission to the County Council and the Ministry. The following briefly summarises some of the major works which have been carried out during 1961 on (a) water supply and (b) main drainage:—

(a) Water Supply

West Dorset Water Board

Excellent progress has been made by the Board on the first part of their regional scheme. For many years the position of West Bexington had been critical during the holiday season because of the inadequacy of the private water supply which served this village but in June the board completed a main to bring water from their Litton Cheney source.

Work on Phase I which comprises, briefly, the development of the Hooke source and the provision of reservoirs and mains to bring water to places like Broadwindsor and Salway Ash where shortages have occurred every summer over a long period and for augmenting the supply to Bridport, has proceeded a good deal faster than had been scheduled. The result is that water will be available in these areas by the late spring of 1962. It is noteworthy that the services of consulting engineers are being used only for reservoirs, the whole of the other design work being undertaken by the Board's staff with a considerable saving in consultants' fees.

In September a public inquiry was held into the Board's application to purchase compulsorily land at Litton Cheney for the development of three boreholes. At the same hearing consideration was given to the Board's case to abstract one-and-a-quarter million gallons of water a day from Litton Cheney from the existing heading and from the new boreholes but at the end of the year the result of the inquiry was not known.

Poole and East Dorset Water Board

Good progress is being made in the provision of piped water to the village of Moreton and the scheme for Wool which has been carried out on the Board's behalf by the Wareham and Purbeck Rural District Council has been completed. The Board have given consideration to a detailed report by the engineer and manager dealing with the position as at February 1961 and works proposed for the future; the capital programme covers the five-year period ending 31st March, 1966 and the total estimated cost of the works proposed is £583,090.

Arising from this report, which was adopted by the Board, certain alterations will be made in the regional scheme approved in principle by the County Council in 1953 for the Wareham and Purbeck rural district; details of these changes will be submitted to the County Council and to the Ministry in due course.

West Wilts Water Board

Early in the year the Board completed an improvement scheme for the parish of Bourton in the Shaftesbury rural district and in December they considered proposals put forward by their engineer and manager for improvements to the supply to Ashmore where there have been shortages during the summer particularly for agricultural purposes.

A public inquiry has been held into an application by the Board to double the output from the Burton Field source at Mere from which supplies to the borough of Shaftesbury and the Shaftesbury rural district are at present obtained. Consideration was also given at the hearing to the Board's northern regional scheme, the total estimated cost of which was £1,777,500; the greater part of this work is in Wiltshire. The present permitted abstraction rate from the Burton Field source is one million gallons per day.

Dorchester Rural District

Work on the much-needed schemes for Lyons Gate, Maiden Newton and Toller Porcorum has been completed. The Lyons Gate scheme commenced to operate on 11th September 1961; the source works for Maiden Newton are already in use and piped water for Toller will be available early in 1962.

Dorchester Borough

By the end of the year work on the construction of the borough council's one-million-gallon reservoir was nearing the half-way stage and after many hold-ups due to adverse site conditions brought about by bad weather, the new borehole in the valley of the River Frome about one mile east of Dorchester was nearing completion.

(b) Sewerage and Sewage Disposal

Beaminster Rural District—

Halstock

Work on this scheme, which was designed by the council's engineer and surveyor, commenced in September and asbestos-cement pipes with flexible joints are being used in the sewers for the first time in this rural district. At the end of the year the scheme was about one-third finished.

Corscombe

At the end of December an outline scheme was submitted for the village of Corscombe.

Blandford Rural District—

Shroton

This scheme which for one reason or another had been held up for some years, commenced in June and by the end of 1961 was ninety per cent finished.

Pimperne: Salisbury Road Area

A scheme has been approved for the Salisbury Road part of the parish of Pimperne; the sewage will be conveyed to the treatment plant of the Blandford Borough Council under an agreement made between the Blandford Rural District Council and the Blandford Corporation.

Bridport Rural District—

Burton Bradstock

Because of overloading of the existing sewage works due largely to a considerable increase in the use of holiday caravans, extensions of the plant are to be carried out in two stages; the first stage has been completed but the cost involved in this work will not rank for grant under the Rural Water Supplies and Sewerage Acts.

Charmouth

The new sewage disposal works and the sewerage improvements were brought into use during the year. The sewage plant was designed on the activated sludge system primarily because of the flat nature of the site; it is the only works of its type in Dorset dealing with a comparatively small population.

General

Schemes for the drainage of certain parishes in the neighbourhood of Bridport are in course of preparation in view of the possible link-up with the Bridport borough submarine outfall scheme referred to above.

Dorchester Rural District—

Chickerell

This scheme has been under construction since May 1958. There have been hold-ups for one reason or another but work is now substantially completed.

Cerne Abbas

Work on this much-needed scheme commenced in December.

Charminster

This scheme, which will serve the village of Charminster and Herrison Hospital, was nearing completion at the end of 1961.

Shaftesbury Rural District—

Gillingham

Progress on this scheme has been slow largely because of difficulties in obtaining adequate labour but it is hoped that the work will be finished early in 1962. The treatment plant will deal with domestic sewage and a considerable quantity of trade waste, primarily from bacon factories and a glue works. One of the principal reasons for this scheme was to abate the heavy pollution of the River Stour which was occurring at Gillingham and inter alia, to ensure that as many properties as possible will discharge into the new sewers, the Rural District Council have decided to include the work of connecting-up in the total cost of the scheme.

Bourton, Fontmell Magna and Motcombe

Schemes for the provision of main drainage for these villages were submitted towards the end of the year.

Sherborne Rural District—

Alweston, Bradford Abbas and Thornford

The Alweston scheme was completed during the year and extensions to the Bradford Abbas and Thornford schemes are nearing completion.

Sturminster Rural District—

Marnhull

The extensions to this scheme have been virtually completed.

Hazelbury Bryan

The work of providing additional sewers for this village commenced in November and is proceeding satisfactorily.

Wareham and Purbeck Rural District—Wool

Both contracts, the one for the provision of sewers and the other for the construction of a sewage disposal works, were completed during the year. The sewage treatment plant will receive domestic sewage from the Winfrith Atomic Energy Establishment by agreement with the Wareham and Purbeck Rural District Council. Both contracts were carried out jointly with the water scheme for this parish.

Wimborne and Cranborne Rural District—

Colehill, Pamphill and parts of Hampreston

Contract No. VI was completed in February 1961 whilst the final contract, No. VII, which commenced in November 1960, is eighty-five per cent finished.

Corfe Mullen

A sewerage scheme for that part of this parish which is to drain into the Poole sewerage system commenced in May and was rather more than half finished by December.

Ferndown and West Moors

This scheme, the largest of its type ever to come before the County Council, received approval during the year and a starting date is awaited. It was a noteworthy achievement that such a major scheme, costing as it does nearly three-quarters-of-a-million pounds, was designed by the district council's engineer and surveyor.

It is interesting to observe that in this rural district where more work on sewerage has been done than in any other part of Dorset, wide use has been made of asbestos-cement pipes for sewers and pitch fibre pipes for laterals and house connections. Before the adoption of these new materials concrete and stoneware pipes were in general use. The new techniques have speeded up work appreciably and done much to obviate the fracture of pipes by stresses brought about by rigidity; overall cost has been less, largely because it has been possible to omit concrete bed except where, because of ground conditions or special factors, the use of this material was a pre-requisite.

Wimborne Minster

The work of connecting up properties within the Wimborne Minster urban district continued during the year under the direct labour scheme which commenced in May 1960. At the end of 1961 some 813 properties out of an estimated total of 1,400 had been connected. This work is both complicated and tedious and the achievements of the chief resident engineer and his labour force of, on average, twenty-two men are worthy of commendation. Using pitch fibre pipe for the great majority of the connections, drainage problems which are so complex that they have to be seen to be believed are being overcome. So far the cost of this work is well below the estimate prepared when it was decided to do this work by direct labour rather than by contract, and it is difficult to imagine how this immense task could have been successfully tackled economically by any other means.

Every effort is being made to separate stormwater from foul sewage although there are bound to be instances where this is quite impracticable; this factor, coupled with the high water table in this urban district, means that in times of prolonged rain or heavy storm surface water will inevitably get into the sewerage system. However, in accordance with normal practice the sewers have been designed to take up to six times the dry-weather flow; in addition, the precaution was taken to provide stormwater tanks as part of the treatment plant and the wisdom of this course has already been proved on several occasions.

In the table below is a summary of the schemes which were (i) submitted to the County Council for consideration under the Rural Water Supplies and Sewerage Acts; (ii) commenced; and (iii) completed during the year.

Finally, public inquiries and/or local investigations were held by inspectors of the Ministry of Housing and Local Government as follows:—

Water Supply

West Dorset Water Board—Litton Cheney Water Order. Regional Scheme, Phase I.
West Wilts Water Board—Development of Burton Field Source.

Sewerage and Sewage Disposal

Beaminster Rural District—Beaminster and Netherbury.
Wimborne and Cranborne Rural District—Ferndown and West Moors.

Inspections of schemes completed or in progress were made by inspectors of the Ministry as set out below:—

Sewerage and Sewage Disposal

Beaminster Rural District;
Blandford Borough;
Blandford Rural District;
Shaftesbury Borough;
Shaftesbury Rural District;
Shaftesbury Rural District—Gillingham;
Wimborne Urban District;
Wimborne and Cranborne Rural District.

Statistics

Schemes Submitted, Commenced and/or Completed during 1961

<i>Authority</i>	<i>Scheme</i>	<i>Approximate costs of Schemes</i>		
		<i>Submitted</i>	<i>Commenced</i>	<i>Completed</i>
		£	£	£
<i>Water Supplies</i>				
Dorchester Rural ..	Minterne Magna—Lyons Gate	—	—	4,500
Poole and East Dorset Water Board ..	Moreton Village	—	22,600	—
West Dorset Water Board	Puncknowle, Litton Cheney and Swyre Regional Scheme—Phase I	—	29,215 105,464	—
West Wilts. Water Board	Bourton—4 in. main	—	—	1,700
	Motcombe—4 in. main	—	—	1,135
<i>Sewerage and Sewage Disposal</i>				
Beaminster Rural ..	Halstock	—	7,057	—
Blandford Rural ..	Pimperne—Salisbury Road area	9,350	—	—
	Shroton	—	31,280	—
Bridport Rural ..	Burton Bradstock—Extension of works: Stage 1 ..	3,000	—	—
Dorchester Rural ..	Cerne Abbas	—	33,000	—
Shaftesbury Rural ..	Bourton	74,176	—	—
	Fontmell Magna	49,329	—	—
	Motcombe	79,647	—	—
Sherborne Rural ..	Alweston—Extension	—	—	9,369
	Thornford—Extension	—	15,348	—
Sturminster Rural ..	Hazelbury Bryan—Extension	—	42,282	—
	Marnhull and Hinton St. Mary: Contract No. 5 ..	—	25,092	—
Wareham and Purbeck Rural	Corfe Castle—Revised Scheme	75,500	—	—
	Lytchett Minster—Upton area	—	—	110,145
Wimborne and Cranborne Rural ..	Colehill, Pamphill and Hampreston: Contract No. 6 ..	—	—	54,450
	Corfe Mullen—Southern part	—	33,700	—

Rivers Pollution Prevention

It can fairly be said that there is now only one river in Dorset which is being seriously contaminated by sewage; this is the River Brit and within the next two or three years it would not be unreasonable to expect that this problem too will be solved.

It is noteworthy that the Beaminster Rural District Council's scheme for sewerage Beaminster and Netherbury reached the public inquiry stage this year. The fact that a decision was deferred pending the outcome of the investigations into the joint sewerage scheme based upon the proposed submarine outfall in West Bay does not mean necessarily that the existing conditions in the River Brit will have to be suffered for longer than would have been the case had the council been authorised to proceed with the scheme they had submitted to the Ministry. By present-day techniques, it should take considerably less time to lay a submarine outfall and a pumping main from Beaminster to Bridport than to construct a full-scale treatment plant at Clenham Mill. This plant was to have been provided with alternating double filtration in order to deal with the considerable quantity of milk and other trade waste produced at Beaminster; thus works of this type would be rather more complicated than those normally constructed in a rural district and it is doubtful whether such a plant could have been built in less than two years.

The Avon and Dorset River Board are aware of the present position and although they have made it clear to the Beaminster Rural District Council that they will strongly resist any additional discharge into the River Brit, they applaud the decision to investigate the joint scheme as a possible alternative. It is hoped that the consulting engineers will be in a position to report on the joint proposals in May 1962 and it is important for the preliminaries to be settled with the minimum delay.

Officers of the county health department have continued to work in close liaison with their colleagues of the river board on routine matters and it is once more a pleasure to record appreciation of the co-operation received from Mr. John Brayshaw, Fisheries and Pollution Inspector to the Avon and Dorset River Board.

Sanitary Accommodation

'Standard grants' under the House Purchase and Housing Act 1959 have provided a welcome means of improving sanitary accommodation more particularly in those rural areas where sewerage facilities are available. The conditions governing these grants are very reasonable and, subject to compliance with these, sums of up to £155 are available for certain specified works including the conversion of earth closets to the water-carriage drainage system.

The facilities offered by way of improvement grants under the Housing (Financial Provisions) Act 1958 have also helped considerably in the provision of water closets, bathrooms and drainage systems but there is still room for a much wider use of these measures. It is good to see the increasing public demand for better sanitation and the part often played by parish councils, parish meetings and women's institutes in initiating action by district councils deserves a special mention. Reference to the paragraph of this report dealing with water supplies and sewerage will show the excellent progress which was made; indeed, more sewerage schemes were finished during 1961 than in any previous year but the rural areas of the county, by and large, are still not well served by main drainage. Reference was made last year to new materials and new techniques for the construction of sewers; these have been widely adopted in Dorset with highly successful results both from the economic and engineering viewpoints. It is good to see the lively competition which is now taking place in the development of new methods and it is hoped that there will be still further research in this field.

Public Cleansing

Because of the heavy demand upon land for agriculture and building development it is becoming increasingly difficult to find sites for the disposal of refuse which meet with the required conditions and are adequate in size. Indeed, looking to the future, this may well become one of the biggest problems to be faced in this branch of the public service. The answer, it is felt, lies in composting but whether this system is applied purely to domestic refuse or to a mixture of refuse and sewage sludge it is apparent that there will be no real progress until composting plants of a much simpler design are offered at competitive prices. For years in this report the view has been advanced that composting is necessary in the national interests both to solve the problem of refuse disposal and the equally difficult one of dealing with sewage sludge. It is the answer, too, to the need to return to the land as much as possible of the humus that has been taken from it in the process of agriculture and horticulture.

The plain fact is that economics govern the whole issue, more particularly in rural counties such as Dorset where the centres of population are relatively small. This year it has been encouraging to find at exhibitions of public health engineering equipment that useful developments have been made both on composting plants and on apparatus for drying sewage sludge. This certainly is a trend in the right direction and it is hoped that, if local authorities will show a lively interest in this problem, manufacturers will be encouraged to devise simpler, cheaper and more efficient equipment.

Litter is another problem which, in one form or another, has given cause for concern. It must, however, be admitted that the more adequate provision of litter bins and the better arrangements which have been made for emptying these receptacles has improved the litter question as such.

The real problem lies in the growing practice of using lay-bys as dormitories with consequent fouling of hedgerows, spinneys and verges by human excrement and filth of every description. This, as forecast three years ago, has become a menace to public health. It is true that through the interest of national newspapers attention was focussed more than once last summer on this scourge; unfortunately, however, these publicity campaigns did not go far enough for, having aroused public interest in the problem and, it is hoped, awakened the conscience, some tangible measure of control should have been suggested to the government for dealing with this frightful situation. If ever there was a case where the division of responsibility stymied action, this, it would seem, was it. No single branch of the local government service appears to be prepared to accept responsibility; the problem is passed from one to another and nothing really worthwhile is done about it.

The situation is probably seen at its worst in the south-west of England and one wonders why, if the use of cars as a cheap though unhealthy means of sleeping is accepted as part of the holiday pattern, these lay-bys are not provided with toilet facilities and brought under proper control. The government, surely, must take this matter in hand as one of extreme urgency if public health is not to be further endangered.

The public health inspectors of the county district councils have given as much attention as possible to the administration of the relevant provisions of the Shops Act. Until and unless the staffing position improves, however, it is unlikely that more can be done in this direction although it has to be admitted that the amount of work at present carried out is not as much as might be desired on this subject.

Swimming and Sea Water Bathing

Last year reference was made to the potentialities of submarine pipelines for discharging sewage into the sea.

The essential difference between the conventional sea outfall and the submarine pipeline is principally one of construction. In general sea outfalls in the past have been constructed in cast iron pipes which presented considerable difficulties in laying; normally extensive coffer damming had to be used and whilst this was always an expensive process it became so costly as to be prohibitive where any great depth of water was involved. Thus, work was restricted to periods of low tide and the point of discharge was often fixed by physical and practical considerations rather than by regard to the most favourable point of discharge for sewage.

Submarine pipeline laying, on the other hand, employs a new technique whereby the flexible outfall, usually made of steel suitably protected against internal and external corrosion, is pulled or floated out to sea by specialist firms. Usually it can be laid in any depth of water and can be taken to whichever position is shown by hydrographical survey to be the most suitable outlet point.

In May last a detailed report was made to the Bridport Borough Council on the results of an investigation carried out in West Bay between December 1960 and April 1961 in order to determine the practicability of adopting the submarine outfall system for the discharge of sewage from Bridport. The survey included the following:—

- (i) echo soundings of the sea bed;
- (ii) float tests;
- (iii) current measurements;
- (iv) a survey of the foreshore and construction area;
- (v) fluorescein tests; and
- (vi) investigation by a diver of the sea bed strata.

In spite of storm conditions which persisted for long periods during the survey, the findings were that comminuted sewage could with safety be discharged at a point one mile due south of Bridport harbour. Some combinations of wind and weather might arise to drive effluent towards the shore but, except possibly under freak conditions of a relatively temporary nature, the surveyors were confident that pollution would not occur. The steps which have been taken since the publication of the survey results have been mentioned earlier in this report under the sub-heading 'Water Supplies and Sewerage'.

It might be felt that any form of sea outfall was very much a 'second-best' to the treatment of sewage inland, but when all factors are taken into account and carefully weighed one against the other, the advantages of the submarine pipeline would seem to be clearcut. If the findings of the Medical Research Council are accepted as the most authoritative evidence yet available, then it must be admitted that the risk to public health by the discharge of sewage into the sea is infinitesimal, in fact so small as to be disregarded for all practical purposes. Furthermore, not only is the submarine outfall likely to be a good deal cheaper in capital cost but running expenses are extremely small in comparison with a sewage treatment plant.

One other important factor which must not be overlooked is that by subjecting sewage to treatment at a biological sewage disposal works there is no guarantee that the effluent will be free from disease-carrying organisms and it is commonplace to turn the effluent from such a process into a stream or river. It follows, therefore, that risks from a feeling of false security arising cannot be ignored.

Turning to swimming facilities inland, it was encouraging to see during the year that consideration was being given by at least two county district councils to the construction of new swimming baths; the councils which have been particularly interested in this matter are Dorchester and Blandford Forum. In the case of Blandford the council feel that the bath which has been in service for a number of years is in need of replacement. Swimming facilities do exist at Gillingham, Shaftesbury and Poole, but generally speaking Dorset is not particularly well served in this direction.

Still further progress has, it is satisfactory to report, been made in the provision of learners' swimming pools at some of the larger county schools. Nine such pools are now in existence, of which one was constructed during 1961; this was at Dorchester junior mixed school.

It is the usual practice for these learners' swimming pools to be constructed largely by voluntary effort on the part of parents and teachers. The facilities thus provided have proved a great asset and the results of frequent tests of swimming bath water have been very satisfactory; close co-operation exists in this connection between the technical staff of the county health department, teachers and selected senior pupils.

Although, on the evidence available, little fault can be found with the treatment of swimming pool water by hand dosage with chemicals, a report was prepared last July at the request of the county education officer, dealing with an economical means of providing for the filtration and recirculation in addition to the automatic injection of chlorine. It is hoped that authority will be obtained for the construction during 1962 of a pilot plant at one swimming pool which, if satisfactory on economic and other grounds, might be adopted elsewhere.

Disposal of Radioactive Waste

The discharge of radioactive and other waste from the Winfrith Atomic Energy Establishment into the sea has given rise to no trouble and caused no complaint. Disposal is accomplished by means of a submarine pipeline extending two miles out into the English Channel off Arish Mell. Close collaboration exists between the chief industrial chemist at Winfrith and the county public health engineer, who is given every facility in the course of the inspections which he carries out from time to time.

The pipeline is designed to discharge up to 0.4 million gallons per day of active effluent and 1.1 million gallons per day of non-active effluent. It is constructed in duplicate to afford a measure of standby; using both pipes together the required quantities can be discharged in approximately fourteen-and-a-half hours.

Verminous Premises

The Control of Vermin and Insect Pests

The decline in the number of persons and premises reported to be verminous to which reference has been made in recent years has, it is satisfactory to report, continued.

Rodent Control

In spite of the very useful work which has been done in the destruction of rats and mice, this is by no means as extensive as is to be desired. If these pests are to be kept under adequate control the funds available for this cause need to be considerably increased.

Factories Acts

Dorset is not an industrial county and the number of factories is small. Accordingly the need for any considerable volume of work under the Factories Acts does not arise but the necessary supervision has been carried out.

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

Pasteurised Milk

A further reduction occurred in 1961 in the number of licensed pasteurising establishments in the county. At 1st January there were fourteen, including three in the borough of Poole, but during the year milk pasteurising ceased at three dairies so that at 31st December the total was eleven.

Most of the liquid milk sold by retail in Dorset is pasteurised and in the borough of Poole no raw milk is sold for human consumption. Milk distributors in practically all parts of the county are able to purchase supplies of bottled pasteurised milk from the larger processing dairies some of which, in addition to meeting local requirements, supply bottled pasteurised milk to distributors in the adjoining counties. With the concentration of milk pasteurisation at fewer dairies it is not surprising that the milk in some cases is conveyed for quite considerable distances before it reaches the consumer. In these circumstances it is more than ever essential that the highest standard of hygiene should be observed at the pasteurising establishments in order to ensure that the milk will be of good keeping quality. Another important factor in distribution is the temperature at which the milk is maintained and this applies particularly to the transport of bottled milk over long distances. The use of open lorries for this purpose can hardly be described as satisfactory, especially during the summer months when it is doubtful whether waterproof sheeting affords adequate protection from the sun. Refrigerated transport is the answer to long distance haulage of pre-packed milk, a method which has already been adopted by one creamery in the county and it is hoped that others might follow the example.

Throughout the year licensed pasteurising establishments in the county area have been closely supervised by officers of the county health department. As a check on the efficiency of cleansing of pasteurising plant and ancillary equipment, rinses and swabs are obtained frequently and submitted for laboratory examination. Reference to the statistical summary indicates that 1,438 specimens were examined of which 110 (7.7 per cent) were reported as being unsatisfactory. As might be expected, there is a variation between dairies but in general a satisfactory standard of hygiene has been maintained.

During the year a total of 1,154 samples of pasteurised milk were obtained at the pasteurising dairies in the county administrative area, of which one per cent failed the phosphatase test. The methylene blue test was not applied in the case of 149 samples, due to the atmospheric shade temperature exceeding 70°F., but of the 1,005 specimens which were tested, twenty-eight (2.8 per cent) were unsatisfactory.

Milk Legislation—The Milk (Special Designation) Regulations, 1960

In accordance with the provisions of these regulations which became operative on 1st January 1961 in respect of milk distributors, the county council, as the food and drugs authority, assumed responsibility for the granting of licences to all dealers in specially designated milk in the administrative county area. The position at 31st December 1961 in respect of licences issued and in force was as follows:—

<i>Type of Licence</i>	<i>No. of Licences</i>	
	<i>Issued and in Force</i>	
Dealer's (Tuberculin Tested)	20
Dealer's (Pasteuriser's)	8
Dealer's (Steriliser's)	—
Dealer's (Pre-packed Milk)	334
		<hr/> 362

Close supervision has been maintained of the sale of designated milk by the licensed milk dealers and in addition to samples taken at registered dairy premises 288 samples have been obtained during the year from shops, including vending machines. Seventeen samples were unsatisfactory and the necessary investigations were carried out.

Prevention of the Sale of Tuberculous Milk

Although most of the milk sold by retail in the county is pasteurised, raw tuberculin tested milk is supplied in a few areas, mostly by producer/retailers, and is probably the only milk consumed by the families of farmers and the majority of agricultural workers. Selective sampling for biological examination for the tubercle bacillus was carried out during the year in respect of the raw milk supplies and each of the 387 specimens examined was negative.

Statistical Summary of Samples taken during the year

Sampling Point	Turbidity test		Methylene blue test			Phosphatase test		Total	Biological Examination		
	P.	F.	Pass	Fail	Void	Pass	Fail		Negative	Positive	Total
Licensed Pasteurising Establishments ..	—	—	977	28	149	1,142	12	1,154	—	—	—
Schools:—											
Pasteurised milk ..	—	—	1,003	88	201	1,286	6	1,292	—	—	—
T.T. milk ..	—	—	54	8	2	—	—	64	3	—	3
School Canteens:—											
Pasteurised milk ..	—	—	393	39	85	514	3	517	—	—	—
T.T. milk ..	—	—	15	4	3	—	—	22	—	—	—
County Homes and Hospitals:—											
Pasteurised milk ..	—	—	136	7	30	173	—	173	—	—	—
T.T. milk ..	—	—	26	4	3	—	—	33	5	—	5
Retailers:—											
Pasteurised milk ..	—	—	597	29	154	777	3	780	—	—	—
T.T. milk ..	—	—	99	16	14	—	—	129	7	—	7
Sterilised milk ..	19	—	—	—	—	—	—	19	—	—	—
Producers and Producer/Retailers:—											
T.T. milk ..	—	—	354	34	21	—	—	409	353	—	353
Non-designated milk ..	—	—	14	—	—	—	—	14	19	—	19
Private Schools:—											
Pasteurised milk ..	—	—	171	11	28	208	2	210	—	—	—
T.T. milk ..	—	—	5	—	—	—	—	5	—	—	—
Totals ..	19	—	* 3,844	268	690	4,100	26	4,821	387	—	387

*In accordance with the provisions of part III to the third schedule of the Milk (Special Designation) Regulations, 1960, 690 samples were not submitted to the methylene blue test on account of the atmospheric shade temperature exceeding 70°F.

Rinses and Swabs

Obtained from	Satisfactory	Fairly Satisfactory	Unsatisfactory	Total
Pasteurising Establishments and Schools ..	1,211	117	110	1,438

Water

Sampling Point	Satisfactory	Suspicious	Unsatisfactory	Total
Pasteurising Establishments, Police Houses, Schools, etc. ..	560	77	48	685

General

Water, swimming-bath water, Moore's swabs, food, milk, not included in above tables ..	1,407
Grand total of samples taken (all groups) ..	8,738

Designated Milk Production

At 1st January 1961 there were 2,778 registered dairy herds of which 2,558 (92 per cent) were licensed for tuberculin tested milk production. By the end of the year the number of registered dairy farms decreased to 2,689 of which 95.6 per cent were licensed for the production of tuberculin tested milk. Of the total gallonage of milk produced in Dorset 98.2 per cent came from licensed tuberculin tested herds, the remaining 1.8 per cent being from attested herds not licensed for the production of this grade of milk.

Specified Areas

Towards the end of the year the Minister of Agriculture, Fisheries and Food, in conjunction with the Minister of Health, announced the intention of making an Order specifying the boroughs of Bridport and Lyme Regis, the rural districts of Beaminster and Bridport and those parishes of the Dorchester rural district not previously specified. The Order, which will become effective on a date not earlier than 1st June 1962, will mean that the sale of specially designated milk will be obligatory throughout the county.

Consents granted to three milk producers by the Minister of Agriculture, Fisheries and Food were in force at the end of the year, enabling them to sell non-designated milk to local households who, due to their remote position, would otherwise be unable to obtain a supply of fresh milk.

Meat and Other Foods

Meat Inspection

At 31st December 1961 there were twenty licensed general slaughterhouses in use in the county of which one is council-owned, the remainder being in private ownership. In addition there are two bacon factory slaughterhouses and a food factory slaughterhouse. Eight of the slaughterhouses have a quite considerable throughput and the maintenance of a one-hundred-per-cent meat inspection service at some of these establishments has continued to present difficulties. The cost of meat inspection bears heavily on the small authorities with large slaughterhouses from which much of the meat is sent to distributing centres outside the authorities' areas. The Government's temporary scheme for financial assistance in the carrying-out of inspection of 'export' meat has helped to ease the burden and it is satisfactory to note that proposals for a more positive scheme to meet the costs of the meat inspection service are now under discussion between the Ministry of Agriculture, Fisheries and Food and interested parties. It is understood, however, that the proposals do not include arrangements for the control of slaughtering hours and this is to be regretted.

Throughout the year the public health inspectors of the relevant county districts have continued to aim at a one-hundred-per-cent meat inspection service despite the irregular hours, including week-ends, which the work involves and the measure of success which they have achieved in this direction is praiseworthy.

The Slaughterhouses (Hygiene) Regulations—(Appointed Day) Orders

During the year Orders were made under Regulation I of the Slaughterhouses (Hygiene) Regulations, 1958, which included eleven county districts in Dorset so that at 31st December 1961 twenty of the twenty-three slaughterhouses in the county were satisfying the requirements of the regulations in respect of construction, layout and equipment. It is expected that the three remaining premises will be included in Orders to be introduced in 1962.

The Manufacture and Sale of Ice Cream

Only a small proportion of the ice cream consumed in the county is produced locally, the bulk of this commodity being supplied by manufacturers having a national distribution. The public health inspectors to the county districts maintained close supervision on the manufacture and sale of ice cream throughout the year and submitted a total of 560 samples to the public health laboratory at Dorchester. It is noteworthy that 93.4 per cent of the specimens were of a satisfactory grade.

Adulteration of Food and Drugs

The duties of the County Council in connection with sampling under the Food and Drugs Act 1955 are undertaken by the chief inspector of weights and measures. The following particulars relate to samples taken during the year ended 31st December 1961:—

<i>Nature of Sample</i>	<i>Number Obtained</i>	<i>Number certified as adulterated or not up to standard</i>
Milk	443	19
Butter	9	—
Cream	17	—
Ice Cream	5	—
Jam	8	—
Potable Spirits	28	—
Sausages	6	—
Sweets and Confectionery	9	—
Other foods	158	29
Drugs	31	—
Totals	714	48

CLEAN AIR

Dorset being predominantly an agricultural county, there are no centres of industry likely to give rise to problems of atmospheric pollution. The relevant provisions of the Clean Air Act are enforced where necessary and in addition to the question of smoke from industrial and domestic chimneys the public health inspectors have regard to vessels in harbour with a view to minimising smoke nuisance from this source. Complaints of a smoke nuisance caused by steam locomotives at engine sheds were investigated by Weymouth public health inspectors and the subsequent action taken by British Railways resulted in an abatement of the nuisance.

CARAVANS AND CAMPING

The popularity of camping and caravan holidays shows no signs of diminishing and this was evident during the summer months when all the recognised sites along the Dorset coastline had their full quota of holidaymakers enjoying the free and easy, open-air type of holiday which apparently has such a wide appeal. Sites to meet the need exist at many places throughout the length of the very attractive coast-line of the county, the largest concentrations being at Poole (Rockley Sands), Swanage, Lulworth (Durdle Door), Weymouth, Burton Bradstock, West Bay and Lyme Regis.

The Caravan Sites and Control of Development Act 1960 increased the powers of local authorities in connection with the licensing of caravan sites and as far as Dorset is concerned it can be said that, in general, the sites are well maintained, the majority having a mains water supply and flushed water closets. During the holiday season the public health inspectors to the relevant district councils make frequent visits of inspection of caravan sites in order to ensure that a satisfactory standard of sanitation is maintained and that licensing conditions are being observed.

HOUSING

The position regarding new house construction in Dorset during 1961 is given in the following table, the figures being obtained from Ministry of Housing and Local Government returns for the year. The number of council houses built was 584, an increase of seventy-nine compared with 1960, whilst the figure of 1,866 for new private enterprise houses was 234 more than in the previous year.

As might be expected the largest number of council houses was built by Poole Corporation, 318 dwellings being completed during the year. Seventy-five houses were built by the Weymouth Borough Council and forty-nine by the Wimborne Minster Urban District Council.

With regard to council house construction in the nine rural districts, the district council which built the greatest number of post-war houses was Wareham and Purbeck, their total at the end of the year being 881. Sturminster Rural District Council were second, having built 825 post-war houses, and they were closely followed by Wimborne and Cranborne Rural District Council with 812 council houses completed.

Compared with 1960 there was an increase of seventy-nine in the overall figure for completed council dwellings. This might not appear to be much when considering the county as a whole, but at least it is an indication that the rate of building of council dwellings has increased and this is viewed with satisfaction. According to returns submitted by the nine rural district councils, there were 1,770 applicants for council-owned accommodation at 31st December, 1961. Compared with the corresponding figure for 1960 this represents an increase of 133 and it is therefore obvious that the provision of council-owned dwellings continues to be a matter warranting full consideration by the district councils. Government financial restrictions influenced the rate of house building by the councils in 1961 and in some instances difficulties in obtaining suitable sites and shortage of labour and materials were additional factors adversely affecting their housing programmes.

With regard to the building of private enterprise houses, this has been most active in the borough of Poole and the adjoining areas of the Wimborne and Cranborne rural district and the Wareham and Purbeck rural district, where a total of 1,136 houses were built during the year. This is approximately sixty-one per cent of all private enterprise houses erected in the county.

The building of houses for private ownership has also increased in other areas of the county, 292 being built in the borough of Weymouth compared with 209 for 1960 and, as will be seen from the table, the total number of private enterprise houses completed in Dorset since 1st April, 1945, exceeds by 1,328 the number of post-war council houses.

Statistics

Permanent Houses completed in Dorset since 1st April, 1945

Housing Authority	Position as at 31st December, 1960				Position as at 31st December, 1961			
	Under Construction		Completed		Under Construction		Completed	
	By Council	Privately	By Council	Privately	By Council	Privately	By Council	Privately
<i>Boroughs:</i>								
Blandford Forum	—	1	312	43	40	1	312	49
Bridport	24	13	320	155	22	2	344	167
Dorchester	19	29	493	358	22	35	493	404
Lyme Regis	—	6	201	154	—	9	201	166
Poole	310	496	3,437	4,720	193	328	3,755	5,417
Shaftesbury	—	8	138	85	—	8	138	85
Wareham	—	21	147	138	—	5	147	170
Weymouth and Melcombe Regis	93	161	1,672	1,358	51	181	1,747	1,650
<i>Urban Districts:</i>								
Portland	—	5	452	113	—	9	452	118
Sherborne	4	14	334	49	8	5	341	82
Swanage	—	28	230	403	—	36	230	435
Wimborne Minster	61	2	143	47	24	13	192	51
<i>Rural Districts:</i>								
Beaminster	—	9	352	167	—	12	352	180
Blandford	21	25	432	264	69	16	465	315
Bridport	—	31	236	319	8	30	241	365
Dorchester	10	76	535	482	6	94	557	565
Shaftesbury	10	7	423	231	4	17	433	253
Sherborne	—	11	244	115	10	25	244	139
Sturminster	—	5	825	165	—	15	825	182
Wareham and Purbeck	46	41	847	886	53	16	881	1,038
Wimborne and Cranborne	2	110	805	2,372	—	161	812	2,659
Totals	600	1,099	12,578	12,624	510	1,018	13,162	14,490

The Housing (Financial Provisions) Act, 1958—The Improvement of Dwellings

The total number of applications received by the rural district councils for improvement grants to private property was 237, which is twenty-four fewer than in 1960; 217 of these schemes were approved, affecting 261 properties.

It is noteworthy that schemes of improvement were carried out to council-owned property in Beaminster, Blandford, Shaftesbury, Sherborne and Sturminster rural districts and the number of dwellings thus improved was eighty, of which just over half were in the Shaftesbury rural district.

In the main, schemes for the improvement of private property continued to be submitted by owner-occupiers although in some cases estates have utilised the provisions of the Act to carry out improvements to tenanted houses. Generally, however, few applications are received from landlords for improvement grants in respect of houses which are let.

The rural districts in which most private dwellings were improved were:—

Wimborne and Cranborne	54
Wareham and Purbeck	48
Dorchester	44

The House Purchase and Housing Act, 1959—Standard Grants

Most of the district councils received more applications for standard grants for the improvement of private houses in 1961 than in 1960 and the overall figure of 312 represents an increase of twenty-seven. The number of schemes approved was 292, involving 296 dwellings.

Standard grant improvements were also carried out to properties owned by the Beaminster, Dorchester and Sturminster Rural District Councils and of the ninety-two dwellings thus improved, fifty-eight were in the Dorchester rural district, thirty-one in the Sturminster and three in the Beaminster rural districts.

The majority of the schemes submitted to the district councils for standard grants were in respect of owner/occupied houses and it continues to be a matter for regret that comparatively few rented dwellings have benefitted from the facilities afforded by the Act. It can only be assumed that it is for economic reasons that many owners of tenanted houses have withheld the submission of schemes for the provision of standard amenities in their properties.

The rural districts in which most schemes for standard grants were approved were:—

Wimborne and Cranborne	62
Dorchester	52
Bridport	46

The amenities specified in the Act as qualifying for a standard grant are:—

- (a) a fixed bath or shower in a bathroom;
- (b) a wash-hand basin;
- (c) a hot water supply;
- (d) a water closet; and
- (e) satisfactory facilities for storing food.

Housing Act, 1957—Clearance Areas and Individual Unfit Houses

The following table summarises the work undertaken by the district councils in connection with clearance areas and individual unfit houses, the figures being taken from the Ministry of Housing and Local Government returns.

During the year ended 30th September, 1961, a total of 169 individual unfit houses were either closed or demolished. This is a slightly smaller number than for the corresponding period in 1960 when 181 houses were dealt with similarly. The greatest number of individual unfit houses closed or demolished was once more in the Dorchester rural district, where the council took action in respect of thirty-five dwellings.

With regard to clearance areas, it is perhaps not surprising that Poole Corporation has been most active in this direction, 131 properties being demolished during the year ended 30th September, 1961. For some time the corporation have been concerned with the problem of clearing and redeveloping certain of the Old Town areas of Poole; considerable progress has been made and in the period 1.1.55 to 30.9.61 360 dwellings have been dealt with.

Action in respect of clearance areas has been taken by the Bridport Borough Council and the Urban District Councils of Sherborne and Wimborne Minster, but apart from two houses in the Sturminster rural area no work has been undertaken by the rural district councils in respect of clearance areas.

Statistics

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—31.12.60	Demolished or closed 1.1.55—30.9.60		Included in orders confirmed 1.1.55—31.12.61	Demolished or closed 1.1.55—30.9.61	
		In clearance areas	Elsewhere		In clearance areas	Elsewhere
<i>Boroughs:</i>						
Blandford Forum	—	3	30	—	3	31
Bridport	22	—	49	22	20	60
Dorchester	62	64	87	93	64	95
Lyme Regis	—	1	10	6	1	11
Poole	541	229	86	583	360	93
Shaftesbury	8	11	8	8	11	8
Wareham	—	—	6	—	—	7
Weymouth and Melcombe Regis	40	38	85	40	38	91
<i>Urban Districts:</i>						
Portland	—	—	28	—	—	32
Sherborne	36	24	—	36	36	—
Swanage	—	—	1	—	—	1
Wimborne Minster	86	—	1	86	26	6
<i>Rural Districts:</i>						
Beaminster	10	22	34	10	22	48
Blandford	—	—	54	—	—	60
Bridport	7	2	2	7	2	5
Dorchester	8	8	115	8	8	150
Shaftesbury	—	9	84	—	9	95
Sherborne	—	2	30	—	2	34
Sturminster	—	8	38	—	10	41
Wareham and Purbeck	—	—	44	—	—	65
Wimborne and Cranborne	—	—	58	—	—	86
Totals	820	421	850	899	612	1,019

TABLE 1—VITAL STATISTICS

Area:—622,844 Acres	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Population:—										
Urban Districts	183,600	185,800	188,070	188,700	188,400	188,700	187,500	189,600	192,540	192,540
Rural Districts	112,900	113,560	113,430	115,300	115,700	116,400	116,500	117,900	118,750	118,750
Whole County	296,500	299,360	301,500	304,000	304,100	305,100	304,000	307,500	311,290	311,290
Rateable Value	£2,022,864	£2,055,181	£2,094,569	£2,155,508	£3,660,710	£3,564,262	£3,606,673	£3,917,475	£4,043,967	£4,043,967
Estimated Product of a Penny Rate	£7,958	£8,121	£8,300	£8,518	£14,593	£14,102	£14,366	£15,574	£16,286	£16,286
Births:—										
Still Births	89	104	102	91	93	91	80	85	100	100
Live Births	4,241	4,354	4,297	4,172	4,213	4,312	4,485	4,518	4,817	4,817
Legitimate	4,029	4,139	4,103	3,984	4,014	4,121	4,299	4,292	4,584	4,584
Illegitimate	212	215	194	188	199	191	186	226	233	233
TOTALS	4,330	4,458	4,399	4,263	4,306	4,403	4,565	4,603	4,917	4,917
Live Birth Rate (per 1,000 population)	14.3	14.5	14.2	13.7	13.8	14.1	14.7	14.6	15.4	15.4
Still Birth Rate (per 1,000 total births)	20.5	23.3	23.1	21.3	22.6	20.7	17.5	18.4	20.3	20.3
Live Birth Rate (England & Wales)	15.3	15.5	15.2	15.0	15.7	16.1	16.4	16.5	17.1	17.1
Deaths:—										
Total Deaths (all ages)	3,435	3,615	3,447	3,729	3,790	3,653	3,833	3,840	3,902	3,902
Death Rate (per 1,000 population)	11.5	12.0	11.4	12.2	12.5	11.9	12.6	12.4	12.5	12.5
Death Rate (England and Wales)	11.3	11.4	11.3	11.7	11.7	11.5	11.7	11.6	11.5	11.5
Infant Mortality:—										
Deaths under 1 year of age	100	104	98	104	103	86	84	79	96	96
Legitimate	94	97	94	96	97	79	79	73	89	89
Illegitimate	6	7	4	8	6	7	5	6	7	7
Mortality Rate (per 1,000 Legitimate live births)	24.8	23.4	22.9	24.0	24.2	19.2	18.4	17.0	19.1	19.1
Mortality Rate (per 1,000 Illegitimate live births)	28.3	32.5	20.6	42.5	30.2	36.7	26.9	26.5	30.0	30.0
Mortality Rate (per 1,000 live births)	23	23	22	24.9	24.5	20.0	18.7	17.4	19.9	19.9
Mortality Rate (England & Wales)	27	26	25.5	24.9	23.8	23.1	22.5	22.0	21.7	21.7
Maternal Mortality:—										
Maternal Deaths	4	5	†3	1	2	—	3	2	2	2
Maternal Mortality Rate (per 1,000 births)	0.92	1.1	0.68	0.23	0.47	—	0.6	0.43	0.4	0.4
TUBERCULOSIS.										
Deaths.										
All forms	62	45	41	30	27	29	19	16	15	15
Death-rate per 1,000 population	0.20	0.15	0.13	0.09	0.08	0.09	0.06	0.05	0.04	0.04
Pulmonary	57	39	37	28	24	24	15	14	12	12
Death-rate per 1,000 population	0.19	0.13	0.12	0.09	0.07	0.07	0.04	0.04	0.03	0.03
Non-Pulmonary	5	6	4	2	3	5	4	2	3	3
Death-rate per 1,000 population	0.01	0.02	0.01	0.006	0.009	0.01	0.01	0.006	0.009	0.009
Notifications:—										
All forms	217	209	175	155	214	166	148	151	141	141
Pulmonary	177	163	146	135	184	148	136	131	116	116
Non-Pulmonary	40	46	29	20	30	18	12	20	25	25
Notification Register as at 31st December:—										
All forms	1,564	1,667	1,634	1,632	1,719	1,775	1,817	1,886	1,905	1,905
Pulmonary:										
Males	697	750	773	794	835	867	902	928	961	961
Females	534	582	597	613	657	693	707	749	746	746
Non-Pulmonary:										
Males	175	178	135	107	105	97	94	94	89	89
Females	158	157	129	118	122	118	114	115	109	109

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

TABLE 2—VITAL STATISTICS—DEATHS

Year	Total		Males		Females		Rate per 1,000 live births	Ratio of deaths to live births
	No.	%	No.	%	No.	%		
1950	1,124	100.0	549	100.0	575	100.0	12.5	0.125
1951	1,102	100.0	544	100.0	558	100.0	12.3	0.123
1952	1,089	100.0	538	100.0	551	100.0	12.1	0.121
1953	1,076	100.0	532	100.0	544	100.0	11.9	0.119
1954	1,063	100.0	526	100.0	537	100.0	11.7	0.117
1955	1,050	100.0	520	100.0	530	100.0	11.5	0.115
1956	1,037	100.0	514	100.0	523	100.0	11.3	0.113
1957	1,024	100.0	508	100.0	516	100.0	11.1	0.111
1958	1,011	100.0	502	100.0	509	100.0	10.9	0.109
1959	1,000	100.0	496	100.0	504	100.0	10.7	0.107
1960	989	100.0	490	100.0	499	100.0	10.5	0.105
1961	978	100.0	484	100.0	494	100.0	10.3	0.103
1962	967	100.0	478	100.0	489	100.0	10.1	0.101
1963	956	100.0	472	100.0	484	100.0	9.9	0.099
1964	945	100.0	466	100.0	479	100.0	9.7	0.097
1965	934	100.0	460	100.0	474	100.0	9.5	0.095
1966	923	100.0	454	100.0	469	100.0	9.3	0.093
1967	912	100.0	448	100.0	464	100.0	9.1	0.091
1968	901	100.0	442	100.0	459	100.0	8.9	0.089
1969	890	100.0	436	100.0	454	100.0	8.7	0.087
1970	880	100.0	430	100.0	450	100.0	8.5	0.085
1971	870	100.0	424	100.0	446	100.0	8.3	0.083
1972	860	100.0	418	100.0	442	100.0	8.1	0.081
1973	850	100.0	412	100.0	438	100.0	7.9	0.079
1974	840	100.0	406	100.0	434	100.0	7.7	0.077
1975	830	100.0	400	100.0	430	100.0	7.5	0.075
1976	820	100.0	394	100.0	426	100.0	7.3	0.073
1977	810	100.0	388	100.0	422	100.0	7.1	0.071
1978	800	100.0	382	100.0	418	100.0	6.9	0.069
1979	790	100.0	376	100.0	414	100.0	6.7	0.067
1980	780	100.0	370	100.0	410	100.0	6.5	0.065
1981	770	100.0	364	100.0	406	100.0	6.3	0.063
1982	760	100.0	358	100.0	402	100.0	6.1	0.061
1983	750	100.0	352	100.0	398	100.0	5.9	0.059
1984	740	100.0	346	100.0	394	100.0	5.7	0.057
1985	730	100.0	340	100.0	390	100.0	5.5	0.055
1986	720	100.0	334	100.0	386	100.0	5.3	0.053
1987	710	100.0	328	100.0	382	100.0	5.1	0.051
1988	700	100.0	322	100.0	378	100.0	4.9	0.049
1989	690	100.0	316	100.0	374	100.0	4.7	0.047
1990	680	100.0	310	100.0	370	100.0	4.5	0.045
1991	670	100.0	304	100.0	366	100.0	4.3	0.043
1992	660	100.0	298	100.0	362	100.0	4.1	0.041
1993	650	100.0	292	100.0	358	100.0	3.9	0.039
1994	640	100.0	286	100.0	354	100.0	3.7	0.037
1995	630	100.0	280	100.0	350	100.0	3.5	0.035
1996	620	100.0	274	100.0	346	100.0	3.3	0.033
1997	610	100.0	268	100.0	342	100.0	3.1	0.031
1998	600	100.0	262	100.0	338	100.0	2.9	0.029
1999	590	100.0	256	100.0	334	100.0	2.7	0.027
2000	580	100.0	250	100.0	330	100.0	2.5	0.025
2001	570	100.0	244	100.0	326	100.0	2.3	0.023
2002	560	100.0	238	100.0	322	100.0	2.1	0.021
2003	550	100.0	232	100.0	318	100.0	1.9	0.019
2004	540	100.0	226	100.0	314	100.0	1.7	0.017
2005	530	100.0	220	100.0	310	100.0	1.5	0.015
2006	520	100.0	214	100.0	306	100.0	1.3	0.013
2007	510	100.0	208	100.0	302	100.0	1.1	0.011
2008	500	100.0	202	100.0	298	100.0	0.9	0.009
2009	490	100.0	196	100.0	294	100.0	0.7	0.007
2010	480	100.0	190	100.0	290	100.0	0.5	0.005
2011	470	100.0	184	100.0	286	100.0	0.3	0.003
2012	460	100.0	178	100.0	282	100.0	0.1	0.001
2013	450	100.0	172	100.0	278	100.0	0.0	0.000
2014	440	100.0	166	100.0	274	100.0	0.0	0.000
2015	430	100.0	160	100.0	270	100.0	0.0	0.000
2016	420	100.0	154	100.0	266	100.0	0.0	0.000
2017	410	100.0	148	100.0	262	100.0	0.0	0.000
2018	400	100.0	142	100.0	258	100.0	0.0	0.000
2019	390	100.0	136	100.0	254	100.0	0.0	0.000
2020	380	100.0	130	100.0	250	100.0	0.0	0.000

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, 1961	Comparable Totals, 1960	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 M.B.		
	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		M	F
	1. Tuberculosis, respiratory	6	5	3			4	18	17	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—		—	—
2. Tuberculosis, other	—	—	—	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2		
3. Syphilitic disease	1	2	—	—	4	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5. Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6. Meningococcal infections	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
7. Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
8. Measles	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
9. Other infective and parasitic diseases	2	5	—	2	9	3	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—		
10. Malignant neoplasm, stomach	30	27	18	20	95	85	1	1	3	2	—	4	—	2	1	—	—	—	—	—	—	—	—	—	—	5	7		
11. Malignant neoplasm, lung, bronchus	85	15	49	9	158	125	1	—	1	1	8	1	2	—	4	—	2	—	3	—	—	—	—	1	1	15	2		
12. Malignant neoplasm, breast	—	51	—	17	68	74	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
13. Malignant neoplasm, uterus	—	22	—	8	30	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
14. Other malignant and lymphatic neoplasms	124	135	73	70	402	386	2	3	8	6	5	8	5	3	6	6	2	4	5	4	10	6	2	7	20	31	3		
15. Leukaemia, aleukaemia	6	4	6	2	18	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
16. Diabetes	13	17	3	10	43	27	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	7	
17. Vascular lesions of nervous system	146	214	84	124	568	577	5	2	5	18	10	17	2	—	6	8	4	—	13	6	4	10	2	3	35	54	3		
18. Coronary disease, angina	194	200	153	107	754	672	9	5	13	10	25	13	5	7	10	9	7	8	2	6	8	8	3	5	63	48	4		
19. Hypertension with heart disease	20	29	15	16	80	87	—	2	—	1	1	2	—	1	2	1	—	3	4	—	—	—	—	—	1	3	11		
20. Other heart disease	131	235	80	137	583	631	8	8	6	7	5	11	4	4	11	14	4	1	7	6	16	3	5	27	42	1			
21. Other circulatory disease	63	64	32	39	198	212	1	—	1	2	1	2	1	1	2	1	—	—	4	1	3	4	1	—	5	8			
22. Influenza	16	20	13	16	65	4	—	2	4	2	1	2	1	—	1	1	—	4	1	1	2	—	—	—	2	3	4		
23. Pneumonia	78	79	32	46	235	148	—	2	3	1	5	6	3	—	2	5	1	—	4	2	4	3	4	2	12	17	3		
24. Bronchitis	62	28	34	12	136	132	2	—	4	—	6	3	—	1	1	2	1	1	—	—	—	—	—	—	2	1	20		
25. Other diseases of respiratory system	10	8	9	3	30	57	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	9		
26. Ulcer of stomach and duodenum	9	4	9	3	25	35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
27. Gastritis, enteritis and diarrhoea	5	8	—	4	17	15	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—		
28. Nephritis and nephrosis	11	5	4	2	22	26	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—		
29. Hyperplasia of prostate	27	—	11	—	38	36	—	—	—	—	4	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—		
30. Pregnancy, childbirth, abortion	—	1	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	4		
31. Congenital malformations	16	14	6	10	46	37	—	1	—	—	1	1	—	—	3	—	—	—	—	1	—	—	—	—	—	—	—		
32. Other defined and ill-defined diseases	70	115	40	65	290	319	1	1	5	8	7	9	3	3	2	5	4	—	1	4	—	9	2	8	19	18			
33. Motor vehicle accidents	20	5	12	1	38	45	—	2	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3		
34. All other accidents	21	27	13	6	67	66	—	—	—	—	1	1	1	1	3	1	—	—	—	—	—	—	—	—	—	—	5		
35. Suicide	9	13	7	5	34	37	—	—	—	—	1	3	1	—	1	—	—	—	—	3	1	1	—	—	—	—	1		
36. Homicide and operations of war	1	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
All Causes	1,276	1,353	706	742	4,077	3,902	32	36	56	64	85	89	30	25	59	56	26	23	56	42	40	70	26	38	261	294	26		
Deaths of infants under 1 year:—																													
Total	36	28	15	17	96	96	—	1	2	—	3	—	—	3	1	2	—	—	1	—	—	5	1	—	10	7			
Legitimate	35	25	14	17	91	89	—	—	2	—	3	—	—	3	1	2	—	—	—	—	—	5	1	—	10	6			
Illegitimate	1	3	1	—	5	7	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1		
Live Births:—																													
Total	1,479	1,456	939	949	4,823	4,817	29	29	53	47	84	82	29	27	73	104	24	23	46	40	47	50	25	21	344	334			
Legitimate	1,396	1,369	891	902	4,584	4,584	28	28	49	45	79	75	29	26	70	102	22	23	44	39	43	49	22	21	336	314			
Illegitimate	83	87	48	47	265	233	1	1	4	2	5	7	—	1	3	2	2	—	2	1	4	1	3	—	8	20			
Still Births:—																													
Total	35	28	16	23	102	100	1	—	1	1	2	2	1	—	4	2	—	—	—	—	—	—	—	—	5	13			
Legitimate	33	28	13	22	96	97	1	—	1	1	2	2	1	—	4	2	—	—	—	—	—	—	—	—	5	13			
Illegitimate	2	—	3	1	6	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Estimated 'Home' population, 1961 (which includes non-civilians)	195,330	—	120,250	—	315,580	—	3,500	—	6,490	12,130	3,510	—	13,510	—	3,290	—	7,110	—	7,250	—	3,070	—	—	—	40,620	—			
Estimated 'Home' population, 1960 (which includes non-civilians)	192,540	—	118,750	—	311,290	—	3,290	—	6,580	12,590	3,180	—	13,310	—	3,410	—	7,240	—	7,200	—	2,900	—	—	—	38,410	—			

Poole M.B.		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	M	F
3	2	1	—	—	1	1	—	—	1	—	—	—	—	—	—	1	—	—	2
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	4	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—
17	10	—	2	1	—	3	1	3	2	4	1	1	2	—	—	2	5	4	7
43	10	2	1	2	—	7	1	9	—	3	1	3	—	3	1	7	1	13	4
—	25	—	—	—	2	—	2	—	1	—	1	—	—	—	3	—	1	—	7
—	8	—	1	—	1	—	1	—	3	—	—	—	—	—	1	—	—	—	1
56	52	2	3	5	4	6	6	10	12	8	8	4	5	3	6	12	7	23	19
5	3	—	—	2	—	1	—	—	—	—	1	—	—	1	—	1	—	1	1
8	5	—	—	—	—	—	1	—	4	—	1	—	—	—	2	—	1	3	1
57	89	3	6	5	8	6	13	18	31	4	9	3	3	8	13	11	12	26	29
34	74	12	7	11	4	7	10	25	20	16	11	8	2	11	13	26	17	37	23
12	6	1	2	—	—	1	—	3	3	—	3	2	—	1	1	1	2	6	5
52	117	6	13	8	11	2	7	21	39	10	5	3	4	9	11	7	15	14	32
43	33	2	2	3	1	—	—	4	1	3	1	2	1	4	14	1	7	13	12
5	6	—	—	—	1	1	1	1	2	2	1	2	—	4	8	3	1	—	2
37	40	4	4	2	3	3	1	4	20	2	2	2	1	3	6	5	4	7	5
20	10	3	2	3	—	1	2	6	2	—	1	—	1	6	2	5	1	10	1
3	3	—	1	—	—	—	—	2	1	—	—	1	—	—	—	2	—	4	1
4	3	—	—	—	—	—	—	1	1	1	—	—	1	1	—	—	—	6	1
2	3	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	1
5	2	—	1	—	—	2	—	—	—	2	—	—	—	—	—	—	1	—	—
12	—	3	—	2	—	1	—	2	—	—	—	—	—	—	—	2	—	1	—
—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
6	2	—	1	—	—	1	1	—	2	2	2	1	—	—	1	—	1	2	1
26	47	5	3	2	9	4	6	2	12	1	7	3	2	3	2	5	8	15	16
11	3	—	—	1	—	—	—	4	—	—	—	2	1	1	—	1	—	3	—
11	17	—	—	2	—	—	1	2	—	—	—	—	2	1	—	5	—	3	3
4	5	—	—	2	—	1	—	1	—	2	1	—	—	1	1	—	—	—	3
1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
79	579	44	49	51	47	48	55	118	160	60	56	37	26	60	85	97	86	191	178
13	14	3	1	2	4	1	1	—	3	1	2	1	—	1	1	3	2	3	3
12	13	3	1	2	4	1	1	—	3	1	2	—	—	1	1	3	2	3	3
1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
99	666	58	51	80	94	42	57	159	139	74	61	36	48	61	78	192	199	237	222
49	616	54	50	73	89	40	51	154	128	73	59	30	48	60	75	186	191	221	211
50	50	4	1	7	5	2	6	5	11	1	2	6	—	1	3	6	8	16	11
18	8	3	2	2	2	1	2	1	2	—	1	—	—	1	1	1	9	7	4
16	8	3	2	2	2	1	2	1	2	—	1	—	—	1	1	1	9	4	3
2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1
00,690		8,240		11,280		7,650		18,010		9,610		5,990		9,810		21,570		28,090	
00,160		8,100		12,490		7,650		17,460		9,920		5,810		9,770		21,240		26,310	

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	—	—	—	—	—	—	—	—	—	—	4	3	1	1	1	1
2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
9	—	—	—	1	—	—	—	—	1	—	—	1	2	—	—	2
10	—	—	—	—	—	—	—	—	1	—	11	9	13	4	5	14
11	—	—	—	—	—	—	—	—	—	—	39	2	30	9	16	4
12	—	—	—	—	—	—	—	—	2	—	—	19	—	11	—	19
13	—	—	—	—	—	—	—	—	1	—	—	9	—	6	—	6
14	—	—	—	—	—	1	1	—	4	11	32	38	37	38	50	47
15	—	—	—	—	1	—	1	—	—	1	1	1	1	1	2	1
16	—	—	—	—	—	—	—	—	1	—	4	5	6	3	2	9
17	—	—	—	—	—	—	—	—	3	3	23	25	48	54	72	132
18	—	—	—	—	—	—	—	—	8	1	86	15	104	62	96	122
19	—	—	—	—	—	—	—	—	—	—	2	4	7	5	11	20
20	—	—	—	1	—	—	—	—	—	1	19	10	27	32	85	191
21	—	—	—	—	—	—	—	—	—	1	7	4	16	12	40	47
22	—	—	—	—	—	—	—	—	—	—	1	1	9	4	6	15
23	7	6	1	—	1	1	1	—	—	1	12	8	21	15	35	48
24	—	—	—	1	—	—	—	—	2	—	13	8	25	9	22	10
25	—	—	—	—	—	—	—	—	1	1	2	2	4	1	3	4
26	—	—	—	—	—	—	—	—	—	—	3	1	1	1	5	2
27	—	1	—	—	—	—	—	1	1	—	—	—	1	2	3	4
28	—	—	1	—	—	—	1	—	2	—	4	—	2	3	1	2
29	—	—	—	—	—	—	—	—	—	—	1	—	8	—	18	—
30	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
31	9	7	1	1	2	—	1	1	—	—	2	2	—	1	1	2
32	18	13	3	4	2	1	—	1	1	3	16	12	12	29	18	52
33	—	—	—	2	2	—	7	—	3	—	1	2	4	—	3	1
34	2	1	—	—	—	—	2	—	4	1	6	4	2	5	5	16
35	—	—	—	—	—	—	—	2	1	—	4	8	4	2	—	1
36	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
	36	28	6	11	8	3	14	5	32	29	294	193	386	312	500	772

TABLE 3 (cont.)

Aggregate of Rural Districts

0—		1—		5—		15—		25—		45—		65—		75—		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
—	—	—	—	—	—	—	—	—	—	1	—	1	3	1	1	1
—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2
—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	9
—	—	—	—	—	—	—	—	—	—	6	2	3	4	9	14	10
—	—	—	—	—	—	—	—	1	—	25	4	18	4	5	1	11
—	—	—	—	—	—	—	—	—	—	—	6	—	7	—	4	12
—	—	—	—	—	—	—	—	—	—	—	3	—	2	—	3	13
—	—	—	—	—	—	—	1	4	4	18	24	26	21	25	20	14
—	—	—	—	—	1	—	—	2	—	1	1	2	—	1	—	15
—	—	—	—	—	—	—	—	—	—	—	1	2	3	1	6	16
—	—	—	—	—	—	—	—	2	—	15	20	23	29	44	75	17
—	—	—	—	—	—	—	—	3	—	39	11	55	32	56	64	18
—	—	—	—	—	—	—	—	—	—	2	—	3	6	10	10	19
—	—	—	—	—	—	—	—	1	1	7	10	18	22	54	104	20
—	—	—	—	—	—	1	—	—	—	6	5	12	6	13	28	21
—	—	—	—	—	—	—	—	1	—	—	1	4	1	8	14	22
1	3	—	—	—	—	—	—	1	1	1	5	11	10	18	27	23
—	—	—	—	—	—	—	—	1	1	7	2	10	1	16	8	24
—	—	—	—	—	—	—	—	—	—	2	—	4	1	3	2	25
—	—	—	—	—	—	—	—	—	—	4	—	—	2	3	1	26
—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	27
—	—	—	—	—	—	—	—	1	—	1	—	2	1	—	1	28
—	—	—	—	—	—	—	—	—	—	4	—	2	—	5	—	29
—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	30
3	8	1	—	—	2	—	—	1	—	—	—	—	—	1	—	31
10	6	—	—	1	3	—	1	—	2	8	8	9	13	12	32	32
—	—	—	—	1	—	2	—	3	1	5	—	1	—	—	—	33
1	—	—	—	2	—	2	—	1	—	2	2	1	1	4	3	34
—	—	—	—	—	—	—	—	1	1	3	4	1	—	2	—	35
—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	36
15	17	1	—	4	6	5	3	23	12	157	111	210	172	291	421	

TABLE 4—CAUSES OF DEATH AT ALL AGES.

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
1	57	39	37	28	24	24	15	14	12	18
2	5	6	4	2	3	5	4	2	3	1
3	9	4	12	9	3	11	7	4	3	4
4	—	—	—	—	—	—	—	—	—	—
5	—	1	1	—	1	1	—	—	—	—
6	—	1	1	1	1	—	—	—	2	—
7	1	2	2	3	1	1	—	1	—	—
8	—	1	—	5	—	—	—	1	—	1
9	9	7	4	—	4	8	8	9	3	9
10	88	90	100	93	101	77	101	75	85	95
11	93	83	82	107	101	101	130	130	125	158
12	64	69	69	50	60	76	75	82	74	68
13	20	28	20	23	24	26	20	30	25	30
14	323	373	341	339	380	358	363	384	386	402
15	21	20	10	17	18	21	26	23	17	18
16	19	25	20	27	33	16	21	25	27	43
17	527	513	559	575	581	546	603	567	577	568
18	505	519	469	582	610	593	611	642	672	754
19	81	68	69	76	73	64	74	63	87	80
20	627	659	606	665	647	607	677	609	631	583
21	150	161	183	177	166	173	168	211	212	198
22	6	56	7	19	23	49	17	79	4	65
23	97	123	124	140	182	146	137	158	148	235
24	85	131	102	115	101	103	153	101	132	136
25	36	41	35	32	48	50	34	34	57	30
26	30	37	44	41	31	33	38	33	35	25
27	10	19	14	14	22	27	13	22	15	17
28	54	39	46	36	31	36	30	36	26	22
29	47	39	36	29	44	43	38	42	36	38
30	4	5	3	1	2	—	3	2	2	2
31	33	21	27	31	29	32	39	26	37	46
32	322	305	279	333	309	290	298	287	319	290
33	23	30	26	31	32	38	38	51	45	38
34	53	55	73	94	69	65	66	66	66	67
35	35	40	41	27	31	33	26	30	37	34
36	1	5	1	7	5	—	—	1	2	2

TABLE 5—NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Scarlet Fever	125	188	184	72	107	113	147	227	140	55
Whooping Cough	866	1,125	878	591	373	870	262	161	110	238
Diphtheria (including Membranous Croup)	1	—	1	—	—	1	—	1	1	—
Measles (excluding Rubella)	950	4,900	102	4,944	1,653	2,663	2,604	3,350	1,702	5,431
Acute Pneumonia (Primary or Influenzal)	191	296	211	166	141	173	124	190	89	90
Meningococcal Infection	5	5	4	5	7	5	3	4	1	—
Acute Poliomyelitis	24	150	27	50	11	10	8	3	1	—
Acute Polioencephalitis										
Acute Encephalitis	—	2	2	3	2	3	4	—	1	1
Dysentery	115	68	68	13	63	2	4	112	238	28
Ophthalmia Neonatorum	1	1	1	7	2	6	1	4	6	5
Puerperal Pyrexia	80	76	58	65	60	59	51	50	62	87
Smallpox	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	3	3	1	16	1	—	—	—	2	—
Enteric or Typhoid Fever (excluding Paratyphoid)	—	2	—	—	—	1	—	1	1	—
Food Poisoning (excluding Dysen- tery, Typhoid and Paratyphoid) }	18	23	35	63	191	29	210	48	24	45
Erysipelas	43	40	46	50	33	22	37	19	23	15
Malaria—Believed to be contracted in this country	—	—	—	—	—	—	—	—	—	—
Malaria—Believed to be contracted abroad	8	5	2	4	5	2	1	—	—	—
Malaria—Induced in Institutions	—	—	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—
	Not Notifiable Untill 1960								—	—

TABLE 6—ANTE-NATAL CLINICS, 1961

Name of Clinic	Average Attendance per session	New Cases	Attendances	No. of Openings.
<i>Midwives' Sessions</i>				
Branksome	11	260	1,093	101
Broadstone	9	71	267	30
Burlea Towers	7	135	729	104
Market Street	6	37	177	28
Hamworthy	12	85	307	26
Oakdale	12	151	594	50
Wallisdown	8	109	441	52
TOTALS		848	3,608	391

TABLE 7—SUMMARY OF ANTE-NATAL AND POST-NATAL CLINICS, 1957—1961

Name of Clinic	1957			1958			1959			1960			1961		
	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
<i>Midwives' Sessions:</i>															
Branksome ..	1,099	79	13.9	1,314	101	13.0	1,114	102	10.9	1,418	99	14.3	1,093	101	11
Broadstone ..	—	—	—	—	—	—	71	10	7.1	427	31	13.8	267	30	9
Burlea Towers ..	610	50	12.2	666	60	11.1	1,000	101	9.9	917	101	9	729	104	7
Market Street ..	—	—	—	—	—	—	140	24	5.8	225	25	9	177	28	6
Hamworthy ..	511	52	9.8	529	53	9.8	367	44	8.3	358	27	13.2	307	26	12
Oakdale ..	—	—	—	—	—	—	324	30	10.8	507	50	10.1	594	50	12
Wallisdown ..	450	36	12.0	558	52	10.7	456	51	8.9	514	51	10	441	52	8
TOTALS ..	3,298	269	—	3,899	318	—	3,754	384	—	4,366	384	—	3,608	391	—

TABLE 8—ATTENDANCES AT WELFARE CENTRES DURING 1961

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	
		1961	1960	1956-59	Totals						
Beaminster	25.0	34	36	52	122	36	330	123	147	600	24
Blandford	38.3	45	71	63	179	66	571	229	120	920	24
Blandford Camp	37.1	50	62	66	178	70	989	397	395	1,781	48
Bovington Camp	33.6	62	24	6	92	79	628	119	26	773	23
Bradford Abbas	14.1	2	3	18	23	3	78	135	127	340	24
Bridport	27.0	55	66	94	215	66	795	344	241	1,380	51
Charmouth	9.6	3	14	6	23	6	40	15	22	77	8
Colehill	17.0	4	—	—	4	4	22	6	6	34	2
Corfe Mullen	32.2	36	21	43	100	42	208	82	97	387	12
Dorchester	30.2	174	221	111	506	212	1,709	376	212	2,297	76
Ferndown	31.1	47	19	22	88	56	471	149	127	747	24
Gillingham	30.7	49	37	18	104	71	846	316	407	1,569	51
Handley	13.1	6	19	24	49	7	60	40	58	158	12
Lulworth Camp	11.0	1	8	5	14	4	13	4	5	22	2
Lyme Regis	21.3	33	25	26	84	39	297	96	120	513	24
Lytchett Matravers	19.7	8	16	10	34	13	82	44	71	197	10
Sandford	39.6	27	34	42	103	30	255	119	102	476	12
Shaftesbury	22.8	46	59	58	163	61	732	144	290	1,166	51
Sherborne	40.4	96	107	89	292	110	1,469	410	184	2,063	51
Sturminster Newton	15.0	33	18	12	63	40	510	101	156	767	51
Swanage	38.8	98	87	120	305	123	1,269	365	346	1,980	51
Thorncombe	23.6	1	8	30	39	2	16	24	31	71	3
Upton	42.8	58	52	44	164	66	607	194	185	986	23
Verwood	24.4	41	24	47	112	44	352	142	93	587	24
Wareham	46.3	72	69	96	237	86	1,388	436	541	2,365	51
West Moors	23.6	37	37	11	85	48	441	92	34	567	24
West Parley	20.8	27	32	41	100	28	269	93	137	499	24
Wimborne	38.1	100	77	96	273	103	1,213	292	439	1,944	51
Wool	20.0	40	33	23	96	67	349	80	53	482	24
<i>Poole Area</i>											
Branksome	35.4	253	147	109	509	210	2,742	466	408	3,616	102
Broadstone	30.8	79	91	110	280	77	1,029	328	217	1,574	51
Canford Magna	12.0	7	10	23	40	9	53	41	51	145	12
Creekmoor	25.1	28	21	49	98	37	347	81	150	578	23
Hamworthy	36.4	82	78	103	263	98	1,268	337	434	2,039	56
Longfleet	33.6	36	51	87	174	46	481	139	187	807	24
Lower Parkstone	33.3	64	70	97	231	83	806	170	223	1,199	36
Newtown	36.1	89	86	113	288	109	1,073	343	321	1,737	48
Oakdale	53.4	116	131	201	448	122	1,695	677	352	2,724	51
Old Town	31.8	56	94	132	282	90	1,116	248	291	1,655	52
Rossmore	40.2	82	51	61	194	91	1,289	297	347	1,933	48
St. Aldhelm's	40.5	65	41	42	148	71	599	165	208	972	24
Wallisdown	42.1	100	126	206	432	109	1,176	456	520	2,152	51
Waterloo	38.0	89	86	132	307	76	859	221	402	1,482	39
<i>South Dorset Area</i>											
Broadwey	31.3	68	68	86	222	74	1,057	217	233	1,507	48
Chickerell	18.9	25	25	15	65	34	334	83	38	455	24
Lanehouse	31.4	38	22	35	95	43	522	118	114	754	24
Littlemoor	23.8	18	7	19	44	18	61	34	24	119	5
Portland Tophill	47.1	89	75	115	279	105	1,671	371	317	2,359	50
Portland Underhill	43.9	86	77	85	248	102	1,555	458	230	2,243	51
Preston	36.7	51	32	57	140	62	602	163	116	881	24
Southill	19.4	13	2	1	16	13	170	23	21	214	11
Weymouth	40.5	267	155	75	497	310	3,496	355	321	4,172	103
Wyke Regis	50.7	137	129	88	354	142	2,167	289	134	2,590	51
TOTALS		3,233	2,954	3,314	9,501	3,713	42,177	11,047	10,431	63,655	1,889

WELFARE CENTRES

TABLE 9—SUMMARY OF ATTENDANCES AT WELFARE CENTRES, 1957—1961

Name of Centre	1957			1958			1959			1960			1961		
	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 ..	539	23	23.4	597	23	26.0	543	23	23.6	595	24	24.7	600	24	25.0
Blackdown ..	126	10	12.6	—	—	—	—	—	—	—	—	—	—	—	—
Blandford ..	675	23	29.3	604	23	26.2	533	24	22.2	768	24	32.0	920	24	38.3
Blandford Garrison	1,812	49	37.0	2,241	48	46.7	2,357	47	50.1	2,168	49	44.2	1,781	48	37.1
Bovington Camp	1,198	22	54.5	1,102	22	50.0	1,162	24	40.8	694	24	28.9	773	23	33.6
Bradford Abbas ..	459	24	19.1	413	24	17.1	569	24	23.7	722	24	30.0	340	24	14.1
Bridport ..	1,021	50	20.4	1,326	53	25.0	1,095	50	21.9	1,361	51	26.8	1,380	51	27.0
Charmouth ..	147	12	12.2	153	12	12.7	170	12	14.1	153	12	12.7	77	8	9.6
Colehill ..	—	—	—	—	—	—	—	—	—	—	—	—	34	2	17.0
Corfe Mullen ..	127	8	15.8	303	16	18.9	433	12	36.0	371	12	30.9	387	12	32.2
Dorchester ..	2,315	74	31.3	2,872	74	38.8	2,924	73	40.0	2,559	77	33.2	2,297	76	30.2
Ferndown ..	805	24	33.5	752	25	30.0	752	24	31.3	741	24	30.8	747	24	31.1
Gillingham ..	303	21	14.4	910	42	20.6	1,590	52	30.5	1,674	52	32.1	1,569	51	30.7
Handley ..	168	12	14.0	222	12	18.5	257	12	21.4	177	12	14.7	158	12	13.1
Lulworth Camp ..	150	10	15.0	230	12	19.3	168	12	14.0	155	11	14.0	22	2	11.0
Lyme Regis ..	303	24	12.6	499	24	20.8	378	24	15.7	380	23	16.9	513	24	21.3
Lytchett	—	—	—	—	—	—	—	—	—	—	—	—	197	10	19.7
Matravers ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Milton Abbas ..	80	12	6.7	—	—	—	—	—	—	—	—	—	—	—	—
Sandford ..	—	—	—	210	12	25.6	427	12	35.5	589	12	49.0	476	12	39.6
Shaftesbury ..	506	24	21.0	1,132	40	28.2	1,070	51	21.0	836	52	16.0	1,166	51	22.8
Sherborne ..	2,438	51	47.8	2,713	52	52.1	2,647	52	50.9	3,151	52	60.5	2,063	51	40.4
Sturminster	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Newton ..	249	23	10.8	478	35	13.7	649	50	13.0	803	53	17.0	767	51	15.0
Swanage ..	1,398	50	27.9	1,558	50	31.6	2,041	50	40.8	1,803	52	34.6	1,980	51	38.8
Tarrant Rushton	91	9	10.0	—	—	—	—	—	—	—	—	—	—	—	—
Thorncombe ..	—	—	—	200	12	16.7	202	12	16.8	213	12	17.7	71	3	23.6
Upton ..	992	46	21.4	793	22	36.0	845	21	40.2	1,054	23	45.8	986	23	42.8
Verwood ..	416	23	18.0	555	24	23.1	587	24	24.4	530	24	22.0	587	24	24.4
Wareham ..	1,977	51	38.8	2,198	51	43.0	2,155	50	43.1	2,129	52	40.9	2,365	51	46.3
West Moors ..	—	—	—	—	—	—	195	7	27.8	503	24	20.9	567	24	23.6
West Parley ..	436	24	18.0	507	24	21.1	460	24	19.1	448	24	18.6	499	24	20.8
Wimborne ..	2,273	52	43.7	2,590	52	49.8	2,211	52	41.7	2,168	52	41.6	1,944	51	38.1
Wool ..	626	24	26.0	679	24	28.2	529	24	22.0	505	24	21.0	482	24	20.0
<i>Poole Area</i>															
Branksome ..	4,169	109	38.2	4,621	123	37.5	4,628	122	29.7	4,590	120	38.2	3,616	102	35.4
Broadstone ..	1,257	29	43.3	3,240	51	64.8	2,288	52	44.0	1,700	52	34.6	1,574	51	30.8
Canford Magna ..	209	12	17.4	293	12	24.4	288	12	24.0	291	12	24.2	145	12	12.0
Creekmoor ..	594	23	25.8	631	24	26.2	655	23	28.4	405	22	18.4	578	23	25.1
Hamworthy ..	2,178	63	34.6	2,699	82	32.9	2,311	82	28.1	1,992	70	28.4	2,039	56	36.4
Longfleet ..	935	24	39.0	1,224	24	51.0	947	24	39.4	752	24	31.3	807	24	33.6
Lower Parkstone	966	26	37.2	795	35	22.7	900	35	25.7	923	36	22.8	1,199	36	33.3
Newtown ..	1,849	47	39.1	1,341	47	28.5	1,604	47	34.1	1,512	48	31.5	1,737	48	36.1
Oakdale ..	978	23	42.5	1,293	28	46.1	1,888	43	43.9	3,031	52	58.2	2,724	51	53.4
Old Town ..	1,342	51	26.3	1,977	55	35.9	1,985	52	38.1	1,731	52	33.2	1,655	52	31.8
Rossmore ..	1,712	47	36.4	1,815	47	38.6	1,679	47	35.7	1,577	48	32.8	1,933	48	40.2
St. Aldhelms ..	692	24	28.8	707	24	29.4	785	24	32.7	750	24	31.2	972	24	40.5
Wallisdown ..	1,634	36	45.4	2,655	51	52.0	2,154	53	40.6	2,324	51	43.6	2,152	51	42.1
Waterloo ..	1,639	39	42.0	1,833	41	44.7	1,466	40	36.6	1,180	40	29.5	1,482	39	38.0
<i>South Dorset Area</i>															
Broadway ..	1,143	49	23.3	1,358	50	27.1	1,099	48	22.9	1,324	48	23.7	1,507	48	31.3
Chickerell ..	520	24	21.7	419	23	18.2	332	24	13.8	324	23	14.0	455	24	18.9
Lanehouse ..	547	24	22.8	587	23	25.5	565	22	25.6	503	24	20.9	754	24	31.4
Littlemoor ..	—	—	—	—	—	—	—	—	—	—	—	—	119	5	23.8
Portland Tophill	2,063	50	41.3	2,089	48	43.5	2,428	46	52.8	2,794	51	54.7	2,359	50	47.1
Portland Underhill	2,570	53	48.5	1,755	49	35.8	2,128	51	41.7	2,455	51	48.1	2,243	51	43.9
Preston ..	385	51	7.6	358	49	7.3	412	24	17.1	696	24	29.0	881	24	36.7
Southill ..	—	—	—	—	—	—	—	—	—	—	—	—	214	11	19.4
Weymouth ..	4,143	104	39.8	3,898	103	37.8	4,227	104	40.6	4,364	103	42.3	4,172	103	40.5
Wyke Regis ..	3,669	102	36.0	3,127	103	30.3	2,710	64	42.3	2,863	70	40.9	2,590	51	50.7
TOTALS ..	56,824	1,785	—	64,652	1,900	—	64,428	1,881	—	65,331	1,920	—	63,655	1,889	—

TABLE 10—MIDWIFERY NURSING STAFF, 1957—1961

	1957		1958		1959		1960		1961	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Administrative	—	4	—	4	—	4	—	5	—	4
Queen's Nurse, State Certified Midwife	1	36	—	34	—	34	—	39	1	34
State Registered Nurse, State Certified Midwife .. .	10	6	13	7	14	9	16	7	12	8
State Certified Midwife	1	7	2	7	2	7	1	7	1	6
Equivalent whole-time midwifery nursing staff (omitting administrative staff)	38.0		38.5		41		43.5		38.0	
Midwifery training completed in conjunction with the West Dorset Group Hospital Management Committee, arranged through Dorset County Council	19		23		20		17		21	

TABLE 11—DETAILS OF MIDWIVES PRACTISING IN THE AREA OF THE LOCAL SUPERVISING AUTHORITY AT THE END OF EACH YEAR FROM 1957—1961

	<i>Domiciliary Midwives</i>					<i>Midwives in Institutions</i>					<i>Totals</i>				
	1957	1958	1959	1960	1961	1957	1958	1959	1960	1961	1957	1958	1959	1960	1961
(a) Midwives employed by the Authority ..	13	14	67	71	66	—	—	—	—	—	13	14	67	71	66
(b) 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	49	48	—	—	—	—	—	—	—	—	49	48	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ..	—	—	—	—	—	49	51	55	52	77	49	51	55	52	77
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	7	6	1	1	3	5	6	3	3	2	12	12	4	4	5
TOTALS ..	69	68	68	72	69	54	57	58	55	79	123	125	126	127	148

TABLE 12—SUMMARY OF MIDWIFERY CASES ATTENDED, 1957—1961

<i>Cases attended by midwives in the employment of:—</i>			1957	1958	1959	1960	1961
The County Council:	Domiciliary	Midwifery	675	858	1,377	1,467	1,422
		Maternity	132	142	407	479	429
The County Nursing Association:	Domiciliary	Midwifery	536	636	—	—	—
		Maternity	253	255	—	—	—
	Institutional	Midwifery	—	—	—	—	—
		Maternity	—	—	—	—	—
Hospitals:	Domiciliary	Midwifery	—	—	—	—	—
		Maternity	—	—	—	—	—
	Institutional	Midwifery	1,932	1,708	1,802	1,736	1,923
		Maternity	520	539	571	663	792
Midwives in Private Practice (including midwives employed in Nursing Homes):	Domiciliary	Midwifery	3	—	1	6	1
		Maternity	11	7	5	8	6
	Institutional	Midwifery	34	28	29	30	22
		Maternity	10	5	2	3	9
TOTALS			4,106	4,178	4,194	4,392	4,604

TABLE 13—HEALTH VISITING STAFF, 1957—1961

<i>Employed by</i>	<i>Number of Health Visitors employed at end of year</i>										<i>Equivalent Whole-time Health Visitor services provided under Col. (3) (all classes including attendance at Child Welfare Centres)</i>				
	<i>Whole-time on Health Visiting</i>					<i>Part-time on Health Visiting</i>									
	(2)					(3)					(4)				
(1)	1957	1958	1959	1960	1961	1957	1958	1959	1960	1961	1957	1958	1959	1960	1961
Local Health Authority	2	3	4	5	5	39	41	40	41	42	29 $\frac{7}{11}$	29 $\frac{1}{11}$	29 $\frac{1}{11}$	29 $\frac{8}{11}$	30 $\frac{6}{11}$

TABLE 14—NUMBER OF CHILDREN AT 31.12.61 WHO HAD COMPLETED A COURSE OF DIPHTHERIA IMMUNISATION AT ANY TIME BEFORE THAT DATE

	Children under 5 years of age at 31.12.61						Estimated mid-year population, 1961 Children 0—4 years	Children 5—15 years of age at 31.12.61			Estimated mid-year population, 1961 Children 5—15 years	Total Number of Children under 15 years immunised
	Under 1	1	2	3	4	Totals		5—9	10—14	Totals		
Beaminstor R.D. ..	23	89	102	91	26	331		405	770	1,175		1,506
Blandford B. ..	15	61	57	42	42	217		256	346	602		819
Blandford R.D. ..	19	120	124	128	110	501		668	838	1,506		2,007
Bridport B. ..	19	76	72	73	59	299		318	577	895		1,194
Bridport R.D. ..	22	80	72	77	69	320		337	512	849		1,169
Dorchester B. ..	36	120	121	92	108	477		539	871	1,410		1,887
Dorchester R.D. ..	46	188	164	158	133	689		922	1,216	2,138		2,827
Lyme Regis B. ..	13	36	29	35	33	146		129	198	327		473
Shaftesbury B. ..	13	32	34	37	29	145		104	203	307		452
Shaftesbury R.D. ..	27	117	118	106	89	457	22,600	524	711	1,235	47,500	1,692
Sherborne U.D. ..	23	74	54	60	66	277		338	489	827		1,104
Sherborne R.D. ..	23	61	92	74	60	310		331	532	863		1,173
Sturminster R.D. ..	20	103	107	107	79	416		489	749	1,238		1,654
Swanage U.D. ..	23	68	69	49	46	255		309	412	721		976
Wareham B. ..	13	46	53	31	30	173		219	271	490		663
Wareham R.D. ..	59	246	274	227	200	1,006		1,149	1,422	2,571		3,577
Wimborne U.D. ..	22	57	46	54	48	227		248	303	551		778
Wimborne R.D. ..	86	344	374	294	294	1,392		1,262	1,604	2,866		4,258
Poole B. ..	444	929	960	918	856	4,107		4,696	6,649	11,345		15,452
Weymouth B. ..	204	517	535	467	441	2,164		2,149	3,326	5,475		7,639
Portland U.D. ..	58	136	143	141	138	616		614	1,255	1,869		2,485
TOTALS ..	1,208	3,500	3,600	3,261	2,956	14,525	22,600	16,006	23,254	39,260	47,500	53,785

Percentage of children under 5 years immunised 64.2
 Percentage of children aged 5—15 years immunised 82.6
 Percentage of total number of children under 15 years of age immunised .. 76.7

TABLE 15—DIPHTHERIA IMMUNISATION, 1957—1961
 (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			
57	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
58	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
59	1,182	2,773	2,672	2,808	2,981	12,416	21,500	16,601	22,658	39,259	47,200	51,675	75.2
60	1,279	3,376	3,110	2,850	2,886	13,501	21,900	16,019	23,262	39,281	47,500	52,782	76.0
61	1,208	3,500	3,600	3,261	2,956	14,525	22,600	16,006	23,254	39,260	47,500	53,785	76.7

TABLE 16—THE NUMBER OF CHILDREN WHO RECEIVED RE-INFORCING DOSES FOR DIPHTHERIA IMMUNISATION, 1957—1961

Year	Age		Totals
	1—4 years	5—14 years	under 15 years
1957	179	3,876	4,055
1958	99	3,524	3,623
1959	208	4,812	5,020
1960	420	5,017	5,437
1961	1,076	7,497	8,573

TABLE 17—CHILDREN IMMUNISED AGAINST WHOOPING COUGH DURING 1961

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	5	4	19	1	2	112	26
Blandford Borough	14	49	—	5	17	—	—	68	17
Blandford Rural District	20	121	7	13	59	1	1	155	67
Bridport Borough	19	66	24	3	54	—	2	88	80
Bridport Rural District	22	81	16	3	32	—	1	106	49
Dorchester Borough	37	77	23	5	12	—	—	119	35
Dorchester Rural District	45	133	29	14	46	2	—	194	75
Lyme Regis Borough	12	19	5	2	6	—	—	33	11
Shaftesbury Borough	12	17	—	1	—	—	—	30	—
Shaftesbury Rural District	28	93	1	8	13	—	—	129	14
Sherborne Urban District	24	40	5	6	12	1	—	71	17
Sherborne Rural District	23	33	4	3	9	—	—	59	13
Sturminster Rural District	20	82	—	15	31	—	2	117	33
Swanage Urban District	23	73	15	4	7	—	1	100	23
Wareham Borough	11	29	—	1	1	—	1	41	2
Wareham Rural District	59	219	11	10	12	1	—	289	23
Wimborne Urban District	21	34	5	7	10	—	—	62	15
Wimborne Rural District	86	224	33	30	40	1	2	341	75
Poole Borough	438	959	627	272	843	—	1	1,669	1,471
Weymouth Borough	202	339	31	29	280	1	10	571	321
Portland Urban District	58	122	56	18	96	—	4	198	156
TOTALS	1,197	2,894	897	453	1,599	8	27	4,552	2,523

P—Primary Immunisation. R—Re-inforcing.

TABLE 18—PERSONS VACCINATED AGAINST SMALLPOX DURING 1961

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	41	38	—	2	4	4	10	85	14	
Blandford Borough	12	30	1	6	1	10	16	58	18	
Blandford Rural District	24	81	—	56	13	59	50	220	63	
Bridport Borough	52	25	1	8	2	2	6	87	9	
Bridport Rural District	45	36	—	4	4	3	16	88	20	
Dorchester Borough	48	37	—	4	—	1	—	90	—	
Dorchester Rural District	62	70	1	12	7	1	5	145	13	
Lyme Regis Borough	6	16	1	2	3	2	13	26	17	
Shaftesbury Borough	7	28	—	2	1	3	7	40	8	
Shaftesbury Rural District	29	64	—	7	4	9	20	109	24	
Sherborne Urban District	35	19	—	4	1	2	10	60	11	
Sherborne Rural District	22	40	—	4	1	1	2	67	3	
Sturminster Rural District	40	42	—	4	2	7	6	93	8	
Swanage Urban District	12	54	—	4	4	3	6	73	10	
Wareham Borough	—	15	—	6	—	1	—	22	—	
Wareham Rural District	33	126	4	18	20	5	20	182	44	
Wimborne Urban District	16	24	—	—	—	2	4	42	4	
Wimborne Rural District	73	143	2	16	17	11	52	243	71	
Poole Borough	208	731	—	67	18	44	92	1,050	110	
Weymouth Borough	255	190	2	20	7	21	20	486	29	
Portland Urban District	78	79	2	32	2	33	18	222	22	
TOTALS	1,098	1,888	14	278	111	224	373	3,488	498	

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

TABLE 19—SMALLPOX VACCINATION, 1957—1961

Year	Age								Totals	
	Under 1 year	1—4 years		5—14 years		15 or over				
		P	R	P	R	P	R	P	R	
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	
1959	1,215	1,444	83	145	173	120	407	2,924	663	
1960	1,201	1,488	54	143	169	129	360	2,961	583	
1961	1,098	1,888	14	278	111	224	373	3,488	498	

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

TABLE 20.—CHILDREN IMMUNISED AGAINST TETANUS DURING 1961

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	86	8	24	99	23	18	156	125	
Blandford Borough	15	49	2	22	30	13	2	99	34	
Blandford Rural District	20	123	12	42	134	18	16	203	162	
Bridport Borough	19	67	26	19	102	—	20	105	148	
Bridport Rural District	22	84	20	13	119	3	27	122	166	
Dorchester Borough	37	87	23	183	103	38	11	345	137	
Dorchester Rural District	46	146	34	98	178	38	19	328	231	
Lyme Regis Borough	13	20	6	4	64	2	29	39	99	
Shaftesbury Borough	13	24	—	18	7	7	—	62	7	
Shaftesbury Rural District	28	106	5	84	55	12	7	230	67	
Sherborne Urban District	24	43	5	23	32	10	—	100	37	
Sherborne Rural District	23	35	6	23	23	11	—	92	29	
Sturminster Rural District	21	84	—	64	64	8	9	177	73	
Swanage Urban District	23	75	15	16	67	—	2	114	84	
Wareham Borough	12	30	1	2	8	—	1	44	10	
Wareham Rural District	60	238	16	47	87	9	3	354	106	
Wimborne Urban District	21	36	5	47	33	7	2	111	40	
Wimborne Rural District	86	230	38	140	87	41	4	497	129	
Poole Borough	442	1,478	597	4,381	700	6	4	6,307	1,301	
Weymouth Borough	202	361	32	320	454	66	23	949	509	
Portland Urban District	59	129	56	105	153	83	18	376	227	
TOTALS	1,209	3,531	907	5,675	2,599	395	215	10,810	3,721	

P = Primary Immunisation R = Re-inforcing

ITEM	DEPOTS.													TOTAL			
	Blandford	Bridport	Charmouth	Dorchester	Ferndown	Gillingham	Lyme Regis	Poole	Shaftesbury	Sherborne	Sturminster Newton	Swange	Wareham		Weymouth	Wimborne	
PATIENTS CARRIED	Maternity	101	80	5	134	17	3	23	265	11	17	29	100	201	58	1,064	
	Road Accident	102	68	7	135	60	37	19	323	80	59	29	69	200	104	1,321	
	Other Emergency	67	40	2	97	110	17	13	818	28	32	34	76	608	150	2,170	
	Emergency Hospital Admissions	157	241	1	399	75	21	67	1,337	17	5	—	91	928	1	3,344	
	TOTAL EMERGENCY	427	429	15	765	262	78	122	2,743	136	113	92	336	1,937	313	7,899	
	Hospital Admissions	159	332	55	235	126	144	106	469	211	239	171	207	1,196	546	4,446	
	Hospital Discharges	136	199	10	347	80	9	27	1,548	15	111	85	137	149	734	296	3,883
	Inter-Hospital Transfers	55	102	10	418	44	4	38	1,687	87	46	53	110	71	591	86	3,402
	Out-Patient Attendances:— Physiotherapy	130	1,266	31	1,799	140	5	73	1,908	—	717	9	19	63	5,440	566	12,166
	Other	188	1,446	49	3,394	397	58	137	10,299	22	891	208	423	498	3,546	744	22,300
Corpses	1	4	—	19	9	—	—	19	—	1	—	3	3	17	9	85	
Training Centre Attendances	—	—	—	—	—	—	—	12,242	—	—	—	—	—	—	—	5,785	
Other Patients	34	73	3	188	37	56	8	1,543	25	291	20	25	14	466	189	2,972	
TOTAL ROUTINE	703	3,422	158	6,400	833	276	389	29,715	360	2,296	546	967	1,005	11,990	8,221	67,281	
TOTAL PATIENTS	1,130	3,851	173	7,165	1,095	354	511	32,458	496	2,409	638	1,098	1,341	13,927	8,534	75,180	
JOURNEYS	Patient Carrying	595	1,652	84	3,602	426	220	317	6,086	367	853	292	501	528	5,311	932	21,766
	Training Centres	—	—	—	—	—	—	—	857	—	—	—	—	—	—	340	1,197
	Other Journeys	18	324	5	98	18	12	7	243	20	71	90	35	140	58	1,155	
	TOTAL JOURNEYS	613	1,976	89	3,700	444	232	324	7,186	387	924	382	517	563	5,451	1,330	24,118
	Patient Carrying	24,750	34,341	3,971	58,612	19,068	10,627	10,281	108,299	10,222	20,843	17,984	18,148	26,209	78,111	36,917	478,383
MILEAGE	Training Centres	—	—	—	—	—	—	—	16,099	—	—	—	—	—	—	19,540	35,639
	Other Mileage	250	2,614	62	1,278	447	107	17	2,536	299	1,903	911	770	865	921	13,114	
	TOTAL MILEAGE	25,000	36,955	4,033	59,890	19,515	10,734	10,298	126,934	10,521	22,746	18,895	18,282	26,979	78,976	57,378	527,136
	Night Journeys (between 1800—0900 hours)	142	335	7	363	50	47	55	1,378	78	130	85	75	126	801	235	3,907
	Stretcher Cases	643	689	106	1,534	724	264	286	7,232	412	440	355	674	844	2,836	1,442	18,481
Sitting Cases	Walking	345	2,679	67	4,512	119	89	167	24,568	81	1,824	204	391	10,071	6,361	51,642	
	Not walking	142	483	—	1,119	252	1	58	658	3	145	79	260	1,020	731	5,057	
*Patients per Journey	1-90	2-33	2-06	1-99	2-57	1-61	1-61	3-32	1-35	2-82	2-18	2-19	2-57	2-62	2-95	2-63	
*Miles per Patient	21-90	8-92	22-95	8-18	17-41	30-0	20-12	5-36	20-61	8-65	28-19	16-53	19-54	5-61	13-45	8-37	

* Excluding mentally sub-normal persons

TABLE 22—HOSPITAL CAR SERVICE STATISTICS, 1961

ITEM	AREA										TOTAL
	Blandford	Bridport	Dorchester	Gillingham	Poole	Shaftesbury	Sherborne	Wareham	Weymouth	Wimborne	
NUMBER OF PATIENTS CARRIED											
Hospital Admissions ..	179	125	72	64	143	63	20	154	70	79	98
Hospital Discharges ..	154	126	169	16	197	52	16	162	113	55	1,00
Inter-Hospital Transfers ..	8	14	44	1	24	16	12	5	16	—	14
Out-Patient Attendances:—											
Physiotherapy	2,070	2,191	1,430	248	5,817	383	320	2,827	570	4,907	20,76
Other	7,667	2,774	2,495	1,406	8,383	1,229	743	5,558	1,389	4,873	36,51
Training Centre Attendances ..	—	2,081	107	—	1,744	—	252	1,326	—	78	5,58
Education, Immunisation, Social Services	1,174	444	347	501	4,613	284	126	838	26	831	9,18
Other Patients	21	17	18	2	4	2	8	13	6	3	9
TOTAL PATIENTS	11,273	7,772	4,682	2,238	20,925	2,029	1,497	10,883	2,190	10,844	74,33
NUMBER OF JOURNEYS											
Patient Carrying (excluding Training centre journeys) ..	3,489	2,240	1,824	719	3,857	842	501	3,248	850	3,633	21,20
Training Centre Journeys ..	—	348	38	—	402	—	141	731	—	19	1,67
Other Journeys	98	53	41	10	31	12	11	102	14	74	44
TOTAL JOURNEYS	3,587	2,641	1,903	729	4,290	854	653	4,081	864	3,726	23,32
MILEAGE											
Patient Carrying (excluding Training centre mileage) ..	132,864	72,459	66,594	30,398	98,159	22,671	16,684	111,834	31,385	92,044	675,09
Training Centre Mileage ..	—	12,377	499	—	4,517	—	3,892	12,680	—	961	34,92
Other Mileage	958	461	468	106	284	65	120	1,118	90	459	4,12
TOTAL MILEAGE	133,822	85,297	67,561	30,504	102,960	22,736	20,696	125,632	31,475	93,464	714,14
*Patients per Journey	3.23	2.54	2.51	3.11	4.97	2.41	2.49	2.94	2.58	2.96	3.2
*Miles per patient	11.79	12.73	14.56	13.58	5.12	11.17	13.40	11.70	14.33	8.55	9.8

*Excluding mentally subnormal persons

TABLE 23—DOMESTIC HELP SERVICE, 1961

	<i>Beaminster</i>	<i>Blandford</i>	<i>Bridport</i>	<i>Dorchester</i>	<i>Lyme Regis</i>	<i>Poole</i>	<i>Shaftesbury</i>	<i>Sherborne</i>	<i>South Dorset</i>	<i>Sturminster</i>	<i>Swanage</i>	<i>Wareham</i>	<i>Wimborne</i>	TOTAL
<i>Cases</i>														
Old ..	3	21	43	45	—	226	27	17	250	35	16	26	77	786
New ..	—	21	29	55	2	337	39	12	188	33	9	27	98	850
Totals ..	3	42	72	100	2	563	66	29	438	68	25	53	175	1,636
<i>Types of Cases</i>														
<i>Maternity—</i>														
Old ..	—	—	—	—	—	3	—	—	5	—	—	—	—	8
New ..	—	7	6	15	—	99	6	—	28	4	—	3	32	200
<i>Old Age—</i>														
Old ..	3	14	34	37	—	179	14	14	218	30	9	18	55	625
New ..	—	4	10	11	1	159	12	6	109	5	3	10	17	347
<i>Long-term Illness—</i>														
Old ..	—	7	9	8	—	40	11	3	24	2	7	6	18	135
New ..	—	9	6	12	1	36	13	5	32	13	2	5	24	158
<i>Short-term Illness—</i>														
Old ..	—	—	—	—	—	1	2	—	1	3	—	2	4	13
New ..	—	1	7	17	—	38	8	1	19	9	4	9	25	138
<i>Tuberculosis and others—</i>														
Old ..	—	—	—	—	—	3	—	—	2	—	—	—	—	5
New ..	—	—	—	—	—	5	—	—	—	2	—	—	—	7
<i>Helps (at 31.12.61)</i>														
Full-time ..	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Part-time ..	—	2	4	4	—	42	4	—	46	1	—	6	5	114
Spare-time ..	1	6	5	13	1	27	11	5	3	17	3	4	27	123
Totals ..	1	8	9	17	1	69	15	5	50	18	3	10	32	238
<i>Hours</i>														
Worked ..	602	5,974	6,279	8,988	357	63,231	9,884	4,143	44,635	10,737	2,446	8,586	22,452	188,314
Travelled ..	—	351	361	515	27	4,627	540	200	4,622	566	153	1,098	1,613	14,673
Waiting ..	—	6	38	59	1	391	16	—	16	5	16	91	37	676
Sick ..	—	108	342	98	—	1,779	8	—	1,604	289	—	258	61	4,547
Holidays ..	—	181	116	158	—	2,347	89	—	2,121	190	58	281	315	5,856
TOTALS	602	6,620	7,136	9,818	385	72,375	10,537	4,343	52,998	11,787	2,673	10,314	24,478	214,066

TABLE 24.—PERSONS RESIDENT ON 31ST DECEMBER 1961 IN ACCOMMODATION PROVIDED UNDER PART III OF THE NATIONAL ASSISTANCE ACT, 1948.

Establishment	No. of Beds	Not Materially Handicapped		Blind		Deaf		Epileptic		Other Physical Handicap		Mentally Handicapped		Total	Grand Total		
		Aged		Not Aged		Aged		Not Aged		Aged		Not Aged					
		M	F	M	F	M	F	M	F	M	F	M	F				
		Total		Total		Total		Total		Total		Total					
Homes in the possession of the County Council	Chalbury Lodge, Preston, Weymouth ..	2	6	1	—	—	—	1	2	—	—	—	—	5	12	17	
	James Day Memorial Home, Swanage ..	3	3	—	—	—	—	—	—	1	1	3	17	1	—	35	
	Belmont Court, Parkstone ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	The Lawns, Weymouth ..	4	6	—	—	—	—	—	—	—	—	7	18	—	—	39	
	Maiden Castle House, Dorchester ..	8	12	1	—	—	—	—	—	1	1	1	9	—	—	39	
	St. Martin's Home, Gillingham ..	14	26	—	—	—	—	—	—	—	—	—	—	2	1	47	
	Castleman House, Blandford ..	1	3	—	—	—	—	—	—	—	—	—	—	3	—	48	
	Christmas Close, Wareham ..	9	9	—	—	—	—	—	—	—	—	—	—	—	—	57	
	Stour View House, Sturminster Newton ..	5	5	—	—	1	2	1	—	—	2	4	11	15	3	106	
	Stoke Water House, Beaminster ..	17	4	4	—	—	—	—	—	—	2	1	2	2	2	113	
	Vested in the Minister as Hospital	St. Mary's Block, Poole ..	14	11	—	—	—	—	—	—	1	3	3	6	—	—	43
		Voluntary Homes ..	14	34	—	—	—	—	—	—	2	2	—	—	1	3	68
	TOTALS		91	119	6	—	12	24	3	7	4	23	1	3	3	14	390
			210	6	36	10	27	4	6	19	205	25	76	22	256	646	
				216	46	31	25	230	98	230	25	98	22	390	646		

	Age Groups												Totals		Grand Total										
	11-20		21-40		41-50		51-60		61-65		66-70		71-75			76-80		81-85		86-90		91-95		96-100	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W		M	W	M	W	M	W	M	W	M	W
County Establishments	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Voluntary Homes	1	—	3	3	1	2	—	1	1	—	1	1	3	7	5	8	32	93	21	46	4	14	—	—	
TOTALS	1	—	3	3	4	6	18	21	24	17	35	39	44	55	66	69	37	109	23	51	5	16	—	—	
			6		10	39	41	74	99	135	146	74	21	—	—	—	—	—	—	—	—	—	—	—	

TABLE 26—PERSONS ACCOMMODATED ON 31ST DECEMBER, 1961, IN HOMES UNDER THE CONTROL OF VOLUNTARY ORGANISATIONS

Name of Organisation or Home	Places Provided		
	Men	Women	Total
<i>In-County:</i>			
Bournemouth Old People's Welfare and Housing Society Ltd.	4	17	21
Poole Old People's Welfare and Housing Society Ltd.	5	8	13
British Red Cross, Charter House, Swanage	2	8	10
<i>Out-County:</i>			
<i>Blind Persons:</i>			
Torr Home for the Blind, Plymouth	1	1	2
National Institute for Blind	—	1	1
<i>Epileptics:</i>			
The Meath Home for Epileptics, Godalming	—	1	1
Chalfont Epileptic Colony, Chalfont St. Peter	1	1	2
Maghull Home for Epileptics, Liverpool	1	—	1
<i>Others:</i>			
British Council for Welfare of Spastics, Beaconsfield, Hants.	—	1	1
National Spastics Society	1	—	1
Hampshire Old People's Housing and Welfare Society Ltd.	1	—	1
Royal Naval Benevolent Trust, Chatham, Kent	2	—	2
School of Stitchery and Lace, Surrey	—	1	1
Poolemead Home for Deaf Women, Bath	—	1	1
Cheshire Foundation Homes	1	—	1
Royal Agricultural Benevolent Institution	—	1	1
Home for Incubables, Putney	1	—	1
Royal Albert Merchant Seamen's Society	1	—	1
Salvation Army Home—Mildred Duff	—	1	1
Mutual Aid Homes Ltd.	—	1	1
Easthill Home for the Deaf, Ryde, Isle of Wight	1	—	1
Sidmouth War Memorial Eventide Home, Sidmouth	—	1	1
TOTALS	23	45	68

TABLE 27.—WELFARE OF THE BLIND—REGISTRATION

Age Periods of Registered Blind Persons

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Total
Male	4	3	13	15	15	17	42	24	30	81	48	19	11	323
Female	2	5	1	3	14	14	39	28	42	142	88	74	38	492
Totals	2	9	5	14	18	29	81	52	72	223	136	93	49	815

Age at Onset of Blindness

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Unknown	Total
Male	2	10	9	10	27	26	36	22	21	72	22	9	4	1	323
Female	4	8	2	5	10	13	31	39	41	148	63	32	9	1	492
Totals	2	18	11	15	37	39	48	61	62	220	85	41	13	2	815

Children, age under 16

	Age 2-4 plus				Age 5-15 plus				Total					
	Suitable for Education at School		Unsuitable for Education at School		Suitable for Education at School		Unsuitable for Education at School							
Under 2	Attending Nursery Schools including Sunshine Homes	In Other Residential Homes	At Home or Elsewhere	In Hospitals for Mentally Ill	In Hospitals for Mentally Sub-Normal	At Home or Elsewhere	Attending Special Schools for the Blind	Attending Other Schools	Not at School	In Hospitals for Mentally Ill	In Hospitals for Mentally Sub-Normal	At Home or Elsewhere	With Multiple Defects	With Multiple Defects
Male ..	1	1	1	1	1	1	2	1	1	1	1	1	1	1
Female ..	1	1	1	1	1	1	4	1	2	1	2	1	1	1
Totals ..	1	1	1	1	1	1	6	2	2	2	2	2	2	2

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

	Employed											Undergoing Training		Not Employed							Grand Total (i.e. total of columns (d) to (r))	No. of persons registered under the Disabled Persons Act, included in Col. (g)												
	Employed Under Sheltered Conditions											Total Employed (d)	For sheltered employment (e)	For open employment (f)	Professional or University (g)	Unemployed but capable of and available for work—			Not available for work (n)	Not capable of work (o)			Not working (p)											
	In Special Workshops (a)					In Home Workers Schemes (b)										Employed Under Ordinary Conditions (c)								already trained (h)	subject to bring trained (i)	without training (j)								
At School, 16-20											Total Employed (d)	For sheltered employment (e)	For open employment (f)	Professional or University (g)	Unemployed but capable of and available for work—			Not available for work (n)	Not capable of work (o)	Not working (p)														
16-20		21-39		40-49		50-59		60-64		65 and over					already trained (h)	subject to bring trained (i)	without training (j)																	
Male	—	—	1	2	—	—	—	—	—	—	—	3	15	8	9	1	4	51	—	3	1	2	2	—	—	—	12	8	33	15	185	315	40	
Female	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	14	1	—	—	—	—	—	—	—	—	37	16	21	11	383	483	12
Totals	—	—	1	3	1	—	—	—	—	—	—	—	5	8	10	2	5	65	1	3	1	2	2	—	—	—	49	24	54	26	568	798	52	

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

	Group I										Group II										Group III										Group IV										Group V										Group VI										Total																														
	Professional, Technical, Administrative and Executive Workers, Managerial Workers										Clerical and Related Workers										Sales Workers										Agricultural and Horticultural Workers										Craftsmen, Production Process Workers, Labourers										Service and Miscellaneous Workers																																								
In Special Workshops	—										—										—										—										—										—										—										5																				
In Home Workers Schemes	—										—										—										—										—										—										—										—										32										
Employment under Ordinary Conditions	3										2										—										—										—										—										—										—										48										
Total	3										2										—										—										—										—										—										—										—										65

Physically Defective and Mentally Sub-Normal and Mentally Ill—all ages

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)	(x)	
Male ..	2	13	47	1	13	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	83
Female ..	3	8	65	—	26	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	114
Total ..	5	21	112	10	39	10	1	1	1	1	1	1	1	1	2	1	4	1	1	1	1	1	1	1	197

Not Included in Either (a), (b), (c), (d), (e), or (f) Combination of

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		(c) Homes provided under Section 28 of the National Health Service Act, 1946	(d) Residential Homes (other than (a), (b) or (c))	(e) In Hospitals for Mentally Ill	(f) In Hospitals for Mentally Sub-Normal	(g) Other Hospitals	(h) Total
	(a) Homes for the Blind	(b) Other Homes						
Male ..	7	10	—	2	4	7	9	39
Female ..	35	9	—	11	3	2	10	70
Totals ..	42	19	—	13	7	9	19	109

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

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Unknown	Total
Male	1	1	1	2	1	8	10	8	6	2	—	39
Female	1	..	..	..	1	1	2	4	1	7	27	17	14	5	—	80
Totals	1	..	..	..	2	2	3	6	2	15	37	25	20	7	—	119

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

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Unknown	Total
Male	1	1	1	2	1	7	10	9	6	1	—	39
Female	1	2	4	3	6	33	16	10	3	—	80
Totals	1	2	3	6	4	13	43	25	16	4	—	119

Number of Home Teachers engaged in the area
Fractions to be used for Part-time Home Teachers

	Certificated			Uncertificated			Grand Total
	Sighted	Blind	Total	Sighted	Blind	Total	
Male ..	..	..	..	..	..	..	..
Female ..	6	—	6	—	—	—	6
Totals ..	6	—	6	—	—	—	6

Number of Blind Persons in Tables IV and V (other than Workshop Employees) in the employ of Local Authorities

	Totals ..	Telephone Operators			Others		
		Typists	Telephone Operators	Others	Typists	Telephone Operators	Others
Male
Female
Totals

Miscellaneous Information—Number of

Social Centres	6
Handicraft Classes	3
Special Classes and Socials for the Deaf-Blind	—
Persons newly employed in open industry during year	3
Persons discharged from open industry during year	—
St. Dunstaners	16

TABLE 28—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	Total	0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Total
Male ..	—	—	4	1	10	6	14	35	—	—	—	—	3	—	6	9
Female ..	—	—	2	1	14	12	56	85	1	—	—	—	1	3	12	17
Totals ..	—	—	6	2	24	18	70	120	1	—	—	—	4	3	18	26

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	Total	0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Total
Male ..	—	—	—	—	—	—	3	3	—	—	—	—	—	—	—	—
Female ..	—	—	—	—	1	—	3	4	—	—	—	—	—	—	—	—
Totals ..	—	—	—	—	1	—	6	7	—	—	—	—	—	—	—	—

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

	Employed					Undergoing Training					Unemployed—Not Under Training					Total—Class A								
											Available for and capable of training or work			Not available for or not capable of work										
	16—20	21—49	50—64	65 and over	Total	16—20	21—49	50—64	65 and over	Total	16—20	21—49	50—64	65 and over	Total	16—20	21—49	50—64	65 and over	Total				
Male ..	1	3	—	—	4	—	1	—	—	1	—	—	—	—	—	—	3	13	16	1	4	3	13	21
Female ..	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	6	7	48	61	—	6	8	48	62
Totals ..	1	3	1	—	5	—	1	—	—	1	—	—	—	—	—	6	10	61	77	1	10	11	61	83

Class B—Persons Mainly Industrially Handicapped (Age 16 and over)

	Employed					Undergoing Training					Unemployed—Not Under Training					Total—Class B									
											Available for and capable of training or work			Not available for work											
	16—20	21—49	50—64	65 and over	Total	16—20	21—49	50—64	65 and over	Total	16—20	21—49	50—64	65 and over	Total	16—20	21—49	50—64	65 and over	Total					
Male ..	—	1	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	1	—	1	—	1	2	—	3
Female ..	—	3	—	—	3	—	—	—	—	—	—	—	—	—	—	2	—	—	2	—	—	5	—	—	5
Totals ..	—	4	—	—	4	—	—	—	—	—	—	—	1	—	1	—	2	1	3	—	6	2	—	—	8

	Class C—Persons requiring Observation only (Age 16 and over)					Class D—Children age 5 and under 16					Children age 16 and over still at school	Persons registered under the Disabled Persons (Employment) Act, 1944	
						Educable							
	16—20	21—49	50—64	65 and over	Total	Attending Special Schools	Attending other Schools	Not at School	Ineducable	Total			
Male ..	—	5	1	1	7	4	—	—	—	4	—	—	7
Female ..	—	3	4	8	15	1	1	—	—	2	—	—	1
Totals ..	—	8	5	9	22	5	1	—	—	6	—	—	1

INDEX

	<i>Page</i>		<i>Page</i>
ACCIDENTAL DEATHS	6	CONFINEMENTS—HOSPITALS—SELECTION ON SOCIAL GROUNDS	16
ADULTERATION OF FOOD AND DRUGS	49	Statistics	16
AFTER-CARE	27	CONTRACEPTION CLINICS	11, 12
Statistics	27	Statistics	12
AMBULANCE SERVICE	3, 21	CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE	9, 15, 17, 18, 19, 22, 23, 24, 25, 27, 28, 30, 31, 32, 39
Administrative arrangements	21	DAILY MINDERS	40
Central Control	21	DAY NURSERIES	13
Civil Defence	40	Statistics	13
Competitions	21	DEAF, DUMB AND HARD OF HEARING	36
Training	21, 40	Administrative arrangements	36
Stations	21	Ascertainment	37
Statistics	21, 22, 67, 68	Co-ordination	37
Vehicles and equipment	21, 40	Lip reading classes	37
ANALGESICS—ADMINISTRATION BY MIDWIVES	14	Social centres	37
ANTE-NATAL AND POST-NATAL SERVICES	8	Social welfare	37
Administrative arrangements	8	Statistics	37
Ante-natal and post-natal care by general practitioners	9	DEATH RATE	5, 6, 53
Care of unmarried mothers	9	DEATHS, ACCIDENTAL	6
Dental care	11	DENTAL CARE	11, 40
Maternity outfits	10	Children in children's homes	40
Relaxation classes	9	Health education	32
Statistics	8, 9, 10, 57, 58	Priority classes	11
ATOMIC ENERGY RESEARCH ESTABLISHMENT	32, 46	Statistics	11
B.C.G. VACCINATION	23	Young children	11
Statistics	23	DESIGNATED MILK PRODUCTION	48
BIRTH CONTROL	11	DIPHThERIA	20
Statistics	12	Immunisation	20
BIRTH RATE	5, 53	Organised measures to encourage immunisation	20
BLIND AND PARTIALLY SIGHTED	36	Statistics	7, 63, 64
Administrative arrangements	36	DOMESTIC HELP SERVICE	33, 34
Blind Register	36	Cases	34
Employment in open industry	36	Staff	34
Home employment	36	Statistics	34, 69
Home teaching and visiting	36	DOMICILIARY CARE OF OLD PEOPLE	28
Marketing	36	Admission of chronic sick cases to hospital	30
Partially sighted register	36	General arrangements	28
Persons in hospitals, homes, etc.	36	Health visiting	17, 28
Statistics	36, 72-76	Meals on wheels	28
Workshop employment	36	Provision of dwellings by local housing authorities	29
BRITISH RED CROSS SOCIETY	22, 27, 30, 35	Statistics	28, 29, 30
CANCER OF THE LUNG	24, 32	DOMICILIARY CONFINEMENTS	16
CARAVANS AND CAMPING	49	DYSENTERY	8
CARE OF MOTHERS AND YOUNG CHILDREN	8	EMPLOYMENT IN OPEN INDUSTRY	36
Ante-natal and post-natal care	8, 9	ENVIRONMENTAL HYGIENE	41
Other provision	11	Disposal of radioactive waste	46
Welfare centres	10, 11	Factories Acts	47
CAUSES OF DEATH	5, 6, 52-56	Public cleansing	45
CHILDREN ACT, 1948	40	Rivers pollution prevention	45
Children's Homes	40	Rural water supplies	41, 42, 43, 44
Dental Care	40	Sanitary accommodation	45
Medical supervision of children's homes	40	Sewerage	42
Protection of children from tuberculosis	13, 40	Shops Act, 1950	46
Statistics	40	Swimming and sea water bathing	46
CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES	13	Verminous premises; the control of vermin and insect pests	47
CHILDREN'S HOMES—MEDICAL SUPERVISION	40	Water supplies and sewerage	41, 42, 43, 44
Statistics	40	FACTORIES ACTS	47
CHIROPODY SERVICE	30	FOOD AND DRUGS—ADULTERATION	49
CIVIL DEFENCE	40	FOOD INSPECTION AND SUPERVISION	47
Ambulance and First-Aid section	40	FOOD POISONING	8
Training	40	FOODS—WELFARE	13, 14
Vehicles	40	FOREWORD	iii
CLEAN AIR	49	GAS AND AIR ANALGESIA	14
CLINICS	8-12, 17	Statistics	14
COMMITTEES	3, 4		
CONFINEMENTS—HOSPITAL AND DOMICILIARY	16		
Statistics	16		

INDEX—continued

	<i>Page</i>		<i>Page</i>
GENERAL PRACTITIONERS	9, 15, 17, 18	Notifications	7, 57
GENERAL STATISTICAL SUMMARY OF THE COUNTY	5, 6	Poliomyelitis	7, 8
HEALTH EDUCATION	10, 31	Scarlet fever	7, 8
Atomic Energy Research Establishment	32	Statistics	7, 20, 63-66
Care of the teeth	32	Tuberculosis	8
Displays	32	Typhoid and para-typhoid	7, 8
Films, filmstrips and slides	32	Whooping cough	7, 8
Home safety	32	INSPECTION AND SUPERVISION OF FOOD	47
Prophylactic procedures	32	Adulteration of food and drugs	49
Smoking and cancer of the lung	32	Manufacture and sale of ice-cream	49
Statistics	32	Meat and other foods	49
HEALTH VISITING	17	Milk Supply	47, 48
Administrative arrangements	17	The Meat (Staining and Sterilisation) Regulations 1960	49
Attendance at clinics	17	LIAISON HEALTH VISITORS	22, 27, 28, 34, 36
Care of the Elderly	17, 28	LIAISON WITH GENERAL PRACTITIONERS	9, 15, 17, 18
Co-operation with general practitioners	17	LIAISON WITH OTHER BODIES	9, 15, 17, 18, 19, 22, 23, 24, 25, 27, 28, 30, 31, 32, 33, 39
Co-operation with hospitals	18	LICENSED PASTEURISING ESTABLISHMENTS	47
Poliomyelitis vaccination	17	LIP READING	37
Refresher courses	18	LUNG CANCER	24, 32
Routine visiting	17	MALIGNANT DISEASES IN CHILDHOOD—SURVEY	31
Schools follow-up and cleanliness	17	MASS RADIOGRAPHY	23, 24
Special visiting	17	Statistics	23, 24
Staff	1, 2, 17, 62	MATERNAL MORTALITY	6, 16, 52
Statistics	18, 62	Statistics	16, 52
Surveys	17	MATERNITY OUTFITS	10
Training	18	MEALS ON WHEELS	28
Tuberculosis	17, 22	MEASLES	8
HEALTH VISITORS—LIAISON	22, 27, 28, 34, 36	MEAT AND OTHER FOODS	49
HOLIDAY HOMES	27	MEDICAL AID	15
HOME EMPLOYMENT	36	Statistics	15
HOME NURSING	18, 19, 20	MEDICAL EXAMINATIONS	33
Administrative arrangements	18	MEDICAL SUPERVISION OF CHILDREN'S HOMES	40
Co-operation with general practitioners	18	MENTAL HEALTH	24
Liaison with hospitals	19	Administrative arrangements	24
Refresher courses	19	Co-ordination with Regional Hospital Board	24
Staff	19	Mental Illness	25
Statistics	19, 20	Mental Subnormality	25
Training	19	Registration of Homes	26
Types of cases attended	19	Statistics	26, 27
HOME SAFETY	32	MIDWIFERY	14, 15, 16
HOME TEACHING	36	Administrative arrangements	14
HOSPITAL:		Analgesics	14, 15
Confinements	12, 13, 16	Confinements—hospital and domiciliary	16
Co-operation	12, 18, 19, 32, 34, 37	Co-operation with general practitioners	15
HOSPITAL CAR SERVICE	21, 22	Gas and Air analgesia	14
Statistics	21, 22, 68	Maternal and neonatal deaths and conditions associated with childbirth	16
HOUSING	49, 50, 51	Medical aid	15
Clearance areas and unfit houses	51	Ophthalmia neonatorum	16
House Purchase and Housing Act, 1959—Standard grant	51	Pethidine	15
Housing (Financial Provision) Act, 1958	50	Puerperal pyrexia	16
Permanent houses completed since 1st April, 1945	50	Refresher courses	14
Provision of old people's dwellings by local housing authorities	29	Selection of hospital confinements on social grounds	15, 16
Statistics	50, 51	Staff	61
ICE-CREAM—MANUFACTURE AND SALE	49	Statistics	14, 15, 16, 61, 62
IMMUNISATION AND VACCINATION	10, 20	Supervision	14, 15
Administrative arrangements	20	Training	16
Diphtheria	20	MILK SAMPLING	47, 48
Organised measures to encourage	20	Statistics	48
Statistics	20, 63, 64, 65, 66	MILK SUPPLY	47
Tetanus	20	Designated milk production	48
Triple antigen	20	Licensed pasteurising establishments	47
Whooping cough	20	Milk sampling	47, 48
INFANT MORTALITY	6, 52	Prevention of sale of tuberculous milk	47
INFECTIOUS DISEASE—PREVALENCE AND CONTROL OF	7	Sale of milk	47
Childbirth	16	Specified areas	48
Diphtheria	7, 8	Statistics	48
Food poisoning and dysentery	7, 8		
Measles	7, 8		

INDEX—continued

	Page		Page
MORBIDITY FIGURES	7	Dental care	11
Statistics	7	Post-natal care by general practitioners	9
MOTHERCRAFT CLASSES	9	Relaxation classes	9
Statistics	9	Statistics	9, 10, 11, 58
NATURAL AND SOCIAL CONDITIONS AND STATISTICS OF THE AREA	5	PREMATURE INFANTS	12, 13
Comments on vital statistics	6	Statistics	12, 13
General statistical summary of the county	5, 6	PREVALENCE AND CONTROL OF INFECTIOUS DISEASE	7
Morbidity figures	7	Diphtheria	7, 8
Natural and social conditions	5	Food poisoning and dysentery	7, 8
NATIONAL ASSISTANCE ACT, 1948	34	Measles	7, 8
Sections 21—28	34	Notifications	7, 57
" 29—30	36	Poliomyelitis	7, 8
Section 37	39	Scarlet Fever	7, 8
" 47	39	Statistics	7, 20, 63-66
" 48	39	Typhoid and para-typhoid	7, 8
NATIONAL HEALTH SERVICE ACT, 1946		Tuberculosis	8
Section 22	8	Whooping cough	7, 8
" 23	14	PREVENTION OF ILLNESS, CARE AND AFTER-CARE	22
" 24	17	After-care	22, 27
" 25	18	B.C.G. vaccination	23
" 26	20	Chiropody	30
" 27	21	Domiciliary care of old people	28
" 28	22	Health education	31
" 29	33	Malignant diseases in childhood—survey	31
NEONATAL DEATHS AND CONDITIONS ASSOCIATED WITH CHILDBIRTH	16	Mass radiography	23, 24
Statistics	16	Meals on wheels	28
NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES	7, 57	Occupational health	32, 33
NURSERIES AND CHILD MINDERS REGULATION ACT, 1948	40	Other illness	27
Statistics	40	Prevention of break-up of families	31
NURSING HOMES	39	Prevention of illness	30
Statistics	39	Tuberculosis	22, 23, 24
OFFICERS OF OTHER AUTHORITIES	2	Venereal diseases	28
ODELCA CAMERA UNIT	23, 24	PROBLEM FAMILIES	31
OCCUPATIONAL HEALTH	32, 33	Statistics	31
Facilities available for central office staff	33	PROVISION OF ACCOMMODATION—NATIONAL ASSISTANCE ACT, 1948—SECTIONS 21—28	34
Statistics	33	Accommodation—Adaptations and additions	34
OLD PEOPLE:		—Residential	35, 70
Accommodation	29, 34, 35, 71	—Temporary	35
Admission to hospital	28, 30	Amenities	35
Amenities	35	Joint user arrangements	35
Domiciliary care	28	Statistics	35
Health visiting	17, 28	Voluntary organisations	35
Joint user arrangements	35	Waiting list	35
Meals on wheels	28	PUBLIC CLEANSING	45
Provision of dwellings by local housing authorities	29	PUBLIC HEALTH LABORATORY SERVICE	39
Registration of Homes	39	Staff	2
Statistics	28, 29, 30, 35, 39, 70, 71	Statistics	39
Voluntary organisations	28, 30, 35	PURPERAL PYREXIA	16
OPHTHALMIA NEONATORUM	16	RADIOACTIVE WASTE—DISPOSAL OF	46
PART III ACCOMMODATION	34, 35, 70, 71	REFRESHER COURSES	14, 18, 19, 24
Statistics	70, 71	REGISTRATION OF DISABLED PERSONS AND OLD PERSONS HOMES—NATIONAL ASSISTANCE ACT, 1948—SECTION 37	39
PARTIALLY SIGHTED	36, 72	REGISTRATION OF NURSING HOMES	39
Statistics	72-76	Statistics	39
PASTEURISING ESTABLISHMENTS	47	RELAXATION CLASSES	9
PETHIDINE	15	Statistics	9
PHYSICALLY HANDICAPPED PERSONS	37	REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION—NATIONAL ASSISTANCE ACT, 1958—SECTION 47	39
Administrative arrangements	37	RESIDENTIAL ACCOMMODATION	34, 35, 70, 71
Services provided	38	Accommodation available	34
Statistics	38	Adaptations and additions	34
POLIOMYELITIS	7, 17, 20	Amenities	35
Health visiting	17	Joint user arrangements	35
Statistics	20, 57	Statistics	35, 70, 71
Vaccination	20, 21	Voluntary organisations	35
POOLE AREA STAFF	2	Waiting List	35
POST-NATAL SERVICES	8, 9	RIVERS POLLUTION PREVENTION	45
Administrative arrangements	8	RURAL WATER SUPPLIES	41, 42, 43
Care of unmarried mothers	9		

INDEX—continued

	Page		Page
SANITARY ACCOMMODATION	45	Maternal and neonatal deaths	16, 52
SCARLET FEVER	7, 8	Maternity outfits	10
SELECTION OF HOSPITAL CONFINEMENTS ON SOCIAL GROUNDS	15, 16	Meals on wheels	28
Statistics	16	Medical aid	15
SEWERAGE AND SEWAGE DISPOSAL	41, 42, 43, 44	Mental health	26, 27
General commentary	41, 42, 43, 44	Midwifery cases attended	15, 16, 62
Schemes submitted, commenced and completed	44	Midwifery nursing staff	61
SHOPS ACT, 1950	46	Milk sampling	48
SMALLPOX	20	Morbidity	7
Administrative arrangements	20	Mothercraft classes	9
Arrangements in the event of an outbreak	20	National Assistance Act—Part III accommodation	35, 70, 71
Organised measures to encourage vaccination	20	Nurseries and child minders	40
Statistics	11, 65	Nursing Homes	39
Vaccination	11, 65	Occupational health	33
SMOKING AND CANCER OF THE LUNG	32	Old people—provision of dwellings by local housing authorities	29
SOCIAL SERVICES	34	Old people—register	28
Administrative arrangements	34	Old people—admission to hospital	28, 30
Provision of accommodation	34	Old people—residential accommodation	28, 35, 70, 71
Registration of disabled persons' and old persons' homes	39	Old people's homes—registration	39
Removal to suitable premises of persons in need of care and attention	39	Pethidine	15
Statistics	35, 37, 38, 39, 70-76	Physically handicapped	38
Temporary protection for property of persons admitted to hospitals, etc.	39	Poliomyelitis	20, 57
Welfare services	36	Post-natal clinics	9, 58
SOUTH DORSET AREA STAFF	1	Premature births	12, 13
SPASTICS	38	Problem families	31
SPECIFIED AREAS	48	Public health laboratory service	39
STAFF:		Rainfall	5
Central	1	Relaxation classes	9
Domestic help service	34	Smallpox	11, 65
Health visiting	1, 2, 17, 62	Sunshine	5
Home nursing	1, 19	Training Centres	26
Mental health	1, 24	Tuberculosis	8, 22, 23, 24
Midwifery	1, 61	Unmarried mothers	9
Officers of other authorities	2	Vaccination	20, 23, 65
Poole area	2	Venereal diseases	28
Public health laboratory service	2	Vital statistics	4, 5, 52
South Dorset area	1	Vital statistics in administrative areas	53
STATISTICS:		Welfare Centres	10, 11, 59, 60
Accidental deaths	6	Welfare foods	14
After-care	22, 27	Whooping cough	64
Ambulance service	21, 22, 67, 68	STILLBIRTHS	5, 6, 52
Ante-natal clinics	8, 9, 57, 58	SURVEY OF MALIGNANT DISEASES IN CHILDHOOD	31
Ante-natal and post-natal examination by general practitioners	9	SWIMMING AND SEA WATER BATHING	46
B.C.G. vaccination	23	TEMPORARY ACCOMMODATION	35
Birth control	12	TEMPORARY PROTECTION FOR PROPERTY OF PERSONS ADMITTED TO HOSPITAL, ETC.—NATIONAL ASSISTANCE ACT, 1948, SECTION 48	39
Blind and partially sighted	36, 72-76	TETANUS IMMUNISATION	20, 66
Causes of death	5, 6, 52-56	TODDLERS' CLINICS	10
Children's homes	40	TUBERCULOSIS	8, 22, 23, 24, 52
Comments on	6	Administrative arrangements	22
Confinements	16	B.C.G. vaccination	23
Day nurseries	13	Care and after-care	22, 23, 24
Deaf, dumb and hard of hearing	37	Employment	22
Dental care	11	Health visiting	17
Diphtheria immunisation	63, 64	Mass miniature radiography	23, 24
Domestic help service	34, 69	Milk	47
Food and drug sampling	49	Non-pulmonary	8, 24
Gas and air analgesia	14	Odelca	23, 24
General summary of county	5, 6	Protection of children	13, 23, 40
Health education	32	Pulmonary	8, 24
Health visiting staff	62	Statistics	8, 22, 23, 24
Health visiting—visits	18	TUBERCULOUS MILK—PREVENTION OF SALE	47
Home nursing	19	TYPHOID AND PARA-TYPHOID FEVER	7, 8, 57
Hospital car service	21, 22, 68	UNMARRIED MOTHERS	9
Hospital confinements on social grounds	16	Statistics	9
Housing	50, 51	VACCINATION	20
Immunisation	63-66	Administrative arrangements	20
Infectious and other notifiable diseases	7, 16, 57		
Mass radiography	23, 24		

INDEX—continued

	<i>Page</i>		<i>Page</i>
Arrangements in the event of an outbreak of smallpox	20	Sampling	48
B.C.G.	23	Schemes submitted, commenced and completed ..	44
Organised measures to encourage	20	Wessex Water Board	42
Poliomyelitis	20	West Dorset Water Board	41, 42
Smallpox	20	West Wilts Water Board	42
Statistics	20, 23, 65	WELFARE CENTRES	10
VENEREAL DISEASES	28	Administrative arrangements	10
Statistics	28	Dental care	11
VERMINOUS PREMISES	47	General survey	10
Vermin control and insect pests	47	Outline of work carried out	10
VITAL STATISTICS	4, 5, 52	Statistics	10, 11, 59, 60
Administrative areas	53	Toddlers' clinics	10
Birth rate	5, 52	WELFARE FOODS	13
Comments on	6	Statistics	14
Death rate	5, 6, 52	WELFARE SERVICES	36
Infant mortality	6, 52	Blind and partially sighted	36
Maternal mortality	6, 52	Deaf, dumb and hard of hearing	36, 37
Suicide	6, 52	Epileptics	38
VOLUNTARY ORGANISATIONS	22, 27, 28, 30, 35	Physically handicapped (general classes) ..	37, 38
		Spastics	38
		WHOOPING COUGH	7, 8, 20
WATER SUPPLIES AND SEWERAGE	41-44	Immunisation	20
General commentary	41	Organised measures to encourage immunisation ..	20
Poole and East Dorset Water Board	42	WORKSHOP EMPLOYMENT	36



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