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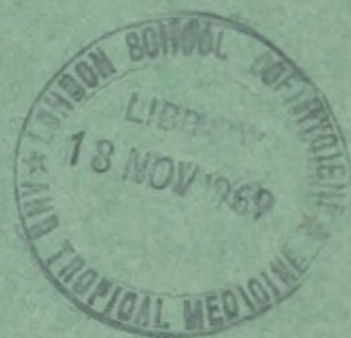
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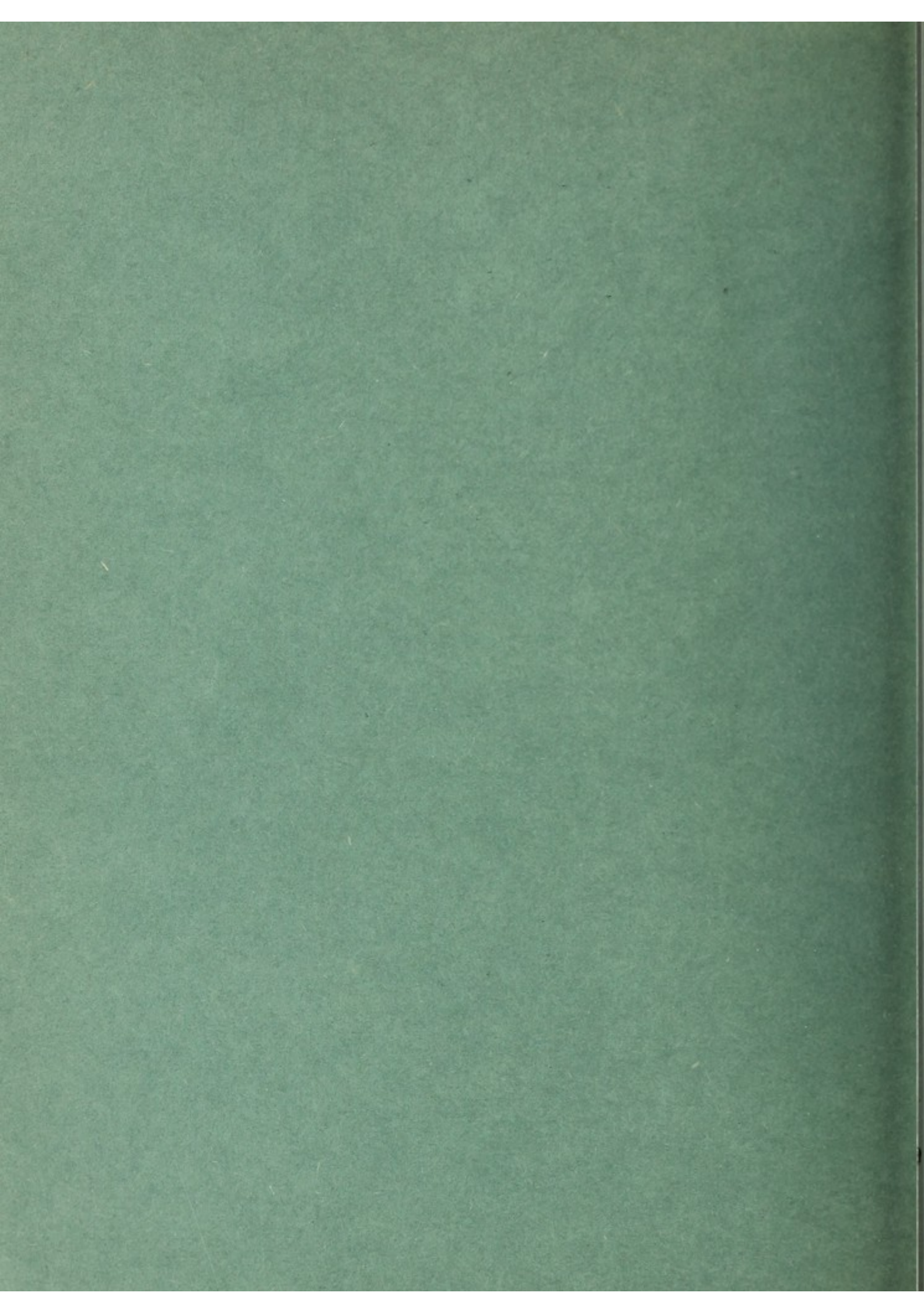
# THE HEALTH AND SOCIAL SERVICES OF DORSET



## ANNUAL REPORT of the County Medical Officer of Health for the year **1968**

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






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## FOREWORD

The annual report for 1968 on the health of Dorset again shows a continuation in the trends of the vital statistics which have been observed over the last decade. These are relatively favourable for Dorset in comparison with national average figures.

The recorded birth rate per thousand was 15.0 and after correction for differences in the population age structure between Dorset and the country as a whole the rate is 17.1 compared with the national figure of 16.9. The infant mortality rate was 15 per thousand live births compared with 16.7 for the previous year and with the national rate of 18.0. The recorded death rate for the County was 13.3 per thousand. This is higher than the national rate of 11.9 on account of the high proportion of old people in the community but after correction to allow for this the rate is 11.0 which is fractionally lower than the national figure. For the first time since 1964 there was a small diminution in the number of deaths from cancer of the lung, the total number being 182 compared with 208 the previous year.

The high proportion of old people in the community referred to above continues to place a heavy strain on the Health and Welfare Services. During the year progress was made in improving and increasing accommodation in old people's homes and in developing the community services for the aged. Home helps and meals on wheels were substantially increased, the District Councils continuing to make a valuable and important contribution with sheltered housing. The Regional Hospital Board has also given serious attention to the problem of providing more geriatric bed accommodation and in consultation with the Health Department have plans for the extension of the geriatric services. All three authorities concerned could relatively easily develop their services to meet the present situation: the difficulty facing them is the rapidly increasing demand due to the age distribution of the population.

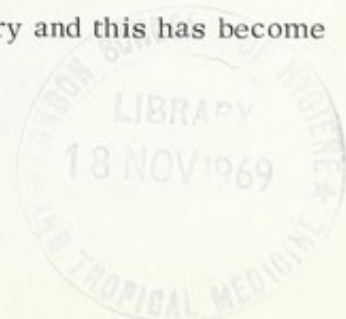
During the year measles vaccine became available but as the supply was limited the first children to be offered this were in the infant school age group. In July the vaccine became more freely available and it was possible to vaccinate all children who had not already had measles. It is hoped that this procedure will be as successful as previous immunization schemes. Apart from the fact that measles can still be a serious disease with permanent complications for the individual, it is now the last major infectious disease to be brought under control which regularly affects the total child population in epidemic form causing interruptions in the schools' curriculum and the loss of school attendance.

### Health Centres

The programme for health centres for the next three years remains unchanged. Satisfactory arrangements have been made with the Water Board to rent their old headquarters in Bridport as temporary clinic accommodation during the conversion period of the Bridport Clinic to a health centre.

The site for the Wareham health centre has finally been selected and as this is on County Council ground there is no further site problem and the plans are being finalised in consultation with the general practitioners, the Executive Council and the Department of Health and Social Security.

So far it has been impossible to find a satisfactory site in Shaftesbury and this has become an urgent matter if the programme is to be kept up to date.





I would like to thank my Chairman, Mr. Rex Fare for his help and advice during the year and all members of the Health and Social Services Committee both for their encouragement and constructive criticism.

The Maud Report on the Management of Local Government, has been largely implemented by the County Council and has increased efficiency as decisions are made quickly by the staff without recourse to long committee procedure. In the interests of efficiency it is still important to maintain the critical role of the committee member and Committees must be kept aware of day to day problems so that they can make correct decisions on major policy matters.

I would like to thank all the staff for their help and support during the year especially Mr. V.W.V. Clarke for generally assisting in the production of the report.

A.F. TURNER

County Medical Officer

Health Department,  
County Hall,  
Dorchester,  
Dorset.

August, 1969.

# HEALTH DEPARTMENT ESTABLISHMENTS

## Central Staff

### 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.

### SENIOR MEDICAL OFFICERS

W.H. Simonds, M.A., M.D.  
Mary Townsend, M.B., B.S., M.R.C.P.,  
D.C.H.

### ASSISTANT COUNTY MEDICAL OFFICERS

Jill C. White, M.B., B.S., M.R.C.S.,  
L.R.C.P., D.P.H., D.C.H.  
A.J.M. Hargreaves, M.R.C.S., L.R.C.P.,  
D.T.M. and H.  
Elizabeth M.S. Wotherspoon, M.B.,  
Ch.B. (Part-time)

### 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

Esther Jackson, 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.

### CHIEF DENTAL OFFICER

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

### DENTAL OFFICERS (9)

### SENIOR ADMINISTRATIVE OFFICER

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

### COUNTY PUBLIC HEALTH ENGINEER

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

### COUNTY PUBLIC HEALTH OFFICER

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

### COUNTY AMBULANCE OFFICER

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

### SENIOR ADMINISTRATIVE OFFICER AND FIELD WORK SUPERINTENDENT

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

### SENIOR DISTRICT WELFARE OFFICERS (3)

### DISTRICT WELFARE OFFICERS (11)

### TRAINEE DISTRICT WELFARE OFFICERS (2)

### SOCIAL WELFARE OFFICERS (3)

### WELFARE OFFICERS FOR THE BLIND (5)

### WELFARE ASSISTANTS (4)

### HOME HELP ORGANISER

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

### COUNTY NURSING OFFICER

Bridget C. Thornton, S.R.N., S.C.M.,  
Q.N., H.V. Cert.

### DEPUTY COUNTY NURSING OFFICER AND AREA NURSING OFFICER FOR WEST DORSET

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

### AREA NURSING OFFICER FOR EAST DORSET

Elsie M. Lisher, S.R.N., S.C.M., Q.N.,  
H.V. Cert.

### HEALTH VISITORS (23)

### NURSES AND MIDWIVES (51)

### NURSING ASSISTANTS (8)



## 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 (2)

### ASSISTANT HOME HELP ORGANISER

Mary G. Brawley

### ASSISTANT COUNTY MEDICAL OFFICER

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

### HEALTH VISITORS (8)

### NURSES AND MIDWIVES (13)

### NURSING ASSISTANTS (3)

## 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

K.F. Stout, D.M.A.

### 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)

### HOME HELP ORGANISER

Margaret P. Goodland

### BOROUGH NURSING OFFICER

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

### DEPUTY BOROUGH NURSING OFFICER

Doreen B. Wagland, S.R.N., S.C.M., Q.N.,  
H.V. Cert.

### LIAISON HEALTH VISITORS (3)

### HEALTH VISITORS (14)

### MIDWIVES (WHOLE-TIME) (11)

### HOME NURSES (WHOLE-TIME) (18) (PART-TIME) (2)

### NURSING ASSISTANTS (6)

## 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

Nursing Registration 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 .. .. .		625,460	
Population .. .. .	Urban	208,570	
	Rural	134,670	
		343,240	
Rateable Value as at 1st April, 1968 .. .. .		£14,736,475	
Estimated product of a penny rate .. .. .		£59,781	
<b>Live Births</b>	Male	Female	Total
Legitimate .. .. .	2,429	2,302	4,731
Illegitimate .. .. .	211	199	410
Total live births .. .. .	2,640	2,501	5,141
		Dorset	England & Wales
Birth rate per 1,000 population .. .. .		15.0	
Birth rate per 1,000 population (as adjusted by comparability factor 1.14) .. .. .		17.1	16.9
Illegitimate live births per 100 total live births .. .. .		8.0	
<b>Stillbirths</b>			
Number (Legitimate 65, Illegitimate 5) .. .. .		70	
Rate per 1,000 total live and still births .. .. .		13.4	14.0
Total live and still births .. .. .		5,211	
<b>Deaths</b>			
Infant deaths (deaths under one year) .. .. .		78	
<b>Infant Mortality Rates:-</b>			
Total infant deaths per 1,000 total live births .. .. .		15.0	18.0
Legitimate infant deaths per 1,000 legitimate live births .. .. .		14.6	
Illegitimate infant deaths per 1,000 illegitimate live births .. .. .		22.0	
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births) .. .. .		10.9	12.3
Early neo-natal mortality rate (deaths under one week per 1,000 total live births) .. .. .		9.9	10.5
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths) .. .. .		23.2	25.0
<b>Maternal Mortality (including abortion):-</b>			
Number of deaths .. .. .		1	
Rate per 1,000 total live and stillbirths .. .. .		0.19	
Total deaths (Actual) .. .. .		4,553	
Death rate per 1,000 population (Actual) .. .. .		13.3	
Death rate per 1,000 population (as adjusted by comparability factor 0.83) .. .. .		11.0	11.9



**Birth Rate**

The recorded birth rate per thousand population was 15.0, the same as in the previous year. After correction for differences in population structure between Dorset and the country as a whole the rate is 17.1 compared with the national figure of 16.9.

**Stillbirth Rate**

The stillbirth rate was 13.4 per thousand live and stillbirths compared with 18.0 the previous year and a national figure of 14.0.

**Infant Mortality Rate**

The infant mortality rate was 15.0 per thousand live births compared with 16.7 the previous year. The national rate was 18.0.

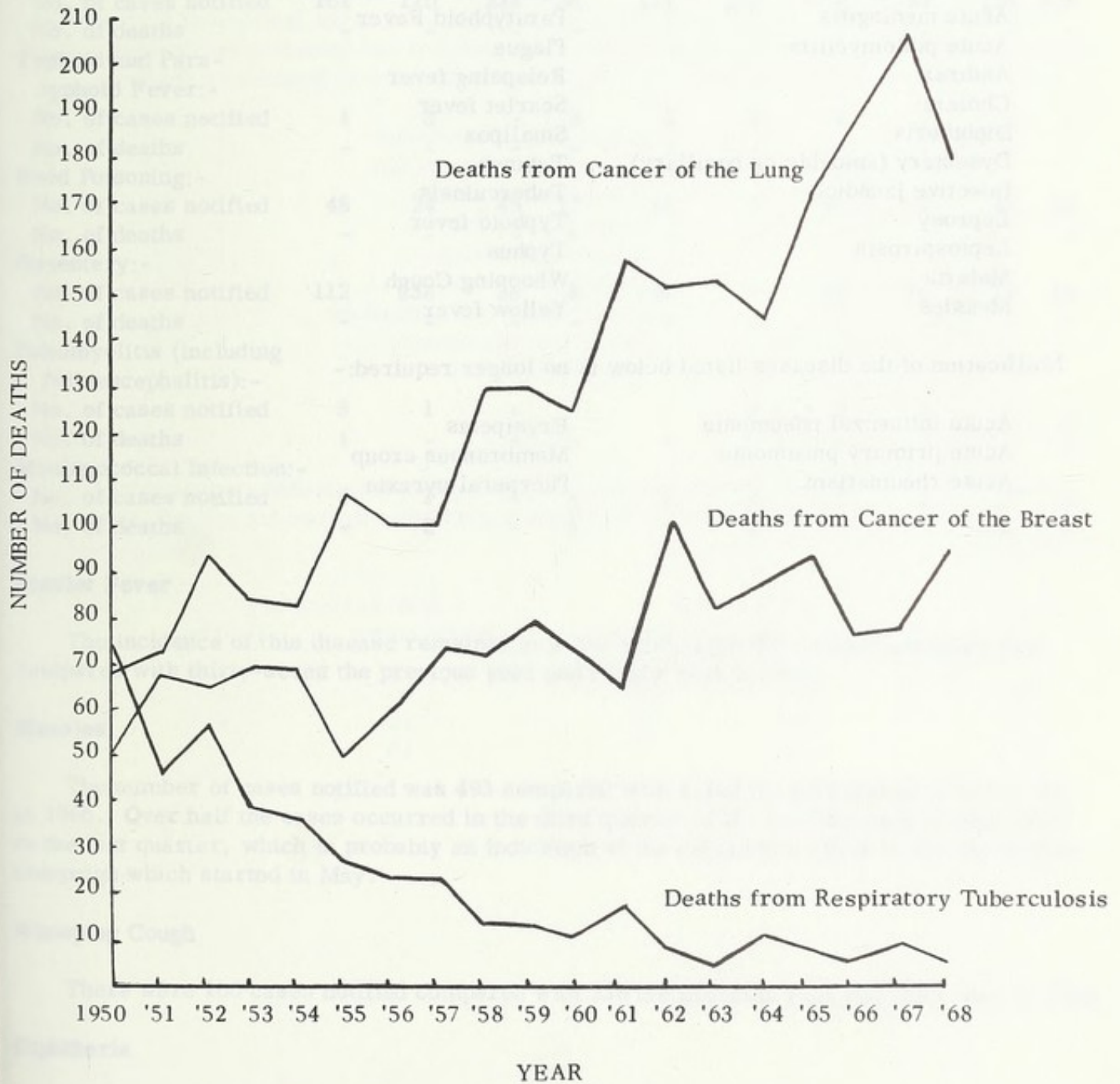
**Death Rate**

The recorded rate was 13.3 per thousand population compared with 12.3 in 1967. The rate is higher than the national figure of 11.9 on account of the high proportion of old people in Dorset's population. After correction the rate is 11.0.

**Cancer of the Lung**

For the first time since 1964 there was a diminution in the number of deaths from this largely preventable disease, the total being 182 compared with 208 the previous year. It is, of course, too soon to know whether this change is the result of chance or whether it is likely to represent a continuing trend.

## THE CHANGING PATTERN OF DISEASE





## INFECTIOUS DISEASE

Part III of the Health Services and Public Health Act 1968 which came into operation on 1st October makes certain changes in the procedure for notifying cases of notifiable diseases. Amongst other things it is now the exclusive responsibility of the doctor attending the patient to notify the case to the medical officer of health of the local authority in whose area the patient resides or is being treated.

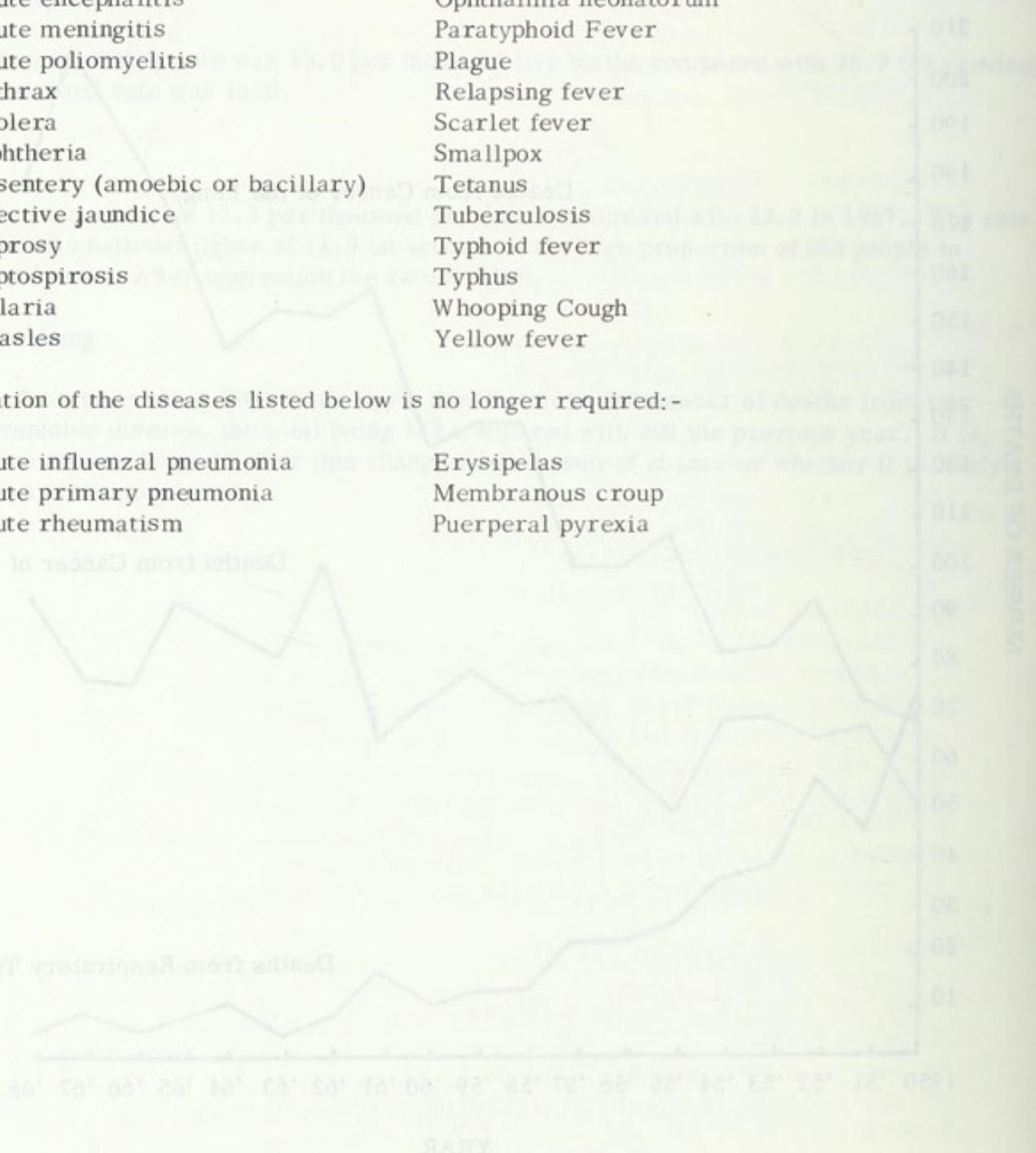
The Public Health (Infectious Diseases) Regulations 1968 consolidate, with amendments, all previous regulations relating to notification and prevention of infectious disease.

The infectious diseases now to be notified are:-

Acute encephalitis	Ophthalmia neonatorum
Acute meningitis	Paratyphoid Fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery (amoebic or bacillary)	Tetanus
Infective jaundice	Tuberculosis
Leprosy	Typhoid fever
Leptospirosis	Typhus
Malaria	Whooping Cough
Measles	Yellow fever

Notification of the diseases listed below is no longer required:-

Acute influenza pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia



## Notifications and Deaths

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
<b>Diphtheria:-</b>										
No. of cases notified	1	1	-	-	-	-	-	-	-	-
No. of deaths	-	-	-	-	-	-	-	-	-	-
<b>Scarlet Fever:-</b>										
No. of cases notified	227	140	55	53	61	57	106	29	37	34
No. of deaths	-	-	-	-	-	-	-	-	-	-
<b>Measles:-</b>										
No. of cases notified	3,350	1,702	5,431	606	5,255	1,595	3,651	1,559	4,469	493
No. of deaths	1	-	1	-	-	-	1	1	1	-
<b>Whooping Cough:-</b>										
No. of cases notified	161	110	238	38	111	156	79	64	236	106
No. of deaths	-	-	-	-	-	-	-	-	-	-
<b>Typhoid and Para-typhoid Fever:-</b>										
No. of cases notified	1	3	-	2	3	2	3	1	-	-
No. of deaths	-	-	-	-	1	-	-	-	-	-
<b>Food Poisoning:-</b>										
No. of cases notified	48	24	45	17	12	7	99	22	44	52
No. of deaths	-	-	-	-	-	-	-	-	-	-
<b>Dysentery:-</b>										
No. of cases notified	112	238	28	8	148	7	23	38	17	16
No. of deaths	-	-	-	-	-	-	-	-	-	-
<b>Poliomyelitis (including Polioencephalitis):-</b>										
No. of cases notified	3	1	-	-	-	1	2	-	-	-
No. of deaths	1	-	-	-	-	-	-	-	-	-
<b>Meningococcal Infection:-</b>										
No. of cases notified	4	1	-	-	1	2	1	2	2	2
No. of deaths	-	2	-	1	-	1	-	-	-	-

### Scarlet Fever

The incidence of this disease remained at a low level, thirty-four cases being notified compared with thirty-seven the previous year and twenty-nine in 1966.

### Measles

The number of cases notified was 493 compared with 4,469 the previous year and 1,559 in 1966. Over half the cases occurred in the third quarter of the year but only twenty cases in the last quarter, which is probably an indication of the cumulative effect of the vaccination campaign which started in May.

### Whooping Cough

There were 106 cases notified compared with 236 the previous year and sixty-four in 1966.

### Diphtheria

For the eighth successive year no cases were notified.



## Poliomyelitis

No cases were notified for the third successive year. Since 1960 only three cases have been recorded.

## Typhoid and Paratyphoid

No cases were notified for the second successive year.

## Food Poisoning

Fifty-two cases were notified compared with forty-four the previous year. All except two of the cases occurred in the third quarter of the year.

The outbreak of food poisoning in Wimborne was confined to the families of farm workers on a particular dairy farm who drank the raw milk before it had been sent for pasteurisation. A cow from the herd under suspicion was found to be infected with *Salmonella dublin*.

Blandford R.D.	<i>Salmonella typhimurium</i>	5
Poole Borough	<i>Salmonella typhimurium</i>	7
	<i>Salmonella enteritis</i>	2
	<i>Salmonella dublin</i>	1
	<i>Salmonella durham</i>	1
Sherborne U.D.	<i>Staphylococcus aureus</i> suspected but not confirmed	10
Weymouth Borough	<i>Staphylococcus aureus</i>	9
Wimborne R.D.	<i>Salmonella dublin</i>	17

## Tuberculosis

Thirty respiratory and thirteen non-respiratory cases were notified compared with forty-seven and twelve respectively in 1967. A comparison with the figures for ten and twenty years ago is given:-

Year	Respiratory		Non-Respiratory	
	Notifications	Deaths	Notifications	Deaths
1948	164	89	50	14
1958	136	15	12	4
1968	30	8	13	5

## 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 examination 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.



# NATIONAL HEALTH SERVICE ACT, 1946

## CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

### Ante-Natal Clinics

Midwives ante-natal clinics were held in the Borough of Poole only and this year only a quarter of the number of sessions held in 1967 was held, with a corresponding drop in women examined.

	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		
1966	317	-	-	279	-	-	279	
1967	128	-	-	186	-	-	186	
1968	36	-	-	43	-	-	43	

### Mothercraft and Relaxation Classes

For the second year in succession the number of mothers attending rose, with an increasing number of sessions. The psychoprophylaxis method of relaxation has been gradually introduced in most clinics in the county and appears to be popular. (See graph page 11).

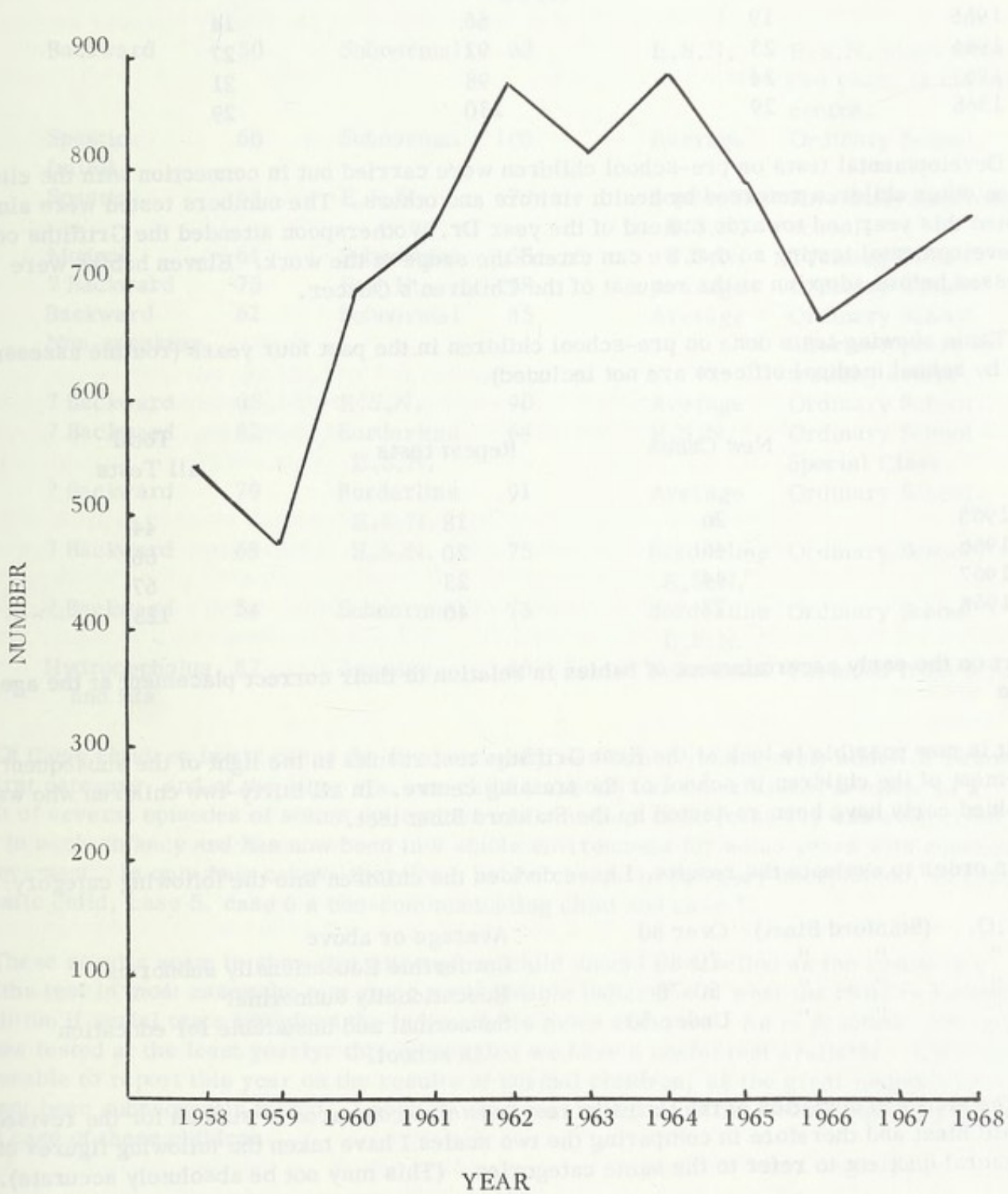
### Child Health Clinics

The child health clinics continue to stress the development of the baby and we have been fortunate in being able to arrange for all our medical officers to attend a study day on the subject of developmental paediatrics, when Dr. Egan from the Newcomen clinic demonstrated screening techniques. With this stimulus we hope that both health visitors and medical officers will spend more time on this type of work and pick out the potentially handicapped babies at an earlier age.

The number of children seen at welfare clinics during the year showed an increase for the second year running in spite of no increase in the number of sessions. There have been no changes in the mobile clinic sessions during the year.

	Number of children who attended during the year				No. of sessions held by				Total No. of sessions
	Born in year of report	Born in previous year	Other Pre-School Children	Total	M.O.	H.V.	G.P.	Hosp.	
1966	3,414	3,259	3,645	10,318	1,140	708	15	-	1,863
1967	3,263	3,260	4,055	10,578	1,045	764	21	-	1,830
1968	3,311	3,264	4,711	11,286	1,016	769	44	-	1,829

GRAPH SHOWING NUMBER OF WOMEN ATTENDING  
MOTHERCRAFT CLASSES (1958-1968)





## The Care of Handicapped Babies

The assessment clinic for babies run by Dr. Vulliamy and Dr. Townsend has been held throughout the year. As far as possible, health visitors attend with their own babies and their help has been much appreciated, particularly their contribution to discussions on the future of any particular child. During the year twenty-nine sessions were held at which twenty-nine new cases were seen.

	No. of sessions	No. of children seen	New cases seen
1965	19	66	14
1966	23	92	27
1967	24	98	21
1968	29	130	29

Developmental tests on pre-school children were carried out in connection with the clinic and on other children referred by health visitors and others. The numbers tested were almost doubled this year and towards the end of the year Dr. Wotherspoon attended the Griffiths course on developmental testing so that we can extend the scope of the work. Eleven babies were assessed before adoption at the request of the Children's Officer.

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

	New Cases	Repeat tests	Total all Tests
1965	26	18	44
1966	46	20	66
1967	44	23	67
1968	77	46	123

### Report on the early ascertainment of babies in relation to their correct placement at the age of five

It is now possible to look at the first Griffiths test results in the light of the subsequent placement of the children in school or the training centre. In all thirty-two children who were examined early have been re-tested by the Stanford Binet test.

In order to evaluate the results, I have divided the children into the following category: -

I.Q. (Stanford Binet)	Over 80	Average or above
" " "	70-80	Borderline Educationally subnormal
" " "	50-70	Educationally subnormal
" " "	Under 50	Subnormal and unsuitable for education in school.

The standard deviation of the Griffiths test is twelve compared to sixteen for the revised Stanford Binet and therefore in comparing the two scales I have taken the following figures of the general quotient to refer to the same categories. (This may not be absolutely accurate).

D.Q. (Griffiths)	Over 85	Average or above
	77.5 - 85	Borderline Educationally subnormal
	62.5 - 77.5	Educationally subnormal
	Under 62.5	Subnormal



Based on this grading seventeen children out of thirty-two were in the same category at the first Griffiths test and on re-testing at or about school entry. A further three children who had two Griffiths tests were in the same category on the second occasion and on re-testing at school entry. This leaves twelve children who changed from one category to another. The results of these children are as follows:-

Child	Original diagnosis	Griffiths (D.Q.)	Category	Stanford Binet (I.Q.)	Category	Present placement
1	Backward	50	Subnormal	63	E.S.N.	E.S.N. class after two years in training centre.
2	Spastic (mild)	60	Subnormal	103	Average	Ordinary School.
3	Spastic	63	E.S.N.	77	Borderline E.S.N.	Physically handicapped school.
4	Mongol	61	Subnormal	55	E.S.N.	Training Centre.
5	? Backward	75	E.S.N.	98	Average	Ordinary School.
6	Backward Non-speaking	61	Subnormal	85	Average	Ordinary School after two years in training centre.
7	? Backward	65	E.S.N.	90	Average	Ordinary School.
8	? Backward	82	Borderline E.S.N.	68	E.S.N.	Ordinary School - Special Class.
9	? Backward	79	Borderline E.S.N.	91	Average	Ordinary School.
10	? Backward	68	E.S.N.	75	Borderline E.S.N.	Ordinary School.
11	? Backward	54	Subnormal	75	Borderline E.S.N.	Ordinary School
12	Hydrocephalus and fits	87	Average	50	Subnormal	Excluded from school.

Of these children in six cases the final category was either immediately above or below the first category, and of the other six, one child (case 12) has deteriorated actually as a result of several episodes of status epilepticus and a further child (case 11) was a deprived child in early infancy and has now been in a stable environment for some years with consequent improvement. In only four cases, therefore, is the change in category unexplained, in case 2 a spastic child, case 5, case 6 a non-communicating child and case 7.

These results seem to show that although no child should be labelled as the result of a Griffiths test in most cases the test gives a reasonable indication of what the child is capable. In addition if serial tests are given the indication is more accurate. As in practice, children are now tested at the least yearly, this means that we have a useful test available. Unfortunately, I am unable to report this year on the results of normal children, as the great majority of these have not been subsequently tested. I hope by next year's report to have some figures available in the case of these children.



## Notification of Congenital Abnormalities apparent at birth

Following the alteration in the birth notification card in 1964 midwives continue to return details of congenital abnormalities and these are included in the returns to the Ministry of Health each month.

## 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
1966	83	107	860
1967	86	118	794
1968	152	243	1,185

## Cervical Cytology Clinics

During the year, these clinics have been continued and towards the end of the year, we were beginning to do some repeat smears. The number of new patients seen has unfortunately not increased in spite of a temporary spurt following advertising in the local press at the beginning of the year.

	County Area			South Dorset Area			Total		
	1966	1967	1968	1966	1967	1968	1966	1967	1968
No. of smears taken	2,777	1,678	1,628	996	860	686	3,773	2,538	<del>3,204</del> 2,314
No. of patients with invasive carcinoma	8	1	-	1	2	-	9	3	-
No. of patients with carcinoma in situ	5	3	1	6	7	4	11	10	5
No. referred to G.P. for other reasons	234	113	94	146	138	22	380	251	116

Similar statistics are not available for Poole Borough but the number of smears taken was 698 in 1966, 1,111 in 1967 and 890 in 1968.

## 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
1964	322	6.2	47
1965	354	6.7	50
1966	384	7.2	43
1967	390	7.6	42
1968	410	8.7	33



## 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
1966	27,617 Tins	3,711 Bottles	4,264 Packets	60,339 Bottles
1967	20,524 "	3,592 "	4,074 "	61,139 "
1968	13,772 "	3,285 "	3,804 "	59,296 "

## Day Nursery

The only day nursery in the County is in Poole and has places for fifty children. The average daily attendance shows a rise from forty-six children in 1967 to forty-eight children in the current year. At the end of the year sixty-four children were on the register, some of them attending part-time.

## Dental Care - Priority Classes

On the 31st December, 1968 there were fifteen full-time and three part-time dental officers on the staff, it having proved impossible to fill the increase in the establishment recommended by the Organisation and Methods Officer's report.

The staffing position is generally satisfactory throughout the County except in the Bridport, Wareham and Dorchester area; it only having proved possible to make an appointment to become effective in the latter area towards the end of 1968. It is to be hoped that both the national financial position and the availability of staff of suitable calibre will improve sufficiently to allow the remainder of the Organisation and Methods Officer's recommendations regarding staffing to be implemented before the inevitable population rise has caused a worsening in the present position.

## Dental Inspections and Treatment

The amount of time devoted to the dental treatment of expectant and nursing mothers and children under the age of five remains virtually the same as in 1967 as, despite the fact that the number of mothers seen has shown a further reduction, the numbers of children treated shows a slight rise. I consider it to be a matter of especial concern that the total number of children under five who are inspected by our staff forms such a low proportion of those children at risk. That we have been able to see so many is due almost entirely to the efforts of the health visitors in the County and in South Dorset for their untiring efforts in persuading parents to bring their children to see the dentist at the age of three or less, an age when it is possible to perform adequate treatment and to persuade children to accept dental treatment as a normal health activity in their lives.

It has been possible to continue the system in the Wareham and Wimborne areas whereby dental officers are available for the inspection and treatment of pre-school children during the time that routine Clinics are held this proving very popular, both with the parents, the children, and the dental staff. It has also proved possible at these sessions to disseminate such very necessary dental health education, it being seen from the figures given below that only seven



sessions have apparently been devoted to this important subject. This figure, of course, refers to formal lecture sessions given to adult organisations, such as "Young Wives" groups and parents attending welfare sessions, and in no way reflects the real position regarding dental health education which is going on all the time at the chairside, and is addressed both to the children being treated as well as their parents in the waiting room.

### Dental Treatment - Statistics

	<u>Mothers</u>	<u>Children</u>
First visits	122 (163)	729 ( 631)
Subsequent visits	210 (325)	918 ( 809)
Total visits	332 (488)	1,647 (1,440)
Additional courses of treatment commenced	12 ( 13)	78 ( 46)
Fillings	264 (293)	1,208 (1,122)
Teeth filled	237 (262)	1,105 (1,036)
Teeth extracted	137 (211)	528 ( 458)
Administrations of general anaesthesia	18 ( 25)	175 ( 190)
Emergencies	22 ( 25)	120 ( 145)
Patients X-Rayed	18 ( 24)	7 ( 8)
Prophylaxes	50 ( 91)	312 ( 116)
Teeth otherwise conserved		281 ( 345)
Teeth root filled	- ( 4)	
Inlays	- ( -)	
Crowns	1 ( 1)	
Courses of treatment completed	106 (151)	639 ( 565)
Patients supplied with full dentures	15 ( 13)	
Patients supplied with other dentures	18 ( 22)	
Number of dentures supplied	32 ( 41)	
General anaesthetics administered by dental officers		1 (5)
Number of patients inspected for the first time	159 (170)	1,223 (1,161)
Number of patients who required treatment	145 (164)	782 ( 675)
Number of patients who were offered treatment	129 (164)	760 ( 666)
Number of sessions:-		
Treatment	308.0	
Dental Health Education	7.0	

(Figures for 1967 are shown in brackets)

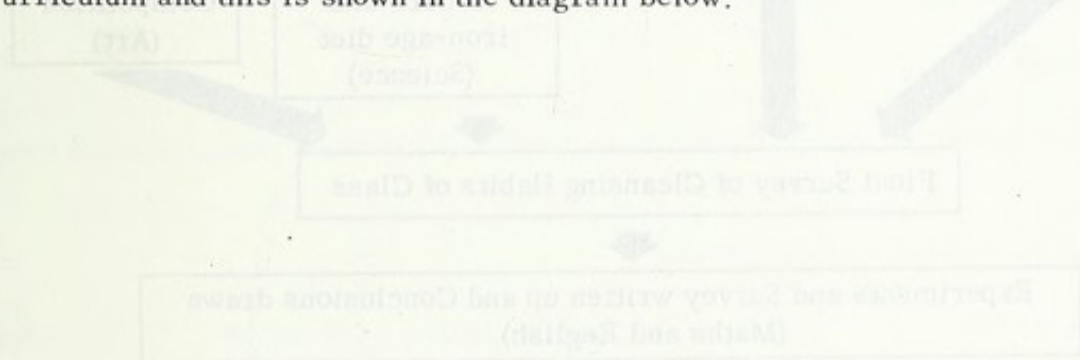


## Dental Health Education

For many years, those interested in the dissemination of the principles of Dental Health Education have been faced with the problem of how this may best be done. Methods have been used ranging from the organisation of elaborate and expensive exhibitions and demonstrations, involving many man-hours in their preparation and staging, to simple talks to school children and other captive audiences by auxiliary members of the dental staff. In Dorset, we have hitherto adopted the latter practice, directing our talks at school children in the hope that some of our teaching might percolate through to their parents and influence the daily life of the child. The results of these efforts, as I have noted in previous reports, have been that most children in Dorset now know what they ought to do, even if they do not do it.

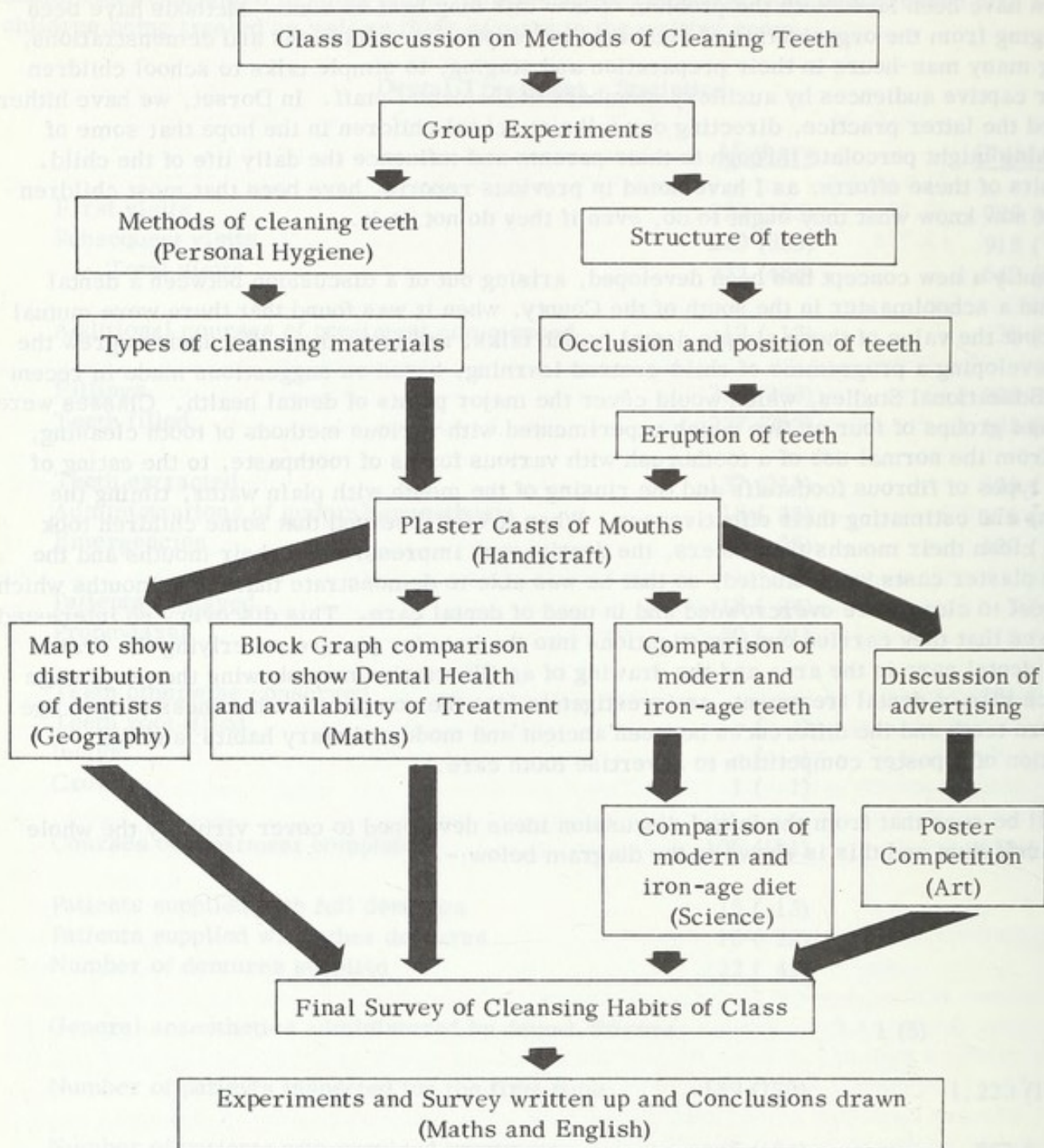
Recently a new concept has been developed, arising out of a discussion between a dental officer and a schoolmaster in the south of the County, when it was found that there were mutual doubts about the value of these simple dental health talks, and from these discussions grew the idea of developing a programme of child-centred learning, based on suggestions made in recent Nuffield Educational Studies, which would cover the major points of dental health. Classes were divided into groups of four or five which experimented with various methods of tooth cleaning, ranging from the normal use of a toothbrush with various forms of toothpaste, to the eating of different types of fibrous foodstuffs and the rinsing of the mouth with plain water, timing the operations and estimating their effectiveness. When it was observed that some children took longer to clean their mouths than others, the dentist took impressions of their mouths and the resultant plaster casts were studied, so that he was able to demonstrate that those mouths which took longest to clean were overcrowded and in need of dental care. This discovery so interested the children that they carried out investigations into the broader picture underlying the availability of dental care in the area and the drawing of an illustrative map showing the percentage acceptance rate of dental treatment, an investigation into the comparative hardness of iron age and modern teeth and the differences between ancient and modern dietary habits; and the inauguration of a poster competition to advertise tooth care.

It will be seen that from the initial discussion ideas developed to cover virtually the whole school curriculum and this is shown in the diagram below:-





# DENTAL HEALTH PROJECT



This project has excited great interest, having been published both in the teaching and dental professional journals, is forming the subject matter of a film, and is being developed in other schools within the County. Although it is at present too early to say whether this method of teaching dental health is suitable for use in all schools, I am certain that this project marks a step forward and one which will certainly influence the future of dental health education in Dorset. My thanks are due to Mr. Maddick and the Headmaster and Staff of Broadmayne School for their co-operation.

Concurrently with this development, talks on the older system have still been undertaken and in all, 366 talks and discussions were carried out by members of the dental staff to 11,080 children in 105 schools. Additionally nine talks were given to adult organisations, numbering a total of 159 persons.

The Dental Officer in Blandford organised a very successful poster competition in which seventeen primary schools took part, submitting over 500 entries. These, having been exhibited in Blandford, were judged and prizes were awarded to successful schools and individual school children. The insight into the School Dental Service afforded to the general public by this exhibition and by the resultant press publicity has done much to enhance the image of the Local Authority Dental Service in Blandford: I would thank Captain Fletcher for his efforts.

The problem of introducing good dental health habits to the younger child is being approached by the introduction of a puppet called Joggle who is rapidly making a name for himself in Infant Schools as a "Goody" in the fight against the demons Decay and Toothache. I hope to produce a fuller report of these activities in my next year's report, although at present, due to the simultaneous loss of both hygienist and auxiliary, dental health education in Dorset has suffered a severe blow.



## MIDWIFERY (SECTION 23)

Because of the marked population increase in East Dorset it was agreed that for purposes of nursing administration the county of Dorset should be divided into two areas, East and West each having an Area Nursing Officer. Consequently, Miss E. Lisher was appointed to this post in East Dorset, based at Wimborne. Miss F. Farnsworth, the Deputy County Nursing Officer, was appointed as the West Dorset Area Nursing Officer based in Dorchester and combines the duties of both posts. This decentralisation has enabled the field-workers to have immediate and direct communication with the nursing administrators.

### Midwifery

The growing anxiety over the decline in domiciliary births continues. The following table clearly illustrates the situation in Dorset over the past three years.

Year	Domiciliary Births	Hospital Births	Early Hospital Discharge
1966	1,100	3,473	1,353
1967	861	3,426	1,618
1968	743	3,453	1,983

### Training of Pupil Midwives

Midwives assist in the training of pupil midwives and eight are approved by the Central Midwives Board for this purpose. During the year twenty-three pupil midwives received three months of their training in the domiciliary field.

### Loss of life associated with childbirth

#### Maternal deaths

There was again one maternal death in the course of the year, due to puerperal infection. The confinement took place in hospital.

#### Neonatal deaths

This year the number of neonatal deaths was down to thirty-eight compared with forty-two in 1967.

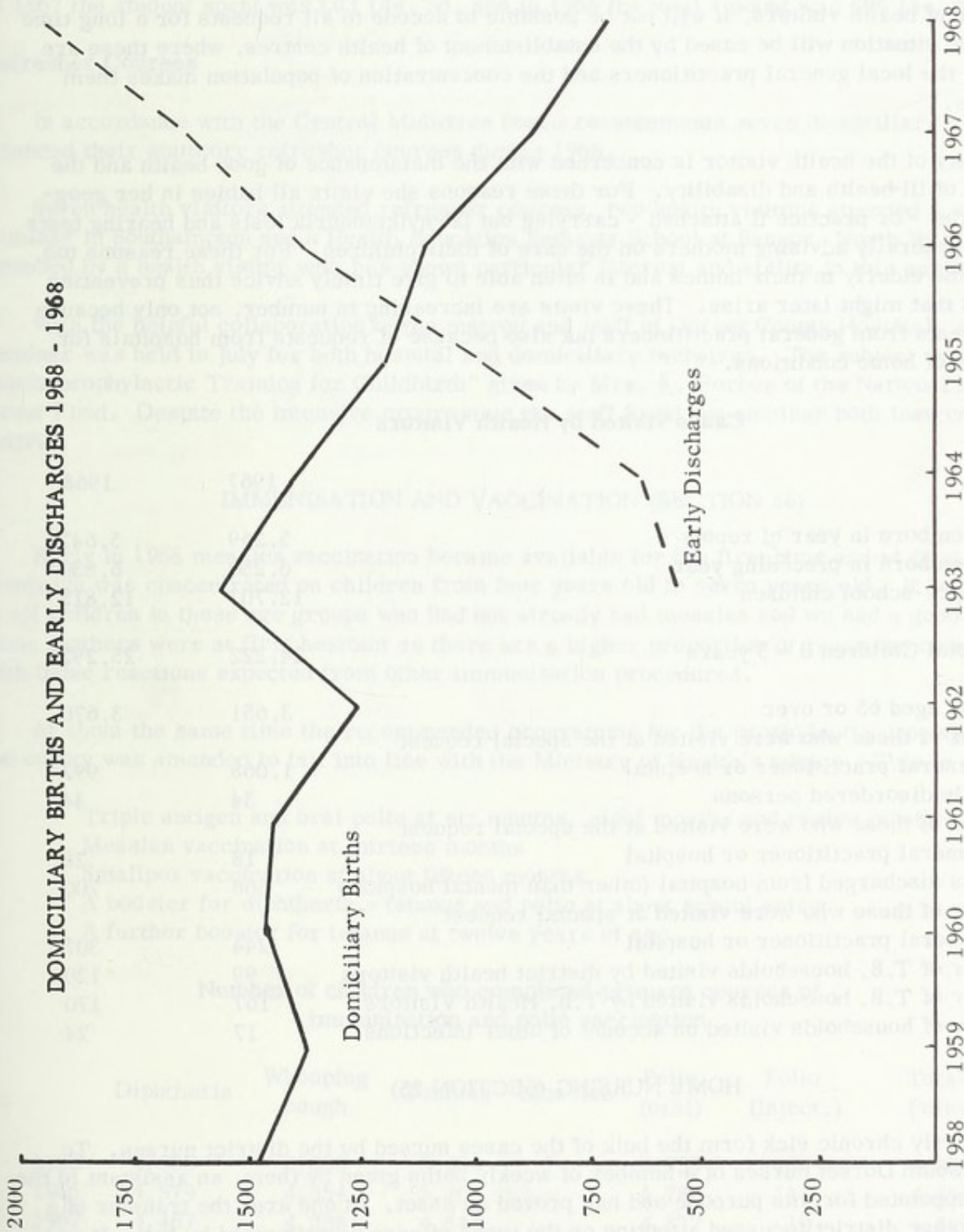
Table showing causes of neonatal deaths:-

Cause of Death	No.	% of total	% in 1967	% in 1966
Prematurity	10	26.3%	26.2%	36.9%
Atelectasis	7	18.4%	21.4%	18.4%
Congenital defects	7	18.4%	19.0%	18.4%
Neonatal asphyxia	8	21.1%	14.3%	10.6%
Birth injury	3	7.9%	9.5%	2.6%
Respiratory infection	3	7.9%	4.8%	2.6%
Rhesus factor	-	-	-	2.6%
Other	-	-	4.8%	7.9%
<b>TOTAL DEATHS</b>	<b>38</b>	<b>100</b>	<b>100</b>	<b>100</b>
			<b>(42 deaths)</b>	<b>(38 deaths)</b>

## Premature Infants

Prematurity continues to be a major cause of stillbirths and neonatal deaths, and this year the percentage of premature births (313) to total live and stillbirths (5,211) was 6.0 compared with 6.3 in 1967.

The percentage of premature infants surviving to the 28th day increased from 88.5 in 1967 to 90.7 in 1968.





## HEALTH VISITING (SECTION 24)

Because of the rise in population the establishment of health visitors in East Dorset was increased by one. This enabled the county's first complete attachment to be made, in this case to a group practice of five general practitioners. The advantages of working in this fully integrated manner have been much appreciated both by the doctors and health visitor concerned.

As the rise in the health visitor establishment allows, it is proposed to extend the attachment scheme but, in a rural area where the number of separate practices is much greater than the number of health visitors, it will not be possible to accede to all requests for a long time although the situation will be eased by the establishment of health centres, where these are desired by the local general practitioners and the concentration of population makes them practicable.

The duty of the health visitor is concerned with the maintenance of good health and the prevention of ill-health and disability. For these reasons she visits all babies in her geographical area - or practice if attached - carrying out phenylketonuria tests and hearing tests as well as generally advising mothers on the care of their children. For these reasons too, she visits the elderly in their homes and is often able to give timely advice thus preventing difficulties that might later arise. These visits are increasing in number, not only because of the requests from general practitioners but also because of requests from hospitals for assessment of home conditions.

### Cases visited by Health Visitors

	1967	1968
Children born in year of report	5,269	5,647
Children born in preceding year	6,250	6,830
Other pre-school children	12,703	12,815
<b>Total Children 0 - 5 years</b>	<b>24,222</b>	<b>25,292</b>
Persons aged 65 or over	3,651	3,670
Number of these who were visited at the special request of general practitioner or hospital	1,068	992
Mentally disordered persons	34	44
Number of these who were visited at the special request of general practitioner or hospital	18	28
Persons discharged from hospital (other than mental hospital)	566	700
Number of these who were visited at special request of general practitioner or hospital	244	307
Number of T.B. households visited by district health visitors	99	120
Number of T.B. households visited by T.B. Health Visitors	167	170
Number of households visited on account of other infections	17	24

### HOME NURSING (SECTION 25)

The elderly chronic sick form the bulk of the cases nursed by the district nurses. To relieve the South Dorset nurses of a number of weekly baths given by them, an assistant to the group was appointed for this purpose and has proved an asset. In one area the transfer of a nurse to another district focussed attention on the types of case being nursed by her. It was



agreed that they could be nursed equally well by a state enrolled nurse and one who had worked for years with the elderly sick was appointed to the vacancy.

### Cancer Cases

All cases that are in need of extra comforts and nourishment during their terminal illness can be helped through the Area Grant Scheme, a fund administered at County Hall from a grant made by the Marie Curie Memorial Foundation Fund in London. Special bedding, extra fuel and special nourishment are the items that have been requested by the nursing staff during the year. In 1967 the amount spent was £63 14s. 5d. and in 1968 the total amount was £99 15s. 6d.

### Refresher Courses

In accordance with the Central Midwives Board requirements seven domiciliary midwives attended their statutory refresher courses during 1968.

Seven health visitors attended refresher courses, two health visitors attended a weekend seminar in Southampton and a Health Education Summer School at Bangor, North Wales, was attended by a health visitor who has shown particular interest and ability in this subject.

With the helpful collaboration of the matron and staff of Dorset County Hospital, a weekend seminar was held in July for both hospital and domiciliary midwives. The subject was "The Psychoprophylactic Training for Childbirth" given by Mrs. R. Forbes of the National Birthday Trust Fund. Despite the intensive programme the staff found the seminar both instructive and helpful.

## IMMUNISATION AND VACCINATION (SECTION 26)

Early in 1968 measles vaccination became available for the first time and at first the campaign was concentrated on children from four years old to seven years old. It was offered to all children in these age groups who had not already had measles and we had a good response. Some mothers were at first hesitant as there are a higher proportion of reactions compared with those reactions expected from other immunisation procedures.

At about the same time the recommended programme for the prophylactic procedures in the county was amended to fall into line with the Ministry of Health's advice. This is as follows:-

- Triple antigen and oral polio at six months, eight months and twelve months
- Measles vaccination at thirteen months
- Smallpox vaccination at about fifteen months
- A booster for diphtheria - tetanus and polio at about school entry
- A further booster for tetanus at twelve years of age

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

	Diphtheria	Whooping cough	Tetanus	Measles	Polio (oral)	Polio (Inject.)	Total Polio
1965	4,600	4,358	5,409		4,759	164	4,923
1966	4,579	4,354	5,200		4,780	111	4,891
1967	4,467	4,238	4,844		4,877	10	4,887
1968	4,013	3,782	4,340	8,857	4,608	-	4,608



**Number of children receiving secondary (booster) doses**

	Diphtheria	Whooping cough	Tetanus	Polio (oral)	Polio (Inject.)	Total Polio
1965	6,976	2,404	6,547	4,099	104	4,203
1966	8,118	2,726	7,994	4,780	81	4,861
1967	7,552	3,179	8,789	5,597	12	5,609
1968	8,430	3,058	8,794	5,853	-	5,853

**Number of children receiving smallpox vaccination**

	Primary Vaccination			Re-vaccination
	0 - 1 year	1 - 4 years	Total of all ages	All ages
1965	414	2,585	3,057	175
1966	282	2,740	3,118	367
1967	201	2,648	3,031	502
1968	118	2,522	2,792	455

**IMMUNISATION AND VACCINATION (SECTION 26)**

Early in 1968 measles vaccination became available for the first time and it was found that the response was very good. It was found that all children in these age groups who had not already had measles and we had a good response. Some reactions were at first hesitant as there are a higher proportion of reactions compared with other reactions expected from other immunisation procedures.

At about the same time the recommended programme for the prophylactic programme for the country was amended to fall into line with the Ministry of Health's advice. This is as follows:

Measles vaccination at birth or shortly thereafter.  
 A booster for diphtheria - tetanus and polio at about school entry.  
 A further booster for tetanus at twelve years of age.

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

	Diphtheria	Whooping cough	Tetanus (oral)	Polio (Inject.)	Total Polio
1965	4,013	3,782	4,340	4,008	4,408
1966	4,013	3,782	4,340	4,008	4,408
1967	4,013	3,782	4,340	4,008	4,408
1968	4,013	3,782	4,340	4,008	4,408

## AMBULANCE SERVICE (SECTION 27)

### Organisation and Control of the Service

The Ambulance 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.

### Use of the Service

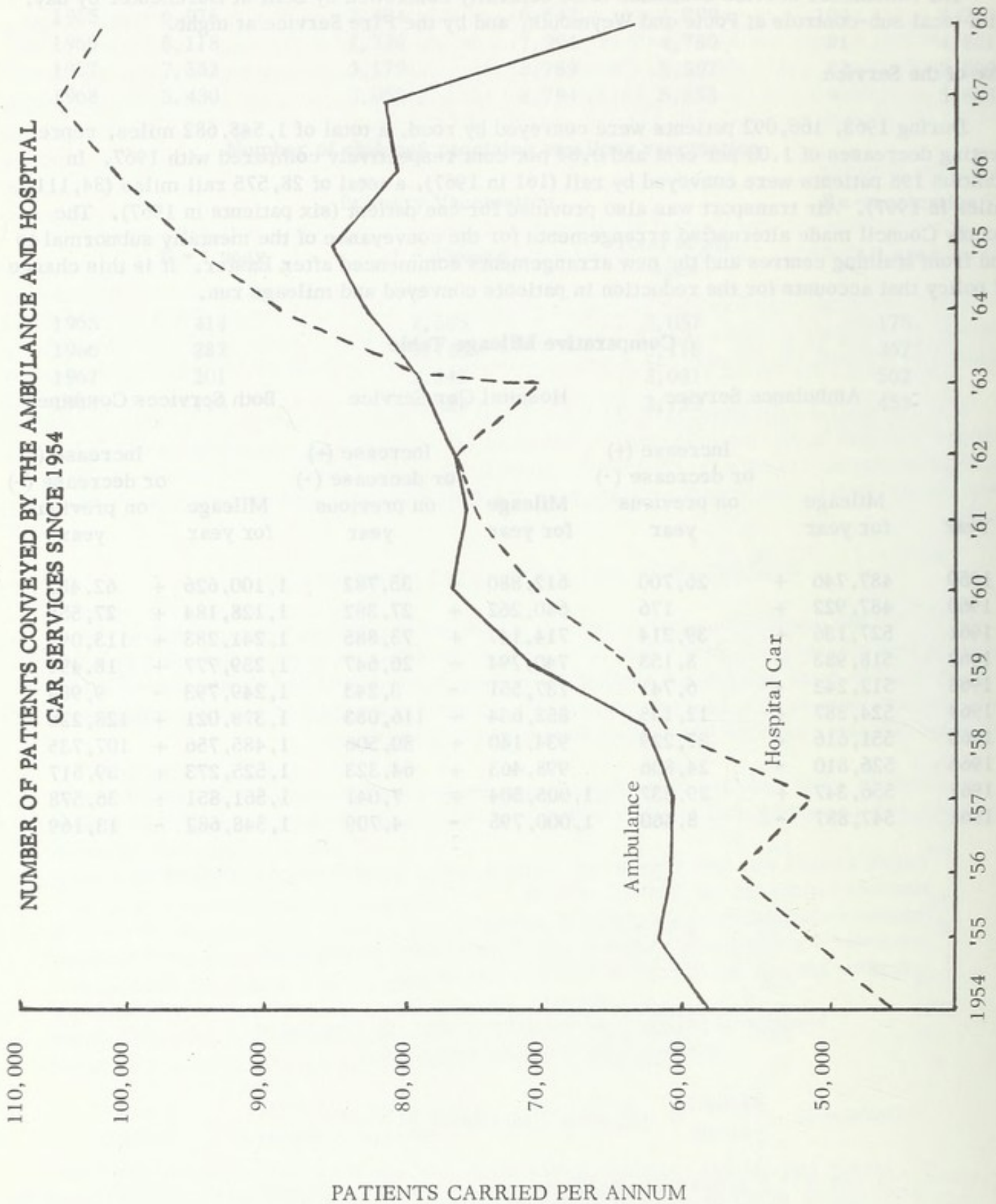
During 1968, 166,092 patients were conveyed by road, a total of 1,548,682 miles, representing decreases of 1.03 per cent and 0.84 per cent respectively compared with 1967. In addition 198 patients were conveyed by rail (161 in 1967), a total of 28,575 rail miles (34,111 miles in 1967). Air transport was also provided for one patient (six patients in 1967). The County Council made alternative arrangements for the conveyance of the mentally subnormal to and from training centres and the new arrangements commenced after Easter. It is this change of policy that accounts for the reduction in patients conveyed and mileage run.

### 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	
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
1967	556,347	+	29,537	1,005,504	+	7,041	1,561,851	+	36,578
1968	547,887	-	8,460	1,000,795	-	4,709	1,548,682	-	13,169



**NUMBER OF PATIENTS CONVEYED BY THE AMBULANCE AND HOSPITAL  
CAR SERVICES SINCE 1954**



## Staff

Four recruits to the service and an experienced member of the staff attended the Ministry of Health's interim courses at Hampshire's training school. The experienced member subsequently attended an Instructors' Course at Easingwold. This was of considerable benefit later in the year when a local course of training for all staff was organised. The programme included talks by hospital consultants, the showing of films and slides and practical work in syndicated groups with lay instructors. Handouts of medical and first aid information added to the value of these well-attended sessions.

Two additional ambulance driver/attendants were appointed during the year to offset the loss of volunteers and the staff establishment at 31st December, 1968, was as follows:-

County Ambulance Officer	1
Clerical and Control Staff	6
Supervisor, deputy supervisor and head drivers	14
Full-time driver attendants	46
Part-time and Voluntary (to equivalent full-time)	12

—  
79  
—

## Vehicles

Five replacement vehicles were purchased during the year, equipped with ambulance trolleys. In addition, an ambulance for long distance journeys has been acquired. The requirements for this vehicle were discussed with members of the local Medical Advisory Committee and it was decided that the vehicle should have a motor generator to power hospitals' Manley Ventilators; piped oxygen supply; extra internal lighting; and provision to carry a patient in the centre of the compartment. Attention was also paid to the vehicle's ventilation. Thus a very ill patient can now be moved from the local hospitals to distant specialist hospitals under comparative "intensive care" conditions.

It was agreed that three vehicles that would otherwise have been disposed of should be retained primarily for the "second line" duties of major disaster vehicles, together with two more that become redundant in future.

The vehicle strength at the 31st December, 1968 was:-

Ambulances	23
Dual purpose vehicles	13
Major Disaster vehicles	3
—	—
—	39
—	—

## Stations

No replacement stations were built during 1968.

The latest programme provides for a new station at Blandford during 1969/70, followed by a new station at Wareham during 1970/71. These stations are urgently required, together with appropriate adaptations to the premises at Shaftesbury.



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.

Social welfare officers 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 a period 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.

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 4,554 tested, only thirty-one (excluding those given B.C.G. in infancy) were positive reactors, a rate of 0.68%.

A total of 4,069 thirteen year old children were also Heaf tested and 9.95% were found to be positive reactors compared with 10.9% in the previous year and 10% in 1965. The positive reactors were x-rayed but no active lesions were found. A total of 3,244 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, 169 children (4.1%) in their thirteenth year had positive reactions of grade two or over.

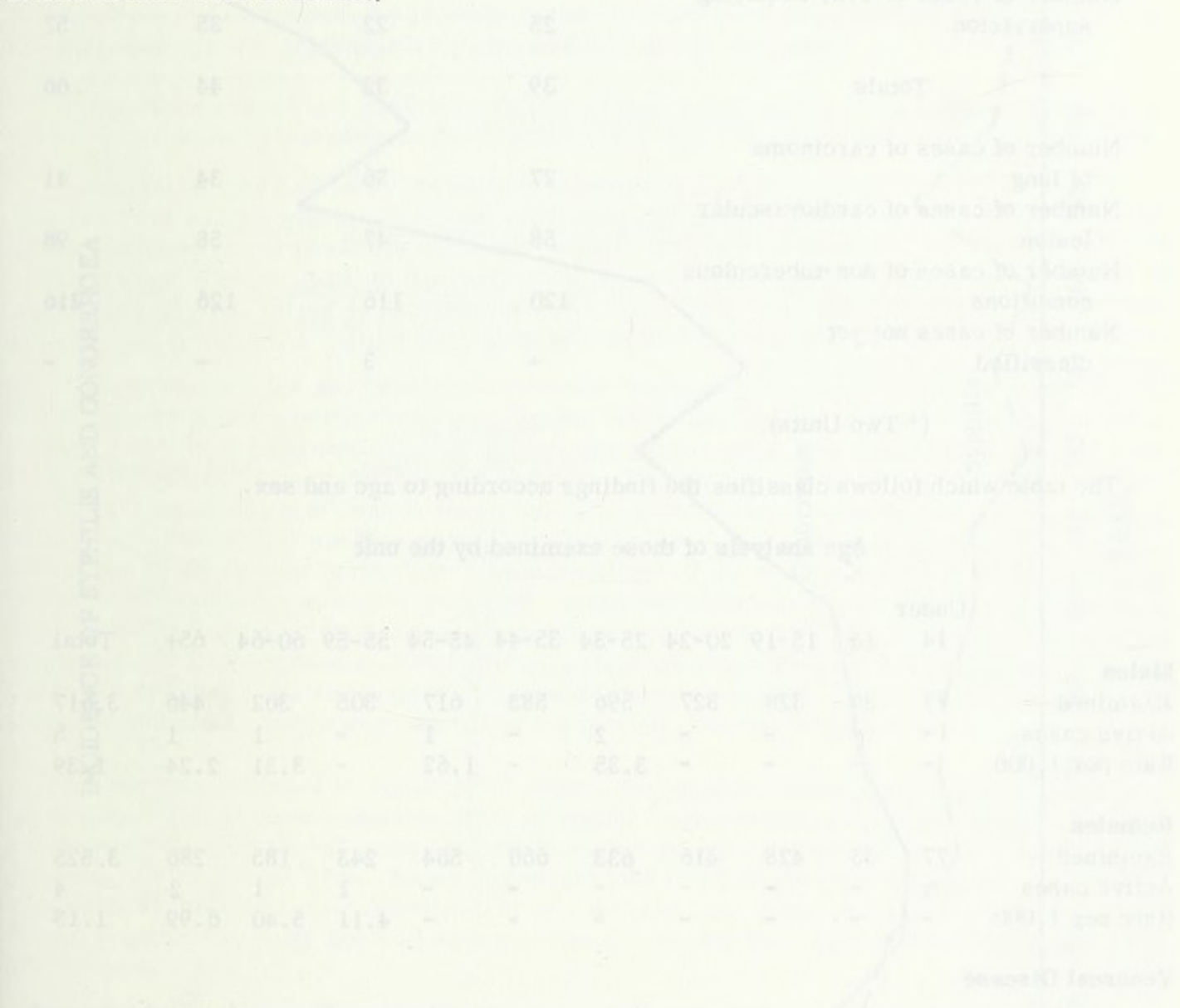
### **Mass Radiography**

Up to the end of 1967, two mobile mass radiography units operated, the larger of the two units undertaking mass examinations of the public. A review of the services was carried out

in that year and, as the cost of examination of unselected population proved more prohibitive each year, it was decided that the larger unit should be withdrawn and the x-ray set installation at the Royal National Hospital, Bournemouth, should be used as a static unit providing a daily service for patients referred for examination.

The remaining unit, relieved of work in Bournemouth has since been used to give an expanded service for referred patients outside Bournemouth.

I am indebted to the Medical Director of the Mass Radiography Centre for the following details of their work in Dorset:-



The Dorset patients dealt with for the first time at treatment centres in 1968 are classified in the following table. The figures in brackets relate to the previous year. (See graph page 29)



	1965	1966	1967	1968
Total number of cases examined by the unit	* 31,893	* 28,693	* 24,166	7,142
Number of cases of T.B. referred for hospital treatment	8	7	9	4
Number of cases of T.B. referred for domiciliary treatment	6	3	-	5
Number of cases of T.B. requiring supervision	25	22	35	57
<b>Totals</b>	<b>39</b>	<b>32</b>	<b>44</b>	<b>66</b>
Number of cases of carcinoma of lung	27	36	34	41
Number of cases of cardiovascular lesion	58	47	58	98
Number of cases of non-tuberculous conditions	120	116	126	216
Number of cases not yet classified	-	3	-	-

(\* Two Units)

The table which follows classifies the findings according to age and sex.

**Age analysis of those examined by the unit**

	Under										Total
	14	14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65+	
<b>Males</b>											
Examined	77	36	328	327	596	583	617	305	302	446	3,617
Active cases	-	-	-	-	2	-	1	-	1	1	5
Rate per 1,000	-	-	-	-	3.35	-	1.62	-	3.31	2.24	1.39
<b>Females</b>											
Examined	77	33	428	416	633	660	564	243	185	286	3,525
Active cases	-	-	-	-	-	-	-	1	1	2	4
Rate per 1,000	-	-	-	-	-	-	-	4.11	5.40	6.99	1.13

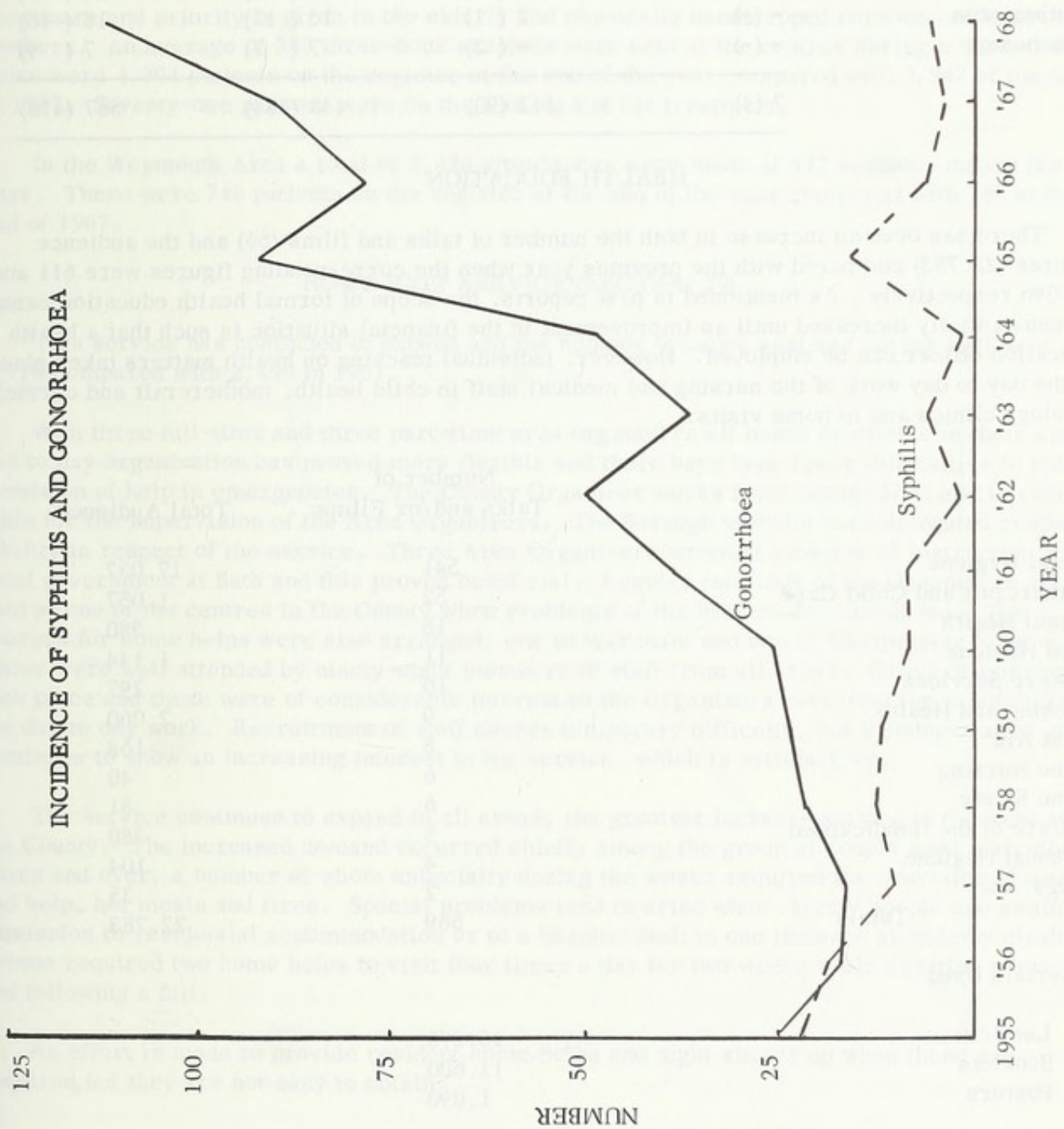
**Venereal Disease**

The Dorset patients dealt with for the first time at treatment centres in 1968 are classified in the following table. The figures in brackets relate to the previous year. (See graph page 31).

**Neuro Radiography**

Up to the end of 1967, two neuro-radiography units operated, the larger of the two units and treating many examinations of the public. A review of the services was carried out

# INCIDENCE OF SYPHILIS AND GONORRHOEA





Treatment Centre	Syphillis	Gonorrhoea	Other Conditions	Totals
Bournemouth	1 (-)	27 (17)	74 ( 29)	102 ( 46)
Dorchester	- (2)	5 ( 6)	26 ( 40)	31 ( 48)
Poole	3 (1)	56 (44)	214 (222)	273 (267)
Salisbury	- (-)	3 (-)	3 ( 3)	6 ( 3)
Yeovil	- (-)	1 (-)	7 ( 2)	8 ( 2)
Weymouth	3 (1)	18 (20)	101 ( 66)	122 ( 87)
Southampton	- (-)	2 ( 1)	16 ( 15)	18 ( 16)
Winchester	- (-)	- ( 2)	7 ( 7)	7 ( 9)
	7 (4)	112 (90)	448 (384)	567 (478)

### HEALTH EDUCATION

There has been an increase in both the number of talks and films (66) and the audience figures (22,783) compared with the previous year when the corresponding figures were 611 and 19,096 respectively. As mentioned in past reports, the scope of formal health education cannot be substantially increased until an improvement in the financial situation is such that a health education officer can be employed. However, individual teaching on health matters takes place in the day to day work of the nursing and medical staff in child health, mothercraft and cervical cytology clinics and in home visits.

	Number of Talks and/or Films	Total Audience
Dental Hygiene	541	17,037
Mothercraft and Child Care	52	1,057
Mental Health	15	380
Food Hygiene	11	1,144
Welfare Services	10	297
Smoking and Health	9	2,060
First Aid	8	168
Home Nursing	6	40
Home Safety	6	81
Welfare of the Handicapped	5	380
Personal Hygiene	4	104
Drugs, etc.	2	35
<b>Totals</b>	<b>669</b>	<b>22,783</b>

#### Materials Used

Leaflets	16,275
Booklets	11,600
Posters	1,090

### CHIROPODY

The Dorset Branch of the British Red Cross Society continued to provide this service as agents of the Council throughout the County, except in the Weymouth Area. Sessions are held in the Council's Clinics and other premises and the grant to the Society was increased owing to



rising costs and greater demand. In the Weymouth Area, part-time Chiropodists are directly employed by the County Council.

At the end of the year the service being provided through the agency of the British Red Cross Society had twenty-five centres in the County. The Society has continued to organise the arrangements most efficiently and the Council is deeply indebted to the voluntary workers who devote so much time to the work. Patients are seen by appointment and a nominal charge of 2s. 6d. is made towards the costs of the Chiropodists' fees, dressings, etc. Transport is arranged when necessary and priority is given to the elderly and physically handicapped persons and expectant mothers. An average of 583 three-hour sessions were held at the centres during a quarter and there were 4,304 patients on the register at the end of the year compared with 3,947 at the end of 1967. Seventy-one persons were on the waiting list for treatment.

In the Weymouth Area a total of 3,426 attendances were made at 322 sessions during the year. There were 748 patients on the register at the end of the year compared with 780 at the end of 1967.

#### HOME HELP SERVICE (SECTION 29)

This service has continued to expand and the number of cases assisted during 1968 was 2,718 compared with 2,499 in 1967.

With three full-time and three part-time area organisers all based on clinics in their areas, day to day organisation has proved more flexible and there have been fewer difficulties in the provision of help in emergencies. The County Organiser works from County Hall and is responsible for the supervision of the Area Organisers. The Borough of Poole have delegated responsibility in respect of the service. Three Area Organisers attended a course of instruction in local government at Bath and this proved beneficial. Regular meetings of the Organisers are held at one of the centres in the County when problems of the service are discussed. Two courses for home helps were also arranged, one in Wareham and one in Sturminster Newton. These were well attended by ninety-eight members of staff from all areas. Group discussions took place and these were of considerable interest to the Organisers revealing the problems of the day to day work. Recruitment of staff causes temporary difficulty, but a younger aged group continues to show an increasing interest in the service, which is satisfactory.

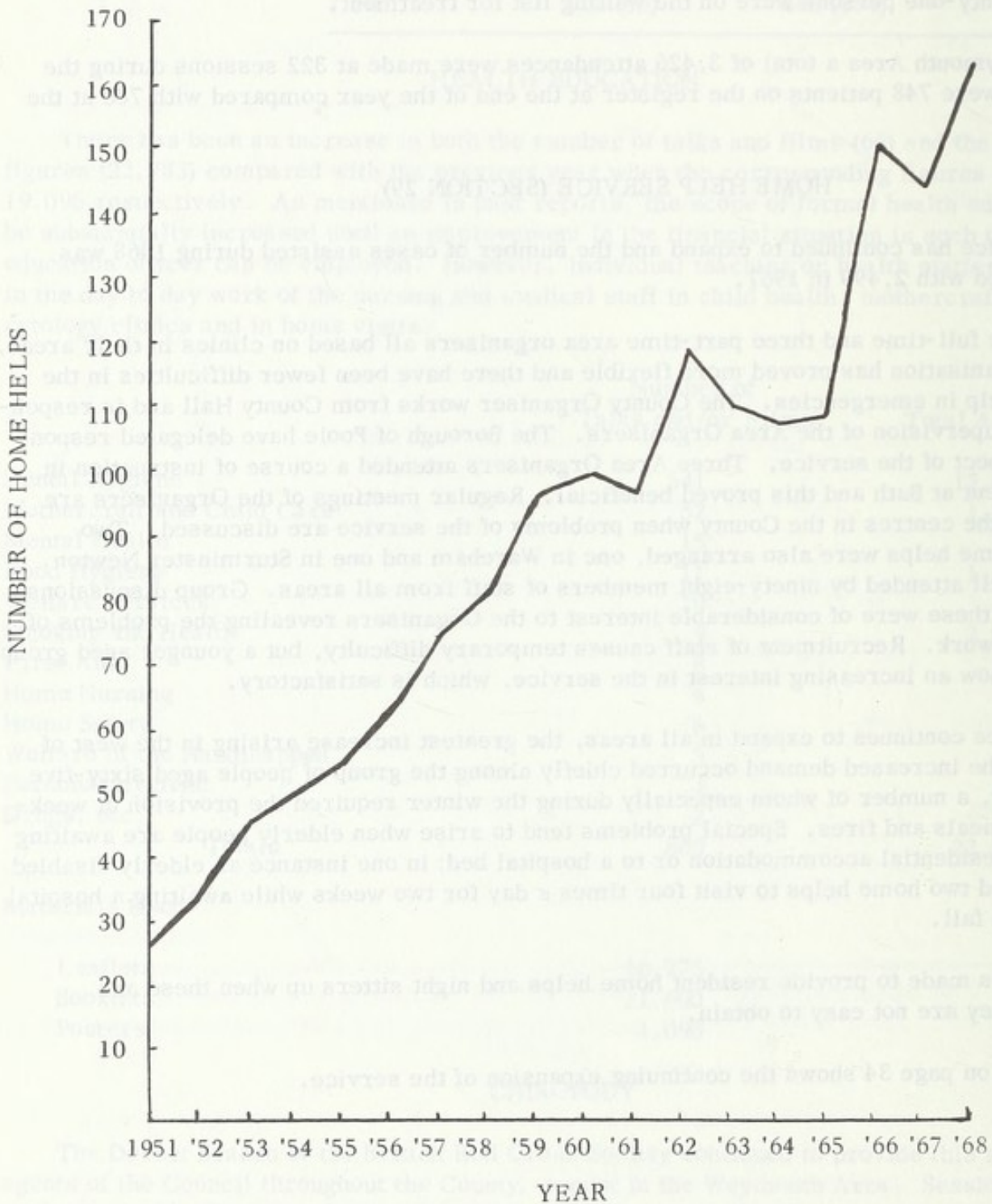
The service continues to expand in all areas, the greatest increase arising in the west of the County. The increased demand occurred chiefly among the group of people aged sixty-five years and over, a number of whom especially during the winter required the provision of week-end help, hot meals and fires. Special problems tend to arise when elderly people are awaiting admission to residential accommodation or to a hospital bed; in one instance an elderly disabled person required two home helps to visit four times a day for two weeks while awaiting a hospital bed following a fall.

An effort is made to provide resident home helps and night sitters up when these are required, but they are not easy to obtain.

The graph on page 34 shows the continuing expansion of the service.



### HOME HELPS EMPLOYED (FULL-TIME EQUIVALENT)





## MENTAL HEALTH

(MENTAL HEALTH ACT, 1959)

### Residential Accommodation

Provision of hostel accommodation for subnormal adults and children in Weymouth has shown the value to such people of this care and guidance. The demand for places in these hostels continues to rise and we know of people at present in hospital who could well be cared for in the community had we more hostel places available. Despite shortages of staff and of suitable accommodation, residents in these hostels give the impression that they are at home; with 'home' to back them they feel more confidence to face the outside world.

Attempts to acquire an adjacent property near St. Aubyn's House to provide adequate living quarters for the warden and assistant staff, and by so doing, to increase the number of residents i.e. places, met with no success. As an alternative the County Architect has drawn up plans to extend the present premises and it is hoped that work will start during the current financial year. The accommodation will be increased from eighteen to twenty-five, with self-contained flats for the Warden and for an Assistant Warden.

The new hostel for subnormal women, in adapted premises in Dorchester, was named after the late Mr. Douglas Jackman, in memory of his tireless drive to improve services for the mentally handicapped people of Dorset. By the end of the year, sixteen women were living in these much more spacious rooms, leaving the Weymouth hostel for children only. This latter property has been found inadequate, over the years, for various purposes and it is hoped that a house will soon be built for the Matron, as her quarters in the Hostel have been far from ideal, giving but little respite from the burden of caring for the children.

On 8th December, 1968, the service suffered a greivous loss in the death of Mrs. Allcroft: after training in the care of subnormal people at Starcross Hospital, she devoted much of her life to subnormal children, being in charge first of Hawthorn Lodge, Dorchester, then meeting the challenge of opening a new home in Cheshire, and finally to Douglas Jackman House. Her consistent understanding kindness is still an inspiration to those who were privileged to work with her.

On 31st December, 1968, six subnormal children were in residence at Wyvern House, eighteen young men at St. Aubyn's, Weymouth, sixteen women in Douglas Jackman House, Dorchester, thirty-five persons in privately run homes and forty-eight in Part III accommodation.

### Penrhyn Hostel

During the year, ten men and eight women had been admitted and eighteen were discharged. Of the admissions, eight came straight from their homes, nine from hospital and one was transferred from another hostel. Of those leaving the hostel, fifteen went home, two returned to hospital, and one was transferred to another hostel. On 31st December, ten persons suffering from mental illness were living at Penrhyn and six were in privately run homes.

### Bourne House

In 1961, immediately after the Act came into force, the County Council started to plan for homes for the elderly mentally infirm in Poole and in Weymouth. In January, 1968, the first of these homes took in its first residents, mainly from Poole and East Dorset. Residents now



come from all parts of the County, and there is a great need to have a second home in Weymouth which originally was planned for 1969/70 on a site already owned by the County Council.

Such a home provides residential care for elderly people whose confusion or other mental frailty prevents their acceptance in an ordinary old peoples' home. Most of the residents are permanent, but experience has shown the value of short stay care to allow hard-pressed relatives to take a holiday. The latter is true preventive care of old people, who benefit from living on with their families; it is also very real economy in these times of financial stringency.

A critical factor in the management of such a home is the selection of staff who understand the shortcomings of this type of resident. We have been fortunate in having Mr. and Mrs. Mackenzie as Warden and Matron, with their considerable experience of work in progressive mental hospitals and also in the management of old peoples' homes. Attendant staff have been recruited locally, relatively short hours being worked by each individual so as to reduce the strain of caring for people who are admitted here because they are too much for their own folk.

In May, 1968, officers of the Ministry of Health came to discuss this project, and to inform us of experience in this field by other authorities. They emphasised the difficulty of selecting the right type of resident, so as to avoid, on the one hand, having just another old peoples' home, and, on the other hand, burdening untrained attendants with people who really need hospital care, either geriatric or psychiatric. Our own selection procedure proved itself during the year, being based on a welfare officer's social report and recommendation confirmed by a medical officer of the department having personal knowledge of the Home. At the end of the first year we have a higher proportion of residents who are suitable for this type of care, than when we first filled Bourne House. Residents who really need hospital care divert staff time disproportionately when they have to wait for months for admission to hospital.

Various kinds of occupation have been tried for the elderly mentally infirm residents and experience has shown that games like Ludo are cast aside unless a member of the staff is there to direct; knitting gets discarded as though it were a punishment; some restless residents have got satisfaction from tearing or folding old newspapers. But a sing-song is the only occupation which consistently gives most of the residents pleasure. A monthly religious service, conducted by the Pastor of the Pentecostal Church, with the help of rhythm-conscious youngsters equipped with guitars, has been a great success.

### **Mental Welfare Officers**

The welcome increase in our establishment of Welfare Officers has already helped with the heavy and increasing burden upon this part of the Welfare Service, but recognition of the need for an increase of this size has brought its own problems. The newly appointed officers now out-number those who have experience and much praise is due to the experienced senior officers for the way in which they have taken in the new members. The adaptability shown at all levels bodes well for the quality of the service in the future.



## MENTAL ILLNESS

The following table shows the number of patients admitted to hospital:-

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	
	1966	219	304	29	57	16	29	17	14	2	0	283	
1967	171	325	39	84	8	13	13	17	4	1	235	440	675
1968	168	252	42	72	8	9	32	18	4	1	264	352	616

Of the 616 admissions, 196 were under compulsion compared with 179 the previous year, i.e. 31.8% of the total compared with 26.5% in 1967 and 69.6% in 1965.

The number of patients admitted who were known to have received in-patient treatment for mental illness on previous occasions was 183, this being 29.7% of the total compared with 38.9% in 1967 and 46.4% in 1965.

Apart from patients in the Lyme Regis area (who are admitted to the Digby Wonford Hospital at Exeter), Herrison and St. Ann's Hospitals accept most of the mentally ill.

## MENTAL SUBNORMALITY

Of the 1,244 mentally subnormal persons on the register at the end of the year, 485 were in hospital and 759 were being supervised in the community which shows the extent of the County Council's responsibility for this class of person.

The latter were classified as follows:-

Subnormal				Severly 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
30	12	116	115	101	63	137	185	131	75	253	300

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

8	4	8	12	17	10	5	2	25	14	13	14
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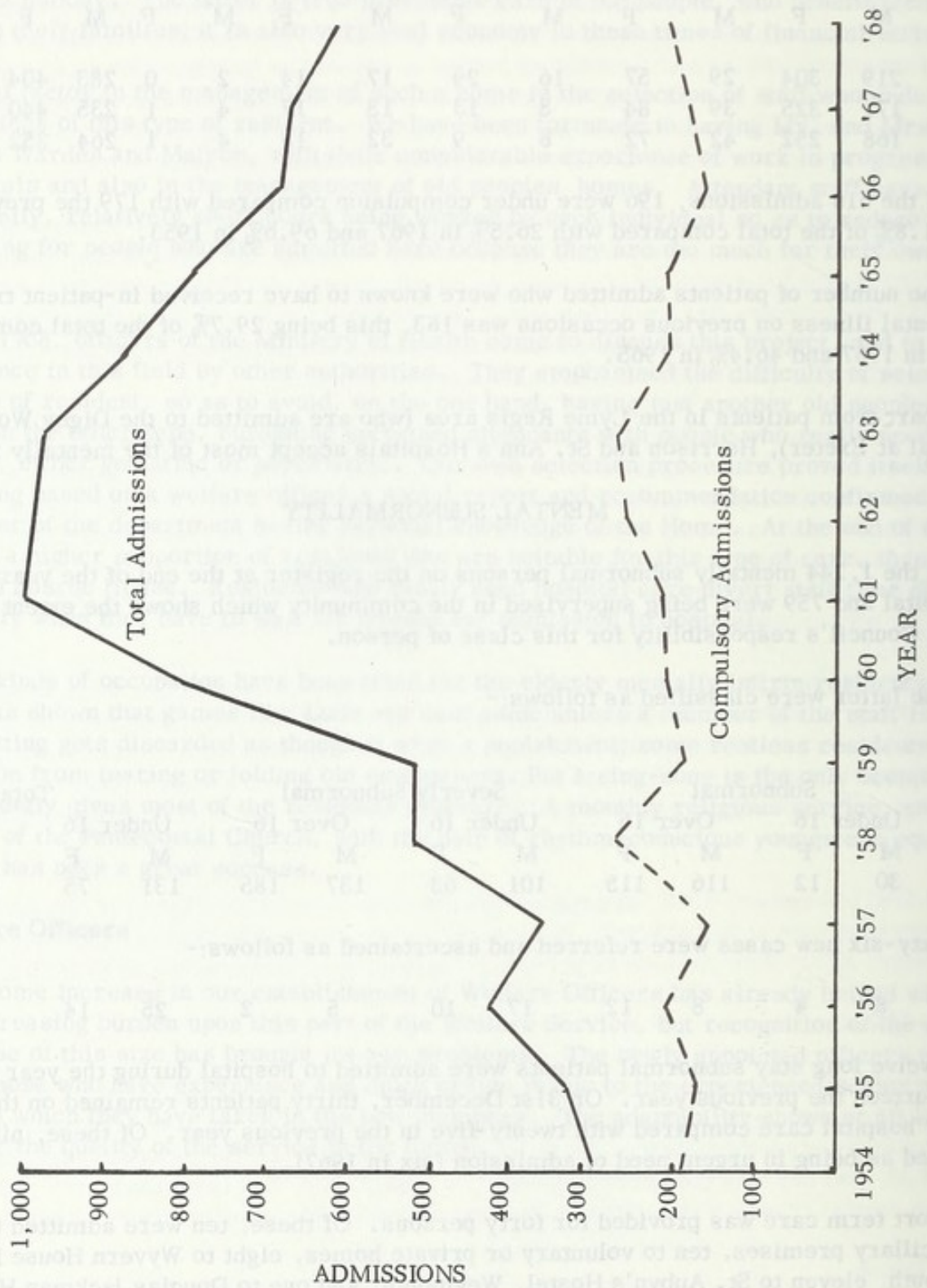
Twelve long stay subnormal patients were admitted to hospital during the year compared with fourteen the previous year. On 31st December, thirty patients remained on the waiting list for hospital care compared with twenty-five in the previous year. Of these, nine were regarded as being in urgent need of admission (six in 1967).

Short term care was provided for forty persons. Of these, ten were admitted to hospitals and ancillary premises, ten to voluntary or private homes, eight to Wyvern House Hostel, Weymouth, eleven to St. Aubyn's Hostel, Weymouth, and one to Douglas Jackman House, Dorchester.

Financial responsibility was accepted by the County Council for two children at Field Place, New Milton, to attend the Christchurch Training Centre, of whom one was over sixteen years of



**NUMBER OF ADMISSIONS TO HOSPITALS FOR MENTAL ILLNESS**



age, for sixteen children to attend the Spastics Centre at Poole and for one child to attend the small unit for autistic children in Southbourne.

The Home Teacher continued to visit forty-one subnormal persons in Poole and East Dorset. Of these nineteen, reside at a private home in Lytchett Matravers.

### Training Centres

The number of persons attending Training Centres has increased by three and a half times during the past ten years.

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

Training Centre	Under 16		Over 16		Total	
	M	F	M	F	1968	(1967)
Bridport Adult			18	20	77	( 54)
Bridport Junior	27	12		)		
Poole Adult			46	47	161	(123)
Poole Junior	40	28		)		
Weymouth Adult			36	35	119	(125)
Weymouth Junior	31	17		)		
Sturminster Newton	11	2	12	9	34	( 33)
TOTALS	109	59	112	111	391	(335)

The opening of the new junior and adult training centres at Poole in 1968 meant an immediate substantial increase in the number of places available so that it became possible to take in all those on the waiting lists.

Pressure for places at the Weymouth Training Centre, especially on the adult side, became even more acute than in the previous year when the opening of Douglas Jackman House increased the number of women for whom places had to be found. Only the building of the new adult centre (already twice postponed because of financial cuts) now planned for 1970 will alleviate the difficult situation here.

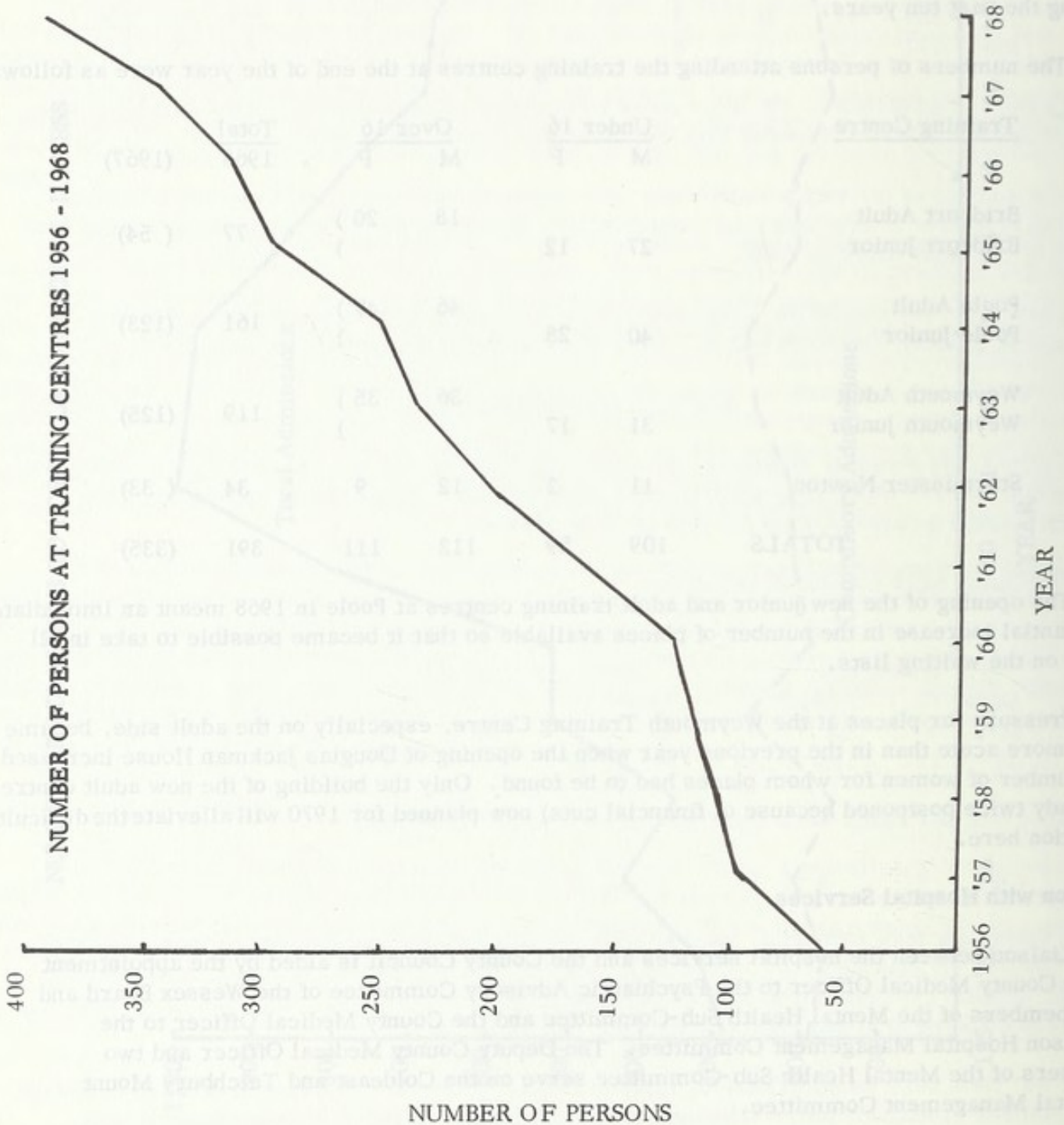
### Liaison with Hospital Services

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

Conversely, Dr. Foote of Herrison Hospital and Dr. Hucker of Coldharbour Hospital are co-opted members of the County Council's Mental Health Sub-Committee.



NUMBER OF PERSONS AT TRAINING CENTRES 1956 - 1968



## Voluntary Bodies

The County Council continued to accept financial responsibility for four Dorset residents in Parnham House where elderly mentally frail ladies are cared for by the National Association for Mental Health.

Both the Weymouth and District and the West Dorset Societies for Mentally Handicapped Children have continued to provide support and help for 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 events.

Work has continued on the swimming pool in the grounds of the Wyvern Training Centre, and the promise of some increase in financial aid from the County Council has further encouraged local fund-raising efforts for swimming pools in Weymouth, Bridport and Poole.

The Wyvern pool was used on hot days during the summer, but the installation of heating will allow its use all through the year.

Throughout the year, the Friends of St. Aubyn's continued their valued activities which do much to widen the interests of the residents and help to involve them in normal community life.

The Cheshire Home for Mentally Handicapped Children at Hawthorn Lodge, Dorchester, continues its valuable work of caring for children whose subnormality is so severe that they need care otherwise only to be found in hospital.



### Residential Accommodation

In my report for 1967, I referred to the economy measures both national and local and the effect that these have on the average type of resident being admitted to the County Council's homes for the elderly. The situation continues to become more serious. The shortage of residential accommodation has several ill effects. The District Welfare Officers have the responsibility of seeing that the most urgent case is admitted to each vacancy and they are working under an increasing strain trying to be sure that all those who really should be in care but for whom there are no vacancies are being adequately supported in the community. Residents being admitted may either come from chronic sick hospital on an exchange basis and perhaps be not much more fit than the resident they are being exchanged for or they may come from their own home where delay in admission may have brought about physical and even mental changes which militate against the happy integration into the life of the home. Officers in charge of the homes have to bear the brunt of these difficulties both in trying to achieve happy groups of residents in their care and the increasing difficulties with their staff who may not have expected to meet residents requiring such heavy care. The shortage of residential accommodation accentuates the need for and success of Swanmore the home at Swanage for the short term care of twenty residents. District Welfare Officers are able to support some of their most urgent cases by repeated admissions to Swanmore for rest and rehabilitation. During the year, a total of 490 admissions to this home were made.

The building of the two new fifty-five bedded homes, Sydney Gale House at West Bay Road, Bridport, and Streets Meadow at Wimborne, were both progressing well at the end of the year and it is anticipated that they should be ready for occupation by the autumn of 1969. When these homes are both able to be occupied, Stoke Water House at Beaminster, will be closed. At the end of the year, urgent representations were being made to the Department of Health and Social Security for the need for a new fifty-five bedded home to be erected in Poole during the financial year 1969/70.

Staff recruitment has not presented undue difficulty during the year but it is becoming increasingly apparent that fewer applications will be forthcoming in the future for the residential posts (particularly that of Assistant Matron) from persons possessing the qualities needed for this exacting work.

The Council have noted with interest, the report and recommendations of the Williams Committee, some of which have already been implemented, and will give serious consideration to the secondment of suitable staff when the proposed training courses are instituted.

Every advantage is taken to allow staff to attend the short courses arranged in various parts of the country; in particular, the courses for attendants arranged by the Education and Training Committee of the Provincial Councils for Local Authorities' Services in the south-west have proved most popular and helpful to the untrained day staff.

Again I have much pleasure in expressing the thanks of my Council to a number of voluntary associations and voluntary workers who give much help in the homes. The British Red Cross Society manage trolley shops and supervise handicrafts in a number of homes; cadets from several divisions of the St. John Ambulance Brigade visit some homes regularly to give extra help with the bathing of residents and such work as the carrying of trays for people requiring a meal in bed; and senior students from a number of schools visit certain of the homes to give help with such things as shopping or letter writing; and the Friends of Elizabeth House give much help with entertainment in that particular Home.



## Special Housing for the Elderly

The County Council grant aided scheme to district councils for approved tenants in their specially designed grouped dwellings with warden service has continued to expand if somewhat slowly. Out of twenty-one housing authorities in the County, there are still five who have not provided such dwellings, although one of these is understood to have plans for providing two separate blocks of flats which should be completed during 1969.

Difficulties occasionally arise when a housing authority having admitted an unsuitable tenant, asks for a grant which cannot be approved. It should be well known by now that if this department is kept informed of details of waiting lists for such houses, the authority can be notified in advance as to which candidates will be approved for grant.

By the end of the year, 821 tenants had been approved for financial contributions by the County Council, subject to the conditions relating to occupancy and structural and welfare facilities. Of these, 708 approved tenants are in accommodation provided by the district councils and 113 in accommodation provided by housing associations and almshouse trusts.

## Social Welfare

During the year, a total of 67,774 meals were distributed under the County Meals on Wheels scheme, by members of the Womens Royal Voluntary Service. This was an increase of 620 meals over the previous year, and they were delivered to 1,455 recipients. Detailed statistics are set out in table 7 on page 75.

There were no fewer than eleven lunch clubs for elderly people operating in the County at the end of the year. This was an increase of four clubs over the previous year, and all four were organised by the Womens Royal Voluntary Service. Of the eleven clubs in the County, eight were organised by the Womens Royal Voluntary Service and as in the previous year, one each by the Pilgrim House Club at Weymouth, the British Red Cross Society at Dorchester, and Broadstone Council of Churches Friendship Club.

It is a well recognised fact that it is much better for the majority of elderly people to have their meals in company with others rather than in comparative solitude in their own homes and in this connection it is pleasing to record that in 1968 23,020 meals were served in lunch clubs, an increase of 13,085 meals over 1967, while the meals on wheels service only increased by a total of 620 meals. In each of the two preceding years, there was an increase of approximately 4,000 meals delivered in this service.

These relative figures are, of course, in part due to the increased number of clubs set up in 1968, but also to the fact that health visitors and district welfare officers were asked to encourage as many old people as possible to go to lunch clubs in preference to the Meals on Wheels Service delivering to their own home.

I again have pleasure in expressing my thanks to the members of the Womens Royal Voluntary Service in particular and to members of other voluntary associations who regularly give up so much time to this work and even help by transporting a number of people to lunch clubs, who would otherwise be unable to attend them.

The Community Council for Dorset has established a health and welfare sub-committee which, as time goes on, should help greatly to increase the co-operation between a number of voluntary associations and my department.



## Registration and Inspection of Disabled Persons' and Old Persons' Homes

At the end of the year there were ten homes provided by voluntary associations and twenty-four private homes registered with the County Council under Section 37 of the Act. Of these voluntary homes, one provides only for young disabled people and had twenty persons in residence on the 31st December, 1968. During the year, two private homes applied successfully for registration, one private home had its registration cancelled by the County Council and four private homes ceased to be registered.

At the end of the year there were 172 elderly persons resident in the voluntary homes and 199 residents in the private homes, making a total of 371 persons.

## Welfare of the Blind and Partially Sighted

It is pleasant to be able to record that during 1968 the number of persons on the Blind Register decreased, as well as the number of newly registered blind people. At the end of the year there were 993 persons on the blind register, a decrease of fourteen during the year, and there were 168 persons on the partially sighted register, an increase of one during the year. The number of newly registered blind persons was 124, compared with 138 the previous year and of these nineteen were between the ages of twenty-one and sixty-four years and 105 cases were over the age of sixty-five years.

While the financial situation remains so tight, it is not possible to report developments in the welfare services for the blind and partially sighted. Visiting and teaching have been carried out by seven qualified home teachers for the blind and one trainee, three of these 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 co-operation with the Dorset County Association for the Blind, to whom I express very sincere thanks for all the help they give throughout the County. Instruction in embossed type and handicrafts was given to pupils in their own homes.

Arrangements for the employment of Dorset people in workshops for the blind remained the same as in the previous year. Thirty-nine blind men and five blind women were employed in open industry in Dorset at the end of the year. Under the County Council's scheme for home workers, six men and six 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.

A total of forty-six awards were won at the Dorset Arts and Crafts Exhibition, the Bristol Guild of Blind Gardeners, and the Poole Show, and this testifies to the continuing high standard of handicrafts. The marketing of saleable articles made by the blind in their own homes and at handicraft centres was as well maintained as in the previous year.

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 143 blind persons over the age of sixteen were living in hospitals or welfare homes. Of these, forty-two were in the care of Regional Hospital Boards, seventy-five were in homes provided under Part 3 of the National Assistance Act, 1948 and two were in homes provided under Section 28 of the National Health Service Act, 1946, while twenty-four 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 31.12.67	686	321	1,007
New cases	82	42	124
Transfers in	27	10	37
Transfers out	24	24	48
Deaths	94	28	122
Decertified	4	1	5
No. on Register at 31.12.68	673	320	993

Partially Sighted	Dorset (Excluding Poole)	Poole	Total
No. on Register at 31.12.67	108	59	167
New cases	19	7	26
Transfers in	5	2	7
Transfers out	1	4	5
Deaths	13	3	16
Transferred to Blind Register	5	6	11
Decertified	-	-	-
No. on Register at 31.12.68	113	55	168

#### Welfare of the Deaf and Hard of Hearing

The welfare services for the deaf and hard of hearing continue to be administered through agency arrangements with the Salisbury Diocesan Association for the Deaf and Hard of Hearing, and cases applying for assistance were visited by officers of the Association.

The services provided included the visiting of cases in their own homes and in hospitals. Assistance was also given with regard to employment in co-operation with the Ministry of Labour.

Social centres for the deaf continue to be run at Poole, Sherborne and Weymouth, and Hard of Hearing clubs met regularly at Bridport, Dorchester, Poole, Sherborne and Weymouth.

The following table shows the number of persons, both deaf, and hard of hearing, registered with the Authority on the 31st December, 1968 and sets out statistics in respect of services provided:-

	Dorset (Excluding Poole)	Poole	Total
Deaf	104	37	141
Hard of Hearing	175	70	245
No. of cases for whom service is provided	276	102	378
Attendance at Social Clubs	2,941	844	3,785
Attendance at Church Services	455	201	656
Visits by Missioners	1,352	424	1,776



## Welfare of the Physically Handicapped (General Classes)

Three Social Welfare Officers for the Handicapped continue to visit cases throughout the County. Advice is given on general welfare and the most effective means are determined by which persons may be assisted to overcome their disability. The issue of specialised equipment, aids, and gadgets has again increased during the year, as also have adaptations to the homes of handicapped persons.

Apart from this, in the present financial restriction, it is difficult to report developments in the services for the handicapped, and it must be saddening to staff as well as to the handicapped themselves, that the first residential home planned for them in the County, and which a few years ago was included in the building programme for 1967/68 has now had to be relegated to the year 1972/73 for financial reasons. At the present time, the County Council maintains twenty-four handicapped persons in establishments outside the County.

The Dorset Branch of the British Red Cross Society continued to act as agents for the County Council in certain aspects of the work, including instruction in handicraft 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, three handicapped persons from the County were still employed in sheltered workshops and three 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, 1968:-

	Dorset (Excluding Poole)	Poole	Totals
No. on register at 31.12.67	1,136	331	1,467
New cases	316	64	380
Transfers in	3	3	6
Transfers out	15	9	24
Deaths	115	27	142
Removed from register	13	18	31
No. on register at 31.12.68	1,312	344	1,656

## REGISTRATION OF NURSING HOMES

No new homes were registered during 1968 and at the end of the year there were fifteen registered homes providing 221 beds for general (not maternity) cases.

Periodic inspections of registered homes continued as in previous years.

### NURSERY 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		
	1966	1967	1968	1966	1967	1968
Number	24	33	61	25	24	37
Number of places at end of year	477	752	1,498	266	274	370



## WATER SUPPLIES AND SEWERAGE

Noteworthy progress was made, during 1968, in the provision and improvement of piped water and main drainage in Dorset.

**Water Supply**

After many frustrations and considerable delay due to objections in one form or another, the Dorset Water Order was formally made on 26th August, 1968. This followed an Inquiry into the Draft Order on the 2nd and 3rd July before a Joint Parliamentary Committee under the Chairmanship of Mr. Will Owen, M.P. After hearing the case for the Petitioners against the terms of the Order, the Committee decided that insufficient reason had been given for any amendment insofar as the financial terms were concerned. The Appointed Day for the coming into operation of the new Dorset Water Board is 1st April, 1969. Thus, as 1968 drew to a close, a major change in the pattern of Dorset's water supplies was approaching. Within a matter of weeks the existing Statutory Water Authorities would wind up and the Dorset Water Board would serve the whole of the County with the exception of certain 'fringe' areas to the north east and west of the County. The Wessex Water Board would continue to supply the Sherborne urban and rural districts, the West Wilts Water Board would be responsible, as at present, for Shaftesbury borough and Shaftesbury rural district and the Bournemouth and District Water Company would supply - as now - the greater part of the Wimborne and Cranborne rural district. In the west, Lyme Regis would stay within the statutory water area of the East Devon Water Board.

This latest merger is the culmination of steps which have been taken, progressively, in the county, with the backing and approval of the County Council, since 1953.

Interest in possible regrouping of water undertakings in Dorset began with the publication of the contentious 'Vail Report'. This Report on the "1950 Dorset and South-West Somerset Water Survey" was prepared by Mr. A.R. Vail, Senior Engineering Inspector of the Ministry of Housing and Local Government. Published in 1953, its main recommendations were that for water supply purposes, Dorset should be divided into two major water supply areas "Dorset Downs" and "East Dorset". A third water area - "Wessex Plains" - would cover part of Dorset but would embrace, principally, statutory water undertakings in the County of Somerset.

Commenting upon the Vail Report in a detailed Review prepared in August 1953, the County Public Health Engineer said:-

"There will clearly be strong opposition to the formation of what will be viewed by many as Water Boards to control the County's water supplies, and respect must be given to the opinions of undertakers and others who take this line. If the situation is viewed dispassionately, however, it will be revealed that there are certain factors in favour of the principle of amalgamation even if only on a limited scale. For example:-

(a) It would be difficult to dispute the contention that there are, at present, too many water undertakers operating in Dorset to make the best and most economical use of the County's water resources.

(b) There are too many water sources in use and some are known to be unsatisfactory as respects quality, or yield, or both.



(c) In the rural areas, because of the widely scattered population and the very long length of mains which have to be laid, the distribution of water is not proving to be a profitable business and, in most cases, is incurring a deficit. As time goes on, if capital expenditure is increased without a compensating rise in revenue, the burden likely to be placed on individual undertakers would increase, possibly to a serious degree.

(d) Although successful efforts have been made by the undertakers themselves, and by the County Council to co-ordinate water schemes, these have not gone as far as they might".

This review was approved by the County Council and copies were sent to the Ministry of Housing and Local Government, the Statutory Water Undertakers in Dorset and to the Devon, Somerset and Wiltshire County Councils.

The next step came in 1956 with the publication of the Ministry of Housing and Local Government's Circular 52/56 on the subject of Regrouping of Water Undertakings. On this, the County Council decided to adopt the general principle of some regrouping of statutory water areas in the County and later they set out the measures which, in their opinion might be taken in furtherance of this policy.

For example, in November 1956, the County Public Health Engineer reported in detail on "The Suggested Incorporation of Certain Existing and Proposed Water Installations into a Joint Water Scheme for West Dorset." This report arose out of proposals submitted to the County Council by the Beaminster and Bridport Rural District Councils for carrying out, independently, comprehensive water schemes to serve these rural districts.

Having examined the schemes and considered the many aspects involved, the County Public Health Engineer's main recommendation was that

(i) A Joint Water Scheme would be the most satisfactory, safe and flexible means of supplying piped water to the whole of West Dorset.

(ii) It would be feasible and highly desirable, on engineering, economic and administrative grounds for the two schemes which had been prepared on behalf of the Beaminster and Bridport Rural District Councils to be linked together, modified and augmented so as to serve not only the two rural districts but, in addition, the boroughs of Bridport and Lyme Regis.

The combination of efforts jointly made in this direction by the Local Statutory Water Undertakers and the County Council was the formation in 1958 of the West Dorset Water Board. The Board's main duty was to embark on a major capital works programme to provide piped water to West Dorset.

Subsequently, the County Council and the existing Statutory Water Undertakers in East Dorset, including the Poole Corporation, paved the way setting up, in 1959, the Poole and East Dorset Water Board. This Board, based upon the strong and viable Poole undertaking, quickly settled down and was successful in dealing with the many problems brought about by merging three rural water undertakings with a major urban waterworks. There can, however, be no comparison between the problem faced by the Poole and East Dorset Board and that with which the much smaller West Dorset Water Board had to contend.



Piped water in West Dorset, except for towns like Bridport and Beaminster and certain of the larger villages was virtually non-existent. The West Dorset Water Board, to all intents and purposes, had to start from scratch whereas the Poole and East Dorset Water Board had a very firm foundation upon which to build.

Within a short time of his appointment the Engineer and Manager of the West Dorset Water Board got down to the preparation of a Regional Water Scheme for West Dorset. This he did in close collaboration with the County Public Health Engineer and as a result this was approved with only minor modifications, when, in 1960, the £1¼ million regional scheme was submitted for the formal observations of the County Council. Because of the exceptional financial difficulties which faced the West Dorset Water Board, in embarking upon such a major project generous contributions were made by the County Council, but the actual implementation of this scheme was one which the Board itself had to undertake.

Excellent progress has been made and in a report prepared in November 1968, the Engineer and Manager was able to show how near the Board had got to the completion of the Regional Scheme. To all intents and purposes, only improvements to existing supplies remained to be done coupled with the extension of mains to serve 'fringe' areas which were still without an adequate piped water supply.

Before leaving the area of the Dorset Water Board it would be appropriate, once more, to acknowledge the fine achievements of the several water undertakers who will be handing over their responsibilities of water supply, namely: The Poole and East Dorset Water Board, the Dorchester Rural District Council, the Weymouth Waterworks Company, the Portland Urban District Council and the West Dorset Water Board.

These water undertakings will be continuing to operate in Dorset when the Dorset Water Board comes into being. The Bournemouth and District Water Company and the West Wilts Water Board strengthened their resources and extended their distribution systems, while the Wessex Water Board took a major step forward in the hope of being able to make good the deficiency in supply which they calculate will exist in the early 1970's.

In December, the Wessex Board applied to the Avon and Dorset River Authority for a licence to extract a total of six million gallons of water per day from four bore-holes in the Parish of Sydling St. Nicholas, near Lower Magiston Farm. Reference to this proposed new major source was made in some detail in my Annual Report for 1967 and the County Council's interests are being closely watched. Concern has been shown in certain quarters that the County Council should not have lodged a formal objection against the Wessex Water Board's application because of a feeling that Dorset water ought not to be allowed, substantially, to supply a part of another County until it is known, for certain, that Dorset's future needs can be met and that existing supplies will not be affected by an abstraction of water from the Sydling Valley of the magnitude proposed.

On the other hand, there is some force in the argument that to make such an objection, certainly at this stage and in the light of the evidence so far available, would be to have no confidence in the Water Resources Act and those whose responsibility it is to administer it. When the test pumping of the boreholes at Lower Magiston was being carried out, these operations were closely watched by the Avon and Dorset River Authority and the Government's Water Resources Board. The Authority was aware of the requirements of the "Shadow" Dorset Water Board and they studied the effect of the test-pumping on all known local sources. In the face of the evidence which was accumulated by both the Authority and the Water Resources Board, the conclusion was that it would not be detrimental for water from the Sydling Valley to be pumped into Somerset.



If this is the right course, it still has to be decided whether this source should be developed by the Wessex Water Board or by the new Dorset Water Board. The latter claim that they should have control of the source and supply water in bulk to Wessex and this is an issue with which if things go that far, the County Council might be concerned. The Dorset Water Board's Engineer has been asked to furnish the County Council with full particulars of the alternative which, on his advice, the Dorset Board have in mind. If, when the details are known, it is demonstrated to the satisfaction of the County Council, that some financial benefit might accrue to the rate-payers of Dorset - or if there were engineering advantages, e.g. greater flexibility of supply - then it is possible that at the time any application was made by the Wessex Board to the Minister of Housing and Local Government for an Order under the Water Act, 1945 to develop proposed Lower Magiston Source the County Council might decide to lodge a formal objection.

When first the question arose, in 1967, the Public Health Sub-Committee was advised that there might be less objection, from the County Council's viewpoint, to the Wessex Water Board obtaining the additional water it required from the suggested impounding reservoir at Melbury Osmond than by the abstraction of up to six million gallons per day from the Sydling Valley. There are no grounds at present on which to vary this view.

### **Sewerage and Sewage Disposal**

In spite of the restrictions on capital investment imposed by the Government substantial progress has been made in the provision of main drainage.

The highlight was the launching, in May, of a submarine pipeline, nearly one mile long, in West Bay. This outfall was the 'back-bone' of a trunk sewerage scheme, estimated to cost £340,000, and known as the Bridport Joint Sewerage Scheme. It will serve the borough of Bridport, neighbouring parishes of the Bridport rural district, Beaminster and Netherbury - some six miles north of Bridport in the Beaminster rural district. The design population is about 26,000 but the capacity of the outfall itself was increased to deal with flows considerably in excess of this figure.

The launching operation was carried out by what was known as the "pulling" technique, the pipeline being winched out to sea from a barge anchored in the bay. After the preparatory work had been completed, including the excavation of a trench in the seabed large enough to accommodate the pipeline, the actual launching went extremely smoothly. The first 'string' of pipes was in the sea by 9.30 a.m. on the 31st May; a tie-in joint was then made and the second string was pulled out during the afternoon.

Unfortunately, due to a number of unforeseen factors, the pipeline did not take up its correct level in the trench and the question of its safety has been the subject of protracted investigations between the Consulting Engineers, the Contractors and the Hydraulics Research Station at Wallingford. There was the feeling that throughout the greater part of its length, the pipeline was quite safe but there was some concern about that part of the outfall which passed through the "plunge" or surf zone. Accordingly, the Hydraulics Research Station have been considering, in consultation with the interested parties, whether any protective works were required along this section of the outfall. At the time of preparing this report, the outcome of the investigations is not known.

When this question has been resolved to the satisfaction of all concerned, the submarine pipeline will be connected to the land line and the scheme, as a whole, brought into operation.



The pressure pipeline between Bridport and Beaminster was completed some months ago - as were the two main pumping stations - and to prevent continuation of the pollution which had occurred for many years in the River Brit, below Beaminster, the pressure pipeline will be brought into operation early in 1969. This is possible, by arrangement with the Bridport Corporation, who have agreed that sewage from Beaminster may be discharged, with that from Bridport itself, by means of the existing short sea outfall near East Beach, West Bay. This, for the time being, will aggravate the pollution of East Beach which occurs from time to time but when the new outfall is brought into use it is confidently expected that this will put an end to beach pollution problems in this part of Dorset.

In last year's report, reference was made to the Suggested East Dorset Trunk Sewerage Scheme. This was devised by the County Public Health Engineer as a means of providing a long term solution to main drainage problems in parts of the county where the need was urgent, either because of new housing estates or because existing services were badly in need of replacement or major overhaul. The scheme was designed to deal with a total population of 264,650 by the turn of the century and the estimated cost, in 1967 was £4,800,000. Mr. King's report on the scheme showed considerable savings both in capital costs and running costs compared with conventional schemes based on local sewage disposal works. However, although the County Treasurer agreed that in the long term there were likely to be considerable economic advantages, the burden imposed upon the ratepayers of Dorset in providing, as it were for posterity was, he felt, greater than they should be asked to bear and primarily for this reason, the scheme was put into abeyance.

Nevertheless, the County Public Health Engineer felt convinced that trunk sewerage was the right long term solution to main drainage problems and it was agreed that he should prepare, in conjunction with Messrs. L.G. Mouchel and Partners, Consulting Engineers of Bath, a report on a modified scheme to serve South-East Dorset, involving, in substance, the laying of trunk sewers to serve the Wimborne area, the Wareham and Purbeck Rural District and eventually, the Borough of Wareham; the sewage would be taken out to sea by a submarine pipeline near Arish Mell. The actual discharge point could not be determined until detailed hydrographical surveys had been carried out but it was expected that the outfall would be at least one mile long. Mr. King completed his report in July and the amended scheme provided for a population of 225,240 by the year 2001 at a total estimated cost of about £3,000,000. This allowed for a trunk sewer from Verwood to the outfall at Arish Mell, costing about £1,824,000, together with the necessary rising mains inter-connecting sewers, pumping stations and a 48" diameter submarine pipeline, one mile in length. This showed a capital saving compared with the alternative of providing conventional works to serve the same population (less that already served by existing sewage disposal works) of about £1,482,425. As far as running costs were concerned, it was estimated that the saving would be nearly £100,000 per annum.

The economic factors which would be involved in carrying out the suggested South East Dorset Trunk Sewerage Scheme were investigated, in detail by the County Treasurer. In his report, the County Treasurer pointed out that the same economic factors would apply to this revised scheme as to that prepared, in 1967, for the whole of East Dorset. He said that on the basis of the assumptions made by the County Public Health Engineer in his report, the annual saving from the trunk scheme might be of the order of £440,000 in terms of cost in the year 2001. The "break-even" point would occur in about 1988 - several years earlier than in the case of the East Dorset Trunk Sewerage Scheme as a whole. The County Treasurer pointed out, however, that an economic advantage accruing over a period of eighteen to thirty years in the future had considerably less value than would have been the case if it accrued during the seventeen years immediately ahead. Accordingly, it was necessary to apply the "discounted cash flow technique" to ascertain the current value of both the aggregate excess cost and the



economic advantage which would accrue in the course of time. The outcome was that even taking into account the cessation of loan charges on the trunk scheme in the year 2001 it would still be many years, the County Treasurer, felt, before the aggregate excess cost could be completely offset by savings in terms of present value.

Even so, the benefits which would eventually be obtained by the provision of trunk sewerage in South East Dorset were considered to be so great that, in October, the county district councils were, at the request of the County Council, asked to consider means whereby capital expenditure on the provision of sewage disposal in the period up to 1981 could be curtailed as far as practicable. For example, the county district councils were requested to consider the possibility of substituting extended aeration plants for conventional sewage disposal works and they were told that the County Public Health Engineer felt that the Pasveer Ditch was a form of extended aeration which combined the merits of simplicity and efficiency with economy and ease of maintenance. By this means, he felt that it might be possible to cut capital expenditure on sewage disposal by at least 50% and there was no reason to believe that the effluent produced by a Pasveer Ditch would not compare favourably with that from a conventional sewage disposal works. There was the added advantage that this form of extended aeration functioned without smell.

At the end of the year, a Pasveer Ditch scheme was under consideration by the Wareham and Purbeck Rural District for the Parish of Lytchett Minster and other county district councils were known to be giving this method of sewage treatment careful investigation.

Details of schemes submitted, commenced and completed during the year are given in the table below.

It will be seen that some of the bigger projects under construction were the Bradford Peverell and Stratton Sewerage and Sewage Disposal Scheme which was estimated to cost £207,500, the Bere Regis and Lytchett Matravers Joint Sewerage Scheme which would cost in the order of £335,000 and the Wareham and Sandford Joint Sewerage Disposal Scheme which had been completed at about £140,000.

Other significant developments during the year were the further extension of the Wimborne Minster Sewage Disposal Works at Leigh at an estimated cost of about £150,000 and the commencement of one of the biggest main drainage projects ever undertaken in Dorset - that for Verwood. Work was commenced on Stage 1 of this scheme - the laying of an 18" diameter trunk sewer to link-up with the Palmer's Ford Sewage Disposal Works. This was the first part of a £700,000 scheme and it was hoped that consent would be given to proceed with Stage 2 - the laying of sewers - early in 1969. Because of the economic restrictions the Wimborne and Cranborne Rural District Council decided to rationalise expenditure on major main drainage schemes by obtaining a fixed price tender covering two contracts (Phase II Parts 1 and 2) but imposing a restriction on the date of commencing work on the second contract included in the overall tender. This was forward thinking on the part of the Council resulting in a more competitive pricing than would have been the case if the contracts had been let separately. The total estimated cost of Phase II of the Verwood Main Drainage Scheme was £399,475.

Another notable achievement was Shaftesbury Borough Council's decision to proceed with a scheme for the provision of certain new sewers and the construction of a sewage disposal works. Although this matter had not been resolved at the end of the year, the Corporation were seriously considering a suggestion by the County Public Health Engineer to adopt a Pasveer Ditch instead of a conventional sewage works with a saving in estimated cost amounting to about £67,000.



During the year the County Council's Management Services Unit completed their investigation of the work of the County Public Health Engineer. In the course of this, it was revealed that between 1st January, 1963 and the 31st December, 1967, water and sewerage schemes totalling £3,207,276 in capital cost were examined. Sewerage and sewage disposal accounted for £3,033,114; the remaining £174,162 was in respect of water supply. Estimates prepared by the County Public Health Engineer at the request of the Management Services Officer, revealed that a total net saving of £65,000 on the original capital costs had been made following the examination of technical detail and that a further £60,300 might have been saved if suggestions which were made had been incorporated in schemes, as constructed. Unfortunately, no precise information was available in these latter cases on the extent to which the economies suggested were in fact acted upon. Consultations with the engineers of county district councils and with consulting engineers before new schemes were prepared enabled co-ordination to be achieved in some cases and a certain amount of "pruning" to be made in others resulting, in all, in estimated savings totalling some £102,800.

Thus it was estimated that, altogether, savings made during this five year period amounted to £167,800 and further economies totalling, in all about £60,300 might have been made.

During the same period - 1963 to 1967 - some forty-eight water and thirty-four sewerage contracts, eighty-two in all had been completed at an estimated cost of £3,449,147.

To enable the County Public Health Engineer to devote the whole of his time to public health engineering in future, the County Council decided on the recommendation of the Management Services Officer that the Assistant County Public Health Officer, Mr. A.H. Parry, should take over the duties of County Public Health Officer for which, since 1949, Mr. F.M.W. King had been responsible in addition to his work as County Public Health Engineer.

#### Schemes Submitted, Commenced and/or Completed during 1968

Authority	Scheme	Approximate Capital Costs of Scheme		
		Submitted £	Commenced £	Completed £
<b>Water Supplies</b>				
Poole and East Dorset Water Board	Candys Lane, Corfe Mullen	-	1,350	1,350
	Corfe Castle - Church Knowle	-	13,820	13,820
	Hyde Common	6,000	-	-
West Dorset Water Board	Regional Scheme -			
	Contract No. 59	-	-	7,250
	Contract No. 61	-	15,570	-
	Contract No. 63	-	-	52,050
	Contract No. 64	-	28,180	-
	Contract No. 65	-	26,190	-
West Wilts Water Board	Hawcombe Lane, Compton			
	Abbas	1,009	1,009	1,009
	Littledown-Harthill, Semley	4,580	4,580	-



Authority	Scheme	Approximate Capital Costs of Scheme		
		Submitted £	Commenced £	Completed £
<b>Sewerage and Sewage Disposal</b>				
Bridport Borough; Bridport Rural District; Beaminster Rural District.	Joint (Trunk) Sewerage Scheme	-	-	340,000 completed subject to finalisation of outfall con- tract.
Dorchester Rural District Council	Bradford Peverell & Stratton Maiden Newton Extension	207,500 25,170	207,500 -	- -
Sturminster Rural District Council	Pilwell area, Marnhull Sackmore Lane Station Road Area, Stalbridge Contract No. 1	- - -	10,750 1,450 3,900	- - -
Wareham and Purbeck Rural District Council	Bere Regis Joint Scheme - Bere Regis Stage 1 Lytchett Matravers Stage 2 Lytchett Minster - Beacon Hill Area Wareham St. Martin (Sandford) Organford Road area	- - - 15,500 28,500	- - 149,203 - -	185,880 - - - -
Wimborne and Cranborne Rural District Council	Alderholt Corfe Mullen - Contract No. 25 Kinson - Palmers Ford main Verwood - Phase 1 - Contract No. 26	135,000 - - - -	- - 6,650 -	- 107,442 - 155,000
Shaftesbury Borough	Revised Scheme	112,500	-	-
Wareham Borough and Rural District Councils	Joint Scheme including Wareham Borough, Sandford, Stoborough and Ridge	-	-	143,000

#### THE PREVENTION OF RIVER POLLUTION

It was in 1949, when he came to Dorset, that the County Public Health Engineer first reported on the serious pollution of the River Brit by sewage from the town of Beaminster. It is with a sense of relief, rather than achievement, that after twenty years, he is able to report that this source of pollution has now been removed.

It is hoped that before long the Beaminster Rural District Council will find it possible, also, to pump sewage from the village of Netherbury into the pressure pipe of the Bridport Joint Sewerage



Scheme leaving the Brit clean for, virtually, the whole of its way to the estuary at West Bay. The only pollution which might occur in this small river from time to time - apart from land drainage - might be from storm sewage overflows, mainly in the Borough of Bridport itself.

The problem of storm sewage is a very difficult one; the fact that traces of crude sewage might, under certain circumstances, be discharged into clean rivers is to be deplored, but without the expenditure of vast sums of money in the provision of bigger foul sewers and/or surface water drainage systems there would seem to be no practical solution to this situation. The only thing to be said about storm sewage is, that, on most occasions when the overflows are discharged the rivers are running fairly high; it would generally only be during a sudden storm in the height of summer, say in the middle of a heatwave, that trouble of any significance might arise.

With the removal of pollution from the River Brit at Beaminster, there remains only one other "black-spot" in Dorset of any consequence. This is at Shaftesbury where sewage from a broad-land-irrigation-system is discharged into the head waters of the River Stour. But, as reported under Sewerage and Sewage Disposal earlier in this report, a scheme for the construction of a Pasveer Ditch Scheme at Shaftesbury to serve a population of 6,500 is under preparation. This scheme is likely to be submitted to the County Council for grant purposes during 1969.

The closest co-operation continues to exist between the County Health Department and the Avon and Dorset River Authority; it is, once again desired to place on record appreciation of the help received from the Authority's Fisheries and River Pollution Inspector, Mr. J.D. Brayshaw.

#### THE DISPOSAL OF SEWAGE INTO THE SEA

The decision of the Minister of Housing and Local Government to set up a Working Party on Sewage Disposal has brought general approval. The Working Party is examining all aspects of sewage treatment including the economics of the several methods now in use and it is known that, already, good progress has been made.

There is no doubt that extremely valuable evidence about the efficiency of long sea outfalls could be obtained if it were possible to bring the submarine pipeline at West Bay into operation this summer. At the expense partly of the Ministry of Technology and partly of Messrs. Land and Marine Contractors, the firm who constructed the pipeline, two extra "in-line" diffusers and two sets of direct outlet ports were built into the outfall to enable research to be carried out into the effect of discharging comminuted sewage into the sea by diffusion and by direct discharge at points varying from about half-a-mile to three-quarters-of-a-mile from the foreshore. The investigations, when the time comes, will be carried out by the Water Pollution Research Laboratory and there must be very few places in this country at which such a built-in "test-bed" will be available; indeed this could be the only one of its type. Evidence such as this investigation would provide would materially assist the Working Party in their study of the general question of the disposal of sewage into the sea and it is hoped that it will be possible to obtain the necessary data quickly enough.

It is expected that the Working Party will be in a position to report in 1970.



## INSPECTION AND SUPERVISION OF FOOD

### Milk

The total gallonage of milk sold off farms in Dorset during 1968 was approximately 82,000,000 of which about one fifth went to the retail market. Close supervision of milk sold retail in the county has been maintained by the County Health Department.

Towards the end of the year a producer/retailer installed a small electrically heated batch pasteuriser and obtained a Dealer's (Pasteuriser's) Licence bringing the total number of licensed pasteurising establishments to eight including one in each of the boroughs of Poole and Weymouth. Both borough councils are food and drugs authorities and supervision of pasteurising dairies is undertaken by the borough public health inspectors but elsewhere in the county the work is undertaken by the county health department.

During the year, sampling officers of the county health department obtained 909 samples of pasteurised milk at six licensed pasteurising establishments and sixteen did not satisfy the methylene blue test. A further three specimens failed the phosphatase test and although very detailed investigations were made at the two dairies involved the cause for the milk failing this test for efficient heat treatment was not identified.

One dairy in particular experienced trouble with regard to the methylene blue test and nine of the sixteen samples which failed the test were of milk from this establishment. The County Public Health Officer carried out a full investigation and was able to make recommendations in respect of the cleaning processes which, when implemented, resulted in a marked improvement in methylene blue test reports.

Apart from the samples taken at the licensed pasteurising establishments, the sampling officers obtained specimens from retailers, (including shops and vending machines), county homes, hospitals, schools and school kitchens. Of 1,782 specimens submitted for testing, fifty-five were unsatisfactory, due, in the main, to failure to satisfy the methylene blue test.

An increasing quantity of ultra heat treated milk is being sold in the county, particularly in supermarkets. Twenty-eight samples of this grade of milk were obtained during the year and all were satisfactory as, also were eleven samples of sterilised milk.

Regular sampling has also been undertaken in respect of the relatively small quantity of untreated milk which is retailed, mostly by licensed producers. Three hundred and seventeen samples were obtained of which twenty-one failed the methylene blue test. Those producers whose milk gave two consecutive unsatisfactory reports were referred to the Milk Advisory Officer of the Ministry of Agriculture, Fisheries and Food.

Supervisory work at the pasteurising establishments includes the taking of swabs and rinses of cleaned equipment and bottles as a check on the efficiency of the methods employed. Four hundred and thirty-eight specimens were examined at the Public Health Laboratory and seventy indicated an unsatisfactory standard.

In addition to the rinses and swabs mentioned above, particular attention has been paid to the cleaning of school milk bottles at dairies and 235 bottle rinses were taken of which six failed to reach a satisfactory standard.



## Section 39 Food and Drugs Act, 1955

During the year the Minister of Agriculture, Fisheries and Food renewed consents to ten producers to enable them to sell undesignated milk to nearby householders who would otherwise be unable to obtain a supply of fresh milk.

### The Milk (Special Designation) Regulations, 1963/65

One Dealer's (Pasteuriser's) Licence and sixty-seven Prepacked Milk Licences were issued during 1968. Forty-three Prepacked Milk Licences were cancelled so that at the 31st December the position regarding Dealer's licenses was as follows:-

Dealer's (Pasteuriser's)	6
Dealer's (Untreated)	11
Dealer's (Prepacked)	364
	—
	381
	—

## Section 31, Food and Drugs Act, 1955

### Prohibition of sale of milk from diseased cows Tuberculosis

Selected sampling of untreated milk sold by retail was continued throughout the year and fifteen specimens were submitted for biological examination. All were negative for tubercle bacilli.

From information kindly supplied by the Divisional Veterinary Officer there were eighty-nine reactors to the tuberculin test involving forty-eight herds. Thirty-two animals showed tubercular lesions at post-mortem and fifty-seven were negative. Ten herds accounted for the thirty-two positive cases and twenty of these were from two of the ten herds.

The percentage of animals reacting to the test was 0.045 compared with 0.065 in 1967.

### Brucella Abortus

Information was received during the year in respect of nine cases of undulant fever. This indicates the real need for maintaining a close supervision of supplies of untreated milk and cream sold for human consumption.

Regular sampling of the milk of all producer/retailers and distributors of untreated milk has been carried out and has included the milk of those producers to whom consents have been granted by the Minister.

The following summary indicates the work done in connection with the sampling of milk for the detection of the brucella abortus organism:-

No. of herds from which samples were obtained	86
No. of herds from which individual cow samples were obtained	29
No. of individual cow samples	1,946
No. of samples submitted to the Ring Test	2,286
No. of samples positive to the Ring Test	308
No. of samples examined by culture	327
No. of samples giving a positive reaction	52
No. of herds involved	8



The County district medical officers received copies of all laboratory reports of milk samples taken in their areas and in the case of positive samples they took appropriate action.

One producer/retailer decided to install a batch pasteuriser and he subsequently applied for, and obtained, a Dealer's (Pasteuriser's) Licence.

In addition to the samples of milk, 139 specimens of cream were submitted for examination for brucella and one was positive. Investigations indicated positive excreters in the milk herd concerned and the production of cream from this source was stopped until they had been removed and further samples had given a negative report.

I would like to acknowledge the very helpful co-operation of the Divisional Veterinary Officer and the many private veterinary surgeons in the county who appreciate the importance of this work.

### **Brucellosis Eradication Scheme**

The Divisional Veterinary Officer has kindly supplied the following information in respect of Dorset.

During 1968 applications to enter the scheme were received in respect of ninety-two herds involving 13,663 animals. Sixty-three were accepted; nineteen were rejected and at the end of the year, ten were awaiting preliminary veterinary reports. Twenty-two herds passed the official blood test and one accredited herd was transferred from Devon so that at the 31st December the number of accredited herds in Dorset was twenty-three and the total number remaining in the scheme was forty-eight.

At the end of 1968 there were in the county, 2,069 dairy herds, 699 mixed herds and fifty beef herds, giving a total of 2,818 of which twenty-three (0.82%) were accredited. This is a disappointing response to the scheme considering it has been in operation since April 1967 and, by comparison, is lower than that experienced in adjoining counties.

### **Antibiotics in Milk**

No samples were examined during the year at the Public Health Laboratory, Dorchester, for the presence of an antibiotic.

However, from information obtained from some of the larger creameries in the county it would seem that the decrease in the incidence of antibiotics in milk which was indicated in 1967 was not maintained in 1968.

The overall percentage of specimens found to contain an antibiotic was 1.3 whilst in 1967 it was approximately 1.2.

As might be expected, the highest incidence occurred during the winter months and in one month at one creamery 4.4% of samples gave a positive reaction to the test. It is possible that the exceptionally wet weather during the year had a bearing on the slight increase in the number of positive samples.



## Laboratory Reports of Milk Samples

Sampling Point	Statutory Tests		
	Satisfactory	Unsatisfactory	Totals
Pasteurising Establishments	890	19	909
Schools:-			
Maintained	657	50	707*
Private	92	1	93
Canteens	299	11	310
County Homes and Hospitals	85	-	85
Retailers and Producer/Retailers	995	44	1,039
	3,018	125	3,143

\*Includes 134 samples taken by the Borough public health inspectors from schools in Poole.

### MEAT AND OTHER FOODS

#### Meat Inspection

There are sixteen licensed slaughterhouses in the County including two at bacon factories and one at a food factory.

A one hundred-per-cent meat inspection service has been maintained at the slaughterhouses and the following table indicates the volume of work undertaken during the year:-



County District	No. of carcasses inspected				Carcasses affected with T. B.			Whole carcasses condemned				Total weight of all meat condemned	
	Cattle (ex. cows)	Cows	Calves	Sheep and Lambs	Pigs	Cattle (inc. cows) condemned	Part carcase condemned	Cattle (ex. cows)	Cows	Calves	Sheep and Lambs		Pigs
Beaminster Rural	92	-	23	477	423	-	-	1	-	-	4	-	15 cwt, 2 qrts, 22 lbs.
Bridport Rural	986	633	2,636	22,833	9,379	4	26	4	30	41	30	60	31 tons, 16 cwt.
Dorchester Rural	1,102	671	324	2,067	5,771	-	-	2	16	11	10	41	8 tons, 6 cwt, 2 qrts, 8½ lbs.
Dorchester Borough	2,131	1,309	12,912	10,156	8,962	-	1 calf	3	31	58	36	28	24 tons, 5 cwt.
Poole Borough	-	-	-	-	22,412	-	-	-	-	-	-	21	11 tons, 15 cwt, 12 lbs.
Shaftesbury Rural	145	1,904	9,255	2,535	96,026	-	1	-	76	188	51	673	212 tons, 12 cwt, 5 lbs.
Sherborne Urban	451	(inc. cows)	668	1,253	974	-	-	1	-	9	3	5	not available
Sturminster Rural	807	4,931	928	4,682	86	-	-	4	170	114	88	25	57 tons, 15 cwt.
Wareham and Purbeck Rural	534	213	372	4,757	7,614	-	-	1	3	8	6	119	10 tons, 4 cwt, 3 qrts, 13 lbs.
Wimborne and Cranborne Rural	1,311	7,233	1,844	63,213	36,269	-	-	11	57	37	266	268	132 tons, 7 cwt, 2 qrts, 9 lbs.
Total	7,559	16,894	28,962	111,973	187,916	4	28 (inc. 1 calf)	27	307	278	448	564	489 tons, 17 cwt, 3 qrts, 13½ lbs.
									385	466	494	1200	



## The Manufacture and Sale of Ice Cream

During the year the public health inspectors of the county districts submitted a total of 491 samples of ice cream for testing at the Public Health Laboratory, Dorchester, and 478 were of a satisfactory grade.

Only a small proportion of the ice cream sold in the county is produced locally, most of it being the product of manufacturers having a national distribution.

## FOOD AND DRUGS

### Adulteration and Compositional Quality of Food

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

#### Food and Drugs Act, 1955

Name of Sample	Corr.	Incorr.	Total	Samples submitted to Public Analyst	Samples examined in Dept's Laboratory
Milk	456	-	456	7	449
Cream	18	-	18	-	18
Potable Spirits	51	-	51	-	51
Other Foods	147	15	162	162	-
Drugs	9	-	9	9	-
Totals	681	15	696	178	518

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

### Food Hygiene

Meal habits have changed considerably over the years since the end of World War II. Far fewer now partake of packed lunches and instead an ever increasing number are served with a midday meal prepared at a works canteen, private restaurant or, in the case of children, at a school kitchen. In addition, eating out has gained tremendously in popularity and this has resulted in a rapid growth in the number of catering establishments.

This trend has meant that the most careful supervision must be maintained to ensure that the rules and practice of food hygiene are observed at all times at these establishments in order to avoid risks to public health.

The public health inspectors in Dorset have paid close attention during the year, not only to all catering establishments, but to the many food shops and stalls and they have devoted much time to this important work, particularly in those areas of the county which attract large numbers of holiday makers.



With regard to county premises including school kitchens, the county public health officer has made regular visits to these establishments to ensure that a satisfactory standard of hygiene is maintained.

### CLEAN AIR

Dorset being a predominantly agricultural county there are no serious problems of air pollution.

The majority of industries consuming large quantities of raw fuel are situated in the Poole area and the Borough public health inspectors maintain a close liaison with the Alkali inspectorate who control these industries in regard to the Clean Air Act.

The three recording instruments which were installed in the Bridport rural district (1) and Bridport borough (2) in 1965 in connection with the National Survey of Air Pollution have continued to work satisfactorily. The instruments are under the supervision of the public health inspector to the Bridport rural district council.

The readings obtained for smoke and sulphur dioxide indicate that the degree of atmospheric pollution in the area is comparatively low, particularly at Eggardon Hill. This is to be expected in view of the isolated position of this recording station.

Towards the end of 1967 the manually operated recording instrument which was originally positioned at the Town Hall, Bridport, mainly for the purpose of estimating the degree of pollution due to traffic, was transferred to a new site in West Street - part of the busy A.35 trunk road.

The flow of traffic along this road through the town is particularly heavy during the summer months and although the readings obtained by the recorder are still under consideration it does seem that there was a considerable degree of pollution due to traffic.

In April 1968 additional apparatus was supplied at the Eggardon Hill station which is now one of eight in the country selected to form part of the European Network of Air Pollution Sampling Stations set up under the Organisation for Economic Co-operation and Development.

### GYPSY SITES

The Caravan Sites Act, 1968 received the Royal assent and with the exception of Part II became operative one month later on the 28th July.

Part II of the Act contains provisions which make it a duty of county councils, county boroughs and London boroughs to provide sites for gypsy encampments, and, in the case of county councils, they must consult the district councils concerned before deciding on a site.

This part of the Act is to become operative on a date to be appointed by the Minister of Housing and Local Government and at the end of the year there was no hint as to when this might be.

In the meantime, efforts to reach agreement on the provision of sites to meet the problem in and around Poole have so far met with little success but discussions are continuing with the district councils.



## CARAVANS AND TENTS

Every year Dorset attracts an increasing number of visitors who show a preference for the open-air type of holiday. The whole of the coastal strip from Poole in the east to Lyme Regis in the west is very popular and there are many well established caravan camps throughout. The public health inspectors to the district councils concerned pay close attention to these camps and in general it can be said that they are well maintained.

There is, however, an increasing problem in respect of touring caravans and tents, as the number of licensed sites is limited and in some areas the position becomes acute during the peak holiday month of August. For example, in one district it was estimated that there were 1,600 tents daily, accommodating some 6,000 persons, yet the number of licensed sites was sufficient for only 200 tents. This meant that 1,400 tents were pitched on unlicensed sites where toilet facilities and other arrangements were at most, sketchy.

On public health grounds this is a matter for some concern and underlines the need for more licensed sites for tents and touring caravans.

### LAY-BY SANITATION

No further lay-by toilets were provided during the year but two are to be sited at St. Leonards on the A.31 near the boundary with Hampshire and two more on the A.35 between Puddletown and Dorchester.

It is expected that these additional facilities will be opened in time to meet the rush of holiday traffic in 1969.

With the existing unit provided in 1966 on the A.35 in the Bridport rural district, it will mean that toilet accommodation will be available to the travelling public at reasonable distances along one of the busiest roads in the county. In addition to meeting a pressing need it should result in a marked improvement in the condition of wayside hedgerows and lay-bys on this road which in past years have been subjected to considerable fouling and thereby given cause for concern.

### PUBLIC HEALTH PROBLEMS OF FARMING

Towards the end of 1966 a Working Party was constituted to consider the public health problems of farming in Dorset. The members included medical officers of health and public health inspectors of some of the county districts, the Director of the Public Health Laboratory, Dorchester and the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food.

The Working Party met on fourteen occasions between December 1966 and June 1968, and issued a report in December, 1968. The following is a general summary of that report:-

There is every indication that intensive farming will increase on the grounds of economics and the efforts being made by farmers to meet the continuing demand for more home produced food. This method of livestock husbandry has much to commend it but, on public health grounds, local authorities must be on the alert to meet the problem of nuisances which can arise through these methods.



The main cause of complaint derives from the disposal of manure and farm effluents. Complaints are also received in respect of noise, flies, rodent infestation and dust.

It would seem that little can be done by way of planning control, as, in the majority of cases, farming development is exempt under Town and Country Planning Acts. In the absence of statutory measures, control by agreement is obviously the best approach and it is believed that farmers would welcome early consultation with the planning and public health officers of local authorities.

Probably the greatest number of complaints is in respect of smell nuisance from the disposal of farm wastes, particularly poultry and pig manure which appear to present special difficulties.

Much work has been and continues to be done by way of research and experiment into the best methods of dealing with these wastes, at the same time minimising the risk of a public health nuisance.

Apart from the creation of a nuisance problem, indiscriminate disposal of animal waste can pose a possible public health problem in the spread of disease not only from animal to animal but animal to man.

Complaints of noise are difficult to deal with on public health grounds as noise levels vary in the effect they have from person to person. Most complaints are in respect of ventilating fans in intensive units and this is a matter which could be dealt with satisfactorily during consultation at the planning stage.

Infestation of residential property by rodents from nearby farms frequently forms a cause for complaint to the local authority and is a matter which has caused some concern.

The Working Party report included the following two recommendations:-

(i) Prevention of Spread of Salmonella Infection

Stock purchased, particularly calves, should be isolated for a period long enough for illness to become evident. (The incubation of Salmonella infection in bovines is usually less than a week).

(ii) Planning Control

Any proposal to erect new buildings or structures, or to adapt existing buildings, for use for the housing, or in connection with the keeping of animals or birds should be subject to planning control.

## HOUSING

The position regarding new houses in Dorset during 1968 is given in the following table, the figures being obtained from the Ministry of Housing and Local Government returns for the year. The figures given in columns 3, 4, 7 and 8 relate to the total number of post-war houses:



Housing Authority	Position as at 31st December, 1967				Position as at 31st December, 1968			
	Under Construction		Completed		Under Construction		Completed	
	1. By Council	2. Privately	3. By Council	4. Privately	5. By Council	6. Privately	7. By Council	8. Privately
<b>Boroughs:-</b>								
Blandford Forum	-	22	386	118	2	1	388	153
Bridport	26	14	446	371	-	16	472	442
Dorchester	-	42	610	935	-	40	610	962
Lyme Regis	-	25	207	252	-	22	207	279
Poole	220	1,129	4,733	8,934	150	1,108	4,882	9,810
Shaftesbury	-	8	147	182	25	22	206	215
Wareham	-	64	208	419	-	70	208	527
Weymouth and Melcombe Regis	95	175	2,042	2,677	15	156	2,137	2,833
<b>Urban Districts:-</b>								
Portland	33	39	598	290	30	53	631	353
Sherborne	45	63	486	257	-	60	531	321
Swanage	-	49	269	722	-	74	273	782
Wimborne Minster	-	31	236	189	-	27	236	228
<b>Rural Districts:-</b>								
Beamminster	8	47	389	347	16	42	393	411
Blandford	44	75	607	673	25	91	651	768
Bridport	22	110	369	774	14	126	391	851
Dorchester	110	132	737	1,079	45	150	838	1,146
Shaftesbury	-	78	526	500	-	70	526	597
Sherborne	-	60	299	441	-	70	299	470
Sturminster	21	92	858	406	-	64	879	547
Wareham and Purbeck	16	152	1,125	1,838	-	173	1,145	2,002
Wimborne and Cranborne	54	514	983	5,726	35	512	1,044	6,491
<b>Totals</b>	<b>694</b>	<b>2,921</b>	<b>16,261</b>	<b>27,130</b>	<b>357</b>	<b>2,947</b>	<b>16,947</b>	<b>30,188</b>



During the year the district councils built 686 houses which is 136 fewer than in 1967. The borough and urban districts' share of the total was 413 - Poole 149 - whilst 273 houses were built in the rural districts, the highest achievement being Dorchester rural district council with 101.

No dwellings were completed, nor were any under construction, in the boroughs of Dorchester, Lyme Regis and Wareham, the urban district of Wimborne Minster and the rural districts of Shaftesbury and Sherborne.

With regard to private house building, there was an increase of 544 in the number built in 1968 compared with 1967, the figures being 3,058 and 2,514 respectively. Most private houses were built in Poole where 876 were completed during the year, bringing the total for post war private development to 9,810.

Of the nine rural districts by far the greatest number of houses built was in the Wimborne and Cranborne rural district and their total of 765 for the year easily places them in second position to Poole.

#### The Housing (Financial Provisions) Act, 1958 The Improvement of Dwellings - Rural Districts

During 1968 a total of seventy-six applications were received by the nine rural district councils for improvement grants to private persons and sixty-eight were approved affecting seventy-eight dwellings. This is five fewer applications than in 1967 when eighty-three dwellings were improved.

Schemes for the improvement of three council-owned dwellings in the Beaminster rural district and twelve in the Wareham and Purbeck rural district were approved by the Minister. None of the remaining seven district councils undertook improvement schemes to council houses.

Since the introduction in 1949 of the provisions for discretionary grants for improvements to privately-owned property, the number of applications received up to 31st December, 1968 was 3,492 and the number of dwellings improved was 3,766.

#### The House Purchase and Housing Act, 1959 (Part II) The Housing Act, 1964 (Part III) Standard Grant Improvements

There was an increase of thirteen in the total number of applications received by the rural district councils in 1968 compared with the previous year, the figures being 270 and 257 respectively.

The number of applications approved was 253 and 258 dwellings were affected. One scheme submitted by Beaminster rural district council involving seven council properties was approved by the Minister.

Five applications for improvement to the reduced standard were approved by the Wimborne and Cranborne rural district council.



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					
	Included in Orders confirmed	Demolished or Closed		Included in Orders confirmed	Demolished or Closed	
		1.1.67 - 30.9.67	In clearance areas		Elsewhere	1.1.68 - 31.12.68
<b>Boroughs:</b>						
Blandford Forum	-	6	-	-	-	12
Bridport	-	9	18	41	5	16
Dorchester	-	-	22	-	-	2
Lyme Regis	-	-	8	-	-	6
Poole	-	13	-	2	-	8
Shaftesbury	-	-	-	-	-	-
Wareham	-	-	1	-	-	6
Weymouth and Melcombe Regis	-	-	12	-	-	8
<b>Urban Districts:</b>						
Portland	-	-	4	-	-	3
Sherborne	-	8	-	-	-	-
Swanage	-	-	1	-	-	-
Wimborne Minster	-	-	3	18	-	-
<b>Rural Districts:</b>						
Beaminster	-	-	1	-	-	1
Blandford	-	-	2	-	-	2
Bridport	-	-	-	-	-	3
Dorchester	-	-	5	3	-	39
Shaftesbury	-	-	3	-	-	-
Sherborne	-	-	12	-	3	3
Sturminster	-	-	1	-	-	-
Wareham and Purbeck	-	-	2	-	-	2
Wimborne and Cranborne	-	-	5	-	-	9
<b>Totals</b>	-	<b>36</b>	<b>100</b>	<b>64</b>	<b>8</b>	<b>120</b>



TABLE 1  
VITAL STATISTICS

	1963	1964	1965	1966	1967	1968
625,460 acres						
Population:-						
Urban Districts	198,800	201,160	202,760	203,540	205,330	208,570
Rural Districts	123,260	126,090	127,390	129,460	132,580	134,670
Whole County	322,060	327,250	330,150	333,000	337,910	343,240
Rateable Value	£12,146,034	£12,649,493	£13,080,471	£13,470,313	£14,043,648	£14,736,475
Estimated Product of a Penny Rate	£49,394	£51,174	£53,194	£54,646	£56,576	£59,781
Births:-						
Stillbirths	99	90	73	71	94	70
Live Births	5,289	5,197	5,205	5,253	5,081	5,141
Legitimate	4,993	4,875	4,851	4,869	4,691	4,731
Illegitimate	296	322	354	384	390	410
Total live and stillbirths	5,388	5,287	5,278	5,324	5,175	5,211
Crude Birth Rate (per 1,000 population)(adjusted)	18.7	18.1	18.0	18.0	17.1	17.1
Stillbirth Rate (per 1,000 total live and stillbirths)	18.4	17.0	13.8	13.3	18.0	13.4
Crude Birth Rate (England and Wales)	18.2	18.4	18.0	17.7	17.2	16.9
Deaths:-						
Total Deaths (all ages)	4,466	3,982	4,061	4,372	4,149	4,553
Crude Death Rate (per 1,000 population) (adjusted)	11.9	10.5	10.2	10.9	10.2	11.0
Crude Death Rate (England and Wales)	12.2	11.3	11.5	11.7	11.2	11.9
Mortality:-						
Deaths under 1 year of age	91	85	82	75	85	78
Legitimate	87	75	70	72	76	69
Illegitimate	4	10	12	3	9	9
Mortality Rate (legitimate infant deaths per 1,000 legitimate live births)	17.4	15.4	14.4	14.8	16.2	14.6
Mortality Rate (illegitimate infant deaths per 1,000 illegitimate live births)	13.5	31.0	33.9	7.8	23.1	22.0
Mortality Rate (total infant deaths per 1,000 total live births)	17.2	16.3	15.7	14.3	16.7	15.0
Mortality Rate (England and Wales)	21.1	20.0	19.0	18.9	18.3	18.0
Infant Mortality:-						
Infant Deaths	1	1	NIL	NIL	1	1
Infant Mortality Rate (per 1,000 total live and stillbirths)	0.19	0.19	-	-	0.19	0.19
Tuberculosis						
Deaths						
Forms	8	14	13	11	11	13
Death rate per 1,000 population	0.025	0.043	0.039	0.033	0.033	0.038
Non-Pulmonary	6	12	10	8	11	8
Death rate per 1,000 population	0.018	0.037	0.03	0.024	0.033	0.024
Pulmonary	2	2	3	3	-	5
Death rate per 1,000 population	0.006	0.006	0.009	0.009	-	0.014
Deaths:-						
Forms	90	77	50	70	59	43
Non-Pulmonary	72	65	41	55	47	30
Pulmonary	18	12	9	15	12	13
Population Register as at 31st December:-						
Forms	1,778	1,724	1,511	1,408	1,311	1,198
Non-Pulmonary:-						
Males	881	838	732	685	622	584
Females	708	699	601	550	505	481
Pulmonary:-						
Males	84	80	78	78	86	57
Females	105	107	100	95	98	76



TABLE 2

## NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Scarlet Fever	227	140	55	53	61	57	106	29	37	34
Whooping Cough	161	110	238	38	111	156	79	64	236	106
Diphtheria	1	1	-	-	-	-	-	-	-	-
Measles	3,350	1,702	5,431	606	5,255	1,595	3,652	1,559	4,469	493
*Acute Pneumonia (Primary or Influenzal)	190	89	90	76	123	51	30	42	25	16
Acute Poliomyelitis	3	1	-	-	-	1	2	-	-	-
Acute Encephalitis	-	1	1	3	3	1	1	5	3	1
Dysentery (Amoebic or Bacillary)	112	238	28	8	148	7	23	38	17	16
Ophthalmia Neonatorum	4	6	5	1	12	-	1	-	2	1
*Puerperal Pyrexia	50	62	87	118	72	49	28	44	24	23
Smallpox	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	-	2	-	1	1	1	3	1	-	-
Typhoid Fever	1	1	-	1	2	1	-	-	-	-
Food Poisoning (excluding Dysentery, Typhoid and Paratyphoid)	48	24	45	17	12	7	99	22	44	52
*Erysipelas	19	23	15	13	9	20	24	16	4	7
Malaria - Believed to be contracted in this country	-	-	-	-	-	-	-	-	-	-
Malaria - Believed to be contracted abroad	-	-	-	-	1	2	-	-	2	1
Malaria - Induced in Institutions	-	-	-	-	-	-	-	-	-	-
Anthrax (Not notifiable until 1960)	-	-	-	-	-	-	-	-	-	-
Infective Jaundice (Not notifiable until 1968)	-	-	-	-	-	-	-	-	-	25
Acute Meningitis (Not notifiable until 1968)	-	-	-	-	-	-	-	-	-	2
Leptospirosis (Not notifiable until 1968)	-	-	-	-	-	-	-	-	-	1
Tetanus (Not notifiable until 1968)	-	-	-	-	-	-	-	-	-	-

\*Not notifiable after 1.10.68



TABLE 3

## ATTENDANCE AT WELFARE CENTRES, 1968

Centre	Number of Openings	New Cases Born in			Total	Total Attendances Including new cases	Average Attendances per Session
		• 1968	1967	1963-6			
Beaminster	23	22	28	54	104	454	19.7
Blandford	23	79	59	29	167	863	37.5
Blandford Camp	48	83	131	109	323	1,680	35.0
Bovington Camp	23	73	76	45	194	613	26.7
Bradford Abbas	12	16	25	24	65	219	18.3
Bridport	22	18	37	20	75	312	14.2
Broadmayne	12	4	14	43	61	162	13.3
Bryantspuddle	5	1	14	11	26	42	8.4
Carey	18	38	50	54	142	447	24.8
Charmouth	12	15	15	39	69	172	14.3
Colehill	22	99	70	63	232	847	38.5
Corfe Mullen	24	46	47	75	168	787	32.8
Crossways	11	13	22	42	77	195	17.7
Dorchester	51	189	62	253	504	2,170	42.5
Ferndown	35	96	60	110	266	1,628	46.5
Gillingham	39	84	54	41	179	1,300	33.3
Handley	11	14	15	37	66	187	17.0
Lulworth Camp	12	24	28	44	96	225	18.8
Lytchett Matravers	12	25	32	45	102	320	26.7
Sandford	22	23	56	96	175	498	22.6
Shaftesbury	23	38	41	17	96	430	18.7
Sherborne	11	12	18	22	52	195	17.7
Sturminster Newton	23	31	31	47	109	425	18.5
Swanage	50	99	92	193	384	1,747	34.9
Thorncombe	11	14	7	28	49	132	12.0
Thornford	12	12	13	21	46	164	13.7
Upton	12	35	49	88	172	510	42.5
Verwood	24	52	59	65	176	640	26.7
Wareham	23	52	77	150	279	706	30.7
West Moors	23	47	14	31	92	674	20.6
Wimborne	24	53	76	68	197	914	37.7
Wool	12	21	19	58	98	294	24.5
Poole							
Branksome	115	216	255	205	676	4,394	38.2
Broadstone	51	92	73	195	360	1,627	31.9
Central	101	175	200	135	510	3,419	33.9
Hamworthy	71	100	120	89	309	2,322	32.7
Herbert Avenue	50	62	75	82	219	1,332	26.6
Hillbourne	52	90	88	261	439	1,595	30.7
Newtown	48	91	86	180	357	2,036	42.4
Oakdale	71	116	93	361	570	2,320	33.0
Old Town	51	25	37	101	163	810	15.9
Turlin Moor	45	46	33	28	107	527	11.7
Wallisdown	52	79	94	270	443	1,657	31.9
South Dorset Area							
Broadwey	24	49	29	15	93	531	22.1
Chickerell	24	28	31	29	88	564	23.5
Lanehouse	22	25	36	32	93	530	24.1
Littlemoor	24	20	25	37	82	355	14.8
Portland Tophill	50	158	114	96	368	2,494	49.9
Portland Underhill	51	67	55	111	233	1,633	32.0
Preston	23	37	39	53	129	560	24.3
Southill	23	38	35	49	122	659	28.6
Spa	39	63	58	25	146	1,037	26.6
Weymouth	103	231	198	219	648	3,992	38.8
Wyke Regis	64	75	99	116	290	1,663	25.9
Totals	1,839	3,311	3,264	4,711	11,286	56,009	



TABLE 4 VITAL STATISTICS IN ADMINISTRATIVE AREAS

Causes of Death	Totals U.D.'s		Totals R.D.'s		Totals whole County 1968	Com-parable Totals 1967	Blandford Forum M.B.		Bridport M.B.		Dorchester M.B.		Lyme Regis M.B.		Portland U.D.
	M	F	M	F			M	F	M	F	M	F	M	F	
1. Enteritis and other diarrhoeal diseases	2	-	-	-	2	-	-	-	-	1	-	-	-	-	
2. Tuberculosis of respiratory system	5	2	1	-	8	-	-	-	-	1	-	-	-	-	
3. Other tuberculosis, including late effects	2	1	2	-	5	-	-	-	-	-	1	-	-	1	
4. Other infective and parasitic diseases	2	5	-	1	8	-	-	-	-	-	-	-	-	-	
5. Malignant neoplasm - stomach	20	18	21	9	77	1	-	-	-	2	5	1	-	1	
6. Malignant neoplasm - lung, bronchus	97	17	58	10	182	2	-	2	1	10	1	2	1	2	
7. Malignant neoplasm - breast	1	60	-	36	97	-	1	-	2	-	8	-	1	-	
8. Malignant neoplasm - uterus	-	28	-	11	39	-	1	-	2	-	1	-	-	-	
9. Leukaemia	10	15	2	2	29	-	-	-	1	-	-	-	-	2	
10. Other malignant neoplasms, etc.	140	149	83	84	456	4	5	2	11	5	5	-	4	10	
11. Benign and unspecified neoplasms	3	-	1	3	7	-	-	-	-	-	-	-	-	-	
12. Diabetes Mellitus	11	13	2	6	32	-	-	1	1	1	-	-	1	-	
13. Other endocrine, etc. diseases	3	7	3	4	17	-	-	-	1	-	-	-	-	1	
14. Anaemias	-	3	2	4	9	-	-	-	-	-	-	-	-	-	
15. Other diseases of blood, etc.	-	1	-	-	1	-	-	-	-	-	-	-	-	-	
16. Mental disorders	2	2	4	3	11	-	-	-	-	-	-	-	-	-	
17. Other diseases of nervous system, etc.	13	8	5	6	32	-	1	1	1	1	-	2	-	-	
18. Chronic rheumatic heart disease	18	13	4	11	46	-	-	2	2	1	2	-	1	1	
19. Hypertensive disease	21	39	18	18	96	-	-	1	2	2	2	1	2	-	
20. Ischaemic heart disease	398	284	269	152	1,103	10	8	16	9	33	13	4	3	16	
21. Other forms of heart disease	65	116	46	60	287	1	2	1	3	9	11	2	2	1	
22. Cerebrovascular disease	173	270	116	147	706	5	5	7	14	15	26	6	8	6	
23. Other diseases of circulatory system	58	74	42	60	234	2	1	-	5	2	3	1	2	2	
24. Influenza	15	21	3	16	55	-	-	-	-	-	1	1	-	1	
25. Pneumonia	91	124	40	67	322	1	2	7	12	9	21	2	1	-	
26. Bronchitis and emphysema	96	25	48	15	184	3	2	4	-	4	-	2	3	6	
27. Asthma	4	4	1	-	9	-	-	-	-	1	1	-	-	-	
28. Other diseases of respiratory system	11	8	4	8	31	-	-	1	-	-	-	2	-	1	
29. Peptic ulcer	16	7	6	2	31	-	-	-	-	-	-	-	-	-	
30. Appendicitis	2	-	-	1	3	-	-	-	-	-	-	-	-	-	
31. Intestinal obstruction and hernia	3	6	2	3	14	-	-	-	-	1	-	-	-	-	
32. Cirrhosis of liver	3	2	2	-	7	-	-	-	-	-	-	1	-	-	
33. Other diseases of digestive system	16	15	2	11	44	1	-	-	-	1	1	-	-	-	
34. Nephritis and nephrosis	7	2	2	4	15	-	-	-	-	1	-	1	-	-	
35. Hyperplasia of Prostate	11	-	5	-	16	-	-	-	-	2	-	-	-	-	
36. Other diseases, genito-urinary system	11	12	5	11	39	-	-	2	1	1	2	-	-	-	
37. Other complications of pregnancy, etc.	-	1	-	-	1	-	-	-	-	-	-	-	-	-	
38. Diseases of skin, subcutaneous tissue	1	1	1	-	3	-	-	-	-	-	-	-	1	-	
39. Diseases of musculo-skeletal system	2	6	4	4	16	-	-	-	-	-	2	-	-	-	
40. Congenital anomalies	9	9	8	7	33	1	-	-	-	4	-	-	-	-	
41. Birth injury, difficult labour, etc.	7	10	4	3	24	1	-	-	1	-	2	-	-	-	
42. Other causes of perinatal mortality	1	7	-	2	10	-	-	-	-	-	-	-	-	-	
43. Symptoms and ill-defined conditions	5	16	2	11	34	-	-	-	8	-	-	1	2	-	
44. Motor vehicle accidents	20	9	9	8	46	-	2	-	-	2	-	-	-	3	
45. All other Accidents	22	33	14	13	82	-	1	1	1	-	1	2	1	-	
46. Suicide and self-inflicted injuries	15	11	7	7	40	-	1	-	-	-	-	-	1	-	
47. All other external causes	1	3	4	1	9	-	-	-	-	-	1	-	-	-	
48. Avitaminoses, etc.	-	-	1	-	1	-	-	-	-	-	-	-	-	-	
All causes	1,422	1,457	853	821	4,553	4,149	32	32	48	78	109	110	31	34	54
Deaths of infants under 1 year:-															
Total	17	31	14	16	78	85	2	-	-	1	1	3	-	-	-
Legitimate	14	27	13	15	69	76	2	-	-	1	-	3	-	-	-
Illegitimate	3	4	1	1	9	9	-	-	-	-	1	-	-	-	-
Live Births:-															
Total	1,622	1,532	1,018	969	5,141	5,081	51	35	36	45	100	89	14	10	128
Legitimate	1,470	1,384	959	918	4,731	4,691	45	33	34	41	91	80	14	10	115
Illegitimate	152	148	59	51	410	390	6	2	2	4	9	9	-	-	13
Stillbirths:-															
Total	24	21	10	15	70	94	-	-	2	-	-	-	-	-	1
Legitimate	21	20	10	14	65	83	-	-	2	-	-	-	-	-	-
Illegitimate	3	1	-	1	5	11	-	-	-	-	-	-	-	-	1
Estimated 'Home' population, 1968 (which includes non-civilians)	208,570		134,670		343,240		3,650		6,510		13,630		3,290		12,
Estimated 'Home' population, 1967 (which includes non-civilians)	205,330		132,580		337,910		3,640		6,510		13,570		3,300		12,







TABLE 5

AMBULANCE SERVICE STATISTICS - YEAR ENDING 31st DECEMBER, 1968

STATION

Item	STATION											Total			
	Blandford	Bridport	Dorchester	Ferndown	Gillingham	Lyme Regis	Poole	Shaftesbury	Sherborne	Sturminster Newton	Swange		Wareham	Weymouth	Wimborne
<b>Patients Carried</b>															
Emergency	59	43	70	38	11	11	274	16	11	25	61	69	198	67	953
Maternity	112	59	200	93	44	23	448	76	38	73	43	125	200	131	1,665
Road Accidents	117	17	40	4	18	19	596	9	29	44	48	7	183	14	1,145
Other Accidents	231	300	517	193	16	31	1,745	8	73	35	50	174	1,044	244	4,661
Other Emergencies															
Total Emergencies	519	419	827	328	89	84	3,063	109	151	177	202	375	1,625	456	8,424
Routine															
Hospital Admissions	223	313	301	309	128	199	1,151	246	239	241	318	349	722	568	5,307
Hospital Discharges	158	134	439	227	18	31	1,586	40	90	122	139	190	636	413	4,223
Intra-hospital Transfers	104	151	563	57	20	82	2,956	122	79	75	99	93	500	222	5,123
Out-Patient Attendances:-															
Physiotherapy	523	728	929	64	18	35	2,051	2	235	192	24	33	3,364	156	8,354
Other	893	1,475	2,440	401	36	131	12,486	95	253	191	292	1,078	3,320	649	23,740
Training Centre Attendances	1	6	21	4	-	4	39	5	1	3	6	-	10	9	109
Corpses							3,933								2,600
Other Patients	24	29	100	20	3	5	383	9	29	36	42	12	156	30	6,533
Total Routine	1,926	2,836	4,793	1,082	223	487	24,585	519	926	860	920	1,755	8,708	4,647	54,267
Total Patients	2,445	3,255	5,620	1,410	312	571	27,648	628	1,077	1,037	1,122	2,130	10,333	5,103	62,691
<b>Journeys</b>															
Patient Carrying	920	1,269	2,847	646	210	393	6,580	468	583	457	531	733	4,909	1,018	21,564
Training Centres							297							136	433
Other Journeys	26	369	486	208	14	22	255	35	32	98	12	53	150	144	1,904
Total Journeys	946	1,638	3,333	854	224	415	7,132	503	615	555	543	786	5,059	1,298	23,901
<b>Mileage</b>															
Patient Carrying	38,673	32,981	52,772	28,429	10,947	14,713	118,027	16,464	16,364	27,232	22,608	37,999	58,960	44,985	521,154
Training Centres							6,104							6,242	12,346
Other Mileage	551	1,776	2,195	1,515	128	407	2,703	681	415	911	89	920	873	1,223	14,387
Total Mileage	39,224	34,757	54,967	29,944	11,075	15,120	126,834	17,145	16,779	28,143	22,697	38,919	59,833	52,450	547,887
Night Journeys (between 1800-0800 hours)	207	200	347	183	46	86	1,826	103	157	92	114	196	763	223	4,493
Stretcher Cases	804	671	1,301	798	223	390	7,172	502	436	449	699	838	2,416	1,275	17,974
Sitting Cases -															
Walking	1,318	1,939	3,037	190	61	94	15,338	92	224	197	156	1,236	5,858	3,010	32,750
Not Walking	323	645	1,282	422	28	87	5,138	34	417	391	267	56	2,059	818	11,967
Patients per Journey*	2.66	2.56	1.97	2.18	1.49	1.45	3.60	1.34	1.85	2.27	2.11	2.91	2.10	2.46	2.60
Mileage per Patient*	15.81	10.14	9.39	20.17	35.10	25.76	4.98	26.20	15.19	26.26	20.15	17.84	5.71	17.97	9.28



TABLE 6

## HOSPITAL CAR SERVICE STATISTICS - YEAR ENDING 31st DECEMBER, 1968

## AREA

Item	AREA										Total	
	Blandford	Bridport	Dorchester	Gillingham	Poole	Shaftesbury	Sherborne	Wareham	Weymouth	Wimborne		
<b>Patients Carried</b>												
Hospital Admissions	198	214	70	65	62	48	58	173	186	135	1,209	
Hospital Discharges	113	173	199	8	137	27	54	155	247	92	1,205	
Inter-Hospital Transfers	6	20	73	2	35	10	11	4	34	1	196	
Out-Patient Attendances:-												
Physiotherapy	2,240	2,273	806	552	4,737	537	561	3,114	783	5,245	20,848	
Other	9,223	4,849	3,111	2,303	10,539	1,944	3,203	8,914	8,588	9,527	62,201	
Attendances at Training Centres	-	94	32	-	441	-	109	470	530	1,280	2,956	
Education, Immunisation, Social Services												
Patients	1,313	1,464	402	373	5,128	304	750	1,111	720	3,122	14,687	
Other Patients	13	15	6	10	15	17	4	10	7	2	99	
<b>Total Patients</b>	<b>13,106</b>	<b>9,102</b>	<b>4,699</b>	<b>3,313</b>	<b>21,094</b>	<b>2,887</b>	<b>4,750</b>	<b>13,951</b>	<b>11,095</b>	<b>19,404</b>	<b>103,401</b>	
<b>Journeys</b>												
Patient Carrying	4,681	3,204	2,079	1,001	4,913	1,052	1,724	4,642	3,162	5,918	32,376	
Training Centres	-	58	10	-	116	-	104	116	313	471	1,188	
Other Journeys	135	68	67	23	61	16	57	66	77	138	708	
<b>Total Journeys</b>	<b>4,816</b>	<b>3,330</b>	<b>2,156</b>	<b>1,024</b>	<b>5,090</b>	<b>1,068</b>	<b>1,885</b>	<b>4,824</b>	<b>3,552</b>	<b>6,527</b>	<b>34,272</b>	
<b>Mileage</b>												
Patient Carrying	170,235	112,074	77,826	35,706	114,188	32,260	50,480	141,798	81,858	155,369	971,794	
Training Centres	-	1,584	324	-	1,198	-	967	3,847	5,496	9,057	22,473	
Other Mileage	1,384	783	809	163	431	127	644	624	585	978	6,528	
<b>Total Mileage</b>	<b>171,619</b>	<b>114,441</b>	<b>78,959</b>	<b>35,869</b>	<b>115,817</b>	<b>32,387</b>	<b>52,091</b>	<b>146,269</b>	<b>87,939</b>	<b>165,404</b>	<b>1,000,795</b>	
Patients per Journey*	2.80	2.81	2.24	3.31	4.20	2.74	2.69	2.90	3.34	3.06	3.10	
Miles per Patient*	12.99	12.44	16.67	10.77	5.53	11.18	10.87	10.52	7.75	8.57	9.68	

\*Excluding Mentally Subnormal Persons



TABLE 7

## MEALS ON WHEELS SERVICE

Area	Meals supplied during 1968	No. of persons who received meals during 1968
Beaminster Rural	951	26
Blandford Borough	1,578	57
Blandford Rural	5,069	107
Bridport Borough	5,709	72
Bridport Rural	62	60
Dorchester Borough	1,584	57
Dorchester Rural	4,472	64
Lyme Regis Borough	817	15
Poole Borough	13,400	297
Portland Urban	1,674	38
Shaftesbury Borough	1,450	34
Shaftesbury Rural	854	19
Sherborne Urban	3,275	54
Sherborne Rural	150	8
Sturminster Rural	3,606	73
Swanage Urban	2,668	44
Wareham Borough	1,506	24
Wareham and Purbeck Rural	2,584	68
Weymouth Borough	10,235	215
Wimborne Minster Urban	2,337	48
Wimborne and Cranborne Rural	3,793	75
<b>TOTALS</b>	<b>67,774</b>	<b>1,455</b>