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Gloucestershire County Council

# ANNUAL REPORT

of the COUNTY MEDICAL  
OFFICER OF HEALTH for  
the Year 1953

GEO F. BRAMLEY  
County Medical Officer of Health






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Health Department,  
Berkeley House,  
Berkeley Street,  
Gloucester.

June, 1954.

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

LADIES AND GENTLEMEN,

The Annual Report of a Medical Officer of Health is a requirement by Regulation. Whilst it provides vital statistical matter which give the main guides to an assessment of the general health of the inhabitants of the area, it is also an invaluable opportunity for an annual stocktaking and review of the health services provided by the authority.

So far as the vital statistical matter is concerned, this continues to show year by year steady improvement. This is but rarely spectacular over the relatively short period of one year but over five and ten-year periods marked improvement has generally been seen in the Infantile and Maternal Mortality Rates, Zymotic death rates and more recently in the Tuberculosis Death Rates. Unfortunately the same cannot be said for Death Rates due to Cancer and Vascular diseases, for example, where factors associated with considerable changes in the ways of life of the nation and longevity play such important parts. Indeed, the health services, materially improving general health and leading to greater longevity, have resulted in more people living to the older age groups in which the main killing diseases of to-day are so prominent.

As a health authority it has therefore become necessary to turn more attention to the prevention of cancer and advice on the healthy ways of living. Many of the major infectious diseases are now within sight of being completely controlled and our energies can be turned to other important matters. The way is difficult and the methods to be used are not all fully discovered, but we are no more in the dark than were our predecessors who began to take action against the fevers of their day without the knowledge now accepted as commonplace.

Other aspects of the present position associated with longevity are the increasing demands on treatment and care services. These are costly items both nationally and locally. Prevention is cheaper but as results are not seen for many years and even then only as one of many other affecting items, it does not get the national support it demands. There are now signs, even if only by lip service, that the sphere of Preventive Medical Service will be given more attention than the more apparently spectacular treatment services.



The first Annual Report of the County Medical Officer of Health of Gloucestershire was published fifty years ago, and the following statistics compared with those of 1953 illustrate some of the points I have been trying to make:—

	1903	1953
Death Rate .. .. .	13.2	11.19
Infant Mortality Rate ..	89	23.10
Maternity Mortality ..	13 deaths	3 deaths
Deaths		
Scarlet Fever .. .. .	20 deaths	Nil
Diphtheria .. .. .	33 deaths	Nil
Typhoid .. .. .	11 deaths	Nil
Accidents .. .. .	134 deaths	171
Tuberculosis .. .. .	401 deaths	81
Cancer .. .. .	315 deaths	798

The Infant Mortality Rate for 1953 is the lowest recorded for the County. Since 1952 the improvement has been mainly a reduction in the deaths of children under four weeks. This is gratifying and to maintain it we require the continued efforts of all those working in the Health Services. There is, however, more which can be done both in the ante-natal and post-natal periods, and in the later months. Many of the services available are not fully taken up by all expectant and nursing mothers and education and encouragement is required.

There is a slight decline after the large decline in the two previous years in the number of deaths from tuberculosis. Modern treatment, whilst keeping more tuberculous patients alive, may add to the number of infective foci thus demanding more advice on the prevention and spread of infection. In this also the Health Visitor has the largest part to play.

Cancer of the lung and bronchus took toll of 108 persons, 1 more than last year and 10 more than 1951. This disease now kills more people than tuberculosis. Its possible association with prolonged smoking must be taken as a warning to young people not to start this habit much before the middle decade of life.

The only serious epidemic of 1953 was due to influenza, which resulted in many deaths either directly or indirectly. It was not so sharp or severe as the epidemic of 1951 and most of the deaths were in the elderly.

A review of the services provided is given in the body of the report, but it is noteworthy that we have almost maintained a full health visiting and nursing staff. This is mainly due to the provision of our own Health Visitors Training Course, which was again very successful, and the efforts made to provide suitable housing for district nurses. Not all the latter have been so busy as might have been expected, particularly as 64 per cent of the births in the county were in hospital, but in Cheltenham the number of patients nursed in their own homes continues to increase rapidly.

More call has been made on the Ambulance Service, due mainly to increasing conveyancing of patients to and from Physiotherapy clinics and of mental defectives to the Occupation Centres, which now number four. The mileage covered has not increased due to the economical working, which is accomplished by the aid of radio control and the work of the Depot Superintendents.

There was a great improvement in recruitment of dentists, and so a little more work has been done for nursing and expectant mothers and a revised scheme of expansion of this service was approved.

By September the usual summer decline in the Home Help Service had not occurred. To keep within the financial allotment the Service had to be curtailed until a supplementary estimate was obtained. By far the largest demand on this Service is to help old people. As this Service keeps them out of hospitals and welfare homes its advantages are obvious.

The Report shows a vast amount of detailed work in a comprehensive personal health service. In Gloucestershire, besides having a full professional staff, except for Dentists, we have a very large number of voluntary workers in the District Nursing Associations, the Child Welfare Centres, the Committees for the Physically Handicapped, the Association for the Blind, the British Red Cross and St. John Ambulance Brigade, the Tuberculosis After-Care Committees, and others. We are very grateful for their help, without which we could not fulfil all our obligations and certainly could not carry them out in such a personal manner.

I am grateful for the help and encouragement of the Chairman and the Committee, and express my thanks to officers of other departments and my own staff for their continued support.

I have the honour to be,

Your obedient Servant,

GEO. F. BRAMLEY,  
*County Medical Officer of Health.*

**STAFF**

as at 31.12.53

County Medical Officer of Health and School Medical Officer .. .. .	G. F. Bramley, M.D., D.P.H.
Deputy County Medical Officer of Health and School Medical Officer .. .. .	J. A. C. Franklin, M.B., B.S., D.P.H.
Senior Medical Officer .. .. .	E. Catherine Morris Jones, M.B., B.S., B.Hy., D.P.H.
Senior Assistant Medical Officer of Health ..	W. A. Knox, M.B., B.Ch., B.A.O., D.P.H.
Assistant County Medical Officers of Health	K. J. Adams, M.R.C.S., L.R.C.P., D.P.H. Katherine E. M. Allen, B.A., M.R.C.S., L.R.C.P. W. J. Connelly, L.R.C.P. Ed., L.R.C.S.Ed., L.R.F.P. & S.G., and D.P.H. F. W. Ford, L.M.S.S.A., C.P.H. Catherine E. Hignell, M.R.C.S., L.R.C.P. Mary P. S. Seacome, M.A., B.M., B.Ch. J. A. Slattery, M.R.C.S., L.R.C.P., D.P.H.
Assistant County Medical Officers of Health and Divisional Medical Officers of Health (also District Medical Officers of Health)	A. T. Hunt, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. W. J. D. Cooper, M.B., B.Ch., B.A.O., D.P.H. S. Knight, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. M. L. Sutcliffe, T.D., M.R.C.S., L.R.C.P., D.P.H., D.P.M.
Divisional Medical Officers of Health (also District Medical Officers of Health)	J. Menzies Cormack, M.B., Ch.B., D.P.H. W. Davidson-Lamb, M.B., Ch.B., D.P.H. Donald E. Morley, M.D., D.P.H.
Chest Physicians (part time) .. .. .	F. J. D. Knights, M.D., M.R.C.P. R. A. Craig, M.D., M.R.C.P.
Senior Dental Officer .. .. .	J. F. A. Smyth, L.D.S.
Dental Officers .. .. .	D. N. de Gruyther, L.D.S. F. McGonigal, L.D.S. Mrs. D. W. Squires, L.D.S. Miss M. S. MacKinnon, L.D.S. Mrs. B. McKinney, L.D.S. L. K. James, B.D.S. J. P. B. Pengelly, L.D.S. D. A. Thomas, L.D.S. A. W. McCarthy, L.D.S. 4 part time officers 6 vacancies
Dental Hygienist .. .. .	Miss W. E. Webbe
Superintendent Health Visitor .. .. .	Miss E. K. N. Cumming
Deputy Superintendent Health Visitor ..	Miss F. E. Fortnam
Health Visitors .. .. .	63 in number
Health Visitor Tutor .. .. .	Miss R. Atkinson

County Nursing Association.			
Secretary	..	..	A. F. Poyser
Superintendent	..	..	Miss M. A. Bach
Assistant Superintedents	..	..	Miss I. Collin Miss C. M. Allison 154 District Nurse/Midwives
Orthopaedic After-Care Sisters	..	..	Miss I. A. Beale Mrs. E. A. Stokes Miss V. Leake 1 vacancy
Mental Health Home Teacher	..	..	Vacant
Mental Health and Duly Authorised Officers			G. L. Cox K. R. Pennington A. E. Poyser G. H. Watts
Duly Authorised Officers	..	..	J. D. Harris H. Paling F. L. Wintle
Trainee Duly Authorised Officer	..	..	D. S. Bayliss
Speech Therapists	..	..	Miss D. Braithwaite Mrs. D. Hodgson 2 part time 2 vacancies
Dental Attendants	..	..	10 whole time and 3 part time
County Sanitary Inspector	..	..	S. B. J. Davies, A.R.San.I., F.S.I.A.
Assistant County Sanitary Inspector	..	..	G. E. Fletcher, M.R.San.I., N.S.I.A., M.R.I.P.H.H.
County Ambulance Officer	..	..	W. C. Virgo, O.B.E.
County Home Help Organiser	..	..	Mrs. M. C. O'Driscoll, M.B.E.
Assistant Home Help Organisers	..	..	8 in number
Secretary, County Association for the Blind			Miss B. M. J. Saunders
Home Teachers for the Blind	..	..	6 in number
Administrative Officer	..	..	W. T. Winstone
Senior Administrative Assistants	..	..	A. Hudson H. Paling F. B. Wilton



### 1. Birth Rate

The Birth Rate for the year 1953 was 15.74 per 1,000 of the population, as compared with 15.69 in 1952.

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

	1949	1950	1951	1952	1953
Urban .. ..	17.03	15.70	15.27	15.71	15.28
Rural .. ..	17.73	16.37	15.66	15.69	15.98
Administrative County ..	17.47	16.15	15.63	15.69	15.74
England and Wales ..	16.7	15.8	15.5	15.3	15.5

### 2. Death Rate

The Death Rate for the year was 11.19 per 1,000 of population as compared with a rate of 11.11 last year.

The total number of deaths in the County during 1953 was 4,922, and the nine chief causes of death are shown in the following table.

	Urban		Rural		Whole County		Percentage of total deaths		
	No.	Rate	No.	Rate	No.	Rate	Urban	Rural	Whole County
Heart Disease	550	3.77	1084	3.68	1634	3.71	31.99	33.84	33.20
Cancer ..	307	2.10	491	1.67	798	1.81	17.86	15.33	16.21
Vascular lesions of nervous system ..	260	1.78	430	1.46	690	1.57	15.12	13.42	14.02
Bronchitis ..	73	0.50	155	0.53	228	0.52	4.25	4.84	4.63
Pneumonia ..	69	0.47	126	0.43	195	0.44	4.01	3.93	3.96
Other circulatory Diseases ..	52	0.36	131	0.45	183	0.42	3.02	4.09	3.72
Accidents ..	59	0.40	112	0.38	171	0.39	3.43	3.50	3.47
Influenza ..	35	0.24	85	0.29	120	0.27	2.04	2.65	2.44
Tuberculosis ..	26	0.18	55	0.19	81	0.18	1.51	1.72	1.65

### 3. Infantile Mortality

The Infantile Mortality Rate for the County was 23.10. The rate for England and Wales for the same period was 26.8.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1929 ..	95	62	195	55	290	57	74
1939 ..	75	39	174	45	249	43	50
1949 ..	72	29	149	30	221	30	32
1950 ..	73	32	123	26	196	28	29
1951 ..	71	32	108	23	179	26	29
1952 ..	79	34	115	24	194	28	27
1953 ..	49	21	111	23	160	23	26

## SECTION B

### GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY

#### 1. Laboratory Facilities

(a) The arrangements for laboratory facilities for the undertaking of Public Health bacteriological and pathological work remain the same as for last year, except that use is now made of the Public Health Laboratory Service at Manor Hospital, Bath.

(b) The Bristol City Analyst and his Deputy continued as Public Analysts for the County of Gloucester excluding Cheltenham Municipal Borough and as Agriculture Analysts for the County. All samples for examination under the Food and Drugs Act and the Fertilisers and Feeding Stuffs Act and for chemical analyses of water have been submitted to these Analysts. Details of the work undertaken during the year is outlined in the following report.

#### REPORT OF E. G. WHITTLE, B.Sc., F.R.I.C., PUBLIC ANALYST

This is the second full year of operation and all has gone well with continued goodwill and co-operation with all concerned in the enforcement of the many and varied provisions of the Food and Drugs Act and other work of a Food and Drugs Authority. It is again of interest to note the service given by the laboratory in the field of miscellaneous samples.

#### SUMMARY OF EXAMINATIONS

Milk .. .. .	735
Food and Drugs ..	517
Waters .. .. .	95
Fertilisers and Feeding Stuffs	77
Miscellaneous ..	108
Atmospheric pollution ..	24
Merchandise Marks Act ..	1
	<hr/>
	1,557
	<hr/>

## FOOD AND DRUGS ACT

The bulk of the work for the County concerns the Food and Drugs Act and more than half the samples submitted under the Act related to milks. Some 61 milks were returned as adulterated and of these 23 were formal samples, but it must again be emphasised that the adulterated samples do include follow-up and other samples which upon bulking, with particular reference to fat deficiencies, often proved satisfactory as a consignment.

57 of the 61 samples were deficient in fat and of these 12 were also abnormal in respect of non-fatty solids, 4 samples contained added water, and one of these was also deficient in fat. Two formal milks were returned as suspicious inasmuch as the non-fatty solids were below 8.5 per cent and the freezing points indicated a trace of added water. 41 milks were abnormal in respect of non-fatty solids, that is, they contained less than 8.5 per cent, but the freezing point determinations indicated genuine milks. 9 milks were returned as of poor quality in respect of fats just below the presumptive 3 per cent standard.

A total of 15 "appeal to cow" samples were submitted in respect of adulterated samples, and finally, of the 46 milks submitted as Channel Island or South Devon, only 2 failed to reach the required minimum of 4 per cent of fat.

Of the 517 food and drugs samples, 2 food and 2 drugs were reported as adulterated. A sample of beef sausages was found to be 18.4 per cent deficient in meat, but as the sample had been submitted just prior to the removal of meat standards for sausages, no action was possible.

An informal sample of shredded suet contained slightly less than the required minimum of 83 per cent of fat, but the repeat formal sample proved to be genuine.

A tincture of iodine was badly dispensed inasmuch as it contained 24 per cent excess of iodine and was also 8 per cent deficient in potassium iodide, whilst a sample of sal volatile was seriously deficient in ammonium carbonate. Formal samples of each drug from the same sources proved to be genuine.

Besides the samples returned as adulterated, comment seems desirable on certain other foods, either for minor irregularities, or because of particular points of interest which they involved.

Thus in connection with the Mineral Oil in Food Order, a number of pastries, dried fruits and potato crisps were examined. No excessive mineral oil was found. The limiting amounts of such oil are for the moment 0.2 and 0.5 per cent respectively, and the Ministry of Food will eventually require all dried fruit imported into this country to be free from Mineral Oil. Greek and Turkish produce has contained mineral oil and the purpose of such addition is that it helps to prevent infestation, crystallisation and sticking of the fruit. Medical evidence tends to suggest that mineral oil is a potential carcinogenic agent and it should therefore be excluded from foods or kept at an absolute minimum if there is no reasonable alternative.

The survey of meat pies continued during the year. 51 pies or pasties were examined and in general the larger manufacturers would seem to be working to a 20 to 30 per cent meat content. It will be recalled that 20 per cent was suggested as a reasonable minimum. The "homemade" variety of pies are not so



satisfactory and in four cases the meat content was 1.9, 6.7, 6.3 and 6.7 per cent respectively. One sample of a steak and kidney pie prepared by a large manufacturer, and found to contain 11.7 per cent of meat, would have failed the suggested standard.

A sample of halibut liver oil was found to be slightly deficient in Vitamin A and the matter was taken up with the manufacturers on technical points. The sample was some eighteen months old and the manufacturers were aware that the particular batch had proved somewhat unsatisfactory. As far as possible all stocks of the particular consignment were recalled. The manufacturers now dispense the oil with an "average" of 20 per cent on the declared amount, and as an additional aid to keeping quality, the oil is packed in an inert gas.

This sample served to illustrate the great usefulness of batch number labelling whereby the sample can be adequately traced and I would like to see batch numbers or dates of manufacture on all prepacked goods, and particularly canned goods in view of legislation in the new Food and Drugs Bill now before Parliament.

#### WATERS, EFFLUENTS, ETC.

##### *Summary*

Wells, Springs and Boreholes ..	39
Mains Supply .. .. .	25
Sewage, Effluents, and Trade Wastes	19
River, Canal and Stream Waters ..	8
Miscellaneous .. .. .	4
	—
	95
	—

These samples are submitted by the County authority, and the Urban and Rural District Councils. Of the 64 samples of drinking water only 18 were satisfactory both chemically and bacteriologically. The remainder gave evidence of pollution or contamination to a varying degree. The failures in the mains supply samples were on bacteriological grounds and in general were caused by minor contamination not of faecal origin.

Final effluents, from small sewage works, were in general satisfactory.

An examination of river and canal waters in the Stroud area indicated that the river water was generally less satisfactory than that from the canal.

#### MISCELLANEOUS

##### *Summary*

Ham .. .. .	1
Ice Cream .. .. .	57
Ice Lolly .. .. .	3
Sludge .. .. .	2
Milk .. .. .	5
Lemonade .. .. .	1
Sliced Bread .. .. .	1
	—
	70
	—

All samples of Ice Cream satisfied the requirements of the appropriate Food Order.

The five Channel Island Milks all contained more than the required minimum of 4 per cent fat for this type of milk.

The three ice lollies were free from metallic contamination and one of the samples contained 3.5 per cent of fat and was one of the hybrid lollies which became popular during the summer months.

The sample of ham had an unusual taste, probably due to a greater degree of smoking than is normally given.

The bottle of Lemonade contained minute fragments which were due to disintegration of the screw stopper.

The sliced bread contained foreign matter shown to be a portion of dough contaminated with dirt.

#### FOODS

<i>Nature of Sample</i>	<i>Total examined</i>
Milk .. .. .	735
Apricots, bottled in syrup .. .. .	1
Baked beans .. .. .	8
Breakfast flakes .. .. .	1
Biscuit flour .. .. .	1
Baking powder and golden raising powder .. .. .	6
Bakery fat .. .. .	1
Butter (Peanut) .. .. .	2
Cheese and cheese products .. .. .	7
Cooking fat .. .. .	4
Coffee, and coffee and chicory essence .. .. .	6
Curry powder .. .. .	4
Custard powder .. .. .	2
Cream .. .. .	6
Coconut, desiccated .. .. .	5
Canned vegetables and salad .. .. .	12
Canned fruit .. .. .	4
Canned fish .. .. .	4
Cakes and pastries .. .. .	13
Cake and sponge mixtures .. .. .	8
Condensed and evaporated milk .. .. .	3
Candied peel .. .. .	1
Christmas pudding .. .. .	1
Cornflour .. .. .	1
Dried fruits and vegetables .. .. .	14
Drinking chocolate .. .. .	1
Carried forward .. .. .	851

<i>Nature of Sample</i>				<i>Total examined</i>
	Brought forward			851
Dried egg and eggloss	..	..	..	3
Dried milk	..	..	..	2
Dried Herbs	..	..	..	2
Dripping	..	..	..	1
Flavourings	..	..	..	6
Fish paste, meat paste, fish cakes and spread	..	..	..	22
Flour, plain, self-raising and sweetened	..	..	..	2
Ground arrowroot	..	..	..	1
Ground almonds	..	..	..	2
Gravy browning and salt	..	..	..	3
Ground Rice	..	..	..	1
Gelatin	..	..	..	2
Glucose drink	..	..	..	1
Glucose spread	..	..	..	1
Hard edible oil	..	..	..	1
Honeycomb mould	..	..	..	1
Ice cream and ice lolly	..	..	..	12
Jellies and Jelly Cream	..	..	..	10
Juice, lemon	..	..	..	2
Juice, pineapple	..	..	..	1
Meat products other than sausages	..	..	..	57
Mixed and pickling spice	..	..	..	7
Mustard	..	..	..	1
Malted milk powder	..	..	..	1
Morfat and other whipping compounds	..	..	..	2
Meringues	..	..	..	1
Mincemeat	..	..	..	12
Malt vinegar	..	..	..	7
Nut crush	..	..	..	1
Pickles, sauces and chutneys	..	..	..	28
Pepper and pepper compounds	..	..	..	14
Potato crisps	..	..	..	6
Pie filling	..	..	..	1
Preserves	..	..	..	22
Pastry margarine	..	..	..	2
Rennet	..	..	..	1
Sugar	..	..	..	3
Shredded suet	..	..	..	10
Sausages	..	..	..	5
Soup	..	..	..	6
Salad Cream	..	..	..	2
Sandwich spread	..	..	..	4
Sago	..	..	..	2
Semolina	..	..	..	2
Soft drinks	..	..	..	9
	Carried forward			1,133

<i>Nature of Sample</i>					<i>Total examined</i>
	Brought forward				.. 1,133
Stuffing ..	..	..	..	..	4
Savoury straws ..	..	..	..	..	1
Sweets ..	..	..	..	..	2
Spirits ..	..	..	..	..	14
Thirst quenchers ..	..	..	..	..	1
Tomato juice ..	..	..	..	..	1
Tea ..	..	..	..	..	4
Tapioca ..	..	..	..	..	1
Youghourt ..	..	..	..	..	1
					<hr/>
	Total	..	..	..	1,162
					<hr/>

## Drugs

<i>Nature of Sample</i>	<i>Total examined</i>
Aspirin tablets .. .. .	13
Acid calcium phosphate .. .. .	1
Bicarbonate of Soda .. .. .	3
Boracic ointment .. .. .	2
Boracic acid powder .. .. .	1
Benefax tablets .. .. .	1
Bismuth tablets .. .. .	1
Cough Mixture .. .. .	3
Castor oil .. .. .	3
Camphorated oil .. .. .	1
Cascara .. .. .	1
Codein tablets .. .. .	1
Calcium lactate .. .. .	1
Codis tablets .. .. .	1
Cod liver oil capsules .. .. .	1
Energy tablets .. .. .	1
Epsom salts .. .. .	2
Eucalyptus oil .. .. .	1
Friars Balsam .. .. .	3
Eastons tablets .. .. .	1
Gee's linctus .. .. .	3
Glycerine, lemon and ipecac. .. .. .	3
Glycerin and thymol .. .. .	2
Glycerin .. .. .	1
Glycerin, lemon and honey .. .. .	1
Glucose with Vitamin D. .. .. .	1
Glucose with Vitamin C. .. .. .	1
Halibut liver oil and capsules .. .. .	10
Liquid Paraffin .. .. .	1
Linseed and liquorice compound tablets .. .. .	1
Linseed, liquorice and chlorodyne tablets .. .. .	1
Minadex .. .. .	1
Malted tonic .. .. .	1
Magnesia powder .. .. .	1
Oil of peppermint tablets .. .. .	2
Olive oil .. .. .	4
Phenacetin .. .. .	1
Sal volatile .. .. .	2
Saccharin tablets .. .. .	2
Syrup of figs .. .. .	1
Sulphur tablets .. .. .	1
Slimming tablets .. .. .	1
Tincture of Iodine .. .. .	4
Zinc ointment .. .. .	1
Vitamin B. tablets .. .. .	1
<b>Total</b> .. .. .	<b>90</b>
<b>Total Food and Drugs</b> .. .. .	<b>1,252</b>

## 2, National Health Service Act, 1946

### (1) CARE OF MOTHERS.

#### (a) *Expectant and Nursing Mothers*

Local Authority clinic premises are used in several places as centres for the supervision and teaching of expectant and nursing mothers. At Soundwell, Cinderford, Cirencester and Stonehouse a medical officer attends at regular intervals and gives advice on problems of women's welfare. At Chipping Sodbury general practitioners attend with the midwives and health visitors, so that there is liaison between all those responsible for the care of the expectant mother. At Filton, Patchway, Tewkesbury and Wotton-under-Edge, the midwives use the clinic for the purpose of routine examinations under more suitable conditions than in the patients' homes. Relaxation classes are held at Filton, Soundwell, Patchway and Chipping Sodbury.

The clinic at Cheltenham has now been in operation for over two years and received favourable comment in the Annual Report for 1952 of the Chief Medical Officer of the Ministry of Health, as an example of co-operation between the Hospital Management Committee, general practitioners and the Local Health Authority. The scope of educational work has been increased and the health visitor in charge reports good attendances at mothercraft classes, where demonstrations are given and films are shown; and at the relaxation classes, of which 4 are held each week with an average attendance of 10 mothers. Instruction in the principles of gas and air analgesia is given by the Midwifery Tutor. Monthly evening classes are now organised for fathers and mothers. Appointments are also given for every expectant mother to attend the Mass Radiography Unit.

923 women attended as ante-natal patients during 1953, of whom 551 were new cases, and the total number of attendances was 3,545. In addition 131 women attended as post-natal cases.

#### (b) *Arrangements for Confinement*

4,568 of the 7,125 notified births in the county—about 64 per cent—took place in institutions and selection of cases for hospital admission, according to criteria put forward by the Ministry of Health, still has to be exercised. 2,910 applications for beds were received for various reasons, and after investigation only 259 (8.4 per cent) were considered ineligible for admission. The assistance of a home help was offered in these cases. The number of applicants has decreased slightly over the past three years, which may be in part due to increased housing facilities.

#### (c) *Care of the mother and illegitimate child*

The officers of the Gloucester and Bristol Diocesan Moral Welfare Associations undertake investigations into the circumstances of the unmarried mother or of married women with illegitimate children. Several of these have been able to remain in their homes for the confinement and require advice and encouragement only, but in cases of young girls, or where there is no possibility of remaining at home, they are recommended for admission to St. Catharine's Home, Cheltenham, or similar homes in various parts of the country. Every opportunity is sought to enable them to obtain employment on leaving and to make suitable arrangements for the care of the babies. In some instances, especially where there are several illegitimate children, the only course is admission to Part III accommodation, which is most unsatisfactory for young babies and provides little opportunity for teaching or rehabilitation. A special Committee, consisting of representatives of the Children's, Health, and Welfare Committees, interviews these mothers at frequent intervals and endeavours to obtain work or other accommodation for them. The need for a hostel for these mothers is a continuously urgent matter.

The Organiser of the Gloucester Diocesan Association has made a survey of the work undertaken in the county part of the Diocese during the year, which is of some interest. Of a total of 322 cases, 252 were referred on account of illegitimacy, 216 being single girls and 36 married women. The nationality

of the putative father was ascertained to be British in 141 cases, American in 41, and unknown in 45. Assistance was required by admission to homes or hostels in 79 instances.

Of the 205 babies born 150 were with their mothers at the end of the year, 30 had been placed for adoption, 4 were in foster homes and 10 in nurseries. The number of babies remaining with their parents is striking: in several cases the organisers were able to persuade the girl's parents to allow her to return home with the baby, and in others employment was found where she could have her child with her.

Thirty-two new cases have been reported by the Organiser for the Bristol Diocesan Association during the year.

#### *St. Catherine's Home, Cheltenham*

This Home has been continuously full during the year, 51 girls being admitted, 44 of them on behalf of the County Council. The Committee of the Home has made many improvements for the comfort of the girls and training and infant care is carried out in a pleasant and kindly atmosphere. The installation of the fire escape has been completed and other measures carried out to the satisfaction of the Fire Precautions Officer, and regular fire drill is practised. The outdoor work in Cheltenham has been carried out by the Superintendent of the Home: during the year 71 cases, 20 being new cases, were involved, which was a considerable increase, and is proving too much for the Superintendent to undertake adequately in addition to her duties at the Home.

Besides the 44 girls admitted to St. Catherine's, 36 have been sent to other Homes in the country for varying periods before and after their confinement, and six for care afterwards only.

## (II) CARE OF YOUNG CHILDREN

### (a) *Home Visiting*

The importance of regular supervision of children in their homes is constantly recognised and the health visitors devote a considerable amount of their time to this part of their work—especially to those homes presenting special problems where the mothers do not take advantage of the facilities offered by welfare centres.

Summary of home visits during the year:—

	To Children under 1		Children 1-2	Children 2-5	Total Visits
	First Visits	Total visits			
By Whole-time Health Visitors ..	5,475	48,436	19,662	51,490	119,588
By District Nurse/ Health Visitors	1,363	14,550	5,745	12,697	32,992

### (b) *Child Welfare Centres*

There are 111 centres operating in the county—109 being organised by voluntary committees and 2 directly by the County Council. Centres were opened during the year at Daglingworth and Hucclecote. The former is held on the Polish Estate and the Committee consists of Polish residents and members from the adjacent village. A Polish mother acts as interpreter and directions on infant feeding and care have been translated into Polish.

Special attention has been paid during the year to the regular medical examination of the pre-school children and at several centres new arrangements have been made to ensure this, additional sessions for toddlers being provided in many places.

The members of the voluntary committees are unsparing in their efforts and as a rule welcome suggestions for the improvement and extension of their work. Opportunity for discussion is given at area meetings and Council meetings, which are well attended.

The Ministry of Health has now required that the age groups of children be recorded in a different form by the division of children over the age of 1 into two groups, 1-2 and 2-5 years of age. This allows for more accurate information of the attendance of children.

Summary of children on registers and attendances:—

No. of children who first attended during 1953 under 1 year of age ..	4,548	
Total number who attended ..	14,459	
No. of attendances:—		
Under 1 year .. .. .	51,603	
Over 1 but under 2 ..	19,048	
Over 2 but under 5 .. ..	28,769	99,420

(c) *Day Nurseries*

There were five day nurseries operating at the beginning of the year at Cheltenham (2), Kingswood, Patchway and Stroud. Despite a reduction in the number of places at Patchway made during the previous year, the number of children attending continued to decrease and on 31st August the nursery was closed, alternative provision being made for the few priority cases. The four remaining nurseries provided places for 54 children under 2 and 98 children from 2-5. At the end of the year there were 40 places occupied by children under 2 and 108 by children over 2. The average daily attendance was 33 in the younger group and 88 in the older group.

In order to enable mothers in case of need to obtain satisfactory daily care for their children, the County Council approved a scheme for Daily Minders, whereby a small fee would be paid to the Minder by the County Council and regular supervision would be assured. During the year no requests for such facilities were made by mothers, arrangements for the care of their children being made privately, usually with relatives.

*Training of Nursery Students*

The County scheme for the training of nursery students in collaboration with the Education Committee and the Children's Committee, is now well established and the number of applications received each year is considerably above the number of training places, so that selection may be made of girls of good general attainments. Owing to the difficulty of obtaining suitable wardens, all the nurseries are not approved by the Ministry of Education for training in the 2-5 year old group, but the students are able to obtain the necessary experience by transfer between the various training institutions. There are 50 places for students. The 13 second-year students, all successfully passed the examination of the National Nursery Examination Board.

(III.) **RECUPERATIVE HOLIDAY HOMES**

Applications are received for admission to holiday homes for mothers and children. Many women have had no holiday for many years, and following a confinement or illness are recommended for a change of air and rest. In some cases small children are able to accompany their mothers, and appreciation has been expressed of the value of this assistance. Children from poor homes or recovering from some ailment are also sent away for a holiday. During the year fifteen mothers with children were sent to holiday homes and eleven children went away unaccompanied.

(IV.) **PROBLEM FAMILIES**

Many cases where difficulties in home management result in lack of adequate care of the children are dealt with by the health visitors, and assistance is sought from workers in other social fields. In some



instances little improvement can be effected and the circumstances are considered at the Officers' Committee, where all branches of statutory and voluntary work are represented. Arrangements for visiting, supply of clothing and bedding, and so on, are co-ordinated to avoid overlapping and to ensure that all steps which may help to rehabilitate the family are undertaken. Action taken includes such measures as removal of the children to a Home for a period to allow the parents to improve conditions in the home, applications to housing authorities for rehousing, holidays for mothers with their young children, and in one case a mother with three children was sent to a home in Cheshire where she received training in home management and child care. The time given to these families by all workers is very great and the immediate results are often very disappointing. It is often difficult to see when a breakdown in the home is imminent and take steps to prevent it, the causes being so varied. 42 cases were brought before the Committee for the first time during the year, and 67 families were reported under supervision.

#### (V.) NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948

At the end of the year 6 persons were registered in homes providing 33 places. No premises are registered as day nurseries.

#### (VI.) INFANT DEATHS

The following table sets out the infant mortality rate for the past four years:—

			England & Wales	County
1950	..	..	29.8	28.31
1951	..	..	29.6	26.59
1952	..	..	27.6	28.23
1953	..	..	26.8	23.10

The check in the continued falling rate which was experienced last year has been overcome and the present rate is the lowest recorded in the County. This rate is regarded as an index of the standard of services available and the degree to which they are used.

There were, in fact, 160 deaths, of which 95 occurred in the first four weeks. Although the total number of deaths is smaller than in previous years the proportion occurring in the period from one month to one year is higher, the percentage being 34 in 1951, 28 in 1952 and 40 in 1953. It is recognised that many of the deaths in the neo-natal period are still due to prematurity and to other conditions which are at present difficult to prevent, but it was hoped that measures were adequate to reduce the number of deaths after one month. Of these 65 cases the cause of death was as follows:—

Broncho-pneumonia	..	..	24
Congenital defects	..	..	10
Congenital heart disease	..	..	8
Asphyxia	..	..	7
Gastro-enteritis	..	..	4
Other	..	..	12
			—
			65

The number of cases of gastro-enteritis and other infections is reduced, but the number of cases of broncho-pneumonia is higher than the previous year. One case followed a burning accident, one was in relation to measles, 5 the terminal condition with associated disease, 3 following operation, and 14 without evidence of other illness; 16 of the deaths occurred in hospital.

A disturbing factor is the large number of deaths from asphyxia, 5 of them reported to be due to covering face in pillow or bedclothes, one sustained while sleeping in parents' bed and one due to vomiting. In 6 of the cases a post-mortem examination was carried out and suffocation was recorded as the true cause of death. This condition was referred to in the Annual Report for 1950, when 14 such cases were reported. The number decreased in the two subsequent years, but the high incidence this year is disappointing. With the exception of the case of vomiting all the children were between 2 and 4 months old. Talks on the need for care in relation to cot bedding are given constantly at welfare centres and attention drawn to the potential dangers when visiting in the homes.

Only 5 of the deaths were of illegitimate infants.

#### *Neo-natal deaths*

The 95 deaths occurring within four weeks gives a neo-natal death rate of 13.71.

In 44 death certificates the cause of death was given solely as prematurity and in 23 other cases, although prematurity was not specifically mentioned, the infants had been notified as premature births, and the causes of death, atelectasis and intracranial haemorrhage, were consistent with prematurity. Of the remaining 28 cases the chief causes of death were congenital defects 13, infections 8 and blood diseases 5.

#### *Premature Infants*

The number of premature live births was somewhat higher during the year, being 465 (441 in 1952, 454 in 1951). 310 were born in hospital, 141 at home and 4 in private nursing homes: 26 of the cases born at home and 1 born in a nursing home were transferred to hospital. 398 of the infants survived and of the 67 who died 29 died within twenty-four hours of birth, 17 of them being under 3 lbs. 4 ozs. in weight. Over half of the infants—242—were between 4 lbs. 15 ozs. and 5 lbs. 8 ozs., under which circumstance they have a better chance of survival. Every effort is made for a patient who is likely to go into premature labour to be delivered in hospital, but this is not always possible and the district midwives give skilled attention to babies born at home. Of the 115 babies born at home and remaining there 104 survived. The chief cause of prematurity still appears to be illness of the mother, usually toxæmia and further knowledge of the causation and treatment of this condition is required before the prematurity rate will show a considerable reduction.

#### *Still births*

Out of 7,074 registered births there were 147 still births, giving a still-birth rate of 20.78 against a rate of 22.4 for England and Wales. Twenty-eight of the still births occurred in domiciliary practice. Investigation into these cases gives the following suggested causes for the still birth:

Cases where the foetus was alive at the onset of labour:—

Abnormal presentation	..	..	5
Diseased placenta	..	..	3
No apparent cause	..	..	4
			— 12

Cases where the foetus was dead before the onset of labour:—

Deformity of foetus	..	..	7
Illness of mother	..	..	4
No apparent cause	..	..	5
			— 16

## (VII.) MIDWIFERY—HOME NURSING

The County Nursing Association continues to provide the domiciliary midwifery and home-nursing services, which are maintained at a satisfactory level. There are 87 District Nursing Associations affiliated to the County Nursing Association, appointing their own nurses and accepting responsibility for the supervision of the maintenance of their transport and accommodation. The supervision of the professional work of the staff is undertaken by the superintendent and assistant superintendents under the general direction of the County Medical Officer of Health.

There have been several changes of staff during the year: two nurses resigned their districts for promotion, one obtaining the post of assistant superintendent to the county; fourteen resigned to work in other areas, and two for health reasons. There were six retirements on account of age of nurses who had given many years of service in the county. Nineteen new appointments have been made, fifteen of the candidates being Queen's nurses.

Considerable difficulty was occasioned in filling some of the vacancies owing to the lack of suitable housing accommodation. The Executive Committee of the County Nursing Association has given much consideration to this matter and has drawn up a plan for building of houses for nurses in which valuable assistance has been given by District Councils. At the end of the year houses at Painswick, Kingstanley, Oldland and Stow-on-the-Wold were well advanced in construction, the two former being built by the County Council and the latter by District Councils.

*Nursing Staff**County Staff:*

Queen's Nurses .. .. .	72
State Registered Nurses (S.R.N.) and State Certified Midwives (S.C.M.) .. .. .	27
State Certified Midwives (S.C.M.) and State Enrolled Assistant Nurses (S.E.A.N.) .. .. .	21

This number includes the County Superintendent, 2 Assistant Superintendents, 14 Area Relief and 2 Emergency Nurses.

*Victoria Home, Cheltenham:—*

Queen's Nurses .. .. . including the Superintendent and Assistant Superintendent.	13
S.R.N., S.C.M. .. .. . Assistant Superintendent (Midwifery Tutor)	1
S.R.N. .. .. .	5
S.C.M. .. .. .	2
S.E.A.N. .. .. .	3

*Kingswood Home:—*

Queen's Nurses	..	..	..	..	3
including the Superintendent and one part-time Nurse.					
S.R.N., S.C.M.	..	..	..	..	2
S.R.N.	..	..	..	..	1
S.C.M.	..	..	..	..	3
S.E.A.N.	..	..	..	..	1
Total Staff	..	..	..	..	154

*Training Courses:—*

Three Nurses completed Queen's Training.

Four Nurses completed the Health Visitors' Course.

*Post Graduate Courses:—*

The County Superintendent and an Assistant and fourteen Nurses attended courses of the Association of Supervisors of Midwives in London.

One Nurse won an Essay Competition and was awarded a Refresher Course in Midwifery, and another was awarded a Refresher Course in Midwifery by the Gloucestershire Branch of the Royal College of Midwives.

*Training Schemes*

Ten approved midwives have continued to take pupils for the district side of the Part II Midwifery Course, and other District Nurse/Midwives have given an insight into rural work to student Health Visitors and Queen's candidates.

Five Discussion Groups at various centres in the county have been held.

A visitor of the Queen's Institute was in the county during the autumn. She accompanied a number of nurses on their rounds and inspected records and equipment. Her report showed that in practically every case the nurse was doing good work and maintaining a high standard.

*Summary of Work**Superintending Staff*

Routine visits to staff	..	..	..	279
Special visits of enquiry	..	..	..	31
Other visits	..	..	..	70
Visits to Honorary Secretaries	..	..	..	19
Meetings and interviews attended	..	..	..	89
Interviews in office	..	..	..	110

*District Midwives and Nurses**New Cases*

Midwifery .. .. .	2,129
Maternity .. .. .	329
Early discharges from Hospital .. .. .	471
Miscarriages .. .. .	240
General: Medical 12,902	
Surgical 4,224 .. .. .	17,126
Infectious diseases .. .. .	252
Maternal complications .. .. .	81
Tuberculosis .. .. .	341

*Total Visits*

Midwifery .. .. .	43,753
Maternity .. .. .	6,041
Ante-Natal .. .. .	28,760
Early discharges from Hospital .. .. .	2,466
Miscarriages .. .. .	1,603
Maternal Complications .. .. .	525
General: Medical 241,486	
Surgical 52,984 .. .. .	294,470
Infectious diseases .. .. .	1,383
Tuberculosis .. .. .	7,342
Miscellaneous .. .. .	19,263

*Clinic Sessions*

Ante-Natal .. .. .	1,189
Post Natal .. .. .	50
Child Welfare .. .. .	1,156

*Public Health*

Home Visits .. .. .	64,951
Sessions .. .. .	2,853

*Report of work of the Local Supervising Authority*

During the year 133 midwives notified their intention to practise as midwives and 9 as maternity nurses.

At the end of the year there were 217 midwives employed, 127 by voluntary organisations, 70 by hospital management committees, 6 in private domiciliary practice and 14 in private homes.

1. *Deliveries attended by midwives*

	Domiciliary cases	Institutional cases	Total
Employed by District Nursing Associations .. ..	2,372	—	2,372
Employed by Hospital Management Committees .. ..	—	3,378	3,378
In private practice .. ..	55	314	369
	<hr/> 2,427	<hr/> 3,692	<hr/> 6,119

In the domiciliary cases the doctor was present at 340 births. Several patients do not remain in hospital for the full lying-in period of fourteen days and under such circumstances the remainder of the period is covered by the attendance of the domiciliary midwife. 471 cases were referred to midwives for this reason during the year.

2. *Medical Aid under Section 14(1) of the Midwives Act, 1951*1. *Domiciliary*

(a) Where the medical practitioner had arranged to provide maternity services .. ..	496
(b) Others .. ..	118
	<hr/> 614

2. *Institutional* .. .. 320

3. *Gas and Air Analgesia*

Number of midwives qualified to administer gas and air analgesia:

(a) In hospitals in the National Health Service .. ..	59
(b) In private homes .. ..	6
	<hr/> 65
(c) In domiciliary practice	
(i) employed by voluntary associations .. ..	127
(ii) in private practice .. ..	2
	<hr/> 129

Number of sets of apparatus for use in domiciliary practice .. 122

Number of cases in which gas and air analgesia was administered by midwives in domiciliary practice

(a) when doctor not present .. ..	1,647
(b) when doctor present .. ..	235

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1,882

This figure indicates that over 77 per cent of the domiciliary patients receive gas and air analgesia. Patients are instructed in its use beforehand by the midwives and are made aware of its value.

*Pethedine*

All midwives who have received training in the administration of this drug are entitled to administer it and it was used in 969 cases during the year, in 799 occasions when the doctor was not present and in 170 cases when the doctor was present. Strict regulations regarding the ordering and storage of supplies are made in accordance with the Dangerous Drugs Acts Regulations, and the stock is checked at each visit of a supervisor of midwives.

*Supervision of Midwives*

Four members of the medical staff are approved as medical supervisors of midwives and the County Superintendent and her assistants as non-medical supervisors. Regular visits for the inspection of standard of work and records are made and problems and new methods are discussed. Special visits are made in respect of enquiries into still births, infant deaths and puerperal pyrexia. Periodic visits are also paid to hospitals and homes, undertaking midwifery by medical supervisors when records are inspected, and details of the rules of the Central Midwives Board are considered.

*Maternal deaths*

There were three maternal deaths during the year, giving a maternal mortality rate of 0.43.

One death was due to haemorrhage, one to obstetric shock and one due to pulmonary embolism and toxæmia. All the patients had been confined in hospital.

**(VIII) DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN***Report of the Principal Dental Officer*

During the latter part of 1952 and the earlier months of 1953 there was an improvement in the rate of recruitment of dental officers to the service. By April the total number of dental officers employed was the equivalent of 11 10/11 whole-time officers (10 whole time and 5 part-time). After May only one additional officer was appointed, and this was offset by a resignation in November. At the end of the year the total whole-time equivalent was 11 8/11. The equivalent of approximately 204 half-days was spent on treatment of mothers and pre-school children, which represents about half the time of one officer. Treatment for these patients was, however, carried out by all officers in the various clinics. The equivalent of approximately twenty sessions was required for general anaesthetics administered by dental officers.

By July the situation was considered to be sufficiently encouraging to warrant putting forward proposals for the employment of the total approved establishment of seventeen officers in 1954/55, and thereafter increasing the establishment by suitable stages to a total of twenty-six. It was proposed concurrently that the plan for the provision of dental clinics adopted in 1948 should be completed (with minor modifications) during 1954/55 and a County laboratory established. Further clinics were included in the proposals for accommodating the increased establishment, and the whole was approved in principle by the County Council before the end of the year.

During the year, second surgeries were added to the Cheltenham and Stroud Clinics and the original Cheltenham clinic was completely re-equipped. Progress was made at Coleford and Patchway, but there were delays in the proposed Kingswood and Cheltenham (County) Clinics. In general, however, it has been possible to keep a reasonable balance between the staff available and the provision of clinics. The four mobile clinics were used almost entirely for treatment of school children, but a few pre-school children were also treated in them.

A new development during the year was the appointment of a dental hygienist. Miss Webbe took up her duties in September, and worked in the Cheltenham, Stroud, Cirencester and Gloucester clinics, as well as giving talks on oral hygiene at Welfare Centres. The scalings carried out by her for mothers saved the time of dental officers, and enabled her to inculcate the principles of dental health at the same time. It is, however, surprising that only two pre-school children were referred to her for polishing. It had been anticipated that this would form a useful and pleasant introduction to dentistry. A real difficulty, however, is that many patients have to make a considerable journey to the clinic, and parents whose time is fully occupied are anxious to reduce visits to the minimum. Wherever possible appointments for the hygienist are dovetailed with other dental treatment, but such procedure usually prolongs a pre-school child's visit beyond what is feasible or desirable.

There is a definite need for a considerable expansion of the dental health education of mothers with young children. Miss Webbe herself is dissatisfied with the results of her talks at Welfare Centres, and further consideration is being given to the most effective methods of interesting mothers in the preventive measures which can help to reduce caries in the teeth of young children.

#### *Treatment of Expectant and Nursing Mothers*

The great majority of mothers referred for dental treatment was sent by medical officers, midwives or health visitors, but a few were inspected by a dental officer at Patchway and Filton ante-natal clinics. The increase in staff enabled mothers to be treated by County dental officers in additional areas. By the end of the year treatment was being provided in the Cheltenham, Gloucester, Stroud, Thornbury and Filton areas. In other areas treatment was provided if there was difficulty in obtaining it from general practitioners. 110 expectant, and 56 nursing mothers were treated in County clinics. 565 attendances were recorded, 63 being for scaling and polishing by the hygienist. 262 mothers were referred to general practitioners, treatment being completed for 203. In all, therefore, treatment was provided for 428 mothers, compared with 243 in 1952.

Details of treatment are given in the statistical tables. An increase in the proportion of conservative work carried out is encouraging, but in many instances those patients who do not require dentures make their own arrangements for treatment with general practitioners. As a result the proportion of patients fitted with dentures by County dental officers is unduly high, and cannot be taken as an indication of the condition of the mouths of mothers in the County in general. The charge on dentures supplied through the General service, coupled with the remission of the £1 charge for treatment for expectant and nursing mothers, caused a good deal of confusion to patients and practitioners. In several instances extractions were carried out in the General service, and dentures subsequently provided by the County service. This would have been avoided if all charges or none had been remitted.

#### *Treatment of Children under Five*

There was again a welcome increase (of 37 per cent) in the numbers treated, and more than twice as many were made dentally fit as in 1952. Many parents now bring their children regularly every four months for inspection. The distribution of numbers, however, shows great variation in different areas, and those seen at Gloucester, Stroud and Staple Hill account for nearly 70 per cent of the total.

It was found impossible to allot the time of any dental officers to attend Welfare Centres or Day Nurseries, but seven Welfare Centres were visited by the hygienist, who talked to groups of mothers. The majority of children were therefore referred by medical officers or health visitors, whose interest was most helpful.



The treatment tables show that the number of extractions has kept pace only too well with the increase in patients, although there is not a proportionate rise in conservative treatments. It is generally reported by members of the staff that there is a progressive deterioration in the teeth of young children, due, no doubt largely to the increase in consumption of sweets and biscuits. Rampant caries and sepsis in children under five which became rare in the war years, are now again frequently seen, and there is an urgent need for increased dental health education of mothers. The appointment of a hygienist is but a small step in this direction.

The statistical table required by the Ministry is given below.

(a) *Numbers provided with dental care:—*

	<i>Examined</i>	<i>Needing treatment</i>	<i>Treated</i>	<i>Made dentally fit</i>
Expectant and Nursing Mothers	214	206	166	93
Children under five .. ..	662	624	585	453

(b) *Forms of dental treatment provided:—*

	Extractions	Anaesthetics		Fillings	Scaling or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers .. ..	436	79	66	234	23	—	52	20	18	41
Children under 5 ..	775	40	317	329	2	365	260	3	—	—

#### (IX) HEALTH VISITING

The number of the staff has remained fairly constant and at the end of the year there were 63 full time and 42 part time; the number of the latter with the Health Visitors' certificate was 28. The training scheme has helped to maintain both numbers and standards. In view of the possible increase of population in the South of the County due to families moving out from Bristol, allowance has been made for three additional full-time Health Visitors as and when required.

Owing to congestion at Soundwell Clinic, part of the premises at Morley Road Clinic was adapted for Health Visitors and new arrangements were made in Cheltenham.

In view of the increased emphasis on health education, the Deputy Superintendent Health Visitor undertook the renovation and renewal of demonstration material and preparation of talks, etc. She also selected a list of suitable books for Child Welfare Centres. Talks were given to various groups by members of the staff on parentcraft and allied subjects. Post-graduate courses continue to be used and twelve Health Visitors attended and in addition those who could, attended the Annual Nurses and Midwives Conference and a short course in December arranged by the Central Council of Health Education.

A new development has been the formation of discussion groups to consider the duties of Health Visitors.

#### *Health Visitors' Training Course*

The fourth course arranged by the Health Committee in conjunction with the North Gloucestershire Technical College terminated on 13th June. Twelve students were accepted for this course, eleven under the Council's Training Scheme and one independently at the request of the Ministry of Health.

The eleven assisted students successfully passed the Health Visitors' examination arranged by the Royal Sanitary Institute. These students are requested to give one year's service to the County after qualification and therefore were subsequently appointed as Health Visitors. The independent student came from Indonesia and was sponsored by the World Health Organisation. She was not eligible to take the Royal Sanitary Institute examination but completed the course satisfactorily and returned to Indonesia in July to take up Public Health work.

The fifth course commenced on 9th September and twelve students were accepted for training under the Council's scheme. Theoretical work is undertaken at the North Gloucestershire Technical College during training and lectures are given by the staff of the Health Department and Education Department. Practical training is received in the County, Bristol, Gloucester and Birmingham.

#### *Annual Refresher Course*

A Refresher Course for Health Visitors and Nurses and Midwives in district and hospital practice in the County and the City of Gloucester was held for four days in May. This was the thirty-first of such courses and the large attendances are evidence of the interest of the staffs in the lectures and demonstrations provided. We are fortunate in obtaining the help of outstanding persons in all branches of medicine and social work on these occasions.

### (X) VACCINATION AND DIPHTHERIA IMMUNISATION

#### (a) *Vaccination against Smallpox*

The following table shows details of the successful vaccinations for which records were submitted.

Vaccination	Under 1 year	1 year	2-4 years	5-14 years	Over 15 years	Total
Primary .. .. .	2144	127	155	210	337	2973
Re-Vaccination .. ..	13	2	43	180	696	934

These show an increase in the primary vaccinations, particularly of children aged under one.

#### (b) *Diphtheria Immunisation*

The following table gives the number of children at the end of the year who had completed a course of immunisation.

Age at 31.12.53 i.e., Born in Year	Under 1 1953	1-4 1952-1949	5-9 1948-1944	10-14 1943-1939	Under 15 Total
Last complete course of injections (whether primary or booster) A.1949-53 ..	366	17,960	19,683	10,820	48,829
B.1948 or earlier .. ..	—	—	5,711	12,416	18,127
C. Estimated mid-year child population .. ..	6,820	28,180	69,100		104,100
Immunity Index (100A/C) ..	5.4	63.9	44.2		47.0
No. of children who received complete course during the year .. ..	2,596	2,204	772	104	5,686
No. of reinforcing injections..	—	154	5,018	1,338	6,512

The above table is quite a new development and not comparable with the one of previous years, and whilst the number of children immunised before the age of one, which is so essential to the success of the campaign, totals 2,596 (four times the number done in 1952) it only produces an immunity index of 5.4. The aim is an index of 25. This shows how much more is to be done. Immunisation cannot be neglected yet as the notification of the occasional case still appears.

In interpreting the immunity index it has to be borne in mind that of children under one at the end of the year only one third had attained the age of eight months (when inoculations are normally given) and that, even if all of this group were immunised, the index among them would only have been 33 per cent. At ages 10-14, where the proportions are dependent upon booster inoculations having been given, this fact, and the existence of some residual protection from inoculations given more than five years previously, have to be allowed for in deciding whether the immunity shown by the index is satisfactory.

#### (XI) AMBULANCE SERVICE

It had been anticipated that the maximum number of patients carried by the Ambulance Service had been reached. This is not the case, and during 1953 a total of 112,785 cases were transported by either ambulance, sitting case car or hospital car, comparing with 88,273 in 1952. This large increased number of persons has been carried with only a small increase in the mileage covered.

Details are given below for the years 1949-53.

	Patients				Mileage			
	Amb.	S/C car	H.C.S.	Total	Amb.	S/C Car	H.C.S.	Total
1949 ..	22,958	5,397	35,696	64,051	373,071	68,575	875,970	1,317,616
1950 ..	19,321	11,444	36,997	67,762	348,330	81,119	780,465	1,209,914
1951 ..	23,600	22,240	29,086	74,926	367,075	188,842	606,327	1,162,244
1952 ..	30,628	36,260	21,385	88,273	388,617	288,148	434,414	1,111,179
1953 ..	43,230	50,825	18,730	112,785	459,276	317,872	374,636	1,151,784

	% of Total
Admissions	
(Non emergency) ..	7
Discharges ..	1
Transfers ..	1
Outpatients ..	72
Mental Health ..	13
Other Authorities ..	1
Emergencies ..	5

The rise which has occurred in 1953 is due to two main factors. 16 per cent of the 1953 total is due to the transport of Mental Defectives to Occupation Centres (a new arrangement) and 69 per cent to outpatients. 50 per cent of the outpatients were to clinics for physiotherapy, etc., and the demand has continued to rise.

Each request for continued attendance has to be renewed every fourteen days, and Doctors and Medical Officers in charge of clinics have been asked to certify or confirm in writing in each case that the patient is not able, by reason of health, to travel by public transport. This has been applied to all demands for ambulance transport except emergencies.

Hospital Staffs and Doctors are extremely co-operative in this matter, realising the need for economy. Abuse of the Service is practically eliminated and in all cases medical practitioners are responsible for the assessment of need. It is only by insisting on this that has prevented an even higher demand on the Service.

The total mileage per patient carried has decreased greatly since 1949 and radio has played no small part in this result. Conversely, the time spent by patients in vehicles has tended to increase but not unduly.

During 1953, 148 cases were carried by train, compared with 14, 94, 108 and 169 during the preceding four years. The decrease during 1953 may be considered to be due to an increase in use of local Hospitals.

More sitting cases are being carried by ambulances and sitting case cars, again partly due to radio, but the work done during the year by the Hospital Car Service has been most helpful and our best thanks are due to the Drivers and Organisers.

### *Vehicles*

A detailed report was considered by the Health Committee and Ambulance Association in 1953 on work carried out by vehicles since 1948. Ambulances have in some cases exceeded a total mileage of 100,000 and sitting case cars in some cases have covered over 125,000 miles with an average load of four to five persons.

The Health Committee have approved a regular annual replacement programme with three or four dual purpose vehicles capable of carrying two stretcher cases, or nine forward facing sitting cases, mounted on a broader and longer chassis than the present vehicles and taking the place gradually of the existing ambulances and cars. This should go far to cope with the increased demand for sitting case removals and will ensure much greater comfort for the patient and a longer life of the vehicle bodies.

Cars are not as yet fitted with radio as they are usually carrying a full load of booked cases and cannot be diverted from their journeys.

### *Stations*

During 1953, a new ambulance station has been erected at Dursley, and Stations at Berkeley and Cirencester were in course of construction, with work on a new building shortly due to start at Lydney.

### *Personnel*

76 full time driver/attendants were employed against 84 at the end of 1952.

### *Civil Defence*

The County Ambulance Officer has been appointed Chief Section Officer of the Ambulance Section of the Civil Defence Corps. Of 305 volunteers to this Section, 65 have received Ambulance Section training, a course which qualifies them for immediate service in wartime. 23 are under training.

### *Hospital Car Service*

Mileage allowances payable to Hospital Car Service drivers were increased from 1st January, 1953, as follows:—

- 7d. per mile for cars of 13 h.p. or less for first 800 miles per month.
- 7½d. per mile for cars of 14 h.p. and over for first 800 miles per month.
- 5d. per mile for monthly mileage in excess of 800.
- 5½d. per mile for monthly mileage in excess of 800.

## (XII) PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### 1. *Tuberculosis*

The arrangements for the prevention, care and after-care of tuberculosis as outlined in my Report for 1952 continue without further implementation.

The number of persons who received B.C.G. Vaccination during the year was 198. The total now being 541 since the commencement of the scheme.

At the 31st December, 336 persons were receiving free supplies of milk at the rate of two pints per day except in 13 cases where the supplies had been reduced to one pint daily.

*Voluntary Care Committee*

The Tuberculosis After-Care Committees have again been the source of much help and are to be congratulated upon the valuable assistance they have given to patients in their respective areas.

Summary of formal notifications during the year:—

Age Periods	Number of Primary Notifications of New Cases of Tuberculosis													Total (all ages)
	0-	1-	2-	5-	10-	15-	20-	25-	35-	44-	55-	65-	75-	
Respiratory, Males ..	-	1	-	9	4	11	16	40	37	26	22	8	1	175
Respiratory, Females ..	-	1	2	2	4	22	30	36	19	10	3	4	1	134
Non-Respiratory, Males ..	-	-	9	7	7	-	2	2	1	3	-	-	1	32
Non-Respiratory, Females ..	1	1	2	4	7	1	3	5	4	1	3	-	1	33

New cases coming to knowledge during the year otherwise than by formal notification:—

Source of Information	Number of Cases in Age Groups														Total
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-		
Death Returns from Local Registrars	Respiratory M	-	-	-	-	-	-	-	-	1	4	4	4	-	13 (A)
	„ F	-	-	-	-	-	-	-	-	1	1	2	-	-	4 (B)
	Non-Respiratory M	-	-	-	-	-	-	-	-	-	-	-	-	-	— (C)
	„ F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (D)
Death Returns from Registrar-General (Transferable deaths)	Respiratory M	-	-	-	-	-	-	-	-	-	-	-	-	-	— (A)
	„ F	-	-	-	-	-	-	1	-	-	-	-	-	-	1 (B)
	Non-Respiratory M	-	-	-	-	-	-	-	-	-	-	-	-	-	— (C)
	„ F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (D)
Posthumous Notifications	Respiratory M	-	-	-	-	-	-	-	-	-	-	1	-	-	1 (A)
	„ F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (B)
	Non-Respiratory M	-	-	-	-	-	-	-	-	-	-	-	-	-	— (C)
	„ F	-	-	-	-	-	-	-	-	-	-	-	-	-	— (D)
Totals	..	..	(A)	14	(B)	5	(C)	—	(D)	—					

Persons removed from Register during the year:—

Reason	Pulmonary	Non-Pulmonary	Total
(a) Withdrawal of notification .. .. .	16	3	19
(b) Recovery .. .. .	66	50	116
(c) Death .. .. .	53	4	57
(d) Left County or no trace .. .. .	60	7	67

At the end of the year the total number of cases recorded in the registers kept by the District Medical Officer of Health was 3,777 (3,004 pulmonary, 773 non-pulmonary) as compared with 3,592 (2,850 pulmonary, 742 non-pulmonary) at the 1st January.

There were 45 fewer new cases in 1953 than in 1952 and there was also a reduction in the number of deaths from 88 to 85 as will be seen in the following tables which show the mortality figures for the years 1948 to 1953:—

#### DEATHS FROM TUBERCULOSIS

Age Period	1948		1949		1950		1951		1952		1953	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
Under 1 year ..	—	4	—	1	—	—	—	1	—	—	—	—
1-4 years ..	1	10	1	6	—	5	—	6	2	3	1	1
5-15 years ..	2	4	1	1	—	3	—	2	—	3	1	1
15-45 years ..	121	5	74	9	56	3	44	6	26	2	23	2
45-65 years ..	47	4	43	6	40	1	52	6	35	6	37	4
65 years and over	16	1	22	1	14	2	2	2	11	—	10	1
	187	28	141	24	110	14	98	23	74	14	72	9
Totals .. ..	215		165		124		121		88		81	

Deaths in 1953, showing sex and age groups:—

Age Period	Pulmonary			Non-Pulmonary			Total
	M.	F.	Total	M.	F.	Total	
0- .. .. .	—	—	—	—	—	—	—
1- .. .. .	—	1	1	1	—	1	2
5- .. .. .	1	—	1	—	1	1	2
15- .. .. .	—	2	2	—	1	1	3
25- .. .. .	10	11	21	—	1	1	22
45- .. .. .	33	4	37	2	2	4	41
65- .. .. .	6	1	7	1	—	1	8
75- .. .. .	—	3	3	—	—	—	3
Totals .. .. .	50	22	72	4	5	9	81

REPORT OF F. J. D. KNIGHTS, ESQ., M.D., M.R.C.P., CONSULTANT CHEST PHYSICIAN  
NORTH GLOUCESTERSHIRE CLINICAL AREA

The following tables are an analysis of our cases of phthisis in the years 1949-53. Mass Radiography in the first two years was a part-time service: in the latter three years it has been practically full-time within our clinical area. In spite of the fall of all notifications it will be seen from the first table that our number of cases of phthisis year by year tends to be very constant. More surprisingly the percentage of minimal cases has tended to fall; though it must be remembered that in younger people the disease is often explosive and quickly passes out of a minimal phase. Only in older people is the progression of the disease often slow enough to permit serial Mass Radiography examination to detect trouble at its commencement.

TABLE I  
*Number of New Cases of Phthisis and Severity at Time of Diagnosis*

Year	1949	1950	1951	1952	1953
Total Number .. ..	258	254	263	239	244
Minimal Cases .. ..	31%	30%	20%	20%	18%
Moderately Advanced Cases ..	50%	52%	69%	68%	67%
Advanced Cases .. ..	19%	18%	11%	12%	15%

The above cases have been subdivided to show how they reached the Clinic.

TABLE II  
*Source of Reference of Cases Analysed in Table I*

	1949 - 1950 (512 Cases)	1951 - 1952 (502 Cases)	1953 (244 Cases)
Cases referred from General Practitioners .. ..	54%	43%	47%
Cases discovered by Mass Radiography	15%	30%	24%
Cases discovered by Contact Organisation .. ..	9%	7%	7%
Cases referred from other sources (Forces, Hospital, etc.) ..	22%	20%	22%

They have been further subdivided to show the type of case that each of the foregoing main agents presents to us.



TABLE III

*Value of Various Agencies in Producing Cases of Phthisis*

Agent	Years	Total Number	Minimal Phthisis	Moderate Phthisis	Advanced Phthisis
G.P. .. ..	1949 – 1950	277	22%	55%	23%
	1951 – 1952	215	14%	68%	18%
	1953	113	11%	71%	18%
M.M.R. ..	1949 – 1950	75	48%	52%	—
	1951 – 1952	152	23%	76%	1%
	1953	59	24%	76%	—
Contacts ..	1949 – 1950	47	55%	34%	11%
	1951 – 1952	34	53%	47%	—
	1953	17	47%	41%	12%
Other Sources ..	1949 – 1950	113	27%	50%	23%
	1951 – 1952	101	15%	66%	19%
	1953	55	18%	56%	26%

To complete the analysis the cases of minimal phthisis were subdivided among the main agents.

TABLE IV

*Source of Minimal Cases*

	G.P.	M.M.R.	Contacts	Other Sources
1949-1950 .. ..	40%	23%	17%	20%
1951-1952 .. ..	31%	36%	18%	15%
1953 .. .. ..	27%	32%	18%	23%

From the tables it will be seen that in our experience contact examination, though carried out as thoroughly as we can, accounts for only a very small percentage of our new cases. Although mass radiography is the best source of minimal cases, the great majority of the cases it produces are in the moderate category. This is perhaps not unexpected as the mode of usage of mass radiography has changed quite a lot—the statistics being influenced by the influx of unwell patients attending open public sessions and by the general practitioner sending increasing numbers of vaguely unwell cases through the unit.

*Contact Examination**Clinical Area Figures*

Year	No. of New Notifications	Total No. of New Contacts Examined	Total Contact Attendances
1951 ..	453	1364	3,987
1952 ..	407	1,215	4,857
1953 ..	375	1,468	5,699

Of the 5,699 total attendances in 1953, 2,299 were for examination by Mass Radiography, 660 for x-ray examination at a hospital and the remainder of the attendances were concerned with tuberculin testing, B.C.G. vaccination and clinic follow-up.

*Contact examinations arising out of County cases notified in 1953*1. *Adults*

The overall response of adult contacts called up for the first time was 71%.

The number of adult contacts notified as a result of these first examinations was 3.

2. *Children*

Of 209 children called up, 13 did not attend at all, 17 were unhealthy and kept under clinic observation, 3 had positive tuberculin tests but did not attend for further examination, and the remaining 176 were healthy.

*Analysis of 176 healthy children*

Age 0-4	Tub. +ve.	Ref. to G.P. and H.V. for observation	..	..	20
Age 5-12	"	"	"	"	50
Age 13-16	"	For follow up by M.M.R.	..	..	31
Tub. negative, at no further risk, serial T.T. for 1 year or discharged					9
Tub. negative, refused B.C.G. kept under observation					6
Tub. negative, defaulted during B.C.G.					7
Tub. negative, successfully B.C.G. vaccinated					44
Tub. negative, B.C.G. postponed, still to be vaccinated					9
					176

*Analysis of 17 Unhealthy Children*

Three were found to be suffering from tuberculous pleurisy, 2 from hilar adenitis and 1 from phthisis. The other 10 have been kept under periodic clinic supervision.

*Follow up of B.C.G. Vaccinations done in 1952*

103 contact children who were vaccinated in 1952 were followed up with the following results:—

Well, remaining tuberculin positive, x-ray normal	..	..	..	89
Well, remaining tuberculin positive, defaulted x-ray	..	..	..	4
Well, remaining tuberculin positive, impossible to x-ray (scars)	..	..	..	1
Well, defaulted tuberculin test, x-ray normal	..	..	..	3
Well, tuberculin negative, re-vaccinated	..	..	..	3
Defaulted all follow up	..	..	..	1
Clinically unwell but no evidence of tuberculous trouble found	..	..	..	2

*1953 Cases of Miliary and Meningeal Tuberculosis*

Girl, age 6 months	Mother attending clinic at same time and found infectious.
Girl, age 13	.. Father found on contact examination to have advanced phthisis.
Boy, age 4	.. One member of family found to have quiescent lesion. Other members normal.
Girl, age 4	.. Family all checked. No infectious case found, but a brother had hilar adenitis. Further enquiry proceeding.
Girl, age 14	.. Her Polish school moved to another area at time of diagnosis.
Boy, age 1½	.. Contacts moved out of area. Referred to other chest clinic for follow up.
Girl, age 9	.. 5 out of 6 adults in family normal. The arthritic grandfather did not come to be x-rayed.
Man, age 41	.. Family checked. No infection found.
Woman, age 28	Husband normal.

The details of the contact scheme were set out fully in the 1951 report and will not be repeated here. All notified cases, and non-notified cases dying of tuberculosis, are looked into and the contacts examined unless unwilling.

Special action is taken with regard to tuberculosis in County Schools and when required an immediate mass radiography examination is arranged and tuberculin testing carried out. Since mass radiography started work in Gloucestershire the only general community surveys carried out have been in the village of Lydbrook and the City of Gloucester. This type of special survey is only worth while if far more manpower and money is available for the very intensive publicity required to ensure a nearly complete population response.

### *Rehabilitation*

To try and estimate how patients fared on return to industry an analysis was made of those cases coming up to the Rehabilitation Conferences in 1950 and 1951. These dates were selected as it was expected that quite a large proportion of the tuberculous patients would have been relatively new patients falling within the streptomycin era of treatment. On going through the case papers this has been found not to be the case in the majority, and the follow up period is too short. Excluding cases left out of the analysis as lost sight of (out-transfers, etc.) we are left with 96 patients, 77 of whom are County cases, and 19 City.

55 of these cases have remained well and are non-infectious. Of these 41 are men and 14 are women. 6 of them were selected to go to a Government Training Centre, and a further 4 for the Industrial Rehabilitation Unit. 22 were placed in a job substantially different from that of their former occupation. 14 returned either to their old employer or virtually to the same kind of job as they had before they were ill. 4 were placed to employment for the first time. 11 of these people found employment for themselves and did not continue to seek the help of the Rehabilitation Officer. 2, after considerable drifting, fixed on their own employment. 2 women, after being successfully rehabilitated, left employment within a few months to get married.

23 patients, 17 men and 6 women, have relapsed. 9 of these are now in a satisfactory state of health and back at work. 11 are still undergoing treatment. 2 have chronic tuberculosis but are keeping at work. Of the above 23, 3 fell ill during the process of retraining. 2 women got married and relapsed during pregnancy. 1 man relapsed after an operation for duodenal ulcer. 1 man has become permanently disabled by bronchitis, his tuberculosis having been arrested by a thoracoplasty.

The next group of 6 men and 1 woman have presented special problems. One problem girl has been in a state of repeated pregnancy; an epileptic male with chronic tubercle has proved impossible to rehabilitate. One man with epilepsy and heart disease has since died of the latter. One man has entered a mental hospital. A man with chronic tuberculosis living in a remote agricultural area where there is no light work has found it impossible to obtain suitable employment. Two cases of phthisis have remained chronically unwell and been unfit to attend for rehabilitation. A clergyman with chronic tuberculosis has had a period of open-air work but has relapsed.

Another group of 11 men with non-tuberculous conditions were brought to the Rehabilitation Conference. 3 of them are unable to work, being disabled by bronchitis or bronchiectasis. 4 are similarly completely disabled by pneumoconiosis. One man with pneumoconiosis has returned to surface duties at the colliery. 3 cases of asthma or bronchitis are working. One man has died of carcinoma of the bronchus.

I have to thank the Rehabilitation Officers for a very considerable amount of work they have done in bringing these cases up to date. Every effort is made to help our patients by the Rehabilitation Department, and certain individuals need a very considerable amount of help before they finally find a job suitable for their health and which they seem to like. In the last two years increasing care has been taken of the infectious case. The good-prognosis, quiescent patient, especially in the younger age groups, is no real problem for rehabilitation provided he lives near Gloucester, Cheltenham or Stroud, where there is a good deal of light skilled employment. Nevertheless, suitable cases can take advantage of a Government Training Course.

For the men with chronic tuberculosis, especially in the older age groups, the results in rehabilitation are not nearly so good, and this in my opinion represents a failure of rehabilitation at the point where it most matters. A constantly recurring problem is that of the chesty older man in the Forest of Dean, whether the chestiness be due to chronic tuberculosis, pneumoconiosis or chronic bronchitis, often the last. There is sheltered employment for pneumoconiosis sufferers in the Forest. Many of these patients who cannot be accommodated there find it impossible to obtain employment. Their chest is usually too troublesome for the first hour or two after getting up in the morning to enable them to get a sufficiently early bus for the light skilled industries near Gouer.

REPORT OF R. A. CRAIG, ESQ., M.D., M.R.C.P., CONSULTANT CHEST PHYSICIAN, BRISTOL  
CLINICAL AREA.

Patients from South Gloucestershire attend the Chest Clinics in Bristol, going to Bristol Chest Clinic, Southmead Chest Clinic, or Frenchay Hospital, whichever is the most convenient for the patient. Almost all patients attending chest clinic outpatients require a chest x-ray. At all three clinics full x-ray facilities are available and x-rays are developed as soon as they have been taken and are viewed as wet films. This saves the patient the necessity of making two journeys to the clinic, or leaving without knowing the result of his examination which, in tuberculosis, largely depends on x-ray findings.

Nursing duties in Bristol and Southmead Chest Clinics are undertaken by specialist tuberculosis health visitors of Bristol Health Department, and at Frenchay Hospital by hospital nurses. A specially detailed Gloucestershire health visitor attends Bristol Chest Clinic for liaison purposes. Domiciliary visits to tuberculous families are carried out by the health visitors in whose area the patients live, who send reports of the home conditions and contacts to the Chest Clinic.

Adult contacts are x-rayed by the Mass X-ray Unit in Bristol. Children are tuberculin tested and they are offered B.C.G. vaccination if their reaction is negative. B.C.G. vaccination is carried out once a month. Positive reactors are x-rayed, and any with abnormal x-rays, or any other indication of ill health which comes to the notice of the Chest Clinic, are examined at outpatients.

Care and after-care arrangements are carried out by health visitors. The work of the Voluntary Care Committees is most helpful in supplying the needs of patients that cannot be met from official sources. A Remploy factory for tuberculous patients is situated in Bristol, and this provides sheltered employment which is most valuable for those patients who remain infectious in spite of treatment. There is also an Industrial Rehabilitation Unit available for those patients who have been off work for a long time, and training courses are available where required. With the improved methods of treatment now available and the existence of a Remploy factory, it is seldom that a patient who is likely to be a source of infection to others returns to open industry. If this should be the only possible course open, then it is possible to train the patient in a trade which limits his risk to others.

The centralisation on Bristol of the treatment of patients from South Gloucestershire has resulted in many advantages. They are now seen at chest clinics which possess full x-ray facilities. The waiting list for admission to hospital has decreased until now there is little delay for women and up to five weeks for men (less in urgent cases). Except in the case of lung resection for men, patients do not have to wait more than four weeks for all forms of minor and major surgery. But, while a patient may not object to making a long journey to attend an outpatient department, the same cannot be said of healthy people, and there does seem a real need for the decentralisation of preventive measures. Tuberculin testing and B.C.G. vaccination present no great difficulties in this respect, but these measures should be backed by adequate radiological services by the provision either of simple x-ray apparatus in the smaller hospitals or of mobile x-ray camera units.

Improved results of treatment due to the discovery of specific chemotherapeutic agents, the wider use of minor collapse therapy such as pneumoperitoneum, and advances in surgical technique, anaesthesia and blood transfusion, and earlier diagnosis due to the changing attitude of the community to tuberculosis, the provision of general practitioner x-ray services and the wider use of radiology in the examination of contacts have produced a fall in the death rate more rapid than any experienced previously. The incidence of the disease remains high, although it would appear that the notifications of pulmonary tuberculosis contain a higher proportion of early cases than previously. Success in therapy eases the epidemiological problem, since fewer patients are discharged from hospital likely to be a source of infection to others. Success in prevention in turn eases the burden on the Hospital Services, since fewer patients then require treatment.

## 2. GENERAL

### (a) *Home Nursing Requisites*

The British Red Cross Society and the St. John Ambulance Brigade continue to act as the County Council's agents for the temporary loan of articles. The two organisations maintain 63 depots and the voluntary effort expended in administering these depots is a source of much satisfaction.

Articles which are required for long periods or permanently, are supplied through the Health Department together with supplies of beds, bedding, disinfectants and paper handkerchiefs for tuberculous patients.

### (b) *Rest Homes*

#### (i) *Old People*

The arrangement with the Gloucestershire Old People's Housing Society for the maintenance of beds at Toddington Grange for elderly persons recuperative and holiday home care continues very usefully. Admissions during the year totalled 80.

#### (ii) *General*

Patients in need of rest and recuperation, numbering 147 in the year, have been sent to voluntarily administered Homes.

### (c) *Health Education*

The Area Health Sub-Committees have continued to provide the majority of the programmes of health education.

The library of film strips has been increased and the demand for this type of visual aid is increasing rapidly. There has also been a heavy demand for the showing of motion talkie films particularly at Child Welfare Centres.

The Central Council for Health Education has provided the basis of several local programmes and in conjunction with the Gloucester City Medical Officer of Health a two-day course was organised for the benefit of medical officers, sanitary inspectors, health visitors and students.

The use of magnetic blackboards and flannelgraphs amongst health visitors is continually growing and the specially designed equipment is proving most useful.

Considerable time and effort is given to the problem of accidents in the home and every opportunity is taken of emphasising the need of thought and care.

A very useful film (silent) on relaxation exercises for expectant mothers was made during the year entitled "Training for Childbirth." Dr. John Miles of Cheltenham was responsible for the preparation and take of the film whilst the "patient" was an Orthopaedic After-Care Sister who had previously been a member of the Department's Staff.

### (XIII) HOME HELP SERVICE

For the first three months of the year there was the usual continued heavy winter demand for home help. The reduction in demand for assistance which was anticipated in the spring and summer did not, however, materialise, and as a result the expenditure in wages of Home Helps gradually began to exceed the money available.

The scale of charges was reviewed in January as reports from Organisers showed that many mothers who needed full-time help for home confinements were curtailing the hours because they could not meet the cost. It was decided (a) that Maternity Attendance Allowance and the increase of 3/- in the children's allowance should not in future be included in the family income for assessment purposes, and (b) that the scale of charges between £3 and £6 assessable income should be amended by increasing the number of steps in the middle range of the scale.

In considering the assessments of handicapped persons, the tuberculous and those suffering from chronic illness needing help for very long periods, it was decided that the Organisers should bring assessments to the notice of the Area Sub-Committees whenever there appeared to be any hardship.

Wages of home helps are now determined nationally and one scale only is applicable. This unfortunately precludes special rates for particular grades of worker.

In view of the very heavy demand on the Service during the year, no formal training was given. Students from the Gloucestershire Training College of Domestic Science have again been doing the practical work of Home Helps, by arrangements with the Organisers, as part of their training in social studies. Students and householders are equally keen to take advantage of this arrangement, which works satisfactorily.

By the autumn it was clear that if the existing policy of this Service was to be maintained, it would be necessary to ask the County Council to provide additional funds to meet over-spending and to provide for higher expenditure for the future. The heavier expenditure was largely in consequence of the ever-increasing numbers of aged chronic sick who were receiving help, and I was satisfied that assistance was not being provided except where it was essential.

As a temporary measure until the County Council had time to consider future policy, certain reductions were made in help provided to:—

- (a) Chronic sick and aged;
- (b) People living in areas where private help was available and having a large enough income to afford private help (except in confinement cases).

After careful consideration the County Council decided that the original policy of the Service should be maintained and that the necessary finances should be made available.

The following shows the growth of the Service:—

	1951	1952	1953
Full-time Home Helps (including residents) .. ..	56	70	78
Part-time Home Helps .. ..	654	664	720
Hours of assistance given .. ..	457,080	494,055	547,170
Cases attended .. ..	2,395	3,108	3,264

The categories of patients to whom help was given in 1953 were as follows:—

Chronic Sick and Aged Persons .. ..	1,824
General Sickness .. ..	670
Maternity (Expectant Mothers and Post Confiements) .. ..	683
Tuberculosis .. ..	87
<b>Total .. ..</b>	<b>3,264</b>

#### (XIV) MENTAL HEALTH

##### 1. ADMINISTRATION

###### (a) *Mental Health Sub-Committee*

The Sub-Committee was composed of seventeen members of the Health Committee and five co-opted members. Four meetings were held during the year, and matters were considered relating to the whole field of mental health in the community.

###### (b) *Staff*

No change was made in the arrangements for the provision of duly authorised Mental Health Officers. The four whole-time officers were each responsible for approximately one quarter of the County both by area and population and they were assisted for relief purposes by two part-time officers. A twenty-four hour service was thus maintained and the necessity for this was shown by the number of mental illness patients dealt with outside normal office hours—104 in the year.

Early in the year the Mental Health Worker resigned and efforts to replace him by a psychiatric social worker were of no avail. His duties were, therefore, allocated to the Mental Health Officers.

There was continued close co-operation with the South Western and Oxford Regional Hospital Boards as well as with the individual hospitals.



## 2. ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

## (a) Lunacy and Mental Treatment Acts

The Mental Health Officers were called upon to enquire into 455 cases during the year. These were dealt with as follows:—

Enquiries made but Hospital care not required	Certified	3 Day Orders	Voluntary	Temporary	Grand Total
M. F. Total	M. F. Total	M. F. Total	M. F. Total	M. F. Total	
87 90 177	39 73 112	20 20 40	51 63 114	7 5 12	455

The 177 patients who received attention but who were not admitted to hospitals, provide evidence of the extensive use which is made of the officers in an advisory capacity. Their experience in the handling of difficult and "borderline" cases is of immense value to medical practitioners, police and other social agencies.

A further 313 voluntary patients and 11 temporary patients were admitted to hospital without the services of the Mental Health Officers.

## (b) Mental Deficiency Acts

## (i) Petitions

During the year thirty-five petitions were presented and Orders were obtained in every case except one. One patient was placed under guardianship and thirty-three sent to Institutions. Of these petitions, thirteen were presented on behalf of other local health authorities.

One patient was sent to an Institution by a Court Order under Section 8 and one Order was made by the Home Secretary under Section 9.

## (ii) Ascertainment

Of the 132 new cases reported during the year, the greater proportion were referred under Section 57 of the Education Act 1944 as is shown by the following table:—

*Particulars of Cases reported during 1953*

(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by:—

## (i) Local Education Authorities on children

(1) While at school or liable to attend school .. ..	26	15	—	—
(2) On leaving special schools .. ..	10	3	—	—
(3) On leaving ordinary schools .. ..	18	20	—	—

(ii) Police or by Courts .. ..

(iii) Other sources .. ..

(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground .. ..

(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b) .. ..

Total number of cases reported during the year .. ..

Under Age 16		Aged 16 and Over	
M.	F.	M.	F.
63	40	18	11

The following table shows the number of cases on the register at the end of the year:—

*Disposal of Cases*

	Under Age 16		Aged 16 and Over	
	M.	F.	M.	F.
(a) Of the cases ascertained to be defectives "subject to be dealt with," number:—				
(i) Placed under Statutory Supervision .. .. .	154	111	129	128
(ii) Placed under Guardianship .. .. .	1	—	1	4
(iii) Taken to "Place of Safety" .. .. .	1	—	—	4
(iv) Admitted to Institutions .. .. .	57	39	184	187
(b) Placed under Voluntary Supervision .. .. .	18	14	120	123
	231	164	434	446

Total: 1275

(iii) *Supervision*

A further increase in the number of cases under supervision was recorded, and during the year 2,733 visits were made to defectives in their homes.

(iv) *Licence cases*

The Mental Health Officers continued to supervise cases on licence on behalf of Hospital Management Committees. 141 progress reports were made regarding 50 cases and numerous other miscellaneous enquiries were made on behalf of hospitals.

(v) *Guardianship*

There has been no marked change in the number of cases placed under Guardianship, there being only six at the end of the year. Only one of these is resident in the County. Three Guardianship cases were supervised on behalf of other local health authorities.

(vi) *Occupation Centres*

The four Occupation Centres continued to provide valuable training for the defectives attending, and considerable relief to their parents. At the end of the autumn term the numbers on the registers were as follows:—

Cheltenham .. .. .	62*
Cinderford .. .. .	26
Stonehouse .. .. .	28
Warmley .. .. .	47
Total .. .. .	163

\*This figure includes 12 trainees from Gloucester County Borough and one from Worcestershire. The transport of trainees to the Occupation Centres was undertaken by the following methods:—

Private hire coaches (two) .. .. .	71 trainees
County Ambulance Service Vehicles (five) .. .. .	58 „
Taxi (one) .. .. .	6 „
Public Transport and other means .. .. .	16 „
Gloucester City Ambulance Service .. .. .	12 „
Total .. .. .	163 „

A feature of the work of each of the Centres was the active co-operation shown by the parents in raising voluntary funds for the provision of outings and parties. The Coronation was also marked by festivities and mementos provided by the Committee.

(vii) *Home Teaching*

The Home Teacher resigned her appointment in August and her successor did not take up her duties until after the end of the year.

### 3. National Assistance Act, 1948

#### CARE OF HANDICAPPED PERSONS

(a) *Blind*

The scheme for the Welfare of the Blind has continued to work smoothly. The activities during the year of the County Association for the Blind, who act as the Council's agents, are outlined in the following report made by the Secretary, Miss B. M. J. Saunders.

*Ascertainment*

There was a decrease of 1 in the number of blind persons. At the end of the year there were 853 blind and 70 partially sighted on the registers; 127 blind and 19 partially sighted persons having been registered for the first time during the year.

#### AGE AT ONSET OF BLINDNESS

0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 plus	Not Known
3	-	-	-	-	-	-	1	3	4	4	7	9	13	82	1

#### RECOMMENDATIONS OF OPHTHALMIC SURGEONS AND CAUSES OF BLINDNESS

Recommendations	Causes of Blindness			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
<i>Blind (i)</i>				
(a) No treatment .. .. .	47	13	Nil	41
(b) Treatment (medical, surgical or optical) ..	13	3	Nil	10
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment	13 2 refused	3	Nil	10
<i>Partially sighted (i)</i>				
(a) No treatment .. .. .	5	Nil	Nil	5
(b) Treatment (medical, surgical or optical) ..	4	Nil	Nil	5
(ii) Number of cases at (i)(b) which on follow-up action have received treatment ..	2	Nil	Nil	Nil

*Home Teaching Service*

In addition to the Secretary the staff consists of six qualified home teachers, one of whom acts as Deputy Secretary. The Student home teacher gained her Certificate of Home Teaching during the year. There are 8 Social Centres and 2 Handicraft Centres organised by the Home Teachers in addition to their visits in the homes of the blind.

*Homes*

No difficulties have been experienced in keeping the two County Homes for the Blind full. There were waiting lists for Ellerslie, Cheltenham (21 places) and Ferney Hill, Dursley (23 places). The British Red Cross Society's Branch at Dursley give valuable assistance. Local residents in both Cheltenham and Dursley visit and give help with letter-writing, entertainments and shopping which is greatly appreciated by the blind.

*Employment*

The Services of the Placement Officers, Ministry of Labour and National Service have been called in for every person in need of training for sighted industry by blind methods; 69 blind persons are in sighted industry or other gainful employment.

Four men and five women are employed in Blind Workshops.

*Home Workers*

The Bristol Royal Blind Asylum Workshops continued as the Council's agents supervising the 13 Home Workers.

*(b) Deaf*

Contributions were made to the Bristol Institute and the Gloucester Diocesan Association as in previous years. On the 31st December 311 deaf persons and 121 hard of hearing from Gloucestershire were known to the Associations.

*(c) Cripples*

The Gloucestershire Community Council continued as the Council's agents for the Care of the Physically Handicapped. Some of the Committee's work is mentioned in the following report which has been made by the Secretary-Organiser, Miss D. M. Mills.

During the year the number of handicapped people requiring assistance has continued to increase and there are now 1,265 cases on our register—154 new cases having been added during the year.

An analysis of the cases shows some interesting facts:—

<i>Disease</i>	<i>Approximate percentage</i>
Poliomyelitis .. ..	16.0
Rheumatoid Arthritis .. ..	13.0
Congenital Deformities .. ..	9.5
Surgical T.B. .. ..	9.0
Amputations .. ..	8.0
Spastics .. ..	8.0
Injuries due to accidents .. ..	8.0
Disseminated Sclerosis .. ..	4.0
Epileptics .. ..	2.5
Muscular diseases .. ..	2.5
Osteomyelitis .. ..	2.0
Spina Bifida .. ..	1.5
Other diseases .. ..	16.0

Attention has recently been drawn by the Ministry of Health to the needs of those who are spastic or epileptic. Special efforts have been made to obtain training and suitable work for these people and the situation shows some improvement. The parents of spastic children have done a great deal to help and some years ago the Bristol Parents' Association for Spastic Children was formed. A similar organisation, the Cheltenham Spastics' Aid Association, has now been formed to help those children living in the Cheltenham area.

The eight Area Committees, consisting of some 160 voluntary workers, continue to visit the physically handicapped people in their homes, in spite of the fact that in the rural areas, this often necessitates a good deal of travelling. Each committee raises its own funds which are used to help the physically handicapped people in that area, whenever help is not available from the welfare services.

Such things as clothing, shoes, sheets, wireless sets, sewing machines, Dunlopillo cushions and craft materials are provided by the area committees where they feel there is real need.

On the social side an annual party or outing has been arranged by most area committees and this is very much appreciated by the disabled people, some of whom would otherwise rarely leave their homes or be able to mix with other people.

A party for handicapped children was again held at Cowley Manor and thanks to the generous help of many private car owners, 91 children were brought to the party from all parts of the county. A donation by the B.B.C. from Uncle Mac's Appeal entirely covered the cost of the party.

Craftwork in the home for those who are unable to get about is expanding, and there are now four part-time craft teachers available to give lessons to these homebound people; while two other teachers have offered their services in a voluntary capacity. Eight sales and exhibitions arranged during the year resulted in the sale of £378 worth of goods—an increase of £21 on last year's total. A great number of knitting orders have kept many of our workers busy throughout the year, and as this scheme becomes more widely known, orders increase. One of our expert knitters is employed in producing model garments for a well-known firm and these are illustrated on the cover of "Stitchcraft." The same worker has also had garments shown on television and in London stores, although she is bedridden and only has movement in her arms.

A great deal of time is spent in trying to arrange for the young chronic sick to have convalescent holidays or to be placed in a suitable permanent home, particularly those suffering from disseminated sclerosis. Facilities have recently improved but it is still difficult to get a severely disabled child a special training or suitable work when they leave their special schools.

Following a suggestion by the County Committee, a Meals on Wheels service was started in the Kingswood area by the W.V.S. and their arrangements allow handicapped as well as old people to take advantage of this excellent service.

Two television sets have been acquired as a result of a generous response to special appeals. These are now on loan to two very deserving home-bound persons, and it is hoped to collect sufficient funds for a third set to be purchased.

It was with great regret that the resignation of our County Chairman, Mrs. A. M. Davey, was received. Her enthusiastic and untiring efforts for the physically handicapped during the last four years are well known. Sir Bernard Pratt has kindly agreed to take over the Chairmanship on April 1st.

(d) *At the special request of the Minister of Health, this short statement on epileptics and spastics is included.*

The Ministry of Labour informed me in 1952 there were 96 epileptic persons registered living in the County as disabled. In 1953 approximately 30 were receiving some help or supervision from the Care of the Physically Handicapped Committee. From a survey which was attempted in 1949 it is probable that the total number of epileptics is at least 200. By far the greater majority are able to continue their normal vocations with little or no interference with normal life, and are receiving appropriate medication from their own doctors. The facilities available to those epileptics, aged 16 and over, who require assistance, are through the Committee for the Care of the Physically Handicapped. For those who require admission to residential institutions or homes, the Welfare Committee makes the necessary arrangements. At the 31st December, 1953, 10 were in appropriate homes or institutions.

The number of children of school age who have been ascertained as epileptic is six. A much larger number, however, is known in the School Health Service, and there are complete arrangements for seeing that when such a child leaves school he is brought to the attention of the Organising Secretary for the Care of the Physically Handicapped, if it is considered after care is required.

The number of spastics known to the Physically Handicapped Committee is 100, but we cannot be certain that the diagnosis is correct in every instance. The facilities available to them are as for other physically handicapped persons.

For both these conditions there is full co-ordination between the Hospital, Health and Welfare Services.

## SECTION C

## DISEASES

**1. Infectious Diseases**

The notifications of infectious diseases received during the year are set out in Table II at the end of this report.

*(a) Diphtheria*

There was one case notified in an urban area. This was in a non-immunised person. One adult death is recorded in the Registrar General's return.

*(b) Scarlet Fever*

The total number of notifications of scarlet fever during 1953 was 414 as compared with 463 in 1952 and an average of 588 over the previous ten years. The cases were distributed between urban and rural districts as follows: Urban 148; Rural 266. The districts most affected were Cheltenham Municipal Borough (87), East Dean Rural (66), Sodbury Rural (40), Gloucester Rural (36), Thornbury Rural (27) and Mangotsfield Urban (20). The disease was mild and there were no deaths.

*(c) Measles*

There were 5,983 cases notified during the year, as compared with 4,272 in 1952. There was 1 death.

*(d) Whooping Cough*

The number of cases notified was 1,516 as compared with 1,381 in 1952. There were 2 deaths as compared with 3 in 1952. The outcome of the Medical Research Council's investigations into an approved vaccine is still awaited.

*(e) Pneumonia*

There were 275 cases of pneumonia notified in 1953 as compared with 263 in 1952. Of these, 108 occurred in urban districts and 167 in rural districts. 195 deaths were recorded as compared with 163 in 1952.

*(f) Typhoid Fever*

No cases of Typhoid Fever were notified during the year.

*(g) Other Gastro Intestinal Diseases*

No cases of Paratyphoid Fever were reported. Forty-four cases of Dysentery were reported as compared with 42 in 1952, 4 in urban districts and 40 in rural districts.

*(h) Diseases of Central Nervous System*

The number of cases of Anterior Poliomyelitis notified was Paralytic 25, Non-Paralytic 5 and included 2 deaths. There was no case of Acute Polioencephalitis or Cerebro Spinal Fever.

*(i) Influenza*

There were 120 deaths as compared with 24 in 1952.

## 2. Malignant Diseases

I am obliged to Major L. Leyland, The Records Officer of the Regional Cancer Records Bureau, for the following statistics which are of particular interest.

## (a) Cases registered with the Cancer Bureau in 1953:—

## Malignant Growths of:—

Stomach	..	..	..	..	..	..	..	38
Colon	..	..	..	..	..	..	..	49
Rectum	..	..	..	..	..	..	..	48
Eye	..	..	..	..	..	..	..	1
Breast	..	..	..	..	..	..	..	99
Lip and Mouth	..	..	..	..	..	..	..	10
Tongue	..	..	..	..	..	..	..	12
Other Buccal cavity (not Pharynx)	..	..	..	..	..	..	..	17
Thyroid	..	..	..	..	..	..	..	9
Bladder	..	..	..	..	..	..	..	29
Liver and Gall Bladder	..	..	..	..	..	..	..	1
Prostate and male genital	..	..	..	..	..	..	..	27
Skin (including Rodent Ulcer)	..	..	..	..	..	..	..	91
Pancreas	..	..	..	..	..	..	..	18
Bone	..	..	..	..	..	..	..	1
Kidney	..	..	..	..	..	..	..	9
Lung	..	..	..	..	..	..	..	60
Parotid	..	..	..	..	..	..	..	1
Larynx and Pharynx	..	..	..	..	..	..	..	9
Oesophagus	..	..	..	..	..	..	..	8
Cervix	..	..	..	..	..	..	..	31
Uterus	..	..	..	..	..	..	..	28
Vulva and Vagina	..	..	..	..	..	..	..	10
Ovary	..	..	..	..	..	..	..	22
Brain	..	..	..	..	..	..	..	13
Melanoam	..	..	..	..	..	..	..	1
Reticulo Endothelial	..	..	..	..	..	..	..	30
Other malignant diseases	..	..	..	..	..	..	..	28

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### 3. Venereal Diseases

The following table shows the number of County cases coming under treatment during 1953 at the various treatment centres.

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Total</i>
Bristol, Maudlin Street Clinic ..	5	12	55	72
Bristol, Southmead Hospital ..	2	—	5	7
Cheltenham General Hospital ..	12	33	79	124
Gloucester, Glos. Royal Hospital	20	30	84	134
Oxford, Radcliffe Infirmary ..	—	1	5	6
<b>Totals .. ..</b>	<b>39</b>	<b>76</b>	<b>228</b>	<b>343</b>

The figures for the past five years are given in the following summary:—

<i>Year</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Total</i>
1949 .. .. .	132	129	284	545
1950 .. .. .	82	77	232	391
1951 .. .. .	39	66	185	290
1952 .. .. .	46	73	209	328
1953 .. .. .	39	76	228	343

## SECTION D

### SANITARY CIRCUMSTANCES OF THE COUNTY

#### Water Supplies, Sewerage and Housing Services

The following are extracts from the reports of the District Medical Officers for the year 1953:—

#### CHARLTON KINGS URBAN DISTRICT

##### *Water*

The water supply is included in the area of the Cheltenham Corporation Water Undertaking, and the supply has been satisfactory throughout the year, both in respect of quality and quantity. 59 houses were connected to the public mains.

##### *Housing*

The Council built 16 houses during the year.

#### CHELTEHAM BOROUGH

##### (a) *Housing*

The following dwellings (Houses and Flats) were completed in Cheltenham during 1953:—

<i>Districts</i>				
New Estate, Hesters Way and Arle .. .. .	..	..	882	
Other Areas .. .. .	..	..	42	
<b>Total .. .. .</b>	<b>..</b>	<b>..</b>	<b>924</b>	

## CIRENCESTER URBAN

*(a) Sewerage*

During the year the sewerage system was again extended so as to provide drainage facilities for Overhill Road, Stratton.

*(b) Housing*

Three blocks of 12 flats and one block of 4 terraced houses were completed during the year, bringing the total to 40 Council houses built for 1953. One block of 12 flats, 2 blocks of 4 single bedroomed dwellings, a bungalow, house and shop were under construction at the end of the year, as well as 5 private houses. 12 private houses were built during the year. 56 families were rehoused during the year.

## NAILSWORTH URBAN DISTRICT

*(a) Housing*

During the year 24 Council houses were completed; 5 houses were erected under private enterprise and a further 8 were in course of construction.

## STROUD URBAN DISTRICT

*(a) Housing*

The number of houses erected during the year was 114, 96 Council and 18 private houses. There were at the end of the year 46 Council and 16 private houses under construction.

*(b) Sewerage*

The new sewerage disposal works at Stanley Downton continue to function satisfactorily and sewage is receiving full treatment before discharge into the River Frome. The main trunk sewer is now complete. The old sewerage works at Canalside have now been entirely dispensed with. The area of the district remaining unsewered includes part of Bowbridge, Cainscross Road, Callimore and Westrip.

## TEWKESBURY BOROUGH

*a) Water supply*

The provision of the storage reservoir has had the effect of reducing the complaints of unpleasant taste of the water.

There were 30 new connections made to public mains during the year and 285 yards of extensions to mains were carried out.

The general situation can be regarded as satisfactory as only 15 out of the 1,733 houses in the Borough are without main water. These houses, serving a population of 52, are dependent on river or well water supplies.

*(b) Sewerage*

The work on the new sewers and sewerage work commenced in September 1953, and by the end of the year satisfactory progress had been made—the sewer at Newtown for the industrial site having been laid. It is hoped that the new works will be in operation by the second half of 1954.

*(c) Housing*

22 houses were erected by the Council and 5 otherwise, an increase of one over last year. 28 houses were under construction and the 1954 programme consists of 60 houses and 4 shops with flats.

## CHELTENHAM RURAL DISTRICT

*Water*

The scheme for the provision of a piped water supply to all parts of the Rural District is complete, but the development in some areas has been so great that additional schemes for enlarging the mains have been necessary. The Council's supply has been satisfactory in quality and quantity during the year.

*Sewerage*

The work of extending sewers at Southam, Bishops Cleeve and Woodmancote, continued and was practically completed by the end of the year, as was the enlargement of the Brockhampton Sewerage Disposal Works. The new Sewerage Disposal Works at Snowhill was also completed early in the year. Construction of a new Sewerage Disposal Works at Badgeworth was commenced, and also the extension of the sewer from Shurdington to connect to the new works when these works are completed. The present small overloaded works at Shurdington will be used for treating storm water only.

*Housing*

The total number of houses completed by the Council and private enterprise was 213.

## CIRENCESTER RURAL DISTRICT

*(a) Water supply*

Provision of a public piped water supply to the parishes of Somerford Keynes and Poole Keynes was completed during the year, and approval has been given to supply piped water to the hamlet of Cerney Wick.

*(b) Housing*

50 Council houses and 4 flats were completed and occupied during the year. In addition 14 private houses were erected. There were in the course of erection 90 Council houses and 12 private houses.

*(c) Sewerage*

With the exception of minor works, the sewerage scheme for the parish of Lechlade was completed during the year, and the sewerage disposal works was brought into operation.

## DURSLEY RURAL DISTRICT

*(a) Water supply*

Although 95 per cent of the population in this District is served with a mains supply, there are many properties yet to be served. In many areas the supply of water is infrequent due to poor methods of distribution. When the new Comprehensive Scheme has the approval of the Ministry conditions will be improved.

*(b) Sewerage*

Ministry approval has now been given to the scheme for the Uley, Coaley extensions to the Dursley Works Scheme, and it is hoped to commence the work next year. Kingswood very badly needs to be sewered, and a Scheme will be presented in the near future for a new works to serve Kingswood and Wotton-under-Edge.

*(c) Housing*

The number of Council houses completed during the year was 65 of a total of 108 under construction. Approval has now been given to commence a Scheme of Slum Clearance. It is proposed to deal with an area in Dursley town.

## EAST DEAN RURAL DISTRICT

*(a) Water Supply*

Whereas the largest part of the built-up area receives a wholesome supply of water from the Council source at Greenbottom, yet there are still parts of the district not adequately supplied. Mitcheldean was dependent upon the Old Cement Works Springs, samples of which were so bad at times that the consumers were advised to boil the water before use. The scheme to supply this town with water from the Mains Supply and to extend the mains to Longhope appears to be some way ahead. The laying of mains to supply the village of Blakeney is awaited. The Ministry's permission to extend these mains to Awre was obtained. More properties in the parishes of Churcham and Huntley were connected to the Gloucester Corporation's mains.

*(b) Sewerage*

Permission to sewer Blakeney village was sought. The Soudley works which deals with the sewage from Cinderford, Drybrook and Ruspidge was taxed to the full.

*(c) Housing*

During the year 148 new houses were completed, of which 34 were for private individuals and 114 for the Council.

## GLOUCESTER RURAL DISTRICT

*(a) Water supply*

During the year over three miles of new main was laid and 853 more houses were connected to main water supplies.

*(b) Sewerage*

Small extensions were carried out in Vicarage Lane and Green Street, Brockworth, and Passage Road, Saul, and it is hoped to effect improvements and extensions in the future. Concern is felt regarding Eastington, and it is hoped that the Ministry will favourably consider the pending application of a main drainage scheme for the parish. The need for up-to-date sewerage in the parishes of Frampton-on-Severn and Fretherne with Saul is equally apparent and it is hoped that the scheme already prepared can be implemented in the not too far distant future.

Schemes for extensions are in hand at Cheltenham Road East and Hempsted Lane.

*(c) Housing*

The Council erected 408 houses during the year and 304 were built otherwise.  
Houses under construction numbered 356.

## LYDNEY RURAL DISTRICT

*(a) Water supply*

Permission was obtained to start the scheme for the supply of the high levels (St. Briavels and Hewelsfield) from the new boreholes, was obtained. It is hoped that this will soon be followed by the building of a new reservoir at Chapel Hill, Aylburton, so that Woolaston and Aylburton may be supplied and the Tuft's level supply, an impure supply upon which Lydney Town partly depends, diverted to industrial use. The new reservoir will enable fuller use to be made of the wholesome Ferneyley supply.

*(b) Sewerage*

The Ministry's consent to proceed with the Aylburton scheme was obtained. The villages of Alvington and St. Briavels badly need to be sewered.

*(c) Housing*

During the year 67 new houses were built, of which 20 were for private individuals and 47 for the Council.

## NORTH COTSWOLDS RURAL DISTRICT

*Water*

The new reservoir at Donnington, which holds 210,000 gallons, has been completed, and the Ministry has under consideration the Council's scheme to replace the existing 60,000-gallon reservoir of Wyck Beacon with one of 300,000 gallons capacity, and for the provision of a new pumping station and headworks at Dovedale, to augment the source and pumping capacity at Mill Cottage, Blockley.

*Sewerage**Bourton-on-the-Water*

Ministerial permission has now been given for work to commence in February, 1954.

Ministerial approval of the scheme to provide a new storm water pumping station and a new pumping main is still awaited. These works, when completed, will prevent pollution taking place in the Evenlode brook adjoining the Moreton-in-Marsh Pumping Station.

*Stow-on-the-Wold*

Although approval has been given to the Council's scheme for providing sewers and Sewerage Disposal Works for the town, no starting date for the work was given during the year owing to financial restrictions.

*Naunton*

Now that a piped water supply has been provided in Naunton, conditions due to the lack of a sewerage system have been greatly aggravated. A sewage scheme for this village is to be submitted to the Ministry.

*Housing*

The Council has built 412 post-war houses and 77 are in the course of construction.

## NEWENT RURAL DISTRICT

*(a) Water supply*

The mains were extended by  $11\frac{1}{2}$  miles and the Council authorised a further  $22\frac{2}{3}$  miles. Nearly double the amount of new mains were laid in 1953 compared with 1952, and excellent progress is being made. Conditions generally in the laying of new mains are improving.

As a result of an investigation carried out on the water supplies and sanitation in the Newent town lighting area, it was found that well over half the older type houses investigated have no bath and that a number are even without a modern type of W.C. 9 random samples were taken of the well water supplies, and none were considered entirely satisfactory.

In view of the fact that the presence of flourides in water has an effect in preventing dental decay, it is satisfactory to note that flourides are present in the Newent main supplies to the amount of about one part per million. Where flouridation of public water supplies is done artificially, this is the strength recommended.

*(b) Sewerage*

The scheme for new sewerage disposal at Cleeve Lane, Newent, is still under consideration. During the year the Memorial Hall and 2 houses were connected to the town sewers.

In Dymock 2 further houses were connected, making 27 houses connected since the scheme was completed in March, 1952.

The Scheme for Corse and Staunton was completed during the year with a capacity of 39 houses, which can easily be enlarged to 60. So far 2 houses have been connected, and it will serve the 12 new Council houses and also private development.

In Redmarley 16 Council houses are served. There is, in addition, a ditch serving a number of houses, which although cleansed in accordance with the requirements, gives considerable trouble.

460 feet of sewer extensions were laid during the year to serve Picklenash School, and 4,242 feet of drains were laid. 28 bucket or privy latrines were converted to water closets.

*(c) Housing*

New houses erected during the year number 25—8 by the Council and 17 by private enterprise, and a further 18 Council houses were under construction. The 1954 programme includes 38—46 houses at Picklenash and 6 at Cliffords Mesne.

## NORTHLEACH RURAL DISTRICT

*(a) Water supply*

The first stage of a comprehensive water scheme was completed during the year and serves the parishes of Shipton, Sevenhampton, Salperton, Notgrove and Cold Aston. The second stage of this scheme is ready to commence as soon as the starting date is given by the Ministry. The private supplies feeding farms are gradually being improved under the County Agricultural Scheme.

*(b) Sewerage*

The disposal works at Northleach continued to work satisfactorily, and at the end of the year 136 properties had been connected.

*(c) Housing*

The number of houses built during the year was 38, 28 by the Council and 10 by private enterprise.

## STROUD RURAL DISTRICT

*(a) Water supply*

Mains water is now available to some 95 per cent of the houses in the district. In Miserden an alternative piped supply of satisfactory quality is available.

*(b) Sewerage*

The Scheme for emptying cesspool and septic tanks has been maintained. Following the laying of public sewers in the Western part of the district, many houses have now been connected and the septic tanks discontinued.

*(c) Housing*

During the year 92 Council houses and 63 private houses were erected, as compared with 114 and 23 respectively in 1952. A further 66 Council and 62 private houses were under construction at the end of the year.

## TETBURY RURAL DISTRICT

*(a) Water supply**Tetbury and Tetbury Upton*

New connections to the mains amounted to 89 during the year.

*Avening and Cherington*

In these parishes 35 new connections were made: three samples taken from private sources were proved unsatisfactory.

*Kingscote*

Investigations are still continuing regarding the existing water supplies and negotiations are proceeding with the owner of the largest of the private supplies in the parish. Of three samples taken from private supplies, two proved unsatisfactory.

*(b) Sewerage**Tetbury*

New connections to the Council's sewers in the parish amounted to 57. A report on the sewage disposal works is being prepared by the Council's Consulting Engineer.

*Avening*

A new sewerage scheme for this parish was commenced during the year. Satisfactory progress has been made and it is hoped that the scheme will be in operation early next year.

*(c) Housing*

During the year 56 houses were completed by the Council. 37 houses and flats in Tetbury and a further 6 houses at Avening will be built.

## THORNBURY RURAL DISTRICT

*Water*

The Northern Water Scheme was completed during 1953, except for the extension to the Sharpness Docks and other minor extensions, which are still being considered by the Council. The Southern and Central Water Scheme is now well under way and by the end of 1954 many of the areas it is serving should have a pure and wholesome supply of water.

*Sewerage*

The Sharpness and Severn Beach Schemes have been completed and are now functioning. The extensions to the Thornbury Sewerage Works were completed during the year and a big improvement is expected in the effluent from these works. The Berkeley and Alveston Schemes are still in abeyance.

*Housing*

The Council have erected 78 houses during the year, which brings the total houses built to 1,149. A further 105 houses were under construction.

## WEST DEAN RURAL DISTRICT

*(a) Water supply*

The Lime Kilns Pools Springs came into use in April and became the largest source of supply. The rapid increase in consumption was thus met and the fear of shortage averted.

*(b) Sewerage*

The scheme to sewer Berry Hill was commenced. Bream, Lydbrook and Broadwell badly need to be sewered.

*(c) Housing*

During the year 87 new houses were completed, of which 68 were for the Council and 19 for private individuals.

## SECTION E

## INSPECTION AND SUPERVISION OF FOOD

**I. Milk Supply**

The number of licensed pasteurising plants in the county at the end of 1953 was 24, an increase of one. The additional plant is situated in a rural area.

Once again it is satisfactory that I have had no occasion to recommend to the Health Committee that any licence should be suspended, revoked or refused.

The Specified Area of Bristol and Bath (an area in which only designated milks may be sold) including the three county districts of Warmley, Kingswood and Mangotsfield, has been in operation for some fifteen months up to the end of 1953. The scheme has operated satisfactorily.

During 1953 the County Sanitary Officers submitted 1,928 samples of pasteurised milk from the plants in the county. Of these 10 failed the Methylene Blue (keeping quality) Test and 12 failed the Phosphatase (check on efficient pasteurisation) Test. Together these two figures represent a 1.1 percentage of unsatisfactory samples. In each case a repeat visit to the plant was made immediately and checks on the accuracy of the thermometers, etc., carried out. The samples that failed the Methylene Blue Test were invariably due to non-sterile bottles into which the milk was filled. With advent of the mechanical automatic bottle washer this situation is difficult to control as the occasional exceptionally dirty bottle may pass unnoticed. It has been explained to plant owners that all such bottles should be pre-selected and hand washed before passing through the machine. Phosphatase Test failures were again chiefly caused by one of two conditions; either the thermometers became defective or the plant operator held the temperature of the milk too close to the minimum pasteurisation temperature (viz. 145 deg. Fahrenheit).

Each of the 277 schools in the county is supplied with milk and samples have been taken regularly. This is a further check on the pasteurisation treatment where this type of milk is supplied. It is interesting to note that of the 522 samples of pasteurised milk taken from schools in the county, 26 or less than 5 per cent failed a prescribed test, whilst 33 or 34 per cent of the 96 samples of T.T. milk were unsatisfactory. A significant feature connected with sample failures of raw T.T. milk is the fact that a high percentage of failures occur during the summer months. In a similar way to school sampling, Day and Residential Nurseries, Canteen Kitchens and various County Council establishments were visited and a check made on their milk supply.



On receipt of a notification of a child suffering from Tuberculous Adenitis samples of milk are obtained from the patient's place of residence and also from the school attended. Each of these samples is submitted for biological examination.

(a) **Tuberculosis in Calves**

The usual procedure for dealing with notifications of Tuberculosis in calves was followed. Details were sent to my Department by the officers responsible for carrying out meat inspections at public abattoirs and the County Sanitary Officers followed up each case by visiting the farm concerned and taking a sample of milk and submitting it for biological examination. A copy of each notification was also sent to the Divisional Veterinary Officer who reported on any action taken by his Department.

(b) **Brucella Abortus**

All raw milk taken for sampling purposes is automatically submitted for full biological examination including investigation for *Brucella Abortus* organisms. Any milk found so infected may be directed to a heat treatment plant by order of the District Council. The Animal Health Division of the Ministry of Agriculture and Fisheries is also notified so that veterinary staff may advise on the infecting animals.

(c) **Hospital Dairy Farm**

Twenty-one routine samples of Tuberculin Tested milk were taken from Hanham Hall, Hanham, and Coney Hill, Gloucester, on behalf of the Ministry of Health. Two of these samples failed the Methylene Blue Test but all were biologically satisfactory.

2. **Water Sampling**

Samples of water from Schools and the County Council establishments have been collected by the County Sanitary Officers and submitted to the Bristol University Laboratory for chemical and bacteriological examination.

3. **Food Hygiene**

School Canteens and Kitchens were regularly visited and group talks have been given to kitchen staff.

**Lectures**

The County Sanitary Officers gave a series of talks to Student Nursery Nurses and Student Health Visitors at Stroud and Cheltenham. The subjects include water supplies, food inspection, housing, drainage and food hygiene.

By invitation certain talks were also given to collective bodies, such as Child Welfare Centres, on general public health work.

4 **Animal Health**

*Report on work undertaken by the Animal Health Division 28 during 1953 supplied by the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries*

Animal Health Division 28 of the Ministry of Agriculture and Fisheries comprises the Administrative County of Gloucester and the County Borough of Bristol, and the Divisional Office is located at Elmbridge Court, Cheltenham Road, Gloucester.

*Duties*

Veterinary duties in relation to the operation and administration of:—

- (a) Diseases of Animals Acts and Orders
- (b) Milk and Dairies Regulations
- (c) Tuberculosis (Attested Herds) Scheme
- (d) Calfhood Vaccination Scheme
- (e) Poultry Stock Improvement Plan
- (f) Artificial Insemination (Cattle) England and Wales Regulations, 1943

(a) *Diseases of Animals Acts and Orders*

During 1953 notifiable diseases were dealt with as follows:—

	Reports investigated	No. of confirmed cases
Anthrax ..	171	19
Swine Fever ..	323	82
Fowl Pest ..	65	14
Tuberculosis ..	39	24
Foot-and-Mouth Disease ..	3	—

The following is the summary of cases investigated under the Tuberculosis Order, 1938.

No. of suspected cases examined .. ..	39
No. of cases not amenable to the Order ..	15
No. of cases found amenable to the Order ..	24
No. of cases of chronic cough .. ..	10
No. of cases of tuberculosis udder .. ..	9
No. of cases of tuberculosis emaciation ..	—
No. of cases excreting tuberculosis material ..	4
No. of cases of tuberculosis milk .. ..	1
No. of cases which proved "advanced" on P.M.E.	16
No. of cases which proved "not advanced" ..	7
No. of cases which proved "not affected" ..	1

(b) *Milk and Dairies Regulations*

There are some 3,618 dairy herds in the Division.

At the 31st December, 1953, and as to categories, these herds were divisible as follows:—

(i) No. of "Attested" herds .. ..	1,323
(ii) No. of "Supervised" herds .. ..	28
(iii) No. of "Licensed T.T." herds .. ..	51
(not "Attested" or "Supervised")	
(iv) No. of "Accredited" herds .. ..	232
(v) No. of "Non-designated" herds .. ..	1,984

There are in addition, some 58 "Attested" stock-raising and beef herds.

The Tuberculin test was applied to 97,779 animals, and the following animals were clinically examined during the period under review:—

In "Licensed T.T." herds .. ..	92,711
In "Accredited" herds .. ..	4,081
In "Non-designated" herds .. ..	3,800

*Tuberculous Milk—Veterinary Investigations*

Four initial reports of tubercle bacilli being found in bulk samples of milk were received from Medical Officers of Health.

As a result of veterinary enquiries which were carried out, one infected animal was traced out and dealt with under the requirements of the Tuberculosis Order of 1938.

In addition, milk from one other cow was positive for tubercle bacilli, but this animal was slaughtered prior to official receipt of the milk sample being positive.

*Congenital Bovine Tuberculosis*

Nine reports of tuberculous lesions having been found on post-mortem examination of calves were received from Medical Officers of Health.

The dams of four of these calves were traced out and slaughtered under the requirements of the Tuberculosis Order. In four cases microscopical and biological examinations of material failed to reveal the presence of Tuberculosis, and in the remaining one case the alleged dam was examined and found healthy and it is presumed that the wrong calf may have been reported.

(c) *Tuberculosis (Attested Herds) Scheme*

The percentage of Attested cattle in the County compared with the Non-designated cattle is approximately 40.2 per cent.

(d) *Calfhood Vaccination Scheme*

For the purpose of conferring an immunity against infection with Bovine Contagious Abortion, a Scheme operates whereby all female calves are eligible for inoculation at any age before the date of service.

Under this Scheme, 8,144 calves were so vaccinated during the period under review.

(e) *Poultry Stock Improvement Plan*

Under the terms of this Plan, the Ministry is responsible for ensuring that the flocks of "Accredited" and "Probationary" poultry owners are kept free from infection with B.W.D. (Bacillary white diarrhoea).

With that purpose in view, the adult stocks of all such owners are submitted to blood-testing at prescribed periods.

During 1953, 34 such designated flocks were supervised, and bloods from 40,000 birds were examined. Reactors to the blood test were .05 per cent of all birds tested.

(f) *Artificial Insemination (Cattle) England and Wales Regulations, 1943*

Under the above Regulations, the veterinary officers in this Division are responsible for fertility testing all bulls prior to approval of their use at Artificial Insemination Centres. During 1953, 19 bulls were examined under the above Regulations.

## SECTION F

### Miscellaneous

*Registered Nursing Homes*

At the end of the year there were 9 nursing homes registered in the County, excluding Cheltenham Municipal Borough. Three were registered for maternity cases only, 6 for general cases only, providing in all 16 maternity beds and 189 others. Regular visits of inspection are made by members of the Medical Staff and generally speaking the conditions prevailing in the homes were satisfactory.

Cheltenham Municipal Borough continues to administer the powers of registration which were delegated to the Borough under Section 194 of the Public Health Act, 1936.



TABLE II.—1953 SUMMARY OF

Districts	Scarlet Fever	Whooping Cough	Ac. Polio- myelitis		Measles	Diphtheria	Ac. Pneu- monia	Dysentery	Smallpox
			P	NP					
<b>Urban</b>									
Charlton Kings ..	3	7	—	—	28	—	4	—	—
Cheltenham M.B. ..	87	283	1	1	376	—	68	3	—
Cirencester .. ..	11	10	—	—	272	1	13	—	—
Kingswood .. ..	7	56	1	—	377	—	6	1	—
Mangotsfield ..	20	57	2	—	133	—	7	—	—
Nailsworth .. ..	2	56	—	—	6	—	4	—	—
Stroud .. ..	10	24	—	—	262	—	6	—	—
Tewkesbury M.B. ..	8	12	1	—	9	—	—	—	—
<b>TOTALS U.D. ..</b>	<b>148</b>	<b>505</b>	<b>5</b>	<b>1</b>	<b>1463</b>	<b>1</b>	<b>108</b>	<b>4</b>	<b>—</b>
<b>Rural</b>									
Cheltenham .. ..	15	63	1	—	328	—	8	2	—
Cirencester .. ..	7	62	1	—	209	—	18	2	—
Dursley .. ..	12	77	—	—	242	—	17	—	—
East Dean .. ..	66	129	—	—	330	—	4	—	—
Gloucester .. ..	36	64	1	4	577	—	14	15	—
Lydney .. ..	15	79	—	—	58	—	1	—	—
Newent .. ..	5	40	1	—	47	—	—	—	—
North Cotswold ..	8	12	1	—	354	—	29	1	—
Northleach .. ..	4	3	—	—	264	—	4	—	—
Sodbury .. ..	40	138	5	—	771	—	29	1	—
Stroud .. ..	10	66	1	—	325	—	11	—	—
Tetbury .. ..	3	11	1	—	55	—	6	—	—
Thornbury .. ..	27	62	8	—	634	—	13	16	—
Warmley .. ..	6	34	—	—	133	—	10	—	—
West Dean .. ..	12	171	—	—	193	—	3	3	—
<b>TOTALS R.D. ..</b>	<b>266</b>	<b>1011</b>	<b>20</b>	<b>4</b>	<b>4520</b>	<b>—</b>	<b>167</b>	<b>40</b>	<b>—</b>
<b>County Totals ..</b>	<b>414</b>	<b>1516..</b>	<b>25</b>	<b>5</b>	<b>5983</b>	<b>1</b>	<b>275</b>	<b>44</b>	<b>—</b>

C.P.—Chicken Pox  
M—Malaria

INFECTIOUS DISEASE NOTIFICATIONS

Ac. Lethargica I.	Enc. PI.	Enteric or Typhoid Fever	Para-Typhoid Fever	Erysipelas	Meningo-coccal Infection	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neona	Other
—	—	—	—	1	—	—	1	—	—
—	1	—	—	6	2	11	18	2	1 M. 9 C.P.
—	—	—	—	1	1	1	1	—	—
—	—	—	—	—	—	3	—	—	—
—	—	—	—	5	—	1	—	—	—
—	—	—	—	—	—	—	1	—	—
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	1	—	—
—	1	—	—	13	3	16	22	2	1 M. 9 C.P.
—	—	—	—	2	—	3	4	1	—
—	—	—	—	3	2	—	—	—	19 C.P. 1 M.
—	—	—	—	—	—	—	—	—	—
—	—	—	—	2	—	1	2	—	—
—	—	—	—	4	—	—	3	1	—
—	—	—	—	1	2	—	—	—	3 M.
—	—	—	—	—	—	—	—	—	—
—	—	—	—	17	1	1	3	—	1 M.
—	—	—	—	3	1	—	—	—	—
—	—	—	—	6	1	12	2	—	—
—	—	—	—	2	—	—	2	—	—
—	—	—	—	—	—	—	—	1	—
—	—	—	—	1	3	—	3	—	—
—	—	—	—	2	1	—	1	—	—
—	—	—	—	2	1	1	1	—	—
—	—	—	—	45	10	18	21	3	5 M. 19 C.P.
—	1	—	—	58	13	34	43	5	6 M. 28 C.P.

TABLE III.—1953

## CAUSES OF AND AGES AT DEATH

Causes of Death	Under 1 year	1-4	5-14	15-24	25-44	45-64	65 years and over	Total
1. Tuberculosis, respiratory .. .. .	—	1	1	2	21	37	10	72
2. Tuberculosis, other .. .. .	—	1	1	1	1	4	1	9
3. Syphilitic disease .. .. .	—	—	—	—	2	11	6	19
4. Diphtheria .. .. .	—	1	—	—	—	1	—	2
5. Whooping Cough .. .. .	1	1	—	—	—	—	—	2
6. Meningococcal Infections .. .. .	1	1	—	—	—	—	1	3
7. Acute poliomyelitis .. .. .	—	—	1	—	1	—	—	2
8. Measles .. .. .	—	—	1	—	—	—	—	1
9. Other Infective and Parasitic Diseases .. .. .	—	2	1	—	3	4	3	13
10. Malignant Neoplasm, Stomach .. .. .	—	—	—	—	1	38	93	132
11. " " Lung, bronchus .. .. .	—	—	—	—	9	60	39	108
12. " " Breast .. .. .	—	—	—	—	7	38	39	84
13. " " Uterus .. .. .	—	—	—	—	1	17	21	39
14. Other malignant and lymphatic neoplasms .. .. .	1	1	7	4	22	115	285	435
15. Leukaemia, leukaemia .. .. .	—	—	1	2	2	4	9	18
16. Diabetes .. .. .	—	—	—	1	1	12	35	49
17. Vascular lesions of nervous system .. .. .	—	—	—	—	13	106	571	690
18. Coronary disease, angina .. .. .	—	—	—	—	9	133	373	515
19. Hypertension with heart disease .. .. .	—	—	—	—	2	22	76	100
20. Other heart diseases .. .. .	—	—	1	—	12	87	919	1019
21. Other circulatory diseases .. .. .	—	—	1	—	2	31	149	183
22. Influenza .. .. .	1	—	1	—	—	19	99	120
23. Pneumonia .. .. .	26	9	5	3	9	36	107	195
24. Bronchitis .. .. .	1	2	—	—	4	40	181	228
25. Other diseases of respiratory system .. .. .	—	—	1	1	3	25	34	64
26. Ulcer of stomach and duodenum .. .. .	—	—	—	—	3	17	32	52
27. Gastritis, enteritis and diarrhoea .. .. .	4	1	—	1	1	6	9	22
28. Nephritis and nephrosis .. .. .	—	—	—	—	8	19	28	55
29. Hyperplasia of prostate .. .. .	—	—	—	—	—	2	38	40
30. Pregnancy, childbirth, abortion .. .. .	—	—	—	2	1	—	—	3
31. Congenital malformations .. .. .	36	—	1	2	3	2	4	48
32. Other defined and ill-defined diseases .. .. .	80	4	10	4	27	52	215	392
33. Motor vehicle accidents .. .. .	—	2	4	14	10	13	7	50
34. All other accidents .. .. .	9	2	7	7	23	22	51	121
35. Suicide .. .. .	—	—	—	—	9	19	8	36
36. Homicide and operations of war .. .. .	—	—	—	—	—	1	—	1
TOTALS .. .. .	160	28	43	45	210	993	3,443	4,922