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Gloucestershire County Council

Annual Report

of the COUNTY MEDICAL
OFFICER OF HEALTH for
the Year 1954.

GEO. F. BRAMLEY
County Medical Officer of Health.





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Health Department,
Berkeley House,
Berkeley Street,
Gloucester.

June, 1955.

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

SIR, LADIES AND GENTLEMEN,

The opportunity is taken this year of including extracts from the Registrar General's report on the Census of 1951 and on the intercensal changes from 1931. The report is of importance to all concerned with health and social matters in Gloucestershire. Whilst factual for the intercensal period revealing the number of households still without separate accommodation, water supply, standards of accommodation, etc., the report also shows the distribution of the population within age ranges, giving guides to planners and those concerned with providing the various facilities required for modern urban and rural communities. Since 1951 there have, of course, been many advances in housing, rural water supplies and sewerage and extracts from some of the District Medical Officers' reports are also given in the body of this report.

The vital statistics for 1954 show a growing population, mainly by immigration. The number of births and the birth rate are higher than last year as are the deaths and death rate. With the opening of the Stroud Maternity Unit there are now more maternity beds in the County and the increased number of births has not meant an increased proportion of domiciliary confinements. The proportion of births in hospital is 65 per cent. There are therefore in the County as a whole more hospital beds for confinement than the Ministry of Health consider necessary. Their target is sufficient beds to provide for 50 per cent. of births. The fact that it has only been necessary to refuse admission on social grounds in 7.3 per cent of applications is revealing.

With regard to domiciliary births, there was a great fear amongst midwives in 1948 that with the coming into operation of the National Health Service Act whereby each mother could have her own doctor for the confinement that the midwife would lose her status. In less than one in five births at home, however, was a doctor present.

The Infantile Mortality Rate is slightly increased for 1954. In last year's report I referred to the fact that longer periods than one year reveal trends more forcibly. This is particularly shown in the Chest Physician's report where he refers not only to the continuing fall in the Tuberculosis Mortality rate but also in the annual number of new cases. The registered number of cases continues to grow as tuberculous patients live longer. The danger to others of some infectious patients living longer has been referred to in a previous report.

Reverting to Infantile Mortality, the biggest cause in the first four weeks of life was prematurity. The arrangements for dealing with the prematurely born infant are now extensive and fairly adequate. Prematurity, however, must be prevented as must still birth. Much can be done by the expectant mother herself if she is properly instructed in the matter of diet. Surveys into prematurity and still birth tend to show that they are less common in the upper part of the Registrar General's social grades. With full employment and freely available food and welfare food supplies, we can expect improvement if all the advice which is given is accepted. Pneumonia is the biggest cause of deaths after four weeks in infants. This is preventable and the disease reacts well to modern drugs. It is an unfortunate fact that in many of the deaths investigated medical aid was called in only at a late stage.

The number of deaths from cancer shows a decrease and there is no increase in the number from cancer of the lung. As more people live into the ages when cancer occurs, we can take no comfort from these facts. Whatever may be the general position with regard to deaths from cancer of the lung, it was comforting to note from an inspection of the ages of people in Gloucestershire dying of this disease that they were nearly all in the late decades.

The only infectious disease to cause concern in 1954 was poliomyelitis. There was a small outbreak in the south of the County at an unusual time of the year for this disease, namely, in January and February. It was not the forerunner of cases later in the year in that locality. It was interesting to note that in almost every case there was association with attendance at a Junior School either by the patient or one of the patient's contacts. This was quite unlike the second outbreak in the County which occurred at the usual season, late summer and autumn. In this outbreak contact between cases was not determined.

In 1954 the building of the first Health Centre in the County was started. It is to serve the Hester's Way, Arle and Rowanfield Estates in Cheltenham which house upwards of 17,000 people, a large proportion of whom will be new residents to the town. Over twenty of the Cheltenham doctors have agreed to work in the Centre, which will provide four general practitioner suites and local authority clinic facilities. Full details will be given in next year's report, together with some description of how it is working, as it was opened for use whilst this report was being written.

In the care of mothers and young children the service has been very active, and although the handicapped mother and child have had special care, this has not been allowed to overshadow the main work of our service, which is prevention of illness and the preservation of health. With the general improvement in health and standard of living, the backward, the feckless, some of the chronically ill and those unable to come up to generally accepted standards have come into prominence. In the days of the Poor Law many of these families were split up and although this often seems to be the only solution, nowadays the arrangements for taking this action are not so easy. The issue, therefore, of the Ministry of Health circular in November on the Prevention of Break-up of Families was apposite. In general the recommendations were already in effect in Gloucestershire but the Health Visitors formed groups for discussion and their conclusions were a stimulus to them in their daily work.

We have been fortunate in retaining a full establishment of whole-time Health Visitors, but of 57 established appointments for the combined district nurse, midwife, health visitor, there were as many as 14 vacancies at one time in the year. The shortage of nurses for district work, common for a long time in some parts of the country, had not previously been felt. With more houses becoming available it is hoped that recruitment will improve. It is difficult to be sanguine in this, however, as it is part of the overall shortage of woman power in this country.

The Ambulance Service continues to carry more patients year by year and this has only been accomplished without an increase in vehicles and men by the use of radio, which has enabled co-ordination of

journeys with increased number of patients per journey. Three new ambulance stations, replacing temporary and most inadequate accommodation, were opened in 1954.

The Home Help Service was still expanding in 1954 and there are very few counties with so extensive a service. The vast majority of those given domestic help are the aged and chronically sick. The saving of Welfare and Hospital Beds was fully appreciated by the appropriate authorities and by those to whom the help was given.

More places were occupied in the Occupation Centres for the mentally defective, giving relief to harassed parents and training in basic accomplishments to many defectives.

The number on the Blind Register continues to grow but this is due to the fact that more people are living to the late age groups when degenerative diseases of the eye occur. The number of physically handicapped persons on the register increases because of increased ascertainment and the same applies to the hard of hearing, especially as during the year the first Welfare Officer for the Deaf was appointed.

We are indebted to voluntary societies for extensive help and many hundreds of volunteers deserve our thanks. I am again grateful for the kindness and helpful stimulus of the Chairman and members of the Health Committee, and for the hard work of the officers of the Department and the help of other Departments of the Council.

I have the honour to be,

Your obedient Servant,

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

STAFF

as at 31.12.54

County Medical Officer of Health and Principal School Medical Officer	..	..	G. F. Bramley, M.D., D.P.H.
Deputy County Medical Officer of Health and Deputy Principal 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 and School Medical Officer	..	..	W. A. Knox, M.B., B.Ch., B.A.O., D.P.H.
Assistant County Medical Officers of Health and School Medical Officers	..	..	K. J. Adams, M.R.C.S., L.R.C.P., D.P.H. Katherine E. M. Allen, M.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. T. O. P. D. Lawson, M.D., D.P.H., D.R.C.O.G.
Chest Physicians (part time)	..	..	F. J. D. Knights, M.D., M.R.C.P. R. A. Craig, M.D., M.R.C.P.
Principal School Dental Officer	..	..	J. F. A. Smyth, L.D.S.
Dental Officers	..	..	D. N. de Gruyther, L.D.S. W. M. Ellis, L.D.S. L. K. James, B.D.S. F. Jones, L.D.S. Miss M. S. MacKinnon, L.D.S. F. McGonigal, L.D.S. J. P. B. Pengelly, L.D.S. Mrs. D. W. Squires, L.D.S. D. A. Thomas, L.D.S. Miss K. Platt, L.D.S. A. W. McCarthy, L.D.S. 4 part time officers 5 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	64 in number
Health Visitor Tutor	Miss R. Atkinson
County Nursing Association:	
Secretary	A. F. Poyser
Superintendent	Miss M. A. Bach
Assistant Superintendents	Miss I. Collin Miss C. M. Allison 156 District Nurse/Midwives
Orthopaedic After-Care Sisters	Miss I. A. Beale Miss V. Leake Miss N. Long Mrs. E. A. Stokes
Mental Health Home Teacher	Mrs. E. M. Barnes
Mental Health and Duly Authorised Officers	G. L. Cox K. R. Pennington A. E. Poyser G. H. Watts
Duly Authorised Officers	J. D. Harris F. H. Livesey F. L. Wintle
Assistant Duly Authorised Officer	D. S. Bayliss
Supervisors of Occupation Centres	4 in number
Assistant Supervisors of Occupation Centres	12 in number
Speech Therapists	Miss D. Braithwaite Mrs. D. Hodgson Miss A. Parsons Miss M. Vale 1 part-time
Dental Attendants	12 whole-time and 5 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.
Relief and Assistant Home Help Organisers	9 in number

Secretary, County Association for the Blind ..	Miss B. M. J. Saunders
Home Teachers for the Blind	6 in number
Welfare Officer for the Deaf	Miss E. D. Galbraith
Welfare Officer for the Physically Handicapped	Miss D. M. Mills
Administrative Officer	W. T. Winstone
Senior Administrative Assistants	A. Hudson H. Paling F. B. Wilton

SECTION A

STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY

Area (in acres):—

Urban	24,179
Rural	749,131
	<hr/>
	773,310

Population:—

Registrar-General's Estimate (Mid-year, 1954):—

Urban	147,900
Rural	298,700
	<hr/>
	446,600

Rateable Value (1st April, 1954)	£2,489,848
Sum represented by a penny rate	£10,085

Extract from Vital Statistics:—

Live Births—Legitimate	6,714
Illegitimate	343
	<hr/>
	7,057

Live Birth Rate per 1,000 population	15.80
Still Births—162. Rate (per 1,000 total Births)	22.44
Deaths—5,012. Death Rate (per 1,000 population)	11.22
Deaths from Pregnancy, Childbirth and Abortion	7
Maternal Mortality Rate (Deaths per 1,000 total births)	0.97

Death Rate of Infants under one year of age:—

All Infants per 1,000 live births	..	..	..	..	24.65
Legitimate infants, per 1,000 legitimate live births	..	..	..	..	23.68
Illegitimate infants, per 1,000 illegitimate live births	..	..	..	..	43.73

Death Rate of Infants under four weeks of age:—

All infants per 1,000 live births	..	..	..	..	16.30
Legitimate infants, per 1,000 legitimate live births	..	..	..	..	15.63
Illegitimate infants, per 1,000 illegitimate live births	..	..	..	..	29.15

Deaths from:—

Cancer (all ages)	..	..	..	..	..	..	763
Measles (all ages)	..	..	..	..	..	..	—
Whooping Cough (all ages)	..	..	..	..	..	..	3
Gastritis, enteritis and diarrhoea (all ages)	..	..	..	..	..	..	23

The Registrar General's report on the Census of 1951 has now been published and the following is an extract:—

The total population enumerated in Gloucestershire as a whole, including the County Boroughs of Bristol and Gloucester, at the 1951 Census was 939,433, indicating a net increase over the whole period between 1931 and 1951 of about 149,000 persons. This intercensal increase of 18.8 per cent during the twenty years between 1931 and 1951 represents an acceleration in the rate of increase as compared with the rise of only 4 per cent during the preceding intercensal period of ten years between 1921 and 1931.

The figures for the Administrative County are 1931—330,699, 1951—429,159, an increase of 98,460.

The population change during the 1931–51 period is interesting in its variation in different parts of Gloucestershire. In the pre-war period 1931–39, Gloucestershire increased its population by a little more than 4 per cent, i.e., at about the same rate as the country as a whole. The increase occurred almost entirely in Bristol and the group of adjacent areas of Kingswood. Whilst the population of Bristol itself rose by a comparatively small proportion, the Kingswood group increased by 20 per cent. The Gloucester and Cheltenham groups showed small rises, but the East Dean and Cirencester groups were more or less unchanged.

The period 1939 to mid-1941 covers the main incidence of heavy air attacks as well as the main period of call-up of men into the Armed Forces. Despite the loss by this recruitment there was a net gain of about 12,000 in the County as a whole due to the reception of evacuated persons and some war-time industrial expansion. Though the population of Bristol was reduced by nearly 60,000 persons (mainly between mid-1940 and mid-1941 when it suffered severely from bombing) that of all the other areas increased, the rises being relatively larger in Gloucester, Stroud, Cheltenham and Cirencester groups.

The period 1941–48 covers the remainder of the War period, during which people became more accustomed to war-time conditions and moved about to a smaller extent. In the early part of this period there was some ebb and flow in areas affected by earlier evacuation movements. By 1945 some, but not all, of the population evacuated to the County had moved away again, and it is clear that later increases were larger than could be accounted for by demobilisation. By 1947 the population of Gloucestershire as a whole had increased substantially compared with 1939, but the increase in this period was relatively smaller in Bristol and the Forest of Dean areas.

The last period, 1948-51, covers the return to normal conditions, but is too short to provide any reliable indication as to rates of population change. The figures do not show any appreciable growth of population in this period except in Bristol and the Gloucester and Cheltenham groups.

DWELLINGS

The dwellings in Gloucestershire in 1951, in the occupation of private householders and vacant, numbered 259,069, representing an increase of 71,068 (37.8%) over the 1931 figure.

PRIVATE HOUSEHOLDERS

The average number of persons per private household was 3.20 in 1951, as compared with 3.63 in 1931, the population recorded in private households having increased by 19.1 per cent, while the number of households increased by 34.9 per cent to a total of 278,799.

Between 1931 and 1951 the number of households of one person increased by 83 per cent and those of two persons by 63 per cent. Households of five persons also increased, but those containing six or more persons decreased, the decrease becoming relatively larger as the household increases.

The experience of Gloucestershire as a whole in these respects was in line with the reduction in family size which took place in the country generally.

The proportion of households sharing dwellings in Gloucestershire (17.0 per cent for households of all sizes) was highest for the smaller households, being 40.0 per cent for one person households; but 4.6 per cent of households of six or more persons were nevertheless sharing a dwelling. The incidence of sharing of dwellings among households in Gloucestershire is somewhat higher than in England and Wales, the percentage of households sharing being 17.0 and 15.1 respectively.

The average density of occupation of dwellings (persons per room) shows little difference with the national average.

HOUSEHOLD ARRANGEMENTS

The provision of information about the availability of piped water, cooking stove, kitchen sink, water closet and fixed bath, for the use of private householders, is briefly summarised, viz. 50 per cent of all private householders in Gloucestershire had exclusive use of all five services, and a further 18 per cent had all except a fixed bath.

These figures compare with 53 per cent and 20 per cent respectively for England and Wales as a whole, and point to standards of housing not very different in these respects from those of the country as a whole. As is to be expected, the unshared use of domestic facilities was much more common among households in undivided occupation of these dwellings, the proportion having exclusive use of all five arrangements being 58 per cent for households in single household dwellings, but only 12 per cent for households sharing dwellings.

PIPED WATER

Twenty-four per cent of households in Gloucestershire were reported as being without exclusive use of a piped water supply. This compares with 17 per cent for England and Wales. In the County more than half these households without exclusive use of piped water were households in undivided occupation. Among all households in undivided occupation, 8 per cent were entirely without piped water and 7 per cent were sharing it with another household. The very differing conditions of the urban and rural parts of the County are well illustrated, viz.:

For the rural district aggregate this percentage was 23, the highest figure being for Newent R.D. (46 per cent) and the rural districts of Northleach, Thornbury, Cirencester, West Dean, Gloucester, all having 30 per cent or more of undivided households in this category. At the other extreme the corresponding figures for Cheltenham M.B. (1.0), and Mangotsfield (1.9) were trivial.

WATER CLOSETS

Twenty-five per cent of households in Gloucestershire were without exclusive use of a water closet, by comparison with 21 per cent for England and Wales. In the County more than 40 per cent of these households were in undivided dwellings with no water closet at all, and most of these were in the rural districts. The areas with the highest percentage of households in undivided dwellings in this category were Northleach R.D., West Dean R.D., Newent R.D. and Cirencester R.D. Among the urban areas only Nailsworth (11 per cent) and Cirencester (6 per cent) had over 5 per cent in this category.

HOUSING IN LOCAL AUTHORITY AREAS

With the exception of the small town of Cirencester, the areas which expanded most in the 1931-51 period in numbers of dwellings were areas affected by the industrial growth of the Bristol and Gloucester areas, viz.:

Mangotsfield (88.4 per cent increase), Sodbury R.D. (68.9 per cent), Kingswood U.D. (67.6 per cent), and Gloucester R.D. (57.2 per cent). The figure for Cirencester is 60.2 per cent. The areas which showed the smallest relative increases in numbers of dwellings were Northleach R.D. (14.9 per cent) and the two coal-mining areas of East Dean and West Dean.

The averages for numbers of persons per household were highest in East Dean (3.46) and West Dean (3.39). The smallest averages were for the residential areas of Cheltenham and Charlton Kings (each 3.03).

INSTITUTIONS AND NON-PRIVATE HOUSEHOLDS.

The population of the County enumerated in institutions and non-private households numbered 46,898, or 4.9 per cent of the total population.

MISCELLANEOUS COMMUNAL ESTABLISHMENTS.

This is a new class and covers establishments such as hostels run by the Y.M.C.A., Y.H.A., industrial and commercial firms, common lodging houses, accommodation under the National Assistance Act, 1948, for homeless and evicted persons and persons without a settled way of living. This class contained over 8,000 persons.

GENERAL

(a) *Defence Establishments*

There were increases totalling about 8,000 in persons enumerated in Defence Establishments. These establishments account for relatively high proportions of the total population in the rural districts of Cheltenham, Cirencester, Gloucester, Lydney and North Cotswold.

(b) *Institutions*

Persons in institutions for the mentally ill or deficient represent relatively high proportions in the rural districts of Gloucester, Warmley and West Dean.

(c) *Hostels and Other Institutions classed under Miscellaneous Communal Establishments*

This group contained large numbers of persons in the rural districts of Cheltenham, Gloucester and North Cotswold.

BIRTH PLACE AND NATIONALITY

The proportion of the population of Gloucestershire born outside the United Kingdom, Islands of the British Seas and the Irish Republic, was more than twice as high in 1951 as in 1931.

The proportion of the population of Gloucestershire born in England outside the County was 25.3 per cent.

SEX AND AGE

The following table shows the distribution of age of persons in the Administrative County and associated County Boroughs.

Age last Birthday	1951		
	Persons	Male	Female
All ages	939,433	451,713	487,720
0-4	80,673	41,422	39,251
5-9	71,012	36,642	34,370
10-14	60,991	31,058	29,933
15-24	119,121	58,580	60,541
25-34	136,276	67,559	68,717
35-44	141,814	70,628	71,186
45-54	126,720	61,141	65,579
55-64	97,001	42,758	54,243
65 and over	105,825	41,925	63,900

One of the main factors which determines the age pattern of the 1951 population of the County is the decline in fertility since the end of the last century. Numbers in the middle-aged groups in 1951 tend to be larger than those at younger ages because those in them are the survivors of a period when annual births were not numerous. This is a feature of a population which has been ageing which applies generally throughout the country and is not peculiar to Gloucestershire. The high numbers aged 0-4 in the population both of Gloucestershire and the country generally, by comparison with the two following quinary age groups, reflect the exceptionally high numbers of births of 1946 and 1947.

At the 1931 Census the population of Gloucestershire was slightly older in age structure than that of England and Wales, there being comparative deficiencies of persons in all age groups under 35 and small excesses of persons aged 55-64, and those aged 65 and over. In 1951, on the other hand, there were slightly higher proportions aged under 15 in Gloucestershire and slightly lower proportions in the upper part of the working age range.

Comparison between 1951 and 1931 illustrates the "ageing" trend that has been noted in similar reports in respect of previous intercensal periods. In 1951 Gloucestershire had 11.3 per cent of persons aged 65 and over, compared with 8.8 per cent in 1931. Although there was a decrease from 68.1 per cent to 66 per cent in the proportion in the working age group 15-64 taken as a whole, in 1951 there was relatively fewer persons in the younger section and more in the older section, viz., 27.2 per cent aged 15-34 in 1951, compared with 32.3 per cent in 1931, and 38.8 per cent aged 35-64 in 1951 compared with 35.8 per cent in 1931.

EXCESS OF FEMALES OVER MALES

In 1951 the number of females per 1000 males in the population of all ages in the County was 1,080, indicating a continuance of the reduction from the figure of 1,143 in 1921 to 1,124 in 1931. The ratio in 1951 for the whole population was lower than that for the population of marriageable age because the preponderance of male births provides an excess of males at ages under 15. In all the age groups between ages 25 and 54, the sex ratios were lower in 1951 than 1931, reflecting in part the fact that War deaths of the second World War were lower than those of the first, and in part the progressive effect of the declining infant and child mortality rates. The ratio of 1,220 in 1931 for age group 35-44 was higher than the figures for the adjacent age groups, probably due to War deaths in the first World war.

MARITAL CONDITIONS

Of persons aged 15 and over in the population of Gloucestershire in 1951, about two-thirds were married, the proportion being slightly lower for females because there were more females than males in the population. The higher mortality rates of males as compared with those of females give rise to sex differences in the proportion widowed, there being 45 widowed men per 1,000 men aged 15 and over compared with 127 widowed women.

The most significant feature of the distributions by marital conditions is the increase between 1931 and 1951 in proportions married, particularly in the younger age groups. It is due in part to the tendency of people to marry earlier than formerly. At the age 20-24 in the population of Gloucestershire, there were in 1951 234 males married per thousand as compared with only 119 in 1931, and 478 females per thousand compared with 219 in 1931. At ages 15 and over the proportion married had increased for men from 600 to 685 per thousand, and for women from 518 to 613.

The proportion of divorced persons in the County in 1951 was about six times as high as in 1931, representing 5.9 per thousand aged 15 and over compared with 6.0 per thousand for England and Wales as a whole.

The following table gives the distribution by marital conditions.

	Percentage Distribution of Population by Marital Conditions		
	Single	Married	Widowed and Divorced
Administrative County ..	43.6	49.4	7.0
M.B. and U.D.	41.2	51.0	7.8
Charlton Kings	41.2	49.2	9.6
Cheltenham M.B. ..	42.5	48.9	8.6
Cirencester	42.0	50.2	7.8
Kingswood	39.4	54.4	6.2
Mangotsfield	39.1	54.1	6.8
Nailsworth	38.4	53.7	7.9
Stroud	40.2	52.3	7.5
Tewkesbury M.B. ..	42.7	49.5	7.8
Aggregate for Rural Districts	44.8	48.6	6.6

Among the areas listed the percentage of children under 15 was highest in Tewkesbury M.B. and Kingswood U.D., where it amounted to 24.8 and 24.5 per cent respectively of the total population. The lowest proportions of children were in Nailsworth U.D. and Charlton Kings U.D., both of which had 20.5 per cent in the 0-14 age group.

At the other extreme the proportions of old people aged 65 and over were highest in Charlton Kings U.D. (15.8 per cent), Nailsworth U.D. (13.9 per cent) and Cheltenham M.B. (13.6 per cent). Low proportions of old persons in this age range were found in Kingswood U.D. (9.9 per cent).

The proportion of the population in the working age range 15-64 is complementary to these proportions of children and old people and varied only from 63.5 per cent in Cirencester U.D. to 67.0 per cent in Gloucester C.B.

The highest sex ratios in Charlton Kings U.D. (1,264 females per 1,000 males) and Cheltenham M.B. (1,248) in both of which there were large proportions of elderly people, and the sex ratio reflects the greater longevity of women. Conversely, the lowest sex ratio among the towns was shown in Kingswood U.D., which also had the lowest proportion of persons aged 65 and over.

The aggregate of Rural Districts showed the low sex ratio of 1,001 females per 1,000 males. Out of the 15 rural districts 8 had more males than females and in six of these districts substantial numbers were enumerated in Defence Establishments.

The percentage of married persons was high, over 54 compared with the county average of 50, in the Kingswood U.D. and Mangotsfield U.D., both of which contain many people who work in Bristol.

1. Live Birth Rate

The Birth Rate for the year 1954 was 15.80 per 1,000 of the population, as compared with 15.74 in 1953.

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

	1950	1951	1952	1953	1954
Urban	15.70	15.27	15.71	15.28	15.74
Rural	16.37	15.66	15.69	15.98	15.83
Administrative County ..	16.15	15.63	15.69	15.74	15.80
England and Wales ..	15.8	15.5	15.3	15.5	15.2

2. Death Rate

The Death Rate for the year was 11.22 per 1,000 of population as compared with a rate of 11.19 last year.

The total number of deaths in the County during 1954 was 5,012, and the eight 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	594	4.02	1245	4.17	1839	4.12	34.00	38.13	36.69
Cancer ..	309	2.09	454	1.52	763	1.71	17.69	13.90	15.22
Vascular lesions of nervous system ..	250	1.69	487	1.63	737	1.65	14.31	14.91	14.70
Other circulatory Diseases ..	59	0.40	142	0.48	201	0.45	3.38	4.35	4.01
Accidents ..	55	0.37	138	0.46	193	0.43	3.20	4.23	3.85
Pneumonia ..	46	0.31	132	0.44	178	0.40	2.63	4.04	3.55
Bronchitis ..	73	0.49	97	0.32	170	0.38	4.18	2.98	3.39
Tuberculosis ..	20	0.13	56	0.19	76	0.17	1.14	1.71	1.52

3. Infantile Mortality

The Infantile Mortality Rate for the County was 24.65. The rate for England and Wales for the same period was 25.5.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
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
1954 ..	65	27	109	23	174	24	25

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. During the year the Laboratory at the Gloucestershire Royal Hospital (Royal Infirmary Branch) was out of use owing to alterations and renovations and use was made of the Public Health Laboratory Service at Oxford during this period.

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

This is the third year of operation of the agreement entered between the County Authority and the Bristol City Council. The summary of examinations again indicates the logical preponderance of milk sampling and the service given by the laboratory in matters other than Food and Drugs.

SUMMARY OF EXAMINATIONS

Milk	722
Food and Drugs	532
Waters	128
Fertilisers and Feeding Stuffs	76
Miscellaneous	45
Merchandise Marks Act	1
Atmospheric Pollution	30
	<hr/>
	1,534
	<hr/>

FOOD AND DRUGS ACT

The bulk of the work naturally relates to Food and Drugs and the level of sampling for milk and food and drugs was practically identical with the 1953 figures.

Forty-two samples of milk were returned as adulterated and of these 12 were taken formally. Of the 42 milks, 9 contained added water, and of the nine, 5 were formal samples.

Summarising the comment on other milks on the quarterly basis:—

	1st qtr.	2nd qtr.	3rd qtr.	4th qtr.	Total
Abnormal solids not fat ..	24	21	3	6	54
Channel Island total ..	6	29	24	22	81
Channel Island below 4% ..	—	9	8	—	17
Appeal to cow samples ..	—	8	—	4	12
Poor quality. Fat just below 3% ..	3	2	—	1	6
Suspicious. Low N.F.S. and less					
0.530 deg. C.	—	3	—	—	3
Others	—	1*	—	1**	—

* With colouring due to blancmange powder.

** No taint.

Of the 522 food and drug samples, the following samples were reported as adulterated or irregular.

C.597	Rich Fruit Cake ..	Informal ..	Contained a piece of rope.
598	Minced Chicken ..	Formal ..	Stated to contain 100 per cent chicken. Only 75 per cent chicken meat was present.
714	Vinegar	Informal ..	A non-brewed condiment and not malt vinegar.
724	Vinegar	Formal ..	A non-brewed condiment and not malt vinegar.
A.652	Golden Raising Powder ..	Informal ..	30 per cent deficient in available carbon dioxide. Subsequent formal sample satisfactory.

Comment was necessary on the following:—

A.391	Teething powder	..	Informal	.. Potassium chlorate present. No mercury.
392	Teething powder	..	Informal	.. Lactose and tincture of matricaria.
449	Vitamin emulsion	..	Informal	.. Mould growth.
452	Orange	..	Informal	.. Thiourea in the peel.
466	Pork sausage	..	Formal	.. Poor quality 61 per cent meat.
467	Beef sausage	..	Formal	.. Poor quality 41 per cent meat.
B.627	Teething powder	..	Informal	.. Potassium chlorate.
628	Teething powder	..	Informal	.. Lactose. Price excessive.
629	Teething powder	..	Informal	.. Potassium chlorate.
693	Tomato puree	..	Formal	.. 1.9 grains of tin per lb.
C.566	Minced chicken	..	Informal	.. Misleading label.
605	Teething powder	..	Informal	.. Potassium chlorate.
607	Teething powder	..	Informal	.. Price of lactose excessive.
652	Pork sausage	..	Formal	.. Poor quality 57.7 per cent meat.
612	Teething powder	..	Informal	.. No mercury detected.
A.564	Pure butter brazils	..	Informal	.. Repeat sampling re butter.
C.712	Camphorated Oil	..	Informal	.. Repeat sampling, camphor slightly low.
A.650	Crab paste	..	Informal	.. Poor quality 62 per cent fish.
857	Pork sausage	..	Formal	.. Poor quality 63.5 per cent meat.
B.974	Pepper..	..	Informal	.. Comment on weight.
975	Meat paste	..	Informal	.. Poor quality meat, 53 per cent.

WATERS, EFFLUENT, ETC.

Summary

Wells, Springs and Boreholes	..	59
Mains Supply	.. ..	49
Sewage, Effluents and Trade Wastes		11
Miscellaneous	.. ..	9
		—
		128
		—

Of the 59 Wells, Springs and Boreholes, 28 were polluted and in most cases chemical examination fully supported the bacteriological findings. 23 of the samples, mains supply, were examined for metallic contamination. The maximum amount was 0.8 ppm of lead and copper 1.07 ppm. Three samples from public supplies were found to be unsatisfactory on bacteriological examination.

MISCELLANEOUS, including Atmospheric Pollution.

Tap water	..	..	..	1
Pepper compound	..	..	..	1
Wrapping paper	..	..	..	1
Ice cream	..	..	..	13
Stewed apple	..	..	..	1
Milk	..	..	..	12
Pear fresh	..	..	..	1
Leaves	..	..	..	4
Tablets of sodium carbonate and bicarbonate	..	..	..	1
Canned pears	..	..	..	2
Oil from sewage	..	..	..	1
Corned beef with cereal	..	..	..	1
Margarine	..	..	..	4
Cockles	..	..	..	4
Teething powder	..	..	..	1
Atmospheric pollution:—				
Lead peroxide	..	..	..	21
Rain gauge	..	..	..	9

All samples of ice cream satisfied the requirements of the Ice Cream Order.

The tap water was taken at a garage with reference to a distilled water taken under the Merchandise Marks Act. The distilled water contained sulphuric acid and probably some tap water.

The pepper compound contained black specks which were in fact typical fragments of black pepper.

No unusual material was found on the wrapping paper which might account for taints imparted to foods wrapped therein.

The stewed apple contained no toxic metals or preservative.

Three of the samples of milk related to a complaint regarding the supply to a Hospital. Four milks submitted of Channel Island quality were fully up to the required 4 per cent minimum of fat.

Two milks submitted by the County Sanitary Inspector were examined for copper which did not exceed the amount normally present in milk.

The remaining three milks were examined for foreign matter. One contained a green mould, whilst the other two school milks contained three dead slugs. There was a strong suspicion of tampering or practical jokes by children.

A pear contained a trace of arsenic 1.4 ppm in the peel. This is about a reasonable maximum for food-stuffs. The taint was probably due to the solvent or vehicle for the arsenic as a fruit spray.

The specimens of leaves were submitted in relation to atmospheric pollution problems from a factory in the Compton Greenfield area.

The tablets of sodium carbonate and bicarbonate were pea steeping tablets. The trace of green colouring was not one of the prohibited dyestuffs. The presence of the dye should, however, have been declared.

The oil from sewage was probably a lubricating oil from a local garage.

The canned pears were of normal taste and smell, and contained no toxic metals.

The canned corned beef with cereal was blown and carbon dioxide, hydrogen and sulphuretted hydrogen were all detected.

The four margarines, part of a consignment held up at the time of the Dock strike, were free from obvious rancidity, but one had an unpleasant taste.

The four samples of cockles gave no evidence of contamination with oil.

The teething powder contained 12.9 per cent of calomel, mercurous chloride. Certain types of teething powders containing mercury, now largely withdrawn from sale, were alleged to have caused pink disease in babies to whom the powders were administered. The operative words here are "largely withdrawn" because a few of the original powders still seem to be available from the small general store which may normally carry stocks of the common drug preparations.

Finally in the field of atmospheric pollution work, 12 lead peroxide cylinders have been maintained in the Hallen area, whilst from April the Kingswood U.D.C. authorised a survey in their area to include a rain gauge and sulphur dioxide apparatus.

FOODS

<i>Nature of Sample</i>						<i>Number adulterated</i>	
						<i>Total examined</i>	<i>or otherwise irregular</i>
Milk	..	..	..	..	..	722	42
Ale..	..	..	..	..	..	1	—
Almonds, ground	..	..	..	..	..	1	—
Baked beans and haricots	..	..	..	..	..	2	—
Baking powder	..	..	..	..	..	4	—
Banana splits	..	..	..	..	..	1	—
Beans in tomato sauce	..	..	..	..	..	2	—
Beef dripping	..	..	..	..	..	2	—
Beef extract ..	..	..	..	..	..	1	—
Beef and ham loaf	..	..	..	..	..	1	—
Beef soupmix	..	..	..	..	..	1	—
Beer	..	..	..	..	..	7	—
Blackcurrant juice	..	..	..	..	..	1	—
Black pudding	..	..	..	..	..	1	—
Bread	..	..	..	..	..	1	—
Butter	..	..	..	..	..	5	—
Canned peas	..	..	..	..	..	1	—
Canned soups	..	..	..	..	..	11	—
Canned strawberries	..	..	..	..	..	1	—
Cherries in syrup	..	..	..	..	..	1	—
Carried forward	..	..	..	..	..	767	42

<i>Nature of Sample</i>					<i>Number adulterated</i>	
					<i>Total examined</i>	<i>or otherwise irregular</i>
	Brought forward	..	767	42		
Chewing gum	..	..	1	—		
Cheese, processed	..	..	1	—		
Cheese spread	..	..	1	—		
Cider	..	..	3	—		
Cloves, ground	..	..	1	—		
Cocoa	..	..	1	—		
Coffee	..	..	1	—		
Coffee and Chicory essence	..	..	2	—		
Christmas pudding	..	..	2	—		
Concentrated gingerade	..	..	1	—		
Condensed milk	..	..	1	—		
Cooking fat	..	..	3	—		
Cornflour	..	..	1	—		
Cream	..	..	1	—		
Cream, sterilised, clotted	..	..	7	—		
Cream pastries	..	..	4	—		
Cream of celery soup	..	..	1	—		
Cream of chicken soup	..	..	3	—		
Cream of tomato soup	..	..	2	—		
Crabmeat	..	..	1	—		
Curd, orange	..	..	1	—		
Curry powder	..	..	5	—		
Custard powder	..	..	1	—		
Dessicated coconut	..	..	1	—		
Dessert powder	..	..	1	—		
Doughnuts	..	..	1	—		
Dried currants	..	..	2	—		
Dried fruits	..	..	5	—		
Dried peas	..	..	1	—		
Dressed crab	..	..	7	—		
Dripping	..	..	2	—		
Duck-meat paste	..	..	1	—		
Evaporated milk	..	..	1	—		
Eggloss	..	..	1	—		
Faggots	..	..	4	—		
Farola and farinoca	..	..	2	—		
Fish cakes	..	..	4	—		
Fish dressing	..	..	1	—		
Flavourings	..	..	3	—		
Fruit sandwich	..	..	1	—		
Ginger, ground	..	..	2	—		
Golden raising powder	..	..	3	1		
Gravy browning	..	..	1	—		
Gravy salt fluid	..	..	2	—		
Green pea soup	..	..	1	—		
Carried forward	..	..	859	43		

<i>Nature of Sample</i>					<i>Number adulterated</i>	
	<i>Total examined or otherwise irregular</i>					
	Brought forward	..	859	43		
Ground mixed spice	2	—		
Ham and cheese spread	1	—		
Herring roes	1	—		
Herrings in tomato sauce	1	—		
Horseradish sauce	2	—		
Ice cream	15	—		
Irish stew	1	—		
Jams, mincemeat and curds	27	—		
Jelly	6	—		
Lemons	2	—		
Lemon pie filling	1	—		
Lemonjuice	1	—		
Lemonade and crystals	3	—		
Luncheon meat	2	—		
Marmalade	1	—		
Margarine	10	—		
Marzipan	1	—		
Meat and fish pastes	17	—		
Meat pasty	3	—		
Meat pie and pastry	3	—		
Minced chicken	2	1		
Milk powder	1	—		
Mixed spice and pickling spice	2	—		
Mushroom soup	2	—		
Mustard	3	—		
Mustard Sauce	1	—		
Mint in vinegar and sauce	2	—		
Nutmeg, ground	1	—		
Oranges	11	—		
Orange squash and drink	7	—		
Oxtail soup	2	—		
Pearl barley	1	—		
Peas, canned and processed	5	—		
Pastries	11	—		
Pepper and compounds	11	—		
Pickled onions	2	—		
Pies	6	—		
Pilchards in tomato	1	—		
Plums in syrup	1	—		
Potato crisps	2	—		
Rice	3	—		
Sandwich spread	2	—		
Sardines and tomato paste	1	—		
Sardines in tomato	1	—		
Sardines	2	—		
Carried forward	1,042	44		

Nature of Sample

Number adulterated
Total examined or otherwise irregular

Brought forward				1,042	44
Sausages, beef and pork	..	..	..	31	—
Sauce and ketchup	..	..	..	4	—
Savormix	..	..	..	1	—
Salad cream and oil	..	..	..	4	—
Scotch broth	..	..	..	1	—
Self-raising flour	..	..	..	2	—
Shredded suet	..	..	..	9	—
Solution of acetic acid	..	..	..	1	—
Slab cake	..	..	..	1	1
Soft drinks	..	..	..	4	—
Spaghetti in tomato syrup	..	..	..	1	—
Soup powder	..	..	..	1	—
Sponge mixtures	..	..	..	2	—
Spices	..	..	..	4	—
Spirits, whiskey, gin	..	..	..	10	—
Stout	..	..	..	1	—
Stuffing	..	..	..	7	—
Stuffing with shredded suet	..	..	..	2	—
Strawberries in syrup	..	..	..	1	—
Sweets	..	..	..	12	—
Sugar	..	..	..	2	—
Sugared Coconut	..	..	..	1	—
Tea	..	..	..	4	—
Table cream and jelly	..	..	..	2	—
Table jelly and crystals	..	..	..	4	—
Tomato preparations	..	..	..	7	—
Thyme	..	..	..	1	—
Turmeric	..	..	..	1	—
Vinegar, malt	..	..	..	12	2
Vanilla essence	..	..	..	1	—
Welsh rarebit	..	..	..	1	—
White pepper	..	..	..	1	—
Total				1,178	47

DRUGS

<i>Nature of Sample</i>					<i>Number adulterated Total examined or otherwise irregular</i>	
Aspirin Tablets	..	..	..	..	11	—
Bicarbonate of soda	..	..	..	..	5	—
Borax ..	..	..	..	..	1	—
Bronchial mixture	..	..	..	..	2	—
Camphorated oil	..	..	..	..	4	—
Caraway seeds	..	..	..	..	1	—
Cascara sagrada	..	..	..	..	1	—
Castor oil ..	..	..	..	..	2	—
Calcium with Vitamin D	..	..	..	..	6	—
Codein tablets	..	..	..	..	3	—
Cod liver oil..	..	..	..	..	1	—
Cherry cough linctus	..	..	..	..	1	—
Compound glycerine of thymol	..	..	..	..	1	—
Cough syrup	..	..	..	..	1	—
Cream of tartar	..	..	..	..	1	—
Epsom salts ..	..	..	..	..	2	—
Friar's balsam	..	..	..	..	1	—
Gee's linctus	..	..	..	..	2	—
Glauber's salt B.P.	..	..	..	..	1	—
Glucose, powdered	..	..	..	..	1	—
Glucose tablets	..	..	..	..	1	—
Glycerine, lemon and honey	..	..	..	..	1	—
Halibut liver oil capsules	..	..	..	..	2	—
Halibut liver oil	..	..	..	..	1	—
Iron tonic ..	..	..	..	..	1	—
Liquid paraffin	..	..	..	..	2	—
Lung tonic	..	..	..	..	1	—
Menthol tablets	..	..	..	..	2	—
Oil of peppermint tablets	..	..	..	..	1	—
Olive oil B.P.	..	..	..	..	1	—
Lung tonic	..	..	..	..	1	—
Saccharin tablets	..	..	..	..	2	—
Sulphur tablets	..	..	..	..	1	—
Tincture of iodine	..	..	..	..	1	—
Teething powders	..	..	..	..	8	—
Tonic syrup with vitamin B	..	..	..	..	1	—
Vitamin emulsion	..	..	..	..	1	—
Total of drugs					76	—
Total of food and milk ..					1,178	47
Total					1,254	47

2. National Health Service Act, 1946

(I) CARE OF MOTHERS

(a) *Expectant and Nursing Mothers*

While in many areas the routine supervision of expectant mothers is given by the domiciliary midwives in the patients' own homes or in the nurse's district rooms, in the larger areas use is made of the clinic centres for this purpose. Under these conditions the health visitor is able to be present and more organised education can be carried out. At four clinics medical officers attend and undertake supervision of cases booked for hospital and give guidance on family welfare. Relaxation classes have continued at five centres and facilities for domiciliary patients to attend such classes are offered by the City Clinic in Gloucester and by the hospitals at Stroud and Cirencester. The mothers are taking great interest in this activity and attend regularly.

At the 7 clinics 13 sessions are held monthly with medical officers present, and 25 sessions by the midwives. 870 patients attended during the year, 661 of whom were new patients and a total of 3,676 attendances was made. In addition 108 post-natal patients were seen.

(b) *Arrangements for Confinement*

There were 7,241 births notified during the year, of which 4,717 (65 per cent) took place in institutions. This is a slight increase on the figure for 1953, and is a higher proportion than is regarded as a reasonable figure by the Ministry of Health. As there are not sufficient maternity beds to accommodate all the patients who desire to enter hospital for their confinement, some selection still has to be exercised and investigation made into each application where medical grounds do not arise. 2,554 applications for admission were dealt with in the department during the year and only in 190 cases (7.3 per cent) were the circumstances considered insufficient to justify the occupation of a hospital bed.

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

The work of investigating the circumstances of the unmarried mother or of the married woman with illegitimate children continues to be carried out on behalf of the County Council by the Bristol and Gloucester Diocesan Moral Welfare Associations. The workers of these bodies give very valuable service and make full reports on each case with recommendations on the type of home suitable for ante-natal and post-natal care and give advice on the subsequent arrangements which appear best for the care of the child. Help is also given in tracing the fathers of the babies wherever possible and obtaining affiliation orders.

The following information has been given by the Organiser of the Gloucester Diocesan Association.

213 new illegitimacy cases were reported in the County areas of the Diocese during 1954, 180 of whom were single girls and 33 married women. 118 of the putative fathers were British, 30 were American, 14 were Irish and the nationality of the remainder is not known. Forty-three of the mothers were not in employment, 63 worked in factories, 44 in domestic service, 19 were engaged in clerical work and the rest in other occupations. Twelve of the cases were under 17 years of age and 62 between 17 and 20. At the end of the year 30 babies had not been born, and 14 had been still births or early deaths; of the 164 babies born, 111 were with their mothers either in her own home, in lodgings or in Moral Welfare Homes and 27 had been placed for adoption. Sixteen other babies were in nurseries or foster homes and the remainder had removed to other areas.

Seventeen new cases have been referred by the Organiser for the Bristol Diocesan Association, a reduction of nearly half the cases reported during 1953.

St. Catherine's Home, Cheltenham

A larger number of girls has been dealt with in this home than ever before, 66 being admitted, 55 of them on behalf of the County Council. Difficulties have been experienced due to changes of staff and extensive work of alteration and redecoration in the kitchen premises led to considerable inconvenience for

some time during the autumn. The Superintendent reports that more girls are taking their babies home with them or are able to obtain domestic posts with their babies, and there is less demand for adoption. The staff keep in touch with the girls through visits or by post, and their kindness and interest is appreciated by the girls who have passed through the Home.

The Superintendent has now been relieved of the increasing burden of out door work by the appointment of a Moral Welfare Worker for Cheltenham, and is able to devote her whole time to the duties of the Home. Wherever possible girls resident in the County requiring this special care are admitted to St. Catherine's, but in certain cases where it is desirable to remove them from local influences or where they are very young and needs an extended period of training they are sent to homes in other parts of the country. Seventeen were sent to other homes for care before and after confinement during the year and six for after-care only.

(II) CARE OF YOUNG CHILDREN

(a) Home Visiting

The routine visiting of children under 5 in their own homes is still regarded as the basic duty of the health visitor. Discretion is allowed on the number of visits which may be considered necessary, premature and delicate babies and mothers who do not attend welfare centres or have special problems requiring more home supervision, but all babies are visited at home frequently in the first year and the dangers which may arise should this essential service be unduly curtailed are well recognised by the health visitors.

Summary of home visits during the year:—

	Children under 1 year		Children 1-2	Children 2-5	Total Visits
	First Visits	Total Visits			
By Whole-time Health Visitors ..	5,655	50,995	28,884	50,161	130,040
By District Nurse/ Health Visitors	1,329	13,565	5,554	4,838	23,957

(b) Child Welfare Centres

One centre was closed during the year and one new one was opened, the total number of centres remaining at 111. It was with regret that the decision to close the centre at Alderton was made; it had been in operation for 21 years but the number of children attending had been steadily decreasing and the young population was moving out of the area. The new centre at Made for Ever, Kingswood, was established to meet the needs of a new housing estate. The County is considered to be reasonably covered by child welfare centres; a few of the larger villages are still without one, there being no suitable premises in the district, and this also applies to some of the new estates where such provision is urgently needed. As soon as adequate accommodation is available the service will be established. In some isolated areas the best way to meet the need would appear to be the provision of a mobile centre. Some of the premises used as existing centres leave much to be desired, but improvements in structure, decoration and heating have been made by the Committees of several village halls and an increase in rent agreed accordingly.

109 centres are organised by voluntary committees and a very large number of persons give social service in this way and show great sympathy and interest in the work. The importance of the management and problems of the 2-5 year old child is becoming recognised by the mothers and there is more willingness to take advantage of the special medical examinations for this age group. Exhibitions of knitting and other handicrafts have been organised by many centres and competitions have been held. Several welfare centre committees have sponsored the formation of a Mothers' Club, which are ultimately run entirely by the mothers and much appreciated by them and give opportunity for health education to mothers without the distraction caused by the children being present. It is hoped that this activity will be extended in future years.

The distribution of welfare foods having been handed over to local authorities, the Centre Committees accepted this responsibility as part of the functions of the welfare centre and those products are now available at all centres.

Summary of records of Child Welfare Centres:—

	1954	1953
No. of welfare sessions held per month ..	289	264
No. of children who first attended under 1 year of age	4,906	4,548
Total number of children who attended ..	15,200	14,459
No. of attendances:		
Under 1 year	51,764	51,603
Over 1 year but under 2	20,575	19,048
Over 2 but under 5	29,798	28,769
	<hr/> 102,137	<hr/> 99,420

(c) *Distribution of Welfare Food*

The changeover of responsibility for the distribution of these foods was effected on the 28th June, 1954, with very little disturbance. The system of voluntary distributing centres was continued without reduction on the part of the County Council though there were a few resignations by the volunteers. In these instances alternative centres were arranged when the demands for the foods were justifiable and no other neighbouring centre was sufficiently accessible. Many of the voluntary centres were in fact Child Welfare Centres but the responsible person for the distribution was not a member of the Centre Committee. The Federation of Child Welfare Centres agreed that the distribution of welfare foods should be a function of the Centre and that those persons who were responsible for the foods should become members of the Centre Committees if they were not already members.

There were 208 voluntary centres, established at 107 Child Welfare Centres, 36 private houses, 42 shops and post offices and 3 factories.

The establishment of full-time or part-time offices to replace the Ministry of Food or Ministry of Labour and National Service offices created the most difficulty, firstly in obtaining accommodation and secondly in reducing the hours of opening of the offices to the minimum to meet the demands of the public. This was done with practically no objections being received.

Twenty-one offices were set up of which two open continuously throughout the week. The remainder open for varying periods, according to the place or districts served, from one half-day to four and a half days a week. These offices are staffed by paid personnel, seven of whom work full time and nine work on a part-time basis, in total being the equivalent of approximately ten whole time assistants. Five of the seven whole-time assistants were appointed in areas where they each could be responsible for two or three part-time offices. Eleven of the offices were set up in Divisional Health Offices, Clinics or Registrars' Offices.

The distribution of the foods has been a difficult problem as there are so many centres and part-time offices which are not open on the days the Government distribution contractors are running through the particular districts.

Further difficulties are created in that frequent deliveries are necessary as storage accommodation is very limited and in some instances non-existent. This has been overcome on occasions by the provision of cupboards but space is so restricted at some centres that this is not possible. Again there are the inevitable instances where the volunteer fails to order stock or the contractors have missed a delivery. Deliveries for these places fall to be carried out by the Department's transport.

The assistance which the volunteers give in distributing these foods is very much appreciated and without their help, particularly in the very rural areas, there would be great difficulty, without heavy financial expenditure, in continuing to provide centres within a reasonable distance of most beneficiaries.

There is considerable paper work entailed in the distribution of these foods which is a source of worry, if not irritation, to the unpaid personnel, but it has been the endeavour to keep the amount of records to the minimum having regard to the total value of foods involved and of the County Council's responsibility to the Ministry of Health.

(d) *Day Nurseries*

There are now four day nurseries maintained by the County Council, Cheltenham (2), Kingswood and Stroud. These provide places for 51 children under 2 and 96 children 2-5. At the end of the year there were 50 places occupied by children under 2 and 99 places by children over 2. The average daily attendance was 36 in the younger group and 83 in the older group. All the nurseries suffered during the year from outbreaks of infectious disease, measles and chicken pox being particularly prevalent, and this adversely affected the attendances. Priority of admission is given to the unmarried mother who goes out to work, the mother with the large family and a number of children are admitted for short periods on medical recommendation or on account of illness of the mother at home.

Training of Nursery Students

The County Training Scheme for nursery nurse students works very satisfactorily in conjunction with the Nursery School at Winchcombe and the residential nurseries. By this means the students are enabled to have practical experience of all types of nursery work which is an advantage to their future career. There is still difficulty in obtaining courses for wardens, and this matter has been taken up with the Ministry of Education. There are 50 places for students and many more applications for training are received than can be accepted. Nineteen students sat the examination of the National Nursery Examination Board; seventeen were successful in obtaining the certificate at the first attempt and one student will take the examination again.

(III) **RECUPERATIVE HOLIDAY HOMES**

Applications continue to be received from hospitals and doctors where mother or children would benefit in health from a stay in a holiday home. Cases are not accepted where medical or nursing care is required, the object being to give the mother a rest from her household cares or the children a change following an illness. Twenty-two mothers and forty-two children had the advantage of a holiday and ten children unaccompanied by their mothers.

(IV) **PROBLEM FAMILIES**

With the improvement in health and well-being and the better knowledge of home management in a large majority of families, those in which the standard of mothercraft is low where the mothers seem unable to cope with their difficulties have come into prominence. There are many factors contributing to the breakdown, ill health of the mother, poor housing conditions, irregular wages, large number of children and a low standard of intelligence, and frequently the persons most in need of help are unable to carry out advice or to take advantage of the services available. The health visitor is usually the first person to see the indications of breakdown but is not always able to prevent it and frequently seeks the help of other workers in voluntary and statutory fields. Where more co-ordinated effort is required the case is referred to the Officers'

Committee, where the circumstances are regarded from all angles and methods to give the best results considered. In 1954 22 new families were reported to the Committee and 22 already under supervision were reviewed periodically. Although the degree of supervision may be reduced it is difficult to say that it can ever be wholly removed as guidance and watchfulness may be required for many years.

(V) NURSERIES AND CHILD MINDERS REGULATION ACT 1948.

At the end of the year 7 persons were registered as child minders in homes providing 43 places. One building was registered as a day nursery. Mothers using these facilities make private arrangements with the owners. No applications were received from mothers for care under the Daily Minders Scheme of the County Council.

(VI) INFANT DEATH

The following table sets out the infant mortality rate for the past 5 years.

			England & Wales	County
1950	..	..	29.8	28.31
1951	..	..	29.6	26.59
1952	..	..	27.6	28.23
1953	..	..	26.8	23.10
1954	..	..	25.5	24.65

It is disappointing that the low rate which was reached in 1953 has not been maintained

There were 174 deaths of children under the age of 1 year, of which 115 occurred in the first four weeks and 59 between one month and the end of the first year.

The cause of death of the 59 cases was as follows:—

Broncho-pneumonia and bronchitis	..	28
Congenital abnormalities	..	9
Asphyxia	..	5
Blood diseases	..	4
Kidney diseases	..	3
Meningitis	..	2
Gastro-enteritis	..	1
Other causes	..	7

The number of cases of pneumonia is higher than in 1953, In 17 cases this disease alone is given as the cause of death, in 3 cases the condition was associated with congenital heart disease, in 2 with whooping cough, in 1 with asthma, and in 5 with some other congenital defect. Thirteen of the children died in their own homes and fifteen were removed to hospital, sometimes very shortly before death. This is a serious cause of loss of infant life and frequently medical and nursing care does not appear to be called in at an early stage of the illness. The continued reduction in the number of deaths from gastro-enteritis is satisfactory.

In four of the five cases of asphyxia the cause of death after post mortem examination was considered due to the swallowing of regurgitated feeds; three of the children were between 3 and 4 months old and one was aged 7 months. In the fifth case the death occurred in hospital, where the child, aged 9 weeks, was recovering from whooping cough and was found dead in its cot.

Neo-natal Deaths

The 115 deaths occurring in the first four weeks represents 66 per cent of the total infant deaths and gives a neo-natal death rate of 16.3 against the figure of 13.71 for 1953. It is the high loss of life in the early weeks which keeps up the infant mortality rate, and to the reduction of which loss so much effort is now expended.

The causes of death are set out below.

Prematurity—where this condition is given as sole cause	..	41
associated with atelectasis	.. ..	12
associated with cerebral haemorrhage	.. ..	4
associated with multiple pregnancies	.. ..	5
associated with congenital defects	.. ..	3
associated with blood conditions	.. ..	2
		— 67
Congenital defects	.. ..	14
Atelectasis	.. ..	12
Cerebral haemorrhage	.. ..	8
Broncho-pneumonia	.. ..	5
Blood conditions	.. ..	4
Other	.. ..	5
		— 115

It will be seen that about 58 per cent of the neo-natal deaths occur in premature infants and in approximately half the cases no reason can be given for the prematurity. In the other cases illness of the mother and difficulties in establishing respiration after birth and trauma at delivery play a large part. While the cause of toxæmia in the mother is not yet known the symptoms can be recognised at an early stage by adequate ante-natal care and much can be done to improve her condition. It is accepted that whenever possible a mother likely to have a premature labour should be admitted to hospital, but this cannot always be done in country areas. During the year there were 489 premature live births notified. 350 of these were born in hospital, 129 at home and 10 in nursing homes. Ninety-four of the babies born at home remained there and only 6 died; 35 were transferred to hospital after birth. The decision to keep a premature baby at home depends on the standard of the home and the quality of nursing available. The survival rate of babies born and nursed entirely at home is higher than the rate of babies born in hospital (93 per cent as against 87 per cent) but this is probably because the majority, 83 out of 94 (88 per cent), were over 4 lbs. 6 oz. weight at birth, whereas in hospital 121 of the 350 (34 per cent) were under that weight. Most of the deaths of premature babies occur within 24 hours of birth, 44 of the 67 deaths occurring in this period.

The two main other causes of death in the early weeks are atelectasis or impaired function of the respiratory system and congenital abnormalities. Much is being done to reduce the first group by improved methods of resuscitation at birth, but knowledge of the causes of congenital defects is as yet incomplete and until further information is brought to light there is little that can be done at present to prevent these conditions.

Still births

Out of 7,210 registered births there were 162 still births—a still birth rate of 22.4, which is an increase on the previous year.

Thirty-three of the still births occurred in domiciliary practice. Many of the causes operating to produce a premature live birth obtain in the delivery of a still birth, particularly with regard to foetal deformity. In some instances where the baby was alive at the onset of labour improved methods of midwifery practice may have some effect but results of research are awaited to deal with many of the problems which arise. The number of still births is approximately 90 per cent of the number of live births dying in the first year and together they account for a considerable wastage of infant life.

(VII) MIDWIFERY—HOME NURSING

The domiciliary midwifery and home nursing services are provided through the County Nursing Association, the 84 District Associations undertaking responsibility for the appointment of their nurses and supervising their welfare. There have been several changes among the staff and for the first time it has become difficult to fill vacancies. The standard of the services is kept at a high level through the visits of the Superintendent and Assistant Superintendents and by group meetings, where problems can be discussed by the nurses. In addition as many staff as possible are sent to Refresher Courses each year, where they gain useful information on advances in midwifery and nursing. Progress has been made in the acquisition of nurses' houses and at the end of the year the building of new houses was completed at King's Stanley, Painswick and Stow-on-the-Wold, and purchases had been made of houses at Newent, Thrupp, Shurdington, Longlevens and Upton St. Leonards.

Staff Changes

Resignations:	Permanent Staff	..	..	26
	Temporary Staff	..	..	3
	Retirement on age	..	..	1
				— 30
Appointments:	Permanent Staff	..	..	32
	Temporary Staff	..	..	8
				— 40

At the end of the year there were 14 vacancies, 8 for combined posts, 4 for generalised work and 2 for area reliefs.

*Nursing Staff**County Staff:*

Queen's Nurses	..	..	..	..	77
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.)	..	..	..	..	20

This number includes the County Superintendent, 2 Assistant Superintendents, 16 Area Relief Nurses, 5 Emergency Nurses, and 2 temporary Emergency Nurses.

Victoria Home, Cheltenham:—

Queen's Nurses	..	..	..	..	15 + 1 part-time
including the Superintendent and Assistant Superintendent and 3 Male Nurses.					
S.R.N.	..	..	..	..	3 + 1 part-time
S.C.M.	..	..	..	..	3
S.E.A.N.	..	..	..	..	2 + 1 part-time

Kingswood Home:—

Queen's Nurses	..	..	..	..	3
including the Superintendent.					
S.R.N., S.C.M.	..	..	..	..	1 part-time
S.R.N.	..	..	..	..	1
S.C.M.	..	..	..	..	3
S.E.A.N.	..	..	..	..	1
<hr/>					
Total Staff	..	..	..	..	155 + 4 part-time

Training Courses:—

Eight Nurses completed Queen's Training.

Three Nurses completed the Health Visitors' Course through the County Training Scheme.

Post Graduate Courses:—

Post Graduate Courses were attended by 2 Superintendents and 25 District Nurse/Midwives.

Nineteen discussion groups have been held at various centres during the year.

Training Schemes

Ten approved midwives take pupils for district training under the Part II Midwifery Course and other District Nurse/Midwives have demonstrated their work in rural districts to student health visitors, Queen's Institute candidates and various visitors from abroad.

Summary of Work of Superintendent and Assistants

Routine visits to Staff	..	..	..	202
Inspection of equipment and records	..	..	..	105
Special visits of enquiry	..	..	..	26
Other visits .. .. .	..	..	..	75
Visits to Honorary Secretaries ..	..	..	..	12
Meetings and interviews attended	..	..	..	97
Interviews in office .. .. .	..	..	..	130

*Record of Nurses' Work**New Cases*

Midwifery .. .. .	..	..	..	2,061
Maternity .. .. .	..	..	..	347
Early discharges from Hospital	..	..	..	562
Miscarriages (threatened 121, miscarriages 237)	..	..	..	358
General: Medical .. .. .	..	..	..	10,705
Surgical .. .. .	..	..	..	3,118
Infectious diseases .. .. .	..	..	..	151
Maternal complications .. .. .	..	..	..	53
Tuberculosis .. .. .	..	..	..	187
Miscellaneous .. .. .	..	..	..	3,834
Total .. .. .	..	..	..	21,376

Visits

Midwifery .. .. .	..	..	..	42,546
Maternity .. .. .	..	..	..	6,238
Ante-Natal .. .. .	..	..	..	29,441
Early discharges from Hospital	..	..	..	3,028
Miscarriages 1,348 (threatened 651)	..	..	..	1,999
Maternal complications .. .. .	..	..	..	423
General: Medical .. .. .	..	..	..	251,361
Surgical .. .. .	..	..	..	54,435
Infectious diseases .. .. .	..	..	..	1,084
Tuberculosis .. .. .	..	..	..	6,368
Miscellaneous .. .. .	..	..	..	15,491
Ineffective .. .. .	..	..	..	4,249
Total .. .. .	..	..	..	416,663

Clinic Sessions

Ante-Natal	1,459
Post-Natal	156
Child Welfare	937

Public Health

Home Visits	35,225
Sessions	2,130
<hr/>	
Total Visits	451,888
Total Sessions	4,682
Nights on Call	1,923

Report of work of the Local Supervising Authority

During the year 225 midwives notified their intention to practise as midwives and 7 as maternity nurses.

At the end of the year there were 207 midwives employed, 127 by voluntary organisations, 70 by hospital management committees, 4 in private domiciliary practice and 6 in private homes.

1. *Deliveries attended by midwives*

	Domiciliary cases	Institutional cases	Total
Employed by District Nursing Associations	2,411	—	2,411
Employed by Hospital Management Committees	—	3,516	3,516
In private practice	55	259	314
	<hr/> 2,466	<hr/> 3,775	<hr/> 6,241

In the domiciliary cases the doctor was present at 388 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. 562 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	621
(b) Others	91
	<hr/> 712

2. <i>Institutional</i>	221
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3. Gas and Air Analgesia

Number of midwives qualified to administer gas and air analgesia:					
(a)	In hospitals in the National Health Service	..	..		63
(b)	In private homes	..	..	..	6
					— 69
(c)	In domiciliary practice				
(i)	employed by voluntary associations	..	..		127
(ii)	in private practice	..	..	..	1
					— 128
Number of sets of apparatus for use in domiciliary practice					129
Number of cases in which gas and air analgesia was administered by midwives in domiciliary practice					
(a)	when doctor not present	..	..	..	1,742
(b)	when doctor present	..	..	..	227
					— 1,969

This figure indicates that over 79 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 1,113 cases during the year, in 913 occasions when the doctor was not present and in 200 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 7 deaths during the year associated with pregnancy and confinement. This is a larger number than for many years and gives a maternal mortality rate of .97 compared with the rate for England and Wales of .69 and for Gloucestershire in 1953 of .43. All the deaths occurred in hospital. One patient was confined at home and subsequently transferred to hospital, one death followed an abortion and one patient died undelivered. Three deaths were due to pulmonary embolism, one to toxæmia, one to heart disease, one to peritonitis and one to asphyxia. Full enquiries were made into all the circumstances and reports sent to the Ministry of Health.

(VIII) DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS

Report of the Principal Dental Officer

At the end of the year the staff reached the highest level yet attained, with 12 whole-time and 4 part-time dental officers, (equivalent to 13.3 officers). Owing to illness, however, the resignation in May of Mrs. McKinney to go to Canada and the absence on an orthodontic course of Mr. McGonigal during the last two months, the total number of sessions worked was 4,977 (484 less than in 1953). Two new dental officers took up their appointments in December, and two more were appointed to start in 1955. Recruitment was, therefore, encouraging at the end of the year, due in great measure no doubt to the improved salary scale. Of the five appointed, it is interesting to note that one came from another Authority, one from a Regional Hospital Board, one from general practice and two had just qualified at Bristol Dental Hospital. It is pleasant to record the interest shown by Professor A. I. Darling in the Local Authority service, and the encouragement given by him to students to enter the service.

The number of sessions devoted to the care of mothers and young children was the equivalent of 345 (nearly 60 per cent more than in 1953) including the equivalent of 27 sessions for administering anaesthetics, and 6 for inspection of expectant mothers at ante-natal clinics. About 7 per cent of the dental officers' time was, therefore, devoted to the maternity and child welfare side.

Further progress was made in the provision of clinics, those at Kingswood, Patchway, Coleford and Cheltenham (County) becoming operational during the year and that at Chipping Sodbury being nearly completed. Little progress was made with the new building at Lydney, the proposed clinic at Dursley remained in draft form, and suitable premises could not be found at Tewkesbury, Moreton-in-Marsh or Northleach. An X-ray machine was installed at Cinderford. There were by the end of the year 12 fully equipped clinics (7 with X-rays), 3 secondary clinics and 4 mobiles. The laboratory in Cheltenham was nearly completed.

Dental health education by the hygienist, Miss Webbe, was continued and expanded by arranging regular visits two or three times a year to selected infant welfare centres.

There is evidence of increasing interest in dental health in these centres as a result of Miss Webbe's talks to mothers and it is hoped that this will bear fruit in due course by reducing the type of decay in pre-school-children's teeth which can be attributed to faulty dietary habits. Chairside instruction was also included with every visit for scaling for mothers. The New Zealand film strips, "The New Baby Brother" and "Ten Bertie Germ Boys" have proved very popular, and demonstration models have been found useful.

In October, Miss E. M. Knowles of the Ministry of Health visited the County to see the progress made in the dental scheme, including the work of the Hygienist. The official letter which followed her visit stated that the Minister was "very pleased to learn of the progress made in providing an improved service for the priority classes" and commended the Council's effort to increase staff and deal with dental health education. The Ministry recommended the employment of specialist anaesthetists, and suggested the introduction of evening sessions for treatment of mothers. The Health Committee agreed to adopt the former suggestion, but after careful consideration of the latter decided to make no recommendation.

Treatment of Expectant and Nursing Mothers

The increase in staff and provision of additional clinics enabled this service to be expanded. More than twice as many mothers as in 1953 were treated by County dental officers. In those areas which could not be covered by the County service, 422 mothers were referred to general practitioners for treatment, which was only completed for 208 during this year. In all, treatment was provided for 532 mothers, compared with 428 in 1953, and 243 in 1952.

Details of the treatment given are shown in the statistical tables. Compared with 1953, over two and a half times more fillings were inserted, extractions more than doubled and dentures more than trebled. There were 1,195 attendances for treatment by dental officers and 244 for scaling by the hygienist, who carried out 238 scalings and polishings and 30 polishings only.

Treatment of Children under Five

There was a continued rise in the number treated and made dentally fit, the latter being 40 per cent more than in 1953. At the same time it must be recognised that the number inspected represents barely 5 per cent of the children in the 2-4 years age group. Fillings increased from 329 to 499, zinc oxide dressings from 260 to 377, while silver nitrate treatments decreased from 365 to 284. It appears to be recognised increasingly that the type of decay on which silver nitrate can be used with success is limited. Extractions averaged 114 teeth per 100 children (131 in 1953), and conservative treatment of all types 141 per 100 (110 in 1953), showing an encouraging trend. As before, the majority of new patients were referred by medical officers and health visitors, but an increasing number of parents bring young children to the clinics regularly for inspection and encourage their neighbours to do the same. The importance of early inspection and conservation for pre-school children, and dental health education for parents cannot be over-emphasised. So far we have only touched the fringe but the trends outlined earlier are encouraging.

The statistical tables required by the Ministry are given below.

(a) Numbers provided with dental care:—

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	364	335	324	210
Children under 5 ..	865	771	749	646

(b) Forms of dental treatment provided:—

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers ..	11	607	—	—	996	154	72	95	28
Children under 5 ..	—	499	284	—	862	382	—	—	3

(IX) HEALTH VISITING

Although there had been changes of staff during the year, the number of full-time health visitors on 31st December was 64. Vacancies were filled in most cases by students trained under the County's own scheme. Resignations were due to retirement, domestic reasons and emigration. The number of district Nurse/Health Visitors remained at 42, only 11 of these do not possess the Health Visitor's certificate.

While the greater part of the Health Visitor's time is spent on maternity and child welfare work, she has a variety of other duties. Of these tuberculosis visiting, supervision of old people in their own homes and the arranging of holidays take most of the remaining time available. In addition she is in most cases the School Nurse.

The number of talks and lectures given by Health Visitors is increasing. The post-graduate courses arranged last year helped those attending to make better use of the material available. The criticism of Dr. Emrys Davies of the Central Council for Health Education at Cowley Manor in June was particularly helpful in this respect. The preparation and giving of talks often takes a considerable amount of time outside normal working hours as do Civil Defence Classes, Mothers' Clubs, etc., which usually meet in the evening.

Total visits paid (excluding school visits)	..	..	..	188,400
Clinics, etc., attended (excluding school sessions)	..	..	..	7,514

Health Visitors' Training Course

The fifth course terminated on 1st June and all twelve students, accepted for training under the Council's Training Scheme, successfully passed the Royal Sanitary Institute's examination and were consequently appointed as Health Visitors in the County.

The sixth course is now being held and commenced on 7th September. The full establishment of twelve students annually has been reached in previous years, but only seven students were accepted for training this year. This is due to the fact that throughout the country the number of Health Visitor students applying to take Health Visitor training has decreased and that our standard of acceptance is high as not all the applicants were appointed. The arrangements for the course were as in previous years.

Annual Refresher Course

The thirty-second Refresher Course to be held in the County took place during four days in May. The course is organised by an *ad hoc* Committee and covers all fields of the home and hospital nursing services. The attendances were larger than ever and the nurses welcome this opportunity of hearing eminent lecturers and of meeting their colleagues in other branches of work.

(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	15 years and over	Total
Primary	2,007	51	112	128	260	2,558
Re-Vaccination	6	4	35	158	671	874

These show decreases of 415 in the primary vaccinations and 60 in the re-vaccinations compared with 1953.

(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 31.12.54 i.e., Born in Year	Under 1 1954	1-4 1953-1950	5-9 1949-1945	10-14 1944-1940	Under 15 Total
Last complete course of injections (whether primary or booster) A. 1950-54 ..	374	17,541	18,133	8,797	44,845
B. 1949 or earlier ..	—	—	8,523	15,402	23,925
C. Estimated mid-year child population	6,940	27,560	71,500		106,000
Immunity Index (100A/C) ..	5.4	63.6	37.7		42.3
No. of children who received complete course during the year	2,520	2,195	768	65	5,548
No. of reinforcing injections	—	139	5,558	2,539	8,236

The immunity index for children under one year is 5.4, the same as in the previous year. As the aim is an index of 25 for these children, this shows how much more there is to be done. Immunisation cannot be neglected yet in view of the occasional case of diphtheria which still appears. An intensive effort has been made during the course of the school medical inspections, and the total number of reinforcing injections done during the year was 8,236 as compared with 6,512 during the previous year, an increase of 26.47 per cent.

(XI) AMBULANCE SERVICE

The total number of patients carried by ambulance, sitting-case car or hospital car has again increased.

The number of patients for 1952, 1953 and 1954 in the following tables are calculated on the basis laid down by the Ministry of Health whereby a journey of one patient to and from hospital counts as one journey but two patients. Comparative figures for the preceding years are shown in brackets to the nearest thousand in the patient total column.

Year	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 (99)	373,071	68,575	875,970	1,317,616
1950 ..	19,321	11,444	36,997	67,762 (105)	348,330	81,119	780,465	1,209,914
1951 ..	23,600	22,240	29,086	74,926 (105)	367,075	188,842	606,327	1,162,244
1952 ..	30,628	36,260	42,772	109,660	38,8617	288,148	434,414	1,111,179
1953 ..	43,230	50,821	37,080	131,131	444,987	311,880	373,560	1,130,427
1954 ..	49,657	58,922	28,860	137,439	476,885	340,187	297,822	1,114,894

The increase in 1954 was less than 1953, but it is impossible to forecast whether this will continue. These increases cannot continue indefinitely without an increase in the employment of more vehicles and staff.

Classification of types of cases carried during 1954 is set out below:—

1954	% of Total
Admissions	
(Non-emergency) ..	6
Discharges and Transfers	8
Outpatients and Clinics	66
Mental Health ..	14
For other Authorities ..	2
Emergencies	4

It will be seen that the total mileage is 202,722 less than in 1949. This is due to the fuller use of radio with increased co-ordination of journeys. This has unfortunately resulted to a slight degree in patients arriving late for some appointments.

During 1954, 181 long-distance cases were carried by train, which is more than in previous years. This may be due to the acceptance of reserved train-ambulance travel as more economical and comfortable for long distances.

Splendid service has again been given by the Hospital Car Service, even in difficult weather conditions, and a debt of gratitude is due to the organisers and drivers.

Vehicles

During 1954, three dual-purpose ambulances capable of carrying four stretcher cases or nine forward-facing sitting cases, were taken into service.

At an annual replacement rate of four, some vehicles will be eleven years old and will have covered up to 300,000 miles before going out of service.

The County Treasurer has prepared comparative costs of Ambulance Service vehicles which show that in the last four years the cost per mile has decreased from 40.9d. to 25.7d. The reduction in cost per patient is even greater.

Stations

During 1954, new ambulance stations at Cirencester, Berkeley and Lydney were completed and occupied.

The lease of the premises at Gloucester Road, Cheltenham, has been renewed.

The accommodation of Ambulance Service Workshops is unsatisfactory and alternative accommodation is being sought.

Personnel

Seventy-four driver/attendants were employed at the end of 1954, as against 76 in December, 1953, and 88 in 1950. This reduction is due to the saving resulting from the use of radio.

Civil Defence

Of 312 volunteers to the Ambulance Section of the Civil Defence Corps, 107 have completed their Section Training and 37 volunteers are under training. "Driving familiarisation" classes have been held during the year.

Resuscitation Equipment

Oxygen equipment has replaced carbon dioxide as the standard form of resuscitation in the Ambulance Service.

Ministry Survey

Officers of the Ministry of Health undertook a survey of the County Ambulance Service in November.

(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 have been implemented to include the B.C.G. vaccination of school children who are in their thirteenth year.

The number of persons who received B.C.G. vaccination during the year was 462, the total now being 1,003 since the commencement of the scheme.

At the 31st December, 296 persons were receiving free supplies of milk at the rate of two pints per day except in 15 cases where the supplies had been reduced to one pint daily.

Summary of formal notifications during the year:—

	Number of Primary Notifications of New Cases of Tuberculosis													
Age Periods	0–	1–	2–	5–	10–	15–	20–	25–	35–	44–	55–	65–	75–	Total (all ages)
Respiratory, Males ..	2	1	4	7	4	20	15	40	26	32	22	6	2	181
Respiratory, Females ..	—	—	2	2	10	23	20	39	14	14	9	3	1	137
Non-Respiratory, Males ..	—	—	1	6	3	2	5	4	1	2	—	—	—	24
Non-Respiratory, Females	—	1	1	5	8	2	2	8	3	—	—	1	—	31

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	—	—	—	—	—	—	1	—	1	2	2	1	8 (A)	
	Respiratory F	—	—	—	—	—	—	—	—	1	—	—	—	—	1 (B)	
	Non-Respiratory M	—	—	—	—	—	—	—	1	—	—	—	—	—	1 (C)	
	Non-Respiratory F	—	—	—	—	—	—	—	—	1	—	—	1	—	2 (D)	
Death Returns from Registrar-General (Transferable deaths)	Respiratory M	—	—	—	—	—	—	—	—	—	—	—	—	—	— (A)	
	Respiratory F	—	—	—	—	—	—	—	—	—	—	—	—	—	— (B)	
	Non-Respiratory M	—	—	—	—	—	—	—	—	—	—	—	—	—	— (C)	
	Non-Respiratory F	—	—	—	—	—	—	—	—	—	—	—	—	—	— (D)	
Posthumous Notifications	Respiratory M	—	—	—	—	—	1	—	—	—	—	—	—	—	1 (A)	
	Respiratory F	—	—	—	—	—	—	—	—	—	—	—	—	—	— (B)	
	Non-Respiratory M	—	—	—	—	—	—	—	—	—	—	—	—	—	— (C)	
	Non-Respiratory F	—	—	—	—	—	—	—	—	—	—	—	—	—	— (D)	

Totals (A) 9 (B) 1
(C) 1 (D) 2

Persons removed from Register during the year:—

Reason	Pulmonary	Non-Pulmonary	Total
(a) Withdrawal of notification ..	13	2	15
(b) Recovery	97	28	125
(c) Death	61	1	62
(d) Left County or no trace ..	80	8	88

At the end of the year the total number of cases recorded in the registers kept by the District Medical Officers of Health was 3,926 (3,167 pulmonary, 759 non-pulmonary) as compared with 3,777 (3,004 pulmonary, 773 non-pulmonary) at the 1st January.

There were 7 fewer new cases in 1954 than in 1953 and there was also a reduction in the number of deaths from 81 to 76 as will be seen in the following tables which show the mortality figures for the years 1949 to 1954:—

DEATHS FROM TUBERCULOSIS

Age Period	1949		1950		1951		1952		1953		1954	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
Under 1 year ..	—	1	—	—	—	1	—	—	—	—	—	2
1-4 years ..	1	6	—	5	—	6	2	3	1	1	1	—
5-14 years ..	1	1	—	3	—	2	—	3	1	1	—	—
15-44 years ..	74	9	56	3	44	6	26	2	23	2	24	5
45-64 years ..	43	6	40	1	52	6	35	6	37	4	27	1
65 years and over	22	1	14	2	2	2	11	—	10	1	14	2
	141	24	110	14	98	23	74	14	72	9	66	10
Totals ..	165		124		121		88		81		76	

Deaths in 1954 showing sex and age groups:—

Age Period			Pulmonary			Non-Pulmonary			Total
			M.	F.	Total	M.	F.	Total	
0-	..	..	—	—	—	2	—	2	2
1-	..	..	1	—	1	—	—	—	1
5-	..	..	—	—	—	—	—	—	—
15-	..	..	3	3	6	—	1	1	7
25-	..	..	13	5	18	2	2	4	22
45-	..	..	20	7	27	1	—	1	28
65-	..	..	9	1	10	—	1	1	11
75	..	..	4	—	4	1	—	1	5
Totals	..	..	50	16	66	6	4	10	76

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

TABLE I (Clinical Area Figures N. Gloucestershire, plus City of Gloucester)
Number of New Cases of Phthisis and Severity at Time of Diagnosis

Year	1949	1950	1951	1952	1953	1954
Total Number	258	254	263	239	244	229
Minimal Cases	31%	30%	20%	20%	18%	20%
Moderately Advanced Cases ..	50%	52%	69%	68%	67%	66%
Advanced Cases	19%	18%	11%	12%	15%	14%

TABLE II
Source of Reference of Cases Analysed in Table I

	1949—1950 (512 Cases)	1951—1952 (502 Cases)	1953—1954 (473 Cases)
Cases referred from General Practitioners	54%	43%	41%
Cases discovered by Mass Radiography	15%	30%	27%
Cases discovered by Contact Organisation	9%	7%	7%
Cases referred from other sources (Hospital, Forces, In-transfer, etc.)	22%	20%	25%

We are experiencing a decrease in morbidity from tuberculosis as shown by the very definite fall that is occurring in the total notifications in the County:—the average number for the three years 1947–49 being 565, and for the three years 1952–54 being 389, a decrease of 31 per cent. During this time the corresponding mortality rate has fallen approximately 60 per cent.

Notifications of tuberculosis, especially in its non-pulmonary forms, tend to be erratic and a more accurate picture of the decline in morbidity is shown by comparing the numbers of new cases of phthisis. The vast majority of such cases is handled in the Chest Clinic Service as opposed to the non-pulmonary forms. The figures for our own clinical area of North Gloucestershire, including the City of Gloucester, show that between 1949 and 1954 there has been a decrease of only 12 per cent. There is every indication that the decrease in the hard core of the tuberculosis problem, i.e., new cases of phthisis, the majority of whom have had ample opportunity of infecting other people before they are diagnosed, is only going to continue at a very slow rate. There are probably three main factors concerned:—

(a) The large factory communities in this area importing labour from all over the country to comparatively light skilled employment means a constant influx of tuberculosis on the one hand, and opportunities

of disseminating it rather widely on the other. The comparatively high incomes earned by these people means a very real fear of a diagnosis of tuberculosis with reduction of their subsistence to National Assistance levels, and is probably the real explanation of the fact that in recent years the attendance for Mass Radiography examination in the big factories is only about 55 per cent.

(b) A very different problem is that of the remotely rural ageing man who traditionally ignores his symptoms and does considerable damage to his immediate household and to his grandchildren when they come to visit him.

(c) The third problem, which so far in this country we have almost completely failed to grapple with, is the chronically infectious case able to work intermittently in light employment but too "bad" a chronic to be acceptable for colonisation in a place such as Papworth, even if willing to go. We shall not control the tuberculosis problem until we can effectively prevent this third group from mixing in industrial communities. A good example of this kind of case is the man with chronic phthisis who has recently found himself a new job supervising the work of 18 young women.

The key to the control of tuberculosis in the first group must lie in the further development of our social security schemes, whereby we can alleviate the economic fears of a diagnosis of tuberculosis to the family breadwinner and make it conditional that the employee is diagnosed (and treated) while his disease is yet minimal by six-monthly or annual Mass Radiography examination, according to the age group. The present expenditure on tuberculosis directly and indirectly is so enormous that it would be well worth while taking some effective step to try and stop secondary cases, especially in working communities. A modified scheme of this type is already in use in one education authority amongst school teachers.

The fall in mortality from tuberculosis in the next few years is unlikely to progress at the same dramatic rate that we have experienced since 1949 with the advent of chemotherapy, the increased use of surgical treatment and the opening up of more beds. After five years of chemotherapy we are reaching the stage when a steady mortality rate will occur among severe cases whose lives have been prolonged by modern treatment.

The first table shows that we are not getting a more favourable type of case for treatment as the years go by, the minimal cases remaining stationary at about 20% of our intake.

In 1954, for the first time, we experienced, in common with other areas and some other countries, a surplus of sanatorium beds, and at one time had something like between 20 and 30 empty beds. These gradually filled up and by the end of the year a waiting list had re-accumulated. The maximum number of beds available to us in 1954 was 370 for all forms of tuberculosis, and including children. This represented 150 more beds than were available in 1946. Between 1946 and 1948 the introduction of the part-time nursing scheme at Standish enabled all available beds to be fully utilised, and a new women's block was built. Since 1948 further beds were made available to us at Cashes Green and at Salterley Grange. It was decided towards the end of 1954 that the chronic beds at Over Hospital should be closed early in 1955, reducing the available beds to 342. Excluding the surgical tuberculosis beds and children's beds, we now have 252 beds for cases of phthisis, which works out at 1.1 beds per new case of phthisis, and appears to be the figure securing a reasonable balance between summer surplus and winter shortage.

There is at the present time a tendency in some quarters to decry the need for sanatorium beds for cases of tuberculosis and to counsel a further reduction. If such a policy were carried out before there is more evidence of a further decline in the incidence of tuberculosis it would, in my opinion, be most misguided. The replacement of the sanatorium by short-term hospital beds and home chemotherapy is a very inadequate substitute. Rest still plays the most vital part in the treatment of tuberculosis and the majority of patients find it difficult to submit themselves to the necessary discipline when on their own at home. Moreover, rest these days does not only mean stopping in bed, but lying, often in a plaster cast, for some months in special positions for postural treatment preparatory to surgery, increasing the need for skilled nursing. We find for very many patients that home conditions are not suitable for prolonged treatment and care, and it is impossible for the District Nurse and the Home Help Service to render the conditions adequate. Once a patient has settled down in sanatorium he or she is far more likely to co-operate, in company with other

people, in the treatment. Surgery plays an ever-increasing part in the treatment of pulmonary tuberculosis, but unless there is extremely careful pre- and post-operative management good results are not obtained. This is all apart from considerations of infectivity: it seems most desirable that the infectious case is removed from his home conditions as quickly as possible and not returned until stabilised and non-infectious. Five per cent to 10 per cent of the adult phthisis beds in the sanatorium are used for accommodation purposes, that is retaining for very long periods patients with chronic tuberculosis who have no satisfactory homes to which to return. Increasing use has been made in recent years of the children's block, which is non-infectious, to provide a long-term stay for conditions other than tuberculosis such as rheumatic fever, asthma, bronchitis, etc., where the child benefits from a very long convalescence and can take advantage of the educational facilities.

Report on B.C.G. Vaccination in Polish Hostels

A problem which has concerned us in recent years has been the number of cases of tuberculosis living a close communal life with other residents. At one point there were 78 known tuberculous cases, mostly quiescent, at the Northwick Park Hostel out of a total community of 900. It was, therefore, decided to treat all the inhabitants as contacts, and Mass Radiography is carried out regularly every six months and B.C.G. vaccination was offered to all children between the ages of 6 months and 15 years who were resident in this Hostel, or living in another Hostel but attending the Northwick Park School. This B.C.G. campaign was carried out by Dr. Haczkiwicz in co-operation with the Medical Officer of the Hostel. Use was made of this campaign for instructional purposes for the County School Medical Officers preparatory to them starting B.C.G. vaccination for school-leavers generally. To our surprise only a very small proportion of these children were found to be tuberculin positive.

The results were as follows:—

	Jelly Test		Total	Mantoux		Total	B.C.G.	Post-Vacc. Mantoux	
	+ve	neg.		+ve	neg.			+ve	neg.
Group I Children 0-2 years ..	—	32	32	1	33	34	9	9	—
Total residents—35									
Group II Children 2-5 years ..	—	58	58	3	59	62	34	34	—
Total residents—67									
Group III Children 5-10 years ..	3	109	112	9	104	113	78	78	—
Total residents—117 ..									
Group IV Children 10-15 years ..	2	15	17	4	13	17	7	7	—
Total residents—17									
Totals .. 236	5	214	219	17	209	226	128	128	—

Out of 236 children 219 were Tuberculin Jelly tested; 5 of them were Jelly positive and 214 Jelly negative (Jelly positive 2.3 per cent).

Pre-vaccination Mantoux 1/1,000 tests were carried out on 226 children (attendance slightly more); 17 of them were Mantoux positive and 209 Mantoux negative. (Mantoux positive = 8.1 per cent.)

B.C.G. vaccination was accepted by 128 children and all were converted Mantoux 1/1,000 positive (100 per cent).

Contact Examination

Owing to unsatisfactory reports on the tuberculin jelly test a gradual change over took place during the year to Mantoux testing, which hitherto had been reserved for the pre- and post-B.C.G. vaccination tests. We still occasionally use it when the test is done at home by the Health Visitor, where for some reason or another the mother cannot or will not bring the child to a Clinic for a Mantoux test.

Clinical Area Figures

Of the 6,640 total attendances in 1954, 2,545 were examined by Mass Radiography, 813 had hospital X-rays 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 1954

1. *Adults*

		Under 45		Over 45	
		Called	Response	Called	Response
Urban Contacts	..	140	110 (78½%)	58	39 (67%)
Rural Contacts	..	210	152 (72%)	121	75 (62%)

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

The number of adult contacts notified as a result of these examinations was 5.

2. *Children*

Of 238 children called up, 14 did not attend at all, 15 were unhealthy and kept under clinic observation, 4 had positive tuberculin tests and did not attend for further examination, and the remaining 205 were healthy.

Analysis of 205 Healthy Children

Age 0-4 Tub. +ve. Ref. to G.P. and H.V. for observation	..	..	13
Age 5-12 Tub. +ve. Ref. to G.P. and H.V. for observation	..	..	35
Age 13-16 Tub. +ve. For follow-up by Mass Radiography	..	..	46
Tub. negative, at no further risk, serial T.T. or discharged	..	..	15
Tub. negative, refused B.C.G., kept under observation	..	..	3
Tub. negative, defaulted during B.C.G.	..	..	10
Tub. negative, successfully B.C.G. vaccinated	..	..	72
Tub. negative, still awaiting B.C.G. vaccination	..	..	11
			—
			205

Analysis of 15 Unhealthy Children

Three were found to be suffering from hilar adenitis, 1 from pleurisy, 1 had a primary focus and 1 had phthisis. One baby had a negative tuberculin jelly test and died suddenly before the necessary isolation period prior to Mantoux test and B.C.G. vaccination. At autopsy it was found to have miliary tuberculosis. The remaining 8 have been kept under clinic observation.

B.C.G. Vaccination

157 County children were B.C.G. vaccinated through the contact system during 1954.

REPORT OF A. T. M. ROBERTS, ESQ., M.D., CONSULTING CHEST PHYSICIAN, BRISTOL CLINICAL AREA

The arrangements for the diagnosis and treatment of Pulmonary Tuberculosis in South Gloucestershire continued in 1954 as in the previous three years. Out-patients are seen at Southmead or Frenchay Hospitals or at the Central Health Clinic in Bristol and, although travelling distances are long, the scheme works well in practice. In-patient treatment is provided at Southmead, Frenchay, Ham Green or Winsley Hospitals and, throughout the year, waiting times for admission have been very short, averaging two weeks for women and four weeks for men. Whenever necessary because of the severity of the patient's illness, treatment is always started in the patient's home with the co-operation of the General Practitioner and District Nurses.

Short waiting lists and advances in treatment due to chemotherapy and thoracic surgery have greatly improved the prognosis of most patients with pulmonary tuberculosis. Prognosis for the individual patient depends almost entirely on the stage of the disease at which the diagnosis is made. The earlier the diagnosis, the easier, quicker and more successful the treatment and the less the danger of infection for other people.

Early diagnosis is, therefore, of paramount importance in the *prevention* of tuberculosis. Mortality figures continue to fall and morbidity figures are now falling also. If tuberculosis is to be eradicated, as we hope, it seems probable that the most important single measure in future will be the detection and control of the chronic infectious, but relatively symptomless case of pulmonary tuberculosis—the "healthy carrier." Many of these patients are contacts of known cases of tuberculosis and should be detected by an efficient contact scheme. A new static unit has been installed in the Bristol Mass X-ray Department, and in future Health Visitors will be able to give contacts direct appointments on fixed days of the week throughout the year for X-ray examination. This should make it possible to achieve a complete check on all the contacts of known cases of tuberculosis.

Protective vaccination by B.C.G. is now a well-established procedure and is accepted with equanimity by the great majority of parents and children. Hitherto we have relied upon the Tuberculin Jelly Test to detect the tuberculin positive child, but in future we intend to use the Heaf Multiple-Puncture technique. We also intend to hold weekly instead of monthly vaccination sessions which will simplify the task of the Health Visitors on arranging vaccination.

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 66 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 requiring recuperative and holiday home care continues. Admissions during the year totalled 64.

(ii) General

Patients in need of rest and recuperation, numbering 154 in the year, have been sent to voluntarily administered Homes.

(c) Health Education

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

The library of film strips continues to increase as does the demand for this type of visual aid. The requests for the showing of talkie films, particularly at Child Welfare Centres, continue to be received and satisfied. A new machine was purchased during the year.

The Central Council for Health Education has provided the basis of several local programmes and also provided a most useful background for a very successful weekend school for Health Visitors held at Cowley Manor.

With the proposal to commence the B.C.G. vaccination of schoolchildren who had reached their thirteenth year, the opportunity was taken to give the subject publicity at the Three Counties Show. A display was designed and erected by the staff and Health Visitors were in attendance to describe the tuberculin testing and vaccination procedure. The display was very effective and attracted much attention.

At the same time one of the "Gloster" mobile dental units was on view attended by Dental Officers and a Dental Hygienist.

The introduction of magnetic blackboards and flannelgraphs for use by health visitors has proved very successful.

The problem of accidents in the home received much attention and every opportunity is taken of emphasising the need of studied care.

(XIII) HOME HELP SERVICE

This service is still expanding and becoming so very widely known that in spite of a further increase in approved expenditure, the major problems for the Organisers have been the limiting of cases and limiting of hours per case, in order to keep within the budget.

The majority of Home Helps are married women, many with family responsibilities, and so are available for a few hours' work only each day. The possibilities of a Home Help being off work are therefore three-fold: (i) owing to illness of the husband; (ii) illness of a child, and (iii) her own illness. Unfortunately, in the winter months when there is a higher incidence of sickness and therefore more people needing help, there is, inevitably, a serious reduction in the number of available Home Helps. Bad weather conditions, particularly floods, fog and icy roads, added to the serious labour shortages, make the work of maintaining this service extremely difficult.

During the year a Relief Organiser was appointed to assist in any area as required and take over in the absence of any one of the eight Area Organisers.

The high quality of work which has been done by the seven Resident Home Helps, whose ages range from 20-64 is worthy of mention. They are normally sent to out-of-the-way homes (and particularly farms) when there is a home confinement. All of them have been through a Course of Training in the County and five have been in this service since 1948. The homes to which they are sent to "live in" for approximately a fortnight are sometimes without modern conveniences or even without adequate stocks of fuel or food and to take charge of a large family in these circumstances calls for a sense of vocation.

Owing to illness no training scheme was operated during the year. A few students from the Gloucestershire Training College of Domestic Science again received a part of their training working as unpaid Home Helps.

The following awards of pay were made by the National Joint Council:—

- (1) September, 1954: Increase in wages for Home Helps
 Zone A from $2/4\frac{1}{2}$ to $2/5\frac{1}{2}$ per hour.
 Zone B from $2/3\frac{7}{8}$ to $2/5$ per hour.
- (2) December, 1954: Increase in wages of 2d. an hour for Home Helps employed in homes where there is an infectious disease. (At the end of the year we were awaiting a definition of the term "infectious disease.")

By far the largest number of people receiving help is the aged and chronic sick who in many cases are dependent upon the Local Health Authority either to provide help in their home or in a Welfare Committee Home. The amount of help given is limited to an hour or so a day, but even the smallest amount of regular help does prevent the deterioration which could necessitate removal to hospital or an Old People's Home. It seems that the friendship they so often receive from their Home Help, with her news and good cheer from the outside world, is appreciated as much as the work she does.

Number of Organisers

1 County Organiser
 8 Area Organisers
 1 Relief Organiser

Number of Home Helps

	1951	1952	1953	1954
Full-time (including Residents) ..	56	70	78	109
Part-time	654	664	720	804
Total Full-time Equivalent ..	200	216	240	265
Hours of Assistance	457,080	494,055	547,170	594,704
Cases attended	2,395	3,108	3,264	3,652*

* Divided as follows:—

Chronic sick and aged	2,093
General Sickness	785
Maternity	658
Tuberculosis	106
	<hr/>
	3,652

Of the 3,652 cases helped during the year, approximately 1,200 were receiving assistance every day.

(XIV) MENTAL HEALTH

1. ADMINISTRATION

(a) *Mental Health Sub-Committee*

There were no changes in the constitution or arrangements for meetings in 1954.

(b) *Staff*

In addition to the four whole-time mental health officers and two part-time duly authorised officers, two members of the headquarters staff were appointed to act as duly authorised officers for relief, and emergency purposes.

2. ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

(a) *Lunacy and Mental Treatment Acts*

Enquiries made but Hospital care not required	Certified	3 Day and 14 Day Orders	Voluntary	Temporary	Totals
M. F. Total	M. F. Total	M. F. Total	M. F. Total	M. F. Total	M. F. Grand Total
87 82 169	50 73 123	39 37 76	58 72 130	1 9 10	235 273 508

In addition to the above, 392 voluntary patients and 11 temporary patients were admitted to hospitals without reference to the mental health officers, making a total of 666 persons admitted (excluding those placed under observation for three or fourteen days).

173 persons over 65 years of age entered mental hospitals despite efforts to provide another solution. Close working with the Welfare Department and hospital bed bureaux proved effective in many instances and it was often possible to arrange for care to be provided other than under the Lunacy and Mental Treatment Acts.

After-care

The mental health officers were informed of patients (including ex-service personnel) who required after-care when discharged from hospital but their other duties precluded them from regularly devoting much time to this work. Nevertheless, a considerable amount of time was given to some individual cases.

(b) *Mental Deficiency Acts*(i) *Petitions**Admission to Hospitals*

By petition	26
Placed by the parents	2
Secretary of State Orders (S.9)	2
Court Orders (S.8)	3
Place of Safety Orders (including 1 patient who died before certification and 1 awaiting petition pro- ceedings on 31st December)	2
Total	35

Guardianship Orders

By petition	1
By Varying Orders (from hospital care)	2
Total	3

In addition, 7 Orders for hospital care and 2 Varying Orders to guardianship were obtained on behalf of other local health authorities.

(ii) *Ascertainment*

144 new cases were reported. Of these 52 were referred under S.57(3) of the Education Act, 1944, and 47 under S.57(5). The cases were dealt with as follows:—

	Under 16		Over 16		Total
	M.	F.	M.	F.	
(a) Of the cases ascertained to be defectives subject to be dealt with, numbers					
(i) placed under statutory supervision	64	32	2	5	103
(ii) admitted to hospitals	6	3	4	3	16
(iii) awaiting decision	2	—	1	2	5
(b) Of the cases not ascertained to be defectives subject to be dealt with, numbers					
(i) placed under voluntary supervision	1	—	4	8	13
(ii) in which action was unnecessary	—	2	1	4	7
Totals	73	37	12	22	144

At the end of the year, the cases on the register were classified as follows:—

	Under 16		Over 16		Total
	M.	F.	M.	F.	
(a) Subject to be dealt with and ..					
(i) placed under statutory supervision	144	87	208	185	624
(ii) placed under guardianship	—	—	5	4	9
(iii) taken to place of safety	1	—	—	—	1
(iv) admitted to hospitals	60	38	187	200	485
(b) Not subject to be dealt with and placed under voluntary supervision	2	4	76	62	144
Totals	207	129	476	451	1,263

(iii) *Supervision*

The mental health officers maintained contact with the defectives placed under supervision. The experience they have gained by close association with a wide variety of types of case, and the liaison they have established with the many social agencies proved valuable when called upon to give advice to parents regarding the welfare of their defective children.

The after-care of defectives discharged from detention orders was also arranged. The officers visited the patients and offered to give such friendly guidance as may be needed. In several instances during the year help was needed on a diversity of matters such as pregnancies, delinquency, dismissal from employment, difficulty in finding lodgings and similar social problems.

At this time of full employment little difficulty is found in placing defectives in work suited to their limited capabilities. A review was made at the end of the year of the types of employment in which the patients under supervision were engaged and the following is a summary:—

Type of Employment	Numbers Engaged	
	M.	F.
Domestic (hotels, private houses, cafes, canteens, hospitals, etc.)	4	36
Laundry work	1	7
<i>Labourers</i>		
(a) waterworks, coachworks, concreteworks, vehicle dept., brickworks, tin-plate works, quarries, tarworks	16	—
(b) builders	11	—
(c) sawmills	5	—
(d) general	12	—
<i>Factories</i>		
(inc. boot, plating, T.V. aerials, blotting paper, cloth mills, engineering, plastics, toys, paper mill, paper box, tyre products, pottery, brush, chemists)	20	30
<i>Local Authorities</i>		
(inc. roadmen, refuse collectors, road painters)	8	—
Brewery hand	1	1
Boot repairing	1	—
Colliery workers	3	—
Farm workers	59	1
Roundsmen (bakers, coal delivery, dairy, mineral waters)	7	—
Corn and seed merchant's assistant	1	—
Nursing assistant	—	1
Car spraying	1	—
Dry cleaner's assistant	1	—
Gardeners (including private, market, etc.)	10	—
Stable assistants	2	1
Lorry driver's mate	2	—
Egg packer	—	1
Bakeries	2	2
Cinema projectionists	2	—
Totals	169	80

(iv) *Licence cases*

The Stoke Park Hospital Management Committee took over the supervision of some of their own licence cases and at the end of the year only 25 patients were being supervised on behalf of hospitals. A great deal of time was spent on visiting these patients, some of whom needed constant supervision in that lodging and employment difficulties were frequently arising.

(v) *Guardianship*

Three additional cases were placed under guardianship. Two of the patients had been on licence from mental deficiency hospitals for several years and Varying Orders were obtained.

(vi) *Occupation Centres*

The numbers attending Occupation Centres increased by 25 per cent and at the end of the year the numbers on the registers were as follows:—

Cheltenham ..	..	..	90*
Cinderford ..	..	..	35
Stonehouse ..	..	..	28
Warmley ..	..	..	51
Total ..			204

* Including 18 from Gloucester County Borough and 1 from Worcestershire.

The children were transported daily from wide areas, several of the routes having been extended appreciably and some of the more remote county districts were covered for the first time.

Approval was given for a fifth Occupation Centre to be built at Cirencester and for premises adjoining the Warmley Centre to be purchased with a view to opening an industrial centre. Both of these projects were under negotiation at the end of the year.

Not all parents chose to take advantage of the training available for their children at Occupation Centres. It was noticeable, however, that few defectives were withdrawn once a start had been made.

The teaching staffs of the Occupation Centres numbered 16 in all. Of these 4 were supervisors (3 males, 1 female), and 12 were assistant supervisors (10 females, 2 males).

(vii) *Home Teacher*

The Home Teacher gave tuition to 14 children. These included a group of seven children at Cirencester and three children at Blockley on two days weekly for each group; a weekly session was held for four children at Fairford. On Saturday mornings the Home Teacher gave tuition in handicrafts to a number of girls at St. Mary's Home, Painswick (an ancillary establishment of Hortham Hospital).

3. CO-OPERATION WITH HOSPITAL AUTHORITIES

(a) *Mental Deficiency Hospitals*

The good relationships which have existed for so long between this local health authority and the Stoke Park and Hortham-Brentry Hospital Management Committees continued.

The facilities offered for short-term hospital care under the provisions of the Ministry's circular 5/52 proved useful and 16 patients were admitted to Stoke Park Hospital or Hortham Hospital for periods varying from 2 weeks to 2 months.

(b) Mental Hospitals

The Horton Road and Coney Hill Hospitals, Gloucester, received the great majority of County patients, although the Bristol Mental Hospital admitted a number of voluntary patients from the South of the County after attendance at clinics. A few cases were also admitted to hospitals within the area of the Oxford Regional Hospital Board.

3. National Assistance Act, 1948**CARE OF HANDICAPPED PERSONS***(a) Blind**Ascertainment*

There was an increase of 64 in the total number of blind persons. At the end of the year there were 917 blind and 87 partially sighted on the Registers; 177 blind and 17 partially sighted persons were 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
1	1	1	—	—	2	—	—	2	1	3	16	14	19	115	2

RECOMMENDATIONS OF OPHTHALMIC SURGEONS AND CAUSES OF BLINDNESS

Recommendations	Causes of Blindness			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
<i>Blind (i)</i>				
(a) No treatment	81	12	Nil	62
(b) Treatment (medical, surgical or optical) ..	16	3	Nil	3
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment	5	Nil	Nil	Nil
<i>Partially sighted (i)</i>				
(a) No treatment	3	Nil	Nil	8
(b) Treatment (medical, surgical or optical) ..	3	Nil	Nil	3
(ii) Number of cases at (i)(b) which on follow-up action have received treatment ..	Nil	Nil	Nil	Nil

Home Teaching Service

In addition to the Secretary the staff consists of 6 qualified Home Teachers. There are 8 Social Centres and 2 Handicraft Centres organised by the Home Teachers.

Homes

Owing to the preponderance of women on the waiting lists, the Committee decided in September to move the men from Ellerslie to Ferney Hill, so that the vacancies could be utilised by women. Since then both Homes have been filled. The voluntary helpers at both Homes continued to do invaluable work, which is greatly appreciated.

Employment

The Placement Officer has been kept fully informed on all cases in need of rehabilitation and training. Employment has been found in sighted industry for those who have fulfilled the training requirements. There are 76 blind men and women working in sighted industry or other gainful employment.

Home Workers

The Bristol Royal Blind Workshops continue to act as the Council's agents. One piano tuner and one machine knitter have been added to the Scheme, bringing the number of Home Workers to 16.

Four men and four women are employed in Workshops for the Blind.

(b) Deaf

In pursuance of the Scheme approved by the County Council for the appointment of a Welfare Officer for the Deaf, the appointed officer, Miss E. D. Galbraith, took up her appointment on 1st February, 1954.

By the end of the year 1,928 home visits had been made to the deaf, partially deaf, blind and physically handicapped deaf, throughout the County; the age groups ranged from 20 months to 101 years. More than 420 persons are now on the register.

The National Assistance Board referred some 50 elderly people, while blind and physically handicapped deaf have been referred by the respective Organisers.

Five mentally handicapped deaf persons have also been referred by Mental Health Officers and the Almoner of Horton Road Hospital. Four of these have been fitted with hearing aids at Coney Hill Hospital.

The 29 children wearing hearing aids, who are attending ordinary schools, are visited to make sure they obtain the maximum benefit and understanding.

An analysis of the visits made gives some interesting information.

26 blind deaf have received hearing aids; 5 of these are over 90 years of age.

40 blind deaf receive regular visits, including 3 receiving weekly visits for auditory training.

7 others over 90 have been fitted with aids.

3 others have been fitted with non-electrical aids.

37 domiciliary visits, with the otologist, have been made to bedridden, aged or physically handicapped deaf.

6 small children of 3 years and under have been fitted with hearing aids, all of whom are receiving training by qualified teachers of the deaf, three at the Gloucester Infirmary Clinic, two at the Audiology Unit, Grays Inn Road, London, and one at the Radcliffe Infirmary, Oxford.

2 other small children, one of 20 months and one of 2 years 3 months, are awaiting assessment.

1 blind deaf child of 3 years is at present undergoing assessment at the Condover Hall Deaf/Blind Unit, Shrewsbury.

Of the remaining 269 cases, 214 were visited regularly and 55 received one visit.

Regular clinics are held as follows:—

Cirencester Hospital (E.N.T. Clinic) second Tuesday in each month.

Coleford Health Clinic, third Wednesday in each month.

Evening lip-reading classes at Cirencester Hospital, second and fourth Tuesdays in each month.

Tewkesbury Health Clinic—evening lip-reading classes, first and third Mondays in each month.

(c) *Cripples*

Care of the Physically Handicapped Committee (Gloucestershire Community Council).

It is six years since this Committee was set up to undertake the welfare of the physically handicapped and each year has shown a steady increase in the number of people requiring assistance. In 1949 the number of cases on the register was 350; this figure has now risen to 1,403, of these 138 are new cases which have been added during the past year.

Requests for assistance vary tremendously and there is a marked increase in the demand for occupational and diversional therapy especially for cases referred to us by doctors.

As these people become usefully occupied, their general health improves, often to a marked degree. This is particularly striking in the case of epileptics where the number of fits is greatly reduced as soon as occupation or special schooling can be provided.

The marketing of articles made by the disabled people in their homes is one of the most important sides of the work and during the past year nine Sales and Exhibitions of hand-made goods have been arranged in different parts of the County. Show Committees, shopkeepers and department stores have been most generous in giving us space in which to exhibit and sell our goods. These sales last year produced £464 and special orders a further £104, making a total of £568—an increase of £190 over the previous year's sales. Apart from the deduction of one penny in the shilling towards expenses, the money taken for the sale of these goods goes back to the makers.

The sale of remade Christmas cards proved to be very worthwhile, and a profit of £33 was made. An appeal in the Press for old Christmas cards resulted in a tremendous response especially from members of the Gloucestershire Women's Institutes who are kindly collecting cards for us.

A most generous donation of £110 has been received from Miss M. Franklin, of Painswick, the money to be set aside for a Holiday Fund to help those physically handicapped people who would otherwise not be able to have a holiday.

As a result of a request from physically handicapped patients in the Forest of Dean, who travel long distances to hospital, the W.V.S. have kindly agreed to open a canteen at Lydney Hospital.

The problem of the young chronic sick has been somewhat alleviated now that the South Western Regional Hospital Board have opened separate wards, specially for severely handicapped youngmen and women, in two hospitals in this region. Some young chronic cases from Gloucestershire have settled happily in these wards while others have been found vacancies in Group-Captain Cheshire's Homes. Northwoods Nursing Home at Winterbourne, which is run by the Regional Hospital Board particularly for cases of Disseminated Sclerosis and similar diseases, has been used throughout the year for Gloucestershire people. It gives a month's convalescent holiday to these severely handicapped people so that those who look after them may have a rest.

During the year several very severely disabled people have been found work thanks to the active collaboration of the Ministry of Labour and the Ministry of Health, together with assistance from the Area Committees concerned.

An instance of this occurred when a severely disabled young man who could not stand at all and who had never worked before, was found a job where he could work at a bench in an engineering firm, if he had a suitable mobile indoor chair. The chair was delivered within three days, and the man was able to take this job, where he now earns more than his father.

A donation from the Wilfred Pickles B.B.C. Appeal Fund enabled us to help some particularly deserving handicapped children at Christmas, while Uncle Mac's Appeal Fund once again made it possible for us to have a summer party at Cowley Manor, ninety-five children, some on crutches, some on stretchers, but all very active, were brought mainly by voluntary drivers from all parts of the County to enjoy an afternoon together in lovely surroundings.

The Organising Secretary attended the 6th World Congress of the International Society for the Welfare of Cripples, held in The Hague, in September, 1954, and as a result of the contacts made there, Mr. E. S. Evans, C.B.E., F.R.C.S., a member of the International Committee, has agreed to come to Gloucester to speak at a conference for voluntary workers, on "The Welfare of the Physically Handicapped," which is to be held in May, 1955.

The eight Area Committees are doing a great deal of work, not only in visiting the physically handicapped in their homes and solving many difficult problems, but also in raising funds which are spent in giving assistance where it is not available through the Welfare Services.

This particularly applies to the social side of life, which is so important to severely disabled people. Outings, parties and coach trips are all provided by these funds and organised by the various Area Committees. One Committee arranged a special church service for its disabled people which proved very popular and was well attended. This idea is to be tried out in other parts of the County.

The increase in the number of cases to which there seems to be no end, makes the provision of additional full-time trained staff a very real need. This has been appreciated, and additional staff is being provided in the next financial year but it is quite evident that this is only the beginning as further staff can be visualised if the number of cases continues to increase and adequate provision is to be made for them.

It should be noted that the work now covers the care of people of all ages, suffering from Rheumatoid Arthritis, Poliomyelitis, Osteomyelitis, Disseminated Sclerosis, Cerebral Palsy (Spastics), Epilepsy, Surgical T.B., Bronchiectasis, Muscular and Heart Diseases, Spina Bifida, congenital deformities, all types of paralysis, amputations and injuries due to accidents.

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*

No cases were notified during the year.

(b) *Scarlet Fever*

The total number of notifications of scarlet fever during 1954 was 374 as compared with 414 in 1953 and an average of 525 over the previous ten years. The cases were distributed between urban and rural districts as follows: Urban 172; Rural 202. The districts most affected were Cheltenham Municipal Borough (61), Tewkesbury Borough (41), Kingswood Urban (34), Cheltenham Rural (33), Gloucester Rural (33) and Sodbury (26).

(c) *Measles*

There were 2,107 cases notified during the year, as compared with 5,983 in 1953. There were no deaths.

(d) *Whooping Cough*

The number of cases notified was 1,174 as compared with 1,516 in 1953. There were 3 deaths as compared with 2 in 1953.

(e) *Pneumonia*

There were 176 cases of pneumonia notified in 1954 as compared with 275 in 1953. Of these 80 occurred in urban districts and 96 in rural districts. 178 deaths were recorded as compared with 195 in 1953.

(f) *Typhoid Fever*

No cases of typhoid fever were notified during the year.

(g) *Other Gastro-Intestinal Diseases*

Three cases of paratyphoid fever were reported. 111 cases of dysentery were reported as compared with 44 in 1953, 15 in urban districts and 96 in rural districts.

(h) *Diseases of Central Nervous System*

The number of cases of anterior poliomyelitis notified was paralytic 36 and non-paralytic 27. There was one case of acute polioencephalitis but no case of cerebro spinal fever.

The bulk of the cases were associated with two outbreaks. The first was in the Staple Hill district covering the early weeks of 1954. In almost every case (17 in total) there was a connection with a junior school in that either the patient or a relative of the patient attended there. A larger and more prolonged outbreak occurred in Cheltenham, in the usual seasonal period, late Summer and Autumn. There were 29 cases but it was not possible in this outbreak to trace any spread by contact, nor was there any indication of a source. The adults were more seriously affected by paralysis than children in this outbreak.

(i) *Influenza*

There were 33 deaths as compared with 120 in 1953.

(j) *Puerperal Pyrexia*

The notifications increased from 43 in 1953 to 64 in 1954.

2. *Venereal Diseases*

The following table shows the number of County cases coming under treatment during 1954 at the various treatment centres.

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Total</i>
Bristol, Maudlin Street Clinic ..	2	6	63	71
Bristol, Southmead Hospital ..	1	—	7	8
Cheltenham General Hospital ..	8	18	54	80
Gloucester, Glos., Royal Hospital	14	18	75	107
Oxford, Radcliffe Infirmary ..	1	1	—	2
Totals	26	43	199	268

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

Year	Syphilis	Gonorrhoea	Other Conditions	Total
1950	82	77	232	391
1951	39	66	185	290
1952	46	73	209	328
1953	39	76	228	343
1954	26	43	199	268

3. 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 1954:—

Malignant Growths of:—

Stomach	57
Colon	45
Rectum	37
Eye	1
Breast	100
Lip and Mouth	7
Tongue	4
Other Buccal Cavity (not Pharynx)	21
Thyroid	5
Bladder	30
Liver and Gall Bladder	5
Prostate and male genital	22
Skin (including Rodent Ulcer)	99
Pancreas	22
Bone	9
Kidney	3
Lung	86
Parotid	3
Larynx and Pharynx	7
Oesophagus	14
Cervix	25
Uterus	23
Vulva and Vagina	8
Ovary	23
Brain	10
Melanoma	4
Reticulo Endothelial	28
Other malignant diseases	10

708

(b) *Survival table as at 31st December, 1954, of cases registered in 1949.*

Malignant Growths of:—

							<i>Total Cases</i>	<i>Alive</i>
Stomach	..	..	..	..	..	..	31	—
Colon	..	..	..	..	..	..	19	2
Rectum	..	..	..	..	..	..	30	7
Breast	..	..	..	..	..	..	104	39
Lip and Mouth	..	..	..	..	..	..	7	3
Tongue	..	..	..	..	..	..	3	1
Buccal Cavity (not Pharynx)	..	..	..	..	..	..	12	5
Thyroid	..	..	..	..	..	..	2	1
Bladder	..	..	..	..	..	..	11	4
Liver and G.B.	..	..	..	..	..	..	1	1
Prostate and Male Genital	..	..	..	..	..	..	21	9
Skin (including Rodent Ulcer)	..	..	..	..	..	..	82	70
Pancreas	..	..	..	..	..	..	7	—
Bone	..	..	..	..	..	..	8	1
Kidney	..	..	..	..	..	..	6	1
Lung	..	..	..	..	..	..	29	1
Larynx and Pharynx	..	..	..	..	..	..	5	—
Oesophagus	..	..	..	..	..	..	2	—
Cervix	..	..	..	..	..	..	23	8
Uterus	..	..	..	..	..	..	28	7
Vulva and Vagina	..	..	..	..	..	..	4	2
Ovary	..	..	..	..	..	..	15	—
Brain	..	..	..	..	..	..	—	—
Melanoma	..	..	..	..	..	..	6	2
Reticulo Endothelial	..	..	..	..	..	..	18	4
Other malignant diseases	..	..	..	..	..	..	16	2
							490	170

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 1954:—

CHELTENHAM BOROUGH

Housing

The following dwellings (houses and flats) were completed in Cheltenham during 1954:

Hester's Way Development	..	..	..	..	455
Other Areas	..	..	..	..	84
					—
Total	..	..	..	..	539
					—

Sewerage

No major extensions of the sewerage system were carried out during the year but sewers covering some 830 yards in four roads were relaid. The relaying of 190 yards of sewer in Shurdington Road is at present in hand. On the Hester's Way Housing Estate some 3,140 yards of new sewers have been laid.

Water

A description of the four sources of supply was given in the 1953 Annual Report and no change of importance was made during the year. The water mains laid in the Borough during 1954 included a trunk main along the Gloucester Road from St. Mark's to Bamfurlong and a considerable number of main extensions were made, the majority of this, of course, being on the Hester's Way Estate.

NAILSWORTH URBAN DISTRICT

Housing

During the year 12 Council houses were erected; 6 houses were erected under private enterprise and a further 4 were in course of construction.

STROUD URBAN DISTRICT

Sewerage

It is hoped that main sewers will be laid at Bowbridge and Cainscross Road during 1955, thus providing the majority of houses in these two areas with main sewerage facilities.

Housing

The number of houses erected during the year was 80, 59 Council and 21 private houses. There were at the end of the year 77 Council and 14 private houses under construction.

TEWKESBURY BOROUGH

Water

New connections made to public mains during the year were 37, and 360 yards (completion of Oldfield Estate) of extensions to mains were carried out.

1,584 houses have a mains water supply and 152 are served by stand pipes, which leaves only 15 houses without mains water (they are dependent on river or well supplies) out of the 1,751 houses in the Borough.

Sewerage

During the year reasonable progress was made on the works and at the end of the year the work was virtually completed. The Town Pumping Station at Lower Lode was completed up to ground level. At Newtown the Pumping Station was completed and it only remains for the pumps to be installed and tested and the flooring laid. It is hoped that the scheme will be in operation about the middle of 1955.

Housing

Thirty-one houses were erected by the Council and 7 otherwise. 51 (39 houses and 12 flats) and 4 shops with flats were under construction at the end of the year.

CIRENCESTER RURAL DISTRICT

Water Supply

Public piped water supply to Cerney Wick was made available during the year. The extension of the South Cerney/Somerford Keynes main to serve Ewen was commenced.

Housing

Ninety-one permanent houses were completed during the year and 59 are in the course of erection.

EAST DEAN RURAL DISTRICT

Water Supply

Whereas 4,143 out of 4,281 or 97 per cent of the dwellings in the parishes of Cinderford, Drybrook, Ruspidge, Ruardean and Littledean are connected to the main Greenbottom Supply which is now augmented by 33,500 gallons per day from the West Dean Supply, the position in all the other parishes is less fortunate. The laying of mains in the Awre parish was commenced during the year. The supply will be from the main supply augmented by the springs in the Blackpool Valley. An inquiry was held into the laying of new mains which will enable Mitcheldean to be supplied and the present unsatisfactory "Cement Works" supply abandoned. This will enable Longhope to be supplied later. Blaisdon has an unsatisfactory spring supply. Some 161 properties, including 111 dwellings in the Huntley and Churcham parishes, are now supplied by the Gloucester Corporation.

Sewerage

An Inquiry was held at the end of the year into a sewerage scheme for the village of Blakeney. All the other closely built-up parts of the district are sewered. Longhope is scattered and main drainage appears to be some way ahead. With new development drainage problems are beginning to arise in the Huntley and Churcham parishes.

Housing

130 Council houses and 52 private houses were completed during the year, making 618 Council houses and 150 private houses completed during the post-war period.

GLOUCESTER RURAL DISTRICT

Water

During the year a little over 3 miles of new main was laid and 730 houses were provided with mains water. A further 5½ miles have been authorised.

Sewerage

Extensions of main sewers were made to seven existing houses in Cheltenham Road East (Churchdown), Lane and Awefield Pitch, Upton St. Leonards. Further extensions are under consideration in Hempsted Hempsted Lane.

Housing

534 houses have been erected during the year, of which 348 were Council houses.

LYDNEY RURAL DISTRICT

Water Supply

Good progress was made with the scheme to supply St. Briavels and Hewelsfield from the new boreholes. Permission to start the scheme to pump all the available water from the pure Ferneyley Springs to a reservoir at Chapel Hill, Aylburton to supply the low levels is urgently sought. This will allow the impure Tufts Level supply to be eliminated from the Lydney mains and for an adequate pure supply to be available to Woolaston and Aylburton.

Sewerage

Lydney alone of all the parishes is properly sewered. The commencement of the scheme for Aylburton is awaited. The central parts of the villages of St. Briavels and Alvington badly need to be sewered.

Housing

Forty-six Council houses and 21 private houses were completed during the year, making 393 Council houses and private houses completed in the post-war period.

NEWENT RURAL DISTRICT

Water Supply

A further 100 houses were connected to the main during the year. Over 50 per cent of the population have main supplies compared with only 29 per cent in 1945.

Sewerage

Difficulties are arising in connection with the site regarding the scheme for the new sewerage disposal plant at Cleeve Lane.

In Dymock 32 houses are now connected.

The new works at Corse and Staunton are satisfactory and provide sewerage disposal for the 12 new Council houses and a few private houses.

In Redmarley 16 Council houses and one private house are served. A village ditch is the only method of sewerage disposal for a number of houses and is cleansed by the Council.

Housing

Thirty-three new houses were erected during the year—18 by the Council and 15 by private enterprise; a further 6 houses were under construction. The 1955 programme includes 36 houses.

NORTHLEACH RURAL DISTRICT

Water Supply

The first stage of the comprehensive water supply has continued to operate satisfactorily. The second stage of the scheme is ahead of schedule. Fed from Bibury Pumping Station it is anticipated that parishes between Bibury and Fossebridge will be supplied early in 1955.

Sewerage

The Northleach sewerage scheme continues to work satisfactorily and at the end of the year 156 properties had been connected out of a total of 228.

Housing

During the year 23 Council and a private house were completed.

STROUD RURAL DISTRICT

Water Supplies

Little change has taken place as far as the mains supply is concerned. The number of households taking supplies from wells and springs is steadily diminishing. Wherever possible property-owners are asked to connect up to the mains supply and samples are taken to support this action.

Sewerage

Only small extensions at Rodborough and Ryeford were made during the year. Application has been made to the Ministry for permission to take a sewer to Eastcombe, Bussage and Bisley. This would alleviate serious public health problems, particularly at Bisley.

Housing

Forty-seven Council and 69 private houses were erected during the year. This compares with 92 and 63 respectively for 1953. 49 Council and 54 private houses were under construction at the end of the year.

TETBURY RURAL DISTRICT

Housing

During the year 59 Council houses were completed. This makes a total of 331 Council houses, 239 of which have been built post-war.

*Water**Tetbury and Tetbury Upton*

New connections to the Council's mains amounted to 72 during the year.

Avening and Cherington

In these parishes 13 new connections were made to the mains during the year.

Leighterton

A scheme for the water supply to this parish from Didmarton was commenced during the year. Pipes have been laid and the supply should be available early next year.

Kingscote

Investigations are still proceeding regarding the existing water supplies and negotiations have taken place between the Council and the owner of the largest of the private supplies in the parish. The Council have decided not to take over the private water supply.

*Sewerage**Tetbury*

New connections to the sewers in the parish amounted to 64 during the year.

Avening

Progress on the new sewerage scheme was very slow and the work was not completed at the end of the year.

Cherington

The Council have decided to extend the Avening sewerage scheme to this village. Permission to commence the extension has not yet been given.

Tetbury Upton

A scheme for the laying of a sewer extension from Tetbury to serve the Twelve Acres was approved, but the Ministry permission to proceed with the work was not granted during the year.

Didmarton

Approval was not given to the proposed joint scheme for water supply from the neighbouring out of County parishes.

WEST DEAN RURAL DISTRICT

Water Supply

Of the 202,967,000 gallons pumped during the year, 144,502,000 gallons were from the new Lime Kiln Pool Springs Source. The use of this source has removed any danger of shortage, enabled the Council to supply Joys Green, which was formerly supplied by the East Dean R.D.C., and supply the East Dean Council with 33,500 gallons per day.

Sewerage

Progress was made with the Berry Hill scheme. Bream, Lydbrook and Broadwell badly need to be sewered. Coleford alone at present has a sewerage system.

Housing

105 Council houses and 29 private houses were completed during the year, making 531 Council houses and 96 private houses completed during the post-war period.

SECTION E

INSPECTION AND SUPERVISION OF FOOD

1. Milk Supply

The number of licensed pasteurisation plants in the Administrative County at the end of 1954 was 24, the same number as in 1953. One plant at Lydney closed in the early part of the year, but a new plant commenced operations at Moreton-in-Marsh and was licensed in October.

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

On 1st October, 1954, Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950 (Specified Areas) (No. 2) Order, 1954, came into operation. This area includes Gloucester County Borough, Municipal Boroughs of Cheltenham and Tewkesbury, Urban Districts of Charlton Kings, Nailsworth and Stroud, and the Rural Districts of Gloucester, Stroud and parts of Cheltenham (excluding the parishes North of the town of Cheltenham).

The two Specified Areas now in operation in the County make it obligatory that specially designated milk only can be sold in approximately half of the County.

During 1954 the County Sanitary Officers submitted 2,232 samples of pasteurised milk from the 24 licensed plants. Of this total 24 failed to satisfy the Methylene Blue (keeping quality) Reductase Test and 30 failed the Phosphatase (check of efficient pasteurisation) Test. These two figures represent 2.4 per cent of unsatisfactory samples, although allowance must be made as 15 unsatisfactory samples were obtained from one plant before the cause of defect was isolated. Immediately on notification of an unsatisfactory sample a repeat visit is made to the plant in an endeavour to locate the trouble. Very often it was found that the recording thermometers were defective or inaccurate or had been sent away for repairs. It would appear that these statutory instruments do not stand up to the usual handling that dairy equipment in general receives, and quite often they have to be returned to the makers several times before they are accurate and in working order. Each time this procedure has to be followed delays up to three months may occur and the plant is, during that time, working without a double check. (Mechanical bottle washing continues to cause some samples to fail the keeping quality test as they do not deliver all bottles in a sterile condition, especially if the bottle concerned was in an exceptionally dirty condition beforehand.)

Each of the 388 schools which is sampled by the County Sanitary Officers is supplied with either pasteurised or T.T. milk. During the year 728 samples of pasteurised milk were taken from schools and 24 failed to pass the statutory test. 82 samples of T.T. milk were taken and 16 failed the statutory test. This position appears to recur each year and it is especially notable that the high number of failures of raw T.T. milk occur during the summer term. It is a disappointing factor that during the summer months the standard required of raw T.T. milk is lower than that of the rest of the year because of the higher atmospheric temperature, yet samples continue to fail at a higher proportionate rate than at other times of the year.

The usual practice of supervision and sampling of milk supplies to school canteens, Day and Residential Nurseries, and various other County Council establishments has been continued.

(a) Adenitis

The homes of patients notified to be suffering from Tuberculous Adenitis were visited by the County Sanitary Officers and samples of the milk supply taken and submitted to the laboratory for biological examination. General enquiries were also made in an endeavour to trace the history of the case and its possible origin. In a similar way the school milk taken by the child, where applicable, was specially sampled, and examined.

(b) Tuberculosis in Calves

Where notifications were received of congenital Tuberculosis in calves, the County Sanitary Officers have visited the farm of origin and taken samples of milk for biological examination. However, since decontrolled slaughtering of animals has been in operation the number of notifications under this heading has somewhat diminished in number in this County. This may be due to the fact that there is a greater distribution of calves for slaughter to adjoining counties.

(b) Brucella Abortus

During the year all raw milk samples taken were submitted for Brucella Abortus examination in addition to the other tests carried out on raw milks. Where positive results were obtained showing the presence of the Brucellosis organism the District Health Authorities concerned were informed and a notification was also sent to the Ministry of Agriculture and Fisheries' Veterinary Department. Where school milks were found to be infected the supply was immediately stopped and an alternative one found.

(d) Hospital Dairy Farms

On behalf of the Ministry of Health 21 samples of the T.T. milk produced from the farms at Coney Hill Hospital, Gloucester, and Hanham Hall Hospital, Hanham, were taken and submitted for full bacteriological and biological examination.

2. Water Sampling

Samples of water from schools and other County Council establishments were 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 advice given to the staff on hygiene matters. Due to the opening of many individual school kitchens and the employment of new staff, this work has increased considerably.

4. Lectures

The County Sanitary Officers gave a series of lectures to Student Nursery Nurses and Student Health Visitors at Stroud and Cheltenham.

Civil Defence Welfare Personnel were also given talks on "Hygiene under Emergency Conditions."

5. Animal Health

Report on work undertaken by Animal Health Division, 28, during 1954, 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 Boroughs of Gloucester and Bristol.

Staff

The technical staff during 1954 comprised a Divisional Veterinary Officer, three whole-time Veterinary Officers, two Technical Assistants, and a variable number of part-time or Local Veterinary Inspectors.

Duties

Animal Health Division is concerned with the operation and administration of:—

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

(a) Diseases of Animal Acts and Orders

During 1954 notifiable diseases were dealt with as follows:—

	Reports investigated	No. of confirmed cases
Anthrax ..	172	6
Swine Fever ..	275	43
Tuberculosis ..	24	18
Foot-and-Mouth Disease ..	3	—
Fowl Pest ..	48	8

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

(1) No. of suspected cases examined ..	24
(2) No. of cases not amenable to the Order ..	6
(3) No. of cases found amenable to the Order ..	18
(4) No. of cases of chronic cough ..	1
* (5) No. of cases of tuberculosis udder ..	12
(6) No. of cases of tuberculosis emaciation ..	1
(7) No. of cases excreting tuberculosis material ..	3
(8) No. of cases of tuberculosis milk ..	1
(9) No. of cases which proved advanced on P.M.E. ..	13
(10) No. of cases which proved not advanced on P.M.E. ..	5
(11) No. of cases which proved not affected ..	Nil

* Ref. (5) the avian strain of tubercle bacillus was isolated in one animal affected with tuberculosis of the udder.

Under the Diseases of Animals (Boiling of Animal Foodstuffs) Order, inspections are made to sterilising plants operated by Local Authorities and farmers in certain scheduled areas to ensure that all swill is being properly treated before being fed to animals. In addition certain factories which sterilise and mix foodstuffs of animal origin intended for export to certain countries are also inspected by this Department, and their methods of handling and processing must comply with the standard laid down by the importing countries before a licence to export is granted.

All carcasses affected with anthrax have been destroyed by the police, using the " Hauck " Flame Guns, and the method has given satisfactory results.

(b) *Milk and Dairies Regulations*

There are approximately 3,726 dairy herds in this Division, and on 31.12.54 details of these herds were as follows:—

(1) No. of attested herds	..	..	..	1,742
(2) No. of Supervised herds	..	..	..	67
(3) No. of Licensed T.T. herds	..	..	..	204
(Not attested or supervised)				
(4) No. of non-designated herds	..	..	..	1,713

In addition there were 75 attested non-dairy and beef herds.

The tuberculin test was applied to 111,348 animals, and the following animals were clinically examined during the period under review:

In licensed T.T. herds	..	..	..	101,746
In non-designated herds	..	..	..	3,891

Tuberculous Milk—Veterinary Investigations

Six 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 6 infected animals were traced and dealt with under the requirements of the Tuberculosis Order of 1938.

Congenital Bovine Tuberculosis

Two reports of tuberculous lesions having been found in post-mortem examination of calves were received from the Medical Officer of Health. In these two cases, the dam had been slaughtered before an examination could be arranged in one case; and in the other case material taken from the dam was negative for tubercle bacilli on biological examination.

(c) *Tuberculosis (Attested Herd) Scheme*

The percentage of attested cattle in the County compared with the non-designated cattle is approximately 46 per cent.

(d) Calfhood Vaccination Scheme

For the purpose of conferring immunity against all 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 8,501 calves were so vaccinated during 1954.

(e) Swine-Registered Vaccinated Herds Scheme

During 1954, a scheme was launched for the purpose of conferring immunity in Swine against infection with Swine Fever. Any owner participating in this scheme must undertake to have all the breeding pigs inoculated with Crystal Violet Vaccine at least once per annum, and all the pigs born in the herd after they have attained the age of four weeks. If these conditions are complied with, then the herd is classified as a Registered Vaccinated Herd. At 31.12.54 the number of such herds in the County was 54.

(f) Poultry Stock Improvement Plan

Under this Scheme the Ministry is responsible for ensuring that flocks of Accredited, Probationary, and Standard-Bred poultry owners are kept free from B.W.D. (*Salmonella Pullorum*) infection, and with this purpose in view adult stocks of all such owners are submitted to blood testing at prescribed periods. During 1954, 29 such designated flocks were blood tested, and blood samples from 42,007 birds examined. Reactors to the blood test were .02 per cent of all birds tested.

(g) Artificial Insemination (Cattle) England and Wales Regulations, 1943.

Under the above regulations the Veterinary Officers in this Division are responsible for fertility testing of all bulls prior to approval of their use at Artificial Insemination Centres. All stock at these Artificial Insemination Centres are also inspected and subjected to such tests as prescribed by the Ministry. Further, all lay Inseminators are examined by Veterinary Officers prior to their approval.

SECTION F

Miscellaneous

Registered Nursing Homes

At the end of the year there were 8 nursing homes registered in the County, excluding Cheltenham Municipal Borough. Two were registered for maternity cases only, 6 for general cases only, providing in all 9 maternity beds and 187 others. Regular visits of inspection are made by members of the medical staff and the conditions in the homes were satisfactory. The County Fire Prevention Officer has also inspected each home and where necessary recommendations have been made to provide adequate fire precautions.

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 I.—BIRTHS AND DEATHS

Districts	Estimated Population	BIRTHS					DEATHS										
		Live Births			Still Births		Total	Under 1 Year			Infantile Mortality Rate per 1,000 Live Births	Under 4 weeks					
		Leg.	Illeg.	Total	Rate per 1,000 Pop.	Leg.		Illeg.	Total	Leg.		Illeg.	Total	Rate 1,000 Live Births			
							S.B. Rate per 1,000 Total Births	No.	Rate per 1,000 Pop.								
Urban																	
Charlton Kings ...	6,020	74	3	77	12.79	—	—	82	13.62	1	12.99	1	—	12.98			
Cheltenham M.B.	67,450	1,023	109	1,132	16.78	30	29.15	877	13.00	27	29.15	17	5	19.43			
Cirencester ...	11,730	188	7	195	16.62	4	20.10	151	12.87	4	30.77	1	2	15.38			
Kingswood ...	18,890	256	3	259	13.71	7	29.97	186	9.84	7	27.03	5	—	19.30			
Mangotsfield ...	18,700	283	4	287	15.35	8	27.12	181	9.67	7	24.39	5	—	17.42			
Nailsworth ...	3,670	51	2	53	14.44	1	18.52	21	5.72	—	—	—	—	—			
Stroud ...	16,030	208	12	220	13.72	2	9.01	163	10.17	7	31.82	6	—	27.27			
Tewkesbury M.B.	5,410	96	9	105	19.41	—	—	86	15.89	4	38.09	4	—	38.09			
TOTAL U.D. ...	147,900	2,179	149	2,328	15.74	52	23.89	1,747	11.81	57	27.92	39	7	19.72			
Rural																	
Cheltenham ...	24,990	410	29	439	17.56	14	33.04	228	9.08	9	22.78	6	1	15.95			
Cirencester ...	19,180	288	11	299	15.58	2	9.93	132	6.88	9	30.10	6	—	20.07			
Dursley ...	17,070	246	9	255	14.94	5	22.99	170	9.95	2	11.76	1	—	39.22			
East Dean ...	20,500	323	19	342	16.68	13	37.68	196	9.56	10	29.24	7	—	20.47			
Gloucester ...	39,140	564	29	593	15.15	3	6.70	528	13.49	11	21.91	8	1	15.18			
Lydney ...	12,070	168	7	175	14.49	2	11.29	131	10.85	4	22.86	3	—	17.14			
Newent ...	8,210	148	2	150	18.27	3	19.61	88	10.71	5	33.33	3	—	20.00			
North Cotswold ...	21,370	349	12	361	16.89	6	16.35	238	11.13	8	22.16	4	—	11.08			
Northleach ...	8,140	132	14	146	17.94	2	13.51	113	13.88	3	20.55	2	—	13.70			
Sodbury ...	39,320	662	9	671	17.06	16	23.29	359	9.13	12	17.88	9	—	13.41			
Stroud ...	27,070	376	17	393	14.51	5	17.50	306	11.30	9	22.90	5	—	12.72			
Tetbury ...	6,980	103	5	108	15.47	3	35.17	70	10.02	4	37.04	3	—	27.78			
Thornbury ...	25,840	381	16	397	15.36	9	24.57	392	15.17	7	20.15	4	1	12.59			
Warmley ...	10,900	125	3	128	11.74	9	65.69	99	9.08	2	15.63	1	—	7.81			
West Dean ...	17,920	260	12	272	15.18	4	18.05	215	11.99	7	33.09	4	—	14.71			
TOTAL R.D. ...	298,700	4,535	194	4,729	15.83	96	21.72	3,265	10.93	102	23.05	66	3	14.59			
County Totals ...	446,600	6,714	343	7,057	15.80	148	22.44	5,012	11.22	159	24.65	105	10	16.30			

TABLE II.—1954 SUMMARY OF

Districts	Scarlet Fever	Whooping Cough	Ac. Polio- myelitis		Measles	Diph- theria	Ac. Pneu- monia	Dysentery	Small- pox	Ac. E	
			P	NP						I.	Letharg
Urban											
Charlton Kings ...	3	14	1	1	118	—	4	1	—	—	
Cheltenham M.B. ...	61	145	17	12	530	—	32	5	—	—	
Cirencester ...	10	57	—	—	12	—	23	5	—	—	
Kingswood ...	34	13	—	2	7	—	7	—	—	—	
Mangotsfield ...	12	19	7	2	—	—	5	4	—	—	
Nailsworth ...	2	52	1	—	—	—	5	—	—	—	
Stroud ...	9	12	—	—	4	—	4	—	—	—	
Tewkesbury M.B. ...	41	39	1	—	3	—	—	—	—	—	
TOTALS U.D. ...	172	351	27	17	674	—	80	15	—	—	
Rural											
Cheltenham ...	33	64	1	4	185	—	5	3	—	—	
Cirencester ...	8	38	—	—	95	—	9	9	—	—	
Dursley ...	21	35	1	—	28	—	6	13	—	—	
East Dean ...	10	101	—	—	94	—	1	5	—	—	
Gloucester ...	33	106	2	2	345	—	10	4	—	—	
Lydney ...	—	33	1	1	4	—	1	—	—	—	
Newent ...	6	7	—	—	160	—	4	—	—	—	
North Cotswold ...	11	140	1	2	147	—	18	—	—	—	
Northleach ...	1	4	—	—	1	—	8	—	—	—	
Sodbury ...	26	94	2	—	232	—	18	43	—	—	
Stroud ...	18	51	1	—	27	—	3	—	—	—	
Tetbury ...	10	30	—	1	—	—	—	7	—	—	
Thornbury ...		84	—	—	63	—	9	8	—	—	
Warmley ...	13	24	—	—	1	—	3	4	—	—	
West Dean ...	3	12	—	—	51	—	1	—	—	1	
TOTALS R.D. ...	202	823	9	10	1,433	—	96	96	—	1	
County Totals ...	374	1,174	36	27	2,107	—	176	111	—	1	

C.P.—Chicken Pox
M.—Malaria
U.F.—Undulant Fever

INFECTIOUS DISEASE NOTIFICATIONS

Scarlet or Shooid Fever	Para- Typhoid Fever	Erysipelas	Meningo- coccal Infection	Food Poisoning	Puerperal Pyrexia	Ophthal- mia Neona	Tuberculosis			Other
							Pul- monary	Meninges and CNS	Other	
—	—	1	—	2	—	—	1	—	1	—
—	—	5	2	14	26	1	52	1	5	—
—	—	1	—	—	—	—	10	—	1	36 C.P.
—	—	1	—	—	—	—	20	1	—	—
—	—	2	—	—	—	—	16	—	—	—
—	—	1	—	8	2	—	2	—	3	—
—	—	4	1	—	5	—	8	—	3	—
—	—	—	—	2	4	—	3	—	1	—
—	—	15	3	26	37	1	112	2	14	36 C.P.
—	1	2	—	—	3	—	14	—	2	—
—	—	1	1	—	—	—	5	—	1	53 C.P.
—	—	1	—	1	2	—	8	1	2	1 U.F.
—	—	1	—	3	—	—	24	1	—	—
—	—	6	3	4	4	—	26	—	4	—
—	—	—	—	—	1	—	6	—	—	—
—	—	1	—	—	—	—	4	—	1	—
—	2	9	—	4	5	—	8	—	3	—
—	—	2	—	—	—	—	2	—	5	—
—	—	24	—	11	2	—	30	—	6	—
—	—	5	—	6	3	—	24	—	6	—
—	—	—	—	1	—	—	5	—	1	—
—	—	4	—	—	5	—	27	1	1	2 M.
—	—	2	—	—	1	—	6	1	1	—
—	—	—	—	—	1	—	17	—	2	—
—	3	58	4	30	27	—	206	4	35	1 U.F. 2 M. 53 C.P.
—	3	73	7	56	64	1	318	6	49	1 U.F. 2 M. 89 C.P.

TABLE III.—1954

CAUSES OF AND AGES AT DEATH

Causes of Death	Under 1 year	1-4	5-14	15-24	25-54	45-64	65 years and over	Total
1. Tuberculosis, respiratory ...	—	1	—	6	18	27	14	66
2. Tuberculosis, other ...	2	—	—	1	4	1	2	10
3. Syphilitic Disease ...	—	—	—	—	—	2	3	5
4. Diphtheria ...	—	—	—	—	—	—	—	—
5. Whooping Cough ...	3	—	—	—	—	—	—	3
6. Meningococcal Infections ...	—	—	—	—	—	—	1	1
7. Acute poliomyelitis ...	—	—	—	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases ...	—	—	1	1	2	8	1	13
10. Malignant Neoplasm, Stomach ...	—	—	—	—	4	37	73	114
11. Malignant Neoplasm, Lung, bronchus ...	—	—	—	—	9	68	54	131
12. Malignant Neoplasm, Breast ...	—	—	—	—	7	33	39	79
13. Malignant Neoplasm, Uterus ...	—	—	—	—	3	10	18	31
14. Other malignant and lymphatic neoplasms ...	—	—	2	7	19	111	269	408
15. Leukaemia, aleukaemia ...	2	2	2	—	5	8	4	23
16. Diabetes ...	—	—	—	—	1	4	24	29
17. Vascular lesions of nervous system ...	1	—	—	1	9	121	605	737
18. Coronary disease, angina ...	—	—	—	—	15	177	438	630
19. Hypertension with heart disease ...	—	—	—	1	1	22	91	115
20. Other heart diseases ...	—	—	—	3	20	88	983	1,094
21. Other circulatory diseases ...	—	—	—	—	6	38	157	201
22. Influenza ...	—	—	1	—	1	4	27	33
23. Pneumonia ...	23	2	8	5	5	33	102	178
24. Bronchitis ...	3	—	1	—	2	37	127	170
25. Other diseases of respiratory system ...	1	—	2	1	4	27	34	69
26. Ulcer of stomach and duodenum ...	2	—	—	—	2	12	27	43
27. Gastritis, enteritis and diarrhoea ...	1	2	—	—	2	6	12	23
28. Nephritis and nephrosis ...	—	1	1	3	6	18	24	53
29. Hyperplasia of prostate ...	—	—	—	—	—	2	57	59
30. Pregnancy, childbirth, abortion ...	—	—	—	2	5	—	—	7
31. Congenital malformations ...	29	1	1	—	—	2	1	34
32. Other defined and ill-defined diseases ...	102	5	11	3	29	83	193	426
33. Motor vehicle accidents ...	—	2	6	14	13	14	13	62
34. All other accidents ...	5	3	6	5	22	23	67	131
35. Suicide ...	—	—	—	—	6	12	11	29
36. Homicide and operations of war ...	—	—	3	—	—	1	1	5
TOTALS	174	19	45	53	220	1,029	3,472	5,012