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Gloucestershire County Council.
ANNUAL REPORT
of the County Medical Officer of Health
for the year 1945.

LANGHAM HOUSE,
BERKELEY STREET,
GLOUCESTER,

August, 1946.

*To the Chairman and Members of
the Public Health Committee.*

MISS RATCLIFF, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health of the County for the year 1945. The late appearance of the report is due to delay in the receipt of statistics from the office of the Registrar General. A report for 1945 loses much of its interest and value if it is not available until late in 1946 and it seems unfortunate that the figures on which the statistics are based cannot be made available at an earlier date.

Vital Statistics.

The death rate is 12.6 as compared with 12.2 last year and 12.1 in 1943 and, for the first time since 1941, there is a fall in the birth rate from 20.02 last year to 18.44 this year. The infantile mortality rate has decreased from 46 to 38 but the figure last year was a marked increase on previous years and the new rate is comparable with that in 1942 when the death rate of infants under one year of age was also 38.

Infectious Diseases.

The number of cases of diphtheria notified was 186 as compared with 237 in 1944. This is the lowest number of cases since 1936 and the number of deaths recorded was 10 which compares favourably with previous years. The immunisation of children against this disease has continued throughout the county and a total of 1,009 school children (between 5 and 15 years) and 4,042 pre-school children were immunised during 1945. The respective percentages are 88 and 51. Education of parents by talks, posters, pamphlets and films still continues and at regular intervals intensive efforts are made to increase the response.

The number of cases of Scarlet Fever again showed a reduction, the number being 498 as compared with 996 in 1944. There were only two deaths.

Maternity Services.

The Sunnyside Maternity Hospital, Cheltenham, was taken over from the Ministry of Health in April 1945. The hospital had previously been conducted as an emergency unit and although administered by the County Council, the responsibility was ultimately that of the Ministry. The number of beds for maternity patients administered directly by the County Council is now 88 in three Maternity Homes, Sunnyside Maternity Hospital, 60 beds, Cotswold Maternity Home, 16 beds, and Wendover Maternity Home, 11 beds. In addition, arrangements exist to admit patients under county arrangements to maternity units maintained by voluntary hospitals.

It has been necessary to continue the rigid restriction on admissions to Maternity Homes owing to lack of beds and, even more particularly, to lack of staff. All maternity homes and hospitals are living a hand-to-mouth existence so far as staff is concerned and at times it has been difficult to afford even the minimum of care necessary to the patients. Only those women whose condition is abnormal or whose home conditions are unsuitable for confinement are admitted to hospital, but the number of such patients, in these difficult times, exceeds the resources of the service to cater for them on a satisfactory basis. The shortage of trained midwives is now a serious factor in the administration of our maternity services and, unfortunately, notwithstanding intensive efforts at recruitment and attempts to induce qualified women doing other work to return to midwifery, the outlook is bleak. It is useless to contemplate extensions of existing hospitals or the establishment of new ones unless the trained women are forthcoming to staff them and present indications are that for a long time to come hospital authorities, whether they be local authorities or regional bodies, will be unable to offer accommodation in maternity homes and hospitals to any but those for whom the utmost necessity demands it.

The County Home Help Service has assisted, within the limitations imposed by lack of suitable women to undertake the work, in relieving to some small extent the pressure on maternity beds. In those homes where the only reason for application for admission to hospital is no one to look after the patient at home, a home help is supplied, and since a considerable proportion of the applications are of this nature, a better response from suitable women to act as home helps would be of great value.

The care of expectant mothers is undertaken largely by general practitioners who carry out at least two ante-natal examinations on all patients booked by midwives. In order to improve the facilities for the large number of patients admitted to Sunnyside Maternity Hospital and to prevent patients having to make long journeys to the hospital for ante-natal supervision, clinics were opened at Bourton-on-the-Water, Cirencester, Coleford and Gloucester. The Resident Obstetric Surgeon from Sunnyside Hospital visits these clinics regularly.

The residential nurseries at Stratford Park and Stanley Hall provide accommodation for children for short periods where difficulty has arisen in the home owing to the confinement or illness of the mother. Illegitimate infants are also admitted pending adoption or where such a course is of assistance to the unmarried mother in securing work, or in domestic trouble. The number of illegitimate births has again shown a marked increase and the work of the Diocesan Associations for Moral Welfare who provide help for unmarried expectant mothers on behalf of the County Council has been of great value.

Hospitals.

In my annual report of last year details were given of the plans for the future organisation of the hospital services of the County which had been agreed by the Joint Consultative Hospitals Committee and submitted to the Surveyors of the Ministry of Health.

The Survey of the Hospital Services of the South Western area was published in 1945 and the recommendations made by the Surveyors are in complete agreement with the general principles of the scheme put forward by the Joint Consultative Committee. Thus the suggestions made by the County Medical Officer for the establishment of an area Hospital Centre have been endorsed by the Surveyors and form part of the plan for re-organisation of the hospitals of the South Western area. The area Hospital Centre will consist of a general hospital, a children's hospital, an area maternity centre, an orthopaedic hospital and an isolation hospital; it will contain the main pathological and bacteriological departments for the area, a department of radiotherapy which would be a sub-centre of the Regional Radiotherapy Centre at Bristol and the special out-patient consultative centre for the area.

It had been anticipated that these plans would have been put into effect by voluntary hospitals and local authorities in the area working together and it was with this object in view that the Joint Consultative Hospitals Committee, representing all interested bodies, was formed. The new form of administration of hospital services contained in the National Health Service Bill will now preclude this and the existing authorities, voluntary and official, will have no further part in the organisation of local hospital services. Nevertheless, it is important that the work of the Joint Committee should continue until it is superseded by the new controlling body under the Act, and such improvements and extensions of existing services as can be undertaken at present should be carried out.

It is unlikely that much can be done to provide new hospital buildings for a long time to come and any saving in bed occupancy which can be made by close co-ordination of the work of all hospitals in the county is a matter of importance. In these days of shortage of accommodation and of lack of staff it is essential that hospitals, large and small, should work together and that every step should be taken to ensure that there is no possibility of beds being unused in one hospital whilst overcrowding and long waiting lists exist at another. The time is ripe for a complete co-ordination of the work of all hospitals in the county, the pooling of staffs and available beds and the sharing of the joint responsibility for the treatment of the sick between the various units of a co-ordinated hospital system. A Sub-Committee of the Joint Consultative Committee has been appointed to consider the co-ordination and extension of existing hospital services, and it is hoped to obtain the full co-operation of all hospitals in making the best use of every available bed in the area. When the time comes for the existing authorities to transfer their responsibilities to the new hospital boards, the better the services are the easier it will be to use them as a foundation for the future and, since the ultimate aim is the same whatever be the administrative body, every effort should continue to improve the services during this interim period.

Cancer.

The radiotherapeutic sub-centre at Bristol provides treatment by radiotherapy for patients from the County suffering from cancer and arrangements have been made for the County Council to accept responsibility for the maintenance of such patients sent from hospitals in the County to Bristol. It has not been possible to establish a radiotherapeutic sub-

centre in the County, as yet, owing to lack of suitable accommodation, but steps are being taken to organise consultative clinics at Gloucester and Cheltenham at which a whole-time Radiotherapist from the staff of the Bristol Centre will attend at regular intervals.

The Cancer Advisory Committee of local authorities in the region continues to meet regularly to consider problems common to all areas in connection with the treatment of cancer. A whole-time Medical Adviser has been appointed by the Committee who will be available to each authority for advice and assistance in the organisation of their schemes and who will act as a Co-ordinating Officer for the region as well as adviser to the Joint Committee.

The main obstacle to progress in local arrangements is the dearth of space available in any hospital to house the apparatus and equipment necessary for treatment by radiotherapy, and without extension of existing hospitals or the provision of temporary additional accommodation there seems little prospect of a Sub-Centre coming into being. In the meantime, therefore, patients selected for treatment by radiotherapy must go to Bristol which imposes added strain on the main treatment centre.

Tuberculosis.

The number of cases of tuberculosis notified during the year was 485 in comparison with 533 in the previous year. Of these 361 were pulmonary tuberculosis and 124 other forms. The following table shows the notifications over the past five years.

	Pulmonary	Other Forms	Total
1941	308	97	405
1942	256	88	344
1943	292	94	386
1944	410	123	533
1945	361	124	485

The slight decrease in the number of cases is welcome and it is to be hoped that the decline will be maintained. The work of prevention and treatment of tuberculosis is undertaken by the Joint Board for Tuberculosis, a separate statutory authority.

Venereal Diseases.

There has been a reduction in the number of patients attending clinics for Venereal Diseases. The total number of cases treated was 274 in comparison with 297 in 1944. A separate section of the report is devoted to this subject.

National Health Service Bill.

The National Health Service Bill was introduced to Parliament by the Minister of Health in March 1946 and has been considered by the Public Health Committee and the County Council. Representations were made by the County Council to local members of parliament and to the County Councils Association about the methods of appointment of members of the various bodies to be established, the control and co-ordination of the maternity services and the lack of any reference to the Industrial Medical Services.

The Bill will become law before the end of 1946 with very little modification of its original form. The new service is to be available from a date to be declared by Order in Council under the Bill and it is likely that this will be at the beginning of the year 1948.

The main differences in the new service in so far as local government is concerned will be associated with the transfer of hospitals to the new Regional Boards. Over a period of years major local authorities have built up hospital and clinic treatment services dealing with all forms of ill-health and their responsibilities have strayed from the field of hygiene and preventive medicine more and more into the realms of treatment. Now these personal and curative services are to become the main work of new bodies and the existing authorities will revert largely to their original responsibility for the maintenance of a local service of preventive and social medicine. Whilst the administration of the health services will thereby lose much of its interest, the re-orientation will at least ensure the focussing of attention on problems of prevention which are being swamped by the increasing day-to-day duties associated with the treatment of the sick in hospital and otherwise.

Conclusion.

It will be obvious from the brief comments on various aspects of the health services in this report that shortages in every direction, of staff, of equipment, of labour and materials are preventing or delaying progress and development. Indeed it is with the utmost difficulty that existing services are carried on, particularly those relating to hospitals and nursing, and on more than one occasion the verge of breakdown has been reached.

The Committee are aware of the loyal and devoted service which has been given by the staff of the health department in all its branches and special tribute has been paid to the depleted nursing staffs of the various institutions for their long hours of arduous work which alone have enabled the hospitals to remain open.

I have the honour to be,

Your obedient servant,

H. KENNETH COWAN,
County Medical Officer of Health.

STAFF.

County Medical Officer of Health and School Medical Officer—

H. Kenneth Cowan, M.D., D.P.H.

Deputy County Medical Officer of Health and Deputy School Medical Officer—

J. S. Cookson, M.A., M.D., D.P.H., Barrister-at-Law.

Maternity and Child Welfare Medical Officer—

E. Catherine Morris Jones, M.B., B.S., D.P.H.

Tuberculosis Officers (jointly with City of Gloucester)—

E. D. D. Davies, M.R.C.S., L.R.C.P., D.P.H.

(also Medical Superintendent of Standish House Sanatorium)

F. H. Woolley, M.R.C.S., L.R.C.P., L.D.S.

Assistant County Medical Officers—

Violet E. Cole, M.R.C.S., L.R.C.P. (temporary) (resigned 24/11/45).

Isabel R. Gordon, M.B., Ch.B., D.P.H.

C. D. Outred, M.R.C.S., L.R.C.P., D.P.H., (temporary) (appointed 1/10/45).

Catherine E. Hignell, M.R.C.S., L.R.C.P., (temporary).

Phyllis Bowen, M.R.C.S., L.R.C.P., D.P.H. (temporary) (resigned 1/9/45).

- *S. Knight, M.B., B.S., D.P.H.
- *M. L. Sutcliffe, M.R.C.S.
N. D. Dunscombe, M.B., Ch.B., M.R.C.S., D.P.H.
- *J. H. Kitson, M.B., Ch.B., M.R.C.S., D.P.H.
- D. Barclay, M.B., Ch.B., D.P.H.

Also District Medical
Officers of Health.

Senior Dental Officer—
Vacant.

Assistant Dental Officers—

- B. F. Wren, L.D.S.
- J. D. B. Buckley, L.D.S. (appointed 3/9/45)
- *D. A. Thomas, L.D.S.
- Muriel S. Cosh, B.D.S.
- B. E. E. White, L.D.S. (temporary (resigned 13/8/45).

County Sanitary Inspectors—

- *B. J. Dodsworth, C.R.S.I., M.S.I.A.
- S. B. J. Davies, A.R.San.I., M.S.I.A. (temporary)

Milk Sampling Officers—

- *F. W. Gooderham.
- *J. I. Duberley, N.D.A.
- Edna M. Richardson (temporary).
- Irene M. Bleakin (temporary).
- A. Marjorie Smith (temporary) (appointed 22/10/45).

Health Visitors and School Nurses—

- | | |
|--|--|
| Miss E. N. Doran (Supt.) | Miss E. M. Lewis. |
| Miss M. A. Bach (resigned 25/4/45). | Miss O. Lewis (appointed 23/5/45). |
| Miss B. J. Blashill (appointed 5/2/45) | Miss B. Macquillan (appointed 5/7/45). |
| Miss M. Blaze (appointed 17/9/45). | Miss S. M. Palmer. |
| Miss K. M. Colgan. | Miss N. Parsons (appointed 8/10/45). |
| Miss F. Collins. | Miss M. Partridge (appointed 17/9/45). |
| Mrs. B. M. Davies. | Miss N. Rosser (resigned 25/8/45). |
| Miss D. Donkin (appointed 21/9/45). | Miss M. S. Scott. |
| Miss J. E. D. Elder. | Miss D. Smith (appointed 9/5/45). |
| Miss F. M. Ellis. | Miss A. Somerfield (retired 8/3/45). |
| Miss N. M. Hills. | Miss D. G. Stephenson. |
| Miss H. Henderson (appointed 23/5/45). | Miss E. A. Sumption Jones (resigned 9/10/45) |
| Miss E. V. Howse (resigned 30/6/45). | Mrs. N. Turner. |
| Miss D. Jeal (appointed 8/10/45). | Mrs. P. E. Watkins. |
| Mrs. I. V. Ladd (resigned 10/8/45). | Miss J. C. Wilkie (appointed 1/10/45). |
| Miss N. G. Lapham. | Mrs. L. Wright. |

Pupil Health Visitors—

- Miss M. Blaze (appointed whole-time H.V. 17/9/45).
- Miss K. Driscoll (appointed 17/9/45).
- Miss M. Partridge (appointed whole-time H.V. 17/9/45).
- Miss E. Popham (appointed 17/9/45).
- Miss E. Pugh (appointed 17/9/45).
- Miss M. Pugh (appointed 17/9/45).

District Nurses—89 (part-time).

Orthopaedic After-care Sisters—

Miss D. A. Rodenhurst (resigned 21/7/45).

Miss A. Nicholas.

Miss J. W. Storer.

Venercal Diseases Almoner—

Miss E. K. Robinson.

Dental Attendants—

Miss W. Freeman.

Mrs. E. M. Henschley (temporary).

Miss M. Hunt (retired 3/1/46).

Miss W. G. Stephens.

Civil Nursing Reserve Organiser—

Miss J. B. Parker (resigned 9/6/45).

*Absent on Service with H.M. Forces.

REPORT.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres) :—

Urban	..	..	..	..	..	..	..	..	..	..	..	..	24,179
Rural	..	..	..	..	..	..	..	..	..	..	..	..	749,821
													774,000

Population :—

Registrar's-General's Estimate, 1945 :—

Urban	..	..	..	..	..	..	..	..	..	131,260
Rural	..	..	..	..	..	..	..	.	..	255,640
										386,900

Census, 1931—

Urban	..	..	..	..	..	..	..	..	..	108,662
Rural	..	..	..	..	..	..	..	..	..	222,037
										330,699

Rateable Value	.. .. .	£2,121,166
Sum represented by a penny rate	.. .. .	£8,767

Extract from Vital Statistics of the year (whole county):—

Live Births—Legitimate	..	..	..	..	..	..	..	..	6,383
Illegitimate	..	..	..	..	..	..	..	..	751
									7,134

Birth Rate per 1,000 population	18.44
Still Births—198. Rate per 1,000 total Births	27.75
Deaths—4,862. Death Rate	12.60

Deaths from Puerperal causes :—

Puerperal sepsis	1
Other puerperal causes	15
	—
	16

Death Rate of Infants under one year of age:—

All infants, per 1,000 live births	..	..	..	..	..	..	..	..	38
Legitimate infants, per 1,000 legitimate live births	..	..	..	..	..	..	..	..	36
Illegitimate infants, per 1,000 illegitimate live births	..	..	..	..	..	..	..	..	59

Deaths from:—

Cancer (all ages)	..	..	..	..	..	..	..	..	..	675
Measles (all ages)	..	..	..	..	..	..	..	..	..	6
Whooping Cough (all ages)	..	..	..	..	..	..	..	..	..	10
Diarrhoea (under 2 years of age)	..	..	..	..	..	..	..	..	..	32

1. *Birth Rate.*

The Birth Rate for the year 1945 is 18.4 per 1,000 of the population, as compared with 20.0 in 1944.

The following table shows the comparative figures for the past five years:—

	1941	1942	1943	1944	1945
Urban	15.1	17.1	18.5	20.0	18.4
Rural	15.9	18.7	18.7	20.0	18.4
Administrative County	15.6	18.1	18.7	20.0	18.4
England and Wales	14.2	15.8	16.5	17.6	16.1

2. *Death Rate.*

The Death Rate for the year is 12.6 as compared with a rate of 12.2 last year.

The total number of deaths in the County during 1944 was 4,862 and the seven chief causes of death with the corresponding percentage of total deaths, were as follows:—

Heart Disease	..	..	..	..	..	..	30.60
Cancer (all sites)	..	..	..	..	..	..	13.88
Intracranial Vascular lesions	..	..	..	..	..	..	11.70
Bronchitis	..	..	..	..	..	..	4.85
Tuberculosis (all forms)	..	..	..	..	..	..	4.73
Violence	..	..	..	..	..	..	4.24
Pneumonia	..	..	..	..	..	..	3.87

Table of the seven chief causes of death:—

The seven chief causes of death.	Urban		Rural		Whole County		Percentage of total deaths.		
	No.	Rate	No.	Rate	No.	Rate	U	R	Whole County
Heart Disease	573	4.36	915	3.58	1488	3.85	32.10	29.73	30.60
Cancer—all sites	246	1.87	429	1.68	675	1.74	13.78	13.94	13.88
Intracranial Vascular lesions	217	1.65	352	1.38	569	1.47	12.16	11.44	11.70
Bronchitis	80	.61	156	.61	236	.61	4.48	5.07	4.85
Tuberculosis—all forms	83	.63	147	.51	230	.59	4.65	4.78	4.73
Violence	65	.50	141	.55	206	.53	3.64	4.58	4.24
Pneumonia	72	.55	116	.45	188	.49	4.03	3.77	3.87

3. *Infantile Mortality.*

The Infantile Mortality Rate for the County is 38 as compared with 46 last year. The rate for England and Wales for the same period is 46.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1940	104	50	178	45	282	47	55
1941	112	47	224	49	336	48	59
1942	95	40	185	37	280	38	49
1943	104	41	190	39	294	40	49
1944	169	63	199	38	368	46	46
1945	101	42	174	37	274	38	46

The reduction in the rate from 46 to 38 is satisfactory. The sudden rise in 1944 was largely due to the occurrence of infantile diarrhoea in certain urban areas and there has fortunately been no recurrence of this condition in epidemic form during 1945.

MATERNITY AND CHILD WELFARE SERVICES.

(a) *Midwifery.*

During the year 227 midwives notified their intention to practise in the County; 32 were employed in County Council institutions, 147 by voluntary associations and 48 in private or hospital practice. Of these 215 were resident in the County and 12 live outside the county boundary.

The continuing shortage of trained midwives caused serious difficulty in keeping all districts in the county fully staffed, and the resources of the County Nursing Association and of many District Associations have been strained to the utmost. It is a tribute to the work of the Associations and of the midwives that the domiciliary midwifery services have functioned so satisfactorily in these difficult conditions.

(b) *Ante-natal and Post-natal Examinations.*

Facilities are provided for ante-natal examinations by doctors of all expectant mothers who book midwives for their confinement. Patients are referred by the midwives to the doctors who would attend them at confinement in emergency and at least two ante-natal examinations of each patient are carried out. After confinement patients are again referred for post-natal examination. The response of expectant mothers to ante-natal examinations is satisfactory, but the numbers who avail themselves of the post-natal examination are still relatively fewer in number.

Specialist ante-natal clinics are situated throughout the county where doctors may refer patients for a second opinion and in certain urban areas the domiciliary medical service is supplemented by ante-natal clinics staffed by officers of the Health Department.

(c) *Child Welfare Services.*

The number of Child Welfare Centres in the County is 72. The following is a summary of

the visits made by Health Visitors during the year:—

To children under one year of age—					
First visits	..	..	..	..	6,830
Total visits	41,165
To children between one and five years					
					55,216
<hr/>					
Total visits	103,211
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(d) *Pupil Health Visitors.*

The arrangements for the training of Pupil Health Visitors in conjunction with Bristol University has proved successful and the number of pupils was increased in 1945 from two to six. The pupils are fully trained nurses holding the certificate of the Central Midwives Board or Part I of the new certificate, with a standard of general education acceptable to the authorities of Bristol University. The practical work of the pupils is undertaken in county areas adjacent to Bristol and the theoretical instruction takes place at the University. By arrangement with the Health Department of the City of Bristol county pupils are permitted to visit special institutions in the City.

(e) *Residential Nurseries.*

The temporary residential nurseries at Stratford Park, Stroud, and Stanley Hall, Selsley, admitted large numbers of children during the year for short periods to relieve difficulties in the home due to the confinement or illness of the mother.

Further delays in securing approval for the adaptation of Walton House, Tewkesbury, have occurred, and this combined with shortages of labour and materials has resulted in little progress being made towards the establishment of a permanent residential nursery at these premises. The temporary nurseries have met the demands reasonably well, but there is urgent need for the new nursery at Walton House since the premises at Stanley Hall are ill suited for the purpose.

VENEREAL DISEASES.

The following table shows the number of new cases of venereal disease attending clinics in the County during the past five years:—

	Syphilis	Gonorrhoea	S. Chancre	Total	Not V.D.
1941	69	155	—	224	91
1942	84	167	—	251	99
1943	94	176	—	270	246
1944	84	213	—	297	324
1945	87	185	2	274	379

For the first time since the commencement of the war the annual return shows a decline in the number of cases treated. The number of persons attending clinics and found not to be suffering from venereal disease has again increased and is an indication that the education of the public, both nationally and locally, is effective.

During the year 61 cases were reported under Regulation 33B (3 males and 58 females). Double notifications were received in six cases (2 of whom were first reported in 1944).

As a result of informal action, a large proportion attended the clinics for treatment.

Proceedings were taken in four cases—two being for failure to attend for treatment after serving a period of imprisonment and both women were again sent to prison for three months. One girl was bound over in the sum of £20, a condition of her recognisance being that she should enter hospital in accordance with the terms of her undertaking. She was admitted to hospital forthwith.

In the fourth case the proceedings were adjourned to give the girl an opportunity to attend hospital for treatment and at the adjourned hearing, on evidence of attendance for treatment, the case was dismissed.

In 1945 two campaigns of publicity and propaganda were undertaken by the medical staff of the Department, 17 factories being visited in July and 11 in November and December. The factories visited were in the areas around Cheltenham, Gloucester, Stroud, Dursley and the Forest of Dean, the attendances at the lectures totalling 5,352. In addition to the lectures, films and a photographic display supplied by the Central Council for Health Education were arranged.

After the campaign in July a one-day conference of Factory Welfare Officers was held to discuss the results of the campaign and to decide on future action, and after the second campaign a similar one-day conference was arranged to be held on 12th January, 1946, under the auspices of the Central Council for Health Education at which addresses were given by Sir Drummond Shiels, Adviser on Social Hygiene, Central Council for Health Education, Dr. A. W. McLachlan, Consultant in Venereal Diseases, City of Bristol, and Dr. Joan McMichael, Medical Officer, Messrs. Hoovers Ltd.

HOUSING.

The Rural Housing Joint Committee met at regular intervals during the year to consider matters affecting the survey of housing conditions in rural areas. The Technical Sub-Committee in May, 1945, produced their report on standards of fitness which, with certain modifications, was adopted by the Joint Committee as the basis of the survey.

The definition of a fit house contained in the Rural Housing Manual of 1938 was adopted as the general standard and formed the foundation of the detailed recommendations regarding dampness, light and ventilation, drainage, water supply, general structure, etc. The definition is as follows:—

“Fit for human habitation implies generally that a dwelling should be free from serious dampness, satisfactorily lighted and ventilated, properly drained and provided with adequate sanitary conveniences and with a sink and suitable arrangements for disposing of slop water and be in good general repair. It should also have a satisfactory water supply, adequate washing accommodation, facilities for preparing and cooking food, and a well ventilated store for food.”

The Joint Committee also prepared a form of summary of progress which was circulated to all Rural District Councils for completion at regular intervals and for submission to the Committee. This report contains details of the number of houses inspected, the number remaining to be inspected with a classification of defects found into minor and major categories. The Committee had before them therefore at each meeting details of the progress being made in all areas, together with a summary of the needs of the area in so far as the survey had gone.

By the end of the year a beginning had been made in all areas and in some considerable progress was shown. Difficulties were encountered in many areas in securing the necessary staff to undertake the large volume of detailed work necessary in carrying out the inspection and classification of every house in the district, but it is likely that the survey will be complete in all areas by March, 1947.

The Joint Committee is composed of representatives of Rural District Councils, of the County Council and of other interested bodies and it is thus possible for each district council to be kept informed of the progress made in other areas. The Committee is also in a position to stimulate the work in areas where progress is lagging.

WATER SUPPLIES AND SEWERAGE SCHEMES.

The report on the general survey of the water resources of the County by Mr. H. J. F. Gourley was published in July, 1945, and approved by the County Council. It formed the basis of a general conference between the County Council and District Councils in July, 1945, and sectional conferences with reference to recommendations for particular areas have also been held.

Proposals made by local authorities under the Rural Water Supplies and Sewerage Act, 1944, are examined by Mr. Gourley on behalf of the County Council in order to ensure that they will form part of a co-ordinated scheme for the County and accord with the general principles approved by the County Council.

During the year proposals for the provision and extension of water supplies in many parts of the County were considered and approved by the Public Health Committee.

In February, 1945, the County Council engaged the services of Messrs. Howard Humphries & Sons as consultants for the examination of sewerage and sewage disposal schemes submitted by District Councils. The Public Health Committee have considered proposals from several areas for new schemes of sewage disposal and for the extension of existing schemes. After submission of the schemes to the consulting engineers the County Council agreed in several instances to make contributions towards the cost.

CIVIL DEFENCE.

In the early part of the year the County Emergency Committee approved proposals for a reduction of the Civil Defence Services and a large number of Posts and Depots were closed. A modified system of Control was introduced which materially reduced the number of personnel on stand-by duty.

At the meeting of the County Council in July, 1945, the Chairman of the Emergency Committee was able to report that the termination of hostilities in Europe had brought to an end the purpose of the Civil Defence War Organisation. All operations and training ceased in May and the process of winding up the service, closing depots, collecting equipment and disbanding personnel progressed throughout the remainder of the year.

A number of farewell parades were held throughout the County on an area basis at which the County Controller was present. A message of appreciation was also issued to each member of the services for the valuable work they had done in the protection of the County.

A history of Civil Defence in the County will be prepared by the County Organiser, Major Simmons.

GLOUCESTERSHIRE JOINT COMMITTEE FOR THE MENTALLY DEFECTIVE.

The following is an extract from the Annual Report for the year ended 31st December, 1945. *Statistics and Ascertainment.*

The distribution of the 1,344 persons on the register of mental defectives on 31st December, 1945, is given below :—

	Males	Females	Total
In Institutions (under Order)	180	192	372
On licence from Institutions	20	13	33
Under Guardianship	—	1	1
Placed under visitation at home	203	200	403
Classified but no action indicated	182	135	317
In Public Assistance Institutions	66	89	155
Unclassified, awaiting examination	22	41	63
	<hr/> 673	<hr/> 671	<hr/> 1344

During 1945, 137 new cases were reported from various sources, viz:—

From School records	42
Health Visitors and Nurses	52
Public Assistance Officers	5
Other sources, doctors, etc.	38

86 persons were examined by the Certifying Officers during the year. 45 persons left the County and 21 died.

Institutional Accommodation.

Cases sent to Institutions.—On the 31st December, 1945, there were 372 defectives under Order in Certified Institutions, excluding those "on licence" therefrom. The distribution of the cases is given below:—

Institution.	Males	Female	Total
Stoke Park Colony	122	176	298
Brentry Colony	40	—	40
St. Mary's Home, Painswick	—	2	2
Sandlebridge, Mary Dendy Home	1	1	2
Royal Earlswood, Surrey	3	—	3
St. Teresa's Home, Lewisham	—	3	3
Ashton House, Liverpool	—	1	1
Borocourt Institution, Oxon	1	—	1
Lisieux Hall	1	—	1
State Institutions,	10	9	19
Besford Court	2	—	2
	<hr/> 180	<hr/> 192	<hr/> 372

Of this total, 42 cases were sent to Institutions during the year. There have been eight deaths and four defectives have been discharged from their Detention Orders.

Brentry Colony.

The Committee have considered proposals of the Brentry Board of Management for the transfer of the Colony to such local authorities who express willingness to form a Joint Board to take over and manage the Institution. They do not think the time is ripe for consideration of any such proposals. They have, however, appointed representatives to attend any Conference which may be convened by any other interested local authority.

Guardianship.

One case is under Guardianship.

Licence.

The total number of cases on licence at the end of the year was 33.

Supervision.

The number of cases at present under periodic visitation in their own homes is 403. The reports are submitted quarterly in the majority of cases, but where the home conditions are good, the Committee have directed less frequent visitation.

Occupation Centre and Home Training.

There are no occupation centres under the Committee's jurisdiction. The Committee are endeavouring to obtain the services of home teachers for the purpose of giving instruction to defectives in their own homes.

