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# **DORSET COUNTY COUNCIL.**

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## **ANNUAL REPORT**

OF THE

## **MEDICAL OFFICER OF HEALTH**

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

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**FOR THE YEAR 1939. — 44**

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### **PREFACE.**

Owing to conditions arising out of the war this report is confined to those matters which have involved changes and additions to the health services of the County. Its publication has necessarily been delayed.

DORSET COUNTY COUNCIL

ANNUAL REPORT

MEDICAL OFFICER OF HEALTH

J. W. STALLBRIDGE, M.D., D.P.H.

FOR THE YEAR 1922

PREFACE

Under the provisions of the Public Health Act, 1920, it is the duty of the Medical Officer of Health to submit to the Council an annual report of the state of the public health in the district under his jurisdiction. The following report is submitted to the Council for their consideration.



# **PUBLIC HEALTH OFFICER'S OF THE AUTHORITY.**

*Name.*

*Qualifications.*

## *County Medical Officer of Health.*

STALLYBRASS, THEODORE WILLIAM ... .. M.D., D.P.H., Barrister-at-Law.

## *Deputy County Medical Officer of Health.*

THOMPSON, JOHN W. P. ... .. M.A., M.B., D.P.H.

## *County Pathologists.*

COOPER, THOMAS VALENTINE ... .. M.B., B.S.

ARCHIBALD, SIR ROBERT GEORGE, C.M.G., D.S.O. (appointed 4.12.39) M.D.

## *Clinical Tuberculosis Officer.*

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

## *Assistant County Medical Officers.*

BLAKER, PERCY S. (appointed 13.11.39) ... .. M.R.C.S., M.R.C.P., D.P.H.

COLLINS, LESLIE A. (appointed 8.8.39) ... .. M.A., M.B., B.S., D.P.H., D.P.M.

DEAR, JAMES DUNCAN (also M.O.H. Portland U.D.) ... .. M.B., Ch.B., D.P.H.

EVANS, LEONORA ... .. M.R.C.S., L.R.C.P., D.P.H.

McHUGH, JOHN F. (appointed 6.11.39) ... .. M.B., B.Ch., D.P.H.

MORGAN, DAVID FRANK (resigned 6.5.39) ... .. M.B., Ch.B., D.P.H.

O'KEEFFE, EDMUND J. (also M.O.H. Wareham Borough, Swanage Urban and Wareham and Purbeck Rural Districts) (appointed 1.1.39) ... .. M.R.C.S., L.R.C.P., D.P.H.

PAYTON, CARRICK GORDON (also M.O.H. Shaftesbury Borough, Shaftesbury and Sturminster Rural Districts) (resigned 31.10.39) M.D., Ch.B., D.P.H.

SMITH, GRAHAM UDALL (retired 20.1.39) ... .. M.B., D.P.H., D.T.M.

WALMSLEY, GEORGE H. C. (appointed 22.5.39) ... .. M.B., Ch.B., D.P.H.

WALTERS, ENID MARGARET (retired 30.6.39) ... .. M.B., B.S.

## *Orthopaedic Surgeon.*

FORRESTER-BROWN, MAUD FRANCES ... .. M.S., M.D.

## *Medical Officer, Beckford Orthopaedic Hospital.*

GRAHAM-CAMPBELL, RONALD WALTER ... .. F.R.C.S.

## *County Nursing Superintendent.*

MACKINTOSH, MISS B. R. ... .. M.R.SAN.I., S.R.N., S.C.M.

## *Orthopaedic Sister.*

PATON, MISS E. H. (resigned 5.12.39) ... .. C.S.M.M.G.

BISS, MISS P. K. (appointed 1.12.39) ... .. S.R.N.

## *Tuberculosis Visitor and Radiographer.*

BISHOP, MISS A. F. ... .. S.R.N.

## *Health Visitors.*

EDWARDS, MISS A. ... .. S.R.N., S.C.M., H.V. CERT.

ELLIOTT, MISS K. ... .. S.R.N., S.C.M.

HODGE, MISS M. O'BRYEN ... .. S.C.M., H.V. CERT.

JORGENSEN, MISS P. K. ... .. S.R.N., S.C.M., H.V. CERT.

KEOHANE, MISS M. ... .. " " "

MORRIS, MISS M. ... .. " " "

READ, MISS L. M. ... .. " " "

SCOTT, MISS J. A. ... .. " " "

TRUSCOTT, MISS M. S. R. ... .. " " "

WHITELEY, MISS E. ... .. " " "

## *Matrons of County Sanatoria.*

BUTLER, MISS A. E. (Beckford Orthopaedic Hospital).

HOE, MISS D. B. J. (Dorset County Home).

## *Clerical Staff.*

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



## GENERAL PROVISION OF HEALTH SERVICES.

**Appointment of Deputy County Medical Officer.** There has been during recent years a continual increase in the duties imposed on the medical departments of County Councils. In addition; the work in connection with services previously established tends to increase continually as a result of more use being made of them. From September, 1938, onwards the volume of A.R.P. work grew steadily, and the necessity for the appointment of a Deputy County Medical Officer was recognised by the County Council in April, 1939, when Dr. J. W. P. Thompson was selected to fill this appointment.

**Laboratory Facilities.** The volume of work undertaken by the County Laboratory, which commenced to accept specimens for examination on October 28th, 1938, more than fulfilled expectations, and the original staff of two qualified laboratory assistants had to be increased to three early in 1939. The outbreak of the war greatly increased the responsibilities of the Laboratory, as owing to the influx of population, military and civilian, the work submitted by various authorities showed a considerable increase. Before the end of the year the untrained staff had to be increased to four, two additional appointments being made in November, 1939. The total number of tests conducted in the Laboratory during the year was 20,580, of which 4,809 were on samples of milk submitted by the sampling officers of the Milk and Dairies Acts Committee, and 2,446 were on samples of water and milk submitted by local authorities. The blood of 1,646 blood donors was tested on behalf of the Army Blood Transfusion Service.

Some months before the outbreak of war a reserve store of items of expendable laboratory equipment was accumulated and many of the goods then purchased have since become unobtainable.

During the year an agreement was entered into with the Dorset County Hospital whereby the County Laboratory undertook the pathological work of the hospital for an agreed annual sum. Arrangements of this nature were foreseen in the scheme adopted by the Public Health Committee when the Laboratory was established and should prove very satisfactory.

A very practical arrangement was made with the Poole Corporation during the latter part of the year. The small Public Health Laboratory, established in Poole for many years past, was taken over as a branch of the County Laboratory which acts as the parent establishment. The County Council was fortunate in subsequently obtaining the services of Major Sir Robert G. Archibald in a part-time capacity as Pathologist to this Laboratory. Sir Robert had previously been Director of the Wellcome Tropical Research Laboratories at Khartoum and his extensive knowledge of tropical diseases has since been of inestimable value in dealing with some of the difficult cases admitted to hospital after service overseas.

Following the establishment throughout the country on the outbreak of war of the Emergency Public Health Laboratory Service, the two laboratories at Dorchester and Poole became what is known as "Associated Laboratories" and in return for a small subsidy from the Medical Research Council and any assistance that might be required provide a free Public Health Service for all personnel of the Armed Forces.

All Authorities, Hospitals, and medical practitioners are believed to have found the service that the Laboratory offers of great value, and credit is due to Dr. T. V. Cooper and his staff for a very gratifying success.

A summary of the 20,580 tests conducted in the Dorchester Laboratory during the year is shown in the following table :—

	Bacterio- logical	Bioch- emical	Pathol- ogical	Biolo- gical	V.D.	Total
Medical Practitioners ... ..	3624	299	192	73	674	4862
Institutions and Treatment Centres ... ..	3667	572	436	128	1712	6515
Local Authorities (Milk and Water) ... ..	2367	77	—	2	—	2446
Official Milk Samplers (Milk and Dairies Acts Committee) ... ..	4642	—	—	167	—	4809
Ministry of Agriculture and Fisheries ... ..	—	—	—	94 (47 dual)	—	94
Police ... ..	84	77	12	—	—	173
Others ... ..	8	27	—	—	—	35
Blood Groups ... ..	—	—	—	—	—	1646
<b>TOTAL ...</b>	<b>14392</b>	<b>1052</b>	<b>640</b>	<b>464</b>	<b>2386</b>	<b>20580</b>



**Hospital Accommodation for Infectious Disease.** The amended County Scheme for Isolation Hospital accommodation was described in my last report. This received the approval of the Minister of Health on 1st April, 1939.

**Diphtheria Immunisation.** The need for greater efforts to make immunisation available to all children is gradually being realised, and a number of local authorities in the County have devised satisfactory schemes. The danger of diphtheria can be seen from the fact that out of thirty-three cases which occurred in an outbreak of virulent diphtheria there were two adult deaths, and four deaths in children under five years of age. The service has since been made available generally at all Child Welfare Centres and in the case of children over five years of age by the Sanitary Authorities.

Apart from this there was nothing in any way noteworthy in regard to the incidence of infectious disease throughout the year. The details are shown in Table III.

**Maternity and Child Welfare.** The maternity and child welfare service of the County stood up well to the conditions met with on the outbreak of war. Only in the case of Maternity Beds were extensions found to be immediately essential. These were provided by the fortunate completion of the new wing at the Yeatman Hospital at Sherborne, by the allocation of the entire private wing of the Westminster Memorial Hospital at Shaftesbury, and by the opening of two emergency maternity homes at Little Hanford, Childe Okeford, and Driftway, Dorchester. The thanks of the Council were conveyed to the owners for their generous assistance.

**Venereal Disease.** The new Clinic at Weymouth was opened for the treatment of patients on 1st June, 1939. Dr. J. D. Dear is the Medical Officer of the Clinic, and it is confidently expected that the improved facilities which are now available will result in the earlier ascertainment and successful treatment of cases which might otherwise not have been treated. The sessions of the Dorchester Clinic, held at the Dorset County Hospital, have as a result been reduced from two to one per week. Owing to the outbreak of war no steps were taken to put in hand the building of the proposed new Clinic at the Cornelia Hospital, Poole.

The number of new cases treated during the year is practically the same as in 1938, but there has been a fall in the number of new cases of gonorrhoea and a rise in the number of cases of syphilis.

**Tuberculosis.** There have been no changes in this scheme.

Under the Military Training Act of 1939, recruits may be sent by the Medical Board to be examined by the Tuberculosis Officer, who reports his findings to the Chairman of the Board. Much use has been made of Dr. Clark's services in this respect.

### EMERGENCY MEDICAL SERVICE.

Under this Scheme the Ministry of Health accepted responsibility for the treatment in hospital for two main classes of patient, namely, the ordinary sick and casualties of all the Services, and air-raid casualties among the civil population. For this purpose all hospitals and institutions had previously been surveyed and graded according to their possible ability to deal with such patients. In Grade IA were placed the three voluntary hospitals at Dorchester, Poole, and Weymouth, and in addition the Weymouth Public Assistance Institution was up-graded to this status by means of adaptations and additional equipment. Renamed "Portway Hospital," the latter became the chief reception hospital for the largest numbers of these patients, and in particular for Service Sick. The small cottage hospitals throughout the County were put in Grade IB and Public Assistance Institutions into Grade II. These lower grades would in the main only be used for casualties in case of necessity.

In executive charge of this hospital service in the Region was the Ministry's "Hospital Officer," Dr. C. R. Nicholson, who on the outbreak of war moved from his previous headquarters at Exeter to the headquarters of the Region at Bristol. Locally the County Medical Officer was appointed to act as his Agent and in an emergency would be required to act on his own responsibility, and especially in the event of communications being interrupted or seriously delayed.

A large quantity of medical stores was provided by the Ministry for the use of the hospitals and was received by the Medical Department for distribution. Small issues were made immediately to the hospitals and the balance retained as a reserve in a store fitted up for the purpose at the County Clinic in Dorchester.

Lastly, a Casualty Bureau was established in the Department for the purpose not only of collecting daily bedstates from all the hospitals, summarising them, and forwarding such summaries to the Hospital Officer, but also for the purpose of recording the admission and discharge from hospital of every patient for whom the Government accepted responsibility as coming within any of the different categories dealt with in the scheme.



## A.R.P. CASUALTY SERVICES.

The County Council is the scheme-making Authority for air-raid precautions for the whole area of the County except the Borough of Poole, and preparations were well advanced when war was declared. There were established in the County area 10 fixed First Aid Posts, 45 First Aid Parties, and 113 First Aid Points. In addition, there was an authorised establishment of 67 emergency ambulances, of which a proportion were vehicles specially converted into ambulances and always available for instant use, the remainder being tradesmen's vans which could be rapidly converted into ambulances if required. With the exception of Weymouth, where a very small proportion of whole-time A.R.P. workers were employed, all these services were staffed by unpaid volunteers.

A large quantity of medical equipment for distribution to the different First Aid Units was issued by the Ministries of Health and Home Security. My thanks are due to the many hundreds of volunteers who helped to put these services on a war footing.

## CIVIL NURSING RESERVE.

Provision was made in the Civil Defence Act for the recruitment and training of women on a voluntary basis to supplement the body of professional nurses already employed in hospitals and also to staff First Aid Posts and possibly assist District Nurses in the event of evacuation. To meet these requirements a "Civil Nursing Reserve" was constituted for service in time of war, and a Central Emergency Committee for Nursing was appointed for its administration.

Local Emergency Organisations were then created in each County and County Borough, with responsibility for the local organisation devolving on the Medical Officer of Health. In Dorset a Local Advisory Committee was appointed, with members from all interested bodies and professional organisations, and meetings were held on 28th April, 1939, and subsequently.

The main duties of the local emergency organisation were :—

1. To interview and form a local Register of women considered suitable for nursing duties in the following categories :—
  - (a) *Trained Nurses*—those who were fully trained but not then engaged in nursing.
  - (b) *Assistant Nurses*—those who had done as much as 2 years' training in hospital but were not regarded as fully trained.
  - (c) *Nursing Auxiliaries*—those who had had little or no professional nursing experience.
2. To provide supplementary training for the Trained and Assistant Nurses, if required, and to provide a definite course of training for the Nursing Auxiliaries.
3. To allocate all such members to specific appointments as vacancies arose and to issue to them the uniform provided.

The amount of work involved was very considerable but steady progress had been made up to the outbreak of war, and at the end of the year 102 Trained Nurses, 41 Assistant Nurses, and 262 Nursing Auxiliaries had been registered, trained and allocated for service in the County as required. The training of Nursing Auxiliaries was to a great extent undertaken in the first instance by the British Red Cross Society, to the local representatives of which I am much indebted. In particular, I received great assistance from Lieut.-Colonel R. F. Woodward, County Director of the British Red Cross Society.

## EVACUATION.

Immediately prior to the outbreak of war the evacuation of women and children from London and other large cities commenced. Large parties of these arrived daily on station platforms in Dorset and were met and transferred to billets throughout the County mainly by the help of volunteers. Under such circumstances medical inspection on arrival could only be of a rudimentary nature. In the billets difficulties, mainly of a social nature, arose in connection with individual problems of behaviour, and the incidence of lousiness and scabies was found to be disturbingly high amongst many of the evacuees.



Contrary to expectations no dangerous medical problems arose. It had been thought that children from the towns, themselves immune but carriers of the germs of disease, might cause outbreaks of infectious illness amongst rural country children who would not be immune. Nothing of this sort occurred.

Upon the arrival of the evacuees in the County the principle was immediately adopted of putting all the health services at their disposal in the same way that they were available to ordinary local residents. In a circular dated 2nd October, 1939, the Minister of Health subsequently confirmed this procedure.

In the expectation that large numbers of expectant mothers would be evacuated to the County special arrangements were made to increase the number of available maternity beds. Among these arrangements was the establishment of emergency maternity homes at Little Hanford, Childe Okeford, and at Driftway, Dorchester. In addition, arrangements were made for the joint use by the Weymouth Corporation and the County Council of the emergency maternity home at 13, Greenhill, Weymouth, for Weymouth, Portland and other cases, if necessary.

By Christmas, 1939, most of the adults and many of the children had returned to their homes.



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# **DORSET COUNTY COUNCIL.**

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## **SUMMARY REPORT**

OF THE

## **MEDICAL OFFICER OF HEALTH**

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

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**FOR THE YEARS 1940-1944.**

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### **PREFACE.**

The compiling of routine annual reports during the war years has been found to be entirely impracticable for many obvious reasons. These include an acute shortage of trained staff as a result of absence on Service, illness and other causes, and the constant strain of attempting to comply with the ever-increasing demands made on such staffs as are available.

The statistics of these years have, however, been carefully kept and are now set out at the end of this report in tabular form which renders them convenient for comparison.



DORSET COUNTY COUNCIL.

# SUMMARY REPORT

MEDICAL OFFICER OF HEALTH

J. W. STANTON, M.D., D.P.H.

FOR THE YEARS 1910-1911.

## PREFACE

The purpose of this report is to give a summary of the work of the Medical Officer of Health for the year 1910-1911. It is intended to be a guide to the public and to the Council, and to show the progress of the work of the Medical Officer of Health during the year. The report is divided into two parts, the first part dealing with the general work of the Medical Officer of Health, and the second part dealing with the special work of the Medical Officer of Health.

# **PUBLIC HEALTH OFFICERS OF THE AUTHORITY.**

## **New Appointments—1940-1944.**

<i>Assistant County Medical Officers.</i>	<i>Date of Appointment</i>
PEARSON, NOEL FAWELL, M.R.C.S., L.R.C.P., D.P.H. (also M.O.H. North Dorset Districts) ... ..	22.1.40
HAYES, JOHN BERTRAND, M.R.C.S., L.R.C.P. ... ..	17.6.40
HAYES, LIONEL CHATTOCK, M.B., Ch.B., D.P.H. (Temporary) ... ..	1.7.40
PAISLEY, JOHN CARSON, M.B., B.Ch., D.P.H. (Temporary) (also M.O.H. Portland U.D.)	1.2.41
ARMIT, ADAM, M.B., Ch.B., D.P.H. (also M.O.H. West Dorset Districts) ... ..	1.4.42
SCOTT, GILBERT BODLEY, M.R.C.S., L.R.C.P. (Temporary) (also M.O.H. North Dorset Districts) ... ..	2.11.42
<i>County Nursing Superintendent.</i>	
TRUE, MISS LILY, S.R.N., S.C.M., H.V. CERT. ... ..	1.10.43
RANKLIN, MISS IRENE FLORENCE, S.R.N., S.C.M., H.V. CERT. (Deputy) ... ..	1.10.43
RANKLIN, MISS IRENE FLORENCE (Acting Superintendent) ... ..	17.8.44
BURNETT, MISS FLORENCE MARION, S.R.N., S.C.M. (Deputy-Temporary) ... ..	21.8.44
<i>Health Visitors.</i>	
GORELL-BARNES, MRS. DOROTHY EVELYN, S.R.N., S.C.M., H.V. CERT. ... ..	1.5.41
RICHERS, MISS GLADYS IRENE, S.R.N., S.C.M., H.V. CERT. ... ..	19.5.41
CLACK, MISS KATHLEEN DORA, S.R.N., S.C.M., H.V. CERT. ... ..	16.6.41
LAVELLE, MISS LILIAN, S.R.N., S.C.M., H.V. CERT. ... ..	1.5.42
AUSTIN, MISS LILIAN MARY, S.R.N., S.C.M., H.V. CERT. ... ..	1.9.42
WHEELER, MISS MARGUERITE FREDA, S.R.N., S.C.M., H.V. CERT. ... ..	19.1.43
MACK, MISS OLIVE, S.R.N., S.C.M., H.V. CERT. ... ..	24.5.43
CRISP, MISS IRIS MURIEL, S.R.N., S.C.M., H.V. CERT. ... ..	1.6.43
WHEELER, MISS CATHERINE ROSE, S.R.N., S.C.M., H.V. CERT. ... ..	12.7.43
CORDINGLEY, MISS VERA, S.R.N., S.C.M., H.V. CERT. ... ..	1.3.44
<i>Orthopaedic Sister.</i>	
MORRIS, MISS JOYCE MARGARET, C.S.P. ... ..	1.3.43
<i>Matron of County Sanatoria.</i>	
CALLION, MISS MARY, S.R.N. (Beckford Orthopaedic Hospital) ... ..	1.4.42
<i>Staff Officer for Casualty Services.</i>	
LOOMES, MR. J. J. ... ..	1.6.42

## **Appointments Terminated—1940-1944.**

<i>Assistant County Medical Officers.</i>	<i>Date of Termination.</i>
MACHUGH, JOHN F. ... ..	24.5.40
COLLINS, LESLIE ARTHUR (Military Service) ... ..	16.6.40
HAYES, LIONEL CHATTOCK ... ..	3.1.42
PEARSON, NOEL FAWELL (Military Service) ... ..	31.10.42
SCOTT, GILBERT BODLEY ... ..	31.12.44
<i>County Nursing Superintendent.</i>	
MACKINTOSH, MISS BELLA ROLLO ... ..	1.10.43
TRUE, MISS LILY (Seconded to U.N.R.R.A.) ... ..	17.8.44
<i>Health Visitors.</i>	
WHITELEY, MISS EVA ... ..	18.4.42
ELLIOTT, MISS KATHLEEN ... ..	30.9.42
SCOTT, MISS JOAN AGATHA ... ..	28.2.43
LAVELLE, MISS LILIAN ... ..	31.3.43
GORELL-BARNES, MRS. DOROTHY EVELYN ... ..	8.5.43
AUSTIN, MISS LILIAN MARY ... ..	16.5.43
RICHERS, MISS GLADYS IRENE ... ..	17.5.43
WHEELER, MISS MARGUERITE FREDA ... ..	31.12.43
CLACK, MISS KATHLEEN DORA ... ..	31.12.44
<i>Orthopaedic Sister.</i>	
DIACK, MRS. (Miss P. Biss), S.R.N., S.C.M. ... ..	8.1.43
<i>Matron of County Sanatoria.</i>	
BUTLER MISS A. E. (deceased) (Beckford Orthopaedic Hospital) ... ..	23.1.42



### VITAL STATISTICS (*Tables I and II*).

It will be noted that in spite of being a reception area the population has diminished during the war years presumably as a result of the absence of both men and women in the Services.

The birth rate shows a marked increase and compares favourably with that of England and Wales.

The death rate shows a decrease as in the case of England and Wales, that might be regarded as curious under the circumstances of the war, and it means that people are living longer. In 1940 it will be noted that the outbreak of Cerebro-Spinal Fever in that year caused 20 deaths, and further that in that year the number of deaths from Bronchitis and Pneumonia were much higher than in subsequent years.

Heart Disease probably includes a number of different conditions and accounts for approximately 900 deaths each year, but Cancer remains the highest individual cause with approximately 500 deaths each year.

There was a noticeable decline in deaths from Pulmonary Tuberculosis in 1943.

The infant mortality rate—that is to say, the number of infants that die under one year of age—has been more than halved in 1943 as compared with 1940, a most astonishing result, the causes of which are not obvious.

Maternal mortality has continued to show its very satisfactory decline—a result that cannot be dissociated from the discovery and increased use of the sulphonamide drugs in recent years.

### INFECTIOUS DISEASE (*Table III*).

The incidence of Typhoid and Para-Typhoid was high in 1940, with 22 and 23 notifications respectively, but this incidence has fortunately since declined.

Scarlet Fever, Diphtheria, Measles and Cerebro-Spinal Fever were all high in 1940, which was a most difficult year in connection with overcrowding. Most fortunately all these conditions declined in subsequent years.

An intensive campaign of immunisation against Diphtheria was commenced at the end of 1940 with the issue of free immunising material to all Authorities desirous of carrying it out. This immunisation was made available to all children under five years of age at Child Welfare Centres throughout the County and also if necessary at the Schools. Children of school age were dealt with by all the Sanitary Authorities and the different school premises were made available to the local Medical Officers of Health for this purpose. The results obtained are believed to have been very satisfactory, and it will be noted that there were only 43 cases notified in 1944. This figure is believed to be one of the lowest that has ever before been recorded in the County.

In the Spring of 1944 a case of smallpox was notified in the Sherborne area and the diagnosis was subsequently confirmed not merely by the Medical Officer of Health of the district, but also by a Medical Officer with considerable previous experience of the condition, who was sent specially for the purpose by the Ministry of Health. The patient was admitted to Hospital and under treatment did well. Early and energetic action was taken to vaccinate all possible contacts both in the neighbourhood of Sherborne and also in the adjacent town of Yeovil where the patient had worked, and to this may be ascribed the absence of any secondary cases. Infection was thought to have been contracted during a holiday the patient had taken previously in South Wales.

A steady tendency to rise will be noted in the number of cases of Dysentery. This has been almost entirely of the Sonne type.

### MATERNITY AND CHILD WELFARE (*Table IV*).

These figures only refer to the County Area outside the Boroughs of Poole and Weymouth.

**Births.** A steady increase in the number of births and the live-birth rate is shown during the war years. The still-birth rate, however, shows no increase during this period. There has been a noticeable increase in the number of illegitimate births and arrangements have been made with the Salisbury Diocesan Association for Moral and Spiritual Welfare for extending the provision of care to the unmarried mother. A maternity home, under the auspices of the Association, has since been opened for the purpose at Parkstone.

The infant mortality rate in common with the rest of the County shows a satisfactory tendency to decline and towards the end of 1944 additional special measures were taken to provide for the care of premature infants.



The work at the Ante-Natal Clinics and Infant Welfare Centres will be seen to have been well maintained, and it is noteworthy that the percentage of infants that attended at Centres while under one year of age increased from 44.9% in 1940 to 61.2% in 1944.

**Maternity Beds.** The number of patients admitted to maternity beds has steadily increased from 220 in 1940 to 370 in 1944, and this increase does not include any applications that may have been made by such patients direct to the Public Assistance Officer for admission to Poor Law Institutions. The growing demand seems likely to be continued into the post-war years and this calls attention to the shortage of maternity beds in the County. The question was receiving attention prior to the war with a view to improving generally the standard of obstetrics as a result of a report on maternal mortality. The question has been fully reported upon to the Public Health Committee, and as a result it is hoped that it may be possible to provide an additional 40 to 50 beds in the County in the not too distant future.

**Orthopaedic Treatment.** The orthopaedic treatment of children has been well maintained at all the different Clinics throughout the County and there has been no change in the arrangements whereby such children are admitted to Hospital when necessary, either at the Swanage Red Cross Hospital where they come under the care of the Orthopaedic Surgeon, or to the Bath and Wessex Children's Orthopaedic Hospital direct.

#### VENEREAL DISEASE (*Table V*).

From 1940 to 1943 inclusive there was year by year an increase in the number of patients found at the Clinics to be suffering from Syphilis. In sharp contrast the figures for 1944 shows a marked decrease in the numbers reporting for the first time and provided the numbers each year comprise similar ratios on recent, later and latent infections they manifest a most encouraging improvement.

In regard to Gonorrhoea the figures show a satisfactory tendency to decline and this is all the more noteworthy as a result of the very great increase in the numbers of patients attending the Clinics that are found to have Non-Venereal conditions.

The Clinic at Weymouth which was opened shortly before the war has proved of very great value, and it is hoped that it may ultimately be provided with a few hospital beds for those patients requiring treatment in hospital.

The Poole Clinic was opened in April, 1944, and it is hoped that it will fulfil a long-felt need in that area.

**Defence Regulation 33B.** This was brought into effect in January, 1943, enabling suspected sources of the disease to be notified to the M.O.H. During 1943, 33 such cases were notified, but two forms were only received in respect of four such cases. All these four were traced and followed up. In 1944, following up on receipt of one notice only was undertaken and out of 43 notifications received it was found possible to trace and deal with 27. It should be noted that these notifications are almost entirely in respect of women and that there are only two cases of men having been notified in the County as yet.

#### TUBERCULOSIS (*Table VI*).

The death rate in the Pulmonary group shows the lowest ever recorded in this area and a drop of approximately 50% during the last 15 years despite the fact that the number of new cases has increased.

The increase in the number of Pulmonary cases under treatment is as much as 14% in 1943 as compared with 1940, and this increase is based on cases under treatment in sanatoria as well as those under dispensary supervision.

The notification register also shows that there has been a marked increase in the number of new cases in the Pulmonary group amounting to a rise of about 25% over the period of the war. To some extent this increase can be accounted for by patients having contracted Tuberculosis in the Services, while war conditions at home, including the black-out and long hours of work, etc., presumably account for some of the increase in the civilian returns. Reference from the Recruiting Boards for expert opinion also accounts for the detection of some cases at an early stage that might otherwise have not been detected until a later date.

The value of the Dispensary service in the County is clearly shown by the fact that during 1943 out of 179 cases notified in the Pulmonary group, 164 cases were referred to the dispensaries, and that there has been a notable increase in the number of patients referred for diagnosis is shown by the very marked increase in the



total attendances and in the number of X-ray films taken. It is reasonable to say that this greater use of the Dispensary service has resulted in cases being diagnosed at an earlier stage of the disease than hitherto, and it has therefore being possible to provide active treatment with advantage. This may help to explain the decline in the death rate in spite of the increase in the number of cases.

The increase in the number of patients treated by Artificial Pneumothorax is very marked and it will be noted that the number of refills to be given in any one year are now more than double the number that were required in 1940.

The increase in the Pulmonary group has naturally resulted in a shortage of sanatoria accommodation. This shortage of beds refers mainly to male patients as the Dorset County Home is usually able to cope with female admissions without undue delay. Many more beds are, however, required and it is hoped that the new accommodation already arranged at Linford Sanatorium in conjunction with the Bournemouth County Borough will be completed at an early date after the end of the war. When this additional accommodation is available consideration should be given to the use of a portion of the Dorset County Home as a dispensary in place of the present premises at Poole which are now not well situated for the purpose.

Maintenance Allowances were brought into effect on 1st October, 1943, for the purpose of assisting patients in a very early stage of the disease to give up their work and undertake treatment with a view ultimately to the benefit of the war effort. Previously, the vast majority of patients were willing and in fact anxious to undertake treatment at the earliest opportunity after being diagnosed but the financial question often kept them at work until vacancies in sanatoria were found for them. On the other hand prior to the war the waiting period for these vacancies was not as long as it is now as a result of the shortage of beds. Although it is yet early to report on the effect of these allowances, it is believed that they have certainly helped those who are considered eligible to desist from working while awaiting admission to a sanatorium.

Further efforts for the rehabilitation of patients discharged from sanatoria are effected by the recent appointment of a Voluntary After-Care Worker whose assistance in this difficult question will, it is hoped, be of value. A few patients have been placed and trained in suitable new appointments in the past two years and are believed to be doing well.

In regard to Non-Pulmonary Tuberculosis there has been no very marked increase in the number of patients, and there is adequate accommodation for those requiring treatment in hospital.

#### MISCELLANEOUS SERVICES (*Table VII*).

The phenomenal success of the County Laboratory is well illustrated by the increase from 20,000 odd tests carried out in 1939, to the total of over 52,000 carried out by the combined Laboratories at Dorchester and Poole in 1944.

Tests under Schedule "A" comprise anything of what is generally recognised as of a public health nature and are carried out free of cost. Those under Schedule "B" are of a purely pathological nature for which reasonable charges are made to general practitioners on behalf of their patients and to the hospitals.

All the pathological work in connection with approximately 500 hospital beds is now carried out in the main at the Laboratory in Dorchester.

The work has not been maintained without extreme pressure as a result of the inability to obtain any additional trained staff during the war.

**Milk Supplies.** These show a very satisfactory increase in the number of tuberculin-tested licences in 1943 and 1944.

The samples examined for Tuberculosis include samples taken from all sources and all grades, and it was only owing to pressure of work in the Laboratory that the number of these samples taken in 1944 had to be reduced. The percentage found to be positive varies from year to year, but probably give a reasonably fair indication of the state of these supplies in the County.

The remaining figures in this section call for little comment and speak for themselves.



## EMERGENCY MEDICAL SERVICE.

For E.M.S. purposes Poole and the rest of the County were regarded as separate areas, Poole coming within the Southern Region at Reading, and the rest of the County in the S.W. Region at Bristol.

Ultimately both came under Reading but the separate administration remained, the Hospital Officer acting through two Group Officers for the separate areas. The County Medical Officer continued to act as Group Officer or Agent for the County Area and Sir Robert G. Archibald, C.M.G., was appointed for the Bournemouth Area, including Poole.

Confined originally to air-raid casualties and Service sick this service was subsequently extended to include practically every type of Service and civilian sick other than the ordinary sick among local residents, and even these latter became E.M.S. patients if transferred from one Hospital to another on the authority of the Hospital Officer.

The following remarks apply in the main to the County Area.

The Hospitals in Group II, *i.e.*, the Public Assistance Institutions, were ultimately discharged from the Scheme, while the Yeatman Hospital at Sherborne was transferred into Group IA.

The joint administration of Public Assistance and E.M.S. patients in Portwey Hospital soon proved to be entirely impracticable and in the Spring of 1940 all Public Assistance patients in this Hospital were removed to other Institutions. Under the administrative control of a Medical Superintendent and with the appointment of Miss E. Brown as Matron, in July, 1940, an efficient nursing staff was obtained and allocated to their various duties in the Hospital, and the Hospital itself was quickly brought up to a state of efficiency in time to deal with a large number of casualties of every sort and description, including foreign refugees following the fall of France.

In March, 1941, Dr. J. D. Dear, previously Medical Officer of Health for Portland and an Assistant County Medical Officer, was appointed Medical Superintendent and subsequently the Hospital developed smoothly until it is now able to compare in efficiency with that of any local voluntary Hospital.

In attaining this state thanks are due to those Surgeons on the Staff, who were also on the Honorary Staff of the Weymouth and District Hospital, for their advice and experience which were of inestimable value—and also for their admirable work as Surgeons in dealing with all the casualties received at both Hospitals throughout the whole period.

Portwey Hospital suffered the result of severe bombing on several occasions, the Medical Superintendent's house was severely damaged, rebuilt again, and then finally demolished, the Sisters' quarters were more or less destroyed and the Matron severely injured, but the work of the Hospital was never entirely interrupted.

Portwey Hospital primarily receiving Service sick and casualties from overseas, the Weymouth and District Hospital primarily received any local air-raid casualties to the extent of its capacity.

The Weymouth and District Hospital was itself severely damaged in an air-raid in May, 1944, and was rendered uninhabitable. Fortunately, a shadow Hospital in the neighbouring premises of the Weymouth College had previously been equipped for any such eventuality and since that date the Hospital has functioned in its temporary premises, transferring any local civilian sick that it is unable to deal with to Portwey Hospital as E.M.S. patients.

The remaining Hospitals in the County have not been called upon to deal with E.M.S. patients to any very great extent, but throughout the period have dealt with individual patients as necessary, and been available as a first stage of retreat in the event of it being necessary to evacuate patients hurriedly from Weymouth in order to keep beds there clear for new casualties. This occurred on several occasions and behind these local Hospitals were other E.M.S. Hospitals at Salisbury and elsewhere to which convoys of patients could be sent when necessary. For this purpose two 'bus ambulances, capable of taking 20 lying down cases, were always available in Weymouth in addition to other 'buses for sitting cases.

The work of the Casualty Bureau continued as has previously been described and it may be of interest to note below the number of E.M.S. patients whose admission and discharge from local Hospitals were notified to the Bureau in these years :—

1939	1940	1941	1942	1943	1944
72	2394	1726	1741	2111	2401



With the change in 1941 from one Region to another, the Service came under the executive control of the Hospital Officer at Reading, Dr. A. L. Dykes, with whom no relations could possibly have since been smoother or more pleasant, and whose assistance has always been immediately available in any local difficulty during a long and anxious period.

#### A.R.P. CASUALTY SERVICES.

It can readily be understood that many changes took place in the organisation of the Casualty Services during these five years. The main features in the area of the scheme-making authority—namely, the County, excluding Poole—can be best shown under separate headings.

##### First Aid Posts.

(a) *Fixed.* The original establishment of ten Posts remained unchanged. Trained Nurses were employed on a full-time basis at the Posts in Portland, Dorchester, Wimborne, Ferndown and Swanage. At Sherborne, where the Post was in the Yeatman Hospital, the County Council paid the salary of the nurse-in-charge of the Out-Patient Department in return for the facilities made available by the Hospital. In Weymouth a paid lay-Superintendent acted as nurse-in-charge, and seven nursing auxiliaries were also employed on a whole-time basis. Two paid Nursing Auxiliaries were employed in the Post at Portland and also two male assistants.

(b) *Mobile.* The original establishment of three Mobile First Aid Posts was reduced to two in 1943, when it was decided that the Post at Bridport was not required. At about the same time five light mobile First Aid Units were established in areas of the County, where it was thought they might be of most use. Trained Nurses were employed on a whole-time basis to be in charge of the Mobile First Aid Posts in Wareham and Blandford.

With the exception of the paid staff detailed above the remainder of the personnel employed in the First Aid Post Service were part-time volunteers. The highest number of unpaid volunteers in this service at any one time was 48 men and 318 women, in 1941.

Throughout these years the equipment issued to First Aid Posts continued to expand, and the training of the personnel had to be progressively more technical.

Nine out of the ten fixed First Aid Posts received air-raid casualties. The Mobile Post at Wareham dealt with casualties only at its depot as though it was a fixed Post and none of the Mobile Posts were ever called upon to function in a mobile capacity.

The figures of casualties treated at Posts during these five years were as follows :—

	1940	1941	1942	1943	1944	TOTAL.
Portland ...	25	14	11	2	—	52
Weymouth ...	49	50	48	—	8	155
Dorchester ...	—	—	2	—	—	2
Bridport ...	—	—	33	—	—	33
Ferndown ...	—	—	—	—	4	4
Gillingham ...	1	—	—	—	—	1
Sherborne ...	39	—	—	—	—	39
Swanage ...	1	13	60	16	—	90
Wareham ...	—	—	15	—	—	15
Poole ...	21	15	45	2	8	91

##### First Aid Points.

The original establishment of 114 First Aid Points was eventually increased to 121, including 27 Upgraded First Aid Points established in the larger villages. The latter received a considerable quantity of equipment, and to each of them a Medical Officer was appointed. Only a very small number of air-raid casualties were taken to First Aid Points, which did, however, deal with many casualties resulting from local accidents, including crashed aircraft.

The total number of volunteers staffing the First Aid Points was approximately 1,600.



### Ambulances.

The principle of relying on tradesmen's vans to act as emergency ambulances was quickly given up, and the County Council eventually owned a fleet of 47 efficient converted vehicles obtained at an astonishingly economical figure. In addition, 11 ambulance vehicles were also later put on the establishment as loaned for Civil Defence purposes. Of these latter vehicles some were converted into ambulances and lent by their owners free of charge, others were lent by the British Red Cross Society, and others were vehicles received from the United States.

Cars for the conveyance of casualties who were not so seriously injured as to require transport on stretchers were also part of the ambulance service. The County Council owned 8 of these cars and at one time there were as many as 91 part-time cars lent and usually driven by their owners. In 1943 the establishment of sitting-case cars was reduced to 17 whole-time vehicles and 21 part-time.

The paid ambulance drivers employed in Weymouth numbered 6, but otherwise this Service was manned entirely by volunteers. The largest number of volunteers employed at any one time was 357 in 1942.

In order to keep the ambulances, sitting-case cars and other Civil Defence vehicles in good running order a County Service Engineer was appointed in 1943. A mobile service van was provided for the use of the engineer to enable him to carry out small repairs at the various depots where vehicles were garaged all over the County. The result of this appointment was not only a saving of money in repair bills, but also increased efficiency in the transport services generally.

### Gas Cleansing Services.

Gas Cleansing Sections formed part of each of the ten fixed First Aid Posts in the County. In addition, six Public Gas Cleansing Centres were established, one in Portland, three in Weymouth, one in Dorchester, and one in Blandford. As a further precaution eleven mobile gas cleansing units were allocated to the County, and these were distributed as seemed most appropriate. For the most part the staffs of First Aid Posts undertook gas cleansing duties, but 90 men and 57 women volunteers were specially enrolled for this service. The procedure to be adopted for the cleansing of gas contaminated persons became more and more complicated and the training of volunteers in their duties was highly arduous. A great amount of equipment was also provided.

### First Aid Parties and Rescue Service.

The original establishment of 45 parties was later increased to 56, and in May, 1943, the First Aid Parties were amalgamated with the Rescue Parties to form the Rescue Service. A new establishment of 61 Rescue Parties was then authorised.

In the First Aid Party Service there were 11 whole-time men in Portland and 20 in Weymouth. In the Rescue Service the figures were 14 for Portland and 34 for Weymouth. In the rest of the County the Service was manned by volunteers. Before the amalgamation there were 333 men and 102 women volunteers in the First Aid Parties; after the amalgamation there were 555 male volunteers in the Rescue Service.

### Air-Raids.

The County of Dorset had its share of air-raids, the southern half naturally coming off worst. The most concentrated raid, however, was on Sherborne in September, 1940, but fortunately both damage and casualties were surprisingly light. The following figures may be of interest :—

High Explosive Bombs	...	...	...	...	4,915*
Incendiary Bombs	...	...	...	...	40,129*

(\* Exclusive of those dropped on Naval, Military and R.A.F. objectives).

#### Civilian Casualties :—

Dead	...	...	...	...	233
Missing	...	...	...	...	3
Seriously injured and detained in Hospital	...	...	...	...	275
Others injured	...	...	...	...	494



## **Training.**

The training of volunteers in first aid was an important and arduous duty. Apart from learning elementary principles, personnel had to be taught how to use all the numerous items of equipment provided and how to deal with a large variety of injuries. Some of the recommended methods of treatment were highly complicated. Many large scale exercises were organised, some in conjunction with the military authorities with whom close co-operation was always maintained.

As time went on training methods changed. At first much reliance was placed on lectures based on the accepted syllabus of the British Red Cross Society or that of the St. John Ambulance Brigade. It was eventually considered that the most effective method of teaching first-aid to Civil Defence personnel was by practical demonstrations with faked casualties who acted their parts in a realistic way and in the last two years efforts were made to persuade all instructors to adopt this method.

## **The Administration of the A.R.P. Services.**

A complicated organisation was built up from small beginnings. The appointment of a County Ambulance and Transport Officer was soon found to be a necessity. A van had to be bought and a driver employed to deliver stores. The slow stream of supplies from Government stores coming in dribblets gradually grew bigger and faster, and necessitated the appointment of a whole-time medical storekeeper. Numerous forms of return were required at short intervals, training courses had to be arranged, exercises planned and duty in County Control undertaken.

When administrative difficulties were possibly at their highest point in 1944 matters were further complicated by the transfer of the County from the S.W. Region with its headquarters at Bristol, to the Southern Region at Reading.

In 1942 a Staff Officer for Casualty Services was appointed to assist in training and administration. The services in this capacity of Mr. Loomes, who had had previous experience in the R.A.M.C. and throughout the bombing of Plymouth, have since been much appreciated.

## **CIVIL NURSING RESERVE.**

The local administration of this organisation has proceeded steadily all through the war. The necessity for a County Organiser quickly became apparent and in March, 1940, Mrs. D. C. Bell, of Sherborne, was appointed in this capacity. After much spade work had been carried out by her she was succeeded in December, 1941, by Miss F. M. Burnett.

At first the organisation had the duty of allocating to employment all enrolled members of the Reserve but later the Regional Nursing Officer assumed the responsibility for the allocation of mobile members—*i.e.*, nurses who volunteered for service in any part of the Country outside the County.

Those young women who were called for interview by the Ministry of Labour under the Registration for Employment Order and expressed a desire to take up nursing were at first referred by the Ministry to the County Organiser who advised the girls according to their individual characteristics either to take up training for a nursing career, or to join the Civil Nursing Reserve, or in certain cases to give up the idea of becoming nurses altogether. Later, when the Ministry of Labour began to employ Nursing Officers in their Appointments Offices, there was some confusion as to who was the proper person to interview women who wanted to take up nursing. Cases were known of women who were first interviewed at the local office of the Ministry of Labour, and then called for interview by the Appointments Officer in Southampton, by whom they were referred to the Regional Nursing Officer in Reading, who at last sent the women to the County Organiser. Ultimately the original procedure was again adopted.

The training of Nursing Auxiliaries was at first based on a syllabus consisting of a First Aid course, a Home Nursing course, and fifty-two hours' practical work in hospital. Some members took a year or more to complete the necessary number of hours. Later, all women joining the Reserve as Nursing Auxiliaries undertook a fourteen days' period of intensive training in hospital. Through the co-operation of the Medical Superintendent and Matron of Portway Hospital about six trainees were accepted at regular intervals, at one time as frequently as once a month. At the completion of the courses a proportion of the trainees were retained at Portway Hospital as Nursing Auxiliaries, and the remainder posted to hospitals elsewhere.

The majority of members of the Civil Nursing Reserve could only give part-time service, and a large number undertook nursing duty in First Aid Posts and Points. Most of those who were able to take wholtime employment worked in hospitals, but a few members were allocated to sick bays for evacuees, maternity homes and ambulance trains.



The figures of membership were as follows :—

	1939	1940	1941	1942	1943	1944
Trained Nurses ...	102	89	74	62	58	45
Assistant Nurses ...	41	49	34	21	19	16
Nursing Auxiliaries ...	262	455	366	212	187	175

The gradual fall in membership was due to the fact that from April, 1941, recruitment was limited to mobile members only.

### EVACUATION.

The ebb and flow of evacuees can be seen from the following estimated totals in the County on 30th September of each year :—

1939	1940	1941	1942	1943	1944
19919	11169	16561	8741	5557	13257

The principle was always maintained that the health services available to local residents were similarly at the disposal of evacuees. The following measures were taken to deal with particular groups in the area of the County Council as Welfare Authority.

#### Residential Nurseries and Nursery Units.

These were established for the care of unaccompanied children under five years of age. Six separate nurseries in Dorset were opened by the Waifs and Strays Society capable of taking approximately a total of 30 children.

In addition a large nursery capable of taking 50 children was opened at Coram Court, Lyme Regis, and directly administered by the County Council. A general supervision was exercised over the health and welfare of all these nurseries.

In addition to the larger residential nurseries, three nursery units were established in private houses through the goodwill and co-operation of the householders concerned. Two of these units accommodated four children each and one was able to take eight. The nursery unit is possibly the best answer to the problem of housing these young children and it is hoped that the experience gained with them will lead to their wider use in peace-time for boarding-out purposes.

#### Sick Bays.

In general the arrangements made for the medical care of unaccompanied evacuees worked very well, but it was found necessary to provide beds in Sick Bays for children who were not sufficiently ill to enter hospital but who could not reasonably be left to the care of the harrassed householders. Efficient Sick Bays were established in Bridport, Swanage and Sturminster Newton. These supplied sufficient beds for the needs of the County.

#### Minor Ailment Clinics.

These were opened at many First Aid Posts, Points and other places throughout the County and large numbers of evacuee children received treatment at these Clinics for minor conditions.

#### Maternity Homes.

In the Spring of 1940 as a result of most of the original evacuees having returned home the Emergency Maternity Home at Driftway, Dorchester, was unfortunately closed. It had been used for a total of 35 confinements and was subsequently very much missed. The home at Little Hanford, Childe Okeford, remained open and by the end of 1944 more than 136 confinements had been successfully conducted there under ideal conditions and grateful thanks have been expressed to the owner for her very great contribution to the war effort in Dorset.

Many evacuee mothers were admitted to maternity beds in hospitals, and others were confined in their billets under arrangements made with the District Nurses.



It might not be inappropriate here to refer to the large numbers of temporary residents in the County who also made use of the health services. These persons, while not official evacuees, had in most cases evacuated themselves privately from dangerous areas, and in many cases were housed under very poor and overcrowded conditions.

#### Ancillary Services.

These included such items as :—

The issue of additional clothing coupons or Priority Dockets for the purchase of sheets to expectant mothers.

The administration of the clothes' rationing scheme in connection with nurses, health visitors, medical officers and others who ordinarily wear uniforms or protective clothing ; the issue of the occupational supplement of clothing coupons to those entitled to them ; the completion of coupon equivalent documents as required ; the issue of permits for rubber gloves ; and the compilation of records in connection with all these matters.

Dealing with requests for the conveyance of persons by the Volunteer Car Pool, the issue of the necessary authorities, and in many cases the arranging of individual journeys.

#### VITAL STATISTICS (Table I).

	1939	1940	1941	1942	1943	1944
<b>Area :—</b> 622,843 Acres.						
<b>Population :—</b>						
Urban Districts ... ..	164,000	164,960	156,600	150,700	146,400	146,980
Rural Districts ... ..	96,140	98,030	102,090	98,600	96,140	93,540
Whole County ... ..	260,140	262,990	258,690	249,300	242,540	240,520
<b>Rateable Value :—</b> ... ..	£1,758,189	£1,816,493	£1,841,969	£1,851,221	£1,858,229	£1,857,07
<b>Estimated Produce of a Penny Rate :—</b>	£6,987	£7,128	£7,154	£7,211	£7,202	£7,308
<b>Births :—</b>						
Still Births ... ..	112	131	117	123	123	119
Live Births ... ..	3,579	3,731	3,810	4,292	4,072	4,589
TOTAL ... ..	3,691	3,862	3,927	4,415	4,195	4,708
Live Birth Rate (per 1,000 population)	14.0	14.1	14.7	17.2	16.7	19.0
Live Birth Rate (England and Wales)	15.0	14.6	14.2	15.8	16.5	17.6
<b>Deaths :—</b>						
Total Deaths (all ages) ... ..	3,267	3,820	3,250	3,303	3,205	3,200
Death Rate (per 1,000 population) ... ..	12.5	14.5	12.5	13.2	13.2	13.3
Death Rate (England and Wales) ... ..	12.1	14.3	12.9	11.6	12.1	11.6
<b>Infant Mortality :—</b>						
Deaths under 1 year of age ... ..	145	192	187	171	148	150
Infant Mortality Rate (per 1,000 live births) ... ..	40	75	80	53	36	32
Infant Mortality Rate (England and Wales) ... ..	50	55	59	49	49	46
<b>Maternal Mortality :—</b>						
Maternal Deaths ... ..	8	13	14	10	9	7
Maternal Mortality Rate (per 1,000 births) ... ..	2.1	3.3	3.5	2.2	2.1	1.4
Maternal Mortality Rate (England and Wales) ... ..	2.82	2.16	2.23	2.01	2.29	1.93



CAUSES OF DEATH AT ALL AGES. (Table II).

	1939	1940	1941	1942	1943	1944
Typhoid and Parat. Fevers ...	3	—	3	—	—	—
Cerebro-Spinal Fever ...	1	20	9	2	4	7
Scarlet Fever ...	—	2	—	1	—	—
Whooping Cough ...	3	4	11	2	6	4
Diphtheria ...	10	6	10	13	10	4
Tub. of Resp. System ...	89	98	102	102	76	80
Other forms of Tuberculosis ...	24	32	19	20	25	19
Syphilitic Disease ...	13	9	19	20	11	10
Influenza ...	69	98	49	28	104	32
Measles ...	—	1	9	1	3	2
Ac. Polio-myel. and Polio-enceph. ...	—	1	2	—	1	1
Ac. Inf. Enceph. ...	—	6	4	3	4	1
Cancer of buc. cav. and Oesoph. (M), Uterus (F) ...	460	62	62	52	52	48
Cancer of stomach and duodenum ...		95	91	89	74	73
Cancer of breast ...		56	50	57	65	67
Cancer of all other sites ...		294	265	279	310	300
Diabetes ...	41	40	30	43	38	27
Intra-cranial vascular lesions ...	227	360	366	368	379	360
Heart disease ...	940	944	801	875	878	950
Other diseases of circ. system ...	216	110	83	85	69	89
Bronchitis ...	97	246	140	137	124	122
Pneumonia ...	118	195	137	120	102	110
Other respiratory diseases ...	28	43	35	35	41	44
Ulcer of stomach or duodenum ...	25	36	34	34	30	39
Diarrhoea under 2 years ...	8	20	11	11	9	12
Appendicitis ...	17	24	14	16	11	12
Other digve. diseases ...	67	88	76	105	81	76
Nephritis ...	98	114	85	110	89	102
Puer. and Post-abort. sepsis ...	1	4	2	—	—	—
Other maternal causes ...	7	9	12	10	9	7
Premature birth ...	103	36	49	43	50	47
Con. Mal. Birth inj. infant. dis. ...		67	68	65	54	54
Suicide ...	34	37	27	23	20	25
Road Traffic accidents ...	121	42	43	32	32	42
Other violent causes ...		174	145	152	77	83
All other causes ...	447	447	387	370	367	351

NOTIFICATIONS OF INFECTIOUS DISEASE (Table III).

	1939	1940	1941	1942	1943	1944
Scarlet Fever ...	366	409	280	388	306	297
Whooping Cough ...	80	318	1,440	388	660	818
Diphtheria (including Membranous Croup) ...	126	174	108	86	80	43
Measles (excluding German Measles) ...	45	3,865	4,711	1,258	2,445	1,709
Bacterial Pneumonia (Primary or Influenzal) ...	138	269	231	270	174	295
Cerebro-spinal Fever ...	4	134	55	44	21	24
Acute Poliomyelitis ...	13	5	11	3	2	4
Acute Polioencephalitis ...	3	2	1	—	2	1
Acute Encephalitis Lethargica ...	2	8	1	2	5	1
Epidemic enteric fever ...	24	35	72	40	111	196
Epidemic typhus ...	11	13	5	11	16	20
Epidemic Pyrexia ...	38	32	53	41	42	26
Epidemic typhus ...	—	—	—	—	—	1
Typhoid Fever ...	3	12	10	1	3	3
Paratyphoid Fever (excluding paratyphoid) ...	9	10	13	4	1	—
Epidemic typhus ...	56	70	63	81	82	101
Epidemic typhus ...	1	1	—	1	—	—
Smallpox—Believed to be contracted in this country ...	—	—	—	—	—	—
Smallpox—Believed to be contracted abroad ...	3	3	1	1	1	68
Smallpox—Induced in Institutions ...	—	—	—	—	—	—



**MATERNITY AND CHILD WELFARE (Table IV).**

	1939	1940	1941	1942	1943	1944
<b>Births.</b>						
No. Registered ... ..	2,117	2,246	2,301	2,639	2,466	2,631
Live Births ... ..	2,044	2,178	2,232	2,569	2,395	2,563
Still Births ... ..	73	68	69	70	71	68
Live Birth Rate (per 1,000 population)	13.5	14.0	14.1	17.0	16.3	17.8
Still Birth Rate (per 1,000 total births)	34.4	30.2	29.9	26.5	28.7	25.8
Legitimate ... ..	2,029	2,145	2,157	2,461	2,297	2,381
Illegitimate ... ..	88	101	144	178	169	250
<b>Infant Mortality.</b>						
Deaths under 1 year of age ... ..	82	110	113	84	88	78
Legitimate ... ..	73	102	102	77	75	68
Illegitimate ... ..	9	8	11	7	13	10
Infant Mortality Rate (per 1,000 live births) ... ..	40	50	50	32	36	30
<b>Maternal Mortality.</b>						
Maternal Deaths ... ..	4	3	7	8	5	4
Maternal Mortality Rate (per 1,000 total births) ... ..	1.9	1.3	3.0	3.0	2.0	1.5
<b>Midwives.</b>						
No. on Register at end of year ... ..	112	107	105	110	101	102
No. of visits of inspection during year by County Nursing Superintendent ... ..	298	348	316	363	353	341
No. of cases attended by Midwives :—						
As Midwives ... ..	973	1,084	1,310	1,198	1,208	1,122
As Maternity Nurses ... ..	861	909	936	1,045	907	1,202
No. of cases in which medical help was sought ... ..	473	490	507	429	406	376
<b>Ante and Post Natal Care.</b>						
No. of mothers attending Clinics ... ..	620	744	971	817	826	967
No. of such attendances ... ..	1,979	2,246	2,659	2,613	2,627	2,793
No. of uninsured women unable to attend Clinics and seen by General Medical Practitioners ... ..	276	272	310	251	217	261
No. of Obstetric Consultants called in ... ..	15	12	10	7	4	8
No. of Dental Treatments authorised ... ..	88	157	165	137	128	105
<b>Maternity Beds.—Total No. of patients admitted</b> ... ..	149	220	341	317	316	370
Dorset County Hospital ... ..	39	55	115	118	113	128
Weymouth and District Hospital ... ..	15	24	15	24	23	43
Cornelia and East Dorset Hospital ... ..	36	54	68	47	40	71
Yeatman Hospital ... ..	14	20	27	18	19	8
Westminster Memorial Hospital ... ..	4	17	33	42	49	50
Other Hospitals ... ..	31	30	16	21	34	19
Little Hanford Maternity Home ... ..	7	19	34	20	21	35
Public Assistance Institutions ... ..	3	1	33	27	17	16
<b>Infant Welfare Centres.</b>						
No. of infants under 1 year of age attending first time ... ..	857	905	1,224	1,116	1,092	1,408
No. of children 1-5 years of age attending first time ... ..	443	505	977	469	468	680
No. of attendances of infants under 1 year of age ... ..	8,982	8,646	11,099	11,434	12,628	14,804
No. of attendances of children 1-5 years years of age ... ..	10,599	8,925	11,176	9,327	9,520	9,848
No. at end of year who were under 1 year of age ... ..	722	787	935	977	931	1213
No. at end of year who were 1-5 years of age ... ..	1,676	1,683	2,327	2,001	2,040	2,294
No. of live births notified ... ..	1,929	2,012	2,284	2,303	2,142	2,301
Percentage that attended while under 1 year of age ... ..	44.4	44.9	53.5	48.4	50.9	61.2



MATERNITY AND CHILD WELFARE (Table IV)—cont.

	1939	1940	1941	1942	1943	1944
<b>Visiting.</b>						
First visits to infants under 1 year of age ...	2,018	2,068	2,441	2,488	2,301	2,466
Total number of visits to infants under 1 year of age ...	13,088	13,192	15,865	17,790	15,703	15,014
Total number of visits to children between ages of 1-5 years ...	17,515	18,215	22,810	23,801	22,053	19,325
<b>Life Protection.</b>						
No. of children on Register at beginning of year ...	74	79	74	66	99	81
No. of new children received during year ...	119	37	53	99	74	61
No. of removals from Register during year ...	114	42	61	66	92	65
No. of children on Register at end of year ...	79	74	66	99	81	77
No. of reports made by Child Protection Visitors during the year ...	353	246	268	277	381	325
No. of foster-parents on Register at end of year ...	51	44	44	50	43	43
<b>Day Homes.</b>						
No. on Register at end of year ...	11	12	13	13	13	14
No. of inspections during year ...	12	21	26	13	15	24
<b>Dental Treatment of Children.</b>						
Dental Treatment :—						
No. of cases ...	—	66	75	79	92	62
Orthopaedic Clinics :—						
No. of cases ...	152	186	207	193	201	222
No. of attendances ...	588	626	748	734	564	780
Hospital Treatment :—						
No. of children admitted during year ...	20	28	55	47	52	52
Ophthalmia Neonatorum :—						
No. of cases notified ...	6	10	3	6	8	3
No. with vision impaired ...	—	—	—	—	—	—
No. with vision unimpaired ...	6	10	3	6	8	3



**VENEREAL DISEASE (Table V).**

	1939	1940	1941	1942	1943	1944
<b>Total—Dorset Patients—All Clinics.</b>						
No. of patients dealt with for the first time	49	45	58	60	83	63
Syphilis ...	—	—	1	2	—	—
Soft Chancre ...	78	95	80	64	91	78
Gonorrhoea ...	81	51	106	166	225	318
Non-Venereal ...						
<b>Weymouth Clinic.</b>						
No. of patients dealt with for the first time	10	9	6	14	18	11
Syphilis ...	—	—	1	2	—	—
Soft Chancre ...	13	25	14	12	18	11
Gonorrhoea ...	13	15	38	53	83	72
Non-Venereal ...	417	952	959	1,586	1,795	1,498
Attendance of all patients ...	—	—	—	—	—	—
Aggregate of in-patient days ...						
<b>Dorchester Clinic.</b>						
No. of patients dealt with for the first time	9	2	6	2	7	5
Syphilis ...	—	—	—	—	—	—
Soft Chancre ...	17	8	8	5	10	9
Gonorrhoea ...	21	18	16	19	17	23
Non-Venereal ...	791	333	505	366	337	340
Attendances of all patients ...	163	74	10	30	53	—
Aggregate of in-patient days ...						
<b>Poole Clinic.</b>						
No. of patients dealt with for the first time	—	—	—	—	—	10
Syphilis ...	—	—	—	—	—	—
Soft Chancre ...	—	—	—	—	—	9
Gonorrhoea ...	—	—	—	—	—	42
Non-Venereal ...	—	—	—	—	—	622
Attendances of all patients ...	—	—	—	—	—	16
Aggregate of in-patient days ...						
<b>Bournemouth Clinic.</b>						
No. of patients dealt with for the first time	27	32	42	40	54	33
Syphilis ...	—	—	—	—	—	—
Soft Chancre ...	43	58	57	40	59	41
Gonorrhoea ...	40	15	46	91	100	168
Non-Venereal ...	1,704	985	1,168	1,896	2,349	1,858
Attendance of all patients ...	151	7	72	143	14	62
Aggregate of in-patient days ...						
<b>Yeovil Clinic.</b>						
No. of patients dealt with for the first time	1	2	3	2	2	2
Syphilis ...	—	—	—	—	—	—
Soft Chancre ...	3	2	1	3	4	7
Gonorrhoea ...	3	1	2	1	9	7
Non-Venereal ...	56	76	158	135	279	264
Attendances of all patients ...	—	—	—	11	8	45
Aggregate of in-patient days ...						
<b>Salisbury Clinic.</b>						
No. of patients dealt with for the first time	2	—	1	2	2	2
Syphilis ...	—	—	—	—	—	—
Soft Chancre ...	2	2	—	4	—	1
Gonorrhoea ...	4	2	4	2	16	6
Non-Venereal ...	114	36	137	131	62	98
Attendances of all patients ...	38	—	34	14	—	—
Aggregate of in-patient days ...						



TUBERCULOSIS (Table VI).

	1939	1940	1941	1942	1943	1944
<b>Deaths.</b>						
All forms ... ..	113	130	121	122	101	99
Death-rate per 1,000 population ...	0.43	0.49	0.46	0.48	0.41	0.41
Pulmonary ... ..	89	98	102	102	76	80
Death-rate per 1,000 population ...	0.34	0.37	0.39	0.40	0.31	0.33
Non-Pulmonary ... ..	24	32	19	20	25	19
Death-rate per 1,000 population ...	0.09	0.12	0.07	0.08	0.10	0.07
<b>Notifications.</b>						
All forms ... ..	206	209	243	264	250	278
Pulmonary ... ..	150	156	185	210	179	207
Non-pulmonary ... ..	56	53	58	54	71	71
<b>Notification Register as at 31st December—</b>						
All forms ... ..	899	889	949	960	1,012	1,094
Pulmonary Males ... ..	351	358	369	409	421	453
„ Females ... ..	268	263	291	282	294	323
Non-pulmonary Males ... ..	136	130	140	134	143	159
„ Females ... ..	144	138	149	135	154	159
<b>Treatment.</b>						
<i>Dispensary Register as at 31st December</i>						
All forms ... ..	605	603	656	712	796	903
Pulmonary Adult Males ...	253	253	277	325	368	407
„ Adult Females ...	196	196	216	222	238	278
„ Children ...	8	9	10	10	12	13
Non-pulmonary Adult Males ...	39	33	41	40	44	53
„ Adult Females ...	50	53	55	55	66	71
„ Children ...	59	59	57	60	68	81
<i>New Cases diagnosed as Tuberculous—</i>						
All forms ... ..	150	159	190	214	216	237
Pulmonary Adult Males ...	57	70	77	105	93	105
„ Adult Females ...	58	49	74	66	68	74
„ Children ...	2	2	5	5	3	6
Non-pulmonary Adult Males ...	9	8	11	7	8	13
„ Adult Females ...	6	14	10	14	21	13
„ Children ...	18	16	13	17	23	26
Attendances at Dispensaries ...	1,347	1,309	1,434	1,857	2,363	2,656
<b>X-Ray Films—</b>						
Dorset County Home :						
In-patients ... ..	197	157	180	144	207	244
Out-patients ... ..	569	564	541	706	952	995
Dorchester Dispensary ...	512	444	515	666	834	941
Beckford Orthopaedic Hospital ...	183	180	205	148	217	255
<b>Artificial Pneumothorax—</b>						
Inductions—Dorset County Home	13	2	4	9	18	20
Refills —Dorset County Home	1,064	714	772	835	1,122	1,701
Refills —Dorchester Dispensary	214	299	316	396	557	749
<b>Admissions to Sanatoria—</b>						
Dorset County Home ...	50	50	65	58	67	63
Royal National Sanatorium ...	46	38	37	51	33	24
Weymouth Borough Sanatorium	15	19	18	21	22	17
Others ... ..	7	8	13	22	43	70
<b>Admissions to Hospitals—</b>						
Beckford Orthopaedic Hospital ...	33	43	35	36	43	31
Bath and Wessex Hospital ...	10	6	16	4	4	8
Children's Hospital, Swanage ...	9	12	10	10	9	10
Others ... ..	15	17	15	35	30	32
<b>Average number of beds occupied—</b>						
Sanatoria ... ..	60	55	52	56	65	70
Hospitals ... ..	32	34	33	35	31	42



**MISCELLANEOUS SERVICES (Table VII).**

	1939	1940	1941	1942	1943	1944
<b>Orthopaedic Treatment.</b>						
Surgeon's Clinics—No. of Cases ...	391	385	389	416	423	420
—No. of Attendances ...	781	679	860	806	787	817
Sister's Clinic —No. of Cases ...	542	696	617	676	598	731
—No. of Attendances ...	2,329	1,751	1,946	1,896	1,495	2,518
No. admitted to Hospital (other than for Tuberculosis) ...	33	22	30	30	22	25
<b>Blind Persons.</b>						
No. approved for admission to Register:						
Certified by County Medical Staff ...	26	24	35	57	31	32
Certified by Ophthalmic Surgeons ...	25	26	20	30	25	29
Registered elsewhere and moved to Dorset ...	9	8	3	7	—	4
TOTAL ...	60	58	58	94	56	65
No. removed from Register in year ending 31st March ...	71	50	44	55	50	45
Total No. remaining on Register at 31st March ...	466	479	488	501	529	546
<b>Radium Treatment for Cancer.</b>						
Surgeon's Clinic—No. of Attendances ...	269	263	253	378	415	464
No. admitted to Hospital ...	32	39	37	55	54	53
<b>County Laboratory.</b>						
<i>Dorchester.</i>						
Total No. of specimens received ...	...	15,861	13,833	14,207	17,717	18,462
Total No. of Tests under Schedule A ...	...	26,931	25,364	33,395	38,039	38,109
Total No. of Tests under Schedule B ...	...	4,165	4,091	4,769	6,168	6,848
<i>Poole.</i>						
Total No. of specimens received ...	...	4,332	2,568	4,653	4,158	3,744
Total No. of Tests under Schedule A ...	...	8,727	4,958	9,999	8,907	7,162
Total No. of Tests under Schedule B ...	...	24	109	141	195	165
<b>Milk Supplies.</b>						
Licences in force at 31st December :—						
Accredited ...	491	548	557	585	548	528
Tuberculin Tested ...	176	177	175	181	241	330
Attested Herds ...	154	173	171	164	169	178
Pasteurisation ...	...	...	...	...	15	14
Samples examined for Tuberculosis ...	121	354	542	512	528	269
Percentage found to be positive ...	3.3	5.8	3.4	4.2	2.2	4.0
<b>Rural Housing.</b>						
No. of houses reconditioned ...	70	3	—	4	9	4