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Gloucestershire County Council

Annual Report

of the COUNTY MEDICAL
OFFICER OF HEALTH for
the Year 1956

GEO. F. BRAMLEY
County Medical Officer of Health.




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INDEX

	<i>Page</i>
INTRODUCTION	4
STAFF	7
SECTION A—Statistics and social conditions of the County	9
SECTION B—General Provision of Health Services for the County	
1. Laboratory facilities	11
2. National Health Service Act, 1946:—	
(i) Health Centre	17
(ii) Care of Mothers	18
(iii) Care of Children	19
(iv) Recuperative Holiday Home	22
(v) Problem Families	22
(vi) Nurseries and Child Minders Regulation Act, 1948	22
(vii) Infant Deaths	22
(viii) Midwifery and Home Nursing	25
(ix) Dental Treatment	30
(x) Health Visiting	32
(xi) Vaccination and Diphtheria Immunisation	33
(xii) Ambulance Services	36
(xiii) Prevention of Illness, Care and After-Care	37
(xiv) Home Help	44
(xv) Mental Health	46
3. National Assistance Act, 1948:—	
Section 29—Care of Handicapped Persons—	
(a) Blind	51
(b) Deaf	53
(c) Cripples	54
SECTION C—Diseases	
1. Infectious Diseases	56
2. Venereal Diseases	57
3. Malignant Diseases	57
SECTION D—Water Supplies, Sewerage and Housing Services	59
SECTION E—Inspection and Supervision of Goods	
1. Milk Supply	60
2. Water Sampling	61
3. Food Hygiene	61
4. Animal Health	62
SECTION F—Miscellaneous	
Registered Nursing Homes	64
TABLES—	
I. Births and Deaths	65
II. Notifiable Infectious Diseases	66
III. Causes of Death	68

Health Department,
Berkeley House,
Berkeley Street,
Gloucester.

May, 1957.

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

SIR, LADIES AND GENTLEMEN,

1956 will be outstanding in the health of Gloucestershire. Last year the infantile mortality rate was below twenty (19.83 deaths of children under one per thousand live births) for the first time in history. This during a year when there was a sharp increase in the number of births. In the same year the number of notifications of new cases of pulmonary tuberculosis fell by one third. Both these facts are evidence of improvement in the health of County residents, of the standard of service provided and of the use made of the service. It cannot be claimed that health services alone are responsible but they should take their full share along with the other causes associated with improved economic conditions.

It cannot be assumed that the infantile mortality rate will not show various fluctuations or that this rate can continue its decline to extinction, because there will always be a number of babies born who cannot survive. That it could still decline in this County there is no doubt. For example, 43 premature babies under the weight of 3 lb. 4 oz. died, of which just over one quarter came from Cheltenham, where the population is only one sixth of the County. As the Committee are aware, investigations are still being made to find out why Cheltenham has this high proportion of very small premature infants, and the findings of such investigations will be the subject of future reports. I must point out again, so that there is no misunderstanding, the fact that although a larger number of tiny premature babies are born in Cheltenham, the proportion who survive is as good as in any other area of which I am aware.

Dr. Morris Jones, the Senior Medical Officer for Maternity and Child Welfare, is retiring shortly and I consider that it is fitting to ascribe to her work in this County during the past twenty-eight years some of the credit for the low infantile mortality rate which has now been achieved. Her duties throughout these years have been concerned almost primarily with this aspect of preventive medicine. Through her work with the midwives and the midwifery service, nursing services and the Maternity and Child Welfare Centres and Health Visitors—services which have been built up with her guidance and help—she has seen a saving of hundreds of infant lives and the saving of many lives of mothers in confinement. Her service to the County has been outstanding.

I have expressed my continued disappointment in previous years that although there has been such a phenomenally sharp fall in the tuberculosis death rate, this has not been accompanied by a corresponding fall in the notification rate. The reduction in new cases last year goes far to sustain our confidence that the schemes for the prevention and treatment of tuberculosis are sound, and with the help of the population the scourge of tuberculosis can be removed. It will, however, need more co-operation than is now forthcoming, particularly in regard to mass radiography. Apart from patients referred by doctors, school children

and contacts, the people who are now being X-rayed seem to be the same who have been regular attenders in previous years. Whilst it is a good habit to have periodic chest X-ray, it is more important that everybody should be X-rayed even if only once.

1956 was a year of activity in many branches of the health services in the County. The Health Centre had its first full year of operation and continues to provide a good service without any excitements or difficulties. In the care of mothers there has been a careful review of the ante-natal services following the issue of the Ministry of Health circular and Report of the Central Health Services Council. Fundamentally the reviews have stressed the fact that the care of the expectant mother is a matter of team work. The relationships between the three parts of the Health Service are such that in this County little will be required on the domiciliary side except the adjustment of personal relationships on the part of some members of the team over very small parts of the County. The Council made a big step forward in the care of problem families in the decision to appoint a special worker in the Children's Department. The care of the problem family, the prevention of problem families and the prevention of break-up of families is again a matter of team work, not only between the Children, Welfare and Health Committees and all their staffs, but with many outside organisations. Co-operation has not been withheld from any source and it matters little which officer or department takes on a responsibility so long as this co-operative spirit continues.

The Home Nursing, Midwifery and Health Visiting Services still have to contend with the difficulty of being unable to obtain full recruitment, which we did not meet in this County until about three years ago. So far as the housing provision for nurses and midwives is concerned, the Council have gone very far and by the end of the year had built thirty-one houses. The shortage of housing accommodation has not been the cause of the difficulty in recruitment, which is nationwide. There has been an average of ten vacancies throughout the whole year. This has meant that in a few areas in the County some of the nurses have been overworked.

The restriction in capital expenditure has meant slowing down in the building of new houses for nurses. It has also meant that the erection of new health buildings in Downend, Dursley and Cirencester has had to be postponed. The conditions in these areas have meant that only an inadequate service could be provided and the staff have had to work under difficult and trying circumstances.

There has been some improvement in diphtheria immunisation and the need for its continuance and improvement cannot be overstressed. In 1956, however, a new departure in the prevention of illness by prophylaxis came into being with the arrangement for vaccination against poliomyelitis. Despite much adverse Press publicity in certain quarters, the commonsense of the parents in this County prevailed and 20,867 parents registered their children between the ages of two and nine for vaccination as soon as possible. Unfortunately, the material available was limited in amount, but for those who might still be hesitant it is worthy of note that in the 4,500 injections we gave, there was not one single untoward happening. These figures represent two injections for 2,170 children. Of the safety of the material there can be no doubt and there are high hopes that the efficiency of the vaccine in the prevention of poliomyelitis will soon be vindicated. Because of the short period during which this material could be given and the fact that the material cannot be exposed to ordinary temperatures for very long, ordinary routine arrangements had to be altered, and I would pay tribute to the Medical Officers, Health Visitors and voluntary helpers, that we were able to complete this exercise without much disturbance of the routine work.

A new feature in the Health Service in the County was the provision of a Mobile Child Welfare Centre. With our experience in the past six years of Mobile Dental Units, we have been able to devise a Centre that can provide clinic facilities for small isolated villages or large new estates which have no halls. Such units are essential in order to provide a complete service to all the residents in the County.

In the Mental Health Service there was an expansion both in the number of places in the Occupation Centres and the staff. The improvement in the development of the defectives who attend was most marked. For those who are unable to attend Occupation Centres and for the follow-up of patients discharged from mental hospitals, two additional officers were appointed and the Mental Health Domiciliary Service is becoming fairly comprehensive. As there is a national dearth of psychiatric social workers, Trainee Duly Authorised Officers were appointed. There was a change in the procedure, mode and concept of hospital treatment with the appointment of a new Superintendent at the Mental Hospital and the Duly Authorised Officers, whilst not finding it quite so easy to get patients admitted for general practitioners who called them in, have been able to act as the link between the hospital and the home and become part of the team concerned with the treatment and care of the mentally ill.

A Night Sitter-in Service began during the year and although the demand is very small its value has been well acknowledged. The Home Help Service expanded and a perusal of the section of the Report dealing with the Home Help Service will show how it has relieved the Children's Committee, the Welfare Committee and the Hospital Services of a burden they are not equipped to carry. The important point is, however, that children, families and old people have in many cases been able to remain at home rather than be admitted to homes or hospitals and so have been able to live their lives in an atmosphere more congenial to them.

It is of concern that the number of persons who have to be conveyed to and from hospitals by the Ambulance Service has continued to grow. The increased load has been carried without any increase in ambulance personnel, due to close integration and the co-operation of those who call upon the service.

Whilst I began this letter with two facts which strike a note of optimism into the health affairs of the County, there remain disturbing features, not the least of which is the continued increase in dental decay evident in young children. The shortage of dentists continues and is not likely to be relieved, but so long as the cause of increased dental decay appears to be the increased consumption of sugary materials, the way of prevention is clear, that either there should be a decrease in the consumption of these articles or that the teeth should be well washed after eating them.

The Health Service in this County is well served by a large staff but this staff could not continue to carry its responsibilities without the encouragement of the Chairman and members of the Committee and Council and the many hours of voluntary work given to the health services by numerous societies, associations and committees. To them and my staff I record my grateful thanks for their assistance.

I have the honour to be,

Your obedient Servant,

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

STAFF

as at 31st December, 1956

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			W. Davidson Lamb, M.C., M.B., Ch.B., D.P.H.
Senior Medical Officer	...	...	E. Catherine Morris Jones, M.B., B.S., B.Hy., D.P.H.
Senior Assistant County Medical Officer of Health and School Medical Officer	...		J. A. Slattery, M.R.C.S., L.R.C.P., D.P.H.
Assistant County Medical Officers of Health and School Medical Officers	...	...	Katherine E. M. Allen, M.A., M.R.C.S., L.R.C.P. D. P. Brunton, M.B., Ch.B., D.P.H. D. E. Clare, M.B., B.S., D.P.H. Catherine E. Hignell, M.R.C.S., L.R.C.P. Mary P. S. Seacome, M.A., B.M., B.Ch. P. J. Speller, M.B., Ch.B., D.P.H. A. H. Walker, M.B., B.S., B.Sc., Ph.D.
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. S. Knight, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. W. A. Knox, M.B., B.Ch., B.A.O., 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)	...		W. J. D. Cooper, M.B., B.Ch., B.A.O., D.P.H. J. Menzies Cormack, 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. Miss M. S. MacKinnon, L.D.S. F. McGonigal, L.D.S., D.D.O. J. P. B. Pengelly, L.D.S. W. F. Richards, L.D.S. Mrs. D. W. Squires, L.D.S. D. A. Thomas, L.D.S. D. J. S. Waterhouse, B.Ch.D., L.D.S. A. J. Lane, L.D.S. A. W. McCarthy, L.D.S. 4 part-time officers 5 vacancies

Dental Hygienist	...	...	...	Mrs. W. E. Judd
Superintendent Health Visitor	...	...	...	Miss E. K. N. Cumming
Deputy Superintendent Health Visitor	...	...	...	Miss F. E. Fortnam
Health Visitors	...	...	...	63 in number
Health Visitor Tutor	...	...	...	Miss R. Atkinson
County Nursing Association:				
Secretary	...	...	...	A. F. Poyser
Superintendent	...	...	...	Miss M. A. Bach
Assistant Superintendents	...	...	...	Miss I. Collin Miss C. M. Allison 159 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 V. N. Denne 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				15 in number
Speech Therapists	...	...	...	Miss D. Braithwaite Mrs. D. Hodgson Miss A. Parsons Miss M. Vale
Dental Attendants	...	...	...	13 whole-time and 6 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.

Live Birth Rate per 1,000 population	...	...	...	...	...	...	...	16.17
Still Births—164. Rate (per 1,000 total Births)	...	...	...	...	...	...	...	21.78
Deaths—5,367. Death Rate (per 1,000 population)	...	...	...	...	...	...	...	11.78
Deaths from Pregnancy, Childbirth and Abortion	...	...	...	...	...	...	...	3
Maternal Mortality Rate (Deaths per 1,000 total births)	...	...	...	...	...	...	...	0.41
Death Rate of Infants under one year of age:—								
All infants, per 1,000 live births	...	...	...	...	...	...	...	19.83
Legitimate infants, per 1,000 legitimate live births	...	...	...	...	...	...	...	20.02
Illegitimate infants, per 1,000 illegitimate live births	...	...	...	...	...	...	...	15.48
Death Rate of Infants under four weeks of age:—								
All infants, per 1,000 live births	...	...	...	...	...	...	...	13.99
Legitimate infants, per 1,000 legitimate live births	...	...	...	...	...	...	...	14.34
Illegitimate infants, per 1,000 illegitimate live births	...	...	...	...	...	...	...	6.19
Deaths from:—								
Cancer (all ages)	...	...	...	...	...	...	...	851
Measles (all ages)	...	...	...	...	...	...	...	—
Whooping Cough (all ages)	...	...	...	...	...	...	...	1
Gastritis, enteritis and diarrhoea (all ages)	...	...	...	...	...	...	...	19

1. Live Birth Rate

The Birth Rate for the year 1956 was 16.17 per 1,000 of the population, as compared with 15.42 in 1955.

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

	1952	1953	1954	1955	1956
Urban	15.71	15.28	15.74	15.61	16.03
Rural	15.69	15.98	15.83	15.33	16.23
Administrative County	15.69	15.74	15.80	15.42	16.17
England and Wales	15.3	15.5	15.2	15.0	15.7

2. Death Rate

The Death Rate for the year was 11.78 per 1,000 of population as compared with a rate of 11.44 last year.

The total number of deaths in the County during 1956 was 5,367 and 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	649	4.27	1,284	4.23	1,933	4.24	34.65	36.75	36.02
Cancer ...	315	2.07	536	1.76	851	1.87	16.82	15.34	15.86
Vascular lesions of nervous system ...	266	1.75	497	1.64	763	1.67	14.20	14.22	14.22
Pneumonia ...	95	0.62	169	0.56	264	0.58	5.07	4.84	4.92
Bronchitis ...	77	0.51	125	0.41	202	0.44	4.11	3.58	3.76
Other Circulatory diseases ...	64	0.42	168	0.55	232	0.51	3.42	4.81	4.32
Accidents ...	56	0.37	97	0.32	153	0.33	2.99	2.78	2.85

3. Infantile Mortality

The Infantile Mortality Rate for the County was 19.83. The rate for England and Wales for the same period was 23.8.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
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
1955 ...	58	24	109	23	167	24	24
1956 ...	52	21	94	19	146	19	23

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.

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

SUMMARY OF EXAMINATIONS

Milk	771
Food and Drugs	485
Water	123
Fertilisers and Feeding Stuffs	72
Miscellaneous	22
Poisons and Pharmacy Act	2
Atmospheric Pollution:—	
Lead Peroxide	60
Deposit Gauges	60
	<hr/>
	1,595
	<hr/>

FOOD AND DRUGS ACT

There was no major change in the level of Food and Drug sampling. Again some 60 per cent of the samples related to milk.

Seventy-four milks were returned as adulterated, and of these 12 were taken formally. Seventy-one samples showed deficiencies in fat and 3 contained added water. In several cases of fat deficiency the bulk sample proved satisfactory. Besides being deficient in fat, 11 samples showed solids-not-fat figures below 8.5 per cent, although the freezing point determinations did not indicate added water.

Apart from milk the following were returned as irregular:—

C.1411	Beech tar linctus	... Informal	... $\frac{1}{4}$ minim creosote instead of the $\frac{1}{2}$ minim declared.
C.1428	Beech tar linctus	... Formal	... $\frac{1}{2}$ minim creosote instead of the $\frac{1}{2}$ minim declared.
C.1431	Bronchial mixture	... Informal	... Low in total solids (sucrose) against the declared amount.

Of 771 milks examined, 93 showed abnormal solids not fat. Also a total of 116 Channel Island milks are included in the 771 samples and of the 116 Channel Island milks, 15 were below the required 4 per cent fat content, and 2 were returned as of poor quality, since the fat in each case was only 3.9 per cent.

Other Food and Drugs requiring comment:—

A.1232	Steak and kidney pie	...	Informal	...	Poor quality, only 15 per cent meat.
A.1243	Pudding mix	...	Informal	...	Comment on label
A.1248	Iced chocolate layer cake mix	...	Informal	...	Comment on label.
A.1251	Dried peas	...	Informal	...	Infested
A.1253	Dried peas	...	Formal	...	Repeat of A.1251 and returned as satisfactory
A.1257	Apples...	...	Formal	...	Arsenic 0.4 p.p.m., and lead 2.7 p.p.m.
B.1464	Cake mix	...	Informal	...	Comment on label
B.1484	Apples...	...	Formal	...	Arsenic 0.5 p.p.m. and lead 0.18 p.p.m.
B.1501	Apples...	...	Formal	...	Arsenic 0.25 p.p.m. and lead 3.5 p.p.m.
B.1503	Apples...	...	Formal	...	Arsenic 0.16 p.p.m. and lead less than 0.05 p.p.m.
C.1468	Apples...	...	Formal	...	Arsenic 0.1 p.p.m. and lead 0.9 p.p.m.
C.1469	Apples...	...	Formal	...	Arsenic 0.4 p.p.m. and lead 2.9 p.p.m.
C.1470	Apples...	...	Formal	...	Arsenic 1.0 p.p.m. and lead 3.2 p.p.m.
A.1326	Tea	...	Informal	...	This sample gave normal analytical figures except for a somewhat high insoluble ash. The infusion prepared from the tea was reasonable although the price was only 10d. per $\frac{1}{4}$ lb., that is approximately half the normal price.
C.1603	Dripping	...	Informal	...	This sample showed signs of incipient rancidity but was otherwise satisfactory.

WATER EFFLUENTS, ETC.

Summary

Wells, Springs and Boreholes	...	52
Mains and Public Supplies	...	44
Sewage Effluents and Streams	...	22
Miscellaneous	... ..	5
		123

Ninety-six samples of drinking water were submitted. Forty-two were satisfactory, the remainder showed evidence of contamination or pollution as the result of chemical or bacteriological tests.

Besides 22 miscellaneous samples there were 120 atmospheric pollution examinations consisting of 60 deposit gauges and 60 lead peroxide cylinders made on behalf of Kingswood and Stroud U.D.C. and Dursley R.D.C.

Foods

<i>Nature of Sample</i>	<i>Total examined</i>	<i>Number adulterated or otherwise irregular</i>
Milk	767	74
Apples	14	—
Biscuits	3	—
Baking powder	4	—
Bread	5	—
Blackcurrant juice	1	—
Butter beans... ..	2	—
Blancmange powder	2	—
Bread fat	1	—
Baked beans and pork sausages	1	—
Baked beans with tomato	1	—
Broad beans	1	—
Banana whip	1	—
Bread improver	2	—
Beer and ale	5	—
Black pudding	2	—
Cheese and spreads	4	—
Cheese spread with ham	1	—
Coffee and chicory essence	4	—
Creamed rice	1	—
Christmas pudding	1	—
Cake mix	8	—
Cake filling	1	—
Custard powder	4	—
Condensed milk	1	—
Canned beans	1	—
Canned soup	20	—
Canned tomatoes	1	—
Coconut, desiccated	2	—
Curry powder	2	—
Chicken pasties	1	—
Cooking crumbs	2	—
Cider	5	—
Creams	3	—
Chocolate spread	1	—
Canned fruit	4	—
Canned vegetables	6	—
Caraway seeds	2	—
Canned tomato juice	3	—
Canned fish	8	—
Canned meat	5	—
Cornflour	1	—
Cakes	1	—
Dripping	3	—
Dried vegetables	6	—
Carried forward	914	74

<i>Nature of Sample</i>					<i>Total examined</i>	<i>Number adulterated or otherwise irregular</i>
	Brought forward	...	...	...	914	74
Dried fruit ...	...	...	...	...	3	—
Evaporated milk	...	...	...	...	1	—
Fruit pie ...	...	...	...	...	1	—
Faggots ...	...	...	...	...	2	—
Foam crystals	...	...	...	...	1	—
Flour, S.R., and plain	...	...	...	...	11	—
Flavourings ...	...	...	...	...	2	—
Grapefruit juice	...	...	...	...	1	—
Ground nutmeg	...	...	...	...	2	—
Gelatin compound	...	...	...	...	1	—
Gravy browning	...	...	...	...	1	—
Horseradish relish	...	...	...	...	3	—
Honey ...	...	...	...	...	4	—
Ice cream ...	...	...	...	...	7	—
Ice lollie ...	...	...	...	...	1	—
Jams and preserves	...	...	...	...	19	—
Jellies, table, cream and crystals	...	...	...	...	9	—
Lemonade powder and crystals	...	...	...	...	7	—
Lard and cooking fat	...	...	...	...	6	—
Meat and fish pastes ...	...	...	...	...	12	—
Macaroni and sauce with cheese	...	...	...	...	1	—
Margarine ...	...	...	...	...	15	—
Mustard ...	...	...	...	...	4	—
Marzipan and paste	...	...	...	...	5	—
Mixed herbs	...	...	...	...	1	—
Meat and egg loaf	...	...	...	...	1	—
Mincemeat ...	...	...	...	...	10	—
Mint (garden)	...	...	...	...	1	—
Meat products	...	...	...	...	20	—
Milk flavour and syrup	...	...	...	...	1	—
Milk powder	...	...	...	...	4	—
Mixed spice ...	...	...	...	...	7	—
Orange drink	...	...	...	...	6	—
Orange squash and fruit	...	...	...	...	3	—
Oranges ...	...	...	...	...	1	—
Pickling spice	...	...	...	...	1	—
Pearl barley ...	...	...	...	...	1	—
Pudding mix	...	...	...	...	1	—
Peanuts ...	...	...	...	...	2	—
Pickles, chutney and sauce	...	...	...	...	14	—
Pealed prawns	...	...	...	...	1	—
Pepper ...	...	...	...	...	5	—
Peas (frozen)	...	...	...	...	1	—
Peanut butter	...	...	...	...	1	—
Puff pastry	...	...	...	...	1	—
	Carried forward	...	...	...	1116	74

<i>Nature of Sample</i>						<i>Total examined</i>	<i>Number adulterated or otherwise irregular</i>
				Brought forward	...	1116	74
Rice	...	...	...	...	...	1	—
Stuffings	...	...	...	...	...	5	—
Salad cream and mayonnaise	...	...	...	...	...	6	—
Salt	...	...	...	...	...	3	—
Spirits	...	...	...	...	...	16	—
Sausage roll	...	...	...	...	...	1	—
Sliced beetroot	...	...	...	...	...	1	—
Stemmed ginger	...	...	...	...	...	1	—
Suet	...	...	...	...	...	1	—
Scotch shortbread mix	...	...	...	...	...	1	—
Sugar	...	...	...	...	...	1	—
Sweets	...	...	...	...	...	11	—
Soft drinks and mineral waters...	...	...	...	...	...	6	—
Split red lentils	...	...	...	...	...	1	—
Stout, glucose and velvet	...	...	...	...	...	2	—
Sausages	...	...	...	...	...	1	—
Sago	...	...	...	...	...	1	—
Tea	...	...	...	...	...	5	—
Tapioca	...	...	...	...	...	1	—
Vinegar	...	...	...	...	...	7	—
Wine barley	...	...	...	...	...	1	—
Yeast	...	...	...	...	...	1	—
				Total	...	1,190	74

DRUGS

Aspirin tablets	...	...	...	...	...	5	—
Almond oil	...	...	...	...	...	2	—
Ascorbic acid	...	...	...	...	...	1	—
Arrowroot, ground	...	...	...	...	...	1	—
A.P.C. tablets	...	...	...	...	...	1	—
Ammoniated tincture of quinine	...	...	...	...	...	1	—
Bronchial mixture	...	...	...	...	...	2	1
Bicarbonate of soda	...	...	...	...	...	2	—
Beech tar linctus	...	...	...	...	...	2	2
Blackcurrant and glycerine pastilles	...	...	...	...	...	1	—
Compound glycerine and thymol	...	...	...	...	...	1	—
Cod liver oil capsules	...	...	...	...	...	1	—
Codeine, compound tablets	...	...	...	...	...	1	—
Cascara sagrada tablets	...	...	...	...	...	1	—
Castor oil	...	...	...	...	...	1	—
Cinnamon and quinine	...	...	...	...	...	1	—
Calamine lotion	...	...	...	...	...	1	—
Distilled witch hazel	...	...	...	...	...	2	—
				Carried forward	...	27	3

<i>Nature of Sample</i>				<i>Total examined</i>	<i>Number adulterated or otherwise irregular</i>
	Brought forward	...	...	27	3
Epsom salts ...	...	...	...	1	—
Friar's balsam	...	...	...	1	—
Gee's linctus	...	...	...	3	—
Glucose tablets	...	...	...	1	—
Glycerine ...	...	...	...	1	—
Glucose barley sugar	...	...	...	1	—
Halibut oil capsules	...	...	...	2	—
Halibut liver oil	...	...	...	1	—
Lysol ...	...	...	...	1	—
Liquafruta ...	...	...	...	1	—
Laxative tablets	...	...	...	1	—
Lysantal pastilles	...	...	...	1	—
Olive oil ...	...	...	...	6	—
Olive oil and raspberry vinegar	...	...	...	1	—
Phosferine tablets	...	...	...	1	—
Petroleum jelly	...	...	...	1	—
Preparation H	...	...	...	1	—
Pernivit tablets	...	...	...	1	—
Quinine tablets	...	...	...	2	—
Relaxa tablets	...	...	...	1	—
Rose hip syrup	...	...	...	1	—
Saccharin tablets	...	...	...	2	—
Snowfire ointment	...	...	...	1	—
Saline ...	...	...	...	1	—
Tincture of iodine	...	...	...	2	—
Vitamin capsules	...	...	...	1	—
Vitamised iron tonic tablets	...	...	...	1	—
Zinc and castor oil cream	...	...	...	1	—
	Total of drugs	...	...	66	3
	Total of food and milk	...	...	1,190	74
	Total	...	...	1,256	77

2. National Health Service Act, 1946.

(I) HEALTH CENTRE

The work at the Hester's Way Health Centre, Cheltenham, has proceeded smoothly during the year, and the following is a summary of the attendances made under the various services:—

General				
Practitioner	Vaccinations	Child Welfare	Ante-Natal	Total
13,009	2,712	5,266	1,414	22,401

(II) CARE OF MOTHERS

(a) *Expectant and Nursing Mothers*

The importance of careful and constant supervision of expectant mothers has always been recognised but the issue of a memorandum by the Standing Maternity and Midwifery Advisory Committee on "Ante-natal care in relation to Toxaemia" during the year led to a review of existing arrangements. This memorandum set out the kind of supervision a mother should receive and the need for integration and exchange of information between all the agencies which may be concerned in any particular case, hospital, family doctor and domiciliary midwife. The method of carrying out the work varies in different localities and through group meetings and individual visits the midwives have been told of their responsibilities in the service. Where patients are booked for hospital the ante-natal supervision is usually carried out by the hospital staff and the midwife visits to ensure that appointments are kept or to follow up defaulters. Frequently to save the patient's prolonged travelling intermediate examinations are done by the family doctor and the midwife. In domiciliary cases the family doctor and the midwife share the responsibility and wherever possible they see the patient together periodically either at the doctor's surgery, the patient's house or district midwives' house or in clinic premises of the local authority. The use of the personal maternity card is growing and is found of value.

Facilities for ante-natal work are available in eleven clinics provided by the Local Health Authority. At four clinics family doctors attend periodically; in one only is a doctor employed by the authority for ante-natal work; and in three a medical officer attends monthly for the purposes of women's welfare and specially referred ante-natal patients may be seen. A physiotherapist carries out relaxation classes in seven clinics and Health Visitors are present at all clinics to undertake group teaching on mothercraft. The number of ante-natal patients who attended the clinics during the year was 2,394, of whom 1,018 were new cases, the total attendances being 234 at medical officer sessions and 7,163 at midwives sessions.

Routine post-natal examinations are usually done at hospitals or by family doctors, but 72 women attend the clinics for this purpose and also for guidance on family welfare. Advice to nursing mothers is given at the Child Welfare Centres.

(b) *Arrangements for Confinements*

There were 7,529 births during the year, an increase of 438 over 1955. 4,745 took place in hospital and 2,784 at home, being 63 per cent hospital confinements, a decrease on the previous year which was 64.4 per cent. Patients recommended by doctors for hospital admission on medical grounds are booked without question but a considerable number of requests for admission are received from patients necessitating investigation into home and social circumstances. Apart from unsatisfactory domestic conditions, where there is no abnormality in the existing pregnancy, various points are taken into consideration when assessing the need for hospital confinement, such as age and parity of the mother and the previous history. There are still some mothers with large families and in poor social conditions who refuse to go to hospital for delivery although it is recognised that they are at higher risk. 2,437 applications for hospital were dealt with and in 262 cases (10 per cent) admission was not considered necessary as domiciliary conditions were adequate with the employment of a home help.

(c) *Care of the Mother and Illegitimate Child*

Reports received from the organisers of the Bristol and Gloucester Diocesan Associations for Moral Welfare show that the number of County cases dealt with in the Gloucester Diocese has increased from 199 to 237, including 79 in the Borough of Cheltenham, while in the part of the County within the Bristol diocese the number has been reduced to 18 from 25. There were 331 illegitimate births among the total 7,529 births in the County, a percentage of illegitimate births of 4.3, which compares favourably with the

national figure. The percentage in Cheltenham is 6.5, which shows some reduction during the past four years. The Cheltenham Association for Moral Welfare has been in operation for 18 months and has established satisfactory co-operation with the Borough Authority. From an analysis of the work given by the organiser of the Gloucester Association, which includes Cheltenham figures, the following information is obtained:—

	Single women with illegitimate infants ...	...	...	...	200
	Married women with illegitimate infants ...	...	...	...	37
<i>Ages of Mothers</i>					
	14-16 years ...	...	...	...	13
	17-20 years ...	...	...	...	104
	21-24 years ...	...	...	...	54
	Over 24 years ...	...	...	...	64
<i>Occupation of Mothers</i>					
	Factory ...	...	...	...	54
	Domestic ...	...	...	...	40
	Shop assistant ...	...	...	...	22
	Not working ...	...	...	...	41
	Other occupations ...	...	...	...	80
<i>Nationality of Putative Father</i>					
	British ...	...	...	...	133
	American ...	...	...	...	29
	Irish ...	...	...	...	17
	Other, where known ...	...	...	...	8

Arrangements were made for 75 cases to be admitted to mother and baby homes before and after the confinement, 48 of whom were sent to St. Catherine's Home, Cheltenham, and 27 to homes in other parts of the country, and for a further 9 mothers to be admitted with their baby for post-natal stay. That so many girls receive adequate care during pregnancy and are enabled to take a place in the community afterwards is due to the unstinting efforts and sympathy and encouragement given by all the Moral Welfare Workers.

St. Catherine's Home, Cheltenham

This Home is now fully established and has had a busy year. There have been fewer staff changes and the improvements in decorations and furnishings help to promote the happy atmosphere which exists. Sixty-eight mothers and babies were admitted, 48 under arrangements of the County Council, and in addition there were five shelter cases. The average stay was 39 days before confinement and 40 days after; this latter period is longer than in previous years but some difficulty was encountered in several cases in making suitable arrangements for the mother and baby.

(III) CARE OF CHILDREN

(a) Home Visiting

Summary of home visits during the year:—

		Number of Children under 5 Visited	Children under 1 year First Visits	Children Total Visits	Children 1-2	Children 2-5	Total Visits
L.H.A. ...	...	30,372	6,043	43,338	18,006	43,883	105,227
Vol. Org. ...	...	7,413	1,170	12,141	5,965	10,707	28,813

While it is agreed that one of the most important parts of a Health Visitor's work is visiting a child in its own home, her duties are now so extended that some selection has to be made and less frequent visits are now paid to older children where conditions and management are known to be satisfactory. Over 95 per cent of all new born children were visited and the small proportion not visited because of removal or refusal of the mother to admit the Health Visitor is an indication of the recognition of her work. Some families require intensive visiting and many children are seen by the Health Visitor at Child Welfare Centres where appropriate advice can be given.

(b) *Child Welfare Centres*

The Child Welfare Centres in the County have carried out good work during the year. The Voluntary Committee members give devoted service and there has been a greater feeling of co-operation with them through the County Federation. Attendances at area and general meetings have been high and discussions promoted there have resulted in better organisation and a readiness to make improvements in local centres. Attention is constantly directed to the need for regular medical examination of the pre-school child and great efforts are being made in this direction. The social activities arranged and personal friendliness shown by voluntary helpers play a large part in attracting mothers to attend the centres. Owing to lack of support the centre at Daglingworth was closed during the year. There are 108 fixed voluntary centres and two centres with no voluntary committee, but in both of these during the year voluntary helpers have given useful service. The year saw the introduction of the first mobile Child Welfare Centre in the County. There are several places in which there is no suitable hall, particularly in new housing estates or in which there are not enough children to justify the establishment of a fixed centre but where Welfare Centre facilities are needed, and the County Council approved the provision of a travelling centre. This consists of a van, towed by a Land Rover, which has provision for the weighing and medical examination of children under good conditions. Four mothers and their children can be accommodated at a time. The Health Visitor for the district is in attendance with a medical officer, and welfare foods are carried in the Land Rover. The unit is based on a hall or other building—in one instance the district nurse's house is used—so that the mothers can have shelter and where opportunity for some health education is given. In each place visited we have been fortunate in finding some voluntary helpers who undertake the clerical duties and make the desirable cups of tea. The Unit came into operation in May and was first used for the purpose of poliomyelitis vaccination and commenced scheduled welfare visits in July. By the end of the year 17 villages were covered and 51 sessions had been held. 398 children made 804 attendances. 168 of the children had never previously attended any centre. The Unit has attracted considerable interest and mothers find it comfortable and convenient. The County Federation made a generous gift of additional heating appliances to be used when electricity is available and of a pair of blue blankets for the examination couch. The Unit covers long distances and so far has not failed to arrive at the proper time either on account of weather or of mechanical breakdown. Summary of records of Child Welfare Centres, including Mobile Unit:—

		1956	1955
No. of sessions held per month	... ..	293	295
No. of children who first attended under 1 year of age	... ..	5,236	4,800
Total number of children who attended	... ..	16,611	15,792
Total number of attendances:			
Under 1 year	... ..	54,720	49,343
Over 1 year and under 2 years	... ..	20,070	19,460
Over 2 and under 5 years	... ..	30,397	27,404

Mothers' Clubs

There are 11 Mothers' Clubs in the County, meeting weekly, fortnightly or monthly. Membership includes mothers with children of school age and in some grandmothers are welcomed and can make a useful contribution. The mothers appreciate the evening out and with freedom from the distraction of their children a great deal of health education can be given. The mothers form their own committee, of which the Health Visitor is usually a member and programmes include lectures, films and discussions in addition to social activities. The longer established clubs are now entirely self-supporting and it is hoped that more clubs will be formed.

(c) Distribution of Welfare Foods

Distribution has continued smoothly and the help given by the volunteers whether in the Child Welfare Centre or their own houses or business premises is very much appreciated.

In the autumn notice was received from the contractors responsible for the bulk delivery of the welfare food that upon the instructions of the Ministry of Health economies had to be effected in the delivery arrangements. The contractors were able to achieve this only by reducing the number of journeys, e.g., one delivery every two weeks where weekly ones had been made and four-weekly deliveries where bi-weekly ones had been made.

As the contractors were also undertaking deliveries to some distribution centres those centres were called upon to revise their ordering arrangements and to provide additional storage accommodation for the greater amount of stock to be carried. The number of difficulties which have arisen as a result have been very few and is an indication of the spirit in which the volunteers carry out this work on behalf of the County Council.

Welfare foods could be taken up at 227 points in the County, i.e., 133 Child Welfare Centres, 40 shops, 32 houses and 22 full or part-time offices with paid assistance.

The quantities of welfare food distributed in the year were:—

National Dried Milk (Tins)	Cod Liver Oil (Bottles)	Orange Juice (Bottles)	Vitamin A & D Tablets (Packets)
175,775	50,749	349,527	21,004
(165,705)	(55,767)	(311,199)	(19,315)

For comparison the 1955 figures are shown within brackets.

(d) Day Nurseries

The 2 day nurseries in Cheltenham continue to fill a need, particularly for the children of unmarried mothers who go out to work to support them, but in Kingswood and Stroud the numbers have fluctuated and there has been less demand for the admission of children in the priority classes laid down by the County Council. The number of places in these two nurseries has, therefore, been cut down with a corresponding reduction in the number of staff employed. Consideration is being given to the admission of children not in priority classes for payment to ensure that the nurseries are used to capacity. In the 4 nurseries there are 49 approved places for children under 2 and 86 places for children over 2. At the end of the year there were 36 on the register in the first age group and 88 in the second group. The average daily attendance throughout the year was 31 under 2 and 75 over 2. Attendances are much affected by the incidence of infectious disease and in the early part of the year there were frequent absences on account of chicken pox and whooping cough.

Training of Nursery Students

The County training scheme is comprehensive and continues to attract many applicants. Several of our students come back to posts in the County after experience in private families or with other authorities. Our students show consistently good results in the examinations of the National Nursery Examination Board; during 1956 15 students obtained the certificate out of 16.

(IV) RECUPERATIVE HOLIDAY HOMES

The Council has continued to use its powers to send mothers in need of a rest and change to holiday homes. Often the younger children accompany her and facilities are available for them to be taken care of while the mother enjoys and benefits from a break in her household cares. The improvement in her health and outlook is considerable and she also gains valuable guidance in the management of her children.

Requests are also received from hospitals and doctors for a period of recuperation for children under 5 following illness or prolonged difficulties in feeding or care. The Invalid Children's Aid Association have helped with many such cases and the sympathetic care given has resulted in lasting benefit. Twenty mothers with 40 children were sent for holidays during 1956 and 13 children unaccompanied.

(V) PROBLEM FAMILIES

The Health, Welfare and Children's Departments of the County Council are closely linked in their efforts to prevent the break-up of families. The Officers' Co-ordinating Committee meets frequently to consider the more difficult problem families where concerted action may be necessary. At these meetings staff of the Council attend with members of voluntary and other statutory organisations, probation officers, moral welfare workers, National Assistance Board officers, N.S.P.C.C. inspectors, etc. This Committee considered 16 new cases during the year and 16 families who were already under supervision. As housing difficulties and non-payment of rent are a large factor in the deterioration of families, housing authorities have been asked to notify the Council of unsatisfactory tenants before eviction was carried out, in the hope that intensive effort could prevent this occurrence. A good deal of assistance has been given in this manner by housing authorities and district medical officers of health, and the separation of members of the family prevented. Much practical help for these families is given by the field workers and local case conferences are held of all persons involved in the family problems. Some mothers have been sent for training in home management and have responded to the guidance given, but frequently the fathers do not accept their share of responsibility. Full use of home helps is made whenever possible, who are able to achieve considerable success but in long-standing cases assistance is required over a very long period. The National Assistance Board is helpful with outstanding payments and a local trust, the Free Hospital and George Peter Fund, gives generously towards furniture, bedding and clothing costs, not only for problem families but also for other families in temporary difficulties, who are thus enabled to make a fresh start. The need for education in all fields and for early recognition of potential break-down is well recognised by all workers.

(VI) NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

There are no nurseries in the County registered under this Act. There are 11 registered child minders who can offer places for 43 children. The Council has a scheme for daily minders receiving fees from the Local Health Authority but no applications have been received from minders or mothers for this service.

(VII) INFANT DEATHS

The following table shows the infant mortality rate for the past five years:—

				England & Wales	County
1952	...	...	...	27.6	28.2
1953	...	...	...	26.8	23.1
1954	...	...	...	25.5	24.6
1955	...	...	...	24.9	24.1
1956	...	...	...	23.8	19.8

This is the first time the rate in the County has been under 20. The infant mortality rate is regarded as an index of the services available and the use which is made of them, and the low rate achieved during 1956 is a reflection of the good work of midwives and Health Visitors in the care of the young child.

There were 146 deaths of children under the age of 1 year, of which 103 occurred during the first 28 days and 43 between 4 weeks and 1 year.

Causes of death of the 43 children between 4 weeks and 1 year:—

	Place of Death	
	Home	Hospital
Broncho-pneumonia	8	6
Broncho-pneumonia with other conditions	—	4
Bronchitis	3	1
Asphyxia	4	—
Congenital heart disease	2	1
Congenital deformities	2	3
Gastro-enteritis	1	1
Other conditions	1	6
	—	—
	21	22

The number of deaths due to broncho-pneumonia and bronchitis continues at the same level, which gives cause for concern. In 5 of the deaths which took place at home a post mortem examination was made as the death supervened suddenly and no doctor had been in attendance. Of the 4 cases of asphyxia, which is double the number in 1955, one was associated with a congenital condition, one with chronic bronchitis and 2 were alleged to be the result of burying the face in a pillow—both these children were only 2 months old. Post-mortem examinations were carried out in all cases. Three of the deaths in this age group were of illegitimate children.

Neo-natal Deaths

There is a considerable reduction in the number of deaths occurring in the first 28 days, the figure of 103 representing 70 per cent of the total infant deaths, and a neo-natal death rate of 13.99. Two illegitimate infants were included in these deaths. The causes of death were as follows:—

Prematurity—where this condition is given as sole cause	...	44
associated with atelectasis	... ..	11
associated with other conditions	... ..	5
		— 60
Congenital defects	... ..	15
Cerebral haemorrhage	... ..	6
Atelectasis	... ..	8
Infections	... ..	4
Asphyxia	... ..	3
Other	... ..	7
		—
		103

The number of deaths associated with prematurity was almost the same as last year (63) and is 58 per cent of the total neo-natal deaths. The number due to other causes is much less, 43 as against 61, the main reduction being in cases of congenital defects and blood conditions. There were 473 premature live births,

of which 359 took place in hospital, 108 at home and 6 in nursing homes. Forty-eight of the infants born in hospital died within 28 days, 75 infants born at home were entirely nursed there with 1 death, and 33 of the infants born at home were transferred to hospital and 11 died. All the 6 cases born in nursing homes remained there and survived. Whenever possible mothers who are likely to have premature babies are admitted to hospital, where all facilities for the care of the baby are available, but should the infant be born at home the question of admission to hospital has to be considered. There is a high death rate among the infants who are transferred to hospital and the practice of keeping the child at home is increasing. To this end special outfits for the home nursing of premature babies are available throughout the County. The equipment includes cot with bedding and hot-water bottles, clothing and thermometers. In Cheltenham two outfits are stored at Ambulance Headquarters and in other parts of the County in divisional offices. The midwives exercise great care and interest in the care of premature babies and it is intended that one of the Assistant County Nursing Superintendents shall take special training in this work and be available to give guidance to the domiciliary midwives. There is still much to be learned about the causes of toxæmia which is associated with many premature births, the babies often being not only in the low weight group, under 4 lb. 6 oz. at birth, but also immature in development.

The infant mortality rate in Cheltenham has fallen in 1956 and during the year detailed investigation was made into each case. Of the total 146 infant deaths in the County 33 were of children of Cheltenham residents, 21 were neo-natal deaths, of which 16 were premature. It has become evident that an unusually large proportion of these babies are very small, under 3 lb. 4 oz. at birth, and an enquiry into this aspect is to be initiated. Among the 13 deaths between 28 days and 1 year there were 5 cases of respiratory infection and 2 of gastro enteritis. There was 1 death of an illegitimate child.

Still Births

There were 164 still births included in the 7,529 registered births, a still birth rate of 21.78. 138 of these took place in institutions and 26 at home. There were 91 premature still births, 81 in institutions and 10 at home. The number of still births is greater than the number of neo-natal deaths and the two figures must be considered together in presenting an accurate picture of the wastage of infant life. Many of the same causes operate in both instances and there is a narrow margin between death just before or during labour and death up to 4 weeks after delivery. The issue is most marked in premature births as some 26 per cent of child life is lost either by still birth or early death. Details are given of 17 cases of still birth attended at home by midwives:—

Infant dead before commencement of labour

Abnormality of infant	...	...	3
Abnormality of placenta	...	...	4
No definite cause apparent	...	...	3

Infant alive at commencement of labour

Abnormal presentation	...	...	3 (breech 2, posterior 1)
Blood incompatibility	...	...	1
No cause	...	...	3

—
17

Age of mother

Under 22	24-25	27-29	32	38
2	4	4	6	1

Number of previous pregnancies

Nil	1	2	5	6
3	5	7	1	1

Hospital admission might have been desirable in two cases of mothers aged 32 having their first babies and for the 2 patients with 5 and 6 previous confinements respectively.

(VIII) MIDWIFERY—HOME NURSING

The provision of an adequate and efficient domiciliary midwifery and home nursing service is undertaken by the County Nursing Association on behalf of the County Council and a high standard of work has been maintained throughout the year. The 87 district nursing associations fulfil a useful function in the personal interest of their members in the welfare of the nurse and the supervision of her house where it has been provided by the County Council. Area meetings are held to promote interest in the nursing and midwifery services and to keep members of district associations informed on matters of policy and of new developments in the work. Despite the curtailment of the housing programme due to financial considerations progress was made with schemes already approved and 6 further houses were completed and occupied at Guiting Power, Iron Acton, Little Stoke, Moreton-in-Marsh, Northleach and Twigworth. At the end of the year 86 separate houses or flats, 42 of which are furnished by the Association, were available for staff; 31 had been built by the County Council, 16 purchased by them and 39 were rented properties. In addition 125 garages, either owned or rented by the County Council, were in use. Forty nurses are providing their own accommodation.

For various reasons there have been several resignations from the staff but new appointments have maintained the balance. There are long standing vacancies in some districts but the overall position compares favourably with the position in the country as a whole.

Resignations—From Associations 22, from Emergency Staff 2.

Appointments—To Associations 21, to Emergency Staff 5.

Vacancies at the end of the year 12—7 for generalised posts, 1 for area relief nurse and 4 for Cheltenham Home.

*Nursing Staff as at 31.12.56**County Staff:—*

Queen's Nurses	...	...	...	...	90
State Registered Nurses (S.R.N.) and State Certified Midwives (S.C.M.)	...	...	...	...	23
State Certified Midwives (S.C.M.) and State Enrolled Assistant Nurses (S.E.A.N.)	...	...	...	...	18
State Registered Nurses	...	...	...	...	1 + 2 part-time

This number includes the County Superintendent, 2 Assistant Superintendents, 15 Area Relief Nurses and 5 Emergency Nurses.

Victoria Home, Cheltenham:—

Queen's Nurses (including the Superintendent and Assistant Superintendent and 3 Male Nurses)	...	...	...	...	11 + 1 part-time
S.R.N., S.C.M.	...	...	...	...	3
S.R.N.	...	...	...	...	2 + 1 part-time
S.C.M.	...	...	...	...	2
S.E.A.N.	...	...	...	...	3 + 1 part-time

Kingswood Home:—

Queen's Nurses (including the Superintendent)	...	...	...	...	3
S.R.N., S.C.M.	...	...	...	...	1 part-time
S.R.N.	...	...	...	...	2 part-time
S.C.M., S.E.A.N.	...	...	...	...	2
S.E.A.N.	...	...	...	...	1
Total Staff	...	...	...	...	159 + 8 part-time

Training Courses

Five Nurses completed Queen's Training.

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

Post Graduate Courses

Post Graduate Courses were attended by 1 Superintendent and 42 District Nurse/Midwives.

Sixteen discussion groups have been held.

Training Schemes

Thirty pupil Midwives received district training under Part II Midwifery Courses from 13 approved domiciliary Midwives and 15 pupil Midwives successfully completed their training at Victoria Home, Cheltenham. Student Health Visitors and Student District Nurses have gained experience in combined work in rural areas from members of the staff.

Summary of Work of Superintendent and Assistants

Routine visits to Staff	...	...	...	306
Special visits of enquiry	...	...	...	24
Other visits	...	...	...	90
Visits to Honorary Secretaries	...	...	...	5
Meetings and interviews attended	...	...	...	86
Interviews in office	...	...	...	154

*Record of Nurses' Work**New Cases*

Midwifery	...	...	...	2,381
Maternity	...	...	...	338
Early discharges from Hospital	...	...	...	669
Miscarriages	...	...	...	267
General: Medical	...	...	...	10,048
Surgical	...	...	...	1,524
Infectious diseases	...	...	...	63
Maternal complications	...	...	...	7
Tuberculosis	...	...	...	117
Miscellaneous	...	...	...	4,089
Total	...	...	...	19,503

Visits

Midwifery	...	...	...	45,902
Maternity	...	...	...	5,787
Ante-natal	...	...	...	23,905
Early discharges from Hospital	...	...	...	4,289
Miscarriages	...	...	...	1,928
Maternal complications	...	...	...	73
General: Medical	...	...	...	254,957
Surgical	...	...	...	42,672
Infectious diseases	...	...	...	423
Tuberculosis	...	...	...	5,429
Miscellaneous	...	...	...	14,271
Ineffective	...	...	...	4,168
Total	...	...	...	410,591

Clinic Sessions

Ante-natal	1,364
Post-natal	156
Child Welfare	789

Public Health

Home Visits	34,556
Sessions	1,970
<hr/>	
Total Visits	445,147
Total Sessions	4,279
Night Calls	2,090

The total number of new cases showed a slight reduction during the year, largely in medical and surgical work as the number of midwifery cases was increased. Over half the new medical cases were aged 65 or over at the time of the first visit and the total visits paid accounted for more than one third of the nurses' visits and considerably more than this of their time. The nursing care of the aged is time-consuming and makes heavy demands on the physical strength of the nurse. The employment of male nurses in Cheltenham and of State Enrolled Assistant Nurses in some areas working under the supervision of the district nurse is of great value. The nurses are well aware of the social and physical needs of the elderly and have close liaison with other workers in the geriatric field so that all possible help may be available. The provision of a chiropody service in certain districts through voluntary effort is found invaluable and the nurses give praise to the work of the home helps.

1,147 children under 5 years of age were nursed during the year, mainly on account of measles and whooping cough and other infectious diseases. A further 1,931 children under 15 were nursed at home, including dressings for various conditions.

A large amount of time is occupied in giving injections, a service which is much appreciated by the general practitioners. 6,044 patients, 387 requiring insulin, were dealt with, necessitating a total number of 133,562 visits. 1,741 late evening visits were paid, mainly for this purpose. Since the recognised technique for the giving of injections of antibiotics has been used, few of the nurses have suffered from allergic conditions. There has been, however, some affection where formalin has been used for the disinfection of syringes and this practice is being discontinued. In addition to organised refresher courses, to which about one fifth of the district nurse/midwives are sent each year, regular group meetings are held when problems of the work and new methods are discussed. Reports of interest are circulated to all nurses and every effort is made to keep them in touch with modern developments and to increase their sphere of interest. The standard of work throughout the County is high and the nurses are taking their place as teachers and members of the health team. There is good co-operation with family doctors and the nurses are encouraged to meet them as much as possible. The health of the nurses is considered of great importance, particularly of those who live alone and may not always have adequate meals. Routine chest X-ray examination is carried out annually and the County Superintendents are watchful of the health of the staff. The system of area relief nurses enables regular weekly and monthly off-duty to be taken without overburdening the district nurse on the days before and after her day off. Forty-two nurses were off duty during the year on account of illness, two being away for 100 days each. The average period off duty due to sickness over the whole of the staff was 7.1 days.

Report of the Work of the Local Supervising Authority

During the year 233 certified midwives notified their intention to practise as midwives and 10 as maternity nurses. Most of the latter were employed by Nursing Co-operations and attended private cases.

At the end of the year there were 216 midwives practising in the area of the Authority, 133 employed by voluntary organisations, 76 by Hospital Management Committees, 3 in private domiciliary practice and 4 in private nursing homes.

1. *Deliveries attended by Midwives*

	Domiciliary	Institutional	Total
Employed by voluntary organisations	2,719	—	2,719
Employed by Hospital Management Committees	—	3,489	3,489
In private practice	50	140	190
	2,769	3,629	6,398

In 2,667 of the domiciliary cases a doctor had been booked and had carried out ante-natal supervision but did not undertake the delivery—leaving the midwife with sole responsibility in 86 per cent of the cases. In 102 cases the mothers made no arrangements with their doctors and he was required to attend 7 of the confinements. All midwives are instructed to encourage patients to make arrangements with their doctor under the Maternity Medical Services but some of the older mothers still refuse to do so.

There is a growing practice of mothers admitted to a maternity hospital for the delivery to be discharged home within a few days. The domiciliary midwives paid 4,289 visits to 669 patients who were discharged before the fourteenth day. While this practice may be necessary on account of anticipated difficulty or shortage of hospital beds, it has undesirable features particularly where home conditions are unsuitable and a home help is required in emergency.

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

1. *Domiciliary*

(a) Where the medical practitioner had undertaken to provide maternity services	880
(b) Others	51
	931

2. <i>Cases in Institutions</i>	200
	1,131

The largest number of medical aid notices are in respect of a condition arising during labour, but there is an increasing number for ante-natal conditions chiefly rise in blood pressure or other signs of toxæmia. This is an indication of the vigilance of the midwife in this respect.

3. *Inhalational Analgesia*

Number of midwives qualified to administer inhalational analgesia:

(a) In hospitals	74
(b) In private homes	3
	77
(c) In domiciliary practice	
(i) employed by district nursing associations	133
(ii) in private practice	1
	134

Number of sets of apparatus for use in domiciliary practice

(a) Gas and air	131
(b) Trilene	15

Number of cases in which inhalation analgesia was administered by midwives in domiciliary practice

		Gas & Air	Trilene	Total
(a) When doctor not present at delivery	...	1,095	497	1,592
(b) When doctor present at delivery	... ..	200	120	320
		1,295	617	1,912

There has been a large increase in the use of Trilene by midwives during the year, 497 cases against 40 the previous year when the administration of Trilene was approved by the Central Midwives Board. The mothers have expressed their liking for it and those midwives who are using it are very satisfied of its value. Provision of approved apparatus has so far been limited to those midwives undertaking the training of pupils and those with a large case-load, and it is hoped to extend the provision to other midwives who desire it as soon as possible. Some of the older midwives prefer the combination of pethedine and gas and air in which practice they are very proficient. In all, 1,912 patients, 69 per cent, received inhalational analgesia from midwives. Some mothers are still reluctant to take advantage of this administration and several mothers who have received instruction in breathing and relaxation either at clinics or in classes taken by midwives feel they do not require it.

Pethedine

The value of this drug in labour is fully recognised and understood by the midwives and was used by midwives in 1,299 cases, frequently in conjunction with inhalational analgesia. The supplies are obtained by midwives on an order issued by the medical staff of the Health Department and the method of storage and necessary records are checked at each visit by the Supervisor of Midwives.

Supervision of Midwives

Four members of the medical staff of the Department are approved as medical supervisors of midwives, also the Medical Officer of Health for Cheltenham and the County Nursing Superintendent and two Assistant Superintendents as non-medical supervisors. The standard of practical work of the midwives is good but attention has frequently to be drawn to the importance of adequate record-keeping, particularly in respect of ante-natal care. Regular visits are paid to maternity hospitals and units and private maternity homes, and the contacts so made are of value both to the supervisors and the midwives. The role of the supervisor to teach and encourage the midwives is always borne in mind.

Breast Feeding

The importance and value of breast feeding is stressed in the personal care of the mother by her midwife and in talks on mothercraft by Health Visitors. There is still much to be done to inculcate a right attitude towards it and even for babies born at home the incidence is low; in only 76 per cent of cases attended by district midwives was the baby wholly breast-fed at the fourteenth day. Notifications of artificial feeding received from hospitals reflect the same trend.

The reasons given for artificial feeding show a large number of cases in which the patient is unwilling to feed as well as those in which the supply of breast milk is not adequate by itself. Many mothers cease breast-feeding soon after they take up their normal duties in the home, but there is some indication that those mothers who do continue are feeding their children for a longer period, due perhaps to the practice of the earlier introduction of other foods, breast milk remaining the main source of nourishment.

Maternal Deaths

The Registrar-General records 3 cases of maternal death in the County during 1956. Notice of 2 deaths only was received in the Department.

One death followed confinement, the patient suffering from toxæmia and the other was due to severe hæmorrhage after a miscarriage. This latter patient had not informed any doctor or midwife of her pregnancy. Both deaths occurred in hospital.

Detailed investigations are made into maternal deaths for submission to the Ministry of Health.

(IX) DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

Report of the Principal Dental Officer

On the 31st December the total strength of the dental staff was the equivalent of 14.3 officers (12 whole-time and 7 part-time) compared with 15.4 at the end of 1955. The employment of temporary whole-time and part-time officers during the year, however, resulted in approximately the same number of sessions being worked as in 1955. Of these, the equivalent of 420 sessions (or about 1 in 15) was spent on the dental care of expectant and nursing mothers and pre-school children. In the North Cotswold, Tewkesbury and Dursley areas all mothers were referred to general practitioners owing to lack of fixed clinic accommodation.

Dental Health Education

During the early part of the year a departmental committee under the Chairmanship of Lord McNair was set up to enquire into recruitment to the dental profession and to make recommendations. Their findings indicated that the position had deteriorated since the Teviot Committee, in their Reports of 1943 and 1944, drew attention to the inadequate strength of the profession. Their recommendations stressed the need for a greatly expanded programme of dental health education, which would not only be aimed at reducing the increasing incidence of dental disease, but would also, in their opinion, stimulate recruitment to the profession. The findings of the Committee make it clear that in the near future the availability of dental treatment will be even less than it is to-day. It is indeed anticipated that the effects of the increasing average age of the profession will begin to be felt acutely in the latter part of 1958. When this position is set alongside the continuing increase in the incidence of dental decay, it becomes apparent that the outlook for the dental welfare of the population gives every reason for anxiety. It is, therefore, a matter of "urgency and even emergency" (to quote the Report) that every available channel should be used to bring home to the population, and especially to those responsible for the welfare of children, that dental decay is largely a preventable disease and that attention to simple rules such as a rigid exclusion of sweets, biscuits and such like between meals and last thing at night, would bring about a possibly dramatic reduction in the number of carious teeth. The amount and extent of dental health education throughout the country is inadequate, and its failure is shown by the continuing increase in caries.

The oral hygienist continued her useful work of personal instruction to patients for whom she carried out scaling and polishing, and by giving talks at Welfare Centres on 48 occasions.

Treatment of Expectant and Nursing Mothers

In general mothers were referred for dental treatment by doctors, midwives and Health Visitors. At 3 clinics where dental and ante-natal sessions can be held concurrently, dental inspection was available for all expectant mothers attending the ante-natal clinic. 197 were referred to general practitioners and treatment was completed for 153, many of these, of course, being among the 260 referred in 1955. In all, treatment was provided for 625 patients—approximately the same number as in 1955—which represents less than 10 per cent of the number of births in the County. The number inspected and treated in clinics showed a slight rise. Treatment required followed closely the pattern of previous years. Of the 276 scalings recorded, 239 were carried out by the hygienist.

Treatment of Children Under 5

For the first time since 1948, there was a decline in the numbers inspected and treated. This decline took place all over the County, and no cause is apparent. It is possible that more young children were treated by general practitioners, but no local evidence is available to support this. Conservation treatments averaged 119 per 100 children treated, and extractions 157 per 100. It was noted last year that the trend of a higher fillings to extractions ratio had been reversed, and in 1956 the ratio was even less favourable. I believe this to be due both to the increase in caries incidence and to the inadequacy of the dental services. Probably a satisfactory conservative service for the teeth of young children will never be available until ancillary workers have been introduced.

The statistical tables required by the Ministry are given below:—

TABLE I
Numbers provided with Dental Care

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	505	496	472	337
Children under 5 ...	869	798	773	635

TABLE II
Forms of Dental Treatment Provided

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns and Inlays	Extractions	General Anaesthetics	Dentures		X-rays
							Full	Partial	
Expectant and Nursing Mothers ...	276	676	—	—	1,872	237	126	148	33
Children under 5 ...	18	552	252	—	1,290	513	—	—	—

General Anaesthetics

A large proportion of the total gas sessions was attended by specialist or general practitioner anaesthetists. Approximately 70 per cent of the total number of anaesthetics was given by such anaesthetists in the equivalent of 39 sessions.

Dental Laboratory

The table below gives the total work carried out, and details of dentures for mothers. The standard of work was reported as most satisfactory by all the dental staff.

TABLE III
Work of County Dental Laboratory

	Ortho- dentic Appliances	Dentures	Repairs	Crowns	Study Models	Other Mechanical Operations	Total No. of Operations
M. & C.W. ...	—	274	10	—	—	17	301
Total Work (inc. M. & C.W., School and R.H.B.) ...	422	548	87	11	956	60	2,084

(X) HEALTH VISITING

The staff at the end of the year was 63 full-time Health Visitors and 45 district nurses engaged for approximately one third of their time on health visiting duties; of these 34 hold the Health Visitors' certificate.

Regular visiting was interrupted in the spring to allow Health Visitors to devote time to the campaign for poliomyelitis vaccination, and again later when vaccination was carried out to ensure no wastage of material. There is little to show for this time in their returns, with a consequent decline in the number of visits recorded for the year:

Full-time Health Visitors ...	...	...	...	...	...	117,756
District Nurse/Health Visitors ...	...	...	...	...	...	32,984

Meetings of the full staff were few this year but area meetings took place regularly until the shortage of petrol curtailed activity from November onwards.

An innovation at the biennial weekend course at Cowley Manor in June was an invitation by the Health Visitors to the general practitioners to attend a social function prior to a talk by Dr. Perry of the National Institute of Medical Research on Poliomyelitis Vaccination.

In September 5 Health Visitors attended a short course on Mental Health and on their return gave a talk to their own groups and held discussions. In all 12 Health Visitors attended post-graduate courses.

Health Visitors should be free to devote most of their time to normal families who need their advice, but much more time is being spent on other duties, such as families with long-standing problems, e.g., chronic sickness of wage-earner, mother or grandparents, and every effort is made to keep the staff abreast of the recent trends on all subjects. The Deputy Superintendent Health Visitor continues to devote much of her time to assisting Health Visitors in collecting and using materials for health education both in and out of working hours. At the end of the year some progress was made in arranging mothercraft classes in conjunction with relaxation classes and ante-natal clinics.

One of the Health Visitors left in December for New Zealand, having exchanged posts for a year with a Health Visitor from that country, who arrives in the county in January, 1957.

Health Visitors' Training Course

For the second year in succession the total number of students was below the number of vacancies. Seven students who were accepted for training completed the Health Visitors' Training Course in June and subsequently took the examination of the Royal Society for the Promotion of Health. The written examination was held at the North Gloucestershire Technical College, Cheltenham, and was followed by an oral examination in Birmingham. All the students were successful in passing the examination and received the

Health Visitors' Certificate. One of these students was sponsored by another authority, to which she returned to complete her contract of service. Of the remaining 6 students sponsored by this County, 4 were appointed to carry out combined duties of health visiting/district nursing/midwifery and two were appointed as full-time Health Visitors.

The eighth course commenced on 5th September and 13 students were accepted for training, 11 were accepted under the County's training scheme and 1 was sponsored by Gloucester City. The additional student sponsored by the World Health Organisation is Turkish, from Ankara.

The full course covers a period of nine months and is arranged in three academic terms. The theoretical work is undertaken at the North Gloucestershire Technical College, Cheltenham, and practical training is arranged in Gloucestershire, Gloucester City, Bristol and Birmingham.

Annual Refresher Course

The thirty-fourth Refresher Course was held in Gloucester in May. The keen interest in nurses from all fields in this annual event was evinced in the large attendances and the many questions put to lecturers. Observation visits were paid to Geriatric Units in Birmingham, Oxford and Wolverhampton, which were much enjoyed.

(XI) VACCINATION AND DIPHThERIA IMMUNISATION

(a) *Vaccination against Smallpox*

The following table shows details of the successful vaccination for which records were submitted:—

Vaccination	Under 1 year	1 year	2-4 years	5-14 years	15 years and over	Total
Primary	2,756	153	125	135	251	3,420
Re-vaccination	5	1	31	101	420	558

These show an increase of 683 in the primary vaccinations and a decrease of 165 in the re-vaccination compared with 1955.

(b) *Whooping Cough Vaccination*

The scheme for vaccination against whooping cough which commenced in June, 1955, developed and 2,225 children were protected compared with 493 in 1955.

A suspended whooping cough vaccine is supplied and in view of the danger in early life vaccination against whooping cough is recommended before the age of 6 months. Immunisation against diphtheria can then be done soon after 6 months.

The following table gives details of the numbers of children for whom records were received. The total number of children receiving the combined prophylaxis, which is also included in the statistics for diphtheria immunisation in sub-paragraph (d) below, shows an increase of 440 on 1955.

Age at 31.12.56 i.e., Born in Year	Under 1 1956	1 year 1955	2-4 1954-52	5-14 1951-42	Under 15 Total
(i) Whooping Cough Vaccination ...	597	1,008	531	89	2,225
(ii) Combined Diphtheria/Whooping Cough Prophylaxis (obtained by and given by General Practitioners) ...	1,221	579	187	42	2,029

(c) B.C.G. Vaccination

The provisions of this service have continued in the course of the year, following the practice given in some detail in my last Annual Report.

The Authority has continued to participate in the Oxford Regional Hospital Board's Survey of B.C.G. vaccination. The Records Officer has provided the following summary of the record cards of children dealt with in 1956.

		No. of children	
(i)	Tuberculin tested	...	2,559
(ii)	Positive	...	579
(iii)	Negative	...	1,980
(iv)	Vaccinated	...	1,980
(v)	Tested for conversion	...	1,660
(vi)	Converted	...	1,618
(vii)	Not Converted	...	42
(viii)	Percentage converted	...	97.5%

Eleven School Medical Officers, specially trained in the procedure have been engaged on this work and have dealt with it at schools in conjunction with the school medical inspection.

The following particulars are from the records of 13-year-old children initially tested or vaccinated during the year to the 31st December:

In a 13-year-old school population of approximately 6,000 children, vaccination was offered to 4,601 pupils and acceptances totalling 2,756 were returned, an acceptance rate of 57 per cent. A total of 59 schools participated in the scheme. At initial testing 584 (23.3 per cent) of 2,492 children tested were found to be tuberculin positive. Of the 1,908 tuberculin negative children 1,893 were vaccinated.

With regard to the 15 children tuberculin negative but not vaccinated, either the consent was withdrawn or there was a medical contra-indication.

B.C.G. Vaccination of 13-year-old School Children

	1955			1956			Grand Total since 1954
	County	Cheltenham	Whole County	County	Cheltenham	Whole County	
No. of schools concerned ...	43	9	52	50	9	59	67
Invited ...	3,085	1,265	4,350	3,629	972	4,601	9,552
Accepted ...	1,894	591	2,485	2,331	425	2,756	5,551
Tuberculin tested	1,655	565	2,220	2,113	379	2,492	4,977
Positive ...	382	111	493	517	67	584	1,140
Negative ...	1,273	454	1,727	1,596	312	1,908	3,837
Percentage positive	23%	19.6%	22.2%	24.5%	17.7%	23.3%	23.0%
Not vaccinated	10	2	12	15	—	15	32
Vaccinated ...	1,263	452	1,715	1,581	312	1,893	3,805

(d) Diphtheria Immunisation

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

Age on 31.12.56 (i.e., born in year)	Under 1 1956	1-4 1952-55	5-9 1947-51	10-14 1942-46	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1952-56	1,649	18,282	21,183	10,952	52,066
B. Number of children whose last course (primary or booster) was completed in the period 1951 or earlier ...	—	—	8,279	14,056	22,335
C. Estimated mid-year child population	6,990	27,610	75,100		109,700
Immunity Index 100 A/C ...	23.6	66.2	42.8		47.4
Number of children who received complete course during year	3,423	1,925	840		6,188
No. of reinforcing injections	—	158	8,652		8,810

A special effort was made to obtain the records from general practitioners and welfare centres of all children dealt with during the year in time for inclusion in the annual return. The immunity index of children under 1 year is 23.6 which is still short of the target of 25 for these children.

The intensive effort during the school medical inspections continued and the number of reinforcing injections showed an increase of 71 to 8,810 as compared with 1956.

(e) Poliomyelitis Vaccination

The County Council co-operated with the Minister of Health in the use of the newly discovered vaccine against poliomyelitis. The parents of children born between 1947 and 1954, inclusive, were invited to register their children for vaccination, and acceptances in respect of 20,867 children were received, being approximately 35 per cent of those in the age groups.

The limited quantities of vaccine which became available before the start of the poliomyelitis season enabled 2,170 children to receive 2 doses and 160 1 dose before vaccinations ceased at the end of June. It had been hoped to resume vaccination against poliomyelitis in November, but no further supplies of vaccine were received in 1956.

(XII) AMBULANCE SERVICE

The following table shows yet another increase in the number of patients carried. By the continued efforts of the staff at the control stations with the help of radio, co-ordination of journeys is achieved, so that there is not a proportionate increase in mileage.

Year	Patients				Mileage			
	Amb.	S.C.C.	H.C.S.	Total	Amb.	S.C.C.	H.C.S.	Total
1949 ...	22,958	5,397	35,696	64,051	373,071	68,575	875,970	1,317,616
1950 ...	19,321	11,444	36,997	67,762	348,330	81,119	780,465	1,209,914
1951 ...	23,600	22,240	29,086	74,926	367,075	188,842	606,327	1,162,244
1952 ...	30,628	36,260	42,772	109,660	388,617	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
1955 ...	60,535	61,819	30,472	152,826	572,879	343,151	315,162	1,231,192
1956 ...	67,259	68,728	24,202	160,189	633,714	354,733	294,932	1,283,379

Types of cases dealt with:—

Type Percentages	1953	1954	1955	1956
Admissions				
(Non-emergency) ...	8	6	3	3
Discharges and Transfers	4	8	4	5
Outpatients (Clinics) ...	69	66	71	66
Mental Health ...	13	14	15	19
For other Authorities ...	1	2	2	2
Emergencies ...	5	4	5	5

118 long-distance cases were carried by train, less than 1955. With the improvement and increase in hospital services in and near the County, less patients are sent to distant hospitals. The drivers of the Hospital Car Service have again given very good service often under very difficult conditions.

Meetings have been held with representatives of neighbouring authorities and hospital committees as to means of limiting the number of cases in which ambulance transport is certified as necessary and to better "turn round" facilities at hospitals.

Patients attending for physiotherapy have been the largest number conveyed and the discussions at the meetings have been much concerned with this growing problem.

Vehicles

During 1956, four dual-purpose vehicles, capable of carrying 4 stretchers or 8 forward-facing sitting cases were put into service on replacement.

The cost during 1956 of 26d. per vehicle mile shows an increase over 24.6d. in 1955, due to increases in drivers' wages. The cost per mile in 1949 was 40.9d.

The suitability of diesel power units for ambulances is being considered.

The total number of ambulances in operation remains the same as in 1948, i.e., 24. Ten sitting case cars, 5 bus-type vehicles and 4 reserve vehicles complete the fleet.

Stations Workshops

Although, owing to the curtailment of capital expenditure, no major work has been undertaken to adapt the premises at Longhill as Ambulance Service Workshops, skeleton adaptations are being carried out to enable this building to be utilised.

Newent and Moreton-in-Marsh

Negotiations for the acquisition of sites for permanent ambulance stations at Newent and Moreton-in-Marsh are proceeding.

Cinderford

A scheme to improve the Ambulance Service accommodation has been approved but agreement to capital expenditure has not yet been received.

Personnel

Eighty driver-attendants were in employment as against 76 at the end of 1955.

A revised scale of uniform issue to Ambulance Service personnel has been approved as follows:—

1 jacket and 2 pairs of trousers	...	Every 16 months
1 overcoat or raincoat	... ..	Every 3-5 years
1 tie	... ..	Every 12 months
2 shirts and 4 collars	... ..	Every 12 months
1 cap	... ..	As necessary

Civil Defence

Of 381 volunteers to the Ambulance and Casualty Collecting Section of the Civil Defence Corps, 198 have completed section training and 109 are under instruction. Four vehicles for training purposes have been transferred on replacement from the Ambulance Service.

(XIII) PREVENTION OF ILLNESS, CARE AND AFTER-CARE

1. TUBERCULOSIS

The arrangements for the prevention, care and after-care of tuberculosis 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 2,119. The total now being 4,983 since the commencement of the scheme.

At the 31st December, 271 persons were receiving free supplies of milk at the rate of two pints per day except in 7 cases where the supplies had been reduced to one pint daily.

Summary of formal notifications during the year:—

Age Periods	Number of Primary Notifications of New Cases of Tuberculosis													Total (all ages)
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	
Respiratory, Males ...	—	—	—	2	4	8	13	34	24	28	23	11	—	147
Respiratory, Females ...	—	—	2	7	2	12	19	29	15	10	4	6	—	106
Non-Respiratory, Males ...	—	—	6	8	1	2	2	4	1	—	4	2	—	30
Non-Respiratory, Females	—	—	2	4	5	5	5	11	6	—	1	2	—	41

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	2	2	1	-	6
	Respiratory	F.	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Respiratory	M.	-	-	-	-	-	-	-	-	-	-	1	-	-	1
	Non-Respiratory	F.	-	-	-	-	-	-	-	-	-	-	-	-	-	-

There were no transferable deaths in this category and no posthumous notifications.

Persons removed from Register during the year:—

Reason				Pulmonary	Non-Pulmonary	Total
(a)	Withdrawal of notification	...		9	—	9
(b)	Recovery	... ..		129	45	174
(c)	Death	... ..		53	4	57
(d)	Left County or no trace	...		95	11	106

At the end of the year the total number of cases recorded in the registers kept by the District Medical Officer of Health was 3,927 (3,259 pulmonary, 668 non-pulmonary) as compared with 3,886 (3,207 pulmonary, 679 non-pulmonary) at the 1st January.

There were 62 fewer new cases in 1956 than in 1955 and there was a reduction in the number of deaths from 49 to 47 as will be seen in the following tables which show the mortality figures for the years 1951 to 1956:—

DEATHS FROM TUBERCULOSIS

Age Period	1951		1952		1953		1954		1955		1956	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
Under 1 year...	—	1	—	—	—	—	—	2	—	—	—	—
1-4 years ...	—	6	2	3	1	1	1	—	—	—	—	—
5-15 years ...	—	2	—	3	1	1	—	—	1	1	—	1
15-45 years ...	44	6	26	2	23	2	24	5	18	3	12	1
45-65 years ...	52	6	35	6	37	4	27	1	18	—	14	3
65 years and over	2	2	11	—	10	1	14	2	8	—	15	1
	98	23	74	14	72	9	66	10	45	4	41	6
Totals ...	121		88		81		76		49		47	

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

Two hundred and fourteen cases of tuberculosis notified in 1956 in the County of Gloucestershire were handled in the Chest Clinic Service. They are analysed as follows:—

	County (North Glos.)	County Plus City of Gloucester (Clinical Area)
Abdominal, Orthopaedic and Cervical Glands ...	32	41
Primary or Post-Primary Infection ...	34	50
Minimal Phthisis ...	35	48
Moderate Phthisis ...	89	142
Advanced Phthisis ...	24	28
Total ...	214	309

Clinical Area

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

Year	1949	1950	1951	1952	1953	1954	1955	1956
Total Number ...	258	254	263	239	244	229	184	218
Minimal Cases ...	31%	30%	20%	20%	18%	20%	20%	22%
Moderately Advanced Cases ...	50%	52%	69%	68%	67%	66%	71%	65%
Advanced Cases ...	19%	18%	11%	12%	15%	14%	9%	13%

The sources by which these cases come to us remain constant:—

TABLE II
Source of Reference of Cases Analysed in Table I

	1949+1950 (512 Cases)	1951+1952 (502 Cases)	1953+1954 (473 Cases)	1955+1956 (402 Cases)
Referred from General Practitioners	54%	43%	41%	44%
Discovered by Mass Radiography	15%	30%	27%	26%
Discovered by Contact Organisation	9%	7%	7%	7%
Cases referred from other sources (Hospital, Forces, In-transfer, etc.) ...	22%	20%	25%	23%

*Contact Examination**Contact Examinations arising out of County cases notified in 1956*(1) *Adults*

	Under 45		Over 45	
	Called	Response	Called	Response
Urban Contacts ...	110	97 (87%)	57	40 (70%)
Rural Contacts ...	161	132 (82%)	81	59 (73%)

Overall percentage of attendance: 80 per cent.

Number of adults notified as a result of these examinations: 2. Both were victim cases.

(2) *Children*

Of 201 children called, 9 did not attend at all, 19 were unhealthy and kept under clinic observation, 3 had positive Mantoux tests but did not attend for further follow-up, and the remaining 170 were healthy.

Analysis of 19 Unhealthy Children

Seven were admitted to sanatorium: of these 5 were notified, 1 with a primary complex, 2 with hilar adenitis, 1 with a tuberculous inguinal abscess and 1 with miliary tuberculosis; 2 were kept in under observation. The remaining 12 had positive Mantoux tests and were kept under periodic observation as out-patients.

Analysis of 170 Healthy Children

Age 0-4 Tub. +ve. Referred to G.P. and H.V. for observation ...	6
Age 5-12 Tub. +ve. Referred to G.P. and H.V. for observation ...	13
Age 13-16 Tub. +ve. For follow-up by Mass Radiography ...	20
Tub. negative, at no further risk, serial Mantoux for 1 year or discharged	24
Tub. negative, refused B.C.G., kept under observation ...	10
Tub. negative, defaulted during B.C.G. ...	7
Tub. negative, successfully B.C.G. vaccinated ...	82
Tub. negative, B.C.G. postponed, still to be vaccinated ...	1
Refused or did not attend for, Mantoux; kept under Clinic or Mass Radiography follow-up ...	7
	170

The total number of County children B.C.G. vaccinated during the year under the Contact Scheme was 214.

A survey was made of all miliary and meningeal cases notified during the year:—

Man, aged 22 ...	Meninges and lungs. Picked up on his second attendance as a contact. Source case known in family.
Girl, aged 5 ...	Miliary. Examined as contact of mother.
Boy, aged 3 ...	Meninges. Family examined and were normal. Source case unknown.
Girl, aged 3 ...	Meninges. Family examined and were normal. Source case unknown.

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

During 1956 the gains of previous years in combatting tuberculous infection were consolidated. The number of deaths continued to fall and the number of new cases also declined, but at a slower rate. The demand for hospital beds has been substantially reduced, and during the year Charterhouse Sanatorium (50 beds) was closed, and one ward (24 beds) at Snowdon Road Hospital was transferred to other uses. In the chest clinics, the decline in the number of patients attending for treatment at refill clinics has been offset by a rise in the attendances at ordinary outpatient sessions, due to the increasing use of long-term chemotherapy, the follow-up of a larger number of patients resulting from the greatly increased survival rate in tuberculosis, and to increased attendances of patients suffering from non-tuberculous diseases. Amongst the latter the increase in chronic bronchitis and lung cancer has been noticeable.

Prevention

The frequency of B.C.G. vaccination clinics has been increased, and these are now held weekly. Preliminary tuberculin testing is carried out with the Heaf Multiple Puncture Apparatus, which has proved a satisfactory and painless method. There has been little need to board out children prior to vaccination, since any infectious parents have been admitted to hospital without delay. B.C.G. vaccination has been welcomed by the great majority of parents as an effective safeguard for their children. As tuberculosis has become less prevalent in the community, so the average age of infection, and hence tuberculin conversion, has risen. More attention has now to be paid to the tuberculin testing and vaccination of young adults. One valuable result of the use of B.C.G. vaccination has been the virtual elimination of new tuberculous infection amongst medical students and nursing staff.

After Care

The Voluntary Care Committees have carried out their work during the year with great benefit to many patients, and gratitude is due to all those who have so freely given their services in this cause.

Regular meetings with Health Visitors have been held at Bristol Chest Clinic throughout the year, at which all new cases of tuberculosis and hospital discharges have been discussed. These meetings have continued to prove invaluable for the exchange of information and for dealing with special problems of prevention and after-care.

A small proportion of patients have experienced difficulty in finding suitable work owing to the credit squeeze, but in almost all cases the Disablement Resettlement Officers at Labour Exchanges have been able to obtain employment for them. The special Remploi Factory at Southmead, Bristol, is taking an increased number of patients and more home industry has become available for the severely disabled.

The slower rate of house building has inevitably delayed the rehousing of patients and their families for reasons of health.

Conclusion

There are good grounds for satisfaction at the great progress which has been made in tuberculosis in the last twenty-five years; the disease has become much less lethal and more preventable. Within the limits of our present knowledge everything that can be done is being done in the treatment of individual patients, and so further advance can only be achieved in the more difficult fields of prevention and early diagnosis. It is to an increased use of mass radiography, tuberculin testing and of B.C.G. vaccination that we must turn, if steady progress is to be made in eradicating the disease.

MASS RADIOGRAPHY SERVICE

				Male	Female	Total
Miniature Films	...	...		25,202	17,835	43,037
Large Films						
Total Recalled	...	...		661	333	994
Did not attend	...	...		9	8	17
Normal	...	...		313	193	506
Significant	...	...		324	127	451
Being investigated	...	...		15	5	20

Analysis of Tuberculous Cases

				Under 15	15-24	25-34	35-44	45-59	60 and over	Total
Active Tuberculosis										
Male	...	...	...	1	5	7	3	5	2	23
Female	...	...	...	1	6	3	4	1	2	17
Total	...	...	...	2	11	10	7	6	4	40

Under Observation										
Male	...	...	...	—	4	7	9	16	4	40
Female	...	...	...	—	3	1	3	2	3	12
Total	...	...	...	—	7	8	12	18	7	52

Inactive Tuberculosis										
Male	...	...	...	—	10	16	20	26	5	77
Female	...	...	...	2	6	11	10	15	2	46
Total	...	...	...	2	16	27	30	41	7	123

Cases Previously Detected (included in Tables above)	Male	Female	Total
Active Tuberculosis	—	1	1
Under Observation	6	2	8
Inactive Tuberculosis	12	7	19

Non-Tuberculous Conditions

	Male	Female	Total
Acquired Cardio Vascular Lesion ...	9	6	15
Acquired Abnormality of the Bony Thorax	4	—	4
Abnormality of the Diaphragm ...	1	—	1
Bronchial Carcinoma	8	1	9
Bacterial and Virus Infections of the Lungs	17	6	23
Bronchiectasis	14	9	23
Benign Tumour	1	1	2
Congenital Abnormality of the Bony Thorax	8	5	13
Congenital Cardiac Lesion ...	6	3	9
Congenital Malformation of the Lung	2	—	2
Emphysema	2	2	4
Foreign Body in the Chest ...	1	—	1
Honeycomb Lung	1	—	1
Hilar Adenitis	—	1	1
Pleural Effusion	—	1	1
Pulmonary Fibrosis	28	12	40
Pleural Thickening	31	5	36
Pneumoconiosis	49	—	49
Sarcoidosis	1	—	1
Scar of Cyst on Chest Wall ...	1	—	1
Total	184	52	236

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 67 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. This number indicates that there is relatively small demand for this type of accommodation.

(ii) *General*

Patients in need of rest and recuperation, numbering 97 in the year, have been sent to voluntarily administered Homes. This figure excludes mothers with young children who have been included in the Maternity and Child Welfare Section of this Report.

(c) *Health Education*

Programmes of health education are arranged by the Area Health Sub-Committees through the Divisional Medical Officers of Health and the Health Visitors.

Much use is made of the library of film strips and the sound film outfit but in the latter part of the year the service was suspended owing to the restrictions on the use of petrol.

(XIV) HOME HELP SERVICE

Three additional Organisers were appointed in the early part of the year. They were appointed for the south, centre and west of the County to meet the continued expansion, and an appropriate increase was made in the clerical staff in these areas. The immediate effect was an improvement in the supervision of the help given to the large number of chronically ill people. It was also possible to use Home Helps to the best advantage; the number of Home Helps employed was reduced by 50 although the total equivalent number of whole-time Home Helps was increased from 280 to 312 and 194 more applicants received help. Although the labour problem varied considerably from area to area, on the whole it was possible to find the required women except in the remote rural areas where the difficulties were as great as ever.

In April the County Council increased the rate of charges to householders because of the increase made in Home Help's wages. The increase only affected those in the higher income groups. As a result some applicants asked for their hours of help to be reduced but so far as maternity cases were concerned, although the hours per case were reduced, the number of cases increased. In each instance when hours were reduced the Organiser was satisfied that adequate help was obtained. Any cases of real hardship brought about by the increased charges were referred to the Area Health Committees and, where necessary, reductions in the charges were made.

Approximately 150 Home Helps attended training sessions during the year, including two film shows on Hygiene given by the Sanitary Officers.

Towards the end of the year shortage of petrol affected the normal running of the service, particularly in the speed at which investigations could be made and assistance provided. Individual visits involving long journeys (where public transport was not available) could not be made and arranging combined journeys to the best advantage for petrol economy made the usual winter conditions much more difficult. Much of the success of the service in rural areas has depended upon the Organisers being free to transport Home Helps to homes for which no public transport is available and this, of course, had to be curtailed to some extent. Priority was given to the elderly Resident Home Helps travelling to out-of-the-way homes.

Night Sitters-in Service

The Night Sitters-in Service commenced in April and as anticipated it has been used mainly in urban areas. There have not been so many difficulties arising from it as were expected and suitable women were found to be available to do the work. At the outset there were requests which the service were not intended to cover, but these were dealt with by careful investigation and assistance has only been provided where it was essential. Several patients living alone have been kept out of hospital for some weeks by the assistance of a Home Help for a few hours each day and a Night Sitter at night. In rural areas there were no demands for Night Sitters, although the service was made known to general practitioners and district nurses in all areas.

The figures below do not show the number of people visited with a view to providing help and for whom arrangements were made only to be cancelled at the last moment. The increased cost of the service has no doubt been responsible for more assistance being cancelled than previously, but in spite of this, there has as usual been great difficulty in keeping the service within the finances available.

Number of Organisers

1 County Home Help Organiser
11 Assistant Organisers
1 Relief Organiser

	1951	1952	1953	1954	1955	1956
Full-time (including Residents)						
Home Helps	56	70	78	109	114	98
Part-time	654	664	720	804	856	820
Full-time equivalent ...	200	216	240	265	280	312
Hours of Assistance ...	457,080	494,055	547,170	594,704	639,124	704,704
Families Assisted ...	2,395	3,108	3,264	3,652	3,754	3,994
Night Sitter-in Service ...	—	—	—	—	—	10
Night Sitter-in Service (arrangements made but not required as patient died)	—	—	—	—	—	5

Divided as follows:—

*†Chronic ... ..	...	...	...	...	1,845
††General sickness ... ..	...	...	...	...	1,185
†Maternity ... ..	...	...	...	...	786
Tuberculosis ... ..	...	...	...	...	132
					3,948

* Includes 1,568 homes where those helped were over the age of 65.

† Including 118 resident cases.

†† Includes 285 homes where those helped were over the age of 65.

Where the mother has been absent from home, because of confinement in hospital, ill in hospital, or convalescent home or had died or deserted her family, assistance to the extent of full family care has been given in 35 homes by Resident Helps and 96 homes by Daily Helps.

(XV) MENTAL HEALTH

1. ADMINISTRATION

Staff

Over the past few years there has been a steady increase in the work connected with the community care of the mentally ill and mentally defective and in November an additional Assistant County Mental Health Officer was appointed. After a period of training he will be duly authorised under the Acts.

Three additional Assistant Supervisors and 3 attendants were appointed at Occupation Centres, as a result of increased numbers attending.

In September 3 Supervisors, 1 Assistant Supervisor and the Home Teacher commenced a two years' In-Service Diploma Course for the Teachers of the Mentally Handicapped, based on Bristol. I am grateful to the National Association of Mental Health for organising this course for the benefit of staff who are unable to attend the residential course in London.

2. WORK UNDERTAKEN IN THE COMMUNITY

(a) *Lunacy and Mental Treatment Acts*

There was again a marked rise in the number of patients admitted to mental hospitals—almost 12 per cent more than the previous year, despite a noteworthy drop in the number of certified patients. The following table emphasises the remarkable increase in the number of voluntary admissions, which have almost doubled since 1949.

Class of Patient	1949	1950	1951	1952	1953	1954	1955	1956
Certified ...	170	139	137	131	112	123	94	68
Voluntary ...	361	364	383	359	427	522	571	680
Temporary ...	21	16	22	24	23	21	16	15
Totals ...	552	519	542	514	562	666	681	763

There were 77 admissions under Section 20 of the Lunacy Act, 1890 and 121 under Section 21 (1). These were dealt with as follows:—

Admitted as voluntary patients	...	115*
Admitted as certified patients ...	...	22*
Admitted as temporary patients	...	4*
Discharged after observation ...	...	40
Died before expiry of Order ...	...	17
		—
Total ...	...	198
		—

* Included in the above table.

In addition 4 patients were admitted to a private mental hospital under Section 11 and no further action taken.

The Mental Health Officers dealt with 343 initial admissions as follows:—

Voluntary	...	...	...	...	98
Certified	...	...	...	...	36
Temporary	...	...	...	...	7
Section 11	...	...	...	...	4
Section 20	...	...	...	...	77
Section 21	...	...	...	...	121
					—
Total	...	...	...	...	343
					—

Enquiries were made and advice given in numerous other cases. Admission to a mental hospital was often avoided by reference to a more appropriate social agency or by other action.

After-care

A number of patients discharged from mental hospitals and ex-Service personnel were referred for after-care, and the Mental Health Officers kept in touch with their progress.

(b) Mental Deficiency Acts

(i) Admissions to Hospitals and Guardianship Orders

			County Patients	At the request of other L.H.A.s
Admissions by petition	...	...	9	2
Placed by parents	...	...	15	—
Secretary of State Order	...	...	1	—
Magistrates' Court Orders	...	...	2	—
Place of Safety Order	...	...	1	—
Varying Orders (change of guardian)	...	...	1	—
Varying Orders (hospital care to guardianship)	...	...	2	2
Guardianship Order	...	...	1	—
			—	—
Totals	...	...	32	4
			—	—

Short-term care in Mental deficiency hospitals was arranged for 32 patients during the year. In two of these cases petitions were presented after a period of observation and detention orders made.

At the end of the year 24 patients were awaiting admission. Six were regarded as urgently in need of hospital care.

(ii) Ascertainment

142 new cases were reported. Of these, 25 were referred under Section 57 (3) of the Education Act, 1944, and 58 (including 17 on leaving special schools) under Section 57 (5). The cases were dealt with as follows:—

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
(a) Ascertained to be defectives subject to be dealt with:					
(i) Placed under statutory supervision	47	20	6	11	84
(ii) admitted to hospital	1	—	—	1	2
(iii) awaiting decision	24	11	1	5	41
(b) Ascertained to be defectives <i>not</i> subject to be dealt with ...	—	—	1	5	6
(c) Removed from area or died before disposal	1	—	3	2	6
(d) Found not to be defective	1	—	2	—	3
Totals	74	31	13	24	142

Total on the Register at the end of the year:—

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
(i) Under statutory supervision	167	100	241	214	722
(ii) Under guardianship	2	1	6	6	15
(iii) In a place of safety	—	—	1	—	1
(iv) In hospitals	54	43	208	191	496
(v) Under voluntary supervision	1	—	69	66	136
Totals	224	144	525	477	1,370

(iii) *Supervision*

Owing to less favourable employment conditions some difficulty was experienced in finding suitable work for a number of children requiring supervision after leaving school. By the end of the year, however, very few were still unplaced and several of those were attending Occupation Centres.

Supervision was discontinued in 25 cases where the patients had maintained regular employment, and shown stability.

(iv) *Licence*

Only 14 patients on licence from mental deficiency hospitals were under supervision by the Committee's officers at the end of the year. The hospital's social workers were able to supervise the majority of patients licensed to addresses within the County.

(v) *Guardianship*

There was no marked change in the number of cases under guardianship. It is only in a few instances that this procedure serves a useful purpose. If more suitable persons were available to undertake the responsibilities of guardianship, however, it would prove an adequate alternative to hospital care in certain cases.

(vi) *Occupation Centres*

At the end of the year, the numbers on the registers at the four Occupation Centres were:

Cheltenham ...	...	...	...	101*
Newnham ...	...	...	...	43†
Stonehouse ...	...	...	...	45
Warmley ...	...	...	...	60
				—
Total ...	...	...	...	249
				—

* Including 22 from Gloucester County Borough and 1 from Worcestershire.

† Including 2 from Monmouthshire.

The Centre which had previously operated in a church hall at Cinderford was transferred at the beginning of the autumn term to The Beeches, Newnham, a former children's home. Although the premises are not ideal, many advantages have accrued, including adequate classroom space, a large garden, ample storage accommodation and the elimination of a number of difficulties which are unavoidable when premises are rented and shared with other bodies. The children attending have improved noticeably since the change over.

At Warmley a piece of ground immediately adjoining the Centre, and a wooden building were acquired. Part of the building was adapted for workshop purposes and used by the senior boys. Instruction is given in carpentry, basket work, brush-making and other handicrafts. Although these premises are run as a part of the Centre, a certain prestige is attained by the boys when they graduate to this "industrial class." Eventually it is intended to equip the other part of the building for the purpose of giving the senior girls training in a wide range of domestic subjects.

Since these additional premises have been acquired, the seniors have been able to undertake contract work for a local boot manufacturer. Rolls of material are supplied and cut into strips for use as boot pull-on loops. The major part of the income is used to give pocket money to each boy and girl over 16 years attending the Centre.

The numbers attending the Stonehouse Centre increased by 50 per cent as a result of an extension of the transport facilities to the Cirencester/Tetbury areas. These additional cases will eventually attend the proposed new Centre in Cirencester.

Monthly cinema shows were given at each Centre, but these had to be suspended when the restrictions on the use of petrol were introduced.

Each centre has its group of older patients who will never be employable and they are increasing in number year by year as there is no upper age limit on those attending. This will create a problem in due course and the need for industrial centres or sheltered workshops is under investigation.

(viii) *Home Teacher*

The Home Teacher no longer takes the group of children at Cirencester as they are all attending Stonehouse Occupation Centre. The two classes at Campden (6 children, three days each week) and Fairford (4 children, twice weekly) have continued. On Saturday mornings the Home Teacher gave occupational therapy to a group of adult female defectives at St. Mary's Home, Painswick, which is an ancillary of the Hortham/Brentry hospitals.

3. CO-OPERATION WITH HOSPITAL AUTHORITIES

(a) *Mental Deficiency Hospitals*

Attention has been drawn to the decline in the number of licence patients supervised by the Mental Health Officers. Nevertheless, they made many other enquiries on behalf of hospital management committees. Records of these were kept over the second half of the year and over a period of six months 107 reports were made as follows:—

Holiday leave enquiries	...	...	27
Home circumstances reports for statutory revision of Orders	...	...	59
Licence reports	.....	...	21
Total	...	...	107

The Medical Superintendents of Stoke Park, Hortham/Brentry and Pewsey Hospitals were most helpful when urgent cases had to be admitted on either a long-term or short-term basis.

(b) *Mental Hospitals*

At the end of April an agreement that the Gloucester Mental Hospitals would receive patients resident in that part of the County which lies within the area of the Oxford Regional Hospital Board terminated, and the effect of this is reflected in the following figures showing the number of admissions to Littlemore Hospital, Oxford:—

Six months ended 30th June, 1954	2 patients
Six months ended 31st December, 1954	3 patients
Six months ended 30th June, 1955	3 patients
Six months ended 31st December, 1955	3 patients
Six months ended 30th June, 1956	3 patients
Six months ended 31st December, 1956	31 patients

As this change operated at some inconvenience to patients living within easy reach of Gloucester, representations were made to the South Western and Oxford Regional Hospital Boards for the matter to be reviewed.

In July the Mental Health Sub-Committee paid their first visit to the Horton Road and Coney Hill Hospitals, Gloucester, and were appreciative of the help given to them by Dr. B. M. Mandelbrote and his staff.

A system for following up patients twelve months after their admission was introduced. Each month the Mental Health Officers visited patients who were admitted in the same month a year previously and who had subsequently been discharged. Reports on their progress were made and submitted to Case Conferences attended by the Hospital doctors, senior nursing staff and social workers, together with the County Mental Health Officers.

3. National Assistance Act, 1948

CARE OF HANDICAPPED PERSONS

(a) *Blind**Ascertainment*

There was an increase of 43 in the number of blind persons. At the end of the year there were 939; 145 blind registered during the year showing an increase of 33 on the previous year, exclusive of transfers from other counties.

AGE AT ONSET OF BLINDNESS OF NEW CASES, 1956

0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70+	Total
1	—	1	1	—	1	—	—	4	3	6	6	14	9	99	145

RECOMMENDATIONS OF OPHTHALMIC SURGEONS AND CAUSES OF BLINDNESS

Recommendations		Causes of Blindness			
		Cataract	Glaucoma	Ret. Fib.	Others
(i) <i>Blind</i>					
(a)	No treatment	33	13	—	50
(b)	Treatment (medical, surgical or optical) ...	25	6	—	17
	Number of cases which on follow-up action have received treatment ...	10	4	—	15
(ii) <i>Partially sighted</i>					
(a)	No treatment	2	—	—	4
(b)	Treatment (medical, surgical or optical) ...	1	2*	1	8
	Number of cases which on follow-up action have received treatment ...	1	—	1	6

* Both to be reviewed 1957.

Based on the figures at 31st December, 1956, a table giving details of education, training and employment is set out below.

Under 2 years	At home	...	...	...	...	...	1
2-4+	A home	...	...	...	...	...	4
2-4+	Ineducable	...	...	...	...	...	1
5-15+	Attending Special Schools	...	...	...	...	...	7
	Attending Other Schools	...	...	...	...	...	2
	1 at home, 1 at Sunshine Home	...	...	...	...	...	2
	Ineducable: in Institutions or at home	...	...	...	...	...	6
16-20	Hethersett	...	...	...	...	...	1
	Undergoing training (sheltered employment)...	...	...	...	...	...	2
	Undergoing training (professional employment)	...	...	...	...	...	1
	Undergoing training (open employment)	...	...	...	...	...	1

Unemployed but capable and available for work subject to training	2
Unemployed but capable and available for work without training for open industry	6
In Workshops for the Blind	9
Approved Home Workers	20
<i>Gainfully employed</i>	
Agricultural workers	2
Basket maker (St. Dunstan's)	2
Clerks and typists	5
Dealers and agents	33
Domestic workers	2
Factory operations	3
Massage and physiotherapy (St. Dunstan's)	2
Matmakers (St. Dunstan's)	1
Ministers of religion	1
Music teachers (Special School)	1
News vendors	1
School teachers	1
Office executive (St. Dunstan's)	1
Ports	1
Poultry-keepers	2
Sundry	9
Telephonists	5
Not available for employment—16-59	73
60-64	32
Not capable of work—16-59	59
60-64	12
Over 65	620
	—
	933
	—

The employment position has deteriorated during the past year. One man and one woman were placed in open industry, through the services of the Placement Officers, Royal National Institute for the Blind and the Ministry of Labour and National Service. One man and one woman were admitted to America Lodge, Torquay, for Industrial Rehabilitation and one woman for Social Rehabilitation, a married blind woman attended a course of Social Rehabilitation at Oldbury Grange, Bridgnorth.

Home Teaching Service

The Service consists of the Secretary and 6 qualified Home Teachers. There are Social Centres held at Almondsbury, Cheltenham, Cinderford, Cirencester, Kingswood, Stroud, Tewkesbury and Wotton-under-Edge with two weekly Handicraft Classes at Cirencester and Stonehouse.

During the year the Home Teachers have paid 7,466 visits to the Blind in their own homes, given 901 lessons in reading embossed literature (Braille and Moon), Deaf-Blind Manual with handicrafts.

Homes

Ellerslie, Cheltenham and Ferney Hill, Dursley, have both been fully occupied throughout the year. The building of the new wing at Ellerslie which comprises bedsitting rooms will not be ready for occupation before March, 1957.

The staff of both Homes are most grateful for the help given by the voluntary visitors who undertake letter writing, shopping and arranging entertainments for the residents.

*Partially Sighted Register
Ascertainments*

During the year, 15 new names were added to the Register, making a total of 114. Nine names were removed from the Blind Register and one decertification due to improved visual acuity.

TOTAL NUMBER ON REGISTER—AGE GROUPS 31ST DECEMBER, 1956

0-1	2-4	5-15	16-20	21-49	50-64	65 & over	Total
—	2	17	15	17	13	50	114

The following table shows how the Register is compiled:—

2-4	At home	...	...	...	...	2
5-15+	At Special Schools	...	...	...	...	10
5-15	At Ordinary Schools	...	...	...	...	7
	Training	...	...	...	...	2
	Trainable	...	...	...	...	3
	Employed	...	...	...	...	26
	Not available	...	...	...	...	64
						114

NEWLY REGISTERED, 1956

0-1	2-4	5-15	16-20	21-49	50-64	65+	Total
—	1	1	2	3	1	7	15

(b) *Deaf (other than Deaf and Dumb)*

During the past twelve months a total of 1,251 visits have been made, comprising of 130 to children under 2 years of age, 441 to the 2-16 years, 214 to the 16-65 years, and 466 to those over 65 years.

(i) *Under 2 years*

During the year 2 babies of 6 months have been referred through the Hearing Assessment Clinic, and as a result of investigation by the otologist and teacher, they have been issued with small commercial hearing aids (provided through the Free Hospital Trust). These babies have been brought regularly to the Clinic to receive training, and their mothers, parent guidance. One of the babies, whose mother is unable to help, has been attending Whaddon Road Day Nursery, Cheltenham, where the Matron has had previous experience with deaf children.

One 14-month-old infant was also referred and is attending the clinic monthly, together with another under the age of 2 who was notified at the end of 1955, but who has since spent two weeks in the Ealing Hostel with his mother to receive intensive training. The Hostel is run under the auspices of the Audiology Unit, Gray's Inn Road, London.

(ii) 2-16 years

Children in this age group have been reported to the Education Committee.

One congenitally deaf girl upon leaving school has been accepted for the two-year course by Stroud Art College, and the Principal is encouraging other deaf children in the area to attend evening classes in order that they may mix with hearing people at the same time as they pursue their hobbies.

A hard-of-hearing boy who was apprenticed in the Spring to Prinknash Abbey Potteries is developing exceptionally well.

(iii) 16-65 years

Employers are by and large most sympathetic and helpful towards the deaf so that employment can usually be found. Gloucestershire is also fortunate in having Disablement Resettlement Officers who are also particularly aware of the difficulties of the deaf.

Three cases have been referred by Mental Health Officers and most of these have been fitted with hearing aids, including two young adults who wear their aids all day long.

Two physically handicapped bedridden patients were also referred and both have been issued with aids.

(iv) Over 65 years of age

More visits were made in this group than any other, although many have not received a visit during 1956. All new cases have been seen and most of them have received aids, many by domiciliary visits, but as in many cases follow-up has been impossible due to numbers, the Welfare Officer has been unable to ascertain that they can use and manage their aids, as she has done in the two previous years.

Close co-operation between other branches of the service, i.e., Home Help Service, Home Teachers of the Blind, Visitors to Handicapped Persons and Health Visitors, has been maintained throughout the year. The National Assistance Board, Ministry of Labour and Hospital Almoners have also continued to give help and advice.

It is with regret that the Welfare Officer had to close the evening lip-reading classes at Cirencester owing to a fall-off in attendances.

(c) Cripples

The increase in the number of physically handicapped people in the county is still considerable; 204 new cases having been added to the register during 1956 bringing the total number of registrations up to 1,812, and of these 1,397 are "live cases," in the following age groups:

Description	Male	Female
Children under 16 years ...	148	115
16-64 years ...	519	461
65 years and over ...	57	97
	—	—
	724	673
Total cases ...		1,397

There appears to be a marked increase in the number of people suffering from the disabling effects of rheumatoid arthritis, 31 new cases having been brought to our notice during 1956, making a total of 183 people suffering from this disease. Twenty-five new cases of poliomyelitis have been registered and 13 cases of hemiplegia caused by thrombosis. Disseminated sclerosis shows an increase of 15 cases (7 men and 8 women) which is more than twice as many as those registered last year.

During the past year 70 patients have been having occupational therapy and have received instruction in various types of craft work. A few have been visited weekly and others according to their need, but we only have the services of one full-time occupational therapist, who cannot possibly visit all the cases needing training, and it would be impossible to have given even this coverage but for the help of three part-time craft teachers.

As a result of lessons and supervision given by the occupational therapist, many more people can now do craft work in their own homes, and more of them are able to produce saleable goods. The marketing scheme, therefore, has been extended and last year 11 shows and sales were organised in different parts of the County, including Winchcomb, Gloucester, Cinderford, Dursley, Cirencester and Stroud. The total sales amounted to £580 which is an increase of £65 on last year's figures. Several shops have been most generous in offering space for the display of our goods, and one agreed to do the actual selling. The shop window in College Court continues to attract attention and is a very good means of publicising the work, while the number of goods sold is increasing, £90 having been taken during the year.

One woman, who has been unable to work for eight years due to an arthritic spine, was taught to weave, and made excellent progress, so that many of her goods were sold. She is now in full-time employment as a stenciller at Dowty's, thanks to the help of the District Rehabilitation Officer.

A Mobile Exhibition of Aids for the Disabled, kindly lent by the Central Council for the Care of Cripples, spent a week touring Gloucestershire in April. The van visited Stroud, Cheltenham, Cirencester, Dursley, Cinderford and Gloucester. Great interest was shown by the public and many disabled people visited the exhibition and tried out the simple gadgets and aids designed to help them overcome their disabilities and be more independent. In Gloucester the exhibition was seen by the staff of the City General Hospital and 90 physiotherapists attending the South Western Region's Annual Congress.

Many disabled people have been given assistance and advice to enable them to run their own homes, dress and bath themselves with the help of gadgets and adaptations in the kitchen and bathroom. The co-operation of the hospitals in notifying us of this type of case, has been particularly helpful.

The eight Area Committees comprising 148 voluntary visitors have been most active, not only by keeping in touch with the disabled people, and providing help which is not available through the Welfare Services, but also in arranging many parties and outings, which are so much appreciated. A special church service arranged in Stroud was very well attended. Committee members have also given invaluable help at sales and exhibitions, and with transport in private cars.

The children's party was held at Dursley Modern School this year, where 95 handicapped children enjoyed a wonderful afternoon's entertainment; each handicapped child being looked after by a Modern School pupil. Thanks are due to all at the Dursley Modern School who did so much to make the party such a success, and to all those who provided transport for the children.

£106 has been received from the B.B.C. Children's Hour Appeal and this is being spent on individual handicapped children in special need of help.

A Muscular Dystrophy Group has recently been formed by the Central Council for the Care of Cripples to further research and spread helpful information. This has resulted in more of these cases being brought to our notice.

The sale of Christmas cards was most successful this year, £118 being taken, of which £93 was clear profit. Thanks are due to the Gloucester Ladies' Circle and many Committee members for help with sorting and making these cards. Some of this money is already being used to help with the provision of gadgets.

A Good Companion's Club run by the British Red Cross Society has been started in Cheltenham and is very much enjoyed by the severely disabled people who are able to attend.

The British Red Cross Society, St. John Ambulance Brigade and the Women's Voluntary Service have all worked with us in the closest co-operation and helped in the provision of medical comforts, chairs and clothing.

SECTION C

DISEASES

1. Infectious Diseases

The notifications of infectious diseases received during the year are set out in Table 11 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 1956 was 400 as compared with 503 in 1955 and an average of 509 over the previous 10 years. The cases were distributed between urban and rural districts as follows: Urban 103, Rural 297. The districts most affected were Dursley Rural (59), Lydney Rural (58), Cheltenham Municipal Borough (50), Gloucester Rural (31), East Dean (29) and Stroud Rural (27).

(c) Measles

There were 1,912 cases notified during the year, as compared with 7,875 in 1955. There were no deaths.

(d) Whooping Cough

The number of cases notified was 678, as compared with 1,127 in 1955. There was 1 death as compared with 2 in 1955.

(e) Pneumonia

There were 208 cases of pneumonia notified in 1956 as compared with 273 in 1955. Of these 90 occurred in urban districts and 118 in rural districts. 264 deaths were recorded as compared with 189 in 1955.

(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. Seventy-five cases of dysentery were reported as compared with 61 in 1955, 39 in urban districts and 36 in rural districts.

(h) Diseases of Central Nervous System

The number of cases of anterior poliomyelitis notified was: paralytic 9, and non-paralytic 3. There were no deaths.

The cases occurred in six Sanitary Districts only, the highest number in a District being Stroud Rural with 2 paralytic and 1 non-paralytic, whilst Stroud Urban and Gloucester Rural also had 2 paralytic cases.

(i) Influenza

There were 63 deaths as compared with 34 in 1955.

(j) Puerperal Pyrexia

The notifications increased from 106 in 1955 to 124 in 1956.

2. Venereal Diseases

The following table shows the number of County cases coming under treatment during 1956 at the various treatment centres.

	Syphilis	Gonorrhoea	Other Conditions	Total
Bristol, Maudlin Street Clinic ...	5	4	70	79
Bristol, Southmead Hospital ...	2	—	7	9
Cheltenham General Hospital ...	9	19	57	85
Gloucester, Glos. Royal Hospital	5	20	111	136
Oxford, Radcliffe Infirmary ...	—	1	2	3
	—	—	—	—
Total	21	44	247	312
	—	—	—	—

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

	Syphilis	Gonorrhoea	Other Conditions	Total
1952	46	73	209	328
1953	39	76	228	343
1954	26	43	199	268
1955	23	45	241	309
1956	21	44	247	312

3. Malignant Diseases

I am obliged to Major R. 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 Records Bureau in 1956:—*

Malignant Growths of:—

Lip	2
Tongue	3
Parotid	3
Mouth and Tonsil	8
Pharynx and Larynx	6
Oesophagus	7
Stomach	60
Colon	81
Rectum	43
Liver and Gall Bladder	25
Pancreas	16
Peritoneum	5
Nasal Sinuses	4
Lung and Bronchus	78
Breast	116

Cervix	31
Uterus	28
Ovary and Female Genital	27
Prostate	25
Penis and Male Genital ...	6
Kidney	4
Bladder	25
Skin (including Rodent Ulcer)	98
Brain and C.N.S.	15
Blood and Lymphatics ...	24
Other Neoplasms	15
<hr/>	<hr/>
Total	755
<hr/>	<hr/>

(b) *Survival table as at 31st December, 1956, of cases registered in 1951.*

Region	Total Cases	Alive
Tongue	4	—
Parotid	2	—
Lip and Mouth	20	1
Oesophagus	11	—
Stomach	46	2
Colon	42	15
Rectum	35	6
Liver and Gall Bladder ...	4	—
Larynx and Pharynx	8	1
Bronchus and Lung	43	—
Breast	87	34
Cervix	27	7
Uterus	16	8
Ovary	11	1
Other Female Genital Organs	8	3
Prostate and Male Genital Organs	25	1
Kidney	4	—
Bladder	13	1
Skin (including Rodent Ulcer)	76	49
Brain and C.N.S.	5	1
Thyroid	4	2
Bone	14	1
Blood and Endotheleal ...	25	3
Others	16	11
<hr/>	<hr/>	<hr/>
Totals	546	147
<hr/>	<hr/>	<hr/>

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 1956:—

CHELTENHAM BOROUGH*Water*

Some 8,000 yards of water mains were laid during the year, the diameter of the mains varying from 3 in. to 9 in.

The new reservoir at Ullenwood came into operation at the end of the year; otherwise there have been no major changes in the supply system.

Sewerage and Sewerage Disposal

A contract of £95,000 for the first stage extensions at Hayden consisting of new screens, detritor, settling tank, storm overflow weir and storm tanks is nearly 75 per cent complete. Design is in hand for Stage 11 extensions to consist of new filters, humus tanks, sludge drying beds, consolidation tanks, heated sludge digestion tank, administration buildings, etc.

Approximately £8,000 worth of new sewerage work was completed during the year, i.e., sewers at the rear of Leckhampton Road, Albert Place, Selkirk Street, Glenfall Street and Imperial Square, were all relaid.

A new storm overflow was constructed at the Hatherley tank, costing approximately £2,000.

Approval has been received from the Ministry for the construction of the Golden Valley sewer in conjunction with the Cheltenham Rural District Council, and work should start in the very near future.

Housing

During 1956, 61 houses and 47 flats were constructed.

TEWKESBURY BOROUGH*Water*

New connections to public mains during the year were 56. No extensions of mains were made.

Only 6 out of the 1,793 houses in the Borough are without main water.

Sewerage

The whole of the new sewerage works at Newtown were completed and full pumping and treatment were commenced in February.

Housing

The number of new houses erected during the year was 49, 19 Council and 30 private houses. Twelve Council houses were under construction at the end of the year.

GLOUCESTER RURAL DISTRICT*Water*

During the year 6½ miles of new mains were laid and a further 1½ miles of new mains have been authorised.

Sewerage

The Ministry has approved, in principle, the Frampton-on-Severn/Fretherne-with-Saul Scheme and authorised the carrying out of the work in stages. Stage 1—serving the northern end of the Parish of Frampton-on-Severn—will be under way early in 1957.

During the year the Eastington Sewerage Scheme was completed and is now in operation. The new pumping station to deal with sewerage from the Gloucester Garden Village Estate, Longlevens, is now in operation.

Housing

746 houses were erected during the year, of which 472 were erected under private enterprise. Houses and flats under construction and in housing schemes for consideration provide for a further 396, and there were also 344 private houses under construction at the end of the year.

NEWENT RURAL DISTRICT

Water

Two and three quarter miles of extensions to mains were made during the year. A further course of extensions to mains have been authorised. During the year a further 138 houses were provided with main water supplies.

Sewerage

The Council have considered the need for new works, and although the scheme has not yet got beyond the preliminary paper stage, it is hoped that the Council will make a decision early in 1957.

Dymock

The school was connected during the year.

Corse and Staunton

These new works are satisfactory. Twelve Council and a number of private houses have been connected.

Redmarley

The Council's works serve 16 Council and 2 private houses.

Hartpury

Private sewage works constructed to serve private development (12 houses) are in the course of being taken over by the Council. These are adequate to serve considerable further development.

Housing

Fifty-six houses were erected during the year, 32 by the Council and 24 by private enterprise.

SECTION E

INSPECTION AND SUPERVISION OF FOOD

1. Milk Supply

The number of licensed pasteurising plants in the County at the end of 1956 was 26. During the year, one licensed processor voluntarily ceased operating, and a newly licensed plant commenced pasteurisation in October. There has been no occasion in the year under review to recommend the revocation, suspension or refusal of any licence.

2,085 samples of pasteurised milk were submitted for examination. One failed to satisfy the Methylene Blue Reductase Test for keeping quality and 24 did not attain the required standard of the Phosphatase Test. These figures yield a percentage of 1.2 per cent unsatisfactory samples.

The cause of failure has frequently been shown to have been due to faulty thermometers.

Samples of milk were also taken from dairymen bringing milk into the County from adjacent districts, and from retailers of raw tuberculin tested milk. Ninety-eight pasteurised milks, 40 sterilised milks and 25 raw tuberculin-tested milks were sampled in this way. Of these, one was unsatisfactory; this was a tuberculin-tested milk.

Supplies of school milks have been systematically sampled. 627 samples of pasteurised milk were taken, and of these, 11 failed a statutory test. Twenty-seven samples of tuberculin-tested milk were also taken: 2 of these were not satisfactory.

Milk supplies to other County Council establishments, including school canteens, day and residential nurseries, have been subject to supervision and sampling.

2. Specified Areas

The Rural Districts of Lydney, East Dean, West Dean and Newent were included in a specified area by an Order made under provisions of the Food and Drugs Act, 1955—this Order came into force on the 10th April, 1956. It is pleasing to point out that more than half the County is now included in the specified areas. Approximately 354,000 (79 per cent) of the population now receive a designated milk.

3. Tubercular Adenitis

The homes of patients notified as suffering from Tuberculous Adenitis were visited by the County Sanitary Officers. Milk supplies in the home and—where appropriate—in the school were checked.

4. Tuberculosis in Calves

No case of congenital tuberculosis in calves was reported during the year.

5. Brucella Abortus

All raw milks sampled during the year were submitted for biological examination as well as bacteriological examination, but no report was received which indicated the presence of either tubercle bacilli or brucella abortus.

6. Hospital Dairy Farms

Tuberculin-tested milk produced at Coney Hill Hospital Farm, Barnwood, was sampled on behalf of the Ministry of Health. Twelve samples were submitted for bacteriological and biological examination.

7. Water Sampling

Drinking waters from some schools and other County Council properties were sampled by the County Sanitary Officers and submitted for bacteriological and chemical examination.

Water samples from Dursley Secondary Modern School swimming pool were taken each week whilst the pool was in use.

A number of water samples were also submitted from other swimming pools where the possibility of use by school children was under consideration.

8. Food Hygiene

The inspection of County Council canteens and kitchens was the object of special effort in view of the requirements of the Food and Drugs Act, 1955. This Act, and Regulations made under it, became operative on the 1st January, 1956, but certain parts of the Regulations were not operative until 1st July. Recommendations in respect of alterations, renovations and repair were submitted to the appropriate departments following the inspections so made.

Lectures to students and food-handlers, and talks to social groups were again given. A new film concerned with the hygienic handling and preparation of food and the cleansing of equipment and utensils was shown to organised parties of kitchen staffs and servers, to senior school children, and to students of domestic science and of the catering trades.

9. Animal Health

Report on Work undertaken by Animal Health, Division 28, during 1956, supplied by Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries.

Animal Health Division of the Ministry of Agriculture, Fisheries and Food, comprises the Administrative County of Gloucester, and the County Boroughs of Gloucester and Bristol.

(a) Diseases of Animals Acts and Orders

During 1956 notifiable diseases were dealt with as follows:—

	1956		1955	
	Reports Investigated	No. of Confirmed Cases	Reports Investigated	No. of Confirmed Cases
Anthrax	133	3	107	1
Atrophic Rhinitis	3	—	1	—
Foot and Mouth	1	56	3	—
Fowl Pest	24	—	33	12
Parasitic Mange	—	—	—	—
Sheep Scab	—	—	—	—
Swine Fever	102	5	130	9
Tuberculosis	4	15	23	17

It will be seen that during 1956 this County has experienced a considerable number of outbreaks of Foot and Mouth Disease, and the majority of these outbreaks occurred in the Forest of Dean area during the months of August and September. Infection in this series of outbreaks is believed to have resulted from animals on free range in the Forest of Dean having had access to imported infected meat or bones.

(b) Milk and Dairies Regulations

There are approximately 3,822 dairy herds in this Division, and on 31st December, 1956, details of these herds were as follows:—

(1) Number of Attested herds	2,343
(2) Number of Supervised herds	33
(3) Number of Licensed T.T. herds (not Attested or Supervised)	9
(4) Number of Non-designated herds	1,437

In addition there were 136 Attested and 8 Supervised non-dairy and beef herds.

The tuberculin test was applied to 126,249 cattle and the following animals were clinically examined during 1956:—

(1) In Licensed T.T. herds	114,050
(2) In Non-designated herds	1,362

Tuberculous Milk—Veterinary Investigations

During 1956, 3 initial reports of tubercle bacilli having been found in bulk samples of milk were received from Medical Officers of Health. As a result of veterinary enquiries which were carried out, two infected animals were traced and dealt with under the requirements of the Tuberculosis Order. One case has not yet been completed.

Congenital Bovine Tuberculosis

Six reports of tuberculous lesions having been found on post-mortem examination of calves were received from Medical Officers of Health. In 2 cases material taken from the dams was positive for tubercle bacilli and the animals in question were slaughtered under the Tuberculosis Order. In 1 case the dam had died before an enquiry had been carried out, and in 2 cases uterine and milk samples taken from the dams were negative on biological examination. One case is not yet complete.

Brucella Abortus Infection in Cattle

During 1956 Veterinary Officers have again given assistance to Medical Officers of Health when requested to do so where brucella abortus has been found in milk samples. In such cases, Veterinary Officers carried out clinical examination of the herds involved and gave assistance to Medical Officers of Health or their Public Health Officers in the collection of milk samples, with a view to ascertaining the origin of infection.

(c) Tuberculosis (Attested Herds) Scheme

The percentage of Attested cattle in the County compared with non-designated cattle on 31st December, 1956, is over 65 per cent.

(d) Calf Vaccination Scheme

As stated in previous reports, this Scheme operates for the purpose of conferring immunity against infection with bovine Contagious Abortion, and all female calves from 4 months of age up to the date of service are eligible for vaccination. Under this Scheme 9,464 calves were so vaccinated during 1956.

(e) Swine Fever—Registered Vaccinated Herds Scheme

This Scheme is designed to encourage owners to have their herds vaccinated with a Crystal Violet vaccine for the purpose of conferring immunity in swine against infection with swine fever. At 31st December, 1956, the number of herds registered in the County was 37.

(f) Poultry Stock Improvement Plan

Under this Scheme the Ministry is responsible for ensuring that poultry flocks are kept free from infection with B.W.D. (*Salmonella Pullorum*), and adult birds of all such flock-owners are submitted to blood testing at prescribed periods. During 1956 42 flocks were blood tested and blood samples from 46,560 birds were examined, when 18 reactors were disclosed.

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

Under the above Regulations Veterinary Officers carry out fertility testing of all bulls prior to their being approved for use at Artificial Insemination Centres. All stock kept at such Centres are also subjected to routine tuberculin tests, agglutination tests for *Brucella Abortus*, and female cattle at the Centres are regularly subjected to vaginal mucin agglutination tests for vibrio foetus.

Figures of Tuberculosis Cases in Gloucester Division for the year ended 31st December, 1956 (Tuberculosis Order, 1938)

(1) No. of suspected cases examined	...	...	19
(2) No. of cases not amenable to the Order	...	...	4
(3) No. of cases found amenable to the Order	...	...	15
(4) No. of cases of chronic cough	...	...	1
(5) No. of cases of T.B. udder	...	...	10
(6) No. of cases of T.B. emaciation	...	...	—
(7) No. of cases of excreting T.B. material	...	...	2
(8) No. of cases of T.B. milk	...	...	2

(9)	No. of cases which proved "advanced" on P.M.E.	12
(10)	No. of cases which proved "not advanced" on P.M.E.	3
(11)	No. of cases which proved "not affected" on P.M.E.	—

SECTION F

Miscellaneous

Registered Nursing Homes

At the end of the year there were 7 nursing homes registered in the County, excluding Cheltenham Municipal Borough. Two were registered for maternity cases only, 5 for general cases only, providing in all 9 maternity beds and 76 others. Regular visits of inspection are made by members of the Medical Staff and generally speaking the conditions prevailing in the homes were satisfactory. The County Fire Prevention Officer has continued to inspect each home for the purpose of checking the maintenance of adequate fire prevention measures.

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

TABLE II.—1956 SUMMA

Districts	Scarlet Fever	Whooping Cough	Ac. Polio- myelitis		Measles	Diph- theria	Ac. Pneu- monia	Dysentery	Small- pox	Ac. Leth I.
			P	NP						
Urban										
Charlton Kings ..	7	15	—	—	2	—	2	—	—	—
Cheltenham M.B. ..	50	148	—	1	545	—	46	12	—	—
Cirencester	1	14	—	—	16	—	15	—	—	—
Kingswood	9	26	—	—	13	—	9	24	—	—
Mangotsfield	9	52	—	—	34	—	10	3	—	—
Nailsworth	2	—	—	—	2	—	3	—	—	—
Stroud	19	9	2	—	5	—	5	—	—	—
Tewkesbury M.B. ..	6	6	—	—	—	—	—	—	—	—
TOTALS U.D. ..	103	270	2	1	617	—	90	39	—	—
Rural										
Cheltenham	20	38	2	—	201	—	4	2	—	—
Cirencester	7	2	—	—	64	—	17	2	—	—
Dursley	59	42	—	—	5	—	11	1	—	—
East Dean	29	14	—	—	87	—	2	9	—	—
Gloucester	31	91	2	—	298	—	11	1	—	—
Lydney	58	4	—	—	1	—	2	1	—	—
Newent	8	56	—	—	212	—	2	4	—	—
North Cotswold ..	5	9	1	1	88	—	11	2	—	—
Northleach	1	1	—	—	67	—	3	—	—	—
Sodbury	20	33	—	—	69	—	16	6	—	—
Stroud	27	36	2	1	38	—	20	2	—	—
Tetbury	4	2	—	—	7	—	5	—	—	—
Thornbury	9	52	—	—	136	—	13	1	—	1
Warmley	7	18	—	—	10	—	1	—	—	—
West Dean	12	10	—	—	12	—	—	5	—	—
TOTALS R.D. ..	297	408	7	2	1,295	—	118	36	—	1
County Totals ..	400	678	9	3	1,912	—	208	75	—	1

C.P.—Chicken Pox
M.—Malaria

TIOS DISEASE NOTIFICATIONS

c or oid er	Para- Typhoid Fever	Erysipelas	Meningo- coccal Infection	Food Poisoning	Puerperal Pyrexia	Ophthal- mia Neona	Tuberculosis			Other
							Pul- monary	Meninges and CNS	Other	
	—	—	—	—	—	—	1	—	—	—
	1	5	4	1	44	1	34	1	7	1 M.
	—	1	—	3	5	1	5	—	—	16 C.P.
	—	2	—	1	2	—	24	1	1	—
	—	1	—	—	3	—	16	4	—	—
	—	—	—	—	2	—	—	—	—	—
	—	—	—	—	3	—	11	—	6	—
	—	—	—	—	1	—	5	—	1	—
	1	9	4	5	60	2	96	6	15	1 M. 16 C.P.
	—	1	—	—	2	—	11	1	—	1 M.
	—	1	—	—	4	—	5	—	3	—
	—	—	—	6	1	—	7	—	2	57 C.P.
	—	1	—	—	11	—	16	—	4	—
	1	1	—	3	7	—	27	—	10	—
	—	1	1	—	2	—	5	—	—	—
	—	—	—	—	—	—	6	—	—	—
	1	8	—	—	3	—	5	1	2	—
	—	—	—	—	1	—	2	—	—	—
	—	7	—	1	12	—	26	—	7	—
	—	3	—	—	10	—	13	—	7	—
	—	—	—	1	1	—	3	—	—	—
	—	2	1	1	4	—	8	1	3	—
	—	1	—	—	1	—	9	1	5	—
	—	—	—	3	5	—	14	1	2	—
	2	26	2	15	64	—	157	5	45	1 M. 57 C.P.
	3	35	6	20	124	2	253	11	60	73 C.P. 2 M.

TABLE III.—1956

CAUSES OF AND AGES AT DEATH

Causes of Death	Under 1 year	1-4	5-14	15-24	25-44	45-64	65 years and over	Total
1. Tuberculosis, respiratory ..	—	—	—	—	12	14	15	41
2. Tuberculosis, other ..	—	1	—	—	1	3	1	6
3. Syphilitic disease ..	—	—	—	—	—	6	3	9
4. Diphtheria ..	1	—	—	—	—	—	—	1
5. Whooping cough ..	—	—	—	—	—	—	—	—
6. Meningococcal infections ..	—	—	—	—	—	—	—	—
7. Acute poliomyelitis ..	—	—	—	—	—	—	—	—
8. Measles ..	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ..	—	—	1	—	2	9	4	16
10. Malignant neoplasm, stomach ..	—	—	—	—	1	45	81	127
11. Malignant neoplasm, lung, bronchus ..	—	—	—	—	4	91	57	152
12. Malignant neoplasm, breast ..	—	—	—	—	9	37	35	81
13. Malignant neoplasm, uterus ..	—	—	—	—	5	16	16	37
14. Other malignant and lymphatic neoplasms ..	—	2	5	6	26	135	280	454
15. Leukaemia, leukaemia ..	—	1	1	2	3	6	10	23
16. Diabetes ..	—	—	—	—	1	11	28	40
17. Vascular lesions of nervous system ..	—	—	—	—	13	146	604	763
18. Coronary disease, angina ..	—	—	—	—	26	181	486	693
19. Hypertension with heart disease ..	—	—	—	—	—	25	105	130
20. Other heart diseases ..	—	—	1	4	21	82	1,002	1,110
21. Other circulatory diseases ..	—	—	—	—	10	41	181	232
22. Influenza ..	—	—	—	—	—	9	54	63
23. Pneumonia ..	21	1	2	1	8	26	205	264
24. Bronchitis ..	—	2	—	—	1	50	149	202
25. Other diseases of respiratory system ..	—	1	—	—	4	15	45	65
26. Ulcer of stomach and duodenum ..	—	—	—	—	4	13	31	48
27. Gastritis, enteritis and diarrhoea ..	3	1	—	3	2	4	9	19
28. Nephritis and nephrosis ..	—	—	1	—	6	11	21	42
29. Hyperplasia of prostate ..	—	—	—	—	—	1	44	45
30. Pregnancy, childbirth, abortion ..	—	—	—	—	3	—	—	3
31. Congenital malformations ..	27	4	—	1	—	3	—	35
32. Other defined and ill-defined diseases ..	89	4	4	6	24	80	242	449
33. Motor vehicle accidents ..	—	1	6	15	16	13	13	64
34. All other accidents ..	5	4	6	5	14	21	55	110
35. Suicide ..	—	—	—	—	11	19	13	43
36. Homicide and operations of war ..	—	—	—	—	—	—	—	—
TOTALS ..	146	22	27	43	227	1,113	3,789	5,367