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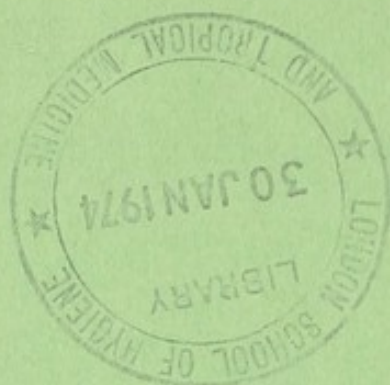
THE HEALTH AND SOCIAL SERVICES OF DORSET



ANNUAL REPORT of the County Medical Officer of Health for the year 1963

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

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FOREWORD

For a large part of the year to which this Report refers Dr. A. A. Lisney was County Medical Officer and his sudden and untimely death at the early age of fifty-six on 9th August came as a great shock to everyone in the Health Department. He was quiet, gentle and unassuming and will be remembered for his work as County Medical Officer and as a naturalist with a deep interest in the preservation of the countryside.

The statistical summary and the tables of vital statistics show a generally satisfactory state of health in the county. The infant mortality rate of 17.2 was the lowest figure ever recorded and there was only one maternal death during the year. The eight deaths from all forms of tuberculosis was also the lowest figure ever recorded. Unfortunately the deaths from cancer of the lung and bronchus and coronary heart disease are still running at a very high level. The average number of deaths from cancer of the lung for the years 1961 to 1963 was nearly double the corresponding figure for the years 1951 to 1953, representing an increase in mortality of eighty-two per cent during the ten year period. Deaths from coronary heart disease have now reached 814. In 1950, when coronary disease was first listed as a separate entity from other heart disease, the figure was 449. These two diseases are predominantly found in middle life and the serious increase cannot be attributed to the ageing population.

Progress was made during the year with the Authority's Ten Year Health and Welfare Development Plan. Elizabeth House, the fourth purpose-built home for the elderly has opened and it was possible to close St. Mary's, in Poole, the old Public Assistance Institution. A new clinic was opened at Blandford, equipped with the latest type of controlled heating and hot water provision pre-set to switch off and on as required, the caretaking staff thus being needed for cleaning duties only. With the completion of the Wimborne and Ferndown clinics in the coming year the clinic building programme, apart from some small subsidiary clinics, will be nearing completion. Wyvern, the mental health hostel for twelve patients at Weymouth, came into use during June and in July the new Wyvern Training Centre for 100 pupils was officially opened by the Rt. Hon. the Earl of Feversham, D.S.O., D.L., J.P., ~~to implement the policy of the~~ 1959 Mental Health Act by providing community care for all the mentally disturbed not requiring admission to hospital, the Ten Year Building Programme includes three homes for the elderly mentally infirm and ten hostels for persons who are subnormal or who have been mentally ill. This will be another heavy burden on the rates but experience has already indicated the value of community care for many patients. The total capital cost of the mental health building programme as at present envisaged in the Development Plan is over one million pounds.

The staff continue to display an excellent team spirit and have given me every support during a rather difficult period and I should like to take this opportunity of placing on record my appreciation of the co-operation of members of the Health and Social Services Committee; in particular my thanks are due to Mr. Sidney J. Gale, the Chairman.

A. F. TURNER,

County Medical Officer of Health.

Health Department,
County Hall,
Dorchester,
Dorset.
October, 1964

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Health Department Establishments

Central Staff

(at 31st December, 1963)

County Medical Officer of Health

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

Deputy County Medical Officer of Health

Vacant

Chief Administrative Assistant

HUTCHINGS, H. L.

Administrative Assistant

CLARKE, V. W. V., D.P.A.

Senior Medical Officers

SIMONDS, W. H., M.A., M.D.

TOWNSEND, M., M.B., B.S., M.R.C.P., D.C.H.

Assistant County Medical Officers of Health

MEADOWS, J. G., M.B., CH.B., D.P.H.

WHITE, J. C., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.

District Medical Officers of Health and Senior Assistant Medical Officers of Health

ARMIT, A., M.B., CH.B., D.P.H., Bridport and Lyme Regis Boroughs, Beaminster and Bridport Rural District Councils.

HOPKINS, G. B., M.B., CH.B., D.P.H., Blandford Forum Borough, Wimborne Urban District Council, Blandford and Wimborne Rural District Councils.

LAWRENCE, I. B., B.SC., M.B., CH.B., D.P.H., Dorchester Borough, Dorchester Rural District Council.

O'KEEFE, E. J., M.R.C.S., L.R.C.P., D.P.H., Wareham Borough, Swanage Urban District Council, Wareham Rural District Council.

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

Consultant Chest Physician

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

Chief Dental Officer

PRETTY, P. J., L.D.S., R.C.S., Eng.

Dental Officers (7)

County Public Health Engineer

KING, F. M. W., F.S.E., F.R.S.H., F.I.P.H.E., M.A.P.H.I.

Assistant County Public Health Officer

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

County Ambulance Officer

THOMPSON, W. G. M., O.B.E.

Senior Officer for Mental Health and Care and After Care

PALING, H., D.P.A., D.M.A.

Senior District Welfare Officers (3)

District Welfare Officers (6)

County Nursing Officer

RANKLIN, Miss I. F., S.R.N., S.C.M., H.V.CERT.

Deputy County Nursing Officer

FLEX, Miss J. E., S.R.N., S.C.M., H.V.CERT.

Assistant County Nursing Officer (1)

Liaison Health Visitor (1)

Health Visitors (23)

Nurses and Midwives (51)

Domestic Help Organiser

GIBSON, Miss M. F., S.R.N., S.C.M., H.V.CERT.

Home Teachers for the Blind (5)

South Dorset Area Staff

Area Medical Officer

WALLACE, E. J. G., M.B., CH.B., D.P.H.

Dental Officers (3)

Health Visitors (8)

Nurses and Midwives (13)

Assistant County Medical Officer of Health

WARD, C. A. G., M.B., B.S.

Assistant Domestic Help Organiser

BRAWLEY, Mrs. M. C.

Delegate District—Poole Borough Staff

Borough Medical Officer of Health

HUTTON, J., M.D., D.P.H.

Deputy Borough Medical Officer of Health

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

Borough Senior Dental Officer

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

Dental Officers (3)

Senior Mental Welfare Officers (1)

Mental Welfare Officers (1)

Welfare Officers for Blind (2)

Assistant Medical Officers of Health

CAIRNS, K. M., M.B., B.S., M.R.C.S., L.R.C.P. (Part-time)

WILLIAMSON, H. C., M.B., B.Ch., D.P.H.

HADDEN, W. E., M.B., B.S., D.P.H., D.A., D.T.M. & H.

CULLEN, D., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Borough Nursing Officer

DAVIES, Miss M., S.R.N., S.C.M., H.V.CERT.

Deputy Borough Nursing Officer

FERRIER, Miss L. A. M., S.R.N., S.C.M., H.V.CERT.

Liaison Health Visitors (3)

Health Visitors (12)

Midwives (Whole-time) (13)

Home Nurses (Whole-time) (17) *(Part-time) (2)*

COMMITTEES

Health and Social Services

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

Sub-Committees of the Health and Social Services Committee.

Ambulance Service Sub-Committee;

Mental Health Sub-Committee;

Public Health Sub-Committee;

Nurses Acts Sub-Committee;

Health Services Sub-Committee;

South Dorset Area Health Sub-Committee;

Social Services Sub-Committee;

Nursing Homes and Nurseries and Child-Minders Sub-Committee.

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

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

General Statistical Summary of the County

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

Area in acres	623,746
Population	Urban 198,800 Rural 123,260
Rateable value as at 1st April, 1963	322,060 £12,146,034
Estimated product of a penny rate	£49,394
Live Births	<i>Male. Female. Total</i>
Legitimate	2,525 2,468 4,993
Illegitimate	148 148 296
Total live births	2,673 2,616 5,289
	<i>Dorset England and Wales</i>
Birth rate per 1,000 population (recorded)	16.4
Birth rate per 1,000 population (as adjusted by comparability factor 1.14)	18.7
Illegitimate live births per 100 total live births	5.6
Stillbirths	
Number (Legitimate 94, Illegitimate 5)	99
Rate per 1,000 total live and still births	18.4 17.3
Total live and still births	5,388
Deaths	
Infant deaths (deaths under one year)	91
Infant Mortality Rates:	
Total infant deaths per thousand total live births	17.2 20.9
Legitimate infant deaths per thousand legitimate live births	17.4
Illegitimate infant deaths per thousand illegitimate live births	13.5
Neo-natal mortality rate (deaths under four weeks per thousand total live births)	12.3
Early neo-natal mortality rate (deaths under one week per thousand total live births)	10.8
Perinatal mortality rate (still births and deaths under one week combined per thousand total live and still births)	28.9
Maternal Mortality (including abortion):	
Number of deaths	1
Rate per thousand total live and still births	0.18
Total deaths (Actual)	4,466
Death rate per thousand population (Actual)	13.9
Death rate per thousand population (as adjusted by comparability factor 0.86)	11.9 12.2

Some of the causes of death with the corresponding percentage of the total deaths (4,466) are given in the table below:

	<i>Number of deaths</i>	<i>Percentage of total</i>
Coronary heart disease	814	18.2
Other heart disease	703	15.7
Cancer (all forms)	762	17.5
Cancer of lung and bronchus	155	3.5
Pneumonia, bronchitis and other diseases of the respiratory system	587	13.1
Vascular lesions of the nervous system	619	13.8
Motor vehicle accidents	51	1.1
Other accidents	93	2.1
Suicide	45	1.0
Leukaemia	23	0.5

COMMENTS ON VITAL STATISTICS

Birth Rate

The recorded birth rate of 16.4 is the highest since 1948 and compares with 18.2 for England and Wales. After correction for differences in population structure between Dorset and the country as a whole the rate is 18.7 which is higher than the national figure.

Stillbirth Rate

The stillbirth rate for 1963 was 18.4 compared with 19.9 the previous year and 23.3 in 1953. Over the past ten years the rate has remained very close to the national average which this year is 17.3.

Infant Mortality Rate

The infant mortality rate of 17.2 per thousand live births is the lowest yet recorded. The rate was 21.8 in 1962 and 23.9 in 1953.

Death Rate

The recorded rate of 13.9 per thousand is greater than the national figure of 12.2 on account of the high proportion of old people in Dorset's population. After correction the rate is 11.9.

Cancer of the Lung and Bronchus

The average number of deaths from this disease for the years 1961-1963 was 155 compared with an average of eighty-five for the years 1951-1953. This represents an increase in mortality of eighty-two per cent during a ten year period.

PREVALANCE AND CONTROL OF INFECTIOUS DISEASE

<i>Disease</i>	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
<i>Diphtheria:</i>										
No. of cases notified ..	1	—	—	1	—	1	1	—	—	—
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
<i>Scarlet Fever:</i>										
No. of cases notified ..	184	72	107	113	147	227	140	55	53	61
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
<i>Measles:</i>										
No. of cases notified ..	102	4,944	1,653	2,663	2,604	3,350	1,702	5,431	606	5,255
No. of deaths ..	—	—	—	—	—	1	—	1	—	—
<i>Whooping Cough:</i>										
No. of cases notified ..	876	591	373	870	262	161	110	238	38	111
No. of deaths ..	1	—	1	1	—	—	—	—	—	—
<i>Typhoid and Para-typhoid Fever:</i>										
No. of cases notified ..	1	16	1	1	—	1	3	—	2	3
No. of deaths ..	—	—	—	—	—	—	—	—	—	1
<i>Food Poisoning:</i>										
No. of cases notified ..	35	63	191	29	210	48	24	45	17	12
No. of deaths ..	—	—	—	2	—	—	—	—	—	—
<i>Dysentery:</i>										
No. of cases notified ..	68	13	63	2	4	112	238	28	8	148
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
<i>Poliomyelitis (including Polioencephalitis):</i>										
No. of cases notified ..	27	50	11	10	8	3	1	—	—	—
No. of deaths ..	2	3	1	1	—	1	—	—	—	—
<i>Meningococcal Infection:</i>										
No. of cases notified ..	4	5	7	5	3	4	1	—	—	1
No. of deaths ..	1	1	1	—	—	—	2	—	1	—

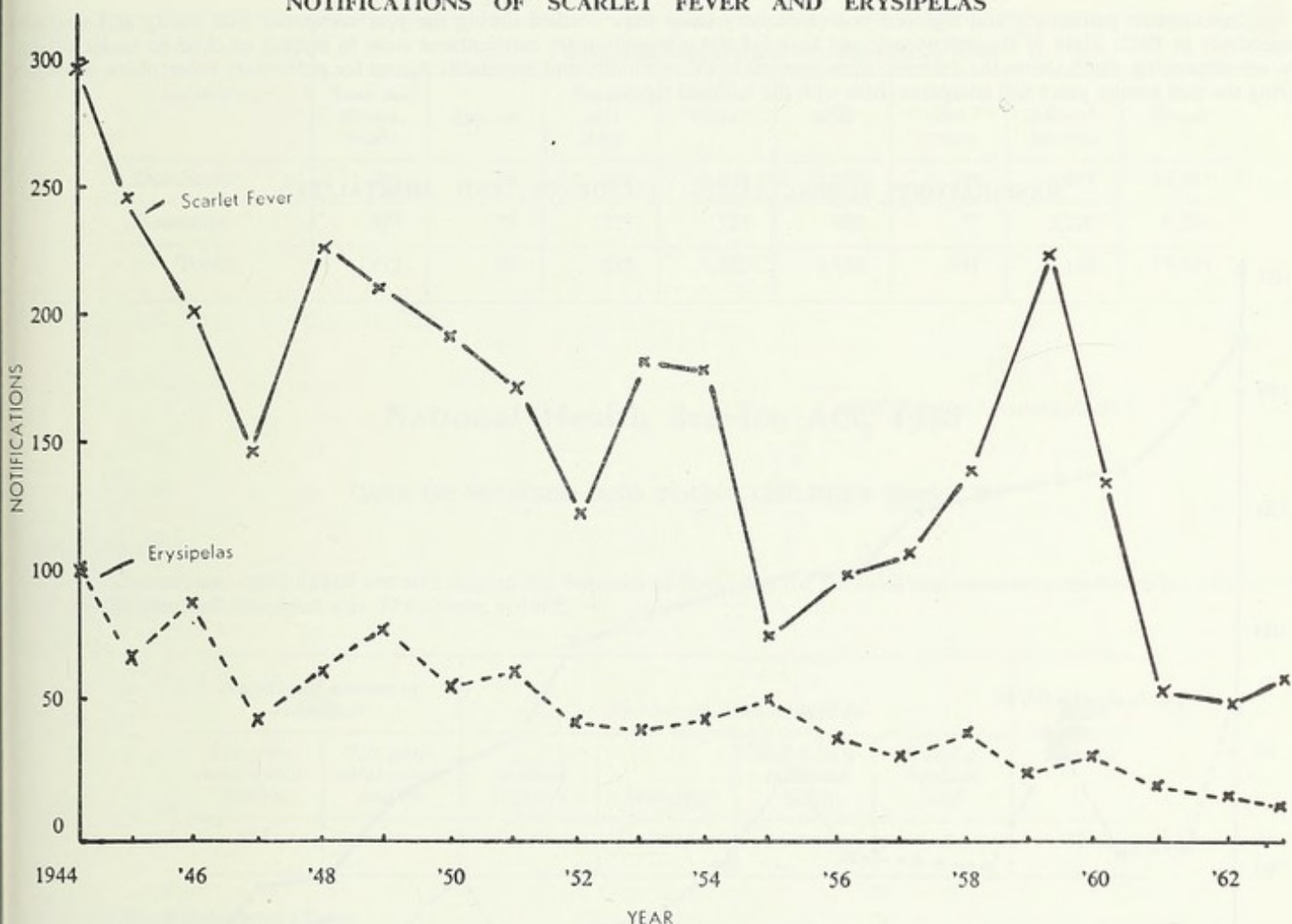
Scarlet Fever

The incidence of scarlet fever remained very low, sixty-one cases being notified compared with fifty-three the previous year. The falling incidence of the two notifiable streptococcal diseases, scarlet fever and erysipelas is shown in the accompanying graph.

Measles

Following a year of low incidence in which only 606 cases were notified, 1963 was an epidemic year with 5,255 cases. One death was attributed to measles.

NOTIFICATIONS OF SCARLET FEVER AND ERYSIPELAS



Whooping Cough

There were 111 cases notified compared with thirty-eight the previous year. The striking diminution in the prevalence of this disease is shown by the yearly average for the last five years which is 132 compared with an average of 1,180 cases only a decade ago.

Diphtheria

For the third successive year no cases were notified. During the last ten years there have been only four notifications for diphtheria compared with 100 notifications during the previous decade.

Poliomyelitis

For the third successive year no cases were notified.

Typhoid and Paratyphoid Fever

One case of infection with *Salmonella paratyphi* B at Sherborne was notified in July.

Two cases of typhoid fever were notified in March. One case occurred at Poole, the other was a young man who died of the infection about five weeks after acquiring it at Zermatt.

Dysentery

There were 148 cases notified, all apparently due to infection with *Shigella sonnei*. The majority of cases occurred in the second and third quarters of the year, the main incidence being in the Dorchester and Iwerne Minster areas.

Food Poisoning

There were twelve cases notified, the lowest number since notifications began in 1949.

The only outbreak concerned seven residents in a students' hostel who developed symptoms twelve to fifteen hours after eating re-heated home made meat pie. No organisms were isolated but the cause was considered most likely to be *Clostridial* toxin from heat resistant organisms.

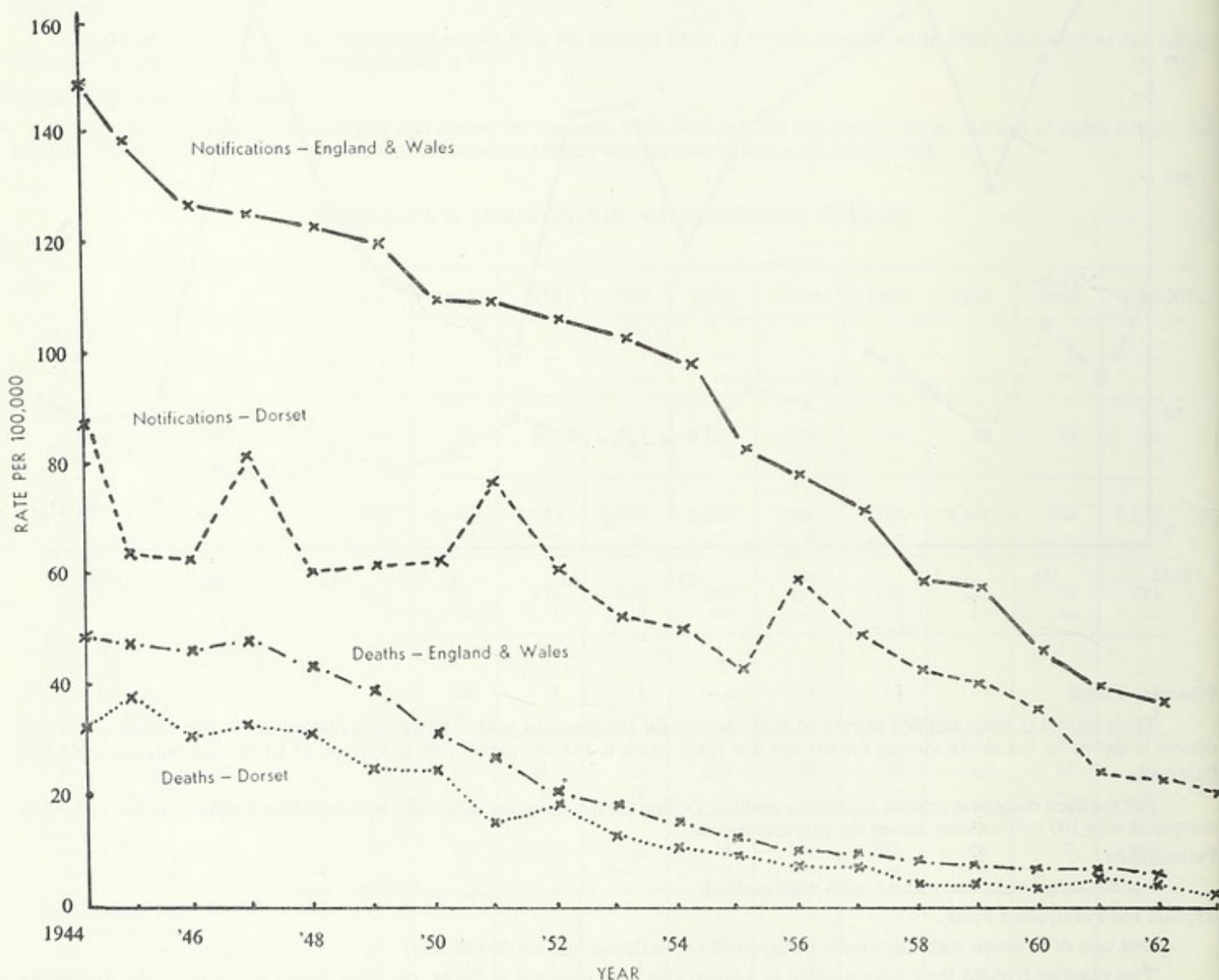
One isolated case was considered due to the staphylococcal infection of an apple pie.

The source of infection could not be determined in respect of sporadic cases from which *Salmonella infantis* and *Salmonella enteritidis* var. jena were isolated.

Tuberculosis

Seventy-two pulmonary and eighteen non-pulmonary cases were notified during the year compared with eighty and fourteen respectively in 1962. Eight of the pulmonary and three of the non-pulmonary notifications were in respect of children under fifteen. The accompanying graph shows the dramatic improvement in the morbidity and mortality figures for pulmonary tuberculosis in Dorset during the past twenty years and compares them with the national figures.

RESPIRATORY TUBERCULOSIS : INCIDENCE AND MORTALITY



Public Health Laboratory Service

The service provided by the Medical Research Council is closely linked with the prevention of illness and the detection of infectious disease. The routine laboratory work of this service is mainly concerned with the bacteriological examinations of specimens from general practitioners, infectious diseases hospitals and local authorities and all specimens from local or food authorities. The laboratories of the service normally do not undertake work which is rightly the province of the hospital or clinical pathologist. The closest co-operation exists between the laboratory service and medical officers of health, especially with regard to epidemiological problems which arise from time to time.

Two laboratories, staffed and administered by the Medical Research Council each with a full-time bacteriologist in charge, cover the work in Dorset. One laboratory is located at Dorchester and the other at Boscombe.

Laboratory	Specimens received and examined during 1963							Totals
	Nose and throat swabs	Sputum	Faeces and urine	Water	Milk	Ice cream	Miscellaneous	
Dorchester ..	395	54	299	2,699	5,190	594	5,016	14,247
Boscombe ..	577	35	533	553	403	77	2,120	4,298
Totals ..	972	89	832	3,252	5,593	671	7,136	18,545

National Health Service Act, 1946

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

Ante-Natal Clinics

Midwives' ante-natal clinics are held only in the Borough of Poole and for the third year running attendances have fallen. Only 598 women attended compared with 775 women in 1962.

Number of women in attendance		Number of Sessions held by				Total number of sessions
For ante-natal examination	For post-natal examination	Medical Officers	Midwives	G.P.s on a sessional basis	Hospital medical staff	
598	—	—	311	—	—	311

Mothercraft and Relaxation Clinics

These clinics, which are run by health visitors and midwives jointly in the county area, continue to be popular. During the year the film 'To Janet a Son' was obtained on a long term loan, as it had proved more popular with the staff and mothers than the film 'My First Baby'. There has been no change in the number of sessions during the year, although the number of women attending fell slightly from 868 in 1962 to 818 in 1963.

Number of women who attended during the year	Institutional booked	628
	Domiciliary booked	190
	Total	818
Total number of attendances during the year	4,596

Care of Unmarried Mothers

The arrangement with the Salisbury Diocesan Moral Welfare Association for the care of unmarried mothers has continued. Although there were 296 illegitimate births in 1963, compared with 300 in 1962, only fifty-two girls were maintained in mother and baby homes in 1963, as against sixty-two girls in 1962. This would appear to indicate that mother and baby homes are becoming less attractive to these girls, as all applications received from the moral welfare workers were accepted.

Welfare Centres

The child welfare centres continue to provide a service for all pre-school children, including medical examination of all babies and immunisation and vaccination procedures in addition to advice on feeding and management. A great deal of health education is done in the clinics by doctors and health visitors talking to individual mothers.

During the year the new purpose-built clinic was opened in Salisbury Street, Blandford, replacing the hired premises formerly used in that town. The number of children attending the clinics remained about the same, although there appeared to be a slight falling off in the attendance of the younger babies.

<i>Number of children who attended during the year</i>			<i>Number of sessions held by</i>					<i>Number of children referred elsewhere (see note 1)</i>	<i>Number of children on 'at risk' register at end of year (see note 2)</i>
<i>Born in 1963</i>	<i>Born in 1962</i>	<i>Born in 1958-1961</i>	<i>Medical Officers</i>	<i>Health Visitors</i>	<i>G.P.s employed on a sessional basis</i>	<i>Hospital medical staff</i>	<i>Total number of sessions</i>		
3,450	3,503	3,831	1,129	829	—	—	1,958	208	887

Notes

1. This column includes only children who were referred for special treatment or advice as a result of a medical examination. Each referral of the same child for different conditions on different occasions is counted.

2. 'At risk' includes such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities, difficult births, history of virus infection in the mother etc.

Special Clinic for Handicapped Babies

In January 1963 a special clinic for handicapped children (0 to 5 years) was started at Dorchester Clinic. This is run jointly by the hospital and the local authority and Dr. Vulliamy, the consultant paediatrician, attends each session together with Dr. Townsend and the liaison health visitor for the physically handicapped. The aim is to see and assess all physically and mentally handicapped children as early as possible. The children are assessed by the Griffiths method of testing which in addition to indicating mental defect also helps in the differential diagnosis of physical defects, e.g. deafness or spasticity. For this test to be accurate it is necessary for it to be carried out by the time the child is two years old. After assessment the child is seen at approximately six monthly intervals and the mother is visited by the health visitor at home if she needs extra help. Children are also referred to the mental health service if they need to attend training centres. At first the sessions were held monthly but towards the end of the year they were increased to twice monthly. During the year nineteen new cases were seen and of these three are now attending training centres and several more are on the waiting list.

In addition to children attending the special clinic seventeen other children were assessed by the Griffiths method during the year, most of these at Dr. Vulliamy's request.

Dental Care—Priority Classes

There has been no appreciable variation in the number of expectant and nursing mothers and children under five years of age who have been treated during the year. The completion of a new clinic at Blandford has provided facilities for the treatment of priority classes in that area.

A dental auxiliary has been appointed whose work consists of dental health education, scaling, extraction of deciduous teeth and filling of both deciduous and permanent teeth. She works in conjunction with the dental officers and specialises in the treatment of the younger children.

All clinics have modern equipment and provide a fully comprehensive dental service for the priority classes. When a clinic is only open part-time, a dental officer is always in attendance during child welfare sessions.

	<i>Number of persons examined during the year</i>	<i>Number of persons who commenced treatment during the year</i>	<i>Number of courses of treatment completed during the year</i>
Expectant and nursing mothers ..	264	215	175
Children aged under 5 and not eligible for school dental service ..	674	505	393

Contraception Clinics

The County Council have continued to hold these clinics in the Poole and South Dorset areas only. Elsewhere the work has been taken over by the Family Planning Association, who hold sessions in four areas of the county, three of these being held in County Council clinics.

<i>Clinic</i>	<i>Number of sessions</i>	<i>First Attendances</i>	<i>Total Attendances</i>
Poole	72	125	767
Portland	18	42	78
Weymouth	38	137	233
Totals	128	304	1,078

Premature Infants

Prematurity continues to be a major cause of stillbirths and neonatal deaths particularly in babies of birth weights less than 4 lbs. 6 ozs. However, the figures continue to show a slow improvement. This year 88.2 per cent of all premature babies born alive survived beyond the first month—compared with 85.5 per cent in 1962. The percentage of stillborn premature infants was 15.2 per cent compared with 16.8 per cent in 1962.

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home or in a nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
within 24 hours of birth		in 1 and under 7 days	in 7 and under 28 days	within 24 hours of birth		in 1 and under 7 days	in 7 and under 28 days	within 24 hours of birth		in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home	
(1) 2 lb. 3 oz. or less ..	13	9	1	—	—	—	—	—	1	1	—	—	8	—
(2) Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. ..	23	3	2	1	4	—	1	—	3	1	1	1	13	—
(3) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. ..	44	5	1	—	4	—	—	—	4	1	1	—	11	1
(4) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. ..	52	1	1	—	3	—	—	—	2	—	—	—	6	—
(5) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. ..	94	1	1	—	27	—	—	—	5	—	—	—	10	1
(6) Total	226	19	6	1	38	—	1	—	15	3	2	1	48	2

(1) = 1,000 g. or less, (2) = 1,001–1,500 g., (3) = 1,501–2,000 g., (4) = 2,001–2,250 g., (5) = 2,251–2,500 g.

Protection of Children from Tuberculosis

Chest x-ray examinations of all staff of children's homes are carried out before appointment and thereafter at yearly intervals. During 1963 four initial and eighteen annual examinations were carried out, but none of the films showed signs of tuberculosis. In addition to these, one initial examination of staff in a working girls' hostel was carried out and this film also showed no sign of tuberculosis.

Day Nurseries

The only day nursery run by the County Council is situated in Poole and has 50 approved places. The average daily attendance over the year is again thirty. The order of priority for admission remains the same.

Distribution of Welfare Foods

The welfare foods service continues to function economically through the excellent willing services given by the Women's Voluntary Service and other voluntary helpers throughout the county and although the overall demand has slightly diminished this year, the demand has resulted in nine additional distribution centres opening and only four others have been closed; one through the death of the helper, two through the distributors leaving the county and the fourth as a result of the distributor's wish to discontinue through pressure of business. Ten centres have changed ownership and in every case the new owners agreed to continue the service.

	1959	1960	1961	1962	1963
National Dried Milk (tins)	73,050	65,176	52,966	50,407	45,642
Cod Liver Oil (bottles)	16,730	16,479	11,523	5,584	4,667
Vitamin A & D (packets)	12,998	14,184	10,263	6,477	5,689
Orange Juice (bottles)	146,909	143,738	88,661	54,725	55,605

MIDWIFERY (Section 23)

As in previous years the only full-time midwives are those working in the Poole and Weymouth areas. In the rest of the county the midwife is also responsible for the general nursing. It is becoming more difficult to recruit staff and as domiciliary confinement continues to decrease, the difficulty is likely to increase. During the year we were unable to replace a district nurse/midwife in the Milton Abbas area and had to fill the vacancy by a general home nurse. The midwifery was covered by adjusting the areas of adjacent district nurse/midwives.

Midwives are encouraged to co-operate with the general practitioners and some of them arrange to visit ante-natal cases at the same time as the doctor or, alternatively, visit the doctor's surgery when ante-natal patients are seen. The use of the co-operation card appears to be working well except in the case of a few patients.

During the year, 1,547 domiciliary confinements were attended by County Council midwives compared with 1,731 last year. In addition there were 571 patients discharged early from hospital and needing the services of the domiciliary midwife.

Midwives have continued to help in the selection of cases for hospital confinement on social grounds in those few areas where this is still necessary.

During 1963, forty-three pupil midwives completed their Part II training compared with thirty-nine pupils trained in 1962, and there were nine still in training at the end of the year. The pupils spend the last three months of their training on the district all over the county.

Deliveries attended by Midwives

Number of domiciliary confinements attended by midwives under N.H.S. arrangements			Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before tenth day
Doctor not booked	Doctor booked	Total	
10	1,537	1,547	571

Medical Aid

The scheme for supplying medical aid to mothers and infants continues as in previous years.

Medical Aid under Section 14 (1) of Midwives Acts, 1918-1951

Cases in which medical aid was summoned during the by Midwives	1959	1960	1961	1962	1963
(a) Domiciliary Cases:					
(i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service	290	307	325	272	257
(ii) Others	8	10	10	1	—
(b) For cases in Institutions	6	2	—	—	—

Births

Actual number of births in the Authority's area during the year as notified under Section 203 of the Public Health Act, 1936 or Section 255 of the Public Health (London) Act, 1936, and the number as adjusted by any notifications transferred in or out of the area.

	Live births		Stillbirths		Total births	
	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted
(1) Domiciliary	1,541	1,533	9	9	1,550	1,542
(2) Institutional	3,140	3,744	88	92	3,228	3,836
(3) Total	4,681	5,277	97	101	4,778	5,378

Comparison between Hospital and Domiciliary Confinements 1962-1963

	Poole Area		South Dorset Area		Remainder of County		Whole County	
	1962	1963	1962	1963	1962	1963	1962	1963
(1) Total number of live births notified during year ..	1,671	1,614	1,143	1,150	1,894	1,917	4,708	4,681
(2) Percentage of notified live births which took place in hospitals and nursing homes ..	61	66	70	74	61	64	63	67
(3) Percentage of domiciliary confinements	39	34	30	26	39	36	37	33

Loss of Life Associated with Childbirth

Maternal Deaths

There was one maternal death during the year. This was a mother aged twenty-seven years who died in the sixth month of pregnancy of congestive cardiac failure associated with bronchitis and anaemia. She was booked at Sherborne hospital.

Neonatal Deaths

There were sixty-two neonatal deaths, which is a drop from the previous year but still a greater number than the years from 1958 to 1961 inclusive. A feature this year was an increased number of congenital defects (19.4 per cent corresponding to only 9.9 per cent last year).

Cause of Death	No.	Percentage of Total	Percentage in 1962
Prematurity	27	43.5	35.8
Congenital Defects	12	19.4	9.9
Birth Injury	10	16.1	16.0
Atelectasis	5	8.1	16.0
Respiratory Infection	3	4.8	8.6
Rhesus Factor	1	1.6	2.5
Others	4	6.5	11.2
	62	100.0	100.0 (81 deaths)

HEALTH VISITING (Section 24)

The number of health visiting staff has remained up to the establishment for most of the year although when vacancies do arise they take considerably longer to fill. It does not therefore seem to be a reasonable thing to increase the establishment of trained health visitors as even if we could obtain staff, this would be at the expense of already understaffed areas elsewhere. Instead we are hoping to employ several state registered or state enrolled nurses on a part-time basis to assist the health visitors in their less skilled duties thus, in effect, increasing the staff. At present we are employing the equivalent of one full-time nurse, one part-time nurse helps with the diabetic survey and the other is helping with the home nursing in the Sherborne area. In this way we hope to overcome the shortage of trained health visiting and district nursing staff without a fall in the standard of work.

The health visitors have continued to act as school nurses and to visit elderly people as well as the babies from 0-5 years. The routine Heaf testing of school entrants has continued all over the county and the amount of visiting needed by elderly people increases all the time. In addition more health visitors are making opportunities to get into the schools and give a course of lessons on mothercraft.

Cases visited by health visitors	Number of cases
Children born in 1963	5,419
Children born in 1962	6,624
Children born in 1958-61	12,001
Total born in 1958-1963	24,044
Persons aged 65 or over	3,010
Number of these who were visited at special request of G.P. or hospital	656
Mentally disordered persons	78
Number of these who were visited at special request of G.P. or hospital	19
Persons discharged from hospital (other than mental hospitals)	525
Number of these who were visited at special request of G.P. or hospital	143
Number of tuberculous households visited	254
Number of households visited on account of other infectious disease	34
Number of tuberculous households visited by tuberculosis visitors	658

HOME NURSING (Section 25)

The difficulty in filling vacancies as they arise continues to increase and posts tend to remain empty for longer periods of time. At the end of the year we had one vacancy in the Shaftesbury area, which has remained unfilled for ten months, the area being covered by a part-time nurse. It is hoped that, as mentioned under health visiting, by employing the more easily available part-time nurses we can give the full-time nurses help with their routine work and therefore reduce the load on those who are particularly hard pressed.

During the year, 7,000 cases were nursed by the district nurses compared with 6,957 last year, and of these 4,305 (61.5 per cent) were sixty-five or over in comparison with 61.9 per cent in 1962.

Total number of persons nursed during the year	7,000
Number of persons who were aged under five at first visit in 1963	336
Number of persons who were aged sixty-five or over at first visit in 1963	4,305

IMMUNISATION AND VACCINATION (Section 26)

The programme of prophylactic procedures at present carried out in conformity with the Ministry's recommendations is as follows:

<i>Age</i>				<i>Prophylactic</i>
3 months	}	Triple Antigen (combined diphtheria pertussis and tetanus)
4 months				
5 months				
6 months				
7 months	}	Poliomyelitis Vaccination (Sabin oral vaccine)
8 months				
17 months	Triple Antigen booster
18 months	Smallpox Vaccination
5th or 7th year	Diphtheria and tetanus booster
6th year	Poliomyelitis booster
13th year	B.C.G. Vaccination.

Immunisation against diphtheria, whooping cough and tetanus

The following table compares the number of primary immunisations completed and the number of reinforcing injections given during 1963 with the corresponding numbers for the previous year. The figures relate to the whole county including Poole.

		<i>Number of children who completed a primary course of immunisation either singly or in combination</i>			<i>Number of children who received a secondary (reinforcing) injection</i>		
		<i>Diphtheria</i>	<i>Whooping Cough</i>	<i>Tetanus</i>	<i>Diphtheria</i>	<i>Whooping Cough</i>	<i>Tetanus</i>
1963	..	4,004	3,829	5,726	4,396	1,725	3,751
1962	..	3,477	4,255	5,275	3,914	1,853	2,581

Smallpox vaccination

The number of children vaccinated within the first year of life and between the ages of one to four years was 470 and 967 respectively compared with 1,098 and 1,888 vaccinated in 1961. (The figures for 1962 were inflated owing to the smallpox scare and do not make a valid comparison). Altogether 1,774 persons received primary vaccination in 1963 and 876 were re-vaccinated compared with 3,488 and 498 respectively in 1961.

The big drop in the number of primary vaccinations under one year is largely due to the current national policy of postponing smallpox vaccination until the second year on the grounds of increased safety at this age. Unfortunately it is more difficult to secure the attendance of children aged over one year at the clinics than it is in the case of younger ones. Consequently there will now be a tendency for the proportion of vaccinated children to fall in comparison with previous years.

Poliomyelitis vaccination

Babies are routinely vaccinated against poliomyelitis from the age of six months. Vaccination is also offered to all persons below the age of forty who apply for it and also to special groups of persons who may, because of their occupation, be more likely to come into contact with cases of poliomyelitis than the general public. All immunised children are offered a reinforcing dose after they have started school.

Sabin (oral) vaccine is being used increasingly in place of Salk vaccine. It is easy to use being readily acceptable to both adults and children and the immunity that it produces appears to be both better and longer-lasting than that attained by the use of Salk vaccine.

The following table shows the number of persons vaccinated against poliomyelitis during 1963 and 1962.

		<i>With Salk Vaccine</i>			<i>With Sabin (oral) Vaccine</i>		
		<i>Two injections</i>	<i>Third injection</i>	<i>Fourth injection</i>	<i>Full course (three doses)</i>	<i>Oral booster after two Salk injections</i>	<i>Oral booster after three Salk injections</i>
1963	..	453	944	356	5,259	825	6,194
1962	..	2,148	4,749	1,001	3,834	4,622	1,778

AMBULANCE SERVICE (Section 27)

My report for last year referred to the probable transfer of night control from Police Headquarters to the Fire Service. Requests for an ambulance between the hours of 10 p.m. and 8 a.m. are now routed to Fire Service Headquarters and radio equipment to control ambulance vehicles has been installed there. The number of requests for ambulances declines sharply after 10 p.m. and this nightly hand-over of responsibility saves the employment of additional personnel at Ambulance Control.

The total mileage run is slightly less than in the previous year due to the blizzards of January and February when much of the routine work was cancelled. The tendency, however, is for the demands on the service to increase and, had it not been for these blizzards, there would have been a substantial increase in both mileage and patients carried.

When the weather was at its worst, hospitals were asked to mark requests 'important' if they particularly wished an out-patient to be brought in for examination or treatment. Priorities were necessary because in such conditions the Hospital Car Service virtually ceased to function and every journey by ambulance took twice the normal time to complete. With one exception, however, all tasks other than those of a routine nature, were successfully accomplished though some took many hours and drivers were often forced to try several routes and to make long carries before reaching their objective. The exception mentioned was eventually reached by a doctor and midwife travelling on foot. One patient, suffering from severe burns, was conveyed from Swanage Hospital to Odstock Hospital by helicopter when all approaches to Swanage were blocked by snow.

The recent increase in the rate of stand-by payment to drivers was welcome and has done much to banish any discontent which may previously have existed on this score.

The County Council has informed the County Councils' Association that they are in favour of an amendment to the Local Government Superannuation Act to provide for the retirement of drivers/attendants at sixty rather than sixty-five years of age.

Some measure of standardization for the Ambulance Service throughout England and Wales appears to be long overdue. For instance, each authority at present issues its own specification for vehicles. At the National Ambulance Officers Association Conference in Hastings last September, seventeen different ambulance vehicles were on display and a multitude of other types must be produced. The inevitable result is that something in the nature of £2,000 is paid for a vehicle which, when delivered, is little more than a special body on a commercial chassis. Surely sufficient is now known of the needs of the Service to enable standard specifications to be produced for a strictly limited number of types.

Uniform, ranks, and pay are other matters, very much to the fore at the moment, where standardization is urgently required. The problems which arise in their connection are proving difficult to solve because the titles or ranks used differ with each authority. The Police and the Fire Services have long since attained a large measure of uniformity. Why not the Ambulance Service also?

Training

The usual Autumn course in advanced First Aid was held in Dorchester and the attendance, which is voluntary, was excellent.

A team from Bridport won the Regional Competition at which seven teams from the South West competed, and was later placed fifth in the National Competition. Dorset's record in these two competitions since they were inaugurated is as follows:—

National—Two wins in nine years.

Regional—Four wins and four seconds in eleven years.

The winner in the National Competition 1963 was the best team out of sixty-one teams entered by local authorities in the various Regional Competitions. The average number of entries in the South Western Regional Competition is seven.

The names of fifty-three drivers were entered for the National Safe Driving Competition and, of these, fifty received awards having been free of any blameworthy accident during the year.

Ambulance Stations

No new construction took place during the year but the building of a new station in Wimborne is due to commence during 1965/66.

Vehicles and Equipment

Four new ambulances were purchased. Safety belts will in future be provided for the front passenger seats in all new vehicles.

Comparative Mileage Table

Year	Ambulance Service		Hospital Car Service		Both Services Combined	
	Mileage for year	Increase (+) or decrease (-) on previous year	Mileage for year	Increase (+) or decrease (-) on previous year	Mileage for year	Increase (+) or decrease (-) on previous year
1954	434,659	- 5,953	420,231	+ 31,240	854,890	+ 25,287
1955	459,421	+ 24,762	471,308	+ 51,077	930,729	+ 75,839
1956	443,576	- 15,845	501,109	+ 29,801	944,685	+ 13,956
1957	448,778	+ 5,202	482,494	- 18,615	931,272	- 13,413
1958	461,046	+ 12,268	577,098	+ 94,604	1,038,144	+ 106,872
1959	487,746	+ 26,700	612,880	+ 35,782	1,100,626	+ 62,482
1960	487,922	+ 176	640,262	+ 27,382	1,128,184	+ 27,558
1961	527,136	+ 39,214	714,147	+ 73,885	1,241,283	+ 113,099
1962	518,983	- 8,153	740,794	+ 26,647	1,259,777	+ 18,494
1963	512,242	- 6,741	751,551	- 3,243	1,249,793	- 9,984

Efficiency Table

Year	Ambulance Service		Hospital Car Service	
	Average mileage per patient	Average number of patients per journey	Average mileage per patient	Average number of patients per journey
1954	9.40	1.88	9.47	3.11
1955	9.37	1.97	9.61	3.00
1956	9.36	2.02	9.49	3.07
1957	8.98	2.23	9.83	3.00
1958	9.18	2.32	9.70	3.02
1959	8.35	2.66	9.77	3.02
1960	7.65	2.81	9.30	3.18
1961	8.37	2.63	9.82	3.24
1962	8.37	2.59	10.16	3.14
1963	8.28	2.62	10.02	3.10

Civil Defence

Ambulance and First Aid Section

The total strength of the section at the close of the year was 328, an increase of thirteen since December 1962. The smallness of this increase is disappointing in view of the strenuous efforts made during the autumn to encourage recruiting. The standard of training is, however, considerably higher since those who decline to do their annual quota are now eliminated from the Civil Defence Corps.

More training courses were held than in any year previously.

The fact that full-time personnel of the County Ambulance Service are not permitted to join the Civil Defence Corps was mentioned in my last report and this ruling has recently been confirmed by the Home Office. They may, however, be designated to ranks in the Ambulance and First Aid Section and every opportunity is taken to encourage them to associate with the volunteers of the Civil Defence Corps. This is considered vitally important since in war the two will combine to form one or other of the three ambulance columns which Dorset is required to provide.

Three new Ford 'Rollalong' ambulances were received during the year, bringing the total to nine. In addition to these nine ambulances the vehicle establishment includes three personnel/equipment vehicles for the First Aid Section. These have not yet been delivered and are urgently required. At present one 1950 Bedford ambulance, discarded by the County Service and converted for the purpose, is all that is available.

PREVENTION OF ILLNESS, CARE AND AFTER CARE (Section 28)

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

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

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

Tuberculosis

In accordance with the Public Health (Tuberculosis) Regulations 1952 a central register is maintained at the county health department. Health visiting cards are issued for each new case, the home being visited initially and thereafter at three-monthly intervals, more frequently if necessary, until the case becomes quiescent. Close co-operation is maintained between the district medical officers, health visitors and chest physicians. Notifications of admission to hospital are received from the chest physicians and passed to the health visitors. When a death is attributed to tuberculosis and no notification has been received during the lifetime of the patient the medical practitioner is communicated with and all relevant details are passed to the chest physician in order that follow-up action of contacts may be carried out.

The Dorset Branch of the British Red Cross Society continues to provide an efficient after-care service to meet the needs of tuberculous patients.

Arrangements are made at the county health department for issuing free milk grants to necessitous cases and providing sleeping shelters as required for domiciliary cases.

Tuberculosis—Care and After-Care

	1959	1960	1961	1962	1963
Number of visits paid by health visitors ..	2,415	1,328	1,434	1,906	1,909
Number of shelters provided ..	4	3	3	2	2
Number of patients receiving milk grants ..	57	52	41	30	31
Total number of pints of milk issued ..	19,065	17,714	15,343	12,268	11,162
Average number of pints of milk per day issued ..	52.2	48.4	42.0	33.6	30.6

B.C.G. Vaccination of Schoolchildren

A total of 4,097 thirteen year old children were Heaf tested and of these 11.4 per cent were found to be positive reactors compared with the very low figure of 6.6 per cent found the previous year. This finding was partly due to a high positive rate at Beaminster Comprehensive School and is discussed more fully in the Annual Report of the Principal School Medical Officer. Altogether 3,544 negative reactors were given protection by means of B.C.G. vaccination.

Mass Miniature Radiography

As in previous years mass miniature radiography has been undertaken in the county by the Dorset, West Hampshire and South Wiltshire unit of the Wessex Regional Hospital Board and I am indebted to the medical director for details of the work in this area.

	1962	1963
Total number of cases examined by 35 mm. and 100 mm. units ..	27,615	16,936
Number of cases of T.B. referred for hospital treatment ..	12	12
Number of cases of T.B. referred for domiciliary treatment ..	8	7
Number of cases of T.B. requiring supervision ..	54	47
Total ..	74	66
Number of cases of carcinoma of lung ..	29	27
Number of cases of cardiovascular lesion ..	63	48
Number of cases of non-tuberculous conditions ..	200	123
Number of cases not yet classified ..	5	15

There was a reduction in the total number of x-rays during 1963 in comparison with the previous year as the unit spent more time in areas outside the county, the circuit of the unit including parts of Hampshire and Wiltshire taking two to three years to complete.

Venereal Disease

The 246 Dorset patients dealt with for the first time at treatment centres in 1963 are classified in the following table. The figures in brackets relate to the previous year.

<i>Treatment Centre</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other conditions</i>	<i>Totals</i>
Bournemouth	— (—)	7 (6)	50 (32)	57 (38)
Dorchester	2 (1)	2 (2)	17 (21)	21 (24)
Poole	3 (—)	18 (31)	75 (85)	96 (116)
Salisbury	— (—)	— (—)	4 (3)	4 (3)
Weymouth	1 (1)	10 (11)	57 (52)	68 (64)
Totals	6 (2)	37 (50)	203 (193)	246 (245)

Diabetic Screening

The pilot scheme of diabetic screening which was outlined in last year's Annual Report was started during the year. It was carried out on a selective basis, attention being concentrated on those groups expected to contain a large number of previously unknown diabetics. These groups included relatives of known diabetics, mothers of overweight babies and persons over forty.

Number of tests performed = 1,035.

Number of diabetics diagnosed = 8 (0·8 per cent).

There were also a further nineteen cases in which diabetes was not diagnosed but continuing observation was felt worthwhile.

The screening in old persons's homes was most rewarding, five of the County Council's homes were visited, 305 tests made and four previously unknown diabetics diagnosed. The remainder of the homes will be visited in 1964.

When, in other surveys, unselected members of the general public have been tested, the incidence of undiagnosed diabetes has been found to be approximately 0·5 per cent. If the figure of 0·8 per cent obtained from selective screening in the county can be maintained this can be considered satisfactory and the pilot scheme a success.

Fluoridation

Early in the year consideration was given to the advisability of adding fluoride to water supplies which were deficient in it, in order to diminish the incidence of dental caries.

After receiving a report on the subject the Health and Social Services Committee passed a resolution recommending that arrangements be made for the addition of fluoride to water supplies naturally deficient in it, but this recommendation was not approved when presented to the County Council in May.

The Principal School Medical Officer was subsequently asked to submit a comprehensive report upon the dental health of school children to a special sub-committee of the County Education Committee. Further consideration of fluoridation was deferred pending discussion of this report and also until the result of the Watford Borough Council legal action was known.

HEALTH EDUCATION.

The main work of health education continued to be carried out in the homes and the clinics by the health visitors and medical staff. In addition more health visitors are giving a series of talks on mothercraft and related subjects to senior girls at schools in their areas.

Towards the end of the year an intensive campaign against smoking was carried out by Dr. Hopkins in the Wimborne and Blandford areas. This was done with the help of the Central Council for Health Education travelling unit and the results seem to be very encouraging.

The health visitors in most areas continue to give a series of talks at the relaxation and mothercraft classes and a new film 'To Janet a Son' which has been obtained on a long loan is now used in most of these classes. As the figures for these classes are included under those for the clinic sessions the number of talks given is not, as in 1962, included in the health education figures.

<i>Subject</i>	<i>Number of Talks and/or Film Shows</i>	<i>Total Attendances</i>
Child Care	64	847
Childbirth	39	805
Smoking and Lung Cancer	30	1,644
Vaccination and Immunisation	11	244
Personal Hygiene	9	618
Dental Hygiene	5	1,195
First Aid	5	195
Mental Health	5	189
Home Safety	4	101
Home Nursing	3	26
Food Hygiene	3	41
Physically Handicapped	2	290
B.C.G. Vaccination	2	280
Road Safety	1	60
Family Planning	1	20
Care of the Feet	1	180
Welfare of the Deaf	1	63
Medical (Specialist audience)	1	34
Totals	187	6,832

The following material was used during the year:

Leaflets	18,800
Posters	1,346
Booklets	1,821

CHIROPODY

This service, other than at Weymouth, continued to be provided on the Council's behalf by the Dorset Branch of the British Red Cross Society at the Council's clinics and other premises throughout the county, a grant being made to the Society to meet the cost.

The extremely efficient manner in which the Society have organized the arrangements and the valuable work so freely undertaken by those engaged in the service is worthy of the highest praise.

Patients are seen by appointment and a nominal charge of 2/6d. is made towards the cost of the chiropodists' fees, dressings, etc. Free transport is arranged when necessary and priority is given to elderly and physically handicapped persons and expectant mothers. The service is widely appreciated and by the end of the year sessions were held as follows:—

<i>Town or Village</i>	<i>No. of 3-hourly Sessions per Quarter</i>	<i>No. of Patients Registered</i>	<i>Waiting List</i>
Beaminster	6	23	1
Blandford	36	228	—
Bridport	36	197	—
Charmouth	8	57	1
Dorchester	33	291	—
Ferndown	9	60	—
Gillingham	12	100	—
Hamworthy	24	119	—
Lyme Regis	7	52	—
Maiden Newton	10	77	1
Marnhull	6	28	—
Poole	96	514	18
Shaftesbury	12	80	—
Sherborne	14	75	3
Shillingstone	7	27	—
Stalbridge	6	22	—
Sturminster Newton	9	43	—
Swanage	48	279	2
Verwood	12	88	—
Wareham	10	98	—
Total	401	2,458	26

In Weymouth, where a part-time chiropodist is directly employed by the County Council, a total of 1,314 attendances were made at 142 sessions during the year, and there were 265 patients on the register at the end of 1963.

FITNESS FOR EMPLOYMENT

During the year 481 medical examinations of applicants for County Council appointments were undertaken, 322 males and 159 females, and of these eight males and one female were considered unfit for employment. In 1962 a total of 404 examinations were performed and nine persons found unfit.

Details of these examinations are given in the following table:

Department	Number of Examinations			Number Unfit		
	Male	Female	Total	Male	Female	Total
Architects	9	1	10	—	—	—
Childrens	6	9	15	—	—	—
Civil Defence	8	—	8	—	—	—
Clerks	3	8	11	—	—	—
Education	88	86	174	—	1	1
Fire Brigade	36	1	37	2	—	2
Health	11	34	45	—	—	—
Library	7	9	16	—	—	—
Planning	2	2	4	—	—	—
Police (civilian staff)	3	5	8	—	—	—
Probation	1	—	1	—	—	—
Roads and Bridges	145	—	145	6	—	6
Taxation	1	1	2	—	—	—
Treasurers	2	3	5	—	—	—
Weights and Measures	—	—	—	—	—	—
Totals	322	159	481	8	1	9

Causes of Unfitness

Epilepsy	3
Defective vision	1
Arthritis	1
Previous history of a stroke	1
Mental illness	1
Recurrent tonsillitis	1
Tuberculosis and enlarged thyroid	1
	9

Two of the epileptics were men who had applied to work as roadmen and it was felt that they would be a danger to themselves and other road users.

Other Medical Examinations

	Number Examined	Number Unfit
Full-time firemen re extension of service	4	—
Retained firemen re extension of service	47	3
Roadmen re extension of service	7	—
Firemen re commutation of pension	6	—
Police re commutation of pension	3	—
Other staff re commutation of pension	2	—
Totals	69	3

Causes of Unfitness

Hypertension	1
Deafness and emphysema	1
Prolapsed disc	1
	3

DOMESTIC HELP SERVICE (Section 29)

The demand for the service continued during 1963, with 1,922 cases having been assisted compared with 1,731 in 1962.

There is continued need for help for the aged and handicapped and there is a growing tendency for applications to be made for help in the early stages of long-term illness. The increasing amount of help given in rural areas each year means that there is an increasing need for the staff to be mobile and during the year, eleven cars and eight scooters were being used.

The expansion of the service in North Dorset made it necessary to place the part-time assistant organiser on a full-time basis from April 1st, the case load being approximately 180. She is based on Sturminster Newton.

The work in the Wimborne and Wareham/Swanage areas combined increased and became more than one full-time organiser could manage adequately owing to the travel involved and it was recommended that a part-time organiser for the Wareham area be appointed in 1964. The combined case load for the year was 234 cases.

The county organiser based on Dorchester is responsible for the service in Bridport, Beaminster and Dorchester. It is felt, however that consideration should be given to the appointment of a part-time organiser for Bridport and Beaminster to enable her to devote more time to administrative duties and general supervision of the service throughout the county.

There is continued liaison with the National Assistance Board and other social workers.

Home help to households for persons

aged 65 or over on first visit in 1963	aged under 65 on first visit in 1963				Total
	Chronic sick and tuberculous	Mentally disordered	Maternity	Others	

Mental Health

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

Visiting Committees are appointed for each of the training centres and the hostel. Although they have no executive powers they are able to consider matters relating to day-to-day administration and make recommendations to the Mental Health Sub-Committee.

The establishment of the mental welfare section consists of a senior officer for mental health, four senior district welfare officers, six district welfare officers and a trainee. For the purposes of administering the domiciliary services the County is divided into four areas, each staffed by a team of district officers with a senior officer in charge. Those working solely in the County (excluding Poole) also have duties relating to general welfare under the National Assistance Act, but the officers in Poole are whole-time mental welfare officers. The trainee district welfare officer continued her two-year course of training for the Certificate in Social Work at the North-Western Polytechnic, London. In the autumn, one of the officers for North Dorset commenced a similar course at the Bristol College of Commerce, a temporary officer being appointed to undertake his duties in his absence.

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

Mental Illness

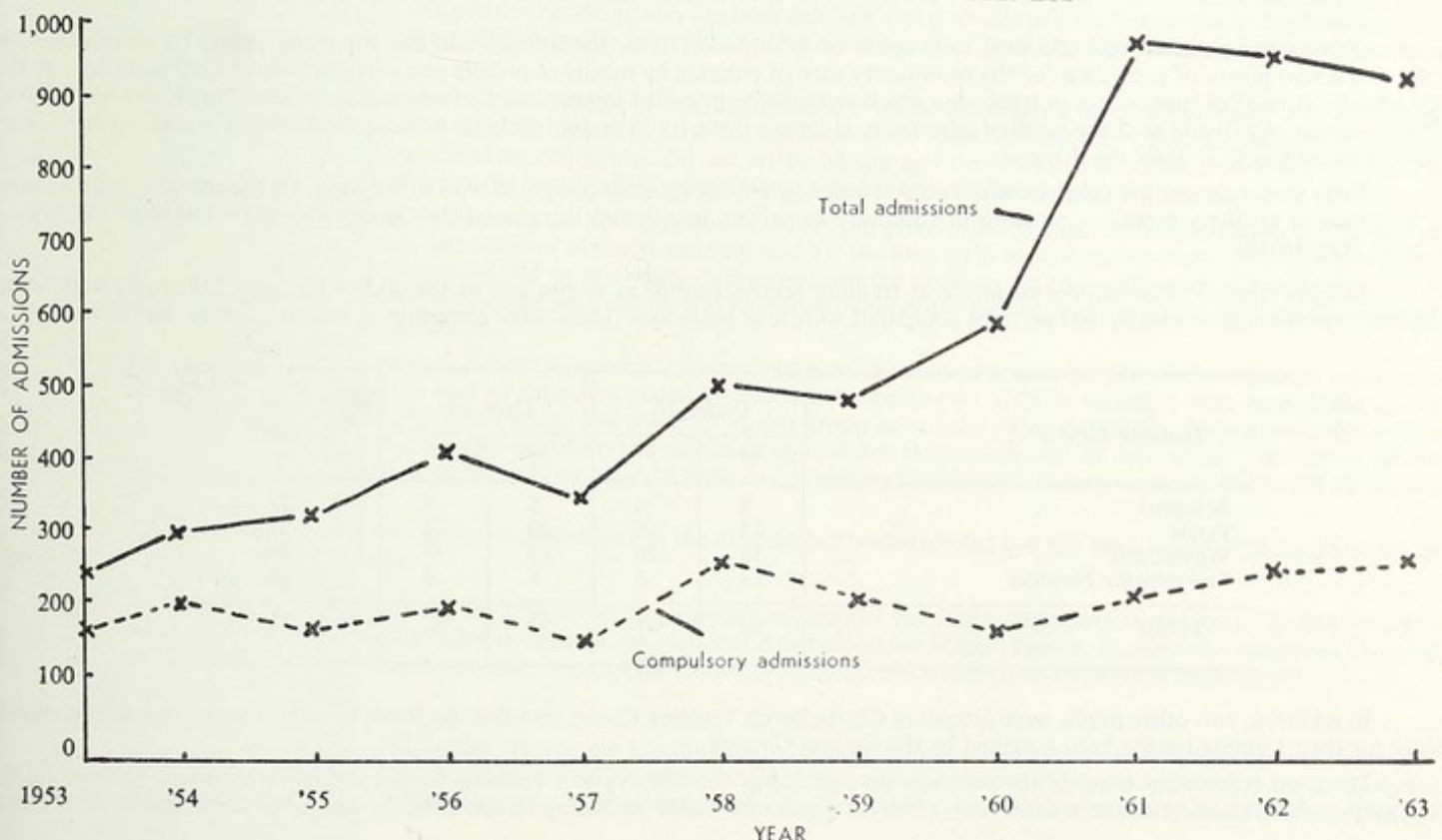
Admissions to hospital. The number of cases in which the mental welfare officers were called upon to arrange admission to hospital again showed a small decrease. It will be seen from the following table, however, that the number of compulsory admissions rose to 265 as against 258 in 1962 and 218 in 1961, which was the first full year of the Mental Health Act.

Year	Informal		Observation (Sect. 25)		Treatment (Sect. 26)		Emergency (Sect. 29)		Court Orders		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	
1963	250	440	23	73	14	14	49	85	7	—	343	612	955
1962	278	442	17	34	18	33	62	90	4	—	379	599	978
1961	295	478	12	33	18	40	41	71	2	1	368	623	991

Of the 955 admissions, 323 patients were known to have received hospital treatment for mental illness on previous occasions.

The total admissions for 1963 are almost exactly four times the number of admissions in 1953, although the proportion of patients admitted under compulsion has fallen from 69.6 per cent to 27.8 per cent over the same period. This dramatic change in the pattern of hospital admissions is shown in the accompanying graph and the increased volume of work for the mental welfare officers which it implies can easily be appreciated:—

ADMISSIONS TO HOSPITALS FOR MENTAL ILLNESS



Care and after care. There was again a slight rise in the number of cases requiring after care following discharge from hospital, 338 patients being referred for follow up. This is the highest annual figure since the scheme was introduced, and it brought with it problems such as higher case loads for each officer and additional clerical work. An attempt was made to provide clerical assistance for those officers based in divisional health offices but it was not always possible to arrange it at times convenient to the officers and the matter is continuing to receive attention. Copies of all after care reports submitted by the officers were passed to the hospital doctors for their information.

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

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

Mental Subnormality

General. Ninety-two new cases were referred and ascertained as follows:—

<i>Subnormal</i>				<i>Severely Subnormal</i>				<i>Total</i>	
<i>Under 16</i>		<i>Over 16</i>		<i>Under 16</i>		<i>Over 16</i>		<i>M</i>	<i>F</i>
<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>		
7	16	10	10	12	26	4	7	33	59

Of the 1,045 mentally subnormal persons on the register at the end of the year, 461 were in hospital and 584 were being supervised in their own homes.

				<i>Under 16</i>		<i>Over 16</i>		<i>Totals</i>
				<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
Visited at home	72	71	215	226*	584
In hospitals	31	31	228	171	461
Totals	103	102	443	397	1,045

*Including two persons under guardianship

Only twelve patients were admitted to hospital on a long stay basis, the smallest number for many years. To some extent this reflects the new policy of providing for the community care of patients by means of hostels and training centres until such time as they are actually in need of supervision or treatment which can only be provided in hospital. Unfortunately, however, there was no reduction in the number of patients awaiting hospital admission, although these could undoubtedly be reduced considerably if there were sufficient hostel beds available to meet the demand.

Short term care was provided for fifty-two persons, a gratifying increase compared with other years. Of these twenty were accepted at hospitals or ancillary premises, nineteen in voluntary or private homes and thirteen in the County Council's first hostel at Wyvern House, Weymouth.

Training Centres. The number of pupils at training centres continued to rise and at the end of the year 232 pupils were on the registers, an increase of exactly 100 per cent compared with four years ago. These were attending at the four centres as follows:—

<i>Training Centre</i>				<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
				<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
Bridport	8	6	5	8	27
Poole	25	16	29	27	97
Weymouth	18	26	15	21	80
Sturminster Newton	11	3	8	6	28
Totals	62	51	57	62	232

In addition, two other pupils were attending Christchurch Training Centre and five the Poole Spastics Centre, financial responsibility for their training having been accepted by the County Council.

The most noteworthy event of the year was the opening of the new Wyvern Training Centre at Chickerell Road, Weymouth, the first purpose-built training centre in the County. Built at a cost of £42,000 (including equipment), the centre has accommodation for sixty

children and sixty adults and replaces the old premises at St. Aubyn's, Carlton Road North, Weymouth, which had been in use since the first twenty pupils went there in 1956. The pupils were transferred to the new building on the 12th June and the formal opening ceremony was performed on the 13th July by the Rt. Hon. the Earl of Feversham, D.S.O., D.L., J.P., whose untimely death occurred soon afterwards. The Wyvern Centre stands in pleasant tree-lined grounds of 2.3 acres and is planned so that there is complete structural separation between the juniors' accommodation and that for the adults. Meals are provided from the centre's own kitchen.

Industrial work again proved difficult to find at Bridport and Sturminster Newton but at Weymouth a considerable amount of money was earned by the adult pupils in assembling television aerial parts. In order to meet the demand a number of pupils living in the vicinity attended the centre during holiday periods.

To be in a position to accept suitable industrial contracts as they become available it is clear that adult centres need to break away from the traditional school holidays and short working day. Indeed to do so would be of benefit both to the adult workers themselves and to their families and the whole question of working hours and holidays for staff and pupils is at present under review.

Once again, a number of organisations and private individuals made generous gifts for the benefit of the pupils. These included a cine projector and screen and about £200 in cash. Money donated to the amenities fund at Bridport Training Centre was used for the purpose of taking fourteen adult pupils to London, where they stayed overnight. They toured the main places of interest by coach, including Westminster Cathedral, Buckingham Palace and the Tower of London. A river trip and a visit to the Black and White Minstrel Show at the Victoria Palace were also very much enjoyed. Although approached with some trepidation, the expedition proved to be an outstanding success and reflects great credit on the staff who made it possible.

The natural expansion of Poole Training Centre is, unfortunately, impeded by the inadequate building in spite of the overflow of two adult classes into a neighbouring church hall. As a result, by the end of the year six pupils were waiting admission. This figure did not include a number of children under five years who were in need of training, it being impossible to accept children under that age at this centre. At the other three centres, however, there is no waiting list and suitable children under five who require early training are always accepted.

The high standard of handicrafts which has always been a feature of the work done at Poole Training Centre was reflected in the successes achieved at the Dorset Arts and Crafts Exhibition, where the products of the Training Centre won twenty awards.

The trainee assistant supervisor attached to Weymouth Training Centre returned from her course, having obtained the Diploma for Teachers of the Mentally Handicapped. She was taken onto the teaching staff at the new centre and another trainee appointed.

Three members of staff at training centres went on a refresher course and three others were successful in obtaining certificates in the Montessori methods of education in nursery schools.

Home Teaching. The home teacher continued to visit forty-eight pupils in Poole and West Dorset. Of these, twenty-five resided at a private home at Lytchett Matravers and the residents, who are all severely abnormal females, were provided with a constant supply of handicrafts. Occasionally, persons suffering from mental illness are also included in the home teaching scheme. Profits from the sale of articles made are passed on to the pupils and their products are on display at various fetes, exhibitions and sales of work. A very successful Christmas party was held at Wimborne for all those participating in the scheme.

Residential Accommodation. In July, Wyvern House, the County Council's first hostel for the care of the mentally subnormal, was opened. The Victorian house which in recent years had been used as a children's home, is situated in the same grounds as the newly-built Wyvern Training Centre at Weymouth, and has accommodation for twelve residents, nine of whom are women and the remainder children. The staff comprises a matron and assistant matron who are both resident and a whole-time cook and whole-time cleaner, both non-resident. In spite of some initial staffing difficulties the hostel has settled down very well and it has eased the demand for both long term and short term hospital beds.

By the end of the year and after the first six months of operation, thirteen women and seven children had been accommodated. Three women were transferred to the hostel from Coldeast Hospital but none remained there for long, one obtaining residential employment, a second going home to her parents and the third, who did not settle, having to be returned to Coldeast. Apart from two of the women who were able to go out to work from the hostel, all the residents attended the nearby training centre.

In addition to the residential care provided in the hostel, use was made of ten private homes, financial responsibility for the cost of maintenance being accepted for the short term care of nineteen residents and for the long term care of twenty-eight. The Cheshire Home at Hawthorn Lodge, Dorchester, was most helpful in providing residential care for children up to eleven years. Considerable use is made of this home by other local health authorities and during the year seven children admitted from areas outside the County also received training at Weymouth Training Centre.

The private home at Rose Cottage, Lytchett Matravers continued to provide residential care for twenty-five severely subnormal women, most of whom were between the ages of forty-five and sixty-five years. Twenty-two of these residents were maintained by the County Council and the remainder had private means. The majority of this group have been living happily in these surroundings for a number of years and were originally placed there because no vacancies were available in hospitals for the subnormal. The success of this establishment illustrates the principle behind the present national policy of providing hostel care whenever medical treatment or nursing care is not required.

No hostel for the mentally ill has yet been established in the County but where needed use has been made of those provided by other authorities or by voluntary bodies.

Registration of Homes. Four premises for the care of the mentally subnormal have been registered as residential homes. In addition Parnham House, Beaminster, which is administered by the National Association for Mental Health, is registered under the National Assistance Act as a residential home for old people. It caters for mentally confused old ladies from all parts of the country.

Diagnostic Clinic

This clinic, which is held monthly in the Dorchester Health Centre, is staffed by a consultant paediatrician, the senior medical officer for maternal and child welfare and the liaison health visitor for the physically handicapped. Infants suffering from many forms of handicap are referred for diagnosis and those who exhibit symptoms of subnormality are referred to the mental health section for

follow up. This service is of great value in promoting the admission of children to training centres as soon as the need arises, and a number of only two years of age have already been admitted with very beneficial results.

Voluntary Bodies

During the year the Weymouth and District Society for the Mentally Handicapped was founded and became strongly established in a very short time. One of its interests is the running of a social club for the mentally handicapped based on Weymouth Training Centre. This has proved very popular and transport has been arranged for patients living as far away as Dorchester and Portland. The Society was also granted the use of the training centre grounds each Wednesday afternoon during the long summer holiday for the purpose of holding social gatherings of parents and pupils.

Training centre Parent/Teacher Associations flourish at Poole, Sturminster Newton and Weymouth, each making valuable contributions to the welfare of the pupils during the year by means of gifts, outings or parties. Meetings were addressed by members of the staff and films were shown to illustrate the latest developments in the care of the subnormal.

The special facilities provided primarily for educable spastic children by the Bournemouth, Poole and District Spastics Society at their Spastics Centre in Poole are also of great value to five children who have been excluded from the education system but allowed to remain there. Responsibility for the cost of their training has been transferred from the Education Committee to the Mental Health Sub-Committee. The special position of these children will have to be considered when the proposed new training centre in Poole becomes available in a few years time, as the special care unit which is to be provided there will to a great extent meet the needs of subnormal spastics who do not require frequent physiotherapy.

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

The Development of Local Authority Health and Welfare Services (Ten-year Plan)

The following is a summary of the ten-year development plan for the mental health services as it stands at present:—

1963/64

Hostel for fifteen subnormal men at Weymouth.

1964/65

Replacement Training Centre for eighty subnormal children and a hundred adults at Poole.

Replacement Training Centre for thirty subnormal children and thirty adults at Bridport.

Home for thirty-five elderly mentally infirm at Poole.

1965/66

Hostel for thirty subnormal men and women at Poole.

Home for thirty-five elderly mentally infirm at Weymouth.

1966/67

After care hostel for twenty-five persons recovering from mental illness at Poole.

Hostel for twenty-five mentally subnormal women at Weymouth.

1967/68

Hostel for fifteen subnormal children at Poole.

Replacement Training Centre for thirty subnormal children and thirty adults at Sturminster Newton.

After care hostel for twenty-five persons recovering from mental illness at Weymouth.

1968/69

Long term hostel for thirty-five persons suffering from mental illness at Weymouth.

1969/70

Home for thirty-five elderly mentally infirm at Dorchester.

1970/71

Long term hostel for thirty-five persons suffering from mental illness (East Dorset).

1971/72

Long term hostel for thirty-five persons suffering from mental illness at Dorchester.

1972/73

Hostel for twenty-five elderly subnormal persons (South Dorset).

1973/74

Hostel for twenty-five elderly subnormal persons (East Dorset).

In deciding upon the size of hostels and homes, due regard has been paid to the Minister's opinion that they should have not more than thirty-five beds. In the case of the elderly mentally infirm, however, the Committee has decided that the buildings should be planned in such a way as to make it possible to increase the accommodation up to fifty beds should the demand be established at a later date.

Good progress has been made in acquiring sites for these projects. Much local opposition was encountered, however, when proposals were made for the location of the hostel for the mentally subnormal in Poole. Strong misgivings were expressed by people living in the neighbourhood which suggests that a great deal of persuasive education will be required before the general public is ready to accept without reserve the integration of mental health hostels into residential areas.

Welfare Services

(NATIONAL ASSISTANCE ACT 1948)

Residential Accommodation

During the year further progress was made with the provision of additional purpose-built accommodation and the replacement of accommodation of the old institutional type. Extensions to the James Day Memorial Home, Swanage for fifteen additional residents and the Lawns, Weymouth for ten more residents were completed in January and May respectively. Each scheme included improved staff accommodation. The Council's fourth entirely purpose-built Home, Elizabeth House in the Alderney district of Poole, was completed in May. This home for fifty-five residents replaced the accommodation for forty-three residents in St. Mary's Wing of Poole General Hospital which had been occupied under a joint user arrangement with the Regional Hospital Board. Many of the residents transferred had spent several years in these institutional surroundings and their appreciation of the strikingly different environment of Elizabeth House has been most rewarding. Their lives have been enriched by a real sense of pride in their new home and by new interests which have been introduced through the kindly and understanding influence of the Matron and her Staff. Shortly after the residents moved in an Open Day was held. This was extremely well attended by the public who were most enthusiastic in their approval of the Home.

During the year work commenced on the construction of a new home for fifty residents at Wareham. This will replace the accommodation at Christmas Close, a former Public Assistance Institution jointly used with the hospital authority.

The Council's Ten Year Programme was reviewed and extended to include the year 1973/74 when it is proposed to provide a third home for fifty-five residents in the rapidly developing Wareham/Ferndown area. The programme as a whole aims to provide well situated homes throughout the County so that each area will be equitably served by a standard of approximately twenty places per thousand people over the age of sixty-five years in the population. The selection of sites has continued and many of those needed have been acquired.

At the end of 1962 accommodation for 683 residents was being provided in twelve establishments in the County including three former public assistance institutions. Development proposals up to and including the year 1973/74 would increase the number of homes to twenty-two accommodating 1,099 residents and the former institutions would have been replaced. In addition the programme includes two thirty-five bed homes for the elderly mentally infirm to be provided under the Mental Health Act, 1959, a home for thirty-five younger physically handicapped persons and improvements at a number of existing homes. It is further proposed to provide day centres for the elderly in Poole and Weymouth.

During the year residents again enjoyed entertainment, outings and a variety of amenities to which reference has been made in previous reports.

The Council continue to be indebted to the various organisations and the many individual members who take an interest in the homes and give invaluable help in very many ways.

Statistics relating to residential accommodation are set out in Table 11 on page 45.

Temporary Accommodation

During the year the construction of three further units of temporary accommodation at Hamworthy was completed and these were immediately used to prevent the break-up of homeless families.

The existing arrangements relating to problem and homeless families were reviewed in the light of the Children and Young Persons Act 1963. The work had hitherto been divided between the Health and Social Services Committee and the Children's Committee and it was considered that advantage should be taken of the opportunity provided by the new Act to place the matter in the hands of one Committee and one Department. Since the interests of the children was the main object it was felt preferable, in view of the provisions of the Act, for the work to be dealt with by the Children's Committee and the Children's Department. Arising from this the management of the Council's nine units of temporary accommodation was transferred to that Department.

Special housing for the Elderly

During the year, District Councils continued to make the most valuable contribution to the welfare of the elderly through the provision of dwellings specially suited to their needs. This is encouraged by the County Council's scheme for financial assistance of which details have previously been reported. By the end of the year the following dwellings had been approved for contribution purposes subject to the conditions relating to occupancy and structural welfare and warden facilities.

<i>Local Authority</i>	<i>No. of dwellings in approved scheme</i>
Beaminster Rural District Council	17
Blandford Borough Council	15
Blandford Rural District Council	67
Dorchester Borough Council	22
Dorchester Rural District Council	12
Poole Borough Council	99
Shaftesbury Borough Council	11
Shaftesbury Rural District Council	18
Sherborne Urban District Council	46
Sturminster Rural District Council	64
Wareham and Purbeck Rural District Council	11
Weymouth Borough Council	55
Wimborne Urban District Council	16
	<hr/> 453

Further enquiries and requests for financial help in respect of accommodation for the elderly were also received from Alms House Trusts and housing societies. By the end of the year approved annual contributions to trusts and societies of this kind had increased to £2,120 in respect of accommodation of various kinds for approximately a hundred old people.

Meals on Wheels

The Council continue to be indebted to the Women's Voluntary Service who give so much time to this valuable means of assisting elderly people to remain in their own homes. A review carried out during the year revealed a considerable variation in the demand and rate of growth of the service in relation to the population in different parts of the County. It was felt this situation might have arisen because the possible availability of the service throughout the County was not uniformly appreciated. General practitioners and health visitors were accordingly urged to notify all cases in which the provision of meals would be helpful whether or not a service already existed in the areas in which needy persons were living. As a result, the service has been extended into many of the more rural areas of the County. Table 13 on page 46 shows the areas in which it was operating by the end of the year, the number of meals provided and the number of recipients.

As the meals are mostly obtained from school kitchens, continuation of the service during the school holidays has tended to present difficulties. During the year the Women's Voluntary Service were successful in their efforts to secure alternative sources of supply during these periods in many areas. The problem persists in some parts of the County particularly during August when local restaurants are unable to help owing to the influx of holiday makers to the County. Many voluntary workers are also on holiday themselves at this time.

Social Welfare

The many old people's clubs run by the Dorset Branch of the British Red Cross Society, the Women's Voluntary Service, Local Voluntary Old People's Welfare Committees and a variety of other organisations have continued to play a most valuable part in providing for the social welfare of the elderly. The time and effort which the voluntary workers concerned put into the running of the centres and the many associated activities is worthy of the highest praise.

During the year the Council's policy regarding assistance to old people's clubs was reconsidered. It was felt that overall financial considerations would not permit worthwhile contributions being made generally but in view of the particularly beneficial service rendered by clubs where meals were also served, it was decided to offer contributions to any such clubs at the rate of 1s. 0d. per meal provided. Thus a club serving twenty-five meals on two days each week would receive an annual contribution of £130 from the County Council. It is hoped that this will encourage the establishment of more meals clubs and benefit in particular old people living alone who are frequently disinclined to prepare adequate meals for themselves.

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

During the year eight applications for the registration of private homes were granted. At the end of the year, there were forty-one registered homes in the County providing accommodation for 453 persons.

The registered homes continued to be inspected periodically to ensure that satisfactory standards were maintained and the notice of proprietors was drawn to any matters requiring attention.

Premises which were the subject of application for registration were inspected to determine their suitability. Details of proposed improvement works, staffing arrangements, etc. were obtained.

Welfare of the Blind and Partially Sighted

To ensure that registered blind and partially sighted persons benefit from all available facilities, full co-operation has been maintained with the Western Regional Association for the Blind, the Dorset County Association for the Blind and other voluntary and statutory bodies.

At the end of the year there were 860 persons on the blind register and 131 registered as partially sighted, an increase of fourteen and eight respectively during the year. Statistics continue to show that the majority of newly certified cases fall in the older age groups.

Of the 144 newly registered blind cases 123 were over 65 years of age. There were three cases under the age of five, one under ten, and seventeen between the ages of sixteen and sixty-four.

An additional Home Teacher for the Blind was appointed during the year, making a total of seven fully qualified Home Teachers. Two are employed in the Borough of Poole, the other five covering the remainder of Dorset. Every effort has been made to help persons with seriously defective vision to adjust themselves to their handicap and lead as normal a life as possible. Handicraft classes, socials, outings, sales and exhibitions at shows have been held in co-operation with the Dorset County Association for the Blind. Instruction in the reading and writing of embossed type and in handicrafts continued to be given in the pupils' own homes.

There is no sheltered workshop in the area but arrangements continued for the employment of one basket maker at the Bristol Royal Workshops, two flat machine knitters at the Royal School for the Blind, Leatherhead and one brushmaker at the Yorkshire School for the Blind. One woman was in training at the Bristol Workshops for the Blind.

Six men and five women were being supervised by the Bristol Royal Workshops for the Blind under their Home Workers Scheme on the Council's behalf. One braille copiest was being supervised by the National Library for the Blind on a part-time scheme.

Sales of articles made by the blind were again organised throughout the County in co-operation with the Dorset County Association for the Blind. Departments of the County Council continued to assist by placing orders and further orders were secured by the Home Teachers.

The Placement Officers for the Blind of the Ministry of Labour endeavoured to find suitable employment for blind persons. The Administrative Officer for the Handicapped continued to serve on the disablement advisory committees at Poole and Weymouth.

At the end of the year 114 blind persons over the age of sixteen were living in hospitals and homes. Forty were in the care of Regional Hospital Boards, thirty-eight in homes for the blind, twenty-one in homes provided under part III of the National Assistance Act, 1948 and the remaining fifteen in privately run homes.

The registers of the blind and partially sighted continued to be maintained in close co-operation with the Western Regional Association for the Blind.

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

Blind	<i>Dorset (exc. Poole)</i>	<i>Poole</i>	<i>Totals</i>
Number on Register at 31.12.62 ..	561	285	846
New Cases	85	59	144
Transfers In	18	8	26
Transfers Out	20	18	38
Deaths	79	35	114
Transferred to Partially Sighted Register	2	—	2
De-certified	2	—	2
Number on Register at 31.12.63 ..	561	299	860

Partially Sighted	<i>Dorset (exc. Poole)</i>	<i>Poole</i>	<i>Totals</i>
Number on Register at 31.12.62 ..	77	46	123
New Cases	16	8	24
Transfers In	5	5	10
Transfers Out	5	3	8
Deaths	9	1	10
Transferred to Blind Register ..	5	3	8
De-certified	—	—	—
Number on Register at 31.12.63 ..	79	52	131

Welfare of the Deaf, Dumb and Hard of Hearing

Welfare Services for the deaf and/or dumb and hard of hearing continued to be administered through an agency arrangement with the Salisbury Diocesan Association for the Deaf and Hard of Hearing. All cases applying for assistance were visited by officers of the Association.

By the end of 1963 the comprehensive scheme for the ascertainment of deafness in school children and pre-school children had been running for three complete years and the figures of the findings are remarkably consistent for each of those years. This shows that an ever increasing number of children who would otherwise have been hampered by slight deafness have been detected at the earliest opportunity. When corrective treatment is given the hearing is restored to normal in a great many cases. If deafness is either of such a type that operative treatment is impossible or it persists after treatment, the child can be given audiometric training to enable him to cope with his handicap.

During the last three years the audiometrician, who is also a fully trained teacher of the deaf, working in the county and south Dorset areas gave full hearing assessment to 1,260 children and of these 368 were referred to the E.N.T. specialist, after consultation with the family doctor. The figures for 1963 were 421 and 133 respectively.

The pattern of the assessment service for deafness amongst children continues as follows in the county and south Dorset areas. All infants and 'at risk' babies are given an elementary hearing test by the local health visitor; any who appear to have defective hearing are referred to hearing assessment clinics which are held at regular intervals throughout the county. At these clinics, the audiometrician investigates these children and also patients referred from other sources and those who have failed the school screening tests. Both specialists and the school medical officers are now utilising the service quite freely.

All infant entrants to county schools are screened at the age of six years and those children who fail this test are further investigated as described in the preceding paragraph. During the last three years, in the county and south Dorset areas, 10,017 children have been screened and of these 786 have been referred to a clinic for further investigation. The figures for 1963 are 4,927 and 267 respectively.

As foreshadowed in last year's report an intensive effort has been made to screen all children in primary schools who had not previously been seen. This involved the testing of children born in 1953, 1954 and 1957, nearly trebling the number of tests to be carried out and involving visits to primary schools not normally in the programme. This mammoth task was successfully accomplished by the audiometrician and her assistant within the time allocated. The number of referrals from the older age group justified the work involved and all the school population under the age of eleven years has now been sweep tested.

Partially hearing children who may benefit by attending ordinary schools receive help from peripatetic teachers of the deaf who give them regular instruction in the use of their hearing aids and in lip reading, if necessary. Sixty-four children received such help during 1963.

Deaf and partially hearing children who live within travelling distance of Poole can be admitted to a school for deaf children established there. Deaf and partially hearing children who require residential treatment are graded under the Handicapped Pupils Regu-

lations and subject to the parents' consent are placed at a suitable school. The education authority pays the whole of the fees for such a placement.

Any cases of suspected deafness in children who present particular problems are referred to a panel of specialists who meet periodically either at Poole or Weymouth. All aspects of child health and education are represented on the panel and the child and parents are interviewed and advice given on the treatment and management of the case.

A comprehensive service of social welfare continued to be provided by the Association. This included interpretation into manual language, advice in domestic, social, local health and family affairs. Many persons particularly the sick and infirm were visited in their own homes and in hospital. Help in connection with employment was given in co-operation with the Disablement Resettlement Officers of the Ministry of Labour.

Social centres continued to be provided for the deaf at Sherborne, Weymouth and Poole.

Hard of Hearing clubs continued to be run at Bridport, Dorchester, Poole and Weymouth.

Lip reading instruction was given by a qualified teacher of the deaf when and where required either with clubs or individuals and advice was offered on the use of hearing aids.

The Association work in conjunction with the Ministry of Labour and Disablement Resettlement Officers in connection with the placement of the deaf and hard of hearing in suitable training or employment. The Council and the Association continue to be represented on the Executive Committee of the Western Regional Association for the Deaf. The following table shows the number of persons both deaf and hard of hearing registered with the authority on the 31st December, 1963 and sets out the statistics in respect of services provided:—

	<i>Dorset (exc. Poole)</i>	<i>Poole</i>	<i>Totals</i>
Number on Register at 31.12.63:			
Deaf	117	35	152
Hard of Hearing	152	45	197
Number of cases for whom services were provided	295	131	426
Attendances at social clubs ..	2,998	970	3,968
Attendances at Church services ..	697	210	907
Visits by missionaries	1,689	685	2,374

Physically Handicapped (General Classes)

Routine visiting of the physically handicapped in the County continued to be carried out by the health visitors whilst a specialist liaison health visitor exercised a general oversight of all the cases and explored means by which the most effective and appropriate help might be given.

Specialised equipment was supplied on loan and adaptations were carried out to the homes of a number of handicapped persons. The severely disabled were assisted with holidays and where necessary admissions to residential homes were arranged.

Services provided by the Dorset Branch of the British Red Cross Society as the Council's agents for certain aspects of the work included handicraft instruction, the supply of aids and gadgets and assistance in the purchase of materials and the sale of articles produced.

The Dorset Association for the Disabled again received a grant from the County Council to assist them in their activities for the promotion of the general welfare of the handicapped.

Close co-operation was maintained with the Ministry of Labour, the help of the Disablement Resettlement Officers being sought in connection with training and employment of handicapped persons under the Disabled Persons (Employment) Act, 1944.

The following table shows the number of physically handicapped persons (General Classes) registered with the authority on the 31st December, 1963:—

	<i>Dorset (exc. Poole)</i>	<i>Poole</i>	<i>Totals</i>
Number on Register at 31.12.62 ..	598	205	803
New Cases	113	53	166
Transfers In	—	2	2
	<u>711</u>	<u>260</u>	<u>971</u>
Transfers Out	10	8	18
Deaths	31	12	43
Removed from Register	2	—	2
Number on Register at 31.12.63 ..	668	240	908

Removal to suitable premises of persons in need of care and attention.

It was not necessary for action to be taken under the provisions of Section 47 of the Act during the year.

Temporary protection of property of persons admitted to hospitals, etc.

The storage of property continued to be arranged, where necessary, in pursuance of Section 48 of the Act.

REGISTRATION OF NURSING HOMES

Periodic inspections of the registered homes in the county are carried out and, before any application for a certificate of registration is granted, full enquiry is made as to the suitability and qualifications of the person in charge and layout of premises.

	<i>Number of Homes</i>	<i>Number of beds provided</i>		
		<i>Maternity</i>	<i>Other</i>	<i>Total</i>
Homes first registered during the year	2	—	10	10
Homes whose registrations were withdrawn during year	3	—	18	18
Homes on register at end of year	16	15	201	216
Homes exempt from registration at end of year ..	—	—	—	—

NURSERIES AND CHILD MINDERS REGULATION ACT 1948

A thorough investigation is carried out in connection with all applications for registration as child minder or day nursery.

The functions of the County Council under this Act so far as Poole is concerned are exercised by the Poole Borough Council under the scheme of delegation of health and welfare functions.

	<i>Nurseries and Child Minders Regulation Act 1948</i>		
	<i>Premises registered at end of year</i>		<i>Daily minders registered at end of year</i>
	<i>Factory</i>	<i>Other nurseries</i>	
Number	—	4	6
Number of places and number of children minded at end of year ..	—	53	56

Environmental Hygiene**Water Supplies and Sewerage**

A major step forward in the development of the county's water resources took place in July when the West Dorset Water Board's Hooke Pumping Station was officially opened by the Chairman of the County Council.

Although it will be some time before this station reaches its design capacity, the way is now open to get water into parts of West Dorset where there have been grave shortages for many years. Already relief has been brought to Broadwindsor and Salway Ash; there is no longer any fear, either, of Bridport itself not having an adequate supply to meet both its present needs and those of the future.

The Board have also paved the way for the development of the Litton Cheney source and have accepted a tender for the laying of a new trunk main down the valley to feed the new reservoir at Dottery.

Amongst other villages which the Board have supplied as part of their regional scheme are Askerswell and Lodors. There is particular satisfaction about Lodors where, for years, the parish council have been striving for main drainage but whilst the Bridport Rural District Council were keen to take action they were unable to do so until the water problem had been overcome.

In September, the Minister rejected a case which had been made out by certain county district councils and statutory water undertakers for the setting up of one water board for the major part of Dorset. Instead, the Minister pressed that a Draft Order be prepared to merge the undertakings of the Weymouth Waterworks Company, the Portland Urban District Council, the Dorchester Borough Council and the Dorchester Rural District Council (with the exception of the Piddle Valley parishes) with that covering the statutory area of the West Dorset Water Board. This decision was in keeping with the views expressed by the County Council when regrouping proposals in Dorset were considered some years ago and it is to be hoped that there will be no undue delay in the formation of this new water authority. Until this is done it might be economically impossible for the West Dorset Water Board to complete their one-and-a-quarter-million-pound regional water scheme upon which so much depends if the health, prosperity and future development of this part of the county is to be safeguarded.

Another major development in the field of public health engineering was the adoption by the Bridport Corporation and the Rural District Councils of Beaminster and Bridport of a joint sewerage scheme based upon a submarine outfall in West Bay. Further tests which were taken in the sea during the spring, in supplementation of the detailed hydrographical survey made in 1961, endorsed the feasibility of a long sea outfall for the disposal of sewage from Bridport and neighbouring villages, including Symondsbury, Bradpole, Loders, Askerswell, Beaminster and Netherbury. On the recommendation of the Joint Advisory Committee set up by the three councils, it was decided to increase the diameter of the submarine pipeline from eighteen inches to twenty-four inches in order to make provision for future development within the drainage areas to be served by this scheme. The total population which it is estimated this scheme will serve is 25,650 compared with the earlier figure of 20,200; the revised capital cost becomes £340,000 and the running costs £21,180 per annum. The alternative of treating sewage from this population by inland works would cost in the order of £401,800 and running costs would be likely to amount to £36,325 per annum, according to estimates prepared by the consultants.

The county public health engineer has continued to act as co-ordinator for the joint scheme and the consulting engineers, Messrs. Lemon & Blizard, are now preparing the relevant details for submission to the Ministry of Housing and Local Government. In due course there will be a local investigation but the date of this depends upon how quickly the necessary formalities can be completed. The decision to go ahead with this major scheme will, it is hoped, prove of infinite value not only to the resident population and the industry which it will serve but in catering for a considerable number of summer visitors.

Also in the field of main drainage, the Wimborne and Cranborne Rural District Council have continued to make fine progress. Work is well up to schedule with a scheme estimated to cost nearly £700,000 for Ferndown and West Moors and in July an investigation was held into the Council's proposals for completing the sewerage of the large and scattered parish of Corfe Mullen. In the evidence which he gave on the County Council's behalf in support of this scheme, the county public health engineer said that it was doubtful whether there was any parish in the county where the need for main drainage was greater than at Corfe Mullen. Thus, it was satisfactory to learn, in due course, that the Minister had given his approval in principle to this scheme, the estimated cost of which was £327,000.

The final highlight in public health engineering in Dorset during 1963 was the completion, in September, of the connection of the 1,364 properties to the Wimborne main drainage scheme. This mammoth task was carried out by direct labour by a force comprising, on average, twenty-two men working under the chief resident engineer. The County Council were, under an agreement made many years ago, contributing towards the cost of the main drainage scheme as a whole. When the final figures were produced it was estimated that the savings, by undertaking the house connections by direct labour instead of by contracts, had amounted to £46,777. On the main drainage scheme itself there had been a reduction in the order of £76,510 on the contract sum so that the overall savings on the Wimborne Sewerage and Sewage Disposal Scheme totalled in the region of £123,000.

Only developments of major significance have been mentioned in this commentary but excellent progress has also been made on schemes which, in their own particular way, have done and will continue to do much to improve the general standards of hygiene and living conditions throughout the county. There is much more, however, in the provision of piped water and main drainage than the improvement of standards—important though this undoubtedly is. One thing, in addition, which must not be overlooked is the economic side of the matter, the potential of which is tremendous, in opening up for development land which, although suitable in itself, could not otherwise be used for this purpose.

One of the biggest needs in a rural county such as Dorset is to attract light industry and a paramount consideration here is the availability of ample water. Because of its geology, Dorset, fortunately, has immense resources, the full extent of which will only be revealed when the hydrological survey which is to be made under the Water Resources Act, 1963, has been completed. The conduct of this will be the responsibility of the newly constituted river authorities and the survey will take some years to carry out. It was, however, apparent from a report which, in conjunction with the engineers of the statutory water undertakers, the county public health engineer prepared early this year, that the post-war schemes which either had been or were being carried out had been designed with foresight and that the sources which had been developed were, if the need arose, capable of still further development.

This may well be one of the key factors to the future prosperity of this county. The value of the regrouping of water undertakings which has so far been carried out has already been shown and the need—as stressed earlier in this report—for the speedy amalgamation of the remaining water authorities with the West Dorset Water Board is as clear as its effect in future years may be far-reaching.

The portents are the same as far as main drainage is concerned; apart from domestic development provision should be made for limited industrial waste in the public sewers. The extent to which this can be done in the design of sewage disposal works is, however, limited because the strength of trade waste is generally much stronger than that of domestic sewage and, in some cases, it is extremely difficult to treat at all. All the same, if early information is given about the necessity for dealing with a particular type of industrial effluent, provision can usually be made for it in the public sewerage system on a basis which would, in most cases, be economic both to the local authority and to industry. The cost of dealing with trade effluent discharging into a sewer normally falls upon the management concerned, in accordance with the terms of a formal agreement drawn up between the parties concerned, but the alternative of treating the waste on the factory site is generally more costly.

Dorset's achievement in the field of public health engineering is one of which both the county district councils and the County Council may feel proud but there is no room for complacency. A great deal still remains to be done, especially on the main drainage side, before the needs of the present and of the future may be met with confidence. In this connection it is of the greatest importance for consultations to take place at a very early stage both at county and county district level between those responsible for planning development and those who, directly or indirectly, will eventually be faced with the problem of providing or extending the public services.

In the table below is a summary of the schemes which were (i) submitted to the County Council for consideration under the Rural Water Supplies and Sewerage Acts; (ii) commenced; and (iii) completed during the year.

Schemes Submitted, Commenced and/or Completed during 1963

<i>Authority</i>	<i>Scheme</i>	<i>Approximate costs of Schemes</i>		
		<i>Submitted</i>	<i>Commenced</i>	<i>Completed</i>
	<i>Water Supplies</i>	£	£	£
Dorchester Rural ..	Abbotsbury and Portesham	—	—	1,510
	Cattistock—Sandhills	—	—	1,422
	Long Bredy	—	—	3,663
Poole and East Dorset Water Board ..	Studland	39,000	—	—
West Dorset Water Board	Regional Scheme—Phase 1			
	Reservoir 6—Dottery: Contract No. 16	—	—	32,695
	Reservoir 14—Stoke Knapp: Contract No. 17	—	—	13,708
	Reservoir 16—Four Ashes: Contract No. 19	—	—	8,859
	Hooke—Site works	—	—	1,535
	Mains—Stoke Knapp—Broadwindsor—Hurseley: Contract No. 24 ..	—	—	18,760
	Regional Scheme—Phase 2			
	Reservoir 19—South Perrott: Contract No. 26	—	—	7,515
	Mains—South Perrott—Mosterton—Chedington: Contract No. 27 ..	—	—	38,150
	Mains—Stoke Abbott: Contract No. 28	—	—	11,790
	Reservoir 12—Bunkers Hill: Contract No. 29	—	—	11,930
	Mains—Uploders: Contract No. 30 ..	—	26,650	—
	Mains—Loders: Contract No. 31 ..	—	—	13,110
	Reservoir 25—Hooke Park: Contract No. 32	—	8,995	—
	Mains—Hooke Village: Contract No. 34	—	—	9,520
	Mains—Broad Oak: Contract No. 35	—	—	15,300
	Mains—Symondsburys: Contract No. 36	—	—	12,420
West Wilts. Water Board	Ashmore	—	7,195	—
	<i>Sewerage and Sewage Disposal</i>			
Beaminster Rural ..	Broadwindsor	£ 22,873	£ —	£ —
	Corscombe	—	15,468	—
	Salway Ash	—	16,931	—
Blandford Rural ..	Pimperne—Salisbury Road area ..	—	—	13,745
Bridport Rural ..	Chideock	85,875	—	—
Dorchester Rural ..	Cerne Abbas	—	—	72,000
Sturminster Rural ..	Broad Oak and Sturminster Common ..	19,000	—	—
	Sturminster Newton: Contract No. 5 ..	—	—	4,700
Wareham and Purbeck Rural	Studland	117,250	—	—
	Corfe Castle	—	—	92,945

Schemes Submitted, Commenced and/or Completed during 1963—continued

Authority	Scheme	Approximate costs of Schemes		
		Submitted	Commenced	Completed
Wareham Borough and Wareham and Purbeck Rural	Joint Scheme—Wareham Borough, Sandford, Stoborough and Ridge ..	113,530	—	—
Wimborne and Cranborne Rural	Ferndown and West Moors:			
	Contract No. 12	—	37,823	—
	Contract No. 13	—	119,292	—
	Contract No. 14	—	188,826	—
	Colehill, Pamphill and Hampreston:			
	Contract No. 7	—	—	121,700
	Contract No. 9	—	—	46,700

The Prevention of River Pollution

It is noteworthy that, with the preparation of the joint sewerage scheme for Bridport and parts of the Beaminster and Bridport rural districts, another step forward has been taken to clean up the Brit, the one remaining river in Dorset in which heavy pollution exists. Fifteen years ago the main rivers flowing through this county, namely the Stour, the Frome, the Allen, the Piddle, the Cerne and the Brit were polluted in varying degrees with particularly heavy concentrations at Gillingham, Sturminster Newton, Dorchester, Wimborne, Cerne Abbas, Beaminster and Charmouth.

Most of the praise for this transformation must go to the county district councils concerned for completing or designing main drainage schemes. Much good has also been done, however, by the Avon and Dorset River Board and it is desired, once again, to express appreciation of the co-operation received from Mr. J. D. Brayshaw, M.A., the Board's Fisheries and Pollution Inspector, with whom officers of the county health department work in close liaison.

The Disposal of Sewage into the Sea

There is still a good deal of apprehension amongst members of the public over any proposal to discharge sewage into the sea—few subjects, in fact, seem to be more controversial. It was because of the pressure of public opinion that the Medical Research Council set up in 1953 a committee to investigate the medical and bacteriological aspects of the disposal of sewage into the sea. The results of this survey were published on 1st December, 1959, and the Committee's studies suggested that, with the possible exception of a few aesthetically revolting beaches round the coasts of England and Wales, the risk to health of bathing in sea water into which sewage was discharged could, for all practical purposes, be ignored. Beaches do, of course, become 'aesthetically revolting' if a sewage outfall terminates too close to a shore or if sufficient regard had not been taken during its planning to the effect of tides, currents and on-shore winds.

Until comparatively recently sea outfalls were constructed of cast iron pipes, a procedure involving, as a rule, the use of coffer damming. The construction of this form of sewer was a highly expensive business and generally it was either not feasible or not practicable within the realms of economics to take such an outfall very far out to sea. For this reason it was often not possible to discharge the sewage at the point which, hydrographically, was the most satisfactory and a compromise had to be adopted. The modern technique of laying long submarine pipelines has, however, overcome this difficulty. By this system it is possible, in nine cases out of ten, to convey sewage to a point which had been pre-determined, by extensive surveys, to be the most suitable and where the risks of polluting the foreshore were negligible.

Submarine pipelines are normally constructed of steel with elaborate protection against corrosion internally and externally. Steel outfalls are generally pulled out to sea by barge and winch but other methods, e.g. floating into position, can be used where the local conditions require. A steel submarine pipeline extending two miles out to sea has been in use in Dorset since 1959 to convey radioactive waste from the Atomic Energy Establishment at Winfrith into the English Channel off Arish Mell. This pipeline was designed to discharge up to 0.4 million gallons a day of active effluent and 1.1 million gallons a day of non-active effluent but the quantity discharged per annum has been considerably less than that permitted under the official authorisation. There is no reason to believe that the discharge has given rise to any nuisance or difficulty whatever; furthermore, the pipeline itself has been inspected from time to time by divers and its condition has been found to be satisfactory.

With the development of unplasticised P.V.C. and aluminium alloys, it is expected that these materials—which, in themselves, are corrosion resistant—will be used extensively in the future for submarine pipeline work.

It might be felt that any form of sea outfall was very much a 'second-best' to the full treatment of sewage inland but, when all factors are taken into account, this is not strictly true. It must not be overlooked that treatment at a biological sewage disposal works does not guarantee that the effluent will be free from disease-carrying organisms. Indeed, a survey carried out at the public health laboratory at Hull revealed that *Salmonella* bacteria (the group which includes the causative organisms of typhoid and para-typhoid fever) were isolated from just under one-third of the 200 individual samples of treated sewage effluent which were taken. Bearing in mind that it is the general practice to turn the effluent from a sewage disposal works into a stream or river, the risks from the feeling of false security which might arise must not be ignored. The question must be considered in proper perspective but the dilution available in the sea usually exceeds by a very considerable margin that which exists in a small stream or river.

The saving in capital cost by using a submarine pipeline is, in itself, considerable, but it is the reduction in operating costs which makes this means of disposing of sewage so economic. The County Council have suggested this method to county district councils as worthy of careful consideration whenever problems of sewage disposal affecting coastal areas have to be faced. One instance of its adoption, viz. the Bridport Joint Sewerage Scheme, has already been mentioned in the general commentary on water supplies and sewerage on page 28.

Inspection and Supervision of Food

MILK SUPPLY

The Milk (Special Designation) Regulations, 1963

These regulations re-enacted, with amendments, the Milk (Special Designation) Regulations, 1960. In general, they become operative on 1st October, 1964, but four regulations dealing with citation, interpretation and amendments came into operation on 29th September, 1963.

From 1st October, 1964, the special designation for raw milk will be 'Untreated' instead of 'Tuberculin Tested' but until 31st December, 1964, the words 'Tuberculin Tested' may be used as an alternative. The special designations for heat treated milk remain unaltered and until 31st December, 1964, milk pasteurised under licence may be sold as either 'Pasteurised' or 'Tuberculin Tested Milk (Pasteurised)'.

There is no alteration in the arrangements for the application and granting of dealers' licences.

Pasteurised Milk

At 31st December there were ten licensed pasteurising establishments in the county. Two of these are in the borough of Poole, the Corporation being a food and drugs authority, and all milk sampling and supervision of milk pasteurisation in the borough is undertaken by the local public health inspectors.

In the case of the eight dairies situated in the county administrative area, supervision and milk sampling is carried out by the county health department, particular attention being given to the cleansing of pasteurising plant and ancillary equipment. During the year 358 rinses and swabs of cleaned equipment were examined at the public health laboratory and 334 (ninety-three per cent) indicated a satisfactory standard.

Six of the licensed pasteurising establishments process milk in H.T.S.T. plants whilst the batch-holder method of pasteurising is carried out at the remaining four dairies. As a check on the efficiency of milk pasteurisation, frequent visits of inspection have been made and 1,078 samples of milk were obtained for laboratory testing, of which 1,069 passed the test for efficient heat treatment. Of the 1,012 specimens submitted to the methylene blue test for keeping quality, 1,003 satisfactorily complied, whilst sixty-six samples were not tested because the atmospheric shade temperature exceeded the statutory maximum of 70°F. on the days when they were obtained.

This is a very satisfactory sampling record and illustrates quite clearly that a high standard of efficiency and cleanliness has been maintained during the year at the licensed pasteurising establishments.

Apart from a retail trade, some of these dairies undertake the bottling of milk for wholesale distribution and also for the supply of milk to schools under the milk in schools scheme. In these cases a very large number of bottles is handled daily for cleansing and subsequent filling with milk and despite the most unsatisfactory condition in which many bottles are returned to the dairies, there have been surprisingly few complaints of milk being delivered in a dirty bottle. Close attention is given to bottle cleaning and during the year officers of the county health department submitted 435 specimens of cleansed bottles for laboratory examination, of which twenty-five failed to reach a satisfactory standard.

Milk Distribution

By far the greatest quantity of milk sold by retail in the county is pasteurised and this grade is available in most parts with the exception of certain areas of the Beaminster rural district and some remote hamlets in the county where bottled raw tuberculin tested milk is retailed by local producers. Only a small quantity of sterilised milk is sold, this particular grade not having a very strong appeal locally although it is favoured by some holiday-makers because of its extended keeping quality.

The glass bottle continues to hold pride of place in the milk distribution business and presumably it will continue to do so until other acceptable types of non-returnable milk containers are available to the trade at competitive prices. Only a comparatively small quantity of milk is retailed in cartons in the county and this mostly from shops and, during the summer, at holiday camps. As long as bottles continue in use the dairyman will be faced with the ever-present problem of the unclean bottle escaping his detection and the resulting possibility of a prosecution. The state in which some bottles are returned to the dairies beggars description and this must put an added strain on the all-important cleansing process. It is to be regretted that there is not a greater awareness amongst the public of the necessity to ensure that a milk bottle, once emptied of milk, is not misused but is rinsed and returned to the dairyman in a satisfactory condition. If this were done it would prove an incalculable aid in reducing to an absolute minimum the risk of a complaint being received in respect of a dirty bottle of milk.

Section 37, Food and Drugs Act, 1955

Compulsory use of special designations for retail milk sales

It was not found necessary to take action under the provisions of the above-mentioned section of the Food and Drugs Act, 1955. Specially designated milk is obtainable in all but the remotest parts of the county and in those special cases the Minister of Agriculture, Fisheries and Food has granted Consents to local producers enabling them to sell undesignated raw milk to nearby householders. At 31st December the number of Consents in force was eight.

The Milk (Special Designation) Regulations, 1960

The County Council, as the food and drugs authority for the administrative county area, excepting the borough of Poole, issued seventy-seven licences during the year for the sale by retail of designated milk; thirty-eight licences were cancelled and the position at the end of the year was as follows:—

Type of Licence	No. of Licences in Force
Dealer's (Tuberculin Tested)	19
Dealer's (Pasteuriser's)	8
Dealer's (Steriliser's)	—
Dealer's (Pre-packed Milk)	407
	<hr/> 434

Four-hundred-and-fifty-five samples of milk were obtained from shops licensed for the sale of milk and twenty-six were unsatisfactory.

Section 31, Food and Drugs Act, 1955

Prohibition of sale of milk from diseased cows

Selective sampling of the raw milk supplies was undertaken during the year and 412 specimens were examined biologically for the presence of tubercle bacilli. One sample proved positive and as a result the Ministry's divisional veterinary officer conducted a careful investigation of the herd in question but no cow was found to be excreting tuberculous milk.

Three routine samples of raw milk were found to contain the brucella organism. In each case the bulk of the milk was being sent to a creamery for processing but as a precautionary measure the producers concerned were advised that any of the milk intended for human consumption should be boiled. Further specimens of these milks produced a negative result upon examination for brucella.

With the co-operation of the Director of the Public Health Laboratory, Dorchester, a survey has been made to find out the incidence of brucella-infected milk in Dorset. The survey, which was initiated in 1961, was completed this year and altogether some 1,859 specimens of milk involving 1,681 producers in the county have been examined, of which five produced a positive guinea-pig reaction.

This comparatively small percentage of positive samples indicates that during the period when the survey was made the incidence of contagious abortion amongst the milch herds in the county was not of significant proportions. It is appreciated that excretion of the organism is intermittent and consequently the result of the survey cannot be accepted as conclusive that the incidence is, in fact, as low as indicated.

Antibiotics in Milk

Antibiotic preparations are widely used as the most effective treatment at present available for mastitis. The great bulk of the antibiotic is excreted during the first two days following treatment but traces may be found in the milk for some days afterwards.

During 1961 a survey took place throughout England, Wales and Scotland of farm milk delivered to certain selected dairies where samples were examined for the presence of penicillin and other antibiotics, and the report of the survey undertaken by the Milk Hygiene Sub-Committee of the Ministry of Agriculture, Fisheries and Food's Milk and Milk Products Technical Advisory Committee was published during 1963.

It discloses that fourteen per cent of all milk sampled in England and Wales contained antibiotics and that traces can be expected in most milk sold to consumers. Apart from other considerations, the presence of antibiotics in milk is considered to be undesirable on health grounds. The report contains many recommendations for reducing the possibility of antibiotics being present in milk and suggests that food and drugs authorities should be encouraged to sample and test ex-farm milk for their presence. With the co-operation of the Director of the Public Health Laboratory, Dorchester, arrangements have been made for samples of ex-farm milk obtained at creameries in the county to be examined for antibiotics. Sampling by the county health department commenced in November and by the end of the year 240 specimens had been tested of which approximately four per cent were found to contain an antibiotic.

It is important that every effort should be made to remove the risk of the sale of milk containing antibiotics, whether for manufacturing purposes or for the liquid market. The Milk Marketing Board are very active in this direction and it is probable that a price penalty will be introduced in respect of producers forwarding milk which is found, upon testing, to contain an antibiotic. To this end dairies are to be asked to test incoming milk and some of the larger creameries are already doing this.

In order to help the producer, veterinary officers and drug manufacturers are to be asked to state the excretion time in respect of the various antibiotic preparations now used in treating cases of mastitis.

From the local authority point of view, as far as is known no official action has been taken under the Food and Drugs Act, 1955, in respect of the sale of milk found to contain an antibiotic and the attitude of the courts in this matter will have to await a test case.

Designated Milk Production

At 1st January, 1963, there were 2,597 registered dairy herds of which 2,563 (ninety-eight per cent) were licensed for tuberculin tested milk production. By the end of the year the number of registered dairy farms decreased to 2,502 of which approximately ninety-nine per cent were licensed to produce tuberculin tested milk.

I am grateful to the County Agricultural Advisory Officer of the Ministry of Agriculture, Fisheries and Food for supplying the above information on designated milk production in Dorset.

Milk

Laboratory Reports on Milk Samples

Sampling Point	Statutory Tests		
	Satisfactory	Unsatisfactory	Total
Pasteurising Establishments	1,061	17	1,078
Schools:—			
Maintained	1,036	37	1,073
Private	148	9	157
Canteens	426	23	449
County Homes and Hospitals	111	2	113
Retailers and Producer/Retailers	1,077	53	1,130
Totals	3,859	141	4,000

MEAT AND OTHER FOODS

Meat Inspection

At 31st December, 1963, there were seventeen licensed slaughterhouses in the county, one being council-owned and the remainder in private ownership. In addition there were two bacon factory slaughterhouses and a food factory slaughterhouse.

Full-time meat inspectors are employed at two general slaughterhouses, one bacon factory and the food factory. Due to staffing difficulties, one district council has found it impossible to maintain a meat inspection service at a bacon factory slaughterhouse. Irregular hours of slaughtering at many of the slaughterhouses adds considerably to the difficulties in maintaining a one-hundred-per-cent meat inspection service and results in unreasonable demands being made on the time of the inspectors. The Meat Inspection Regulations, 1963, which became operative on 1st October, call for a much more detailed inspection than hitherto with a consequent increase in the time which must be spent on the examination of meat at slaughterhouses. Efforts by some district councils to increase their inspectorate to meet the new requirements have not been successful, due to the shortage of public health inspectors. It is to be regretted that the Regulations made no provision for controlling the hours of slaughtering for there is no question that such a measure would have been of considerable help to the public health inspectors of those district councils responsible for maintaining a one-hundred-per-cent meat inspection service. In spite of the difficulties mentioned, it is to the credit of the district councils concerned and their staff that in almost every case the requirements of the Meat Inspection Regulations have been fully implemented.

The Manufacture and Sale of Ice Cream

Only a very small proportion of ice cream sold in the county is made locally, most of it being the product of manufacturers having a national distribution. During the year the public health inspectors to the district councils took a total of 671 samples for laboratory examination of which 566 were provisional grade one, seventy-two grade two, twenty grade three and thirteen grade four.

FOOD AND DRUGS

Adulteration and Compositional Quality

The following particulars relate to samples taken during the year by the weights and measures inspectors of the county council:—

<i>Nature of Sample</i>	<i>Number Obtained</i>	<i>Number certified as adulterated or not up to standard</i>
Milk	373	4
Cream	4	—
Ice Cream	4	—
Milk Appeal to Cow	2	—
Potable Spirits	23	—
Other foods	235	29
Drugs	28	1
Totals	669	34

In addition to the sampling to which reference is made elsewhere in this report, samples have been taken in respect of grant-aided water supplies and sewage disposal works; water supplied to county properties, school swimming pools and in connection with special investigations. Details of these samples are as follows:—

Milk—Brucella investigation	486
—Anti-biotic investigation	241
—Compositional quality	53
Water—Mains and wells	607
—Swimming baths	347
—Paddling Pools	13
Sewage effluents	146
Miscellaneous	111
Total	2,004

CLEAN AIR

The relevant provisions of the Clean Air Act are enforced by the public health inspectors to the county district councils. Dorset being a predominantly agricultural county, there are no serious problems in connection with atmospheric pollution. In the Poole area there are situated a large electricity generating station, gas works, and brick, pipe and pottery manufacturies, all of which consume considerable quantities of raw fuel. For the purpose of the Clean Air Act they are controlled by the Alkali Inspectorate with whom the borough public health inspectors maintain a close liaison.

CARAVANS AND CAMPING

The popularity of Dorset for camping and caravanning increases year by year and, to meet the demand, more and more sites are being licensed, primarily along the coastal areas. The largest is at Rockley Sands, Poole, where over a thousand caravans can be accommodated, but there are also sites of a substantial size at Swanage, Durdle Door (near Lulworth), Weymouth, Burton Bradstock, Bridport (West Bay), Charmouth and Lyme Regis. The layout of these sites is controlled by the planning authorities in conjunction with the county district councils whose officers ensure that the requirements in respect of water supply and sanitation are satisfactory.

The County Council have decided to play a part in helping to combat the problems caused by the use of lay-bys by caravanners and by people who sleep in their cars overnight. This they are doing in the form of financial assistance towards the establishment of transit caravan sites which will be available for a maximum of ten caravans and for not more than two nights' use by any one caravan. The County Council have agreed to contribute fifty per cent of the capital cost of the establishment of approved sites of this type, subject to a maximum contribution of £400 for each site.

For some years past attention has been drawn by my predecessor to the fouling of lay-bys, hedgerows and spinneys by human excrement and filth of every description. So serious did the situation become that warning was given that, if allowed to continue, public health might be endangered. It was hoped that the Government might give a lead as to the action which should be taken but this has not been the case; in the main it has been left to the local planning authorities, in conjunction with the county district councils and the highway authorities, to take steps which, in due course will it is hoped, do much to solve this problem.

The provision of transit caravan sites is not, however, the complete answer; it would seem also to be necessary to make it an offence in law for people to use lay-bys, verges and other unlicensed sites for dormitory purposes. To impose a penalty for the disposal of litter or for fouling of land would not appear to be the answer since the majority of offenders would escape supervision and get away scot free. The sooner adequately equipped transit sites are provided within easy reach of the trunk roads, the better, but there must—it is stressed—also be positive means of preventing the use of lay-bys and verges for overnight sleeping.

As far as litter itself is concerned, it is plain that the public are now more conscious than they were of the need either to use bins or to take litter away with them. Local authorities have done excellent work in the provision and emptying of litter bins but still greater care is needed, particularly on the part of the public.

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This Act received the Royal Assent on 31st July, 1963, and will come into force next year. Its provisions are far-reaching and its administration will throw a further heavy burden upon the public health inspectorate.

HOUSING

The position regarding new house construction in Dorset during 1963 is given in the following table, the figures being obtained from the Ministry of Housing and Local Government returns for the year.

Statistics

Housing Authority	Position as at 31st December, 1962				Position as at 31st December, 1963			
	Under Construction		Completed		Under Construction		Completed	
	By Council	Privately	By Council	Privately	By Council	Privately	By Council	Privately
Boroughs:								
Blandford Forum	10	4	342	55	—	21	352	66
Bridport	10	16	354	180	—	29	368	199
Dorchester	42	18	504	467	42	66	504	541
Lyme Regis	—	10	201	178	—	9	201	191
Poole	169	449	3,920	5,850	412	598	4,009	6,230
Shaftesbury	—	8	138	85	—	8	138	85
Wareham	21	12	147	187	12	35	168	200
Weymouth and Melcombe Regis	17	105	1,777	1,930	60	139	1,794	2,101
Urban Districts:								
Portland	—	5	452	128	—	10	452	134
Sherborne	—	4	349	88	31	15	350	95
Swanage	—	63	230	481	—	35	230	557
Wimborne Minster	—	19	216	67	—	6	216	95
Rural Districts:								
Beaminster	13	11	352	208	6	22	366	233
Blandford	13	27	546	365	20	28	558	410
Bridport	10	26	249	405	30	34	263	450
Dorchester	—	92	567	643	—	105	567	725
Shaftesbury	4	27	439	283	34	44	443	304
Sherborne	—	46	254	192	2	19	258	262
Sturminster	—	14	828	200	9	22	832	215
Wareham and Purbeck	31	27	881	1,142	63	118	898	1,287
Wimborne and Cranborne	8	189	813	2,996	8	231	835	3,357
Totals	348	1,172	13,559	16,130	729	1,594	13,802	17,737

Two-hundred-and-forty-three council houses were built during the year compared with 397 for 1962. However, the number under construction at 31st December was 729 and this is more than twice as many as at the end of 1962.

As might be expected, most houses were built by Poole Borough Council, with eighty-nine completed during the year. Wimborne and Cranborne Rural District Council came next with twenty-two, followed by Wareham Borough Council who built twenty-one. Between them, the nine rural district councils completed the building of ninety-one houses in 1963.

Once again the problems of obtaining tenders and difficulties in purchasing suitable sites has affected the house building programmes of some district councils. Whilst these factors must be taken into consideration when assessing the achievement of the various councils in respect of house construction during the year, it is hoped that they will not persist and that the councils will be able to complete their 1964 programmes as scheduled.

During the year the building of private enterprise houses has continued at a comparable rate to 1962, the figures for completed houses in Dorset being 1,607 and 1,640 respectively. Altogether a total of 17,737 post-war private enterprise houses have been built and 11,169 (approximately sixty-three per cent) of these are in Poole and the adjoining rural districts of Wareham and Wimborne. The concentration of private building in this part of the county is understandable since it is the most densely populated and there is consequently a greater demand for new houses.

The Housing (Financial Provisions) Act, 1958

The Improvement of Dwellings—rural districts

The total number of applications received during the year in respect of grants to private persons was 170 and the number of schemes approved was 154 affecting 179 properties. Beaminster and Shaftesbury Rural District Councils had schemes approved in respect of council-owned property, the Shaftesbury scheme affecting fifty-six dwellings.

Sherborne and Sturminster Rural District Councils received an increased number of applications for improvement grants compared with 1962 whilst the remaining seven rural district councils experienced a marked reduction in numbers and the overall figure of 170 applications for the nine rural districts reflects this when compared with 243 for 1962.

Since the introduction in August, 1949, of the provisions for discretionary improvement grants, the total number of applications in respect of private property received by the rural district councils up to 31st December, 1963, was 2,926 and the number of dwellings improved was 3,160.

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

Standard Grant Improvements—rural districts

The number of applications received by the nine rural district councils during the year was 247 of which 233 were approved, affecting 244 dwellings. Compared with 1962 there was a decrease of nine in the number of applications received although far more dwellings were improved.

Beaminster and Bridport Rural District Councils had schemes approved for standard grants to council-owned property. In the case of Beaminster, seven dwellings were affected and there were two in the Bridport rural district.

Housing Accommodation for Old People

During the year the total number of post-war dwellings for old people which have been built by the rural district councils increased by forty-two from 790 at 1st January to 832 at 31st December. None of the dwellings built during the year was grant-aided by the County Council.

Although Sturminster did not provide any new dwellings for old people in 1963, they still lead with 305 of which sixty-one have been built with the aid of a County Council grant. Blandford come next with 101 followed by Wimborne and Cranborne, who have erected ninety-eight of this type of dwelling.

The Housing Act, 1957—Clearance Areas and Individual Unfit Houses

The work undertaken by the district councils in connection with clearance areas and individual unfit houses is given in the following table, the figures being obtained from the Ministry of Housing and Local Government returns for the year.

Statistics

<i>Housing Authority</i>	<i>Houses in Clearance Areas and Unfit Houses Elsewhere</i>			<i>Houses in Clearance Areas and Unfit Houses Elsewhere</i>		
	<i>Included in orders confirmed 1.1.55–31.12.62</i>	<i>Demolished or closed 1.1.55–30.9.62</i>		<i>Included in orders confirmed 1.1.55–31.12.63</i>	<i>Demolished or closed 1.1.55–30.9.63</i>	
		<i>In clearance areas</i>	<i>Elsewhere</i>		<i>In clearance areas</i>	<i>Elsewhere</i>
<i>Boroughs:</i>						
Blandford Forum	—	3	45	—	3	53
Bridport	32	27	71	44	27	80
Dorchester	93	86	112	93	90	113
Lyme Regis	6	7	16	6	7	16
Poole	700	486	108	772	574	118
Shaftesbury	—	11	8	8	16	8
Wareham	—	—	7	—	—	10
Weymouth and Melcombe Regis ..	40	38	98	40	42	110
<i>Urban Districts:</i>						
Portland	—	—	35	—	—	37
Sherborne	36	39	—	36	58	—
Swanage	—	—	1	—	—	1
Wimborne Minster	86	82	23	92	87	25
<i>Rural Districts:</i>						
Beaminster	10	22	66	10	22	74
Blandford	—	—	81	—	—	91
Bridport	10	2	5	10	2	6
Dorchester	8	8	163	8	8	184
Shaftesbury	—	9	99	—	9	103
Sherborne	—	4	35	—	4	38
Sturminster	—	12	41	—	12	45
Wareham and Purbeck	—	—	69	—	—	75
Wimborne and Cranborne	—	—	100	—	—	121
Totals	1,029	836	1,183	1,119	961	1,308

A further 125 houses in clearance areas were demolished during the year bringing the total dealt with during the period 1st January, 1955, to 30th September, 1963, to 961. No houses in clearance areas were demolished by the rural district councils and, as might be expected, most activity in this direction was in the borough of Poole, where eighty-eight houses were cleared.

Most of the district councils took action in respect of individual unfit houses and during the year 125 dwellings in this category were demolished, the greatest number being in the Dorchester and the Wimborne and Cranborne rural districts where twenty-one dwellings were dealt with by each of the councils.

TABLE 1—VITAL STATISTICS

Area:—623,746 Acres	1955	1956	1957	1958	1959	1960	1961	1962	1963
<i>Population:—</i>									
Urban Districts ..	188,700	188,400	188,700	187,500	189,600	192,540	195,330	197,780	198,800
Rural Districts ..	115,300	115,700	116,400	116,500	117,900	118,750	120,250	122,020	123,260
Whole County ..	304,000	304,100	305,100	304,000	307,500	311,290	315,580	319,800	322,060
<i>Rateable Value</i> ..	£2,155,508	£3,660,710	£3,564,262	£3,606,673	£3,917,475	£4,043,967	£4,129,179	£4,243,358	£4,146,034
<i>Estimated Product of a Penny Rate</i> ..	£8,518	£14,593	£14,102	£14,366	£15,574	£16,286	£16,750	£17,332	£149,394
<i>Births:—</i>									
Still Births ..	91	93	91	80	85	100	102	103	99
Live Births ..	4,172	4,213	4,312	4,485	4,518	4,817	4,823	5,071	5,289
Legitimate ..	3,984	4,014	4,121	4,299	4,292	4,584	4,558	4,771	4,993
Illegitimate ..	188	199	191	186	226	233	265	300	296
TOTALS ..	4,263	4,306	4,403	4,565	4,603	4,917	4,925	5,174	5,388
Live Birth Rate (per 1,000 population) ..	13.7	13.8	14.1	14.7	14.6	15.4	15.2	15.8	16.4
Still Birth Rate (per 1,000 total births) ..	21.3	22.6	20.7	17.5	18.4	20.3	20.7	19.9	18.4
Live Birth Rate (England & Wales) ..	15.0	15.7	16.1	16.4	16.5	17.1	17.4	18.0	18.2
<i>Deaths:—</i>									
Total Deaths (all ages) ..	3,729	3,790	3,653	3,833	3,840	3,902	4,077	4,270	4,466
Death Rate (per 1,000 population) ..	12.2	12.5	11.9	12.6	12.4	12.5	12.9	13.3	13.9
Death Rate (England and Wales) ..	11.7	11.7	11.5	11.7	11.6	11.5	12.0	11.9	12.2
<i>Infant Mortality:—</i>									
Deaths under 1 year of age ..	104	103	86	84	79	96	96	111	91
Legitimate ..	96	97	79	79	73	89	91	105	87
Illegitimate ..	8	6	7	5	6	7	5	6	
Mortality Rate (per 1,000 Legitimate live births) ..	24.0	24.2	19.2	18.4	17.0	19.1	19.9	22.0	17.4
Mortality Rate (per 1,000 Illegitimate live births) ..	42.5	30.2	36.7	26.9	26.5	30.0	18.8	20.0	13.5
Mortality Rate (per 1,000 live births) ..	24.9	24.5	20.0	18.7	17.4	19.9	19.9	21.8	17.2
Mortality Rate (England & Wales) ..	24.9	23.8	23.1	22.5	22.0	21.7	21.4	21.4	20.9
<i>Maternal Mortality:—</i>									
Maternal Deaths ..	1	2	—	3	2	2	2	3	1
Maternal Mortality Rate (per 1,000 births) ..	0.23	0.47	—	0.6	0.43	0.4	0.4	0.5	0.18
TUBERCULOSIS.									
<i>Deaths.</i>									
All forms ..	30	27	29	19	16	15	19	12	8
Death-rate per 1,000 population ..	0.09	0.08	0.09	0.06	0.05	0.04	0.06	0.03	0.025
Pulmonary ..	28	24	24	15	14	12	18	10	6
Death-rate per 1,000 population ..	0.09	0.07	0.07	0.04	0.04	0.03	0.05	0.03	0.018
Non-Pulmonary ..	2	3	5	4	2	3	1	2	2
Death-rate per 1,000 population ..	0.006	0.009	0.01	0.01	0.006	0.009	0.003	0.006	0.006
<i>Notifications:—</i>									
All forms ..	155	214	166	148	151	141	96	94	90
Pulmonary ..	135	184	148	136	131	116	82	80	72
Non-Pulmonary ..	20	30	18	12	20	25	14	14	18
<i>Notification Register as at 31st December:—</i>									
All forms ..	1,632	1,719	1,775	1,817	1,886	1,905	1,868	1,815	1,778
Pulmonary:									
Males ..	794	835	867	902	928	961	934	908	881
Females ..	613	657	693	707	749	746	739	713	708
Non-Pulmonary:									
Males ..	107	105	97	94	94	89	84	84	84
Females ..	118	122	118	114	115	109	111	110	105

Causes of Death	Totals U.D.'s		Totals R.D.'s		Totals whole County, 1962	Comparable Totals, 1962	Blandford Forum M.B.		Bridport M.B.	
	M	F	M	F			M	F	M	F
1. Tuberculosis, respiratory	3	1	1	1	6	10	—	—	—	—
2. Tuberculosis, other	1	1	—	—	2	2	—	—	—	—
3. Syphilitic disease	1	—	1	—	2	3	—	—	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—	—
5. Whooping cough	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	—	—	—	—	—	1	—	—	—	—
7. Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—
8. Measles	1	—	—	—	1	—	—	—	—	—
9. Other infective and parasitic diseases	6	1	—	1	8	6	—	—	—	—
10. Malignant neoplasm, stomach	35	24	22	19	100	87	1	—	3	—
11. Malignant neoplasm, lung, bronchus	84	19	49	3	155	153	1	—	2	—
12. Malignant neoplasm, breast	—	54	—	29	83	105	—	5	—	—
13. Malignant neoplasm, uterus	—	23	—	5	28	35	—	2	—	—
14. Other malignant and lymphatic neoplasms	147	128	68	76	419	382	2	1	4	—
15. Leukaemia, aleukaemia	8	7	4	4	23	21	—	—	—	—
16. Diabetes	8	13	6	5	32	33	—	—	—	—
17. Vascular lesions of nervous system	154	261	72	132	619	600	7	7	5	10
18. Coronary disease, angina	318	193	191	112	814	778	8	3	10	9
19. Hypertension with heart disease	21	28	13	16	78	73	—	—	1	1
20. Other heart disease	146	237	96	146	625	602	6	9	10	11
21. Other circulatory disease	45	78	50	30	203	244	—	1	1	—
22. Influenza	5	7	3	3	18	28	1	—	—	—
23. Pneumonia	95	97	69	83	344	232	1	1	6	10
24. Bronchitis	89	34	55	19	197	171	2	3	2	—
25. Other diseases of respiratory system	20	5	9	2	36	42	—	—	1	—
26. Ulcer of stomach and duodenum	14	9	13	4	40	33	—	—	1	—
27. Gastritis, enteritis and diarrhoea	4	7	2	5	18	20	—	—	—	1
28. Nephritis and nephrosis	9	8	2	4	23	28	—	—	—	1
29. Hyperplasia of prostate	18	—	10	—	28	40	—	—	1	—
30. Pregnancy, childbirth, abortion	—	—	—	—	—	3	—	—	—	—
31. Congenital malformations	18	14	6	7	45	39	—	—	1	1
32. Other defined and ill-defined diseases	99	125	44	60	328	349	1	2	5	—
33. Motor vehicle accidents	23	12	15	1	51	50	2	—	1	—
34. All other accidents	32	35	10	16	93	62	—	1	—	—
35. Suicide	14	19	3	9	45	36	1	—	1	—
36. Homicide and operations of war	—	—	1	1	2	2	—	—	—	—
All Causes	1,418	1,440	815	793	4,466	4,270	33	35	55	60
Deaths of infants under 1 year:—										
Total	27	29	21	14	91	111	—	—	3	—
Legitimate	27	26	20	14	87	105	—	—	3	—
Illegitimate	—	3	1	—	4	6	—	—	—	—
Live Births:—										
Total	1,587	1,575	1,086	1,041	5,289	5,071	36	32	53	3
Legitimate	1,497	1,471	1,028	997	4,993	4,771	34	29	50	—
Illegitimate	90	104	58	44	296	300	2	3	3	—
Still Births:—										
Total	35	26	20	18	99	103	—	—	1	—
Legitimate	34	24	19	17	94	99	—	—	1	—
Illegitimate	1	2	1	1	5	4	—	—	—	—
Estimated 'Home' population, 1963 (which includes non-civilians)	198,800		123,260		322,060	—	3,480		6,450	
Estimated 'Home' population, 1962 (which includes non-civilians)	197,780		122,020		—	319,800	3,490		6,520	

TABLE 2—VITAL STATISTICS IN ADMINISTRATIVE AREAS

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TABLE 3—NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Scarlet Fever	184	72	107	113	147	227	140	55	53	61
Whooping Cough	878	591	373	870	262	161	110	238	38	111
Diphtheria (including Membranous Croup)	1	—	—	1	—	1	1	—	—	—
Measles (excluding Rubella)	102	4,944	1,653	2,663	2,604	3,350	1,702	5,431	606	5,255
Acute Pneumonia (Primary or Influenzal)	211	166	141	173	124	190	89	90	76	123
Meningococcal Infection	4	5	7	5	3	4	1	—	—	1
Acute Poliomyelitis	27	50	11	10	8	3	1	—	—	—
Acute Polioencephalitis	2	3	2	3	4	—	1	1	3	3
Acute Encephalitis	68	13	63	2	4	112	238	28	8	148
Dysentery	1	7	2	6	1	4	6	5	1	12
Ophthalmia Neonatorum	58	65	60	59	51	50	62	87	118	72
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—
Smallpox	1	16	1	—	—	—	2	—	1	1
Paratyphoid Fever	—	—	—	1	—	1	1	—	1	2
Enteric or Typhoid Fever (excluding Paratyphoid)	35	63	191	29	210	48	24	45	17	12
Food Poisoning (excluding Dysen- tery, Typhoid and Paratyphoid) }	46	50	33	22	37	19	23	15	13	9
Erysipelas	—	—	—	—	—	—	—	—	—	—
Malaria—Believed to be contracted in this country	—	—	—	—	—	—	—	—	—	—
Malaria—Believed to be contracted abroad	2	4	5	2	1	—	—	—	—	1
Malaria—Induced in Institutions	—	—	—	—	—	—	—	—	—	—
Anthrax	Not Notifiable Until 1960						—	—	—	—

TABLE 4—ATTENDANCES AT WELFARE CENTRES 1963

Centre	Number of Openings	New Cases Born In				Total Attendances Including new cases	Average Attendance per session
		1963	1962	1958-61	Total		
Beaminster	23	42	36	41	119	582	25.3
Blandford	23	73	29	61	163	687	29.9
Blandford Camp ..	46	49	68	48	165	1,505	32.7
Bovington Camp ..	22	70	89	6	165	573	26.0
Bridport	49	40	41	56	137	626	12.7
Colehill	12	19	24	17	60	271	22.6
Corfe Mullen	34	45	64	62	171	896	26.3
Dorchester	73	201	229	203	633	2,537	34.7
Ferndown	24	41	28	32	101	582	24.2
Gillingham	53	59	86	89	234	1,405	26.6
Handley	11	11	15	15	41	197	17.9
Lyme Regis	23	20	23	31	74	282	12.3
Lytchett Matravers ..	11	17	24	28	69	284	25.8
Sandford	11	27	33	35	95	489	44.4
Shaftesbury	49	50	43	29	122	666	13.6
Sherborne	51	124	106	71	301	1,766	34.6
Sturminster Newton ..	51	48	39	36	123	838	16.4
Swanage	50	94	80	161	335	2,078	41.6
Upton	22	48	68	56	172	958	43.5
Verwood	24	53	49	40	142	722	30.1
Wareham	49	108	93	148	349	2,401	49.0
West Moors	23	37	49	7	93	467	20.3
West Parley	23	22	21	17	60	382	17.6
Wimborne	50	76	81	75	232	1,553	31.0
Wool	22	35	77	48	160	500	22.7
<i>Poole Area</i>							
Branksome	102	227	162	199	588	3,687	36.1
Broadstone	51	84	98	109	291	1,558	30.5
Canford Magna	12	9	5	14	28	86	7.1
Central Clinic	147	183	170	236	589	2,675	18.2
Creekmoor	22	15	14	46	75	275	12.5
Hamworthy	71	162	159	219	540	2,110	29.7
Newtown	48	126	152	172	450	2,485	51.8
Oakdale	50	135	141	202	478	2,682	53.6
Old Town	50	72	79	194	345	1,648	32.9
Rossmore	47	80	91	139	310	1,602	34.1
Wallisdown	53	90	130	272	492	1,376	25.9
Waterloo	30	34	37	35	106	599	19.9
<i>South Dorset Area</i>							
Broadwey	49	59	61	50	170	1,234	25.2
Chickerell	24	28	22	27	77	521	22.5
Lanehouse	23	34	32	38	104	571	24.8
Littlemoor	23	36	26	50	112	442	19.2
Portland Tophill	49	86	118	94	298	2,067	42.2
Portland Underhill ..	51	73	100	72	245	2,081	40.8
Preston	24	50	41	70	161	812	33.8
Southill	49	36	42	37	115	968	19.7
Weymouth	103	299	232	103	634	4,808	46.8
Wyke Regis	51	123	96	41	260	2,177	42.7
TOTALS	1,958	3,450	3,503	3,831	10,784	59,711	

TABLE 5—DOMICILIARY MIDWIFERY STAFF

Employed by	Administrative and Supervisory Staff			Domiciliary Midwives		
	Whole-time	Part-time	Whole-time equivalent of	Whole-time	Part-time	Whole-time equivalent of
The Authority	—	5	1 2/3	19	45	22.5
Voluntary organisations acting as agents for the Authority	—	—	—	—	—	—
H.M.C. or B.G.	—	—	—	—	—	—
Number of midwives approved as teachers included above					24	

TABLE 6—HOME NURSING—STAFF

Number of S.R.Ns., R.S.C.Ns. and R.F.Ns. not employed solely on administrative and supervisory duties	..	Male	..	2
		Female	..	70
Number of state enrolled nurses	3
Number of nurses who have completed a course of district training	44
Number of student district nurses in training at end of year	—

TABLE 7—HEALTH VISITING—STAFF

						Whole-time staff	Part-time staff	Whole-time equivalent of part-time staff
Number of health visitors						4	40	29.1
Number of group advisors						—	—	—
Number of health visitor tutors						—	—	—
Number of qualified staff engaged solely on tuberculosis visiting					(a)	Qualified health visitors ..		1
					(b)	Qualified tuberculosis visitors only		1
Number of health visitors and tuberculosis visitors acting under dispensation					(a)	Engaged solely on tuberculosis visiting		—
					(b)	Others		—

ITEM	PATIENTS CARRIED														TOTAL	
	Blandford	Bridport	Dorchester	Ferndown	Gillingham	Lyme Regis	Poole	Shaftesbury	Sherborne	Sturminster Newton	Swanage	Wareham	Weymouth	Wimborne		
Emergency	Maternity	78	74	129	26	7	25	289	16	25	32	25	99	213	57	1,095
	Road Accident	91	68	133	54	26	24	374	75	75	32	38	127	205	149	1,471
	Other Emergency	51	27	47	37	24	13	873	2	32	42	50	112	458	139	1,907
	Emergency Hospital Admissions	56	166	445	65	44	61	535	48	27	7	22	82	842	16	2,416
	TOTAL EMERGENCY	276	335	754	182	101	123	2,071	141	159	113	135	420	1,718	361	6,889
	Hospital Admissions	324	457	337	209	96	110	1,533	215	345	221	328	272	746	495	5,688
	Hospital Discharges	145	187	417	95	15	28	1,490	37	116	67	144	197	588	280	3,806
	Inter-Hospital Transfers	102	140	386	30	20	54	1,414	112	55	35	133	157	599	105	3,342
	Out-Patient Attendances:— Physiotherapy Other	9 318	2,043 1,279	1,213 3,350	259 362	— 45	106 201	1,936 10,034	2 42	292 1,108	1 252	24 242	69 631	4,920 4,392	228 682	11,102 22,938
Routine	Corpses	—	4	13	3	2	1	46	3	4	2	7	1	6	7	99
	Training Centre Attendances	—	129	—	—	—	—	10,607	—	—	—	—	—	—	11,457	22,193
	Other Patients	27	66	285	55	18	9	788	10	417	11	43	22	279	92	2,122
	TOTAL ROUTINE	925	4,305	6,001	1,013	196	509	27,848	421	2,337	589	921	1,349	11,530	13,346	71,290
	TOTAL PATIENTS	1,201	4,640	6,755	1,195	297	632	29,919	562	2,496	702	1,056	1,769	13,248	13,707	78,179
	Patient Carrying	703	1,569	3,332	535	210	362	5,941	388	890	373	553	767	4,819	908	21,350
	Training Centres	—	31	—	—	—	—	710	—	—	—	—	—	—	632	1,373
	Other Journeys	15	381	460	167	6	7	267	14	56	91	13	37	156	141	1,811
	TOTAL JOURNEYS	718	1,981	3,792	702	216	369	6,918	402	946	464	566	804	4,975	1,681	24,534
MILEAGE	Patient Carrying	29,686	38,886	51,147	19,856	10,674	13,237	95,114	11,651	22,124	20,494	18,747	39,112	60,665	31,989	463,382
	Training Centres	—	390	—	—	—	—	12,632	—	—	—	—	—	—	20,800	33,822
	Other Mileage	191	3,133	1,949	1,271	72	162	2,356	184	1,158	637	78	480	1,294	2,073	15,038
	TOTAL MILEAGE	29,877	42,409	53,096	21,127	10,746	13,399	110,102	11,835	23,282	21,131	18,825	39,592	61,959	54,862	512,242
Night Journeys (between 1800—0900 hours)																
Stretcher Cases																
Sitting Cases Walking Not walking																
*Patients per Journey																
*Miles per Patient																

TABLE 9—HOSPITAL CAR SERVICE STATISTICS, 1963

ITEM	AREA										TOTAL
	Blandford	Bridport	Dorchester	Gillingham	Poole	Shaftesbury	Sherborne	Wareham	Weymouth	Wimborne	
Hospital Admissions ..	176	140	80	60	105	60	24	145	57	155	1,002
Hospital Discharges ..	197	175	116	13	254	47	17	170	148	66	1,203
Inter-Hospital Transfers ..	8	22	46	1	67	9	10	5	18	1	187
Out-Patient Attendances:—											
Physiotherapy	1,948	2,139	677	416	5,848	213	228	2,362	505	3,968	18,304
Other	7,512	2,932	2,251	1,702	8,967	1,670	967	5,599	2,308	5,386	39,294
Training Centre Attendances ..	—	2,372	—	—	395	—	46	—	214	1,051	4,078
Education, Immunisation, Social Services	734	595	576	408	4,438	154	198	1,057	119	1,382	9,661
Other Patients	14	25	17	7	15	4	3	21	3	11	120
TOTAL PATIENTS	10,589	6,028	3,763	2,607	19,694	2,157	1,447	9,359	3,158	10,969	69,991
Patient Carrying (excluding Training centre journeys) ..	3,698	2,186	1,421	809	4,540	823	576	3,382	1,096	3,946	22,477
Training Centre Journeys ..	—	257	—	—	205	—	24	—	176	211	873
Other Journeys	96	44	43	20	60	17	22	113	23	66	504
TOTAL JOURNEYS	3,794	2,497	1,464	829	4,805	840	622	3,495	1,295	4,223	23,854
Patient Carrying (excluding Training centre mileage) ..	135,800	76,459	56,559	31,157	103,268	23,825	17,533	114,853	38,716	100,688	698,858
Training Centre Mileage ..	—	16,292	—	—	1,390	—	649	—	5,002	10,528	33,861
Other Mileage	855	521	586	210	317	112	325	1,287	202	417	4,832
TOTAL MILEAGE	136,655	93,272	57,145	31,367	104,975	23,937	18,507	116,140	43,920	111,633	737,551
*Patients per Journey ..	2.86	2.76	2.65	3.22	4.34	2.62	2.51	2.77	2.88	2.78	3.10
*Miles per patient	12.82	12.68	15.03	11.95	5.24	11.05	12.12	12.27	12.26	9.18	10.02

*Excluding mentally subnormal persons

TABLE 10—DOMESTIC HELP SERVICE—YEAR ENDED 31.12.63

Area	Home help to households /or persons												Helps employed at 31.12.63			
	Aged 65 or over on first visit in 1963		Aged under 65 on first visit in 1963								Total		Full-time	Part-time	Spare-time	Total
			Chronic sick and T.B.		Mentally disordered		Maternity		Others							
							Old	New	Old	New						
Beaminstor	4	11	1	—	—	—	1	—	—	—	—	3	3	
Blandford	34	15	1	3	—	3	—	5	1	—	—	3	12	
Bridport	26	23	1	3	—	—	4	1	2	—	1	5	6	
Dorchester	38	38	3	3	—	—	1	17	2	12	3	11	14	
Lyme Regis	2	8	—	—	—	—	—	—	1	—	—	—	—	
Poole	229	203	35	11	2	1	3	50	6	63	49	24	73	
Shaftesbury	52	35	3	3	—	—	—	5	1	6	—	3	27	
Sherborne	19	9	2	2	—	—	—	2	1	2	—	1	8	
South Dorset	283	155	20	28	—	—	2	27	—	2	1	57	59	
Sturminster	35	19	5	1	—	—	—	8	2	1	—	4	20	
Swanage	17	14	1	—	—	—	—	2	—	—	—	—	6	
Wareham	38	16	1	1	—	—	—	11	—	5	—	3	8	
Wimborne	90	59	8	7	—	1	—	41	2	11	—	8	38	
Totals	867	605	81	62	2	5	6	173	17	104	1	132	274	

Equivalent full-time helps = 111.8

TABLE 12—ADMISSIONS TO AND DISCHARGES FROM THE COUNTY COUNCIL'S RESIDENTIAL ACCOMMODATION DURING THE YEAR ENDED 31ST DECEMBER, 1963

<i>Admissions</i>				<i>Discharges</i>			
From own home, lodgings, relatives, etc.	228	To own home, lodgings, relatives, etc.	94
From hospital	190	To hospital	217
Transfers	101	Transfers	100
Return from holidays	154	To holidays	162
				Deaths	74
Totals	673	647

TABLE 13—MEALS ON WHEELS SERVICE

<i>Areas in which service operating in 1963</i>	<i>Meals Supplied During 1963</i>	<i>No. of persons who received meals during 1963</i>
Beaminster and Beaminster Rural (commenced October 1963)	165	10
Blandford Borough and Rural	3,609	102
Bridport Borough and Rural	3,002	73
Broadmayne (commenced February 1963)	683	20
Charminster (commenced January 1963)	748	21
Corfe Castle	194	3
Corfe Mullen (commenced January 1963)	304	12
Cranborne (commenced November 1963)	15	1
Dorchester	1,149	39
Ferndown	539	8
Gillingham (commenced July 1963)	234	14
Lulworth (1 meal in December 1963)	1	1
Lyme Regis	933	19
Lytchett Matravers (ended May 1963)	32	1
Lytchett Minster	1,122	24
Marnhull (commenced March 1963)	784	20
Martinstown (commenced November 1963)	10	1
Piddlehinton and Piddletrenthide	303	6
Poole	9,649	185
Portland	1,613	33
Puddletown (commenced November 1963)	10	1
Sherborne Borough	2,058	37
Sherborne Rural (commenced September 1963)	50	4
Shillingstone (commenced May 1963)	384	11
Sturminster Marshall (March 1963 only)	2	1
Swanage Urban and Rural	1,934	42
Thorncombe (commenced May 1963, ended August 1963)	17	1
Verwood (commenced November 1963)	20	3
Wareham	1,332	26
Weymouth	7,564	157
Wimborne and Pamphill	355	9
Wool (commenced March 1963)	680	20
Totals	39,495	905