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HAMPSHIRE COUNTY COUNCIL

ANNUAL REPORTS

of the

County Medical Officer

and

Principal School Medical Officer

I. A. MacDOUGALL, M.B.E., M.R.C.S., L.R.C.P., D.P.H.

FOR THE YEAR

1959



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HAMPSHIRE COUNTY COUNCIL

ANNUAL REPORTS of the COUNTY MEDICAL OFFICER and PRINCIPAL SCHOOL MEDICAL OFFICER for the year 1959

INTRODUCTION

To the CHAIRMAN and MEMBERS of the HAMPSHIRE COUNTY COUNCIL.

I have the honour to present my Report for the year 1959. In previous years the Annual Reports on the Health Service and on the School Health Service have been submitted to you as two separate documents. This year I have combined them under one cover with I hope certain advantage.

The population of the Administrative County as estimated by the Registrar General shows an increase of 17,800. The excess of live births over deaths was 5,721 so that 12,079 of the increase represents inward movement of the population.

The number of live births and the birth rate for 1959 were 13,514 and 18.0 per thousand population respectively. This is the highest birth rate recorded in the County since 1949. The death rate is slightly down, though it will be noted from the detailed statistics given that deaths from cancer of the lung and bronchus have again increased, the main increase being in the 25-44 age range.

The infant mortality rate for the year was 18.65, which was the lowest so far recorded in the County and compares with the national figure of 22.2.

The maternal mortality rate for 1959 was 0.51, a slight increase over that recorded for the past two years. During 1959 the Report of the Maternity Services Committee (Cranbrook Report) was published and was received with wide interest. Amongst the many details considered by the Committee was the suggestion that a unified maternity service might be preferable to the present tripartite structure and on this the Committee commented that "to suggest at this stage any drastic re-organisation of the maternity services alone so as to place them under the sole control of either the hospital authorities, the local health authorities or some quite new body would be to create more problems than it would solve"—and then went on to say that "the real problem crystallizes into one of co-operation and co-ordination between the individuals providing the maternity services." Amongst other recommendations made by the Committee were that there should be a more uniformly high standard of ante-natal care, including the reservation of beds for ante-natal treatment and that there should be a better selection of patients for hospital confinements. These are matters in which the local health authority's maternity and child welfare service is intimately concerned and one to which constant attention must be directed.

In previous Reports I have mentioned with great satisfaction the ever closer association of the general medical practitioner with the work of the local health authority, for I am convinced that the future lies very much in that direction and already in the County much has been achieved in this respect. I am indeed pleased that during the year a scheme has now been agreed by the Hampshire Local Medical Committee whereby trainee general practitioner assistants be given the opportunity of spending a week in the County Council's Health Department in order to get first hand information as to how the County Council's health services operate and what contribution they have to offer to the family doctor in caring for his patients.

A major event in the history of the health service was the passing of the Mental Health Act, which will of course radically affect the future pattern of the County Council's mental health services to the community. Much time and thought has been devoted during the year to planning for the future responsibilities which the new Act places upon us.

Demands on the Ambulance Service steadily increase, but there is no doubt that greater efficiency and economy have resulted from the centralisation through the main ambulance stations for requests for the Hospital Car Service. It is hoped that progress may soon be made on the construction of new ambulance stations, especially at Alton, Petersfield, Havant and Fareham.

The work and organisation of the School Health Service has of course shown considerable change during the year with the introduction of the new medical inspection procedure for which very great credit is due to my deputy, Dr. Bacon. The results of the new procedure will naturally take some time to assess and no attempt to do so is made in this Report, but it is most gratifying to note that the new scheme was introduced with remarkably little difficulty, thanks to the willing co-operation of all concerned. Further reference to this matter appears in the School Health section of this Report.

Of great importance during the year was the opening of a Diagnostic Unit for educationally sub-normal children between the ages of 5—7 years. This is planned to assess the educability of "border line ineducable" children of this age group. Details regarding this unit are given under the Handicapped Pupils section of this Report. In this section will also be noted the fact that all deaf and partially deaf school children who need them now have the new light weight transistorised hearing aids.

I am pleased to report that, for the first time, all milk supplied to maintained schools is pasteurized. I am glad also to report that no case of food poisoning associated with school meals or milk was reported during the year in our schools. Considering the very large number of school meals served this is a high tribute to the standard of personal and environmental hygiene in the school kitchens and reflects great credit on those who run the service.

The Chief Dental Officer again draws attention to the steadily increasing rate of dental decay in children. This is of course a national finding and it seems that our existing dental services are quite unable to control it or keep it in check. The Chief Dental Officer stresses the importance of the introduction of a programme of intensive dental health education and this is to be planned. The arguments for and against fluoridation of water supplies have now been debated for many years, but the facts so far assembled leave no doubt whatsoever that this measure would be an immensely valuable contribution to the prevention and control of dental decay, and one can but hope that its introduction nationally will not be delayed much longer.

In concluding these brief introductory remarks I take pleasure in expressing my very sincere gratitude to all members of the staff of the department who have worked so well throughout the year. Finally I am most grateful to the Chairman and Members of the Committees associated with the work of my department and express my thanks for the great help and encouragement they have given me throughout the year.

I. A. MacDOUGALL,
County Medical Officer.

STAFF

(As at 31st December).

County Medical Officer and Principal School Medical Officer:

I. A. MacDougall, M.B.E., M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:

L. J. Bacon, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer for Maternity and Child Welfare:

V. D. R. Martin, M.B., Ch.B., D.P.H.

Senior Medical Officer for Mental Health:

J. L. Farmer, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

Whole-time Assistant County Medical Officers and School Medical Officers

Hilda M. P. Hunt, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (Senior A.C.M.O.).

Catherine Avery, M.D., B.S., M.R.C.P., L.R.C.P., D.P.H.

Laurel Campbell, M.R.C.S., L.R.C.P.

Aileen Dring, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.

T. F. H. Duffell, M.R.C.S., L.R.C.P., C.P.H.

Joan H. Nuttall, M.B., B.S.

Phyllis Watson, B.A., M.R.C.S., L.R.C.P.

Sylvia H. Yates, M.B., Ch.B., D.P.H.

Part-time Assistant County Medical Officers and School Medical Officers

Sarah Boyle, L.R.C.P., L.R.C.S., D.P.H.

Rosemary Bradmore, M.B., Ch.B., C.P.H., D.C.H.

Catherine Coutts Milne, M.B., Ch.B., D.P.H.

Margaret Cowan, M.B., B.Ch., D.Obst.R.C.O.G., D.C.H.

Muriel Evans, M.D., F.R.C.S.

Margaret Exley, J.P., M.B., B.S.

Margaret Foley, M.R.C.S., L.R.C.P., M.R.C.O.G.

S. G. Gordon, M.B., B.S., M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H., D.C.H.

Aldyth Munro, M.B., Ch.B.

A.C.M.O./S.M.O.'s also Medical Officers of Local Sanitary Authorities

J. Coutts Milne, M.B., Ch.B., D.T.M., & H., D.P.H.

M. Crowley, M.B., B.Ch., D.P.H.

W. A. Glen, M.B., Ch.B., D.P.H.

R. A. Good, M.B., B.Ch., D.P.H.

R. L. Goodey, B.A., M.R.C.S., L.R.C.P., D.P.H.

S. Hewitt, M.B., B.S., B.Hy., D.P.H.

A. C. Howard, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

Esther Jackson, M.B., Ch.B., D.P.H.

P. L. Karney, M.B., B.S., D.P.H.

J. Craig Lindsay, T.D., M.B., Ch.B., D.P.H., Aldershot Divisional School Medical Officer.

D. J. N. McNab, M.B., Ch.B., D.P.H.

S. C. Parry, M.A., M.R.C.S., L.R.C.P., D.P.H.

P. V. Pritchard, M.D., F.R.C.P., F.R.F.P.S.G., D.P.H., Gosport Divisional School Medical Officer.

Chest Physicians

(Joint Appointments, Regional Hospital Board and County Council)

J. Butterworth, M.B., B.S.Lond., D.P.H.

A. Capes, M.D., B.S., M.R.C.S., L.R.C.P.

D. C. Lillie, M.B., Ch.B.(Glas.), D.P.H.

D. MacCallum, M.B., Ch.B.(Glas.).

M. E. Moore, M.A., M.D., B.Chir.

J. S. Robertson, M.D., Ch.B., D.P.H.

J. Sharp, M.R.C.S., L.R.C.P.

D. J. ap Simon, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P.

Chief Dental Officer and Principal School Dental Officer:

Mr. C. C. Chadwick, L.D.S.

Dental Officers

Whole-time

Mr. T. E. Black, L.D.S., R.F.P.S.(Glas.).

Mrs. J. Carruthers, L.D.S.

Mr. S. E. H. P. Dodds, L.D.S.

Col. H. Foulkes-Roberts, L.D.S.

Dr. H. Freeth, M.R.C.S., L.R.C.P., L.D.S., R.C.S.

Mr. R. T. Hale, L.D.S., R.C.S.

Whole-time (continued)

Mrs. B. Harden, B.Ch.D., L.D.S.
 Mr. L. J. Haworth, L.D.S., R.C.S.
 Mr. P. Jeffery, L.D.S., R.C.S.
 Mr. J. A. Lency, L.D.S.
 Mr. K. Lency, L.D.S.
 Mrs. E. McGregor, L.D.S.
 Mrs. M. Mules, L.D.S.
 Mr. R. A. Nicol, L.D.S., R.F.P.S.(Glas.).
 Mr. F. E. Norris
 Col. W. B. Purnell, L.D.S.
 Mr. J. Wilson, L.D.S.
 Mr. R. C. Withers, L.D.S., R.C.S.
 Mr. W. S. Wood, B.A., B.Dent.,Sc.(Dublin).

Part-time

Mr. M. R. Allin, L.D.S.
 Mrs. A. W. Black, L.D.S., R.F.P.S.(Glas.).
 Mr. G. Bland, L.D.S., R.C.S.
 Mr. A. J. Bowman, L.D.S., R.C.S.(Eng.).
 Mr. A. H. Chivers, B.D.S., L.D.S.
 Mrs. B. Durbin, L.D.S., R.C.S.
 Miss J. Gordon-Ralph, L.D.S., R.C.S.(Edin.).
 Mr. H. C. Goudge, L.D.S., R.C.S.(Eng.).
 Mr. J. Gray, L.D.S., R.C.S.
 Mr. P. McGuckin, L.D.S., R.C.S.(Eng.).
 Mr. H. Sly, L.D.S., R.C.S.(Eng.).
 Mr. I. T. M. St. George, L.D.S., R.C.S.
 Mr. B. R. Swinn, L.D.S., R.C.S.(Eng.).
 Mr. H. Young, L.D.S., R.F.P.S.(Glas.).

Dental Anaesthetists (part-time)

Dr. J. E. Ainsley, L.R.C.P., L.R.C.S., L.D.S.
 Dr. Mary Brown, M.B., B.Ch., B.A.O.
 Dr. Dorothy Jones, B.A., M.R.C.S., L.R.C.P.
 Dr. N. Mark, M.B., B.Ch., B.A.O., D.A.
 Dr. Catherine Ormerod, M.B., B.Chir., M.R.C.P.

Oral Hygienist:

Miss K. Griffiths

Child Guidance Team:

Dr. I. Hadfield, B.M., B.Ch., D.P.M.	Child Psychiatrist (R.H.B.).
Dr. K. E. Le Page, M.B., B.S., D.P.M.	Locum Child Psychiatrist (R.H.B.).
Mr. A. W. M. Harborth, M.A., B.Ed.	Senior Educational Psychologist.
Mr. V. P. Houghton, B.A.	Educational Psychologist.
Mr. G. C. Robb, M.A., Ed.B.	Educational Psychologist.
Miss J. Emery.	Psychiatric Social Worker.
Miss D. Shepherd, M.A.	Psychiatric Social Worker.

Locum County Oculist (part-time)

(Regional Hospital Board)

Dr. N. B. de M. Greenstreet, M.A., M.R.C.S., L.R.C.P.

County Orthoptist

(Regional Hospital Board)

Miss A. Trevor

Speech Therapy

Chief Speech Therapist:

Mr. A. P. Tolfree, F.C.S.T., L.R.A.M., L.G.S.M., M.R.S.T. (part-time)

Assistant Speech Therapists:

Mrs. D. B. Davis, L.C.S.T.

Miss E. I. Osmond, L.C.S.T.

Miss J. McDowell, L.C.S.T.

Mrs. J. A. Sanders, L.C.S.T.

Audiometrician:

Mr. F. R. Vitoria

County Nursing Superintendent	Miss G. M. Cooper
Acting Superintendent Health Visitor	Miss M. A. Wadham
County Organiser, Home Help Service	Miss L. M. Hamilton
County Ambulance Officer	Mr. E. T. Mallinson
Chief Administrative Assistant	Mr. C. G. Cartwright
Deputy Chief Administrative Assistant	Mr. P. L. Lloyd, D.M.A.

GENERAL STATISTICS

Population.

The population of the administrative County estimated by the Registrar General in Mid 1959 was 750,000 (Mid 1958—732,200); Urban Districts—448,500; Rural Districts—301,500. The estimated population includes non-civilians.

The main increases were in:—

Basingstoke M.B.	...	...	...	...	21,810 to 23,130
Christchurch M.B.	...	...	...	...	24,300 to 24,890
Eastleigh M.B.	...	...	...	...	34,460 to 36,480
Fareham U.D.	...	...	...	...	54,140 to 56,840
Fleet U.D.	...	...	...	...	10,710 to 11,680
Gosport M.B.	...	...	...	...	65,220 to 66,040
Havant & Waterloo U.D.	...	...	...	...	62,910 to 68,120
Lymington M.B.	...	...	...	...	25,210 to 25,780
Winchester City	...	...	...	...	27,070 to 27,370
Droxford R.D.	...	...	...	...	21,320 to 21,790
Hartley Wintney R.D.	...	...	...	...	25,430 to 26,270
Kingsclere & Whitchurch R.D.	...	...	...	...	21,230 to 21,490
New Forest R.D.	...	...	...	...	51,710 to 53,130
Petersfield R.D.	...	...	...	...	22,920 to 23,520
Ringwood & Fordingbridge R.D.	...	...	...	...	25,310 to 25,530
Romsey & Stockbridge R.D.	...	...	...	...	20,880 to 21,740
Winchester R.D.	...	...	...	...	44,010 to 44,830

Four areas show a decrease in population:

Aldershot M.B.	...	...	...	...	40,220 to 39,400
Andover M.B.	...	...	...	...	16,070 to 15,950
Farnborough U.D.	...	...	...	...	31,020 to 30,290
Andover R.D.	...	...	...	...	21,050 to 20,240

Year	Population
1949	627,380
1950	632,340
1951	651,400
1952	664,000
1953	676,200
1954	670,850
1955	680,600
1956	699,000
1957	715,100
1958	732,200
1959	750,000

VITAL STATISTICS.

Live births	...	...	...	...	13,514
Live birth rate per 1,000 population	...	...	...	...	18.0
Illegitimate live births per cent. of total live births	...	...	...	...	3.9
Still births	...	...	...	...	241
Still birth rate per 1,000 live and still births	...	...	...	...	17.5
Total live and still births	...	...	...	...	13,755
Infant deaths (deaths under 1 year)	...	...	...	...	252
Infant mortality rate per 1,000 live births—total	...	...	...	...	18.65
Infant mortality rate per 1,000 live births—legitimate	...	...	...	...	18.04
Infant mortality rate per 1,000 live births—illegitimate	...	...	...	...	33.33
Neo-natal (deaths under four weeks) per 1,000 total live births	...	...	...	...	13.84
Early Neo-natal (deaths under one week) per 1,000 total live births	...	...	...	...	11.84
Perinatal (still births and deaths under one week) per 1,000 total of live and still births	...	...	...	...	29.15
Maternal deaths (including abortion)	...	...	...	...	7
Maternal mortality rate per 1,000 live and still births	...	...	...	...	0.51

LIVE AND STILL BIRTHS.

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 population</i>	<i>England and Wales</i>
Live Births:					
Legitimate	6,608	6,366	12,974	17.3	
Illegitimate	266	274	540	0.7	
			13,514	18.0	16.5
Still Births:					
Legitimate	120	113	233	.31	
Illegitimate	1	7	8	.01	
			241	.32	—
Total Live and Still Births:	6,995	6,760	13,755	18.32	—

For 1958 the figures were 17.5; 0.32; 17.8.

The illegitimate live birth rate per cent. of total live births for the County was 3.9.

The still birth rate per 1,000 total live and still births for the County was 17.5 compared with 20.9 for England and Wales.

DEATHS.

<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 population</i>	<i>England and Wales</i>
4,021	3,772	7,793	10.4	11.6

For 1958 the figure was 10.9.

As will be seen from the following details extracted from the Table of deaths on page 45 the main causes of deaths continue to be diseases of the circulatory system and cancer.

	<i>Number of Deaths</i>					
	1959	1958	1957	1956	1955	1954
Diseases of the circulatory system	4,099	4,347	3,959	4,140	4,107	3,797
Cancer	1,339	1,363	1,319	1,240	1,252	1,189
Pneumonia	406	317	318	344	296	257
Bronchitis	271	271	234	320	266	204

MATERNAL MORTALITY.

	<i>Number</i>	<i>Rate per 1,000 Total Births</i>
Pregnancy, Childbirth and Abortion	7	0.51

From the information supplied by the Registrar General, the 7 maternal deaths attributable to this County were caused as follows:—

Uterine haemorrhage	1
Pulmonary embolus—in two cases following Caesarean section, and in one case instantaneous following confinement 4 days previously, with obesity and varicose veins	3
Post-partum haemorrhage: hysterectomy	1
Obstetric shock followed by amniotic fluid embolism due to labour	1
Acute peripheral circulatory failure due to post-partum haemorrhage	1

The ages at death of these patients were:

25—30 years	4
35—45 years	3

The maternal deaths and death rates per 1,000 total births over the last 10 years are as follows:

Year	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Cases	5	12	6	11	9	6	5	7	8	7
Rate per 1,000	0.48	1.1	0.56	1.00	0.82	0.54	0.42	0.56	0.61	0.51

DEATHS OF INFANTS UNDER ONE YEAR.

	Number	Administrative County	England and Wales
Total Infants per 1,000 live births	252	18.65	22.2
Legitimate Infants per 1,000 Legitimate births	234	18.04	
Illegitimate Infants per 1,000 Illegitimate births	18	33.33	

For 1958 the figures were 23.02; 23.15; 20.14.

DEATHS OF INFANTS UNDER FOUR WEEKS.

	Number	Rate per 1,000 total live births
Neo-Natal (deaths under four weeks)	187	13.84
Early Neo-Natal (deaths under one week)	160	11.84
	<i>Number</i>	<i>Rate per 1,000 total live and still births</i>
Perinatal (still births and deaths under one week combined)	401	29.15

NEO-NATAL MORTALITY.

The number of babies dying under the age of one month in 1959 was 187 against 212 in 1958. These can be sub-divided in the following way:

Dying before 24 hours	89
Dying from one day to one week	79
Dying from one week to one month	19

The causes of death vary according to the age at death in the following manner:

Cause	Under 24 hours	1 day to 1 week	1 week to 1 month	Total
Prematurity	29	14	2	45
Congenital deformities	8	7	2	17
Cerebral haemorrhage	11	14	—	25
Bronchitis, broncho-pneumonia	1	6	5	12
Atelectasis, anoxia	33	17	—	50
Haemolytic disease	1	1	—	2
Asphyxia	4	1	—	5
Congenital heart defect, cardiac failure	—	8	7	15
Respiratory failure	—	2	—	2
Accidentally drowned	1	—	—	1
Coliform meningitis	—	3	—	3
Other causes	1	6	3	10
	89	79	19	187

Rate per 1,000 total live births = 13.8 (1958 = 16.5).

NATIONAL HEALTH SERVICE ACT, 1946 LOCAL HEALTH AUTHORITIES' SERVICES

The Report is again sectionalised under the various responsibilities of the Local Health Authority under the National Health Service Act. Throughout the Report comment has been made on the integration and development of the services and there is evidence of the goodwill of all engaged in working together to provide an efficient service for the general public.

For the first time the estimated gross expenditure exceeds £1,000,000.

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22).

Anti-Natal Clinics.

At the close of 1959 there were 17 Ante-Natal Clinics being conducted in Hampshire. None of these was conducted by an Assistant County Medical Officer, 13 were attended by General Practitioner Obstetricians, and the remaining 4 were attended solely by District Midwives.

During 1959, the total attendance at sessions attended by a Doctor were 6,741 and at sessions attended by Midwives only 2,429. These attendances were made by 2,813 women, of whom 2,054 attended the Clinic for the first time during 1959, the balance having attended during the previous year: 353 women re-attended for post-natal examinations.

Ante-Natal Educational and Relaxation Classes.

Seven new centres have been opened during the year and the total number of classes now stands at 36. The average length of each course is 8 weeks and the number of mothers attending ranges from 6 in a rural centre to as many as 20 in a developing urban area. For the most part, Midwives working singly or in pairs run these classes and Health Visitors keep in touch by teaching for at least one session. In some of the larger classes, a Health Visitor takes a leading part and runs the course assisted by the Midwife.

Dr. Hilda Price Hunt, Senior Assistant Medical Officer, initiated these courses in 1951 after herself attending a course under Professor Nixon at University College Hospital, London. She has held a number of demonstration classes to teach the Midwives and Health Visitors in various parts of the County since then. The position now is that existing staff have been instructed in the theory and practice of mothercraft teaching and ante-natal exercises and relaxation methods, and it is now sufficient to hold such a class once a year to meet the needs of newly appointed staff.

Child Welfare Centres.

The following table shows the position at the end of recent years with regard to the number of Child Welfare Centres open, and the attendances.

<i>Year</i>	<i>Centres open at 31st December</i>	<i>Average No. of Sessions held per month</i>	<i>No. of Children who attended</i>	<i>Total Attendances made by those Children during the year</i>
1955	166	388	19,700	117,909
1956	172	409	19,423	136,050
1957	173	406	22,167	145,890
1958	179	445	23,589	156,643
1959	180	470	24,909	174,897

These figures show how the increase in the number of Clinics, and the number of children attending them reflects the steady increase in their popularity in the Administrative County. The popularity of the Child Welfare Centres continues and demands are constantly being received for new Centres to be opened.

The live births for the County for 1959 were 13,514. Returns from the Centres show that 9,008 babies (67%) born during 1959 made at least one attendance at a Centre.

The majority of the 180 Child Welfare Centres were staffed by Assistant County Medical Officers, assisted by Health Visitors, but in 17 Centres, the Medical Officer was a local Family Doctor. These were mostly rural Clinics, where the majority of mothers and children attending were on the National Health Service list of the Doctor. In 19 other Centres, only the Health Visitor attended the Centre. The number of mothers and children attending did not justify the attendance of a Medical Officer. In addition to these 180 Centres, there were 7 Baby Clinics held by General Practitioners in their own surgeries, where a County Council Health Visitor attended to help the Doctor. Such Clinics operated at Compton, Eastleigh, Hythe, Twyford, and at 3 practices in Winchester, including the 2 to which a Health Visitor has been seconded. This has resulted in mothers receiving consistent advice on the problems of child care and management, and has established an ideal relationship between the Family Doctor and the Local Health Authority.

At all the Child Welfare Centres, a great deal of work is carried out by local ladies who give voluntary service. The tasks undertaken by these ladies, include not only the sale and distribution of various proprietary and National Welfare Foods, but also assisting the Health Visitor to keep the records and calculate statistics, etc., and I wish to take this opportunity of recording my gratitude for this work.

Proprietary Foods and Medicaments.

In accordance with established practice, certain proprietary foods and medicaments continue to be available at Child Welfare Clinics. These foods are restricted to those mothers who bring their children to the Clinic, and who consult the Doctor or Health Visitor. A charge is made for the appropriate baby foods, which is ten per cent. above the cost price to the County Council. Should a mother or baby require on medical grounds any particular proprietary food which is not on the restricted list of foods provided at Child Welfare Centres, then on the Medical Officer's advice, the particular food is made available to the mother at the Clinic price.

PRIORITY DENTAL SERVICE FOR MOTHERS AND YOUNG CHILDREN.

Report of the Chief Dental Officer (Mr. C. C. Chadwick) for year 1959.

Dental Inspection and Treatment was available under the County Dental Service for all mothers and young children in the County, and I am glad to report that once again this year there has been an increase in the number of patients seeking examination and treatment in this important part of the County Dental Service.

Patients are referred by the Medical Officers in charge of Maternity and Child Welfare Centres by Health Visitors and Midwives, and frequently make direct application to the Dental Clinic.

The Dental Officers continue to make six-monthly visits to the larger Child Welfare Centres to examine toddlers and to give talks and advice on the dental care of young children's teeth. Some of the smaller Child Welfare Centres were also visited at the special request of the Medical Officer and Health Visitor concerned. An increasing number of pre-school children living in rural areas also were examined and received treatment during the year when the Mobile Dental Trailers were visiting the rural schools at the time of the local routine Dental inspection and Treatment.

The following Tables show how the work has increased in the last six years: —

Expectant and Nursing Mothers

Year	1954	1955	1956	1957	1958	1959
A. Examined	86	94	170	197	249	389
B. Found to need treatment	86	92	170	197	239	376
C. Treated	84	89	162	178	209	332
% of those examined found to require treatment ...	100	97.9	100	100	96.0	96.67
% of those requiring treatment actually treated	97.8	96.7	95.3	90.4	87.4	88.29

Children Under Five Years

Year	1954	1955	1956	1957	1958	1959
A. Examined	564	722	1,017	1,293	1,569	1,857
B. Needing treatment ...	548	700	969	947	1,101	1,164
C. Treated	546	664	915	865	1,020	1,092
% of those examined requiring treatment ...	97.1	96.9	95.3	73.3	70.2	62.68
% of those requiring treatment actually treated	99.6	94.9	94.4	91.3	92.6	93.81

The General Dental Practitioner's Service at the present time is giving regular dental inspection and treatment to the majority of expectant and nursing mothers and also to a considerable number of pre-school children in this County, but there are many in both these categories of patient who are not obtaining examination and treatment which is so imperative. There is abundant evidence that the rate of dental decay in pre-school children is increasing at an alarming rate.

The Annual Statistical Returns are as follows:—

Number provided with dental care during 1959 (the corresponding figures for 1958 are shown in brackets).

Number of sessions devoted to Maternity and Child Welfare Dental Inspection and treatment 418 (390).

A. Numbers provided with dental care.

Year	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	389 (249)	376 (239)	332 (209)	239 (140)
Children under Five ...	1,857 (1,569)	1,164 (1,101)	1,092 (1,020)	846 (804)

B. Forms of Treatment Provided.

	<i>Expectant and Nursing Mothers</i>	<i>Children under five years</i>
Extractions	671 (417)	902 (889)
Anaesthetics General	124 (86)	415 (492)
Fillings	331 (255)	900 (747)
Scalings or Scaling and gum Treatment ...	144 (167)	69 (63)
Silver Nitrate treatment	29 (7)	755 (765)
Other operations	111 (78)	241 (254)
Radiographs	3 (2)	— (—)
Dentures provided: Full upper or Full lower	53 (33)	— (—)
Partial upper or Partial lower	57 (53)	— (—)
Attendances for Treatment	1007 (705)	1798 (1702)

Dentures Supplied to Expectant and Nursing Mothers during 1959.

	<i>Patients</i>
Full upper and lower	13 (9)
Full upper and partial lower	15 (9)
Full upper	8 (3)
Full lower	4 (2)
Partial upper and partial lower	9 (14)
Partial upper	18 (13)
Partial lower	6 (2)
Partial upper and full lower	— (1)
	<u>73 (53)</u>

Defects of Vision.

Children under five years of age reported by Assistant County Medical Officers and Health Visitors, when attendance at a Child Welfare Centre was not convenient, were examined at ophthalmic clinics staffed by Ophthalmologists under arrangements with the Regional Hospital Boards:—

Aldershot—Dr. P. L. Allen, from March.

Christchurch and Lymington—Dr. E. J. Hanley, from February until September, from November Dr. N. B. de M. Greenstreet.

Gosport—Mr. A. E. Barrett.

Havant—Mr. T. G. S. Murray.

Petersfield—Dr. R. M. Cross, from October.

Other clinics were staffed by Dr. C. S. Stoddart until she relinquished her appointment at the end of July upon reaching retirement age. Consequent upon her retirement Dr. N. B. de M. Greenstreet was appointed temporarily on the 16th November to take over her clinics, and by arrangement with the Wessex Regional Hospital Board, children requiring urgent ophthalmic examination during the intervening period were referred to the nearest Hospital with an Ophthalmic Out-patient Department.

Where necessary, arrangements continue to be made for all children who had not reached their first birthday to be referred direct to the nearest hospital with an Ophthalmic Department for a more detailed examination than could be carried out at the Eye Clinic.

A summary of the attendances and treatment prescribed is as follows:—

	<i>New Cases</i>	<i>Re-examinations</i>	<i>Total 1959</i>	<i>Total 1958</i>
Number of children seen ...	124	151	275	338
Total attendances	124	198	322	417
Glasses ordered for first time	16	28	44	63
No treatment or re-examination	18	29	47	68
For re-examination — no glasses	46	69	115	128
Lenses changed	—	15	15	56
Present glasses suitable ...	—	25	25	70
Glasses to be discontinued ...	—	9	9	11
Recommended for orthoptic treatment	2	10	12	22
Referred for advice and/or treatment	49*	23	72	76

* Of this number 28 were referred to Hospitals from Child Welfare Centres, and 8 urgent cases were referred during the period the clinics were not covered.

In addition to the above, 5 children were recorded as seeking ophthalmic treatment other than at the Clinics; the actual number, however, is likely to be very much larger.

Hospital Treatment.

Thirty-six children examined at the Clinics were referred to Ophthalmic Surgeons at Hospitals for advice and/or treatment; in addition 3 children not referred from the Clinics were reported as having in-patient operative treatment for squints.

Glasses.

During the year 59 new prescriptions for glasses were issued. Of this total 30 pairs were salvoc (splinterless) lenses obtained through the Hospital Eye Service and 29 were ordinary (flat) lenses through the Supplementary Ophthalmic Service.

Orthoptic Treatment.

Of the 12 children recommended for orthoptic treatment, 4 were referred to the Orthoptist on the staff of the Winchester Group Hospital Management Committee and 8 to Ophthalmic Departments of other Hospitals.

Ringworm.

During the year, two children under five years of age were reported as having ringworm which affected the scalp (one case of scalp infection was reported in 1958 and five cases in 1957). One child received out-patient hospital treatment and one was treated by the family doctor.

Diseases and Defects of Ear, Nose and Throat.

Children under school age were reported as having received:

(1) Operative treatment for	
(a) Diseases of ear	1
(b) Adenoids and chronic tonsillitis	35
(c) Other nose and throat conditions	1
(2) Other forms of treatment	1

Care of Premature Babies.

The special arrangements continue for recording the survival rates of babies born prematurely, that is babies with a birth weight of 5 lbs. 8 ozs. or less. The following table sets out the figures for 1959. Comparative figures for 1958 are shown in brackets.

Weight	Number born alive	Number born alive who		Percentage surviving the neo-natal period
		Died in first 24 hours	Survived 28 days	
3 lbs. 4 ozs. or less (1,500 gms. or less)	86 (99)	39 (49)	38 (31)	44.2 (31.3)
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs. (1,501 gms.—2,000 gms.)	134 (133)	17 (17)	110 (103)	82.1 (77.4)
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs. (2,001 gms.—2,250 gms.)	161 (138)	4 (7)	153 (127)	95.0 (84.4)
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs. (2,251 gms.—2,500 gms.)	383 (375)	10 (10)	349 (357)	91.2 (95.2)
TOTALS:	764 (745)	70 (83)	650 (618)	85.1 (83.0)

With 13,514 live births in 1959, the above figures show that 5.65% of these births were premature. This compares with 5.81% for 1958.

Diocesan Moral Welfare Councils.

The close co-operation which has existed between the Health Department and the Diocesan Moral Welfare workers for many years continues, especially with regard to the care and supervision of unmarried mothers and their babies. Arrangements are made, where necessary, for unmarried girls to be admitted to Moral Welfare Homes to have their babies, and for training, and where any girl is unable to pay the full cost of maintenance financial assistance is given by the County Council after full investigation and recommendation by the Moral Welfare Worker. This is done by a grant being paid direct to the Moral Welfare Home in each case, to cover the balance between the full cost and the amount paid by and on behalf of each girl. The help given in 1959 and in the four preceding years, is shown in the table below, which indicates the continuing overall tendency both for the number of cases requiring assistance and for the average weekly cost met by the County Council, to increase.

Year	No. of Cases assisted	County Council total expenditure (£)	Approximate average cost per case (£)	Average length of stay (weeks)	Average weekly cost met by County Council
1959	92	£2,770	£30	10	£3 0 0
1958	102	£2,368	£23	10	£2 6 0
1957	84	£2,024	£24	11	£2 3 4
1956	70	£1,840	£26	11½	£2 5 3
1955	64	£1,674	£26	12	£2 3 4

Six months after the mother's discharge from the hostel, a follow-up report is received from the Moral Welfare Worker, and these reports show that in almost every case the mother has received benefit from the care and training in the hostel. A particularly redeeming feature of this work is the fact that only occasionally is another application for admission to a Moral Welfare Home necessary for an unmarried mother for a second pregnancy. A cause for concern, however, is the declining lack of support, both financial and otherwise, apparent from putative fathers, the majority of whom disregard entirely any obligation to the unmarried mother. The Health Visitors pay particular attention to the care of illegitimate babies who remain in their mother's care.

The County Council makes an annual grant of £1,000 to the Diocesan Moral Welfare Councils. This is a grant towards the cost of the Moral Welfare Workers' salaries, travelling expenses, etc., and for general assistance given to unmarried mothers and their children. The grant is shared between the Guildford, Portsmouth and Winchester Diocesan Moral Welfare Councils.

Day Nurseries.

At the end of 1959 there were two Day Nurseries operated by the County Council, one at Aldershot and one at Gosport. The day to day supervision of these Nurseries was carried out by the appropriate District Health Sub-Committee.

These Nurseries provided 32 places for children under the age of 2 and 93 places for children between 2 years and 5 years. At the end of the year there were 28 children in the first group, and 82 children in the second group on the Register. The average daily attendance during the year for these groups was 23 and 61 respectively.

No new Day Nurseries were opened during the year, and no Nursery was closed.

Distribution of National Welfare Foods.

National Welfare Foods continue to be distributed from Child Welfare Centres, by local shopkeepers, from a few private sources, and by several main centres operated by the Women's Voluntary Service. On the 31st December, 1959, there were a total of 292 distribution centres, an increase of one over 1958.

There is no doubt that the present arrangements for the distribution of the foods would not be possible, were it not for the most valuable help given by the many voluntary personnel staffing practically all the centres.

The total issues of National Welfare Foods during the last four years are shown below, from which it will be seen that although the general reduction continues in the issues of National Dried Milk and Cod Liver Oil, an increase has been shown in the issues of Vitamin tablets and Orange Juice over those for 1958.

	1956	1957	1958	1959
National Dried Milk (tins)	275,277	229,095	181,362	177,809
Cod Liver Oil (bottles) ...	79,517	67,678	44,213	32,202
Vitamin A and D Tablets (packets) ...	36,901	36,132	35,246	39,676
Orange Juice (bottles) ...	566,367	619,066	401,681	415,319

Family Planning Association.

The Clinics operating in Hampshire by the Family Planning Association have continued in 1959. At the end of the year Clinics were operating as follows:—

Clinic	Held
Aldershot	3 per month
Basingstoke	3 per month
Eastleigh	weekly
Fareham	weekly
Gosport	weekly
Havant	weekly
Lymington	2 per month
Totton	2 per month

In addition to the above Clinics there are 9 Clinics just outside the boundary of the Administrative County, where Hampshire residents are welcomed.

The Minister of Health has stated that it is properly part of the County Council's duty, under Section 22 of the National Health Service Act, 1946, to make Birth Control Advice available to expectant and nursing mothers, in whose cases a further pregnancy might be detrimental to health. Such advice should be available free of charge to expectant and nursing mothers who need it on "medical grounds."

In my report for 1958, I mentioned that it was proposed that the grant which the County Council has made to the Family Planning Association to assist them in running the Clinics in the County should bear some relationship to the number of medical cases where a further pregnancy might be detrimental to health. A grant of £150 has been made by the County Council to the Family Planning Association for the years 1959-60 and 1960-61. The number of medical cases seen at all clinics operated by the Association was 475.

Maternity Outfits.

During the year 4949 maternity outfits were issued to patients having domiciliary confinements, 4923 by District Midwives, and 26 to patients whose doctors had booked them as National Health Service patients.

MATERNITY AND HOME NURSING (Sections 23 and 25).

Midwifery.

The number of nurses and midwives employed on 31st December, 1959, was

Midwives	...	...	...	...	...	...	...	...	35
General Nurses	(full-time)	...	...	...	...	...	...	...	34
	(part-time)	...	...	...	...	...	...	...	10
									—
									equivalent to a total full-time staff of 39
District Nurse/Midwives	(full-time)	...	...	...	...	...	...	...	97
	(part-time)	...	...	...	...	...	...	...	3
									—
									equivalent to a total full-time staff of 99
District Nurse/Midwife/Health Visitors	...	...	...	...	...	...	...	...	16

Work of Midwives.

The number of cases attended during the year was 4,532, an increase of 157 compared with 1958. Of these 4,475 had booked a doctor under the National Health Service; in 4,041 cases the doctor was not present at the delivery.

The number of calls for medical aid was 1,358 from domiciliary midwives and 1,374 from midwives working in maternity institutions, a total of 2,732 calls. The figures for 1958 were 1,310 and 1,242.

The number of cases in which gas/air analgesia was administered was 3,469 when no doctor was present, and 318 when a doctor was present at the time of delivery. The number of cases in which Trilene was administered was 207 when no doctor was present, and 24 when the doctor was present at the time of delivery. The percentage of cases receiving analgesia was 88.6 (1958, 87.1 and 1957, 84.8).

Part II Midwifery Training Scheme.

Forty-eight pupil midwives received three months District Training by arrangement with the Royal Hampshire County Hospital, with 15 County Midwives approved as teachers by the Central Midwives Board.

Refresher Courses.

Twenty-eight Midwives attended a one week Refresher Course under Rule G.1 of the Central Midwives Board, which requires practising midwives to attend an approved course every five years.

The Midwifery Service.

The midwifery services are constantly under review, as, in spite of the tendency towards ever more hospital confinements, the number of domiciliary births continues to rise each year, mainly in areas of rapid housing development.

Two additional midwives were appointed during 1959, one in Gosport and one in Havant.

The ratio of cases per midwife has also risen and, in 1959, the average case-load per midwife (estimating country district nurse/midwives as equivalent to $\frac{1}{2}$ full-time midwife and district nurse/midwife/health visitors as $\frac{1}{3}$) was 51 against 49 in 1958.

Much thought has been given to the question of extending relief arrangements so that, in addition to the prescribed off-duty, midwives who have had seriously disturbed nights might be relieved of duty for part of the following day. The idea of a night rota system has also been discussed with the midwives.

One of the difficulties of organising a system of relief is the great variety of working conditions throughout the County.

In the rural areas, for example, where the number of cases per annum per district nurse/midwife does not normally exceed 20 and may be as low as 10, no special arrangements are called for. The normal pattern is a group of 4, in which one nurse/midwife of a pair relieves the other and calls upon one of the other pair when required. Regular off-duty is planned within the group and nurse/midwives are encouraged to make reciprocal arrangements for relief with their colleagues when they wish for short periods of absence from duty on special occasions.

The same facilities exist for nurse/midwives in the semi-urban areas where the case-load may be 20-30 per annum. In developing districts, where the work is increasing beyond the ability of existing staff to deal with it satisfactorily, the first step towards the additional nurse/midwife who will shortly be required, is the appointment of a part-time nurse or midwife who will relieve off-duty and do extra as required. When these needs are met, the occasional nights on duty are not felt as a hardship and, if more than one occurs in succession, the midwife can call upon her colleague, and is encouraged to do so.

It is the whole time midwife, working in towns and urban districts, who is subject to the greatest amount of irregularity in her hours of work, and, though the older midwives appear to accept this as an unavoidable necessity, and are reluctant to make any change which would detract from the individual patient-midwife relationship, younger ones look more favourably on some kind of rota system. They feel that, where groups of midwives work together in an Ante-Natal Clinic and conduct Relaxation Classes, the expectant mother has an opportunity of getting to know them all and would be quite happy for any one of the group to attend her at her confinement. It is also felt that the need to be continuously on call, apart from the prescribed off-duty periods, is the strongest deterrent to recruitment to the Domiciliary Midwifery Service.

It would appear, therefore, that there is much to be said for a night rota system and, though such a system is not so easy of operation in a County as in a County Borough area, the matter is being considered with a view to trying it out in appropriate areas.

Home Nursing Service.

The cases attended during the year totalled 15,955 (14,493 in 1958). 274,378 visits were paid (280,517 in 1958).

1. Classification of Main Types of Cases Nursed and Visits paid.

	Cases	Visits
Medical cases	11,463	210,307
Surgical	3,727	54,413
Infectious Diseases	38	154
Tuberculosis	160	7,048
Maternal complications	102	659

2. Classification according to age and duration of illness.

	Cases	% of Total	Visits	% of Total
Patients (included in 1 above) who were:				
(a) 65 or over at the time of the first visit during the year ...	7,424	46.5	180,250	66.1
(b) children under 5 at the time of first visit	942	5.9	4,406	1.6
(c) in receipt of more than 24 visits during the year	2,521	15.8	181,499	66.2

Refresher Courses.

Four nurses attended one week's Refresher Course, arranged by the Queen's Institute of District Nursing.

Rural Experience for Student District Nurses.

Thirty-three students from the Queen's Institute of District Nursing Training Homes at Kensington and Portsmouth spent three days with Queen's Nursing Sisters in rural areas. This three days rural experience is laid down in the syllabus of district nurse training given by the Institute and is undoubtedly of great value to the students.

Hospital Student Nurses.

Lectures on the Home Nursing Service were given to groups of student nurses in their third year at the Royal Hampshire County Hospital, and each student nurse spent one day with a District Nurse or District/Nurse Midwife and one day with a Health Visitor. On the completion of each group's practical experience, a discussion takes place between the students and some members of the County Health Visiting and Nursing Staff. Much interest is shown by the students in the Public Health Service and, in more than one instance, it has later transpired that the day with a District Nurse inspired the student to take up this branch of nursing.

Pupil Assistant Nurses from the Alton General Hospital were also given the opportunity of observing the work of a District Nurse in attending patients in their own homes by spending one day in a nurse's company as she goes on her rounds.

Nursing Aid Service.

The very useful help given by members of the Nursing Divisions of the St. John Ambulance Brigade and the British Red Cross Society continues. The work they do under the direction of Doctors or District Nurses includes bed-making, washing patients, simple dressings, getting patients up in the morning and helping them to bed at night, and sitting with patients during the day in order to release relatives on special occasions.

Requests from Doctors and District Nurses for a nursing aid to sit up with a patient at night are met whenever possible, but this service cannot be guaranteed, since members of the Brigade and the Society are nearly all working or have homes and families of their own. They carry out these duties voluntarily and the help they give is very greatly appreciated by the District Nurses and the patients they serve.

Maternity Cases—Social Investigations.

A total of 3,821 applications for admission to maternity institutions on other than medical grounds were received during the year, which was 201 fewer than the number dealt with in 1958.

The cases continued to be individually investigated by the health visitors prior to referral to the Hospital Management Committees concerned and once again the main objective (the admission of all patients in real need) was realised. This method of social selection by the local health authority has been used for many years and appears to achieve a relatively unbiased and fair assessment of individual social circumstances. An indication of this statement is the fact that a decreasing number of appeals were received against the decisions not to grant beds, a trend which reflects credit on the system of discrimination.

Once again, no precise definition of social need was made in connection with the applications considered, but the following table (with the 1958 figures shown as a comparison) serves to indicate the main reasons for those recommended admission:—

	<i>Expressed as percentages</i>	
	1959	1958
Not recommended admission	20	28
Living in overcrowded conditions	17	19
Living with relations in rooms	15	11
Living in rooms	10	19
Living in insanitary conditions	9	15
Living in Caravans, Hutments or Shacks	14	4
Living in premises with difficult access	3	—
Lack of domestic help	6	—
Other special reasons (e.g., unmarried mother or disabled residents)	6	4

Total figures for the years 1958 and 1959 are:—

	<i>Number of Applications</i>	<i>Number Recommended Admission</i>	<i>Number not Recommended Admission</i>	<i>Number Granted Beds</i>	<i>Number Refused</i>
1959	3,821	3,046 (80%)	775 (20%)	3,400 (89%)	421 (11%)
1958	4,022	2,889 (72%)	1,133 (28%)	3,457 (86%)	565 (14%)

The standards required for satisfactory home confinement remained constant in the two years shown, and the significance of the reduced number of applications is referred to earlier. Other comparative figures worthy of comment are the fact that fewer applicants were living in rooms in 1959 as compared with 1958, which was more than counterbalanced by the extensive increase in temporary accommodation (mainly caravans) in use in the County area. In the past two years, information has been obtained as to the occupations of husbands and this has proved helpful in assessing the merits of many special cases. The permanent absence from home of husbands has been a determining factor in many cases, and it has been necessary, for instance, to "weigh" the claims of those who are regularly away, engaged on alternating "shift" work or answerable to an immediate call to duty. Circumstances such as these placed the applicants concerned in a different category to those similarly situated in other respects but whose husbands were regularly at home.

Another section of the community often faced with special difficulties that need to be taken into account when a baby is expected concerns the Service families, of which there are a large number in the County. Many of these families live in residences other than official quarters provided by the Service Departments, and a fair proportion of applications were received from this broad group. The majority are living well away from their relatives and had not established firm and close friendships with neighbours sufficient to call on their services to make home confinement practicable. Thus there were many who had adequate facilities for home confinements, but who had insufficient room to accept resident helps, and, with husbands away, had no one available for night companionship and domestic assistance.

As in previous years, all maternity patients known to the Department were visited in their homes by the County District Midwives to ensure that adequate ante-natal care was being received and/or to offer their services in this connection. The Midwives also left their telephone numbers with these patients whether or not the patients were booked for institutional confinements in order that the Midwives could be called upon at any time if required.

Provision of Maternity Beds.

A total of 9,297 women were admitted to Hospitals or Maternity Homes within the National Health Service from the Administrative County Area during the year as follows:—

<i>Institutions</i>	<i>Year 1957</i>	<i>Year 1958</i>	<i>Year 1959</i>
Aldershot General Hospital	376	251	286
Allbrook, Rookwood Maternity Hospital	502	504	499
Alton General Hospital	368	337	252
Andover War Memorial Hospital	259	247	266
Barton-on-Sea, The Grove	248	220	203
Basingstoke, The Shrubbery	614	584	593
Battle Hospital, Reading	88	117	97
Boscombe, Aston Grays	11	8	8
Boscombe, Royal Victoria Hospital	117	141	186
Emsworth, Northlands	400	389	387
Fareham, Blackbrook House	436	463	540
Farnborough and Cove Hospital	211	253	213
Farnham County Hospital	99	96	71
Fordingbridge Hospital	133	139	138
Frimley and Camberley Hospital	43	37	28
Gosport, The Blake	462	463	473
Guildford, St. Luke's Hospital	49	58	161
Haslemere and District Hospital	—	124	84
Hythe and District Hospital	259	281	276
Liss, The Grange Maternity Home	300	321	309
Louise Margaret Hospital, Aldershot	—	634	771
Lyndhurst, Fenwick Hospital	211	225	236
Lyndhurst, Hillrise	234	215	228
Portsmouth, St. Mary's Hospital	850	969	969
Romsey and District Hospital	91	183	156
Salisbury General Hospital	76	84	104
Sandleford Hospital, Newbury	34	47	40
Southampton General Hospital	331	360	463
Windleham Hospital	4	3	3
Winchester, Royal Hants County Hospital	1,085	1,106	1,142
Wokingham Hospital	12	8	9
Other National Health Institutions	—	49	106
	7,903	8,906	9,297

In addition, 434 Hampshire residents were admitted to private registered Nursing Homes, in the County and 230 to private registered Nursing Homes outside the administrative County area (almost entirely in the adjacent County Boroughs of Bournemouth, Portsmouth and Southampton).

Health Visiting Service—Section 24.

The Health Visiting service continues to play an extremely active part in the promotion of positive health among all ages and in all classes of the community, and during the past year the Health Visitors have undertaken several new and interesting duties.

Maternity Sepsis Survey.

During January I was very glad to be able to assist the Director of the Public Health Laboratory Service, Winchester, by arranging for Health Visitors in the area to carry out duties in connection with the Maternity Sepsis Enquiry. The Health Visitors visited the homes of the young mothers recently discharged from local maternity units in the Winchester Hospital Group area, and when necessary took swabs of any lesion the mother or baby had developed. The homes were visited weekly, until the baby was 28 days old, and this weekly visit increased the number of home visits the Health Visitor usually made in this period. The information collected proved extremely valuable to Dr. M. Hughes, the Director of the Public Health Laboratory Service, and although this survey which started on 1st February, 1959, was scheduled to last for one year, it has not yet been completed and may continue another six months. For the first six months of the year, I was also asked by Dr. Hutchinson to allow the Health Visitors to take part in a bacteriological follow-up of mothers and babies discharged from the Southampton Maternity Unit. This, of course, I was glad to do.

Hearing Testing of Young Babies.

In June, I was extremely fortunate in being able to arrange for Professor Sir Alexander Ewing, of the Department of Education of the Deaf, Manchester, to come and instruct the Health Visitors in making screening tests to detect hearing loss in babies from approximately 7 months onwards. All the Health Visitors attended an introductory session in which Professor Ewing explained the basic principles and the methods involved in carrying out these tests. At this session he and Dr. I. Glynn Taylor, his assistant, demonstrated the various methods. In the following three sessions all the Health Visitors were instructed in carrying out the tests on the following groups, 9—12, 12—24 months, and 2—5 years, and at the end of the training course each Health Visitor was provided with a pair of calibrated rattles and other material with which to carry out tests. I am proposing to obtain sanction to employ an audiologist in the near future who will make diagnostic tests on the babies and children who the Health Visitors feel they are doubtful about. I am also arranging for Professor Ewing to return, and test the Health Visitors' standard of making the tests. Health Visitors reaching a certain standard will be issued with a certificate from the Manchester Department of Education of the Deaf.

Welfare of Children in Hospital.

In the early part of the year the Platt report on the Welfare of Children in Hospital was issued. I instructed the Health Visitors to carry out, wherever possible, the main recommendations of this report, especially to encourage the mothers to visit their children in hospital; and to follow-up, when possible, the child who has been discharged from hospital. I consider that the emotional upset experienced by a child admitted to hospital, even for a short stay, may be great, and I would like to see much more co-operation between Local Health Authorities and Hospital Service to reduce, and even prevent this state. To this end I would like to appoint a Health Visitor to act as liaison officer with the main hospitals; such an arrangement should make for better understanding between patients and hospital staff.

Venereal Disease and Contact Tracing.

Another problem that appeared during the early part of the year was the disturbing increase in incidence of gonorrhoe in the teenage group. The Health Visitors as well as the other members of the medical staff were notified of this so that they could stress the importance to mothers; especially the unmarried mothers with whom they came into contact; of having a blood test and if necessary attending the special clinics. I was glad to offer Dr. Warren, Consultant Venereologist Wessex Regional Hospital Board, assistance in the following-up on contacts; Health Visitors would be asked to do this when necessary.

Mental Health Service—Occupation Centres.

At the beginning of the year, I arranged for selected Health Visitors to make regular visits to the Occupation Centres, as I felt that this contact would be advantageous both to the Superintendent of the Centre and to the Health Visitor. The Health Visitor acting in association with the Mental Health Social Worker assisted in acting as a link between the staff of the Occupation Centre and the child's home. The selected Health Visitor also acted as a link between the Occupation Centre staff and the Health Visitors in the surrounding areas; and obtained and passed on information in both directions.

Child Welfare Centres.

The Health Visitors continued to play an extremely active part in the organising of the Child Welfare Centres. It is often due to them that the first request for a centre to be opened in an area of increasing child population is received; also, quite often, the Health Visitor is the first to indicate that a centre in an area of declining child population should have the number of sessions reduced or the clinic closed. Many of the clinics are made attractive by the Health Visitor displaying posters and booklets which are available for the mother, and a great deal of useful Health Education is done in the clinics. As part of the prevention of lung cancer campaign, I issued to all Child Welfare Centres, a warning notice which included the words "No smoking in the interests of the prevention of lung cancer." This notice has been displayed prominently in all welfare centres and, I feel, has made quite an impact on the people attending the centres.

Health Visitors' Activities in the Prophylactic Field.

From 1st January the age of the members of the public permitted to receive vaccination against poliomyelitis was raised to 25. The Health Visitors were very active in this field and attended many clinics throughout the County, spending long hours in assisting the County doctors. Many County evening clinics were held in order to encourage the working section of the population to attend for this valuable prophylactic treatment. As well as these extra sessions, the number of polio vaccinations done at the Child Welfare Centres was also stepped up, making the centres extremely busy.

It was gratifying to have so many requests from General Practitioners for the assistance of Health Visitors at their surgery polio vaccination clinics; in many areas the Health Visitor organised and prepared the surgery clinic, thus enabling the family doctor to vaccinate a greater number of people than he would have been able to do without this assistance. On many occasions, the Health Visitor assisted the family doctor in his surgery out of normal duty hours, in evening sessions and Saturday afternoons, and was even asked to do so on Sunday mornings.

During the year the need for a Permanent Record Card to issue to the mothers attending the clinics became apparent. A comprehensive card was drawn up and made available at the clinics. This card is of great value to both the mother and the Health Visitor, as the mother keeps the card in her possession and can produce it at any time to show to her family doctor, or any other person requiring the information; and the Health Visitor has made great use of the card both in persuading the mother to attend regularly for the next group of prophylactic injections and as a reminder of the next appointment.

The Dental Officers continued to attend the larger Child Welfare Centres to examine the teeth of the toddlers. More detail of this scheme is given in the report under Dental Services.

In conclusion, the following is a summary of the staffing situation as it was on 31st December, 1959, and a statistical report of the visits made, in their various categories, by the Health Visitors during the year. I am particularly pleased once more to point out that 2,031 visits have been requested by the family doctors.

Staff.

- The number of Health Visitors employed on 31st December, 1959, was as follows:—
- 70 Health Visitors working as full-time members of the staff in the general Health Visiting field and doing all duties connected with the family as a whole.
 - 1 full-time school nurse.
 - 7 Health Visitors working in the Chest clinics either as full-time members of the Chest Clinics team or giving part of their time to Chest Clinic duties and part to general health visiting.
 - 16 Health Visitors who also carried out duties of District Nurse/Midwife.

HEALTH VISITING AND TUBERCULOSIS VISITING — 1959

Visiting.

Number of children under 5 years of age visited during year	HEALTH VISITORS						TUBERCULOSIS VISITORS					
	Expectant Mothers		Children under 1 year of age		Children age 1 and under 2 years		Children age 2 but under 5 years		Tuberculous Households	Other Cases	Total number of families or households visited by Health Visitors	Total visits paid to tuberculous households
	First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits				
150,042	4,579	7,413	16,176	67,228	33,809	49,005	559	4,414	42,286	4,235		

Number of visits made at the request of general practitioners = 2,031.

Clinics.

- (a) Total number of attendances made by health visitors at local health authority clinic sessions during the year = 16,679.
- (b) Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions during the year = 1,111.
- (c) Total number of attendances by part-time tuberculosis visitors at chest clinic sessions during the year = 541.

VACCINATION AND IMMUNISATION (Section 26).

Smallpox Vaccination.

Year	Vaccinations.				Total
	Under 1 year	1—5 years	5—15 years	15 +	
1952 ...	5,269	745	546	654	7,214
1953 ...	5,848	602	372	461	7,283
1954 ...	6,056	728	436	436	7,656
1955 ...	6,499	727	406	444	8,076
1956 ...	7,089	682	361	460	8,592
1957 ...	8,401	923	631	668	10,623
1958 ...	8,687	735	401	417	10,240
1959 ...	8,874	793	422	544	10,633

Year	Re-vaccination.				Total
	Under 1 year	1—5 years	5—15 years	15 +	
1952 ...	—	339	928	2,645	3,912
1953 ...	—	203	709	1,831	2,743
1954 ...	—	169	680	1,899	2,748
1955 ...	—	176	760	1,934	2,870
1956 ...	—	192	687	2,084	2,963
1957 ...	—	268	935	2,621	3,824
1958 ...	—	215	765	2,179	3,159
1959 ...	—	299	874	2,455	3,628

Grand Total—Vaccinations and Re-vaccinations.

Year	Total	Year	Total
1952 ...	11,126	1956 ...	11,555
1953 ...	10,026	1957 ...	14,447
1954 ...	10,404	1958 ...	13,399
1955 ...	10,946	1959 ...	14,261

Year	1952	1953	1954	1955	1956	1957	1958	1959
Number of live births ...	10,548	10,997	10,793	10,848	11,766	12,260	12,814	13,514
% of vaccinations under 1 year ...	50	53	56	60	60	69	68	66

Primary vaccinations show a small reduction but the situation is closely watched, particularly through the Medical and Health Visiting staffs. The facilities at the Child Welfare Centres are used and appreciated.

Whooping Cough.

The following table shows the number of children immunised against Whooping Cough during 1959, and the figures for the previous two years are shown for comparison.

	Number of children who completed full course of primary immunisation			Total	Number of secondary or booster injections given
	Under 5	5—14	Total		
1957 ...	9,049	408	9,457	3,312	
1958 ...	9,393	388	9,781	3,304	
1959 ...	10,369	525	10,894	4,994	

More use has been made of the combined vaccines and during 1959 only 215 primary and 32 booster immunisations against whooping cough were by means of the single whooping cough vaccine.

Diphtheria Immunisation.

No changes were made in the Diphtheria Immunisation Scheme during 1959. The work is mainly carried out by General Medical Practitioners, although facilities are available at Child Welfare Centres and Schools where inoculations may be given by Assistant County Medical Officers.

Details of the number of children immunised during 1959, together with the figures for the years 1955-1958 are as follows:—

	Number of children who completed full course of primary immunisation			Total	Number of children who were given a secondary or booster injection
	Under 5	5—14	Total		
1955 ...	8,215	902	9,117 (5,946) (a)	8,511 (956) (a)	
1956 ...	8,717	1,044	9,761 (7,472) (a) (1,140) (b)	9,919 (1,898) (a) (144) (b)	
1957 ...	9,217	917	10,134 (2,487) (a) (6,846) (b)	8,074 (2,238) (a) (1,026) (b)	
1958 ...	9,446	867	10,313 (1,402) (a) (7,780) (b) (28) (c)	8,240 (1,818) (a) (1,417) (b) (18) (c)	
1959 ...	10,607	805	11,412 (880) (a) (9,799) (b) (102) (c)	8,243 (1,788) (a) (3,174) (b) (47) (c)	

The figures in brackets show the numbers included in the above table who were given:—

- (a) Combined Diphtheria/Pertussis immunisation.
- (b) Triple immunisation—Diphtheria/Pertussis/Tetanus.
- (c) Combined Diphtheria/Tetanus immunisation (introduced October, 1958).

Tetanus.

Immunisation against Tetanus under the County scheme is available by means of the use of triple antigen introduced in July, 1956, or of Combined Diphtheria/Tetanus vaccine which was introduced in October, 1958. The use of these vaccines can be seen from the previous Table under brackets (b) and (c).

Polio-myelitis Vaccination.

Numbers under group categories having received two injections, based on actual record cards received:—

		Acceptance Rate
Children born 1943/57	74,598	78%
Adults born 1933/42	43,151	42%
Expectant Mothers	6,761	51%
General practitioners and their families	45	
Ambulance personnel and their families	13	
Hospital Staff and others not included above	414	
	124,982	
H.M. Forces—numbers vaccinated in the county, based on figures received from Service Medical Sources	5,056	
	130,038	

The number of third injections given during the year (all groups) 118,293.

Good use was made of the publicity material supplied by both the Ministry of Health and by one of the manufacturers of the vaccine. Many local districts prepared evening clinics, visits to factories and other large business establishments, using every form of propaganda to persuade those eligible to come forward for vaccination.

The heaviest period of vaccination was in the two months, May and June, when 49,133 record cards, of all groups, were received. This sharp increase was undoubtedly due to the nation wide publicity given to the death from polio of a well known professional footballer.

I am again grateful to all who have been involved in this work for their interest and endeavour throughout the year.

AMBULANCE SERVICE (Section 27).

Statistics:—

<i>Mileage Run</i>	1956	1957	1958	1959
Ambulance Service ...	763,777	962,552	1,106,081	1,171,476
Hospital Car Service ...	1,313,017	1,039,539	1,013,458	1,059,792
	1,076,794	2,001,091	2,119,539	2,231,268
<i>Patients Carried</i>	1956	1957	1958	1959
Ambulance Service ...	66,518	110,155	141,084	145,288
Hospital Car Service ...	142,383	113,509	120,474	121,565
	208,901	223,764	261,558	266,853

From the above figures it will be seen that during 1959 vehicles of the County Ambulance Service (including the Hospital Car Service) travelled 2,231,268 miles and conveyed 266,853 patients.

This is an increase of 111,729 miles over last year, the Ambulance Service being increased by 65,395 and the Hospital Car Service by 46,334.

The number of patients carried by the combined services increased by 5,295 of which 4,204 were conveyed by the Ambulance Service and 1,091 by the Hospital Car Service.

The mileage run per patient for the combined services was 8.36, a slight increase over last year's figure which was 8.1 miles.

However, the Hampshire figure of 8.36 compares favourably with the National Group figure which was 10.

The use of Rail Transport slightly increased over 1958:—

	1956	1957	1958	1959
Number of patients ...	1,023	1,251	1,124	1,194
Mileage involved ...	66,743	78,726	70,823	76,120

This form of transport, now accepted by ordering authorities for long distance journeys, provides more comfortable and speedier journeys. Ambulances or cars are provided at each end of the journey and it is of course a more economical method. The staff of British Railways are most co-operative and, when necessary, escorts are provided by the St. John Ambulance Brigade and the British Red Cross Society. Patients have expressed their appreciation of the help given.

Patients carried by the Ambulance Service during the years 1958 and 1959 were as follows:—

	1958	1959
Road Accidents	2,438	2,884
Other Accidents	1,810	1,778
Sudden Illness	4,276	4,173
Maternity Cases	2,589	2,726
Mental Illness Cases	686	542
Infectious Cases	792	528
Other Cases *	128,493	132,657
Totals:	141,084	145,288

* Includes normal admissions and discharges and out-patient clinics attendances.

Complaints have been very few. They have all been thoroughly investigated and action taken when necessary.

Staff.

The second stage of the development scheme, e.g., appointment of additional men and provision of new vehicles was put into operation during the year with consequential strengthening of the service. The continual increase in work does mean that the position requires constant review.

Personnel and vehicles at the 31st December, 1959, were as follows:—

	<i>Whole-time Driver- Attendants</i>	<i>Clerk Telephonists</i>	<i>Part-time Attendants</i>	<i>Ambulances</i>	<i>Utilecons</i>
N.E. AREA					
ALDERSHOT	12	1	—	4	1
Alton	5	—	—	2	1
Basingstoke	7	—	—	3	1
Farnborough	3	—	—	1	1
Hartley Wintney	1	—	1	1	—
TOTALS	28	1	1	11	4
CENTRAL AREA					
WINCHESTER	12	1	—	5	1
Andover	3	—	1	2	—
Broughton	1	—	—	1	—
Eastleigh	4	—	—	2	—
Romsey	G.P.	—	1	1	—
Whitchurch	G.P.	—	2	1	—
TOTALS	20	1	4	12	1
S.E. AREA					
FAREHAM	14	1	—	4	2
Gosport	5	—	—	2	1
Havant	9	—	—	3	3
Hedge End	2	—	—	1	—
Petersfield	3	—	—	1	1
TOTALS	33	1	—	11	7
S.W. AREA					
LYMINGTON	11	1	—	4	1
Christchurch	5	—	—	2	1
Fawley	2	—	—	1	—
New Milton	1	—	1	1	—
Ringwood	2	—	—	1	—
Totton	2	—	—	1	—
TOTALS	23	1	1	10	2
TOTALS at 31.12.59	104	4	6	44	14
(TOTALS at 31.12.58)	(96)	(4)	(6)	(44)	(12)

Those in capitals are main stations, the remainder are sub-stations.

G.P.—At these stations the driver is provided under contract by garage proprietor.

Premises.

The hope expressed in my last year's report that it might be possible to press forward this year with the building programme has not materialised and I am unable to report much progress.

Contracts have now been signed in relation to the new premises at Christchurch, Winchester and Ringwood and these buildings should be completed next year. Since 1948 only two new stations and a small garage have been built, e.g., at Gosport, Eastleigh and Hedge End.

The County Council have agreed to build new stations at Alton, Petersfield, Havant and Farcham.

It is hoped that it will be possible to go ahead with the building programme for some of the ambulance staff have operated from most unsatisfactory premises for many years without much grumbling.

Vehicles.

All the Austin Welfarer ambulances and the Austin 16 horse-power cars purchased in 1949 have been sold and the ambulance fleet is now comprised of Bedford petrol driven ambulances (30), Morris L.C.O. 5 diesel ambulances (14), Bedford and Morris petrol driven light ambulances (14), all of which are proving very satisfactory.

All these vehicles are fitted with the orthodox type of springs but several manufacturers are now experimenting with air suspension for ambulances which, they claim, will give a much more comfortable ride as the suspension is automatically adjusted to the load being carried.

The County Mechanical Engineer and the County Ambulance Officer are watching this development with a view to recommending its introduction into the County fleet when the system appears to them to be perfected.

Radio Control.

The Radio Telephone system continues to work satisfactorily and has now become an essential part of the Service.

Hospital Car Service.

The Hospital Car Service, under the direction of Mrs. N. Keane, has provided a very efficient supplementary service in the conveyance of sitting cases to and from Hospitals, Clinics and Convalescent Homes.

This Service also conveyed the majority of trainees to the County Training Centres and the County Organiser reports that she has found it difficult at times to meet the demands for this transport. As more Centres are opened and the number of trainees increased, it may be necessary to consider the purchase of more suitable vehicles and delegate more of this work to the County Ambulance Service.

Liaison with other Authorities.

Arrangements made with adjacent local Authorities continue to work smoothly and regular consultations have taken place with officers of the Hospital Management Committees and Local Health Authorities.

Civil Defence.

During the early part of the year all whole-time members of the County Ambulance Service were given a course of instruction on Civil Defence by instructors from the Civil Defence Officer's organisation who were assisted by instructors from the County Ambulance Service.

After the course each member took an examination and it was very pleasing to see the very high percentage of marks obtained.

Further courses of instruction will be arranged when the new instructions for the ambulance and casualty section of the Civil Defence Corps are made known by the Ministry.

Most of the members of the County Ambulance Service holding Instructor's certificates have attended refresher courses during the year.

Some means must be found in the near future of bringing the peace-time service and the voluntary members of the ambulance section of the Civil Defence Corps together for training and I hope to be able to report progress in this direction next year.

Mental Health Service Transport.

The coach used for the transport of trainees to and from the Training Centre at Farnborough has given good service. During the year the coach travelled 23,876 miles and it is pleasing to see the affection which the trainees have for the men from the Aldershot Ambulance Station who drive this coach.

During the summer vacation drivers from Aldershot Station have volunteered to take parties of trainees off for day trips in the coach and have in many ways helped to make life worthwhile for those trainees who are not able to enjoy many of the normal things of life.

Next year the daily journeys of this coach will be greatly reduced when a new vehicle, specially constructed, will be put into use at Alton. A photograph of this vehicle, which was designed by the County Mechanical Engineer and the County Ambulance Officer, is included in this Report.

It will be seen that the vehicle is designed for use for the conveyance of 18 trainees or sitting cases with the four centre seats and as a two stretcher ambulance when the centre seats are removed. The use of this vehicle will be watched very closely for it might well be advisable to purchase more vehicles of this type for use in other Training Centres in the County.



Morris Light Ambulance

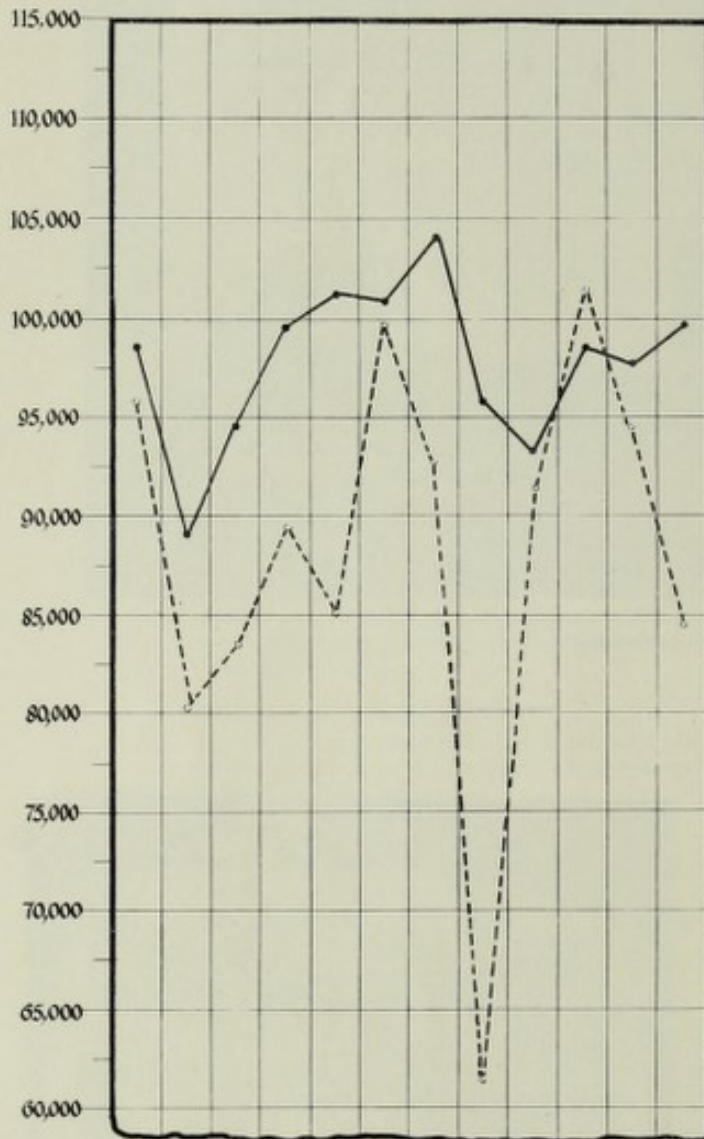


As used for Two Stretchers



Converted for 16 Sitting Cases

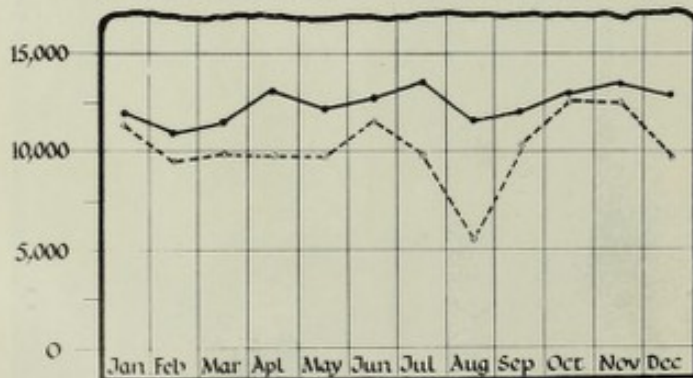
Ambulance Service Statistics · 1959.



MILEAGE

Ambulance Service — 1,171,476
 Hospital Car Service - - - 1,059,792

1950	JOURNEYS		Rail Journeys
	Amb Service	Hosp Car Service	
January	2,999	3,478	94
February	2,718	3,145	79
March	2,844	3,106	94
April	3,071	3,068	100
May	3,096	2,988	113
June	3,079	3,695	98
July	3,201	3,278	113
August	2,948	2,046	87
September	2,997	3,286	105
October	3,117	3,753	114
November	3,072	3,445	96
December	3,091	3,177	101
	36,233	38,465	1,197



PATIENTS CARRIED

Ambulance Service — 145,288
 Hospital Car Service - - - 121,565

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

(Including notes on Tuberculosis Service generally).

Tuberculosis Services.

(a) **Administration.**

Much of the work of Section 28 is centred on the Tuberculosis Service. Although the Regional Hospital Board is responsible for the Sanatoria and Chest Physicians the arrangements whereby the County Council reimburses the Regional Hospital Board for the proportion of salaries, etc., of Chest Physicians in respect of their work for the Local Health Authority in addition to providing Tuberculosis Health Visitors, continued during 1959.

As mentioned in the Report for last year, co-ordination is achieved through the Administrative Chest Physician at the Wessex Regional Hospital Board, and much mutual benefit is obtained from the quarterly meetings of Chest Physicians arranged by him to which the Medical Officers of Health of the County and County Boroughs in the Wessex Region are invited.

(b) **Statistics.**

The death rate from pulmonary tuberculosis per 1,000 population was 0.044 compared with 0.064 in 1958 and 0.047 in 1957. The death rate from non-pulmonary tuberculosis was 0.004 compared with 0.007 in 1958 and 0.006 in 1957. The rate for England and Wales in 1959 was 0.08 for all forms.

The total deaths from tuberculosis (pulmonary 33 and non-pulmonary 3) are distributed as follows:—

Age Group	Urban				Rural				Total			
	Pulmonary		Non. Pul.		Pulmonary		Non. Pul.		Pulmonary		Non. Pul.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0—	—	—	—	—	—	—	—	—	—	—	—	—
1—	—	—	—	—	—	—	—	—	—	—	—	—
5—	—	—	1	—	—	—	—	—	—	—	1	—
15—	—	—	—	—	—	—	—	—	—	—	—	—
25—	1	—	—	—	1	1	—	—	2	1	—	—
45—	8	3	—	—	3	—	—	1	11	3	—	1
65—	6	—	—	—	3	1	—	—	9	1	—	—
75—	3	—	—	1	2	1	—	—	5	1	—	1
All Ages	18	3	1	1	9	3	—	1	27	6	1	2

Deaths from Pulmonary Tuberculosis

	Population		Number		Rate per 100,000 population	
	U.D.	R.D.	U.D.	R.D.	U.D.	R.D.
1958 ...	435,570	296,630	28	19	6.4	6.4
1959 ...	448,500	301,500	21	12	4.7	3.9

Notifications

Age Group	Pulmonary		Non-Pulmonary		Total
	Male	Female	Male	Female	
0—	—	—	—	—	—
1—	5	5	1	—	11
5—	4	4	—	1	9
15—	21	28	1	3	53
25—	83	40	6	9	138
45—	64	16	1	1	82
65—	23	4	1	1	29
75—	6	1	1	1	9
Totals:	206	98	11	16	331

Incidence per 100,000 population: 1958—Pulmonary 44; Non-pulmonary 5.5.
1959—Pulmonary 40.5; Non-pulmonary 3.6.

(c) **Chest Clinics.**

Information on the work of the chest clinics kindly supplied by Dr. A. Capes, Administrative Chest Physician, is set out in the table following, from which the extent of ascertainment of contact to known cases of tuberculosis can be seen.

CHEST CLINICS

	RESPIRATORY				NON-RESPIRATORY			
	Men	Women	Children	Total	Men	Women	Children	Total
A Notified cases on Clinic Register at 1st January, 1959 ...	2,287	1,617	199	4,103	151	174	87	412
B Children transferred to adults during the year ...	11	2	—	13	7	4	—	11
C Number of notified cases added to Register in year	68	68	18	154				
	23	18	1	42				
	2	5	—	7	14	17	1	32
	30	18	—	48				
	47	21	—	68				
16	6	—	22					
D Transfers in during the year ...	133	128	10	271	5	6	—	11
TOTALS of A, B, C, D ...	2,617	1,883	228	4,728	177	201	88	466
E Number of cases removed from the Register during the year	97	69	5	171	12	13	8	33
	54	15	—	69	—	3	1	4
	112	115	8	235	—	3	3	6
	32	20	1	53	5	10	4	19
F Children transferred to adults during the year ...	—	—	13	13	—	—	10	10
TOTALS of E and F ...	295	219	27	541	17	29	26	72
G Total remaining on Clinic Register on 31.12.59 ...	2,323	1,664	199	4,186	160	172	61	393

SUBSIDIARY DATA

	Number during the year
1. Clinic attendances ...	20,626
2. Persons examined whose broncho-pulmonary secretion was positive and who were not at the time in an institution ...	125
3. Persons examined for the first time: (a) complete examination ...	2,966
(b) X-Ray only ...	75
4. Persons examined as contacts for the first time ...	1,416

(d) **Mass Radiography Surveys—1959.**

Fewer surveys have been notified as taking place during 1959, due to the fact that the Mass Radiography Units covering the County area have arranged fixed sessions at convenient places at regular intervals.

The details of these sessions are as follows:—

Southampton Mass Radiography Unit:—

St. Paul's Hospital, WINCHESTER.	First Monday in each month	...	11.15 a.m.—7.30 p.m.
Basingstoke and District General Hospital, BASINGSTOKE.	First Tuesday in each month	...	11.15 a.m.—7.30 p.m.
7, Archers Road, SOUTHAMPTON.	Every Monday (except Bank Holidays)	... ..	10.15 a.m.—12.30 p.m.; 1.30—4.30 p.m.; 5—7 p.m.
	Every Wednesday	... ..	1—4.30 p.m.

Portsmouth Mass Radiography Unit:—

St. Mary's Hospital, PORTSMOUTH.	Every Monday (males)	6.30—8 p.m.
	Every Thursday (females)	

Bournemouth Mass Radiography Unit:—

Car Park, FORDINGBRIDGE.	First and Third Wednesday of each month	... ..	2.15—3 p.m.
The Carvers, (Southampton Road), RINGWOOD.	Second and Fourth Wednesday of each month	... ..	2.15—3 p.m.
Stour Cottage, (Opposite Fire Station), CHRISTCHURCH.	Every Wednesday	... ..	3.45—5 p.m.

Surrey Mass Radiography Unit (Worcester Park):—

Car Park, (Rear of Church of England Institute), Victoria Road, ALDERSHOT.	Every Monday	11.15 a.m.—12.15 p.m.
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Opportunity is taken of these facilities to arrange chest x-ray examinations of Student Teachers, Teachers not previously examined prior to initial appointment, and other newly appointed staff required to have such an examination.

Other Departments within the Authority are also made aware of these facilities so that staff can be asked to attend for chest x-ray annually, i.e., Children's and Welfare Departments, and co-operation with the Units concerned is excellent.

The surveys arranged during the year were carried out by the Bournemouth Mass Radiography Unit in the South West part of the County as follows:—

	<i>Adults</i>		<i>School Children</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
Fairmile Hotel	136	213	11	9	369
Somerford	159	338	32	48	577
Christchurch Centre	514	758	39	57	1,368
Wellworthy (Ringwood)	430	39	—	—	469
Ringwood	789	1,046	139	102	2,076
Hurn	1,787	181	—	—	1,968
S.R.D.E.	528	68	—	—	596
Highcliffe	224	367	32	23	646
Priestlands School	9	8	70	77	164
Lymington	753	960	32	31	1,776
New Milton	648	959	85	98	1,790
MEXE	505	32	—	—	537
	6,482	4,969	440	445	12,336

Statistics.

The following gives briefly the main results:

Table I

Number examined	...	12336
Recalled for large film examination	...	172 (1.40%)
Recalled for clinical examination	...	65 (0.52%)
Referred to Chest Clinic	...	46 (0.37%)
(a) probably tuberculous	...	30 (0.24%)
(b) probably non-tuberculous	...	16 (0.13%)
Referred to doctor or hospital	...	16 (0.13%)

Table II (a)

Number referred to the appropriate Chest Clinic as probably tuberculous ... 30			
	Male	Female	Total
1. Number of cases diagnosed as active pulmonary tuberculosis, and recommended for hospital treatment ...	3	—	3
2. Number of cases diagnosed as active pulmonary tuberculosis, and recommended for domiciliary treatment ...	4	—	4
3. Tuberculosis requiring occasional out-patient supervision only ...	13	4	17
4. Non-tuberculous ...	3	3	6
	23	7	30

Table II (b)

Non-tuberculous cases:			
	Referred to Chest Clinic ...	16	
	Referred to Doctor or Hospital ...	16	
		—	32
		—	—
	Male	Female	Total
1. Cardiovascular lesions ...	2	—	2
2. Carcinoma of lung (Primary) ...	4	—	4
3. Carcinoma of lung (Secondary) ...	—	1	1
4. Non-tuberculous conditions ...	16	9	25
	22	10	32

Table III

Age Groups examined and incidence of active pulmonary tuberculosis											
	<i>Under</i>										<i>Total</i>
	14	14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65+	
Males											
Examined ...	171	181	443	437	1,552	1,598	1,310	463	353	414	6,922
Active Cases ...	—	—	—	—	2	—	5	—	—	—	7
Rate per 1,000	—	—	—	—	1.28	—	3.81	—	—	—	1.01
Females											
Examined ...	176	186	505	454	947	1,156	992	370	268	360	5,414
Active Cases ...	—	—	—	—	—	—	—	—	—	—	—
Rate per 1,000	—	—	—	—	—	—	—	—	—	—	—

(c) B.C.G. Vaccination.

(i) Contacts.

B.C.G. Vaccination is carried out by the Chest Physicians. Details of the work carried out during 1959 are as follows:—

Contacts tuberculin tested ...	1207
Contacts tuberculin positive ...	376
Contacts tuberculin negative ...	831
Contacts vaccinated ...	788

(ii) B.C.G. Vaccination of School Children.

The B.C.G. Vaccination of 13 year old school children, giving protection against Tuberculosis, continued during 1959. During the year the Ministry of Health extended the scheme to cover the following categories:—

- to children of 14 years of age and upwards who are still at school and also students attending universities, teacher training colleges, technical colleges or other establishments of further education; and
- to school children who are approaching 13 years of age and can conveniently be vaccinated along with others of that age, it having been represented that it would be convenient if vaccination could be offered to whole school classes even though a few of the children are under 13 years of age.

The modification of the Council's proposals under Section 28 of the National Health Service Act, 1946, in accordance with the above was approved by the Minister on the 5th August, 1959.

Thirty-one schools were visited with the emphasis on the 13 year age group, but it was found impossible to visit all schools in the area. Only a limited number of children aged 14 years and over were offered vaccination as an attempt is being made to cover all 13 year old children

attending County schools in the area, before dealing with the additional groups introduced by the extension of the scheme. In this connection a concentrated effort is being made in 1960 to visit all Secondary and Grammar schools and I am sure that this will be reflected in the statistics for 1960. The work carried out during 1959 is summarized in the following table:—

(a) Number of children offered vaccination ...	3451	
(b) Number of children accepting vaccination and tuberculin tested:		
(i) 13 year old children ...	2054	(59.5% of (a))
(ii) 14 year old children and above	457	(13% of (a))
(c) Tuberculin positive:		
(i) 13 year old children ...	269	(13% of (b))
(ii) 14 year old children and above	59	(13% of (b))
(d) Vaccinated:		
(i) 13 year old children ...	1568	(45% of (a))
(ii) 14 year old children and above	363	(10% of (a))

(f) **Mount Industries.**

In my Report for last year, I commented that from the Order Book point of view the position at the Industry was most satisfactory and added "It is hoped that in the New Year additional staff and trainees will be forthcoming so that the Industry will remain active and virile." As will be seen from the following details, of staff, trainees, etc., the numbers have shown a slight improvement. The Industry is certainly active and virile during, what I hope will prove to be, a most successful year from the sales point of view.

The Industry has done a tremendous amount of work for this Authority, particularly for the School Meals Service, whilst the support of the Group Hospital Management Committees has continued.

**Details of the Staff and Admissions, etc., to the Industry during the year
January to December, 1959**

	<i>Admin.</i>	<i>C.C. Employees</i>	<i>M.O.L. Trainees</i>	<i>Total</i>
1st January, 1959 ...	2	11	10	23
Admitted ...	1	4	8	13
Transfer after training ...	—	—	4	4
Left or discharged ...	1	—	1	2
31st December, 1959 ...	2	15	13	30

During the year the hours worked by staff and trainees were:—

Staff (not including Administrative).

	<i>Hours</i>	<i>Hours—sick (with pay)</i>	<i>Holidays (with pay)</i>
Foreman Instructors ...	4,312	88	176
County Council Employees ...	21,192	1,129	1,395
M.O.L. Trainees ...	17,384	—	—
In-patient Trainees ...	284	—	—
Totals: ...	43,172	1,217	1,571

In 1957 an attempt was made to estimate the results of the Training Scheme from September, 1953, to July, 1957. Bringing this review up to the 31st December, 1959, the position would appear to be as follows:—

- 62 trainees have been admitted to the Industry.
- 14 have been taken on to the Hampshire County Council staff.
- 13 are still in training.
- 14 have left and are working in the trade for which they were trained.
- 8 left—working in trades other than those for which they were trained.
- 3 left for personal reasons.
- 2 had their training terminated as being unsuitable.
- 6 relapsed—returning to Sanatorium.
- 2 died.

The main production lines continued to be office and hospital furniture, educational toys, etc. During the year three Hampshire County Council vans were sprayed and very satisfactory reports received upon this.

The Ministry of Labour Inspectors and Technical Officer have reported most favourably on the organisation and training and particularly on the help of the Manager, Mr. E. W. Corlett, who has most successfully organised the work of the Industry throughout the year.

(g) Extra Nourishment.

During 1959 the twelve Chest Clinics serving the County area made 53 recommendations of which 45 were granted. Of those refused two patients declined to return the financial questionnaire and the income of the remainder exceeded the assessment scale. During the year 96 patients to receive extra nourishment for the following reasons:—60 as a result of a review by the Chest Physicians; 12 were admitted to hospital; 3 left the area; 8 died; and 13 commenced employment at a wage in excess of the scale. In addition 5 old cases were recommenced. A total of 248 patients were assisted during the year. The following table shows the changes in 1958 and 1959:—

	1958			1959		
	Cases	Milk p.d.	Eggs p.w.	Cases	Milk p.d.	Eggs p.w.
As at 1st January	177	294	352	198	331	475
New cases	48	84	181	45	81	160
Old cases	8	16	30	5	7	30
	233	394	563	248	419	665
Ceased	35	63	88	96	173	255
	198	331	475	152	246	410

EXTRA NOURISHMENT, 1959 — BY CHEST CLINICS

	IN FORCE AT 1.1.59			NEW CASES			OLD CASES			CASES CEASED			IN FORCE AT 31.12.59		
	Cases	Milk p.d.	Eggs p.w.	Cases	Milk p.d.	Eggs p.w.	Cases	Milk p.d.	Eggs p.w.	Cases	Milk p.d.	Eggs p.w.	Cases	Milk p.d.	Eggs p.w.
ALDERSHOT	17	27	30	—	—	—	—	—	—	10	14	15	7	13	15
ANDOVER	13	24	30	3	6	9	—	—	—	6	12	18	10	18	21
BASINGSTOKE	13	25	42	11	21	33	—	—	—	6	12	18	18	34	57
CHRISTCHURCH	18	33	19	9	18	30	1	2	6	15	29	19	13	24	36
EASTLEIGH	8	13	—	5	6	20	—	—	—	6	10	13	7	9	7
FAREHAM	22	40	63	1	2	6	—	—	—	11	22	48	12	20	21
GOSPORT	21	41	93	2	4	18	1	2	3	6	11	24	18	36	90
HAVANT	33	48	46	5	9	—	—	—	—	6	15	—	32	42	46
TOTTON	29	50	61	5	9	18	—	—	—	16	28	42	18	31	37
WINCHESTER	19	20	85	4	6	26	3	3	21	11	14	58	15	15	74
OUT COUNTY CLINICS *	5	10	6	—	—	—	—	—	—	3	6	—	2	4	6
TOTALS	198	331	475	45	81	160	5	7	30	96	173	255	152	246	410

* Southampton and Salisbury.

(h) Beds and Bedding.

Issues of beds and bedding are shown in the table below, which also gives the figures for the previous five years:—

Year	Patients	Beds	Blankets	Mattresses	Pillows	Pillow Cases	Sheets
1954	26	17	65	17	38	78	86
1955	30	23	89	25	52	79	84
1956	18	9	44	12	29	49	55
1957	18	12	32	9	14	48	52
1958	12	6	33	7	20	39	41
1959	12	5	36	5	24	35	29
Total Issues since 1947 ...	259	195	747	209	431	793	869

The 1959 issues broken down into Chest Clinic areas are:—

	<i>Patients</i>	<i>Beds</i>	<i>Blankets</i>	<i>Mattresses</i>	<i>Pillows</i>	<i>Pillow Cases</i>	<i>Sheets</i>
Aldershot ...	1	—	4	—	2	4	4
Andover ...	—	—	—	—	—	—	—
Basingstoke ...	2	—	6	—	3	5	6
Christchurch ...	1	—	3	—	2	4	4
Eastleigh ...	—	—	—	—	—	—	—
Fareham ...	4	3	12	3	6	9	9
Gosport ...	—	—	—	—	—	—	—
Havant ...	2	1	6	1	5	6	3
Totton ...	1	—	2	—	4	4	—
Winchester ...	1	1	3	1	2	3	3
Total: ...	12	5	36	5	24	35	29

(i) **Shelters.**

During the year five shelters were issued to patients and three were withdrawn as being no longer required. Fourteen shelters were on loan to patients at the end of the year, two on permanent loan to Highfield Hostel, Mount Industries, and eight available for issue from Mount Industries. Of the latter it is intended to transfer a further two for permanent loan to Highfield Hostel.

(j) **Rehabilitation.**

At the beginning of 1959 four patients at Enham Alamein and one at Preston Hall were a charge on the Authority. During the year responsibility for one further patient at Enham Alamein was accepted, but after only three months he took his own discharge. Two other patients at Enham Alamein ceased to be a charge during the year, one temporarily owing to sickness, and at 31st December the County Council was financially responsible for one patient at Preston Hall and two at Enham Alamein.

(k) **Voluntary Tuberculosis Care Committees.**

During the year the ten Care Committees continued their valuable work. Although, as mentioned in previous reports, the raising of monies presents a problem each year, the members work exceedingly hard to achieve success.

Over 400 patients and their families were helped, involving over 800 grants of assistance. The fact that such help is available is of great benefit to the patient, and the Chest Physician and Tuberculosis Health Visitors are greatly encouraged in their work.

There was no meeting of the Standing Joint Conference of the Hampshire Care Committees during the year but help from the central fund was given in a few cases.

(l) **Rest Home Scheme.**

(i) **General Cases.**

During the year 139 applications for admission to Rest Homes were received and accepted, but of these 23 were cancelled, leaving a total of 116 admitted, a decrease of 22 on last year's figures. Arrangements were made for the admission of 8 tuberculous patients to Homes sponsored by the Spero Holiday Scheme, and again local Voluntary Tuberculosis Care Committees undertook financial responsibility in 3 cases for the wives to accompany their husbands, in 1 case with two children, and 1 case for the husband to accompany his wife. Six mothers with young babies were sent for convalescence to homes in Southsea, Frimley, Isle of Wight and Devon. The average length of stay was two weeks.

Cases were referred as follows:—

General Practitioners ...	82
Hospital Doctors ...	26
Chest Physicians ...	8

In 72 cases a nil assessment was made and in 6 cases the full cost of the maintenance fees was contributed.

As in previous years there has again been a preponderance of elderly patients recommended for recuperative holidays.

Health Visitors continued to make follow-up visits to all patients shortly after their return home.

(ii) **Mental Health Service Cases.**

An extension to the Rest Home Scheme has been the arrangements made for mental health cases to be sent to Rest Homes to give parents relief for short periods or, in urgent cases, prior to a Guardianship order being made, because hospital vacancies were not available. Seventeen cases were helped in this way during the year.

(m) **Medical Loan and Comfort Depots.**

The Order of St. John Ambulance Brigade maintains 13 Medical Comfort Depots in the County area from which, during 1959, 807 articles were issued. The British Red Cross Society, whose Medical Loan Depot Scheme is subsidised by the County Council operates over 140 Centres in the County area and, during 1959, issued 10,904 articles.

During the year the scale of charges was simplified and this has helped tremendously in the administration. Very few difficulties have been encountered in connection with the return of equipment.

(n) **Medical Equipment—Issue of Special Equipment.**

(i) **Lifting Apparatus.**

Since 1956 a lifting hoist designed by Dr. W. Russell Grant, Director, Physical Medicine, Royal Hampshire County Hospital, has been purchased for issue to handicapped patients under the Medical Loan Scheme. This hoist enables the patient to be lifted in and out of bed and is of considerable benefit to those responsible for nursing and caring for the patient.

The equipment consists of a longitudinal goal post, constructed from 1½" electric conduit, running parallel to the long axis of the bed, clamped to the foot and head, and from this goal post a second half goal post, running laterally at right angles and having its vertical component resting on the floor. The horizontal limb of the half goal post is fitted with sliding door track and a trolley, and provides the lateral movement of the hoist apparatus. The trolley is fitted with a ring, to which is attached the lifting mechanism (a geared block and chain tackle). To this are attached two slings, one which passes round the upper back, underneath the arms, and the other underneath the thighs.

Prior to 1959 only four of these hoists had been obtained and issued to patients; in 1959, however, the demand increased and a total of 16 hoists were issued, of which five were withdrawn because the equipment was no longer required, i.e., through the death of a patient or permanent removal to hospital. At the end of the year, 15 of these hoists were on loan. A weekly hiring fee of 3/- per week is charged for the loan of this equipment and this is collected by the British Red Cross Society under the usual arrangements for medical loan equipment.

This hoist has also been adapted to provide District Nurses with assistance in the care of heavy bedfast patients at home, and nine have been purchased for this purpose. These have proved an enormous saving to the Nurse, who can, with ease, move the patient in order to wash him, make his bed, apply a dressing, etc. At the beginning of the year five of these hoists were on loan to patients, and a further six were issued during the year. Six were withdrawn following the death of the patient, leaving a total of five on loan. No hiring fee is charged for this equipment as its primary object is to assist the District Nurse in caring for the patient.

In addition two patients were provided with equipment to enable them to be lifted in and out of bath. This involves the installation of a length of track and trolley over the bath, to which is attached a block and chain pulley (as described above) to hoist the patient in and out of the bath.

(o) **Health Education.**

No special scheme was operated during 1959, but as will have been noted in earlier parts of the Report, help and guidance to expectant mothers and parents is given throughout the year by the Medical, Dental, Nursing and other auxiliary staff, who accept health education as part of their work.

Of particular importance are the ante-natal education and relaxation clinics, the child welfare centres, where close contact is possible with mothers.

The introduction of hearing tests for young children and the liaison with hospitals following the Platt Report on the Welfare of Children in Hospital gives further opportunities.

All staff take their full share of talks on various health matters to a large variety of organisations and use is made of propaganda and literature issued through the Central Council for Health Education and other interested bodies. I mentioned in my Report for last year that consideration would be given to increasing health education activities and a Health Education Officer is to be appointed in 1960.

(p) **Chiropody Service.**

Following discussions with the Branch Director of the British Red Cross Society, the County Council, in February, 1959, approved the payment of a grant to the Society in respect of the excellent service provided in many parts of the County. However, the Minister of Health later indicated in Circular 11/59 that he was prepared to approve proposals of Local Health Authorities who wished to establish or, where one already existed, extend the Chiropody Service as part of their arrangements for the prevention of illness under Section 28 (1) of the National Health Service Act, 1946.

A factual survey was, therefore, carried out and a scheme prepared and submitted to the Minister to operate as from the 1st April, 1960. This scheme continued the services already provided by the British Red Cross Society and continued their grant; also included in the scheme was a grant to the Hampshire Council of Social Service who had initiated a number of Foot Clinics through the various Local Old People's Welfare Committees or Old Age Pensioners' Associations, etc. As an extension to existing arrangements, the Minister had suggested that in addition to offering facilities to old people, two further categories should be added, i.e., physically handicapped and expectant mothers. Services for these two additional categories will be organised through the British Red Cross Society, who together with the Hampshire Council of Social Service, Local Old People's Welfare Committees, etc., will develop the facilities for old people.

At the end of the year, the number of clinics operating through the voluntary agencies mentioned were as follows:—

	HELD AT			
	<i>Surgery</i>	<i>Clinic</i>	<i>Domiciliary</i>	<i>Total</i>
Local Old People's Welfare Committees	7	20	As required and can be arranged	27
British Red Cross Society	1	29		30*
Hampshire Council of Social Service	2	5		7
Women's Institute ...	—	1		1
Total ...	10	55		65

* The British Red Cross Society also assists at 7 clinics organised by other agencies.

(q) **Venereal Diseases.**

As in previous years, statistics relating to attendances at Special Clinics have been supplied to me by Dr. R. M. Warren, Director, V.D. Services, Wessex Regional Hospital Board.

TABLE I

Number of residents in the Hampshire County Area (both sexes) who attended at clinics serving Hampshire for the first time during 1959. Total attendances for 1958 shown in brackets.

<i>Clinic</i>	SOUTHAMPTON	ALDERSHOT	WINCHESTER	BOURNEMOUTH	WOKING	GUILDFORD	PORTSMOUTH	POOLE	SALISBURY	CARSHALTON	<i>Total</i>	
Syphilis	3	1	5	3	—	3	12	—	—	—	27	(25)
Gonorrhoea	33	9	10	3	—	—	34	—	2	—	91	(80)
Others and Non-venereal	239	51	87	7	1	7	140	—	5	1	538	(481)
Total for 1959 ...	275	61	102	13	1	10	186	—	7	1	656	
(1958)	(282)	47	91	32	—	6	123	—	5)			(586)

TABLE II

Number of first attendances (Syphilis and Gonorrhoea only) from Hampshire County area, Hampshire County Boroughs and all other areas, at clinics serving Hampshire during 1959—total attendances for 1958 shown in brackets.

(a) **Male.**

<i>Clinic</i>	SOUTHAMPTON	ALDERSHOT	WINCHESTER	BOURNEMOUTH	WOKING	GUILDFORD	PORTSMOUTH	POOLE	SALISBURY	CARSHALTON	<i>Total</i>	
Syphilis												
Primary	5	—	—	—	—	1	5	—	—	—	11	(17)
Secondary	2	—	—	—	—	—	1	—	—	—	3	(1)
Late	8	—	—	4	—	—	11	3	—	2	28	(48)
Congenital	—	—	1	1	—	—	—	2	—	1	5	(5)
Syphilis	15	—	1	5	—	1	17	5	—	3	47	(71)
Gonorrhoea	262	9	6	23	6	26	81	5	13	30	461	(340)
Total for 1959 ...	277	9	7	28	6	27	98	10	13	33	508	
(1958)	(264)	5	6	33	5	12	69	10	7)			(411)

(b) Female.

<i>Clinic</i>	SOUTHAMPTON	ALDERSHOT	WINCHESTER	BOURNEMOUTH	WOKING	GUILDFORD	PORTSMOUTH	POOLE	SALISBURY	CARSHALTON	<i>Total</i>	
Syphilis												
Primary	1	—	1	—	—	—	4	—	1	—	7	(—)
Secondary	—	—	—	1	—	—	—	—	—	—	1	(2)
Late	8	—	1	6	—	2	8	1	—	1	27	(24)
Congenital	1	1	3	1	—	—	—	—	—	—	6	(1)
Syphilis	10	1	5	8	—	2	12	1	1	1	41	(27)
Gonorrhoea	79	3	4	5	—	15	35	1	1	10	153	(112)
Total for 1959 ...	89	4	9	13	—	17	47	2	2	11	194	
(1958)	(57)	6	2	9	—*	8	51	2	4			(139)

* Woking Female Clinic (administered by Local Authority Medical Officers) was discontinued from October 1958, and patients and records were transferred to Guildford S.T.C. (Royal Surrey County Hospital).

HOME HELP SERVICE (Section 29).**Statistics.**

The Divisional areas remained as constituted in April, 1958, and were as follows:—

<i>Division</i>	<i>Area</i>	<i>Division</i>	<i>Area</i>
I	Farnborough U.D. Aldershot M.B.	VI	Petersfield U.D. and R.D. Alton U.D. and R.D. Droxford R.D.
II	Fareham U.D.	VII	Basingstoke M.B. and R.D. Fleet U.D. Hartley Wintney R.D.
III	Gosport M.B.	VIII	Winchester City
IV	Eastleigh M.B. Romsey M.B. Romsey and Stockbridge R.D. Winchester R.D.	IX	Havant and Waterloo U.D.
V	Christchurch M.B. Lymington M.B. New Forest R.D. Ringwood and Fordingbridge R.D.	X	Andover M.B. and R.D. Kingsclere and Whitchurch R.D.

TABLE I

	<i>Number of Applications Received and Investigated</i>	<i>New Applications Assisted</i>	<i>Total Cases helped during year</i>
1959	2,652	1,981	3,513
1958	2,621	1,748	3,304

Although only 31 more applications were received than in 1958, a higher proportion were assisted—1,981 (1,784). This is partly due to the increased number of maternity cases helped in Divisions V and IX where the numbers of advanced bookings withdrawn were considerably lower than in 1958. Also as will be noted from the table given below more applications were received from the family doctors and less direct from the householder. This bears out the prediction expressed in my previous Report that as the organisation of the Service became more widely known direct applications from householders would decrease.

Applications referred by:—

Family Doctor	1,768	Other Social Workers	30
District Nurse/Midwife	285	National Assistance Board	28
Household	222	Voluntary Organisations and Workers	16
Hospital Almoner	203	Royal Naval Welfare	15
Area Welfare Officer	35	Child Care Officer	12
Health Visitor	31	Chest Physician	7

The increase in the use of the Service is shown by the number of new cases helped as set out below:—

<i>Division</i>	1959	1958
I ...	269	243
II ...	175	175
III ...	227	201
IV ...	190	194
V ...	324	271
VI ...	153	134
VII ...	256	228
VIII ...	158	164
IX ...	198	143
X ...	110	107
	2,060*	1,860

* This figure includes 79 advanced bookings carried forward from previous year

In six Divisions more maternity cases were helped, the most marked increase being in Divisions V, VII and IX (+16, +14, +15 respectively). Division I showed a decrease of 17.

There was a marked increase of post hospital cases in Divisions III (+19) and IX (+15).

Twenty-three more households were given help for caring for children during the absence of the mother. The decline in Tuberculosis households given help continued (-10). During the year, 85 blind persons were given help in their homes.

The number of aged sick and infirm persons requiring help in the home has continued to rise, altogether 206 more old persons were helped than in 1958. Generally this type of household required help for an indefinite period, and often this has to be increased as age advances. This together with the continued growth of the Service in a few Divisions accounts for the increased weekly case load; this averaged 1,513 per week, 149 more than in 1958.

More requests were received for residential help, chiefly for maternity cases in isolated areas. Forty-three households were provided with residential help; maternity 24, child care 9, aged sick 6, others 4.

There was also an increase in the total number of hours:—

	<i>Total Hours</i>	<i>Equivalent in Terms of Whole-Time Helpers</i>	<i>Number of Helpers on Register at end of year</i>
1959	813,038	355	821
1958	774,324	337½	770

At the end of 1959 there were 821 Home Helps on the register, 51 more than in 1958. During the year 307 Home Helps were engaged and 266 resigned. Although recruiting in most of the County has been adequate to meet the demand, the supply of suitable women is not unlimited and in some areas the scarcity is becoming apparent. The most difficult places are Fleet and Blackwater (Division VII), and Lymington and Ringwood and Fordingbridge (Division V). The wastage in Division V is particularly high owing to the seasonal employment in the seaside resorts and the high wages paid for private domestic help. This latter point also partly applies to the Fleet area, where there is also alternative employment available for women. It has been found that many suitable applicants will not become Home Helps on discovering that there is no guaranteed weekly wage because of the likelihood of some fluctuation in the number of hours worked.

Administration.

A Sub-Office was opened at 107, Fleet Road, Fleet, on 1st April, and an additional part-time clerk employed. This has proved to be of great assistance in the administration of Division VII which is a growing area, and is likely to continue to expand.

The number of visits paid by Organisers and Clerical Assistants was 31,341.

Charges to Householders.

Contributions towards the cost totalled £35,984 and were made as under:—

Full Charge	...	...	32%
Scale Charge	...	...	18.3%
Minimum Charge	...	...	49.2%
Special Charge	...	...	.5%

Meetings of Home Helps.

No County Rally took place this year, but instead it was suggested to Divisional Organisers that meetings should be held at divisional level. These were successfully held in Andover, Basingstoke, Christchurch, Fareham, Havant, Petersfield and Winchester, all being well attended by the Home Helps.

Representatives from District Health Sub-Committees were present and Long Service badges were presented to Home Helps by a Chairman of these Committees. Through the kind co-operation of the County Civil Defence Officer talks were given on "Civil Defence" illustrated by a film.

HAMPSHIRE COUNTY COUNCIL — HOME HELP SERVICE — CASES ASSISTED

Divisions	SHORT TERM				LONG TERM				Total	Total 1958
	Maternity	General Sickness	Post Hosp.	Child Care	Special	Chronic Sickness	Aged Sick and Infirm	Tuber- culosis		
1. Aldershot M.B. Farnborough U.D.	48	84	43	12	—	14	204	4	409	(377)
2. Fareham U.D.	63	28	10	9	—	25	178	4	317	(305)
3. Gosport M.B.	52	31	42	—	1	56	243	10	435	(405)
4. Eastleigh M.B. Winchester R.D. Romsey M.B.	66	25	9	10	—	64	213	4	391	(384)
5. Christchurch M.B. Lymington M.B. New Forest R.D. Ringwood and Fordingbridge R.D.	72	37	60	8	1	28	316	4	526	(462)
6. Alton U.D. and R.D. Petersfield U.D. and R.D. Droxford R.D.	47	30	3	5	1	10	161	8	265	(239)
7. Basingstoke M.B. Basingstoke R.D. Fleet U.D. and Hartley Wintney R.D.	84	65	25	12	1	32	202	4	425	(383)
8. Winchester City	39	42	17	2	—	10	153	3	266	(264)
9. Havant and Waterloo U.D.	67	27	24	4	1	17	122	4	266	(209)
10. Andover M.B. and R.D. Kingsclere and Whitchurch R.D.	28	10	14	4	—	18	137	2	213	(194)
TOTAL	566 16%	379	247	66	5	274	1,929	47 1%	3,513	(3,222)
TOTAL for 1958	539 17%	364	227	43	6	263	1,723	57 2%	3,222	

MENTAL HEALTH (Section 51).

I. Administration.

(a) Committee.

The Mental Health Services under Sections 28 and 51 of the National Service Act continue to be administered on behalf of the Local Health Authority by the Mental Health Sub-Committee, to which is referred the detailed administration of the Mental Health Services.

The Sub-Committee, which meets bi-monthly, consists of 10 members of the Health Committee and 6 co-opted members.

(b) Staff.

The staffing arrangements are as detailed in the previous Reports. There will be many developments as the new legislation following the passing of the Mental Health Act, 1959, becomes operative.

(c) Co-ordination with Regional Hospital Boards, etc.

There is representation of the County Council on the Coldeast and Tatchbury Mount Hospital Management Committee. The Chairman of the County Mental Health Sub-Committee has been appointed a member of the Wessex Regional Hospital Board and serves on the Board's Mental Health Committee. He has also been appointed as a member of the Coldeast and Tatchbury Mount Hospital Management Committee. I have been appointed to serve on the Wessex Regional Hospital Board and am a member of the Mental Health Committee of the Board.

The Medical Officers of the hospitals for the mentally defective and the mentally ill act as Consultants when necessary. Patients are seen at the following Out-Patient Clinics established throughout the County:—

Psychiatric Out-Patient Clinics.

<i>Clinic</i>	<i>Hospital Staffing Clinic</i>
Health Centre, King's Park Road, Southampton	Knowle
General Infirmary, Salisbury	"
Old Manor Hospital, Salisbury	"
Holbrook Green Primary School, Fareham Road, Brockhurst, Gosport	"
Ravenswood House, Knowle Hospital, Fareham	"
Health Centre, Hill Croft, New Street, Lymington	"

In addition, a Special Clinic is held at Ravenswood House, Knowle Hospital, each weekday, except Thursday, at 2 p.m., for all cases referred for admission and for urgent Out-Patient Clinic appointments.

<i>Clinic</i>	<i>Hospital Staffing Clinic</i>
Aldershot Hospital, St. George's Road, Aldershot	Park Prewett
Alton General Hospital, Anstey Road, Alton	"
Andover Public Health Centre, Junction Road, Andover	"
Basingstoke Hospital, Hackwood Road, Basingstoke	"
Pinewood Hospital (Park Prewett), Basingstoke	"
Royal Hampshire County Hospital, Winchester	"
H.M. Prison, Winchester	"
Royal Victoria, Gloucester Road, Boscombe, Bournemouth	"

Mental Deficiency Clinics.

Mental deficiency cases in the middle and southern part of the County are seen by special appointment by the medical staff of Coldeast and Tatchbury Mount Hospital Group. Cases in the northern part of the County can be seen by arrangement at St. Mary's Home, Alton, and at Sherborne House, Basingstoke, by the medical staff of Botleys Park Hospital, Chertsey, Surrey.

Licence Cases.

The supervision of patients on licence from the hospitals for mental defectives within the County, is undertaken by the Coldeast and Tatchbury Mount Group Hospital Management Committee's Social Workers; cases on licence in the County from hospitals outside the County are supervised, by arrangement, by officers of this Authority who are also available for any other enquiries on behalf of the Committee concerned. The medical certificates and reports required when the Orders are to be reviewed are provided as requested by the staff of the Health Department.

After-Care.

The after-care of ex-service personnel is undertaken by the Area Welfare Officers. General after-care is undertaken by the officers of the appropriate Hospital Management Committee in conjunction, as need be, with the Area Welfare Officer of the area.

(d) Duties delegated to Voluntary Associations.

No duties have been delegated to Voluntary Associations but the services of visitors of the Hampshire Voluntary Association for Mental Welfare are used in connection with the periodical visiting of mental defectives. A small grant is made to the Association. The Guardianship Society, Brighton, has been helpful in finding suitable guardians and at the end of 1959, there were ten cases so placed. The services of the National Association for Mental Health have been used on occasion in securing holidays and in advising on general matters.

(c) **Training.**

Advantage is taken of the refresher course run by the National Association for Mental Health and other bodies for Duly Authorised Officers and staff of Training Centres. Unqualified assistants at Centres are encouraged, if considered suitable, to take the course for the Diploma of the National Association for Mental Health.

2. **Account of Work Undertaken in the Community.**

(a) **Mental Illness.**

As far as possible, patients at Out-Patient Clinics, "Observation" Hospitals, and Mental Hospitals are under the same psychiatrist. The catchment areas of all three, now co-terminous, are as follows:—

<i>Park Prewett Hospital</i>	<i>Knowle Hospital</i>
Aldershot M.B.	Droxford R.D.
Alton U.D. and R.D.	Fareham U.D.
Andover M.B. and R.D.	Gosport M.B.
Basingstoke M.B. and R.D.	Lymington M.B.
Eastleigh M.B.	New Forest R.D.
Farnborough U.D.	Winchester R.D. part, viz: parishes of West End, Hedge End, Botley, Bursledon, Hound and Hamble only.
Fleet U.D.	Southampton C.B.
Hartley Wintney R.D.	
Kingsclere and Whitchurch R.D.	
Petersfield U.D. and R.D.	
Romsey M.B.	
Romsey and Stockbridge R.D.	
Winchester City	
Winchester R.D. (except parishes of West End, Hedge End, Botley, Bursledon, Hound and Hamble).	

Christchurch Out-Patient clinic is in charge of Dr. Gordon F. Andrews, Consultant Psychiatrist at the Royal Victoria Hospital, Boscombe.

The Old Manor, Salisbury, is ancillary to Knowle Hospital and admits cases from the Ringwood and Fordingbridge Rural District, the Boroughs of New Sarum and Wilton, and the Rural Districts of Amesbury, Mere and Tisbury and Salisbury and Wilton. St. James's Hospital, Portsmouth, serves Portsmouth C.B. and Havant and Waterloo Urban District.

During the course of the year two additional Area Welfare Officers have been appointed to the staff of the County Welfare Officer and there are now nine male officers and one female officer giving service as Duly Authorised Officers. This increase has enabled the districts to be re-allocated in the light of the increase in population in the County. With the exception of two, all these officers are members of the Institute of Social Welfare. The ten officers work in groups for holiday and relief purposes. They are all on the telephone, both at their offices and at home. Clerical assistance is available in the local offices to ensure that contact is maintained. Their offices are situated at Aldershot, Basingstoke, Winchester (2), Petersfield, Havant and Fareham (2), with a sub-office at Gosport, Christchurch and Lymington.

In 1959, the number of cases of mental illness assisted by the Duly Authorised Officers rose from 920 to 1,015, an increase of 95 as compared with 1958.

The work of the Duly Authorised Officers includes:—

1. Obtaining Orders for, and removal of, certified cases to Mental Hospitals under the Lunacy Acts.
2. Removal of uncertified cases to other hospitals for "observation" under 3-day Orders under the Lunacy Act, 1890, Section 20.
3. Assisting in admission of voluntary or of temporary patients to Mental Hospitals under the Mental Treatment Act, 1930.

Each officer is primarily responsible for a particular area of the County; special arrangements are made, however, for holiday periods and week-ends.

Action taken during the years 1955-1959 under the Lunacy and Mental Treatment Acts by Duly Authorised Officers was as follows:—

	1955	1956	1957	1958	1959
(a) Voluntary patients	244	256	195	206	194
(b) Temporary patients	57	59	45	67	37
(c) Observation Orders	388	369	344	476	679
Total (a) to (c)	689	684	584	749	910
(d) Summary Reception Orders	193	171	150	110	100
(e) Urgency Orders	109	100	82	57	4
(f) Petitioned Reception Orders	3	—	—	—	—
(g) Criminal Justice Act	6	1	3	4	1
Total (d) to (g)	311	272	235	171	105
Total (a) to (g)	1,000	956	819	920	1,015

It will be noted that the increase is almost entirely accounted for by the number of patients receiving treatment voluntarily, by temporary treatment and by patients under observation; while at the same time the number of cases where urgency Orders were necessary has dropped sharply.

Reference has been made at some length in previous Annual Reports to the preventive aspect of the work of Area Welfare Officers, dealing as they do with employment, marital, domestic and housing problems. They co-operate with the officers of the Housing Management Committees in exercising supervision, if required, over discharged hospital cases.

The Out-Patient clinics provide advice and investigation at an early stage and can be looked upon as preventive in character. The Area Welfare Officer on occasion has been successful in finding solutions to problems and in alleviating strain before the seeking of psychiatric advice is considered. Such work is largely preventive, directed as it is to the obviation of physical or mental breakdown.

(b) **Mental Deficiency.**

(i) **Ascertainment, etc.**

As regards ascertainment, the two chief sources of referral are the Education Authority (in regard to children aged 2 to 16) and the Health Visiting Service (in connection with children under the age of 2), but some cases are referred for ascertainment by relatives, the police, almoners, area welfare officers, general medical practitioners, and voluntary societies, etc. All ascertainment, except for a few cases ascertained by the Regional Hospital Board's Consultants, is carried out by the medical staff of the Department. All the medical officers approved by the Ministry of Education for the ascertainment of educationally subnormal children are designated by the Health Committee as Certifying Officers under the Mental Deficiency Acts.

New cases of mental deficiency (within the meaning of the Mental Deficiency Acts) ascertained during the year:—

New cases of mental deficiency ascertained during the year	95
Provided with hospital care and/or hospital training	3
Placed under supervision	75
Placed under guardianship	17
Placed under voluntary supervision	—
Left County before action taken	—

At the end of the year, there was a total of 2073 mental defectives as follows:—

Under statutory supervision	834
Under guardianship	45
Under voluntary supervision	315
In hospital	879

90 cases were awaiting admission to hospital.

The catchment areas for the Mental Deficiency Hospitals of the Wessex and South West Metropolitan Regional Hospital Boards are as follows:—

	<i>Total Accommodation</i>	<i>Basis of Admission</i>	
Botleys Park Group			
Botleys Park Hospital, Chertsey	1,223	West Surrey 3 cases	
Murray House, Ottershaw	255	Hampshire 2 cases	
Royal Hostel, Elstead, Godalming	23	Portsmouth 1 case	
Sherborne House, Basingstoke	23		
Brook House, Green Lane, Addlestone, Weybridge	23		
	1,547		
Coldeast Group			
Coldeast Hospital	570	Admissions to Coldeast and Tatchbury Mount Hospitals are arranged on a regional basis, regard being given to the distribution of population in the Local Authority districts of the catchment areas and the particular urgency.	
Tichborne Down	105		
Sandypoint Hospital	62		
Denmead Hostel	24		
Berewecke Hostel	23		
	784		
Tatchbury Mount Group			
Tatchbury Mount Hospital	400	The basis is as follows:—	
Coldharbour Hospital	160		
	560		
			Hampshire 4 cases
			Dorset 4 cases
			Southampton 3 cases
		Bournemouth 2 cases	
		Isle of Wight — occasional vacancy.	
		Wiltshire 1 case	

The number of cases admitted during 1959 to the three main hospitals was as follows:—

Coldeast Group	4
Tatchbury Group	10
Botleys Park Group	8

Visits by Social Workers to mental defectives in the community are made about an average of quarterly.

Guardianship.

At the end of 1959, Hampshire defectives under guardianship Orders totalled 45 of whom 17 were resident in the County area. Eight cases were in the care of the Guardianship Society, Brighton, and 13 cases, the responsibility of this Authority, lived outside the administrative County. In addition there were 5 the responsibility of other Local Health Authorities on behalf of whom this Council's officers visited, furnished reports and undertook reviews of Orders.

National Service.

Co-operation has continued with the Ministry of Labour and National Service to ensure that male mental defectives are exempted from registration. In the great majority of instances cases are known to the Department and the completion of the prescribed form ensures that the defective is relieved of the strain and worry of being called up with possible failure in medical examinations or being rejected after a short period.

Arising from a circular received from the Ministry of Health of 5th December, 1957, it is no longer necessary for Local Health Authorities to notify the Ministry of Labour and National Service of male mental defectives concerned who were born in 1941 or later.

(ii) Occupation and Training Outside the Home or Institution—Training Centres.

Eight County Council Training Centres at Basingstoke, Christchurch, Eastleigh, Farnborough (North East Hants), Gosport, Havant, Totton and Winchester are functioning most satisfactorily. In addition, a few places are available at the Training Centre at Coldeast Hospital.

The following table shows the increase over the past five years in the number of trainees daily attending the Training Centres:—

Centre	Oct., 1955		Oct., 1956		Oct., 1957		Oct., 1958		Oct., 1959	
	No. on Roll	Average Attendance	No. on Roll	Average Attendance	No. on Roll	Average Attendance	No. on Roll	Average Attendance	No. on Roll	Average Attendance
Basingstoke	35	25	37	25.7	37	21	45	31.5	41	33.9
Christchurch	40	31.4	48	36.3	42	20	35	31.3	44	38.8
Tankerville	opened in September, 1957				30	19.65	42	35.7	34	29.3
Gosport	34	25.3	42	28.6	44	30	46	33	51	45
Rachel Madocks	26	17	23	16.4	24	16	30	27.9	33	27.7
North East Hants	33	27.2	41	30.2	46	33.3	41	30.2	60	47
Totton	—	—	—	—	opened in July, 1959		—	—	21	17.7
Winchester	43	32.6	41	30.2	25	22.3	32	24.9	33	31.4
Total:	211	158.5	232	167.4	248	162.25	271	214.5	317	270.8

In my Report for 1958, I referred to the efforts which are being made to enable all children capable of receiving benefit from training to attend the Training Centres within the County; the general aim being to endeavour to ensure that no child shall be excluded from the benefits of such training simply because of the difficulties of transporting the child to the Centre. As a result of this policy, it will be seen from the table above, that out of a total of 317 children attending all the County Training Centres as at the end of October, 1959, an average attendance of 270.8 was achieved, i.e., 85%; the average attendance in 1958 was 79%. Put another way, the increase in actual numbers amounted to nearly 17% but the increase in average attendances amounted to a little over 26%.

Holiday Scheme.

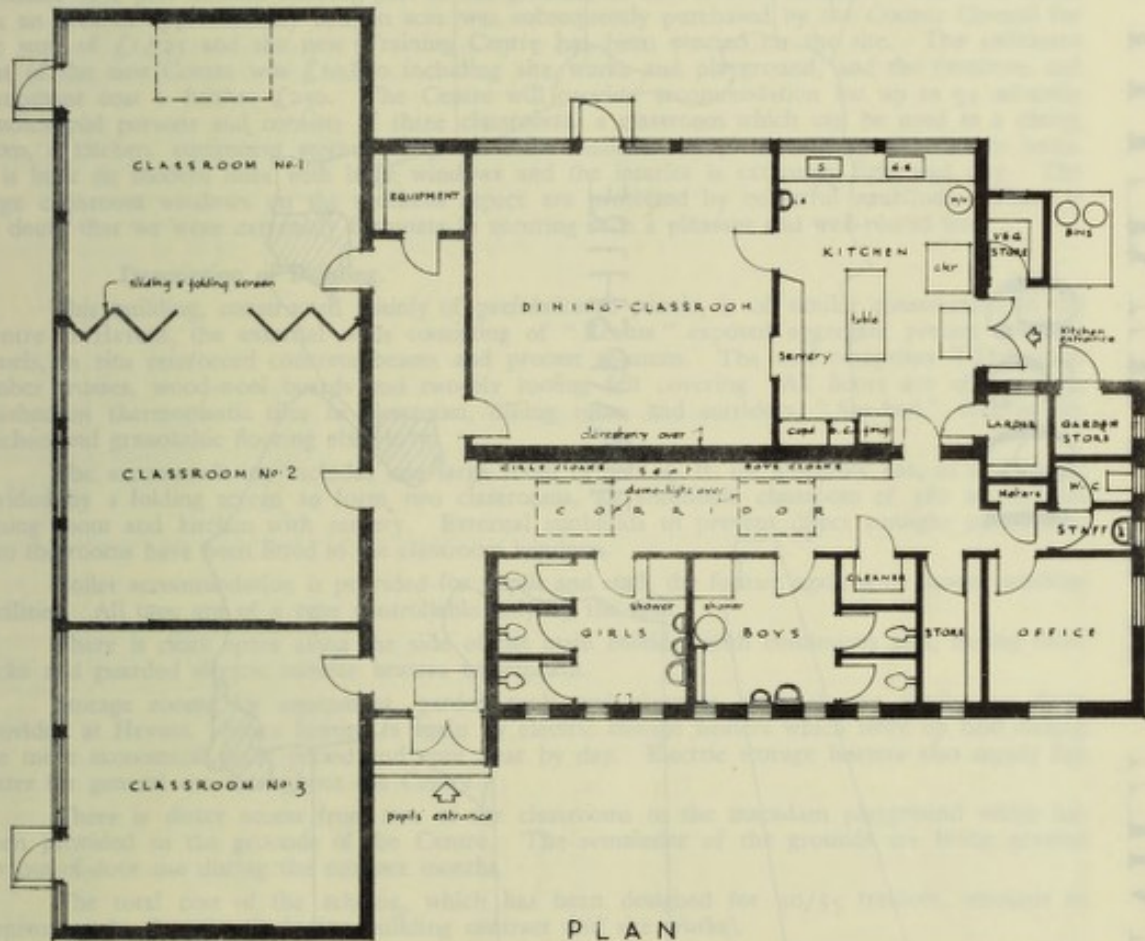
Mention was made in my 1958 Report of the Holiday Scheme which is run by the Hampshire Occupation Centres Holidays Organisation and has now become a regular annual event.

At the beginning of the year when enquiries were being made for a location for this year's holiday, the Organisation was informed that the premises at Kingsclere, near Newbury, which had been used in 1958 were no longer available. Owing to the kindness, however, of the Winchester Group Hospital Management Committee and the co-operation of the Wessex Regional Board, we were able to obtain the use of a vacant wing at Winchfield Hospital, near Hartley Wintney and the holidays were planned there from 21st May to 13th August in glorious weather. A total of 144 children attended the holiday and their families thus had the benefit of the relief for a short period from the burden which a mentally handicapped child imposes on normal family life. In many cases, in fact, this holiday provided the only means by which parents could take a holiday themselves. The premises at Winchfield Hospital were the only ones which were available so that it is true to say that but for the Wessex Regional Board's ready co-operation, the 1959 holiday could never have taken place.

While at Winchfield, numerous outings were arranged for the children including Chessington Zoo, Windsor, Hampton Court, Henley-on-Thames, Virginia Water (near Sunningdale), Frensham Pond (a beauty spot in Surrey), Blackbushe Airport, Littlehampton, Burnham Beeches (a beauty spot in Buckingham) and Yateley Textile Industries which is an establishment for physically handicapped women, near Camberley.

No account of this holiday would be complete without a tribute to the staff who accompanied the children and worked very long hours attending to their every need. Although a night superintendent is employed, the Supervisor of each party is virtually responsible for her children for twenty-four hours a day. Without their loyal co-operation, these holidays could not possibly take place.

HAMPSHIRE COUNTY COUNCIL
CHRISTCHURCH OCCUPATION CENTRE



PLAN

SCALE 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 feet

Drawing No. 3018/1

L. Long
COUNTY ARCHITECT
THE CASTLE - WINCHESTER

THE MENTAL HEALTH SERVICE

1959

There were 2073 cases on the Authority's Register of M.D.'s

924 cases were in hospital or under Guardianship.

Social Workers travelled 19,398 miles in making 3,158 visits to 1,149 cases in the community.

One new Training Centre was opened, and two purpose built centres replaced rented accommodation.

144 Trainees were taken for two weeks holiday by H.O. C. H.O.

95 new cases were reported.

18 cases were admitted to homes under Sectn 28 Rest Homes Scheme for a total of 127½ weeks at a gross cost of £851.12.7d.

The Authority's Medical Staff carried out 698 examinations of cases.

521 cases made 45,125 attendances at 8 Training Centres.

10 D.A.O's dealt with 1,015 cases under the Lunacy & M.D Acts.



Opening of New Centre at Christchurch.

One of the outstanding events of the year was the opening of the second purpose-built Centre in Hampshire which was opened at Christchurch on 6th May, 1959. This Centre, situated in Jumpers Road, Fairmile, adjoins the Christchurch Hospital and is intended to cater for children in the south-west corner of the County. The building was formally opened by the Mayor of Christchurch, and the Chairman of the Hampshire County Council, Mr. Alan Lubbock, presided at the opening ceremony. The building is excellently placed from the point of view of road communications and since the children are brought to and from the Centre by private transport in the majority of cases, this was an important consideration.

In August, 1940, the Centre was first established in premises rented from the Congregational Church authorities in Millhams Street and remained there until the end of the Spring term of this year. The premises in Millhams Street, although adequate in size, had several disadvantages:—

1. The accommodation occupied by the County Council was on two floors and the toilet accommodation was in the basement.
2. The accommodation consisted of a main hall and small kitchen on one floor, and on the first floor several smaller classrooms. Although this enabled the children to be split up into various classes according to the work which they were doing, overall supervision was necessarily rather difficult.

By the end of 1955, the total number on the register at this Centre had risen to 41, and the smaller classrooms were often overcrowded. In view, therefore, of the pressing need for more suitable accommodation at Christchurch, the County Health Committee in 1956 decided that consideration should be given to the erection of a new Occupation Centre in that area. Efforts were made to find a suitable site on which a new Centre could be erected, and, following negotiations with the Regional Hospital Board and the Ministry of Health, agreement was reached for the purchase of a plot of land forming part of the grounds of Christchurch Hospital. The land which has an area of approximately half an acre was subsequently purchased by the County Council for the sum of £1,725 and the new Training Centre has been erected on the site. The estimated cost of the new Centre was £10,810 including site works and playground, and the furniture and equipment cost a further £250. The Centre will provide accommodation for up to 53 mentally handicapped persons and consists of three classrooms, a classroom which can be used as a dining room, a kitchen, equipment stores, office and toilet facilities complete with special shower baths. It is built on modern lines with large windows and the interior is extremely light and airy. The large classroom windows on the southern aspect are protected by colourful sunblinds. There is no doubt that we were extremely fortunate in securing such a pleasant and well-placed site.

Description of Building.

This building, constructed mainly of prefabricated panels, is of similar construction to the Centre at Havant, the external walls consisting of "Reema" exposed aggregate precast concrete panels, in situ reinforced concrete beams and precast columns. The roof comprises T.D.A. type timber trusses, wood-wool boards and two-ply roofing felt covering. All floors are of concrete, finished in thermoplastic tiles to classroom, dining room and corridors, "Sea-bed" tiles in the kitchen and granolithic flooring elsewhere.

The accommodation includes one large room of 760 sq. ft. for assembly use, as at Havant, divided by a folding screen to form two classrooms, an additional classroom of 380 sq. ft. and dining room and kitchen with servery. External sunblinds to prevent direct sunlight penetration into the rooms have been fitted to the classroom windows.

Toilet accommodation is provided for pupils and staff, the former again with shower washing facilities. All taps are of a type controllable only by the staff.

There is cloak space along the side of the main corridor with continuous seat, having show racks and guarded electric tubular heaters underneath.

Storage rooms for equipment, garden tools and cleaning materials are similar to those provided at Havant. Space heating is again by electric storage heaters which store up heat during the more economical night period and emit heat by day. Electric storage heaters also supply hot water for general use throughout the Centre.

There is direct access from two of the classrooms to the macadam playground which has been provided in the grounds of the Centre. The remainder of the grounds are being grassed for out-of-door use during the summer months.

The total cost of the scheme, which has been designed for 40/55 trainees, amounts to approximately £11,000 (including building contract and site works).

The building was designed and the contract supervised by the County Architect, Mr. Simpson Low, A.R.I.B.A. The Contractors were Reema Construction Limited, Salisbury.

Mental Health Act, 1959.

The passing of the Mental Health Act in July of this year was an event which had been awaited since the publication of the Report of the Royal Commission in May, 1957.

At the time of writing this Report the Act has not become operative, however, the Minister of Health has issued several Circulars giving directions (along the lines indicated by the Act) with particular reference to training facilities and residential care for the mentally disordered. It may be as well to note at this point that the generic term "mental disorder" has been used to cover both the person of unsound mind and the person suffering from mental defect. As a result of this, new definitions of the mentally ill and the mentally handicapped have had to be introduced.

The report of the Royal Commission had stated as one of its main recommendations that there should be a re-orientation away from institutional care towards care in the community and that section of the new Act which deals with the duties of Local Authorities is designed to implement this recommendation.

The Act has, therefore, been so worded that the Minister may direct Local Authorities to provide residential accommodation for certain classes of patients.

The first of the Ministry directives appeared in the form of a Circular (9/59) which anticipated the Mental Health Act by some two months.

Immediately on receipt of this Circular, a special Sub-Committee was appointed to consider the recommendations of the Minister. Very briefly the Committee had before it a document which, while acknowledging the considerable expansion which had taken place in Mental Health Services since 1948, called for a much greater expansion of these services and suggested the main developments upon which Local Authorities should "concentrate their efforts." These were:—

1. The establishment of Junior Training Centres.
2. The establishment of separate Adult Training Centres for trainees over 16 years of age.
3. The provision of residential hostels for various types of patient.
4. The expansion of community care services.
5. The provision of social Centres or Clubs.

When the Mental Health Act was published, the special Sub-Committee was able to see the full scope of the measures proposed, and the Act was quickly followed by another Circular (22/59) issued in August in which the Minister directed Local Authorities to take action under Section 28 of the National Health Service Act, 1946, which, in fact, included the duties of Local Authorities set out in Section 6 of the Mental Health Act, 1959. Furthermore, the Minister stated that he intended to issue a further Circular specifying a period for the submission by Local Authorities of their proposals under this Section of the Act. The promised Circular (28/59) was issued in October of this year and required Local Authorities to submit their proposals by 1st April, 1960.

Before the year ended, therefore, the special Sub-Committee were able to submit their recommendations to the Mental Health Sub-Committee and such recommendations were approved.

The future plans of this Authority are extremely far-reaching and adequately reflect the provisions of the Mental Health Act. They are, in fact, in line with the progressive policy of an Authority which has already provided a greater proportionate number of places in Junior Training Centres than any other County in the country.

OTHER ENACTMENTS.

Prevalence and Control Over Infectious Disease.

The following table summarises the corrected quarterly returns of notifications received during the year and compares the incidence in 1959 in Urban and Rural Districts with that in 1958:—

	<i>Rural Districts</i>		<i>Urban Districts</i>		<i>Total Notifications</i>		<i>Number per 100,000</i>	
	1959	1958	1959	1958	1959	1958	1959	1958
Scarlet Fever	145	90	248	147	393	237	52.4	32.4
Diphtheria	—	—	—	1	—	1	—	0.1
Enteric and Paratyphoid ...	4	1	2	4	6	5	0.8	0.7
Pneumonia	86	95	141	142	227	237	30.3	32.4
Puerperal Pyrexia	25	26	52	75	77	101	10.3	13.8
Meningococcal Infection ...	2	3	5	8	7	11	0.9	1.5
Acute Poliomyelitis	19	30	14	12	33	42	4.4	5.7
Acute Encephalitis	2	2	—	1	2	3	0.3	0.4
Dysentery	198	210	170	288	368	498	49.1	68.0
Ophthalmia Neonatorum ...	1	2	5	8	6	10	0.8	1.4
Erysipelas	16	19	19	28	35	47	4.7	6.4
Pulmonary Tuberculosis ...	128	131	176	193	304	324	40.5	44.3
Other Tuberculosis	14	18	13	22	27	40	3.6	5.5
Malaria	1	1	1	1	2	2	0.3	0.3
Measles	4,145	1,390	6,102	3,270	10,247	4,660	1,366.3	636.4
Whooping Cough	121	351	164	445	285	796	38.0	108.7
Food Poisoning	94	249	45	77	139	326	18.5	44.5

The control over infectious disease is largely in the hands of the Medical Officers of Health of the County District Councils with whom there is excellent contact.

Steps to prevent infection through health education and vaccination and immunisation schemes are mentioned earlier in the Report.

NOTIFICATIONS OF INFECTIOUS DISEASE, 1959

BOROUGH AND URBAN DISTRICTS

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1959

District	Estimated Population for mid. 1959	Scarlet Fever	Whooping Cough	Diphtheria (including membranous group)	Measles (excluding rubella)	Acute Pneumonia (Primary or influenza)	Meningococcal infection	Acute Poliomyelitis				Acute Encephalitis			Dysentery	Purpural Pyrexia	Small Pox	Paratyphoid Fever	Ophthalmia Neonatorum	Bacterial or Typhoid Fever (excl. Paratyphoid)	Food Poisoning (excl. Dys. Typhoid and Erysipelas)	Chicken Pox	Malaria		Ty. Respiratory	Ty. Other Forms	Cholera	Plague	Typhus Fever	TOTAL CASES
								Paralytic	Non-Paralytic	Infective	Post-Infective	Believed to be contracted in this country	Believed to be contracted abroad	Induced in Intestines																
Aldershot	39,400	47	1	—	255	5	1	2	—	—	—	7	7	—	—	—	—	—	—	—	—	—	—	13	1	—	—	—	—	339
Alton	8,810	3	13	—	104	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	128
Andover	15,950	9	3	—	144	2	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	167
Basingstoke	23,130	7	2	—	299	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	21	2	—	—	—	—	336
Christchurch	24,890	1	10	—	151	12	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	11	3	—	—	—	—	193
Eastleigh	36,480	6	11	—	297	9	—	4	—	—	—	19	24	—	—	—	—	—	—	—	—	—	—	19	2	—	—	—	—	398
Fareham	56,840	37	31	—	981	6	—	2	—	—	—	9	7	—	—	—	—	—	—	—	—	—	—	26	1	—	—	—	—	1,106
Farnborough	30,290	3	6	—	434	2	1	—	—	—	—	—	31	2	—	—	—	—	—	—	—	—	—	11	1	—	—	—	—	498
Fleet	11,680	1	5	—	284	47	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	345
Gosport	66,040	57	24	—	1,341	30	1	1	—	—	—	6	8	—	—	—	—	—	—	—	—	—	—	19	—	—	—	—	—	1,512
Havant and Waterlo	68,120	56	21	—	1,037	4	—	—	—	—	—	37	—	—	—	—	—	—	—	—	—	—	—	16	—	—	—	—	—	1,173
Lymington	25,780	8	27	—	572	9	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	620
Petersfield	7,230	—	3	—	28	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	32
Romsey	6,490	2	—	—	6	—	—	—	—	—	—	30	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	44
Winchester	27,370	11	7	—	169	11	1	—	—	—	—	27	1	—	—	—	—	—	—	—	—	—	—	27	2	—	—	—	—	270
TOTAL URBAN	448,500	248	164	—	6,102	141	5	12	2	—	—	170	52	—	—	—	—	—	—	—	—	—	—	—	176	13	—	—	—	7,161
TOTAL RURAL	301,500	145	121	—	4,145	86	2	16	3	1	1	198	25	—	—	—	—	—	—	—	—	—	—	—	128	14	—	—	—	5,015
ADMINISTRATIVE COUNTY	750,000	393	285	—	10,247	227	7	28	5	1	1	368	77	—	—	—	—	—	—	—	—	—	—	—	304	27	—	—	—	12,176

NOTIFICATIONS OF INFECTIOUS DISEASE, 1959

RURAL DISTRICTS

District	Estimated Population for mid. 1959	Scarlet Fever	Whooping Cough	Diphtheria (including membranous croup)	Measles (excluding rubella)	Acute Pneumonia Primary (or influenza)	Meningococcal infection	Acute Poliomyelitis				Dysentery	Purpural Pyrexia	Small Pox	Paratyphoid Fever	Ophthalmia Neonatorum	Enteric or Typhoid Fever (ex. Par typhoid)	Food Poison (ex. Dyr. Typhoid and Para. Fevers)	Erysipelas	Chicken Pox	Malaria			Typhus Fever	TOTAL CASES	
								Paralytic	Non-Paralytic	Infective	Post-Infectious										Believed to be contracted in this country	Believed to be contracted abroad	Induced in Institutions			
Alton	25,360	29	26	—	536	4	—	2	1	—	5	2	—	—	—	—	—	—	—	—	—	6	2	—	—	613
Andover	20,240	15	5	—	110	—	—	1	—	—	1	1	—	—	—	—	—	2	—	—	—	1	—	—	—	136
Basingstoke	17,600	6	—	—	208	12	—	—	—	—	7	1	—	—	—	3	—	3	1	—	—	4	1	—	—	246
Droxford	21,790	2	—	—	304	3	1	—	1	—	3	—	—	—	—	1	1	3	—	—	—	4	—	—	—	323
Hartley Wintney	26,270	18	—	—	548	9	—	—	—	—	14	2	—	—	—	—	8	4	—	—	—	8	2	—	—	614
Kingsclere and Whitechurch	21,490	19	—	—	429	10	—	—	—	—	4	1	—	—	—	—	2	1	—	—	—	5	—	—	—	471
New Forest	53,130	21	11	—	811	9	1	7	1	1	131	8	—	—	1	—	15	—	—	—	—	33	6	—	—	1,056
Petersfield	23,520	14	7	—	149	6	—	—	—	—	1	2	—	—	—	—	4	—	—	—	—	33	1	—	—	217
Ringwood and Fordingbridge	25,530	3	23	—	370	18	—	3	1	—	—	1	—	—	—	—	61	1	—	—	—	3	1	—	—	485
Romsey and Stockbridge	21,740	2	16	—	143	11	—	1	—	—	14	5	—	—	—	—	—	—	13	—	—	7	—	—	—	212
Winchester	44,830	16	33	—	537	4	—	2	—	—	18	2	—	—	—	—	3	2	—	—	—	24	1	—	—	642
TOTAL	301,500	145	121	—	4,145	86	2	16	3	1	198	25	—	—	1	4	94	16	14	—	—	128	14	—	—	5,015

Ophthalmia Neonatorum.

Six cases of Ophthalmia Neonatorum were notified during the year. There was no impairment of vision in any case.

Registration of Nursing Homes.

During 1959 three new Nursing Homes were opened, with a total of 24 beds, none of which were for maternity cases. One home was closed, this having 16 beds, including 2 maternity beds. This is the first time for many years I have been able to report that the number of new Nursing Homes exceeded the number closed during the year. In addition there have been several variations in the bed accommodation at existing Homes during the year.

The following table sets out the position at Nursing Homes over the last 10 years.

Year	Number Open at End of Year	Beds			Admissions			Closed	Opened
		Total	Maternity	Others	Total	Maternity	Others		
1950	56	620	81	539	2,261	673	1,588	9	4
1951	52	645	80	565	2,409	514	1,895	6	2
1952	51	628	52	576	2,303	444	1,859	7	6
1953	48	493	48	465	1,643	427	1,216	7	4
1954	43	484	40	444	1,686	418	1,268	7	2
1955	40	457	40	417	1,763	389	1,374	5	2
1956	39	456	31	425	1,435	297	1,138	3	2
1957	39	493	36	457	1,512	350	1,162	4	4
1958	36	487	26	461	1,348	441	907	5	2
1959	38	554	15	539	1,490	434	1,056	1	3

From the above figures can be seen that although the downward trend of recent years has continued so far as Maternity cases are concerned, during 1959 there was an increase in the use of these Homes by other cases, the majority of whom are elderly or chronic sick cases.

Nurses Agencies Act, 1957.

No licence was granted during 1959, and there are no Nursing Agencies operating in the County.

Nurseries and Child Minders Regulation Act, 1948.

Under the provisions of this Act, Local Health Authorities are empowered to exercise supervision over persons who wish to conduct private nurseries or creches, and over premises used for such purposes. Before a Nursery is Registered, it is inspected by a member of my medical staff, and the recommendations of the Chief Fire Officer are sought with regard to fire precaution measures. Subsequently frequent inspection are made by the Health Visitors, to ensure that the numbers of children cared for at the Nurseries are not in excess of those permitted, and also that all arrangements for the care of, and well being of the children are satisfactory.

At the end of 1959 there were 27 persons Registered under the Act to have the care of children in their homes. These provided places for 279 children. In addition there were 9 persons Registered to operate Nurseries in premises other than their homes, providing places for 152 children.

Applications for Registration of Nurseries under the Act are constantly being received, but these are balanced by many Nurseries closing down where insufficient demand has made it uneconomical for the person Registered to operate.

The Daily Minder Scheme.

The Daily Minder Scheme was instituted in 1955, under Section 22 of the National Health Service Act, 1946, whereby certain persons are placed on a voluntary Register (which is non-statutory, and quite distinct from that required by the Nurseries and Child Minders Regulation Act, 1948), so that they would be available to undertake the daily care of these children, ranking as priority in areas where there was no Day Nursery. The day to day administration is devolved upon the District Health Sub-Committees.

During 1959 arrangements were made for 6 children to be cared for during the day under this scheme.

Blind Persons.

During 1959, 55 males and 101 females were certified as blind—a total of 156 against 146 in 1958 and 208 in 1957. Of these, 8 males and 8 females were under 60 years of age (i.e. born in 1900 or later) when certified, approximately 10% of the total notifications. The year of birth and cause of blindness in these cases were as follows:—

Male	Female
1901 Cataract	1900 Retinopathy
1903 Myopia	1900 Glaucoma
1906 Cataract	1900 Retinal Abiotrophy
1906 Macular Degeneration	1901 Cataract
1911 Myopia	1901 Retinal Degeneration
1913 Retinopathy	1906 Retinal Detachment
1921 Congenital Nystagmus	1906 Retinitis
1947 Optic Atrophy	1908 Cataract

The follow-up of persons registered as blind is carried out by the Hampshire Association for the Care of the Blind. The following shows the numbers of persons registered during 1959, the treatment recommended, if any, and the treatment received up to the time this Report was prepared:—

I	CAUSE OF DISABILITY													
	2		3		4		5		6		7		8	
	Cataract		Cataract associated with other causes		Glaucoma		Glaucoma associated with other causes*		Diabetes		Retrolental Fibroplasia		Other	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. Number of cases Registered ...	14	25	2	9	7	13	1	—	—	2	—	—	31	52
2. Number requiring no treatment ...	8	10	1	4	1	3	—	—	—	1	—	—	19	38
3. Number requiring treatment (Medical, Surgical or Optical) ...	6	15	1	5	6	10	1	—	—	1	—	—	12	14
4. Number who had had, or were having, treatment at time of follow-up ...	2	5	—	3	4	9	1	—	—	1	—	—	11	13

* Excluding cataracts which are included in column 3.

N.B.—Of those recommended treatment who have not received it:—

- 1 Left County
- 2 Removed from Blind Register
- 2 Refused treatment
- 4 Died
- 13 Waiting for treatment

Deaths During 1959.

1. Causes.	Male	Female	Total
1. Tuberculosis, respiratory	27	6	33
2. Tuberculosis, other	1	2	3
3. Syphilitic disease	3	5	8
4. Diphtheria	—	—	—
5. Whooping Cough	1	1	2
6. Meningococcal infections	2	2	4
7. Acute poliomyelitis	4	2	6
8. Measles	—	2	2
9. Other infective and parasitic diseases	14	7	21
10. Malignant neoplasm, stomach	96	67	163
11. Malignant neoplasm, lung, bronchus	247	43	290
12. Malignant neoplasm, breast	—	121	121
13. Malignant neoplasm, uterus	—	50	50
14. Other malignant and lymphatic neoplasms	391	324	715
15. Leukaemia and aleukaemia	23	19	42
16. Diabetes	16	26	42
17. Vascular lesions of the nervous system	473	668	1,141
18. Coronary disease, angina	801	500	1,301
19. Hypertension with heart disease	84	86	170
20. Other heart disease	454	689	1,143
21. Other circulatory disease	160	184	344
22. Influenza	47	63	110
23. Pneumonia	204	202	406
24. Bronchitis	199	72	271
25. Other disease of the respiratory system	45	26	71
26. Ulcer of stomach and duodenum	52	18	70
27. Gastritis, enteritis and diarrhoea	6	23	29
28. Nephritis and nephrosis	31	21	52
29. Hyperplasia of prostate	49	—	49
30. Pregnancy, childbirth and abortion	—	7	7
31. Congenital malformations	44	31	75
32. Other defined and ill-defined diseases	317	368	685
33. Motor vehicle accidents	115	19	134
34. All other accidents	86	93	179
35. Suicide	26	25	51
36. Homicide and operations of war	3	—	3
Total all causes	4,021	3,772	7,793

2. Age Groups.

Deaths from all Causes in Age Groups

Age Groups	Males				Females				Total Deaths			
	1959	1958	1957	1956	1959	1958	1957	1956	1959	1958	1957	1956
0—	155	186	138	130	97	110	104	100	252	295	242	230
1—	32	29	25	18	20	26	17	21	52	55	42	39
5—	30	29	28	17	21	13	8	13	51	43	36	30
15—	73	64	101	57	16	18	22	21	89	82	123	78
25—	126	125	129	136	109	114	119	117	235	239	248	253
45—	958	984	925	826	614	631	557	595	1,572	1,615	1,482	1,421
65—	1,112	1,042	1,072	1,042	821	884	852	844	1,933	1,926	1,924	1,886
75—	1,535	1,613	1,460	1,655	2,074	2,127	1,972	2,103	3,609	3,740	3,432	3,758
Total	4,021	4,072	3,878	3,881	3,772	3,923	3,651	3,814	7,793	7,995	7,529	7,695

**Malignant Neoplasm Lung Bronchus
DEATHS 1952-1959—in age groups**

Age Range	1952		1953		1954		1955		1956		1957		1958		1959	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
15—24	—	—	—	—	—	1	—	—	—	—	2	—	—	—	—	—
25—44	9	2	3	1	4	1	5	2	6	3	9	4	4	1	10	3
45—64	94	18	95	6	105	14	86	15	110	13	114	19	131	23	123	23
65—74	31	10	50	11	54	10	68	17	58	13	75	12	85	6	87	12
75+	10	5	20	7	11	6	26	2	30	6	21	6	32	3	27	5
Total	144	35	168	25	174	32	185	36	204	35	221	41	252	33	247	43
	179		193		206		221		239		262		285		290	

THE SCHOOL HEALTH SERVICE

General Statistics.

Number of school children on registers of Maintained Schools—108,517 (September, 1959).

		Nursery Schools	Primary Schools	Secondary Grammar	Schools Modern	Further	Totals
New School or premises opened ...	...	—	7	—	1	—	8
Permanent closures ...	...	—	4	—	—	—	4
Number of Schools at 31.12.59:—							
County ...	...	1	203*	15	53	4†	276
Voluntary ...	...	—	175	3	2	—	180
Total ...	...	1	378*	18	55	4†	456
Average number of children on school registers in school year 1958-59 ...							
		35	67,015*	8,892	30,912	—	105,854

* Includes 3 Special Schools and 3 Hospital Schools. † Includes the County Farm Institute.

The number of children attending Maintained Schools has increased by approximately 3,000 in the past year, a continuation of the steady and rapid expansion of the post-war years.

MEDICAL INSPECTION AND TREATMENT.

In the Autumn term the new medical inspection procedure was introduced. The considerations that led the Committee to change the procedure, and the investigations preceding them, have been set out in my last two Reports, and will not be repeated here. The new procedure is summarised as follows:—

1. Periodic medical inspection of "Entrants" is continued, additional time being allowed per child, so that this all-important inspection shall be as thorough as possible.
2. "Leavers" are interviewed, and medically examined only if and insofar as appears necessary.
3. The "Intermediate" inspection (during the first year in the secondary school) has been discontinued, and the procedure for examining selected children of all ages as "Specials" has been greatly developed. To achieve this, each school is visited each term by the School Doctor and Nurse for the specific purpose of discussing with the Head Teacher which children shall be selected for examination. The information on which such selection is made includes a medical questionnaire completed by the parent (four times in the child's school life); the School Nurse's knowledge of the child's home and family; the child's behaviour, physical activity, and progress in school as known to the Head Teacher; and the child's school attendance record.
4. An annual sight-test for each child.

The results of this inspection procedure will take some time to assess, and no attempt to do so will be made in this Report since the procedure was in use for only a single term in 1959. I am, however, very glad to be able to report that the scheme was introduced with remarkably little difficulty; and this is entirely due to the co-operation and goodwill of all the people concerned. These include firstly the office staff in the School Health Section of my Department. For them this has been a major undertaking, and it has imposed a considerable strain: naturally for them the burden has fallen most heavily at the start and I hope that as the procedure becomes more familiar they will find that the strain is eased. For the medical and nursing staff a new "outlook" as well as a new procedure has to be learned—for them I believe the change is interesting as well as perhaps demanding.

To the Head Teachers I am particularly grateful. For them medical inspection is only incidental to their primary work and at times is inevitably an intrusion upon it—frequently aggravated by inadequacy of accommodation. Yet they have co-operated fully in the new procedure; and when, in a very few instances, difficulties arose they approached these constructively and with a will to solve them. The closer contact between Head Teachers and School Health staff will I believe prove to be the greatest asset of the new Medical Inspection procedure.

The number of children examined at periodic inspections was 22,407 as against 28,233 the year before. The number of children re-examined (24,264) decreased by 6,000 from the 1958 figure while "special" examinations increased by 913 to 4,161. The number of schools which did not have a visit for medical inspections showed a welcome drop from 61 in 1958 to 26 at the end of 1959: the majority of these schools had a Selection Visit at the end of 1959 prior to medical inspections at the beginning of 1960.

The increase in "special" examinations is due to the new procedure, and is likely to be greater still when this is in force throughout the year.

The reduction in periodic inspections is due to the same cause. The "Intermediate" inspections are omitted from the new procedure and will be nil in a full year. The "Entrant" and "Leaver" inspections on the other hand are reduced only temporarily (under the old procedure a year's inspections were all carried out in one term in any particular school, and now they are parcelled into three groups; and also the inspection of "Entrants" has been deferred from the first to the second year of school life) and in a full year the numbers of "Entrant" and "Leaver" inspections should return to normal.

A parent was present at the inspection of approximately 82.3% of the "Entrants," 36.7% of the "Intermediates," and 11.8% of the "Leavers."

Children medically examined as to their fitness to be employed out of school hours numbered 1,954.

Medical Inspections Under New Arrangements — Autumn Term, 1959.

<i>Medical Inspection Visits</i>						<i>Number of Schools</i>
Medical Inspection under old arrangements only	...	...	...	...	...	78
Medical Inspection under old arrangements and Selection Visit later	...	...	...	...	...	17
Selection Visit and Medical Inspections	...	...	...	...	...	208
Selection Visit only	...	...	...	...	...	90
No visit during Term	...	...	...	...	...	53

"Specials."

3,193 or 4.3% of children attending schools which had a Selection Visit were referred for examination as "Specials."

Results of Inspection.

Results of examination of school children by the School Medical Officers are shown in the Ministry's Tables at the end of this Report. The Tables have been revised by the Ministry for 1958 and subsequent years, so that their form is different from previous years.

The percentage of children found at Periodic Medical Inspection to be in need of treatment for defects other than dental disease or vermin (see Table B) is compared with previous years as follows:—

1949	...	...	19.8%	1955	...	...	12.2%
1950	...	...	19.0%	1956	...	...	18.1%
1951	...	...	17.5%	1957	...	...	20.4%
1952	...	...	12.4%	1958	...	...	23.8%
1953	...	...	11.8%	1959	...	...	19.6%
1954	...	...	14.4%				

The sharp rise in 1956 resulted from a change in classification. These figures relate to children with one or more defects requiring or receiving treatment. The figures for defects found (Table IIA) are very much greater, partly because a child may have more than one defect but mainly because the majority of defects found are referred for observation. The total defects ("treatment" plus "observation") at periodic examination were 85.7% (95% in 1958; 81.4% in 1957).

The number of children found with defects needing treatment includes children whose defects are already receiving treatment, whether by their family doctor or otherwise; this is the classification required by the Ministry of Education, and it does not indicate the number of children found to be needing but not receiving treatment. It will be noted that the percentage fell somewhat in 1959.

Table A shows the "physical condition" of pupils examined at Periodic Inspection, in the two categories "satisfactory" and "unsatisfactory": 0.23% of children were regarded as "unsatisfactory."

The classification of a child as in an "unsatisfactory" physical condition is very much influenced by personal standards, and repeated attempts over the years to arrive at a standardised assessment throughout the country have not been very successful. Last year's (1958) exceptionally high figure was almost entirely accountable by the high proportion of "unsatisfactory" children found in Gosport. It seems that a somewhat different standard of assessment was in use there; this has now been adjusted and this year the numbers ascertained in Gosport correspond closely with those to be expected in an urban area.

These "unsatisfactory" children are almost invariably recommended for some special consideration, such as a period of convalescence, or a stay in an Open Air School, or additional nourishment, or special investigation of home management by the School Nurse.

Skin Conditions.

The following is an analysis of the skin conditions found at periodic medical inspection:—

<i>Skin Conditions</i>				<i>Treatment</i>	<i>Observation</i>
Eczema or dermatitis	...	...	...	47	103
Urticaria or allergy	...	...	...	22	61
Chilblains	...	...	...	8	7
Psoriasis	...	...	...	10	9
Ichthyosis or dry skin	...	...	...	3	43
Naevus	...	...	...	9	30
Seborrhoea	...	...	...	4	9
Acne	...	...	...	40	112
Warts—Plantar	...	...	...	32	5
Other	...	...	...	58	59
Corns or callosities	...	...	...	12	7
Ringworm	...	...	...	3	5
"Athlete's Foot"	...	...	...	17	7
Impetigo	...	...	...	6	2
Scabies	...	...	...	1	—
Herpes	...	...	...	—	2
Boils and other septic conditions	...	...	...	15	17
Insect bites	...	...	...	2	6
Injuries and burns	...	...	...	5	6
Keloid or other scars	...	...	...	2	11
Alopecia	...	...	...	1	4
Other	...	...	...	25	37
				<u>322</u>	<u>542</u>

Last year I was obliged to report an exceptionally high incidence of skin defects. In 1959 the number of such defects fell substantially; but this is in large measure due to the reduction in the number of children examined. The rate per 100 children inspected remains high, as the following table shows:—

Skin conditions found at Periodic Medical Inspection

<i>Year</i>	<i>Treatment</i>	<i>Observation</i>	<i>Total</i>	<i>Incidence per 100 children inspected</i>
1955	103	467	570	2.6
1956	284	489	773	3.0
1957	297	391	688	2.9
1958	548	603	1,151	4.1
1959	322	542	864	3.9

During 1959, 20 new cases of ringworm were reported.

Eight of these cases had infection of the scalp and occurred in six families in Gosport between May and July; they all attended hospital and were successfully treated by the new drugs taken by mouth without x-ray therapy depilation. This is a great advance from the point of view of the child's convenience and happiness: there is every reason to hope that the days are gone when children with scalp ringworm must temporarily lose their hair. These Gosport cases were associated with ringworm in cats, and were investigated by Dr. Pritchard, Medical Officer of Health, working with the Hospital Skin Specialists and the local veterinary practitioners.

The remaining twelve cases were scattered about the County.

Plantar Warts were found at periodic inspection in 0.17% of children; among secondary school children the incidence was 0.29%.

There was again a marked preponderance in girls (31) as opposed to boys (6), such as has been observed in previous years. This may well be due to the practice of bare-foot physical training which I am advised is commoner among, and more applicable to, the girls: but this relatively uncommon and trivial complaint is to be accepted as a small price to pay for the advantages of bare-foot work in encouraging healthy feet.

Children treated at the Clinics for skin conditions of all types numbered 151 in 1959 as compared with 199 in 1958.

Defective Vision and Squint.

The incidence of defective vision (other than squint) was 15.7 per 100 children examined at periodic inspection, as compared with 17.8 the previous year and 15.7 in 1958.

The reduction in 1959, small though it is, is very welcome; it is manifest in all three age-groups. The annual vision-testing now introduced will be informative as to the age of onset of defective vision, and this in turn may assist in arriving at its cause.

Squint. The incidence in the last eleven years has been as follows (per 1,000 children examined at periodic medical inspections):—

1949	...	12.1	1955	...	17.9
1950	...	16.2	1956	...	21.6
1951	...	19.4	1957	...	22.4
1952	...	19.8	1958	...	25.1
1953	...	20.7	1959	...	22.1
1954	...	25.3			

The reduction in incidence has occurred among "Intermediates" and "Leavers," and relates equally to children referred for observation and for treatment. Among "Entrants," on the other hand, the proportion of squint cases has again risen, both for treatment and for observation. This of course is the stage of school-life at which squints should in most cases be detected, if they have escaped notice or treatment in infancy.

School Eye Clinics. There are 14 School Eye Clinics in the County, of which four are held in hospitals.

Owing to the illness and subsequent resignation of the School Oculist, and the difficulty of appointing a successor, many of the Clinics had to be discontinued for large parts of the year, though temporary or locum tenens appointments were made by the Wessex Regional Hospital Board wherever possible. By arrangement with the Wessex Regional Hospital Board children requiring urgent ophthalmic examination during the intervening period were referred to the nearest Hospital with an Ophthalmic Out-Patient Department.

Since the responsibility for staffing the School Eye Clinics was taken over by the Regional Hospital Board in 1949, it has been both the Board's and the Authority's desire to link the clinics with the Hospital Eye Service as has already been done at the Aldershot, Gosport and Havant clinics which are attended by the Ophthalmic Surgeons of the local Hospital Groups.

Summary of Work of School Eye Clinics — 1959

	<i>New Cases</i>	<i>Re-examinations</i>	<i>Total (1959)</i>	<i>Total (1958)</i>
Number of children seen	1,362	2,304	3,666	4,305
Total attendances	1,362	2,567	3,929	5,016
Glasses ordered for the first time	732	349	1,081	1,066
Lenses changed	—	1,101	1,101	1,446
Glasses discontinued	—	109	109	255
Recommended for orthoptic treatment	11	46	57	93
Referred for advice re operative treatment	32	37	69	78
Other treatment	3	5	8	31

NOTE.—In addition to the above, 456 children called to the School Eye Clinics preferred to have ophthalmic treatment otherwise than at the clinics.

Sixty-nine children examined at the Clinics were referred to Ophthalmic Departments of Hospitals. In addition 13 school children not referred by the Oculist, were reported as having had in-patient treatment in Hospitals.

The marked fall in the number of children seen at the School Eye Clinics, compared with the previous year, results from the temporary closures of clinics referred to above. This is reflected also in the following table:—

Analysis of Defects found at Ophthalmic Clinics in New Cases, 1959

<i>Age</i>	*1—	2—	5—	8—	11—	14—18	5—18	0—18
Squint	7	19	61	41	28	2	132	158
Myopia	—	2	33	75	139	94	341	343
Astigmatism or Hypermetropia	2	5	119	78	54	33	284	291
Other defects	1	1	7	3	3	5	18	20
"No defects"	16	13	97	36	55	36	224	253
Total	26	40	317	233	279	170	999	1,065

* Children under 12 months old are referred direct to Hospital.

Percentages of Defects found at School Eye Clinics (age 5-18)

	1954	1955	1956	1957	1958	1959
Squint	16.5	14.3	16.2	18.2	15.3	13.2
Myopia	28.0	30.2	27.7	29.1	32.3	34.1
Astigmatism or Hypermetropia	30.2	31.7	31.7	26.7	29.7	28.4
Other	1.6	3.0	3.1	3.4	2.7	1.8
"No defect"	23.7	20.8	21.3	22.6	20.0	22.5
	100.0	100.0	100.0	100.0	100.0	100.0

Glasses. All glasses prescribed at the Eye Clinics continue to be provided through the Supplementary Ophthalmic Services of the National Health Service (except salvoc splinterless lenses, glasses with a ptosis crutch, and where two pairs of glasses are considered necessary by the Oculist—such glasses are provided by the Wessex Regional Hospital Board). During the year 2182 new prescriptions for glasses were issued.

Orthoptic Treatment.

During the year 57 school children examined at the Clinics were recommended for orthoptic examination and/or treatment. Of these, 16 cases in the Winchester Hospital Group area were referred direct to the Orthoptist, and the remainder were referred to the Ophthalmic Departments of Hospitals, where orthoptic treatment is available.

The number of children referred to the Orthoptist was again lower than the previous year, as we were without the services of a School Oculist from the end of July until the clinics were restarted in the middle of November.

Defective Hearing.

A full-time Audiometrician visits the schools in rotation, testing all children aged 7 or 8 and 11 or 12 by Group (Gramophone) Audiometer. In addition he tests small numbers of other children referred specially by Head Teachers or as a result of medical inspection. The children selected are those who will reach their 8th or 12th birthday before August 31st following. All but three schools (other than Infants Schools) were visited during the year. The results for 1959 are shown in the following Tables.

	Approximately 8 years		Approximately 12 years		Total		Grand Total	Specials (Selected)		Re-tests	
	Boys	Girls	Boys	Girls	Boys	Girls		Boys	Girls	Boys	Girls
Children examined by Audiometrician ...	4,333	4,255	5,405	4,781	9,738	9,036	18,774	153	107	802	505
Number with hearing loss of 9 or more Db in one ear ...	111	99	95	101	206	200	406	71	58	131	107
% in one ear ...	2.56	2.33	1.76	2.11	2.11	2.21	2.16	46.4	54.2	16.2	21.8

The percentage of children whose hearing is found defective on routine audiometry has again increased. The increase this year has been in both age-groups, and in both sexes.

Percentage of children with a hearing-loss of 9 or more Db in one ear — 1954-59

	Age approximately 8 years		Age approximately 12 years		Total		
	Boys	Girls	Boys	Girls	Boys	Girls	Both
1954	1.38	1.40	1.69	1.52	1.52	1.45	1.49
1955	1.24	1.11	1.56	1.58	1.39	1.31	1.34
1956	1.18	0.87	1.27	1.45	1.22	1.12	1.18
1957	1.22	0.83	1.54	1.46	1.37	1.12	1.25
1958	1.40	1.22	1.51	1.33	1.45	1.28	1.36
1959	2.56	2.33	1.76	2.11	2.11	2.21	2.16

This finding of increasing numbers of children with hearing-loss is disturbing. As with any such finding, one has first to be satisfied that it is "real"—i.e., not explicable in terms of changed techniques or standards of assessment. The gramophone audiometry has been carried out for many years by the same experienced audiometrician, using the same machine which is re-calibrated annually by the makers; nor is the technique of testing (which involves the children writing down numbers which they hear) one which allows of changing standards on the part of the audiometrician. It seems likely therefore that the finding is real. The test is, however, a preliminary screening, and the important consideration is whether there is any increase in the percentage of children showing a lasting and significant defect of hearing: the number of children ascertained annually as Partially Deaf Pupils has tended to fall in recent years.

The following Tables present an analysis of the degree of hearing loss. Few cases of severe bilateral deafness appear, because such children are for the most part in special schools, and are not covered by the routine audiometry here reported.

A. Children with hearing loss in one ear only.

Loss in Decibels	9	12	15	18	21	24	27	30	Total
No. of children approximately 8 years old ...	80	40	22	4	2	4	7	13	172
No. of children approximately 12 years old	77	25	17	2	4	3	6	23	157
Total ...	157	65	39	6	6	7	13	36	329

B. Children with hearing loss in both ears.

Loss in better ear	(a) Children approximately 8 years old (38)								(b) Children approximately 12 years old (39)							
	Loss in worse ear								Loss in worse ear							
	9	12	15	18	21	24	27	30	9	12	15	18	21	24	27	30
9	18	4	—	1	—	—	—	1	23	4	1	—	—	—	—	1
12	—	7	1	1	—	—	—	—	—	1	—	1	—	—	—	—
15	—	—	—	—	1	—	—	1	—	—	2	2	—	—	—	1
18	—	—	—	1	—	—	—	1	—	—	—	—	1	—	—	—
21	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
24	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—

As would be expected, the majority of children failing the gramophone test have relatively trivial hearing loss (9 or 12 decibels), but this year there has also been an increase in those showing a loss of 15 decibels or more, which even in one ear is a decided educational embarrassment.

Of the 30 children newly ascertained as Handicapped Pupils (Partially Deaf) in 1959, 14 were first picked up by routine gramophone audiometry.

A pure-tone audiometer, provided during 1959, was used by the Audiometrician from September at the School Clinic Audiometric Sessions for testing children specially referred for pure-tone audiometry from School Medical Inspections and for re-testing children previously found to have a loss of hearing by group (gramophone) audiometry. This instrument is proving of particular value for the younger school children, who cannot be tested by gramophone audiometer. The re-testing of gramophone audiometer failures by pure-tone audiometry has shown in general a close correlation between the results (though the pure-tone audiometry findings are more informative); but, as had been suspected, a few children with high frequency loss were detected by pure-tone audiometry who would have been missed by gramophone audiometry.

Eleven children with cerebral palsy were tested by audiometry for the first time during the year, and two were found to have a hearing-loss of 9 or more decibels, not previously known.

Two hundred and eleven speech defective children were tested, and ten had a loss of 9 or more decibels: seven of these were not previously known to have a hearing loss.

Fifty children attending ordinary schools are known to have hearing-aids. These children's hearing with and without the aid is always tested whenever the audiometrician visits the school; and also the Health Visitors are provided with lists of children with hearing-aids and at their termly school hygiene visits they confirm that the aids are worn and appear to be in good condition.

Defects of Speech.

The following information has been derived from a report presented by the Chief Speech Therapist, Mr. Arthur Tolfree.

During the year 131 fewer sessions were held throughout the County School Speech Clinics than in 1958, owing to the resignation of the Speech Therapists in the north-east and south-west areas. In spite of these interruptions in the Service, the number of children discharged during the year was 40 above the 1958 total, but on the 31st December the waiting list was 90 in excess of the total a year ago.

No additional Centres were established during the year but when the Diagnostic Unit was opened at Compton in the Autumn no less than 9 of the 16 children admitted were found to be in need of speech therapy and arrangements were made for me to visit the Unit weekly. To make this possible without additional Staff, time was taken from my clinical work in Winchester. As only four visits were made to the Diagnostic Unit before the end of the year, it is too early to report on the result of the remedial speech work done there, but even in this short time its necessity was proved and the Head Teacher and her Staff all showed considerable interest in it and co-operated most willingly.

An additional tape-recorder was supplied early in the year enabling three of the five areas in the County to make full use of this valuable aid in treatment.

The year's work is summarised in the following tables:—

		Treloar's*
I. Clinic sessions held	1,684	124
Consultations	351	7
Treatments	7,789	545
New cases referred during the year	446	8
New cases commencing treatment during year	344	8
Continued from 1958	657	11
Total children treated	1,001	
Children discharged	341	
Number on Registers of Clinics on 31.12.59		
Boys	493	
Girls	167	
	660	

Waiting List on 31.12.59 ... 179.

* The Lord Mayor Treloar Hospital figures are included in the totals.

II. Children discharged—Results of Treatment.

<i>Reason for Discharge</i>	<i>No Improvement</i>	<i>Improved</i>	<i>Speech Satisfactory</i>
Found unsuitable for treatment	5	8	
Failure to continue attendance ...	4	15	5
No further response anticipated	—	41	179
Left School	1	22	4
Left District	12	45	—
Total ...	22	131	188
Grand Total		341	

As in previous years there is a marked preponderance of boys over girls with speech defects: the ratio (2.9 : 1) is about the same as usual. This is true both of dyslalia and stammering, the two main categories of speech defect, though it is with stammers that the difference is most pronounced. Children are found "unsuitable for treatment" for a variety of reasons, such as deafness, cerebral palsy, emotional disturbance, etc., which are found to underlie the speech defect. In such cases the child is referred for treatment of the underlying cause.

The following table shows the numbers of boys and girls under treatment on 31.12.59 by Speech Therapists for each type of defect.

<i>Defect</i>	<i>Boys</i>	<i>Girls</i>	<i>Totals</i>
Dyslalia	231	92	323
Dysarthria	10	6	16
Stammer	158	25	183
Cleft Palates	12	4	16
Delayed speech development	32	19	51
Dual defects	27	7	34
Others	23	14	37
Totals ...	493	167	660

All children with speech defects now have their hearing tested by audiometer; in 1959, 211 such children were tested and seven cases of previously unsuspected deafness found. Pure-tone audiometry became available in September, 1959, for these children who attended the School Clinics for testing.

Asthma.

The number of asthmatic children known to the Department on the 31st December, 1959, was 132. Of these 62 were ascertained Handicapped Pupils (Delicate): see page

Of the 70 asthmatic children not ascertained as handicapped pupils, 18 came to notice for the first time during 1959. All these children attended ordinary schools and, like the ascertained pupils in ordinary schools, were kept under observation by medical officers: 20 of the children were known to be attending hospital or asthma clinics and 6 were having breathing exercises.

In addition to the children who attended the two Asthma Clinics referred to below, 26 children were reported as having attended other Hospital Clinics on account of asthma during 1959. There are seven such clinics in or near the County which is well covered for this purpose.

I am indebted to Dr. C. B. S. Fuller, Senior Consulting Physician in charge of the Asthma Clinic at the Royal Hampshire County Hospital, Winchester, for the following notes on school children attending his clinics:—

"During the year 1959, 26 new cases attended for investigation and treatment; of these 13 were girls and 13 were boys—an equal proportion of each. In addition, there were 80 attendances during the year of old cases who had been seen previously and who came for a follow-up and further treatment of their condition.

Of the new cases, there was a family history of asthma or allergic conditions in 17 giving a percentage of 65%.

10 of these new cases required treatment in the E.N.T. Department for abnormal conditions of their nasal sinuses, septal deformities and tonsils and adenoids.

Skin tests gave positive results in 24 new cases which is 92% of the total.

In 6 instances, in addition to treating abnormalities which were found, remedial breathing and postural exercises were required for defective costal expansion and bad stance.

One interesting point this year is the fact that the number of boys and girls amongst the new cases are equal."

I have also to thank Dr. Maurice Williams, Medical Officer of Health of Southampton County Borough, for the following information concerning County children who attended the Southampton Borough Council Asthma Clinic:—

"6 children, all boys, aged 11-15 years, attended, making a total number of 9 attendances. Four of these cases showed definite improvement, one a lesser degree of improvement whilst the sixth boy has shown improvement, but as he is under his family doctor's care he has not been shown with the other cases.

To avoid unnecessary travelling, appointments are cut down to a minimum, but parents are told that they can attend the Clinic at any time, without appointment, should they wish to consult the Medical Officer."

Orthopaedic Conditions.

Posture and foot faults constituted approximately one-third of all defects found at periodic inspection to require treatment. Head Teachers were asked before each school visit to bring forward children suspected of this type of defect for special inspection and in the Autumn term they were particularly considered at the Selection Visits.

The children whose foot or posture faults are slight or incipient are treated by prescribing exercises to be performed at home, and where possible also at school, and are followed up at subsequent observation visits.

The number of children referred by medical officers for remedial exercises during the year was 790.

Children for whom treatment by exercises alone is considered insufficient are referred either to their family doctors, or to School Clinics or Minor Orthopaedic Clinics where available, or, in agreement with the family doctor, to hospital.

The work of the Minor Orthopaedic Clinics is summarised in the following table:—

	<i>Fareham</i>	<i>Gosport</i>	<i>Total</i>
1. New cases:—			
(a) Total attending for first time	8	49	57
(b) Defects found:—			
(i) Flat feet	3	12	15
(ii) Knock knees	3	10	13
(iii) Flat feet and knock knees	—	2	2
(iv) Other foot and toe defects	2	22	24
(v) Spinal defects (Kyphosis, scoliosis, winged scapula, etc.)	1	22	23
(c) Number referred to Major Clinics	—	10	10
2. Old cases.			
Total attendances	77	142	219

I am indebted to the County Education Officer for the following report of the Organisers of Physical Education for 1959:—

Primary Schools.

Some progress has been made with the installation of fixed apparatus in Primary School Halls. Two items of apparatus are usually supplied to each school:—

- (a) a hinged wooden frame for strong twisting, climbing, circling and heaving work, and
- (b) a hinged metal frame with vertical climbing ropes and a rope ladder for climbing, hanging and swinging movements.

In Infant Schools the maximum height is 10 feet and in Junior Schools 12 feet. At the beginning of 1959 only 3 halls in Primary Schools had this type of apparatus installed but 7 additional halls were equipped during the year. Teachers' Courses on "Movement" have been held at the following centres:—

Summer Term	Bordon	26 on roll
Autumn Term	Havant	83 on roll
Autumn Term	Basingstoke	44 on roll
Autumn Term	Aldershot	35 on roll
Autumn Term	Farnborough	38 on roll

Extending over 5 or 6 evenings, the courses aimed to give men and women teachers a deeper appreciation of the principles of movement and their application in Physical Education lessons. A residential vacation course on "Creative Arts in the Primary School" was held at King Alfred's College, Winchester, during the final week in July. All teachers attending took part in practical work on Music, Art, Drama and Movement and discussions centred on the close links between these facets of child education.

Secondary Schools.

During the year there has been some improvement in the provision of facilities for tennis and girls have proved most eager to learn. Courses have been run in conjunction with the County Lawn Tennis Association and the Central Council of Physical Recreation but there is still much to be done to improve conditions as well as teaching technique for this difficult game.

The County film "Secondary Girls' Gymnastics—The Application of Basic Movement Principles" was published during the Summer Term and was most favourably received by specialist teachers, lecturers and organisers of Physical Education, both in this Country and overseas. The film was shown at International Conferences in Canada and Helsinki and bookings at home have been particularly heavy.

Good progress was made by the two Secondary Schools in Havant, selected to take part in the experimental phase of the Duke of Edinburgh's Award Scheme. Some 26 boys obtained the Bronze Award and 9 of these who are staying on at school beyond the statutory leaving age have accepted the challenge of the Silver Award. In addition, 54 other boys started work on the Scheme during the year. The experimental period of 3 years set for the Scheme was completed at the end of the year and increased participation is expected in 1960.

The physical education scheme in Secondary Schools would be incomplete without the opportunity for competitions and tournaments outside school hours. A host of teachers give freely of their time and energy in organising and conducting inter-school matches in a variety of activities so that many hundreds of children in the County are able to take part in weekly games throughout the year.

Swimming.

The long season of good weather in 1959 gave unusual opportunities for the teaching of swimming, of which the schools took full advantage. All public swimming baths were used to the full and more Certificates were distributed than at any time since the inception of the scheme.

Certificates distributed were as follows:—

Beginners	...	...	...	2,754
Elementary	...	...	...	1,453
Intermediate	...	...	...	479
Advanced	...	...	...	103
Diving	...	...	...	15
Total	...	...	...	<u>4,804</u>

The Committee gave strong encouragement during the year to both Primary and Secondary Schools who wished to provide swimming pools under self-help schemes; Chlorination plants and housing have been approved by the Committee at seven pools and specialist advice and help was given to some fifteen schools with pools in the planning stage. Two new pools were completed towards the end of the Summer Term, at Overton and at Fawley, and encouraging results have been reported by the Headmasters.

At Fawley approximately 46% of the children in the School were taught to swim during an 11 week season, and all 88 school leavers were able to swim. At Overton some 58% of the children in the junior department were taught to swim during the period 18th July to 7th October. The present position with regard to school swimming pools is:—

			<i>Pools in use</i>	<i>Pools planned</i>
Secondary Schools	...	...	5	8
Primary Schools	...	...	3	7
Special Schools	...	...	1	—
Total	...	...	<u>9</u>	<u>15</u>

Outdoor Activities.

The experimental courses in dinghy sailing, canoeing and camping at the Y.M.C.A. National Camp, Botley, on which comment was made in the 1958 Report, were expanded and modified during 1959. An increased number of boys and girls from Secondary Schools attended the courses and devoted the whole of the week to one pursuit instead of spending some time on each activity as in the previous year. The increased popularity of the residential courses is shown in the following table:—

<i>Year</i>	<i>Number of Pupils</i>	<i>Number of Schools</i>
1958	166	9
1959	298	12
1960	Bookings for 337	Bookings for 15

A successful Training Course for teachers, in small craft activities and camping was held at Botley during the Easter Holidays. The Course, of one week's duration, was well attended and aimed to equip men and women teachers to help with the instruction on the school courses. More advanced courses are planned during the Easter Holidays of 1960.

A number of Secondary Schools have developed Sailing Clubs during the year to allow further training and follow-up practice in small craft activities at week-ends and during holidays and several schools are constructing their own boats.

The development of these outdoor activities would appear to be most appropriate in this County, which is so richly endowed with coastline and waterways and which possesses such a wealth of natural beauty and charm.

CHILD GUIDANCE SERVICE.

Dr. Hadfield reports as follows:—

“During the year there have been many changes in staff and these have resulted in considerable disruption of clinic work and interference with intensive therapy. The changes included Psychiatrists, Educational Psychologists and Social Workers, and from August onwards only two Psychiatric Social Workers were available to cover the whole County. This has naturally led to a lowering of standards which the Clinics try to maintain in spite of a great deal of extra work done by the Psychiatric Social Workers.

These staff changes all occurred towards the end of the year and resulted in a reshuffling of personnel so that Clinic commitments could be adequately met.

The waiting list still gives great cause for concern and in some Clinics a child referred may have to wait for as long as eighteen months before being seen by the Psychiatrist. Lack of adequate time for treatment is another source of concern and this is, of course, related to the waiting list and can only be overcome by adequate staffing. Whilst it is realised that suitable staff are not at present available, the need for expanding the Service at the earliest possible moment must be recognised, particularly as our referral rate is below that which might be expected.

The adequate treatment of children suffering from emotional handicap is also hampered by the inadequacy of suitable residential placement either in special schools, hostels or hospital. This is particularly true of the adolescent child. Although the numbers of such children are comparatively few, when residential placement is needed it is usually a matter of some urgency if the child is to be helped to develop an emotional stability consistent with mental health.

The largest proportion of referrals still comes from the juvenile courts and 264 cases were seen from this source, both in the Remand Homes and Clinics. This very valuable work is in danger of being curtailed if the referral rate increases to an extent where the Clinic staff can no longer give adequate time to it.

Referrals from the Principal School Medical Officer and School Medical Officers were lower this year (149 against 161) and this may be partially a reflection of the long waiting list.

Referrals by General Practitioners again remain about the same at 85 for the year, and we would like to see an increase from this valuable source.

Of referral symptoms, behaviour disorder is the most common and this is in keeping with the tendency for the emotional difficulties of children to present in the form of anti-social behaviour of one form or another.

The Clinic staff have also been active in lecturing and taking part in discussion groups. Talks have been given to Parent-Teacher groups, groups of teachers interested in backward children and to Hartley Wintney District Health Sub-Committee.

Dr. Hadfield has also taken part in a series of lecture-discussions at the Institute of Education, Southampton University.

Owing to the staff changes the psychiatric work at Winton House School had to be discontinued temporarily, but it is proposed that this should restart as soon as possible.

The School Psychological Service.

An analysis of the work undertaken during 1959 compared with the previous year's work.

Work in Schools.	1958	1959
Children referred to the Psychologist for school investigation	776	600
Number seen	588	599
Backlog of referrals	1,530	*189
Number of school visits on clinic cases	80 (approx.)	50 (approx.)
Number of follow-up school visits on other cases	115	90
Clinic Interviews.		
Number of children interviewed and tested in clinics	208	164
Number handled by Psychologists, or by Psychologists and P.S.W's. jointly	105	71
Remand Home Work.		
Number interviewed and reported on for Courts	251	224
TOTAL number of children seen in all circumstances	1,348	1,198
School Surveys for Backwardness.	9	4
Extra Activities.		
Lectures to Parent/Teacher Associations and other Organisations	21	12
Number of Lectures at Teachers Courses	4	1
Association of Teachers of Backward and Retarded Children—number of Meetings attended	7	20
S.S.E.E. Interviews	20	10

* In 1959 the backlog with the exception of 189 cases was written off.

Summary of Work of the Child Guidance Service for 1959.

I.	Cases carried on from last year	...	...	...	...	991
	New cases referred during the year	...	...	...	...	673
	Old cases re-opened	...	...	...	...	47
						<hr/>
	Number of cases closed during year	...	...	...	...	1,711
	Number of cases carried forward to next year:—					622
	Cases under investigation or treatment on 31.12.59	...	...	...	1,018	
	Cases awaiting investigation	...	...	...	71	
						<hr/>
						1,089
II.	Sources of Referral.					
	County Medical Officer, School Medical Officers, etc.	...	...	...	...	149
	Juvenile Courts	...	...	...	...	264
	General Practitioners	...	...	...	...	85
	Educational Psychologists	...	...	...	...	46
	Probation Officers	...	...	...	...	33
	Hospitals	...	...	...	...	29
	Children's Officer	...	...	...	...	27
	Head Teachers	...	...	...	...	20
	Parents	...	...	...	...	18
	Health Visitors	...	...	...	...	12
	County Education Officer	...	...	...	...	10
	Other Child Guidance Clinics	...	...	...	...	10
	Speech Therapists	...	...	...	...	6
	Miscellaneous	...	...	...	...	11
						<hr/>
						720
III.	Reasons for Referral.					
	Behaviour disorders	...	...	...	...	410
	Habit disorders and physical symptoms	...	...	...	...	109
	Nervous disorders	...	...	...	...	72
	In need of care or protection	...	...	...	...	65
	Educational and vocational	...	...	...	...	34
	Breach of recognisance	...	...	...	...	13
	Advice re school placement	...	...	...	...	10
	Miscellaneous	...	...	...	...	7
						<hr/>
						720
IV.	Number of children seen by Psychiatrists during year at Clinics.					
	Number of new patients seen	...	...	...	...	297
	Number of new cases taken on for treatment	...	...	...	...	78
	Number of other cases seen for treatment or supervision	...	...	...	...	281
	Total number of attendances by children	...	...	...	...	1,760
	Number of home visits paid by Psychiatric Social Workers and Social Workers	...	...	...	...	1,112
V.	Remand Homes.					
	303 children (153 boys and 150 girls) were seen at the Remand Homes.					
VI.	Disposal of Cases.					
	Total cases closed	...	...	...	...	539*
	No treatment—consultation and recommendation to Courts	...	...	...	268	
	Consultation and advice only	...	...	...	130	
						<hr/>
	Discharged after treatment—Satisfactory	...	...	...	6	
	Improved	...	...	...	57	
	Some improvement	...	...	...	5	
	Unsatisfactory	...	...	...	7	
						<hr/>
						75
	Moved away	...	...	...	...	35
	Transferred	...	...	...	...	28
	Unsuitable for Child Guidance	...	...	...	...	3

* A further 83 cases were referred and were withdrawn without clinic investigation on account of failure to attend, spontaneous improvement, etc.

THE SCHOOL DENTAL SERVICE.

Report of the Principal School Dental Officer, Mr. C. C. Chadwick.

Dental Staff.

Authorised Establishment (as on 31st December, 1959).

- 1 Principal School Dental Officer
- 30 Dental Officers
- 1 Medical Anaesthetist
- 1 Oral Hygienist
- 32 Dental Attendants

The Staffing position improved again in 1959 when the average equivalent in whole-time Dental Officers was 25.3 compared with 24.0 in 1958 and 21.6 in 1957; this includes 18 part-time Dental Officers whose sessions (2509) were the equivalent of 4.9 whole-time Dental Officers compared with 21 whose sessions were the equivalent of 5.8 whole-time Dental Officers last year.

Although the majority of general anaesthetic sessions are still undertaken by interchange between County Dental Officers, the use of Medical Anaesthetists is gradually increasing. During 1959 Medical Anaesthetists attended for 359 sessions (10r sessions more than in 1958) out of a total of 802 general anaesthetic sessions. The total number of attendances at these sessions was 12,822 compared with 11,220 in 1958.

The allocation of Dental Officers' time between their duties for the Local Education and Local Health Authority was the same as in 1958, i.e.

Education (School children)	...	...	96.2%
Health	...	...	3.8%

Dental Inspection.

During the year 82,228 children were inspected of whom 64,088 (77.9%) were not dentally fit; 61,435 (74.7%) were considered to require treatment and were offered treatment from the County Dental Service and of these 37,529 (61.8% of those offered treatment) were actually treated.

In spite of the increase in Dental Staff during the year, which enabled nearly 10,000 more children to be examined at routine inspections, there remained, as in previous recent years, part of the County area which was "uncovered" for dental examination and treatment, and where, unfortunately, only emergency treatment for the relief of pain and sepsis was available for some 18,000 children.

Even in the areas covered for full routine Dental Inspection and treatment nearly 8,300 were not examined during the year because in several cases these areas are too large to allow the Dental Officer to complete the dental inspection of all schools in any one year. The average interval between school dental inspections has, however, been reduced to just under 13 months, but as mentioned in all my recent reports this still remains far too long if dental decay is to be detected in its initial stages so that early and successful treatment can be given. The present increase in dental decay in children makes it almost imperative that children should be examined at least every six months.

The number of "specials" seeking treatment was 3,391, a reduction of 1,404, probably due to the fact that during the year several parts of the County previously "uncovered" were included for routine examination and treatment under the County Dental Scheme.

In spite of the difficulties which present themselves it is gratifying to note that the rate of consent for treatment under the County Dental Service remained consistently high at 61.8% in the "covered" areas.

The following table shows the details of the Dental Inspections carried out during the year:—

DENTAL INSPECTION OF SCHOOL CHILDREN, 1959

	Age 5 and under		Age 14		Number of children 14 years old with			All other ages		Total		Consenting to treatment
	Number inspected	Number found to require treatment	Number inspected	Number found to require treatment	Full Natural dentition (See note (c) below)	Sound dentition as result of treatment (See note (d) below)	Number inspected	Number found to require treatment	Number inspected	Number found to require treatment		
Routine Inspections	6,562	4,971 (4,626)*	5,103	3,737 (3,623)*	127	1,239	67,172	52,103 (49,889)*	78,837	60,811 (58,158)*	34,701 (59.7%)	
"Specialists" at Clinics (See Note (b) below)	139	124 (124)*	14	12 (12)*	1	1	3,238	3,141 (3,141)*	3,391	3,277 (3,277)*	3,277 (100%)	
Total	6,701	5,995 (4,750)*	5,117	3,749 (3,655)*	128	1,240	70,410	55,244 (53,030)*	82,228	64,088 (61,435)*	37,978 (61.8%)	

* Number of children offered treatment shown in brackets: this figure is the number of children who would be referred for treatment, whether or not consent is given.

Notes:

(a) Columns headed:—"Number found to require treatment."

"Consenting to treatment."

(b) Not previously inspected during the year. The inspection of "specialists" at Clinics is usually at the instance of parents, hence the proportionately higher acceptance of treatment than at the Routine Inspection in schools.

(c) With complete permanent dentition (as far as has erupted) with no caries or fillings except in so much as non-carious teeth have been extracted for orthodontic reasons, e.g., first bicuspid, or lost through an accident.

(d) With conservative treatment but with no permanent teeth lost other than those lost through orthodontic treatment or through accident.

This figure is the number of children who are not 100% dentally fit. They include some children for whom treatment is not immediately necessary.

This figure is the percentage of those offered treatment.

DENTAL TREATMENT
RETURN OF WORK FOR YEAR 1959

Class of Patient	Number actually treated (2)	Total attending for treatment (3)	Number of N ₂ O and Vinyl Ether Cases (4)	Number of Teeth Filled		Number of Fillings		Extractions			Other Operations						Attendances for			
				Per. (5)	Temp. (6)	Per. (7)	Temp. (8)	Caries		Per. (11)	Temp. (12)	Per. (13)	Temp. (14)	Other		Per. (17)	Temp. (18)	See (c) below (20)	Reg. Appliances (21)	
								Per. (9)	Temp. (10)					Per. (15)	Temp. (16)					Per. (19)	Temp. (20)
Ordinary School Children	37,382	81,696	12,784	44,184	14,168	51,652	15,603	6,660	21,205	781	785	926	8,251	4,863	2,746	111	3,899	1,200	668	5,318
Special Schools	147	236	38	147	9	159	9	62	49	4	—	1	2	11	1	—	13	1	5	7

Notes:

- (a) Sealing and Polishing—same principle as for Gum Treatment. When Sealing has been done, the polishing of the teeth does not count as a separate operation; neither does polishing of a filling.
- (b) Gum Treatment—one operation if confined to the maxilla or mandible regardless of the number of teeth concerned; two operations if work carried out in both jaws.
- (c) Regulation and Denture Work—is not operative work but is entered in Columns 20 and 21 for convenience only. Each attendance at which work is carried out is recorded also in Column 3 and Column 2 when applicable.

Sessions:

School Inspections	676
Clinic Treatment (all patients)	10,890
Anaesthetist—Dental Officers	443
Medical Officers (part-time)	359

Allocation of "CLINIC TREATMENT" Sessions:

Ordinary School Children	10,491
Special School Children	30
Children under School Age	230
Expectant and Nursing Mothers	126
Mental Health	13

Dental Treatment.

Orthodontic Treatment.

The number of orthodontic cases under treatment has increased to a total of 1,155 (5325 attendances) compared with 924 (4224 attendances) last year. Of these, 379 cases were brought forward as being under treatment from the previous year, and 776 were new cases commenced during the year. 125 of the more complex cases were transferred for treatment to the Consultant Orthodontists working under the Regional Hospital Board; the remaining 1030 cases were treated by the County Dental Officers. The total number of appliances supplied was 574 with 178 study models.

In addition to those cases actually treated by the Consultants a large number were referred for their opinion, but a greater use of the facilities for advice would have been made had the distances which the patient and parent had to travel not been so great. The appointment of the Consultant Orthodontist to the Winchester Area will be a great help in this direction, and a large increase in the amount of orthodontic work in this area is anticipated.

Routine Treatment.

The gradual increase in Staff during the year has enabled full routine treatment to be given to 3,744 more children. This has about kept pace with the increased number of children on the School Registers, but has not regrettably allowed as much of the "uncovered" areas to be included for examination and treatment as was hoped.

It is encouraging to note, however, that there has again been an increase in the amount of conservative work. The number of fillings inserted in permanent and deciduous teeth increased by 7,889 fillings. Whereas the number of extraction of temporary teeth has reduced slightly, the extractions of permanent teeth have increased by over 1,000.

The necessity for the extractions of many of these temporary and permanent teeth could be avoided if parents would seek dental inspection and treatment for their children before they attain school age, and if the County Dental Officers were able to carry out their routine school inspections at more frequent intervals.

The County Dental Officers are to be congratulated on their determined effort to concentrate on the conservation of both the temporary and permanent dentition, which has resulted in the increase in fillings inserted during the year.

The details of the other work carried out by the Dental Officers during the year are shown also in the Table on page 59.

Clinic Premises.

A new Subsidiary Dental Clinic has been opened at the Mill Chase Secondary School, Bordon, in the Medical Inspection Block. This has provided for the treatment of the children in the immediate neighbourhood, and has partly released a Mobile Dental Trailer for use elsewhere.

Mobile Dental Trailers.

One new Mobile Dental Trailer was put into service during the year bringing the total to ten dental trailers operating in the County to provide facilities for the treatment of children attending rural schools, and in those urban areas where no adequate permanent clinic premises are available.

Evening Sessions.

The arrangement which began last year, whereby Dental Officers were asked to hold additional evening sessions up to a maximum of six hours per week, continues to work successfully. The total number of sessions worked increased very slightly to 443. When these were originally inaugurated it was expected that the main attendance would be from older children and Expectant and Nursing Mothers, but somewhat surprisingly the attendance has been equally good amongst the younger children also. Many parents of the younger children ask specifically that an evening appointment should be made as being more convenient to them.

The total number of sessions referred to above is the equivalent to the service of one whole-time Dental Officer. The "Evening Session" service is an arrangement which is fulfilling a useful purpose and it is hoped that more Dental Officers will be able to participate.

Facilities for X-rays.

During the year X-ray apparatus has been installed in three surgeries at the Eastleigh and Petersfield Centres, and in the Tadley area Mobile Dental Trailer, bringing the total number in use to eight.

Oral Hygienist.

After more than twelve months without the services of an Oral Hygienist, I am pleased to report that in February Miss K. Griffiths was appointed, and has been working since that time in the Basingstoke, Christchurch, Eastleigh, Fareham, Gosport, Stockheath and Winchester Clinics where her help has been greatly appreciated.

The summary of her work during the year is as follows:—

Number of sessions worked	400 sessions (half-days)
Time devoted to individual instruction in Dental Hygiene and Dental Health Education	390 hours

Patients.

Number of patients treated	1027
Number of patients treatment completed	868
Number discharged as failing to complete treatment	29
Attendances	2338
Number of patients awaiting appointments (31.12.59)	111

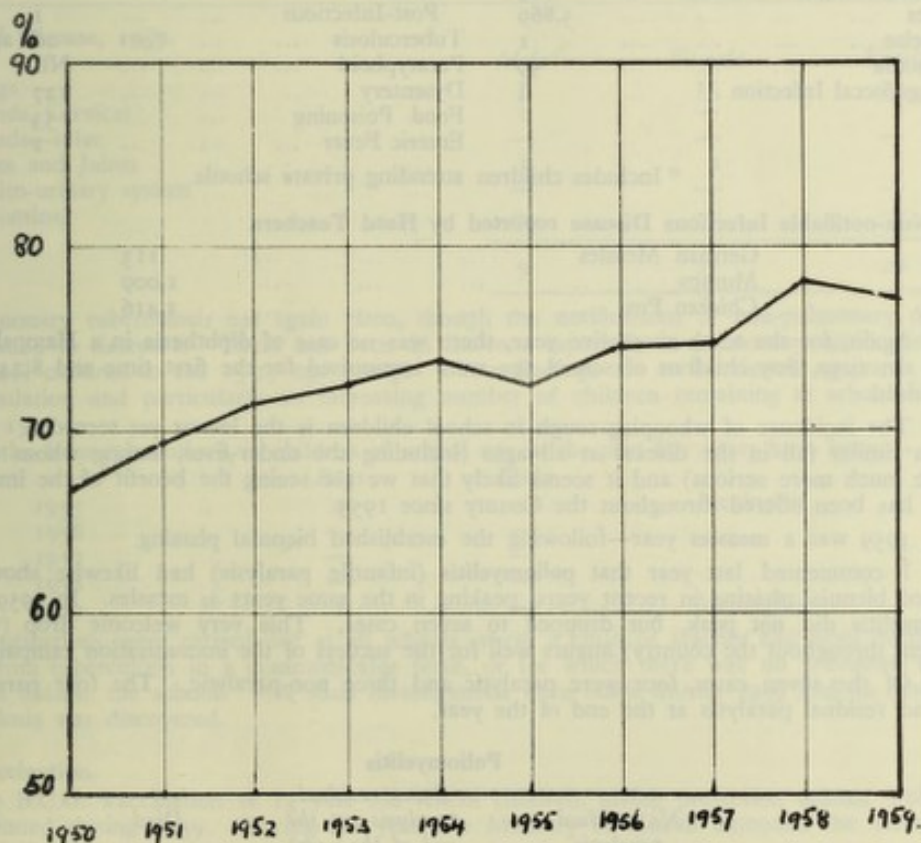
Dental Health Education.

A great deal of useful and practical work in Dental Health Education is already undertaken by the County Dental Staff in the County, but in view of the fact that there is clear and abundant evidence that the rate of dental decay in children has steadily increased since the end of the last war, and is increasing today at an alarming rate, some considerable extension of the County Dental Staff's work in this field is now necessary.

The statistics in the Annual Returns from the Ministry of Education on the dental examination of school children show that in 1948 a child at the age of 5 had an average of 4.3 teeth which were decayed, missing or filled; by 1953 this had increased to 5.1, and by 1958 to nearly 6. When the next comparative five-yearly figures are published there is little doubt that this figure will have increased again. These figures relate only to children at the age of 5, but from evidence seen daily in the dental surgery it is clear that the rate of decay does not diminish during the child's school life and may well increase under the present conditions.

The General Dental Practitioners' Service at the present time is giving regular dental inspection and treatment to a larger number of children attending maintained schools in the County than ever before since the inception of the National Health Service in 1948. In spite of this and of the very considerable amount of work being undertaken by the County Dental Service it is not possible to provide sufficiently regular dental inspection and treatment for the children in order to keep the pace with the alarming increase in the rate of dental decay in the children in this County.

Children with Dental Decay (1950-1959)



The Percentage of School Children found on Routine Dental Inspection to require Treatment (1950-1959)

There is every reason to believe that this tragic deterioration of the children's teeth is largely preventable by proper attention to nutrition, to eating habits and to oral hygiene and by regular and frequent school dental inspections and early treatment. These are things which can be brought about only by a continued skilful and intensive Dental Health Education programme; although the main responsibility must primarily fall on the County Dental Officers and the Oral Hygienist and the Health Education Officer, the Teachers, School Medical Officers, Health Visitors,

School Nurses and Midwives also have an important part to play. The Dental Staff in addition to the individual instruction in Oral Hygiene given to school children, must make arrangements, with the co-operation of the Teaching Staff, to give regular talks with Films, Film Strips, etc., in Schools and at Parent/Teacher Association Meetings whenever this is practicable.

Finally I should like once again on behalf of the County Dental Staff to express their appreciation to the Teaching Staff of this Authority for their co-operation and help during the year in the work of the County Dental Service.

REST HOME SCHEME.

During the year 14 children (8 boys, 6 girls) were sent for convalescence of an average duration of 3 weeks. The children were referred by:—

General Practitioners	10
Hospital Doctors	1
Psychiatrist	1
School Medical Officers	2

and for the following reasons:—

Following illness at home	8
Following in-patient hospital treatment	1
Following out-patient hospital treatment	3
Mismanagement or poor home conditions	2

All these children were examined as "specials" at the School Medical Inspection following their discharge.

INFECTIOUS DISEASE.

(a) Notification of Infectious Disease in Children aged 5-14*

Diphtheria	Nil	Poliomyelitis	7
Scarlet Fever	255	Encephalitis—	
Whooping Cough	125	Infective	1
Measles	5,869	Post-Infectious	1
Erysipelas	1	Tuberculosis	26 (aged 5—17)
Pneumonia	59	Paratyphoid	Nil
Meningococcal Infection	2	Dysentery	127
		Food Poisoning	53
		Enteric Fever	1

* Includes children attending private schools.

(b) Non-notifiable Infectious Disease reported by Head Teachers.

German Measles	113
Mumps	1,009
Chicken Pox	1,416

Again, for the tenth successive year, there was no case of diphtheria in a Hampshire school child. In 1959, 805 children of school age were immunised for the first time and 8,243 were re-immunised.

The incidence of whooping-cough in school children is the lowest yet recorded. There has been a similar fall in the disease at all ages (including the under-fives, among whom the disease can be much more serious) and it seems likely that we are seeing the benefit of the immunisation which has been offered throughout the County since 1955.

1959 was a measles year—following the established biennial phasing.

I commented last year that poliomyelitis (infantile paralysis) had likewise shown a pronounced biennial phasing in recent years, peaking in the same years as measles. In 1959, however, poliomyelitis did not peak, but dropped to seven cases. This very welcome drop (which was apparent throughout the country) augurs well for the success of the immunisation campaign.

Of the seven cases, four were paralytic and three non-paralytic. The four paralytic cases still had residual paralysis at the end of the year.

Poliomyelitis

	No residual paralysis	Some residual paralysis (at the end of the year)	Died	Total
1949	14	11	2	27
1950	8	11	1	20
1951	2	1	1	4
1952	3	13	—	16
1953	11	9	2	22
1954	4	1	—	5
1955	32	9	—	41
1956	9	3	—	12
1957	40	4	1	45
1958	12	7	—	19
1959	3	4	—	7

I reported last year (1958) that of the 19 children who had had poliomyelitis during the year, seven had some residual paralysis. These seven children have now been followed up to determine the extent of their disability after a period of approximately eighteen months from the time of their illness; little further recovery is to be expected after this interval.

One child has left the County; another has made a complete recovery, taking part in all school games and physical exercises; four have some weakness of the legs, of whom three are wearing calipers; and the other has residual paralysis of the face, involving his cheek and mouth requiring further hospital admission.

During the year 74,598 children of school age and under received two injections of poliomyelitis vaccine under the Ministry of Health's scheme, giving an acceptance rate of 78%.

Tuberculosis.

Twenty-six children attending school were notified and confirmed during 1959 as suffering from tuberculosis: 22 had pulmonary disease and 4 non-pulmonary. The incidence in recent years together with the distribution by age, sex and site are given in the following tables:—

I Incidence in school children.

Year	Pulmonary	Non-Pulmonary	Total
1955	29	15	44
1956	16	15	31
1957	12	9	21
1958	19	7	26
1959	22	4	26

II Age and Sex, 1959.

Age Group	5	6	7	8	9	10	11	12	13	14	15	16	17	Total
Pulmonary Male	1	—	—	1	—	—	—	—	2	—	1	1	1	7
Female	—	1	1	—	—	—	1	—	—	1	6	3	2	15
Non-pulm. Male	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Female	—	—	1	—	—	—	—	—	—	—	—	—	1	2
TOTALS	1	1	2	1	—	—	1	—	2	1	7	5	5	26

III Site of Disease, 1959.

	Male	Female	Total
Lungs	7	15	22
Glands, Cervical	1	—	1
Glands—hilar	—	—	—
Bones and Joints	1	2	3
Genito-urinary system	—	—	—
Abdominal	—	—	—
	9	17	26

Pulmonary tuberculosis has again risen, though the notifications of non-pulmonary disease have continued to decrease. There has been an increase especially in pulmonary notifications of female school children in the 15-17 age group. These findings are to be viewed against a rising school population and particularly an increasing number of children remaining at school beyond the age of 15.

Deaths from tuberculosis in children of school age in the past five years have been:—

Year	Boys	Girls	
1955	1	—	Meningitis
1956	—	—	
1957	—	—	
1958	—	—	
1959	1	—	Meningitis

Investigations were carried out at all schools where a child or teacher had been notified as suffering from tuberculosis in a communicable form, or for which there was no presumed source of infection outside the school. Five such investigations were made during 1959 and no new case of tuberculosis was discovered.

B.C.G. Vaccination.

The B.C.G. Vaccination of 13 year old school children, giving protection against Tuberculosis, continued during 1959. During the year the Ministry of Health extended the scheme to cover the following categories:—

- to children of 14 years of age and upwards who are still at school and also students attending universities, teacher training colleges, technical colleges or other establishments of further education; and
- to school children who are approaching 13 years of age and can conveniently be vaccinated along with others of that age, it having been represented that it would be convenient if vaccination could be offered to whole school classes even though a few of the children are under 13 years of age.

The modification of the Council's proposals under Section 28 of the National Health Service Act, 1946, in accordance with the above was approved by the Minister on the 5th August, 1959.

Thirty-one schools were visited with the emphasis on the 13 year age group, but it was found impossible to visit all schools. Only a limited number of children aged 14 years and over were offered vaccination as an attempt is being made to cover all 13 year old children attending County schools, before dealing with the additional groups introduced by the extension of the scheme. A concentrated effort is being made to visit all Secondary and Grammar schools. The work carried out during 1959 is summarized in the following table:—

(a)	Number of children offered vaccination	3451
(b)	Number of children accepting vaccination and tuberculin tested:	
	(i) 13 year old children	2054 (59.5% of (a))
	(ii) 14 year old children and above	457 (13% of (a))
(c)	Tuberculin positive:	
	(i) 13 year old children	269 (13% of (b))
	(ii) 14 year old children and above	59 (13% of (b))
(d)	Vaccinated:	
	(i) 13 year old children	1568 (45% of (a))
	(ii) 14 year old children and above	363 (10% of (a))

Dysentery was less prevalent in 1959 than in the previous year; 127 cases (aged 5-14 years) notified compared with 214 in 1958. The casual organism, where one was indentified, was *Shigella sonnei*. The main centres of prevalence were Hythe (continuing from December, 1958, to February), Romsey (January-February), Eastleigh (April), Netley (April onwards) and Totton (September onwards).

In none of these localities was the disease confined to school children, and spread within the household was usual. Nevertheless, there is little doubt that the condition spread to some extent within the schools; as in the above centres about two-thirds of those affected were school children, and the earliest cases were nearly all school children.

As in previous years, exclusion from school was kept to the minimum once it was clear that an outbreak was firmly established in a locality. Only those with symptoms (usually diarrhoea) were excluded: the whole emphasis was upon personal hygiene, and particularly hand-washing after using the toilet, within the school.

VERMINOUS CONDITIONS.

In 101,021 inspections, 504 individual pupils were found to be infested with head lice. This represents .47% of the school population, as compared with .56% in the previous year. The age and sex distribution is shown in the following table:—

School Groups	Number on Registers	Total found verminous for the first time during year ("Nits" with or without lice)					
		Boys		Girls		Both Sexes	
		No.	%	No.	%	No.	%
Primary or Nursery School Children	67,050	97	.29	314	.94	411	.61
Secondary School Children	39,804	12	.06	81	.41	93	.23
All ages	106,854	109	.20	395	.74	504	.47

NOTE—These percentages are based on the assumption that there are equal numbers of both sexes on the Registers.

The number of inspections was greatly reduced as compared with previous years (see page 76).

The number of schools (excluding Grammar Schools) in which no child was found with head infestation during the year was 294, as compared with 277 last year.

Five cases of scabies were reported during the year, and no cases of infestation by body or crab-lice.

DEATHS OF SCHOOL CHILDREN.

Fifty-one children aged 5 to 15 years, not necessarily attending County Schools, died during the year. The causes of death were as follows:—

Congenital malformations	2
Accidents	12
Infectious disease:	
Tuberculosis	1
Measles	1
Other	2
—	4
Cancer (including leucæmia)	12
Respiratory disease	7
Disease of the heart or blood-vessels	2
Gastro-intestinal disease	2
Other diseases	10
—	51
—	—

HANDICAPPED PUPILS.

During the year 430 children were ascertained for the first time to be in need of special educational treatment on account of physical or mental handicap, and on 31st December there were 1,904 such children on the register—1.8% of the school population (see Table on page 70).

The special educational treatment provided was either modification of the curriculum in the ordinary school; or teaching in a special class, a special school or unit, a hospital, or the child's home.

A Diagnostic Unit, for educationally sub-normal children between the ages of 5 and 7 years, was opened at the beginning of October, 1959, at Compton, near Winchester, in buildings formerly used by the Children's Committee as a residential nursery. This residential Unit is planned to assess the educability of "border-line ineducable" children of this age group: that is, those who on reaching the age of five are so unready for school as to be unacceptable in the ordinary infants' school, yet are not so sub-normal that they can be clearly excluded from the educational system as ineducable. The children admitted are of very poor intelligence, probably of I.Q.'s between 45 and 60 where a valid assessment can be made, and include cases of primary amentia, mongolism, cretinism, and brain damage, including cases of cerebral palsy in which the physical handicap is slight.

Seventeen children (eight boys and nine girls) were admitted for the first term, but one girl had to be discharged after a trial of six weeks as she was found uncontrollable and unsuitable for education and has since been reported to the local health authority under Section 57 (3) of the Education Act, 1944. The Unit is likely to be expanded to its capacity (32 places) in 1960.

The children admitted in September included a high proportion with physical defects. Most had very imperfect speech; several had squints; upper respiratory infection with tonsil or adenoid enlargement was frequent; defective hearing was suspected in two or three children; some showed evidence of slight spasticity; and there were a good many minor skin infections. Also, as was to be expected, enuresis was common, and in some cases bowel control was likewise deficient.

Many of these defects were of course irremediable, or rapid improvement could not be expected; but nevertheless there was marked improvement in the general physical condition, as evidenced by alertness and activity of many of the children by the end of the term.

Even more marked was the improvement in behaviour, amenability and attentiveness which are first steps towards "educability."

The Hampshire Education Committee also provide one special school (Lankhills, Winchester) for educationally sub-normal boys and girls aged 10 years and over. A new block was added to this school in 1959, increasing the capacity from 101 to 113 children, and providing inter alia a much needed medical and isolation wing. The Committee also provide St. Thomas' School (Basingstoke) for 45 deaf boys and girls between 8 and 13 years, and they are responsible for 3 Hospital Schools. Apart from these, there are no special schools provided by the County, and handicapped pupils in need of special schooling were placed, so far as vacancies could be obtained, in schools provided by other Authorities or by voluntary or private agencies.

Forty-three handicapped pupils were receiving home tuition on or about 22nd January, 1960, and 216 received tuition in Hospitals other than the 3 Hampshire Hospital Schools during the year.

The increasing use of home tuition in recent years is due partly to a recognition of the disadvantages of sending very young children away to residential schools if it can be avoided. But it is also due to the arrangements which have been made with the hospitals to advise the Local Education Authority of any child discharged home who is not likely to be fit to attend school for some time: in such cases home tuition is provided (subject of course to the child's fitness to receive it) if absence from school for more than one month is anticipated.

<i>Hospital School</i>	<i>Type of case chiefly dealt with</i>	<i>Number of H.C.C. children attended during year</i>
Bursledon Annexe to Southampton Children's Hospital	General long-stay	103
Lord Mayor Treloar Hospital, Alton	Orthopaedic	285
White House Hospital, Milford-on-Sea	Tuberculosis	35

Blind Pupils.

No new cases were ascertained as blind in 1959, and the total number on the register (14) is the lowest for at least ten years.

Of the four blind children awaiting placement in special schools on 31st January, 1959, one child was admitted, one child was found to be suffering from a disability of mind such as to make him unsuitable for education at a Special School for the Blind, one child also with congenital heart disease is still not considered fit for school, and one child (age 3) is not yet admitted. Apart from these, no child was unplaced at the end of 1959.

Two blind children reached school-leaving age during the year but are continuing their vocational training in a Training Centre for the Blind. One has left the County.

The blindness in the fourteen children on the register of Handicapped (Blind) Pupils resulted in all but one case from an unknown cause operating before birth. The other case was due to retrolental fibroplasia, a condition whose cause is now known and preventable. The proximate cause of blindness is shown in the following table:—

Blind Pupils—Cause of Blindness

Defect arising before birth:	
Nystagmus	2
Optic atrophy	2
Retinal atrophy	1
Chorioretinitis	1
Choroiditis	1
Choroiditis and iridocyclitis	1
Cataract	1
Corneal leucomata (Keratitis)	1
Buphthalmos	1
Multiple malformations	1
Congenital absence of eyes	1
	—
Retrolental fibroplasia	13
	1
	—
Total	14
	—

Partially Sighted Pupils.

Two children were ascertained as partially sighted during 1959 and were admitted to Special Schools in January, 1960. One (born in 1949) has congenital nystagmus and the other (born in 1952) has multiple congenital abnormalities.

Of the five partially sighted children recommended for special schools and referred to in my 1958 Report as still unplaced, one child has now been admitted, two children are still attending ordinary schools at the wish of the parents, one is attending a Training Centre for Mentally Sub-normal Persons unofficially, and one child has left the area.

Of the three partially sighted pupils discharged from special schools during the year, two have left the area, and one has obtained employment as a shop assistant. Two other pupils who reached 16 years of age are remaining at special schools for further training.

As with blindness, partial sightedness nowadays is largely due to antenatal faults in the structure or function of the eye, as the following table shows:—

Partially Sighted Pupils—Cause of Eye Defect

Defect arising before birth:	
Myopia	7
Nystagmus	7
Myopia and Nystagmus	1
Cataract	3
Macular hypoplasia or aplasia	3
Albinism	1
Subluxation of lenses	1
Optic atrophy	1
Microphthalmos	1
Buphthalmos	1
Multiple defects	3
Aphakia	1
Partial detachment of retina	1
	—
	31
Keratitis	1
Retrolental fibroplasia	1
	—
Total	33
	—

Deaf Pupils.

Only one deaf child, age 5 years, was added to the register in 1959, a case of bilateral deafness attributed to anoxaemia at birth.

Eight children were discharged from special schools in 1959; two left the County, five reached school-leaving age and found employment, and one was reported to the Local Health Authority, under Section 57 (3) of the Education Act, as ineducable.

The following table shows the supposed cause of deafness in the 34 Handicapped (Deaf) Pupils on the register:—

Anoxaemia at birth	1
Maternal rubella in pregnancy	1
Convulsions in infancy	1
Meningitis (tuberculous)	1
Meningitis (other)	6
Pneumonia	1
Whooping cough	1
Unknown (congenital)	22
	—
	34
	—

It is to be seen that in the majority of cases the cause of deafness is not known, but the baby is born deaf. It is now recognised that deafness is rarely total, but in the children in this category it is sufficiently profound to prevent the development of speech: it is also recognised that by the use of special training methods, combined with hearing-aids, many of these children can be taught to listen, and ultimately to speak, provided that the training (which is directed largely to the parents) is started at a sufficiently early age. The optimum age for commencing this training is before the child is a year old, and so the need for early diagnosis of deafness is paramount. Methods are now available of testing the hearing of infants from the age of seven or eight months. Arrangements were made in 1959 for the majority of the County Health Visitors to be trained in the use of these "screening tests" of hearing, and the remainder will be trained in 1960. By this means (coupled with the appointment of an Audiologist to train deaf babies in listening habits) it is hoped to prevent children from reaching school age as deaf mutes.

Partially Deaf Pupils.

Thirty-four children were newly ascertained as partially deaf during the year. Of these, four had dual handicaps and hearing loss was not the major disability.

In eighteen of these children the cause of deafness is unknown: in most of these it is of perceptive type and congenital or from very early infancy. Ten have conductive deafness due to infective or adhesive processes in the middle ear. Three have a more generalised brain-lesion (cerebral palsy, hydrocephalus). Two became deaf following infectious disease (mumps, measles). One was traumatic.

Of the four partially deaf children awaiting placement in special schools at the end of the year, one, aged 3 years, had only recently been recommended and the parents of two children refused to allow them to attend a residential school. The fourth child was admitted to a special school in January, 1960.

Two partially deaf children left special schools during the year on reaching the age of 16; one commenced a catering course at a Technical College and the other became an apprentice with a building firm.

The majority of partially deaf children (165) were attending ordinary schools, with special provision particularly as regards their position in the classroom. Fifty of these children had hearing-aids. Sixty-two were deaf in one ear only. The Authority approved the appointment (to commence in 1960) of a peripatetic Teacher of the Deaf to assist the partially deaf children in the ordinary schools.

A special enquiry was made in March and April by the Health Visitors into the condition and regularity of use of hearing aids among school and pre-school children. So far as school children are concerned it was found that of the 45 children who at that time had been provided with aids, 31 were wearing them regularly and they were in good condition. In the remaining 14 cases the aids were not used regularly and in many cases were not functioning properly.

It is of some interest to note that among those provided with the old heavy type of Medresco (National Health Service) hearing aid, 11 were wearing them regularly and 10 were not, whereas among those provided with light-weight transistor aids, either National Health Service or Commercial, 19 were wearing them regularly and 4 were not. (In one case the type of aid was not recorded).

These figures confirm the general impression that children find the transistor aids much less of a burden than the older type, and I am glad to say that by the end of the year all children still requiring them had been supplied with transistor aids.

Delicate Pupils.

Forty-five children were newly ascertained as Delicate Pupils during the year, on account of the conditions listed in the following table:—

Delicate Pupils (newly ascertained)—Diagnosis	
General or nervous debility	19
Asthma, with or without bronchitis or eczema	12
Bronchitis	2
Rheumatism, acute or chronic	3
Congenital heart disease	3
Diabetes	1
Nephritis	3
Post Anaemic debility	1
Post-operative	1
Total	45

Forty-three of these children were recommended for admission to special schools, the remainder having either home tuition or modification of the normal curriculum in school.

Of the 210 Delicate Pupils on the register, 62 were asthmatic: 20 of these were in special schools and one was having home tuition.

Physically Handicapped Pupils.

Thirty-two children were ascertained as Physically Handicapped during the year. The following table shows the causes of physical handicap of all the children on the Register:—

Physically Handicapped Pupils—Diagnosis

	<i>New Cases</i>	<i>Total</i>
Cerebral Palsy—spastic	9	59
—athetoid	3	19
—ataxic	—	6
Hemiplegia following cerebral thrombosis	—	1
Poliomyelitis	3	17
Pseudo-hypertrophic muscular dystrophy	2	9
Amytonia Congenita	—	—
Osteogenesis imperfecta	—	1
Polyneuritis	—	1
Fragilitas ossium	—	1
Osteomyelitis	1	1
Perthes' disease	1	3
Arthrogryposis	—	3
Congenital absence of limb	—	1
Congenital talipes equino-varus	—	1
Still's disease	—	1
Rheumatic carditis	—	3
Congenital heart disease	3	11
Asthma and Eczema	1	2
Tubercular arthritis of hips	—	1
Haemophilia	—	4
Meningitis	1	3
Hydrocephalus	2	3
Spina bifida	1	7
Paraplegia following trauma	1	1
Ectopia vesicae	—	3
Epidermolysis bullosa	—	1
Burns	1	1
Congenital dislocation of hips	—	2
Slipped epiphyses	1	1
Hepatic cirrhosis	1	1
Dorso-lumbar myelomeningocele	1	1
Total	32	169

Ten of the physically handicapped children recommended for special schooling were awaiting placement on the 31st December, 1959, and three of these have now (March) been placed. Of those not yet placed, two are in the Lord Mayor Treloar Orthopaedic Hospital and five are receiving home tuition.

Of these five, two were recommended for special school right at the end of the year; the parents of two have refused places; and the fifth has multiple handicaps (physical and mental) following tuberculous meningitis and has not up to the present been found a satisfactory vacancy.

Fifteen children were discharged from special schools for physically handicapped pupils during 1959. One left the County, three returned to ordinary schools, two were awaiting admission to other special schools, two were transferred to special schools for educationally sub-normal pupils, two were admitted to a Day Spastic Unit, one was reported to the Local Health Authority under Section 57 (3) of the Education Act, and four left over age. Of the latter, two obtained employment, one continued in a nursing home, and one was admitted to a Rehabilitation Centre. In addition three children reached the age of 16 and remained at the special school for continued training.

Five children with diabetes were sent on holidays organised by the Diabetic Association.

Of the 169 children who are ascertained as Physically Handicapped no less than 84 are afflicted with cerebral palsy. Arrangements made for the latter are as follows:—

Attending Residential Special Schools	29
Attending Spastic Units—Cosham	8
—Southampton (LEA)	2
—Southampton (NSS)	0
(also having tuition)	1
Attending Treloar Hospital Special Class	15
Attending Markham House (Day Unit)	1
Awaiting admission to Residential Special Schools	2
Attending Lankhills Special School for E.S.N. Pupils	1
Home Tuition	5
Under review	2
Attending the ordinary school	18
Total	84

Educationally Sub-normal Pupils.

I wrote last year of the difficulties of selecting children for ascertainment as educationally sub-normal pupils, and expressed the hope that the new medical inspection procedure would, by providing for direct discussion between Head Teachers and School Medical Officers, lead to a better and more economical selection than the previous "30% retardation" basis. The new system was in force for only a term in 1959, and it is early to judge its effects; but at the time of writing it is clear that there has been a substantial reduction in the number of children referred for "2 H.P. examination," with a corresponding reduction in the number of special ("3 H.P.") reports which Heads are asked to complete prior to such examinations; and also that the proportion of children found on examination to have normal or near-normal intelligence is tending to fall. It seems therefore that the new system is producing the hoped-for result. It is also a part of this system that after the "2 H.P. examination" the report is brought forward at the next Selection Visit for discussion between the School Medical Officer and the Head Teacher.

The number of educationally sub-normal pupils awaiting placement in special schools still remains high (212). Many of these require residential schooling because their home conditions are contributory to their educational failure. But in other cases, particularly younger children, where the home influence is not adverse, a day Special School or Class would meet the children's educational needs without separating the child from his family; and it is good to know of the decision to include such provision in the County's future development programme.

Nearly one quarter of the children awaiting placement in special schools had in fact been offered vacancies, which the parents had refused.

Sixty children were reported during the year under Section 57 (3) of the Education Act, 1944 (including one case where the Authority relied on Section 57 (4)) to the Local Health Authority as being ineducable within the school system on account of disability of mind: in 1 case the parent appealed to the Minister, and this appeal is outstanding.

The fact that so few parents exercise their right of appeal to the Minister is an indication of the trouble that is taken to advise them of the real implications of "report," and of the help and training that is available when children are excluded from the educational system.

The practice has been continued of admitting "borderline ineducable" children to Training Centres (for mentally sub-normal children) "unofficially"—that is to say without report under Section 57 of the Act. Twenty-four children attended Training Centres "unofficially" during 1959.

The lower-grade educationally sub-normal children on reaching school-leaving age are usually reported to the Mental Health Authority (under Section 57 (5) of the Education Act, 1944) and supervised by that Authority: 32 children were so reported during the year.

Eight children were ascertained as **Maladjusted Pupils** during the year, bringing the number on the register to 51.

Five children recommended for special schooling were awaiting placement at the end of the year.

Four children in special schools reached the age of 16 during the year. One remained for a further period at the school, one obtained employment, one was transferred to a Church Army Hostel and one entered the R.A.F. as an apprentice.

Four other children were discharged from special schools, three to attend ordinary schools and one was recommended for report to the Mental Health Authority; another child left the County.

Five children were newly ascertained as **Epileptic Pupils** during the year; one was recommended for attendance at the ordinary school, one for home tuition and three for admission to special schools. Of the latter, two were admitted during 1959 and the third early in 1960.

One child was discharged from the special school and returned to the ordinary school.

One child was sent on a holiday organised by the British Epilepsy Association.

No children were newly ascertained as **Speech Defective** during the year. In Hampshire speech therapy is not looked upon as "special educational treatment," and children are classified as Speech Defective Pupils only if their defect is so severe as to necessitate special schooling. One child was attending a residential special school for speech defective pupils in 1959.

Many handicapped pupils require care and supervision after leaving school. Particulars of all children whose handicap is such as to warrant continued supervision are passed to the County Welfare Officer, and also the attention of the Youth Employment Officer is particularly drawn to them.

HANDICAPPED PUPILS — 1959

Category	Ascertainment		Special Schools*				Number receiving special educational treatment in ordinary school
	New cases Ascertained during 1959	Number on Register 31.12.59	Number recommended during the year for admission	Number † admitted during the year	Number ‡ discharged during the year	Number attending at end of the year		Number awaiting placement at end of the year
Blind ...	—	14 ¶	—	2	3	12	—
Partially sighted ...	2 ¶	33	2	3	5	19	10
Deaf ...	1	34	1	4	8	34	—
Partially Deaf ...	30	165	3	8	2	25	136
Delicate ...	45	210	43	43	45	42	149
Physically Handicapped ...	32	161	12	13	18	50	53
Educationally Subnormal ...	307	1,207	110	81	41	181	860
Maladjusted ...	8	51	8	12	9	33	13
Epileptic ...	5	28	3	4	9	11	13
Speech Defective ...	—	1	—	—	—	1	—
Total ...	430	1,904	182	170	140	408	1,234

* Includes boarding houses or hostels; excludes Hospital Schools and Spastic Units.

† Or transferred to Hampshire.

‡ Includes children who reached the age of 16, even though they remained at the special school.

¶ One child previously classified as blind was re-classified as partially sighted.

The following Table shows the numbers of children with multiple handicaps in the County in December, 1959. (In the Table on the previous page these children are included under their "major" handicap—a somewhat arbitrary classification in some cases).

<i>Double Defect Cases</i>					<i>Triple Defect Cases</i>			
<i>Primary Handicap</i>	<i>Secondary Handicap</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>Combination of Defects</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Educationally subnormal	Maladjusted	4	—	4	Epileptic Maladjusted } Educationally subnormal	1	—	1
	Delicate	6	2	8				
	Physically handicapped	4	5	9	Epileptic } Educationally subnormal } Physically handicapped	—	1	1
	Epileptic	1	3	4				
	Partially deaf	1	3	4				
	Blind	1	—	1				
Physically handicapped	Blind	1	—	1	Physically handicapped } Educationally subnormal	1	—	1
	E.S.N.	12	9	21				
Delicate	E.S.N.	1	1	2	Maladjusted			
Deaf	E.S.N.	—	1	1	Partially sighted } Physically handicapped } Epileptic	—	1	1
	Partially sighted	1	—	1				
	Physically handicapped	1	—	1				
Maladjusted	E.S.N.	7	3	10	Partially sighted } Physically handicapped } Educationally subnormal	1	—	1
	Epileptic	1	—	1				
Epileptic	E.S.N.	7	4	11	Partially deaf } Physically handicapped } Educationally subnormal	—	1	1
Partially deaf	E.S.N.	7	2	9				
	Delicate	1	1	2				
	Physically handicapped	1	—	1	Partially deaf } Delicate } Educationally subnormal	—	1	1
Partially sighted	E.S.N.	1	1	2				
		Physically handicapped	—	2	2			
Total		58	37	95	Total	3	4	7

Total number of children with double or triple handicaps—Male 61; Female 41=102.

THE SCHOOL NURSING SERVICE.

Report by the Acting Superintendent Health Visitor.

"The School Nursing Service continues to be staffed in the main by School Nurses who are also Health Visitors, the School Nurse giving 25% of her time to the School Health Service, and 75% to general Health Visiting duties.

School Medical Inspections.

The work of the School Nurses was considerably affected in the Autumn term by the changes in inspection procedure described elsewhere in this Report

The School Nurse now plays her part as a member of the school medical selection team. She attends the selection visits with the County Doctor and the Head Teacher, in which the children to be brought forward for medical inspection are discussed. She has a valuable contribution to make to this discussion because she is able, in the majority of cases, to provide a detailed picture of the child's home and general background.

Vision Testing.

The second duty of the School Nurse in the new scheme is to test the vision of every child of school age each year. This is an extremely worth-while activity and the number of children now found to be suffering from lack of visual acuity is quite large. Children of age groups who under the old regime would not have been medically examined are being found to have defective vision by this annual vision testing, and, therefore, are receiving essential treatment that they might not have received prior to the introduction of this new scheme. The testing of the school entrant at the age of between five and six has created certain problems; but with patience, and understanding of the child's attitude to this new world of school life, the School Nurse in the great proportion of cases is successful in obtaining an accurate result. In connection with this age group, considerable research and investigation went into providing the most suitable testing chart. It was found that young children learn their numbers more rapidly than letters, and with the Numeral Chart and the "E" Chart most difficulties have been overcome.

Another duty of the School Nurse in connection with the sight of the school child is the colour vision testing of all boys in their twelfth year. Groups of School Nurses have been issued, during the year, with the Ishihara book "Tests for Colour Blindness." The test was previously issued for "Leavers" (boys); but we are advised that in some cases the decision to enter a particular type of employment (for which correct colour vision may be a requirement) may be made as early as 11 years old.

At the actual medical inspection, the School Nurse continued to attend with the Doctor and fulfilled the role she has done in the past, that is, explaining to the parents any points that they may not have grasped, or wish to have elaborated; organising the sessions, encouraging the nervous and being responsible for the general smooth running of the inspection.

Hygiene Inspections.

Another major change which has taken place in the past year is the ending of the Routine Hygiene Inspection carried out by the School Nurse. In the past an effort was made by the School Nurse to see every school child every term, to make sure that the child was free from vermin and had an acceptable standard of cleanliness both of body and clothing. This activity is no longer considered necessary. With the general raising of the living standard and the subsequent better child care, the excellent clothing obtainable from the multiple stores, and the health education that is given in the popular press, television and radio, the average child is well cared for and well clad. In view of all these factors it was felt that the School Nurse was wasting her time examining each child three times a year; she continues to pay her termly visit to the school, and decides in consultation with the Head Teacher whether her inspection shall be of the whole school, or a special class, or of selected children only. It is interesting to note that while many Head Teachers were very glad to be relieved of this extra demand made on the school time which took the children away from the class teaching, others were reluctant to give up the services of the School Nurse in this way, and in some cases the number of visits made by the School Nurse in connection with hygiene of the children remains the same or even more than before the new system was started.

Health Education.

The School Nurse continues to play an active part in the Health Education of the older school child. At her visits to the schools she is always available to give individual talks to boys or girls whom the Head Teacher thinks would benefit from such a talk, and to give general class talks.

Outside their duty hours many School Nurses act either as lecturers or examiners to groups of school children in youth organisations, for example Girl Guides, British Red Cross Juniors, St. John Ambulance Cadets; they also take part in other youth activities such as acting as "Medical Officer" in Girl Guide camps. The School Nurses continue to do mothercraft teaching in Secondary Schools within the domestic science curriculum, and have given 13 courses during the past year.

Pre-Nursing Course.

I was requested by the Head Master of Christchurch, Twynhams County Secondary School, for assistance in organising a pre-nursing course in which the School Nurse acted as tutor and the County Doctor acted as examiner. The girls took the Association of Maternity and Child Welfare examination. I am very glad to report that two of the girls who took this exam in 1959 have started to train as State Registered Nurses at the local Hospital."

HEALTH EDUCATION.

I am indebted to the County Education Officer for the following report prepared by Dr. W. Wagland, County Lecturer in Health Education:—

"This report is based on three of the duties laid down on appointment. These were:— That advice and instruction will be given through (i) lectures, and (ii) by other means; (iii) the work will not be limited to instruction in sex hygiene but will be concerned with Health in general, thus widening the scope of Health Education.

(i) Lectures with discussions have followed the usual pattern to school-leavers and parents; at teachers courses and in the two-year syllabus at King Alfred's College; to apprentices at Technical Colleges and at various conferences. The two series of talks arranged annually for undergraduates, Southampton University and Youth Leaders, Isle of Wight, respectively, were well attended.

It is always a pleasure to meet and discuss common problems with Health Visitors who attend the leavers' talks by kind arrangement of the Principal School Medical Officer.

Miss M. Hawkes, H.M.I., who is a member of the Health Education Panel at the Ministry, invited me to discuss with her at Reading the work done in Hampshire. She also attended a leavers' talk at a school and hopes to attend others this year.

I should like to make an observation on the changing pattern of leavers' questions which could result from the effects of the modern mass media on these impressionable young minds—e.g. the old factual questions about twins, quads, blue babies, etc., have given place to those concerned with personal relationships—heavy petting; premarital sex relationships; contraception; abortion; homosexuality, etc. These questions present excellent opportunities to put over and discuss moral standards and values. At the same time it is a serious matter that children should become mentally and morally confused, as many of them are, by subtle influences conveyed in certain sections of the Press which are widely read and often border on the obscene. Until these pernicious influences can be controlled, it is essential to counterbalance them by healthy sex information and the inculcation of good social and moral standards.

(ii) **By Other Means.** These are personal interviews requested by various people and which increased last year. They included some male adolescents who had anxiety problems (sometimes accompanied by physical symptoms) which were not serious enough for referral to the Child Guidance Clinic or the psychiatrist. Some interesting points emerged from these cases. First, in most cases the physical symptoms cleared up when the anxiety tension was relieved; where they did not, consultation with their own doctor was advised. Then, there is no doubt that early disclosure and advice prevented the possible development of mental illness; (a health advisory service for the older teen-ager could be a sound preventive measure). And the histories all confirmed what is now an accepted fact, that adolescent development cannot be disassociated from that of the earlier years, especially the first seven or even the first five.

The results of these interview methods, which can be very time-consuming, seem to confirm Dr. Stafford-Clark's statement that 'The ultimate aim of all forms of research directed towards the understanding, prevention and relief of mental illness is to gain contact with people at a human and personal level.'

The ideal environment for providing healthy sex information and teaching moral and spiritual values; the making of human contacts and training in personal relationships and the dispensing and application of that quality of love which is the dynamic behind service for others, is in the happy family. And 'If the family is to be as secure in the future as it has been in the past (and we can be content with nothing less) there will have to be a conscious effort to prepare the way for it through the educational system on a much greater scale than has yet been envisaged.' (Crowther Report, p. 36).

This future security of the Family depends on the children of today being equipped to build it on sure foundations by a scheme of FAMILY LIFE EDUCATION which is rapidly being recognised as an essential part of general education.

(iii) **Sex Education** must continue to be an important part of Health Education. But now there is added to the older problem of hygiene the newer community problems in which prevention must play an important part—stress and anxiety tension, mental illness, delinquency, home accidents, together with radiation hazards, road safety and alcohol, lung cancer and smoking—all these, coupled with Family Life Education, so widen the scope of Health Education that it must be the work of a co-ordinated team of all concerned with child health and welfare in Education, the School Medical Service and the wide field of Public Health."

The school medical and nursing staff continue to make their valuable contribution to health education in the personal contacts with parents and children in the schools, clinics and homes. Special efforts are directed towards rehabilitating "Problem Families": there were 8 families with children of school age who in 1959 were the subject of co-ordinating conferences between the various social workers, including the school medical and nursing staff, concerned with different aspects of family welfare.

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS INTO TEACHERS' TRAINING COLLEGES.

During the year a total of 265 candidates for entry into Teachers' Training Colleges were examined, the medical classifications being:—

	A.1.	A.2.	B.1.	B.2.
Males	73	45	1	—
Females	86	59	1	—

During the same period 89 entrants to the Teaching profession were also examined, and classified medically as follows:—

	A.1.	A.2.	B.1.	B.2.
Males	29	19	2	1
Females	23	14	1	—

(Candidates are classified as A.2. if they are in good health but have defects which are not likely to interfere with efficiency in teaching; as B.1. if they have defects which are likely to interfere to some extent with efficiency in teaching but are not serious enough to make the candidate unfit for the teaching profession; and as B.2. if they are temporarily in sub-normal health but may, under treatment, make good recovery).

X-ray examination is required for all entrants to Training Colleges and newly qualified entrants to the profession, and is arranged whenever possible at Mass Radiography Units and prior to the medical examination. During the year 203 such X-ray examination were arranged, the remaining candidates having been X-rayed within the previous 6 months. X-ray examination is not, however, at present a condition of appointment for teachers who have held previous teaching appointments.

SCHOOL MEALS AND MILK.

I am indebted to the County Education Officer for the following information:—

School Meals.

During the year 317 departments were supplied with meals cooked on the premises and 131 departments with container meals from other Schools or Cooking Depots.

The daily number of meals provided in each of the last six years (as determined on a sample day in the Autumn Term of each year) was:—

1954	50,448	1957	53,700
1955	56,113	1958	58,321
1956	57,951	1959	61,375

Of a total of 102,146 day pupils in School on a day in October, 1959, 61,375 (60.05%) took a school meal.

The Andover Cooking Depot closed in January, 1959. The Schools previously served by it are being served by other Schools at Andover. Five Cooking Depots are now operating, their outputs being as follows:—

Basingstoke 500; Portsdown 660; Portchester 1,080; Romsey 750; Winchester 1,250.

(a) **Non-Maintained Schools.**

179 Non-maintained Schools were supplied with milk, 174 having a pasteurised supply and 5 a tuberculin tested supply. In the Autumn Term, 12,205 (86.65%) took milk in School.

(b) **Maintained Schools.**

The following table shows the number of maintained schools and pupils receiving the various grades of milk on a day in the Autumn Term:—

	Pasteurised		T.T.		Total
	Number	%	Number	%	
Nursery	1	100	—	—	1
Primary	372	100	—	—	372
Secondary	72	100	—	—	72
	445	100	—	—	445

Number of children receiving milk in these Schools:—

	Pasteurised		T.T.		Total	
	Number	%*	Number	%*	Number	%*
Nursery	36	100	—	—	36	100
Primary	55,700	91.8	—	—	55,700	91.8
Secondary	26,907	64.4	—	—	26,907	64.4
	82,643	80.6	—	—	82,643	80.6

* Percentage of children at school on the day of the return.

I am particularly pleased to see that, for the first time, all milk supplied to maintained schools is pasteurised.

It is also a pleasure to record that no case of food-poisoning associated with school meals or milk (in maintained schools) was reported during the year. Considering the very large number of meals served this is a high tribute to the standard of personal and environmental hygiene in the school kitchens.

SCHOOL HYGIENE AND SANITATION.

Water supplies to schools which have no main supply are sampled twice yearly or more often when necessary. Since 1958, 5 schools have been connected to a main supply and at the end of 1953, 3 schools were without.

The 10 samples taken during 1959 were all satisfactory.

Sanitary provision—by the end of the year there remained 52 schools (17 of them "Aided") with conservancy disposal: 23 were provided with water-borne sanitation during the year in implementation of the Authority's decision, in 1957, to provide it within three years to all schools which were not shortly due for replacement.

ALDERSHOT AND FARNBOROUGH DIVISIONAL AREA.

Report by Divisional School Medical Officer.

The outstanding event which calls for comment this year is the impact of the new School Medical Inspection procedure, on our public health work generally, and the general education service in the area. I think we can now safely say that we have convinced our colleagues on the teaching staff of the various schools and others that the new system offers a better dividend in the field of health and happiness in the school child and is less likely to interfere with the work of the schools.

From the School Medical Officer's point of view, the new system has much to commend it. It offers a more flexible approach to the various problems one meets with in school, and offers freer scope for the School Medical Officer to exercise his initiative and individual judgement. Under such circumstances, therefore, professional work will always thrive in sharp contrast to the old system where one felt confined to certain carefully defined lines of action and indeed, that the primary object of the exercise was statistical returns.

The principle of the selection visit is an essential part of the new system and, in an area like Aldershot, this process of selection is constantly in operation. There is a constant exchange of information and advice with schools, which is rendered possible by the fact that our geographical

NAME AND ADDRESS OF CLINIC	MINOR AILMENT	DENTAL (By Appointment) (a) Oral Hygiene by appointment as required	OPHTHALMIC (f) (By Appointment)	MINOR ORGANOCLINICS	SPEECH THERAPY (By Appointment)	CHILD GUIDANCE (By Appointment) P. PSYCHIATRIST & PSYCHOLOGIST S.W. & SOCIAL WORKER	AUDIOMETRY (By Appointment)
ALDERSHOT St. George's Road East	Daily a.m. except Sat.	Daily	Thurs. p.m. (f) Wed. a.m. (g)		Tues. a.m. & p.m. Wed. a.m. & p.m. Fri. a.m. & p.m.	Fri. a.m. & p.m. (P. S.W.) & all. a.m. (E.P.)	1st Thurs. a.m.
Manor Park							
Aldershot Hospital							
ALTON General Hospital			Thurs. p.m. (f) Wed. a.m. (g)		Mon. p.m.		
Lead Mayor Tretour Hospital			2nd Thurs. p.m. (f) Tues. a.m. & p.m. (g)		Mon. a.m., Fri. a.m. & p.m.		
Secondary Modern School		As required					
ANDOVER Health Clinic, 70, Junction Road	Wed. a.m.	As required	2nd & 4th Tues. a.m. (p.m. (f))		Wed. a.m. & p.m.	Tues. a.m. (P. & S.W.) —alt. Tues. p.m. (E.P.)	As required
War Memorial Hospital			Wed. a.m. & p.m. (f)				
BASINGSTOKE Health Clinic, Bramley Garage	Fri. a.m. (E.N.T. cases on 4th Fri. only)	Daily and alt. Sat. a.m. (g)	1st, 2nd & 4th Wed. a.m. & p.m. (f)		Mon. a.m. & p.m. Thurs. a.m. & p.m.	Mon. p.m. (P. & S.W.) Tues. p.m. (P. & S.W.) —alt. Tues. p.m. (E.P.)	4th Fri. a.m.
Basingstoke & District Hospital			Mon. a.m. & p.m. & Wed. p.m. (g)				
BROCKENHURST Dental Clinic, Brookley Road		As required					
CHRISTCHURCH Health Clinic, Millham Street	1st & 3rd Thurs. a.m.	As required also certain evenings (g)	4th Thurs. a.m. & p.m. (f)		Mon. a.m. & p.m. Thurs. a.m. & p.m. Fri. a.m.	Fri. a.m. & p.m. (P. & S.W.)	As required
EASTLEIGH Health Clinic, The Red Rooms, Rensley Road	Fri. a.m.	Daily and alt. Sat. evenings (g)	1st & 3rd Thurs. a.m. & p.m. (f)		Mon. p.m.	Thurs. a.m. (P. & S.W.) Mon. a.m. (S.W. & E.P.)	As required
Dental Clinic, Chamberlayne Road							
FAREHAM St. Christopher's Hospital			1st & 3rd Tues. a.m. & p.m. (f)				
Health Clinic, Assembly Hall, West Street	1st & 3rd Fri. 9.15-10.15 a.m.	Mon., Thurs. and on request and certain evenings (g)		3rd, Wed. a.m. every month and as required	Mon. a.m. & p.m. Thurs. a.m. & p.m.		As required
FARNBOROUGH St. Mark's Hall	Tues. a.m.	As required					
FLEET 198, Fleet Road	1st & 3rd Thurs. 2nd and 4th Mon. Every Week						
GOSPORT The Gallies, Spring Garden Lane			Wed. p.m. (f)	2nd Tues. a.m.	Tues. p.m., Wed. & Fri. a.m. & p.m.	Tues. p.m. (P. & S.W.) & S.W. & p.m. (P. & S.W.) Wed. p.m. (E.P.)	
Holbrook Health Clinic							
School Clinic, 2, Stoke Road	Daily a.m. except Sat.	As required					1st Tues. a.m.
HAVANT Health Clinic, Park Way	Fri. a.m.	Every Fri. all day and as required	Mon. a.m. (f)		Wed. & Thurs. a.m. & p.m.	Tues. a.m. (P. & S.W.)	As required
LYMINGTON Health Clinic, 1, New Street	Tues. a.m.	As required	1st Mon. a.m. & p.m. (f)		Mon. p.m.	Wed. a.m. (P. & S.W.)	As required
PETERSFIELD Health Clinic, Lore Lane		As required	1st Mon. a.m. & p.m. (f)		Tues. p.m.		As required
RINGWOOD 1E-20, Market Place		As required			Fri. p.m.		As required
ROMSEY Church House	1st & 3rd Thurs. 9.15-10.15 a.m.	As required on Tues., Wed. & Fri.	2nd Mon. a.m. (f)				As required
Romey and District Hospital							
SOUTHAMPTON 18, Archers Road					Wed. a.m. & p.m.		As required
TOTTEN Health Clinic, Rumbridge Street	1st & 3rd Tues. a.m.	As required	1st Mon. a.m. & p.m. (f)		Tues. a.m. & p.m.		As required
WINGCHESTER Trafalgar House			4th Mon. a.m. & p.m. (f) 2nd Mon. p.m. (f)		Mon. a.m., Fri. a.m. & p.m., Tues. a.m.	Mon. a.m. (P. & S.W.) & S.W.) & p.m. (P. & S.W.) (alt. weeks (S.W. & E.P.))	
R.I.C. Hospital			Thurs. a.m. & p.m. Fri. p.m., Sat. a.m. (g)				As required
School Clinic, 5, The Square	Daily 9-10 a.m. except Sat.	As required (g)					As required

N.B.—Ten Mobile Clinics are also used by the School Dental Service and there are the following premises where clinics are held as required (by appointment):
 Ashley C.P. School
 Netley—British Legion Hall
 Mill Chase C.S. School
 Osham—Robert May C.S.M. School
 Swindon—Minor Home C. Infants School
 Waterlooville C.P. School (also certain evenings)
 Waterlooville Grammar School
 Waterlooville C.P. School (also certain evenings)
 Stockbridge C.P. School (g)

position is in the midst of them and distance is not a problem. The School Health Service, to achieve its objective, must be constantly on tap for the head teachers and this is so in Aldershot. In return, we receive most active and enthusiastic co-operation and for this we are very grateful.

Attention is particularly directed to the large Service element in the school population; out of a total of 9,735 children, nearly 2,000 are children of Service personnel. I often ask myself the question, do they receive the full benefits of the School Health Service as do the more static families in the area? The Army Medical Services provide a General Practitioner Service and also a Hospital Service, but they rely entirely on the Local Authority for the School Health Service. I think this point requires looking at. Their constant and frequent moves mean delay in receipt of previous records. In this connection, the War Office is anxious to improve matters in regard to Service children and a new system of ensuring the moves of children's documents from Army Schools to civilian schools in the United Kingdom is to be introduced shortly. Appointments made for such vital services as audiometry, speech therapy and, last but not least, child guidance, may mean waiting time. Continuity of treatment is difficult and I am at present looking at this problem with a view to making certain suggestions.

Local Authority services function best in a static community and, if provided on the orthodox pattern, they do not function well in a Service community where moves are more frequent. They must take this into account. Routine procedures such as periodic examination, audiometry and the like presuppose the person remaining static and unless there is an adequate follow-up system, which is extremely difficult to make efficient, they can be a waste of effort.

Let us look at some of the services I have in mind in more detail. They cover the full range of the so-called handicapped child but I especially refer to:—

The Child Guidance Clinic.

The soldier's family needs child guidance like any other, probably more so. Unless our existing system of treatment can be made a little more intensive with special priority appointments, then it is not uncommon to find the family moving before the procedure has really got under way. I know theoretically it could be taken up in his new station, but this is not always easy to find out. My own impression is that the soldier's family, especially with foreign wives, or subjected to separation or frequent moves, could well benefit from help given by child guidance and all that that implies.

Routine Audiometry.

I know this may seem a small part of the service but it is nevertheless an important one and is revealing more and more partially deaf children, and accounts for much of the backwardness and other problems and maladjustments hitherto unexplained. It presupposes the child remaining static and again we should have a special procedure in the Service child in that it should be done more frequently and more intensively to cover the possibility of a move.

One could enumerate similar difficulties under all the other headings of the so-called handicapped child, i.e. the backward child, the epileptic and so on. I always feel rather sorry for the Service child who never seems to be long enough in one place to get the full benefits of the Local Authority services or indeed may be stationed, as in the Aldershot area on the Surrey-Hants-Berks border, right on the County boundary remote from the administrative centre, and it soon becomes a "nobody's baby" case.

The School Health Service must be prepared to meet new commitments in this changing age and take into account the demand from the man in the street for 100 per cent. security. Many head teachers now request a special examination for boys indulging in boxing at school, and indeed for some schools this can be quite a heavy commitment. Furthermore, the School Medical Officer is expected to attend bouts in the evening when pupils come from a wide area to compete. This raises difficult questions. How far can a preliminary examination exclude the possibility of damage in boxing? And how far and at what age should competitive boxing be encouraged?

Another interesting request was for the preliminary examination of pupils who were proceeding on an officially arranged School Journey. How far can a preliminary examination guarantee freedom from illness? In this connection a further difficult question was put to the School Medical Officer as to whether pupils should occupy double beds, presumably to reduce the cost of the expedition.

It was very pleasing to record a request for lectures on the Public Health Service for one school in the area whose senior girls were studying biology and hygiene prior to entering the nursing profession when they reach the qualifying age. It was a very great pleasure to enjoy the interest shown by these girls and indeed it is hoped that such requests will increase in the future, as they undoubtedly demonstrate a very satisfactory trend of affairs.

GOSPORT DIVISIONAL AREA.

Dr. P. V. Pritchard, Divisional School Medical Officer for Gosport, reports as follows:—

Education of Handicapped Children.

"The problem of providing suitable education to Handicapped Children is too big to deal with here in any detail. In my opinion there is much which should and could be done to improve the position in Gosport. I will confine my attention to one category, the Educationally Sub-Normal Pupils.

It is presumed that the definition is known. These children are neither merely "dull" nor definitely ineducable, that is to say mentally deficient. They can be taught but not by the normal methods and in the normal "streams" of our ordinary schools. There is a limit to their educational target. With the specialised approach, which is essential, they can be brought up to reasonable standards which will launch them into adolescent and adult life with a much better chance of looking after themselves, and being less of a burden on the community or relatives.

A few places are found for our E.S.N. pupils in a Residential School—Lankhills—which specialises in this work.

The great majority have to be educated as day pupils. This could be done at a Special Day School in Gosport on the same lines as the Residential Lankhills. Transport facilities could be arranged to collect the children from a wide area. There are many advantages in such a central school. The disadvantages are mainly geographical. The alternative is to have a number of schools conveniently sited with special classes. An additional advantage is that at such schools the E.S.N. would mix with the "normal" pupils for sport and play.

The danger arises from the interpretation of the term "special classes." I cannot accept ordinary education even at a slow and low level. When a child is ascertained as E.S.N. and recommended for Special Education this should be given by specially trained teachers, in small classes, approaching the problem in a specialised way. Such facilities are not available in Gosport for the existing demand. The problem needs and deserves very early consideration."

The County Education Committee's development programme does in fact provide for a Day Special Schools for E.S.N. pupils in Gosport.

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By Years of Birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number (3)	% of Col. 2 (4)	Number (5)	% of Col. 2 (6)
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	18	18	100.0	—	—
1954	2,868	2,861	99.8	7	0.2
1953	5,458	5,431	99.5	27	0.5
1952	1,025	1,021	99.6	4	0.4
1951	477	474	99.4	3	0.6
1950	315	313	99.4	2	0.6
1949	248	247	99.6	1	0.4
1948	188	187	99.5	1	0.5
1947	2,801	2,798	99.9	3	0.1
1946	1,898	1,898	100.0	—	—
1945	3,560	3,560	100.0	—	—
1944 and earlier	3,551	3,546	99.9	5	0.1
Total	22,407	22,354	99.8	53	0.2

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By Years of Birth)	Number of Pupils Inspected	For Defective Vision (excluding squint)		For any of the other conditions recorded in Part II		Total Individual Pupils	
		Number	% of Col. 2	Number	% of Col. 2	Number	% of Col. 2
		(3)	(4)	(5)	(6)	(7)	(8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1955 and later	18	—	—	—	—	—	—
1954	2,868	75	2.6	438	15.3	504	17.6
1953	5,458	177	3.2	948	17.4	1,101	20.2
1952	1,025	42	4.1	180	17.6	217	21.2
1951	477	34	7.1	86	18.0	116	24.3
1950	315	22	7.0	64	20.3	85	27.0
1949	248	15	6.0	37	14.9	52	21.0
1948	188	12	6.4	32	17.0	40	21.3
1947	2,801	209	7.5	491	17.5	616	22.0
1946	1,898	124	6.5	289	15.2	382	20.1
1945	3,560	225	6.3	401	11.3	595	16.7
1944 and earlier	3,551	282	7.9	446	12.6	684	19.3
Total	22,407	1,217	5.4	3,412	15.2	4,392	19.6

TABLE C—OTHER INSPECTIONS

Number of Special Inspections	...	...	4,161
Number of Re-Inspections	...	...	24,264
Total	...	...	28,425

PART II — TABLES A and B
Analysis of Defects found at Periodic and Special Inspections in the year ended 31st December, 1959

Defect or Disease	Periodic Inspections — Age Groups												Special Inspections							
	ENTRANTS: No. 10,441				INTERMEDIATES: No. 4,836				LEAVERS: No. 7,130				TOTAL: No. 22,407			No. 4,161				
	No. of Defects			No. of Defects			No. of Defects			No. of Defects			No. of Defects			No. of Defects				
	Requiring Treatment	Incidence per 1,000	Observation	Requiring Treatment	Incidence per 1,000	Observation	Requiring Treatment	Incidence per 1,000	Observation	Requiring Treatment	Incidence per 1,000	Observation	Requiring Treatment	Incidence per 1,000	Observation	Requiring Treatment	Incidence per 1,000	Observation	Requiring Treatment	Incidence per 1,000	Observation
Skin	123	11.8	251	24.0	74	15.3	104	21.5	125	17.5	187	26.2	322	14.4	542	24.2	75	18.0	74	17.8
Eyes—(a) Vision	376	36.0	1,343	128.6	346	71.5	441	91.2	495	69.4	523	73.4	1,217	54.3	2,307	103.0	309	74.3	255	61.3
(b) Squint	164	15.7	231	22.1	29	6.0	22	4.5	18	2.5	32	4.5	211	9.4	285	12.7	35	8.4	38	9.1
(c) Other	30	2.9	90	8.6	13	2.7	32	6.6	20	2.8	60	8.4	63	2.8	182	8.1	27	6.5	51	12.3
Ears—(a) Hearing	57	5.5	448	42.9	30	6.2	82	17.0	39	5.5	78	10.9	126	5.6	608	27.1	129	31.0	333	80.0
(b) Otitis Media	32	3.1	204	19.5	10	2.1	38	7.9	6	0.8	30	4.2	48	2.1	272	12.1	11	2.6	21	5.0
(c) Other	30	2.9	174	16.7	18	3.7	54	11.2	27	3.8	64	9.0	75	3.3	292	13.0	39	9.4	29	7.0
Nose and Throat	362	34.7	2,358	225.8	63	13.0	348	72.0	33	4.6	320	44.9	458	20.4	3,026	135.0	130	31.2	390	93.7
Speech	117	11.2	431	41.3	7	1.4	29	6.0	10	1.4	30	4.2	134	6.0	490	21.9	198	47.6	318	76.4
Lymphatic Glands	7	0.7	871	83.4	7	1.4	95	19.6	4	0.6	44	6.2	18	0.8	1,010	45.1	6	1.4	38	9.1
Heart	9	0.9	140	13.4	5	1.0	61	12.6	12	1.7	82	11.5	26	1.2	283	12.6	1	0.2	39	9.4
Lungs	61	5.8	444	42.5	11	2.3	102	21.1	14	2.0	86	12.1	86	3.8	632	28.2	15	3.6	132	31.7
Developmental—(a) Hernia	19	1.8	30	2.9	4	0.8	7	1.4	5	0.7	3	0.4	28	1.2	40	1.8	1	0.2	6	1.4
(b) Other	31	3.0	211	20.2	30	6.2	74	15.3	14	2.0	29	4.1	75	3.3	314	14.0	5	1.2	26	6.2
Orthopaedic—(a) Posture	132	12.6	235	22.5	217	44.9	174	36.0	177	24.8	153	21.5	526	23.5	562	25.1	69	16.6	122	29.3
(b) Feet	408	39.1	488	46.7	227	46.9	169	34.9	186	26.1	150	21.0	821	36.6	607	27.1	88	21.1	115	27.6
(c) Other...	143	13.7	677	64.8	86	17.8	238	49.2	73	10.2	262	36.7	302	13.5	1,177	52.5	40	9.6	126	30.3
Nervous System—(a) Epilepsy	6	0.6	26	2.5	6	1.2	5	1.0	2	0.3	9	1.3	14	0.6	40	1.8	11	2.6	22	5.3
(b) Other	6	0.6	51	4.9	6	1.2	20	4.1	10	1.4	38	5.3	22	1.0	109	4.9	8	1.9	57	13.7
Psychological—(a) Developmental...	10	1.0	221	21.2	4	0.8	35	7.2	1	0.1	23	3.2	15	0.7	279	12.5	13	3.1	48	11.5
(b) Stability	21	2.0	282	27.0	14	2.9	109	22.5	10	1.4	64	9.0	45	2.0	455	20.3	83	19.9	207	49.7
Abdomen	7	0.7	89	8.5	3	0.6	23	4.8	2	0.3	15	2.1	12	0.5	127	5.7	4	1.0	23	5.5
Other	46	4.4	416	39.8	25	5.2	159	32.9	35	4.9	121	17.0	106	4.7	696	31.1	64	15.4	296	71.1
Menstruation*	—	—	—	—	1	0.4	15	6.2	30	8.4	78	21.9	31	2.8	93	8.3	—	—	12	5.8

* The incidence per 1,000 inspections has been calculated on the assumption that half the children inspected were girls.

PART III

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

	1958	1959
1. Number of pupils inspected by the Authority's Dental Officers:—		
(a) Periodic Age Groups	68,964	78,837
(b) Specials	4,795	3,391
Total (1)	<u>73,759</u>	<u>82,228</u>
2. Number found to require treatment	58,494	64,088
3. Number offered treatment	55,284	61,435
4. Number actually treated	33,785	37,529
5. Number of attendances made by pupils for treatment including those recorded at Heading 11 (i)	74,882	81,932
6. Half days devoted to: Inspection	624	676
Treatment	9,748†	10,521†
Total (6)	<u>10,372</u>	<u>11,197</u>
7. Fillings: Permanent Teeth	46,750	51,211
Temporary Teeth	12,189	15,612
Total (7)	<u>58,939</u>	<u>66,823</u>
8. Number of teeth filled: Permanent Teeth	40,570	44,331
Temporary Teeth	11,592	14,177
Total (8)	<u>52,162</u>	<u>58,508</u>
9. Extractions: Permanent Teeth	6,475*	7,507*
Temporary Teeth	22,426*	22,039*
Total (9)	<u>28,901*</u>	<u>29,546*</u>
10. Administration of general anaesthetics for extractions	11,220	12,822
11. Orthodontics:—		
(a) Cases commenced during year	544	776
(b) Cases carried forward from previous year	380	379
(c) Cases completed during the year	281	329
(d) Cases discontinued during the year	106	115
(e) Cases transferred to Specialist	158	125
(f) Pupils treated with appliances	715	887
(g) Removable appliances fitted	439	574
(h) Fixed appliances fitted	—	—
(i) Total attendances	4,224	5,325
12. Number of pupils supplied with artificial dentures	129	142
13. Other operations: Permanent Teeth	10,762	11,025
Temporary Teeth	12,120	11,000
Total (13)	<u>22,882</u>	<u>22,025</u>

* Of these 785 permanent and 785 temporary teeth were extracted for orthodontic reasons; the numbers for the previous year being 593 and 747.

† Of these 802 were general anaesthetic sessions attended by a second Dental Officer (443) or by a Medical Officer (359) acting as anaesthetist.

ALDERSHOT AND FARNBOROUGH DIVISIONAL AREA

Medical Inspection during 1959

School Population (number on roll): 9,641 (September, 1959).

TABLE A — PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By Years of Birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number (3)	% of Col. 2 (4)	Number (5)	% of Col. 2 (6)
1955 and later	—	—	—	—	—
1954	517	517	100.0	—	—
1953	346	343	99.1	3	0.9
1952	49	49	100.0	—	—
1951	38	38	100.0	—	—
1950	35	35	100.0	—	—
1949	35	35	100.0	—	—
1948	21	21	100.0	—	—
1947	123	123	100.0	—	—
1946	39	39	100.0	—	—
1945	313	313	100.0	—	—
1944 and earlier	173	173	100.0	—	—
Total	1,689	1,686	99.8	3	0.2

TABLE B — PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By Years of Birth)	For Defective Vision (excluding squint)	For any of the other conditions recorded in Part II	Total Individual Pupils
1955 and later	—	—	—
1954	11	83	93
1953	6	102	108
1952	3	12	15
1951	6	9	14
1950	5	19	23
1949	3	8	11
1948	3	8	10
1947	15	29	42
1946	1	1	2
1945	24	28	52
1944 and earlier	16	14	30
Total	93	313	400

TABLE C — OTHER INSPECTIONS

Number of Special Inspections	...	...	554
Number of Re-Inspections	...	...	2,269
Total	...	...	2,823

TABLE D — INFESTATION WITH VERMIN

(a) Total number of individual examinations in schools by school nurses or other authorised persons	...	...	9,056
(b) Total number of individual pupils found to be infested	...	...	54
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	—

GOSPORT DIVISIONAL AREA

Medical Inspection during 1959

School Population (number on roll): 10,680 (September, 1959).

TABLE A — PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By Years of Birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number	% of Col. 2	Number	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	18	18	100.0	—	—
1954	227	223	98.2	4	1.8
1953	502	494	98.4	8	1.6
1952	71	71	100.0	—	—
1951	60	60	100.0	—	—
1950	41	41	100.0	—	—
1949	31	30	96.8	1	3.2
1948	41	40	97.6	1	2.4
1947	276	273	98.9	3	1.1
1946	233	233	100.0	—	—
1945	542	542	100.0	—	—
1944 and earlier	355	351	98.9	4	1.1
Total	2,397	2,376	99.1	21	0.9

TABLE B — PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By Years of Birth)	For Defective Vision (excluding squint)	For any of the other conditions recorded in Part II	Total Individual Pupils
1955 and later	—	—	—
1954	7	30	32
1953	16	66	77
1952	2	19	20
1951	1	11	12
1950	1	5	6
1949	1	1	2
1948	3	7	8
1947	28	50	68
1946	22	39	55
1945	39	73	91
1944 and earlier	49	79	115
Total	169	380	486

TABLE C — OTHER INSPECTIONS

Number of Special Inspections	...	...	776
Number of Re-Inspections	...	...	3,476
		Total	4,252

TABLE D — INFESTATION WITH VERMIN

(a) Total number of individual examinations in schools by school nurses or other authorised persons	9,685
(b) Total number of individual pupils found to be infested	40
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	6
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	1

