[Report 1953] / Medical Officer of Health, Hertfordshire County Council.

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COUNTY HALL,
HERTFORD.
December, 1954.

To the Chairman and Members of the Health Committee.

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report as County Medical Officer, for the year 1953—the fourteenth of its kind.

The last in the series included a full review of five years' experience of the National Health Service, and so much was written on that occasion that I had decided to reduce very considerably the text of this year's Report. When I began to tackle the task of editing the reports of the various field-workers, however, I found so much that would interest the members of the Committee that my editorial comments frequently gave place to lengthy quotation or paraphrasing.

Dr. Stewart had the same experience when dealing with the reports on Sections 28–51.

For this reason, my Report is fuller than was intended, but I hope the Committee will agree that the contents were worth putting on record.

As always, I am indebted to the members of the staff who are responsible for running and reporting on services, and for supplying the material for this Report ; to Dr. Stewart for his help in extracting reports quoted on pages 40 to 70 ; and to the office staff for work necessary to get the Report ready for the December meeting at a time when they were already hard-pressed with other work.

My thanks are due too to Messrs. Stephen Austin, the printers. The publication of an Annual Report always develops into a " last minute rush " and our printers are always helpful. On this occasion they excelled. The final corrections were made on galley proofs a.m. on the 8th December and reports were issued a.m. on the 9th December.

I am, Ladies and Gentlemen,
Your obedient servant,
J. L. DUNLOP,
County Medical Officer.

CHAIRMAN OF THE HEALTH COMMITTEE.

G. Rollo Walker, Esq.

STAFF.

(As at 31st December, 1953.)

County Medical Officer.

J. L. Dunlop, M.D., D.P.H.

Deputy County Medical Officer.

W. Stewart, M.B., Ch.B., D.P.H

County Dental Officer.

A. C. Wilson, L.D.S., R.C.S.

Divisional Medical Officers.

(See also page 7.)

Dacorum.

M. Gross, M.B., B.S., D.P.H., Churchill Park Road, Hemel Hempstead.

North Herts.

V. R. Walker, M.B., Ch.B., B.Sc., D.P.H., 12 Brand Street, Hitchin.

St. Albans.

J. C. Sleigh, M.B., Ch.B., D.P.H., 15 Hatfield Road, St. Albans.

South-West Herts.

W. Alcock, M.B., Ch.B., B.Hy., D.P.H., Town Hall, Watford.

Welwyn.

G.R.Taylor, M.B.,B.S.,M.R.C.S.,L.R.C.P.,D.P.H., "Breaks," French Horn Lane, Hatfield.

South Herts Division
East Herts Division } No Divisional Scheme in force.

Assistant County Medical Officers

R. M. Allinson, M.B., Ch.B., D.P.H.
F. Barasi, M.R.C.S., L.R.C.P., D.P.H.
B. E. S. Colman, B.A., M.R.C.S., L.R.C.P.
R. S. Cooper, M.B., B.S.
J. E. Crawley, M.B., Ch.B., M.R.C.P.(Ed.).
M. M. Harwood, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
E. M. Jones, M.B., Ch.B., D.P.H.
L. S. Karpati, M.D. (Graz).
N. MacRae, M.B., Ch.B., D.P.H.
M. S. Miller, B.A., M.B., Ch.B., B.A.O., D.P.H.
D. G. Milne, M.B., Ch.B., D.P.H.
S. J. Moynihan, M.R.C.S., L.R.C.P.
H. E. D. E. Ormiston, M.B., B.S., D.P.H.
J. A. M. M. Stevenson, M.R.C.S., L.R.C.P., D.P.H.
M. Ward, M.B., Ch.B., D.P.H.

Chest Physicians.

T. A. W. Edwards, B.A., M.B., B.Ch., M.R.C.P.
A. G. Hounslow, M.D.
N. A. Neville, B.M., B.Ch., M.R.C.P.
P. W. Roe, B.A., B.M., B.Ch.
J. B. Shaw, M.D., D.P.H.

County Nursing Officer and Day Nurseries Supervisor.
F. MacDonald, S.R.N., S.C.M., C.R.S.I., H.V., Q.N., M.T.D., T.A.

County Health Inspector.
J. L. Stringer, M.R.S.I., Cert.S.I.B.

Senior Authorized Officer.
W. H. Finch.

Almoners.
S. Bone, A.M.I.A.
J. R. Horton, A.M.I.A.
M. Howard-Jones, A.M.I.A.
P. Morfey, M.A., A.M.I.A.
M. J. Waghorn, A.M.I.A.

Home Help Organiser.
H. M. Watson.

Social Workers, Mental Health.
E. M. Morris.
A. G. Peace.
P. E. Rock.

Chief Clerk.
W. A. Treharne, A.C.I.S.

Campions Ante- and Post-Natal Hostel.
Matron : E. F. Belcher S.R.N., S.C.M.

MEDICAL OFFICERS OF HEALTH AND SANITARY INSPECTORS OF COUNTY DISTRICTS.

(As at 31.12.1953.)

Division.	*District M.O.H.*	*County District.*	*Sanitary Inspector.*
East Herts	Dr. E. M. Jones (A.C.M.O.).	Bishop's Stortford U.D.	Mr. A. L. Good
	*Dr. C. R. Hillis (temporary)	Cheshunt U.D.	Mr. C. Wilson
	Dr. J. Wildman	Hertford B.	Mr. B. Peck
		Hoddesdon U.D.	Mr. W. N. David
		Sawbridgeworth U.D.	Mr. C. A. Ford
		Ware U.D.	Mr. C. J. Lucas
		Braughing R.D.	Mr. E. E. Wateridge
		Hertford R.D.	Mr. H. E. Gilby
		Ware R.D.	Mr. A. D. G. Goold.
North Herts	Dr. V. R. Walker **(Divisional County M.O.).**	Baldock U.D.	Mr. B. W. E. Makepiece
		Hitchin U.D.	Mr. N. Holt
		Letchworth U.D.	Mr. A. Jump
		Royston U.D.	Mr. S. M. Jackson
		Stevenage U.D.	Mr. H. Foden
		Hitchin R.D.	Mr W. M. Matthews
St. Albans	Dr. J. C. Sleigh **(Divisional County M.O.).**	City of St. Albans	Mr. R. E. C. Goddard
		Harpenden U.D.	Mr. J. Snowden.
		St. Albans R.D.	Mr. D. J. Graham.
	*Dr. G. W. Everett (temporary).	Elstree R.D.	Mr. A. D. S. Blackhall
South Herts	Dr. A. L. Hyatt (temporary).	Barnet U.D.	Mr. J. B. Wilson
	*Dr. C. M. Scott (temporary).	East Barnet U.D.	Mr. W. K. Pickup.
South-West Herts.	Dr. W. Alcock **(Divisional County M.O.)**	Watford B.	Mr. R. V. Jacob
	Dr. W. Harvey	Bushey U.D.	Mr. A. C. F. Gisborne
		Chorleywood U.D.	Mr. W. E. Hands
		Rickmansworth U.D.	Mr. C. R. Alexander
		Watford R.D.	Mr. S. N. Grigg
Welwyn	Dr. G. R. Taylor, **(Divisional County M.O.**	Welwyn Garden City U.D.	Mr. M. Stockdale
		Hatfield R.D.	Mr. S. W. Wright
		Welwyn R.D.	Mr. W. J. Avery
Dacorum	Dr. M. Gross **(Divisional County M.O.).**	Hemel Hempstead B.	Mr. A. C. Horne
		Berkhamsted U.D.	Mr. C. E. Brogan
		Tring U.D.	Mr. J. F. Norris
		Berkhamsted R.D.	Mr. C. Laidman
		Hemel Hempstead R.D.	Mr. R. H. T. Chappell

* Also holds appointment as part-time A.C.M.O.

Except where indicated, the officers named here serve County District Councils and are not on the staff of the County Council. This list is included in the Report for the information of those interested in the staffing of the Health Services in the County as a whole.

ANNUAL REPORT, 1953.

VITAL STATISTICS FOR THE COUNTY OF HERTFORD.

TABLE 1.

POPULATION AND ACREAGE.

	Acreage (land and water)	Population at Mid Year			
		Estimate 1950	Estimate 1951	Estimate 1952	Estimate 1953
Boroughs	21,496	155,760	155,430	158,410	162,510
Urban Districts . . .	70,664	279,733	280,570	286,090	293,390
Rural Districts . . .	312,363	171,147	182,700	189,200	195,600
County	404,523	606,640	618,700	633,700	651,500
England and Wales . .	37,339,215	44,290,000			

TABLE 2.

STATISTICAL SUMMARY.

	See Table	Boroughs		Urbans		Rurals		County	
		1952	1953	1952	1953	1952	1953	1952	1953
Death rate . .	3	10·62	11·17	9·77	9·55	8·60	11·51	9·63	10·55
Live birth rate .	5	15·15	14·95	14·03	14·24	15·48	16·37	14·74	15·06
Infant mortality rate	7	22·08	22·23	20·45	24·18	14·34	21·84	18·95	22·93
Maternal mortality rate	11	0·41	1·21	0·69	0·23	0·67	0·31	0·63	0·50
Epidemic death rate .	—	0·04	0·07	0·06	0·03	0·05	0·05	0·05	0·05
Phthisis death rate .	23	0·13	0·17	0·13	0·09	0·15	0·19	0·14	0·14
Cancer death rate .	10	1·96	1·78	1·87	1·90	1·53	1·79	1·79	1·84
Heart disease death rate . . .	12	3·31	3·40	2·98	2·70	2·68	3·48	2·97	3·11

This summary of the principal vital statistics is prepared from data supplied by the Registrar-General. In the Tables referred to in the second column the statistics are given in greater detail.

In this and subsequent Tables, Infant Mortality is expressed as a rate per thousand live births, and Maternal Mortality as a rate per thousand live and still births.

TABLE 3.

DEATH RATE.

(per 1,000 population.)

	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1938–47 (average for ten years).	1,621	11·1	2,652	10·4	1,494	10·1	5,757	10·5	12·1
1948 .	1,521	10·1	2,585	9·4	1,414	8·8	5,520	9·4	10·8
1949 .	1,649	10·8	2,820	10·1	1,597	9·6	6,066	10·2	11·7
1950 .	1,704	10·9	2,775	9·9	1,540	9·0	6,019	9·9	12·0
1951 .	1,831	11·8	3,001	10·7	1,670	9·1	6,502	10·5	12·5
1952 .	1,683	10·6	2,794	9·8	1,628	8·6	6,105	9·6	11·2
1953 .	1,815	11·2	2,806	9·6	2,252	11·5	6,873	10·6	11·4

Table 4.—Causes of Death, 1953.

		Age Groups—Urban Districts															Age Groups—Rural Districts													County Total	
		0—		1—		5—		15—		45—		65—		All Ages		Total M&F	0—		1—		5—		15—		45—		65—		All Ages		Total M&F		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F	M	F	M	F			
1	Tuberculosis — respiratory	—	—	—	—	—	—	4	6	21	4	13	7	38	17	55	1	—	—	—	—	—	5	7	11	4	5	5	22	16	38	93	1
2	Tuberculosis—other	—	—	—	—	—	—	1	—	1	2	—	—	2	2	4	—	—	—	—	—	—	1	1	—	1	—	—	1	2	3	7	2
3	Syphilitic disease	—	—	—	—	—	—	1	—	3	1	1	3	5	4	9	—	—	—	—	—	—	—	—	4	1	4	1	8	2	10	19	3
4	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	1	4
5	Whooping cough	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	5
6	Meningococcal infections	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	—	—	1	—	1	1	—	—	—	—	—	—	2	1	3	4	6
7	Acute Poliomyelitis	—	—	—	—	—	—	3	1	—	—	—	—	3	1	4	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1	5	7
8	Measles	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	3	—	—	—	1	—	—	—	—	—	4	—	4	5	8
9	Other infective and parasitic diseases	—	1	—	—	—	1	1	1	1	2	2	5	4	10	14	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	15	9
10	Malignant neoplasm—stomach	—	—	—	—	—	—	2	1	19	20	34	40	55	61	116	—	—	—	—	—	—	2	—	7	6	20	24	29	30	59	175	10
11	Malignant neoplasm, lung, bronchus	—	—	—	—	—	—	8	1	69	7	58	16	135	24	159	—	—	—	—	—	—	2	1	31	5	20	4	53	10	63	222	11
12	Malignant neoplasm—breast	—	—	—	—	—	—	—	13	—	47	—	45	—	105	105	—	—	—	—	—	—	—	—	—	11	—	21	—	32	32	137	12
13	Malignant neoplasm—uterus	—	—	—	—	—	—	—	4	—	12	—	12	—	28	28	—	—	—	—	—	—	—	1	—	5	—	7	—	13	13	41	13
14	Other malignant and lymphatic neoplasms	—	1	—	—	2	—	7	18	80	61	159	111	248	191	439	—	—	1	—	—	—	5	4	33	22	75	44	114	70	184	623	14
15	Leukæmia, aleukæmia	—	1	1	—	—	2	3	—	3	—	1	1	8	4	12	—	—	—	—	—	—	—	2	2	1	1	—	3	3	6	18	15
16	Diabetes	—	—	—	—	—	1	—	—	4	4	6	24	10	29	39	—	—	—	—	—	—	—	2	—	1	3	5	3	8	11	50	16
17	Vascular lesions of nervous system	—	—	—	—	—	—	7	5	48	54	182	299	237	358	595	—	—	1	—	—	—	6	2	25	31	110	142	142	175	317	912	17
18	Coronary disease—angina	—	—	—	—	—	—	5	—	128	37	235	198	368	235	603	—	—	—	—	—	—	2	—	45	15	95	79	142	94	236	839	18
19	Hypertension with heart disease	—	—	—	—	—	—	1	—	15	6	29	55	45	61	106	—	—	—	—	—	—	—	—	7	3	33	38	40	41	81	187	19
20	Other heart disease	—	—	—	—	—	—	7	10	28	42	202	347	237	399	636	—	—	—	—	1	—	4	2	19	18	124	196	148	216	364	1,000	20
21	Other circulatory disease	—	—	—	—	1	—	2	1	20	17	88	109	111	127	238	—	—	—	—	—	—	1	—	7	12	47	64	55	76	131	369	21
22	Influenza	—	—	—	—	—	—	—	—	5	4	20	30	25	34	59	1	—	1	1	1	—	3	—	4	3	14	8	24	12	36	95	22
23	Pneumonia	9	9	3	—	3	—	1	3	18	20	105	92	139	124	263	2	3	1	1	1	1	3	4	13	10	42	87	62	106	168	431	23
24	Bronchitis	3	4	—	—	—	—	3	1	44	8	146	89	196	102	298	1	—	—	—	—	1	2	2	11	5	35	30	49	38	87	385	24
25	Other diseases of respiratory system	4	—	—	2	2	1	—	2	13	4	20	12	39	21	60	—	—	—	—	—	1	1	1	3	—	9	3	13	5	18	78	25
26	Ulcer of stomach and duodenum	—	—	—	—	—	—	3	—	21	5	15	6	39	11	50	—	—	—	—	—	—	—	—	9	1	14	2	23	3	26	76	26
27	Gastritis, enteritis, and diarrhœa	2	1	1	—	—	—	1	5	2	1	1	7	7	14	21	4	1	1	—	—	—	—	—	—	1	1	1	6	3	9	30	27
28	Nephritis and nephrosis	1	—	—	—	1	—	5	1	8	3	10	10	25	14	39	—	—	—	—	—	—	—	1	2	—	5	8	7	9	16	55	28
29	Hyperplasia of prostate	—	—	—	—	—	—	—	—	6	—	35	—	41	—	41	—	—	—	—	—	—	—	—	1	—	22	—	23	—	23	64	29
30	Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	4	—	—	—	—	—	4	4	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	5	30
31	Congenital malformations	10	15	3	1	—	—	1	—	1	—	—	1	15	17	32	7	8	2	—	1	—	2	—	1	—	—	1	13	9	22	54	31
32	Other defined and ill-defined diseases	52	39	6	1	2	1	15	10	39	44	77	103	191	198	389	27	11	4	2	1	2	10	17	25	26	28	42	95	100	195	584	32
33	Motor vehicle accidents	—	—	1	—	4	—	17	7	11	5	15	6	48	18	66	—	—	—	—	2	—	16	2	3	1	6	1	27	4	31	97	33
34	All other accidents	2	—	—	1	2	—	7	2	17	2	19	35	47	40	87	2	2	—	—	1	—	5	2	5	1	10	13	23	18	41	128	34
35	Suicide	—	—	—	—	—	—	7	4	17	8	6	4	30	16	46	—	—	—	—	—	—	3	1	5	5	3	2	11	8	19	65	35
36	Homicide and operations of war	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	1	—	—	—	—	1	1	2	3	36
	Total	83	72	15	5	18	6	114	100	642	420	1479	1667	2351	2270	4,621	45	25	16	4	9	6	75	54	273	190	726	829	1144	1108	2,252	6,873	

Since 1951 I have no longer been able to make a study of the causes because there has been a change in the official list of causes.

TABLE 5.—BIRTH RATE, 1924–1953.
Per 1,000 Population.

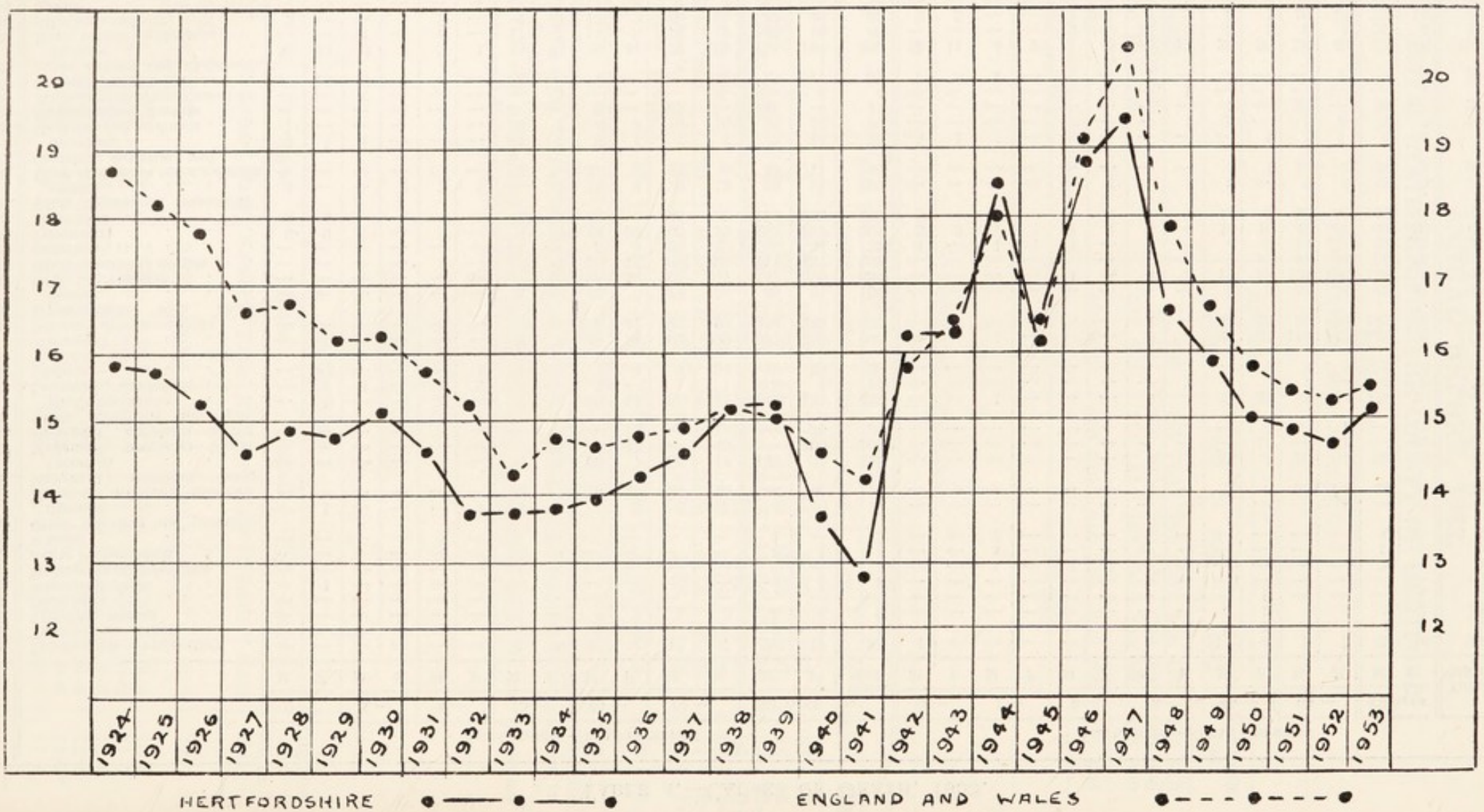


TABLE 6.

STILL-BIRTH RATE.

(per 1,000 births.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1938–47 (average for ten years) .	64	26·7	117	27·8	59	25·6	240	27·3	—
1948 . .	59	23·3	87	18·6	59	21·5	205	20·6	23·2
1949 . .	56	22·5	83	19·0	56	19·8	195	20·1	22·7
1950 . .	55	23·2	63	15·3	56	20·1	174	18·3	22·6
1951 . .	66	28·1	89	21·3	53	18·8	208	22·1	23·9
1952 . .	51	20·8	77	18·8	56	18·8	184	19·3	22·6
1953 . .	45	18·2	81	19·0	56	17·2	182	18·2	22·4

TABLE 7.

INFANT MORTALITY.

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1938–47 (average for ten years) .	81	35	158	36	79	34	308	35	49
1948 . .	56	23	104	23	68	25	228	23	34
1949 . .	43	18	93	22	57	20	193	20	32
1950 . .	56	24	80	20	51	19	187	21	30
1951 . .	64	28	92	22	66	23	222	24	30
1952 . .	53	22	82	20	42	14	177	19	28
1953 . .	54	22	101	24	70	22	225	23	27

It is still very important from the preventive health point of view to know the causes of infant mortalities and we have an arrangement whereby the Registrar General informs us of deaths of children under two and of mothers of child bearing age.

During the year 1954 I am arranging to have all these deaths of infants under two years of age carefully noted and analysed and I am hoping to make a comment on them in my Report for the year 1954.

TABLE 8.—INFANT MORTALITY RATE, 1924–1953.
Per 1,000 Live Births.

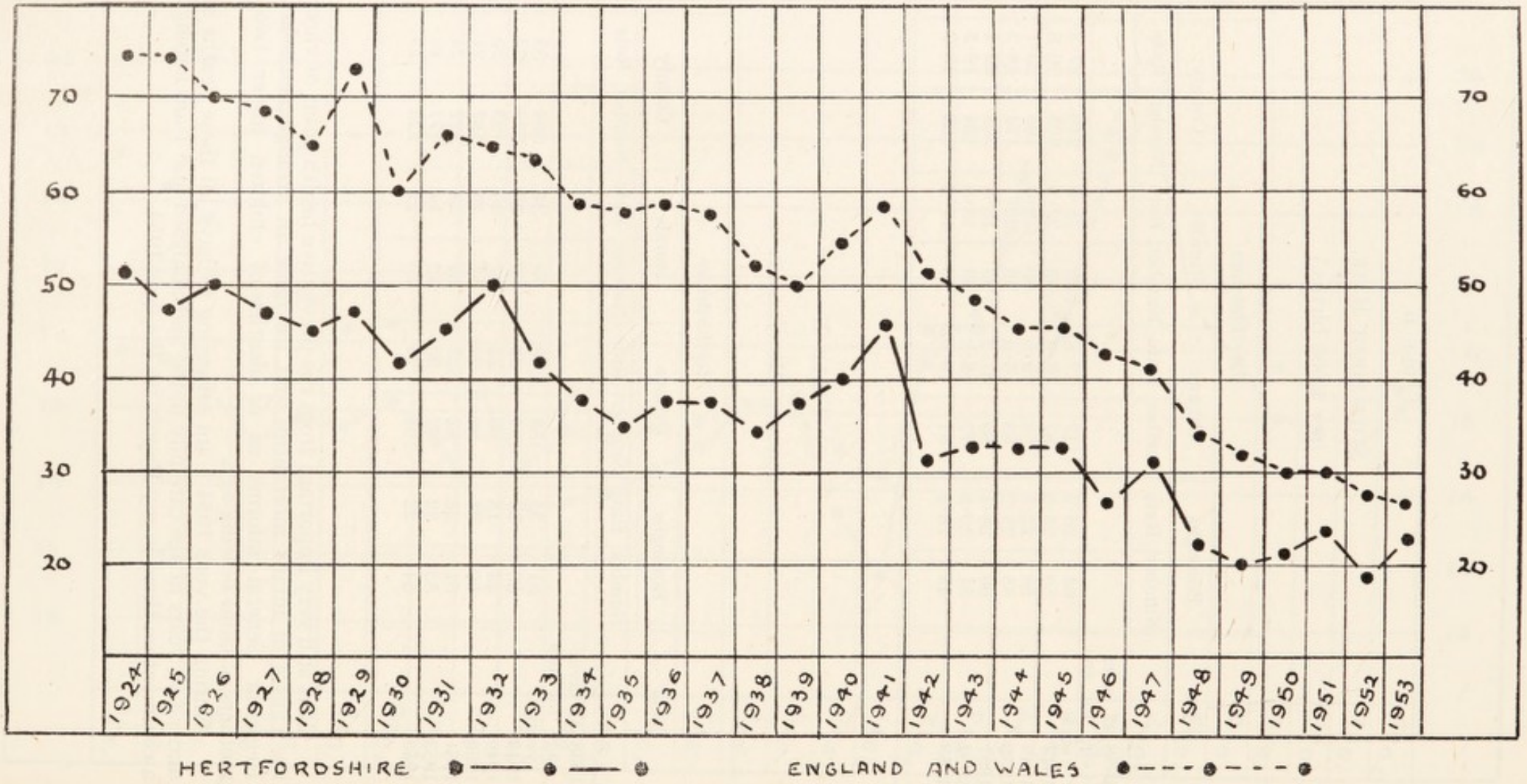


TABLE 9.—LIVE BIRTHS AND INFANT DEATHS, 1953.

	A. Live Births					B. No. of Infant Deaths (under one year)						C. No. of Infants in B who died under four weeks.					
	Legitimate		Illegitimate			Legitimate		Illegitimate				Legitimate		Illegitimate			
	Males	Females	Males	Females	Total	Males	Females	Males	Females	Total	Rate	Males	Females	Males	Females	Total	Rate
Boroughs . .	1,183	1,145	52	49	2,429	30	21	2	1	54	22·2	20	17	1	1	39	16·1
Urbans . .	2,046	1,988	61	82	4,177	47	47	4	3	101	24·1	31	29	2	1	63	15·1
Rurals . .	1,598	1,475	69	63	3,205	42	23	3	2	70	21·5	29	14	1	2	46	14·4
County . .	4,827	4,608	182	194	9,811	119	91	9	6	225	22·9	80	60	4	4	148	15·1

TABLE 10.—CANCER DEATH RATE, 1924–1953.
Per 1,000 Population.

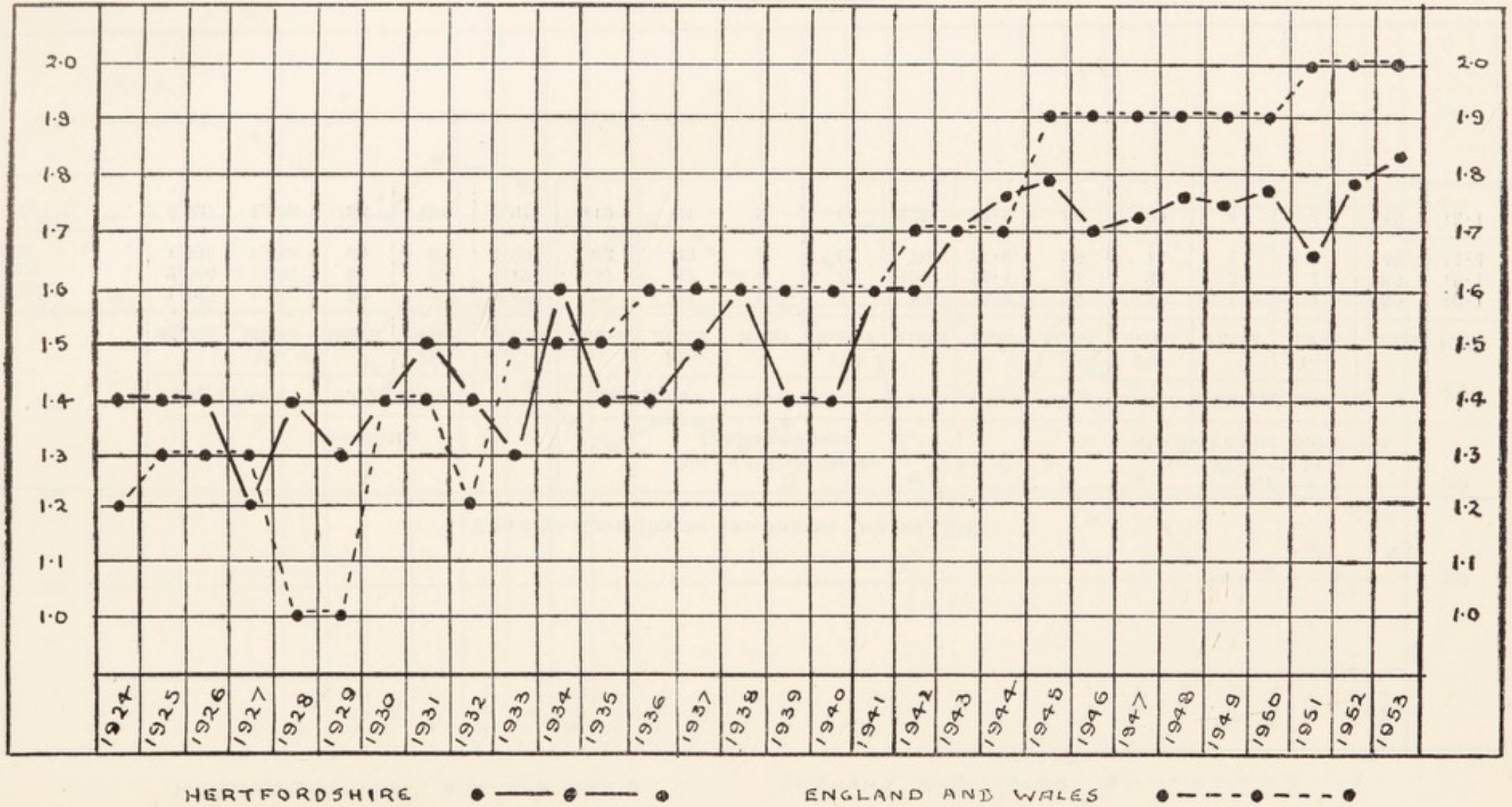


Table 11.

Maternal Mortality.

(Number of Deaths of Mothers per 1,000 Births.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1938–47 (average for ten years) .	4	1·9	9	2·1	6	2·0	19	1·9	1·9
1948 . .	1	0·4	4	0·9	—	—	5	0·5	1·2
1949 . .	—	—	2	0·5	1	0·4	3	0·3	1·0
1950 . .	1	0·4	5	1·2	4	1·4	10	1·1	0·9
1951 . .	1	0·4	—	—	2	0·7	3	0·3	0·8
1952 . .	1	0·4	3	0·7	2	0·7	6	0·6	0·7
1953 . .	3	1·2	1	0·2	1	0·3	5	0·5	0·8

Table 12.

Heart Disease Death Rate.

(per 1,000 population.)

Year	Hertfordshire								England and Wales Rate
	Boroughs		Urbans		Rurals		County		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
1938–47 (average for ten years) .	522	3·6	680	2·7	448	3·0	1,650	3·0	3·3
1948 . .	461	3·1	753	2·7	404	2·5	1,618	2·8	3·2
1949 . .	479	3·1	824	3·0	502	3·0	1,805	3·0	3·6
1950 . .	523	3·4	898	3·2	527	3·1	1,948	3·2	3·8
1951 . .	595	3·8	943	3·4	587	3·2	2,125	3·4	4·1
1952 . .	524	3·3	853	3·0	508	2·7	1,885	3·0	—
1953 . .	552	3·4	793	2·7	681	3·5	2,026	3·1	—

TABLE 13.

NOTIFICATIONS OF INFECTIOUS DISEASES, 1953. (CORRECTED).

DISTRICT.	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Acute Pneumonia	Dysentery	Smallpox	Acute Encephalitis		Encephalitis	Enteric or Typhoid	Paratyphoid	Erysipelas	Meningococcal Infection	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Chicken Pox*	Malaria	Undulant Fever	Infective Hepatitis	Weils Disease	Tuberculosis		Total for Districts
			Paralytic	Non-Paralytic						Infective	Post-Infective														Pulmonary	Non-Pulmonary	
BOROUGHS—																											
1 Hemel Hempstead	9	63	2	1	166	—	—	—	—	—	—	—	—	—	2	1	—	4	—	—	—	—	15	—	30	5	296
2 Hertford . .	3	60	—	—	100	—	2	2	—	—	—	—	—	—	2	—	1	1	—	—	—	—	7	—	6	—	184
3 St. Albans . .	49	186	6	—	1,105	—	26	2	—	—	—	—	—	—	9	1	7	2	—	—	—	—	20	—	33	9	1,455
4 Watford . .	82	435	5	4	1,535	—	24	10	—	—	—	—	—	—	2	2	8	—	—	—	—	—	14	—	77	2	2,200
Total Boroughs .	143	744	13	5	2,906	—	52	14	—	—	—	—	—	—	13	4	16	7	—	—	—	—	56	—	146	16	4,135
URBANS—																											
1 Baldock . .	3	45	—	—	50	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	4	—	106
2 Barnet . .	31	185	1	1	732	—	32	25	—	—	—	—	1	3	3	4	3	50	—	—	1	—	—	—	21	2	1,095
3 Berkhamsted .	9	67	—	—	186	—	2	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	8	—	9	1	284
4 Bishop's Stortford	18	34	1	—	355	—	3	—	—	—	—	—	—	—	—	1	17	21	5	—	—	—	2	—	11	2	470
5 Bushey . .	25	75	1	—	232	—	9	1	—	—	—	—	—	—	1	1	—	84	42	—	—	—	—	—	17	1	489
6 Cheshunt . .	29	248	1	1	660	—	38	3	—	—	—	—	—	—	5	—	2	4	—	—	—	—	—	—	32	—	1,023
7 Chorleywood .	1	25	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	31
8 East Barnet .	85	161	—	—	935	—	33	12	—	—	—	—	—	—	4	—	5	1	—	223	—	—	—	—	38	5	1,502
9 Harpenden . .	40	44	2	2	412	—	4	2	—	—	—	—	1	—	1	1	—	—	—	—	1	—	8	—	5	1	524
10 Hitchin . .	13	70	—	—	349	—	8	9	—	—	—	—	—	—	—	1	3	11	—	—	—	—	1	—	15	1	481
11 Hoddesdon . .	5	140	—	—	283	—	17	—	—	—	—	—	—	—	8	—	20	—	—	—	—	—	3	—	5	3	484
12 Letchworth .	8	123	—	—	304	—	16	1	—	—	—	—	—	—	5	1	—	—	—	—	—	—	3	—	12	2	475
13 Rickmansworth .	24	126	1	2	300	—	4	—	—	—	—	—	1	—	1	—	1	1	—	—	—	—	—	—	26	1	488
14 Royston . .	—	4	—	—	130	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	136
15 Sawbridgeworth .	2	16	1	—	109	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	131
16 Stevenage . .	19	141	3	1	79	—	14	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	9	1	269
17 Tring . .	17	40	2	—	121	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1	—	183
18 Ware . . .	—	9	—	—	5	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	7	1	23
19 Welwyn Garden City . .	38	160	1	1	523	—	11	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	24	2	762
Total Urbans .	367	1,713	14	10	5,765	—	194	54	—	—	—	—	3	3	31	11	52	175	47	223	2	—	28	—	240	24	8,956
RURALS—																											
1 Berkhamsted .	—	23	—	—	76	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	1	—	3	—	105
2 Braughing . .	2	22	—	—	217	—	19	—	—	—	—	—	—	—	—	1	—	2	—	—	1	—	1	—	3	1	269
3 Elstree . .	24	121	—	—	662	—	3	—	—	—	—	—	—	—	2	—	—	—	2	—	—	—	—	—	19	5	838
4 Hatfield . .	18	149	2	2	523	1	22	—	—	—	—	—	—	—	3	2	1	—	—	—	—	—	—	—	18	4	745
5 Hemel Hempstead	4	10	—	—	99	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	118
6 Hertford . .	18	24	—	—	114	—	5	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	3	1	166
7 Hitchin . .	8	46	3	—	213	—	2	1	—	—	—	—	—	—	2	—	3	3	—	—	—	—	1	—	5	2	289
8 St. Albans . .	27	117	4	—	601	—	13	7	—	—	—	—	—	—	4	2	—	1	—	—	—	—	18	—	37	3	834
9 Ware . . .	1	27	—	—	91	—	13	2	—	—	—	—	—	—	2	—	5	1	—	—	—	—	3	—	3	—	148
10 Watford . .	92	371	2	2	1,603	—	33	6	—	—	—	—	—	—	4	—	22	1	—	—	—	—	—	—	35	7	2,178
11 Welwyn . .	6	10	—	—	109	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	130
Total Rurals .	200	920	11	4	4,308	1	111	17	—	—	—	—	—	—	19	5	31	9	2	—	1	—	24	—	130	27	5,820
Total County .	710	3,377	38	19	12,979	1	357	85	—	—	—	—	3	3	63	20	99	191	49	223	3	—	108	—	516	67	18,911

NATIONAL HEALTH SERVICE ACT, 1946.

Notes on Statistical Return to Ministry of Health (Form L.H.S. 27).

Each year the Health Department completes for the Ministry of Health a Return in the form of a statistical summary of the work done in connection with what used to be the Maternity and Child Welfare Services. Members of the Committee may find a digest of the information given in the following table a useful indication of the work in this field.

	1951.	*1952.*	*1953.*
Births :—			
Notified	9,565*	9,712	10,101
Live	9,357	9,526	9,914
Still	208	186	187
Premature :—			
Notified	557	695	725
Born :—			
At home	114	138	162
In nursing homes	26	25	16
In hospitals	417	532	547
Ophthalmia Neonatorum :—			
Notified	25	43	50
Midwifery :—			
Domiciliary :—			
Employed by local Health Authority	99	94	100
Employed by Hospital Management Committees	6	6	6
Private Practice	22	15	12
Institutional :—			
Employed in hospitals	115	128	128
Employed in nursing homes	20	17	19
Gas and Air Analgesia :—			
Midwives qualified to administer gas and air analgesia	215	225	229
Ante-Natal Clinics :—			
Sessions per month	103	84	78
Attendances made	9,417	9,576	8,692
Infant Welfare Centres :—			
Sessions per month	328	334	360
Attendances made	158,902	169,588	170,588
Health Visitors :—			
Number employed (part-time)	114	124	119
Representing whole-time equivalent	$32\frac{5}{12}$	$37\frac{5}{12}$	$43\frac{1}{6}$
Home Nursing :—			
Number employed (whole-time)	20	24	24
Number employed (part-time)	112	116	104
Representing whole-time equivalent	$68\frac{7}{12}$	$50\frac{8}{12}$	$57\frac{5}{12}$
Day Nurseries :—			
Approved places : 0–2 years	403	358	314
2–5 years	668	618	558
On register at 31st December : 0–2 years	333	291	168
2–5 years	759	579	414
Average daily attendances : 0–2 years	260	255	159
2–5 years	563	497	356
Home Helps :—			
Employed whole-time	73	53	—
Employed part-time	317	375	489
Mother and Baby Home (Campions) :—			
Accommodation—Beds	15	15	15
Cots	12	12	12
Average Stay (days) :—			
Ante-Natal	6·8	9·5	18·5
Post-Natal	35·5	29·9	36·0
Nurseries and Child Minders Act, 1948 :—			
Premises registered	7	5	4
Minders registered	7	11	15

* Administrative and Organising Staff are not included in the above table.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

TABLE 14.

INFANT WELFARE CENTRE ATTENDANCES.

	No. of Centres	Sessions Held	Doctors' Attendances	No. of Children who Attended	Children's Attendances	
					Total	Average per Session
1949 . .	109	3,648	2,758	20,589	160,480	44
1950 . .	109	3,820	2,755	21,719	155,475	41
1951 . .	112	3,946	2,879	23,287	158,902	41
1952 . .	114	4,112	2,996	24,202	169,588	41
1953 . .	116	4,412	3,201	24,181	170,588	38

DAY NURSERIES.

		Number of Approved Places at 31st December, 1953.		
		0–2 years.	*2–5 years.*	*Total.*
Barnet . . .	53 Wood Street . . .	20	50	70
Boreham Wood .	Shenley Road	32	40	72
Bushey . . .	London Road	30	50	80
East Barnet . .	29 Station Road . . .	23	27	50
Hertford . .	10 Queen's Road . . .	20	28	48
Letchworth . .	1 Norton Way North . .	20	30	50
Rickmansworth .	The Bury	14	26	40
St. Albans . .	Royal Road	30	50	80
Waltham Cross .	157 High Street . . .	20	20	40
Ware . . .	Bowling Road	10	40	50
Watford . .	Cassiobury Park . . .	20	50	70
Watford . .	Leggatts Way	20	60	80
Watford . .	St. Albans Road (Beechwood) .	15	35	50
Welwyn Garden City	Church Road	20	32	52
Welwyn Garden City	Woodhall Lane . . .	20	20	40
		314	558	872

The Hall used in conjunction with Woodhall Lane was closed, thus reducing the numbers from 70 to 40.

Owing to the strict enforcement of the Committee's policy the number of places occupied varied from 30 per cent to 84 per cent at the individual nurseries.

When Miss Howse left we deemed it unnecessary to appoint a special Officer to look after the Day Nurseries and Miss MacDonald very courageously took on this additional work. She has submitted her usual report on the work of the Nurseries during the year 1953 and the following points from that report will be of interest.

The future of the Day Nursery has been very much in question during 1953. The new assessment system which was introduced in May, 1953, had a marked effect upon the admissions and it, of course, was coupled with a more stringent consideration of the reasons which the parents gave in support of the child's admission to the Nursery. It has been part of the Committee's policy

to insist, when any large numbers of the children were excluded as the result of any action by the Committee, that we should make it our duty to follow up these children to see what had happened to them. This has cast further burdens on the Health Visitors but it has been worthwhile because so far as we can ascertain no child has suffered in health as a result of his having been excluded from the Nursery. That is not to say, of course, that the parents have not suffered any inconvenience.

There have been other factors which have led to the depletion in the Day Nursery population. Better housing in the county has eliminated many children admitted because the housing conditions in which they were living were prejudicial to their health.

As always the children in the Nursery have shown a very good response to training, good feeding, and excellent environment provided.

The fluctuations in the number of children attending has meant that the staffing position has had to be kept under very careful review. We must honour the contract of training which we give to the Student Nurses. This in turn has meant that we have had to move students from one Nursery to another according to the nursery population so that these girls would get all the experience required prior to sitting for the examination.

The last of our Creches, the Hemel Hempstead Lawn Lane Creche was closed during the year. These Creches were an interesting experiment. It was found in some towns when the future of the war-time Day Nurseries was being discussed that there was a prior need for a Nursery School but that there was also some need for a Day Nursery for children under two. It was obviously not worthwhile for the Health Committee to set up a separate Day Nursery and the arrangement was, therefore, made that one or two rooms in the building should be run as a Day Nursery by the Health Department and that the remainder of the building should function as a Nursery School under the Education Department. Anyone with a knowledge of administration and of clashing personalities must have, as we did, viewed this arrangement with some trepidation, but I am happy to say that it has worked very smoothly. The Creches have fulfilled their function and it has now been possible to close the last of them.

Miss MacDonald and Miss Calveley, the corresponding Officer from the Education side, have on many occasions attended meetings with parents of Nursery Students. They have found them very interested in the welfare of their daughters and most co-operative in making it possible for the daughter to pursue their studies at home.

Miss MacDonald has been very impressed with the self-reliance and maturity of these students. She attributes this in considerable measure to the experience they have had during their training. She has formed a reliable opinion of these girls because it is her practice to interview them at the end of each term to discuss with them their problems and ideas for improving training, and generally to get some impressions of their personality. She is very grateful for the very full co-operation she has had from Miss Calveley and to the Principals of the Further Education Centres where these girls have had the theoretical side of their training. Miss MacDonald makes a point which particularly appeals to her as a Nursing Officer, viz. :—that in all the discussions on the worthwhileness of the Day Nursery system one must not lose sight of the fact that these Nurseries are a very valuable source of recruitment and training for girls who ultimately go into the Nursing profession.

In previous years it was the practice to have separate Wardens and Nursery Matrons' meetings at which a subject of special interest to them was the subject of a lecture and discussion.

In 1953 by way of experiment they have been invited to many of the Health Visitors Study Days. The Nursery Matrons have benefited both by meeting the Health Visitors and by hearing discussions and lectures on subjects which are of interest both to the Health Visitors and Matrons.

It is impossible to command effective co-operation between the Health Visitors and Matrons of Day Nurseries. We are fortunate in Hertfordshire because this co-operation seems to exist naturally and without continued encouragement on our part. Indeed one has heard of Day Nursery Matrons, Health Visitors, and Home Helps combining, of their own accord, to try and get a home straight, to educate the mother in the handling of her children, and to get the children back to good health. That surely is the ideal way in which social services should co-operate for the benefit of the individuals for whom they are established.

Several Convents in the county have expanded or started Day Nursery facilities and in one instance a Sister of the Convent has been invited to attend the Day Nursery Wardens' meetings so that she will be in touch with our ideas on Day Nursery management.

Miss MacDonald makes a reference to a rather unusual experiment in which two women with their illegitimate families were placed in a Welfare Institution in a town in which there is a Day Nursery. By arranging, perhaps irregularly on our part, for these children to be admitted to the Day Nursery, it became possible for these mothers to find jobs in the neighbourhood. It has become very obvious to those of us concerned with the unmarried mother with no home that there is very little chance for her to re-establish herself in the community so long as she is burdened with her illegitimate family and cannot go out to work to support a home of her own. Very often her only means of earning her living is to go as a housekeeper and this is not always a satisfactory answer for her or her children.

Another interesting " misuse " of the Day Nurseries is the fact that several " would-be " adopters have been brought to Day Nurseries to gain insight and experience in the handling of the young babies. This practice arose from an incident some years ago when a very worthwhile childless couple decided to adopt an infant but after a time had had to confess that the wife had had so little contact with young children she could not cope with the new baby. We arranged for her to work at a Day Nursery and learn to handle children under competent supervision and in the end all was well.

We quite frequently hear that girls who have been in employment until they get married are rather appalled at the idea of coping with a new born baby. In the old days with larger families girls got experience within the family circle but that is not so nowadays and we have been able in one or two cases to get " First Baby " mothers from the Ante-natal clinics to go to a Day Nursery and learn about handling children. I am surprised that this has not been more popular. One would have thought that it would have been a very welcome arrangement and it is one of the main justifications for having a Day Nursery in association with a Welfare Centre.

The Beechwood Day Nursery continues to be one of the show places in this county which attracts visitors from all over the United Kingdom and many from overseas. The type of construction which has attracted so much attention in our school buildings has been used. Plans, reports on the construction and photographs of the buildings are in continuous demand. The Architect's Department have been very helpful in meeting these demands, showing parties round and explaining the system on which the building has been constructed. From our point of view the thing that matters is that the building functionally is a very excellent one indeed and it emphasizes the belief that it is much easier to run good services in a building which has been designed for the purposes which it has to serve.

The routine medical examination of children during their sojourn in the Nurseries was continued. Under this Scheme 780 children were inspected during the year and 653 were re-examined. The defects found are shown in the following Table.

Medical Inspections at Day Nurseries, 1st January, 1953, to 31st December, 1953.

No. of children inspected during 1953	780	(1,127) 1952 numbers
No. of reinspections	653	(830) in brackets.

Defects found.

Defect or Disease.	*No. of Defects requiring treatment*		*No. of Defects requiring observation but not treatment.*	
	1953.	*1952.*	*1953.*	*1952.*
Cleanliness	2	3	1	—
Heart	3	3	23	10
Lungs	7	5	16	20
Eyes	24	12	16	30
Ears	8	9	5	7
Nose	25	12	11	16
Throat	30	26	58	44
Skin	15	23	11	19
Alimentary System	—	—	1	1
Teeth	17	28	9	16
Nervous System	6	4	13	6
Deformities	36	53	64	62
Other	21	13	8	7
Total	194	191	236	238

The numbers are not sufficient to be statistically worthwhile but it would have been very interesting to compare the results of the school entrant examination for children who have been in Day Nurseries or Nursery Schools and children who have not been under any form of organized care. It is frequently asserted that the best place for a child is in its own home. I have little doubt that as a generalization this is true but I am quite prepared to find that it is not always true if the physical health of the child is the only criterion.

Maternity and Child Welfare Dental Service, 1953.

Report of the County Dental Officer.

There has been some increase over last year in the amount of dental attention provided for mothers and young children referred from the Maternity and Child Welfare Centres. Staffing difficulties still persist : one whole-time officer resigned in January and a second loss, which occurred in August, was the sudden death of Mr. B. W. C. New, L.D.S., a whole-time officer who had been on the staff for eighteen months. Mr. New was well liked by all with whom he came in contact, and his sudden passing was a considerable shock. The services of one whole-time and six part-time additional dental officers were secured during the year, bringing the total number of officers to eighteen ; there was no reduction of the part-time staff.

Although there has been an improvement over that reported last year in respect of the recruitment of dental officers, it was hoped that the situation would become easier more rapidly than has, in fact, been the case. The remuneration obtainable in the general dental service continues to be more attractive to dental surgeons than that payable in the local authorities' services, but the disparity between the two scales is becoming progressively reduced. There is no doubt that this process will permit the rebuilding of this authority's service, but the expansion will be a gradual one. It should be mentioned that the calls of the Hospital Dental Service for staff also contribute in no small

measure to the shortage of dental surgeons. The chances of promotion to high posts within that Service is an added attraction to recruitment which does not obtain elsewhere. Nevertheless, considering the position as a whole, there would appear to be grounds for a more optimistic view regarding the future of the priority dental services for mothers and children.

Particulars of the work carried out during 1953 are given in the following tables :—

MATERNITY.

Number of mothers examined		201
Number of mothers needing treatment		190
Number of mothers treated		134
Number of mothers made dentally fit		118
Extractions		193
Anæsthetics—Local	20	
General	71	
	—	91
Fillings		111
Scalings or scaling and gum treatment		34
Silver nitrate treatment		—
Dressings		4

CHILD WELFARE.

Number of children examined		1,850
Number of children needing treatment		1,325
Number of children treated		992
Number of children made dentally fit		891
Extractions		1,532
Anæsthetics—Local	58	
General	697	
	—	755
Fillings		680
Scalings or Scaling and gum treatment		21
Silver nitrate treatment		301
Dressings		262

The figures show improvements over those for last year under almost all headings ; the numbers of mothers and children inspected increased by 749 and the attendances for treatment by 392. It may be noted that the level of conservation treatment continues to be generally maintained. Special efforts are made in this connection as, although the relief of pain and the eradication of sepsis are, of course, treated as of primary importance, the lasting benefit of complete treatment is given whenever possible.

After the setbacks that have been suffered during past years, it is encouraging to be able to report definite improvements and it is confidently expected that the dental service for the mothers and children can now steadily be expanded.

UNMARRIED MOTHERS.

Miss Morfey, the Almoner specially charged with the care of the Unmarried Mother and her Child, has submitted a very full report on her year's work. This report is quoted very freely in the extract which follows not only to show the trends which ultimately led to the closure of " Campions " but also as a contribution to the study of the problem of the Unmarried Mother

and her family which is closely associated with the problems of the evicted families, another problem in this county which is causing us much concern.

The case quoted in the first paragraph of page 24 should serve to allay the fears of those who feel that too many families are broken up because one of the parents is irresponsible, or that housing authorities are always unco-operative when dealing with families of this kind.

A curious feature of the work in this sphere throughout the year has been the drop in numbers at Campions ultimately causing the closure of this Home. Not only were fewer applications for admission dealt with but there were also more cancellations, and it is interesting to note that this lesser demand for accommodation does not appear to relate to the total number of new cases with whom the Almoner dealt since this is in fact slightly higher than that of total registrations in 1953, viz. 205 as against 192 in 1952.

Causes cannot be accurately assessed but it seems probable that improved housing, increased rates of maternity benefit, and a more realistic attitude on the part of parents may be contributory. Invariably cancellations came from girls who in pregnancy had felt it impossible to keep their child and return with it to the parental roof, but when the child had actually arrived quickly found that their parents were willing and able to accept them.

Throughout its existence Campions has served an extremely useful purpose and has been a real asset in the Almoner's work and provided help for a large number of mothers. The alternative arrangements suggested at the end of the year should meet present needs adequately if the situation remains that of the preceding six months, and have the advantage of offering a wider choice of Homes to meet individual needs.

Good reports are received of one girl who was in Campions on two occasions having been in the Bedford Home with her first child. She has an unhappy past and no home, though a bright attractive girl with many excellent qualities. Arrangements were made for her admission to a long-term Home with her last child, where throughout the year she has worked and behaved well and writes that she expects to be married shortly and can keep her child.

Six girls with their babies were returned to Ireland from Campions, arrangements being made for their reception into Homes in their own country, but only as a result of our firmly refusing to offer any help in five cases—one girl (from Northern Ireland) being the only one at all anxious to return. In a conversation which the Almoner recently had with officials of the Crusade of Rescue it is clear that they welcome the policy of this authority in this respect and are themselves pursuing it and pressing the Authorities in Eire for more positive action to prevent pregnant girls coming to this country. In the London area the Crusade of Rescue deal with 900 Irish girls annually of whom approximately 40 per cent come to this country already pregnant. In recent months there appears in this County to be a tendency towards a reduction in the numbers entering the area—it is possible that word has gone round that Hertfordshire is less attractive than formerly, now that a return to Ireland is virtually the only offer.

Concern is still felt over the unfortunate plight of the " obstinate " few (girls with more than one child), condemned apparently for ever to existence in Part III accommodation since no alternative can be found. In all there were ten of these in the County. The situation in two cases (see p. 20) is relieved by the fact that there is a Day Nursery adjacent in which these mothers can place their children while they themselves are employed locally. A proportion of these mothers would not be capable of supporting themselves and their children in current conditions, but there are some who have suggested pairing up, if a home can be found, with one mother going to work while the other looks after both families—it is sad that they cannot be given the chance of proving their capacity to be self reliant in this way as housing authorities have not as yet been induced to co-operate by providing accommodation. The difficulties in providing rate aided houses for these mothers and for other evicted families is, of

course, great—in many cases they have already proved unsatisfactory tenants, and in the case of unmarried mothers it would seem invidious to give priority over married couples on the housing list—but such difficulties are surely not insuperable. It is possible that present-day planning strives too hard for perfection, and that housing authorities are intolerant of sub-standard accommodation in their areas at the expense of a vast amount of individual human distress. To recognize that the accent is on *housing* and that even sub-standard accommodation may be preferable to a break-up of family life by enforced residence in Part III accommodation may well be more worth while than a blameless reputation for housing which conforms to the highest of current standards. The problem, as I have said, is not only that of unmarried mothers but of families broken up, some of whom come to our notice with their many distressing problems. In one area requests from local residents have been received that members of one such sub-standard family which included an unmarried mother and her child should be transferred to appropriate Part III accommodation from their council house. Family standards are admittedly low but the house is not insanitary, the family is a united one, and so far the care of the baby satisfactory. The Children's Officer, Welfare Officer, and Almoner are all agreed that there are no grounds for breaking up this family—to whom Institutional life would be a great hardship—provided that the baby's interests are closely watched, in which the Health Visitor's co-operation has been asked. The Housing Authority helped by repairs and redecoration of the house while the mother was in hospital, and the Glasspool Trust are helping with furniture. Had the Housing Authority not proved co-operative and had they yielded to pressure to evict this family, as might easily have happened, three more unhappy people would have swelled the number of H.C.C.'s guests, and one wishes that such a realistic facing of facts were more universal.

In the early part of the year the Almoner was called upon to address the Moral Welfare Sectional Committee of the National Council of Women on the subject of " promiscuous irresponsible women with children chargeable to the Local Authority " and subsequently a resolution on the subject from this Committee was sent to Her Majesty's Government. The help of the Almoner was asked and given in the drafting of this resolution.

A reading of the National Council for the Unmarried Mother and her Child's annual report has proved encouraging since the views there put forward in regard to general principles in the care of unmarried mothers and their children embody much of the thought on which work in this County has been based. Especially are we agreed on a *minimum* period of six weeks' for mother and baby to be together before taking what must in any case be a weighty decision on the part of the mother is imperative, and that in all but very exceptional cases it is unsound and (although often kindly meant) prejudicial to the real interests both of mother and child, to help a mother to part from her child before the baby is at least six weeks of age.

I am indebted to Dr. Taylor for the following report.

Child Development Clinic, Welwyn Garden City.

These sessions were established during the war by the Health Association in Welwyn Garden City in order to advise and assist young mothers to overcome minor emotional and behaviour difficulties which they often met when caring for young children under the age of five years. While the majority of such difficulties rightly fall within the sphere of the Clinic Doctor and particularly the Health Visitor, who is aware of the home and family background, it was felt that at times these problems could be too involved and time consuming to receive adequate attention at the ordinary Infant Welfare Clinic and could, with profit to the mother, be dealt with at special sessions. From the outset the work has been primarily preventive in outlook, the prompt discussion of problems and guidance of the mother preventing the development of further

difficulties, leading to major behaviour abnormalities. The enthusiasm, personality, and wide experience of Dr. Flora Shepherd firmly established the sessions beside the ordinary Infant Welfare sessions at the Lawrence Hall, where much good work was done in a quiet and unobtrusive way for several years.

When Dr. Shepherd decided, for personal reasons, to relinquish this work at the end of 1952, it was felt that there was much to be gained by maintaining the sessions in order to study further the problems arising and leading to the referral of mothers, the number of interviews deemed necessary in each instance and the ultimate benefits resulting to parent and child. Upon the recommendation of Dr. Lucas, Director of County Child Guidance, and the approval of the St. Albans Group Hospital Management Committee, Mrs. Baker, the psychiatric social worker, starting in April, 1953, has held sessions fortnightly at the Lawrence Hall. Her report, following a year's work, shows that she saw 38 mothers with a total of 94 interviews. While in the first half of the year a number of mothers came once, but failed to keep further appointments, attendance in recent months have been good and wasted appointments the exception.

Regarding the nature of the problems, Mrs. Baker states " those causing most disturbance are sleeping difficulties, enuresis, and aggressive behaviour. The child's first attempts at self-assertion are commonly misunderstood and mishandled, especially by over-conscientious mothers with high standards of conduct. Whatever the symptom for which the child is brought to the Clinic, however, there is usually a tense situation between mother and child, temporarily spoiling their relationship. The mothers are usually feeling anxious and guilty that such a situation has arisen and find relief in talking over these problems of management, which are related to the child's emotional life. If the children are brought at an early stage, much unhappiness may be avoided and the children helped to mature emotionally."

The primary preventive function of the Clinic is well recognized by Mrs. Baker, who further states in her report : " The Child Development Clinic, then, seems primarily educative and preventive in its aims. Success depends not only on the methods employed, but also on a right selection of cases. Here, the Health Visitors, who are closely in touch with the environmental conditions, are of the greatest help. Symptoms are but pointers. They may be normal to the child's age and stage of development. If mothers can be reassured and helped to have confidence in their own handling of young children, much anxiety may be lessened and future maladjustment perhaps avoided."

The following table gives some details of the attendances at the sessions from April, 1953, to March, 1954 :—

CHILD DEVELOPMENT CLINIC—APRIL, 1953, TO MARCH, 1954.

No. of Cases : 38.
No. of attendances : 94.

Symptoms for which referred.	
Sleep disturbances	11
Enuresis	11
Tempers and screaming	8
Aggressive behaviour	6
Fears and timidity	1
Habit disturbance	1

Of the 38 parents referred to Mrs. Baker the majority (22) were referred to her directly by the Health Visitors at the Infant Welfare Clinics in Welwyn Garden City, with the approval of the Divisional Medical Officer, a further eight being referred by the Clinic Doctors and the rest directly by the Divisional Medical Officer. This does show that the Child Development Clinic is in no way encroaching upon the primary functions of the Health Visitor. On the contrary, it is found that the Health Visitors welcome the technical advice and guidance given by Mrs. Baker, so that these problems are, perhaps, more adequately dealt with in Welwyn Garden City than would be otherwise.

Regarding the results, as far as one can ascertain there does appear to be

a marked improvement after only two or three interviews in the majority of cases and it is noteworthy that only three mothers needed to attend for more than four interviews. Of all the children seen throughout the year, in only two cases was the disturbance sufficient to warrant referral for full child guidance examination and treatment at Hill End Hospital.

NURSING SERVICES

NURSING STAFF AT 31ST DECEMBER, 1953.

(Figures in brackets denote number with H.V. Certificate.)

	Whole-time.		*Part-time.*	
Administrative	5	(5)	—	—
Health Visiting and School Nursing	56	(55)	3	(3)
Health Vis./Sch. N./Mid./Home N.	49	(15)	—	—
School Nursing	2	—	6	—
Tuberculosis Health Visiting	7	(4)	—	—
Midwifery	16*	(1)	—	—
Dom. Mid./Home Nursing	35	(4)	—	—
Home Nursing	25	—	24	—
Home N./Sch. N./Health Visiting	2	—	2	—

* Includes 6 Midwives employed by West Herts Hospital Management Committee at Watford as agents of the Local Health Authority.

The Reports which follow on Sections 23, 24, and 25 are based on the Reports of the County Nursing Officer.

SECTION 23—MIDWIFERY SERVICE.

Domiciliary midwifery has shown a steady rise during 1953. This is in part due to the numbers of new residents coming into Hertfordshire, many of them young mothers or " mothers to be ". It is perhaps to some extent attributable to the increased " screening " by the hospitals because of the difficulty in obtaining staff for maternity beds. This development has been welcomed by our Midwives. Many of our best domiciliary midwives have come into this branch of the profession because they genuinely like doing midwifery and it has been a source of great grief to them that the midwifery work for a time dwindled away to almost negligible proportions. It is still regretted that there is not more financial consideration given to the mother who is confined at home. People prefer a hospital confinement for various reasons. Most find it more convenient, more restful, and certainly cheaper to be confined in hospitals. Though there now are special payments for maternity cases confined at home there are still inconveniences and difficulties. In contrast to the hospital case the woman confined at home has to be fed at her own expense. She has to bear the considerable cost of the maternity laundry. The husband, very properly, is tied by the heels during the week-ends if there is no one else to look after his wife because there is no Home Help. One can argue that all these things are good things from the point of view of family life but one has got to realize that they make demands on women who have their confinement at home.

Our Scheme for Gas and Air Training was arranged at the Barnet General Hospital many years ago and is still working well. All the 100 County Council domiciliary midwives are trained in the use of Gas and Air.

There has been a great extension of the training of pupil midwives in the county. When the changeover came in 1948 it was arranged that the domiciliary midwifery in Watford and District would be delegated to the Maternity Home so that it could continue to function as a Part II Training School. Since then the demand for training facilities at Watford have outgrown even the increase in the population of the district and we have been to some pains to find a training ground elsewhere in the County. We have also had requests from other Maternity Hospitals in the County which were anxious to become Part II Training Schools in order to recruit pupil midwives to overcome staffing

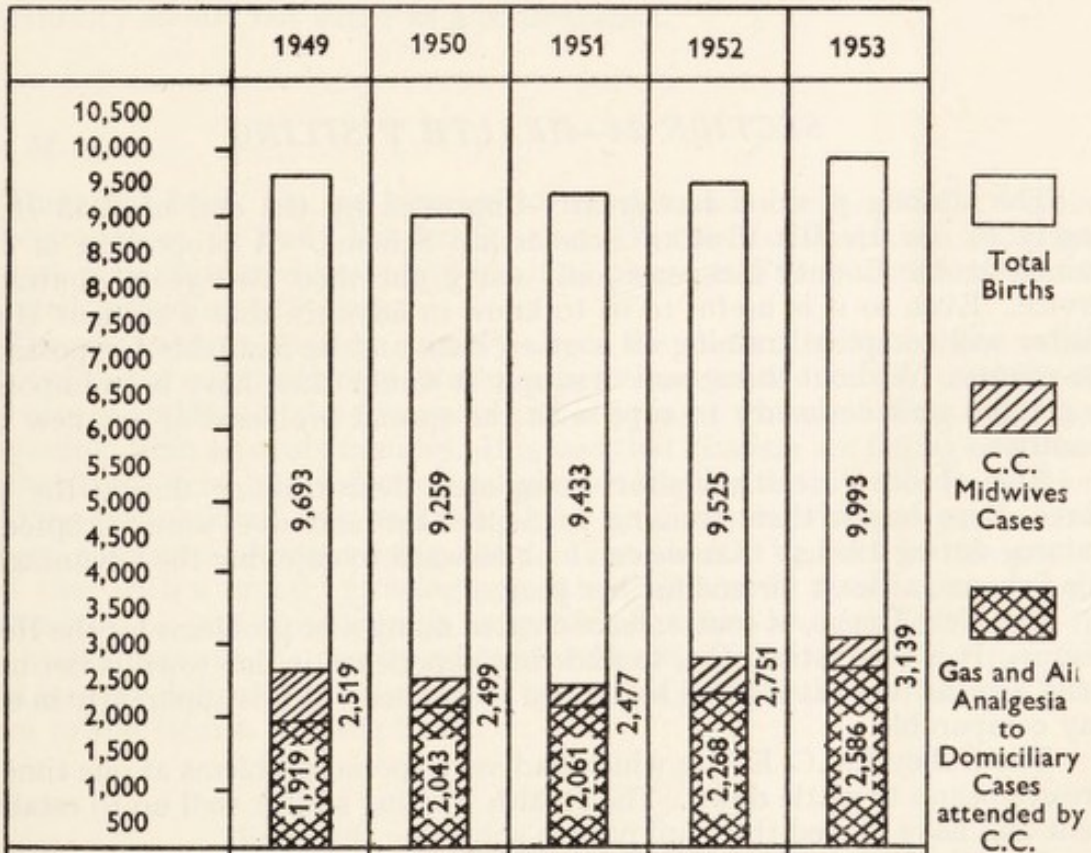
difficulties and wherever possible we have arranged for pupils to be placed with our midwives. During 1953, apart from Watford the number of our midwives accepting pupils was increased from seven to thirteen. This training of pupil midwives is often difficult to arrange. As has been said already many midwives like doing midwifery and resent the introduction of a pupil who necessarily has to take over a proportion of the cases. It is often difficult too to arrange accommodation for the pupil midwife and we are sometimes obliged to press the midwife to accept a pupil as a lodger in her house. Many midwives have gone into district work because they prefer to live alone and they do not always welcome the idea of having pupils in the household. The number of cases in which we have had to accept the midwives unwillingness to house a pupil is very limited and many midwives ultimately find that they enjoy the contact with these younger nurses and the fresh ideas they bring to their work.

The influx of population to the New Towns and L.C.C. Estates in this county has, of course, brought a spate of domiciliary midwifery. We have tried to increase the midwifery service to cope with this wherever possible but it has not always been possible to get staff. But for the willingness of the Development Corporations and the L.C.C. to provide us with houses for the midwives it would have been difficult indeed to meet these new demands. A house is no longer an infallible bait for a midwife but it is still one of the best.

This is still the only County in which the Central Midwives Board allow the midwives to use the C.M. attachment for the Gas and Air sets and Dr. Elam, with his customary zeal and without any payment whatsoever has, in his capacity as Honorary Analgesist, travelled throughout the County instructing midwives in its use.

WORK OF THE COUNTY COUNCIL MIDWIVES

(With total births attributable to Hertfordshire)



	1949	1950	1951	1952	1953
Total number of visits paid by the Midwives to Domiciliary cases.	79,730	71,164	71,168	74,987	94,226

USE OF GAS AND AIR APPARATUS IN DOMICILIARY PRACTICE.

Confinements.				
	No. attended by :		*No. in which Gas and Air given.*	
No. of sets available.	*Midwives.*	*Maternity Nurses.*	*Midwives.*	*Maternity Nurses.*
82	2,185	990	1,848 (84·6%)	854 (86·3%)

Ambulance Births.

The figures supplied by the Ambulance Officer show that of the six births which took place in an ambulance, and fifteen which occurred in the house either before or after the arrival of the ambulance, the ambulance crew secured the services of a doctor in three instances after the birth, and the services of a midwife on two occasions before, and twelve occasions after birth.

A report on each birth is submitted by the ambulance crew who are to be commended on the way in which they deal with these emergencies and on their efforts to contact midwives without delay.

In the majority of the cases where the baby was either born, or the birth was in progress when the ambulance crew arrived, it would seem that the emergency birth has arisen on account of the delay in calling the ambulance.

Occasional lectures and filmshows continue to be given to ambulance personnel.

SECTION 24—HEALTH VISITING

The staffing position has greatly improved by the end of 1953 thanks largely to our Health Visitors' Scholarship Scheme. A proportion of those trained at the County's expense only carry out their two years' contract of service. Even so it is useful to us to know in advance that a student Health Visitor will complete training on a given date and be available for posting in the county. Without this source of supply it would often have been impossible to get the staff necessary to cope with the special problems of our new communities.

Five student Health Visitors completed their training during the year. Three more began their training in September and five were accepted for training during 1954 so that we can look forward to enjoying the advantages of this Scheme, at least for one further year.

The New Towns, of course, have created many new problems for the Health Visitor. It is interesting, too, to find that experience in one town is not necessarily a guide to what is going to happen in another which is apparently in every way comparable.

The Oxhey L.C.C. Estate which had very special problems at one time has already begun to settle down. The Health Visiting staff is well up to establishment and have played their full part in achieving this result.

In some instances we have been obliged to augment our Health Visiting staff by recruiting state registered nurses without the Health Visitor's certificate to our Health Visiting teams. These ladies have been given duties which did not call for a health visitor's special training and they have been a most useful addition to the staff.

The fact that new Estates may, as in the case of Boreham Wood, have no

respect for country district boundaries has created administrative problems. At one time the tendency was to try and deal with the situation on strict divisional lines. Thus Health Visitors, Midwives, and Home Helps in the St. Albans Division dealt with most of the Estate. But those parts which are in the Watford Rural area were serviced by staff under the direction of the South-West Divisional Office. This, of course, creates complications at all levels.

One is finding in Boreham Wood, as previously in Oxhey, people living in houses with high rents and with heavy hire purchase commitments, still travelling daily to work in London with resulting physical and financial strain on the wage earner and domestic strain on the mother. This is, one hopes, a passing phase. At Oxhey we have been agreeably surprised to find how quickly the community appeared to adjust itself and to lessen its demands on our staff and no doubt the same thing will happen at Boreham Wood.

Our four New Towns are expanding rapidly and the staff has had to be increased and reorganized to cope with the increase in population. It has been interesting to observe how much simpler it is to deal with a new population introduced on top of an existing one as opposed to the problems we have met in the L.C.C. Estates which were set up in association with either a small town with limited services or in the open countryside.

We have continued to take students from the L.C.C. Health Visitor Training Course for experience in this County. This arrangement was originally made as a friendly gesture on our part but we are now reaping an unexpected benefit in that quite a number of pupils have liked working in Hertfordshire and have returned to this County when their contract with the Training Authority has been completed.

The Health Visitors, as has already been mentioned, have been given a considerable amount of extra work by the constant change in the Day Nursery population and by the steps taken to ensure that children excluded from the Day Nursery should not suffer as a consequence.

Child Minders.

There has been, too, an increase in the demands on the Health Visitors by the growth of the Daily Minders Scheme. On the 31st December, 1953, four premises were registered providing in all 84 places and 15 Daily Minders were registered providing 125 places.

There is in some quarters anxiety about the Daily Minders Scheme which is limited to the registration of places, other than private houses, used for the daily care of children under five years and of persons who are taking more than two children from separate families. It is said that Minders are failing to register and that some very unsatisfactory people are keeping outside the Regulations by taking two children only and that there is no way in which to get to know of these people or of supervising them. The Health Visitors in this county admit that with a rapidly growing population such as in a new community it is difficult to be sure quite what is happening but they are satisfied that in the more stable parts of the county where the Health Visitor knows her people it would be very difficult for a woman to be doing Child Minding without it being known to the Health Visiting Staff.

Mothers' Clubs.

Reference has already been made in previous Reports to the increasing value of Mothers' Clubs as a means of doing health education in association with the Welfare Centres. Their popularity has increased and there are 5 Clubs in the County.

Some of the Clubs meet in the evenings to enable the fathers to attend. This emphasis on the combined responsibility of the father and the mother is surely a good thing in these days when family life so often seems to be in jeopardy.

Relations with General Practitioners.

Many attempts were made during the year to establish a more useful contact between the General Practitioners and the Health Visitors. Joint Meetings were arranged in several Divisions and some very interesting and pertinent discussions took place. The point which emerged at all these meetings was the fact that the General Practitioner knew very little about the Health Visitors training and responsibilities and had not given consideration to the possibility that the Health Visitor might in some ways be quite as useful an ally to the General Practitioner as was the District Nurse.

The British Medical Association Circular which was published in March, 1954, encouraging General Practitioners to co-operate with the Local Health Authorities in understanding and making intelligent use of the Health Visiting Service was a great help and is being followed up though it is difficult to arrange meetings, usually social in the first place, between two groups of people each very fully occupied and unwilling to give up time for meetings unless they are for some well defined and obviously useful purpose. The attendance of General Practitioners at Staff meetings convened to hear lectures on subjects of mutual interest have shown that if one can find the right topics joint meetings can be a success and achieve their main purpose of getting the General Practitioners and the officers of the Local Health Authority to know and understand one another.

Old Folks.

There have been suggestions from various sources that the Health Visitor should undertake routine visits of old folks just as she does with infants. I have been obliged to discourage this. The Health Visiting team in this County is not yet up to establishment and as a Preventive Health Service our prime duty is to safeguard the health of the rising generation rather than to ameliorate the lot of the ageing population. Nevertheless by encouraging Health Visitors to link up with the Old Folks Welfare Committees throughout the county and to learn what they are doing it is possible to use the Health Visitors in a useful way without taking too much of their time. Each Health Visitor is encouraged to make herself fully informed on the resources in her area and to help the old folks whom she encounters in the course of her visits by arranging for the appropriate services to be supplied rather than by herself spending the time on the case. The temptation for the Health Visitor to do this work herself is great but experience with the old folks shows that before any progress can be made one has got to be prepared to spend a considerable time making contact with them. Health Visitors who have tried to do this work personally have found that one case per session in the initial stages is all that can be achieved. In that period she could, of course, do a considerable number of infant visits.

Refresher Courses

The importance of keeping Health Visitors up to date in their work is recognized. The easy way of doing this is to arrange for them to attend refresher courses in London and elsewhere. This method is not entirely suitable as often the lectures are not completely relevant, it is an expensive way of dealing with the problem, and it leaves the district without a Health Visitor for the period of the course. It has been found that the holding of special Health Visitors meetings with eminent lecturers is a better way of dealing with this question

and these meetings at County level have an additional advantage for they bring together all the Health Visitors and tend to offset the danger of a too rigid divisional dividing line. It also has the advantage of encouraging the Health Visitor with her special problems to discuss them with her colleagues during the informal talks which occur during the intervals and breaks at these Study Day Meetings.

Lectures to Student Nurses.

Doctors and nurses in the public health field have for a long time felt that it would be advantageous if nurses working in hospitals could have some understanding of the work done by the Local Health Authority nursing staffs and of the object and scope of the Health Services provided and administered by local authorities. It was, therefore, a very welcome development when it was announced at the end of 1953 that the General Nursing Council Syllabus for the Training of Student Nurses had been extended to include a series of lectures on the Social Services. This was followed up by a circular asking Local Health Authorities to allow their staffs to give lectures and to arrange practical demonstrations to reinforce the points made in the lectures. As soon as this circular was received a meeting was arranged with the Matrons of the Training Schools in the County at which we agreed on the lines which the lectures would be given. It was decided that the lectures should be given by our Nursing Staff, usually the Divisional Nursing Officer. We are confident that this new development will be of value to the hospitals but we are hopeful, too, that it will not be without its value on our side.

Now that our Health Visitors are getting access to the hospitals they can, in addition to giving lectures, get to know the hospital Nursing Staff who will thus become aware of our work and of the potential value of the Health Visitor to any of the Hospital Medical Staff who are interested in the social background of their patients. In my 1952 Report I dealt at considerable length with this great untapped source of information. The day may well come when a doctor unaware of the existence of the Health Visitor bemoans the fact that he cannot get a particular piece of information about a patient's home background and learns from a Nurse that the Health Visitor may have the information which he requires.

Medical Research Council—B.C.G. Trials

The Health Visiting Staff in the St. Albans, South-West, and Barnet Divisions have continued to collaborate with the Medical Research Council in their investigation into the efficacy of B.C.G. vaccination. Dr. Pollock, the Medical Officer in charge of this work in this County, has addressed a meeting of Health Visitors and spoken of the very high proportion of cases who turned up when recalled for examination. He spoke very warmly of the part which the Health Visitors had played in ensuring the attendance of these " follow-up " cases and of their help to him in the actual work of the investigation.

SECTION 25—HOME NURSING

The difficulty of obtaining suitable candidates for district nursing work continues and the posts are easily filled only where houses are available. It would be preferable to employ only nurses who have had district training, but as the services have to be continued and there is no obligation to employ a district trained nurse we have had no option but to employ nurses with S.R.N. and S.C.M. qualifications only, if they are the only applicants for vacancies.

There is still difficulty in St. Albans and East Barnet where the staff are expected to lead a communal life in a Nurses' Home. It is becoming increasingly apparent that Nurses who are prepared to live in this way can find in hospitals a job which is more satisfying and better paid. Arrangements were begun during the year with a view to reorganizing these Homes so that they will include self-contained living accommodation.

The change in the work of the District Nurse referred to in last year's report has continued. It is interesting to find that the people coming to our New Towns do not make any different demands on our Nursing Services and it can be assumed that this change in the scope of home nursing is common to the whole county.

The increased use of anti-biotic injections for treatment resulted in five Nurses being affected with dermatitis. Where possible the nurse has been diverted to forms of work in which she will no longer have to come into contact with anti-biotics and will not be constantly obliged to work with wet hands. It has been found from experience that nurses who are liable to this form of occupational disease tend to relapse easily. There is an easy solution in the case of the Nurse who is prepared to take training as a Health Visitor and use her nursing knowledge in a field in which there is not the same risk of provoking a recurrence of the skin condition.

As with the midwives, home nurses are finding it increasingly difficult to count on the neighbourly or family help which used to be so freely available in days gone by. This is partly due, no doubt, to smaller families and earlier marriages but there is undoubtedly the feeling abroad that in a Welfare State neighbourliness does not matter so much. The same difficulty, of course, occurs in an even more serious way in respect of old people in their own homes. Many of these require more continuous care than can be reasonably given by a visiting nurse or Home Help and the difficulty of securing a bed for an old person in hospital often makes their plight a sorry one.

Watford Training Home

Our District Training Home at Watford continues to be busy. Students at this and other Training Homes are required to have experience of district nursing in a rural community. As a result many of our rural nurses are asked to receive pupils into their homes. In all twenty-seven students were placed with nurses in rural areas. As in the case of the Health Visitors our trouble in arranging for these training facilities has been well rewarded since quite a number of students have returned to Hertfordshire after their contract period of service elsewhere is completed.

The following Table is a summary of the work done by the Home Nurses during the year.

TYPE OF CASES AND VISITS PAID BY HOME NURSES.

	1953							1952
	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal complications	Others	Totals	Totals
Cases .	12,333	3,978	125	310	108	1,747	18,601	15,207
Visits .	221,016	53,788	784	8,117	692	3,564	287,961	313,343

SECTION 26—VACCINATION AND IMMUNIZATION

	At Clinics	By Private Doctors	Total
Vaccinations—			
Primary	1,996	3,279	5,275
Re-vacs.	31	1,292	1,323
	2,027	4,571	6,598
Diphtheria Immunizations—			
Primary	4,443	3,062	7,505
Boosters	6,833	1,284	8,117
	11,276	4,346	15,622
Whooping Cough Immunizations—March to December—			
Primary	2,388	1,518	3,906
Boosters	2	122	124
	2,390	1,640	4,030

The above Table summarizes experience during the year in our various schemes for protecting children against disease. It is interesting in as much as it shows the wisdom of having both the family doctors and County Medical Staff employed in this work. It is interesting too to note the relatively large number of children immunized against whooping cough at our Welfare Centres in the nine months during which the Scheme was in operation. Ordinarily when introducing a new scheme of this kind there is a long delay before it gains the confidence of the mothers. I was influenced in introducing whooping cough immunization in advance of the official recommendation to do so by reports that there was a widespread clamour for this form of protection from mothers attending the Welfare Centres.

TABLE 15.

VACCINATIONS.

Year	Primary		Revaccinations	Total during year	No. of live births during year	Percentage vaccinated under one year of age
	Under one year of age	Over one year				
1946	3,453	393	366	4,212	10,522	32·8
1947	3,405	484	427	4,216	11,065	30·8
1948	2,400	324	563	3,287	9,756	24·6
1949	2,562	560	966	4,088	9,236	27·7
1950	3,434	1,128	1,737	6,299	9,085	37·8
1951	3,924	1,804	3,004	8,732	9,225	42·5
1952	3,979	1,225	1,772	6,876	9,341	42·6
1953	4,330	945	1,323	6,598	9,811	44·2

Table 15 shows the trend of the reaction on the part of the public towards vaccinations in the last two years when compulsion had become a "dead letter" and the following six years in which the public is gradually responding to quiet propaganda. The percentage of children vaccinated in Hertfordshire compares favourably with most of the Home Counties.

DIPHTHERIA IMMUNIZATION.

Year.	Number of Children who completed a Full Course of Primary Immunization. Under 5 years of age.	Over 5 years of age.	Number given a Reinforcing Injection.
1948 . .	7,466	1,136	5,664
1949 . .	7,047	1,449	5,946
1950 . .	6,319	1,037	6,610
1951 . .	7,527	1,015	8,102
1952 . .	6,796	856	8,402
1953 . .	6,560	945	8,117

Diphtheria Immunization.

The figures given have been rather disquieting in that they show a decline of 700 in the number of children immunized in a year during which the infant population of the county rose not only by an increase in the birth rate but also by the immigration of large numbers of families with young children. The incidence of cases of diphtheria and deaths from this disease during the past ten years are shown in the following Graphs.

It will be noted that one notification and one death were attributed to diphtheria in 1953. In each instance this can be discounted. The notified case was that of a young man admitted to hospital with a bad throat where a routine swab showed an organism resembling the diphtheria bacillus. No tests were made to verify the identity of the bacillus. The report of a death due to diphtheria caused great concern until it was found that it related to a middle-aged woman who died of a heart condition which dated from an attack of diphtheria fourteen years previously.

TABLE 16.—DIPHTHERIA NOTIFICATIONS, 1924–1953.

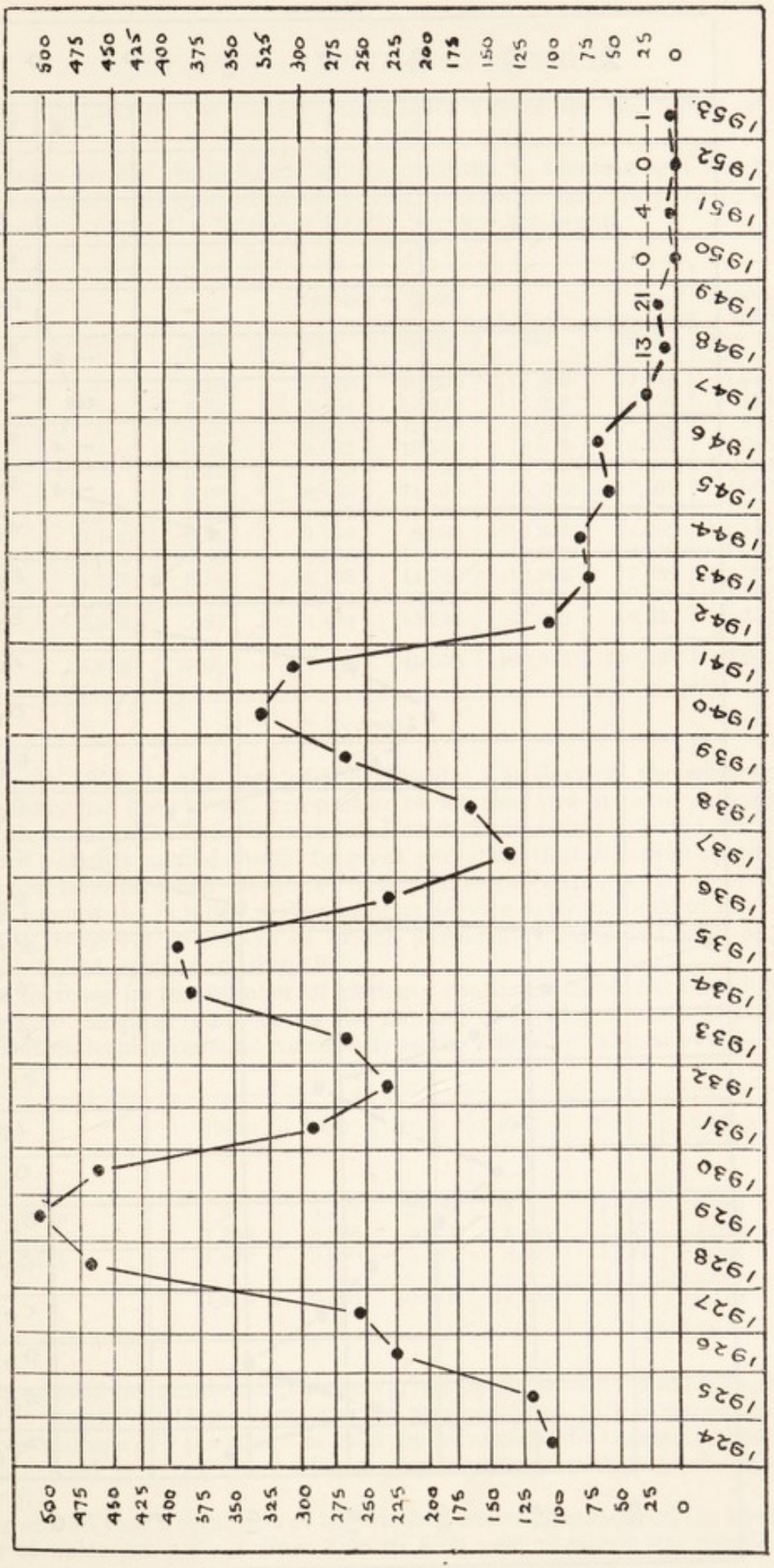
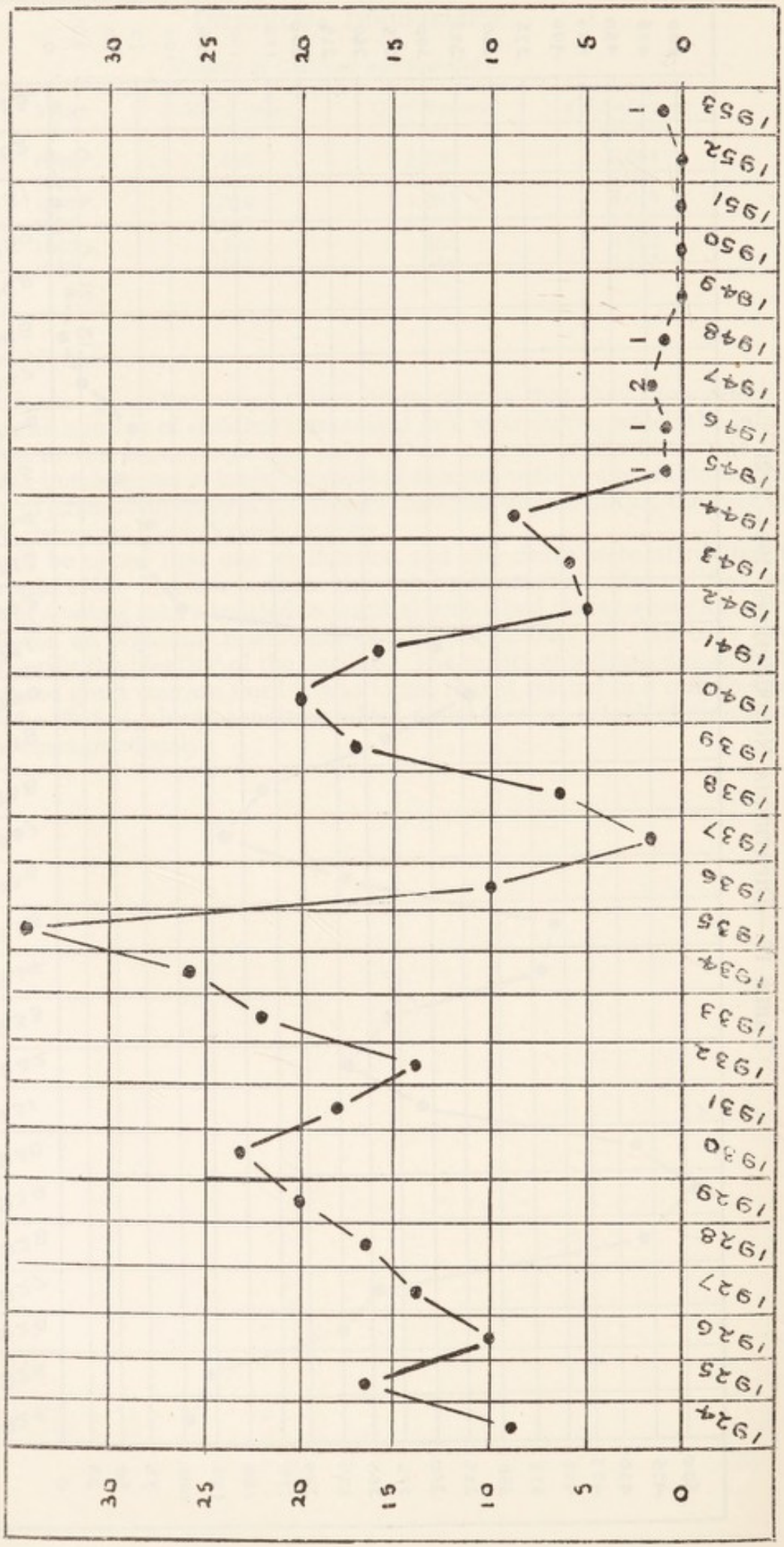


TABLE 17.—DIPHTHERIA DEATHS, 1924–1953.



SECTION 27—AMBULANCE SERVICE

I am indebted to the County Ambulance Officer for the report which follows :—

Demands on the Ambulance Service continue to increase and the table given below shows this upward trend that has proceeded since July, 1948, when the free service under the National Health Service Act began.

	Number of Cases						Increase 1953 over 1952
	1948	1949	1950	1951	1952	1953	
January .	—	5,100	7,910	10,209	15,296	17,945	2,649
February .	—	5,521	8,461	10,835	16,039	16,176	137
March .	—	6,264	9,030	12,446	19,074	19,230	156
April .	—	6,695	8,962	10,788	12,072	16,858	4,786
May . .	—	6,513	9,583	10,732	18,760	17,490	* 1,270
June . .	—	6,007	9,186	14,018	15,480	17,569	2,089
July . .	2,592	7,288	11,092	11,160	17,067	18,488	1,421
August .	3,162	6,214	7,359	8,983	15,347	14,002	* 1,345
September .	4,048	6,984	10,978	13,116	15,532	17,283	1,751
October .	4,523	8,107	10,166	11,710	17,568	17,959	391
November .	4,420	7,300	9,994	12,665	20,632	17,310	* 3.322
December .	5,283	7,697	11,434	13,716	17,043	16,821	* 222
	24,028	79,690	114,155	140,378	199,910	207,131	7,221

* Decrease.

Prior to 1952, in the case of the Hospital Car Service, the number of journeys only has been given, irrespective of whether two or more patients at a time were carried. The Ministry of Health have now requested that the number of patients carried should be given and state that a patient carried to hospital and later returned should be considered as two patients. In accordance with this request the number of Hospital Car Service cases included in the total of 207,131, is 58,671 in respect of 21,023 journeys as compared with 59,955 cases and 21,568 journeys during 1952.

The increase in the number of patients continues to be entirely due to conveyance of hospital removals, as the number of accidents, cases of sudden illness, and maternity remains consistent, as the following table shows :—

	1948 (6 months)	1949	1950	1951	1952	1953
Accidents . .	1,273	3,177	3,560	3,960	4,236	4,574
Sudden illness .	1,398	3,298	2,971	2,584	2,387	1,930
Maternity . .	1,639	3,650	3,547	3,691	3,784	3,654
	4,310	10,125	10,078	10,235	10,407	10,158

During 1952 the number of patients carried by the directly provided service showed an increase of 18 per cent over the previous year, with a corresponding increase in mileage of 7 per cent. In 1953 the increase in the number of hospital patients carried is 6 per cent, with a corresponding increase in mileage of 5 per cent.

The second year's operation of the wireless scheme has reduced the average number of miles per patient from 8·95 to 8·69 and increased the number of patients per journey from 2·36 to 2·56.

DETAILS OF CASES DEALT WITH DURING 1952.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Total Mileage
Accidents . . .	241	243	330	263	427	367	397	500	343	328	408	389	4,236	—
Sudden illness . .	194	242	253	148	243	169	193	213	180	161	197	194	2,387	—
Removals (Maternity) .	286	285	468	275	376	284	309	323	268	252	341	317	3,784	—
Removals . . .	8,908	10,372	12,880	6,911	12,423	9,416	10,339	9,833	9,469	10,939	14,221	11,681	127,392	—
Totals . . .	9,629	11,142	13,931	7,597	13,469	10,236	11,238	10,869	10,260	11,680	15,167	12,581	137,799	1,207,382
Hospital Car Service . .	5,600	4,800	5,000	4,291	5,092	5,004	5,614	4,309	5,075	5,682	5,242	4,246	59,955	577,571
Isolation Hospitals . .	67	97	143	184	199	240	215	169	197	206	223	216	2,156	8,220
	15,296	16,039	19,074	12,072	18,760	15,480	17,067	15,347	15,532	17,568	20,632	17,043	199,910	1,793,173

DETAILS OF CASES DEALT WITH DURING 1953.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Total Mileage
Accidents . . .	290	261	354	397	418	405	426	463	386	385	345	444	4,574	—
Sudden Illness . .	218	199	188	166	170	153	164	146	134	136	127	129	1,930	—
Removals (Maternity) .	339	309	374	312	320	314	308	269	318	297	238	256	3,654	—
Removals . . .	11,896	10,415	12,340	10,873	11,339	11,544	12,192	9,355	11,051	12,024	11,545	11,276	135,850	—
Totals . . .	12,743	11,184	13,256	11,748	12,247	12,416	13,090	10,233	11,889	12,842	12,255	12,105	146,008	1,269,159
Hospital Car Service .	4,972	4,742	5,729	4,908	5,046	4,917	5,146	3,669	5,211	4,965	4,841	4,515	58,671	552,246
Isolation Hospital . .	230	250	245	202	187	236	252	100	183	152	214	201	2,452	8,019
	17,945	16,176	19,230	16,858	17,490	17,569	18,488	14,002	17,283	17,959	17,310	16,821	207,131	1,829,424

SECTION 28.—PREVENTION OF ILLNESS, CARE AND AFTER CARE.

Tuberculosis.

During 1953 the demands upon the Health Service under this Section of the Act continued to be many and varied. The reports of the Chest Physicians and Almoners show several aspects of the work done and how far into the lives of some of the community the Council's Services can now be taken. Most of the work carried out was in connection with the tuberculous but there was an increasing number of general After-care cases. Mental After-care is still largely dealt with by the Psychiatric Social Workers attached to the Mental Hospitals but the Almoners do visit a small number of patients after their discharge from these hospitals.

The Medical Loan Scheme continues to function satisfactorily through the help given by the British Red Cross Society and the St. John Ambulance Brigade.

Co-operation with the Physicians in the Chest Clinics continues to be very close. The Tuberculosis Visitors work from these Clinics and three of the Almoners have their centres there. The tuberculous patients can, therefore, be quickly dealt with and by the appropriate member of the team.

There was a slight rise in the number of notifications of tuberculosis during 1953, but as can be seen in Table No. 21, the attack rate per 1,000 is little different from that of 1952. The death rate (Table No. 23) had been falling steadily from 1947 but, although still under that for England and Wales, remained the same in 1953 as in the previous year.

Hertfordshire continues to receive a large number of tuberculous cases from outside the county. The presence of the Training Centre in Letchworth brings more to that town than elsewhere but there was still a large intake in the Elstree and Watford Rural districts. The number received into the Borough of Hemel Hempstead was higher in 1953 than during the year before (see Table 22).

Reports of Chest Physicians.

Dr. P. W. Roe.

The year 1953 has been one of progress as far as the tuberculosis service is concerned, particularly as regards those aspects of the service for which the County Council is the responsible authority. In March four tuberculosis visitors with motor transport were available for the first time in West Herts. As a result the standard of work has improved and the follow-up of patients is gradually becoming more complete. The steady increase of patients in the new town at Hemel Hempstead is the next major problem to be faced and will ultimately mean that a fifth tuberculosis visitor will be needed.

The number of patients on the tuberculosis register continues to increase with the largest increase in the Hemel Hempstead new town as patients move from the London area. The next largest increase is to be found in Watford Borough. Undoubtedly the reason for this is that improved case finding is revealing hidden pockets of tuberculous infection which have hitherto been unnoticed. On the Oxhey Estate there has been a small drop in the total number of cases which has now fallen below 500. A previous investigation has shown that new cases notified from the Oxhey Estate are proportionately smaller than elsewhere in the district, but the main cause for the overall decrease is the steady trickle of patients back to all parts of London and to Boreham Wood.

During the year the Chest Clinic Almoner has been housed for the first time in suitable premises in the second hutted extension to the temporary

Chest Clinic. A full-time clerk has been appointed to work in the Almoner's Department. An Occupational Therapy scheme in connection with the British Red Cross has been in operation for some time, and the therapist visits the Chest Clinic once a week to obtain latest information about her patients. She also has a cupboard for storing materials at the Chest Clinic. The British Red Cross Society Library for tuberculosis patients also has been rehoused in the Chest Clinic and the librarian attends twice a week to supply books to patients. This arrangement also seems to be working well and is a great advance.

The Home Help Scheme was improved by the decision of the County Council to allow home helps to be supplied for 6*d*. an hour for a certain period. However, the root of this problem remains untackled and hence the scheme remains unsatisfactory. The Appeals system works reasonably well but the assessments are still too high in the opinion of certain patients or their husbands. I am particularly concerned about the cases of active or quiescent tuberculosis in the housewife. Many of these women need a home help for many years in order to allow them to get enough rest to heal their disease or prevent further breakdown. There is no doubt that these cases should be assessed under a special scheme not applicable to ordinary persons requiring a home help.

The new Chest Clinic at the Peace Memorial Hospital will be completed during the year and will be put into use. The Regional Hospital Board have decided that those rooms which will be used by County Council staff will have to be furnished by the County Council. So far no final decision has been made but I hope that the necessary funds will be forthcoming without further delay, as it will not be possible to put the new building into full use until it is furnished.

The new Chest Clinic will enable us for the first time to give a really adequate service to patients, making use of the modern equipment which is being provided, and the much improved working conditions which the new accommodation will give.

At Hemel Hempstead extra sessions have had to be undertaken at the West Herts Hospital to deal with the extra work. So far the Regional Hospital Board have no plans for a Chest Clinic Unit here but they have agreed in principle that there is a need for a Unit along the lines of the sub-clinic at Hitchin. The increase in work in the Hemel Hempstead area will have to be watched with care, and additional Almoner sessions are undoubtedly needed. In this connection the need to appoint an additional Almoner to the County team should be kept in mind.

B.C.G. vaccination of contacts continues at a steady rate. The tuberculin testing of school children on entrance to school has been planned in South-West Herts and the school medical officers and school nurses have attended at the Chest Clinic to gain experience in this work. It is believed that this measure will benefit the discovery of other cases of tuberculosis in the community and its extension to infant welfare centres is to be recommended. It has been a pleasure to make direct contact with the working personnel of the school medical service on a joint venture of this kind which can so greatly help in the detection and prevention of tuberculosis in both adults and children.

Tuberculosis remains a major problem and the cost in human misery and economic loss is high. Nevertheless the means to combat it are now available. If these means are systematically applied with increasing vigour its elimination in a comparatively small number of years is fully assured. Money expended on the prevention of tuberculosis is an investment the value of which can never be known. The knowledge that we can thus save the next generation from immense suffering makes this work tremendously worth while and inspires all who are directly concerned.

DR. T. A. W. EDWARDS.

In 1953 the number of notified cases on the Register rose from 907 to 964. Since March, 1953, when a second Health Visitor was appointed, more visiting

old cases has been possible, and particular attention has been paid to encouraging long standing defaulters and their contacts to attend.

TABLE 18.

To show the source of Pulmonary Cases added to the Register in 1951, 1952, and 1953, and to indicate the initial sputum state of those patients added in 1953.

Source	1951 Total	1952 Total	1953 Total	1953 Sp. Pos.
General Practice	41	37	36	25
M.M.R. or routine examination	30	9	16	7
Contact examination	12	12	8	3
Cases under observation on 1st January	17	12	15	11
Other departments	—	20	15	7
Mental hospitals	—	—	17	6
Insufficient information	—	—	8	—
Transfer in	11	40	65	11
Total Pulmonary	111	130	180	70
Non-Pulmonary	6	13	27	—
Deaths (all causes)	26	13	17	

Table 18 shows that the number of deaths from all causes of persons on the Register remains low, but that there is no fall in the number of new notifications. The increased total of new pulmonary cases (180) is accounted for by the large number of patients "transferred-in" from other areas, and by the Mental Hospital cases which are included for the first time. Excluding these two groups, the number of new pulmonary cases was 98 in 1953, 90 in 1952, 100 in 1951. Non-pulmonary cases show an increase from 13 to 27, but it is probable that this is due to the increased pressure brought to bear on surgeons and others to notify such cases.

TABLE 19.

To show age distribution of 98 new pulmonary cases.

Age	0–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75 +
Male	1	2	7	8	11	11	6	3	–
Female	1	3	15	10	7	7	3	2	1

Table 19 shows the age distribution of the 98 new cases. This shows that just over half the cases in females occurred between the ages of 15 and 34 years, whereas in men well over half the cases occurred over the age of 35 years. From the prevention aspect the significance of this lies in the possibility of preventing and modifying the disease in the younger age group by B.C.G. vaccination of school-leavers; and although it seems unlikely that we can prevent the increasing number of new cases in older men, their discovery, treatment, and segregation where necessary are most important preventive measures.

Contact Examination.

Total number of people examined as contacts of cases notified in 1953—310.
Number who had X-ray examination only—171.
Number skin-tested—176 (145 negative and 31 positive).
Total number X-rayed—171 and 31 = 202.
Number examined at Chest Clinic—202.
Number of cases found at contact examination—8.

Number of contacts who received B.C.G.—163 (including a considerable number of contacts of old cases).

Table 20.

Cases Discovered on Contact Examination.

Sex	Age	Relationship	Interval after first examination
F	31	Wife	4 months
F	14	Daughter	19 months
F	24	Wife	—
F	13	Sister	26 months
F	73	Mother	—
M	39	Husband	8 months
M	10	Son	12 months
M	15 months	Nephew	—

It will be seen that eight new cases of pulmonary tuberculosis were found as a result of contact examination. Table 20 shows details of these cases, and the time between first examination and the diagnosis of active disease. Three were found on initial examination, three showed radiological shadowing of doubtful activity at first examination and became active under observation, and two were considered to have clear radiographs initially and later developed active pulmonary tuberculosis.

Following the discovery of a girl of 13 years with open pulmonary tuberculosis and direct positive sputum, a school of 400 pupils was tuberculin jelly tested and X-rayed by Mass Radiography Unit 5C. There was no increase in the number of positive reactors in the form in which the open case had been. Only one girl was found with abnormal X-ray findings ; after a few months of observation slight progression of disease was noted.

Mass Radiography Unit 5C spent six weeks visiting factories in St. Albans and held public sessions for one week in November and December, 1953. In all 8,603 persons were X-rayed. The full result of this survey will not be known for some months, but by the end of December eight active cases had been discovered, four of whom were sputum positive.

Routine chest radiography for ante-natal patients attending hospital and the local health authority clinic has been available since September, 1953. The response from the hospital patients has been excellent, but few of the L.H.A. clinic patients have so far taken advantage of the service. To date no active cases have been discovered in this way : nevertheless this is an important preventive service which should have the support of all concerned with the care of ante-natal patients.

Dr. J. B. Shaw.

There has been the expected increase in attendances in the new clinic. A separate clinic has been started for contacts. Three hundred and four new

contacts were seen in 1953 compared with 197 in 1952. Nine hundred and ninety-nine old contacts attended in 1953 as against 610 in 1952. Fifty contacts received B.C.G. vaccination.

Although there was an increase in the number of new patients examined this year slightly fewer cases of tuberculosis were found, fifty-seven as against sixty-eight in 1952. Twenty-nine of these new cases were found to have positive sputa.

The Health Visitor service and the Almoning service continue to function smoothly.

Considerable difficulty is still being experienced, due to the lack of bed accommodation for this area. The position would have been desperate but for the great help given and co-operation shown by the London Chest Hospital. Thirty cases were admitted and eleven discharged from this Hospital during the year.

The problem of urgent admissions and the investigation and treatment of observation cases requiring hospital remains acute.

DR. W. A. NEVILLE.

The work of the Hertford Chest Clinic shows very little change for 1953 as compared with 1952. This results partly from the fact that the present facilities at the Clinic leave no room for expansion of our work. Plans are going ahead for a new Chest Clinic in Hertford, and when this is ready it is hoped to develop our work further, especially on the preventive side.

There has been a considerable increase in the work done at the Bishop's Stortford Chest Clinic, but this is the result of the rising population in the areas of Essex covered by the Clinic.

On the treatment side, it is gratifying to note that the waiting list for admission to hospital for female cases of pulmonary tuberculosis has been abolished throughout the region, and the waiting time for males has been considerably reduced.

(1)	New cases of pulmonary tuberculosis added to Register during 1953—		
	(*a*) From G.P.s	22	
	(*b*) Routine X-ray	4	
	(*c*) Contact examination	16	
	(*d*) Suspects	1	
	(*e*) Transfers in	49	
	(*f*) Hospitals	13	
	(*g*) Mass Radiography	6	
		—	111
(2)	Number of home contacts involved in above new cases		185
(3)	Number of contacts called for examination		185
(4)	Number of these seen		181
(5)	Number skin tested (positive)		38
(6)	Number skin tested (negative)		52
(7)	Number X-rayed		181
(8)	Number of these found to have tuberculosis		8
(9)	Number kept under observation		133
(10)	Number given B.C.G.		52

Dr. Roe's statement that the number of new cases notified from the Oxhey L.C.C. Estate is proportionately smaller than elsewhere in his district is a most interesting and important observation. In a supplementary report

he attributes this happy state of affairs to the fact that most of the tuberculous people in Oxhey were known because they had been allocated a house on account of their disability. It was, therefore, possible to institute treatment and preventive measures from the outset. The size of the problem stimulated every one to tackle the situation vigorously. The improved environment, with good housing and no overcrowding, undoubtedly played its part.

These findings are important because just about the time when it was becoming evident that the concentration of tuberculous households in the Oxhey Estate was likely to be far in excess of the normal an eminent Research Worker in Social Medicine published a report of some work in a South Midland Town. The findings in this research suggested strongly that a high ratio of cases of open tuberculosis in a new housing estate might have been responsible for an abnormally high incidence of new cases in the district.

Hertfordshire is, and is likely to remain for many years, unique in the large number of new estates, many of which have been built to rehouse people from London including the priority groups which include a high proportion of tuberculous families. It is of considerable importance to us to know whether Dr. Roe's preliminary findings are borne out elsewhere in the County.

Included in Dr. Edwards' report on his work as Chest Physician to the St. Albans area is his report as Medical Director of the Mass Miniature Radiography Unit operating in this County.

Dr. Edwards' comment on the poor response from our Ante-Natal Clinics has been noted. The routine X-ray of the expectant mother is undoubtedly a worthwhile field of endeavour in the prevention of tuberculosis. A latent lung lesion may well be stimulated to activity by pregnancy and it is, therefore, important that the lesion should be detected and appropriate treatment instituted. Furthermore if a lesion is recognized during pregnancy appropriate steps can be taken to minimize the risks of the infant being infected after birth.

The Chest Physicians act as part-time officers of the local health authority in respect of their work in the prevention of tuberculosis. Special interest, therefore, attaches to the record of the number of contacts at risk, the number examined, and the results of the examination.

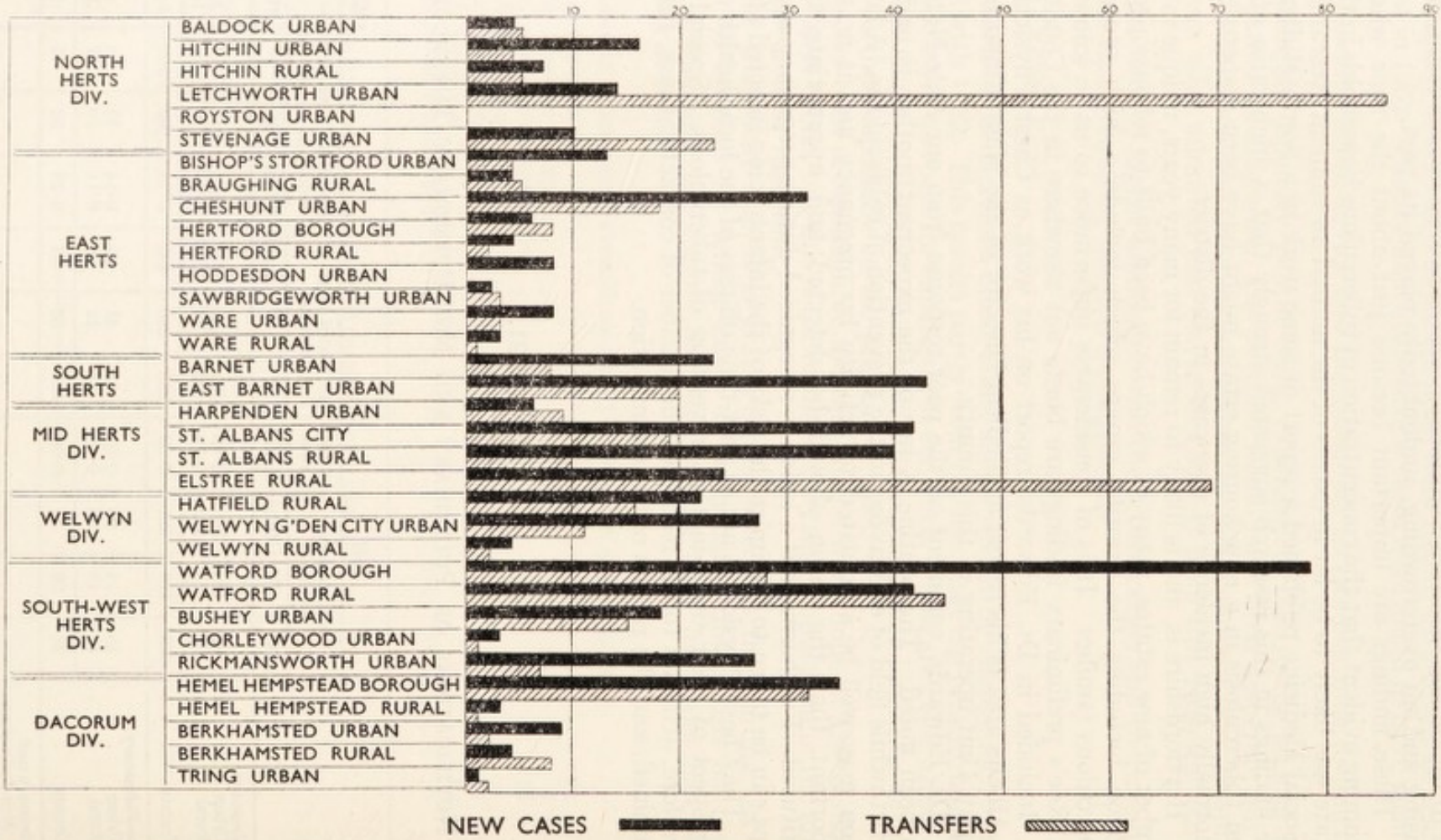
Table 21.

Notifications of Pulmonary and Non-Pulmonary Tuberculosis.

	1951				1952				1953			
	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000
	M	F	Total		M	F	Total		M	F	Total	
Pulmonary.												
Urban . .	226	133	359	0·83	193	138	331	0·75	212	172	384	0·84
Rural . .	77	65	142	0·79	92	72	164	0·86	70	60	130	0·67
County . .	303	198	501	0·82	285	210	495	0·78	282	232	514	0·79
Non-Pulmonary.												
Urban . .	15	14	29	0·07	21	41	62	0·14	12	28	40	0·08
Rural . .	11	15	26	0·15	11	11	22	0·11	10	17	27	0·14
County . .	26	29	55	0·09	32	52	84	0·13	22	45	67	0·11
Pulmonary and Non-Pulmonary.												
Urban . .	241	147	388	0·9	214	179	393	0·88	224	200	424	0·93
Rural . .	88	80	168	0·94	103	83	186	0·98	80	77	157	0·81
County . .	329	227	556	0·91	317	262	579	0·91	304	277	581	0·89

TABLE 22.

TUBERCULOSIS — 1953.



See comment, page 40.

TABLE 23.—TUBERCULOSIS (RESPIRATORY)—DEATH RATE, 1924–1953.
Per 1,000 Population.

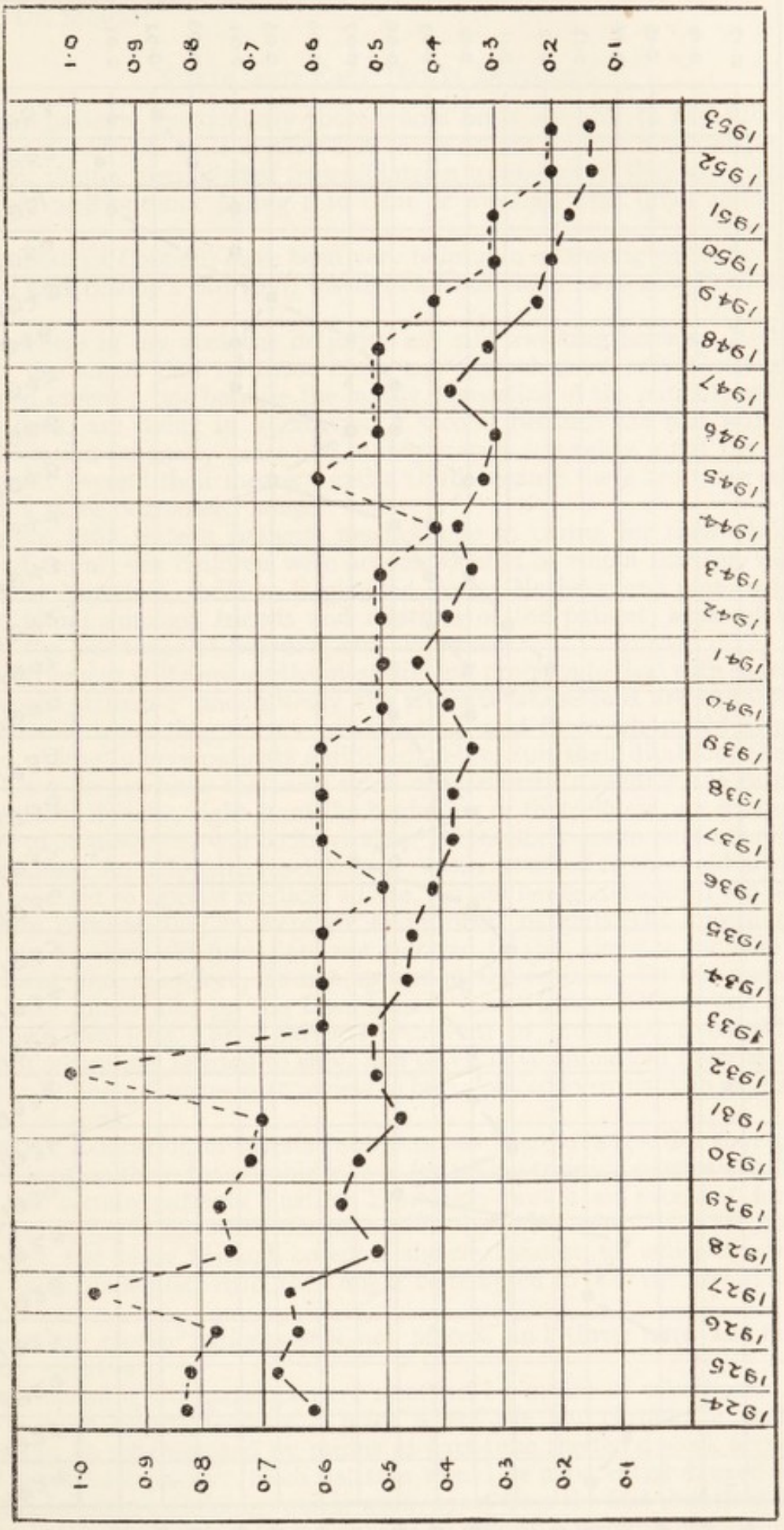
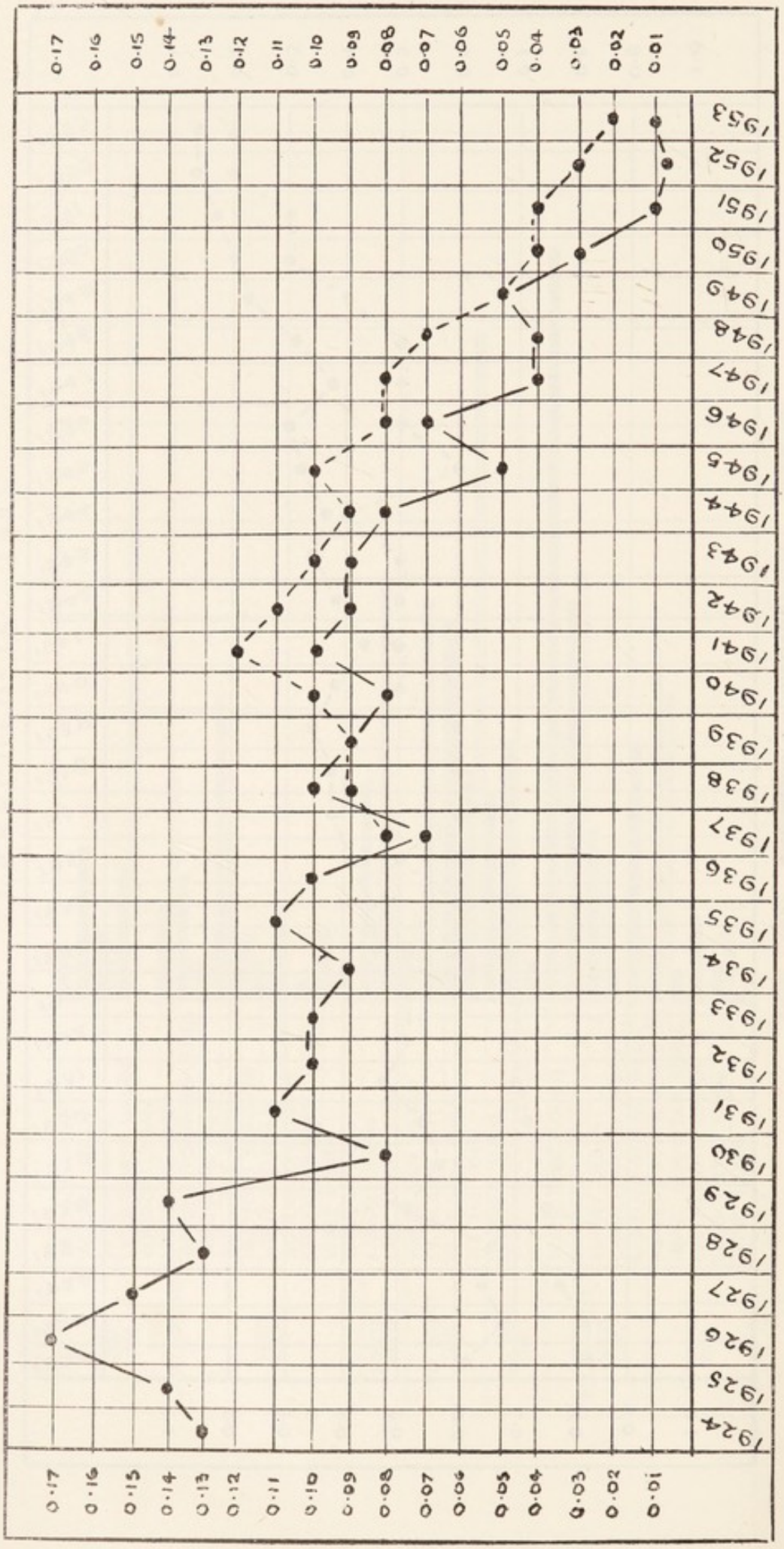


TABLE 24.—TUBERCULOSIS (OTHER THAN RESPIRATORY)—DEATH RATE, 1924–1953.

Per 1,000 Population.



The Almoners' reports which follow have been edited and extracted by my deputy, Dr. Stewart.

North and East Herts Divisions.

Many patients, particularly those whose firms are able to pay full wages during a considerable spell of their sick leave do not require much help of any kind other than a friendly chat now and again to find out if they are managing reasonably well without falling into debt or meeting with other unexpected troubles.

The District Councils have been very helpful in rehousing patients. In the Hertford and Bishop's Stortford districts all but three have now been accommodated.

Elsewhere in my area the majority are still awaiting houses. It should, however, be noted that of those cases not yet rehoused only three can be considered urgent ; one because the family, consisting of the patient, wife, and two children, are living in a caravan, a second because she had waited for accommodation for many years and in desperation has taken a flat the rent of which is far beyond their means ; and a third because there are three couples living in a three-bedroomed house.

During 1953 sixteen patients needed help in caring for their children ; a total of twenty-six children were accommodated of whom thirteen went to Residential Nurseries, three to Registered Foster Mothers, and nine to foster-mothers found amongst friends and relatives of the patient, some of whom required the assistance of boarding-out allowances.

Resettlement still remains the most difficult problem to deal with as regards tuberculosis patients ; undoubtedly the patients whose jobs are suitable and still available when they are fit fare the best, and those whose old firms are able and willing to give patients a different job to suit their disability the next best as they do not have the same sense of insecurity regarding the future as those patients do who, right from the beginning of their illness, are aware that a change of employment will be inevitable. Of the sixty-seven patients referred to the Almoner for help with resettlement, seven returned to their old firms but one of these did so against medical advice, his job being considered too heavy. This figure is misleading as there are many other patients who knowing they will return to their old firms, are not referred to the Almoner for help with resettlement and, therefore, do not appear in the figures. Of the remainder twelve were found jobs by the Disablement Resettlement Officer and twelve found their own jobs. Five patients were sent to Industrial Rehabilitation Centres of whom one refused to stay, and seven have embarked upon Ministry of Labour Training Courses with a view to being placed eventually in an entirely new kind of work.

Further Education in suitable subjects has been arranged for four young patients to equip them for suitable jobs or for taking training courses at a future date. For certain patients Further Education proves an excellent form of occupation or part-time work during a difficult period when they are not yet fit for work, but when, through boredom and restlessness, for which diversional therapy is an inadequate cure, they might be tempted to take the first available job.

There are eleven patients still not placed, and three were assisted by voluntary societies.

The remaining five patients were resettled by means of colonization.

It is most helpful to have a place where the few chronic or destitute patients can be rehabilitated by means of part-time sheltered work according to their physical capacity. Such patients would be a potential danger to the public if in lodgings and doing outside work, apart from the fact that they would no doubt break down before long and have to occupy a hospital bed again ; as it is they can usually keep going on the colony feeling themselves to be useful

to some extent. There is a need though for more training facilities for this type of patient who is not fit or acceptable for the training course or Rehabilitation Centres run by the Ministry of Labour who require patients to be able to do an eight hour working day, and their condition to be quiescent. Similarly this type of patient is usually not fit enough or suitable for colonies such as Papworth or Preston Hall.

Dacorum and St. Albans Divisions.

It has always been the procedure to refer to the Almoner all newly diagnosed patients in need of treatment. It is noticeable in looking back over the year's work, that there has often been no immediate need at this initial interview. It is, however, an opportunity to make contact which can be renewed at a later date, whether in a few days or a few months ; but perhaps the chief value lies in reassuring the patient that his problems are not insoluble, making in some cases some very general suggestions, and encouraging him to help himself as far as possible, at the same time establishing the fact that there is help available if he requires it. One is aiming not at removing all his responsibilities but at helping him to meet them. Statistics giving details of material help given to patients, do not take into account the cases who have been helped to solve their problems themselves. It is often almost too easy to step in, organize the patient, arrange his affairs and pay his debts, only to find that he is in exactly the same muddle a little later on.

In this connection it is interesting to note that over £100 has been raised during the past year from voluntary sources to help patients where no statutory help was available. A considerable amount of this money has been raised specifically to pay various debts, which in view of the foregoing remarks appears, on the face of it, extremely unconstructive. In each case, however, such a step has only been taken after careful consideration, as offering the only way of setting a family on its feet again and enabling the patient to carry out treatment.

There have been a rather disturbing number of patients with matrimonial difficulties in the past twelve months. It may well be argued that the roots of trouble go back into the past, and that the crises that have occurred are nothing to do with the Chest Clinic. One is, in fact, only too well aware how little one can do, but it would be wrong, in some cases, to disassociate completely tuberculosis and domestic trouble. The essential factors in the disease and its treatment tend to precipitate or create difficulties, if relationships are inclined to be unstable—long term separation while in hospital—fear of infection while at home—reduced circumstances and a curtailment of activities appear to be very definite factors contributing to the crises that spring to mind in reviewing the past year, when one or other partner has come to the Clinic, wanting primarily an audience, and often material help as well. The audience may be supplied by the Chest Physician, Health Visitor, or Almoner, but it is time consuming, often with no very obvious results.

Care of the Children.

Early admission to hospital has meant less a question of removing the child from infection than of arranging for its care as a Deprived Child. Such arrangements have had to be made in ten cases, where the mothers were in hospital. One child only has been dealt with under the Tuberculous Contact Scheme, as the mother was undergoing treatment at home in the first instance.

Diversional Therapy.

During the year twenty-five patients have availed themselves of the facilities for obtaining diversional therapy, and of these eighteen patients have been able to have materials free of cost under the Hertfordshire County Council Scheme of payment to the British Red Cross Society. The total number of

patients appears to be very small, but this is partly accounted for by the fact that many patients attending the St. Albans Chest Clinic prefer to choose their own materials, etc., in the Occupational Therapy Department of the Hospital.

Patients who have been in Verulam Ward have had the advantage of help and instruction from the Art Therapist, and it has been possible to get some of these patients to continue with their artistic attempts when discharged home. It is more difficult to persuade patients to make a first attempt unaided while at home on treatment, but one or two have risked ridicule from their children and managed to produce some excellent examples of scraper board, and found it entertaining and engrossing work to do. It is as true of art therapy as of diversional therapy, that frequent visits are essential if it is to be of any consistent value, not necessarily to give instruction so much as to encourage and take an interest in what is achieved, and to make suggestions for alternate forms of work, whether it is a question of switching from scraper board to oil painting, or weaving to leather work.

Resettlement.

Thirty reports have been sent to the Ministry of Labour on patients who cannot return to their original jobs, with the result that sixteen patients have been found work by the Disablement Resettlement Officer. Eight patients have eventually found work themselves after unsuccessful efforts have been made by the Disablement Resettlement Officer to place them. Of the thirty patients referred to the Disablement Resettlement Officer, twenty-seven were negative and quiescent so that they should not have presented an insoluble problem in placing. There is, however, a great shortage of light work.

Two patients have been sent to Egham Rehabilitation Centre and two to Government Training Courses. Unfortunately there are no Government Courses near enough for patients to attend as non-residents, so that it is only a limited number of patients, usually the single ones with no domestic ties, who are ready to avail themselves of training.

Housing.

Out of sixteen cases in which applications for rehousing have been urged or supported, eleven families have either been rehoused or at least selected for alternate accommodation as soon as this was available.

Miscellaneous.

The volume of work in connection with tuberculous patients has remained remarkably constant over the last few years, 213 requests for help in 1953, 210 in 1952, and 212 in 1951. Almost twice as much money has had to be raised from voluntary sources as in the previous year. This is not accounted for by increased poverty, rather the reverse ; men earning high wages while at work have a high standard of living and take on high commitments, without feeling the need to save and consequently need considerably more financial help to get their affairs straight when in financial difficulties during long-term illness.

South Herts Division.

Although the number of attendances at the Barnet Chest Clinic increased during 1953, the increase did not make any appreciable difference to the work of the Almoner's Department for the greater part of the year. From Easter onwards the work remained at a fairly steady level, although prior to Easter the work in the Department seemed unusually heavy. This was no doubt due to the fact that until a few weeks before Easter there was no clerical help for the Department. Since then, however, the Almoner has been given adequate clerical assistance by the Hospital Management Committee.

As one reviews the year, one appreciates the fact that one has witnessed little obvious poverty. This is particularly gratifying as regards our tuberculous families where one felt that the majority had adequate for the necessities of life. There were, of course, those patients who looked upon certain things as necessities, and not being able to afford them got into debt. The majority having readjusted themselves to a smaller income managed comparatively satisfactorily, although they found it difficult to replace clothing, household linen, and domestic utensils, but there were usually voluntary societies willing to help where the National Assistance Board were unable to make a special allowance for their needs.

Home Helps.

To a great extent one of the major difficulties, that of finance, experienced in 1952 was overcome. The fact that a patient knew there was only a charge of 6*d*. an hour for the first six weeks and during that period the assessment would be arranged, lifted a great load off many patients' minds. Apart from only a few isolated instances, the assessment was accepted as satisfactory. Only where a patient was assessed at 2*s*. 9*d*. an hour was there any serious difficulty.

During 1953 twenty-five patients were recommended to have Home Helps, and of this number eighteen lived on the new L.C.C. Estates, and only eight in the old districts although all the new patients diagnosed in 1953 came from these old areas. The majority of these patients had relations or friends who were willing to look after and help them.

Care of Children.

1953 was notable for the fact that for two families only was it necessary to arrange for children to be taken into care. It was encouraging to find so many relations and friends willing to look after children, even where the family consisted of three or four children.

Housing.

In 1953 thirteen new families were referred for rehousing, and of this number only five can be considered as urgent cases. Out of this five, two have been rehoused, one has been able to rent a flat and the two others we hope may be rehoused within the first six months of 1954.

There are, of course, still some families waiting to be rehoused who were recommended for rehousing some years back. 1953 saw our four most urgent families rehoused and now we optimistically hope that within a year to eighteen months those still on the priority housing list may be rehoused, as the East Barnet Housing Committee has agreed to allocate one house in ten to tuberculous families when they are available.

Resettlement.

Thirteen patients out of twenty-six referred to the Almoner for resettlement were interviewed at the Clinic by the Disablement Resettlement Officer and the Physician. It is encouraging to report that the majority of these patients are now employed in satisfactory jobs and only five out of the twenty-six are still out of work. Three of these, however, may be discounted as they were only interviewed at the end of the year.

Diversional Therapy.

Twenty-eight patients were referred to the British Red Cross Society for diversional materials. One continues to feel that this side of the work needs developing so that patients may be helped to use more initiative in the work which they undertake, and be shown how to utilize odd inexpensieve materials. The majority of patients asked for rugs, leather work, and lamp shades, mainly because they are simple although one has to admit that rugs, etc., are often needed for their new homes.

The Chest Clinic now owns a printing machine and a loom. During 1953 the printing machine has been used by three patients. One of these patients made great use of it and received a number of orders for notepaper, cards, etc. This patient now has a machine of his own, and although he is back at work his printing is a lucrative hobby.

Another patient having had a pneumonectony and off work for nearly five years offered to visit patients in their homes until he himself started work. This patient gave a great deal of assistance in encouraging certain patients to attempt some kind of handicrafts and in particular showed a number how to weave.

Conclusion.

Statistics and facts in connection with Social Work are perhaps a little misleading but it is only possible to record material help arranged, whereas, one considers that the intrinsic value of the Almoner's work is in advising patients how to adjust themselves to their change of circumstances and in helping them to sort out their psychological difficulties and problems.

Waltham Cross

Chest Clinic.

This Clinic at Honey Lane, Waltham Abbey, is held on one day a week and the Almoner attends the afternoon session. Excellent co-operation with the Chest Physician and Health Visitor ensures that all new patients and others requiring the Almoner's services are referred to her and there is a steady though not excessive volume of work. For the first nine months of 1953 the work was dealt with by Miss Morfey who paid 109 home visits and arranged 134 items of help of various kinds. There is no ward work since the appointment of an Almoner by the Regional Hospital Board to cover social work for Hospital cases.

The need for tuberculosis visitors increased during the year and two more were appointed. This now makes a total of ten. These officers are centred at the Chest Clinics and visit all households with infective tuberculosis to advise on the care which should be exercised to prevent the spread of infection.

The following figures show the work done by members of the County Nursing Staff in 1952 and 1953.

Table 25.

	1952		1953	
	Attendances at Chest Clinics	Visits to Patients	Attendances at Chest Clinics	Visits to Patients
Tuberculosis Visitors .	1,366	10,148	1,838	16,503
Health Visitors . .	17	350	67	1,228
Home Nurses . . .	—	7,577	—	8,117

GENERAL AFTER-CARE.

North and East Herts.

Twenty-two cases were dealt with in 1953.

A total of seventy-three home visits were paid to these patients.

Convalescence was required for five patients of whom only two were dealt with by the County Health Services ; of the other three cases, one unfit was referred back to her Doctor, one had convalescence arranged by the Hospital

Almoner via the Regional Board, and one refused to go. Both the patients who went for convalescence needed financial help which was given via the National Assistance Board, one of these patients also had help from the Health Department with the cost of her fares.

Four patients were helped with clothing and one with the cost of boots. A wireless set was provided for another and a special indoor wheel chair with a braking apparatus for a patient with a double amputation.

A girl with traumatic epilepsy was referred for help in gaining admission to a suitable colony where she could receive training.

A man with a progressive paralysis who spends his life in either an indoor wheel chair or a motor invalid chair was referred for any help the Almoner might deem suitable. The family was helped from several sources and as the patient was keen to improve his knowledge of accountancy in order to be able to apply for a more remunerative job in the future he was helped to begin a correspondence course in advanced book-keeping; this also provided him with much-needed occupation after working hours.

South Herts Division.

There has been no increase in the demand for General After-care work in the Barnet area, and only eleven new cases were referred to the Almoner in 1953. Three of these cases came through the Health Visitors which is the first time that any have come through this source in this area for some years. This, I believe, is due to the fact that through the Social Workers Groups, Health Visitors and Almoners now meet at regular intervals.

During the early part of 1953, two Social Workers Groups were formed and social workers in Barnet now meet monthly at the Citizens' Advice Bureau Offices during their lunch hour and in Boreham Wood at the Welfare Centre also during their lunch hour but at two-monthly intervals. These regular meetings have been of tremendous value and they certainly help social workers to co-operate and avoid overlapping. At the same time they are able to get together and discuss any individual family with problems.

Through these meetings one realizes that the majority of groups of patients are catered for by the many different social workers. It was, therefore, not surprising that there was not a larger demand for General After-care. As one reviews this situation one realizes that out of the eleven cases referred, all but two might have been catered for if there had been no General After-care Almoner, as the others were already known to certain social workers, i.e. Blind Visitors and Hospital Almoners.

There is still a group for whom one would think there should be a need for General After-care, and that is the physically handicapped unable to work, or the chronic sick who are within the age group for working.

During 1953 I continued to keep in touch with the chronic sick patients already known to the Department but during the year no new chronics were referred. However, I considered that there must have been a number of persons receiving Disability Allowances in poor circumstances who were not in touch with any Social Agencies and who were continuing to remain idly at home year after year. Here I believe there is a vast field for research, as it seems there must be many unknown frustrated persons in need within this group, as apart from the Almoner no one appeared to be visiting those patients already known.

Dacorum and St. Albans Division.

Out of the thirty-four new cases registered under general after-care, twelve were referred to the Almoner by General Practitioners, and twelve by the Chest Physicians. The majority of these required Holiday Home accommodation and admission to the Hertfordshire Home at St. Leonards met the need. In most of these cases there were no special social factors to be considered.

Special arrangements were made in a few cases; one patient was sent to one of the Edith Cavell Homes, help was given for two patients to go to Private

Homes. One very severely disabled woman was enabled to have a holiday by the sea, helped over the problem of transport and partly financed by voluntary funds.

MENTAL AFTER-CARE.

Thirteen new cases were referred for mental after-care while seventeen remained current and help of various kinds was provided in twenty-nine cases. Napsbury and Three Counties Hospitals are those which refer most cases and close contact is maintained with the respective Psychiatric Social Workers.

HOLIDAY HOMES.

There was again an increase in the applications for admission to Holiday Homes during 1953—382 compared with 375 in 1952. However, only 276 actually went away to various Homes—36 more than in 1952. Twenty-one were rejected as not coming within the Scheme, and eighty-five subsequently cancelled their applications after being accepted.

The following Tables show the age groups of the 276 patients admitted to the Homes (Table 26) and by whom they were referred (Table 27) :—

TABLE 26.

0–1		1–5		5–15		15–45		45–65		65 +	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1	—	13	6	—	—	24	81	37	61	17	36

TABLE 27.

Own Doctor	Hospital	County Almoners	Others
119	85	51	21

Of those admitted over the age of fifteen years there was still a preponderance of females, 69·5% compared with 74·5% in 1952.

The majority of these women were housewives who required a period away after illness, either their own or of one of the family circle, before taking up again the task of looking after the home.

SECTION 29—HOME HELP SERVICE.

The report which follows has been prepared by Miss Watson, the County Home Help Organizer.

As in every year since the inception of the fully developed Home Help Service in Hertfordshire, 1953 was a year of financial strain, and it became obvious, as the summer wore on, that the expected seasonal fall in demand was not materializing. This meant either that the Service must refuse to give help in cases where it was needed or that a further grant would be needed to cover the higher demand. In October, 1953, the Health Committee was asked to approve an increase from 10,000 Home Help hours per week, to 11,400 hours per week. The Health Committee approved this recommendation, but a figure of 11,220 Home Help hours per week was finally reached by the Finance Committee with the approval of the Health Committee Chairman. We have maintained an average figure within this limit, although by the end of the year the actual weekly wage bill was considerably in excess of the average.

Organizing Staff.

Early in the year, a part-time clerk was appointed to work in the office at Hitchin, as the Organizer was finding the amount of work beyond her capability. Two months after this appointment the Organizer reported sick, and later resigned owing to ill health. A temporary Organizer had been appointed, and

she was persuaded to accept the permanent post. It was obvious by this time that the clerical help was insufficient, and a further increase in clerical hours was requested. This has since been granted. Another change took place in the St. Albans Division, where the Organizer found that the demand was becoming too great for her to manage. The appointment of a part-time Organizer for Boreham Wood was therefore approved. Elsewhere in the County the establishment of the organizing staff has remained steady.

Recruitment of Home Helps.

The main problem is to recruit helps for infectious cases, particularly tuberculous, but the service has managed to give Home Help to 279 tuberculous households during the year. A further small wage increase was awarded to Home Helps and, although the zoning system used by the National Joint Council for Local Authorities (Manual Workers) continues to perplex the Home Helps, the fact that they are now considered as a National body has caused general satisfaction. The number of women employed at the end of the year was 484, an increase of fifty-four since 1st January.

Table 28 shows the number of cases helped during the year, the current cases at the beginning and end of the year, and the staff employed.

TABLE 28.

Cases Helped during year	Cases Current at 1.1.53	Cases Current at 31.12.53	No. of weekly hours worked at 1.1.53	Equivalent No. of Home Helps	No. of weekly hours worked at 31.12.53	Equivalent No. of Home Helps	No. of Home Help Organizers and Clerks					
							Full time at 1.1.53	Part time at 1.1.53	Equivalent full time No.	Full time at 31.12.53	Part time at 31.12.53	Equivalent full time No.
3,171	1,118	1,357	9,772	222	11,272	256	7	9	12	8	10	14

The following is a summary of cases assisted during the year :—

TABLE 29.

Category 1	Maternity 2	Tuberculous 3	Chronic Sick 4	Blind 5	Acute Illness 6	Accidents 7	Miscellaneous 8	Totals
Householders other than old age pensioners.	738	270	340	23	376	19	73	1,839
Old age pensioners	—	9	1,063	12	162	25	61	1,332
Totals.	738	279	1,403	35	538	44	134	3,171

There was again a considerable increase in the number of Chronic Sick attended in 1953, 1,403 (1,063 old age pensioners) compared with 1,206 (972 old age pensioners) in 1952. It was pleasing to see an increase this year in the number of maternity cases, 738 compared with 613 in 1952. The number of tuberculous households receiving Home Help increased from 196 in 1952 to 279 in 1953.

Assessment.

As mentioned in the Annual Report for 1952, a standard scale of assessment was introduced on 3rd January, 1953. At the same time the maximum charge was increased from 2*s*. 6*d*. to 2*s*. 9*d*. per hour. The change was effected smoothly despite the strain on the central staff in dealing with the tremendously increased paper work over this period.

It is gratifying to record that the new assessment gave considerably larger personal allowances to tuberculous patients and in addition it made a maximum charge of 6*d*. an hour during the first six weeks that help was provided so that there should be no initial worry to the tuberculous patient while the income was verified and assessment made.

A complete and detailed survey of cases current at the end of the year was carried out by the Central Organizer. This was done in order that we might judge to what extent the Home Help Service was easing the demand for hospital beds, places in Old People's Homes, Children's Homes, residential nurseries, etc.

All the long-term cases, i.e. cases which had been receiving help for a period of six weeks or longer, were analysed and divided into the following categories :

(A) Bedridden.
(B) Not bedridden but rapidly becoming so.
(C) Ambulant so long as the Home Help is in attendance, but degenerates without help.
(D) Recovering and requiring progressively less Home Help.

Each of these categories was further subdivided into three groups :—

(1) Cases with no known relatives.
(2) Cases with male relatives only.
(3) Cases with female relatives.

We also inquired as to other members of the household—how many were sick, how many children were involved, etc.

It must be remembered that each case may involve more than one person and children. The following table summarizes our findings :—

TABLE 30.

CATEGORY A					CATEGORY B				
Group	No. of Cases	Bed-ridden patients	Persons needing help	Child-ren	Group	No. of Cases	Bed-ridden patients	Persons needing help	Child-ren
1	113	119	58	5	1	152	—	190	13
2	113	116	18	43	2	92	—	109	22
3	114	118	30	14	3	114	—	146	—
Total	340	353	106	62		358	—	445	35

CATEGORY C					CATEGORY D				
Group	No. of Cases	Bed-ridden patients	Persons needing help	Child-ren	Group	No. of Cases	Bed-ridden patients	Persons needing help	Child-ren
1	155	—	191	10	1	22	—	26	3
2	127	—	139	65	2	35	—	36	50
3	121	—	144	—	3	17	—	19	7
Totals	403	—	474	75		74	—	81	60

Thus it will be seen that 340 listed bedridden cases actually involved a total of 358 patients together with an additional 106 people and sixty-two children who required some incidental help. In 113 instances there was no known relative who could be called on to help. In a further 113 there was only a male relative and it is fair to assume, therefore, that some 200 cases would have had to be placed in beds for the chronic sick and that some sixty-two children would have had to be cared for—possibly a high proportion would have had to go to the Children's Committee.

Category B involved over 300 persons living in households in which there was no available relative or a male relative only. Without Home Help presumably a high proportion of these would have applied for places in County Homes. Similary in Category (C) there were 474 persons needing help and

seventy-five children in households where there is no known relative or only a male relative.

In Category (D)—recovering from illness included eighty-one and sixty children. Presumably a proportion of these cases would require to have been admitted to hospital for care during illness and a further proportion would have had to be retained in hospital for a longer period but for the Home Help Service.

It is impossible to be more precise in one's assumption of the value of the Scheme without an unwarranted amount of detailed work but enough has been said to show that the undoubtedly heavy cost of the Scheme is in fact probably an economy.

The Home Help Service has on occasions been asked to clean houses which have become dirty beyond belief, and the way in which the Home Helps respond to these requests is a tribute to their big heartedness and pride in their work. Until this year no official recognition was made of work in these extremely dirty houses, but in November a case arose which was worse than those which had preceded it. Two elderly people lived alone, in extreme squalor, the wife having been bedridden for some years. The District Nurse was called in when the husband was taken ill and, in this way, the state of the house became known. Two Home Helps worked together for several days to clean the home. In recognition of their work the Home Helps in question were granted an ex gratia payment, as it was felt that the requirements of this particular case far exceeded what could reasonably be expected of a Home Help.

The Home Helps themselves often give more devoted service than is generally realized. In one area, an old gentleman of 75 years was rapidly declining in health after the death of his wife. The Home Help discovered that he was not eating proper meals and, in fact, did not even know how to buy his rations. His wife had always kept the housekeeping firmly in her own hands. The Home Help decided that he was not too old to learn, and proceeded to teach him how to shop and cook ; he now does all his own shopping and cooks himself a reasonably good hot meal each day.

In another district a Home Help discovered that one of her old ladies did beautifully fine crochet work, but could not afford to buy the necessary materials. The Home Help bought the cotton, and the old lady made her a very lovely tablecloth border, refusing any payment for the work. She was so pleased to be able to use her skill again.

In yet another district a Home Help insists upon one of the old men she helps coming to her home for his week-end meals because " I can't bear to think of him all alone, with nothing but bread and cold meat ".

These are just three of the instances in which the Home Helps are showing themselves to be of real value, especially to old people. The women feel that the job is a really worthwhile one, and this is probably the reason why there is not an acute shortage of recruits.

The foregoing cases are given in some detail in order to show how in a few years time this rapidly developing Service has acquired a sense of vocation and *esprit de corps*. In the previous report I noted that the organization and administration of this Service would be very much simpler when the public learn to treat it with the same respect and care as they had for many years extended to the Home Nursing Service. It would appear from the cases quoted here that our Home Helps are certainly playing their part in establishing the Service in the public esteem. This is undoubtedly the first step.

The 1,436 cases dealt with during 1953 required help for a wide variety of reasons. A rough classification of cases is given below.

Nervous conditions . .	218
Long-term illness . .	1,038
Transient illness . .	128
Others	52

In her report for 1953 the Home Help Organizer talks of the difficulty in estimating the number of Home Help hours, organizing, and clerical time, which a given population require. A full-time Organizer, without a car, can reasonably

be expected to carry a case load of eighty cases, and thirty whole-time Home Helps.* If the numbers increase beyond these, clerical assistance is needed, both to assist with written work, and to man the office when the Organizer is out visiting.

TABLE 31.

	Population	Case Load	Home Helps	Organizing Hours	Clerical Hours	Car or Cycle Allowance
Hertford, Ware, and Hoddesdon . .	62,172	129	40 +	38	County Hall approx. 12	Essential user.
Bishop's Stortford .	22,348	73	34	30	—	Cycle.
Cheshunt . .	23,880	90	43	30	—	Casual user.
St. Albans . .	88,360	146	52	38	38	Essential user.
Elstree . . .	16,700	56	23	19	—	Casual user jointly with Oxhey.
Hitchin and District	77,420	158	47	38	15	Essential user.
Royston . .	4,725	28	8	19	—	Cycle.
Watford . .	117,060	205	56	38	20 (R'worth) 16	Essential user.
Oxhey . . .	16,000	72	25	19	—	Casual user jointly with Elstree.
Rickmansworth .	29,766	62	26	18	—	Cycle.
Hemel Hempstead .	38,110	32	17	15	—	Cycle.
Berkhamsted .	17,126	33	13	15	—	Cycle.
Tring . . .	5,240	10	4	10	—	Casual user.
Barnet . . .	24,920	40	15	30	—	—
East Barnet . .	40,780	92	32	38	—	Casual user.
Welwyn Garden City	24,543	47	21	30	—	Cycle.
Hatfield . .	24,550	50	19	25	—	Casual user.

* The Table shows number of helps employed and not whole-time equivalent.

The Table was prepared for a Sub-Committee appointed to study the relationship between working and organizing time in the Scheme. The table was accompanied by a warning that in several instances the work was known to be more than could reasonably be undertaken by the staff shown and this has since been proved to be true. The Home Help Service covers the whole County. The districts named in the table merely indicate the centre from which the Organizer works.

Population.

It has been found in this county that the type of population in an area has a closer relation to the demand for Home Help than the size. Thus the New Towns, which are being populated by a young working population, do not present the immediate demand for the Service that the L.C.C. Estates have done, with tuberculous cases and old people and others in priority housing groups. In addition to this, the cost of the Service taken in conjunction with the high rents in the New Towns leads to many cancellations after preliminary inquiries have been made.

SECTION 51—MENTAL HEALTH SERVICES.

MENTAL DEFICIENCY ACTS, 1913–1938.

The official Return to the Board of Control for the year 1953 was as follows :

	During 1953				Total cases on Authority's registers as at 1.1.1954			
	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
1. *Particulars of cases reported during 1953.*								
(*a*) Cases at 31st December ascertained to be defectives "subject to be dealt with". Action taken on reports by—								
(i) Local Education Authorities on children—								
(1) While at school or liable to attend school	27	21	—	—	—	—	—	—
(2) On leaving special schools	—	1	2	4	—	—	—	—
(3) On leaving ordinary schools	1	—	—	—	—	—	—	—
(ii) Police or by Courts	—	—	2	—	—	—	—	—
(iii) Other sources	8	7	16	22	—	—	—	—
(*b*) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	6	7	11	6	—	—	—	—
	42	36	31	32				
(*c*) Cases reported but not confirmed as defectives by 31st December and thus excluded from (*a*) or (*b*)	—	—	2	3	—	—	—	—
Total number of cases reported during the year	42	36	33	35	—	—	—	—
2. *Disposal of Cases.*								
(*a*) Of the cases ascertained to be defectives "subject to be dealt with" number—								
(i) Placed under Statutory Supervision	31	24	14	11	110	93	110	99
(ii) Placed under Guardianship *	—	—	—	—	1	—	14	26
(iii) Taken to "Places of Safety"	1	1	—	1	1	2	2	4
(iv) Admitted to Institutions	4	3	5	13	83	65	352	318
(v) Left County	—	—	1	1				
(vi) Died	—	1	—	—				
(*b*) Of the cases not ascertained to be defectives "subject to be dealt with" number—								
(i) Placed under Voluntary Supervision	6	7	11	6	14	12	52	42
(ii) Action unnecessary	—	—	—	—	—	—	—	—
Total of Item 2	42	36	31	32	209	172	530	489

* Please state here the number of defectives under Guardianship on 1st January, 1954, who were dealt with under the provisions of Section 8 or 9 :—M. 3. F. —.

	During 1953				Total cases on Authority's registers as at 1.1.1954.							
	Under age 16		Aged 16 and over		Under age 16				Aged 16 and over			
	M.	F.	M.	F.	M.		F.		M.		F.	
3. *Classification of defectives in the community on 1st January, 1954.*					*a*	*b*	*a*	*b*	*a*	*b*	*a*	*b*
(*a*) Cases included in item 2 (*a*) (i) to (iii) above in need of institutional care :—												
(1) In urgent need of institutional care :—												
(i) " cot and chair " cases . .	—	—	—	—	5	1	2	1	1	–	–	–
(ii) ambulant low grade cases .	—	—	—	—	2	1	–	–	–	1	–	1
(iii) medium grade cases . .	—	—	—	—	8	1	5	–	2	1	–	–
(iv) high grade cases . . .	—	—	—	—	1	–	1	–	3	–	–	–
(2) Not in urgent need of institutional care :—												
(i) " cot and chair " cases . .	—	—	—	—	2	1	2	–	–	–	–	–
(ii) ambulant low grade cases .	—	—	—	—	–	–	–	–	–	1	–	–
(iii) medium grade cases . .	—	—	—	—	3	1	3	1	–	–	2	2
(iv) high grade cases . . .	—	—	—	—	–	–	2	–	3	–	3	–
					21	5	15	2	9	3	5	3
Total of item 3 (*a*)	—	—	—	—	26		17		12		8	

(*a*) North-West Metropolitan Regional Hospital Board waiting list.
(*b*) North-East " " " " "

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
3. (*b*) Of the cases included in items 2 (*a*) (i) and (ii) and 2 (*b*) (i) number considered suitable for :—				
(i) occupation centre . .	74	58	13	8
(ii) industrial centre . .	1	—	13	6
(iii) home training . . .	—	1	—	2
Total of item 3 (*b*)	75	59	26	16
(*c*) Of the cases included in item 3 (*b*) number receiving training on 1st January, 1954 :—				
(i) in occupation centre . .	60	55	13	8
(ii) in industrial centre . .	1	—	6	—
(iii) at home	—	1	—	2
Total of item 3 (*c*)	61	56	19	10

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety " on 1st January, 1953, who have ceased to be under any of these forms of care during 1953.

	M.	*F.*	*Total.*
(*a*) Ceased to be under care	—	6	6
(*b*) Died, removed from area, or lost sight of . .	14	22	36
Total	14	28	42

5. Of the total number of mental defectives under Supervision or Guardianship no longer under care.

(*a*) Number who have given birth to children while unmarried during 1953 . . . . . Nil

	M.	*F.*	*Total.*
(*b*) Number who have married during 1953 . . .	2	1	3

2,291 visits to cases in community care were made by the Authority's three Mental Health Social Workers.

The following is a summary of the actions taken under the Mental Deficiency Acts during 1953 :—

Placed by parents (Section 3) .	8 Hertfordshire patients placed in Institutions.
Orders obtained on presentation of Petitions by the Authority's Social Workers (Section 6).	46 Hertfordshire patients detained in Institutions.
Varying Orders (Section 7) .	2 Varying Orders were obtained, sending Hertfordshire patients, formerly under Guardianship, to Institutions.
	3 Varying Orders were obtained on change of Guardian.
Court Orders (Section 8) . .	6 Orders were made by the Courts, sending patients to Institutions.
Orders obtained by other Authorities on behalf of Hertfordshire.	1 Hertfordshire patient detained in an Institution.
Orders obtained by Hertfordshire on behalf of other Authorities.	19 Out-County patients detained in Institutions.
	1 Varying Order, sending patient, formerly under Guardianship, to an Institution.

During the year sixty-seven patients were admitted to Institutions. Of this number twenty-one had not previously been on the waiting list of cases requiring Institutional care, but owing to their circumstances, had to be dealt with immediately when they came to the Authority's notice.

There were sixty-three cases awaiting vacancies in Institutions at the end of 1953—an increase of two on the number waiting at the same time last year. The improvement noted in the reduction of the waiting list in the two previous years has been arrested, despite the increased number of admissions during 1953—which, at sixty-seven, exceeded those in 1952 by two. The following table shows the number of patients, male and female, on the waiting-list, in their age-groups and degrees of priority on 31st December, 1953 :—

WAITING LIST FOR INSTITUTIONAL CARE.

	Aged under 5.		*Aged 5–16.*		*Aged over 16.*		
Priority.	*Male.*	*Female.*	*Male.*	*Female.*	*Male.*	*Female.*	*Totals.*
1st (most urgent) .	4	4	6	–	3	–	17
2nd (urgent) .	2	–	4	2	3	–	11
3rd (priority) .	1	–	3	5	3	1	13
4th (no priority) .	2	1	4	5	3	7	22
	9	5	17	12	12	8	63

Adult females urgently needing Institutional care have all been admitted to Hospitals. There is still, however, a shortage of accommodation for patients under sixteen years and adult males. As will be seen from the table, of the twenty-two patients under sixteen years urgently requiring Institutional care, sixteen were boys and six girls. There were also six adult male patients urgently requiring Institutional care.

Hertfordshire is divided between three Regional Hospital Boards—the North-East and North-West Metropolitan and East Anglian. The following table shows the number of patients, in each of the four degrees of priority, in each of the Board's areas.

	North-West Metropolitan.	*North-East Metropolitan.*	*East Anglian.*	*Total.*
1st (most urgent) .	13	4	—	17
2nd (urgent) .	10	1	—	11
3rd (priority) .	10	3	—	13
4th (non-priority) .	17	5	—	22
	50	13	—	63

The degrees of priority signify varying circumstances and conditions on the following lines :—

(1) *Most Urgent :* Cases where removal to an Institution is the only real solution, and whose continued presence in the home imposes considerable hardship on the other member.

(2) *Urgent :* Where conditions are less severe, but the persons caring for the defective are carrying on under very real difficulties.

(3) *Priority :* (*a*) Where cases are occupying accommodation in either Health Service or Educational establishments, despite having been ascertained to be defective, and representations have been made to the County Council for action to be taken for securing institutional accommodation under the M.D. Acts.

(*b*) Cases where some relief is obtained by the patients attending Occupation Centres, but where there is still more than a reasonable strain being borne by the families in coping with the patients at home, e.g. cases where normal children are adversely affected by the presence of a defective, and the parents request removal.

(4) *Non-Priority :* Where home care is satisfactory, and no priority seems deserved, but the parents ask for Institutional care ; or where no request for Institutional care has been made, but it is considered as probable that changes in the family's circumstances in the future will necessitate priority action.

Under the terms of the Ministry of Health's Circular 5/52, thirteen cases were admitted during 1953 to Institutions for short stay, when a domestic crisis made it imperative for them to be away from their homes, or to give parents a short respite from the strain of caring for a mental defective.

The Circular's terms make it possible to arrange for this type of case to be placed in Institutions for up to two months without the making of an Order under the Mental Deficiency Acts.

The following reports have been submitted by Miss Peace and Mrs. Rock, two of the Authority's three mental health social workers.

Miss Peace (Dacorum, Mid Herts, and St. Albans Divisions, except Elstree Rural).

The past year has been a very busy one and it has seen quite a lot of progress in the placement of higher grade defectives in Institutions for care and training. There are still some of the low-grade cases causing great hardship at home, and in urgent need of Institutional care, with very little prospect of their admission. At the end of the year there were 200 mental defectives under supervision in this area.

Finding employment for defectives has become increasingly difficult and a great deal of time is taken up in trying to place them where they will be in the hands of someone who understands their handicap, otherwise there is no hope of a boy or girl staying in a job for any length of time. It has been possible to find good lodgings for some of the boys on licence from Cell Barnes Hospital and Harperbury Hospital, where the landladies take an interest in them and give them a real home. It is, of course, necessary for the social worker to keep in close touch with them and to help them over the small problems which arise during the early period of adjustment to a private house after an institution.

There has been a very great increase in the Section 11 reports, which provide information on the home conditions for the Visiting Justices when considering the need for patients to continue to be detained under Order, and much time has had to be spent on them. So often it is necessary to make several visits before the reports can be completed. There have been quite a number of home condition reports for Institutions when they are considering granting leave or licence and home reports for information of the School Medical Officer when considering need for supervision under the Mental Deficiency Acts for pupils due to leave special schools for educationally sub-normal pupils.

Mrs. Rock (South-West Herts, South Herts Divisions, and Elstree Rural).

In this area of the County which includes the two L.C.C. Estates at Oxhey and Boreham Wood there are 215 mental defectives under supervision, and in addition there are many requests for reports received from other authorities, home conditions reports asked for by Hertfordshire Hospitals, Section 11 reports, and Special School leavers' reports. These Special School leavers probably present one of the greatest problems with which we have to cope ; many of them are employable, but few are able to fend for themselves. This means that they have to be taken for interviews and carefully supervised all the time they are at work, providing a job can be found for them. Even though children have required special environment and education during school life, few of the parents realize their limited mental outlook and cannot understand why they are not able to find jobs for themselves and hold them.

The whole position of employment for the sub-normal is becoming increasingly difficult ; many firms have now introduced the team bonus scheme which damns the defective from the start. Where a firm pays a basic wage plus a bonus, the slow one can get along in his own time provided he is a reasonable worker, he merely does not make as much money as his workmates, but when team-work comes in, no one will have a weak link so the workers themselves, in fact, deny the defective his job. Nevertheless, it has been possible to place nearly all the employable defectives if only for a month on trial, before getting them a month on trial elsewhere !

Apart from the difficulty of obtaining employment for defectives, the other main problem is the lack of residential vacancies for children. Many mothers are at breaking point, brothers and sisters are refusing to take their friends home because of the presence of a low-grade defective in the house, and there seems little chance of this situation improving during the coming year. The establishment at Cell Barnes Hospital of a permanent " temporary " bed for one child has proved a great help, but in some cases the home conditions are so bad that the social worker avoids visiting the house because she knows there is nothing she can offer to relieve the family, and to call appears to have some solution for them, only to disappoint them again. Most of the parents appreciate the position ; some of them are very abusive.

So much time is taken up with trying to find employment, with supervising the licence cases, with doing out-County and Section 11 Reports that the routine statutory supervision visits have become very much in arrears but it is hoped to catch up on this work in future.

The two Occupation Centres in this area have now absorbed their waiting lists and Watford is looking forward to removing to their new Centre which is being built in North Watford. Credit is due to the Staff at this Centre for the way they have coped with the children in cheerless conditions, without a playground and with unjust criticism from parents. Adult training for boys who are ready for more than Occupation Centre training is available in the Watford area at Leavesden Hospital, and in the Barnet and Elstree areas at Cell Barnes Hospital, St. Albans, and Harperbury Hospital, Shenley. Senior girls who need more advanced training have been admitted to Cell Barnes Hospital for residen-

tial training in housework and laundry work. The Occupation Centres need supervision and guidance and the Social Worker's time is taken up by this, and by arrangements for advanced training, admission of patients to mental deficiency hospitals, temporary admissions, and presentation of petitions.

The work is at times heart-breaking and frustrating, but when, after a particularly trying day a distracted parent turns and says: "Thank you for your help", it all seems worth while.

Occupation Centres.

The social workers have shown how difficult it is to deal with a mental defective child in the home and how great the strain is on the mother of a family which includes a defective. The Occupation Centres were established largely to meet this difficulty and to ease the strain on the parent. They also give a very useful social training and many of those who attend gradually absorb a rudimentary knowledge of some handicrafts. A number may attain sufficient skill to produce articles of some value. Some, when they reach late adolescence, are fit for some further training.

The problem of the older adolescent is becoming increasingly difficult. When the type of building in use is borne in mind, and also the wide age range of the children attending the Centres the high standard of the results achieved show the devoted interest of the staff who look after them. However, the mixing of the various ages in these Centres does throw a considerable burden on the staff and consideration should be given to the provision of an Adult Training Centre in the County which could receive the boys and girls over sixteen years of age. At the present time although some can attend daily at one or other of the Mental Deficiency Hospitals, others must be discharged when they get to that age, either to enable the Centre to run more satisfactorily or to permit the admission of younger children from the waiting list.

Transport.

The conveyance of children to the Occupation Centres has presented difficulties, owing to the rural nature of much of the County, but with the use of the Ambulance Service and private contractors all parts of the County are now covered.

There are thirty-nine children living up to a maximum of twenty miles from the Occupation Centre attended, who are conveyed by the Ambulance Service. Seventy-three children, living distances up to twelve miles from their Centre, are conveyed by private transport. Of the remaining twenty-seven children who attend the Occupation Centres, eight travel by bus and have their fares reimbursed, sixteen live within walking distance of the Centres, and three are out-County cases.

Premises.

Barnet: "Fieldways," Wellhouse Lane.—The Occupation Centre was transferred to the present premises on 21st May, 1951, having previously been held in a succession of halls from 11th November, 1947. The accommodation comprises two classrooms and can take up to thirty children. It is adequate for present numbers but may be insufficient to cater for the additional cases from the L.C.C. Boreham Wood Estate when this is fully developed.

Hertford: Friends' Meeting House, Railway Street.—This Centre was started on 6th January, 1947, meeting half-days only, and became full-time in 1949. Due to increasing numbers it was necessary, in January, 1953, to divide the children into seniors and juniors, who have since attended two and three days respectively.

Negotiations have been completed for the use of larger premises at the Christ Church Hall, Hertford: the necessary alterations and redecorations should be completed by the end of January, 1954, when the Centre will be transferred.

Hemel Hempstead : St. Paul's Church Hall.—This Centre was opened on 3rd November, 1952. The accommodation comprises a large hall and a dark, badly ventilated, small room which makes it impossible to divide the children into separate classes. The washing and toilet facilities are also inadequate. As alternative accommodation is not available it will be necessary to consider providing a new building for this Centre, particularly with the development of the New Town.

Hitchin : The Maples, Bedford Road.—The Occupation Centre was started on 25th May, 1948, at the Maples where are also situated the main Local Health and Local Education Authority Clinic services for Hitchin. There are two classrooms and a small playground used by the Occupation Centre. Some minor improvements are being made but the Occupation Centre has rapidly outgrown the accommodation. Furthermore, there is now a need to increase certain of the clinic services held at the Maples and with this general increased use of the building the attendant disadvantages of conducting clinics and an Occupation Centre in the same premises are much greater, and it will be necessary to consider alternative accommodation for the Occupation Centre.

Watford : St. Mary's Church Hall.—Opened 20th September, 1948. Accommodation consists of two classrooms and under the agreement with the Church Authorities, the number of children in attendance may not exceed thirty. The accommodation is inadequate for present needs, and as no alternative premises are available in the area, a new building, to accommodate up to fifty children, is under construction, adjoining the Beechwood Day Nursery in Watford. The new premises should be ready for use by the Summer, 1954.

Staff.

The ratio of staff to children in the Occupation Centres is one to twelve. Each Centre has a qualified Supervisor and one or more assistants, depending on the numbers on roll, as well as a mid-day help.

There have been a few changes during the year, but there has been no difficulty in obtaining suitably experienced staff replacements.

Medical Arrangements.

The Occupation Centres are visited each term by the Assistant County Medical Officers, and every child has a full medical inspection at least once a year.

The Health Visitors also visit the Centres regularly for hygiene examinations.

General.

The following tables show the number of attendances at the Occupation Centres during 1953 and the waiting list at the end of the year.

Centre	* No. of days open	Possible Attendances (including Out-County cases)	Actual Attendances		Admitted during 1953	Discharged in 1953	On roll, last day of term, 1953
			Herts Children	Out-County Children			
Barnet . .	187	4,979	4,139	333	2	2	27
Hemel Hempstead .	195	3,740	3,150	—	2	3	19
Hertford .	195	2,073	1,725	—	9	6	20
St. Albans .	186	3,871	3,155	—	5	4	20
Hitchin .	179	3,627	3,111	—	6	4	20
Watford .	188	6,347	5,307	124	7	9	33
	1,130	24,637	20,587	457	31	28	139

* Meals are obtained through the School Meal Service and the number of days open has to follow the main school holidays which differ in the various divisions. The Hitchin Centre was also closed for 12 days because of illness of staff.

WAITING LIST—RECOMMENDED TO COMMENCE ATTENDANCE IN

	January,	*April,*	*1955.*
Barnet	3	1	–
Hemel Hempstead	1	–	–
Hertford	1	–	–
St. Albans	7	–	–
Hitchin	–	–	–
Watford	–	4	1
	–	–	–
	12	5	1
	—	–	–

Waiting List.

The waiting list is composed of children recommended for attendance at the Occupation Centres, and the above table shows when it is considered they will be ready to benefit from such training.

There are twelve children so recommended for January, 1954, but only five can be placed. There are no vacancies for the seven children awaiting places at the St. Albans Centre. The arrangement whereby twenty-one places have been made available by the Cell Barnes Hospital Management Committee at the Occupation Centre in the Hospital has continued, but owing to the growing needs of children in the Hospital, it is not possible to increase the number of places offered to the Local Health Authority.

At present the children attending at Cell Barnes Hospital are drawn from the St. Albans, Hatfield, and Welwyn Garden City areas, but when the Hertford Occupation Centre moves to larger premises early in 1954, it is proposed to transfer there the Hatfield and Welwyn Garden City children. It will then be possible to clear the St. Albans waiting list.

Discharged Cases.

During the year twenty-eight children were discharged from the Occupation Centres, and the following table shows from which Centre, and the reason for their discharge :

TABLE 32.

	Barnet	Hemel Hempstead	Hertford	St. Albans	Hitchin	Watford	Total
Admitted to Certified Institutions	1	—	1	2	1	2	7
Admitted to Advanced Training Classes	—	1	1	—	—	3	5
Readmitted to Educational System	—	—	1	—	—	—	1
Transferred to another Occupation Centre	1	—	—	—	—	—	1
Removed from Area	—	—	1	2	1	—	4
Died	—	—	2	—	—	—	2
Withdrawn by parents or discharged for non-attendance	—	2	—	—	1	3	6
Excluded as unsuitable	—	—	—	—	1	1	2
Totals	2	3	6	4	4	9	28

Advanced Training.

By agreement with the Hospital Management Committees, young adult mental defectives attend for advanced training in the workshops of Leavesden, Harperbury, and Cell Barnes Hospitals and St. Raphael's Colony.

During 1953, ten patients attended under these arrangements. At the end of the year seven patients were still in attendance, and one other is to commence attendance early in the New Year.

Of the three patients who discontinued attendance during 1953, one was excluded for difficult behaviour, one did not settle at the advanced training centre and was readmitted to the Occupation Centre, and the third was unable to manage the daily journey involved.

Report of the Senior Authorized Officer.

During the year ended 31st December, 1953, there were no changes in the general administration arrangements apart from the fact that Mr. C. Parker, Duly Authorized Officer for the East Hertfordshire area, retired and has been succeeded by Mr. W. T. Medhurst, who was the Assistant Duly Authorized Officer.

Cases were dealt with as follows by the Duly Authorized Officers under the Lunacy and Mental Treatment Acts, as amended by the National Health Service Acts, 1946 and 1949.

	Men.	*Women.*	*Children.*	*Total.*
(1) *Reception Orders (Certified Patients).*				
Admitted direct to hospital	45	77	—	122
Admitted to hospital after " observation " under Sections 20/1	3	2	—	5
By action subsequent to making of Urgency Order, or admitted to hospital under Orders made on Petition	37	67	—	104
By action subsequent to admission as Voluntary Patient	3	3	—	6
By action subsequent to admission as Temporary Patient	—	2	—	2
(2) *Voluntary Patients.*				
Admitted direct to hospital through the Authorized Officers	15	28	1	44
Admitted to hospital after " observation " under Sections 20/1	19	19	—	38
By action subsequent to making of Urgency Order	52	97	3	152
(3) *Temporary Patients.*				
Admitted direct to hospital	5	4	—	9
Admitted to hospital after " observation " under Sections 20/21	1	1	—	2
By action subsequent to making of Urgency Order	17	15	—	32
By action subsequent to admission as Voluntary Patient	1	—	—	1
(4) *Urgency Orders*	123	195	3	321
(5) " *Observation* " *Cases.*				
Patients admitted to " observation " wards under Sections 20/21 (including those above who were subsequently admitted to mental hospital)	33	27	1	61
(6) *Persons recommended for Clinical Treatment and other persons advised by the Authorized Officers*	50	55	1	106
Total " actions " taken	404	592	9	1,005

It will be appreciated that many patients are the subject of more than one " action ", e.g. first admitted under an Urgency Order and subsequently certified or transferred to the voluntary class, etc.

The total number of individual patients included in the above statistics is 660 (270 men, 384 women, and 6 children). These figures do not include many persons dealt with privately as voluntary, etc., patients through their own Doctors, or otherwise than by reference to the " Duly Authorized Officers ".

Those cases arising in that part of the county within the North-East Metropolitan region are admitted to Claybury Mental Hospital, but before their admission many cases are, in the first instance, placed under " observation " for a short period at the North Middlesex Hospital under Section 20. Cases arising in the northern part of the County within the North-West Metropolitan region continue to be admitted to Three Counties Hospital ; those from the southern part of the County within the North-West Metropolitan region to either Napsbury or St. Bernard's Hospitals, and those from the small portion of the County within the East Anglian region to Fulbourn Hospital.

Under statutory provisions where cases are admitted to the Napsbury and Shenley Hospitals in this County from their wide catchment areas outside Hertfordshire, other than under Reception Orders, and further action is subsequently required, it is necessary for Hertfordshire Duly Authorized Officers to be called in to take such action. During the year ninety-five of these cases (twenty-eight men and sixty-seven women) as against a total of seventy-three during the previous year, were dealt with by the officers for the St. Albans and South Herts areas. These cases are in addition to those shown in the above table and add considerably to the work of the officers in the areas concerned.

The numbers of cases dealt with initially under Urgency Orders increased from 233 in 1952 to 321 in 1953, and the number of cases admitted to Observation Wards fell from 136 in 1952 to 61 in 1953.

Whilst the increase in the number of Urgency Orders may to some extent have been due to the modern practice of the extended use of this type of Order, it was largely attributable to the fact that at the beginning of the year the accommodation at Shrodells Hospital, Watford, designated for the purposes of Section 20 of the Lunacy Act, 1890 (i.e. the " Observation Ward ") was definitely closed by the North-West Regional Hospital Board owing to lack of trained staff.

The inconvenience caused by the withdrawal of these helpful facilities at Shrodells is a matter for regret. The Regional Hospital Boards state that when trained staff is available an " Observation Ward " will again be provided, either at Shrodells or at some other hospital in the Group. There are now no " Observation Wards " anywhere in the county, but as the East Hertfordshire area is within the catchment area of the North Middlesex Hospital a considerable proportion of the cases from that area are first admitted to the Observation Ward at that hospital.

It is of interest to note that of the 382 patients initially dealt with under Urgency Orders, or by admission to Observation Wards, only 28·5 per cent were subsequently " certified " ; 49·7 per cent became voluntary patients and 9·3 per cent temporary patients.

The following is a comparison with figures for 1951 and 1952 :—

	1951.	*1952.*	*1953.*
(*a*) Voluntary patients admitted direct through Duly Authorized Officers	38	49	44
(*b*) Voluntary patients by transfer after admission to " observation wards " or under Urgency Orders	124	140	190
(*c*) Temporary patients	34	48	44
(*d*) Certified patients	226	226	239
(*e*) Urgency Orders	207	233	321
(*f*) Section 20 (" observation wards ")	169	136	61
(*g*) Total number of individual patients dealt with by Authorized Officers	629	650	660

During the year under review, the following persons of pensionable age were certified :—

60–64.	*65–69.*		*70–74.*		*75–79.*		*80 and over.*		*Total.*		
W.	*M.*	*W.*	*M.*	*W.*	*M.*	*W.*	*M.*	*W.*	*M.*	*W.*	*T.*
9	7	8	4	13	12	21	8	27	31	78	109

The inspection of Nursing Homes and Old Persons Homes is made in accordance with Sections 187–195 of the Public Health Act, 1936, and Section 39 of the National Assistance Act, 1948.

NURSING HOMES AND OLD PERSONS HOMES.

Registered Nursing Homes.

There are thirty-three Nursing Homes registered in this county. The Homes are visited regularly by senior Nursing Officers who consider whether the patients have all that is required in the way of staff and equipment for efficient nursing. Our powers to compel satisfactory conditions are rather limited but in practice it is found that the helpful visits and practical advice from the Nursing Officers is of considerable value to the Nursing Home proprietors and do much to maintain the standard of the Homes in this County.

Old Persons Homes

Old Persons Homes are registered with the Welfare Department under the National Assistance Act, 1948, but it has been arranged that the preliminary inspections and routine re-inspections should be done by our nursing staff.

There are twenty-six registered Old Persons Homes. On the whole we are satisfied with the care and attention which is given to the residents. One is always up against the problem of cost. Many people wish to retain their independence and would rather maintain themselves for a small fee in a Private Home than turn to the Welfare Authority for admission to a County Home. One cannot but respect these people and acknowledge the fact that this spirit of independence exists is relieving very considerably the demands made on beds in County Homes, but, of course, if charges in Private Homes are modest it often follows that amenities are lacking. One has got to have clearly in mind what is essential and what is desirable and decide whether there is any real risk in countenancing the Home which is providing something less than the ideal. Then, of course, there is also the problem of the sick old person. Many of these Old Folks Homes, particularly the private ones, inevitably have a high proportion of sick people. Often we have to differentiate on the one hand between the Guest House with an elderly resident population and an Old Folks Home and on the other between an Old Folks Home with a high proportion of invalids and a Nursing Home for elderly sick.

Old people with chronic conditions really do not demand the same standards of nursing as is required in Nursing Homes handling acute surgical cases and we tend to be lenient on this question and many others. There are complications, of course. Many of the Homes have no trained Nursing Staff and yet many of the residents require frequent doses of dangerous drugs which should be controlled either by a Doctor or by a Nurse. Common humanity demands that the old folks should not be allowed to suffer because of this technical difficulty and we cannot invariably reprimand the Proprietor of a Home if we find that an unregistered person is giving dangerous drugs under medical direction but we do try and insist that these drugs should be kept under lock and key and that the person who is administering them is aware of their potential danger. There is a final problem in the stock of drugs held for an old person who has passed on. These drugs should be returned to the doctor and not allowed to accumulate.

ENVIRONMENTAL HYGIENE AND SANITARY ADMINISTRATION.

The following report deals with the work of the County Health Inspector.

An important trend was noticeable in that the number of controlled tips under the Hertfordshire County Council Act increased considerably and seven new Consents were issued during the year. It is obvious that the disposal of refuse from the London area is going to be one of our main problems in the years to come and the supervision of licensed tips will demand more and more of the County Health Inspector's time. The disposal of refuse has been dealt with more fully in the appropriate section of the Report.

By April, 1954, practically the whole of the County will have become a "Specified Area" under the Food and Drugs (Milk, Dairies, and Artificial Cream) Act, 1950. This means the disappearance of the retail sale of non-designated milk in these areas—a further step in the direction of safe milk for all.

Milk and Dairies.

(a) Sampling of Milk for the detection of Tubercle Bacillus.

The Biological Milk Sampling Scheme has been carried on as described in my previous report. Accredited and non-designated herds are sampled six-monthly whereas tuberculin tested and tuberculin tested (Attested) herds are sampled yearly. Although tubercle positive samples are rare from tuberculin tested herds, our inclusion of these herds has again justified itself. A positive sample was obtained during the year and as a result of this, a cow from a Tuberculin Tested herd was traced and slaughtered under the Tuberculosis Order. The following Table shows the result of biological milk sampling during the year and for purpose of comparison, for the four preceding years.

Table 33.

Year	Total No. of Completed Tests	Non-Designated			Accredited			Tuberculin Tested		
		Neg.	Pos.	%	Neg.	Pos.	%	Neg.	Pos.	%
1949	765	462	23	2·74	164	12	6·81	113	1	0·88
1950	1,161	513	16	4·41	167	11	6·18	447	—	—
1951	1,224	442	16	3·49	173	10	5·46	567	3	0·53
1952	1,264	574	15	2·71	166	11	6·21	471	1	0·21
1953	1,199	498	13	2·92	143	5	3·38	537	1	0·19

As a result of these positive samples during the year the following animals were removed from farms under the Tuberculosis Order, 1938, or sent for slaughter during the period between the taking of the sample and the veterinary inquiry :—

One cow was slaughtered from a Tuberculin Tested herd, three from Accredited herds, and eight from non-designated herds. Fifteen suspicious animals were also removed from positive herds and were slaughtered.

The practice of taking biological samples at the farms where the milk is produced has been continued. This simplified the work of tracing infected animals at the farm and it has been found from experience that where biological samples are taken at retail dairies, there is always doubt as to the origin of the milk, especially at dairies where the milk is bulked.

The three-cornered liaison scheme which exists between the Divisional Veterinary Officer, the District Medical Officer, and the County Medical Officer, has been successfully continued. Positive samples are immediately reported to both the District Medical Officer and the Divisional Veterinary Officer, the

former for his powers for stopping or diverting the milk for pasteurization and the latter for the subsequent herd investigation and removal of infected animals under the Tuberculosis Order, 1938.

A steady flow of samples to the various laboratories is maintained.

(*b*) *Brucella Infections in Milk.*

The five laboratories which receive our biological samples are all examining the milk not only for the presence of the tubercle organism, but also for Brucella abortus—the organism which causes contagious abortion in cattle and is the presumed cause of undulant fever in man. The following Table shows the number of brucella positive milks in 1953 :—

TABLE 34.

Designation	No. of Completed Tests	Results		Percentag of Positive Samples
		Positive	Negative	
Tuberculin Tested . . .	533	33	500	6·19
Accredited	148	14	134	9·46
Non-designated	508	79	429	15·55
Totals	1,189	126	1,063	11·85

As yet, the Ministry of Health have given no guidance to clarify the Brucella question. Unfortunately undulant fever is not notifiable and there may be many missed cases in the form of pyrexias of unknown origin. No cases of undulant fever came to light during the year.

(*c*) *Supervision of Pasteurizing Plants.*

The County Council, as Food and Drugs Authority, licences and supervises pasteurizing plants in all districts with the exception of Watford Borough and the City of St. Albans, which are separate Food and Drugs Authorities.

Pasteurized milk has to comply with the phosphatase test to ensure that it has been subjected to sufficiently high temperature for the specified period of time to ensure the destruction of pathogenic organisms. A modified methylene blue test is also used to determine the cleanliness or otherwise of the pasteurized milk.

During 1953, certain inquiry work was carried out which leads us to believe that there may be certain inherent weaknesses in the Kay and Graham Test, the statutory phosphatase test with which pasteurized milk must comply. This particular test is very delicate. There are certain known factors which can give a failure apart from the under-treatment of milk and there may well be others. It is not known, for instance, whether the phosphatase enzyme, the destruction of which is indicative of proper heat treatment, can be stabilized in any way, perhaps by the use of modern anti-biotics or of certain kinds of feeding stuffs, detergents, or sterilizing agents on the farm.

Some of the more contentious results obtained during the year with the Kay and Graham test have been the cause of great concern because of the implications to the dairy trade.

A more specific phosphatase test has been evolved but unfortunately this is not yet statutory. This is known as the Aschaffonberg and Mullen test and it is not adversely influenced by so many external factors as the Kay and Graham test. During the year one of our laboratories has been carrying out both tests, the Aschaffonberg test being used as a " control ". I hope to report more fully on this subject at a later date.

There are three types of pasteurizing plant in operation in the County, namely the High Temperature Short Time (H.T.S.T.), the Holder, and the Continuous Flow Holder.

The High Temperature Short Time plant subjects milk to a pasteurizing temperature of not less than 161° F. for a period of not less than fifteen seconds ; the batch holder heats and retains the milk at a temperature between 145° F. and 150° F. for not less than thirty minutes, and a modification of the batch holder subjects the milk to the same time/temperature treatment as the holder plant but the operation is controlled automatically to enable a series of holding compartments to be filled and emptied so that the process is continuous.

The County Health Inspector visits each pasteurizing plant at regular intervals and special investigations are carried out if failing samples are reported. 160 visits were made by the County Health Inspector to the various plants. The County Sampling Officers visit each plant at least once a week and during the year took 1,231 samples.

The High Temperature Short Time plants are mainly automatic and technically it should be difficult to produce a failure. At the same time, however, mistakes can occur mainly because of such things as faulty thermometers which result in incorrect treatment temperatures, the inaccurate setting or non-functioning of flow diversion valves and the accidental mixing of raw milk with the treated product. Batch holders are more susceptible to the human element. They are usually manually operated and it is easy for them to be emptied before the statutory holding time has been completed. The outlet valves to the holders can also leak into the finished milk section of the plant, and this again accounts for an occasional failure unless precautions are taken.

The number of pasteurized milk samples submitted for the methylene blue test during the year was 1,189. Of these, five proved unsatisfactory, giving a percentage of 0·42. These results were very satisfactory. Under the Regulations governing the sampling of pasteurized milk, in those instances where the atmospheric temperature exceeds 65° F. after the sample has been obtained and before it is tested, the test is deemed to be void. This is owing to the undue effect which the warm atmosphere will have on the sample before it can be tested and until a better test is devised which will make allowances for varying atmospheric temperatures during sampling, this state of affairs will have to be accepted.

Milk in Schools Scheme.

The percentage of children taking milk increased slightly from 82·2 in 1952 to 82·9 in 1953. 366 school departments and thirty nursery schools are now supplied with pasteurized milk ; one school only in the north of the county has tuberculin tested milk.

(*a*) *Sampling.*

Schools are visited by the County Sampling Officers and the milk supplied by each individual dealer is tested at least twice a term. The larger suppliers of milk to schools are sampled more frequently. Pasteurized milk has to comply with the phosphatase test and a modified methylene blue test. Tuberculin Tested milk has to comply with a methylene blue reduction test. The following Table shows the results of samples taken.

	No. of Samples	Phosphatase Test		Methylene Blue Test	
		Pass	Fail	Pass	Fail
Pasteurized . . .	388*	377	11	367	8
Tuberculin Tested .	14	—	—	12	2
	402	377	11	379	10

* Thirteen of these samples were not Methylene Blue tested because temperature exceeded 65° F.

It must be remembered that the normal milk sampling procedure is to take samples at the dairy or during distribution and not after delivery has taken place, as is the case with school milk samples. The test can be adversely affected if milk is stored in schools in warm places or if it is left out in the sun. Efforts are made to see that milk is in fact properly stored in schools and that it arrives at a reasonable time.

The County Council, as Food and Drugs Authority, issues licences for most of the dairies which supply pasteurized milk to schools. Should failures occur direct investigations can be carried out by the County Council's Officers and any defect in the pasteurizing plant is usually brought to light. Information regarding other pasteurized milk failures is forwarded to the Licencing Authorities for the plants in question and the results of investigations carried out are forwarded to County Hall.

(*b*) *School Canteen Milk.*

Canteen milk is supplied to the schools on a contract basis and only pasteurized milk is accepted. Canteen milk is included in the general sampling scheme. This is not difficult as many of the suppliers of canteen milk are being regularly sampled under the Milk in Schools Scheme and, in other instances, pasteurizing plants, where the milk is heat-treated, are also licensed by the County Council. There are 348 school canteens, including nursery canteens. The number of samples taken from school canteens is relatively low owing to the fact, as mentioned above, that many of the sources of supply are already being sampled.

The following table shows the results of canteen milk sampling during the year :—

	No. of Samples	Phosphatase Test		Methylene Blue Test	
		Pass	Fail	Pass	Fail
Pasteurized . . .	124*	121	3	119	1

* Four of these samples were not Methylene Blue tested because temperature exceeded 65° F.

School Canteens.

District Councils are responsible for ensuring that food is prepared and stored in premises which comply with the standard laid down in Section 13 of the Food and Drugs Act, 1938. Arrangements continue whereby Inspectors of District Councils pay occasional visits to school canteens and food preparing premises used under the School Meals Scheme. These Officers are able to proffer any advice or assistance which may be required in connection with the handling of food supplies and the equipment of premises used for such purposes.

Swimming Baths.

Regular sampling of those swimming baths used by the County Council school children was maintained during the year. The following table shows the sample results.

TABLE 35.

Type of Bath	No. of Samples	Satisfactory	Not Satisfactory	% not Satisfactory
Continuous flow (23 baths) . .	222	204	18	8·11
Fill and empty (5 baths) . .	51	44	7	13·73
	273	248	25	9·16

The continuous flow type of purification system depends on constantly circulating the water through a filtration system and sterilization is effected by the injection of chlorine. The process is continuous and automatic. The " fill and empty " type of bath is simpler in design and merely consists in filling the swimming pool with water which is changed after a given period of time has elapsed. The bacterial content will build up progressively during use if no germicidal agents are added. The bacterial growth is usually controlled by adding a hypochlorite solution to the water so that a residuum of free chlorine is maintained which assists in preventing, not only bacterial multiplying, but also algæoid growths forming on the sides of the bath. Very frequent testing of the water for free chlorine is necessary, and these baths should be emptied certainly not less frequently than every three weeks, although the period may have to be shortened in the summer months.

Some baths using the continuous flow purification system have gone over to what is known as " break-point " chlorination. This is an improvement on the old methods of chlorination in that the chlorine dosage is regulated carefully to be of sufficient strength to " break down " the organic matter contained in the water and to preserve at all times a free source of chlorine to attack bacteria which may be introduced by bathers. With this method of chlorination the alkalinity of the water must be carefully adjusted to obtain the best results.

Poliomyelitis—Virological Sampling of Swimming Baths.

In Hertfordshire we have always taken a special interest in swimming baths and we were gratified when we were given the opportunity of co-operating with a research establishment in an effort to find the poliomyelitis virus in swimming bath water and in joining in the discussions on the subject with some of the leading experts in the country.

A modern continuous flow bath using " break-point " chlorination and another swimming bath using the " fill and empty " system were selected for the tests. The work entailed the placing of special sterile gauze swabs in the outflow pipes from these baths. The swabs remained in position for three days and were then sent to the research laboratory for testing. So far no positive results have been obtained.

As a result of our conversations with the experts the following circular was sent out to all Practitioners in the County in the hope that, among other things, it would guide those Medical Officers at private schools where swimming facilities are provided.

> " Hitherto I have inclined to the view that the risks of using a swimming bath when poliomyelitis was prevalent were no greater than those associated with any place in which people were closely assembled to take part in an activity which led to deep breathing, coughing, and spitting. Recent studies, however, have confirmed that carriers and close contacts shed the virus for some six weeks both orally and from the gut. It is not

known whether ingestion of the virus may lead to infection, but it is obvious that this is a risk which must be considered in relation to swimming baths. With very few exceptions, swimming baths in this County are chlorinated by some reliable method and one has, therefore, to consider further whether efficient chlorination offsets the theoretical risk of picking up the virus.

" I have been fortunate in obtaining guidance on this point from a reliable source :—

Breakpoint Chlorination.

" An apparatus which automatically maintains chlorination at this level can be assumed to ensure that the virus will be killed immediately.

Other Methods.

" Swimming baths in this County are, for the most part, maintained at a level of ·5 p.p.m. residual chlorine. It is recognized that, at peak periods, this level is often temporarily reduced. If the residual chlorine is maintained at ·7 p.p.m. any ordinary reduction will still be within the safety limit.

" It is hoped that this information will be of value to Local Authorities responsible for the control of swimming baths. If these precautions are taken, the risks associated with swimming baths can be assessed by ordinary standards."

Licensing of Places of Entertainment.

During the year, representations were made to the appropriate County Council Department on the question of sanitary conveniences in licensed places of entertainment. Under the Licensing Laws, the County Council authorize the use of certain premises for dancing and other forms of entertainment and some District Councils have asked that before licences for new premises are issued and when other licences are being renewed, they should be approached to give their views on the adequacy and condition of sanitary accommodation. It is hoped that this provision will be included in the new Licensing Regulations.

New Housing.

The following table shows the position regarding new housing provided by District Councils in the County from the 1st April, 1945, to the 31st December, 1953. It is taken from the Ministry of Health Housing Return.

TABLE 36.

	Permanent Housing		Temporary Housing Completed
	No. under Construction	Completed	
BOROUGHS.			
Hemel Hempstead	230	518	50
Hertford	139	436	50
St. Albans	211	1,779	109
Watford	283	2,224	100
Total—Boroughs	863	4,957	309
URBANS.			
Baldock	36	339	—
Barnet	114	410	100
Berkhamsted	96	298	30
Bishop's Stortford	130	521	85
Bushey	28	357	50
Cheshunt	41	593	135
Chorleywood	12	84	—
East Barnet	—	621	50
Harpenden	68	454	25
Hitchin	54	492	50
Hoddesdon	37	482	38
Letchworth	248	898	50
Rickmansworth	62	713	100
Royston	—	222	—
Sawbridgeworth	28	117	10
Stevenage	122	283	20
Tring	—	118	—
Ware	20	300	13
Welwyn Garden City	163	606	150
Total—Urbans	1,259	7,908	906
RURALS.			
Berkhamsted	18	120	—
Braughing	10	378	—
Elstree	146	1,002	100
Hatfield	166	675	66
Hemel Hempstead	78	394	35
Hertford	66	283	—
Hitchin	79	499	38
St. Albans	172	833	6
Ware	38	396	—
Watford	80	372	50
Welwyn	22	190	46
Total—Rurals	875	5,142	341
TOTAL—COUNTY	2,997	18,007	1,556

This table does not show the housing development in the New Towns within the County boundary. The following table shows the number of houses completed in the New Towns at the 31st December, 1953.

TABLE 37.

	No. under Construction	Completed
Hatfield . . .	415	583
Hemel Hempstead . .	987	2,735
Stevenage . . .	1,524	1,612
Welwyn Garden City .	467	702
TOTAL	3,393	8,632

REFUSE DISPOSAL.

As explained in previous Annual Reports, the Hertfordshire County Council Act, 1935, enables the County Council to control tipping of refuse brought into the County or from one district to another. Before anyone can "form a deposit" in these circumstances conditions are laid down in a Consent previously agreed with the District Council in whose area tipping is to be carried out. The terms of the Consent are varied to control the particular type of refuse which is to be deposited and the nature of the site in which the deposit is to be made. The provisions laid down in the Consent are designed, among other things, to prevent nuisances arising from tipping of refuse, to minimize the risk of polluting water sources, and to reduce the risk of fires breaking out.

The controlled tipping of household refuse and the tipping of non-putrescible materials form an important means of land reclamation and the areas which have been sterilized by mineral workings can eventually be brought back to agricultural use. As this land reclamation concerns planning and agricultural interests, this Department works in close co-operation with the County Planning Department and the Agricultural Executive Committee to ensure that, not only the interests of public health, but also those of future land users are served.

During the year seven new Consents were issued in respect of refuse tips. At the end of the year ten licences were in force for pits where organic material can be deposited, twenty-two for non-putrescible refuse and in three instances special licences were in force allowing only a particular type of material to be deposited.

Much of the refuse which is available for filling comes from the London area and consists of putrescible household refuse together with a certain amount of trade and incinerator waste. Sites for the reception of organic material have to be carefully chosen and should be dry. Fortunately many of the gravel workings in Hertfordshire are dry workings which can be reclaimed by controlled tipping of organic refuse. If attempts are made to reclaim "wet" pits by tipping of organic material into them endless trouble can be caused owing to the water becoming foul.

The London area sometimes has great difficulty in getting rid of domestic refuse. While much of it is barged out to sea, there is still a great demand for mineral workings in which to deposit refuse and the control of tips in the County is likely to become included in the more important duties of the department.

During the past year 246 inspections were made of refuse tips under the control of the County Council.