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THE HEALTH AND SOCIAL SERVICES OF DORSET



ANNUAL REPORT of the County Medical Officer of Health for the year **1966**



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

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By the National Health Service Act, 1946 provision was made for the provision of health services by the local health authority. It was envisaged that general practitioners, local health centres staff and some hospital out-patients would be located at these centres and that the co-ordination would give an efficient health service to the individual patient and to the community.

Unfortunately, for various reasons, health centres did not materialise. General practitioners continued the cost of paying an adequate rate for surgery premises in health centres was too great, and that economically it was more favourable to practice from a surgery having its own accommodation. The latter arrangement had the great disadvantage that the general practice doctors were working in professional isolation and could not readily consult with specialists or solve problems with nurses or social workers. The lack of health visitors and nurses in the centres, ante-natal, cytology, family planning and other specialist services was also seen as a disadvantage.

During the past few years all these disadvantages have become more and more acute. From the shortage of medical staff of all types, advances in drug therapy, health education, cytology, family planning techniques, and specialised diagnostic tests have increased enormously. Resources must now be pooled if these advances are to be adequately extended to the general public.

In the face of increasing pressure many authorities have already made arrangements for the retention of health visitors and nursing staff in individual practices but this is only the first step in the right direction. General Practitioners greatly outnumber all other categories of health staff. In the County the ratio of Doctors to Health Visitors is 7 to 1, District Nurses 6 to 1 and Welfare Officers 17 to 1 and District Medical Officers/Ambulance County Medical Officers 1 to 1. It is only at health centres that adequate facilities can exist for all local authority staff to work together and extend the full range of supporting services to the family doctor in the practice.

The Ministry of Health has recently drawn attention to the need for health visitors and has said that he will only give loan sanction for local authority clinics without general practitioners' approval in very exceptional circumstances. This change of policy coincides with the new Family Doctors' Charter which made radical alterations to the 'Full' method of payment.

FOREWORD

The vital statistics for the year show a continuation in the trends of births, deaths and population which have been established over the last decade. The incidence of infectious diseases is low with the exception of measles which is now the commonest childhood illness and it is hoped that vaccine trials now taking place will prove satisfactory and that a full scale national scheme will follow in the near future.

There is once again a grievous increase in deaths from cancer of the lung. The incidence has nearly trebled in twenty years while cancer of the stomach, uterus and other forms have remained static over the same period of time. Research pioneered in this country and continued in America for many years has shown that the incidence of cancer of the lung can be substantially controlled by the elimination of cigarette smoking and it is truly amazing that the general public shows so little interest or concern in the increasing mortality rate of this distressing and fatal condition. This is in marked contrast to the demand by the general public for a comprehensive service for the detection of cancer of the cervix - much more amenable to treatment and accounting for 29 deaths in the County during the year compared with 191 deaths from cancer of the lung.

Health Centres

In the National Health Service Act, 1946 provision was made for the establishment of health centres by the local health authority. It was envisaged that general practitioners, local health authority staff and some hospital out-patient sessions would be located at these centres and that this co-ordination would give an efficient health service to the individual patient and the community.

Unfortunately, for various reasons, health centres did not materialise. General practitioners found that the cost of paying an economic rent for surgery premises and facilities in a health centre was too great, and that economically it was more favourable to practise from a private house or rented accommodation. The latter arrangement had the great disadvantage that the general practitioners were working in professional isolation and could not easily consult with specialists or discuss problems with nurses or social workers. The use of health visitors and nurses at immunisation, ante-natal, cytology, family planning and other specialist sessions was also most difficult to arrange.

During the past few years all these disadvantages have become acute and accentuated. Apart from the shortage of medical staff of all types, advances in drug therapy, mental health, immunisation, cytology, family planning techniques, and specialised diagnostic tests have increased enormously. Resources must now be pooled if these advances are to be adequately extended to the general public.

In the face of mounting pressure many authorities have already made arrangements for the attachment of health visitors and nursing staff to individual practices but this is only the first step in the right direction. General Practitioners greatly outnumber all other community health staff. In this county the ratio of doctors to Health Visitors is 7 to 1, District Nurses 6 to 1, Mental Welfare Officers 37 to 1 and District Medical Officers/Assistant County Medical Officers 43 to 1. It is only at health centres that adequate facilities can exist for all local authority staff to work together and extend the full range of supporting services to the family doctor in his practice.

The Minister of Health has recently drawn attention to the need for health centres and has stated that he will only give loan sanction for local authority clinics (without general practitioner facilities) in very exceptional circumstances. This change of policy coincides with the new Family Doctors' Charter which made radical alterations in the 'Pool' method of payment.

Previously doctors were financially responsible for providing their own premises, equipment and furniture. Under the new system Executive Councils can pay for health centre accommodation if in their opinion this will improve the standard of service in the area and so far there have been three enquiries from group practices in the County.

Organisation and Methods Review

Throughout the year the County Council's Organisation and Methods Unit continued the detailed investigation into the organisation and administration of the Health Department which it began in September, 1965. This affected the work of the department and the development of certain services had to be postponed pending the completion of the review. I would like to thank all members of the staff for their help and advice during this most difficult period of change and I would also like to thank Mr. Sidney Gale for his help and encouragement as Chairman of the Health and Social Services Committee. He has since retired from the County Council and all the staff join with me in wishing him a very happy retirement.

A. F. TURNER

County Medical Officer

Health Department,
County Hall,
Dorchester,
Dorset.

October, 1967.

HEALTH DEPARTMENT ESTABLISHMENTS

Central Staff

(as at 31st December, 1966)

COUNTY MEDICAL OFFICER

A.F. Turner, M.B., B.Ch., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER

G.F. Willson, M.D., D.P.H.

CHIEF ADMINISTRATIVE ASSISTANT

V.W.V. Clarke, D.P.A.

SENIOR MEDICAL OFFICERS

W.H. Simonds, M.A., M.D.

Mary Townsend, M.B., B.S., M.R.C.P.,
D.Ch.

ASSISTANT COUNTY MEDICAL OFFICERS

June M. Brown, M.B., Ch.B.

Jill C. White, M.B., B.S., M.R.C.S.,
L.R.C.P., D.P.H., D.Ch.

DISTRICT MEDICAL OFFICERS AND SENIOR ASSISTANT COUNTY MEDICAL OFFICERS

Blandford Forum Borough, Wimborne Urban District, Blandford and Wimborne Rural Districts
G.B. Hopkins, M.B., Ch.B., D.P.H.

Bridport and Lyme Regis Boroughs, Beaminster and Bridport Rural Districts
J.G. Meadows, M.B., Ch.B., D.P.H.

Dorchester Borough, Dorchester Rural District
K.J. Adams, M.R.C.S., L.R.C.P., D.P.H.

Shaftesbury Borough, Sherborne Urban District, Shaftesbury, Sherborne and Sturminster Rural Districts
N.F. Pearson, M.R.C.S., L.R.C.P., D.P.H.

Wareham Borough, Swanage Urban District, Wareham and Purbeck Rural District
W.E. Hadden, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

CONSULTANT CHEST PHYSICIAN

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

CHIEF DENTAL OFFICER

J.S. MacLachlan, L.D.S., R.C.S.Eng.

DENTAL OFFICERS (9)

COUNTY PUBLIC HEALTH ENGINEER

F.M.W. King, F.S.E., F.R.S.H.,
F.I.P.H.E.

ASSISTANT COUNTY PUBLIC HEALTH OFFICER

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

COUNTY AMBULANCE OFFICER

C.D. Legg, D.P.A.

SENIOR OFFICER FOR MENTAL HEALTH AND CARE AND AFTER CARE

H. Paling, D.P.A., D.M.A., M.S.M.W.O.

ADMINISTRATIVE ASSISTANT - SOCIAL SERVICES

R.H. Le Breton, D.P.A.

SENIOR DISTRICT WELFARE OFFICERS (3)

DISTRICT WELFARE OFFICERS (6)

SENIOR SOCIAL WELFARE OFFICERS (3)

WELFARE OFFICERS FOR THE BLIND (5)

COUNTY NURSING OFFICER

Irene F. Ranklin, S.R.N., S.C.M.,
H.V. Cert.

DEPUTY COUNTY NURSING OFFICER

Flora M. Farnsworth, S.R.N., S.C.M.,
H.V. Cert.

ASSISTANT COUNTY NURSING OFFICER (1)

HEALTH VISITORS (22)

NURSES AND MIDWIVES (51)

NURSING ASSISTANTS (6)

DOMESTIC HELP ORGANISER

Margaret F. Gibson, S.R.N., S.C.M.,
H.V. Cert.

South Dorset Area Staff

AREA MEDICAL OFFICER

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

SENIOR DENTAL OFFICER

R.H.J. Fairney, L.D.S., R.C.S.

DENTAL OFFICERS (3)

HEALTH VISITORS (8)

NURSES AND MIDWIVES (13)

NURSING ASSISTANTS (1)

ASSISTANT DOMESTIC HELP ORGANISER

Mary G. Brawley

ASSISTANT COUNTY MEDICAL OFFICER

Pauline M. Seymouth-Cole, M.B., B.S.,
M.R.C.S., L.R.C.P., D.C.H.

Delegate District - Poole Borough Staff

BOROUGH MEDICAL OFFICER

J. Hutton, M.D., D.P.H.

DEPUTY BOROUGH MEDICAL OFFICER

A. McCutcheon, M.B., Ch.B., D.P.H.

BOROUGH SENIOR DENTAL OFFICER

F.E.R. Williams, L.D.S.

DENTAL OFFICERS (3)

SENIOR ADMINISTRATIVE ASSISTANT

B.J. Fentiman

ADMINISTRATIVE ASSISTANT FOR MENTAL

HEALTH AND WELFARE SERVICES

J.H. Wickens

SENIOR MENTAL WELFARE OFFICER

K.W. Bamford

MENTAL WELFARE OFFICERS (2)

WELFARE OFFICERS FOR THE BLIND (3)

ASSISTANT MEDICAL OFFICERS (4)

Kathleen M. Cairns, M.B., B.S.,
M.R.C.S., L.R.C.P. (Part-time)

Rosa Strunin, M.D. (Berlin)

H.C. Williamson, M.B., B.Ch., B.A.O.,
D.P.H.

Vacancy (1)

DOMESTIC HELP ORGANISER

Jean Jackson, R.G.N.

BOROUGH NURSING OFFICER

Marian Davies, S.R.N., S.C.M., H.V. Cert.

DEPUTY BOROUGH NURSING OFFICER

Dorothy Clay, S.R.N., S.C.M., Q.N.,
H.V. Cert.

LIAISON HEALTH VISITORS (3)

HEALTH VISITORS (11)

MIDWIVES (WHOLE -TIME) (11)

HOME NURSES (WHOLE -TIME) (17)

(PART-TIME) (2)

NURSING ASSISTANTS (4)

COMMITTEES

Health and Social Services

Composition - Thirty elected members, Chairman and Vice-Chairman of the County Council and Chairman or Vice-Chairman of the Education Committee and of the Finance Committee, ex-officio, and seven co-opted Members - Total 41.

Sub-Committees of the Health and Social Services Committee

Ambulance Service Sub-Committee

Health Services Sub-Committee

Mental Health Sub-Committee

Public Health Sub-Committee

Social Services Sub-Committee

South Dorset Area Health Sub-Committee

Nurses Agencies Sub-Committee

Nursing Homes and Nurseries and Child-

Minders Sub-Committee

Delegation of Functions to Councils of County Districts - Poole Borough Council

In accordance with a delegation scheme made under Section 46 of the Local Government Act, 1958, Poole Borough Council administer a wide range of health and welfare services on behalf of the County Council.

GENERAL STATISTICAL SUMMARY OF THE COUNTY

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

Area in acres	623,744		
Population	Urban	203,540	
		Rural	129,460	333,000
Rateable Value as at 1st April, 1966			£13,470,313
Estimated product of a penny rate			£54,646
Live Births		Male	Female	Total
Legitimate	2,516	2,353	4,869
Illegitimate	209	175	384
Total live births	2,725	2,528	5,253
			Dorset	England & Wales
Birth rate per 1,000 population (recorded)		15.8	
Birth rate per 1,000 population (as adjusted by comparability factor 1.14)		18.0	17.7
Illegitimate live births per 100 total live births		7.3	
Stillbirths				
Number (Legitimate 66, Illegitimate 5)		71	
Rate per 1,000 total live and still births		13.3	15.3
Total live and still births		5,324	
Deaths				
Infant deaths (deaths under one year)		75	
Infant Mortality Rates:-				
Total infant deaths per 1,000 total live births	14.3		18.9
Legitimate infant deaths per 1,000 legitimate live births	14.8		
Illegitimate infant deaths per 1,000 illegitimate live births	7.8		
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	9.9		12.9
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	8.4		11.1
Perinatal mortality rate (still births and deaths under one week combined per 1,000 total live and still births)	21.6		26.3
Maternal Mortality (including abortion):-				
Number of deaths		NIL	
Rate per 1,000 total live and still births		-	
Total deaths (Actual)		4,372	
Death rate per 1,000 population (Actual)		13.1	
Death rate per 1,000 population (as adjusted by comparability factor 0.83)		10.9	11.7

COMMENTS ON VITAL STATISTICS

Birth Rate

The recorded birthrate per thousand population was 15.8, the same as the previous year. After correction for differences in population structure between Dorset and the country as a whole the rate is 18.0 compared with the national figure of 17.7.

Stillbirth Rate

The stillbirth rate for 1966 was 13.3 compared with 13.8 the previous year. The national figure was 15.3.

Infant Mortality Rate

The infant mortality rate continues to fall and was 14.3 per thousand live births compared with 15.7 the previous year. The national figure was 18.9.

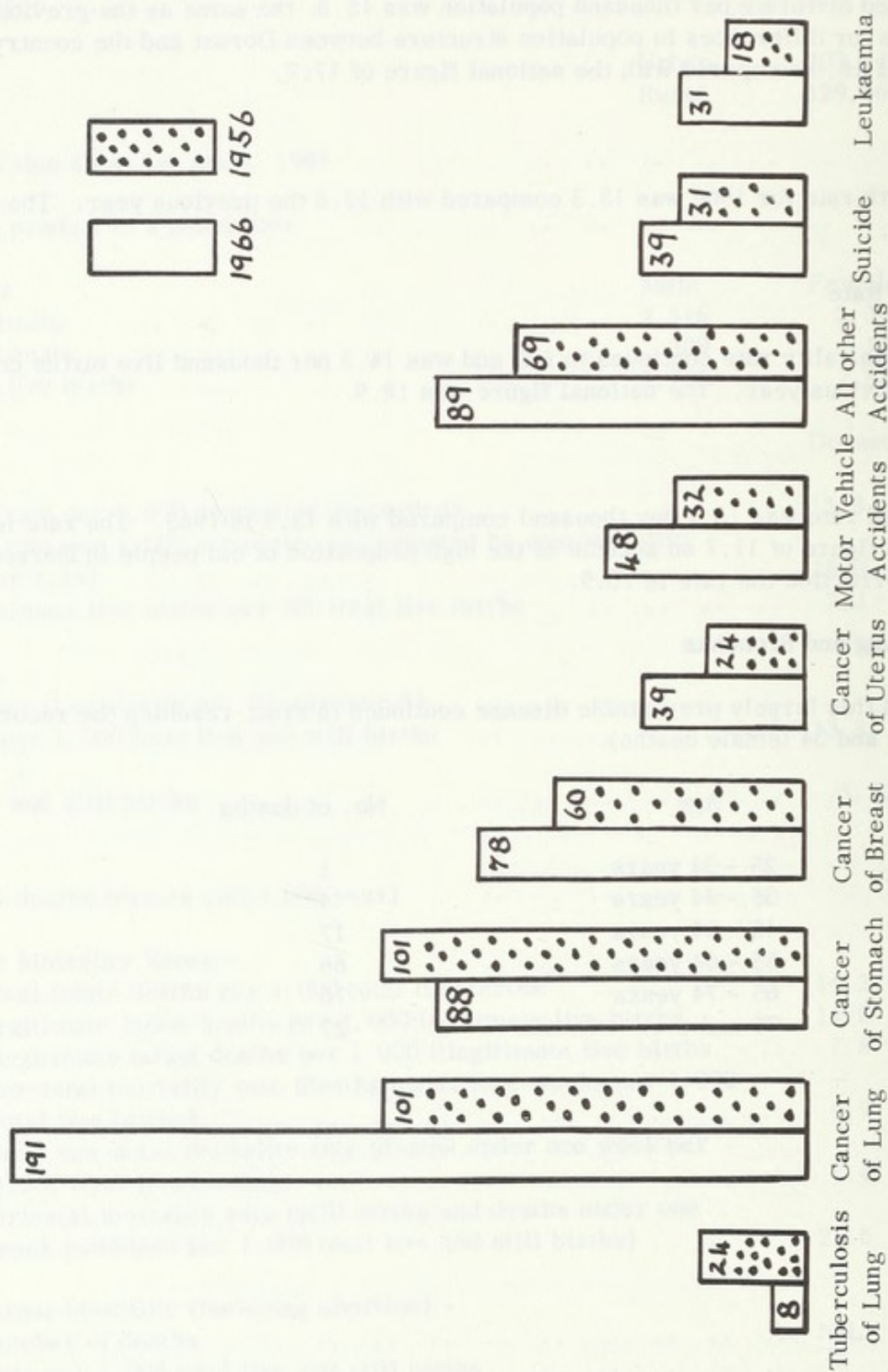
Death Rate

The recorded rate was 13.1 per thousand compared with 12.3 in 1965. The rate is higher than the national figure of 11.7 on account of the high proportion of old people in Dorset's population. After correction the rate is 10.9.

Cancer of the Lung and Bronchus

Deaths from this largely preventable disease continued to rise, reaching the record figure of 191 (157 male and 34 female deaths).

Age	No. of deaths
25 - 34 years	1
35 - 44 years	4
45 - 54 years	17
55 - 64 years	66
65 - 74 years	76
75 and over	27



DEATHS IN 1966 AND 1956 COMPARED (SELECTED CAUSES ONLY)

INFECTIOUS DISEASE

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Diphtheria:-										
No. of cases notified	1	-	1	1	-	-	-	-	-	-
No. of deaths	-	-	-	-	-	-	-	-	-	-
Scarlet Fever:-										
No. of cases notified	113	147	227	140	55	53	61	57	106	29
No. of deaths	-	-	-	-	-	-	-	-	-	-
Measles:-										
No. of cases notified	2,663	2,604	3,350	1,702	5,431	606	5,255	1,595	3,652	1,559
No. of deaths	-	-	1	-	1	-	-	-	1	-
Whooping Cough:-										
No. of cases notified	870	262	161	110	238	38	111	156	79	64
No. of deaths	1	-	-	-	-	-	-	-	-	-
Typhoid and Para-typhoid Fever:-										
No. of cases notified	1	-	1	3	-	2	3	2	3	1
No. of deaths	-	-	-	-	-	-	1	-	-	-
Food Poisoning:-										
No. of cases notified	29	210	48	24	45	17	12	7	99	22
No. of deaths	2	-	-	-	-	-	-	-	-	-
Dysentery:-										
No. of cases notified	2	4	112	238	28	8	148	7	23	38
No. of deaths	-	-	-	-	-	-	-	-	-	-
Poliomyelitis (including Polioencephalitis):-										
No. of cases notified	10	8	3	1	-	-	-	1	2	-
No. of deaths	1	-	1	-	-	-	-	-	-	-
Meningococcal Infection:-										
No. of cases notified	5	3	4	1	-	-	1	2	1	2
No. of deaths	-	-	-	2	-	1	-	1	-	-

Scarlet Fever

The number of cases notified was 29, the lowest ever recorded. The average number of notifications over the previous decade was 107.

Measles

The number of cases notified was 1,559 compared with 3,652 in 1965. Over two thirds of the cases occurred in the second half of the year.

Whooping Cough

There were 64 cases notified compared with 79 in the previous year. The lowest figure recorded was 38 cases in 1962.

Diphtheria

For the sixth successive year no cases were notified.

Poliomyelitis

No cases of poliomyelitis were notified compared with two the previous year. Since 1960 only three cases have been recorded.

Typhoid and Paratyphoid Fever

One case of infection with *Salmonella paratyphi B* was notified from South Dorset in November. The source of infection was not discovered.

Bacillary Dysentery

Thirty eight cases were notified compared with 23 in 1965. Of the former, twenty one occurred in the Corfe Castle area of the Wareham and Purbeck Rural District in the December quarter.

Food Poisoning

Twenty two cases were notified compared with ninety-nine the previous year and seven in 1964. There were no substantial individual outbreaks, cases being scattered throughout the county and occurring in each quarter of the year.

The following organisms were identified:-

	No. of Cases
<i>Salmonella typhimurium</i>	8
<i>Salmonella enteritidis</i>	1
<i>Salmonella enteritidis</i> var Jena	1
<i>Salmonella enteritidis</i> St. Paul	1
<i>Salmonella panama</i>	1
<i>Salmonella heidelberg</i>	1
No organism isolated	9

Tuberculosis

Fifty five pulmonary and fifteen non-pulmonary cases were notified compared with forty-one and nine respectively in 1965.

PUBLIC HEALTH LABORATORY SERVICE

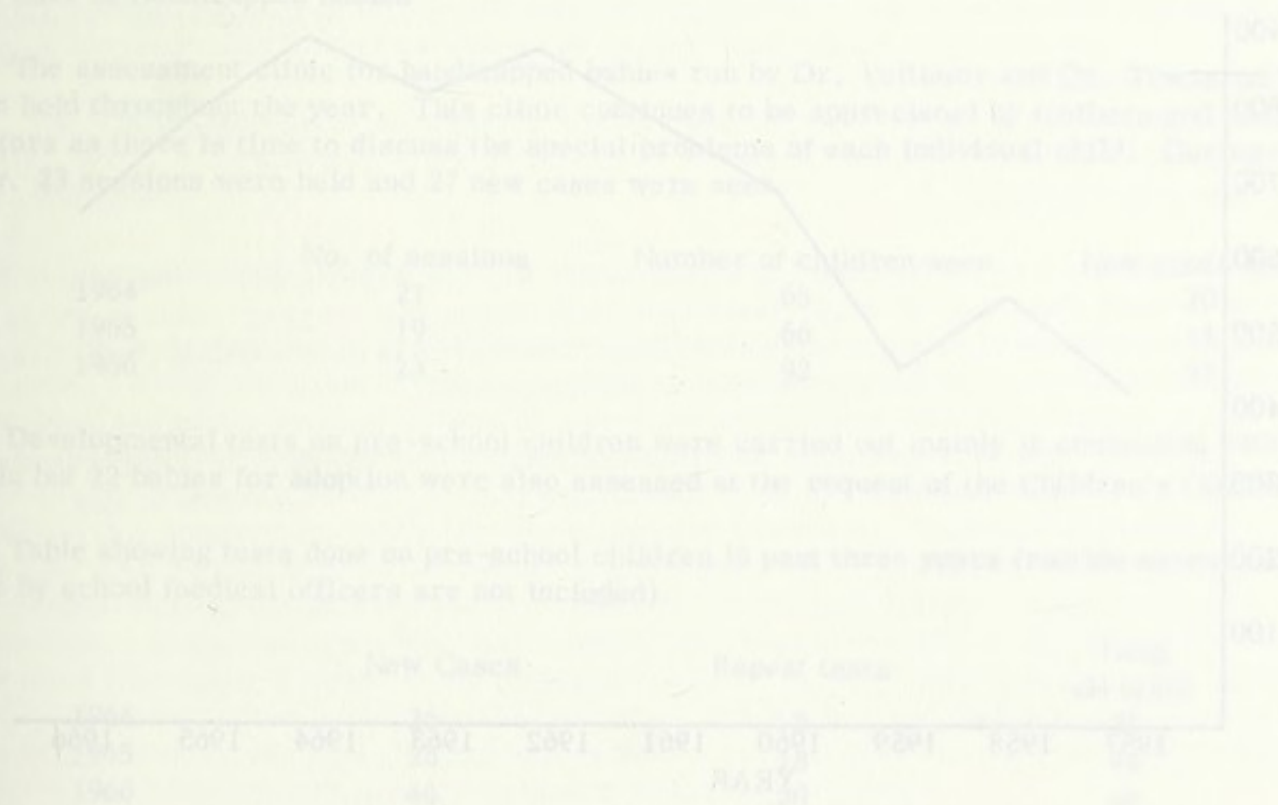
The service provided by the Medical Research Council is closely linked with the prevention of illness and the detection of infectious disease. The routine laboratory work of this service is mainly concerned with the bacteriological examinations of specimens from general practitioners, infectious diseases hospitals and local authorities and all 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.

The work in Dorset is covered by two laboratories, one in Dorchester and one in Boscombe, and we are most grateful for the help and advice readily given by their staffs.

Statistics

Specimens received and examined during 1966

Laboratory	Nose and throat swabs	Sputum	Faeces and Urine	Water	Milk and Cream	Ice Cream	Miscel- laneous	Totals
Dorchester	451	79	1,688	3,780	5,949	485	2,515	14,947
Boscombe	486	59	804	649	425	71	3,493	5,987
Totals	937	138	2,492	4,429	6,374	556	6,008	20,934



NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

Ante-Natal Clinics

Ante-natal clinics were run by midwives in the Borough of Poole only and the demand for this type of clinic continues to decrease. During the year 317 women attended compared with 412 women in the previous year.

	Number of women in attendance		Number of Sessions held by				Total number of sessions
	For ante-natal examination	For post-natal examination	Medical Officers	Midwives	G.P.'s on a sessional basis	Hospital medical staff	
1964	448	-	-	256	-	-	256
1965	412	-	-	300	-	-	300
1966	317	-	-	279	-	-	279

Mothercraft and Relaxation Classes

These classes were continued throughout the County during the year and the demand again has dropped, following the trend of last year. The number of mothers attending during the year was 666.

Graph showing number of women attending mothercraft classes (1957-66)



Child Welfare Clinics

The child welfare clinics still flourish in most areas of the County, our policy continuing to lay stress on the routine examination of healthy babies in order to pick up defects early with particular reference to development.

The mobile clinic continues to provide a useful service, its flexibility allowing the venue of sessions to be changed according to demand. A new session was started in the afternoon at Crossways instead of a morning session and this has proved popular with the mothers. An extra session was also started at Sandford because of great demand but sessions formerly held at Hampreston and Holt and at Martinstown were discontinued.

In general the child welfare attendances were slightly reduced with a smaller number of sessions throughout the County. This is no doubt the result of general practitioners in a few areas running their own well babies sessions at which the health visitors of the area are helping.

Number of children who attended
during the year

No. of sessions held by

	Born in year of report	Born in previous year	Other Pre- School Children	Total	M.O.	H.V.	G.P.	Hosp.	Total No. of sessions
1964	3,449	3,543	4,405	11,397	1,164	892	-	-	2,056
1965	3,341	3,531	4,097	10,969	1,128	757	59	-	1,944
1966	3,414	3,259	3,645	10,318	1,140	708	15	-	1,863

The Care of Handicapped Babies

The assessment clinic for handicapped babies run by Dr. Vulliamy and Dr. Townsend has been held throughout the year. This clinic continues to be appreciated by mothers and health visitors as there is time to discuss the special problems of each individual child. During the year, 23 sessions were held and 27 new cases were seen.

	No. of sessions	Number of children seen	New cases seen
1964	21	65	20
1965	19	66	14
1966	23	92	27

Developmental tests on pre-school children were carried out mainly in connection with this clinic but 22 babies for adoption were also assessed at the request of the Children's Officer.

Table showing tests done on pre-school children in past three years (routine assessments done by school medical officers are not included).

	New Cases	Repeat tests	Total all tests
1964	26	2	28
1965	26	18	44
1966	46	20	66

Contraception Clinic

The County Council is now holding this clinic in the Poole area only, arrangements having been made for this work to be done in the rest of the County by the Family Planning Association.

The Poole Clinic figures are as follows:-

	No. of sessions	First attendances	Total attendances
1964	70	93	767
1965	73	114	759
1966	83	107	860

Cervical Cytology Clinics

This service, which was started in 1965, has met increasing public demand and by the end of the year we were running clinics in Blandford, Bridport, Dorchester, Gillingham, Sherborne, Swanage, Wareham and Ferndown in the County area, at Wyke Regis and Portland in the South Dorset area, and at the central clinic in Poole. Out of a total of 3,773 smears taken during the year in the County excluding Poole, 9 patients were found to have invasive carcinoma and 11 carcinoma in situ. Although subsequent years will presumably find fewer of these defects it would seem that this service is very well worth while.

Table showing results in the first full year of this service.

	County Area	South Dorset Area	Poole	Total
No. of smears taken	2,777	996	698	4,471
No. of patients with invasive carcinoma	8	1	No figures	9 (excl. Poole)
No. of patients with carcinoma in situ.	5	6	No figures	11 (excl. Poole)
No. referred to G.P. for other reasons	234	146	No figures	

Care of Unmarried Mothers

The arrangement with the Salisbury Diocesan Moral Welfare Association for the care of unmarried mothers continues, although the demand is lessening year by year. This is shown in the table below which gives the total number of illegitimate births in the preceding five years, together with the number of girls going to mother and baby homes.

	No. of illegitimate babies	% illegitimate/total births	No. of girls going to mother and baby homes
1962	300	5.8	62
1963	296	5.5	52
1964	322	6.2	47
1965	354	6.7	50
1966	384	7.2	43

Distribution of Welfare Foods

We have continued to arrange distribution centres in all areas, as in previous years, with the help of the Womens Royal Voluntary Service. I would like to thank this service and other voluntary welfare workers for their help in this task. The demand for welfare food continues to decline.

	N.D.M.	C.L.O.	A. & D.	Orange Juice
1964	38,994 Tins	4,177 Bottles	4,929 Packets	56,786 Bottles
1965	33,201 "	3,879 "	4,583 "	60,511 "
1966	27,617 "	3,711 "	4,264 "	60,339 "

Day Nursery

The only day nursery in the County is in Poole and caters for 50 children. The average daily attendance shows a rise from 49 children in 1965 to 51 children in the current year.

Dental Care - Priority Classes

Staff

On 31st December, 1966, there were fourteen whole-time dental officers on the staff, an increase of one as compared with the position a year previously. The number of part-time officers remained constant at three, giving a whole-time equivalent of 1.4.

Although the Local Authority Dental Service in Dorset is extremely fortunate in being so fully staffed, it is a matter of concern that it is an ageing staff, with an average age of 48 years. It seems surprising that so few of the younger graduates seek this type of work which is so rewarding and which offers many advantages denied to those in general practice, especially in such a lovely county as Dorset. Much has already been done by providing a career structure within the County to attract younger candidates for appointment, but much still remains to be done both by extending the career structure still further as well as by modernising clinics and equipment.

The staffing position is satisfactory in Poole and the South Dorset area, but in the remainder of the County, and especially in the Bridport and Wareham areas, there is an urgent need for additional staff.

Dental Inspections and Treatment

Owing to the fact that a new Ministry return of work done was introduced at the beginning of the year, a direct comparison with the previous year is not possible. The figures for the year show that there has been a reduced amount of time spent on maternity and child welfare work, largely due to the fact that there has been a drop in the number of mothers seeking treatment. This fact is of course related to the availability of treatment from the general dental service and it must be assumed that mothers are receiving their treatment elsewhere. A disturbing factor is that there has also been a slight drop in the number of pre-school children seeking treatment and ways must be considered of publicising the service available. Although a smaller number of children have been inspected, a greater number have been treated, with less treatment taking the form of extractions and more time being directed to the preservation of teeth. It is to be hoped that during the present year it will be possible to increase the number of children seeking treatment and to this end plans are being prepared whereby children will receive a card on their third birthday informing their parents of the desirability of early treatment and of its availability.

Dental Health Education

During the year six-and-a-half sessions have been devoted to formal talks on dental health education. Although this would appear to be a very small allocation of time to this important subject it must be remembered that instruction on oral hygiene is being provided all the time both by dental officers at the chairside and to parents in the waiting room, as well as by health visitors as a matter of routine. My thanks are due to all who bring this important aspect of dental care to the attention of mothers and children.

Dental Treatment - Statistics

	<u>Mothers</u>	<u>Children</u>
First visits	177 (219)	652 (585)
Subsequent visits	468	710
Total visits	645	1,362
Additional courses of treatment commenced	25	48
Fillings	408 (373)	1,026 (948)
Teeth filled	363	924
Teeth extracted	260 (304)	472 (600)
Administrations of general anaesthesia	30 (31)	192 (240)
Emergencies	35	132
Patients X-Rayed	18 (11)	14 (5)
Prophylaxes	107 (85)	54 (30)
Teeth otherwise conserved		296
Teeth root filled	4	
Crowns	4	
Course of treatment completed	190	583
Patients supplied with full dentures	6	
Patients supplied with other dentures	25	
Number of dentures supplied	41 (51)	
General anaesthetics administered by dental officers	10	
Number of patients inspected for the first time	208 (339)	900 (911)
Number of patients who required treatment	190	665
Number of patients who were offered treatment	185	663
Number of sessions:-		
Treatment	383 (342)	
Dental Health Education	6½	

(Figures for 1965 are shown in brackets)

Full-time midwives are employed in Poole and the South Dorset areas; in the rest of the County the district nurses also act as midwives. The fall in domiciliary confinement continues, accompanied by an increase in cases discharged early from hospital who require the service of the midwife. In 1966, for the first time the number of early discharges exceeded the number of domiciliary deliveries. During the year 1,100 domiciliary confinements were attended by County Council midwives and there were 1,353 early discharges from hospital needing the services of the domiciliary midwife. Twenty four pupil midwives completed their Part II training in 1966, compared with 32 pupils trained in 1965 and 7 were still training at the end of the year.

The continuing decline in domiciliary midwifery is shown in the graph on the following page. It is now becoming difficult to find cases for the training of pupil midwives in the County area, and unless the statutory number of cases needed by each pupil is decreased it would seem that we shall be unable to train as many pupils in the future.

Loss of life associated with childbirth

Maternal deaths

For the second year in succession there was no maternal death in the County.

Neonatal deaths

The number of neonatal deaths in 1966 fell to 38 from 54 in the preceding year. Prematurity still heads the list of causes of deaths followed by congenital defects and atelectasis. For the third year in succession there was a decrease in the number of deaths due to birth injury but this year there was one death due to rhesus sensitisation.

Table showing causes of neonatal deaths.

Cause of death	No.	% of total	% in 1965	% in 1964
Prematurity	14	36.9	48.1	41.7
Congenital defects	7	18.4	14.8	18.8
Atelectasis	7	18.4	13.0	14.5
Neonatal asphyxia	4	10.6	7.4	-
Respiratory infection	1	2.6	5.6	4.2
Birth injury	1	2.6	3.7	10.4
Rhesus factor	1	2.6	-	-
Other	3	7.9	7.4	10.4
TOTAL DEATHS	38	100	100 (54 deaths)	100 (48 deaths)

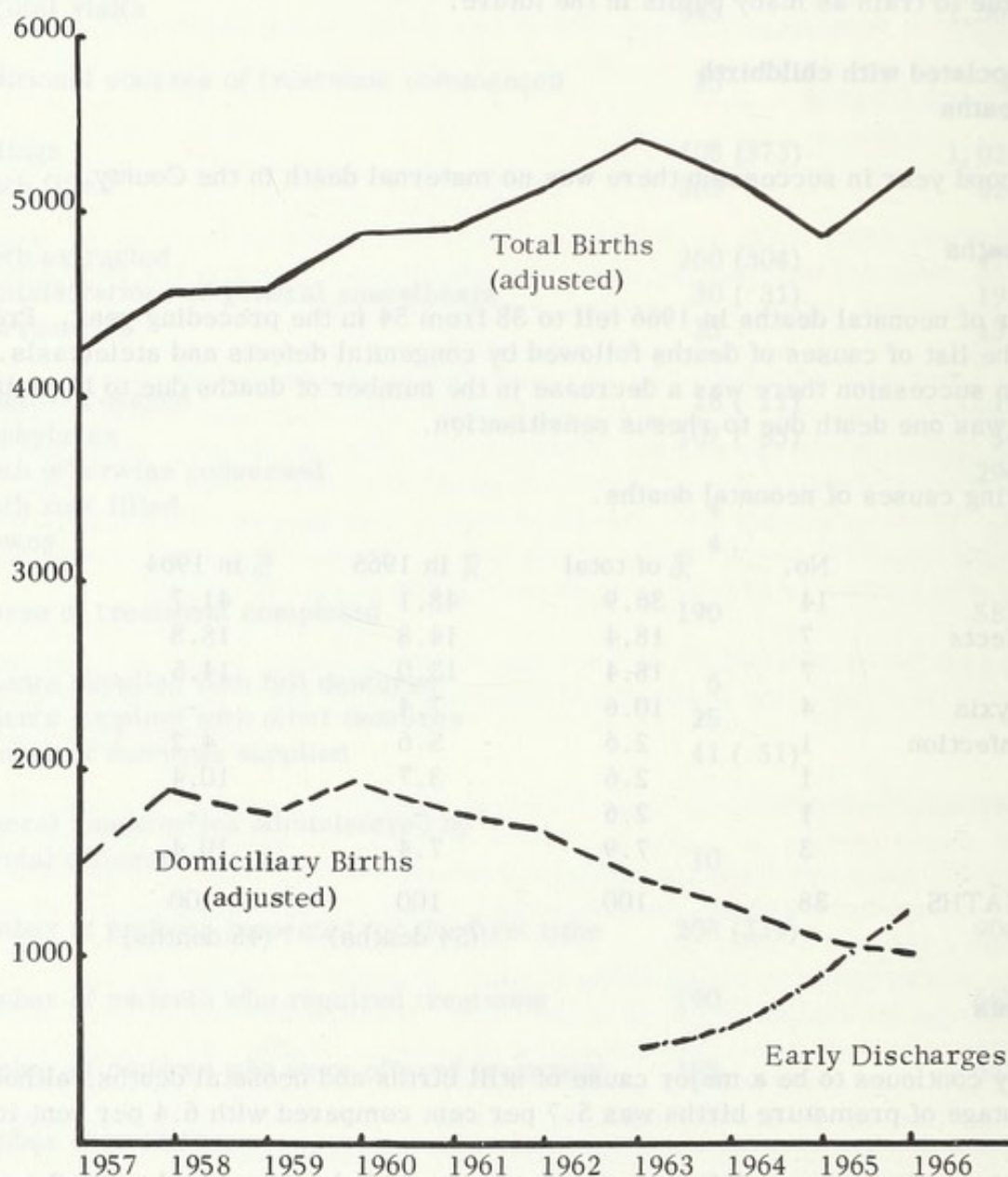
Premature Infants

Prematurity continues to be a major cause of still births and neonatal deaths, although this year the percentage of premature births was 5.7 per cent compared with 6.4 per cent in 1965.

The percentage of premature infants surviving to the 28th day increased to 82.9 per cent in 1966, compared with 77.1 per cent in 1965.

TOTAL BIRTHS, DOMICILIARY BIRTHS AND EARLY DISCHARGES

1957 - 1966



Premature Infants	1963	1964	1965	1966
Total births (live and still)	5,388	5,287	5,278	5,324
Total premature infants	329	335	340	305
% premature/total births	6.1%	6.3%	6.4%	5.7%
Premature still births	50	54	43	28
% still births/premature births	15.2%	16.1%	12.6%	9.2%
Premature infants dying in first 28 days	33	28	35	24
% infants dying/premature births	10.0%	8.4%	10.3%	7.9%
Premature infants surviving to 28th day	246	253	262	253
% surviving/total premature births	74.8%	75.5%	77.1%	82.9%

HEALTH VISITING (SECTION 24)

Health Visiting

The recruitment of health visitors became rather easier during this year and at the end of the year the establishment was maintained.

The health visitors visit all babies from 0 - 5 years, do routine phenylketonuria tests on babies, hearing tests on all babies at seven to twelve months and routine Heaf tests and vision tests at school entry. They also visit elderly people either at the request of the general practitioner or those brought to their notice by members of the public. As a result of our scheme for partial health visitor attachment to general practitioners, the number of visits to old people has remained at a high level again this year.

The part-time staff have continued to hold the health visitors with their more routine duties particularly in the east of the county where the health visitors case loads are heavy.

Cases visited by Health Visitors

	1965	1966
Children born in year of report	5,204	5,205
Children born in preceding year	5,911	5,771
Other pre-school children	12,133	10,754
Total Children 0 - 5 years	23,248	21,730
Persons aged 65 or over	3,422	3,414
Number of these who were visited at the special request of general practitioner or hospital	1,341	1,066
Mentally disordered persons	38	22
Number of these who were visited at the special request of general practitioner or hospital	18	13
Persons discharged from hospital (other than mental hospital)	420	461
Number of these who were visited at special request of general practitioner or hospital	184	224
Number of T.B. households visited by district health visitors	203	117
Number of T.B. households visited by T.B. Health Visitors	439	436
Number of households visited on account of other infections	35	17

HOME NURSING (SECTION 25)

During 1966, the recruitment of staff became slightly less difficult and at the end of the year there were no vacancies in the county area. The work of the district nurse/midwives continues to become less attractive with the increasing burden of elderly and chronic sick and the decrease in domiciliary midwifery.

During the year 7,272 cases were nursed of whom 62.9% were over 65 years of age.

	1964	1965	1966
Total number nursed during year	7,018	6,877	7,272
Number under 5 at first visit in year	458	308	293
Number over 65	4,090	4,412	4,578
% over 65 years	58.4%	64.2%	62.9%

IMMUNISATION AND VACCINATION (SECTION 26)

The recommended programme of prophylactic procedures remains the same as for the past few years and is as follows:-

Triple antigen is given at three, four and five months of age

A booster of triple antigen is given at about seventeen months

A booster of diphtheria tetanus antigen is given at about five years

Oral poliomyelitis vaccine is given at six, seven and eight months of age

A booster of polio vaccine is given in the first term at school

Smallpox vaccination is given during the second year of life.

Number of children who completed primary courses of immunisation and polio vaccination

	Diphtheria	Whooping cough	Tetanus	Polio (oral)	Polio (Inject.)	Total Polio
1963	4,004	3,829	5,726	5,259	944	7,028
1964	4,653	3,940	6,066	5,838	208	6,287
1965	4,600	4,358	5,409	4,759	164	4,923
1966	4,579	4,354	5,200	4,780	111	4,891

Number of children receiving secondary (booster) doses

	Diphtheria	Whooping cough	Tetanus	Polio (oral)	Polio (Inject.)	Total Polio
1963	4,396	1,725	3,751	6,194	356	6,550
1964	5,570	2,054	5,425	4,774	27	4,801
1965	6,976	2,404	6,547	4,099	104	4,203
1966	8,118	2,726	7,944	4,780	81	4,861

Number of children receiving smallpox vaccination

Primary Vaccination

Re-vaccination

Total of all ages

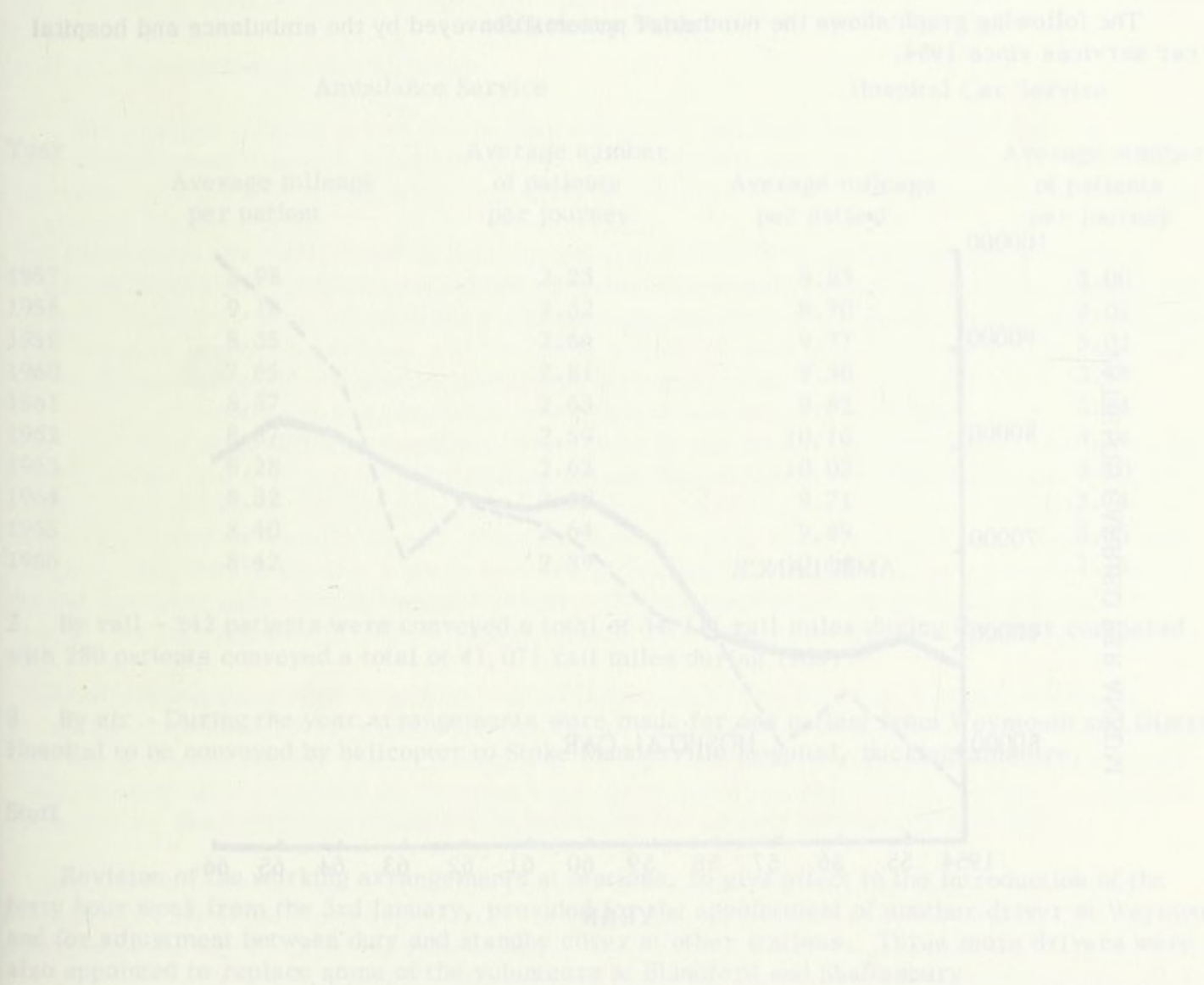
0 - 1 year

1 - 4 years

All ages

1963	470	967	1,774	876
1964	393	2,189	2,842	990
1965	414	2,585	3,057	175*
1966	282	2,740	3,118	367

*Decrease due to the fact that as from 1st January, 1965 record cards were required only for persons under sixteen years of age.



Organisation and Control of the Service

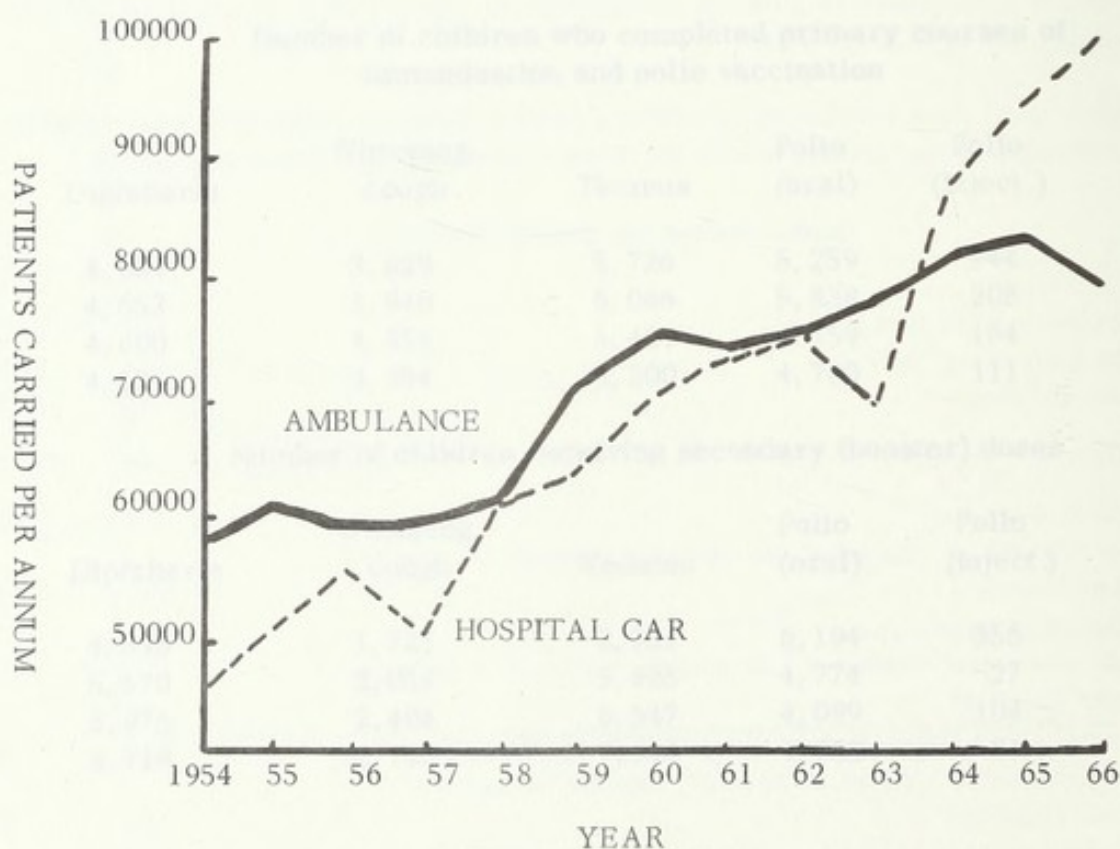
The service continues to be centrally controlled by staff at Dorchester by day, with local sub-controls at Poole and Weymouth, and by the Fire Service at night.

In December, the administrative and operational control staff were re-accommodated in the County Clinic building nearby, thus enabling a departmental regrouping to take place, following a partial review of the Health and Social Services by the County Council's Organisation and Methods Unit. The completion of this review, including the Ambulance Service, will take place during 1967.

Conveyance of Patients

1. By road - During 1966, the service conveyed 179,261 patients, a total of 1,525,273 miles, an increase of 0.15 per cent and 2.66 per cent respectively compared with 1965. In January an appeal was made to all users of the service to exercise the utmost economy in their demands because of the economic crisis. This appeal appears to have achieved some success, insofar as the increase in demands is less than in most previous years.

The following graph shows the number of patients conveyed by the ambulance and hospital car services since 1954.



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
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
1962	518,983	-	8,153	740,794	+	26,647	1,259,777	+	18,494
1963	512,242	-	6,741	737,551	-	3,243	1,249,793	-	9,984
1964	524,387	+	12,145	853,634	+	116,083	1,378,021	+	128,228
1965	551,616	+	27,229	934,140	+	80,506	1,485,756	+	107,735
1966	526,810	-	24,806	998,463	+	64,323	1,525,273	+	39,517

Efficiency Table

Year	Ambulance Service		Hospital Car Service	
	Average mileage per patient	Average number of patients per journey	Average mileage per patient	Average number of patients per journey
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
1962	8.37	2.59	10.16	3.14
1963	8.28	2.62	10.02	3.10
1964	8.32	2.60	9.71	3.14
1965	8.40	2.64	9.89	3.25
1966	8.42	2.59	10.14	3.16

2. By rail - 242 patients were conveyed a total of 34,111 rail miles during the year compared with 280 patients conveyed a total of 41,071 rail miles during 1965.

3. By air - During the year arrangements were made for one patient from Weymouth and District Hospital to be conveyed by helicopter to Stoke Manderville Hospital, Buckinghamshire.

Staff

Revision of the working arrangements at stations, to give effect to the introduction of the forty hour week from the 3rd January, provided for the appointment of another driver at Weymouth and for adjustment between duty and standby cover at other stations. Three more drivers were also appointed to replace some of the volunteers at Blandford and Shaftesbury.

The staff establishment at 31st December, 1966, was as follows:-

County Ambulance Officer	1
Clerical and operation staff	6
Supervisor, Deputy Supervisor and head drivers	14
Full-time driver/attendants	43
Part-time and voluntary (to equivalent full-time)	15
	—
	79
	—

Vehicles

The number of routes for which ambulance service vehicles were used to convey mentally sub-normal adults and children to training centres was reduced from four to three and the number of buses was, therefore, reduced accordingly.

The establishment of vehicles as at 31st December, 1966, was as follows:-

Ambulances	21
Dual purpose vehicles	14
Buses	3
	—
	38
	—

Stations

Building of the new station at Wimborne was commenced in April, 1966 and plans made for the building of a new station at Lyme Regis during the early part of 1967. The capital works programme, delaying some of the projects, was revised as follows:-

1968/69	Replacement stations at West Moors and Blandford
1969/70	Replacement stations at Sherborne and Wareham
1970/71	Replacement station at Shaftesbury or Gillingham
1971/72	Replacement station at Dorchester

Civil Defence

The total strength of the Ambulance and First Aid Section at the end of the year was 410, an increase of three since December, 1965.

Activity throughout the year was concentrated on the training of volunteers rather than in planning. It was thought best to await the Government's new plans for Civil Defence before developing the Section's plans further.

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

The County Council continued to utilise the valuable services of the Dorset Branch of the British Red Cross Society in meeting the requirements of persons whose needs were attributable to illness. Where necessary care and after-care services were provided for patients discharged from hospital and homebound invalids including the aged and chronic sick.

Liaison health visitors co-operated with the hospitals and other services to assess the needs of persons due for discharge and arrangements were made for the provision of medical equipment or nursing aids if required.

During the year arrangements were made for the admission of patients to holiday homes for periods of rest and recuperation and charges in these cases were assessed in relation to the patient's needs.

Tuberculosis

In accordance with the Public Health (Tuberculosis) Regulations, 1952, a central register is maintained at the county health department. Close co-operation is maintained between the district medical officers, health visitors and chest physicians, appropriate supervision being arranged for each case.

The Dorset Branch of the British Red Cross Society continues to provide a useful after-care service to meet the needs of tuberculosis patients.

Grants for free milk are issued to necessitous cases by the county health department but this service has contracted in recent years as few new patients are off work long enough to need it, although it remains a help to the long-term case.

B.C.G. Vaccination of Schoolchildren

All children starting school are given a tuberculin skin test and the families of any children with positive reactions are investigated in an effort to determine the source of infection. During the year, of the 4,560 tested, only 40 (excluding those given B.C.G. in infancy) were positive reactors, a rate of 0.9%.

A total of 3,410 thirteen year old children were also Heaf tested and 12.0% were found to be positive reactors compared with 10% in the previous year and 8.9% in 1964. X-rays of the positive reactors produced one child with an active lesion. A total of 2,787 negative reactors were given protection by means of B.C.G. vaccination.

The great majority of the positive reactions recorded are of the mild type classified as grade one reactions and it is now thought by many authorities that they are more likely to indicate non-specific sensitivity to the test material rather than tuberculous infection. For this reason the number of children showing second, third and fourth degree positive reactions to the Heaf test might be expected to provide a more accurate indication of the amount of tuberculous infection in the community than if children with mild or dubious reactions were included. In the whole county, 81 children (2.4%) in their thirteenth year had positive reactions of grade two or over.

Mass Radiography

As in previous years mass radiography has been undertaken by two 100 mm. units of the Mass Radiography Centre of the Wessex Regional Hospital Board and I am indebted to the medical director for details of their work in Dorset.

	1963	1964	1965	1966
Total number of cases examined by the two units	16,936	31,255	31,893	28,693
Number of cases of T.B. referred for hospital treatment	12	10	8	7
Number of cases of T.B. referred for domiciliary treatment	7	5	6	3
Number of cases of T.B. requiring supervision	47	23	25	22
Totals	66	38	39	32
Number of cases of carcinoma of lung	27	29	27	36
Number of cases of cardiovascular lesion	48	54	58	47
Number of cases of non-tuberculous conditions	123	147	120	116
Number of cases not yet classified	15	14	-	3

The above figures show that the incidence of active tuberculosis requiring treatment averaged 0.35 cases per 1,000 persons X-rayed. The table which follows classifies the findings according to age and sex.

Age analysis of those examined by both units

	Under 14	14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65+	Total
Males											
Examined	119	233	1837	1891	2964	2945	2656	1053	968	1031	15697
Active cases	-	-	2	-	-	-	-	-	1	1	4
Rate per 1,000	-	-	1.08	-	-	-	-	-	1.03	0.97	0.06
Females											
Examined	61	125	1507	1341	2396	2662	2266	872	778	988	12996
Active cases	-	-	-	-	-	1	2	-	-	3	6
Rate per 1,000	-	-	-	-	-	0.38	0.88	-	-	3.04	0.46

Venereal Disease

The 471 Dorset patients dealt with for the first time at treatment centres in 1966 are classified in the following table. The figures in brackets relate to the previous year.

Treatment Centre	Syphilis	Gonorrhoea	Other Conditions	Totals
Bournemouth	1 (-)	19 (23)	46 (51)	66 (74)
Dorchester	- (2)	2 (2)	13 (5)	15 (9)
Poole	2 (7)	36 (37)	158 (105)	196 (149)
Salisbury	- (-)	9 (7)	55 (101)	64 (113)
Yeovil	- (5)	1 (1)	5 (3)	6 (4)
Weymouth	3 (2)	10 (22)	97 (87)	110 (111)
Southampton	- (-)	1 (-)	13 (-)	14 (-)
	6 (16)	78 (92)	387 (352)	471 (460)

HEALTH EDUCATION

During the year the amount of formal health education was increased owing to the greater amount of time spent on dental health education in the county schools. Education in respect of smoking and child care and care of the elderly remained at about the same level.

Apart from the formal side of the health education, the emphasis remains on the individual teaching on health which takes place all the time in the day to day work of the nursing and medical staff in child welfare, mothercraft and cervical cytology and in home visits.

	Number of Talks and/or Films		Total Audience	
	1965	1966	1965	1966
Dental hygiene	192	493	6,210	17,200
Child Care and Mothercraft	69	73	1,316	1,507
Home Nursing	56	-	591	-
Care of the Elderly	38	33	818	1,024
Smoking	17	14	2,500	2,000
Personal Hygiene	14	3	323	170
First Aid	12	13	391	311
Food Hygiene	8	4	232	188
Vaccination and Immunisation	6	-	193	-
Mentally & Physically handicapped	5	4	290	270
Home Safety	3	5	52	128
Health Service	-	12	-	152
Totals	420	654	12,916	22,950

Materials used	1965	1966
Leaflets	22,172	28,390
Posters	1,548	1,815
Booklets	5,190	12,375

CHIROPODY

The Dorset branch of the British Red Cross Society continue to act as the Council's agent in the provision of this service throughout the County, apart from the Weymouth area. In Weymouth part-time chiropodists are directly employed by the County Council.

The service continues to expand and four new centres were opened by the British Red Cross Society during the year making a total of twenty-five centres in the County at the end of December. Altogether 571 three-hourly sessions were being held at the centres during a quarter, and there were 3,129 patients on the register compared with 2,988 patients at the end of 1965. Seventy-six persons were on the waiting list for treatment. In the Weymouth area a total of 2,576 attendances were made at 278 sessions during the year, and there were 528 patients on the register at the end of the year, compared with 414 at the end of 1965.

Priority is given to the elderly, the physically handicapped and to expectant mothers, transport being arranged when necessary. Patients are seen by appointment and a nominal charge of 2s.6d. is made towards the cost of the chiropodists' fees, dressings, etc.

The Council is again greatly indebted to the voluntary workers who devote so much time to the work and organise the service so efficiently.

HOME HELP SERVICE (SECTION 29)

This service continues to expand to the limit of our financial resources. The County Organiser is based at County Hall and is responsible for the supervision of three full time area organisers who work from Clinics at Ferndown, Sturminster Newton and Weymouth and two part time area organisers who work from Blandford and Swanage Clinics. The Borough of Poole has delegated responsibility in respect of the service and a further area organiser is employed for this purpose.

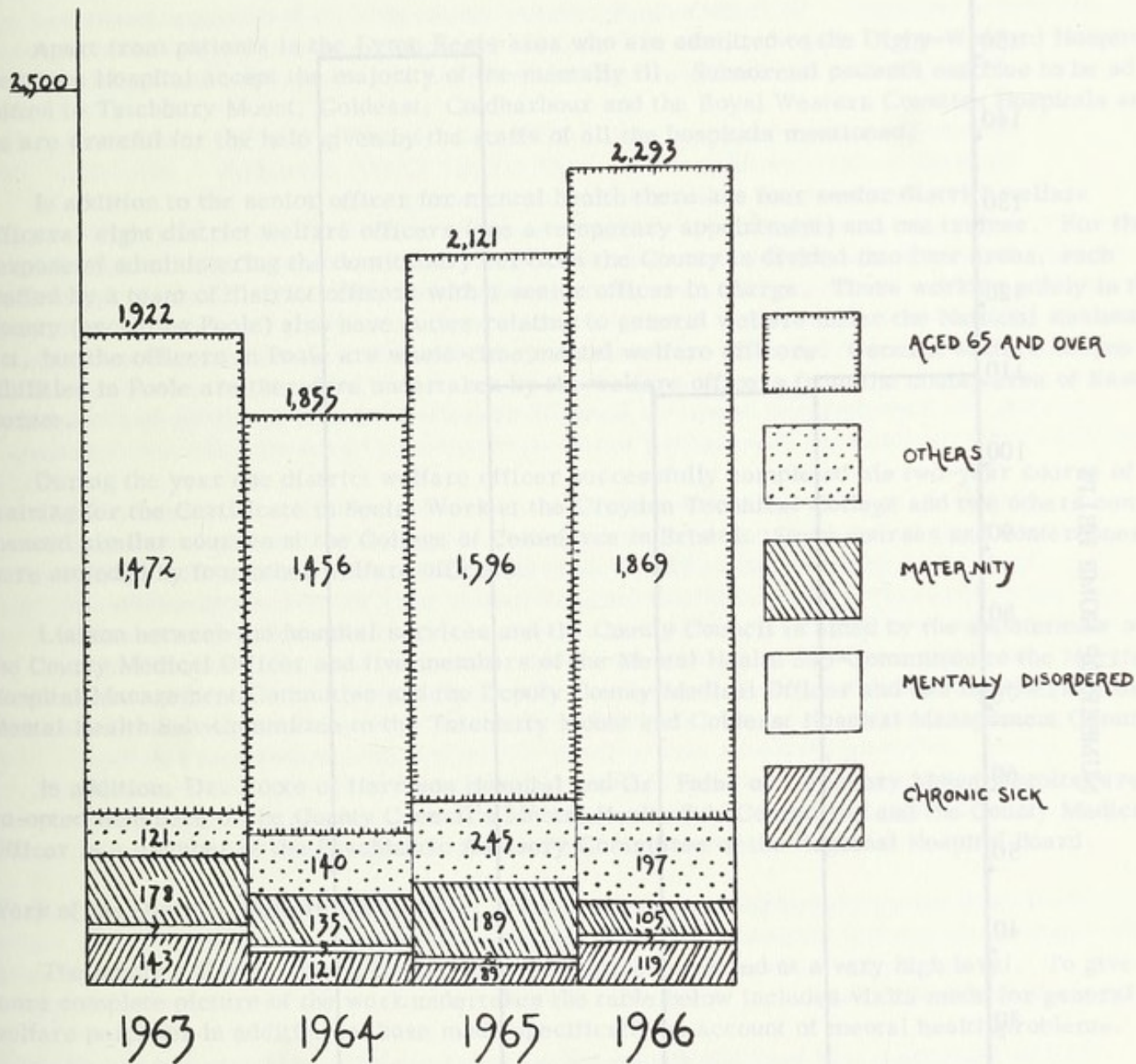
The number of cases assisted in 1966 was 2,293 compared with 2,121 in 1965. In addition to the new cases included in these figures there are always a number of people spending short periods away in hospitals or homes. On their return to their own homes these have to be re-visited as new cases and fresh arrangements made. The care of the aged continues to occupy a great deal of service, increasing infirmity in some cases calling for more than one visit a day especially in the winter for the provision of meals.

The recruitment in all areas continues to be good, the standard of work is satisfactory and all applications for help were met. A two-day study course for home helps was held in November, at Wimborne; this gave a practical course to eighty home helps and was much appreciated.

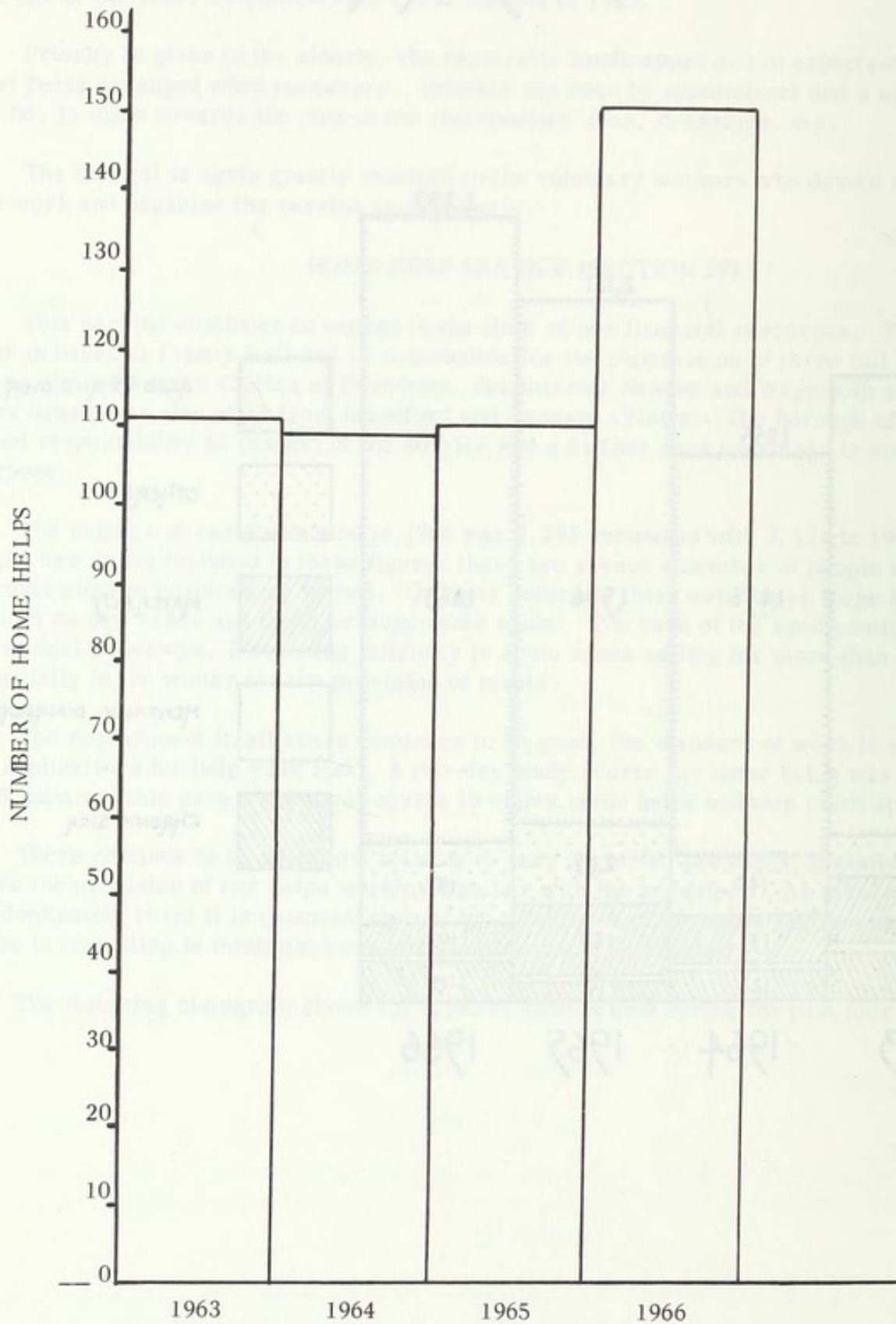
There continue to be problems relating to very neglected premises; initially these may require the provision of two helps working together with the organiser. As most areas served are predominately rural it is essential that a high proportion of the helps are mobile so that time spent in travelling is minimised and remote places can be reached.

The following histogram shows the types of case helped during the past four years.

CASES DEALT WITH IN YEAR



HOME HELPS (FULL-TIME EQUIVALENT) EMPLOYED



MENTAL HEALTH

(MENTAL HEALTH ACT, 1959)

The Mental Health Sub-Committee is responsible for the mental health services apart from the non-residential services in Poole which are delegated to the Borough Council and liaison between the two authorities is maintained by the senior officer for mental health. The statistics given in the tables to follow relate to the whole County, including Poole.

Apart from patients in the Lyme Regis area who are admitted to the Digby-Wonford Hospital, Herrison Hospital accept the majority of the mentally ill. Subnormal patients continue to be admitted to Tatchbury Mount, Coldeast, Coldharbour and the Royal Western Counties Hospitals and we are grateful for the help given by the staffs of all the hospitals mentioned.

In addition to the senior officer for mental health there are four senior district welfare officers, eight district welfare officers (one a temporary appointment) and one trainee. For the purpose of administering the domiciliary services the County is divided into four areas, each staffed by a team of district officers with a senior officer in charge. Those working solely in the County (excluding Poole) also have duties relating to general welfare under the National Assistance Act, but the officers in Poole are whole-time mental welfare officers. General welfare responsibilities in Poole are therefore undertaken by the welfare officers from the county area of East Dorset.

During the year one district welfare officer successfully completed his two-year course of training for the Certificate in Social Work at the Croydon Technical College and two others commenced similar courses at the College of Commerce in Bristol. Study courses and conferences were attended by four other welfare officers.

Liaison between the hospital services and the County Council is aided by the appointment of the County Medical Officer and five members of the Mental Health Sub-Committee to the Herrison Hospital Management Committee and the Deputy County Medical Officer and two members of the Mental Health Sub-Committee to the Tatchbury Mount and Coldeast Hospital Management Committee.

In addition, Dr. Foote of Herrison Hospital and Dr. Paine of Tatchbury Mount Hospital are co-opted members of the County Council's Mental Health Sub-Committee and the County Medical Officer is a member of the Psychiatric Advisory Committee of the Regional Hospital Board.

Work of the District Welfare Officers

The number of visits made by the welfare officers remained at a very high level. To give a more complete picture of the work undertaken the table below includes visits made for general welfare purposes in addition to those made specifically on account of mental health problems.

	1965	1966
Visits to persons suffering from mental illness	7, 903	6, 684
Visits to persons suffering from subnormality	4, 112	4, 033
General Welfare	3, 149	3, 802
Miscellaneous	3, 342	2, 810
	<hr/>	<hr/>
	18, 506	17, 329
	<hr/>	<hr/>

It is seen that, compared with the previous year, the number of visits for general welfare increased at the expense of those for mental health. Shortage of trained staff, partly resulting from difficulties in filling temporary vacancies caused by the absence of officers on training courses, necessarily led to a slight drop in the volume of work which it was found possible to handle.

Throughout the year all these officers continued to work under great strain and although every effort was made to provide a service to deal with social emergencies, little in the way of preventive work could be attempted. If, in the case of officers responsible for both mental health and general welfare, it is assumed that two thirds of their time was spent on mental health and one third on general welfare, then the population for which each officer was responsible was as follows:-

Mental Health Services	1 Officer per 41,000 population
General Welfare Services	1 Officer per 82,000 population
(These figures relate to the whole county including Poole.)	

With the ever increasing demand made upon the service this low staffing ratio meant that an unremitting burden of responsibility was placed upon all the field staff (particularly upon the senior district welfare officers) leading to frustration and anxiety from which there was no relief. Much credit is due to them for their long continued conscientious efforts to maintain the service.

In 1959, the Younghusband Report on Social Workers in the Local Authority Health and Welfare Services made the following observations which seem pertinent to the situation just described.

"Much of the evidence on this matter, our own observations, and the reports of the field studies have convinced us that many officers are currently carrying case loads which make it impossible for them to do their present work satisfactorily, and do not allow time for preventive or intensive work with those individuals or families who require such help..... At present excessive case loads may result from financial pressures, especially in smaller authorities or where large areas have to be covered. We must emphasise that in these conditions only superficial assessment is possible, practically no constructive work can be done, and wrong decisions may be made with unfortunate consequences to the person or family concerned. The heavy strain on the worker is also a serious matter. The more skilled and conscientious the officer the greater the anxiety suffered, especially when the work itself is particularly demanding."

The organisation and establishment of the district welfare officers has since been the subject of a report by the O. & M. Unit which is still under consideration.

Persons in Residential Care

On 31st December, 134 mentally disordered persons were being maintained by the County Council in residential establishments other than hospitals. Of 23 persons suffering from mental illness 8 were at Penrhyn hostel, 4 at privately run homes and the remainder resident in Part III accommodation; and of 111 subnormal persons, 13 were at Wyvern House hostel, 17 at St. Aubyn's hostel, 32 at privately run homes and 49 in Part III accommodation.

MENTAL ILLNESS

Admissions to Hospital

The following table shows the number of patients admitted to hospital through the agency of the mental welfare officers:-

Year	Informal		Observation (Sect. 25)		Treatment (Sect. 26)		Emergency (Sect. 29)		Court Orders		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	
1964	233	433	37	71	9	21	19	38	7	-	305	563	868
1965	189	390	35	68	24	37	18	30	3	1	269	526	795
1966	219	304	29	57	16	29	17	14	2	-	283	404	687

The number of patients admitted to hospital diminished for the fifth year running. Of the 687 admissions, 164 were under compulsion compared with 216 the previous year, i.e. 23.9% of the total compared with 28.4% in 1965 and 69.6% in 1953.

The number of patients admitted who were known to have received in-patient treatment for mental illness on previous occasions was 290 this being 42.2% of the total compared with 46.4% in 1965 and 38% in 1964. (See graph on page 32).

After Care

The number of patients discharged from hospital and requiring after care who were referred by the consultant psychiatrists was fewer than in the previous two years, being 258 compared with 317 in 1965 and 355 in 1964. The number of after care visits paid by the welfare officers was 4,010 compared with 4,447 the previous year and 3710 in 1964.

Copies of all after care reports submitted by the officers continued to be passed to the hospital doctors and general practitioners for their information.

The weekly Social Club at Branksome Clinic, Poole, continued to play a useful role in the rehabilitation of patients and use was also made of the club facilities provided at Blackdown Day Hospital, Weymouth, which is administered by Herrison Hospital.

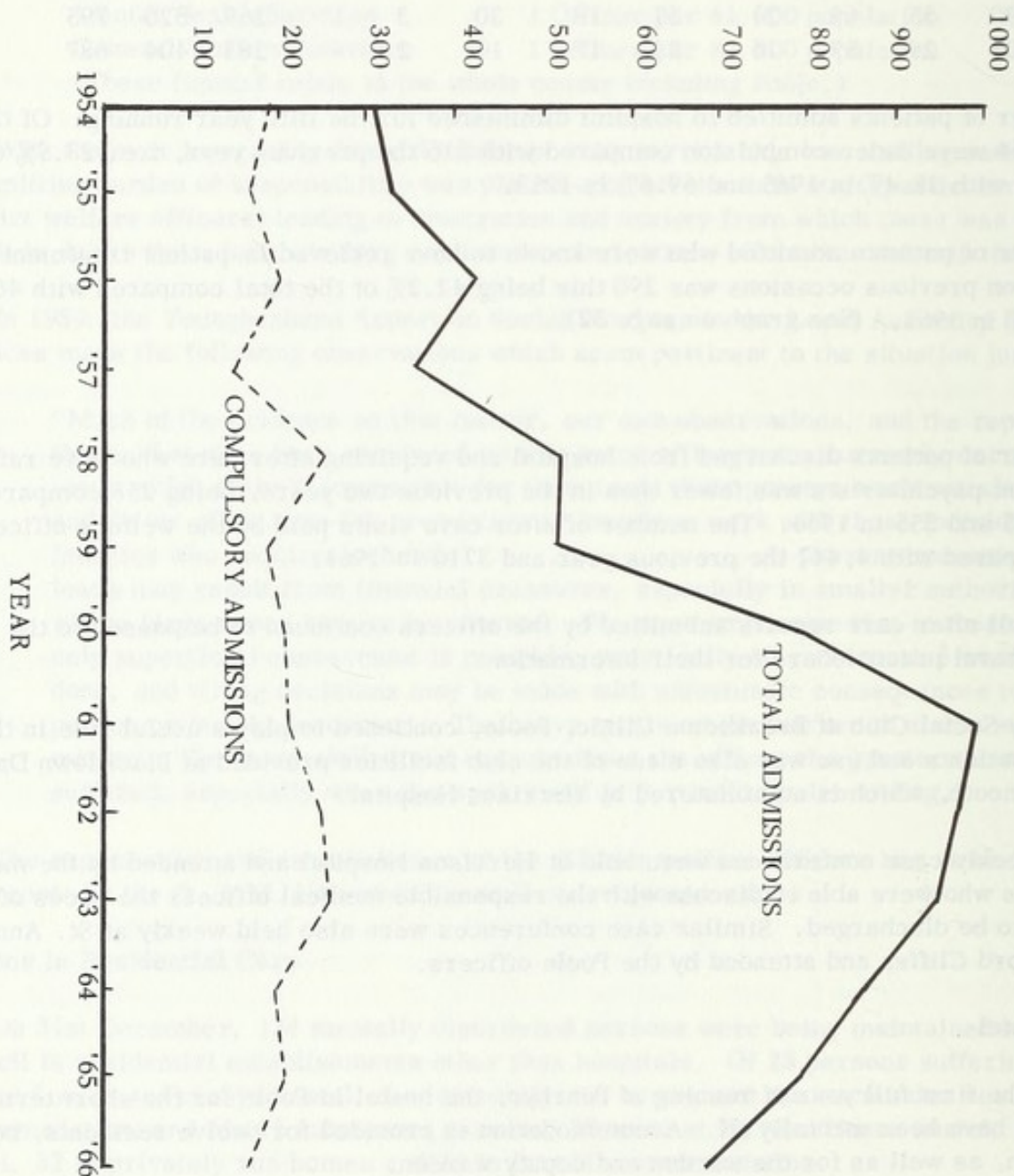
Regular weekly case conferences were held at Herrison Hospital and attended by the mental welfare officers who were able to discuss with the responsible medical officers the needs of patients about to be discharged. Similar case conferences were also held weekly at St. Anne's Hospital, Canford Cliffs, and attended by the Poole officers.

After Care Hostel

1966 was the first full year of running of Penrhyn, the hostel in Poole for the short term care of persons who have been mentally ill. Accommodation is provided for twelve residents, both men and women, as well as for the warden and deputy warden.

At the end of the year eight persons were in residence and during the year there were 23 admissions and 23 discharges.

NUMBER OF ADMISSIONS TO HOSPITALS FOR MENTAL ILLNESS



Of the 40 admissions since the hostel opened in May, 1965, over half had been from hospital and the remainder from their own homes. Five were re-admissions for the second time but only four had to be discharged back to hospital. Careful selection of cases is all important if a compatible group is to be established in the close confines of a small hostel and if a gradual build-up of permanent residents is to be avoided. That our aims have been largely successful is suggested by the facts that seven-eighths of the persons admitted were discharged within 6 months and it was found necessary for only one person to remain in the hostel for more than a year.

Dr. E.S. Foote kindly continued to give advice on the psychiatric suitability of persons suggested for admission but no case was admitted except with the agreement of the County Medical Officer and the Warden.

MENTAL SUBNORMALITY

Sixty-one new cases were referred and ascertained as follows:-

Subnormal				Severely Subnormal				Total			
Under 16		Over 16		Under 16		Over 16		Under 16		Over 16	
M	F	M	F	M	F	M	F	M	F	M	F
7	5	8	10	14	10	6	1	21	15	14	11

Of the 1,162 mentally subnormal persons on the register at the end of the year, 468 were in hospital and 694 were being supervised in the community.

The latter were classified as follows:-

Subnormal				Severely Subnormal				Total			
Under 16		Over 16		Under 16		Over 16		Under 16		Over 16	
M	F	M	F	M	F	M	F	M	F	M	F
24	17	116	91	86	50	125	185	110	67	241	276

Thirteen long stay patients were admitted to hospital during the year compared with twenty-one the previous year. On 31st December, twenty-five patients remained on the waiting list compared with nineteen in 1965. Of these, seven were regarded as being in urgent need of admission (three in 1965).

Short-term care was provided for forty persons. Of these fourteen were admitted to hospitals and ancillary premises, twelve to voluntary or private homes, seven to Wyvern House Hostel, Weymouth, and seven to St. Aubyn's Hostel, Weymouth.

Training Centres

The number of persons attending training centres rose from 295 to 313 during the year. Problems concerning accommodation and staffing remained acute especially at the centres at Weymouth and Poole. At the adult centre in Weymouth the manager and three supervisors continued to look after about sixty trainees which, besides putting a severe strain upon the staff, meant that it was still not possible to introduce a programme of further education and social training. Since the end of the year the staffing of training centres has been the subject of a report by the Organisation and Methods team.

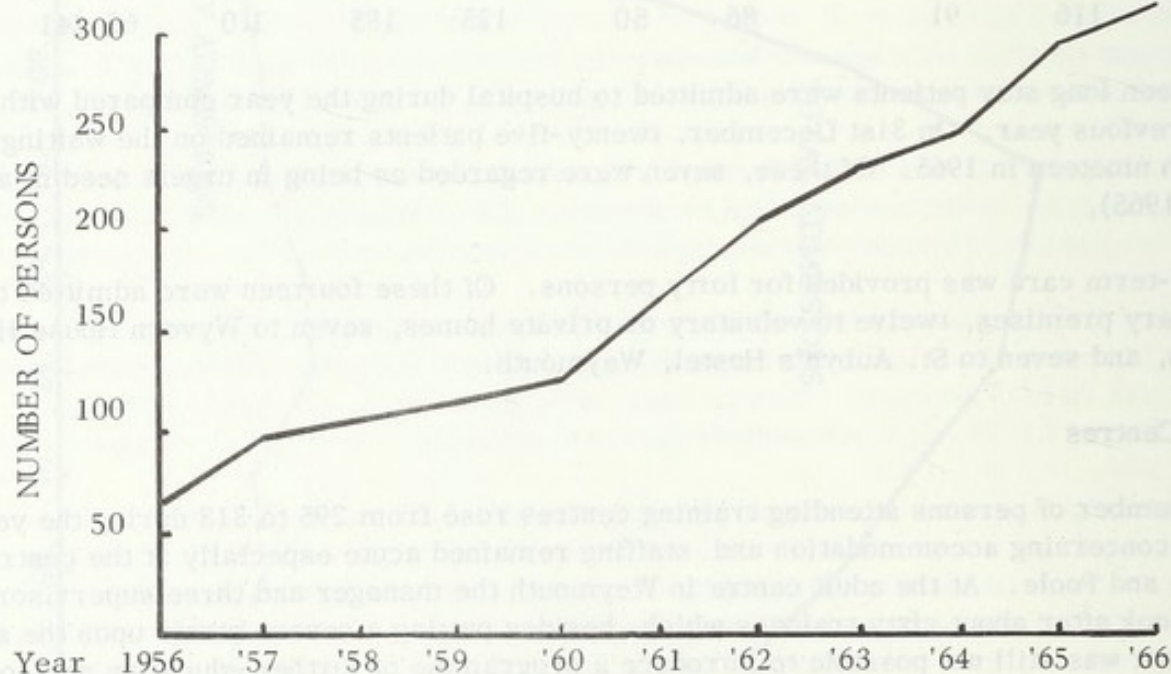
The numbers of persons attending the centres at the end of the year were as follows:-

Training Centre	Under 16		Over 16		Total	
	M	F	M	F	1966	(1965)
Bridport	16	10	11	10	47	(38)
Poole	32	17	36	34	119	(115)
Weymouth	32	21	31	28	112	(105)
Sturminster Newton	9	2	14	10	35	(37)
TOTALS	89	50	92	82	313	(295)

In addition two child residents at Field Place, New Milton, attended the Christchurch Training Centre and eight other children attended the Poole Spastics Centre, financial responsibility having been accepted by the County Council. Also one child attended the Small Unit for Autistic Children in Southbourne.

The home teacher continued to visit forty-three subnormal persons in Poole and West Dorset. Of these, twenty resided at a private home at Lytchett Matravers. Occasionally persons suffering from mental illness are also included in the home teaching scheme.

NUMBER OF PERSONS AT TRAINING CENTRES 1956-66



Voluntary Bodies

Both the Weymouth and District and the West Dorset Societies for the Mentally Handicapped have continued to provide support and help for both the handicapped and for their relatives. The Parent/Teacher Associations at Poole, Sturminster Newton and Weymouth have also continued to make valuable contributions to the welfare of the mentally handicapped by gifts, outings and other social events.

Sufficient money was raised by Weymouth Rotary Club and Wyvern Parent/Teacher Association for work to be started on a swimming pool in the grounds of Wyvern Training Centre at the end of the year. The West Dorset Society for the Mentally Handicapped and the Parent/Teacher Association at Poole Training Centre undertook fund raising activities in order to provide swimming pools for the new training centres to be built at Bridport and Poole.

The Friends of St. Aubyns established during the year have as their object not only fund raising but also the provision of a social bridge between the residents and the surrounding community.

The Cheshire Home for Mentally Handicapped Children at Hawthorn Lodge, Dorchester, continued its valuable work and was of great assistance in providing both long-term and short-term care for several severely subnormal children who would otherwise have had to remain at home owing to lack of hospital vacancies.

Residential Accommodation

1. St. Aubyn's, Weymouth.

This hostel, with accommodation for seventeen subnormal men, had its first full year of operation in 1966. Seventeen persons were in residence at the end of the year. Of eleven new admissions during the year, seven were for short term care and four were long stay cases. The latter were all admitted direct from their own homes.

The lack of suitable residential accommodation for the deputy warden continued to be a handicap but otherwise all went well and the value of providing this type of community care was amply demonstrated by the many interests and social activities successfully undertaken by the residents. The Friends of St. Aubyns, Weymouth and District Round Table and other voluntary bodies and individuals again provided most valuable and much appreciated support, their gifts including a specially built craft room and a minibus.

2. Wyvern House, Weymouth.

This hostel for subnormal women and children had thirteen persons in residence at the end of the year. Of the ten new admissions during the year, three were for long term and seven for short term care.

It is hoped that before the end of 1967 it will be possible to transfer the women from Wyvern House to a hostel in Dorchester so that it can be run solely as a children's hostel.

THE DEVELOPMENT PLAN FOR MENTAL HEALTH SERVICES

Although no new establishments were opened during 1966 work is at present in progress on the following projects:-

1. Hostel in Dorchester for twenty subnormal women. The adaptation of existing premises is proceeding and it is expected that the hostel will be ready before the end of 1967.
2. Replacement Training Centre in Poole for eighty subnormal children and eighty adults is being built and should be complete by early 1968.
3. Hostel in Poole for thirty five elderly confused persons is under construction and expected to be ready by the end of 1967.
4. Replacement Junior Training Centre at Bridport now completed and opening September, 1967.
5. Hostel in Blandford for 30 subnormal adults. The site has been obtained, plans are being drawn and project will be out to tender before the end of 1967.

The Ten Year Plan as described in previous years has been so altered by the long continued financial squeeze and by changed priorities that there seems little point in describing it again. There are some hopes, however, that the following Three-Year Programme may be realised.

- | | | |
|---------|-----|---|
| 1968/69 | (1) | Replacement Training Centre in Weymouth for one hundred and twenty adults. |
| | (2) | Replacement Training Centre in Bridport for forty adults. |
| 1969/70 | (1) | Home at Weymouth for thirty-six elderly confused persons. |
| | (2) | Hostel at Poole for thirty subnormal adults. |
| 1970/71 | (1) | Replacement Training Centre in Sturminster Newton for thirty juniors and sixty adults. |
| | (2) | Short stay hostel in Weymouth for after care of twenty five persons who have been mentally ill. |

Residential Accommodation

During the past year progress with the Council's ten-year development programme has been disappointing. The Government's decision to slow down public expenditure, with consequent severe economy measures by the Council, has resulted in further delay in the provision of the new home for fifty-five old people at Cross Road, Weymouth, and the new home for fifty-five old people at West Bay Road, Bridport. It is now anticipated that work on these two homes will commence during 1967. This delay not only aggravates the hardship caused to a number of people awaiting admission to residential accommodation, but also postpones the day when it will be possible to close the former Public Assistance Institution near Beaminster.

Work on the extension to Chalbury Lodge, Weymouth, continued and was completed by June, 1967. This provides accommodation for a further thirty-eight residents, together with improvement in accommodation for residential staff.

Swanmore, the home at Swanage for the short-term care of elderly people, welcomed its first residents on the 27th May, and by the end of the year a total of 271 persons had stayed there. Accommodation is provided for twenty residents and it is now possible for relatives to plan their holidays in advance knowing that their elderly charges will be well cared for during their absence. In the case of some persons living alone, admission to Swanmore for a short period every few months has made it possible to avoid or at least postpone their admission to permanent care. It is hoped to be able to develop this emphasis on rehabilitation particularly during the winter months. The number of letters of appreciation received from people who have stayed in the home has been most gratifying, and shows that the home is fulfilling a real need.

The bungalow in the grounds of Castleman House, Blandford, was completed and occupied by the Warden and Matron of the home to their pleasure. The two staff flats in the grounds of the Lawns at Weymouth were also completed and occupied.

Action continued to be taken to try and acquire sites for projects included in the development programme, and during the year the purchase of several sites was successfully completed.

The Council is again most grateful for all the help given and interest shown by various voluntary organisations and individuals. There is no doubt that interests from outside is greatly appreciated by the residents of the homes. The relevant statistics for residential accommodation are set out on page 64.

Special Housing for the Elderly

During the year District Councils completed further schemes of group dwellings especially suited to the needs of the elderly and more schemes were commenced. At the end of the year seven of the twenty-one housing authorities in the County had still not provided dwellings with a warden service but one of the seven has decided to provide a warden attended scheme in the near future.

Financial contributions by the County Council were continued subject to the conditions relating to occupancy, structural facilities and warden service.

Similar contributions to housing associations and Almshouse Trusts were continued in respect of accommodation of various kinds.

Meals on Wheels

During the year a total of 63,322 meals have been distributed in the County by members of the Womens' Royal Voluntary Service, an increase of 4,163 meals over the previous year.

This represents an enormous amount of time given up regularly to this work by members of this service and thanks are due to them and also to the County Education Department for the continued help given by the school meals section.

It is pleasing to record that in a number of areas of the County it was found possible to maintain a modified service during the periods when the school canteens were closed for the summer holidays.

Social Welfare

The provision of old peoples clubs, and visiting and other services by various voluntary organisations in the County has again achieved much in the social welfare of the elderly. Visits from voluntary organisations to several of the old peoples homes have given much pleasure. At the end of the year no fewer than six luncheon clubs for elderly people had been established with the help of the County Council's contributions scheme. One of these was organised by the Pilgrim House Club at Weymouth and the other five by the Womens' Royal Voluntary Service.

Registration and Inspection of Disabled Persons and Old Persons Homes

At the end of the year ten homes provided by voluntary associations and twenty-seven private homes were registered with the County Council under Section 37 of the Act. During the year one voluntary home and two private homes applied successfully for registration; one voluntary home and four private homes ceased to be registered.

There were 144 persons resident in the voluntary homes and 231 resident in the private homes at the end of the year, making a total of 375 persons.

Periodic inspections of registered homes continued as in previous years.

Welfare of the Blind and Partially Sighted

At the end of the year the number of persons on the blind register was 979, an increase of twenty-six during the year, and the number on the partially sighted register was 156, an increase of eight during the year. The number of newly registered blind cases was 152 compared with 169 the previous year, and 134 of these were over sixty-five years of age. There were two cases under the age of five, and twenty-four between the ages of sixteen and sixty-four.

Visiting and teaching were carried out by eight qualified home teachers of the blind, three working in the Borough of Poole and five covering the remainder of the County. Handicraft classes, socials, outings, sales of work, exhibitions and special holiday facilities were arranged in conjunction with the Dorset County Association for the Blind. Instruction in embossed type and handicrafts was given to pupils in their own homes. Co-operation between the Western Regional Association for the Blind, the Dorset County Association for the Blind and other voluntary associations was again well maintained to ensure that blind and partially sighted persons in the County benefit from the services available.

Five blind persons were still employed in the various workshops for the blind, as in the previous year, but forty blind men and six blind women were employed in open industry in Dorset

at the end of the year. Under the County Council's Scheme for Home Workers, seven men and five women were supervised by the Bristol Royal Workshops for the Blind under their Home Workers Scheme.

One Braille copyist was supervised by the National Library for the Blind as a part-time worker.

The high standard of handicrafts was maintained and a total of sixty-one awards were gained at the various exhibitions during the year. There was also an improvement in the marketing of saleable articles made by the blind in their own homes and at handicraft centres.

Co-operation with the Blind Persons Rehabilitation Officer of the Ministry of Labour was maintained in connection with training and employment.

At the end of the year a total of 122 blind persons over the age of sixteen were living in hospitals and welfare homes. Thirty-eight of these were in the care of Regional Hospital Boards, sixty-seven were in homes provided under Part III of the National Assistance Act, 1948, and seventeen were in privately run homes. The registers of the blind and partially sighted were maintained in co-operation with the Western Regional Association for the Blind.

Statistics relating to the number of blind and partially sighted persons registered with the Council during the year are as follows:-

Blind	Dorset (Excluding Poole)	Poole	Total
No. on Register at 31.12.65	646	307	953
New Cases	99	54	153
Transfers In	30	12	42
Transfers Out	23	16	39
Deaths	77	45	122
De-certified	6	2	8
No. on Register at 31.12.66	669	310	979

Partially Sighted	Dorset (Excluding Poole)	Poole	Total
No. on Register at 31.12.65	89	59	148
New Cases	26	4	30
Transfers In	7	5	12
Transfers Out	1	3	4
Deaths	12	6	18
Transferred to Blind Register	6	6	12
De-certified	-	-	-
No. on Register at 31.12.66	103	53	156

Welfare of the Deaf and Hard of Hearing

The Salisbury Diocesan Association for the deaf and hard of hearing continued to act as the County Council's agents in the provision of welfare services for the deaf and/or dumb and hard of hearing, and cases applying for assistance were visited by officers of the Association.

Cases were visited in their own homes and in hospitals. Social centres for the deaf continued to be run at Poole, Sherborne and Weymouth and hard of hearing clubs met regularly at Bridport, Dorchester, Poole, Sherborne and Weymouth.

In co-operation with the Ministry of Labour assistance was given in the matter of employment when required.

In conjunction with the West Regional Association for the deaf a meeting was arranged for officers in charge of all the Council's homes for elderly people, to help them to be more aware of the problems relating to deaf people in their care, and with special reference to the care of hearing aids.

The following table shows the numbers of persons both deaf and hard of hearing registered with the Authority on the 31st December, 1966, and sets out statistics in respect of services provided:-

	Dorset (exc. Poole)	Poole	Totals
Deaf	107	41	148
Hard of Hearing	168	65	233
Number of cases for whom services provided	300	135	435
Attendance at social clubs	3,369	1,093	4,462
Attendance at Church services	672	241	913
Visits by missionaries	1,807	782	2,589

Physically Handicapped (General Classes)

Two social welfare officers for the handicapped visited cases in the County, giving advice on general welfare problems and exploring the most effective means by which the use of equipment may assist persons to overcome their disability.

There was a further increase in the issue of specialised equipment, gadgets and aids, and also in adaptations at the homes of handicapped persons.

The Dorset branch of the British Red Cross Society continued to act as agents of the County Council in certain aspects of the work including instruction in handicrafts in the homes of handicapped persons, and also in the supply of aids and gadgets. Assistance was given with the purchase of materials and the disposal of finished articles. The County Council again made a grant to the Dorset Association for the Disabled to assist them in their activities for the promotion of the general welfare of the disabled. Co-operation with the disablement resettlement officers of the Ministry of Labour was maintained in connection with the training and employment of disabled persons.

At the end of the year five handicapped persons from the County were still employed in sheltered workshops, and five handicapped persons from the Poole area were so employed in the Bournemouth workshops for the disabled.

The following table shows the number of physically handicapped persons, (General Classes) registered with this Authority on the 31st December, 1966:-

	Dorset (exc. Poole)	Poole	Total
Number on Register at 31.12.65	849	333	1,182
New Cases	263	62	325
Transfers In	-	4	4
Transfers Out	16	5	21
Deaths	69	22	91
Removed from Register	6	33	39
Number on Register at 31.12.66	1,021	339	1,360

Removal to Suitable Premises of Persons in Need of Care and Attention

No case arose during the year which required action to be taken under the provisions of Section 47 of the Act.

Temporary Protection of Property of Persons admitted to Hospital, etc.

Storage of property continued to be arranged when necessary in pursuance of Section 48 of the Act.

REGISTRATION OF NURSING HOMES

At the end of the year the position was the same as at the end of 1965, with fourteen registered homes, providing 203 beds for general (not maternity) cases.

Periodic inspections of registered homes continued as in previous years.

With the exception of one nursing home which had to close for a few months during the year owing to illness of staff, no home was first registered during the year, and no registrations were withdrawn.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

All applications for registration as day nursery or child minder are investigated thoroughly with inspection of all premises concerned. There have been an increasing number of such requests many of which are for play groups rather than day nurseries. It is our policy to register play groups as day nurseries in order to ensure proper inspection of the premises.

Premises registered at end of year:-

	Day Nurseries			Child Minders		
	1964	1965	1966	1964	1965	1966
Number	7	13	24	12	18	25
Number of places at end of year	111	251	477	176	299	266

ENVIRONMENTAL HYGIENE

WATER SUPPLIES AND SEWERAGE

In the Annual Report for 1965, a detailed review was given of the overall progress made in the provision of water supply and main drainage in the rural areas of Dorset. The general picture has not changed a great deal but 1966 will be remembered for a number of developments in the field of public health engineering.

Water Supply

Negotiations for the setting up of one statutory water authority to serve the major part of Dorset continued. These were initiated by the Poole and East Dorset Water Board and it is a tribute to the way in which this matter was handled that agreement in principle was reached early in the year. There was a set-back, however, as far as the draft Order was concerned in that two of the constituent authorities objected to the financial provisions. However, in August, a meeting was held at the County Hall, Dorchester at which an offer by the County Council to lessen the financial burden in the statutory areas of the Portland urban and the Dorchester rural districts was accepted. This step was a considerable help in overcoming the impasse. Unfortunately valuable time had been lost and by the end of the year there was little prospect of the Appointed Day for the new Board being 1st April, 1967, as had been hoped.

The only areas in Dorset which will not be served by the Poole and Dorset Water Board when it comes into operation will be the Sherborne urban and rural districts which are within the Wessex Water Board, Shaftesbury borough and Shaftesbury rural district which are served by the West Wilts Board, Wimborne urban district and the major part of the Wimborne and Cranborne rural district which are within the statutory area of the Bournemouth and District Water Company. For a time, the privately owned Lulworth Castle Water Company may continue to operate but as soon as practicable, this area too will be supplied by the Poole and Dorset Water Board.

In the meantime, good progress has been made by the West Dorset Water Board with its £1¼m. regional water scheme. By the middle of 1966, 6 of the 11 phases of this major scheme had been completed; they were by far the biggest contracts and it is hoped that, the whole of the work will be finished during 1971.

Among major contracts completed by the West Dorset Water Board during 1966 were:-

	Estimated Cost
Chideock Water Scheme - new distribution system	£42,210
Construction of pumping station at Litton Cheney, and provision of pumping plant	£48,610
Reservoir No.2 - Catherston Leweston	£13,335
Reservoir No.3 - Hardown Hill	£20,260
Mains - Morcombelake area	£40,357
Mains - Whitechurch Canonichorum, Charmouth	£26,700

In addition, good progress was made with the laying of mains to serve Thorncombe, Burstock, parts of Marshwood, Bettiscombe and Broadwindsor at an estimated cost of £133,520.

The Poole and East Dorset Water Board have continued their investigations into the development of new sources of supply in the Milborne and Dewlish area and at Briantspuddle. If the trial

boreholes at Dewlish and Milborne prove satisfactory, the Board's aim is to obtain additional water for the south eastern part of its area including Poole as well as to strengthen supplies to the north. The test pumping of Briantspuddle gave satisfactory results and the development of this source to the extent at present proposed had been substantially completed. The new borehole is in use and from this source further quantities of water will be supplied to the U.K.A.E.A., Winfrith.

The Board also made excellent progress on their capital works programme which included:-

	Estimated Cost
Corfe Mullen Pumping Station extension	£19,000
Corfe Mullen Treatment Plant extension	£25,500
Black Lane Pumping Station extension	£58,000
East Holme and East Stoke Water Scheme	£31,000
Studland Village Scheme	£21,700
Corfe Castle Pumping Station extension	£21,000
Primrose Hill Reservoir	£30,000
Thorncombe Village Scheme	£4,500

There was some delay with the East Holme and East Stoke scheme because of faulty joints but the necessary replacements were made and at the end of the year the scheme was virtually completed.

Progress with the Studland water scheme had given particular satisfaction because there had been shortages in this village during summer months for some years; the bacteriological condition of the former estate supply, also, was suspect.

One of the most notable achievements by the West Wilts Water Board was the completion of their new £125,410 pumping station and control centre at Upton Scudamore. These new works were officially opened, in July, by Mr. J.A. Street, Parliamentary Secretary, Ministry of Housing and Local Government. Of particular interest was the electronic and other automatic control mechanism which would enable Upton Scudamore to be the main "nerve centre" for the greater part of the Board's area. The Board also completed the development of their Maiden Bradley source, where water is obtained from springs, at a cost of about £169,000.

The main problem which faced the Wessex Water Board was the lack of water resources and in his report on the capital works programme for the next five years the Engineer and Manager made it clear that unless a major new source could be approved and developed by the early 1970's supplies to much of the Board's area would be in jeopardy. Accordingly the Board had instructed Consulting Engineers to investigate the sites of possible new sources and arising from their report of May last the Board authorised the Consultants to prepare a feasibility report on a scheme for an impounding reservoir near Gallica Bridge in the parish of Melbury Osmond with an estimated capacity of about 4 m.g.d. The aim would be to integrate the new Gallica reservoir with the existing Sutton Bingham reservoir in order to obtain from these sources the bulk of the water required for the whole of the Board's area. The estimated cost of the new dam and ancillary works amounted to about £1,400,000.

However, in the face of considerable opposition to this proposal by, in particular, the National Farmers Union, the Board decided at the end of the year not to reach a decision on the location and form of the new major water source until March and in the meantime they are in touch with the Avon and Dorset River Authority and the Water Resources Board concerning the possible abstraction of water from the Frome valley as an alternative to the impounding scheme.

Within the next five or six years it is hoped that all of the towns and most of the villages in Dorset will be provided with piped water. This will not, however, mark the end of the problem of providing an adequate supply of water as it is predicted in the Government's study of the South-East that, by the end of the century, the consumption per head will average 100 gallons per day.

When many of the public water schemes in use today were designed, the allowance varied from between 15 and 30 gallons per-head per-day. Today, even for rural water schemes it would be very unusual to allow less than 35 gallons per-head per-day and a more prudent figure might well be 40 gallons per-head per-day. In the more urban of the rural areas, such as Ferndown and West Moors in the Wimborne and Cranborne rural district, it is doubtful if 50 gallons per-head per-day would be too big an allowance for design purposes. Indeed, this is the figure which, with the approval of the Ministry of Housing and Local Government, has been taken in the design of a sewage disposal works to serve Verwood and West Moors.

The Annual Report of the Poole and East Dorset Water Board for the year ended 31st March, 1966 revealed that the overall consumption within the Board's area amounted to nearly 2,951 million gallons per day. The population served is about 141,357 and the consumption worked out at 57.2 gallons per-head per-day.

The reason for the substantial increase in domestic water consumption over the last decade is due partly to greater industrial use, partly to better standards of living and the consequent widespread use of domestic appliances such as washing machines, and probably also to a higher general standard of hygiene.

Thus statutory water authorities and County Councils, because of their financial involvement, are faced with carrying out major works of improvement and augmentation to meet increasing demands. New sources are having to be developed, new reservoirs built and new and bigger mains laid all at a very high cost. Water supply is a problem which will always be with us.

There is still some controversy about the policy of regrouping water undertakings and the formation of water boards. The benefits in the main are long term; for example only now is it possible to see the advantages of the larger undertakings set up over the past decade. Water supply practice is a complex business involving a mixing of the skills of good management with sound engineering, chemistry, bacteriology and forward planning, the latter being of prime importance.

In the provision of a wholesome water supply, the bacteriological treatment of the water has in the past been the matter of greatest importance to the medical officer of health but more recently both the latter and the water board engineer have been given increasing anxiety by contamination of the water with chemicals and oil.

In the Dorchester rural district last autumn a relatively tiny amount of diesel oil found its way into a borehole and thence into the distribution system. This rendered the water obnoxious and unpalatable for several weeks and it was found necessary to cart water to various water points from which supplies for drinking purposes could be obtained. Action to protect the drainage area of the borehole from a recurrence of such contamination has been planned.

Sewerage and Sewage Disposal

As the summary contained in last year's report showed, there is still a great deal to be done in Dorset both with the provision of new main drainage schemes and the modernisation and improvement of existing schemes which have become overloaded. The problem of the overloading

of sewage disposal works is causing particular concern since it reflects the difficulty of accurately assessing future population trends when schemes are designed. The extension of sewage works is not an easy matter, in spite of the availability of modern filter aids such as "Floccor". Furthermore, such work would not be grant aided under the Rural Water Supplies and Sewerage Acts, 1944/65, any more than would be the case with a completely new sewage disposal works.

A great deal of consideration has been given to the ways in which the cost of main drainage may be kept within reasonable bounds. As far as sewerage is concerned the use of materials such as asbestos-cement or glazed vitrified clayware is becoming increasingly popular. In each case the pipes have flexible joints, wherever practicable, and are laid on granular beds. The old conception that sewers need to be constructed on a concrete foundation is out, certainly as far as Dorset is concerned. By adopting this new technique the cost of sewer laying has been substantially reduced and there should be far fewer fractures and leaks in future.

The cost of constructing conventional sewage treatment plants has risen alarmingly during the last decade. In 1946, it was a common-place to build a village sewage works for about £12 to £15 per head. Today, works of comparable size are costing over twice that sum. This is due mainly to the rapid rise in the price of labour and materials.

Thus a new approach to the problem of village sewage treatment plants has been sought. It is believed that a possible solution may have been found by suggesting the use of a pre-fabricated two-tier sewage plant to take the place of conventional works. As yet, extended aeration plants have not been recommended in Dorset because it is felt that they have not quite the same margin of safety as a two-tier pre-fabricated unit embodying both anaerobic and aerobic treatment. Economics are a governing factor, however, and it is necessary to watch this aspect of the matter carefully and to keep an open mind.

Three schemes embodying two-tier pre-fabricated plants have been under serious consideration during 1966 and one installation, for a police training school, is due to be put in hand during the first half of 1967. By using package works, capital costs with the bigger units are cut by about half i.e., from £34 to £17.5 per head. Two-tier plants require very little maintenance by an unskilled operator, desludging, for example, being usually required only at six monthly intervals. Thus, running costs are low and in one particular case, which unfortunately was rejected by the county district council concerned, the estimated upkeep was about one third the cost of conventional works, as assessed by the Consulting Engineers.

Unless new methods which have given good results under trial are put into practice, it is difficult to see how progress can be made and it is encouraging to find that senior officers of the Ministry of Housing and Local Government often welcome the possibility of breaking with convention where the advantages of so doing seem justified.

Among major schemes completed or in progress during the year were:-

- (i) The Beaminster Town Sewerage Scheme which forms part of the Bridport Joint Sewerage Scheme based on a new submarine pipeline to be laid about $\frac{3}{4}$ mile into West Bay. Unfortunately the Beaminster scheme proved to be much more complicated than the Consulting Engineers had envisaged and very considerable difficulties were experienced with, in particular, the connection of properties. This was due to the presence in the centre of the town of many ancient uncharted sewers and culverts. The result was a substantial increase in cost over the original estimate of £135,874.

Towards the end of the year work was commenced on the submarine pipeline contract but unfortunately, after a good start, it was found that essential equipment required for pulling the pipeline out to sea would be fully committed elsewhere, probably until the spring of 1968, so that postponement of this operation was inevitable. The contract for the headworks pumping station was let in December and tenders invited for the pressure pipes to bring sewage from Beaminster, Netherbury and certain parishes within the rural district of Bridport to the main sewer of the Bridport Corporation and thence to sea.

- (ii) Good progress was made with the Wimborne and Cranborne Rural District Council's £327,000 for sewerage and sewage disposal scheme at Corfe Mullen. Contract No. 24 under which sewers would be laid to serve the greater part of the drainage area was to have been deferred under the credit squeeze but following representations by the rural district council and the County Council, the Ministry eventually gave the go ahead.
- (iii) In May, a start was made on the Dorchester Rural District Council's £115,000 Abbotsbury and Portesham sewerage and sewage disposal scheme. This is based on a joint sewage disposal works between the two villages and it is hoped that the work will be completed in 1967.
- (iv) One of the most urgently needed main drainage schemes was that for Chideock in the Bridport Rural District and at the end of the year this £101,300 scheme was nearing completion.
- (v) It is also possible to report the completion, last June, of the Studland sewerage and sewage disposal scheme at an estimated cost of £109,800. Studland is one of the most popular and most attractive seaside places in the Wareham and Purbeck Rural District. It is noteworthy too, that the Poole and East Dorset Water Board completed the Studland Water Scheme just prior to the sewage disposal works coming into operation. This scheme cost £39,500 and will bring to an end, seasonal water shortages of many years standing.

The above are what might be described as the highlights in the public health engineering field in Dorset during 1966. But there were other major works on which progress was made and 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, 1944/65.
- (ii) commenced and
- (iii) completed during the year

Schemes Submitted, Commenced and/or Completed during 1966

Authority	Scheme	Approximate costs of Schemes		
		Submitted	Commenced	Completed
	Water Supplies	£	£	£
Dorchester Rural District Council	Bradford Peverell	-	-	13,300
	Buckland Newton, Minterne Magna, Cosmore and Middlemarsh	5,000	5,000	-
Poole and East Dorset Water Board	Corfe Mullen Pumping Station Extensions	-	76,800	-
	Fursebrook Road, Wareham, Extension	13,250	-	-
	Thornicombe	-	7,150	-
West Dorset Water Board	Regional Scheme -			
	Contract No. 37	-	-	119,000
	Contract No. 46	-	-	13,335
	Contract No. 47	-	17,640	-
	Contract No. 57	-	25,210	-
	Contract No. 58	-	133,520	-
Wessex Water Board	Holywell Main Extension	2,730	-	-
West Wilts Water Board	Gillingham, Bleet Lane	-	-	2,600
	Motcombe	-	5,785	-
	Silton	365	-	-
	Sewerage and Sewage Disposal			
Beaminster Rural District Council	Broadwindsor	-	-	30,200
	South Perrott, Mosterton and Chedington	80,760	-	-
Blandford Rural District Council	Durweston and Stourpaine	-	-	100,396
Bridport Rural District Council	Litton Cheney, Puncknowle and Swyre	84,640	-	-
Dorchester Rural District Council	Abbotsbury and Portesham	-	115,000	-
	Bradford Peverell and Stratton	171,000	-	-
	Osmington Mills	40,000	-	-
	Osmington Village	59,000	-	-
Sherborne Rural District Council	Longburton	72,289	-	-
	Over Compton and Nether Compton	93,588	-	-
	Yetminster	-	-	93,000

Authority	Scheme	Approximate costs of Schemes		
		Submitted	Commenced	Completed
	Sewerage and Sewage Disposal cont'd.	£	£	£
Wareham and Purbeck Rural District Council	Studland	-	-	109,800
Wimborne and Cranborne Rural District Council	Ferndown and West Moors			
	Contract No. 12	-	-	34,646
	Contract No. 17	-	-	141,000
	Contract No. 18	-	-	14,652
	Contract No. 23	-	36,680	-
	Corfe Mullen			
	Contract No. 24	-	237,663	-
Bridport Borough, Bridport Rural and Beaminster Rural District Councils	Joint Scheme	-	339,000	-
Portland Urban District Council	Relief Sewers (Stormwater)	25,000	-	-
Shaftesbury Borough Council	Sewer and Sewage Treatment Works	100,000	-	-
Wimborne Minster Urban District Council	Extensions to Treatment Plant	149,000	-	-
	Additions to Sludge Disposal System at Sewage Works	-	-	34,536

THE PREVENTION OF RIVER POLLUTION

With the completion of Chideock Sewerage Scheme early next year, one of the few remaining "black spots" in Dorset in respect of river pollution will be removed.

At Beaminster, too, conditions in the River Britt have been cleaned up as the result of the new sewerage scheme which was, to all intents and purposes, finished at the end of the year. Unfortunately, however, pollution of this river by crude sewage and trade waste still occurs just below Beaminster because, until the pressure pipe which will convey sewage from Beaminster and Netherbury to Bridport and thence out to sea has been laid, a temporary discharge into the Britt has had to be constructed with the cognizance of the medical officer of health and the Avon and Dorset River Authority. That this temporary arrangement should have been necessary is regrettable but there is no reason to believe that because of it the pollution of the river is any greater than before. Indeed, the inspections which have been made from time to time have indicated that the river is in better shape than it was in spite of the greater concentration at the point of discharge.

As reported earlier, the submarine pipeline contract in West Bay is in hand. The contract

for the head works and pumping station has been let and tenders for the pressure pipe system were advertised early in 1967.

The close collaboration which has existed between the County Health Department and the Avon and Dorset River Authority has continued and in this connection particular thanks are due to Mr. J.D. Brayshaw, the Authority's Fisheries and Pollution Inspector.

THE DISPOSAL OF SEWAGE INTO THE SEA

This subject continues to be as controversial as ever and the activities of the British Safety Council help to keep it in the public eye.

Generally speaking, local authorities who are discharging sewage into the sea by means of unsatisfactory outfalls are very conscious of this and anxious to take steps to put matters right. Last summer, Engineering Inspectors of the Ministry of Housing and Local Government visited certain seaside resorts in Great Britain, including two in Dorset to investigate the present circumstances and report to the Minister.

During the year considerable interest has been shown in the electrolytic treatment of sewage and discussions about this have taken place with the manufacturers of the plant, the Ministry of Housing and Local Government and the Water Pollution Research Laboratory. Discussions have also taken place on the question of treating sewage prior to discharge into the sea with liquid chlorine or chlorine gas as an alternative to chlorine prepared by electrolysis. The outcome of these discussions at the moment is that convincing answers have yet to be given to certain questions which have been raised about the efficiency of chlorine in keeping the biological-oxygen-demand within reasonable bounds and in the sterilisation of pathogenic bacteria and parasitic worms. Investigations have not yet, however, been brought to a conclusion.

As far as sea outfalls are concerned, on present evidence there are no grounds for believing that the discharge of sewage into the sea by means of properly sited and properly designed long sea outfalls should not be satisfactory on public health and aesthetic grounds. Furthermore, there is evidence on record to indicate that sewage discharged into deep water by submarine pipeline might have a beneficial effect on fish by reason of its phosphate content.

An interesting development during the year came from Lyme Regis where the borough council have been discussing the question of sewage disposal. While the Council maintain that they have no problem at present, they accept that with the continued growth of the town and its increasing popularity as a seaside resort, this question should be investigated with a view to making provision, if necessary, for future needs. Accordingly, they asked the County Council for the services of the County Public Health Engineer for the preparation of a detailed report on the present sewerage and sewage disposal system together with any recommendations and estimates of the cost.

INSPECTION AND SUPERVISION OF FOOD

MILK SUPPLY

Pasteurised Milk

One Dealer's (Pasteuriser's) Licence was cancelled during the year and at the 31st December the number of licensed pasteurising establishments in the county was seven, including one in each of the boroughs of Poole and Weymouth. Supervision of milk pasteurisation within the boroughs, which are food and drugs authorities, is undertaken by the borough public health inspectors. Elsewhere in the administrative county the work is carried out by the county health department.

Regular visits of inspection are made to the pasteurising establishments where special attention is paid to the cleansing and sterilisation of the pasteurising and ancillary equipment. Of the 447 rinses of cleaned equipment which were obtained during the year 422 (94%) produced a satisfactory laboratory report and the standard of hygiene maintained at these dairies has been generally satisfactory.

A total of 1,024 samples of pasteurised milk were obtained at the licensed pasteurising establishments, three of which failed the statutory phosphatase test and fifteen did not comply with the methylene blue test. Forty-five samples were not submitted to the latter test because the atmospheric shade temperature exceeded 70° Fahrenheit on the days that they were obtained.

Legal proceedings were instituted against the owners of one dairy under the provisions of Section 43 and 44 of the Food and Drugs Act, 1955, which deals with breaches of the conditions of a Dealer's (Pasteuriser's) Licence. A fine totalling ten pounds was imposed by the magistrates.

Several complaints were received during the year concerning dirty milk bottles or extraneous matter in bottles of milk and a full investigation was made in each case. I have mentioned the problem of dirty bottles in previous reports and it would seem that as long as returnable containers are used this is likely to continue despite the stringent measures adopted by many dairies to avoid such incidents. No doubt, in time a non-returnable container will be marketed which will prove acceptable from the public health standpoint and be an economical proposition to the dairy trade. In the meantime the public, by not misusing milk bottles, can help the dairyman considerably in his efforts to prevent milk being filled into dirty bottles.

Section 39, Food and Drugs Act, 1955

At the 31st December there were in force nine Consents granted by the Minister of Agriculture, Fisheries and Food enabling producers to sell undesignated raw milk to nearby householders.

The Milk (Special Designation) Regulations 1963/65

During the year one Dealer's (Pasteuriser's) Licence was issued and one was cancelled. In addition forty-four Prepacked Milk Licences were issued and forty were cancelled or not renewed so that the position at 31st December was as follows:-

Dealer's (Pasteuriser's)	5
Dealer's (Untreated)	11
Dealer's (Pre-packed)	317
	<u>333</u>

Section 31, Food and Drugs Act, 1955

Prohibition of Sale of Milk from Diseased Cows

Since all herds in the county are attested the risk of contracting tuberculosis from the consumption of raw milk is considerably minimised. Nevertheless, as a precautionary measure, samples of untreated milk from retailers and producer/retailers have been obtained and submitted to the public health laboratory for examination for tubercle bacilli. During the year 76 specimens were examined and each proved negative.

Brucella Abortus

There has been an increasing awareness of the incidence of *Brucella abortus* in cattle and its related disease, undulant fever, in man. Questions have been asked in Parliament and the subject has received publicity in the national press. There is no doubt that it is a matter of considerable public health significance and measures to combat the disease amongst cattle are now under active consideration. In November, the Minister of Agriculture, Fisheries and Food gave details to the House of Commons of a brucellosis eradication scheme which it is intended to bring into operation in the Spring of 1968. On public health grounds the scheme is most welcome but it will take several years to achieve complete eradication of the disease. In the meantime, in order to safeguard the public, it is most important that close supervision be maintained on all retail sales of untreated milk. Ministry of Health Circular 17/66 which was received during the year gives advice to district medical officers of health on the action to be taken under regulation 20 of the Milk and Dairies (General) Regulations, 1959, in respect of *Brucella abortus*. Advice is also given on the sampling of milk for the detection of this organism and the need is stressed for co-ordinated action between the county medical officer of health and medical officers of health of the county districts.

This has been done in Dorset and the sampling of milk for *Brucella abortus* is undertaken by sampling officers of the county health department. Following consultation with the Director of the public health laboratory, Dorchester, it was agreed that specimens of milk from all producer/retailers should be examined at intervals of not less than one month or more than two months.

A joint meeting between district medical officers of health and private veterinary surgeons was held in Dorchester in May and a very useful discussion took place on the subject of brucellosis. The meeting has resulted in much greater co-operation in investigations which are undertaken in regard to cases of brucellosis.

During the year 1,006 samples of milk were submitted to the milk ring test and 228 were subsequently examined by culture. Seven of the specimens were positive for *Brucella abortus* and the appropriate action was taken in each case. Information regarding two human cases of the disease was received and both were fully investigated. In one case the milk supply to the family proved positive and the district medical officer took the necessary action.

Antibiotics in Milk

655 samples of milk were submitted to tests for the presence of an antibiotic and twenty-eight gave a positive reaction. The highest incidence occurred in January and February when 6.5% and 6.2% respectively of samples tested were found to contain an antibiotic.

Advisory letters were sent to the producers concerned and in each case repeat samples were found to be free from antibiotics. In these circumstances legal proceedings were not instituted against any of the producers.

On 1st April, the Milk Marketing Board brought into operation a price penalty scheme whereby producers are paid less for milk found to contain an antibiotic, although the penalty is only invoked after three samples, taken at monthly intervals, have given positive reactions to the test.

Since the scheme became operative there has been a marked decrease in the incidence of antibiotics in milk in Dorset and this trend is welcomed, for, on public health grounds, their presence is to be deplored.

Laboratory Reports of Milk Samples

Sampling Point	Statutory Tests		
	Satisfactory	Unsatisfactory	Totals
Pasteurising Establishments	1, 006	18	1, 024
Schools:-			
Maintained	*867	76	943
Private	87	6	93
Canteens	254	17	271
County Homes and Hospitals	88	2	90
Retailers and Producer/Retailers	983	106	1, 089
Totals	3, 285	225	3, 510

*Includes 260 samples taken at the schools in Poole by the borough public health inspectors. All samples were satisfactory.

MEAT AND OTHER FOODS

Meat Inspection

During 1966 a full meat inspection service has been maintained at the licensed slaughter houses in the county.

The Meat Inspection (Amendment) Regulations 1966 which came into operation on 30th September make provision for local authorities to control times of slaughtering at private slaughter houses. In Dorset it has not been necessary for a district council to enforce this provision by the making of an order, as in each case the matter has been satisfactorily dealt with by consultation between the occupier of the slaughter house and the district council concerned.

The position regarding meat inspection has generally eased, although the attainment of 100% inspection continues to make considerable demands on the public health inspectors' time. In some instances too, difficulties have been experienced in obtaining staff for this work.

The Manufacture and Sale of Ice Cream

During the year the public health laboratory at Dorchester examined a total of 485 samples of ice cream submitted by the public health inspectors to the district councils. Fourteen (3%) of the specimens failed to reach the standard for the provisional gradings one and two. Approximately eighty-five per cent of the samples were of ice cream produced by manufacturers having a national distribution.

FOOD AND DRUGS

Adulteration and Compositional Quality

The following particulars relate to samples taken during the year by the weights and measures inspectors of the County Council:-

Period 1st January to 31st December, 1966

Name of Sample	Corr.	Incorr.	Total	Samples submitted to Public Analyst	Samples examined in Dept's Laboratory
Milk	491	5	496	12	484
Milk (Appeal to Cow)	4	-	4	4	-
Cream	20	1	21	4	17
Potable Spirits	59	-	59	-	59
Peas (Frozen)	-	1	1	-	1
Other Foods	201	20	221	221	-
Drugs	29	4	33	33	-
Totals	804	31	835	274	561

Appropriate action was taken by the Chief Inspector of Weights and Measures on all samples adversely reported on by the Public Analyst.

Food Hygiene

The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, were issued during the year and came into operation on 1st January, 1967. They replace the provisions of the Food Hygiene (General) Regulations in respect of markets and stalls and generally bring these into line with other food premises in relation to food hygiene. They will be generally welcomed by all public health officers as a means of maintaining proper hygienic control over the sale of food from markets and stalls.

CLEAN AIR

National Survey of Air Pollution

The fully automatic, eight day multipoint recording instrument which was installed at Eggardon Hill in the Bridport rural district in 1965 has continued to work satisfactorily during the year. The instrument has provided some very useful information in connection with the National Survey of Air Pollution and as a local consideration it is noteworthy that the atmosphere in the vicinity of Eggardon Hill is generally free of harmful pollution. This is to be expected in an isolated and well elevated position in a rural area.

There is a manually operated recorder positioned at The Grove in the Borough of Bridport which is used for indicating the degree of pollution in the Borough. In addition a vehicle exhaust measuring instrument is positioned at the Town Hall, Bridport, and was in use throughout the year. Results obtained from this instrument when compared with those of the recorder at The Grove indicate increased pollution due to vehicle exhaust in August when a considerable volume of traffic passed through the town during this peak holiday month.

In a predominantly agricultural county such as Dorset, there are no serious problems in regard to atmospheric pollution. Most of the manufactories and industries consuming large quantities of raw fuel are situated in the Poole area and include an electricity generating station, gas works, brick, pipe and pottery manufacturers and a chemical works.

For the purposes of the Clean Air Act they are controlled by the Alkali Inspectorate with whom the borough public health inspectors maintain a close liaison.

SANITATION OF LAY-BYS

In my report for the year 1964, I referred to the extensive fouling of lay-bys, hedgerows and spinneys by human excrement and garbage which was occurring in the county.

This potential danger to public health has been particularly bad along the A.35 and the Bridport rural district council have been most concerned about the problem within their area. After considering several possibilities for the provision of a public convenience on a lay-by they decided to set up a movable unit at a strategic position on the A.35 known as the Travellers Rest.

The toilet, which was bought into use in April, comprises five cubicles - two in the men's section and three in the women's - and all are fitted with W.C.'s having high level flushing cisterns. The urinal in the men's section has an automatic flushing cistern. Drainage is to a septic tank and this is the first public convenience of its kind in the county to be provided with mains water, electricity and drainage to a septic tank.

There is no doubt that this toilet has proved a great asset to travellers on the particular section of the A.35 and it is hoped that in the near future similar conveniences will be provided at other strategic lay-bys on the trunk roads in the county.

HOUSING

The position regarding new houses in Dorset during 1966 is given in the following table, the figures being obtained from the Ministry of Housing and Local Government returns for the year.

Housing Authority	Position as at 31st December, 1965				Position as at 31st December, 1966			
	Under construction		Completed		Under construction		Completed	
	By Council	Privately	By Council	Privately	By Council	Privately	By Council	Privately
Boroughs:-								
Blandford Forum	2	14	378	98	6	7	380	112
Bridport	7	31	387	302	72	4	400	357
Dorchester	44	57	546	769	64	40	546	896
Lyme Regis	-	4	201	225	6	12	201	235
Poole	265	857	4,473	7,416	124	947	4,620	8,154
Shaftesbury	-	8	147	182	-	8	147	182
Wareham	-	43	180	258	28	108	180	280
Weymouth & Melcombe Regis	185	51	1,844	2,445	108	71	1,939	2,542

Cont'd	Position as at 31st December, 1965				Position as at 31st December, 1966			
	Under construction		Completed		Under construction		Completed	
Housing Authority	By Council	Privately	By Council	Privately	By Council	Privately	By Council	Privately
Urban Districts:-								
Portland	132	26	458	204	60	31	538	239
Sherborne	29	26	381	166	19	28	415	217
Swanage	-	43	246	638	20	30	246	683
Wimborne Minster	-	17	216	128	12	19	224	159
Rural Districts:-								
Beaminster	-	24	384	282	-	19	389	308
Blandford	8	54	596	535	-	38	607	597
Bridport	34	82	315	589	28	121	341	695
Dorchester	78	104	609	911	59	133	688	975
Shaftesbury	11	57	477	382	32	39	490	439
Sherborne	24	34	264	333	3	28	296	379
Sturminster	2	24	848	308	8	59	850	345
Wareham & Purbeck	30	113	1,011	1,572	100	74	1,041	1,720
Wimborne & Cranborne	35	388	893	4,503	80	390	901	5,102
TOTALS	886	2,057	14,854	22,246	829	2,206	15,439	24,616

Fewer council houses were built by the district councils in 1966 than in the previous year, the figures being 585 and 616 respectively. The largest number of completed council houses was in Poole where 147 were built; Weymouth comes next with 95.

Of the nine rural district councils, Dorchester, with a total of 79, built most council houses. Wareham and Purbeck rural district council maintain their lead in the building of post war council houses, and their total of 1,041 puts them 140 ahead of Wimborne and Cranborne who come second. Sturminster rural district council retain third place with 850 post war council houses.

Dorchester, Lyme Regis, Shaftesbury and Wareham borough councils and Swanage urban district council did not complete the building of any council houses during the year but, with the exception of Shaftesbury, each had a number of houses under construction at the 31st December.

Private house building has shown no falling off during the year and in fact the figure of 2,370 completed houses is 36 more than in 1965. Once again, approximately 56% of the total was built in Poole and the surrounding area of the Wimborne and Cranborne rural district council. This is an area of expanding and rapid development, particularly since the recent provision of main drainage in a large part of the rural district.

The Housing (Financial Provisions) Act, 1958

The Improvement of Dwellings - rural districts

The total number of applications received during the year in respect of grants to private persons was 74 which is exactly half the total for 1965. The number of schemes approved was 65 affecting 79 properties.

The Beaminster, Blandford, Sherborne and Wareham and Purbeck rural district councils each submitted a scheme for the improvement of council-owned property and a total of 32 dwellings was affected, the largest number being in the Wareham and Purbeck area where 12 dwellings were improved. The next highest number was in Blandford where the council's scheme included nine dwellings.

It is probable that the economic conditions affected the number of applications received by the councils for improvement grants. Since the introduction of the Standard Grant in 1959 there has been a tendency for more applications to be made for this type of grant and a consequent falling off in the number of discretionary grant applications.

Since August, 1949 when discretionary grants for improvements were first introduced the total number of applications in respect of private property received by the rural district councils up to 31st December, 1966 was 3,335 and the number of dwellings improved was 3,605.

The House Purchase and Housing Act, 1959 (Part II)

The Housing Act, 1964 (Part III)

Standard Grant Improvements - rural districts

The number of applications received during the year for standard grants to private persons was 214, twenty-seven fewer than in 1965. Two hundred applications were approved affecting 202 properties. One scheme by the Beaminster rural district council was approved resulting in two council owned properties being provided with the standard amenities.

Dorchester, Shaftesbury, Wareham and Purbeck and Wimborne and Cranborne rural district councils approved applications for improvement to the reduced standard and twenty-eight dwellings were involved.

Housing Accommodation for Old People in rural areas

During the year 61 new dwellings for old people were erected with the aid of grants from the County Council. Forty-six were in the Dorchester rural district and eleven in Blandford: the remaining four being in the Wareham and Purbeck area. At the 31st December, 1966 the total number of grant-aided dwellings for old people was 224. Seven of the nine rural districts between them built 56 dwelling units for the elderly which were not grant aided, the greatest number being in the Shaftesbury rural district where sixteen dwellings were completed.

Proposals for 1967 by eight of the nine rural district councils will, if completed, result in 90 bungalows and 101 flats. In addition a Housing Association is to build 26 units of accommodation in the Sturminster rural district.

The total number of applicants for this type of accommodation was 580 at the end of the year, an overall reduction of 65 during the year.

The Housing Act, 1957

Clearance Areas and Individual Unfit Houses

The work undertaken by the district councils in connection with clearance areas and individual unfit houses is given in the following table, the figures being obtained from the Ministry

of Housing and Local Government returns for the year.

Housing Authority	Houses in Clearance Areas and Unfit Houses Elsewhere			Houses in Clearance Areas and Unfit Houses Elsewhere			
	Included in orders confirmed	Demolished or closed 1.1.65 - 30.9.65		Included in orders confirmed	Demolished or closed 1.1.66 - 30.9.66		
		In clearance areas	Elsewhere		In clearance areas	Elsewhere	
Boroughs:							
Blandford Forum	-	-	5	6	-	7	
Bridport	-	-	17	-	8	40	
Dorchester	-	-	7	-	-	2	
Lyme Regis	-	-	2	-	-	3	
Poole	17	109	22	4	8	4	
Shaftesbury	-	-	-	-	-	-	
Wareham	-	-	3	-	-	1	
Weymouth & Melcombe Regis	-	-	6	-	-	7	
Urban Districts:							
Portland	-	-	10	-	-	1	
Sherborne	-	-	-	-	-	-	
Swanage	-	-	-	-	-	-	
Wimborne Minster	-	-	-	-	-	-	
Rural Districts:							
Beaminster	-	-	4	-	-	-	
Blandford	-	-	7	-	-	10	
Bridport	-	-	2	-	-	5	
Dorchester	-	-	64	-	-	22	
Shaftesbury	-	-	1	-	-	-	
Sherborne	-	-	-	-	-	1	
Sturminster	-	-	1	-	2	3	
Wareham & Purbeck	-	-	11	-	-	9	
Wimborne & Cranborne	-	-	21	-	-	9	
Totals	17	109	183	10	18	124	

TABLE 1

VITAL STATISTICS

Area : 623,744 acres	1958	1959	1960	1961	1962	1963	1964	1965	1966
Population :-									
Urban Districts	187,600	189,600	192,540	195,330	197,780	198,800	201,160	202,760	203,500
Rural Districts	116,500	117,900	118,750	120,250	122,020	123,260	126,090	127,390	129,400
Whole County	304,000	307,500	311,290	315,580	319,800	322,060	327,250	330,150	333,000
Rateable Value	£3,606,673	£3,917,475	£4,043,967	£4,129,179	£4,243,358	£12,146,034	£12,649,493	£13,080,471	£13,470,000
Estimated Product of a Penny Rate	£14,366	£15,574	£16,286	£16,750	£17,332	£49,394	£51,174	£53,194	£54,600
Births :-									
Still Births	80	85	100	102	103	99	90	73	52
Live Births	4,485	4,518	4,817	4,823	5,071	5,289	5,197	5,205	5,205
Legitimate	4,299	4,292	4,584	4,558	4,771	4,993	4,875	4,851	4,851
Illegitimate	186	226	233	265	300	296	322	354	354
Total live and still births	4,565	4,603	4,917	4,925	5,174	5,388	5,287	5,278	5,257
Live Birth Rate (per 1,000 population)	14.7	14.6	15.4	15.2	15.8	16.4	15.9	15.8	15.8
Still Birth Rate (per 1,000 total live and still births)	17.5	18.4	20.3	20.7	19.9	18.4	17.0	13.8	13.8
Live Birth Rate (England and Wales)	16.4	16.5	17.1	17.4	18.0	18.2	18.4	18.0	17.8
Deaths :-									
Total Deaths (all ages)	3,833	3,840	3,902	4,077	4,270	4,466	3,982	4,061	4,061
Death Rate (per 1,000 population)	12.6	12.4	12.5	12.9	13.3	13.9	12.1	12.3	12.3
Death Rate (England and Wales)	11.7	11.6	11.5	12.0	11.9	12.2	11.3	11.5	11.5
Infant Mortality :-									
Deaths under 1 year of age	84	79	96	96	111	91	85	82	82
Legitimate	79	73	89	91	105	87	75	70	70
Illegitimate	5	6	7	5	6	4	10	12	12
Mortality Rate (legitimate infant deaths per 1,000 legitimate live births)	18.4	17.0	19.1	19.9	22.0	17.4	15.4	14.4	14.4
Mortality Rate (illegitimate infant deaths per 1,000 illegitimate live births)	26.9	26.5	30.0	18.8	20.0	13.5	31.0	33.9	33.9
Mortality Rate (total infant deaths per 1,000 total live births)	18.7	17.4	19.9	19.9	21.8	17.2	16.3	15.7	15.7
Mortality Rate (England and Wales)	22.5	22.0	21.7	21.4	21.4	21.1	20.0	19.0	19.0
Maternal Mortality :-									
Maternal Deaths	3	2	2	2	3	1	1	NIL	NIL
Maternal Mortality Rate (per 1,000 total live and still births)	0.6	0.43	0.4	0.4	0.5	0.18	0.19	-	-
Tuberculosis									
Deaths :-									
All forms	19	16	15	19	12	8	14	13	13
Death rate per 1,000 population	0.06	0.05	0.04	0.06	0.03	0.025	0.043	0.039	0.039
Pulmonary	15	14	12	18	10	6	12	10	10
Death rate per 1,000 population	0.04	0.04	0.03	0.05	0.03	0.018	0.037	0.03	0.03
Non-Pulmonary	4	2	3	1	2	2	2	3	3
Death rate per 1,000 population	0.01	0.006	0.009	0.003	0.006	0.006	0.006	0.009	0.009
Notifications :-									
All forms	148	151	141	96	94	90	77	50	50
Pulmonary	136	131	116	82	80	72	65	41	41
Non-Pulmonary	12	20	25	14	14	18	12	9	9
Notification Register as at 31st December :-									
All forms	1,817	1,886	1,905	1,868	1,815	1,778	1,724	1,511	1,511
Pulmonary :-									
Males	902	928	961	934	908	881	838	732	732
Females	707	749	746	739	713	708	699	601	601
Non-Pulmonary :-									
Males	94	94	89	84	84	84	80	78	78
Females	114	115	109	111	110	105	107	100	100

TABLE 2

NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Scarlet Fever	113	147	227	140	55	53	61	57	106	29
Whooping Cough	870	262	161	110	238	38	111	156	79	64
Diphtheria (including Membranous Croup)	1	-	1	1	-	-	-	-	-	-
Measles (excluding Rubella)	2,663	2,604	3,350	1,702	5,431	606	5,255	1,595	3,652	1,559
Acute Pneumonia (Primary or Influenzal)	173	124	190	89	90	76	123	51	30	42
Meningococcal Infection	5	3	4	1	-	-	1	2	1	2
Acute Poliomyelitis)	10	8	3	1	-	-	-	1	2	-
Acute Polioencephalitis)	3	4	-	1	1	3	3	1	1	5
Acute Encephalitis	2	4	112	238	28	8	148	7	23	38
Dysentery	6	1	4	6	5	1	12	-	1	-
Ophthalmia Neonatorum	59	51	50	62	87	118	72	49	28	44
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	2	-	1	1	1	3	1
Enteric or Typhoid Fever (excluding Paratyphoid)	1	-	1	1	-	1	2	1	-	-
Food Poisoning										
(excluding Dysentery, Typhoid and Paratyphoid)	29	210	48	24	45	17	12	7	99	22
Erysipelas	22	37	19	23	15	13	9	20	24	16
Malaria - Believed to be contracted in this country	-	-	-	-	-	-	-	-	-	-
Malaria - Believed to be contracted abroad	2	1	-	-	-	-	1	2	-	-
Malaria - Induced in Institutions	-	-	-	-	-	-	-	-	-	-
Anthrax (Not notifiable until 1960)	-	-	-	-	-	-	-	-	-	-

TABLE 3

VITAL STATISTICS IN ADMINISTRATIVE AREAS

Causes of Death	U.D. 's		R.D. 's		Totals whole County 1966	Comparable Totals 1965	Blandford Forum M.B.		Bridport M.B.	
	M	F	M	F			M	F	M	F
1. Tuberculosis, respiratory	3	3	1	1	8	10	-	-	-	-
2. Tuberculosis, other	-	-	1	2	3	3	-	-	-	-
3. Syphilitic disease	2	1	1	-	4	3	-	-	-	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	1	1	1	-	-	-	-
7. Acute poliomyelitis	-	1	-	-	1	-	-	-	-	-
8. Measles	-	-	1	-	1	1	-	-	-	-
9. Other infective and parasitic diseases	4	3	4	2	13	9	-	-	1	-
10. Malignant neoplasm, stomach	34	21	20	13	88	94	1	1	1	2
11. Malignant neoplasm, lung, bronchus	98	27	59	7	191	173	1	-	3	-
12. Malignant neoplasm, breast	1	53	-	24	78	95	-	-	-	1
13. Malignant neoplasm, uterus	-	15	-	10	25	26	-	-	-	-
14. Other malignant and lymphatic neoplasms	133	125	80	54	392	387	1	2	4	5
15. Leukaemia, aleukaemia	8	11	6	6	31	24	1	1	1	-
16. Diabetes	12	11	9	7	39	26	-	1	-	-
17. Vascular lesions of nervous system	162	246	110	125	643	619	2	7	12	17
18. Coronary disease, angina	348	233	205	145	931	842	15	6	13	8
19. Hypertension with heart disease	18	22	11	7	58	64	-	-	2	2
20. Other heart disease	119	188	65	109	481	464	7	7	4	4
21. Other circulatory disease	65	89	42	60	256	195	1	4	-	7
22. Influenza	13	11	5	7	36	4	-	-	1	-
23. Pneumonia	84	111	56	71	322	244	1	4	6	8
24. Bronchitis	71	22	51	11	155	166	4	-	3	-
25. Other diseases of respiratory system	17	9	10	4	40	31	-	2	-	-
26. Ulcer of stomach and duodenum	14	5	3	5	27	25	-	-	-	-
27. Gastritis, enteritis and diarrhoea	4	9	2	5	20	24	-	-	-	-
28. Nephritis and nephrosis	7	6	5	7	25	23	1	-	-	2
29. Hyperphasia of prostate	9	-	7	-	16	18	-	-	-	-
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-
31. Congenital malformations	16	8	8	3	35	16	-	-	1	-
32. Other defined and ill-defined diseases	91	91	52	54	288	282	1	2	6	4
33. Motor vehicle accidents	20	11	12	5	48	58	-	-	-	-
34. All other accidents	18	31	9	16	74	89	1	-	1	2
35. Suicide	10	15	8	6	39	45	1	-	-	1
36. Homicide and operations of war	1	-	-	2	3	-	-	-	-	-
All causes	1,382	1,378	843	769	4,372	4,061	38	37	59	63
Deaths of infants under 1 year:-										
Total	37	17	13	8	75	82	-	-	2	-
Legitimate	36	17	12	7	72	70	-	-	2	-
Illegitimate	1	-	1	1	3	12	-	-	-	-
Live Births:-										
Total	1,665	1,579	1,060	949	5,253	5,205	50	34	61	47
Legitimate	1,510	1,465	1,006	888	4,869	4,851	46	32	55	43
Illegitimate	155	114	54	61	384	354	4	2	6	4
Still Births:-										
Total	24	23	11	13	71	73	1	-	2	-
Legitimate	21	23	10	12	66	71	1	-	2	-
Illegitimate	3	-	1	1	5	2	-	-	-	-
Estimated 'Home' population, 1966 (which includes non-civilians)	203,540		129,430		332,970		3,630		6,510	
Estimated 'Home' population, 1965 (which includes non-civilians)	202,760		127,390			330,150	3,630		6,530	

Dorchester M.B.		Lyme Regis M.B.		Portland U.D.		Shaftesbury M.B.		Sherborne U.D.		Swanage U.D.		Wareham M.B.		Weymouth and Melcombe Regis M.B.		Wimborne Minster U.D.		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	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	-	2	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	
-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
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1	3	2	1	-	-	-	-	-	-	2	1	-	-	15	3	-	-	3	3	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1	
6	1	-	1	3	1	3	1	1	1	3	2	2	3	20	2	5	-	13	9	1	2	-	3	1	2	2	2	2	1	1	1	1	2	9	7		
-	4	-	1	-	1	-	1	1	1	-	4	-	3	-	8	-	3	-	26	-	1	-	3	-	3	-	2	-	3	-	-	-	-	-	19	3	
-	2	-	-	-	-	-	-	-	1	-	-	-	-	-	3	-	-	-	9	-	2	-	-	-	2	-	2	-	3	-	-	-	3	-	-	5	
9	7	3	4	5	4	3	1	4	4	1	10	1	6	28	21	4	3	70	58	9	4	5	5	9	2	9	7	12	5	3	1	4	3	7	9	22	18
1	1	-	-	-	-	-	1	-	-	-	2	-	-	-	3	-	-	4	5	1	-	1	-	-	-	1	-	-	-	-	1	-	-	-	-	-	
1	3	1	-	1	1	1	1	-	-	-	-	-	-	5	3	-	-	3	3	-	-	-	-	-	-	1	1	2	2	-	-	-	1	4	2	1	
14	17	-	8	3	11	3	2	4	12	5	10	4	3	45	52	5	5	65	102	8	10	7	7	6	13	17	22	13	18	7	9	12	8	19	14	21	24
28	14	2	5	19	6	5	3	5	7	13	17	14	4	76	45	7	7	151	111	13	12	9	7	16	11	37	14	14	6	8	9	18	22	20	16	70	48
1	1	-	-	3	4	-	-	-	1	1	1	-	-	2	6	-	-	9	7	1	-	-	-	2	1	4	2	1	2	-	-	1	-	1	1	1	1
9	17	-	5	11	7	1	1	-	4	11	7	1	1	24	33	3	1	48	101	2	9	7	8	7	10	11	37	7	5	1	3	4	8	9	10	17	19
4	5	-	4	2	1	3	4	3	7	5	2	2	18	9	3	4	21	41	2	6	3	2	2	3	6	11	2	8	1	3	11	18	5	2	10	7	
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8	21	1	-	6	3	-	2	5	2	2	5	6	7	13	14	2	6	34	39	8	9	2	5	4	3	8	34	4	6	2	2	3	3	6	5	19	4
5	1	1	-	3	2	-	1	-	1	-	2	5	-	9	3	1	-	39	14	11	-	4	-	2	-	8	5	2	1	3	-	5	-	8	3	8	2
3	1	1	-	-	1	-	1	1	1	-	1	-	1	2	2	-	-	9	1	-	-	1	-	-	-	6	1	1	-	-	-	-	-	-	2	1	1
1	-	1	-	-	-	-	1	-	-	1	-	1	-	4	2	-	-	6	2	-	1	-	-	-	1	-	-	1	-	1	-	-	-	-	1	2	1
-	-	-	-	-	-	-	-	-	-	-	1	-	-	2	1	-	-	1	6	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	-	1	2	2	1	1	-	1	1	1	1	-	-	-	-	-	-	2	1	-	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	4	-	2	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	3	
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-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
3	10	2	3	2	1	3	-	5	4	4	1	3	2	18	23	3	3	41	38	5	4	4	-	5	4	7	7	5	5	3	4	5	8	8	5	10	14
1	-	1	-	-	-	-	-	-	-	-	-	-	-	6	5	1	-	11	6	-	-	2	-	1	2	-	-	2	-	-	-	-	-	4	1	-	
1	3	-	1	2	4	-	-	1	-	-	-	2	-	4	5	1	-	6	15	1	2	1	-	-	-	2	5	1	2	-	1	-	-	4	1	-	
-	-	-	-	1	-	-	-	-	-	-	1	-	-	3	2	-	-	5	7	-	2	-	-	2	-	2	1	1	-	-	-	-	-	3	2	-	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
98	116	13	35	69	50	22	15	33	42	54	70	44	33	305	254	35	32	612	631	69	66	54	44	60	54	138	160	69	73	35	32	71	81	117	88	230	171
-	3	1	-	6	1	2	-	2	-	-	1	1	1	6	4	2	-	15	7	1	-	2	2	-	-	-	3	1	1	-	-	-	-	4	1	5	1
-	3	-	-	6	1	2	-	2	-	-	1	1	1	6	4	2	-	14	7	1	-	2	2	-	-	-	2	1	1	-	-	-	-	4	1	4	1
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
86	123	15	14	117	109	16	33	50	53	52	40	31	21	335	283	32	40	820	782	69	55	91	97	46	43	130	118	72	64	64	55	62	64	225	219	301	234
80	116	13	13	106	102	15	30	45	50	49	37	27	19	306	258	29	39	739	726	66	52	86	94	43	37	122	110	72	60	61	54	58	61	212	202	286	218
6	7	2	1	11	7	1	3	5	3	3	3	4	2	29	25	3	1	81	56	3	3	5	3	3	6	8	8	-	4	3	1	4	3	13	17	15	16
1	1	-	-	2	1	-	-	2	-	3	1	-	2	1	5	1	-	11	13	-	-	-	-	-	-	1	1	2	2	1	2	1	2	4	4	2	2
1	1	-	-	1	1	-	-	1	-	2	1	-	2	1	5	1	-	11	13	-	-	-	-	-	-	1	1	2	1	2	1	2	3	4	2	2	
-	-	-	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13,420	3,300	11,770	3,430	7,680	7,690	3,360	42,220	4,140	96,390	8,410	12,210	8,060	17,870	10,010	6,590	10,190	23,440	32,650																			
13,280	3,330	12,150	3,440	7,500	7,640	3,330	42,190	4,160	95,580	8,370	12,080	7,870	17,760	9,970	6,480	10,130	23,150	31,580																			

TABLE 4

ATTENDANCES AT WELFARE CENTRES, 1966

Centre	Number of Openings	New Cases Born in				Total Attendances Including new cases	Average Attendance per Session
		1966	1965	1961-4	Total		
Beaminster	22	29	9	28	66	508	23.1
Blandford	24	67	58	41	166	852	35.5
Blandford Camp	48	59	69	47	175	1,350	28.1
Bovington Camp	22	78	64	33	175	838	38.1
Bradford Abbas	12	27	26	16	69	284	23.7
Bridport	22	52	13	18	83	354	16.1
Broadmayne	12	19	14	48	81	256	21.3
Bryantspuddle	12	5	10	9	24	86	7.2
Carey	11	17	25	47	89	293	26.6
Charmouth	11	9	12	14	35	127	11.5
Colehill	14	42	42	40	124	509	36.4
Corfe Mullen	24	53	59	77	189	967	40.3
Crossways	12	17	19	31	67	208	17.3
Dorchester	75	174	215	137	526	2,256	30.1
Ferndown	27	87	45	56	188	981	36.3
Gillingham	50	62	15	12	89	1,452	29.0
Hampreston	6	-	3	6	9	22	3.7
Handley	12	12	25	29	66	256	21.3
Holt & Gaunts Common	6	-	4	3	7	20	3.3
Lulworth Camp	11	17	22	26	65	178	16.2
Lytchett Matravers	12	22	30	34	86	322	26.8
Martinstown	8	4	6	32	42	84	10.5
Sandford	14	33	48	39	120	554	39.6
Shaftesbury	25	44	58	31	133	415	16.6
Sherborne	13	25	41	17	83	284	21.8
Sturminster Newton	22	26	28	31	85	382	17.4
Swanage	50	87	88	170	345	1,941	38.8
Thorncombe	11	3	13	10	26	105	9.5
Upton	12	35	44	30	109	383	31.9
Verwood	24	55	57	33	145	693	28.9
Wareham	23	74	87	117	278	950	41.3
West Moors	24	53	19	33	105	561	23.4
Wimborne	23	56	60	62	178	715	31.1
Winfrith	10	15	6	19	40	109	10.9
Wool	9	20	18	33	71	268	29.8
Poole							
Branksome	114	256	286	167	709	5,650	49.5
Broadstone	52	82	120	171	373	2,045	39.3
Central	108	197	115	82	394	3,993	37.0
Creekmoor	23	25	22	33	80	458	19.9
Hamworthy	74	148	128	126	402	2,816	38.1
Newtown	50	116	115	183	414	2,460	49.2
Oakdale	58	154	145	298	597	3,098	53.4
Old Town	51	41	75	116	232	1,526	29.9
Rossmore	46	68	60	81	209	1,691	36.8
Wallisdown	51	98	119	315	532	2,202	43.2
Waterloo	41	51	44	112	207	912	22.2
South Dorset Area							
Broadwey	22	43	33	21	97	537	24.4
Chickerell	24	28	32	21	81	434	18.1
Lanehouse	22	17	31	16	64	366	16.6
Littlemoor	24	25	26	20	71	378	15.8
Portland Tophill	50	127	80	79	276	2,132	42.6
Portland Underhill	49	58	61	65	184	1,742	35.3
Preston	24	43	37	37	117	647	27.0
Southill	24	22	29	31	82	590	24.6
Spa	40	102	67	18	187	1,210	30.3
Weymouth	103	257	165	148	570	3,735	36.3
Wyke Regis	104	101	123	97	321	2,498	24.0
Totals	1,867	3,437	3,265	3,546	10,328	60,683	

TABLE 5

AMBULANCE SERVICE STATISTICS - 1966

Station

Item	Blandford	Bridport	Dorchester	Ferndown	Gillingham	Lyme Regis	Poole	Shaftesbury	Sherborne	Sturminster Newton	Swanage	Wareham	Weymouth	Wimborne	Total
Patients Carried															
Emergency															
Maternity	66	46	110	39	16	23	292	9	20	24	21	76	203	65	1,010
Road Accidents	66	79	215	91	45	31	456	63	63	35	80	138	322	183	1,867
Other Accidents	70	19	44	6	10	23	1,048	13	31	22	59	8	180	169	1,702
Other Emergencies	129	289	487	127	18	57	1,200	21	22	27	52	87	1,085	15	3,616
Total Emergencies	331	433	856	263	89	134	2,996	106	136	108	212	309	1,790	432	8,195
Routine															
Hospital Admissions	203	361	290	238	100	142	705	239	326	208	293	312	720	612	4,749
Hospital Discharges	137	177	333	114	14	43	1,584	42	124	77	162	221	757	338	4,123
Inter-Hospital Transfers	84	137	554	39	23	78	2,365	86	98	63	117	98	860	133	4,735
Out-Patient Attendances :-															
Physiotherapy	72	1,126	1,812	114	-	2	1,391	3	255	39	36	15	6,079	192	11,136
Other	317	1,381	3,047	276	48	81	10,895	64	726	153	193	289	3,642	644	21,756
Corpses	1	9	11	3	1	-	21	2	2	2	-	-	16	7	75
Training Centre Attendances	-	-	-	-	-	-	13,320	-	-	-	-	-	-	10,383	23,703
Other Patients	20	49	107	29	8	2	525	4	138	14	44	17	269	53	1,279
Total Routine	834	3,240	6,154	813	194	348	30,806	440	1,669	556	845	952	12,343	12,362	71,556
Total Patients	1,165	3,673	7,010	1,076	283	482	33,802	546	1,805	664	1,057	1,261	14,133	12,794	79,751
Journeys															
Patient Carrying	596	1,340	3,117	517	194	346	6,389	443	802	355	548	590	5,343	1,028	21,608
Training Centres	-	-	-	-	-	-	1,014	-	-	-	-	-	-	549	1,563
Other Journeys	29	387	475	110	7	19	163	22	54	120	9	38	156	397	1,986
Total Journeys	625	1,727	3,592	627	201	365	7,566	465	856	475	557	628	5,499	1,974	25,157
Mileage															
Patient Carrying	30,032	34,319	49,944	21,873	9,076	12,542	100,175	12,234	22,326	22,540	20,145	31,697	64,258	40,610	471,771
Training Centres	-	-	-	-	-	-	19,598	-	-	-	-	-	-	21,783	41,381
Other Mileage	319	1,566	2,447	1,070	79	392	1,103	366	669	942	74	902	715	3,014	13,658
Total Mileage	30,351	35,885	52,391	22,943	9,155	12,934	120,876	12,600	22,995	23,482	20,219	32,599	64,973	65,407	526,810
Night Journeys (between 1800 - 0800 hours)	151	225	342	107	49	91	1,644	85	112	79	94	169	905	263	4,316
Stretchers Cases	699	623	1,363	623	200	351	6,730	450	496	343	730	855	2,930	1,221	17,614
Sitting Cases - Walking	223	2,363	4,475	162	63	84	23,412	79	1,101	130	132	293	9,285	10,723	52,525
Not Walking	243	687	1,172	291	20	47	3,660	17	208	191	195	113	1,918	850	9,612
*Patients per Journey	1.95	2.74	2.25	2.08	1.46	1.39	3.21	1.23	2.25	1.87	1.93	2.14	2.64	2.35	2.59
*Miles per Patient	25.77	9.34	7.12	20.32	32.07	26.02	4.89	22.41	12.37	33.95	19.05	25.13	4.55	16.85	8.42

Item	Area										Total
	Blandford	Bridport	Dorchester	Gillingham	Poole	Shaftesbury	Sherborne	Wareham	Weymouth	Wimborne	
Number of Patients carried											
Hospital Admissions	193	181	88	28	100	58	35	202	125	151	1,161
Hospital Discharges	157	213	149	5	213	40	30	206	232	76	1,321
Inter-Hospital Transfers	7	23	88	-	44	11	11	5	60	2	251
Out-Patient Attendances:-											
Physiotherapy	2,134	2,151	993	206	5,395	389	389	2,925	1,093	4,889	20,564
Other	9,837	4,601	3,358	2,333	11,143	2,381	2,130	9,311	5,201	8,356	58,651
Training centre attendances	-	-	-	-	1,721	-	-	1,554	895	1,349	5,519
Education, Immunisation,											
Social Services Patients	1,249	702	492	626	5,185	267	346	829	97	2,133	11,926
Other Patients	13	27	12	9	10	2	3	10	21	10	117
Total Patients	13,590	7,898	5,180	3,207	23,811	3,148	2,944	15,042	7,724	16,966	99,510
Number of Journeys											
Patient Carrying	4,305	3,076	2,121	817	5,283	1,108	1,184	4,391	2,265	5,161	29,711
Training Centres	-	-	-	-	374	-	-	623	391	477	1,865
Other Journeys	100	56	77	15	62	15	43	123	73	114	678
Total Journeys	4,405	3,132	2,198	832	5,719	1,123	1,227	5,137	2,729	5,752	32,254
Mileage											
Patient Carrying	175,968	109,485	78,440	37,033	120,790	37,474	35,414	148,620	74,041	136,194	953,459
Training Centres	-	-	-	-	4,545	-	-	17,835	6,929	9,423	38,732
Other Mileage	999	531	904	119	487	144	431	1,068	766	823	6,272
Total Mileage	176,967	110,016	79,344	37,152	125,822	37,618	35,845	167,523	81,736	146,440	998,463
*Patients per Journey	3.16	2.57	2.44	3.92	4.18	2.84	2.49	3.07	3.01	3.02	3.16
*Miles per Patient	12.94	13.86	15.15	11.54	5.46	11.91	12.03	11.03	10.84	8.72	10.14

*Excluding Mentally Subnormal Persons

TABLE 7

**ANALYSIS OF PERSONS IN RESIDENTIAL ACCOMMODATION ON 31st DECEMBER, 1966,
BY AGE, SEX, AND SIZE AND TYPE OF HOME**

Persons (exclusive of staff) residing in										
Age	Sex	Homes in the possession of the Council whose normal bed complement for residential accommodation is					Joint user premises shared with hospitals		Accommodation provided on behalf of the Council by voluntary organisations	Total
		Under 31	31-50	51-70	71-150	Over 150	In possession of a local authority	In possession of hospitals		
1. Under 30	M	-	-	-	-	-	-	-	5	5
2. 30-49	F	-	-	-	-	-	-	-	4	4
3. 50-64	M	-	2	-	-	-	-	-	5	7
4. 65 and over	F	-	1	-	3	-	-	-	6	10
5. Total under 65	M	-	10	2	14	-	-	-	4	30
6. Total 65 and over	F	1	12	9	12	-	-	-	5	39
7. Total all ages		1	25	11	29	-	-	-	29	95
8. 65-74	M	1	32	14	41	-	-	-	4	92
9. 75-84	F	6	41	10	34	-	-	-	5	96
10. 85 and over	M	6	54	18	27	-	-	-	5	110
11. Total 85 and over	F	13	104	29	53	-	-	-	6	205
12. Total 65 and over	M	4	30	8	11	-	-	-	-	53
13. Total all ages	F	4	97	21	29	-	-	-	5	156
14. Total all ages		34	358	100	195	-	-	-	25	712
15. Number of homes in which persons reside		35	383	111	224	-	-	-	54	807
16. Number of persons accommodated on behalf of other local authorities (included in table above)		2	8	2	2	-	-	-		14
17. Number of persons accommodated as residents by other local authorities on behalf of the Council (not included in table above)							(a) aged under 65 (b) aged 65 and over (c) Total			4 8 12
18. Number of persons accommodated as residents by other local authorities on behalf of the Council (not included in table above)							(a) aged under 65 (b) aged 65 and over			1 19 20

