

**[Report 1970] / School Medical Officer of Health, Dorset County Council.**

**Contributors**

Dorset (England). County Council.

**Publication/Creation**

1970

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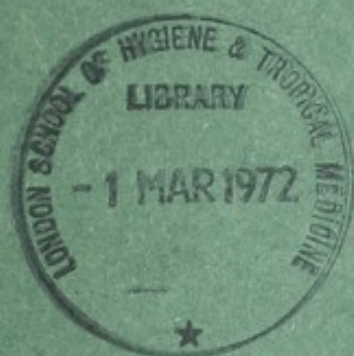
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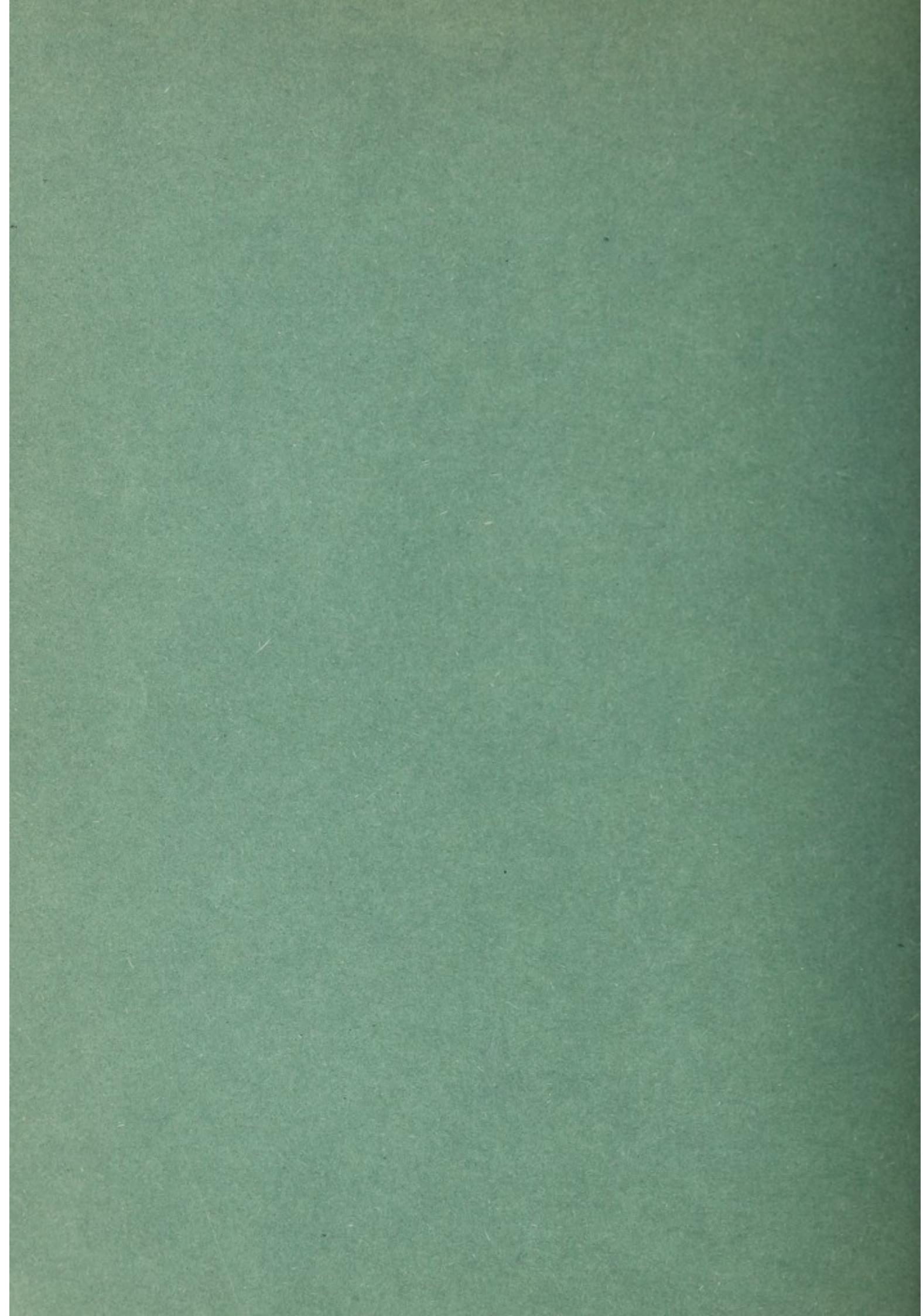
# THE HEALTH AND SOCIAL SERVICES OF DORSET



## ANNUAL REPORT of the County Medical Officer of Health for the year **1970**

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






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## FOREWORD

This report will be the last to appear under the name of Dr A F Turner who retired on the 31 May 1971. Dr Turner was County Medical Officer for seven years and before that Deputy County Medical Officer for thirteen years. He took particular interest in the social services section of the department and in spite of the severe financial restrictions imposed during the last five years his enthusiastic advocacy kept development of services for the aged and mentally handicapped on the move. Responsibility for these services was surrendered to the new Social Services Department on 1 April 1971 so this is the last occasion on which they will receive comment in this annual report.

### Social Services

It is of interest to look back at the state of these services in 1948 when the Health and Social Services Committee took up its responsibilities under the various post-war enactments. At the end of that year 160 old people were resident in four homes provided under Part III of the National Assistance Act 1948, and a further 117 were in accommodation recently transferred to the Regional Hospital Board and run on a joint user basis. Maiden Castle House for sixteen residents had just been opened and 'The Lawns' at Weymouth was being adapted for twenty-two residents.

At the end of 1970, 832 old people were resident in sixteen homes run by the County Council, nine of them being purpose built. A further home for fifty persons was also on the point of completion.

In 1948, three full-time home helps were employed on Portland, thirty part-timers in Poole and none in the rest of the County. By 1970, a total of 461 helps was employed in the whole county, equivalent to 192 whole-time workers.

### Mental Health

In the mental health field in 1948, 102 mentally ill persons were admitted to hospital by the duly authorised officers, compared with 809 admissions (211 under compulsion) in 1970. There were no training centres for the subnormal and no hostels for any class of patient but home teaching was provided for twenty-five persons.

At the end of 1970, 424 persons (169 children and 255 adults) were attending seven training centres, six of them purpose built. A new adult training centre had just been built in Weymouth but was not yet occupied. Fifty persons were resident in three hostels for the subnormal and a fourth hostel with thirty places had just been built. In addition, thirty-six persons were resident in a hostel for the elderly mentally infirm and fifteen in a hostel for those who have been mentally ill. An Old People's Day Centre with thirty-five places had also been established.

A great deal of credit must go to all the loyal and hardworking staff (administrative staff, field workers, and staff of homes and centres) who at times worked under considerable strain caused by the inadequate staffing establishment which was accepted in pre-Seeborn days.

### Central Policy

It has been a curious decision on the part of the Government that they have thought fit to amalgamate the central control of health services and social services under one Secretary of State while at the same time accepting the recommendation of the Seeborn Committee that at local authority level the control of these services should be divided.



Re-organisation of the National Health Service in 1974 will further widen the gulf between the two services by removing personal health service functions from local government and transferring them to the new area health authorities. The Secretary of State has now set up a working party to consider ways in which this gulf, created by an act of deliberate policy, may be bridged.

### Health Centres

There is as yet no such thing as the perfect design for a health centre. Each poses its own functional problems often complicated by the limitations imposed by a particular site. The fact that the centre must be easily accessible to the majority of persons using it usually means that one is looking for a site at the centre of a population group where anything available may fall considerably short of the ideal in both dimensions and shape. What is more, the competing professional interests of the various types of person using the centre have to be reconciled and this means inevitably that a compromise solution which is acceptable to all must be found. In these circumstances it is difficult initially to give a firm brief to the architect and many conferences between the latter and the future users of the centre may be necessary before a solution is reached. I should like to take this opportunity of thanking the County Architect and his staff for the patience they have shown and the unfailingly helpful way in which they have dealt with the problems presented to them.

During 1970 the construction of the Bridport Health Centre was largely completed, although it was not brought into use until May 1971. It will be described in next year's report. The site for the Wareham Centre was finally agreed only to usher in months of discussion with the Department of Health and Social Security until a realistic figure could be agreed for the unit cost. Building was not, therefore, able to commence until the autumn of 1971. At Shaftesbury, planning difficulties over the selected site had not been resolved by the end of the year but agreement has since been reached. Fortunately, planning of the Ferndown Health Centre was able to proceed smoothly and construction is expected to begin before April 1972. The present programme also includes health centres at Dorchester, Portland, Upton, West Moors and Weymouth in addition to three centres in Poole, planned by the Borough Council under delegated powers.

I should like to thank all members of my staff who have helped in the preparation of this report, in particular my deputy Dr K J Adams, and Chief Administrative Officer, Mr V W V Clarke.

G F WILLSON

County Medical Officer

Health Department

County Hall

Dorchester

Dorset

December 1971



# HEALTH DEPARTMENT ESTABLISHMENTS

## Central Staff

### COUNTY MEDICAL OFFICER

A F Turner MB Bch DPH

### DEPUTY COUNTY MEDICAL OFFICER

G F Willson MD DPH

### SENIOR MEDICAL OFFICERS

A J M Hargreaves MRCS LRCP DTM&H

Mary Townsend MB BS MRCP DCH

### ASSISTANT COUNTY MEDICAL OFFICERS

Jill C White MB BS MRCS LRCP DPH DCH

Elizabeth M S Wotherspoon MB ChB

(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 MB ChB DPH BPharm

Dorchester Borough, Dorchester Rural District, Bridport and Lyme Regis Boroughs, Beaminster and Bridport Rural Districts

K J Adams MRCS LRCP DPH

Shaftesbury Borough, Sherborne Urban District, Shaftesbury, Sherborne and Sturminster Rural Districts

Esther Jackson MB ChB DPH

Wareham Borough, Swanage Urban District, Wareham and Purbeck Rural District

W E Hadden MB BS MRCS LRCP DTM&H DA DPH

### CHIEF DENTAL OFFICER

J S MacLachlan LDS RCS

### DEPUTY CHIEF DENTAL OFFICER

L Jones BDS

### SENIOR DENTAL OFFICER

D G Greenfield LDS RCS

### DENTAL OFFICERS (9)

### SUPERINTENDENT NURSING OFFICER

Bridget C Thornton SRN SCM QN HV Cert

### AREA NURSING OFFICERS

Flora M Farnsworth SRN SCM QN HV Cert

(Deputises for Superintendent)

Elsie M Lisher SRN SCM QN HV Cert

### HEALTH VISITORS (25)

### NURSES AND MIDWIVES (52)

### NURSING ASSISTANTS (9)

### COUNTY PUBLIC HEALTH ENGINEER

F M W King FSE FRSH FIPHE

### COUNTY PUBLIC HEALTH OFFICER

A H Parry MRSH FAPHI

### COUNTY AMBULANCE OFFICER

C D Legg DPA

### CHIEF ADMINISTRATIVE OFFICER

V W V Clarke DPA

### SENIOR ADMINISTRATIVE OFFICER

(WELFARE)

H Paling DPA DMA MBASW

### SENIOR DISTRICT WELFARE OFFICERS (3)

### DISTRICT WELFARE OFFICERS (13)

### TRAINEE DISTRICT WELFARE OFFICERS (2)

### SOCIAL WELFARE OFFICERS (5)

### WELFARE OFFICERS FOR THE BLIND (5)

### WELFARE ASSISTANTS (4)

### HOME HELP ORGANISER

Margaret F Gibson SRN SCM HV Cert



## South Dorset Area Staff

### AREA MEDICAL OFFICER

E J G Wallace MB ChB DPH

### SENIOR ASSISTANT MEDICAL OFFICER

K J Kimmance MB BS DObstRCOG DPH

### SENIOR DENTAL OFFICER

R H J Fairney LDS RCS

### DENTAL OFFICERS (2)

### HEALTH VISITORS (8)

### NURSES AND MIDWIVES (13)

### NURSING ASSISTANTS (4)

## Delegate District - Poole Borough Staff

### BOROUGH MEDICAL OFFICER

J Hutton MD DPH

### DEPUTY BOROUGH MEDICAL OFFICER

A McCutcheon MB ChB DPH

### ASSISTANT MEDICAL OFFICERS

Isobel R S Patterson MB ChB DPH

Rosa Strunin MD (Berlin)

H C Williamson MB BCh BAO DPH

### BOROUGH SENIOR DENTAL OFFICER

F E R Williams LDS

### DENTAL OFFICERS (3)

### BOROUGH NURSING OFFICER

Marian Davies SRN SCM QN HV Cert

### ASSISTANT BOROUGH NURSING OFFICER

Mabel MacInnes SRN

### HEALTH VISITORS (19)

### MIDWIVES (10)

### HOME NURSES (20)

### NURSING ASSISTANTS (7)

### SENIOR ADMINISTRATIVE ASSISTANT

K F Stout DMA

### ADMINISTRATIVE ASSISTANT FOR MENTAL HEALTH AND WELFARE SERVICES

J H Wickens

### SENIOR MENTAL WELFARE OFFICER

K W Bamford

### MENTAL WELFARE OFFICERS (3)

### WELFARE OFFICERS FOR THE BLIND (3)

### SOCIAL WELFARE OFFICERS (1)

### HOME HELP ORGANISER

Margaret P Goodland

## 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 Co-ordination and Finance Committee, and eight Co-opted Members - Total forty two.

### 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	216,980	
							Rural	140,390	357,370
Rateable Value as at 1 April 1970	..	..	..	..	..	..	..	..	£16,064,141
Estimated product of a new penny rate	..	..	..	..	..	..	..	..	£161,350
Live Births							Male	Female	Total
Legitimate	..	..	..	..	..	..	2,407	2,272	4,679
Illegitimate	..	..	..	..	..	..	187	182	369
Total live births	..	..	..	..	..	..	2,594	2,454	5,048
								Dorset	England & Wales
Birth rate per 1,000 population	..	..	..	..	..	..	..	14.1	16
Birth rate per 1,000 population (as adjusted by comparability factor 1.14)	..	..	..	..	..	..	..	16.1	16
Illegitimate live births per 100 total live births	..	..	..	..	..	..	..	7	8
Stillbirths									
Number (Legitimate 54, Illegitimate 7)	..	..	..	..	..	..	..	61	10,341
Rate per 1,000 total live and still births	..	..	..	..	..	..	..	12	13
Total live and still births	..	..	..	..	..	..	..	5,109	794,823
Deaths									
Infant deaths (deaths under one year)	..	..	..	..	..	..	..	67	14,269
Infant Mortality Rates:-									
Total infant deaths per 1,000 total live births	..	..	..	..	..	..	..	13	18
Legitimate infant deaths per 1,000 legitimate live births	..	..	..	..	..	..	..	13	17
Illegitimate infant deaths per 1,000 illegitimate live births	..	..	..	..	..	..	..	19	26
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	..	..	..	..	..	..	..	10	12
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	..	..	..	..	..	..	..	8	11
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	..	..	..	..	..	..	..	20	23
Maternal Mortality (including abortion):-									
Number of deaths	..	..	..	..	..	..	..	-	-
Rate per 1,000 total live and stillbirths	..	..	..	..	..	..	..	-	-
Total deaths (Actual)	..	..	..	..	..	..	..	4,624	575,208
Death rate per 1,000 population (actual)	..	..	..	..	..	..	..	12.9	11.7
Death rate per 1,000 population (as adjusted by comparability factor 0.83)	..	..	..	..	..	..	..	10.7	11.7



### Birth Rate

The recorded birth rate per thousand population was 14.1 the rate for the previous year being 14.6. After correction for differences in population structure between Dorset and the country as a whole the rate is 16.1 compared with the national figure of 16.

### Stillbirth Rate

The stillbirth rate was 12 per thousand live and stillbirths compared with 11 the previous year. The national figure was 13.

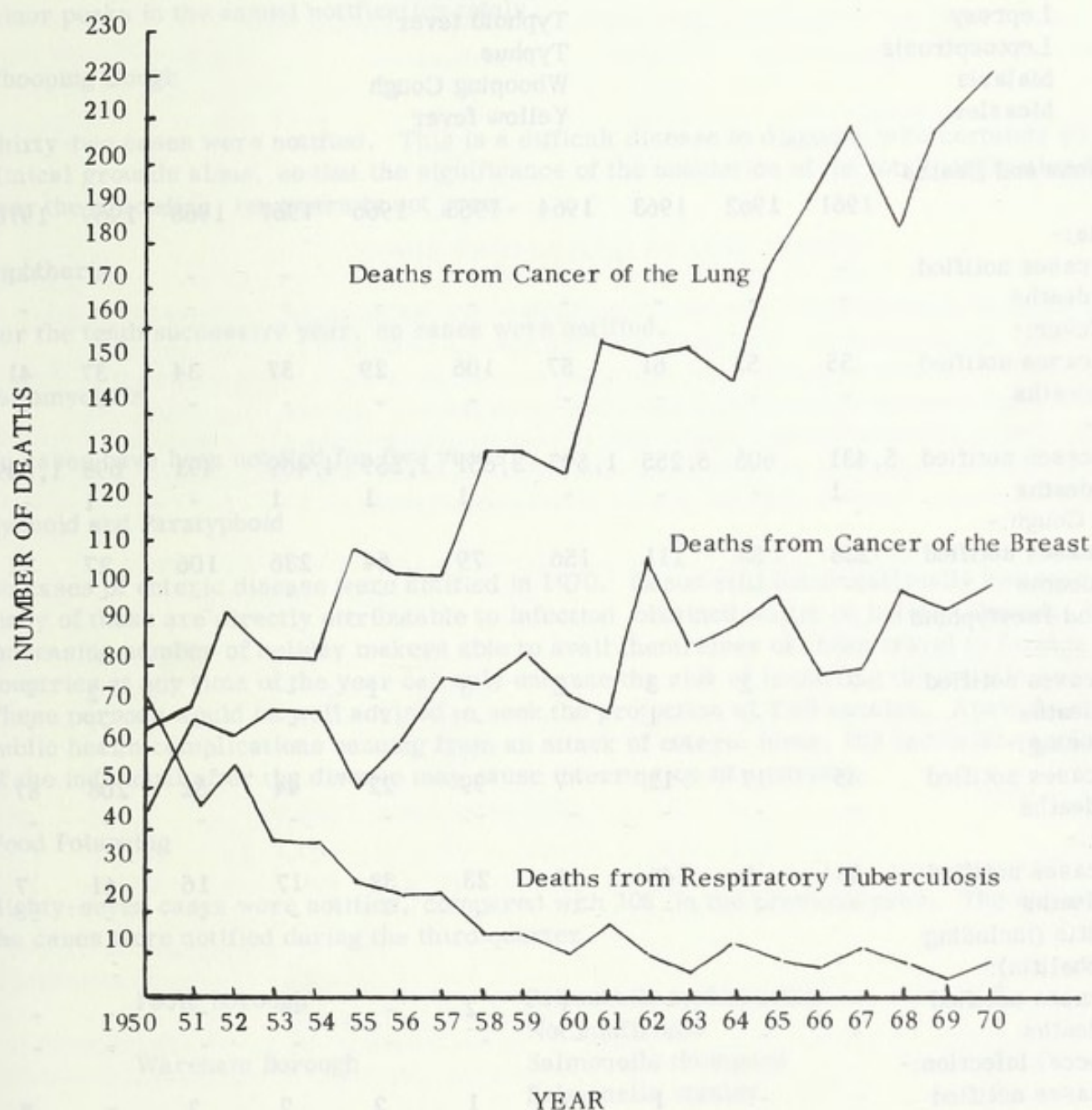
### Infant Mortality Rate

The infant mortality rate was 13 per thousand live births compared with 18 the previous year. The national rate was 18.

### Death Rate

The recorded rate was 12.9 per thousand population, exactly the same rate as in 1969. The high proportion of old people in Dorset's population accounts for this rate being above the national figure of 11.7. After correction, however, the rate for the county is 10.7.

# THE CHANGING PATTERN OF DISEASE





# INFECTIOUS DISEASE

The following infectious diseases are now notifiable:-

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

## Notifications and Deaths

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
<b>Diphtheria:-</b>										
No. of cases notified	-	-	-	-	-	-	-	-	-	-
No. of deaths	-	-	-	-	-	-	-	-	-	-
<b>Scarlet Fever:-</b>										
No. of cases notified	55	53	61	57	106	29	37	34	37	41
No. of deaths	-	-	-	-	-	-	-	-	-	-
<b>Measles:-</b>										
No. of cases notified	5,431	606	5,255	1,595	3,651	1,559	4,469	493	698	1,549
No. of deaths	1	-	-	-	1	1	1	-	1	-
<b>Whooping Cough:-</b>										
No. of cases notified	238	38	111	156	79	64	236	106	27	32
No. of deaths	-	-	-	-	-	-	-	-	-	-
<b>Typhoid and Paratyphoid Fever:-</b>										
No. of cases notified	-	2	3	2	3	1	-	-	2	-
No. of deaths	-	-	1	-	-	-	-	-	-	-
<b>Food Poisoning:-</b>										
No. of cases notified	45	17	12	7	99	22	44	52	208	87
No. of deaths	-	-	-	-	-	-	-	-	-	-
<b>Dysentery:-</b>										
No. of cases notified	28	8	148	7	23	38	17	16	61	7
No. of deaths	-	-	-	-	-	-	-	-	-	-
<b>Poliomyelitis (including Polioencephalitis):-</b>										
No. of cases notified	-	-	-	1	2	-	-	-	-	-
No. of deaths	-	-	-	-	-	-	-	-	-	-
<b>Meningococcal Infection:-</b>										
No. of cases notified	-	-	1	2	1	2	2	2	-	3
No. of deaths	-	1	-	1	-	-	-	-	1	1

## Scarlet Fever

The incidence of this disease continued to be at the same level as in the preceding five years. The disease remains mild and is fairly easily cured by antibiotics.

## Measles

The number of cases notified rose in 1970 to 1,549. If the table listing notifications of measles over the preceding ten years is consulted, it will be apparent that there is an interruption in the two year periodicity of peak notification figures in 1969. This has been caused artificially by the measles vaccination campaign. If the present rate of acceptance for measles vaccination continues, one may expect the notification rate to tail off over succeeding years with irregular minor peaks in the annual notification totals.

## Whooping Cough

Thirty-two cases were notified. This is a difficult disease to diagnose with certainty on clinical grounds alone, so that the significance of the undulation of the total notification figures over the preceding ten years is not great.

## Diphtheria

For the tenth successive year, no cases were notified.

## Poliomyelitis

No cases have been notified for five years.

## Typhoid and Paratyphoid

No cases of enteric disease were notified in 1970. Cases still occur nationally however, and many of these are directly attributable to infection obtained whilst on holiday abroad. The increasing number of holiday makers able to avail themselves of cheap travel to foreign countries at any time of the year can only enhance the risk of importing the enteric diseases. These persons would be well advised to seek the protection of TAB vaccine. Apart from the public health complications ensuing from an attack of enteric fever, the bacterial carrier state of the individual after the disease may cause interruption of a career.

## Food Poisoning

Eighty-seven cases were notified, compared with 208 in the previous year. The majority of the cases were notified during the third quarter.

Poole Borough	Salmonella typhimurium	2
	Not confirmed	1
Wareham Borough	Salmonella thompson	1
	Salmonella stanley	3
	Not confirmed	10
Weymouth Borough	Salmonella enteritidis	6
	Not identified	20
Sherborne Urban District	Clostridium Welchii	19



Bridport Rural District	Salmonella typhimurium	2
Wareham & Purbeck	Salmonella thompson	1
Rural District	Not confirmed	21
Wimborne & Cranborne		
Rural District	Salmonella typhimurium	1

### Tuberculosis

Thirty-seven respiratory and seven non-respiratory cases were notified, compared with twenty-eight and eleven respectively in 1969. A comparison with the figures for some previous years is given.

Year	Respiratory		Non-Respiratory	
	Notifications	Deaths	Notifications	Deaths
1950	184	72	47	8
1960	116	12	25	3
1970	37	4	7	5

### PUBLIC HEALTH LABORATORY SERVICE

A bacteriological and virological service is provided by the Public Health Laboratory Service Board at Poole and Dorchester. The function of the Service is to help Medical Officers of Health and Public Health Inspectors by examining specimens of human origin as well as food and water samples and to investigate epidemiological problems, including the control of infectious disease of bacterial and viral origin. Close contact is maintained between Medical Officers of Health, veterinary surgeons and directors of laboratories. Both laboratories in Dorset also carry out work for general practitioners and hospitals.

The addresses of the Public Health Laboratories are:

Public Health Laboratory Service  
Poole General Hospital  
POOLE  
Dorset  
BH15 2JB

Tel: 02013-5771

Director: Dr G J G King

Public Health Laboratory Service  
Glyde Path Road  
DORCHESTER  
Dorset

Tel: 0305-4478

Director: Dr G H Tee

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

## Ante-Natal Clinics

The clinics run by the midwives in Poole were discontinued at the beginning of the year, thus following the rest of the county.

## Mothercraft and Relaxation Classes

The popularity of these classes since the introduction of the psychoprophylaxis method of relaxation was introduced has continued and the number of women attending such sessions rose again during the year.

Year	No. attended
1966	666
1967	717
1968	765
1969	814
1970	872

## Child Health Clinics

There were no changes in clinic arrangements during the year except that more emphasis was put on developmental testing at key ages. The number of children attending these clinics rose slightly, as did the number of sessions held.

	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	MO	HV	GP	Hosp.	
1968	3,311	3,264	4,711	11,286	1,016	769	44	-	1,829
1969	3,043	3,094	4,074	10,211	1,085	735	-	-	1,820
1970	3,164	3,409	4,064	10,637	1,083	765	26	-	1,874

The Care of Handicapped babies  
Assessment Clinic

The clinic jointly run by Dr Vulliamy and Dr Townsend continued to be well used with an increase in the number of sessions, new cases and total children seen.

	No. of sessions	No. of children seen	New cases seen
1968	29	130	29
1969	23	128	28
1970	28	147	37



## Developmental Testing

During the year the number of children tested for the first time rose to 147, of whom forty-six were seen at the premature baby follow-up clinic, sixteen in connection with the special hearing assessment clinic and four at the request of the Children's Officer.

	New Cases	Repeat Tests	Total all Tests
1968	77	46	123
1969	96	58	154
1970	147	63	210

## 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 Department 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 on an agency basis.

The Poole Clinic figures are as follows:-

	No. of sessions	First attendances	Total attendances
1968	152	243	1,185
1969	182	310	1,559
1970	216	333	1,847

## Cervical Cytology Clinics

These clinics continued during the year with encouraging figures for three-year recalls.

	County Area			South Dorset Area			Totals		
	1968	1969	1970	1968	1969	1970	1968	1969	1970
No. of smears taken	1,628	2,311	1,862	686	831	1,111	2,314	3,142	2,973
No. of patients with invasive carcinoma	-	1	1	-	-	-	-	1	1
No. of patients with carcinoma in situ	1	5	4	4	1	4	5	6	8
No. referred to GP for other reasons	94	193	123	22	47	28	116	240	151

Similar statistics are not available for Poole Borough but the number of smears taken was 890 in 1968, 830 in 1969 and 1,000 in 1970.



## Care of Unmarried Mothers

The number of girls using The Salisbury Diocesan Social Welfare Association homes continues to decline although the provision is there for all girls living in the Dorset area.

	No. of illegitimate babies	% illegitimate/ total births	No. of girls going to mother and baby homes
1966	384	7.2	43
1967	390	7.6	42
1968	410	8.7	33
1969	374	7.9	20
1970	369	7.3	12

## 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.

	National Dried Milk	Cod Liver Oil	Vitamin A&D Tablets	Orange Juice
1968	13,772 Cartons	3,285 Bottles	3,804 Packets	59,296 Bottles
1969	10,208 Cartons	3,460 Bottles	4,713 Packets	73,422 Bottles
1970	7,770 Cartons	3,312 Bottles	4,357 Packets	80,975 Bottles

## Day Nursery

The only day nursery in the County is in Poole and it has places for fifty children. The average daily attendance in the current year is forty-six, the same as in 1969. At the end of the year sixty-six children were on the register, some of them attending part-time.

## Dental Treatment - Priority Classes

As anticipated in my last report it has proved possible by the appointment of an additional dental officer and a re-organisation of dental officer areas greatly to reduce the work-load in the Southern half of the County. The formerly over-large Dorchester Rural area has been divided into two, taking in Beaminster in the West and Bovington in the East, and these changes should have the effect of enabling the areas to be covered more quickly, although, as far as Dorchester Rural East is concerned, much will depend on the demand of the Service families attending the Bovington Camp schools. The requirements of these families, moving frequently from place to place and rarely staying in one station long enough to enable their needs to be recognised, let alone treated, have long presented a problem to the local authority dental officer who has to attempt to provide regular care for a continually shifting population. It is to be hoped that the provision of more frequent visits will do something to relieve their situation.

Until quite recently the dental care provided in Dorset for children under five has been limited to those children whose parents were sufficiently dentally enlightened as to seek it; much of the efforts of the staff being devoted to ensuring that parents everywhere recognised the



importance of early and regular treatment and took advantage of the facilities that were available. Now, however, with the growth of the play-group movement and the co-operation of the Dorset Association of Under Fives, it has proved possible to extend the service considerably by the offer of routine inspection and treatment for children attending play groups. It is hoped that it will be possible to extend this development, which has proved so successful in the Weymouth and Blandford areas especially, to all other parts of the County.

It will be seen from the statistical information required by the Department of Health and Social Security and printed below that slightly more work has been done for expectant and nursing mothers and substantially more for pre-school children. It is pleasing to be able to note that there has been a marked drop in the number of deciduous teeth extracted and an increase in the number of prophylaxes, as it is essential that nothing should be done to deter these very young children from seeking dental care - and there can be no doubt that the cleaning of the teeth - often by a young and pretty ancillary worker - provides a very comforting introduction to dental care.

During 1970 the method of recording work done was completely changed by the introduction of the Management Statistics system designed by the Organisation and Methods Officer during his review of the Dental Service in 1967. The amount of time devoted to the compilation and scrutiny of the returns has been greatly reduced, and the information provided each month by the computer has enabled an accurate, up-to-date and comprehensive picture of the dental needs of the community, and the way in which they are being met, to be always available. It is especially important to have this information to hand at the present time when planning for the future framework of the Health Services under the new Area Health Authority because, as every military strategist has found, the better and more accurate the available information, the better and more successful will be the plan. We, in Dorset, can now have no excuse if the present local authority dental service is superseded by anything less than a perfect service after 1974.

# Dental Treatment - Statistics

	Mothers	Children
First visits	130 (110)	732 ( 644)
Subsequent visits	195 (201)	780 ( 765)
Total visits	225 (311)	1,512 (1,409)
Additional courses of treatment commenced	6 ( 14)	74 ( 59)
Fillings	329 (254)	1,382 (1,242)
Teeth filled	307 (230)	1,282 (1,168)
Teeth extracted	85 (117)	336 ( 502)
Administrations of general anaesthesia	8 ( 12)	159 ( 175)
Emergencies	12 ( 14)	99 ( 96)
Patients X-rayed	8 ( 17)	8 ( 10)
Prophylaxes	58 ( 54)	196 ( 108)
Teeth otherwise conserved		165 ( 207)
Teeth root filled	0 ( 3)	-
Inlays	1 ( 1)	-
Crowns	2 ( 0)	-
Courses of treatment completed	100 ( 84)	711 ( 517)
Patients supplied with full dentures	3 ( 6)	
Patients supplied with other dentures	8 ( 11)	
Number of dentures supplied	14 ( 19)	
Number of patients inspected for the first time	139 (129)	1,334 (1,120)
Number of patients who required treatment	130 (116)	817 ( 749)
Number of patients who were offered treatment	130 (116)	770 ( 703)
Number of sessions:-		
Treatment	324 (280)	
Dental Health Education	10 ( 9)	

(Figures for 1969 are shown in brackets)



## Midwifery

During the year 157 midwives notified their intention to practise. Of these ninety-two were employed by Hospital Management Committees, two were employed in private practice and the remainder were in local authority service.

In order to preserve the skills of midwives, arrangements are made for certain cases to be conducted by the local authority midwife in the neighbouring maternity unit if at all practicable. Eleven such cases were delivered in 1970 thus providing continuity of care to these cases from pregnancy to the end of the puerperium.

## Training of Pupil Midwives

The approved training midwives continue to accept pupils and assist in their training. Eleven pupils received their training which included a period of observation visits, tutorials and discussions on the community health services.

## Loss of life associated with childbirth

### Maternal Deaths

For the second year in succession there were no maternal deaths.

### Neonatal Deaths

There were forty-four neonatal deaths during the year which is a slight fall from the forty-eight last year. The still births numbered sixty-one as compared with fifty-seven in 1969. One rather disquieting factor is that three deaths were associated with lack of care at birth, although there were other factors in two of these cases.

Table showing causes of neonatal deaths:-

Cause of Death	No.	% of total
Prematurity	16	36.4
Congenital defects	6	13.6
Respiratory infection	5	11.4
Atelectasis	4	9.1
Asphyxia	4	9.1
Birth Injury	3	6.8
Rhesus factor	0	-
Other	6	13.6
<b>TOTAL DEATHS</b>	<b>44</b>	<b>100</b>

## HEALTH VISITING (SECTION 24)

Establishment increases allowed the attachment of two health visitors to a group practice in East Dorset thus developing a desirable and satisfactory progression in attachment schemes.

With the co-operation of the relevant laboratories, the Guthrie Test to detect phenylketonuria in early infancy was introduced.

### Training

Two student health visitors from London training centres were provided with two weeks rural experience and another health visitor student completed the latter part of her training under the supervision of the Nursing Officer for East Dorset. Facilities for sponsorship of health visitor students were approved and with the collaboration of Southampton University it is hoped that the number of bursaries and reservations on the health visiting course will be increased.

### Cases visited by Health Visitors

	1969	1970
Children born in year of report	5,875	5,962
Children born in preceding year	6,554	6,397
Other pre-school children	12,604	12,557
<b>Total Children 0 - 5 years</b>	<b>25,033</b>	<b>24,916</b>
Persons aged 65 or over	3,398	2,980
Number of these who were visited at the special request of general practitioner or hospital	1,057	1,005
Mentally disordered persons	50	49
Number of these who were visited at the special request of general practitioner or hospital	17	24
Persons discharged from hospital (other than mental hospital)	619	545
Number of these who were visited at special request of general practitioner or hospital	279	294
Number of TB households visited by district health visitors	109	70
Number of households visited on account of other infections	32	47



## HOME NURSING (SECTION 25)

As emphasised in earlier reports the increase in nursing care of the elderly and infirm continues. In South Dorset a further nursing assistant was appointed to help with the weekly baths that are required by this age group. The following table illustrates the type of nursing care given to geriatric patients and the obvious increase in the service over the past two years.

Type of Case (Over 65 years)	1969	1970
General nursing attention	57,422	69,038
Full nursing of non-ambulant incontinent	9,248	9,815
Injection only	18,860	18,950
Pre-hospital nursing procedures	129	171
Hospital (early discharge for nursing)	798	1,070
Bathing	22,873	23,232
Total	109,330	122,276

During the latter part of the year further progress was made in attachment schemes. Home nurses in certain areas are carrying out nursing procedures in the practice surgery at weekly intervals.

### Cancer Patients

Twenty-two cases were assisted through the Marie Curie Area Welfare Grant. This assistance - in kind - was in extra fuel, bedding, clothing and beverages.

## IMMUNISATION AND VACCINATION (SECTION 26)

Six vaccines against the more severe infections of childhood continued to be made available during the year. To this armoury in 1970 was added a seventh - a vaccine against German Measles (Rubella). This disease cannot be described as severe, and the routine use of Rubella vaccine in thirteen year old girls is an attempt to render immune a population at risk to congenital malformation of the foetus by exposure to the virus in early pregnancy. It is, in a way, an extension by artificial means, and with a safe attenuated virus of the german measles, of "tea parties" long advocated by the more rebellious members of the medical profession who were desperate to stop the gross congenital abnormalities such as deafness, blindness and heart disease caused by this virus infecting the human foetus. Although there is a less direct reason for accepting Rubella vaccination, there is no hesitation on the part of parents in consenting for their girls to receive it.

### Number of children who completed primary courses of prophylaxis

	Diphtheria	Whooping Cough	Tetanus	Measles	Polio (oral)	Polio (inject.)	Total Polio	Rubella
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	4,603	-	4,603	
1969	2,812	2,603	3,240	3,505	3,186	-	3,186	
1970	4,450	4,138	4,824	4,716	4,532	-	4,532	1,187

# Number of children receiving secondary (booster) doses

	Diphtheria	Whooping Cough	Tetanus	Polio (oral)	Polio (inject.)	Total Polio
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
1969	6,947	2,019	8,488	7,625	-	7,625
1970	6,666	1,303	8,321	7,929	-	7,929

# Number of children receiving smallpox vaccination

	Primary Vaccination			Re-vaccination
	0 - 1 year	1 - 4 years	Total of all ages	All ages
1966	282	2,740	3,118	367
1967	201	2,648	3,031	502
1968	118	2,522	2,792	455
1969	57	2,075	2,354	478
1970	46	2,575	2,770	536



## Organisation and Control of the Service

The need for strengthening the control of the service and establishing it on a twenty-four hour basis received much thought during the year and plans were made to take over the night time (10 pm - 8 am) control of the service from Fire Brigade Headquarters during 1971.

## Use of the Service

During 1970, 174,202 patients were conveyed by road, a total of 1,708,418 miles representing increases of 8.2 per cent and 8.4 per cent respectively compared with 1969. In addition 91 patients were conveyed by rail (198 in 1969), a total of 12,528 rail miles (28,575 miles in 1969). Air transport was also provided for one patient (one patient in 1969). The additional number of patients conveyed to and from out-patient and physiotherapy departments is the main factor accounting for the increased use of the service. This increase in demand for ambulance service transport in one year (8.2 per cent), being more than double the average annual increase over the last ten years, is alarming. The 1971/72 Ambulance Budget does not make allowances for another increase of that size.

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
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
1969	536,245 -	11,642	1,039,610 +	38,815	1,575,855 +	27,173
1970	549,058 +	12,813	1,159,360 +	119,750	1,708,418 +	132,563

## Staff

Eight new entrants to the Service received six weeks post entry training at Bishops Waltham, Hampshire. In addition, thirteen experienced members of the staff with more than five years' service attended two weeks' refresher courses. Of the sixty-seven station staff in service at the end of the year, thirty-seven had attended various training courses at the Regional School since 1967, sixty-one members of the staff were holding Proficiency Certificates. Two additional ambulancemen were appointed during the year for relief duties and long distance work. The establishment at 31 December 1970 was as follows:-

County Ambulance Officer	1
Clerical and Control Staff	6
Supervisor, deputy Supervisor and head drivers	14
Full-time ambulancemen	53 (1 vacancy)
Part-time and Voluntary (to equivalent full-time)	10
	<hr/> 84
	<hr/>

### Vehicles and Equipment

Four replacement vehicles were purchased during the year, equipped with ambulance trolleys, mechanical aspirators, etc. The acquisition of additional specialised equipment continued, it being decided that all front line vehicles should carry portable oxygen sets ("Portogen") in addition to the heavier vehicle sets, Entonox, spinal boards and cervical collars.

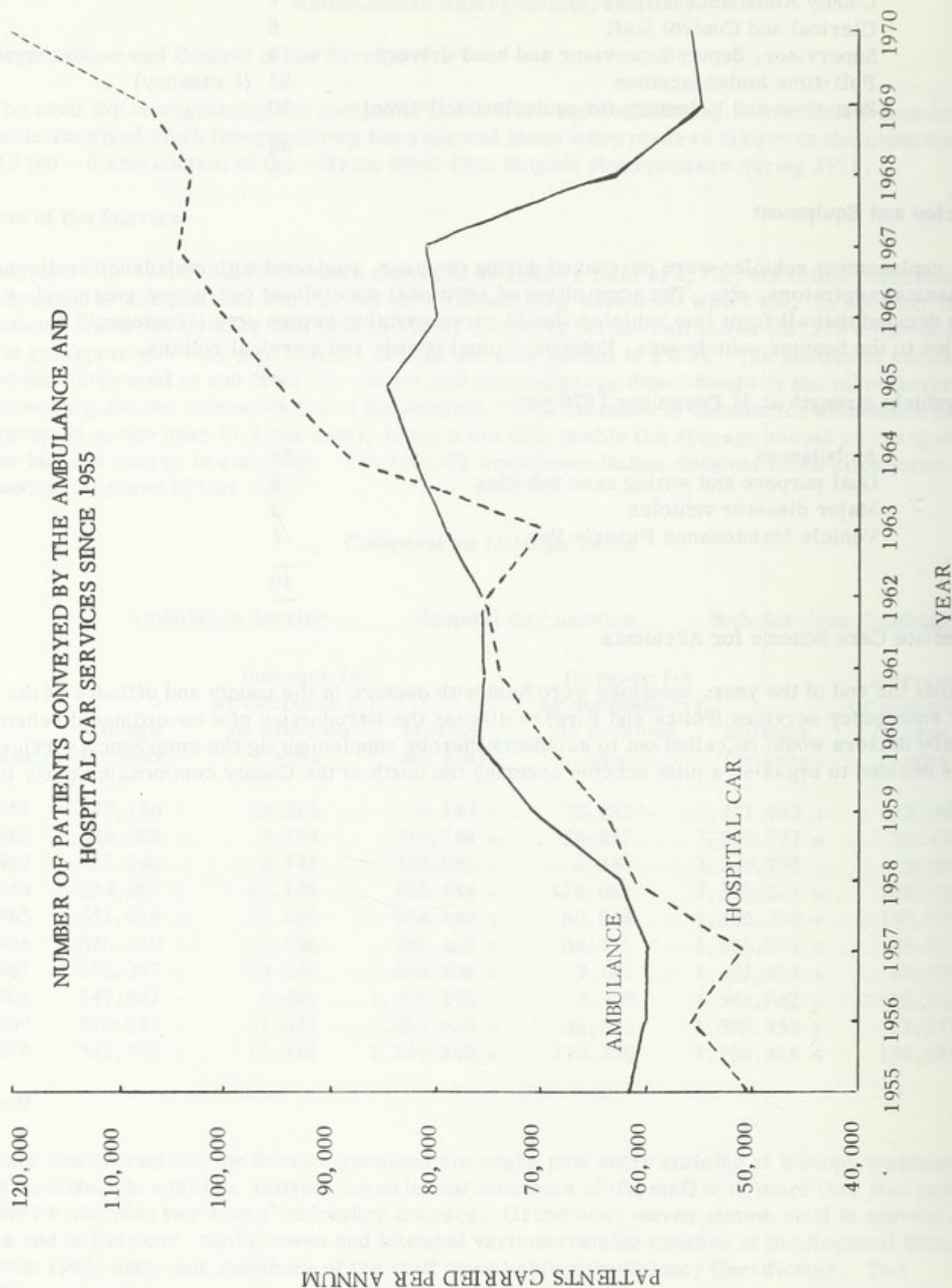
The vehicle strength at 31 December 1970 was:-

Ambulances	28
Dual purpose and sitting case vehicles	8
Major disaster vehicles	3
Vehicle Maintenance Fitter's Van	1
	<hr/> 40
	<hr/>

### Immediate Care Scheme for Accidents

Towards the end of the year, meetings were held with doctors in the county and officers of the other emergency services (Police and Fire) to discuss the introduction of a co-ordinated scheme whereby doctors would be called out to accidents thereby supplementing the emergency services. It was decided to organise a pilot scheme covering the north of the County commencing early in 1971.





The Dorset Branch of the British Red Cross Society continue to help with the loan of medical apparatus required in the home. This service is extended to patients discharged from hospital or to those confined to home who are aged or chronically sick. (The range of equipment loaned is considerable from a simple bed-pan, or commode to a bed-table or air-ring). Social welfare officers and nursing staff co-operate in assessing which apparatus or medical equipment is suitable for these patients and they also arrange for its conveyance if required.

### Tuberculosis

A central register of tuberculosis cases is kept by the department. The follow-up of these cases is complex, contacts must be interviewed, families x-rayed, and correspondence may ensue with other counties when contacts have moved on or a case has been living elsewhere. Close co-operation is necessary between district medical officers, health visitors, chest physicians and radiography departments. Occasionally veterinary surgeons are involved when a human/bovine link in the disease is suspected.

### BCG Vaccination of Schoolchildren

All young children have a tuberculin skin test on entry to school. This is a public health measure checking upon family health as well as the health of the child. Most children are non reactors and the minority who show a significant reaction are offered a chest x-ray. Depending upon whether the original reaction is severe, and the conclusions to be drawn from the child's x-ray picture, home contacts may also be offered chest x-ray. During the year 4,924 children were tested, and forty-six were positive reactors, (0.93% positive). These positives do not include those children who would react due to BCG vaccine given in infancy.

BCG vaccination against tuberculosis continues to be offered to thirteen year old schoolchildren and is one of the most valuable prophylactic measures of childhood. 5,001 thirteen year olds were Heaf tested. There were 398 reactors, (7.95% positive). A total of 4,108 negative reactors were given the protection of BCG vaccine.

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, 186 children (3.7%) 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:-

	1967	1968	1969	1970
	*			
Total number of cases examined by the unit	24,166	7,142	8,635	8,200
Number of cases of TB referred for hospital treatment	9	4	2	4
Number of cases of TB referred for domiciliary treatment	-	5	2	2
Number of cases of TB requiring supervision only	35	57	50	58
Totals	44	66	54	64
Number of cases of carcinoma of lung	34	41	33	46
Number of cases of cardiovascular lesion	58	98	80	89
Number of cases of non-tuberculous conditions	126	216	162	151
Number of cases not yet classified	-	-	2	2

(\*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	43	31	474	477	711	653	695	385	318	463	4,250
Active cases	-	-	-	-	1	-	-	2	-	-	3
Rate per 1,000	-	-	-	-	1.40	-	-	2.87	-	-	0.70
<b>Females</b>											
Examined	48	17	396	440	765	773	639	262	256	354	3,950
Active cases	-	-	-	-	1	1	-	-	-	1	3
Rate per 1,000	-	-	-	-	1.30	1.29	-	-	-	2.82	0.63

## Venereal Disease

The Dorset patients dealt with for the first time at treatment centres in 1970 are classified in the following table. The figures in brackets relate to the previous year.

Treatment Centres	Syphilis	Gonorrhoea	Other Conditions	Totals
Bournemouth	7 (2)	97 (32)	394 (110)	498 (144)
Dorchester	- (3)	7 (4)	53 (45)	60 (52)
Poole *	(3)	(70)	(246)	(319)
Salisbury	1 (1)	4 (1)	17 (13)	22 (15)
Yeovil	- (-)	- (3)	13 (4)	13 (7)
Weymouth	- (2)	17 (17)	137 (83)	154 (102)
Southampton	- (-)	4 (1)	15 (23)	19 (24)
Winchester	- (-)	2 (-)	18 (6)	20 (6)
	8 (11)	131 (128)	647 (530)	786 (669)

(\* Poole centre closed. Patients seen at Bournemouth centre).

## HEALTH EDUCATION

The size of our population and the importance of Health Education as a service really demands that the attention of qualified officers should be devoted whole-time to this task. In the 1936 Public Health Act all local authorities were empowered to arrange publication of information upon health or disease by such media as lectures, picture displays and films. Again, under the 1946 National Health Service Act, power was given to undertake health education in order to prevent illness.

At present much individual Health Education is carried out by medical officers and health visitors who impart knowledge during their work and who undertake group instruction sometimes routinely and sometimes when asked by various voluntary organisations. The tremendous increase in the amount of dental education is particularly worthy of note and is due to the enthusiasm of our Dental Auxilliary, Mrs Meech and the Dental Hygienist, Mrs Horton. Much additional information is provided informally by making available posters and booklets without charge.

	Number of Talks and/or Films	Total Audience
Dental Hygiene	303	9,534
Mothercraft and Child Care	57	852
Health and Welfare Services	15	439
Welfare of Handicapped Persons (General)	13	643
Smoking and Health	11	310
Drugs, VD etc	6	123
Personal Hygiene	6	123
Home Safety	5	67
Welfare of the Blind	3	52
Care of the Aged	2	40
First Aid	1	40



#### Materials Used

Leaflets	15,700
Booklets	5,500
Posters	928

#### 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 in other premises and the grant to the Society was again increased to meet 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 service 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 15p is made towards the cost of the chiropodist's fees, dressings, etc. Transport is arranged when necessary and priority is given to the elderly, to physically handicapped persons and expectant mothers. A total of 2,444 sessions (each of three hours) were held at the centres during the year and there were 4,982 patients on the register at the end of the year. At the end of 1969 there were 4,304. Forty-six persons were on the waiting list for treatment.

In the Weymouth Area a total of 3,124 attendances were made at 328 sessions during the year. There were 752 patients on the register at the end of the year, compared with 763 at the end of 1969. Demand continued to exceed supply, and the average waiting time for treatment is still about three months.

#### HOME HELP SERVICE (SECTION 29)

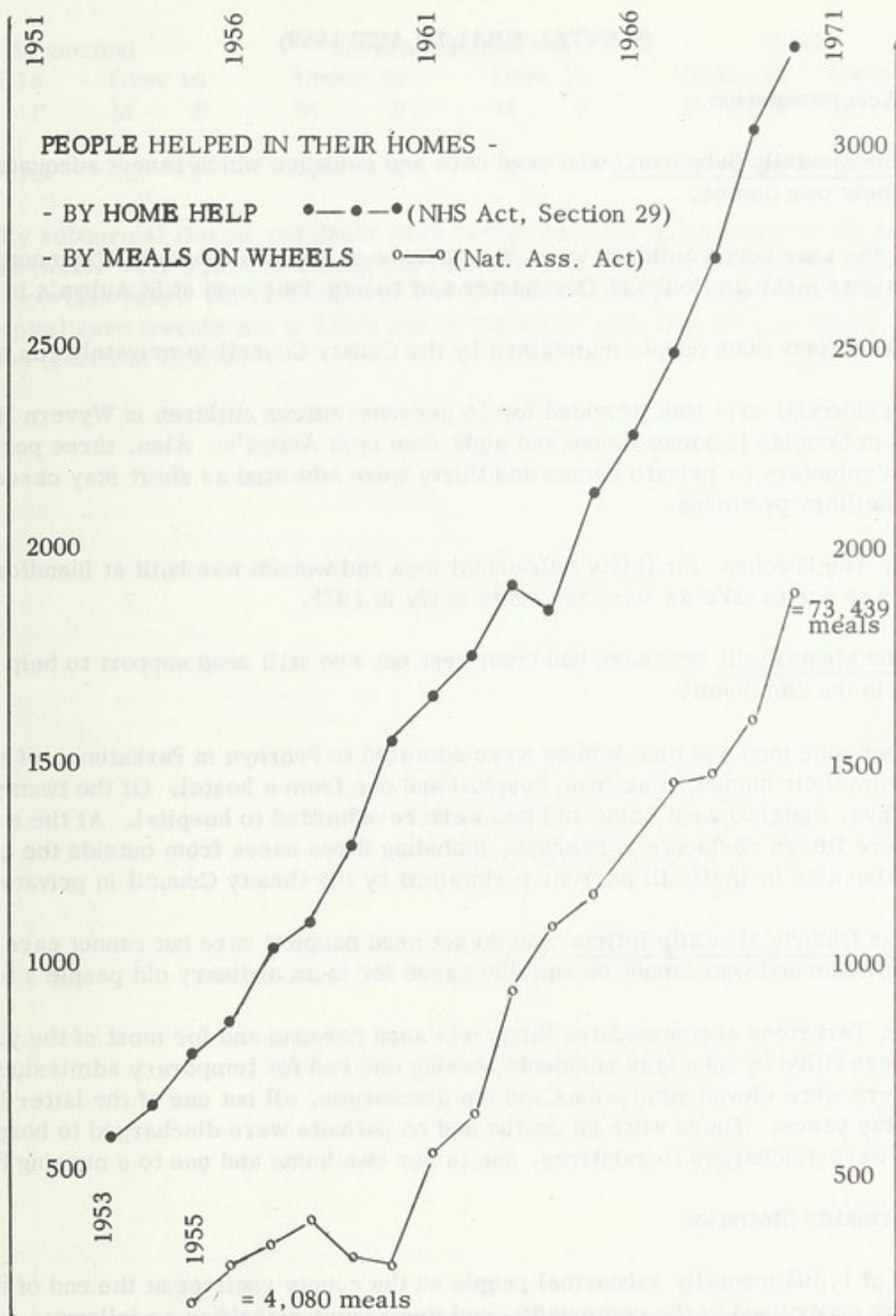
The Home Help Service continued to expand, and the graph on page 25 shows the need is far from being satisfied: the rate of growth of the service (shown by the gradient of the graph) has steadily increased since 1953.

The greatest increase this year was again in the help given to people over the age of sixty-five and to households with chronic sickness. In many such cases the home helps' work allows sick people to stay at home when they would otherwise need to go to hospital. Most people would prefer to stay in their own home, and the community as a whole pays very much less for the service which is provided at home.

At its inception the Home Help Service was designed to carry on housework when the householder was unable to do it because of illness. This remains the basic commitment of the Service, but an element of care for the person has increasingly become a requirement which cannot be ignored in spite of the extension of responsibilities which is implied.

Early discharge from hospital (especially from maternity units) is popular with most patients, and uses the hospital beds more economically, but it places heavier demands on the Home Help Service, not only in the number of people to be helped, but also in the type of help given. Most home helps are competent to provide help with housework and with personal care, but most are also housewives with family responsibilities and are therefore not available for personal care as night-sitters or for getting the patient up and putting her to bed.

The provision of day hospitals, which provide hospital treatment but allow the patient to sleep at home, is another development which challenges the Local Authority to recruit persons who are capable of giving personal care.





## MENTAL HEALTH

(MENTAL HEALTH ACT 1959)

### Residential Accommodation

(a) For the Mentally Subnormal who need care and guidance which cannot adequately be provided in their own homes.

At the end of the year seven children were in residence at Wyvern House in Weymouth, sixteen women in Douglas Jackman House at Dorchester and twenty-four men at St Aubyn's in Weymouth.

There were also forty such people maintained by the County Council in privately run homes.

Short term residential care was provided for 56 persons: fifteen children in Wyvern House, three women in Douglas Jackman House and eight men in St Aubyn's. Also, three persons were maintained in voluntary or private homes and thirty were admitted as short stay cases to hospital or ancillary premises.

A new hostel, The Beeches, for thirty subnormal men and women was built at Blandford during the year. It was due to take its first residents early in 1971.

(b) For the Mentally Ill who have had treatment but who still need support to help them re-enter life in the community.

During the year nine men and nine women were admitted to Penrhyn in Parkstone; of these eight came from their homes, nine from hospital and one from a hostel. Of the twenty persons who left Penrhyn, eighteen went home and two were re-admitted to hospital. At the end of the year there were fifteen residents in Penrhyn, including three cases from outside the county. There were also nine mentally ill persons maintained by the County Council in private homes.

(c) For the Elderly Mentally Infirm who do not need hospital care but cannot care for themselves at home and who cannot be suitably cared for in an ordinary old people's home.

Bourne House, Parkstone accommodates thirty-six such persons and for most of the year thirty-five places were filled by long stay residents, leaving one bed for temporary admissions. Altogether there were eleven admissions and ten discharges, all but one of the latter having been short stay cases. There were no deaths and no patients were discharged to hospital. A total of eight were discharged to relatives, one to her own home and one to a nursing home.

### Mental Subnormality Statistics

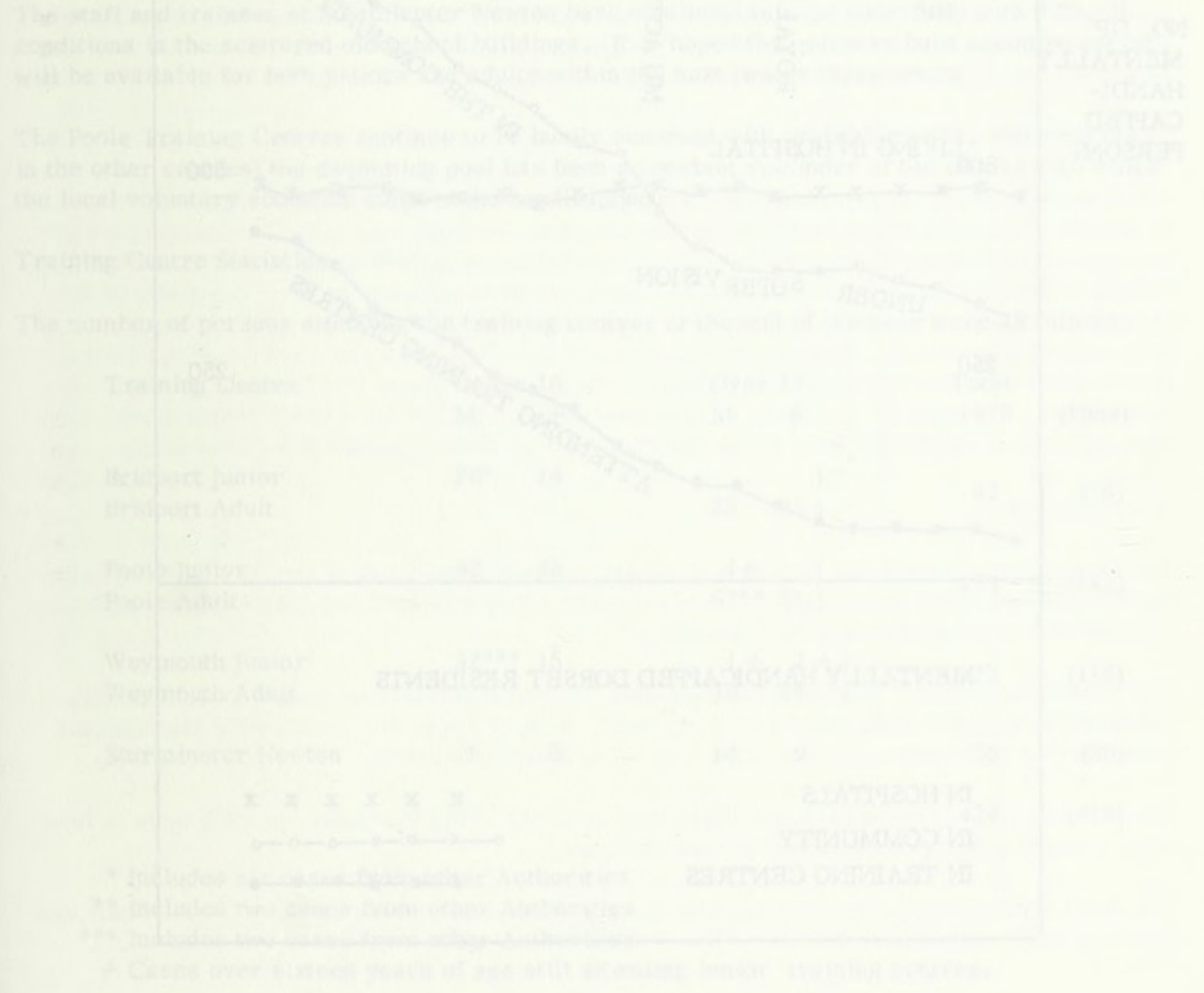
Out of a total of 1,303 mentally subnormal people on the county register at the end of the year, 815 were being supervised in the community, and these were classified as follows:-

Subnormal				Severely Subnormal				Totals			
Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16
M	F	M	F	M	F	M	F	M	F	M	F
44	26	133	145	79	58	146	184	123	84	279	329

Among these were sixty-five cases referred during the year and ascertained as follows:-

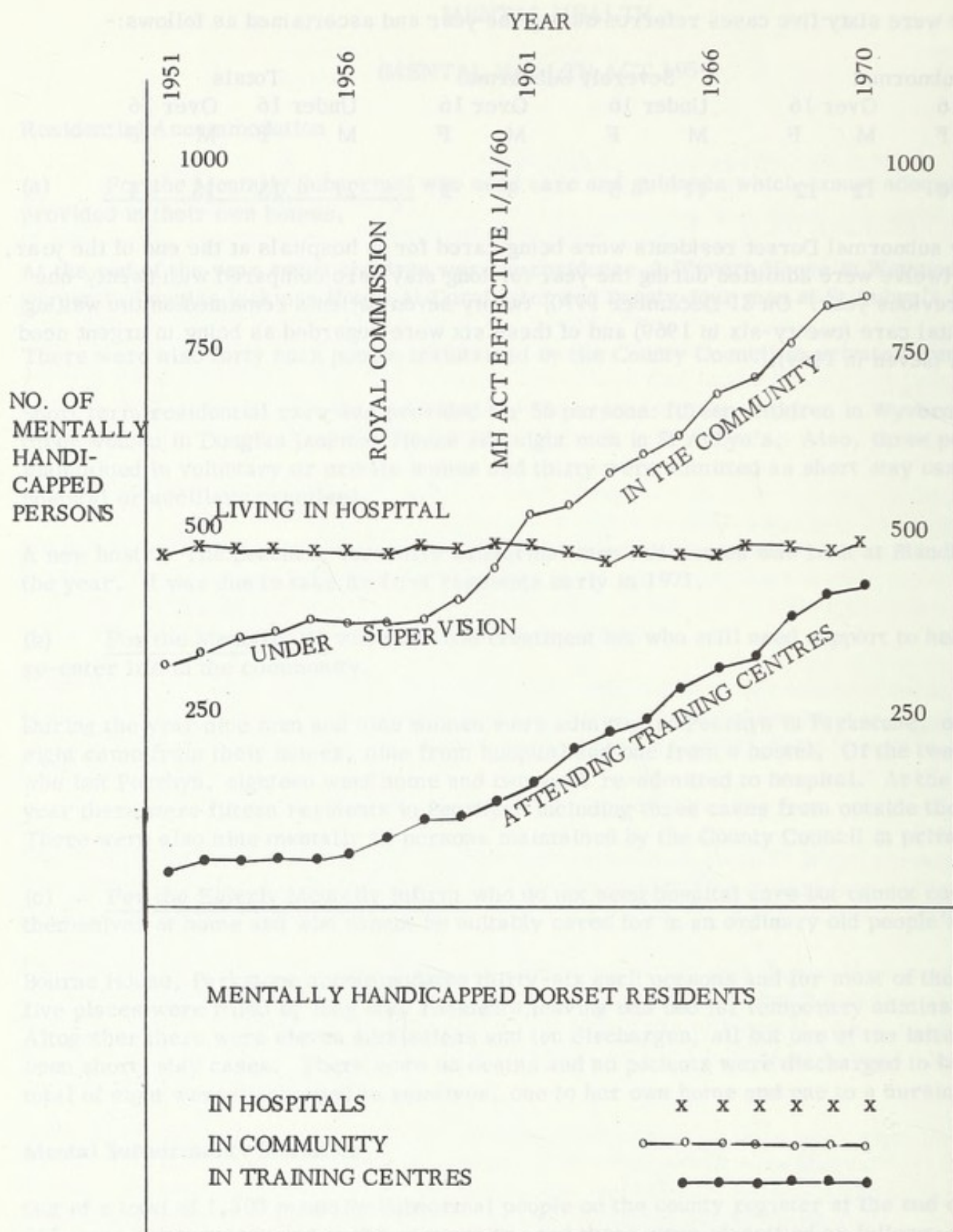
Subnormal				Severely Subnormal				Totals			
Under 16		Over 16		Under 16		Over 16		Under 16		Over 16	
M	F	M	F	M	F	M	F	M	F	M	F
10	10	12	12	11	5	3	2	21	15	15	14

488 mentally subnormal Dorset residents were being cared for in hospitals at the end of the year, and of these twelve were admitted during the year for long stay care compared with twenty-one during the previous year. On 31 December 1970, twenty-seven patients remained on the waiting list for hospital care (twenty-six in 1969) and of these six were regarded as being in urgent need of admission (seven in 1969).



In addition there were twenty-one children under the age of sixteen attending the Dorset Training Centre.





## Training Centres

The highlight of 1970 was the unobtrusive transfer of the staff and trainees from the old church school in North Allington, Bridport, to the new and spacious Adult Training Centre on the corner of Flood Lane and West Bay Road. Everyone concerned deserves warm praise not only for the patience with which the difficulties associated with working in the old premises were accepted and overcome, but also for the spirit with which a reputation was steadily built up with local industry for the reliable and punctual completion of contracts.

We anticipate a similarly rewarding transfer of the Weymouth Training Centre to the Marquis of Granby site on Chickerell Road early in 1971, and this will release the remainder of the original Wyvern Centre for the juniors.

The staff and trainees at Sturminster Newton have continued to cope cheerfully with difficult conditions in the scattered old school buildings. It is hoped that purpose built accommodation will be available for both juniors and adults within the next two or three years.

The Poole Training Centres continue to be busily occupied with profitable work, and here (as in the other centres) the swimming pool has been a constant reminder of the efforts with which the local voluntary societies support the handicapped.

## Training Centre Statistics

The number 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	1970	(1969)
Bridport Junior	20*	14		)	82	(78)
Bridport Adult			23	25 )		
Poole Junior	42	33	1+	)	184	(183)
Poole Adult			57**	51 )		
Weymouth Junior	32***	15	1+	2+ )	122	(118)
Weymouth Adult			38	34 )		
Sturminster Newton	8	5	14	9	36	(36)
					424	(415)

\* Includes six cases from other Authorities

\*\* Includes two cases from other Authorities

\*\*\* Includes two cases from other Authorities

+ Cases over sixteen years of age still attending junior training centres.

In addition there were fourteen children under the age of sixteen attending the Poole Spastics Unit.



## Mental Illness Statistics

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

Year	Informal		Observation (Sect 25)		Treatment (Sect 26)		Emergency (Sect 29)		Court Orders		Totals		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	
1968	168	252	42	72	8	9	32	18	4	1	264	352	616
1969	219	339	60	84	4	10	34	37	3	0	316	470	786
1970	252	341	32	79	7	11	34	46	2	0	332	477	809

Of the 809 admissions, 211 were under compulsion compared with 232 the previous year, ie 26.8% of the total compared with 29.5% in 1969 and 69.6% in 1953. The number of patients admitted who were known to have received in-patient treatment for mental illness on previous occasions was 272 this being 33.6% of the total compared with 30.1% in 1969 and 46.4% in 1965.

### Liaison with Hospital Services

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. 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 one member 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.

### Voluntary Bodies

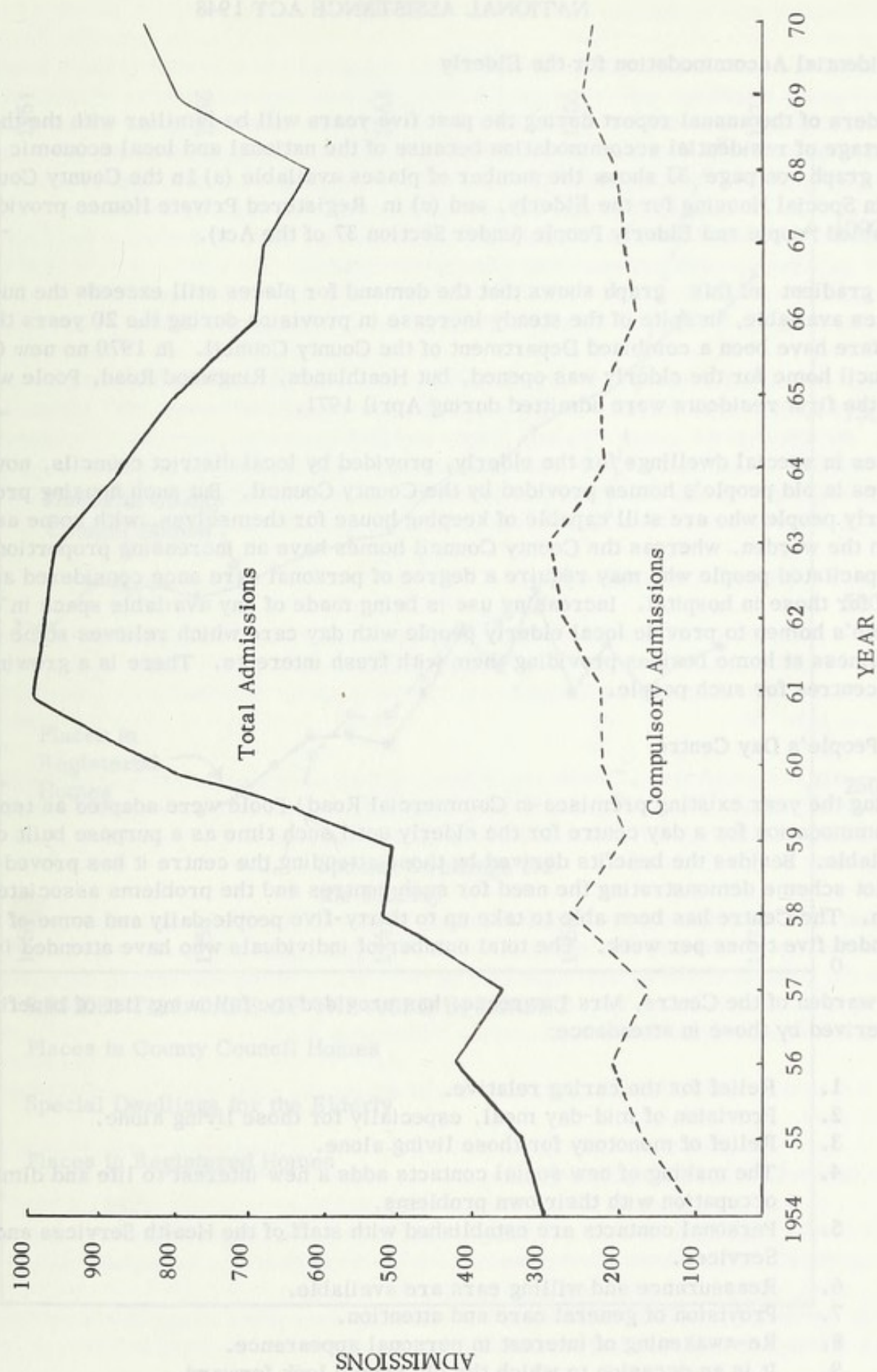
The County Council continue to accept financial responsibility for four Dorset residents in Parnham House, near Beaminster, where fifty-three mentally frail old ladies are cared for by the National Association for Mental Health.

The Cheshire Home for Mentally Handicapped Children at Hawthorne Lodge, Dorchester has continued to care for about twenty-five children, most of whom are so severely handicapped mentally that they need care otherwise only to be found in hospital.

The Friends of St Aubyn's have continued their interest in the residents, helping them to take part in social activities inside and outside the hostel.

The local societies continue their regular fund-raising activities which do so much to help our mentally handicapped people.

# NUMBER OF ADMISSIONS TO HOSPITALS FOR MENTAL ILLNESS





## Residential Accommodation for the Elderly

Readers of the annual report during the past five years will be familiar with the theme of shortage of residential accommodation because of the national and local economic situation. The graph on page 33 shows the number of places available (a) in the County Council Homes, (b) in Special Housing for the Elderly, and (c) in Registered Private Homes providing care for Disabled People and Elderly People (under Section 37 of the Act).

The gradient of this graph shows that the demand for places still exceeds the number of places available, in spite of the steady increase in provision during the 20 years that Health and Welfare have been a combined Department of the County Council. In 1970 no new County Council home for the elderly was opened, but Heathlands, Ringwood Road, Poole was completed, and the first residents were admitted during April 1971.

Places in special dwellings for the elderly, provided by local district councils, now exceed the places in old people's homes provided by the County Council. But such housing provides for elderly people who are still capable of keeping house for themselves, with some assistance from the warden, whereas the County Council homes have an increasing proportion of physically incapacitated people who may require a degree of personal care once considered appropriate only for those in hospital. Increasing use is being made of any available space in our old people's homes to provide local elderly people with day care which relieves some of their loneliness at home besides providing them with fresh interests. There is a growing need for day centres for such people.

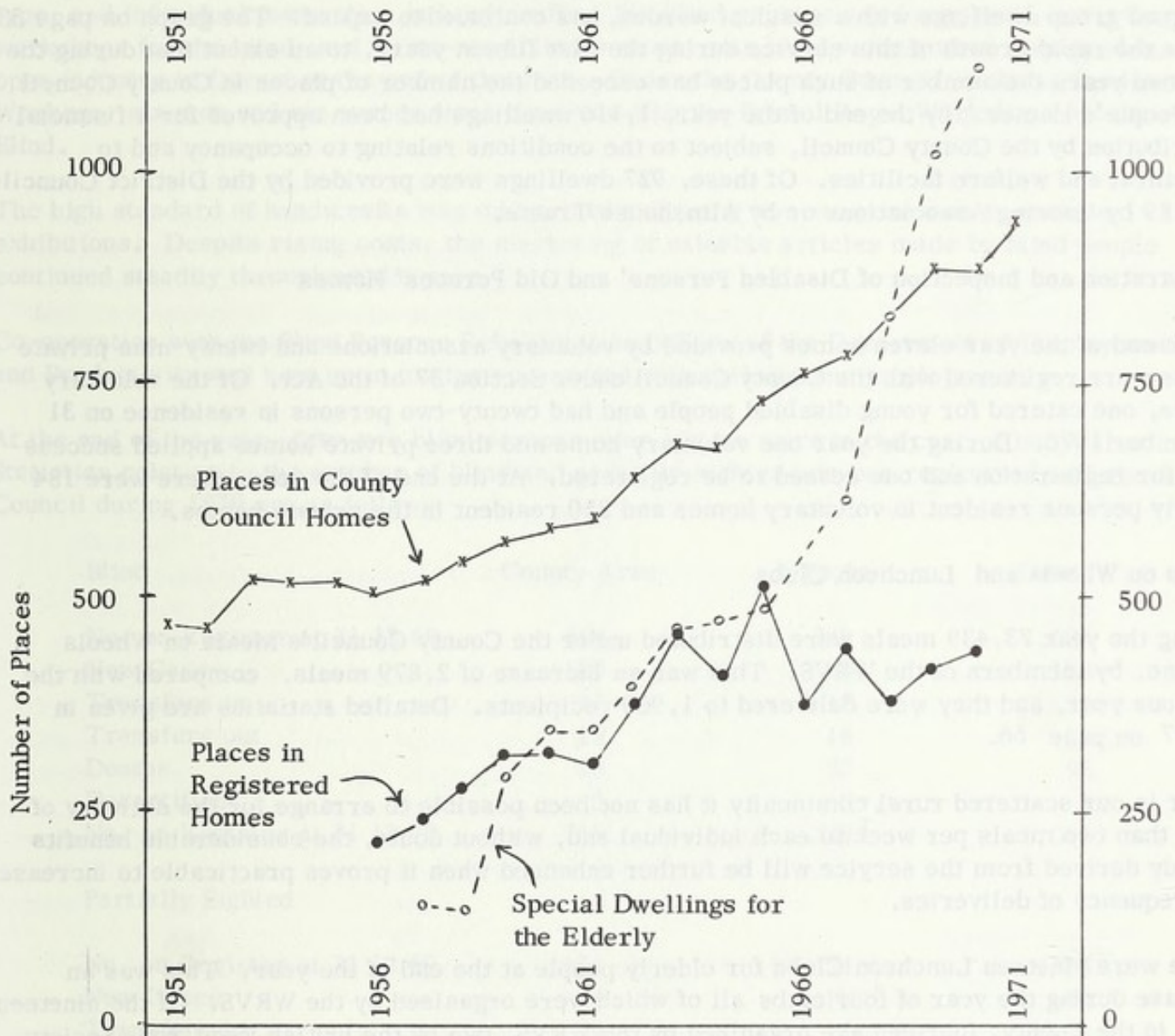
## Old People's Day Centre

During the year existing premises in Commercial Road, Poole were adapted as temporary accommodation for a day centre for the elderly until such time as a purpose built centre becomes available. Besides the benefits derived by those attending the centre it has proved valuable as a pilot scheme demonstrating the need for such centres and the problems associated with running them. The Centre has been able to take up to thirty-five people daily and some of these have attended five times per week. The total number of individuals who have attended is over 200.

The warden of the Centre, Mrs Lawrence, has provided the following list of benefits which may be derived by those in attendance:

1. Relief for the caring relative.
2. Provision of mid-day meal, especially for those living alone.
3. Relief of monotony for those living alone.
4. The making of new social contacts adds a new interest to life and diminishes pre-occupation with their own problems.
5. Personal contacts are established with staff of the Health Services and Social Services.
6. Reassurance and willing ears are available.
7. Provision of general care and attention.
8. Re-awakening of interest in personal appearance.
9. It is an occasion to which the old people look forward.





# RESIDENTIAL CARE OF THE AGED IN DORSET

Places in County Council Homes

Special Dwellings for the Elderly

Places in Registered Homes



## Special Housing for the Elderly

The County Council scheme of grants to District Councils, for approved tenants in specially designed group dwellings with a resident warden, has continued to expand. The graph on page 33 shows the rapid growth of this service during the past fifteen years, to an extent that during the past two years the number of such places has exceeded the number of places in County Council Old People's Homes. By the end of the year, 1,116 dwellings had been approved for a financial contribution by the County Council, subject to the conditions relating to occupancy and to structural and welfare facilities. Of these, 927 dwellings were provided by the District Councils and 189 by Housing Associations or by Almshouse Trusts.

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

At the end of the year eleven homes provided by voluntary associations and twenty-nine private homes were registered with the County Council under Section 37 of the Act. Of the voluntary homes, one catered for young disabled people and had twenty-two persons in residence on 31 December 1970. During the year one voluntary home and three private homes applied successfully for registration and one ceased to be registered. At the end of the year, there were 184 elderly persons resident in voluntary homes and 250 resident in the private homes.

## Meals on Wheels and Luncheon Clubs

During the year 73,439 meals were distributed under the County Council's Meals on Wheels Scheme, by members of the WRVS. This was an increase of 2,879 meals, compared with the previous year, and they were delivered to 1,900 recipients. Detailed statistics are given in table 7 on page 66.

So far in our scattered rural community it has not been possible to arrange for the delivery of more than two meals per week to each individual and, without doubt, the considerable benefits already derived from the service will be further enhanced when it proves practicable to increase the frequency of deliveries.

There were nineteen Luncheon Clubs for elderly people at the end of the year. This was an increase during the year of four clubs all of which were organised by the WRVS. Of the nineteen clubs in the County, fourteen are organised by the WRVS, two by the British Red Cross Society in Dorchester, and one each by the Pilgrim House Club in Weymouth, The Swanage Friendship Club and the Broadstone Council of Churches Friendship Club.

26,847 meals were served in the Luncheon Clubs during the year which is 4,580 more than the previous year.

## Welfare of the Blind and Partially Sighted

On 31 December 1970, there were 1,066 persons on the blind register and 199 registered as partially sighted, an increase of sixty and twenty-four respectively during the year.

Of the 158 newly registered blind cases 134 were sixty-five years of age and over, and twenty-two were between the ages of forty and sixty-four years.

Visiting and teaching have been carried out by eight social workers for the blind: of these three work in the Borough of Poole and five in the remainder of the County. An essential part of the service is the help given to persons with serious visual defects in adjusting themselves



so as to lead as normal a life as possible. In conjunction with the Dorset Association of the Blind, handicraft classes, socials, outings, sales of work exhibitions and special holidays were arranged. Blind pupils living at home were given instruction in reading and writing embossed type, and individual instruction in handicrafts. Six blind persons were employed in various workshops for the blind, and thirty-nine blind men and nine 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.

The high standard of handicrafts was maintained and many awards were won at various exhibitions. Despite rising costs, the marketing of saleable articles made by blind people continued steadily throughout the year.

Co-operation with the Blind Persons Rehabilitation Officer of the Department of Employment and Productivity was kept up in matters connected with training and employment.

At the end of the year, fifty-two blind persons over sixteen were in the care of hospitals. Statistics relating to the number of blind and partially sighted persons registered with the Council during 1970 are as follows:-

Blind	County Area	Poole	Total
No. on Register at 31 12 69	664	342	1,006
New Cases	109	49	158
Transfers in	21	10	31
Transfers out	15	16	31
Deaths	58	37	95
Decertified	3	0	3
No. on Register at 31 12 70	718	348	1,066
Partially Sighted			
No. on Register at 31 12 69	121	54	175
New Cases	24	16	40
Transfers in	4	2	6
Transfers out	4	1	5
Deaths	3	3	6
Decertified	10	1	11
No. on Register at 31 12 70	132	67	199

The graph on page 38 shows the steady growth of the number of blind persons under supervision during the past twenty years while this Department has shared the responsibility for provision with the very active Dorset Association of the Blind. I should like to express my thanks to all those whose understanding of people with this handicap has in so many cases brought realisation that blindness need not be the end of life, but often brings a new and rewarding outlook. The Secretary of the Association, Mr R L Swaffield, has also worked for many years in this department, and his deep understanding of the needs of blind people has recently been recognised by his election to the Executive Council of the Royal National Institute for the Blind.



## Welfare of the Deaf and Hard of Hearing

The welfare services for the deaf and hard of hearing continued 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 Rev Alan Mackenzie was joined by Mr Buss during the year under review. Deaf people are easily depressed by their inability to see people talking without being able to hear what is said. Their faces light up when they have someone who can interpret for them, and the skill of manual language is a gift which Mr Mackenzie uses with very great benefit for this numerically small but very needy group of handicapped people.

Social Workers among the deaf provide advice in domestic, social, legal, health and family problems, as well as instruction in the manual language which is essential for communication with the deaf. Visits to deaf people at home and in hospital are routine, but there are also occasions when such special skills are urgently needed elsewhere, as in the law courts, and are willingly given.

In employment problems, individuals are assisted in co-operation with the Disablement Resettlement Officers of the Department of Employment.

Social Centres for the deaf and the hard of hearing continue at Bridport, Dorchester, Poole, Sherborne and Weymouth.

The following table shows the number of persons (both the deaf and the hard of hearing) registered with the authority on 31 December 1970, together with details of services provided:-

	Dorset (excluding Poole)	Poole	Total
Deaf	101	41	142
Hard of Hearing	173	74	247
No. of cases for whom service is provided	234	90	324
Attendance at Social Clubs	2,304	618	2,922
Attendance at Church Services	435	239	674
Visits by Staff	1,162	398	1,560

## Welfare of the Physically Handicapped (General Classes)

For the purposes of providing this service the County has been divided into four areas each under the supervision of a social worker specialising in the care of the physically handicapped. The graph on page 38 shows the increase in the number of physically handicapped people registered with the Department, since 1955, when the register was started. During the year, the Chronically Sick and Disabled Persons Act was passed through Parliament with a popular enthusiasm which promised new forms of help for handicapped people, but without extra funds to pay for this help. The Act came into force without sufficient notice to allow authorities to make provision in their estimates for the current year, and many hopes were dashed. But all enquirers were asked to give details from which they could be identified when funds became available and when plans for such services as telephones had had rational consideration.



The Dorset Branch of the British Red Cross Society continues to act as the agent of the County Council providing aids and gadgets and instruction in handicrafts in handicapped people's homes.

The Dorset Association for the Disabled continued to promote the general welfare of the disabled.

At the end of the year, three handicapped persons were employed in sheltered workshops and three handicapped persons (from the Poole area) were employed in the Bournemouth Workshops for the Disabled.

The following table shows the number of physically handicapped persons (in the general classes), registered with this Authority during the year:-

	Dorset (excluding Poole)	Poole	Total
No. on Register at 31 12 69	1,414	378	1,792
New Cases	266	106	372
Transfers in	2	6	8
Transfers out	26	10	36
Deaths	107	25	132
Removed from Register	6	0	6
No. on Register at 31 12 70	1,543	455	1,998

#### REGISTRATION OF NURSING HOMES

No new homes were registered during 1970 and at the end of the year there were seventeen registered homes providing 255 beds for general cases. There are no homes registered with this Authority for maternity cases, and no homes are registered under the Abortion Act (1967). Periodic inspections of registered homes continued, and only two complaints were received, both of which were investigated by the officers and resolved with the co-operation of the local doctors.

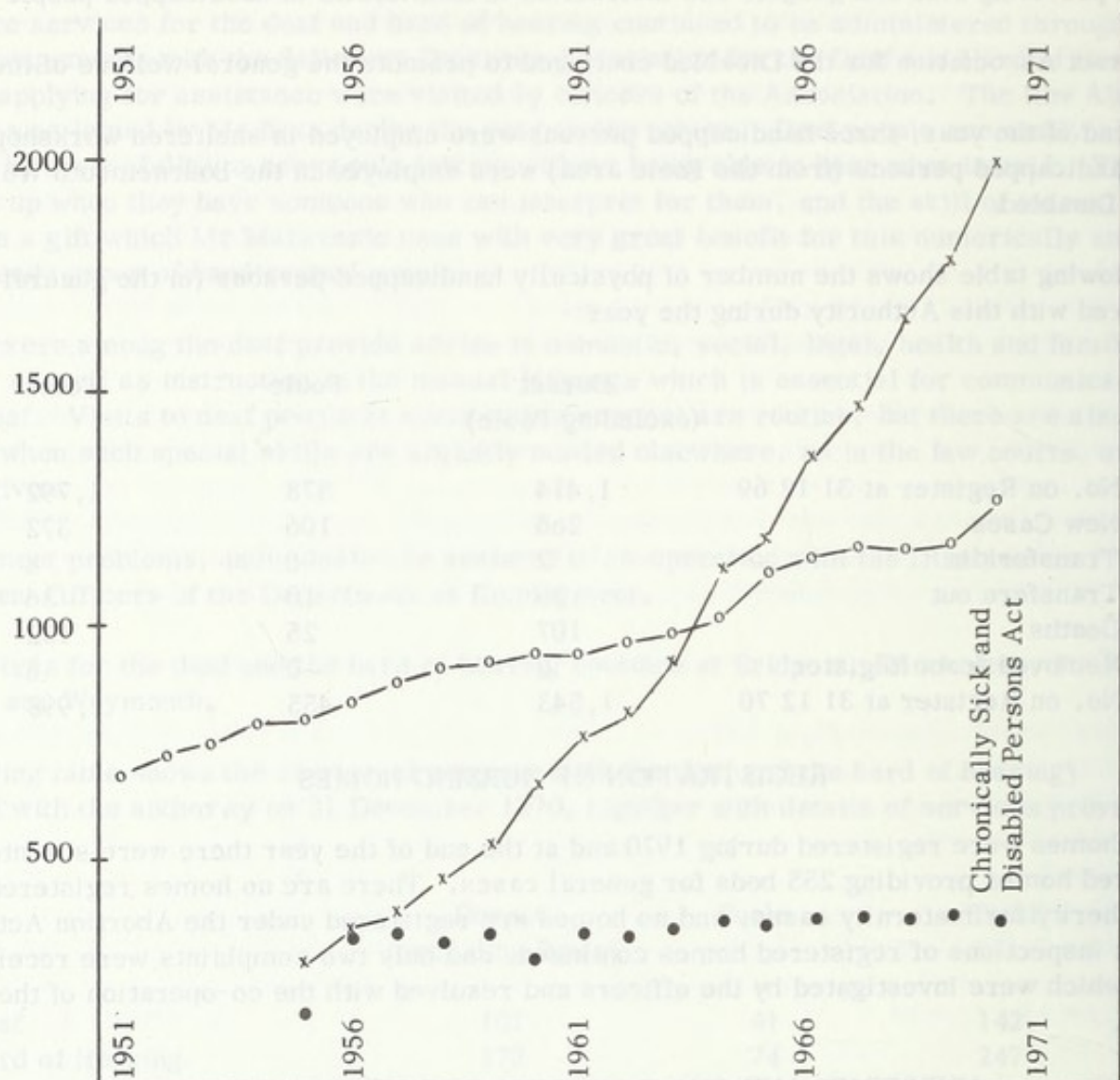
#### NURSERIES AND CHILD MINDERS REGULATION ACT 1948

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

Premises registered at the end of the year:-

	Day Nurseries			Child Minders		
	1968	1969	1970	1968	1969	1970
Number	61	90	104	37	94	124
Number of places at end of year	1,498	2,041	2,651	370	574	634





#### DORSET PEOPLE WITH PHYSICAL HANDICAPS

(1) Registered Blind or Partially Sighted

o—o—o

(2) Registered Deaf or Hard of Hearing

• • •

(3) Registered Handicapped (General Classes)

x—x—x



## ENVIRONMENTAL HEALTH

### WATER SUPPLIES AND SEWERAGE

#### The Provision of Piped Water and Main Drainage in Dorset

A report on the progress with the provision of piped water and main drainage during the five years 1965 - 1970 was prepared in June. This revealed that some £829,870 had been spent on water supply and that expenditure on sewerage and sewage disposal had exceeded £4 million.

The last five-year report was made in 1965 and at that time there were, in the nine rural districts, 24,164 properties situated in parishes which had either been wholly or partially sewered. Since then provision had been made for sewerage a further 9,069 properties, so that, the position in mid-1970 was that a total of 33,233 properties were or could be connected to sewerage schemes in rural localities.

In 1965, eighty of the 257 parishes in the rural districts had been sewered in whole or in part. Since then, main drainage schemes had been completed in forty-two parishes, so that 122 of the 257 rural parishes were - in 1970 - wholly or partly sewered.

A survey conducted, in 1965, by the Ministry of Housing and Local Government had indicated that some fifty-eight parishes in Dorset were likely to be provided with main drainage by the end of 1969 whereas, in fact, as reported above, forty-two parishes were sewered during the five years ended 30 June 1970. The fact that the expected rate of progress had not been achieved was due to financial restrictions and other inhibitory factors which affected capital investment during this period and it was clear that progress, nationally, had not reached the forecast levels. Indeed, from information obtained through professional channels, Dorset fared relatively well.

As far as water supply was concerned, office records showed that provision was made for connecting 4,692 properties to public mains for the first time during the last five years, the vast majority of the dwellings being in West Dorset where the Regional Water Scheme undertaken by the West Dorset Water Board had been substantially completed. This scheme served thirty-six of the fifty-three parishes affected by publicly owned piped water schemes carried out since 1965.

Turning to the question of economics, the cost of bringing piped water to the 4,692 properties worked out, arithmetically, at £177 per dwelling; the actual amount however, was much less because the total cost included not only water mains but improvements by means of new headworks, treatment plant and reservoirs which also fed a number of properties served by existing distribution systems. Even so, the figure of £177 was a creditable one, bearing in mind that in calculating grant in accordance with the Ministry's Circular 75/67, the cost per property is assessed at £380, excluding headworks and treatment plant. On main drainage, the cost of making provision for the 9,069 properties worked out at £444 per dwelling all-in, compared with the Circular 75/67 figure of £540 excluding sewage disposal works. Here again, in some cases, properties already connected to an existing sewerage system would benefit from new pumping stations and sewage disposal works, the latter in any event being non-grant earning under the Rural Water Supplies and Sewerage Acts.

On the face of things, £444 per property, excluding the cost of sewage treatment is a lot of money, but, comparatively speaking, under present day conditions it is a moderate sum for the amenity of main drainage. Taken individually, some schemes which had been completed in



Dorset had appreciably exceeded this figure which was not surprising in the light of information obtained from other parts of the country where £600 per dwelling seemed to be a commonplace.

A fact sometimes forgotten when the economics of providing main drainage and water supply are considered in the light of the Ministry's Circular setting out guide lines for water supply and sewerage grants, is that costs have risen almost astronomically since 1967 when the Circular was issued. The result is that the basic figures of £380 for water supply and £540 for sewerage are urgently in need of revision.

Looking at the situation overall as far as the provision of water supply is concerned, the report revealed that relatively few properties in Dorset which could be connected, economically, to publicly owned water mains were without the benefit of this service.

It had to be remembered, however, that water consumption was rising at an alarming rate. In 1945, for example, a figure of twenty-five gallons per head per day was the normal design allowance in country districts; by 1955 this figure had risen to about thirty-five gallons per head per day and in 1970 it was unwise to base calculations, even for rural water supplies, on a lower figure than forty - forty-five gallons per head per day for domestic purposes. In urban areas, of course, the allowance should be higher, and by the turn of the century, it is predicted that the total water consumption, per head per day, will be in the order of 100 gallons. Thus, the need for new headworks, new reservoirs and bigger main capacity is likely to be perpetual.

Reviewing the position on the provision of main drainage, while it was fair to state that the majority of villages in which the need was greatest had been sewered, the hard fact was that more than half the 257 parishes in the nine rural districts were still without the amenity of main drainage.

The part played by the Dorset County Council in the provision of piped water and main drainage was substantial. Through the County Public Health Engineer the County Council were helping the County District Councils - to whom as the local sanitary authorities most of the credit must go - to provide these vital environmental health services as economically as possible and at the same time to bring about co-ordination and rationalisation wherever practicable. On the financial side alone, the County Council's responsibilities were heavy, the 1970/71 budget providing for contributions totalling £72,500 for water supply and £129,500 for sewerage, including grants under the Local Government Acts 1958 to borough and urban district councils. The total estimated expenditure on these services, therefore, for the year 1970/71 was £202,000 which was equivalent, almost, to a 3d (1.3p) rate. The Budget Estimate for 1971/72 would be even greater, but every encouragement would be given to the district councils and water boards to make further progress with public health engineering schemes which were such an essential part of life and vital adjuncts both to the County's development and its future economy.

The following were subjects of special interest during the year:

#### **Water Supply**

In last year's report I referred to the Wessex Water Board's application to develop a major source at Lower Magiston, Sydling, and stated, in good faith, that a Public Inquiry into the proposal would take place in 1970. In fact, the Inquiry took place between 29 June and 21 July 1971 - occupying fourteen days! The original application related to an abstraction of six million gallons of water per day, but in October the Board amended the abstraction so as to provide for maximum rates per hour per day and per week during specified periods extending through any year. The average abstraction rate over any year under the revised application would be



3.2 million gallons per day and provision was made for returning 0.5 mgd to the Sydling River, if required, between 16 August in any year and 29 February of the year immediately following.

The County Council, through the Health and Planning Committees had been informed of the proposals of the Wessex Water Board and of the views of the Dorset Water Board and the Avon and Dorset River Authority; the original intention was that the Clerk of the County Council should attend any Public Inquiry and make any comment which he thought fit in order to preserve Dorset's interests. However, at their meeting in February 1971 the County Council decided totally to oppose the project on the grounds that an unacceptable loss of amenity would result. In the event of this contention not being upheld by the Secretary of State for the Environment, then the County Council urged that any abstraction approved by him at Lower Magiston should be under the control of the Dorset Water Board or such other water undertaking "as shall in the future control substantially all the other points of abstraction existing and proposed in the Frome aquifer".

Since the objection by the County Council is primarily on grounds of loss of amenity, their expert witness, if any, would be the County Planning Officer.

It is understood that some seventy objections to the proposed abstraction were received by the Department of the Environment and I feel obliged to repeat what I said in this report a year ago that "No matter how strong other interests in water might be, the prior claim must surely be the provision of adequate supplies of wholesome water for human consumption, for general domestic purposes and for the needs of agriculture and industry." As I see it, the issue that has to be resolved is how the needs of the Wessex Water Board and the Dorset Water Board can best be met.

Earlier, in 1970, a Public Inquiry lasting several days had been held into an application by the West Wilts Water Board to abstract, under certain conditions, a further 1.6 million gallons per day from boreholes at Burton Field near Mere. This would raise the total abstraction from this source from 2.0 to 3.6 mgd. The Inquiry - a very contentious one - dealt also with an application from the West Wilts Water Board to abstract 2 mgd from boreholes at Brixton Deverill in Wiltshire; the result of the Inquiry was announced on 13 January 1971.

In respect of the Mere source, the Secretary of State for the Environment agreed with the Inspector who conducted the Inquiry, that subject to safeguarding conditions, the Avon and Dorset River Authority be directed to vary the West Wilts Water Board's licence by permitting abstraction from the existing source at Burton Field to be increased on a temporary basis to 3.6 mgd and 1,320 mg per year. The Secretary of State decided, however, that the temporary licence should expire in December 1975, during which period the Board and the River Authority should make a comprehensive assessment of the ground water resources of the area, the long term effect of increased abstraction and the measures necessary to implement a permanently increased abstraction if this was desired, at the termination of the temporary licence. The County Public Health Engineer gave evidence at the Inquiry in support of the Mere application.

The West Wilts Water Board's case to abstract 2 mgd from boreholes at Brixton Deverill did not affect Dorset. No evidence was given at the Inquiry in support or otherwise of the Board's application as far as this source was concerned. However, it will be of interest to record that although the Inspector recommended the granting of a licence, the Secretary of State for the Environment took the view that if the ground water resources of the Upper Wylde catchment area were to be utilised for the purposes of public water supply, then there should be a comprehensive programme for development drawn up to ensure that not only were the demands for public supply met, but that existing sources, river flows and amenities were protected and maintained. Accordingly, the Secretary of State felt that until this further research had been



carried out it would be premature to consider a licence for the abstraction which was sought, and he was not prepared, therefore, to direct the River Authority to grant a licence in respect of the development of boreholes at Brixton Deverill.

The only comment which can be made on the Secretary of State's decision is the general one that while, clearly, there is much to be said for testing the resources and the effect of the proposed abstraction, locally, before granting a licence to develop a major source, the delay caused by this research could have serious consequences within the area of supply. It is to be hoped that if this is to become a recognised procedure, then water authorities should be given notice of this in order that a comprehensive study of the catchment area concerned can be made before an application for a licence is submitted.

At the time this report is being written, the Government's White Paper is awaited setting out their observations on the Report of the Central Water Advisory Committee and outlining the measures which the government have in mind for the future administration and management of water supply, sewerage, sewage disposal, river management and the control of water resources. Clearly, the present set up is not wholly satisfactory; with the projected Re-organisation of Local Government there is a fine opportunity to put the organisation on a basis which is both sound and economic.

### Sewerage and Sewage Disposal

Details of main drainage schemes submitted, commenced and/or completed during 1970 are given in the table on page 47.

In a year in which outstanding progress was made either with the design or construction of new schemes, the highlight, perhaps was the bringing into full operation, at Whitsun, of the Bridport Joint Sewerage Scheme. This conveys sewage from Beaminster - about five miles north of Bridport, and from the Asker Valley in the Bridport Rural District into the sewers of the Bridport Corporation for discharge to sea - at West Bay - by means of a submarine pipeline nearly one mile long. A scheme has been approved for linking-up the village of Netherbury in the Beaminster Rural District to the trunk sewerage system, and it is hoped that construction will commence during 1971. In due course, sewage from the village of Symondsburys in the Bridport Rural District will also be pumped into the trunk sewer network and there is the possibility too, that the scope of the scheme might later, be widened to include the village of Burton Bradstock. Much depends on how much spare capacity remains in the outfall after the scheme has been in operation long enough to enable reliable assessments to be made.

Although the submarine pipeline was not laid strictly as planned, undersea surveys have shown it to be in a sound condition and the scheme as a whole has functioned extremely well. The one difficulty which has been experienced is with the quantity of grit reaching the main pumping station and measures are to be taken with a view to reducing the amount of grit entering the sewers and to provide greater facilities for dealing with this material at the headworks pumping station. Reference is made under the heading "The Disposal of Sewage into the Sea" to the scientific surveys which have been and are being conducted in West Bay by the Water Pollution Research Group Laboratory to test the efficiency of the outfall.

In July, the Dorchester Rural District Council submitted two alternative schemes for sewerage the Piddle Valley. One of these involved pumping sewage to the site of the Puddletown Sewage Disposal Works where a new treatment plant would be constructed, the total estimated cost of the scheme being in the order of £288,000.



The other scheme involved the purchase of the disused Defence Department sewage works at Piddlehinton and the cost of this scheme - including the purchase of the existing works - was in the order of £189,000. In the opinion of the County Public Health Engineer, based upon statistical information furnished by the Chief Public Health Inspector of the Dorchester Rural District Council, there was no justification either on grounds of public health or housing for the provision of a sewer between Piddlehinton and Puddletown. The probability was that if such a sewer were laid only twenty-nine properties would connect to it and the average cost per property would be £1,200. It was conceivable that a further ten dwellings could be connected - making a total of thirty-nine - in which case the average cost would still be £897 compared with the allowance for grant purposes, as set out in the Ministry of Housing and Local Government Circular 75/67, of £540.

Having considered the merits of both alternatives in the light of the County Council's observation the Dorchester Rural District Council decided to adopt the cheaper scheme provided the Defence Department works at Piddlehinton could be acquired on terms acceptable to the District Valuer.

The Dorchester Rural District Council also shared the view of the County Public Health Engineer that rather than construct separate works in the Winterbourne Valley - which was a valuable water resource area - it would be preferable and probably more economic to endeavour to reach agreement with the Dorchester Corporation for sewage from the whole of the valley to be conveyed to the Borough Council's sewage disposal works which, in any event, were to be enlarged in the near future.

In the Sherborne Rural District consideration was given to a joint scheme to serve the villages of Chetnole and Leigh; sewage would be conveyed to the Council's treatment plant at Thornford which would be extended to treat sewage from the two villages in question as well as provide for further development of Yetminster. The possibility was also discussed, at the suggestion of the County Public Health Engineer, of draining the village of Melbury Osmond into the Chetnole/Leigh/Yetminster Joint Scheme. Discussions have taken place to this end between the Beaminster and Sherborne Rural District Councils, but a final decision has not yet been reached.

In the Shaftesbury Rural District the much needed Bourton main drainage scheme is nearing completion and in the Wareham and Purbeck Rural District schemes were submitted for the villages of Bloxworth, Ridge and Stoborough. Proposals for draining the Purbeck village of Worth Matravers were discussed with the County Public Health Engineer and a scheme for linking the villages of Affpuddle and Briantspuddle to the Council's Blackheath Disposal Works was completed. This was necessary both to meet the requirements of recent development and to protect an important water source of the Dorset Water Board.

Under their Engineer, Colonel J C West, OBE FIMunE, the Wimborne and Cranborne Rural District Council made further progress with the Verwood main drainage scheme, the total estimated cost of which exceeds half-a-million pounds.

Unfortunately, the County Council decided in July that the proposed East Dorset Trunk Sewerage Scheme could not be proceeded with in the foreseeable future. This was largely due to economic factors but it is firmly believed that the time will come when the authority responsible for main drainage in the future will find that this scheme - or one along similar lines - will be necessary and will provide the cheapest long-term solution to drainage problems in this rapidly developing part of Dorset.



In April, the County Public Health Engineer joined Mr Colin Martin BSc MIMunE and Mr J H Nicholson FIMunE in presenting a Paper - at a session of the Health Congress at Eastbourne sponsored by the Institution of Public Health Engineers - entitled "Regional Drainage or Local Sewage Works?". Deliberately, the paper was controversial and a lively discussion took place; at the request of the South Western District Centre of the Institution the paper was repeated at Bath in November.

#### MINISTRY OF HOUSING AND LOCAL GOVERNMENT RELAXATION OF CONTROL OF WATER SUPPLY AND SEWERAGE SCHEMES

In July, the then Ministry of Housing and Local Government further reduced the extent to which water supply and sewerage schemes submitted for loan consent were to be examined by the Department.

The revised procedure was described in new Manuals of Guidance replacing those issued in 1964.

The principal changes were:

- (a) the extension to a wider range of schemes of the simplified procedure under which no technical information was required by the Ministry; and
- (b) limitation of the examination of schemes to what was required for the discharge of the Minister's function in respect of loan sanction.

Except in the cases mentioned below, no technical information need now be submitted by the applicant authority for loan consent where the estimated cost of the scheme is not more than £100,000 or an amount equivalent to the product of a 2.4d rate whichever is the greater. Under the procedure introduced in 1964 small schemes for which no technical information was required were limited to those where the estimated cost was not more than £30,000 or an amount equivalent to the product of a 2d rate, whichever was the greater.

The new relaxation applied whether or not the authority intended to apply for grant under any enactment, but where a grant was to be claimed under the Rural Water Supplies and Sewerage Acts and technical criticism by a County Council was maintained when proposals were submitted to the Department, this criticism would be considered. In any event, technical information would be required if:

- (i) the proposals incorporated unconventional types of sewage treatment plant. (The word "unconventional" was not defined but some forms of extended aeration, it is understood, are regarded as unconventional.)
- (ii) the proposals formed an element of a larger scheme with an estimated cost above the small scheme limit of £100,000; and
- (iii) the Department at their discretion asked for technical information. Apart from the increased level of capital cost, the necessity under (i) above to submit technical information only in the case of proposals incorporating unconventional types of sewage treatment plant was in itself a relaxation. Under the earlier procedure a scheme involving a new sewage treatment plant of any kind required technical approval.



The Ministry pointed out that the changes in the Directorate of Engineering which were announced earlier in the year were made with a view to facilitating arrangements for discussion as between consultants and local authority engineers and the engineering inspectorate of the Ministry. The hope was expressed that this form of consultation would begin at an earlier *stage* in the preparation of schemes and take the form of discussions either on site or in London.

The procedure to be followed in the case of grants under the Rural Water Supplies and Sewerage Acts was clearly set out in the Manuals and this it is hoped would avoid the sort of situation which had arisen in the case of one particular sewerage scheme, last year, where the Ministry authorised a district council to go to tender without reference to their stated intention to apply for a grant.

The new procedure was welcomed but it did mean that where a grant application was concerned on schemes costing up to £100,000 it was more important than ever that the County Council should be satisfied that the proposals would provide the best solution to the problem as well as being technically sound and reasonable in cost. The "long-stop" provided, in the past, by technical examination by the Ministry of the several schemes falling within this cost bracket would no longer exist.

Under the new procedure, every effort would be made to reach agreement with the district council, through their consultants or their engineer, before application for loan consent was put in. Properly applied, the new arrangements could appreciably strengthen the County Council's position but it did mean that district councils would be required, to submit technical information as in the past and the need for early consultation with the County Public Health Engineer was of even greater importance.

No practical difficulty was expected in the operation of the new procedure and thanks to the co-operation of the district council and their staff the new arrangements had worked smoothly; furthermore the process of obtaining loan consent had, if anything, been speeded up.

#### REPORT OF THE WORKING PARTY ON SEWAGE DISPOSAL

In 1969, the then Minister of Housing and Local Government appointed a Working Party "to consider and report on the Public Health, Amenity and Economic Aspects of the various methods of sewage disposal".

The Report of the Working Party - entitled "Taken for Granted" was published in the Spring and the general conclusion reached was "that the rapid growth of the volume and the changing composition of sewage will destroy valuable natural assets in our rivers and coastal waters unless there is a much greater effort to control water pollution. The fast-increasing consumption of water, domestically and industrially, makes imperative a higher incidence of re-use and therefore compels stricter control over the quality of water returned to rivers".

In a Foreword, the Chairman of the Working Party, Mrs Lena Jeger, said that the Report was "called 'Taken for Granted' because, in spite of growing contemporary interest in all forms of pollution, the disposal of sewage is taken for granted as long as it is effective and unnoticeable. Protests are made about failures, but no praise arrives for success - as many undervalued workers at all levels know too well".

The Report makes some thirty-nine main recommendations which, if adopted, will have a far reaching effect on all aspects of the disposal of the liquid waste of the community. The Working Party included in their review discharges to public sewers, water courses, underground strata,



to the land, to estuaries and to the sea; and the disposal of liquid waste within the curtilage of industrial premises and farms. The Report is both comprehensive and authoritative; it is the first Government-sponsored Report of its kind since the Reports of the Royal Commission on Sewage Disposal who sat from 1898 to 1915 and it must command the utmost respect. In a Circular dated 28 July 1970, it was stated on behalf of the Minister of Housing and Local Government that the recommendations in the Report were being considered and would be discussed with the Association of Local Authorities and River Authorities and with other interested bodies as soon as practicable.

Reporting on the Working Party Report to the Public Health Sub-Committee in September, the County Public Health Engineer said that he believed that, in general, the document would commend itself to the County Council and some of its recommendations endorsed policies which had been adopted in Dorset for many years. For example, the County Council had, certainly over the past twenty years, encouraged District Councils to improve rural sanitation not only by the payment of grants but by taking a hand in the planning and co-ordination of main drainage schemes.

As long ago as 1956, it advised the Wimborne and Cranborne Rural District Council to connect properties along the line of the West Parley sewerage scheme at public expense as a positive means of ensuring that nuisances due to the pollution of subsoil by effluent from septic tanks and cesspools would be abated from the moment the new scheme came into operation. Furthermore, this policy, which had subsequently been extended to other schemes in the Wimborne and Cranborne Rural Districts and elsewhere in Dorset, ensured that the very considerable capital investment in the provision of sewers and sewage disposal works was fully utilised. In those districts in which this policy was not adopted there were still a number of properties not connected to sewers because the owners or occupiers would not, or were unable to bear the costs involved. This to some extent defeated the object of main drainage, and the recommendation in the Working Party Report calling for connections to be made in sewers at public expense would help to secure uniformity. Judging from past experience, the cost would be about equally shared by the Government, the County Council and the District Council.

In 1960 the County Council had encouraged coastal authorities seriously to consider the submarine pipeline technique for the discharge of sewage into the sea, after disintegration, some distance from the shore at points predetermined by comprehensive hydrographical surveys. The Bridport outfall was, it is believed, the first case in the country to be considered by a municipal authority and it was good to see an endorsement of a policy decision taken in Dorset more than a decade ago.

The views expressed by the Working Party regarding the use of shorter life sewage treatment plants would also, the County Public Health Engineer suggested, be supported by the County Council as a means of achieving economy and permitting greater flexibility in the planning of main drainage schemes. The encouragement which had been given in Dorset, to the use of the Oxidation Ditch and other forms of extended aeration was an example of what might be done along these lines.

The Working Party had recommended that Planning Authorities should be required, by law, to consult the authorities responsible for river management and sewage disposal on plans for new development which, it was stressed, must never be allowed without the simultaneous provision of adequate capacity for sewage treatment. This might give rise to certain administrative and other problems but there was no doubt that sewage works were being overloaded today because there was not enough consultation before new development schemes were allowed to commence.



The Working Party's views regarding the future administrative structure in which it was suggested that the function of sewage disposal must be considered as part of the whole water cycle, together with water conservation and the control of the quality and quantity of flow in waterways, clearly had much to commend it both logically and from a public health engineering viewpoint. However, as the Working Party recognised, it would be wrong for any clear-cut recommendation to be made on this matter in advance of the Report of the Central Advisory Water Committee on the future public administration of both water and sewage functions.

The Public Health Sub-Committee endorsed the County Public Health Engineer's views on the Report, welcomed the Report, supported the recommendations contained in it which came within their terms of reference and agreed that their observations on it be incorporated in any report which the County Council might submit to the County Councils Association.

#### Schemes Submitted, Commenced and/or Completed during 1970

Authority	Scheme	Approximate Capital Cost of Scheme			
		Submitted £	Commenced £	Completed £	
	<b>Water Supplies</b>				
Dorset Water Board	Burton Bradstock - (Whiteladies)	7,020	-	-	
	Church Knowle/Steeple/ Kimmeridge	32,100	-	-	
	Buckland Newton - Brockhampton Green	-	-	2,350	
	Furzebrook Road	-	16,420	16,420	
	Osmington	10,000	10,000	10,000	
	Stoke Wake	-	4,440	4,440	
Wessex Water Board	Batcombe	3,880	-	-	
	Stockwood - Stavordale Area	-	1,365	1,365	
West Wilts Water Board	Bourton Stage III	-	-	7,100	
	Gillingham - Bleet Lane (Revised Scheme)	-	-	1,003	
	<b>Sewerage and Sewage Disposal</b>				
Beaminster Rural District Council	Netherbury	52,480	-	-	
	South Perrott, Chedington and Mosterton	-	-	95,696	
Bridport Rural District Council	Asker Valley	-	121,310	-	
	Litton Cheney, Puncknowle and Swyre	-	-	89,390	
Dorchester Rural District Council	Bradford Peverell and Stratton	-	-	207,500	
	Crossways	-	46,273	-	
	Osmington	-	80,000	-	
	Piddle Valley (Revised Scheme)	189,000	-	-	
	Winterbourne Abbas and Winterbourne Steepleton	74,000	-	-	



Authority	Scheme	Approximate Capital Cost of Scheme		
		Submitted £	Commenced £	Completed £
Sewerage and Sewage Disposal				
Lyme Regis Borough Council	Revised Sewerage and Sewage Disposal Scheme	215,000	-	-
Shaftesbury Borough Council	Town and Enmore Green Area	-	112,500	-
Sherborne Rural District Council	Longburton	-	-	90,600
	Over Compton and Nether Compton	-	-	110,618
Wareham & Purbeck Rural District Council	Affpuddle & Briantspuddle	49,000	49,000	-
	Lytchett Matravers - (Bloxworth)	25,700	-	-
	Langton Matravers -(Acton)	-	18,000	18,000
	Lytchett Minster & Upton	110,000	-	-
	Stoborough and Ridge	95,700	-	-
Wimborne & Cranborne Rural District Council		-		
	Alderholt		135,000	-
	Kinson - Palmer's Ford			
	Rising Main	-	-	6,650
	Verwood Phase II			
	Parts I and II	-	-	464,630
	Verwood Phase III	-	172,000	-

#### THE PREVENTION OF RIVER POLLUTION

It came as a surprise to learn during the summer that the River Brit was showing signs of quite serious pollution below Beaminster inspite of the recent completion of the Bridport/ Beaminster Joint Sewerage Scheme. The explanation was that a number of housing estates in Beaminster which were served by septic tanks and small local works had not been connected to the sewerage system - nor had the large creamery in the town. This was reported to the Fisheries and Pollution Inspector of the Avon and Dorset River Authority - Mr J D Brayshaw - who, at once, put into motion the steps which were necessary to secure the early connection to the main drainage of the principal sources of pollution. Most of the housing estates were connected by the end of the year and in the whole of the town only a few isolated properties are not now linked with the sewerage system. It was a somewhat complicated process to connect the creamery but it is satisfactory to be able to report that this, too, has now been done.

Work is well advanced with the construction of the Asker Valley sewerage scheme and with the completion of this shortly, heavy pollution of the Asker notably from the village of Lodors will be abated. This will make a marked difference to the condition of the Brit since the Asker joins this river within the Borough of Bridport.

One of the significant factors during the survey of West Bay by the Water Pollution Research Laboratory to which reference is made below under the heading "The Disposal of Sewage in the Sea" was the contamination of the Bay by the inflow of fresh water from the Rivers Brit and Eype.



It will be interesting to see what the effect is when the pollution of the Asker has been cut out; there should be quite a difference but it must be remembered that some contamination by land drainage and, possibly, by agricultural waste - including silage - will continue to occur from time to time and this will go on. In December, a survey was carried out with the co-operation of the Engineers and Surveyors of the County Districts concerned to assess available capacity at the sewage disposal works completed in the rural areas since the war, to meet future development. When the results of the survey were summarised it was revealed that of the fifty sewage works investigated, twenty were already over-loaded and six were nearing their design capacities.

Although this information was disturbing, it should be stated that in some cases extensions were already planned and in consultation with the County Planning Officer, the County Public Health Engineer is discussing with the engineers concerned, the steps which should be taken at plants where conditions are becoming critical. There will be appropriate liaison, of course, with the Avon and Dorset River Authority with whom the closest co-operation exists.

### THE DISPOSAL OF SEWAGE INTO THE SEA

From time to time during the year the Water Pollution Research Laboratory have continued the detailed investigation which they have been carrying out since 1967 to compare the effects of discharging sewage into West Bay from the old short sea outfall with those from the submarine pipeline discharging at points, experimentally, a  $\frac{1}{4}$ -of-a-mile,  $\frac{1}{2}$ -a-mile and  $\frac{3}{4}$ -of-a-mile out to sea. The investigation will study, also, aspects such as initial dilution, dispersion and the behaviour of sewage in varying conditions of wind and tide.

Work to assess the effect of the new outfall commenced following the operation of the submarine pipeline in May and, initially, the study took account of discharges from an outlet port about  $\frac{1}{4}$ -of-a-mile from the shore as well as from the main discharge point at the end of the pipeline.

Discussions have taken place with the laboratory staff both in the course of the fieldwork at West Bay and at the laboratory at Stevenage, and while it would be wrong to anticipate the outcome of this detailed and highly scientific investigation, there is good reason for optimism over the success of the new outfall when working under its design conditions. From the full discharge point -  $\frac{3}{4}$ -of-a-mile from the shore - there have been some extremely low bacteriological counts; indeed some of the samples taken from the sea produced near sterile results. Surprise was however revealed at the extent to which pollution was occurring from the inflow of fresh water from the River Brit and Eype to which reference was made above.

It is expected that the Water Pollution Research Laboratory will be in a position to report on their findings in the Autumn of 1971 after the completion of their survey on discharge from the half-mile point. In many respects this exercise incorporates much original work and the outcome will be the subject of great interest by professional bodies and all interested in the subject of the marine disposal of sewage throughout the world.



## INSPECTION AND SUPERVISION OF FOOD

### Milk

About ninety-seven per cent of the milk sold by retail in Dorset is heat treated and most of this is supplied from the eight licensed pasteurising establishments in the county including one in each of the Boroughs of Poole and Weymouth. Both borough councils are Food and Drugs Authorities and are therefore responsible for the licensing and supervision of the pasteurising dairy in their area, whilst elsewhere in the administrative county this work is undertaken by the county health department.

During the year the two sampling officers, working under the direction of the county public health officer, obtained 3,029 samples of milk for laboratory examination and ninety-seven per cent complied with the prescribed tests. The highest percentage of failures was in respect of specimens obtained from producer/retailers where 21 (12.6%) out of a total of 167 did not satisfy the methylene blue test. Where two successive samples were unsatisfactory the matter was referred to the Dairy Husbandry Adviser of the Ministry of Agriculture Fisheries and Food who made an investigation following which, in most cases, repeat samples proved satisfactory.

The results of samples obtained at shops also indicated a fairly high proportion of failures, twenty-nine out of a total of 467. In this particular instance it is suspected that the age of the milk might have been the reason for a number of the samples failing the test as subsequent investigations showed in some cases that the specimen of milk was several days old when obtained. The length of time milk is kept and method of storage before sale to the consumer are matters of importance for although it might not have soured - which would lead to complaints - it is expecting rather much for stale milk to satisfy the methylene blue test. On the other hand it is a condition of a dealer's licence that a sample of the milk taken whilst it is in the dealer's possession shall satisfy this test, and it would seem that shopkeepers should pay particular attention to this and ensure that not only is there a rapid turnover in their sales of milk, but that it is stored in a satisfactory manner.

Of the 1,053 samples of heat treated milk obtained at the licensed pasteurising establishments eighteen (1.7%) were unsatisfactory - seventeen failing the methylene blue test whilst one did not satisfy the phosphatase test. The percentage of failures corresponds very closely with that for 1969 when 1.5% of samples taken at licensed pasteurising establishments were unsatisfactory.

Generally a satisfactory standard of hygiene has been maintained at the pasteurising dairies. Periodic checks have been made of the cleanliness of the processing plant and also cleaned bottles and of 206 rinses and swabs obtained 172 indicated a satisfactory standard.

### Section 39 Food and Drugs Act 1955

During the year consents were granted by the Minister of Agriculture, Fisheries and Food to eight producers in the county to sell undesignated milk to nearby householders who, owing to the comparatively remote situation, would otherwise be unable to obtain a supply of fresh milk.

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

Twenty Dealer's (Pre-packed Milk) licences were issued during the year and six were cancelled so that at 31 December 1970 the position regarding Dealer's Licences was as follows:-



Dealer's (Pasteurised)	6
Dealer's (Untreated)	11
Dealer's (Pre-packed)	392
	—
	409 *
	—

\* Excluding licences granted by Poole and Weymouth Councils.

## Section 31 Food and Drugs Act 1955

### Prohibition of sale of milk from diseased cows

#### Tuberculosis

Sixty-four samples of untreated milk were obtained during the year and submitted to the public health laboratory at Dorchester for biological examination for tubercle bacilli. All produced a negative result.

The Divisional Veterinary Officer of the Ministry of Agriculture Fisheries and Food has kindly supplied me with the following information in relation to tuberculosis in cattle in the county.

The number of reactors to the skin test in 1970 was 164 and involved thirty herds. Eighty-five of the animals showed tubercular lesions at post mortem examination and seventy-nine were negative. The number of herds involved in the positive results was seven and the percentage of animals reacting to the test during the year was 0.162, more than double the percentage for 1969 and 1968. The increase is due to the high incidence of the disease in one herd where, despite a very searching investigation carried out by the Divisional Veterinary Officer, the cause was not identified.

#### Brucella Abortus

During the year the County Health Department received information concerning twenty-seven human cases of brucellosis - fifteen more than in 1969.

Dr Tee, the Director of the Public Health Laboratory, Dorchester, in a short report on brucella infection in man, states that serological specimens examined at the laboratory for brucella antibodies showed an increase of sixty-four per cent over the figure for the previous year.

The following table shows the number of cases diagnosed by rising titres of immunoglobulin G (in the two - mercaptoethanol and CF tests) during the past three years:-

Year	Requests	Cases	Percentage Pos.
1970	363	23	6.3
1969	233	13	5.5
1968	140	11	8.3

Although brucella antibodies were more frequently looked for in 1970 than in the two previous years and ten more acute infections were found than in 1969, Dr Tee notes that the percentage of sera found positive remained remarkably constant.

It is perhaps of interest to report that of the twenty-seven human cases, fifteen were connected with dairy farming and three were veterinary surgeons. In the remaining nine cases the occupation was unknown.



The county health department has continued to maintain close supervision of the sale of untreated milk in Dorset and the following summary indicates the work done in this connection during 1970:-

No. of herds from which samples were obtained	81
No. of herds from which individual cow samples were obtained	25
No. of individual samples	1,729
No. of samples submitted to the Ring Test	2,149
No. of samples positive to the Ring Test	58
No. of samples examined by culture	58
No. of samples giving a positive reaction	56
No. of herds involved	15

In addition to the milk samples, six specimens of raw cream were submitted for examination for the brucella abortus organism and each was negative. One sample of goat's milk was also examined and this too produced a negative report.

### Brucellosis (Incentive) Scheme

The following information in respect of progress made in Dorset under the former Brucellosis Eradication Scheme and the Incentive Scheme which replaced it in July 1970, has been kindly supplied by the Divisional Veterinary Officer:-

No. of applications to enter scheme	224
No. of applications accepted	206
No. of withdrawals	18
No. awaiting veterinary reports as at 31 12 70	17
Total number of herds 'Accredited' as at 31 12 70	71
No. remaining in scheme	206
No. of herds in the county as at 31 12 70	
Dairy	1,940
Mixed	700
Beef	70

Sixty-nine applications were received during the year and twenty-eight herds became Accredited. This rate of progress, although rather slow, is more encouraging than in the previous year and it may well be that the new scheme will result in a much accelerated rate in 1971.

### Laboratory Reports of Milk Samples

Sampling Point	Statutory Tests		Totals
	Satisfactory	Unsatisfactory	
Pasteurising Establishments	1,035	18	1,053
Schools	499	7	506
Kitchens and Canteens	306	5	311
County Homes and Hospitals	108	8	116
Retailers and Producer/Retailers	984	59	1,043
(inc. shops)			
	<u>2,932</u>	<u>97</u>	<u>3,029</u>



## Public Health Laboratory Service

Once again I must express my thanks to Dr G H Tee, the Director of the Dorchester Public Health Laboratory, for his ever ready and willing co-operation in the examination of the not inconsiderable number of specimens which have been submitted during the year.

### MEAT AND OTHER FOODS

#### Meat Inspection

There are fourteen licensed general slaughterhouses in the county and an additional three slaughterhouses attached to bacon/food factories.

In all cases a 100% meat inspection service has been maintained despite the fact that at some slaughterhouses there is a high through-put resulting in a greater demand on the time of the public health inspectors in undertaking this duty.

The following table gives particulars of the animals slaughtered and inspected at the seventeen slaughterhouses in the county. (Page 54).

#### Sale of Ice Cream

By far the greater quantity of ice cream sold in the county is the product of manufacturers having a national distribution. There are, however, a few local manufacturers and their premises are regularly inspected by the public health inspectors of the relevant district councils.

During the year the county district public health inspectors submitted a total of 412 samples of ice cream to the Public Health Laboratory at Dorchester and 302 were of provisional grade I standard, sixty grade 2, thirty-one grade 3 and the remaining nineteen were grade 4.

### FOOD AND DRUGS

#### Adulteration and Compositional Quality

The following particulars relate to samples taken by the Weights and Measures Inspectors of the County Council:-

Period 1 January to 31 December 1970

Name of Sample	Corr	Incorr	Total	Samples submitted to Public Analyst	Samples examined in Department's Laboratory
Milk	313	4	317	19	298
Cream	12	-	12	-	12
Ice Cream	5	-	5	-	5
Potable Spirits	35	1	36	1	35
Other Foods	91	30	121	120	1
Drugs	7	1	8	8	-
Totals	463	36	499	148	351



	ALL DISEASES EXCEPT TB AND CYSTICERCI												TB ONLY									
	Number killed and carcasses inspected				Whole carcasses condemned				Parts of carcasses or organs condemned				Whole carcasses condemned		Parts of carcasses or organs condemned							
	Cattle (ex Cows)	Cows	Calves	Sheep and Lambs	Pigs	Goats	Cattle (ex Cows)	Cows	Calves	Sheep and Lambs	Pigs	Goats	Cattle (ex Cows)	Cows	Calves	Sheep and Lambs	Pigs	Goats	Cattle (ex Cows)	Cows	Pigs	
County District																						
Beaminster Rural	52	-	7	253	267	-	-	-	-	1	-	-	20	-	-	27	49	-	-	-	-	15
Bridport Rural	1,068	634	1,714	16,408	8,365	-	4	36	37	42	57	-	381	470	63	1,095	1,520	-	2	1	2	54 48 15
Dorchester Borough	1,420	841	11,547	8,458	7,421	2	2	13	45	27	28	-	372	483	1,480	1,217	2,198	-	-	-	-	10
Dorchester Rural	717	960	146	1,499	5,919	-	4	7	15	4	21	-	198	508	2	96	829	-	-	-	-	4
Poole Borough	-	-	-	-	23,015	-	-	-	-	-	21	-	-	-	-	-	3,253	-	-	-	12	452
Shaftesbury Rural	160	567	4,081	1,552	122,062	-	-	27	116	22	762	-	30	401	101	183	15,805	-	-	-	-	3,313
Sherborne Urban	462	9	1,379	685	-	-	-	-	-	-	1	-	137	1	104	157	-	-	-	-	-	-
Sherborne Rural	65	-	-	148	173	-	-	-	-	1	-	-	11	-	-	23	36	-	-	-	-	4
Sturminster Rural	805	6,979	3,290	7,342	478	112	33	319	215	246	67	2	196	4,533	227	2,622	70	12	-	-	-	-
Wareham and Purbeck Rural	705	72	460	2,515	5,847	-	-	1	6	26	198	-	107	21	6	288	3,253	-	-	-	-	3
Wimborne and Cranborne Rural	15,752	5,966	1,223	80,800	41,746	-	9	35	48	253	447	-	6,461	4,659	27	9,296	6,441	-	-	-	-	435
TOTAL	21,206	16,019	22,477	110,354	215,978	114	52	438	482	622	1,602	2	7,913	11,075	1,907	14,951	53,611	12	2	1	14	54 48 4,251



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

## Food Hygiene

Although considerable progress has been made in raising the standard of food hygiene throughout the country there remains room for improvement in many facets of this important environmental health subject.

The public health inspectors in Dorset have done valuable work in this field and continue to give their close attention to all aspects of food hygiene with particular regard to ensuring that all food preparing premises and food shops satisfy the requirements of the Food Hygiene Regulations.

Much can be achieved by educating food handlers and others in the principles and practice of food hygiene and during the year public health inspectors have given talks on this subject to various organisations and groups. These have been well received and have proved most useful in disseminating knowledge on the correct methods of handling and storing food stuffs.

The County Public Health Officer has made regular visits of inspection to school kitchens and to the kitchens of other County Council establishments where, generally, a high standard of hygiene has been maintained.

## CLEAN AIR

No serious problems of air pollution occurred in the county during the year. In some county districts complaints were received and investigated by the public health inspectors who have constant regard to the prevention of atmospheric pollution.

The greatest concentration of industry is in the Poole area where are situated a large electricity generating station, a gas producing works, chemical manufactory, foundry and engineering works, potteries and many other industries consuming quantities of raw fuel.

In general it can be said that atmospheric pollution does not present a problem in Dorset. Readings taken at the air pollution station at Eggardon Hill in the west of the county give very low readings for both smoke and sulphur dioxide whilst graphs of readings taken at the three stations in Poole during the past six years show an appreciable reduction to low levels for smoke concentration and the figures for sulphur dioxide are likewise encouraging.

## GYPSY SITES

During the year discussions have taken place between the County Council and the District Councils concerned with the provision of sites for gypsies and agreement was reached on the overall number of pitches required and location of the various sites.

The majority of gypsies in Dorset are to be found on the heathland within the borough of Poole and the Borough Council are providing a temporary site for twenty-five pitches and a permanent site for twenty-two pitches. It is proposed to run down the temporary site and close it in 1974.

## CARAVANS AND TENTS

There are in Dorset some eighty terminal caravan sites, the majority of which are within a comparatively short distance of the coast. Between them they provide standings for approximately 8,900 caravans mostly of the static holiday type. All sites are inspected by the district councils' public health inspectors and generally a satisfactory standard of hygiene is maintained.



Whilst there is adequate provision of static sites, accommodating the ever increasing number of touring caravans and campers is a problem not easily solved. Unauthorised camping and parking of caravans, particularly in that area of the Dorchester rural district bordering Weymouth borough has caused concern to the rural district council who are actively engaged in efforts to increase the number of sites in their area for touring caravans and tents.

During the year discussions have taken place between officers of the district councils concerned in this matter and the County Planning Authority with a view to the provision of additional sites and as a result it is hoped that some will be available during the 1971 holiday period so reducing the amount of unauthorised camping which, not infrequently, produces public health problems.

#### LAY-BY SANITATION

Lay-by toilets are provided on the A31 at St Leonards in the Wimborne and Cranborne rural district; on the A35 between Puddletown and Dorchester in the Dorchester rural district and about twelve miles west of Dorchester in the Bridport rural district. The toilets have been well maintained by the rural district councils and there is no doubt that they are much appreciated by the many motorists using these roads which, during the holiday months in particular, carry a considerable volume of traffic.

Not unexpectedly perhaps, these lay-bys have on occasions been used as overnight stops for touring caravans and this focuses attention on another problem viz: the need for transit sites.

At present there are within the county seven inland sites offering transit facilities for about 100 caravans along certain main roads, but even so each year finds an increasing number of holidaymakers in caravans and tents using lay-bys and verges for overnight stops and this practice can create public health problems.

The County Planning Officer in conjunction with the County Surveyor has discussed this matter with the officers of the district councils involved and much thought has been given to the most suitable locations and the basic facilities to be afforded at such sites. There is no doubt that there is a need for transit sites at selected positions along the main routes through the county and the presence of these would help very materially to reduce the incidence of fouling of lay-bys and roadside verges and the attendant public health hazards resulting therefrom.

#### HOUSING

The position regarding new housing in Dorset during 1970 is given in the table on page 57 the figures being obtained from the Department of the Environment returns for the year. The figures given in columns three, four, seven and eight relate to the total number of post war houses.

There was an increase of eighty-one in the overall number of council houses built by the district councils in 1970 and whilst this might be considered as marginal it is an encouraging trend compared with the very significant drop in the number of houses completed in the previous year.

Not unexpectedly the greatest number were built in Poole where the Borough Council completed 185 dwellings and had a further 202 under construction at the end of the year. Of the nine rural district councils, most houses were built by Wimborne and Cranborne with a total of forty-five completed during the year.



Housing Authority	Position as at 31 December 1969				Position as at 31 December 1970			
	Under Construction		Completed		Under Construction		Completed	
	By Council (1)	Privately (2)	By Council (3)	Privately (4)	By Council (5)	Privately (6)	By Council (7)	Privately (8)
<b>Boroughs:</b>								
Blandford Forum	14	-	390	156	9	14	395	156
Bridport	34	8	472	461	6	52	503	472
Dorchester	39	44	620	1,021	30	70	658	1,066
Lyme Regis	-	39	207	294	6	18	207	325
Poole	235	1,149	5,020	10,616	202	1,215	5,205	11,291
Shaftesbury	-	48	234	259	24	33	242	299
Wareham	18	20	208	600	-	23	226	663
Weymouth and Melcombe Regis	14	128	2,152	2,966	-	115	2,166	3,057
<b>Urban Districts</b>								
Portland	63	42	655	463	94	56	661	610
Sherborne	30	51	561	376	-	53	591	407
Swanage	-	88	273	842	-	70	273	897
Wimborne	22	43	244	264	-	69	266	352
<b>Rural Districts</b>								
Beaminster	-	40	409	469	29	23	409	515
Blandford	-	66	676	863	-	94	676	947
Bridport	-	106	405	946	-	83	405	1,080
Dorchester	25	146	884	1,225	53	154	903	1,300
Shaftesbury	-	70	526	635	35	44	526	690
Sherborne	38	64	299	513	-	58	337	552
Sturminster	6	80	881	631	15	108	887	770
Wareham and Purbeck	21	174	1,145	2,165	23	145	1,161	2,345
Wimborne and Cranborne	36	440	1,085	7,291	41	290	1,130	7,949
<b>TOTALS</b>	<b>595</b>	<b>2,846</b>	<b>17,346</b>	<b>33,056</b>	<b>567</b> <sup>+</sup>	<b>2,787</b>	<b>17,827</b> *	<b>35,743</b>

<sup>+</sup> At the 31 December 1970 an additional 287 houses were under construction by other public authorities.

\* An additional 152 houses were completed during the year by other public authorities.



In addition to the dwellings erected by the district councils, 152 were completed during the year by other public authorities. No new dwellings were provided by Lyme Regis borough council, Swanage urban district council and the rural district councils of Beaminster, Blandford, Bridport and Shaftesbury. However, as far as the four rural district councils are concerned two of them - Beaminster and Shaftesbury - had houses in course of building at the end of the year and all four councils have a substantial building programme for 1971. With regard to private enterprise housing, 2,687 were built during the year and this is 181 fewer than in 1969.

Once again over fifty per cent of the new houses were built in Poole, the Wimborne and Cranborne rural district and the urban district of Wimborne. This is a rapidly developing area of the county and the pace of building is likely to increase when (in the near future) the Wimborne and Cranborne rural district council completes their main drainage scheme for the Verwood and Three Cross area.

#### The Housing Act 1969 (Part I)

##### Improvement of Dwellings in Rural Districts

A total of 238 applications for discretionary grants were received by the nine rural district councils during the year and this is exactly twice as many as in 1969. The number approved was 209 and as a result 245 dwellings - 140 more than in the previous year - were improved. In addition, schemes by two district councils were approved for the improvement of council houses resulting in forty-three dwellings being improved.

As in the case of discretionary grants there was a greater number of applications for standard grant received in 1970 than in the preceding year, the total of 248 representing an increase of fifty-six. Two hundred and thirty seven applications were approved and this resulted in 238 dwellings being provided with standard amenities. One district council received and approved an application for a grant towards the improvement of a dwelling to the reduced standard in accordance with the provisions of section 9 of the Housing Act 1969.

In my Report for 1969 hope was expressed that the increased grants afforded under the provisions of the Housing Act 1969 would stimulate interest in the improvement of dwellings. Judging by the not inconsiderable increase in applications received and dwellings improved during 1970 that hope seems not to have been misplaced.

#### 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 Department of the Environment's returns for the year.



# Houses in Clearance Areas and Unfit Houses Elsewhere

Housing Authority	Demolished or Closed				Demolished or Closed			
	1	1	69	- 31 12 69	1	1	70	- 31 12 70
	In clearance areas		Elsewhere		In clearance areas		Elsewhere	
<b>Boroughs:</b>								
Blandford Forum	-			2	-			4
Bridport	6			16	-			29
Dorchester	-			-	-			4
Lyme Regis	-			1	-			1
Poole	-			4	-			1
Shaftesbury	-			-	-			-
Wareham	-			2	-			3
Weymouth and Melcombe Regis	-			12	-			2
<b>Urban Districts:</b>								
Portland	-			2	-			3
Sherborne	-			-	-			-
Swanage	-			-	-			-
Wimborne Minster	-			-	-			-
<b>Rural Districts:</b>								
Beaminster	-			-	-			5
Blandford	-			-	-			-
Bridport	-			1	-			2
Dorchester	-			12	4			15
Shaftesbury	-			1	-			-
Sherborne	-			3	-			3
Sturminster	-			1	-			-
Wareham and Purbeck	-			2	-			2
Wimborne and Cranborne	-			2	-			5
<b>TOTALS</b>	<b>6</b>			<b>61</b>	<b>4</b>			<b>79</b>



TABLE 1  
VITAL STATISTICS

Area: 625,460 acres	1965	1966	1967	1968	1969	1970
Population:-						
Urban Districts	202,760	203,540	205,330	208,570	211,970	216,000
Rural Districts	127,390	129,460	132,580	134,670	136,870	140,000
Whole County	330,150	333,000	337,910	343,240	348,840	357,000
Rateable Value	£13,080,471	£13,470,313	£14,043,658	£14,736,475	£15,445,455	£16,064,100
Estimated Product of a Penny Rate	£53,194	£54,646	£56,576	£59,781	£68,151	£161,300 (New Per)
Births:-						
Stillbirths	73	71	94	70	57	
Live Births	5,205	5,253	5,081	5,141	5,110	5,000
Legitimate	4,851	4,869	4,691	4,731	4,736	4,600
Illegitimate	354	384	390	410	374	300
Total live and stillbirths	5,278	5,324	5,175	5,211	5,167	5,100
Live Birth Rate (per 1,000 population) (adjusted)	18	18	17.1	17.1	16.8	16.0
Stillbirth Rate (per 1,000 total live and stillbirths)	13.8	13.3	18	13.4	11	
Live Birth Rate (England and Wales)	18	17.7	17.2	16.9	16.3	
Deaths:-						
Total Deaths (all ages)	4,061	4,372	4,149	4,553	4,495	4,600
Death Rate (per 1,000 population)(adjusted)	10.2	10.9	10.2	11	10.7	10.0
Death Rate (England and Wales)	11.5	11.7	11.2	11.9	11.9	11.0
Infant Mortality:-						
Deaths under 1 year of age	82	75	85	78	90	
Legitimate	70	72	76	69	79	
Illegitimate	12	3	9	9	11	
Mortality Rate (legitimate infant deaths per 1,000 legitimate live births)	14.4	14.8	16.2	14.6	17	
Mortality Rate (illegitimate infant deaths per 1,000 illegitimate live births)	33.9	7.8	23.1	22	29	
Mortality Rate (total infant deaths per 1,000 total live births)	15.7	14.3	16.7	15	18	
Mortality Rate (England and Wales)	19	18.9	18.3	18	18	
Maternal Mortality:-						
Maternal Deaths	NIL	NIL	1	1	NIL	NIL
Maternal Mortality Rate (per 1,000 total live and stillbirths)	-	-	0.19	0.19	-	-
Tuberculosis						
Deaths:-						
All forms	13	11	11	13	14	
Death rate per 1,000 population	0.039	0.033	0.033	0.038	0.04	0.00
Pulmonary	10	8	11	8	6	
Death rate per 1,000 population	0.03	0.024	0.033	0.024	0.017	0.00
Non-Pulmonary	3	3	-	5	8	
Death rate per 1,000 population	0.009	0.009	-	0.014	0.023	0.00
Notifications:-						
All forms	50	70	59	43	39	
Pulmonary	41	55	47	30	28	
Non-Pulmonary	9	15	12	13	11	
Notification Register as at 31 December:-						
All forms	1,511	1,408	1,311	1,198	1,138	1,100
Pulmonary:-						
Males	732	685	622	584	580	500
Females	601	550	505	481	471	400
Non-Pulmonary:-						
Males	78	78	86	57	34	
Females	100	95	98	76	53	



TABLE 2

## NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Scarlet Fever	55	53	61	57	106	29	37	34	37	41
Whooping Cough	238	38	111	156	79	64	236	106	27	32
Diphtheria	-	-	-	-	-	-	-	-	-	-
Measles	5,431	606	5,255	1,595	3,652	1,559	4,469	493	698	1,549
Acute Poliomyelitis	-	-	-	1	2	-	-	-	-	-
Acute Encephalitis	1	3	3	1	1	5	3	1	11	2
Dysentery (Amoebic or Bacillary)	28	8	148	7	23	38	17	16	61	7
Ophthalmia Neonatorum	5	1	12	-	1	-	2	1	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	-	1	1	1	3	1	-	-	1	-
Typhoid Fever	-	1	2	1	-	-	-	-	1	-
Food Poisoning (excluding Dysentery, Typhoid and Paratyphoid)	45	17	12	7	99	22	44	52	208	87
Malaria - Believed to be contracted in this country	-	-	-	-	-	-	-	-	-	-
Malaria - Believed to be contracted abroad	-	-	1	2	-	-	2	1	1	-
Malaria - Induced in Institutions	-	-	-	-	-	-	-	-	-	-
Anthrax (Not notifiable until 1960)	-	-	-	-	-	-	-	-	-	-
Infective Jaundice (Not notifiable until 1968)	-	-	-	-	-	-	-	25	50	71
Acute Meningitis (Not notifiable until 1968)	-	-	-	-	-	-	-	2	12	3
Leptospirosis (Not notifiable until 1968)	-	-	-	-	-	-	-	1	1	-
Tetanus (Not notifiable until 1968)	-	-	-	-	-	-	-	-	-	1



TABLE 3 VITAL STATISTICS IN ADMINISTRATIVE AREAS

Cause of Death	Total UD's		Total RD's		Totals whole County 1970	Com-parative Totals 1969	Blandford Forum MB		Bridport MB		Dorchester MB		Lyme Regis MB		Portland UD		Shaftes MB
	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M
Enteritis and other Diarrhoeal Diseases	1	-	2	1	4	4	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis of Respiratory System	2	1	-	1	4	6	-	-	-	-	-	-	-	-	-	-	-
Other Tuberculosis, including late effects	1	1	3	-	5	8	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection	1	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Syphilis and its sequelae	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Other Infective and Parasitic Diseases	3	-	1	1	5	15	-	-	-	-	-	-	-	-	-	-	-
Malignant Neoplasm, Buccal Cavity etc	4	4	1	-	9	19	-	-	-	-	1	-	-	-	-	-	-
Malignant Neoplasm, Oesophagus	10	3	5	6	24	20	-	-	1	-	-	-	1	-	-	-	-
Malignant Neoplasm, Stomach	24	30	21	16	91	88	1	-	2	1	2	6	-	1	3	-	-
Malignant Neoplasm, Intestine	43	54	23	23	143	146	2	2	2	2	6	3	-	1	2	2	-
Malignant Neoplasm, Larynx	5	1	6	-	12	8	-	-	-	-	2	-	-	-	-	-	-
Malignant Neoplasm, Lung, Bronchus	117	18	71	15	221	207	2	-	2	-	5	1	-	2	4	-	3
Malignant Neoplasm, Breast	-	66	-	32	98	93	-	2	-	4	-	5	-	-	-	2	-
Malignant Neoplasm, Uterus	-	18	-	4	22	41	-	-	-	1	-	-	-	1	-	2	-
Malignant Neoplasm, Prostrate	24	-	19	-	43	37	-	-	1	-	2	-	-	-	-	-	-
Leukaemia	5	5	4	4	18	23	-	-	-	-	1	-	-	-	-	-	-
Other Malignant Neoplasms	78	105	42	47	272	265	1	3	7	6	3	4	2	4	2	4	-
Benign and Unspecified Neoplasms	2	6	1	-	9	14	-	1	-	-	-	-	-	1	-	-	-
Diabetes Mellitus	5	12	5	3	25	37	-	1	-	-	-	1	-	-	-	1	-
Avitaminoses etc	-	1	-	1	2	3	-	-	-	-	-	-	-	-	-	-	-
Other Endocrine etc. Diseases	2	10	3	2	17	12	-	-	-	-	-	-	-	-	-	1	-
Anaemias	3	3	1	3	10	16	-	-	-	-	-	-	-	-	1	-	-
Other Diseases of Blood etc	-	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-
Mental Disorders	3	2	3	12	20	13	-	-	1	1	-	-	-	-	-	-	-
Meningitis	2	1	-	2	5	-	-	-	-	-	-	-	-	-	1	-	-
Multiple Sclerosis	-	2	-	2	4	-	-	-	-	-	-	-	-	-	-	-	-
Other Diseases of Nervous System	14	11	13	8	46	58	1	-	1	1	2	1	1	-	-	-	1
Chronic Rheumatic Heart Disease	17	16	13	5	51	43	1	-	2	2	3	1	-	1	1	1	-
Hypertensive Disease	27	25	20	16	88	83	3	-	2	1	2	4	-	-	2	2	-
Ischaemic Heart Disease	396	329	255	146	1,126	1,075	10	10	15	12	21	25	7	7	17	12	3
Other Forms of Heart Disease	76	102	34	58	270	241	3	5	2	5	6	3	1	2	2	4	1
Cerebrovascular Disease	143	255	124	141	663	687	3	7	8	8	6	21	2	3	4	9	3
Other Diseases of Circulatory System	78	88	45	56	267	219	2	6	4	3	4	4	-	-	4	2	-
Influenza	29	20	24	14	87	40	-	-	1	-	1	-	1	2	-	-	1
Pneumonia	102	95	55	59	311	319	3	1	6	10	10	13	-	1	4	1	3
Bronchitis and Emphysema	59	17	48	16	140	180	1	1	1	1	5	3	-	1	1	-	1
Asthma	3	6	2	3	14	8	-	-	-	-	-	-	-	-	-	-	1
Other Diseases of Respiratory System	2	12	10	2	26	21	-	-	-	1	-	1	-	-	-	1	-
Peptic Ulcer	13	5	8	4	30	27	-	1	-	1	1	1	1	-	-	1	-
Appendicitis	2	3	-	1	6	3	-	-	-	-	-	-	-	-	-	-	-
Intestinal Obstruction and Hernia	7	5	-	1	13	14	-	-	-	-	-	-	-	-	-	-	-
Cirrhosis of Liver	-	3	4	1	8	9	-	-	-	-	-	-	-	-	-	-	-
Other Diseases of Digestive System	9	12	4	16	41	43	-	1	-	-	1	-	-	-	-	1	-
Nephritis and Nephrosis	5	5	2	5	17	18	-	-	-	1	-	-	-	-	-	-	-
Hyperplasia of Prostate	7	-	3	-	10	9	-	-	-	-	-	-	-	-	-	-	-
Other Diseases, Genito-Urinary System	11	10	5	5	31	30	2	-	-	1	-	1	-	-	-	1	-
Diseases of Skin, Subcutaneous Tissue	2	-	1	3	6	2	-	-	-	-	-	-	-	-	1	-	-
Diseases of Musculo-Skeletal System	2	6	3	7	18	12	-	-	-	1	-	-	-	1	-	-	-
Congenital Anomalies	6	10	7	5	28	29	-	-	-	-	2	-	-	-	1	1	-
Birth Injury, Difficult Labour etc	9	6	7	2	24	26	1	-	2	-	-	-	-	-	1	1	-
Other Causes of Perinatal Mortality	5	3	3	-	11	21	-	-	-	-	-	-	1	-	-	-	1
Symptoms and Ill Defined Conditions	6	12	2	7	27	30	1	-	1	3	-	-	-	-	1	1	-
Motor Vehicle Accidents	18	15	17	4	54	43	-	1	-	-	-	-	-	-	2	1	3
All Other Accidents	25	49	26	17	117	90	-	-	-	3	1	2	2	1	-	2	1
Suicide and Self-Inflicted Injuries	8	9	5	2	24	29	-	1	-	-	1	-	-	-	-	-	-
All Other External Causes	2	-	2	1	5	7	-	-	-	-	-	-	-	-	-	-	-
Other Complications of Pregnancy etc	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All causes	1,418	1,472	954	780	4,624	4,495	37	43	60	69	88	100	19	29	54	53	22
Deaths of infants under 1 year:-																	
Total	23	18	20	6	67	90	1	-	2	-	1	-	1	-	3	2	1
Legitimate	21	16	17	6	60	79	1	-	2	-	1	-	1	-	3	2	1
Illegitimate	2	2	3	-	7	11	-	-	-	-	-	-	-	-	-	-	-
Live Births:-																	
Total	1,558	1,505	1,036	949	5,048	5,110	39	31	38	49	77	84	15	12	133	121	27
Legitimate	1,433	1,376	974	896	4,679	4,736	37	26	37	45	73	81	15	11	128	114	26
Illegitimate	125	129	62	53	369	374	2	5	1	4	4	3	-	1	5	7	1
Stillbirths:-																	
Total	18	15	12	16	61	57	-	-	1	-	-	1	-	-	2	2	1
Legitimate	16	13	9	16	54	56	-	-	1	-	-	1	-	-	2	2	1
Illegitimate	2	2	3	-	7	1	-	-	-	-	-	-	-	-	-	-	-
Estimated 'Home' population 1970	216,980		140,390		357,370		3,670		6,580		13,760		3,340		13,270		3,600
Estimated 'Home' population 1969	211,970		136,870			348,840	3,670		6,510		13,660		3,310		12,780		3,450



Swanage UD		Wareham MB		Weymouth and Melcombe Regis MB		Wimborne Minster UD		Poole MB		Beaminster RD		Blandford RD		Bridport RD		Dorchester RD		Shaftesbury RD		Sherborne RD		Sturminster RD		Wareham and Purbeck RD		Wimborne and Cranborne RD	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	2	1	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	2	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	1	-	2	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	1	2	-	-	2	2	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
-	-	-	-	4	-	-	-	3	1	-	1	-	-	1	-	1	1	-	-	-	-	1	-	2	1	-	3
-	-	2	1	6	5	1	-	7	15	5	-	2	1	2	1	-	1	2	4	1	2	3	3	1	1	5	3
1	2	-	1	14	14	1	1	14	26	-	2	-	1	-	3	3	2	5	4	3	1	1	2	4	5	7	3
-	-	-	-	2	-	-	-	1	1	-	-	-	-	-	-	1	-	-	1	-	1	-	2	-	1	-	-
3	-	2	-	28	3	3	-	60	11	6	1	7	1	7	1	11	3	6	1	4	-	2	2	6	-	22	6
-	4	-	1	-	11	-	1	-	31	-	-	-	3	-	-	-	6	-	5	-	2	-	4	-	6	-	6
-	2	-	-	-	6	-	-	-	6	-	1	-	-	-	-	-	-	2	-	-	-	-	-	1	-	-	-
-	-	1	-	1	-	-	-	17	-	1	-	1	-	1	-	2	-	1	-	2	-	3	-	4	-	4	-
-	1	-	-	1	1	-	-	3	2	-	-	-	-	-	-	2	1	-	-	1	1	1	-	-	-	-	2
3	2	-	5	19	18	-	4	39	46	4	-	4	4	4	2	5	7	4	1	1	1	2	3	6	8	12	21
-	-	-	-	1	-	-	-	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
-	2	1	-	-	2	-	-	4	5	-	1	-	-	2	-	-	1	-	-	-	-	1	-	1	-	1	1
-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
-	1	1	-	1	2	-	-	-	5	-	-	-	-	1	-	-	1	-	-	-	-	-	-	1	-	1	1
-	-	-	-	-	-	1	-	1	2	-	-	-	-	1	-	-	1	-	-	-	-	-	1	-	-	-	1
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
-	-	-	-	1	-	-	-	1	1	-	-	-	-	-	1	2	9	-	-	-	-	1	-	-	-	-	2
-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-
-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-
-	1	-	-	2	1	-	-	5	5	-	-	2	1	-	-	3	2	-	2	1	-	2	1	1	1	4	1
-	2	-	-	3	-	1	-	5	4	-	-	-	-	3	-	3	1	-	-	1	-	1	1	3	1	2	2
-	-	1	-	4	5	-	-	13	10	3	2	1	2	2	1	5	3	-	3	2	-	-	-	4	4	3	1
13	8	6	4	92	67	14	11	186	163	18	11	15	11	21	15	30	21	18	12	8	5	24	19	41	15	80	37
10	6	-	3	13	18	2	4	30	50	3	5	2	3	1	7	1	10	1	1	1	4	5	4	6	12	14	12
8	10	3	2	27	40	7	7	65	136	8	16	9	11	13	8	18	22	6	13	3	4	14	16	21	21	32	30
5	6	1	3	15	9	4	5	35	45	3	5	4	1	3	2	4	4	8	10	1	2	3	15	3	6	16	11
3	4	-	1	9	3	1	-	7	9	-	-	3	-	1	1	7	2	2	2	1	-	3	1	3	1	4	7
6	1	1	5	23	21	2	3	42	34	5	8	1	2	4	6	19	22	5	2	2	4	2	4	7	4	10	7
-	-	1	-	21	-	-	-	27	10	1	1	6	-	1	-	7	3	9	3	-	2	7	2	9	2	8	3
1	-	-	1	1	-	-	-	-	5	-	-	1	-	-	-	-	-	-	1	-	-	-	-	1	1	1	1
-	-	-	-	-	3	-	-	2	6	-	-	-	-	-	-	1	1	-	1	-	1	-	2	-	5	-	-
-	-	-	-	1	-	2	-	7	1	1	-	2	-	-	1	2	1	-	1	-	1	-	-	-	2	-	-
1	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
1	1	-	-	2	-	-	-	4	4	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	1	-	-	-	2	1	-	1	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-
-	-	-	-	3	6	-	-	4	4	1	-	-	1	-	2	-	3	-	2	-	1	-	-	3	3	4	-
2	1	-	-	2	-	-	1	1	2	1	1	-	-	-	-	-	1	-	1	-	-	-	1	-	1	1	-
-	-	-	-	-	1	-	-	5	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-
-	-	-	-	2	2	-	1	6	3	1	-	-	2	-	-	-	1	-	1	-	1	-	1	-	1	1	2
-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	2	-	-	-	-	1	-	-	-	-	-
-	1	-	-	2	-	-	-	-	3	1	1	-	1	-	-	-	1	1	1	-	-	-	1	-	1	1	1
-	-	-	-	-	-	-	-	2	5	-	-	-	1	-	-	2	1	1	-	-	3	-	1	1	-	2	-
1	1	-	-	1	3	-	-	3	2	1	-	-	-	1	-	-	1	1	-	-	-	-	-	1	-	3	1
-	-	-	-	1	1	-	-	1	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	-
-	-	1	1	1	3	-	-	1	3	-	-	-	-	-	1	1	2	-	1	-	-	-	-	-	-	1	3
-	1	-	1	2	1	-	1	11	8	1	1	2	1	-	-	1	1	1	1	1	-	-	-	5	-	6	-
-	2	-	-	5	10	1	1	14	26	5	-	1	2	-	-	4	6	2	1	2	-	3	1	3	2	6	5
-	-	-	-	3	3	-	-	4	5	-	-	-	1	-	-	-	2	-	-	1	-	2	-	-	-	-	-
-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	1	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
58	62	21	29	316	262	42	40	643	710	70	58	66	51	72	53	140	149	75	76	39	31	90	82	139	99	263	181
1	2	-	-	4	4	2	1	6	8	1	-	1	-	1	-	3	1	2	-	1	-	3	-	1	2	7	3
1	2	-	-	4	4	1	1	5	7	1	-	1	-	1	-	2	1	1	-	1	-	3	-	-	2	7	3
-	-	-	-	-	-	1	-	1	1	-	-	-	-	-	-	1	-	1	-	-	-	-	-	1	-	-	-
40	46	37	31	269	283	40	39	795	720	52	39	93	112	38	50	119	129	84	61	57	49	90	73	192	158	311	278
34	42	32	28	237	254	36	35	732	659	48	37	87	107	35	46	110	123	78	58	52	46	88	68	180	151	296	260
6	4	5	3	32	29	4	4	63	61	4	2	6	5	3	4	9	6	6	3	5	3	2	5	12	7	15	18
-	-	-	-	2	4	1	2	11	5	-	-	2	-	2	2	2	3	1	1	-	2	-	3	2	-	3	5
-	-	-	-	2	3	1	2	9	5	-	-	2	-	2	2	1	3	-	1	-	2	-	3	1	-	3	5
-	-	-	-	1	-	-	-	2	-	-	-	-	-	-	-	1	-	1	-	-	-	-	1	-	-	-	-
8,190	4,180	42,580		4,590		104,640		8,490		13,880		8,490		18,400		10,530		7,170		10,790		25,100		37,540			
7,970	3,930	42,120		4,440		101,930		8,460		13,490		8,280		18,210		10,390		6,970		10,530		24,320		36,220			



TABLE 4

## ATTENDANCE AT WELFARE CENTRES 1970

Centre	Number of Openings	New Cases Born in				Total Attendance Including new cases	Average Attendances per Session
		1970	1969	1965-68	Total		
Beaminster	23	25	23	29	77	351	15.3
Blandford	23	74	48	23	145	790	34.3
Blandford Camp	49	103	126	79	308	1,782	36.4
Bovington Camp	25	57	39	19	115	509	20.4
Bradford Abbas	12	21	9	17	47	161	13.4
Bridport	22	27	26	27	80	315	14.3
Broadmayne	12	9	24	33	66	158	13.2
Carey	24	38	72	58	168	472	19.7
Charminster	12	14	6	6	26	180	15.0
Charmouth	-	-	-	-	-	-	-
Colehill	26	72	49	161	282	692	26.6
Corfe Mullen	24	50	34	56	140	664	27.7
Crossways	12	11	12	21	44	145	12.1
Dorchester	52	162	88	97	347	1,977	38.1
Ferndown	36	92	142	200	434	1,949	54.1
Gillingham	24	79	40	45	164	913	38.1
Handley	12	13	21	24	58	142	11.8
Lulworth Camp	12	15	26	27	68	154	12.8
Lytchett Matravers	12	37	36	50	123	377	31.4
Sandford	22	23	33	57	113	380	17.3
Shaftesbury	24	54	66	24	144	643	26.8
Sherborne	12	19	19	52	90	201	16.7
Sturminster Newton	23	35	41	39	115	570	24.3
Swanage	50	91	80	156	327	1,879	37.6
Thorncombe	11	6	7	18	31	102	9.3
Thornford	12	13	9	16	38	167	13.9
Upton	12	40	62	59	161	453	37.7
Verwood	24	57	53	48	158	705	29.4
Wareham	23	44	85	102	231	699	30.4
West Moors	23	50	38	37	125	491	21.3
Wimborne	22	44	42	72	158	579	26.3
Wool	12	26	33	36	95	232	19.3
Poole							
Alder Road	24	64	65	55	184	853	35.5
Branksome	114	159	277	190	626	3,468	30.4
Broadstone	52	80	110	159	349	1,461	28.1
Canford Magna	16	29	30	37	96	258	16.1
Central	104	161	207	174	542	2,362	22.7
Hamworthy	55	35	72	98	205	1,211	22.0
Herbert Avenue	52	63	56	96	215	1,378	26.5
Hillbourne	52	97	119	172	388	1,845	35.5
Newtown	52	68	63	174	305	1,438	27.7
Oakdale	74	95	108	185	388	2,049	28.0
Old Town	52	26	37	53	116	736	14.2
Turlin Moor	48	23	15	17	55	537	11.2
Wallisdown	53	73	59	229	361	1,588	30.0
South Dorset Area							
Broadwey	22	42	56	46	144	422	19.2
Chickerell	24	20	30	37	87	390	16.3
Lanehouse	22	29	17	35	81	408	18.5
Littlemoor	24	20	13	38	71	369	15.4
Portland Tophill	50	152	135	99	386	2,639	52.8
Portland Underhill	52	64	65	114	243	1,676	32.2
Preston	24	43	40	42	125	640	26.7
Southill	24	29	20	56	105	506	21.1
Spa	40	69	173	64	306	1,028	25.7
Weymouth	104	219	163	221	603	3,956	38.0
Wyke Regis	52	98	84	102	284	1,883	36.2
Totals	1,868	3,159	3,403	4,181	10,743	51,933	



TABLE 5

## AMBULANCE SERVICE STATISTICS - YEAR ENDING 31 DECEMBER 1970

## STATION

Item	Blandford	Bridport	Dorchester	Ferndown	Gillingham	Lyme	Regis	Poole	Shaftesbury	Sherborne	Sturminster Newton	Swanage	Wareham	Weymouth	Wimborne	Total
Patients Carried																
Emergency																
Maternity	57	34	56	17	22	19	231	11	18	20	19	93	157	39	793	
Road Accidents	100	63	147	79	34	24	474	95	53	48	147	231	169	1,734		
Other Accidents	147	26	82	2	4	12	1,186	7	37	40	109	28	254	-	1,934	
Other Emergencies	278	276	493	180	69	18	1,836	6	158	27	75	322	1,340	350	5,428	
Total Emergencies	582	399	778	278	129	73	3,727	119	266	157	251	590	1,982	558	9,889	
Routine																
Hospital Admissions	266	280	285	351	93	214	467	293	209	301	338	461	682	638	4,878	
Hospital Discharges	256	185	437	204	15	38	1,134	97	155	136	150	341	603	411	4,162	
Inter-Hospital Transfers	157	151	557	219	13	81	565	149	82	76	125	166	500	182	3,023	
Out-Patient Attendances:-																
Physiotherapy	241	899	1,037	125	2	22	3,705	21	457	45	139	334	3,583	578	11,188	
Other	479	1,358	2,772	600	57	153	7,886	100	1,042	183	267	817	3,689	1,027	20,430	
Corpses	3	13	22	6	2	1	88	5	6	2	1	6	15	21	191	
Other Patients	6	34	99	10	5	2	551	3	36	19	29	36	160	21	1,011	
Total Routine	1,408	2,920	5,209	1,515	187	511	14,396	668	1,987	762	1,049	2,161	9,232	2,878	44,883	
Total Patients	1,990	3,319	5,987	1,793	316	584	18,123	787	2,253	919	1,300	2,751	11,214	3,436	54,772	
Journeys																
Patient Carrying	898	1,264	2,938	625	230	392	6,041	509	844	457	600	902	4,969	1,071	21,740	
Other Journeys	47	346	473	37	11	32	339	24	49	81	13	50	162	123	1,787	
Total Journeys	945	1,610	3,411	662	241	424	6,380	533	893	538	613	952	5,131	1,194	23,527	
Mileage																
Patient Carrying	50,396	31,131	51,447	28,166	13,461	14,650	103,340	18,940	21,193	31,777	21,665	48,078	53,499	47,247	534,990	
Other Mileage	1,397	1,421	2,468	279	176	509	2,825	297	778	701	107	1,183	850	1,077	14,068	
Total Mileage	51,793	32,552	53,915	28,445	13,637	15,159	106,165	19,237	21,971	32,478	21,772	49,261	54,349	48,324	549,058	
Stretcher Cases	991	703	1,146	815	241	413	4,399	590	553	495	781	1,207	2,718	1,348	16,400	
Sitting Cases:-																
Walking	563	1,805	3,175	185	75	84	8,060	149	1,397	139	113	1,017	7,339	305	24,406	
Not Walking	436	811	1,666	793	-	87	5,664	48	303	285	406	527	1,157	1,783	13,966	
Patients Per Journey	2.22	2.62	2.04	2.86	1.37	1.49	3.00	1.54	2.67	2.01	2.16	3.05	2.25	3.20	2.52	
Miles Per Patient	25.32	9.38	8.59	15.70	42.59	25.09	5.69	24.06	9.40	32.83	16.66	17.47	4.77	13.75	9.76	



TABLE 6

## HOSPITAL CAR SERVICE STATISTICS - YEAR ENDING 31 DECEMBER 1970

	AREA										Total
	Blandford	Bridport	Dorchester	Gillingham	Poole	Shaftesbury	Sherborne	Wareham	Weymouth	Wimborne	
<b>Patients Carried</b>											
Hospital Admissions	222	171	70	68	124	71	55	194	214	142	1,331
Hospital Discharges	168	117	230	14	133	40	36	207	356	271	1,572
Inter-Hospital Transfers	11	24	75	-	57	6	18	3	68	4	266
Out-Patient Attendances:-											
Physiotherapy	2,625	2,701	735	472	8,355	420	728	4,642	2,074	7,222	29,974
Other	9,845	4,929	3,039	2,318	14,296	2,774	2,916	11,665	10,893	10,526	73,201
Attendances at Training Centres	44									1,598	1,642
Education, Immunisation, Social Services											
Patients	1,015	1,279	359	164	4,293	155	235	647	753	2,324	11,224
Other Patients	16	12	20	4	85	42	2	17	11	11	220
<b>Total Patients</b>	<b>13,946</b>	<b>9,233</b>	<b>4,528</b>	<b>3,040</b>	<b>27,343</b>	<b>3,508</b>	<b>3,990</b>	<b>17,375</b>	<b>14,369</b>	<b>22,098</b>	<b>119,430</b>
<b>Journeys</b>											
Patient Carrying	4,652	3,586	1,973	844	4,276	1,230	1,367	4,955	3,740	5,487	32,110
Training Centres	29									497	526
Other Journeys	165	73	81	29	18	28	38	150	85	141	808
<b>Total Journeys</b>	<b>4,846</b>	<b>3,659</b>	<b>2,054</b>	<b>873</b>	<b>4,294</b>	<b>1,258</b>	<b>1,405</b>	<b>5,105</b>	<b>3,825</b>	<b>6,125</b>	<b>33,444</b>
<b>Mileage</b>											
Patient Carrying	186,610	126,794	83,946	38,044	129,636	40,555	48,863	166,722	140,214	178,462	1,139,846
Training Centres	622									10,710	11,332
Other Mileage	1,383	749	1,380	181	469	198	415	1,356	745	1,306	8,182
<b>Total Mileage</b>	<b>188,615</b>	<b>127,543</b>	<b>85,326</b>	<b>38,225</b>	<b>130,105</b>	<b>40,753</b>	<b>49,278</b>	<b>168,078</b>	<b>140,959</b>	<b>190,478</b>	<b>1,159,360</b>
<b>Patients per Journey*</b>	<b>2.99</b>	<b>2.57</b>	<b>2.30</b>	<b>3.60</b>	<b>6.39</b>	<b>2.85</b>	<b>2.92</b>	<b>3.50</b>	<b>3.84</b>	<b>3.74</b>	<b>3.67</b>
<b>Miles per Patient*</b>	<b>13.39</b>	<b>13.74</b>	<b>18.54</b>	<b>12.51</b>	<b>4.74</b>	<b>11.55</b>	<b>12.25</b>	<b>9.59</b>	<b>9.76</b>	<b>8.70</b>	<b>9.67</b>

\*Excluding Mentally Subnormal Persons



TABLE 7

## MEALS ON WHEELS SERVICE

Area	Meals supplied during 1970	No. of persons who received meals during 1970
Beaminster Rural	858	30
Blandford Borough	2,307	73
Blandford Rural	4,928	69
Bridport Borough )		64
Bridport Rural )	6,024	67
Dorchester Borough	2,281	91
Dorchester Rural	3,997	106
Lyme Regis Borough	882	28
Poole Borough	16,944	416
Portland Urban	1,542	40
Shaftesbury Borough	1,005	39
Shaftesbury Rural	1,165	36
Sherborne Urban	3,042	83
Sherborne Rural	692	18
Sturminster Rural	3,743	90
Swanage Urban	3,911	66
Wareham Borough	1,194	21
Wareham and Purbeck Rural	3,649	94
Weymouth Borough	8,544	274
Wimborne Minster Urban	2,321	58
Wimborne and Cranborne Rural	4,410	137
	<hr/>	<hr/>
TOTALS	73,439	1,900
	<hr/>	<hr/>



# MEALS ON WHEELS SERVICE

Meals supplied during 1970

No. of persons who received meals during 1970

STATISTICAL SERVICE OF THE GOVERNMENT OF CANADA

Table 1

Province or Territory	Meals supplied during 1970	No. of persons who received meals during 1970
Alberta	1,000	1,000
British Columbia	1,000	1,000
Manitoba	1,000	1,000
Ontario	1,000	1,000
Quebec	1,000	1,000
Saskatchewan	1,000	1,000
Atlantic Provinces	1,000	1,000
<b>TOTAL</b>	<b>7,000</b>	<b>7,000</b>