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DORSET COUNTY COUNCIL.

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

T. W. STALLYBRASS, M.D., D.P.H.

FOR THE YEAR 1937.

JUNE, 1938.

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PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

Name.	<i>Qualifications.</i>
(1) County Medical Officer of Health :— STALLYBRASS, THEODORE WILLIAM	M.D., D.P.H., Barrister-at-Law.
(2) Other whole-time Medical Officers :— <i>Clinical Tuberculosis Officer :—</i> CLARK, ARNOLD	M.D., M.R.C.P.
<i>Assistant County Medical Officers :—</i> SMITH, GRAHAM UDALL WALTERS, ENID MARGARET EVANS, LEONORA SYBIL BELL, WILLIAM L. H. L. (resigned 31/8/37) MORGAN, DAVID FRANK THOMPSON, JOHN W. P. (appointed 15/9/37) DEAR, JAMES DUNCAN (appointed 1/10/37— also M.O.H., Portland U.D.)	M.B., D.P.H., D.T.M. M.B., B.S. M.R.C.S., L.R.C.P., D.P.H. M.R.C.S., L.R.C.P. M.B., Ch.B., D.P.H. M.B., D.P.H. M.B., Ch.B., D.P.H.
(3) Part-time Medical Officers :— <i>Orthopaedic Surgeon :—</i> FORRESTER-BROWN, MAUD FRANCES	M.S., M.D.
<i>Aural Consultants :—</i> GRAY, ADAM SALKELD, CHARLES SALKELD, ROY	M.D. M.B., B.S. F.R.C.S., L.R.C.P.
<i>X-Ray Treatment of Ringworm and Radiologist :—</i> MALPAS, DOUGLAS DUNCAN	M.B., M.R.C.S.
<i>Radiologists :—</i> HEATH, FRANCIS HAROLD RODIER PIMM, ALLAN	M.R.C.S., L.R.C.P. M.R.C.S., L.R.C.P.
<i>Consultant Oculists :—</i> ROSS, PERCY ALEXANDER COLLEY, THOMAS AYNSLEY, THOMAS RUTHERFORD	F.R.C.S. (Edin.), L.R.C.P. M.B., Ch.B., F.R.C.S. (Edin.). M.B., B.S., D.O.M.S.
<i>Emergency Medical Officer, Dorset County Home :—</i> FOUNTAIN, EDWARD DANCE	M.R.C.S., L.R.C.P.
<i>Medical Officer, " Beckford " Home :—</i> BLACKLEY, HUMPHREY LEWIS (resigned 30/6/37) GRAHAM-CAMPBELL, RONALD WALTER (appointed 1/7/37)	M.B., Ch.B. F.R.C.S.
(4) County Nursing Superintendent :— MACKINTOSH, Miss B. R., M.R. San. I., S.R.N., S.C.M.	<i>Orthopaedic Sister :—</i> PATON, Miss E. H., C.S.M.M.G.
<i>Health Visitors :—</i> BARKER, Miss M. H. EDWARDS, Miss A. ELLIOTT, Miss K. HODGE, Miss M. O'BRYEN JORGENSEN, Miss P. K. KEOHANE, Miss M. PRESTON, Miss M. (resigned 25/6/37) READ, Miss L. M. (appointed 11/10/37) SCOTT, Miss J. A. SYMES, Miss M. TRUSCOTT, Miss M. S. R. (appointed 1/10/37) WHITELY, Miss E. (appointed 1/10/37)	S.R.N., S.C.M. S.R.N., S.C.M., H.V. CERT. S.R.N., S.C.M. S.C.M., H.V. CERT. S.R.N., S.C.M., H.V. CERT. " " " " " " " " "

(5) *Venereal Diseases Clinics (part-time Officers) :—*

MANN, DR. E. W.
SUMNER, DR. F. W.
ARMITAGE, DR. J. J.
FACEY, DR. W. E.

Dorchester Clinic.
Dorchester Clinic.
Salisbury Clinic.
Boscombe Clinic.

(6) *Obstetric Consultants :—*

Specialist.

<i>Name.</i>	<i>Address.</i>
DR. D. A. MITCHELL, M.D., F.R.C.S. (Edin.)	2, Gay Street, Bath.
DR. NICHOLSON-LAILEY, F.R.C.S.	2, Stepswater Terrace, Wellington Road, Taunton.
DR. N. F. LOCK, F.R.C.S.	5, Barnfield Crescent, Exeter.
DR. J. J. ARMITAGE, M.R.C.S., L.R.C.P.	26, Endless Street, Salisbury.
DR. R. GORDON LUKER, M.D., F.R.C.S. (Edin.), M.R.C.P., F.C.O.G.	"Stagsden," Westcliff Road, Bournemouth.

Local (Non-specialist) :—

DR. L. B. SCOTT, M.D., B.Ch.	Coupar House, Blandford.
DR. F. B. OLIPHANT, M.B., C.M.	Dorset House, Bridport.
DR. H. A. LAKE, M.D.	The Yews, Beaminster.
DR. T. RUSSELL STEVENS, F.R.C.S.	West Walks, Dorchester.
DR. F. W. SUMNER, M.D., F.R.C.S.	The Gables, Dorchester.
DR. H. F. LUMSDEN, M.B., B.Ch.	Springfield, Lyme Regis.
DR. P. N. COOK, M.B., B.S.	Marven, Uplyme, Lyme Regis.
DR. J. C. A. NORMAN, M.R.C.S., L.R.C.P.	Hadleigh House, Broadstone.
DR. J. MYLES CAIE, M.B., Ch.B.	Oaklands, Shaftesbury.
DR. D. ARNOTT, M.B.	Oaklands, Shaftesbury.
DR. T. MACCARTHY, M.R.C.S., L.R.C.P.	Fermain House, Sherborne.
DR. JOHN WHITTINGDALE, M.B., F.R.C.S.	Wharton, Sherborne.
DR. B. S. HOLLICK, M.R.C.S., L.R.C.P.	The Lindens, Sturminster Newton.
DR. D. W. DE JERSEY, M.B., M.R.C.S., L.R.C.P.	Audley House, Burlington Road, Swanage.
DR. R. L. HORTON, M.S., F.R.C.S.	2, Westerhall Road, Weymouth.
DR. R. M. D. DEVEREUX, M.B., B.Ch., B.A.O.	22, Trinity Road, Weymouth.
DR. C. B. THOMSON, F.R.C.S.	30, West Street, Wimborne.

(7) *Matrons of County Sanatoria :—*

BUTLER, MISS A. E. (Beckford Home).
GRIGGS, MISS R. (Dorset County Home) (resigned 31/10/37).
HOE, MISS D. B. J. (Dorset County Home) (appointed 1/11/37).

Senior Dental Officer :—

MAINWARING, CHARLES ERIC, L.D.S.
(appointed 1/5/37).

County Analyst :—

DR. R. P. CHARLES, M.D., F.I.C.

Dental Officers :—

BRADLEY, STANLEY, L.D.S.
PRETTY, PHILIP JOHN, L.D.S.
SIM, MISS VIOLET, L.D.S.

Clerical Staff :—

MR. C. E. MATTHEWS, M.S.M. (Chief Clerk).

(8) *Officers under the Poor Law Acts :—*

DISTRICT MEDICAL OFFICERS ... 90

Medical Officers of Institutions :—

<i>Institution.</i>	<i>Name of Medical Officer.</i>
BLANDFORD (Casual Wards only)	DR. D. OLIVER.
SHAFTESBURY ...	DR. D. ARNOTT.
STURMINSTER ...	DR. B. S. HOLLICK.
DORCHESTER ...	DR. H. T. L. BROADWAY.
WEYMOUTH ...	DR. J. D. DEAR.
POOLE ...	DR. N. H. R. HATFIELD.
WAREHAM ...	DR. J. A. B. SNELL.
WIMBORNE ...	DR. B. R. PARMITER.
BEAMINSTER ...	DR. H. A. LAKE.
BRIDPORT ...	DR. F. B. OLIPHANT.
WEYMOUTH CHILDREN'S HOMES	DR. J. D. DEAR.
POOLE CHILDREN'S HOMES	DR. J. C. A. NORMAN.
DORCHESTER CHILDREN'S HOMES	DR. L. S. EVANS.

PUBLIC VACCINATORS ... 46

VACCINATION OFFICERS ... 15

VITAL STATISTICS. (See Tables I. and III.).

Area (acres)	622,843.
Population (estimated 1937)	249,840.
Rateable value for whole County, 1st April, 1937	£1,660,233.
Estimated produce of a penny rate over the whole County, 1937-38	£6,656.

Population. According to the estimates of the Registrar General the population of the County in 1937 was 249,840, an increase of 1,290 on the previous year. In the Urban Districts the population was 155,900 and in the Rural Districts it was 93,940. The Urban Districts, therefore, show an increase of 1,400 and the Rural Districts a decrease of 110.

Births. The number of live births registered in the County was 3,454, and the live birth rate calculated per thousand of the population was therefore 13.8. The live birth-rate for England and Wales was 14.9.

Rates in past decennium :—

Year ...	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
No. of Live Births	3804	3740	3705	3551	3430	3311	3366	3459	3395	3454
Live Birth-rate	15.8	15.5	15.4	14.8	14.3	13.6	13.8	14.0	13.6	13.8

Deaths. The number of deaths registered in the County was 3,175, and the crude death-rate therefore calculated per thousand of the population was 12.7. The death-rate for England and Wales was 12.4.

The corrected death-rates for the Urban and Rural Districts, taking into consideration the age and sex distribution of the population as shewn at the foot of Table I., are as follows :—

Urban Districts : 11.04. Rural Districts : 10.2.

Crude Death Rates in past decennium :—

Year ...	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
No. of Deaths ...	2812	3042	2975	3054	2994	2873	2903	2971	3003	3175
Death-rate ...	11.9	12.8	12.6	13.0	12.5	11.8	11.9	12.0	12.0	12.7

The chief causes of death were as follows :—

Heart Disease	871	Pneumonia	101
Cerebral Haemorrhage	218	Bronchitis	93
Other circulatory diseases	155	Other respiratory diseases	34
Cancer	459	Tuberculosis :—	
Senility	150	Pulmonary	89
Suicide	28	Non-pulmonary	27
Other violence	109	Typhoid Fever	3
Influenza	106		
Congenital debility, premature birth, malformation, etc.	106		

Infantile Mortality. One hundred and sixty infants died under one year of age. The number of live births in 1937 was 3,454, and the infant death rate therefore, per 1,000 live births, was 46. The rate for England and Wales was 58.

Rates in past decennium :—

Year ...	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
No. of Deaths ...	181	179	174	174	165	150	148	132	161	160
Infantile Mortality	48	48	46	49	48	45	43	38	47	46

Legitimate Infants :—

No. of births	3293
No. of deaths	144

Death Rate per 1,000 legitimate live births—43.

Illegitimate Infants :—

No. of births	161
No. of deaths	16

Death Rate per 1,000 illegitimate live births—99.

Maternal Mortality. The maternal deaths numbered 13 for the year. Three of these deaths occurred in the Borough of Poole and 4 in the Borough of Weymouth out of a total of 1,048 and 465 births respectively. In the remaining area of the County 6 deaths occurred out of a total of 2,072 births. The rate for the County as a whole, therefore, amounted to 3.6, whereas the rate for the County Area, excluding the Boroughs of Poole and Weymouth, which are their own Maternity and Child Welfare Authorities, amounted to 2.8. The rate for England and Wales was 3.11.

Rates in past decennium :—

Year	...	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
No. of Deaths	...	20	17	21	17	10	11	18	14	13	13
Maternal Mortality		5.2	4.3	5.4	4.6	2.8	3.1	5.1	3.9	3.7	3.6

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Laboratory facilities. The County Laboratory has been in course of construction during the year and should be completed during the summer of 1938. A whole-time County Pathologist has been appointed to take up his post on 1st August, 1938.

Dorchester County Clinics. Housed in the same building as the County Laboratory it is hoped that these clinics will also be ready by the autumn. Accommodation will be available for a tuberculosis dispensary equipped with X-Ray plant, rooms for maternity and child welfare work, orthopaedic, minor ailments, and a dental clinic. Accommodation for these services in Dorchester has always been extremely unsatisfactory or non-existent.

Institutional treatment of the Sick. There is no change to report with regard to the accommodation at Poole.

At the Weymouth Public Assistance Institution considerable constructional alterations have been undertaken during the year and are still not yet completed. The Board Room of the Institution has been appropriated for Public Health purposes and will be converted into a venereal disease clinic as soon as the work in the main Institution is finished.

Dr. J. D. Dear, an Assistant County Medical Officer, who has been appointed as Venereal Disease Officer for the clinic was also appointed as Medical Officer of the Institution on 1st January, 1938. Co-ordination of the work of the nursing staff of the Institution should thus be insured. The facilities for dealing with some of the medical and surgical cases admitted to the Institution seem hardly adequate and the matter is being inquired into.

The future of the Voluntary Hospitals of the country, and incidentally their relationship with Council Hospitals, has been the subject of a very interesting report during the year of the Voluntary Hospitals Commission published by the British Hospitals Association.

Much greater co-operation is required between these two hospital systems which at present are to a certain extent suspicious of each other thereby often holding up essential progress. The Commission considers that for many years to come it would be an advantage to the community for both systems to exist side by side as they have much to learn from one another and any violent change over from one system to the other could not result in anything but grievous harm to the community.

The Voluntary Hospitals have passed out of the purely charitable stage and now provide a service which is sought not only by the poor but also by the more prosperous artisan and middle classes and even by the rich, whereas local authorities are under an obligation to provide suitable hospital accommodation for the poor who on their part are required to pay for any treatment received to the extent to which they are able to do so.

As everyone knows the future of the Voluntary Hospitals is entirely a matter of finance and the Commission concludes its report with an emphatic expression of opinion that the continued existence of the Voluntary System depends upon the Voluntary Hospitals of the country forming themselves into an association regionally organised. Funds that are available for the Voluntary Hospitals, together with possible Government grants would then be distributed on an equitable basis instead of being collected by individual hospitals in the competitive and cut-throat method of to-day.

Two meetings have recently been held at the County Hospital in Dorchester at which representatives of the different hospitals in the County have attended for the purpose of discussing the report and deciding on any possible regional organisation of the hospitals in the County. It is hoped some progress has been made, but the interests of individual hospitals seem to predominate in all discussions on the subject.

Outdoor Medical Relief. The initiation of the "open choice" system of medical relief reported upon last year was unavoidably delayed, but took effect from the 1st April, 1938, on a temporary basis for one year. The possible compensation of those medical practitioners still holding salaried appointments is at present under consideration with a view to making the "open choice" system available at once throughout the County.

Health Campaign. A Health Campaign throughout the country was initiated in the last three months of the year and the County Council co-operated to the full extent of its ability with the Central Council for Health Education which was responsible for the printing and supply of the posters. All local authorities in the County were requested to assist as much as possible in the distribution of these posters.

The object of the campaign was in the main to make better known to the public the Public Health Services that are provided for them. With this aim in view a handbook relating to medical services provided by the County Council was also compiled, and this has since been distributed not only to doctors, teachers, nurses, and health visitors, but also by the latter to individual families where it has seemed that use would be made of it.

This handbook has undoubtedly filled a want that has been felt for a considerable time. Information on local health services has also been supplied in the form of placards for display in Post Offices. Increasing use of the services are likely to become apparent in due course.

Mental Deficiency. In the report on the Survey of the Health Services of the County in 1936 the Minister of Health suggested that the question of modifying the existing procedure in connection with the disposal of certified defectives should be considered to ensure that the case papers are submitted to the Mental Deficiency Acts Committee through the County Medical Officer with a view to the determination by the Committee of the action to be taken, viz., statutory supervision, guardianship or institutional care.

In actual practice these cases require to be dealt with at once and are reported to the Statutory Committee at its quarterly meetings for confirmation of the action taken without any intimation as to whether medical recommendations have or have not been acted upon.

If they have not been acted upon it is possible that quite unsuitable action may have been taken as for example the placing under guardianship of young trainable defectives recommended for institutional training prior to licence, or the sending of high grade defectives to Starcross when recommended as suitable for Hortham Colony, or alternatively the sending of low grade defectives recommended for Starcross to Hortham Colony not intended for such and where no suitable accommodation has been provided for them.

The recent opening of the Langdon extension at Starcross for defectives of high grade and the arrangements now made for the medical supervision of all inmates obviate at that Institution two very serious defects of the past.

It has always been impossible to feel that the old Institution at Starcross presumably originally intended for the lowest grade of defective and in recent years taking defectives of all grades could possibly be considered under modern conditions as suitable for those of high grade. This is not said with any idea of disparaging the excellent work that no doubt has been done there in the past in the way of training high grade defectives but merely to indicate some of the factors that of necessity have had to be taken into consideration in deciding on the most suitable recommendations for individual defectives. If a high grade defective of possibly nervous temperament is capable of feeling distress, and of this there can be no doubt, then it is possible that much distress may have been felt in the past on admission to the main building and in future defectives of high grade sent to this Institution should be admitted to the Langdon Extension direct rather than to the main building. The removal of the special school to a site secluded from the Institution is still a matter of urgency.

An important point that will require consideration in the future is the accumulation in training institutions of defectives who in spite of long training prove to be incapable of return to the community, and thus tend to clog the beds that should be available for new cases. The Bridport Public Assistance Institution provides accommodation that might be considered suitable for the more elderly high grade women defectives of this group, but under no circumstances should it be considered suitable except on a temporary basis for young trainable defectives.

Another question upon which some concern has been felt for a considerable time is that of the position of defectives on licence and this is now dealt with in Circular No. 850 recently issued by the Board of Control. These defectives have in the past lacked any regular medical supervision, such as is given to cases under guardianship, though in this connection it is pointed out that in a memorandum issued by the Board of Control, in May, 1937, it was laid down that in addition to lay visits medical visits should be paid periodically.

In future these cases will be reviewed by the Board as soon as they have been absent on licence from an institution for a period of two years, and a medical report at that date will be required. In cases where there is then sufficient evidence that the defective can live outside an institution without further supervision the order will be discharged.

Further the patient on licence should be actively assisted to adjust himself to life in the community and with this end in view the suitability of licencees and their ability to provide proper training or occupation for the defectives should be carefully considered.

MATERNITY AND CHILD WELFARE.

Notifications and Registration of Births in County Area during 1937 :—

Number of Births Registered (including still births)—Legitimate	1986	Illegitimate	86	Total	2072
Number of Births Notified—Live Births	1876	Stillbirths	68	Total	1944

The number of Births notified by Midwives was 1,447, by Doctors and Parents 497.

<i>Infant Deaths</i> —Legitimate 77.		Illegitimate 9.		Total 86.		<i>Infantile mortality</i> rate 43.					
		1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Rates in past decennium	...	47	49	43	49	42	44	46	36	46	43

Maternal Mortality. Maternal deaths numbered 6 as compared with 5 last year, giving a maternal mortality rate of 2.8 deaths per thousand births.

		1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Rates in past decennium	...	4.9	4.4	4.9	3.2	2.1	3.7	4.7	1.9	2.4	2.8

No deaths from puerperal sepsis were recorded although one such is shown, possibly in error, in the Registrar General's returns. Of the 6 deaths, one has only been obtained from the Registrar General's Returns and apparently refers to a patient who died in hospital from embolism following abortion. All the remaining five cases were heard of at the time and have been inquired into. Reports on each case were sent to the Ministry of Health and copies of the reports were also sent to the doctors in attendance.

Contrary to what was reported in the case of these deaths a year ago, all 5 seem to have been possibly preventable had the confinements taken place under the best possible conditions. Three of the deaths occurred in hospital and two in the home of the patient.

In three of the cases there was evidence of inadequate ante-natal supervision, one of which being due apparently to failure of co-operation on the part of the patient. The facilities provided by a "Flying Squad," if available would have been valuable in one case in which the collapsed condition of the patient whose home was in a rural area prevented removal to hospital by ambulance.

Midwives Act, 1936.

Under Section 1 of this Act it became the duty of the County Council to provide an adequate salaried domiciliary midwifery service throughout the County exclusive of the Boroughs of Poole and Weymouth, either by employing midwives or by making arrangements with voluntary organisations to do so.

These arrangements were made and took effect from 1st July, 1937. Prior to this date the County Area was to a small extent uncovered by the Dorset County Nursing Association and its affiliated District Nursing Associations and in some of these uncovered areas no midwives were available.

Arrangements were made with the County Nursing Association to provide midwives throughout the County Area either by forming new District Associations where necessary or, where this was found impossible, by appointing midwives direct.

In Portland only was it found impossible to form an association and here two midwives have been appointed by the County Association.

In Sherborne only was it found impossible to persuade the existing District Nursing Association to affiliate with the County Nursing Association and here also it has been found necessary to appoint a whole-time salaried midwife who will also be available to act as relief midwife to the surrounding District Nursing Associations.

The remaining area of the County was covered by affecting amalgamations of existing District Nursing Associations and forming new associations where necessary. This resulted in a reduction of the total number of associations from 68 to 59 employing 68 nurses. Cars have been provided by the District Nursing Associations in those areas where it is considered necessary for the efficient performance of the nurse's work and further nurses are required to be on the telephone where this is possible.

The grant of the County Council to the County Nursing Association is on an approximate 50% basis, this being the estimated amount of time spent by the District Nurses on midwifery, and is further distributed to the District Associations in accordance with necessity.

The following scale of salaries for midwives was fixed :—

	<i>Commencing.</i>	<i>Annual Increment.</i>	<i>Maximum.</i>
Queen's Nurse	£200	£5	£240
Fully trained non-Queen's Nurse	£170	£5	£190
Village Nurse-midwives	£150	£5	£170

The salaries of Queen's Nurses are the same as those for Health Visitors, except that the latter receive an annual increment of £10. The scale of fees fixed was the same as that previously adopted by the County Nursing Association and which apparently had worked satisfactorily in the past. Provision is made for remitting the fees in necessitous cases.

At the end of the year two midwives had applied for compensation on the voluntary surrender of their certificates. This was paid in one case, but the other midwife was ineligible for compensation. No compulsory surrender has been enforced as yet.

In the case of the Boroughs of Poole and Weymouth it is of interest to note that in Weymouth the service is to be provided by the District Nursing Association, whereas in Poole a Municipal midwifery service has been set up.

The Midwives (Qualifications of Supervisors) Regulations, 1937.

These regulations made under Section 9 (2) of the Midwives Act, 1936, came into operation on 1st June, 1937, and prescribed qualifications for medical and non-medical supervisors of midwives. The County Nursing Superintendent who had previously acted as an Inspector of Midwives under the direction of the County Medical Officer was now appointed as non-medical supervisor and the further appointment of Dr. Leonora S. Evans, Assistant County Medical Officer, as medical supervisor of midwives was made. The latter appointment has since proved fully justified and in particular has facilitated the inquiries into maternal deaths all of which have been carried out by Dr. Evans.

Administration of the Midwives Acts.

During the year 269 visits of inspection were made by the County Nursing Superintendent to all midwives in the County Area and the condition of their clothing, instruments and appliances reported upon. The number of certified midwives on the County Register at the end of the year was 112.

The number of cases attended by midwives during the year were as follows :—

(a) As midwives	882	(b) As maternity nurses	730
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The number of cases during the year in which a midwife considered it necessary to send for medical help was 418 as compared with 309 in 1936. The latter figure was very much below the average and one for which no reason could be assigned. The increase to some extent may be accounted for by the number of cases in which abnormalities were detected at ante-natal clinics and referred to private practitioners for treatment and partly as a result of the increase in the number of ante-natal examinations carried out by practitioners.

118 or approximately 28 per cent. of the calls were due to emergencies arising during pregnancy and 229 or approximately 55 per cent. were due to emergencies arising during labour. The number of these calls during the past five years is as follows :—

1933	1934	1935	1936	1937
401	371	342	309	418

The other notifications received from midwives during 1937 were as follows :—

Of still-birth	18
Of death of mother	2
Of death of child	16
Of laying out of dead	39
Of liability to be a source of infection	50
Of artificial feeding	35
Of disinfection	96

Still-births. Number of still-births notified during the year 68

A still-birth enquiry card is completed in every case by a Health Visitor and these are subsequently scrutinised by Dr. Evans and any necessary action taken. This may amount to writing to the patient to attend at a clinic for advice or writing to the patient's own doctor.

Ante-Natal Care.

The attendances at Ante-Natal Clinics during the year ended 31st December, 1937, were as follows :—

<i>Name of Clinic.</i>	<i>Total number of attendances during year.</i>	<i>Number of Expectant Mothers who attended during year.</i>	<i>Number of times Clinic opened.</i>
Beamister	21	8	11
Blandford	33	15	12
Bridport	46	15	14
Dorchester	298	84	37
Portland (Tophill)	267	69	29
Shaftesbury	34	19	12
Swanage	87	36	21
Sherborne	86	40	13
Wareham	86	34	23
Wimborne	58	27	17
Total	1016	347	189

No new ante-natal clinics were opened during the year. 353 uninsured women who are unable to attend clinics due to difficulty of transport were examined by general medical practitioners under the County Scheme and therefore a total of 700 were examined in all compared with a total of 609 last year. It is obvious, therefore, that this scheme is making satisfactory progress. The figure of 700 represents 36% of the total notified births live and still.

A feature of the ante-natal work of the County is that the difficulty of persuading pregnant women to book a doctor or midwife early in pregnancy is gradually being overcome and few midwives' cases now escape one full obstetrical examination during pregnancy.

122 authorities were issued for dental treatment for expectant and nursing mothers compared with 112 in 1936. Those who avail themselves of this scheme are loud in its praise and it is reported that striking improvement in general health results in most cases. The service is, however, not made use of to a sufficient extent by expectant mothers, many of whom have, it is stated, a superstitious horror of dental treatment during pregnancy, and it is regrettable that at least 50% of these women offered dental treatment refuse it until after confinement.

Grants of Milk. These grants used to be made by those District Councils willing to do so, and a moiety of the cost was refunded by the County Council. Some District Councils were unwilling and the whole county was, therefore, not covered. As a result of the Public Health Act, 1936, it became no longer competent to District Councils to make these grants and the service was taken over by the County Council for the whole of the County Area as from 1st October, 1937.

The grants are now made on health grounds in necessitous cases on the recommendation of a Medical Officer of Health or the Medical Officer of an ante-natal clinic or welfare centre, and in the case of those women living in rural areas who are unable to attend a centre, on the recommendation of a Health Visitor. There is no reason, therefore, now for anyone who needs such a grant to be without one. Further, in the scale of income the amount paid in rent is now taken into consideration. This item varies very considerably in the case of rural and urban areas.

Obstetric Consultants.

Fourteen applications for the opinion of a consultant were received from doctors during the year and duly authorised. Six of these cases were referred for consultation during the ante-natal period and the other 8 for complications of labour or the puerperium. As a result of the consultations 10 cases were treated in hospital, including two for caesarian section.

Maternity Beds.

The number of maternity patients admitted to beds in hospital under the County Scheme was 92 as compared with 83 in 1936. The following table shows the number admitted during the year to the various hospitals :—

<i>Name of Hospital.</i>	<i>No. Admitted.</i>	<i>Average Length of Stay.</i>
Weymouth and District	11	19.3 days.
Dorset County	23	25.1 "
Cornelia Hospital, Poole	34	20.8 "
Salisbury Infirmary	5	18.2 "
Yeatman Hospital, Sherborne	9	15.2 "
Royal Victoria Hospital, Bournemouth	10	17.6 "
Totals	92	19.4 "

The details of these cases are as follows :—

A. Booked Cases—68.

Cases admitted :—

(1) Owing to complications of previous pregnancy only	...	...	12
(2) Owing to complications of present pregnancy including 6 cases with complications in previous pregnancy	...	...	39
(3) For other than medical reasons	...	...	17

B. Emergency Cases—24.

Admitted for complications of pregnancy on labour	24
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Total ... 92

Of the 68 booked cases 32 were primigravidae and 36 multiparae.

Of the 24 emergency cases 13 were primigravidae and 11 multiparae.

One maternal death was recorded. The patient a primigravida was admitted as an emergency owing to pre-eclampsia.

The accommodation at Public Assistance Institutions in the County is unchanged since it was reviewed in the Annual Report of 1936. Thirty-eight maternity patients were admitted to beds in the institutions during the year compared with 40 in 1936.

Maternity and Child Welfare Centres.

The attendances at the centres continue to be satisfactory and are shown in the following table :—

<i>Name of Centre.</i>	<i>Total number of attendances of Children.</i>		<i>Total number of attendances for first time during year.</i>		<i>Total number who attended during year and who at end of year were</i>		<i>No. of openings.</i>
	<i>Under 1 yr.</i>	<i>Between 1-5 years.</i>	<i>Under 1 yr.</i>	<i>Between 1-5 years.</i>	<i>Under 1 yr.</i>	<i>Between 1-5 years.</i>	
Beaminster ...	222	242	22	4	20	53	49
Bere Regis ...	109	448	13	7	10	58	24
Blandford ...	176	414	31	13	28	72	24
*Bridport ...	430	202	40	3	28	69	47
*Dorchester ...	1028	673	95	35	69	102	51
Ferndown (opened 21/1/37) ...	226	254	37	37	25	57	23
Gillingham ...	184	313	22	11	17	40	48
Lyme Regis ...	634	637	26	6	18	29	52
*Portland (Underhill)	609	334	39	11	28	67	49
*Portland (Tophill)	500	572	41	14	33	88	50
Sherborne ...	917	1056	45	14	33	103	51
*Swanage ...	956	854	72	12	45	159	51
Wareham ...	757	1221	39	13	33	130	52
Wimborne ...	922	1098	58	13	52	116	51
Totals	7670	8318	580	193	439	1143	622

* County Council Centres. The others are Voluntary Centres receiving a grant in aid.

The figure of 580 children who attended for the first time under one year of age represents 30.9% of the notified live births, and this figure has been steadily increasing for some years. The number of toddlers attending also shows an increase on those of last year.

A new centre was opened at Ferndown during the year and from the attendances is evidently appreciated in this rapidly growing district.

With the increase of the whole-time Dental Staff to 4, including one senior dental officer, it has now been possible to extend dental treatment to children under five years of age. The parents of such children requiring treatment are advised to ask the Head Teacher of the nearest Elementary School to enter the children's names for examination and treatment by the dentist at his next visit to the school. With the co-operation of the teachers the system seems to work very smoothly and returns are now being received as to the number of children treated. Doubtless there will not be very many at first, but the number should gradually increase.

During 1937 seventeen children were referred from the child welfare centres for orthopaedic treatment, and nine were referred for hospital treatment for nose and throat defects. All other cases referred for various reasons were dealt with on their merits.

Infant Visiting.

As a result of the re-organisation necessary to give effect to the Midwives Act, 1936, two additional Health Visitors were appointed and with these it has been possible to take over the whole of the health visiting with the exception of three small areas where it is still desired that this work should be done by the District Nurse. One of these areas has, however, since requested to be relieved.

Previously some of the Health Visitors have been appointed by the County Council and others by the County Nursing Association, though all of them have been doing the same work for the County Council. This has now been rectified and all those previously appointed by the Nursing Association have been transferred to the staff of the County Council and become eligible for the benefits of the Superannuation Act.

It is desired that there shall be the closest possible co-operation between Health Visitor, District Nurse and Midwife, and partly with a view to facilitating this and partly with a view to exercising necessary supervision the County Nursing Superintendent has also been appointed Superintendent Health Visitor.

The following is a record of the number of visits made :—

First Visits to Infants under one year of age	...	...	...	...	...	...	1827
Total number of Visits to Infants do.	...	...	...	...	...	...	14827
Total number of Visits to children between the ages of 1 and 5 years	...	...	...	...	...	...	18229

Child Life Protection.

The following table summarises the position for the 12 months ended the 31st December, 1937 :—

No. of children on Register on 1st January, 1937	...	...	...	...	69
No. of new children received during year	...	...	...	...	75
No. of removals from Register during year	...	...	...	...	57
No. of children on Register on 31st December, 1937	...	...	...	...	87
No. of Reports made by Child Protection Visitors during year	...	...	...	...	317
No. of Foster-Parents at the end of the year	...	...	...	...	51

During the year a Justices' Order was obtained in one case under Section 212 of the Public Health Act, 1936, to remove a child from the care of the foster-parent as the child was being kept in an environment detrimental to his health and he appeared to be in some imminent danger. With the aid of the N.S.P.C.C. two ineffectual attempts were made to enforce the Order. Proceedings were then taken against the foster-parent and the Bench adjourned the application for six months on condition that the Probation Officer paid monthly visits to the home and reported to the Bench.

Hospital Treatment—Children under 5.

Nineteen children under five years of age received hospital treatment under the Maternity and Child Welfare Scheme during the year. Seven of these were admitted for orthopaedic treatment to the Bath and Wessex Hospital or the Swanage Children's Hospital; 1 was admitted to the Royal South Hants and Southampton Hospital; and 11 were admitted to other hospitals for minor operations.

Orthopaedic Treatment.

An additional quarterly Surgeon's Clinic was established during the year at the Westminster Memorial Cottage Hospital, Shaftesbury, as it became apparent that children in this part of the County had difficulty in attending at Sherborne.

The following table shows the attendance at the orthopaedic clinics during the year :—

Clinic.	CASES.								ATTENDANCES.							
	Education Committee.		Public Health Committee.		Public Assistance Ctee.	Weymouth Borough.		Total.	Education Committee.		Public Health Committee.		Public Assistance Ctee.	Weymouth Borough.		Total.
	Elem.	Sec.	C.W.	Tub.		Edu.	P.H.		Elem.	Sec.	C.W.	Tub.		Edu.	P.H.	
Surgeon.																
Portsmouth ...	40	3	6	6	—	—	—	55	75	6	13	11	—	—	—	105
Exeter ...	77	16	21	24	3	2	2	143	125	30	38	46	6	2	2	249
Salisbury ...	—	—	—	16	—	—	—	16	—	—	—	55	—	—	—	55
Shaftesbury ...	23	3	12	2	—	—	—	40	36	3	19	4	—	—	—	62
Sherborne ...	32	4	19	7	—	—	—	62	46	5	39	14	—	—	—	104
Weymouth ...	16	5	4	10	4	—	—	39	29	7	11	18	5	—	—	70
Sherborne ...	33	15	14	11	2	—	—	75	58	22	20	20	4	—	—	124
Shaftesbury ...	—	—	1	—	—	—	—	1	—	—	4	—	—	—	—	4
Widford ...	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1
	*208	*43	*73	*67	*9	2	2	*404	370	73	144	168	15	2	2	774
Sister.																
Widford ...	29	6	10	3	—	—	—	48	125	53	27	5	—	—	—	210
Portsmouth ...	48	7	13	6	3	—	—	77	193	25	43	10	12	—	—	283
Exeter ...	76	14	26	5	6	—	—	127	375	73	124	14	40	—	—	626
Wiltshire ...	27	—	13	2	—	—	—	42	152	—	58	13	—	—	—	223
Shaftesbury ...	26	1	18	1	—	—	—	46	62	2	31	1	—	—	—	96
Sherborne ...	18	4	14	3	—	—	—	39	76	16	61	4	—	—	—	157
Swanage ...	13	2	6	2	—	—	—	23	55	4	28	8	—	—	—	95
Widford ...	21	2	2	2	—	—	—	27	120	—	10	18	—	—	—	148
Weymouth ...	5	10	2	11	1	—	—	29	19	48	4	31	2	—	—	104
Sherborne ...	57	17	23	3	3	—	—	83	132	52	96	23	8	—	—	311
Shaftesbury ...	—	—	1	—	—	—	—	1	—	—	2	—	—	—	—	2
	*299	63	*126	*37	13	—	—	*538	1309	273	484	127	62	—	—	2255
Total number of patients attended at Surgeon's and Sister's Clinics during year	327	75	134	70	17	2	2	627	TOTAL ATTENDANCES							3029

*After allowance is made for cases attending more than one clinic.

Maternity and Nursing Homes.

At the end of the year there were 8 registered nursing homes and 2 registered maternity homes in the County Area. All are inspected periodically by the County Medical Staff.

Ten hospitals in the County were granted exemption certificates (renewable annually) in accordance with Section 192 of the Public Health Act, 1936.

As recommended by the Ministry medical practitioners are circulated from time to time with a request to notify the existence of any unregistered home.

WATER SUPPLIES.

It was reported last year that the lack of any regular periodical chemical or bacteriological analysis of water supplies was a defect very general throughout the county, with the possible exception of the supplies of the larger towns. The question has recently received prominence as a result of the disastrous water-borne outbreak of typhoid in the Borough of Croydon, and has been the subject of a circular from the Ministry of Health reminding local authorities of their statutory duty to ensure that water supplied by them to consumers is at all times wholesome.

A constant watch should be kept on the quality of the water by frequent analyses. Further regular and frequent inspections should be made of the area forming the gathering ground of any spring or stream used as a source of supply. If as a result there is reason to believe that any source of water supply cannot be made and kept free from liability to pollution immediate treatment of the water by such methods as chlorination should be undertaken.

From reports received from the districts it is apparent that with the exception of a few towns no routine analyses were made during 1937, but it is reported that such analyses are to be undertaken in 1938. The establishment of a County Laboratory should ease the position and it is hoped that it will be possible to carry out regular analyses there either free or at a nominal cost to the districts concerned.

Boroughs and Urban Districts. No new supplies are reported during the year other than extensions to existing mains. A chlorinating plant was installed at Lyme Regis and similar treatment of the water has been decided upon at Dorchester and Sherborne. The supply to Poole Borough has been chlorinated for some years.

Rural Districts. New supplies have been provided in the Dorchester and Shaftesbury Rural Districts and extensions of existing supplies in the Sturminster Rural District. There are no parishes now in this latter district without piped water supplies. New supplies proposed for the Sherborne Rural District have been temporarily held up by legal and financial difficulties which are now reported to be settled and it is hoped that work will be commenced on the Southern Parishes Scheme in the current year.

DRAINAGE AND SEWAGE.

In response to enquiries the following information has been received from the County Districts with regard to any deficiencies known to exist and of any new works carried out during the year :—

Boroughs and Urban Districts.

BLANDFORD	Nil.
BRIDPORT	A scheme estimated to cost £12,000 is being prepared to treat the sewage at West Bay before it enters the sea. This includes Chlorination, Sedimentation and Sludge Disposal. It is hoped to have the scheme finished during 1938.
DORCHESTER	No deficiencies. One additional filter bed with revolving sprinkler.
LYME REGIS	A comprehensive new Sewerage and Drainage Scheme was completed at end of 1936 and during 1937 many connections have been taken up and piped in lieu of the old stone drain.
POOLE	(a) Wallisdown Scheme (290 cesspools) progressing satisfactorily. 155 connected up at end of year. (b) Hamworthy Scheme (142 cesspools) will be completed early in 1938.
PORTLAND	375 yards 6 in. Sewer } 32 „ 4 in. „ } New Works 25 „ 9 in. „ }
SHAFTESBURY	Nil.
SHERBORNE	Defects of previous years are being remedied. Defective sewers have been relaid in Abbey Road, North Road, and Newland during the year. The whole of the sewers in highways are in good condition as far as is known, with the exception of a portion of the sewer in Factory Lane.
SWANAGE	Forty yards of 6 in. sewer has been laid in the extension of Steer Road. 22 new drain connections to the public sewers were made during the year.
WAREHAM	The matter of Drainage of the new parts of the Borough is in the hands of the Engineer and is to be proceeded with shortly, viz. : The sewerage and drainage of Sandford Road and Worgret Road.

WEYMOUTH	New drainage of Upwey, Broadway, Radipole and reconstruction of pumping station.
WIMBORNE	No new works of sewerage carried out during the year pending the decision of the Urban District Council as to new main drainage scheme.

Rural Districts.

BEAMINSTER	There are no proper sewerage systems in any part of the District—Crude Sewage is run into the nearest stream or river. Conditions are particularly bad at Beaminster.
BLANDFORD	Nil.
BRIDPORT	At Charmouth the crude sewage is allowed to flow untreated into the river. It is proposed to remedy this in 1938. Other new proposals for 1938 are sewers in Bothenhampton and Bradpole, and a scheme for Burton Bradstock.
DORCHESTER	There is a night soil collection for 27 houses at Charminster.
SHAFTESBURY	Deficiency in sewerage at Gillingham. Sewage discharges directly into River Stour. An Engineer is to be appointed to elaborate a scheme for the effective sewerage of the parish.
SHERBORNE	<i>Poyntington.</i> Sewer defects caused flooding on 2 occasions. The necessary relaying of sewer has been advertised for tender. <i>Long Burton.</i> Storm water drain, which takes sewage, is defective and has untrapped openings close to houses. <i>Overcompton</i> <i>Bradford Abbas</i> <i>Chetnole</i> } Sewage discharged into roadside and other ditches. This has been reported to the Council and the re-sewering of these places has been agreed to in principle, but are to be done in accordance with a programme.
STURMINSTER NEWTON	No works carried out. A scheme for the improvement and extension of Stalbridge Sewerage Scheme has been sent up to Ministry of Health, and the Council are awaiting a report of the Consulting Engineer on sewerage proposals for the Parish of Marnhull.
WAREHAM	Deficiencies in drainage. Corfe Castle, Langton Matravers, Bere Regis.
WIMBORNE	A scheme for sewerage the parishes of Colehill, Hampreston and West Parley is in course of preparation.

POLLUTION OF STREAMS.

The main items dealt with during the year are as follows :—

Gillingham. A detailed report from Gillingham discloses that a considerable quantity of crude sewage is discharged into the River Lodden. Following representations to the Shaftesbury Rural District Council a survey of the sewers in the town has been made, and it is understood that a consulting engineer is to be appointed and instructed to prepare a report as to the alternative methods and estimated cost of dealing with the matter.

Okeford Fitzpaine. The discharge of whey and milk washings into the River Stour was the subject of a Ministry of Health inquiry following application for the Minister's consent to take proceedings against the owners of the Milk Factory. This consent was received with the result that the owners of the factory have since undertaken to provide an efficient sewage disposal plant for the effluent from the factory.

Blandford Forum. An unsatisfactory effluent from the sewage works was reported in July and representations have been made to the Town Council that efficient supervision of the sewage works necessitates the taking of samples at frequent intervals.

Wimborne Minster. A report that estimates of the cost of two joint and two separate schemes of sewerage and sewage disposal for the Wimborne Urban and Wimborne and Cranborne Rural Districts, prepared by Messrs. Sandford, Fawcett & Partners, Consulting Engineers, London, has been presented to a Joint Sewerage Committee set up by the two authorities for their consideration. The Engineers stressed the fact in their report that a joint scheme with disposal works below Longham would be the most economical. The County Council have already agreed to bear 1/7th of the capital and loan charges of an approved scheme and a sub-committee has been appointed to confer if necessary with the Wimborne Urban and the Wimborne and Cranborne Rural District Councils upon any question arising on the scheme agreed by those authorities for submission to the County Council and the Minister of Health.

HOUSING.

Full details of the housing activities of district councils are given in Table VII on pages 43 and 44.

Some indication of the relative activities in different districts is given by a comparison of the ratios between the number of houses owned by a local authority and the population of its district. A table showing these ratios in the rural districts with which the County Council is more directly concerned, compiled from returns received from District Medical Officers of Health, is appended :—

<i>Rural District.</i>	<i>Population.</i>	<i>No. of houses owned by Local Authority.</i>	<i>Ratio.</i>
Sturminster ...	8107	168	1 house to 48 persons.
Shaftesbury ...	8347	139	1 house to 60 persons.
Bridport ...	6877	83	1 house to 82 persons.
Dorchester ...	15510	172	1 house to 90 persons.
Wimborne ...	18260	180	1 house to 101 persons.
Sherborne ...	5052	40	1 house to 126 persons.
Beaminster ...	7719	52	1 house to 148 persons.
Blandford ...	7328	38	1 house to 192 persons.
Wareham ...	16740	84	1 house to 199 persons.

This table bears out previous reports on individual districts. It seems clear that rural housing conditions are much more advanced in Sturminster than elsewhere and that the Beaminster, Blandford and Wareham Rural Districts are the most backward. Housing in the Wareham Rural District has been the subject of a survey and report by the Ministry of Health direct, and it is hoped that some improvement will result in due course.

That the Blandford Rural District was probably very backward seemed obvious from the conditions found in the parish of Milborne St. Andrew, there being no reason to believe that one parish differs from another in this respect. The details of the defects in Milborne were reported as long ago as November, 1936, and at a recent date the building of the new houses proposed had not even been commenced. No doubt there are excellent reasons for the delay, but it does seem deplorable that a matter reported as urgent nearly two years ago could not be dealt with more expeditiously.

With regard to the Beaminster Rural District it was reported last year that a survey was required. This has since been carried out by Dr. Armit, newly appointed in November, 1937, as Medical Officer of Health for the district. As a result of his preliminary survey no less than 105 houses were recommended for demolition and a further 120 houses in the district were reported to require fairly extensive repairs to render them fit for human habitation.

Bridport Rural District. In the Bridport Rural District there would appear to have been housing activities of considerable extent, but unfortunately in view of a special report submitted in January, 1938, by the Medical Officer of Health to the District Council and to the Ministry of Health, the sanitary administration in this district seems very defective. It is not so very long since it was reported that this district was actually without a sanitary inspector for about a year, and as the matter is of considerable importance the special report is quoted in full as follows :—

" It is less than three months, since I took over the duties of Medical Officer of Health and, during that period, I must point out to you that I am not satisfied with the manner in which the Sanitary Administration is carried out. There are certain statutory duties imposed on a Sanitary Inspector, among these being the keeping of certain Records dealing with such matters as Nuisances, Housing, Milk and Dairies, Factories and Workshops, Notices, and several others. When I have requested your Sanitary Inspector to produce these Records for my inspection, and when I asked him to undertake certain duties in connection with water sampling, inspection of cowsheds, and to accompany me on an inspection of certain parts of your District, he informed me, that no records were kept, that he was too busy with the duties as a Surveyor, that practically the whole of his time is taken up performing the latter work, that he performs very little of the work as a Sanitary Inspector, that he has no office accommodation, and that he has no assistance. He also informs me that he does a certain amount of work as a Surveyor outside his Council work.

I understand that a contribution is made from the Dorset County Council towards the salary of your Sanitary Inspector.

As the efficient Sanitary Administration of an area depends largely upon the work of the Sanitary Inspector, and as modern legislation has tremendously increased the duties to be done by that Official, it follows that where the latter has not the time to perform his work efficiently the whole of the Sanitary Administration of that area must in consequence suffer and thus be unsatisfactory.

Therefore I must advise you to appoint a Sanitary Inspector whose whole time will be fully occupied in performing the duties imposed on a Sanitary Inspector."

It would appear that the regulations made under sub-section 1 of section 108 of the Local Government Act, 1933, are not being complied with and that in consequence the County Council has no authority to pay one-half of the salary of the Sanitary Inspector of this district. Contrary to Article 23 of these regulations, this Sanitary Inspector is reported to have been engaged in private practice, though restricted by the terms of his appointment from doing so, and further it is reported that he had failed to carry out those duties prescribed under Article 27 of the regulations.

In the absence of any records it is apparent that all reports as to the number of visits and sanitary inspections made in this district can only be accepted with reserve, and the question of the County Council paying one-half of this sanitary inspector's salary requires adjustment. It is further understood that the recommendation to appoint a sanitary inspector for whole-time employment in his work as such has not been accepted. On reporting to the County Council it was decided that no action be taken pending consideration of the matter by the Minister of Health.

Housing (Rural Workers) Acts, 1926-31.

This Act has been extensively advertised during the year both by means of posters and also by pamphlets setting out requirements. Further a bonus of £2 in respect of each dwelling completed under the scheme has been paid to District Sanitary Inspectors for their work under the Act.

As a result the total number of houses dealt with since the commencement of the Act and the total amount paid in grants has gone up by approximately 50% during the past year.

The relative activities in the various districts of the County can be seen at a glance on looking at a large scale map maintained in the office of the Architect responsible for administering the Act. Here again it will be found that the Wareham Rural District with 11 applications only since the Act was passed in 1926, is far behind any other District with the possible exception of the Blandford Rural District. The Beaminster Rural District on the other hand appears to have made good use of the Act.

The following is a summary of the applications dealt with to 31/3/38 :—

<i>Considered.</i>	<i>No. of Cases.</i>				<i>Total Grants or Loans authorised.</i>	<i>No. of dwellings.</i>
	<i>Approved.</i>	<i>Disapproved</i>	<i>Deferred.</i>	<i>Withdrawn.</i>		
		(a) Grants.				
258	225	23	—	10	£ 32829	
Not proceeded with by applicants after approval	16				1870	
Subsequently disapproved by Council ...	4				400	
	—	20			—	2270
	205				£30559	335
		(b) Loans.				
3*	1	2	—	—	£ 145	
Not proceeded with by applicants after approval	1				145	
	—				—	
	—	* Applications for Loans and Grants.			—	

MILK SUPPLIES.

Under Part IV of the Agriculture Act, 1937, on the 1st April, 1938, the whole of the veterinary duties previously in the hands of the County Council were taken over by the Ministry of Agriculture and Fisheries and the whole-time veterinary officers previously employed by the County Council were transferred to the staff of the Ministry.

Previously the veterinary officers had undertaken duties usually considered of a sanitary nature, including the inspection of buildings for the purpose of issuing tuberculin tested and accredited licences, and the taking of samples. It became necessary, therefore, to make alternative arrangements for these latter duties and the appointment of a County Sanitary Inspector was recommended.

This was not accepted, however, but instead an assistant in the County Architect's Department, who is also a qualified sanitary inspector, has since been appointed Inspector under the Milk (Special Designations) Order, 1936, and responsible for all inspection of farm premises and the taking of samples.

This officer had previously been responsible for the architectural work in connection with the Housing (Rural Workers) Acts, and it is apparently intended that this work should be combined with that of Milk and Dairies in a new department reporting direct to the Clerk of the County Council and in no way connected with the Department of the Medical Officer of Health.

It would appear, therefore, that the principle has been adopted that the production of tuberculin tested milk and accredited milk in this County is not concerned with public health and with this opinion I am inclined to agree. Everything seems to point from a public health point of view to compulsory pasteurisation as being the only solution of this question. On the other hand some may regret that public health control of all raw milk supplies should be so completely eliminated.

Milk (Special Designations) Order, 1936. The number of tuberculin tested and accredited licences in force on the 31st December, 1937, are shown in the following table, which also shows the number of licencees who were in possession of sterilizing plants as this may give some slight indication as to the standard that has been adopted in the past :—

<i>Licences.</i>		<i>With sterilizing Plant.</i>	<i>Without Sterilizing Plant.</i>	<i>Total.</i>
Tuberculin Tested	...	80	6	86
Accredited	...	262	63	325
Total		342	69	411

Pasteurising licences are issued by the sanitary authorities and in Circular 1533 of 24.4.36 the Minister of Health called the attention of sanitary authorities to the importance of efficient supervision of pasteurising plants, the necessity for frequent inspections to be made in future in order to ensure that the methods adopted are continuously satisfactory, and the fact that a test was now available for ascertaining whether milk had been efficiently pastuerised or not.

Returns from the districts show that there were 21 licensed pasteurising plants in the County at the end of the year, and that in those districts where plants exist a total of only eight samples were taken during the year for the purpose of the test, namely, Weymouth 4, Sturminster Newton Rural District 3, Sherborne Rural District 1.

It seems very doubtful, therefore, whether the supervision exercised by sanitary authorities is satisfactory, or whether they are aware of the grave responsibility that they accept as a result. With the bulking of milk supplies pasteurisation seems to be absolutely essential from a public health point of view, but it is obviously perfectly useless if it is not properly carried out.

Milk and Dairies Order, 1926. All responsibility of the County Council for the routine veterinary inspection of cattle under this Order has now been rescinded and the veterinary duties as under the foregoing Order are carried out by the Ministry of Agriculture and Fisheries. The remaining duties under this Order are carried out by the sanitary authorities and a perusal of Table VI. on page 42, may give some indication of the work carried out.

Milk and Dairies (Consolidation) Act, 1915. The following are the results of samples taken during the year by Medical Officers in the course of their duties :—

No. of local samples taken	...	...	...	...	87
No. of local samples found to be tuberculous	...	...	...	...	6
No. of tuberculous samples reported from London	...	...	...	...	4
No. of cases in which the infection was traced	...	...	...	...	7
No. of cases in which the infection was not traced	...	...	...	...	3

These samples are now largely confined to approved milk drunk by school children in addition to milk consumed in the various towns. The samples are often of accredited milk and may be of tuberculin tested or pasteurised milk and any conclusions that may be drawn therefore from the numbers found to be tuberculous are possibly misleading. The numbers are too small for any general conclusion to be drawn.

ADMINISTRATION OF THE SALE OF FOOD AND DRUGS ADULTERATION ACT, 1928.

The duties in connection with this and similar Acts were transferred from the Police to the Weights and Measures Department on 1st April, 1937, and reports are now made to the General Purposes Committee of the County Council.

The following is the County Analyst's report for the year ending 31st December, 1937 :—

During this period 511 samples were submitted under the Sale of Food and Drugs (Adulteration) Act, 1928. The details of these samples are as follows :—

Formal :—

Foods :—

Arrowroot	1	Egg Powder	1	Oatmeal	1
Baking Powder	1	Flour, plain	1	Ovaltine	1
Barley, Pearl	1	Flour, self-raising	1	Peas, tinned	1
Beer	2	Fish paste	1	Pickles	2
Brandy	3	Fish, tinned	1	Pickles, mixed	1
Brawn	2	Fish, salmon, tinned	1	Rice	1
Bread	1	Gin	2	Rum	5
Blanc Mange Powder	1	Ginger, ground	4	Sago	1
Butter	3	Ham	1	Sausages	2
Cake	1	Honey	1	Sausages, preserved	2
Cake, Cream	1	Jam	1	Sausages, breakfast	1
Cake, Sponge	1	Jelly	1	Spice, mixed	1
Cheese	1	Lard	2	Sponge mixture	1
Chocolate	1	Lemon Cheese	1	Stout	2
Cocoa	1	Margarine	2	Suet, shredded	1
Coffee and Chicory	1	Marmalade	1	Sugar, Demerara	1
Cornflour	1	Meat Pie	2	Sugar, white	1
Cream	4	Meat paste	1	Tapioca	1
Cream, tinned	2	Milk, condensed	5	Tea	1
Cream, Ice	1	Milk, dried	3	Vinegar	1
Custard Powder	2	Milk	222	Vinegar, Malt	2
Curry Powder	1	Mustard, compound	1	Whisky	7
Dripping	1	Meat, Corned beef	1		
Total	328				

Drugs :—

Balsam of Aniseed, Comp.	1	Glycerine	1	Oil of Eucalyptus	1
Camphorated Oil	1	Iodine, tincture of	1	Olive Oil	1
Epsom Salts	1	Lozenges, medicated	1	Pills	1
Total	9				

Informal :—

Foods :—

Almonds, ground	2	Flour, plain	1	Nutmeg powder	1
Almond essence	1	Flour, self-raising	3	Oatmeal	2
Baking powder	1	Fish paste	3	Peas, tinned	1
Beer	1	Fish, tinned	1	Peas, dried	1
Beer, canned	1	Fruit, dried mixed	1	Pickles	2
Barley, Pearl	3	Fish, fried	1	Pepper, white	3
Brawn	2	Fruit, dried	1	Rice	1
Biscuits, chocolate	1	Fruit, tinned	4	Rice, ground	2
Blanc Mange Powder	1	Fish, salmon, tinned	2	Rum	2
Butter	6	Honey	2	Sago	1
Cake	1	Jam	2	Sausages	9
Cheese	3	Jelly	1	Sausages, preserved	1
Cocoa	2	Lard	2	Suet, shredded	2
Cornflour	3	Lemonade powder	2	Sugar, Demerara	1
Cream	1	Lemon Squash	1	Sugar, white	2
Cream, tinned	1	Margarine	3	Sweets	4
Coffee, ground	2	Marmalade	1	Soup powder	1
Custard powder	1	Meat pie	3	Tapioca	5
Cream, clotted	1	Meat paste	1	Tea	5
Cheese, cheddar	2	Meat pudding, tinned	1	Vinegar, Malt	5
Chocolate cake	2	Milk, condensed	4	Whisky	1
Chocolate roll	4	Milk	4		
Dripping	2	Meat, corned beef	2		
Total	142				

Drugs.

Ammoniated Tincture of Quinine ...	2	Epsom Salts ...	1	Olive Oil ...	3
Boracic Ointment ...	1	Glycerine ...	2	Paragoric ...	1
Camphorated Oil ...	4	Glaubers Salts ...	1	Rhubarb Powder ...	1
Castor Oil ...	3	Gregory Powder ...	1	Sedlitz powder ...	1
Castor Oil Pills ...	1	Iodine, tincture, phenolated ...	1	Sulphur, Flowers of ...	1
Cinnamon Powder ...	1	Iodine, Tincture of ...	3	Tenzpirin ...	1
		Liquorice ...	2	Zinc Ointment ...	1
<i>Total</i> ...	32				
		Total Formal Samples ...	337		
		Total Informal Samples ...	174		
		<i>Total of all Samples</i> ...	511		

Of all the samples examined 19 formal were adulterated and 3 informal. This represents a percentage adulteration of 5.6 of the formal samples and 1.7 of the informal.

Of the 222 formal milk samples 207 were genuine and of good quality and 15 were adulterated. The average composition of the samples of genuine milk was Fat 3.79 per cent. and Non-Fatty solids 8.83 per cent., which is very satisfactory and compares very favourably with the figures given in my previous report.

Eleven of the adulterated samples of milk were deficient in fat to the extent of 16, 13, 10, 7, 7, 6, 6, 5, 5, 4, and 2 per cent. respectively, and four contained added water to the extent of 18.1, 10, 10 and 4 per cent. respectively.

The percentage of milk samples adulterated during the year was 6.7, which shows a very satisfactory decrease when compared with the figure of 10.6 as given in my report for the year 1936.

The corresponding figure for the year 1935 was 25.7 so that it will be noticed that a very satisfactory and steady decline has been made in the number of adulterated milk samples during the past 3 years.

The freezing point test has been applied to all the samples of the milk to which water has been added and in one case 10 per cent. of added water was found, while the Non-fatty solids of the sample amounted to 8.5 per cent. The added water was calculated from the Freezing Point of this sample which was—0.471 degrees C., whereas the freezing point of the appeal to the cow sample was —0.530 degrees C., which is the figure given by a genuine milk.

Three of the samples of sausages examined, and in which no preservative was declared were found to contain 179.2, 166 and 230.4 parts per million of Sulphur Dioxide. Two of these were formal samples and one informal. All the other samples of sausage were genuine.

Of the samples of Vinegar examined, two submitted as Malt Vinegar were found to consist of 100 per cent. of artificial vinegar. In this case one of the samples was formal and the other informal. The remaining samples of vinegar were genuine and complied with the designation under which they were sold.

The other two adulterated samples consisted of Tincture of Iodine, formal and informal. Both these samples were deficient in Iodine. The former to the extent of 2.1 per cent. W/V. and the latter 4.5 per cent. W/V. Two other informal samples of Tincture of Iodine were found to be genuine and of good quality.

Four samples of Chocolate Roll and the samples of Chocolate Cake were examined and found to be genuine. In every case the quantity of Theobromine extracted corresponded to a cocoa content of over 4 per cent.

Nine samples of Butter were genuine and of good quality, they did not contain any excess of water and were free from the addition of preservatives.

Six samples of cream and three samples of tinned cream were examined and found to be genuine. The fat content was satisfactory and all the samples were free from the addition of preservatives and thickening agents.

A sample of Cream Ice was submitted for examination and found to contain only 4.38 per cent. of Fat. This was reported as of poor quality and not adulterated owing to the lack of a definite standard.

Twenty samples of spirits were examined during the year, consisting of eight samples of Whisky, seven samples of Rum, three samples of Brandy, and two samples of Gin. In every case they were found to be of good quality and contained more than the legal amount of proof spirit.

Nine samples of condensed milk were examined and found to be genuine, and where the samples had been submitted in the original tin they complied with the statements contained on the labels.

Fifteen other samples of tinned goods were examined, consisting of five samples of tinned fish, four samples of tinned fruit, three samples of tinned meat, two samples of tinned peas and one tinned meat pudding. In all cases the food was in good condition and free from contamination with tin or lead.

Six samples of tea were found to be genuine. They all yielded a good percentage of extract and were free from the addition of exhausted and foreign leaves.

Thirty-seven samples of drugs, other than Tincture of Iodine, were examined. The majority of these were articles included in the British Pharmacopoeia and complied with the standards laid down. In other cases the samples were found to be genuine and free from adulterants.

All the other samples examined during the year were found to be genuine.

SAMPLES TAKEN IN SEPARATE DISTRICTS, AND RESULTS :—

Boroughs.

BLANDFORD.	Barley (Pearl), Brawn, Chocolate Cake, Coffee, Corned Beef, Cream, Cornflour, Camphorated Oil, Dried Milk, Fish, Lard, Margarine, Milk (5), Meat Pie, Nutmeg (Powdered), Pork Pie, Steak and Kidney Pudding, Sugar, Sponge Mixture, Tenspirin, Tinned Cream. <i>Adulterated Samples</i> :—Two milk. One case dismissed, the other—Vendor cautioned.
BRIDPORT.	Balsam of Aniseed, Baking Powder, Cake, Castor Oil Pills, Cheese (Cheddar), Chocolate Cake, Cream (3), Lemonade Powder, Liquorice (Compound Powder of), Milk (17), Olive Oil, Peas (Tinned), Paregoric, Potted Meat, Pickles, Rum, Suet (Shredded), Whisky. <i>Adulterated Samples</i> :—One milk. Vendor cautioned.
DORCHESTER.	Almond Essence, Barley (Pearl), Beer (2), Butter (2), Camphorated Oil, Castor Oil, Cream, Custard Powder, Dripping, Fish Paste, Gin, Gregory's Powder, Glycerine (2), Ham, Iodine (Tincture of) (3), Jelly, Lard, Milk (17), Oatmeal, Rice (Ground), Rum, Sausages (2), Sago, Tapioca, Tea, Tinned Cream, Vinegar (Malt), Whisky, Zinc Ointment. <i>Adulterated Samples</i> :—Two Tincture of Iodine. Seller cautioned.
LYME REGIS.	Chocolate Roll, Fish Paste, Flour, Milk (6), Pork Pie, Sausages.
SHAFTESBURY.	Brawn, Cheese, Chocolate Roll, Milk (7), Quinine (Amm. Tincture of).
WAREHAM.	Blancmange Powder, Cheese, Coffee, Milk (4), Milk (Dried), Egg Powder, Pepper, Sausages (4), Sugar, Tea. <i>Adulterated Samples</i> :—One milk ; three sausages. Sellers cautioned.

Urban Districts :—

PORTLAND.	Almonds (Ground), Brandy, Brawn, Castor Oil, Cheese (Cheddar), Cinnamon, Dried Milk, Flour (Self-Raising) (2), Gin, Glycerine, Ground Ginger, Milk (22), Olive Oil, Rhubarb Powder, Rum, Sausages, Seidlitz Powder. <i>Adulterated Sample</i> :—One milk. Seller cautioned.
SHERBORNE.	Arrowroot, Baking Powder, Butter, Bread, Cheese (Cheddar), Chocolate Roll (2), Cream Ice, Epsom Salts, Fish Paste, Meat Pie, Milk (11), Milk (Condensed), Milk (Skimmed), Pepper, Sardines, Sausages (2), Sweets, Whisky (2). <i>Adulterated Sample</i> :—One milk. Vendor cautioned.
SWANAGE.	Butter, Breakfast Sausage, Brawn, Cheese, Cornflour (2), Cream Cakes, Chocolate, Condensed Milk, Cheap Cake, Glauber's Salt, Gin, Liquorice (Compound Powder of), Margarine, Marmalade, Milk (11), Oatmeal, Pepper, Peas (Tinned), Rice, Quinine (Amm. Tincture of). <i>Adulterated Sample</i> :—One milk. Vendor prosecuted, fined £2 and £1 1s. 0d. costs.
WIMBORNE.	Flour (Self-Raising), Cream, Honey, Jam, Meat Paste, Milk (9), Rum.

Rural Districts :—

BEAMINSTER.	Camphorated Oil, Cocoa, Iodine (Tincture of), Milk (7), Medicated Lozenges, Marmalade, Margarine, Potted Fish, Tea, Sugar.
BLANDFORD.	Butter, Chocolate Biscuits, Flour, Grape Fruit (Tinned), Milk (7), Margarine, Ovaltine, Pickles, Vinegar (Malt).
BRIDPORT.	Barley (Pearl), Camphorated Oil, Curry Powder, Epsom Salts, Herrings (in Tomato Sauce), Iodine (Tincture of), Milk (4), Pork Pie, Pills, Spice (Mixed), Stout, Salmon (Tinned) (2), Sugar (Brown), Sweets (2).
DORCHESTER.	Almonds (Ground), Beer, Brandy, Corned Beef, Cocoa, Coffee, Honey, Lemonade Powder, Lemon Squash, Milk (27), Milk (Condensed), Olive Oil, Peas (Dried), Rice, Rum, Sweets, Shredded Suet, Tapioca (2), Tea, Vinegar (Malt). <i>Adulterated Samples</i> :—Three milk. One prosecution ; Seller fined £1 and £1 1s. 0d. costs.
SHAFTESBURY.	Butter, Corned Beef, Blancmange Powder, Dried Fruit, Dripping, Gin, Honey, Lemon Cheese, Milk (2), Milk (Condensed), Sausages, Sulphur (Flowers of), Tea, Whisky (2).
SHERBORNE.	Beer, Castor Oil, Jam, Milk (3), Milk (Condensed), Pickles (Mixed), Suet (Shredded), Whisky.
STURMINSTER.	Cornflour, Custard Powder, Dried Fruit, Eucalyptus (Oil of), Milk (15), Milk (Condensed), Mustard, Oatmeal, Pickles, Sausages, Tapioca. <i>Adulterated Sample</i> :—One milk. Case dismissed.
WAREHAM.	Custard Powder, Dripping, Gin, Margarine, Milk (14), Milk (Condensed), Milk (Condensed, unsweetened), Pickles, Plain Flour, Rice, Seidlitz Powder, Soup Powder, Whisky. <i>Adulterated Samples</i> :—Two milk.
WIMBORNE.	Barley (Pearl), Boracic Ointment, Butter (3), Brandy, Camphorated Oil, Cocoa, Cream, Fish Paste, Fruit (Tinned), Jam, Jelly, Lard (2), Milk (25), Olive Oil, Rice (2), Sago, Sardines, Sponge Cake, Stout, Salmon (Tinned), Sugar, Tapioca, Tea, Vinegar (Malt) (2). <i>Adulterated Samples</i> :—Two Vinegar. Seller prosecuted ; fined 1/-.

INFECTIOUS DISEASE.

Taken on the whole the year has been a very favourable one so far as the incidence of infectious diseases is concerned.

Dysentery. Although only 64 cases were notified a wave of enteritis apparently passed through the county during the autumn and it seems not unlikely that the condition may in reality have been due to the Sonne bacillus. Of the cases notified, 51 occurred at the Mental Hospital in November and December and were recognised to be due to this cause.

An isolated outbreak as a result of infection from ice-cream also occurred in the Beaminster Rural District and adjoining districts of Somerset, in June. A total of 118 primary cases occurred in all and the outbreak was the subject of a special report to the Ministry of Health.

Enteric. A total of 9 cases were notified during the year.

Scarlet Fever. This continues to be extremely prevalent in Weymouth, where 119 cases were notified and in Shaftesbury, where 27 cases were notified. In Poole with a population more than twice that of Weymouth there were only 55 cases.

Diphtheria. Here the incidence also continues to be greatest in the Weymouth District, where 42 cases were notified out of a total of only 88 for the County as a whole. In Poole there were only 10 cases, and there it is hoped that that result of immunisation carried out in past years is now being felt. A small measure of immunisation has been continued during the year at Dorchester, Wareham, Weymouth and Wimborne.

Food Poisoning. An extensive outbreak of food poisoning occurred in Blandford during August. In all 39 people were taken ill and there were several cases of severe and prolonged illness with two deaths. Unfortunately the cause was never definitely ascertained, though it seemed reasonably clear that it must have been due to bacterial toxins contained in a tin of corned-beef. A special report on the outbreak was submitted to the Minister of Health.

Hospital Accommodation for Infectious Disease.

There is no change in the actual accommodation as reported upon last year. The fact that the County Scheme is, however, defective has received consideration with the result that the Councils of the five districts in the north of the County are reported to be unanimous in their desire to form a Joint Hospital Board and make such use of the hospitals at Sherborne and Shaftesbury as the Joint Board may decide.

This seems to be the only feasible proposition for these districts but has the effect of leaving the two Blandford Districts, with the isolation hospital owned by the Blandford Rural District, out in the cold. What would appear to be the obvious solution for these two districts would be to contract with the Poole Borough Council for beds at the proposed new hospital at Poole, but the alternative proposal has arisen that instead of contracting with Poole they should join with the two Wimborne Districts and possibly form a Joint Hospital Board and build a new or reconstruct the existing hospital at Blandford.

The two Wimborne Districts are required under the County Scheme to contract with Poole and any defection on their part would re-act adversely not only on Poole but also on the Wareham and Swanage Districts which are also required to contract with Poole.

The two main considerations would appear to be finance and what would be of the greatest benefit to the patient. With regard to the former it seems clear that one hospital must cost less than two and an additional hospital at Blandford could only be an unnecessary source of expense. In considering the actual cost of contracting with Poole too much stress cannot be laid upon the fact that these terms must be mutually acceptable, and that failing this the matter goes to arbitration when as a result presumably fair and equitable terms would be obtained.

With regard to the second consideration it should be realised that the very term "isolation hospital" is out-of-date and reminiscent of last century when isolation of the cases was considered necessary for the protection of the community. To-day it is realised that this policy has probably failed and that little or no reduction of infectious diseases has been obtained by this method.

On the contrary methods of treatment have improved by leaps and bounds and the primary consideration to-day is admission to hospital in order to enable proper treatment to be carried out. This implies possession of both adequate equipment and staff, and broadly speaking the efficiency of a hospital in this respect might be considered roughly as in direct proportion to its size. A hospital of sufficient size to employ a resident medical officer is required if possible.

Further it is known to-day that there is a general shortage of nurses throughout the country and to small hospitals this is a perpetual source of anxiety. In the case of a hospital large enough to be a training institution for nurses no such anxiety need be felt.

The possibility of the two Blandford Districts contracting with Poole should, therefore, be welcomed as providing not only better facilities for the treatment of patients from these districts than could be provided in a small hospital of their own, but also at a smaller cost. The distance of about 15 miles between Blandford and Poole should be considered negligible with modern motor transport. If Bournemouth and Christchurch could be induced to join in the scheme as well it is possible that the greatest measure of both efficiency and economy might be obtained.

VENEREAL DISEASES.

The hopes expressed last year that it might be possible to establish a clinic at Weymouth by the end of 1937 have not been fulfilled. This has been due to considerable structural alterations being undertaken at the Weymouth Public Assistance Institution now renamed "Portway House." In consequence it was found necessary to use the Board Room as an emergency ward, but when this ceases to be necessary the adaptation of this building for the purposes of the clinic will be put in hand at once.

As already reported, a Venereal Diseases Officer has been appointed who is also the Medical Officer of the Institution and following a Ministry of Health inquiry the Board Room premises have been appropriated for public health purposes.

With regard to Poole a statement is being awaited as to the cost of erecting a clinic in the grounds of the Cornelia Hospital, and it is hoped that this will not now be unduly delayed.

A scheme that was put forward originally after long consideration, came to nothing as a result of an unexpected donation to the hospital for the immediate building of a new out-patient department. The position of this new department has unfortunately obviated any possibility of it being used as an entrance to a venereal disease clinic.

The Dorset Branch of the British Social Hygiene Council carried out a very successful campaign in February, 1938, in the Weymouth, Poole and Dorchester areas. A total of 15 meetings were held in addition to 5 parents' conferences and the attendances were excellent. Lecturers included Dr. E. J. Gordon Wallace, M.O.H., Weymouth, Dr. J. D. Dear, M.O.H., Portland, Dr. R. J. Maule Horne, M.O.H., Poole, and Captain F. Butler, M.C., of the British Social Hygiene Council.

The number of new cases treated during the year is shown in the table below :—

TREATMENT CENTRE.	Dorchester (Civil Cases)	Bournemouth.	Yeovil.	Salisbury.	Dorchester (Port Cases).	TOTAL.
Number of persons dealt with during the year at or in connection with the <i>Out-patient Clinic for the first time</i> and found to be suffering from :—						
Syphilis	15	22	—	—	1	38
Soft Chancre	1	2	—	—	—	3
Gonorrhoea	34	52	2	2	1	91
Conditions other than Venereal	26	43	1	—	—	70
TOTAL ...	76	119	3	2	2	202
Total number of attendances at the Out-patient Clinic of all patients residing in the County ...	1065	*3936	107	155	—	5263
Aggregate number of "In-patients days" of all patients residing in the County ...	99	545	—	12	182	838
Number of doses of Arsenobenzene compounds supplied to Private Practitioners ...	—	—	—	—	—	131

*Includes attendances at Irrigation Clinic.

Table showing number of persons dealt with for the first time during the past 10 years :—

Year	...	...	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
New Cases	...	...	186	165	177	181	220	180	244	161	168	202

Bournemouth Clinic. As will be seen the majority of Dorset cases are treated at the Bournemouth Clinic and the Medical Officer, Dr. R. Vaughan Facey, makes the following report :—

“ Male Irrigations.

Many patients live at some considerable distance from the hospital or their hours of work prevent them from attending for irrigations. It has been found in practice that such patients carry out their treatment more regularly and make better progress when, after thorough instruction at the Clinic, they are supplied with an apparatus for irrigation at home. The need for asepsis and attention to other details of technique is carefully impressed upon them both verbally and in writing.

Approximately 70% of all male gonorrhoea cases carry out their irrigation at home. The figures supplied in the Return thus only comprise some 30% or less of the total male irrigations that are carried out. At present there is no attendant on duty all day in the irrigation room although the Borough Health Committee have under consideration the question of appointing one. Meanwhile two trained assistants are on duty to instruct patients during Clinic hours and are available on request daily from 9 a.m. to 6 p.m., while they are at work in the laboratory. The record of the number of male irrigations is kept by means of a slate on which the patients write their numbers.

Sulphonilamide.

During the last few months treatment of all cases of gonorrhoea with Prontosil tablets has been the routine. It has been found necessary to continue the local treatment as heretofore, but the Prontosil is proving a most valuable adjunct.

Cessation of attendance prior to completion of treatment.

Every effort has been made to reduce the number of patients in this category, but the number remains much higher than could be wished. In view of this fact and for other reasons the assistance of a social worker is deemed to be urgently needed. Application has been made for such assistance but the Borough Health Committee have so far failed to agree to such an appointment.

Bournemouth being a health resort it is thought probable that many patients included in this item actually seek further treatment at other Clinics on their return home. Although urged to ask for a transfer card patients often fail to do so.”

Opthalmia Neonatorum.

The number of cases notified and treated during the year are shown in the table below :—

	Notified	Treated.		Vision unimpaired	Vision impaired	Total Blindness	Deaths	Under Treatment 3 /12/37.
		At Home	In Hospital					
Poole Borough ...	2	—	2	2	—	—	—	—
Weymouth Borough	5	4	1	4	—	—	—	1
County Area ...	8	7	1	8	—	—	—	—
	15	11	4	14	—	—	—	1

These cases are now notified direct to the Medical Officer of Health of the Maternity and Child Welfare authority as being the authority responsible for providing treatment and the principle might well be extended to the notification of Puerperal Pyrexia and of Tuberculosis.

In the County Area it will be seen that there were 8 cases one of whom with its mother was admitted to the Weymouth Eye Infirmary.

BLIND PERSONS ACT, 1920.

There has been no change in the method of dealing with applications for admission to the Register and this seems to be working smoothly.

The following table shows the number of cases dealt with :—

Total No. of cases approved for admission to the Blind Register during 1937—53.						
Certified by County Medical Staff...	...	...	...	...	...	29
Certified by Ophthalmic Surgeons	...	...	...	...	...	23
Registered in other Counties and moved to Dorset during year	...	...	...	...	...	1
						53

Consideration has been given to the possibility of adopting a scheme for the prevention of blindness on the lines of the model scheme recently issued. This would involve the notification of all cases likely to become blind but it is doubtful whether this would lead to any increased efficiency in the treatment of individual cases. The matter has been referred to the Voluntary Association for consideration and nothing has yet been decided upon.

CANCER.

The facilities made available for the radium treatment of cancer at the Royal South Hants and Southampton Hospital were described in my report last year. These facilities continue to be much appreciated and fulfil a want that the County is unable to provide locally.

With a view to establishing personal consultation between local medical practitioners and a specialist in the use of radium a clinic was established at the County Hospital and since May, 1937, has been attended monthly by the Radium Officer on the second Wednesday of every month. Patients are requested to bring with them letters from their doctors giving particulars of their cases when the doctors themselves are unable to attend.

The following are the numbers dealt with during the year :—

Attendances at clinic	...	...	...	...	...	123
Admissions to Royal South Hants and Southampton Hospital	...	...	...	...	...	34
Re-admissions to Royal South Hants and Southampton Hospital	...	...	...	...	...	5

In reporting on the results of treatment the following terms are used :—

Improved—has derived benefit from treatment which however may be only palliative.

Fair prognosis—has done reasonably well but there is reason to suppose that the tumour *may* progress or recur.

Controlled—no evidence of tumour for the time being and no reason to suppose that it will recur, except that even in the most promising cases it may possibly do so.

The results of treatment in the 34 cases admitted last year are reported as follows :—

Died	...	...	...	7	Fair prognosis	...	...	7
Improved	...	...	...	10	Controlled	...	...	10

The results of treatment in the case of 18 patients admitted during 1936 are now stated to be as follows :—

Died	...	...	...	5	Fair prognosis	...	...	3
Improved	...	...	...	2	Controlled	...	...	7
Lost sight of	...	...	...	1				

As in the case of Tuberculosis it cannot be too strongly urged that early medical advice should be sought on the first appearance of any tumour. The prognosis in those cases seen at a reasonably early stage is usually favourable.

TUBERCULOSIS.

No change has occurred in the general arrangements under this scheme that have been previously reported.

Arrangements have been satisfactorily concluded with the Bournemouth County Borough for accommodation for Dorset patients at the new Sanatorium-Hospital to be built at Linford.

The management of this institution will be in the hands of an ad-hoc committee to which members of the Dorset County Council may be co-opted and further specific agreement has been reached whereby the closest possible co-operation between the Tuberculosis Officer for Dorset and the Medical Superintendent of the Sanatorium with regard to the treatment of Dorset patients will be insured.

The agreement is a good example of the co-operation between neighbouring authorities which could and should be obtained in Public Health matters which are not defined by county or other boundaries. It seems highly desirable that somewhat similar co-operation should be aimed at in connection with the hospital treatment for infectious diseases.

The Tuberculosis Sub-Committee exercised its right during the year to co-opt as members of the Committee individuals who are not members of the County Council. By this means it is hoped to maintain additional interest in the two institutions, Beckford Lodge and the Dorset County Home, and thanks are due to the co-opted members for their services.

The general shortage of nurses has been keenly felt and in the case of small Hospitals causes considerable anxiety. At Beckford Lodge a male nursing orderly was appointed early in the year and if the shortage of nurses continues this appears to be a partial solution.

It was with regret that Dr. Blackley's resignation was received during the year on his decision to retire from private practice. He had been the Visiting Medical Superintendent of Beckford Lodge since the date of its opening in 1919. Similarly at the Dorset County Home the Matron, Miss Griggs, retired after serving in that capacity since the opening of the Home in 1920.

During the year a vacancy as Hon. Physician occurred on the staff of the Dorset County Hospital, at Dorchester, and Dr. Clark obtained permission to apply for the appointment which would in no way have interfered with his own work and rather might have facilitated it by leading to more personal consultations with general practitioners. Further it seemed that in view of his qualifications no more suitable appointment could have been made. He was not appointed, however, but on a further vacancy occurring as Hon. Pathologist to the Hospital, he received this appointment instead. The facilities at the hospital for pathology are, however, very small.

Apparently in the view of some members of the Medical Staff these appointments are the preserve of private practitioners. There is no substance, however, in such an assumption and it seems almost certain that practitioners not on the staff of the hospital would be more willing to send difficult cases for consultation to a physician in whom they had confidence, and who was not in competition with them in private practice rather than to any one whose competition might be feared. The interests of the patient are it is hoped the sole consideration in such appointments.

The numerous other diagnoses made as shown on page 28, illustrate the fact that a Tuberculosis Officer is not now merely expected to say whether a patient is tuberculous or not and if so the exact stage and place of the lesion and how it should be treated, but also to state from what a patient is actually suffering from if not tuberculosis. In effect the status and qualifications of a Clinical Tuberculosis Officer should be that of a Consulting Physician. They are not always available.

The question of the notification of cases of tuberculosis at a stage in the disease too late for satisfactory treatment has received considerable attention during the year. At the instance of the County Insurance Committee, Dr. Clark and myself attended a meeting of the Dorset Local Medical and Panel Committee and fully explained the position. Since that date I have myself recently been invited to become a member of that Committee and it is hoped that this will facilitate the co-operation that is desired in all matters appertaining to the health services of the County in which practitioners, hospital staffs and medical officers are all involved irrespective of whether they are paid by salary or by fee.

For the first time on record the number of deaths from pulmonary tuberculosis in the County has been reduced to two figures and with normal progress in staff and equipment being maintained the future seems brighter than for some time past. If poverty and bad housing conditions could in addition be eliminated the end of this condition might be in sight.

The following report has been compiled by Dr. Clark, and a short report by Dr. Morgan on his work at the Dorset County Home has also been included :—

" Incidence and Mortality.

During the year 1937 the total number of deaths from all forms of Tuberculosis was 116, of which 89 were from Pulmonary Tuberculosis and 27 from other forms.

The death-rate for Pulmonary Tuberculosis for the year is 356 per million living and the non-pulmonary rate is 108 per million.

The following table shows that the number of deaths from Pulmonary Tuberculosis has declined to the lowest level yet recorded : whilst the deaths from the non-pulmonary forms show an increase.

Deaths.

Year	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Pulmonary	214	204	166	142	174	168	152	139	144	143	133	133	159	146	125	107	101	123	106	89
Non-pulmonary	46	47	49	39	42	45	45	30	31	29	34	30	44	38	36	36	33	15	16	27
All forms	260	251	215	181	216	213	197	169	175	172	167	163	203	184	161	143	134	138	122	116

The number of Primary Notifications, too, are still declining as the following table shows :—

Notifications.

Year	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Pulmonary	358	275	326	402	289	274	292	260	249	238	207	242	240	220	236	192	185	195	165	146
Non-pulmonary	66	49	43	66	52	56	88	82	78	80	93	78	90	95	73	89	79	60	77	78
All forms	424	324	369	468	341	330	380	342	327	318	300	320	330	315	309	281	264	255	242	224

Of the primary notifications in 1937 pulmonary tuberculosis accounted for 146 and non-pulmonary 78.

It should be mentioned that the steady decline in primary notifications during the past four years is considered to be due in fair measure to the greater facilities now available for enabling a diagnosis to be confirmed or denied.

The following is an analysis of the 78 cases of non-pulmonary tuberculosis notified during the year.

Spine	...	9	Glands	...	29
Bones and joints	...	11	Brain	...	2
Peritoneum	...	17	Skin	...	1
Kidneys	...	6	Caecum	...	2
Fallopian Tubes	...	1			
					78

Of the 224 cases notified the Tuberculosis Officer examined a total of 162 patients, thus leaving 62 not seen by him.

The following table shows how these numbers are made up.

	Pulmonary.	Non-pulmonary.
Cases examined	118	44
„ not seen	11	24
„ died soon after notification	10	10
„ notified from mental institutions	7	—
	146	78

Of the 35 cases shown as not having been seen it was found either that the patients left the County soon after notification (6 pulmonary cases) or preferred to be treated privately (5 pulmonary cases) whilst in the non-pulmonary forms 24 had had surgical treatment (removal of glands in neck) or preferred to be treated privately.

Seventeen cases were not notified before death and in response to a routine enquiry sent out in these instances the following replies were received :—

Circumstances of non-notification of fatal cases.

	<i>Pulmonary</i>	<i>Non-Pulmonary</i>	<i>Total</i>
Doctor only in attendance shortly before death ...	1	1	2
Complicated case, presenting difficulty in diagnosis ...	3	3	6
Attended by more than one doctor, and notification believed to have been made by the first practitioner	4	2	6
Notified after death	2	1	3
TOTAL ...	10	7	17

Notification Register.

As was reported last year the revision of the register was completed and for the first time the register is a truly "live" one.

Analysis of the register at the end of 1937 shows that there was a total of 921 cases of all forms of Tuberculosis made up as follows :—

Number of cases of Tuberculosis remaining at the 31st December, 1937, on the Registers of Notifications kept by District Medical Officers of Health in the County ...	<i>Pulmonary.</i>			<i>Non-pulmonary.</i>			<i>Total</i>
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>	
	356	289	645	122	154	276	921

Applications.

The total number of new applications during the year was 304. Of the 224 primary notifications, 147 applied for treatment. The number of persons examined at the Dispensaries was 437 ; the number treated at the Sanatoria 133 ; and the number treated at Hospitals as surgical cases was 61.

Of the cases examined during the year as shewn in Table IV 105 were found to be suffering from Pulmonary and 38 from non-pulmonary Tuberculosis. The following is a table of the diagnoses arrived at in the patients who were found not to be suffering from Tuberculosis :—

Bronchitis (acute, chronic with Emphysema)	56	Pyelitis	1
Asthma	9	Enteritis	6
Bronchiectasis	12	Subacute Appendicitis	2
Arrested Pulmonary Tuberculosis ...	25	Hodgkins Disease	1
Pneumonia (acute, unresolved Broncho Pneumonia)	16	Mental Defective	1
Morbus Cordis	10	Old Gun Shot wound, chest ...	1
Paroxysmal Tachycardia	1	Healed renal Tuberculosis ...	1
Subacute Rheumatic Fever	1	Pertussis	3
Hyperpiesis	3	Rickets	1
Tonsillitis	5	Silicosis	2
Spontaneous Pneumothorax (Non-tuberculous)	1	Threadworms	2
Pregnancy	1	Ulcerative Colitis	3
Menorrhagia	1	Neoplasm	4
Endometrioma of Ovary	1	Non-tuberculous (not defined) ...	61
Graves Disease	1		
			232

Dispensary Attendances.

There were 1,445 attendances at the Dispensaries during the year, and in addition 693 attendances of out-patients at the Dorset County Home.

It is hoped to re-organise the dispensaries throughout the County in the near future as soon as the new clinic at Dorchester is completed.

The Dispensary at Sturminster Newton was closed at the end of December, and patients previously attending there are now either visited, call at Colliton House or at the Yeatman Hospital, Sherborne, where with the commendable co-operation of the governing body and staff a clinic is held once a month. This is an admirable arrangement and, although the numbers seen are at present small, it is working amicably.

It is intended that patients requiring refills and living in the West and North of the County will be dealt with in the new dispensary now being completed in Dorchester.

The cases in the East of the County will continue to be dealt with at the Poole Dispensary as heretofore, in conjunction with the Dorset County Home.

The following tables show the incidence of Tuberculosis *in the new cases* seen at or in connection with the dispensaries during the year as compared with the past two years.

Adults and Children.

Year.	Number Examined.	Found to be Tuberculous.						All Forms.
		Pulmonary.			Non-Pulmonary			
		M.	F.	Total.	M.	F.	Total.	
1935	335	79	74	153	21	27	48	201
1936	419	63	54	117	26	26	52	169
1937	376	58	34	92	17	21	38	130

Children only.

Year.	Number Examined.	Found to be Tuberculous.						All Forms.
		Pulmonary			Non-Pulmonary			
		M.	F.	Total.	M.	F.	Total.	
1935	79	3	3	6	12	17	29	35
1936	112	3	5	8	16	10	26	34
1937	92	1	—	1	8	7	15	16

Home Visits and Consultations.

The following table shows the number of patients visited and the consultations held :—

Year.	Home Visits by Tuberculosis Officer.	Personal Consultations.	Other Consultations.
1935	336	184	421
1936	507	189	636
1937	276	117	664

It will be seen that the number of home visits and consultations show a marked drop. It is necessary to point out that the greater numbers in the previous two years was due to the fact that the register was in the process of revision.

It should be reiterated, however, that it is hoped practitioners will call in the aid of the Tuberculosis Officer earlier and in all doubtful cases as only by so doing, can we hope to obtain a larger and increasing number of patients in earlier stages of the disease. Whatever the reason may be it is sad to reflect that far too many cases still come to our notice in an advanced stage, as shown in the table below of cases diagnosed as suffering from Pulmonary Tuberculosis :—

<i>Pulmonary.</i>				<i>Non-pulmonary.</i>			
T.B. Minus	...	...	51	Bones and joints	...	...	16
T.B. Plus Group 1	...	...	25	Abdominal	...	...	6
T.B. Plus Group 2	...	...	41	Other Organs	...	...	7
T.B. Plus Group 3	...	...	18	Peripheral Glands	...	...	14
<hr/>				<hr/>			
135				43			
<hr/>				<hr/>			

The discrepancy between the total number here indicated and the total number of primary notified cases seen (162) is accounted for by transfers from other Counties and by the restoration of others to the register.

Examinations of Contacts.

The number of persons examined in contact with cases of open tuberculosis was 233. Of these, 22 were found to be suffering from Tuberculosis. The following table shows the incidence in this important group during the past three years :—

1935.				<i>Males.</i>	<i>Females.</i>	<i>Children.</i>	<i>Total.</i>
Examined	...	...	...	54	81	70	205
Found to be tuberculous	...	...	...	—	4	2	6
1936.							
Examined	...	...	...	73	98	121	292
Found to be Tuberculous	...	...	...	5	11	1	17
1937.							
Examined	...	...	...	48	94	91	233
Found to be Tuberculous	...	...	...	2	14	6	22

Mantoux Test.

This has been widely utilised in the case of children who have been seen *de novo* or as contacts. The total number of children tested during the year was 68.

Artificial Pneumothorax.

All patients treated by this method have continued treatment as out-patients at the Dorset County Home. The number attending during the year increased from 25 to 35. Of the increase in numbers 5 were male patients discharged from the Royal National Sanatorium, Bournemouth, to which a total of 36 patients were admitted in the course of the year.

One patient in whom induction failed had the operation of phrenic evulsion. Four others were treated with gold-salts intravenously.

During the year 3 patients (one male and two females) in whom Artificial Pneumothorax failed, had Thoracoplasty performed successfully at the Boscombe Hospital and the Cornelia Hospital, Poole. They are all very much improved. It was intended to make a complete analysis of the cases treated by Artificial Pneumothorax, but this is deferred as the numbers are not large enough for broad conclusions to be drawn. Suffice it to say that they are all well and some have returned to their occupations.

Housing and Boarding-out.

I should like to reiterate again here the plea I made last year that preference should be given to tuberculous patients in the allotment of newly-erected Council Houses. This is a matter of some urgency and importance and is closely bound up with After-care of Tuberculous patients and their families. The matter has been brought before a Sub-Committee appointed to deal with the question.

A Care and After-Care Committee to be of real value must consist of men and women who are untrammelled by other official duties on the Council and who are philanthropically inclined as well as anxious to do good social work. A large number is not necessary and it is hoped that these ladies and gentlemen will come forward.

Beckford Orthopaedic Hospital.

The Hospital continues to fulfil the function of taking care of cases of Surgical Tuberculosis.

Many improvements continue to take place and an important change has been the installation of a portable X-Ray plant. The films are taken by Dr. Morgan.

Previously all patients requiring X-Ray had to be sent elsewhere by Ambulance.

During the year 32 patients were admitted, of whom 12 were females and 20 males.

The following is a classification of the cases admitted during the year :—

Bones and Joints	...	...	26	Peripheral Glands	...	...	1
Abdominal	...	...	2	Other Organs	...	...	3

No deaths occurred in the Hospital during the year.

A successful Sale of Work was held in the grounds of the Hospital of articles made by the patients during the year in connection with the occupational therapy classes which are held at the Hospital once a week. The Matron and Staff are to be heartily congratulated on their efforts which went to make this function a success."

Dorset County Home, Parkstone.

Dr. Morgan reports as follows :—

" Admissions.

During the year 50 patients were admitted to the Home under the following groups :—

T.B. Minus	...	...	14
T.B. Plus Group 1	...	...	12
T.B. Plus Group 2	...	...	11
T.B. Plus Group 3	...	...	6
Observation cases	...	...	7
			<hr/> 50 <hr/>

One of the patients under observation was found to be suffering from Pulmonary Tuberculosis (Group 1 T.B. Plus). Four other cases were investigated by means of Lipiodal injection. Two of these were found to have unilateral Bronchiectasis.

Four other patients (2 male and 2 female) were similarly investigated as out-patients and of these, one female was found to have unilateral Bronchiectasis and one male collapse of both lower lobes with Bronchiectasis.

Deaths.

There were 4 deaths, two being due to Tuberculous Meningitis (complicating Pulmonary Tuberculosis), one due to advanced disease, and one due to a cancerous growth (Uterus and Brain).

Discharges.

During the year 44 patients were discharged from the Home and the following table shows their condition at the time :—

Non-tuberculous	...	...	...	6
Quiescent	...	...	...	8
Improved	...	...	...	20
Stationary	...	...	...	3
Worse	...	...	...	7
				<hr/> 44 <hr/>

X-Ray Examinations.

The following are the particulars of X-Ray examinations and artificial Pneumothorax treatment carried out at the Home during the year :—

	Screenings	Films taken	A.P. inductions	A.P. refills
In-patients	514	152	11	246
Out-patients	529	694	—	543
TOTAL	1043	846	11	789

Unilateral Pneumothorax was attempted on 12 patients with the following results :—

(a)	Failed after three attempts	...	...	1 patient.
(b)	Successful but developed effusion necessitating Air Replacement	...	...	2 patients.
(c)	Successful and uncomplicated (except for adhesions)	...	...	9 patients.

Pleural Effusions and Empyemata.

Pleural Effusions have been treated, where necessary, by Air Replacement and this operation has been carried out 40 times (31 on in-patients and 9 on out-patients). Two cases of Tuberculous Empyema have been treated by pleural wash-out since the beginning of the year, *i.e.*, washing out the pleural cavity with Normal Saline at body temperature and refilling with Air.

Investigations.

Monthly investigation of the Sedimentation Rate by the Westergren method has been used on all In-patients and 259 results have been tabulated.

The cerebro spinal fluid of 5 patients has been analysed and one specimen of blood was sent for the Wasserman Reaction.

Treatment by Gold Salts (Sanocrysin).

Weekly intravenous injections of Gold Sodium Thiosulphate were given to 19 patients, and in two of these the course of injections was repeated. Complications and undesirable reactions caused the treatment to be terminated prematurely in 8 patients :—

(a)	Diarrhoea	...	...	...	4 patients.
(b)	Death	...	...	...	1 patient.
(c)	Refused treatment	...	...	...	1 patient.
(d)	Albuminuria	...	...	...	1 patient.
(e)	Left Hospital	...	...	...	1 patient.

Ametox Sodium injections were given in two cases of toxic reaction to the gold with favourable results.

Calcium injections at weekly intervals were given to one patient over a long period, but no improvement in the patient's condition was noted.

Shelters.

The Shelters have again been in use all the year round by those patients who were fit to be up all day. Increased accommodation was thereby obtained at the Home.

Operating Theatre.

All operative work, investigations and dentistry have been performed in the now-finished Theatre, which has been additionally equipped with an electric Steriliser.

Dental Treatment.

Dental treatment is now given to all in-patients and to some out-patients at the Home by the County Dentist, Mr. Bradley, who visits fortnightly.

Twenty treatment sessions were held during the year. Twenty-three patients were referred for inspection and of these 16 were treated.

Extractions totalled 65 and other operations (chiefly scalings) amounted to 8. Two patients were awaiting the fitting of dentures at the end of the year. Local Anaesthesia was used in all cases."

Tuberculosis Health Visiting. The number of patients reported upon during the year was 516, and the number of visits made—1,809.

Analysis of Health Visitors' Reports on Patients.

Inquiries made by Health Visitors.	Affirmative Replies.	Negative Replies.
Observing rules for <i>Treatment satisfactorily</i> ...	474	8
Taking proper <i>precautions</i>	469	13
Using <i>sputum flask</i>	213	*269
Sleeping alone in a <i>separate bedroom</i>	278	†204
Sufficient nourishment	468	14
Properly <i>looked after</i>	478	4
Requiring special <i>nursing</i>	3	479

*No sputum.

†129 of these had no sputum and were therefore probably *non-infective*.

After-Care. This is carried out as far as possible by the provision of milk grants, Shelters for living in the open air and anything else that can be done for individual patients.

Public Health Act, 1925—Section 62. No action has been taken by the Council under this Section of the Act.

Public Health (Prevention of Tuberculosis) Regulations, 1925. No action is reported to have been taken under these Regulations relating to persons suffering from pulmonary tuberculosis employed in the milk trade during the year.

TABLE I.
VITAL STATISTICS OF WHOLE COUNTY AND SEPARATE DISTRICTS DURING 1937.

	Population estimated to Middle of 1937.	BIRTHS.			DEATHS.			
		Number		Live Rate.	Under 1 year of age.		At all ages.	
		Live Births.	Still Births.		Number.	Rate per 1000 Live Births.	Number.	Crude Death Rate.
WHOLE COUNTY ...	249840	3454	131	13.8	160	46	3175	12.7
URBAN DISTRICTS	Blandford ...	3348	41	—	2	48	62	18.5
	Bridport ...	5791	55	4	6	109	109	18.8
	Dorchester ...	10190	152	8	10	65	119	11.6
	Lyme Regis ...	2657	47	2	—	—	40	15.0
	Poole ...	67990	1008	40	46	45	831	12.2
	Portland ...	11550	173	6	11	63	106	9.1
	Shaftesbury ...	3069	46	3	—	—	34	11.0
	Sherborne ...	6394	66	4	4	60	93	14.5
	Swanage ...	5989	63	6	2	31	73	12.1
	Wareham ...	2476	34	1	3	88	34	13.7
	Weymouth ...	32350	449	16	28	62	430	13.2
	Wimborne	4096	50	1	—	—	56	13.6
TOTAL OF URBAN DISTRICTS	155900	2184	91	14.0	112	51	1987	12.7
RURAL DISTRICTS	Beaminster	7719	103	1	6	58	105	13.6
	Blandford ...	7328	96	3	2	20	93	12.6
	Bridport ...	6877	70	2	3	42	99	14.3
	Dorchester ...	15510	197	4	8	40	208	13.4
	Shaftesbury	8347	128	3	3	23	111	13.2
	Sherborne ...	5052	65	5	5	76	64	12.6
	Sturminster	8107	102	9	3	29	115	14.1
	Wareham ...	16740	247	6	12	48	169	10.0
	Wimborne	18260	262	7	6	22	224	12.2
TOTAL OF RURAL DISTRICTS	93940	1270	40	13.5	48	37	1188	12.6
England and Wales ...				14.9		58		12.4

The **corrected death-rate** for the Urban Districts is 11.04 and that for the Rural Districts 10.2.

These figures take into consideration the sex and age of the populations, and are based on calculations made by the Registrar General to enable a more accurate comparison to be made with other areas in the Country.

TABLE II.

Cases of Infectious Diseases, other than Tuberculosis, notified during the Year 1937, and number of cases removed to Hospital.

URBAN DISTRICTS.

NOTIFIABLE DISEASE.	BLANDFORD.		BRIDPORT.		DORCHESTER.		LYME REGIS.		POOLE.		PORTLAND.		SHAFTESBURY.		SHERBORNE.		SWANAGE.		WAREHAM.		WEYMOUTH.		WIMBORNE.		Total Cases Notified.	Total Cases removed to Hospital.
	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.		
Small Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	9	9	3	3	1	1	55	51	18	13	27	19	3	3	2	2	—	—	119	104	7	7	244	212
Diphtheria	—	—	—	—	—	—	—	—	10	10	4	3	—	—	4	4	—	—	1	1	42	39	3	1	64	58
Bacterial	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Pneumonia	7	3	6	1	4	—	—	—	25	2	2	—	1	—	12	—	8	—	5	—	22	1	6	—	98	7
Puerperal Fever	}	—	1	—	3	3	—	—	14	12	2	—	—	—	—	—	2	—	—	—	5	0	—	—	27	15
Puerperal Pyrexia																										
Erysipelas	—	—	1	—	3	—	—	—	13	6	3	—	—	—	2	—	1	—	2	—	15	7	1	—	41	13
Dysentery	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Lethargica	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever	—	—	—	—	—	—	—	—	2	2	—	—	—	—	1	1	—	—	—	—	—	—	—	—	3	3
Poliomyelitis	—	—	—	—	—	—	1	—	2	1	—	—	—	—	1	—	2	—	—	—	—	—	—	—	6	1
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Neonatorum	—	—	—	—	1	—	—	—	2	2	5	1	—	—	—	—	—	—	—	—	5	1	1	—	14	4
Malaria	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
TOTALS	7	3	17	10	16	6	2	1	127	89	34	17	28	19	23	8	15	2	8	1	208	152	18	8	503	316

RURAL DISTRICTS.

NOTIFIABLE DISEASE.	BEAMINSTER.		BLANDFORD.		BRIDPORT.		DORCHESTER.		SHAFTESBURY.		SHERBORNE.		STURMINSTER.		WAREHAM.		WIMBORNE.		Total cases notified.		Total Cases removed to Hospital.	
	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.				
Small Pox	—	—	—	—	—	—	—	—	24	—	—	—	—	—	—	—	—	—	—	—	—	
Scarlet Fever	12	4	6	5	30	26	22	22	—	13	1	1	1	1	15	14	10	4	121	90		
Diphtheria	12	11	1	1	—	—	7	7	—	—	—	—	—	—	1	1	3	2	24	22		
Enteric	—	—	1	1	2	—	—	—	—	—	—	—	—	—	1	1	3	1	7	3		
Pneumonia	1	—	14	4	7	1	12	—	8	—	2	—	2	—	14	4	10	1	70	10		
Puerperal Fever	}	—	1	—	1	1	1	1	6	1	2	—	—	—	—	—	—	—	11	3		
Puerperal Pyrexia		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Erysipelas	4	—	—	—	—	—	5	—	—	—	3	—	2	—	3	—	3	1	20	1		
Dysentery	10	—	—	—	—	—	51	—	—	—	—	—	—	—	—	—	1	—	62	—		
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Lethargica	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	2	2		
Cerebro-spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Neonatorum	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—		
Malaria	3	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—	—	5	1		
TOTALS	43	15	24	12	40	28	99	30	38	14	8	1	5	1	36	22	30	9	323	132		

TABLE III. (a).
Causes of and Ages at Death during the Year, 1937.
WHOLE COUNTY.

CAUSES OF DEATH.	All ages	NETT DEATHS OF " RESIDENTS " WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.										75 and upwards
		Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 35 years	35 and under 45 years	45 and under 55 years	55 and under 65 years	65 and under 75 years	
All Causes.	3175	160	12	31	33	64	82	114	277	500	833	1069
1. Typhoid and Paratyphoid												
Fevers ...	3	—	—	—	1	—	—	—	—	1	1	—
2. Measles ...	1	1	—	—	—	—	—	—	—	—	—	—
3. Scarlet Fever ...	2	—	—	—	—	—	—	—	1	1	—	—
4. Whooping Cough ...	17	11	3	2	—	—	—	—	—	—	—	1
5. Diphtheria ...	7	—	—	—	6	1	—	—	—	—	—	—
6. Influenza ...	106	—	—	2	1	1	3	8	15	18	28	30
7. Encephalitis Lethargica	6	—	—	—	—	—	—	—	2	2	2	—
8. Cerebro-spinal fever ...	3	1	1	1	—	—	—	—	—	—	—	—
9. Tuberculosis of Respiratory system ...	89	—	—	—	—	9	14	20	18	20	7	1
10. Other Tuberculous Diseases	27	3	3	3	3	1	3	4	3	3	1	—
11. Syphilis ...	1	—	—	—	—	—	—	—	—	1	—	—
12. General Paralysis of the insane, tabes dorsalis	6	—	—	—	—	—	—	—	5	—	1	—
13. Cancer, Malignant Disease	459	—	—	3	—	1	2	20	57	121	146	109
14. Diabetes ...	45	—	—	—	1	1	1	—	4	8	19	11
15. Cerebral Haemorrhage, &c.	218	—	—	—	—	—	—	3	13	37	78	87
16. Heart Disease ...	871	—	—	—	1	1	8	17	49	113	281	401
17. Aneurysm ...	10	—	—	—	—	—	1	1	2	2	3	1
18. Other circulatory diseases	155	—	—	—	—	—	—	1	5	30	33	86
19. Bronchitis ...	93	2	—	—	1	2	—	—	6	11	23	48
20. Pneumonia (all forms) ...	101	16	3	4	1	3	3	5	10	13	23	20
21. Other Respiratory Diseases	34	1	—	2	—	1	—	2	6	8	10	4
22. Peptic ulcer ...	28	—	—	—	—	—	1	3	6	5	11	2
23. Diarrhoea, etc. ...	10	3	—	—	—	4	1	—	—	—	—	2
24. Appendicitis ...	21	—	1	—	1	3	1	3	3	4	4	1
25. Cirrhosis of Liver ...	6	—	—	—	—	—	—	—	1	2	2	1
26. Other diseases of Liver, &c.	20	—	—	—	—	2	—	2	1	4	6	5
27. Other digestive diseases	47	—	—	4	—	1	5	1	6	8	12	10
28. Acute & Chronic Nephritis	85	—	—	—	—	2	1	2	17	16	29	16
29. Puerperal Sepsis ...	3	—	—	—	—	—	3	—	—	—	—	—
30. Other Puerperal causes	10	—	—	—	—	1	7	1	1	—	—	—
31. Congenital Debility and Malformation, Prema- ture Birth, &c. ...	106	106	—	—	—	—	—	—	—	—	—	—
32. Senility ...	150	—	—	—	—	—	—	—	—	2	14	13
33. Suicide ...	28	—	—	—	—	—	3	4	11	6	4	—
34. Other violence ...	109	5	—	5	7	21	14	7	9	12	10	19
35. Other Defined Diseases	289	11	1	5	10	9	11	9	26	51	83	73
36. Causes ill-defined or unknown ...	9	—	—	—	—	—	—	1	—	1	2	—
TOTALS ...	3175	160	12	31	33	64	82	114	277	500	833	1069

TABLE III. (b).
Causes of Death at all Ages in each District during the Year 1937.

CAUSES OF DEATH.	URBAN DISTRICTS.												RURAL DISTRICTS.												Total for whole County.
	Blandford	Bridport	Dorchester	Lyme Regis	Poole	Portland	Shaftesbury	Sherborne	Swanage	Wareham	Weymouth	Wimborne	Total Urban Districts	Beaminster	Blandford	Bridport	Dorchester	Shaftesbury	Sherborne	Sturminster	Wareham	Wimborne	Total Rural Districts		
	62	109	119	40	831	106	34	93	73	34	430	56	1987	105	93	99	208	111	64	115	169	224	1188	3175	
1. Typhoid and paratyphoid fevers	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	2	3	
2. Measles	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	
3. Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	11	2	—	1	—	—	—	—	—	—	1	2	
4. Whooping Cough	—	1	2	—	3	2	1	—	1	1	3	—	11	—	—	—	—	1	—	—	2	1	6	17	
5. Diphtheria	—	—	1	—	2	1	—	—	—	—	—	—	7	—	—	—	—	—	—	—	—	—	—	7	
6. Influenza	1	6	1	1	14	5	2	3	2	—	17	3	55	9	3	5	6	9	3	6	6	4	51	106	
7. Encephalitis Lethargica	—	—	—	—	2	—	—	1	—	—	1	—	4	—	2	—	—	—	—	—	—	—	2	6	
8. Cerebro-spinal fever	—	—	—	—	2	—	—	1	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	3	
9. Tuberculosis of Respiratory System	2	4	3	1	27	6	1	4	—	3	16	—	67	2	3	1	2	2	1	1	4	6	22	89	
10. Other Tuberculosis	—	1	1	1	8	1	—	—	—	—	2	2	16	2	—	—	3	—	2	1	1	2	11	27	
11. Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	
12. General paralysis of the insane, tabes, &c.	—	—	—	—	2	1	—	—	1	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	
13. Cancer	14	15	20	7	116	12	7	12	7	6	69	6	291	16	13	10	26	13	6	14	32	38	168	459	
14. Diabetes	2	—	1	2	8	—	—	3	2	—	6	—	24	1	3	1	5	4	—	3	2	2	21	45	
15. Cerebral Haemorrhage, etc.	7	8	7	2	57	9	4	5	9	—	25	4	137	11	7	5	17	6	1	8	8	18	81	218	
16. Heart Disease	17	36	30	5	237	30	8	18	19	7	104	17	528	29	24	36	53	25	24	31	56	65	343	871	
17. Aneurysm	—	1	—	—	3	—	—	—	—	1	3	1	9	—	1	—	—	—	—	—	—	—	1	10	
18. Other Circulatory Diseases	—	3	3	2	47	—	1	1	7	3	7	2	76	2	3	2	19	8	6	17	7	15	79	155	
19. Bronchitis	3	2	6	6	24	3	2	4	3	—	7	2	62	2	3	1	8	2	3	4	4	4	31	93	
20. Pneumonia (all forms)	4	2	10	1	21	3	1	2	1	—	20	3	68	2	2	2	5	8	2	1	3	8	33	101	
21. Other Respiratory Diseases	—	1	—	1	13	1	1	2	1	—	4	1	25	1	—	—	4	—	—	2	2	4	9	34	
22. Peptic Ulcer...	—	1	—	—	5	—	—	2	1	—	6	—	15	1	—	—	—	—	—	3	2	3	13	28	
23. Diarrhoea, under 2 years	1	—	—	—	1	—	—	1	—	—	—	—	2	—	2	—	2	—	1	—	—	—	1	3	
24. Appendicitis...	—	—	—	—	6	—	—	1	1	—	3	—	13	—	2	—	—	—	1	—	3	—	8	21	
25. Cirrhosis of Liver	—	—	—	—	1	—	—	—	—	—	1	—	2	1	—	2	1	1	—	—	—	—	4	6	
26. Other diseases of liver	—	1	1	—	5	1	—	2	1	—	1	1	13	—	2	2	1	1	—	—	1	1	7	20	
27. Other digestive diseases	1	1	3	2	14	2	—	2	2	2	6	1	35	1	1	3	1	2	2	1	6	2	19	54	
28. Acute and Chronic Nephritis	2	—	2	1	24	3	3	6	3	3	16	1	61	—	4	3	4	4	1	1	4	3	24	85	
29. Puerperal Sepsis	—	—	—	—	1	—	—	—	—	—	1	—	2	—	—	—	—	—	—	1	—	—	1	3	
30. Other Puerperal Diseases	—	—	—	—	2	—	—	—	—	—	3	—	6	—	—	1	—	1	—	1	—	1	4	10	
31. Congenital Debility, Premature Birth, etc.	1	5	6	—	27	7	—	3	1	2	18	—	70	5	2	2	5	2	4	2	8	6	36	106	
32. Senility	1	15	4	2	30	2	—	6	—	—	20	11	91	9	2	6	14	2	3	5	5	13	59	150	
33. Suicide	—	1	—	1	10	1	—	4	—	—	3	—	20	1	1	—	2	1	—	—	—	—	2	8	
34. Other violence	2	2	7	—	32	3	1	1	3	1	13	—	64	2	3	2	12	9	—	1	8	8	45	109	
35. Other Defined Diseases	4	3	11	4	83	12	4	10	8	4	51	2	196	6	11	14	15	11	4	10	6	16	93	289	
36. Causes ill-defined or unknown	—	—	—	1	3	—	—	—	—	—	1	—	5	1	1	—	1	—	—	—	1	—	4	9	
TOTALS	62	109	119	40	831	106	34	93	73	34	430	56	1987	105	93	99	208	111	64	115	169	224	1188	3175	

TABLE IV. TUBERCULOSIS. STATISTICAL SUMMARY FOR THE YEAR ENDED 31st DECEMBER, 1937, OF CASES DEALT WITH UNDER COUNTY SCHEME.

NEW APPLICATIONS.

Number of new applications for treatment :—

<i>Insured.</i>	<i>Non-Insured.</i>	<i>Total.</i>
153	151	304

<i>Insured</i>	<i>Non-Insured</i>	<i>Pulmonary.</i>	<i>Non-pulmonary.</i>	<i>Non-Tubercular.</i>	<i>Obser- vation.</i>	<i>Total.</i>
105	38	154	7	304		

DISPENSARY RETURNS FOR 1937. Total Persons registered for 1937.								NEW CASES AND MORTALITY DURING 1937.								
Dispensary.	Insured Cases			Non-insured Cases			Total Insured and Non-Insured	Age Periods.	NEW CASES.				DEATHS.			
	Old	New	Total	Old	New	Total			Pulmon'y		Non-Pul.		Pulmon'y		Non-Pul.	
Bridport	3	10	13	1	12	13	26	0	—	—	—	2	—	—	—	3
Weymouth	30	34	64	35	41	76	140	1	2	—	6	5	—	—	4	2
Poole	38	76	114	61	76	137	251	5	—	2	8	5	}	—	2	1
Sturminster	2	2	4	10	6	16	20	10	2	—	7	5				
Totals	73	122	195	107	135	242	437	15	6	8	4	7	}	3	6	1
	Total attendances during 1937.						20	7	11	1	4					
Dispensary.	Insured Cases.			Non-insured Cases.			Total Insured and Non-Insured	Age Periods.	Pulmon'y		Non-Pul.		Pulmon'y		Non-Pul.	
	Old	New	Total	Old	New	Total			M.	F.	M.	F.	M.	F.	M.	F.
Bridport	20	11	31	15	15	30	61	25	21	13	5	8	8	6	2	1
Weymouth	190	53	243	240	67	307	550	35	19	16	—	5	13	7	1	3
Poole	259	108	367	283	126	409	776	45	10	8	1	—	11	7	3	—
Sturminster	12	2	14	33	11	44	58	55	11	4	1	4	12	8	2	1
Totals	481	174	655	571	219	790	1445	65 and upwards	2	4	—	—	5	3	—	1
Totals	80	66	33	45	52	37	15	12								

Return showing the work of the Dispensaries during 1937.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL.	
	Adults.		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—NEW CASES examined during the year (excluding contacts) :—														
(a) Definitely tuberculous ...	57	34	1	—	9	14	8	7	66	48	9	7	130	376
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	5	5	—	4	14	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	78	82	45	27	232	
B.—CONTACTS examined during the year :—														
(a) Definitely tuberculous ...	1	14	4	1	1	—	1	—	2	14	5	1	22	233
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	1	—	—	1	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	46	79	43	42	210	
C.—CASES written off the Dispensary Register as :—														
(a) Recovered ...	21	16	1	2	5	13	8	6	26	29	9	8	72	560
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	—	—	—	—	—	—	137	178	96	77	488	
D.—NUMBER OF CASES on Dispensary Register on December 31st :—														
(a) Definitely tuberculous ...	252	203	8	8	44	53	46	40	296	256	54	48	654	670
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	5	7	—	4	16	
1. Number of cases on Dispensary Register on January 1st, 1937 ...				726										
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...														19
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...				42										82
4. Cases written off during the year as Dead (all causes) ...														
5. Number of attendances at the Dispensary (including Contacts) ...				2138										
6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...														168
7. Number of consultations with medical practitioners :—														
(a) Personal ...				117										276
(b) Other ...				664										
8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ...														
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ...				1809										
10. Number of :—														
(a) Specimens of sputum, etc., examined ...														584
(b) X-Ray examinations made in connection with Dispensary work ...														1223
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above ...				20										
12. Number of "T.B. plus" cases on Dispensary Register on December 31st, 1937 ...														290

Return showing the extent of Residential Treatment and Observation during the year in Institutions (other than Public Assistance Institutions) approved for the treatment of Tuberculosis.

			In Institutions on Jan. 1st (1)	Admitted during the year (2)	Discharged during the year (3)	Died in the Institutions. (4)	In Institutions on Dec. 31st (5)
Number of doubtfully tuberculous cases admitted for observation	Adult males	...	1	7	7	—	1
	Adult females	...	1	4	3	—	2
	Children	...	1	8	6	—	3
	Total	...	3	19	16	—	6
Number of patients suffering from pulmonary tuberculosis	Adult males	...	18	66	57	6	21
	Adult females	...	25	48	40	4	29
	Children	...	5	—	4	—	1
	Total	...	48	114	101	10	51
Number of patients suffering from non- pulmonary tuberculosis	Adult males	...	15	21	16	2	18
	Adult females	...	9	14	17	—	6
	Children	...	22	26	27	—	21
	Total	...	46	61	60	2	45
GRAND TOTAL			97	194	177	12	102

Return showing the results of observation of doubtfully tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis.

Diagnosis on discharge from observation.		FOR PULMONARY TUBERCULOSIS.						FOR NON-PULMONARY TUBERCULOSIS.						TOTALS.		
		Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	...	—	—	—	1	—	—	—	—	—	1	—	—	2	—	—
Non-tuberculous	...	—	2	—	3	1	1	1	—	—	1	—	5	5	3	6
Doubtful	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	...	—	2	—	4	1	1	1	—	—	2	—	5	7	3	6

Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions approved for the treatment of Tuberculosis.

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.															Grand Totals.
			*Under 3 months, but exceeding 28 days.			3-6 months.			6-12 months.			More than 12 months.			Totals.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent ...	4	—	—	1	1	—	1	1	—	—	—	2	6	2	2	10
		Not quiescent ...	4	3	1	2	3	—	—	—	—	—	—	6	6	1	13	
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Class T.B. plus Group I.	Quiescent ...	—	—	—	2	1	—	—	4	—	—	1	—	2	6	—	8
		Not quiescent ...	2	2	—	5	1	—	—	—	—	—	—	7	3	—	10	
		Died in Institution ...	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	
	Class T.B. plus Group II.	Quiescent ...	—	—	—	1	—	—	1	—	—	—	1	—	2	1	—	3
		Not quiescent ...	3	5	—	10	1	—	4	3	—	3	2	1	20	11	1	32
		Died in Institution ...	1	—	—	—	1	—	—	—	—	—	1	—	1	2	—	3
	Class T.B. plus Group III.	Quiescent ...	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1
		Not quiescent ...	1	1	—	5	1	—	1	3	—	1	1	—	8	6	—	14
		Died in Institution ...	—	—	—	2	—	—	—	—	—	—	—	—	2	—	—	2
	TOTALS (pulmonary) ...			15	11	1	28	10	—	7	11	—	5	6	3	55	38	4	97
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent ...	2	—	—	1	2	—	1	1	1	1	—	2	5	3	3	11
		Not quiescent ...	1	—	1	2	1	1	—	—	3	—	5	6	1	7	—	14
		Non-tuberculous Died in Institution ...	2	—	—	—	1	—	—	1	2	—	3	2	2	5	—	9
	Abdominal.	Quiescent ...	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	1
		Not quiescent ...	—	—	—	—	2	—	1	1	—	—	—	—	1	3	—	4
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Organs.	Quiescent ...	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1
		Not quiescent ...	—	1	—	—	—	—	—	1	—	—	—	1	—	2	1	3
		Died in Institution ...	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	1
	Peripheral glands.	Quiescent ...	—	1	2	—	—	—	—	—	—	—	—	—	1	2	—	3
		Not quiescent ...	—	—	3	—	—	1	—	1	2	1	—	—	1	1	6	8
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	TOTALS (non-pulmonary) ...			5	3	6	4	7	2	2	5	5	5	—	11	16	15	24	55

*Note.—Patients whose stay in residential institutions has not exceeded 28 days are no longer included in this Table.

REPORTS of District Medical Officers of Health

(Abstract of Returns from County Districts).

TABLE V. SANITARY INSPECTIONS (SEPARATE DISTRICTS).

URBAN DISTRICTS.						RURAL DISTRICTS.					
	No. of Inspections.	No. of Informal Notices.	No. complied with.	No. of Statutory Notices.	No. complied with.		No. of Inspections.	No. of Informal Notices.	No. complied with.	No. of Statutory Notices.	No. complied with.
BLANDFORD ...	54	12	12	—	—	BEAMINSTER ...	577	46	35	1	1
BRIDPORT ...	277	7	7	7	3	BLANDFORD ...	177	29	15	—	—
DORCHESTER ...	1796	136	131	155	150	BRIDPORT ...	704	6	6	1	1
LYME REGIS ...	325	—	—	—	—	DORCHESTER ...	1952	97	71	14	11
POOLE ...	20821	829	694	23	35	SHAFTESBURY ...	1376	23	20	2	2
PORTLAND ...	1894	201	177	4	2	SHERBORNE ...	463	52	47	23	3
SHAFTESBURY ...	51	7	7	—	—	STURMINSTER ...	1560	76	72	18	18
SHERBORNE ...	187	30	30	—	—	WAREHAM ...	2379	268	113	—	—
SWANAGE ...	2893	85	54	3	5	WIMBORNE ...	927	83	79	—	—
WAREHAM ...	66	29	28	—	—						
WEYMOUTH ...	3107	81	74	4	1						
WIMBORNE ...	250	25	25	15	15						

TABLE VI. COWSHEDS AND DAIRIES (SEPARATE DISTRICTS).

URBAN DISTRICTS.								RURAL DISTRICTS.							
	No. of persons on Register at end of 1937.	No. of dairy farms and other dairy premises on Register at end of 1937.	No. of dairy farms inspected during 1937.	No. of inspections during 1937.	No. of Notices served.	No. complied with.	No. of Milkshops inspected during 1937.		No. of persons on Register at end of 1937.	No. of dairy farms and other dairy premises on Register at end of 1937.	No. of dairy farms inspected during 1937.	No. of inspections during 1937.	No. of Notices served.	No. complied with.	No. of Milkshops inspected during 1937.
BLANDFORD	8	8	—	—	—	—	8	24	—	—	—	—	—	—	—
BRIDPORT	29	9	9	22	3	3	3	10	4	4	—	—	—	—	—
DORCHESTER	23	8	8	12	—	—	15	21	—	—	—	—	—	—	—
LYME REGIS	21	21	7	21	33	33	7	14	—	—	—	—	—	—	—
POOLE	229	36	36	315	2	2	all	554	17	17	—	—	—	—	—
PORTLAND	23	24	12	106	18	16	6	34	4	4	—	—	—	—	—
SHAFTESBURY	23	22	15	30	2	2	2	4	—	—	—	—	—	—	—
SHERBORNE	19	16	16	30	—	—	all	12	—	—	—	—	—	—	—
SWANAGE	9	22	14	52	4	5	8	43	1	—	—	—	—	—	—
WAREHAM	3	3	3	12	—	—	—	—	—	—	—	—	—	—	—
WEYMOUTH	44	106	44	66	2	—	62	34	—	—	—	—	—	—	—
WIMBORNE	5	5	5	14	—	—	7	20	—	—	—	—	—	—	—
BEAMINSTER	452	452	219	246	129	—	—	—	—	—	—	—	—	—	—
BLANDFORD	163	174	76	82	—	—	—	—	—	—	—	—	—	—	—
BRIDPORT	153	153	90	90	2	2	—	—	—	—	—	—	—	—	—
DORCHESTER	429	439	276	283	35	24	6	7	2	—	—	—	—	—	—
SHAFTESBURY	196	196	48	133	30	30	2	8	—	—	—	—	—	—	—
SHERBORNE	250	262	250	290	27	25	32	39	7	—	—	—	—	—	—
STURMINSTER	360	360	51	118	15	14	5	66	2	—	—	—	—	—	—
WAREHAM	300	299	274	597	3	3	—	—	—	—	—	—	—	—	—
WIMBORNE	318	329	261	294	13	13	3	7	—	—	—	—	—	—	—

TABLE VII.—HOUSING.

	URBAN DISTRICTS.											
	BLANDFORD.	BRIDPORT.	DORCHESTER.	LYME REGIS.	POOLE.	PORTLAND.	SHAFTESBURY.	SHERBORNE.	SWANAGE.	WAREHAM.	WEYMOUTH.	WIMBORNE.
1. Inspection of Dwelling-houses during the Year.												
(1) (a) Total No. of dwelling-houses inspected	180	33	273	101	1330	339	31	90	188	36	248	66
(b) No. of inspections made for the purpose	195	54	825	101	3204	689	47	90	568	60	363	200
(2) (a) No. inspected and recorded under the Housing Consolidated Regulations ...	180	29	199	21	432	23	17	30	120	32	248	34
(b) No. of inspections made for the purpose	195	48	441	24	1594	63	20	35	374	40	363	120
(3) No. unfit for human habitation ...	3	—	3	10	472	16	5	—	89	17	163	2
(4) No. not in all respects reasonably fit for human habitation ...	67	9	61	12	546	156	10	12	62	6	85	20
2. Remedy of Defects during the Year without Service of Formal Notices.												
No. of defective houses rendered fit by informal action...	67	3	3	9	445	124	7	6	41	6	74	1
3. Action under Statutory Powers during the Year.												
(a) Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :—												
(1) No. of houses in respect of which notices were served requiring repairs	—	7	58	2	44	5	10	—	—	—	3	1
(2) No. of houses which were rendered fit after service of formal notices :—												
(a) By owners ...	—	5	55	2	44	6	7	—	—	—	1	1
(b) By L.A. in default of owners ...	—	—	—	—	—	—	—	—	—	—	—	—
(b) Proceedings under Public Health Acts :—												
(1) No. of houses in respect of which notices were served requiring repairs	—	4	71	—	15	4	8	—	3	3	1	—
(2) No. of houses in which defects were remedied after service of formal notices :—												
(a) By owners ...	—	4	71	—	10	2	1	—	3	3	—	—
(b) By L.A. in default of owners ...	—	—	—	—	4	—	—	—	—	—	—	—
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—												
(1) No. of Demolition Orders made ...	3	—	5	—	1	—	—	20	54	—	3	—
(2) No. of houses demolished ...	3	16	1	—	2	2	—	—	1	—	—	—
(d) Proceedings under Section 12 of the Housing Act, 1936 :—												
(1) No. of Closing Orders made ...	—	—	—	—	1	—	—	—	—	—	—	—
(2) No. of Closing Orders determined ...	—	—	—	—	—	—	—	—	—	—	—	—
4. Housing Act, 1936—Part IV.—Overcrowding.												
(a) (1) No. of dwellings overcrowded at the end of the year ...	4	1	5	6	63	40	12	7	5	1	105	—
(2) No. of families dwelling therein ...	4	1	5	6	66	60	13	7	5	1	105	—
(3) No. of persons dwelling therein ...	20	9	36	39	647	247½	—	37½	25	8	623½	—
(b) No. of new cases of overcrowding reported during the year ...	—	—	5	1	3	2	1	3	2	—	6	—
(c) (1) No. of cases of overcrowding relieved during the year ...	2	6	9	2	33	8	2	19	3	—	124	—
(2) No. of persons concerned in such cases	11	29½	68	11	166	41	14	89½	9	—	472½	—
5. Number of Houses.												
(a) Total No. of new houses erected during 1937 ...	6	13	41	40	766	12	22	52	27	14	469	12
(b) No. erected during 1937 with State Assistance :—												
(1) By Local Authority ...	—	—	—	28	74	—	12	15	6	—	—	—
(2) By other Bodies or Persons ...	—	13	—	12	—	12	—	—	—	14	—	—
(c) No. of houses owned by Local Authority	66	225	314	130	961	96	76	296	127	82	1019	100
(d) Approximate No. of working-class houses in District ...	1000	1500	2500	370	14500	2150	576	1021	813	438	7300	500

TABLE VII.—HOUSING—continued.

	RURAL DISTRICTS.								
	BEAMINSTER.	BLANDFORD.	BRIDPORT.	DORCHESTER.	SHAFTESBURY.	SHERBORNE.	STURMINSTER.	WAREHAM.	WIMBORNE.
1. <i>Inspection of Dwelling-houses during the Year.</i>									
(1) (a) Total No. of dwelling-houses inspected	189	170	142	201	456	107	136	1055	473
(b) No. of inspections made for the purpose	395	211	142	243	881	193	352	1419	481
(2) (a) No. inspected and recorded under the Housing Consolidated Regulations ...	24	148	—	165	—	107	98	1055	227
(b) No. of inspections made for the purpose	33	189	—	187	—	107	170	1419	227
(3) No. unfit for human habitation ...	47	29	1	35	46	30	64	61	47
(4) No. not in all respects reasonably fit for human habitation ...	90	48	20	59	60	37	30	225	126
2. <i>Remedy of Defects during the Year without Service of Formal Notices.</i>									
No. of defective houses rendered fit by informal action ...	5	15	20	37	28	12	15	82	83
3. <i>Action under Statutory Powers during the Year.</i>									
(a) Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :—									
(1) No. of houses in respect of which notices were served requiring repairs	—	—	—	—	3	2	15	—	—
(2) No. of houses which were rendered fit after service of formal notices :—									
(a) By owners ...	—	—	—	—	3	2	15	—	—
(b) By L.A. in default of owners ...	—	—	—	—	—	—	—	—	—
(b) Proceedings under Public Health Acts :—									
(1) No. of houses in respect of which notices were served requiring repairs	—	—	—	6	2	—	—	28	—
(2) No. of houses in which defects were remedied after service of formal notices:									
(a) By owners ...	—	—	—	2	—	—	—	24	—
(b) By L.A. in default of owners ...	—	—	—	—	2	—	—	—	—
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—									
(1) No. of Demolition Orders made ...	3	—	2	3	24	12	72	10	41
(2) No. of houses demolished ...	—	—	1	—	4	—	8	—	9
(d) Proceedings under Section 12 of the Housing Act, 1936 :—									
(1) No. of Closing Orders made ...	—	—	—	—	—	—	—	2	—
(2) No. of Closing Orders determined ...	—	—	—	—	—	—	—	—	—
4. <i>Housing Act, 1936—Part IV.—Overcrowding.</i>									
(a) (1) No. of dwellings overcrowded at the end of the year ...	8	1	6	35	30	1	8	18	33
(2) No. of families dwelling therein ...	8	2	6	36	30	1	8	19	36
(3) No. of persons dwelling therein ...	62	9	30½	299	144	6	50	105	197
(b) No. of new cases of overcrowding reported during the year ...	1	2	—	16	—	1	1	—	—
(c) (1) No. of cases of overcrowding relieved during the year ...	5	1	3	19	—	—	9	35	1
(2) No. of persons concerned in such cases	34	—	12	114	—	—	46	205	5½
5. <i>Number of Houses.</i>									
(a) Total No. of new houses erected during 1937 ...	12	13	51	48	34	24	13	—	250
(b) No. erected during 1937 with State Assistance :—									
(1) By Local Authority ...	—	—	8	2	16	—	—	—	38
(2) By other Bodies or Persons ...	—	13	—	4	—	—	13	—	—
(c) No. of houses owned by Local Authority	52	38	83	172	139	40	168	84	180
(d) Approximate No. of working-class houses in District ...	1600	1892	1550	4236	2098	1472	1803	3400	3630

PORT SANITARY DISTRICTS.

PORT OF BRIDPORT.

MEDICAL OFFICER OF HEALTH—DR. J. D. MACKAY
(resigned Aug. 1937).
Dr. ADAM ARMIT (appointed 1/11/37).

No. of coastwise vessels entering port in 1937	... 57
No. of vessels entering port from foreign in 1937	... 8

PORT OF LYME REGIS.

MEDICAL OFFICER OF HEALTH—DR. J. D. MACKAY
(resigned Aug. 1937).
Dr. ADAM ARMIT (appointed 1/11/37).

No. of coastwise vessels entering port in 1937	... 21
No. of vessels entering port from foreign in 1937	... 10

PORT OF WEYMOUTH.

MEDICAL OFFICER OF HEALTH—DR. M. J. SAUNDERS.
(The Port of Weymouth includes Portland Roads and Weymouth Harbour).

The following table shows the number and registered tonnage of steam and sailing vessels entering Portland Roads and Weymouth Harbour during 1937 :—

		No.	Tonnage.
Coastwise	...	1418	342791
Foreign	...	881	939833
Totals	...	2299	1282624

Supervision of Foodstuffs. The following represents the principal Unsound Foodstuffs destroyed during the year :—

	lbs.		lbs.
French Brocoli	... 1159	Radishes	... 79
Turkey	... 15	Tomatoes	... 75
Canadian Chickens...	55	Lobsters	... 81
Tinned Ham	... 14		

Weight of unsound foods destroyed :—13 cwts. 22lbs.

The total number of Rats destroyed during the year were :—

On vessels	... 76
In Docks, Quays, Wharves and Warehouses	479
Total	... 555

STATEMENT FROM REPORT OF SANITARY INSPECTOR.
MR. GEORGE H. SMITH.

Number of Ships inspected in the Port during the year 1937 :—

Where Inspected		No. of	No. com-
		Notices served.	plied with.
Weymouth	Portland		
258	542		
Informal Notices	...	141	67
Statutory Notices	...	—	—
Total served	...	141	67

(In many cases one Notice covered Several Nuisances).

PORT OF POOLE.

MEDICAL OFFICER OF HEALTH—DR. R. J. MAULE HORNE,
M.B., D.P.H.

No. of coastwise vessels entering port in 1937	... 1107
No. of vessels entering port from foreign in 1937	... 162

PORT-SALARY DISTRICT

PORT OF LONDON

Statement of the Port of London Authority for the year ending 31st March 1911.

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