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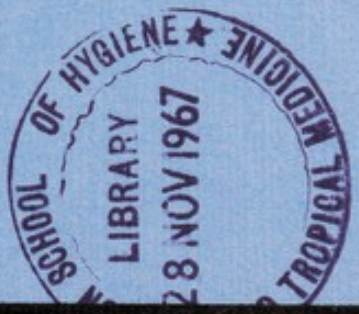
HERTFORDSHIRE COUNTY COUNCIL



health and welfare services

1966

CONTENTS.

COUNTY HALL,
HERTFORD.
August, 1967

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

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the report on the local authority's health and welfare services for the year 1966 and, in so doing, take this opportunity of expressing my gratitude to the members and the staff of the department for the help they have continued to give to me.

In many respects the year was a particularly frustrating one for everyone, for limited resources—both financial and technical—hampered the programme of development of community care services, whilst still leaving the demands on these services continuing to rise. In particular, uncertainty as to the future organization of local authority services created a number of administrative problems—especially in relation to the deployment of staff and to the provision of premises. Where demands outstrip resources, the necessity to assess priorities of need becomes paramount but the opportunities to do this at local government level are limited. It is to be hoped that the national reviews at present being undertaken of local government will produce some answers to this problem, for in practice arbitrary assessments of need have to be undertaken by individual field-workers—a practice of selection according to circumstances which exist at the time and which vary from locality to locality. This is a heavy burden for the field-workers to shoulder unaided, for there appears to be no immediate solution to the shortage of skilled labour. Dilution of labour, deployment of staff, and a greater degree of co-ordination between common field services must be practised if any real attempt is to be made to tailor our limited resources to meet increasing demands.

Notwithstanding these difficulties, a real effort has been made by the staff to review their functions so that their skills can be dispensed where the need appears greatest ; and, although the rate of development of community care services has been slowed during the year and consequently some services are less well developed than they should be, the general provision of health and welfare services compares favourably with many other authorities.

I am, Ladies and Gentlemen,
Your obedient servant,

G. W. KNIGHT,
County Medical Officer.

HEALTH AND WELFARE COMMITTEE.

Chairman.
County Alderman Mrs. I. D. Paterson, J.P.

Vice-Chairman.
County Councillor Mr. L. C. Johnson.

Chairmen of Sub-Committees.

Health Services :	County Councillor Mr. L. G. Bretton.
Social Welfare Services :	County Alderman Miss J. B. Campbell, M.B.E.
General Purposes :	County Alderman Mrs. I. D. Paterson, J.P.
Ambulance :	County Councillor Brig. G. H. P. Whitfeld, O.B.E., M.C., D.L.

Staff as at 1st January, 1967.
G. W. Knight, M.D., D.P.H., County Medical Officer.
W. Stewart, M.B., Ch.B., D.P.H., Deputy County Medical Officer.
W. H. Allen, B.Sc., M.B., Ch.B., D.P.H., D.C.H., Second Deputy County Medical Officer.

Administration of Services.

Social and Welfare Services :	R. S. J. Potter, A.I.S.W., County Welfare Officer.
Health Services :	W. A. Treharne, A.C.I.S., Senior Administrative Officer.
Management :	H. J. P. Page, A.I.M.T.A., Senior Administrative Officer.

Principal Dental Officer.
A. H. Millett, L.D.S., R.C.S.

Consultant Adviser in Child Health (part-time).
Sir Alan Moncrieff, C.B.E., J.P., M.D., F.R.C.O.G., F.R.C.P.

Consultant Psychiatrist (part-time).
Alfred Torrie, M.A., M.B., Ch.B., D.P.M.

Divisional Medical Officers.

Dacorum :	R. S. Hynd, M.B., Ch.B., D.P.H., Town Hall, Marlowes, Hemel Hempstead.
North Herts :	J. D. Hall, M.R.C.S., L.R.C.P., D.P.H., Bedford Road, Hitchin.
St. Albans :	C. Burns, M.B., Ch.B., D.P.H., D.C.H., Bleak House, Catherine Street, 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., D.P.H., "Gooseacre," Cole Green Lane. Welwyn Garden City.
East Herts Division :	No divisional scheme in force.

Assistant County Medical Officers.

F. Appleton, M.B., Ch.B., D.P.H.
F. Barasi, M.R.C.S., L.R.C.P., D.P.H.
M. M. E. Barnard, M.B., B.S., D.P.H.
D. M. Batty, M.B., Ch.B.
I. R. Clarke, M.B., Ch.B., D.R.C.O.G., D.P.H.
K. W. M. Harbord, B.A., M.B., B.Ch., B.A.O.
P. T. Horder, M.B., B.S., D.P.H.
L. S. Karpati, M.D. (Graz).
A. T. Leaver, M.B., B.S.
J. A. Leigh, M.B., Ch.B.
J. E. Leveson, M.B., B.S.
B. W. M. Macartney, B.A., B.M., B.Ch., D.C.H., D.R.C.O.G., D.P.H.
N. MacRae, M.B., Ch.B., D.P.H.
D. J. Marsden, MB., Ch.B., D.C.H.
B. S. M. Marshall, M.B., Ch.B.
P. L. Martin, M.B., B.S., D.R.C.O.G., D.P.H.
S. J. Moynihan, M.R.C.S., L.R.C.P.
M. O'Donovan, M.B., B.Ch., B.A.O.
P. B. M. O'Reilly, M.R.C.S., L.R.C.P., D.P.H.
J. M. Ponsford, L.R.C.P. & S., D.R.C.O.G., D.P.H.
J. Poole, M.B., Ch.B., D.C.H.
E. P. Rigby, M.B.E., B.M., B.S., D.T.M. & H.
A. T. Roden, M.B., B.S.
J. A. M. M. Stevenson, M.R.C.S., L.R.C.P., D.P.H.
E. E. Walton, M.B., B.S.
M. E. Wehner, B.A., M.B., B.Chir., D.C.H.
E. M. White, M.B., Ch.B., D.C.H., D.P.H.
A. Wilkes, M.B., B.S., D.P.H.

There are in addition twenty-four doctors working on a sessional basis.

Chest Physicians (part-time).

J. H. Angel, M.D., M.R.C.P.
T. A. W. Edwards, B.A., M.B., B.Ch., M.R.C.P.
A. G. Hounslow, M.D.
E. Rhys Jones, M.B., B.Sc., M.R.C.P.
V. U. Lutwyche, M.A., M.D., M.R.C.P., D.C.H.
N. MacDonald, M.B., Ch.B., F.R.C.P.
A. Pines, M.A., M.D., M.R.C.P.
J. C. Roberts, M.D., M.R.C.P.
P. W. Roe, B.A., B.M., B.Ch.

County Nursing Officer and Day Nurseries Supervisor.

V. M. King, S.R.N., S.C.M., H.V., Q.N.

Deputy County Nursing Officer.

M. A. McClements, S.R.N., S.C.M., H.V., Q.N.

Divisional Nursing Officers.

Dacorum : D. Carter, S.R.N., S.C.M., H.V., Q.N.
East Herts : B. Brewer, S.R.N., S.C.M., H.V., Q.N.
North Herts : S. H. Kestin, S.R.N., S.C.M., H.V., Q.N.
St. Albans : R. Seymour, S.R.N., S.C.M., H.V., Q.N.
South-West Herts : A. Featherstone, S.R.N., S.C.M., R.F.N., H.V., Q.N.
Welwyn : D. E. Reay, S.R.N., S.C.M., H.V., Q.N.

County Health Inspector.

J. L. Stringer, M.I.P.H.E., M.R.S.H., M.A.P.H.I., F.R.M.S.

Statistician.

V. A. Dickinson, B.Sc.

Deputy County Welfare Officer.

B. A. Creed, A.I.S.W.

Social Work Supervisor.

I. Page, Diploma in Social Science, Certificate Applied Social Studies.

Senior Psychiatric Social Worker.

E. L. Thomas, A.A.P.S.W.

Divisional Social Workers.

St. Albans : M. Swaine, B.Sc. (Econ.), B.A. (Hons.), Bleak House, Catherine Street, St. Albans.
Dacorum : F. Guest, S.R.N., R.M.N., National Certificate in Social Work, The Town Hall, Hemel Hempstead.
South-West : M. Keenleyside, B.A. (Hons.), 65 Queens Road, Watford.

Home Help Organizer.

C. M. Webb, M.I.H.H.O.

Chiropodist.

M. M. Williams, M.Ch.S.

MEDICAL OFFICERS OF HEALTH AND PUBLIC HEALTH INSPECTORS OF COUNTY DISTRICTS.

(As at 31.12.1966.)

Division.	*District M.O.H.*	*County District.*	*Public Health Inspector*
East Herts	*Dr. I. R. Clarke	Bishop's Stortford U.D.	Mr. A. L. Good
	*Dr. F. Appleton	Cheshunt U.D.	Mr. C. Wilson
	Dr. G. M. Frizelle	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. M. R. Gibbs
		Ware R.D.	Mr. A. D. G. Goold
	Dr. P. de Bec Turtle	Hertford R.D.	Mr. H. E. Gilby
North Herts	*Dr. J. D. Hall **(Divisional M.O.).**	Baldock U.D.	Mr. B. G. Willis
		Hitchin U.D.	Mr. N. Holt
		Letchworth U.D.	Mr. A. Jump
		Royston U.D.	Mr. D. G. Lord
		Stevenage U.D.	Mr. R. V. Lamey
		Hitchin R.D.	Mr. W. M. Matthews
St. Albans	*Dr. C. Burns **(Divisional 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
		Elstree R.D.	Mr. G. Male
South-West Herts.	*Dr. W. Alcock **(Divisional M.O.).**	Watford B.	Mr. K. H. Marsden
	*Dr. W. Norman-Taylor	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. F. Reeve
Welwyn	*Dr. G. R. Taylor **(Divisional M.O.).**	Welwyn Garden City U.D.	Mr. M. Stockdale
		Hatfield R.D.	Mr. C. A. Bailey
		Welwyn R.D.	Mr. P. B. Hawley
	Dr. M. I. Outram	Potters Bar U.D.	Mr. J. H. Rooley
Dacorum	*Dr. R. S. Hynd **(Divisional M.O.).**	Hemel Hempstead B.	Mr. A. C. Horne
		Berkhamsted U.D.	Mr. R. C. Sweet
		Tring U.D.	Mr. T. William Jones
		Berkhamsted R.D.	Mr. R. J. Blandamer
		Hemel Hempstead R.D	Mr. R. H. T. Chappell

Except where indicated by an asterisk, 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.

PART I—HEALTH SERVICES.

Vital Statistics.

The population of the County increased by 11,130 during the year and over a 10-year period has grown by over 167,000, despite the drop of 31,000 brought about as a result of the London Government reorganization in 1965. It is estimated that by 1973 the population will have reached at least 1,028,000.

For administrative purposes the County is divided into six health and welfare divisions, five having divisional medical officers in charge and the sixth is administered from headquarters at Hertford. The constitution of the six divisions is given on page 9 and estimated populations at mid-1966 are shown below :—

Table 1.—County and Divisional Populations, 1966.

Division	Population (mid-year estimate)
East	154,280
North	147,470
St. Albans	146,730
South-West	199,400
Welwyn	117,080
Dacorum	107,140
County	872,100

A summary of the principal vital statistics from data supplied by the Registrar-General is given in Table 2. The 1965 figures are shown for comparison purposes.

As Hertfordshire has a higher than average number of young mothers of child-bearing age and a lower than average number of old people, the balancing factors provided by the Registrar-General have the effect shown in Table 3. It will be seen that both the adjusted birth rate and death rate are below the national figures.

There has been a drop of over 500 in the number of live births compared with the previous year. The percentage of illegitimate births, however, has increased from 5·3 to 5·8 but this is still substantially below the percentage for England and Wales which now stands at 7·9. The infant mortality rate, that is deaths of infants under 1 year per 1,000 total live births, is now less than 14. This is the lowest figure ever and compares with 18·15 ten years ago. It is encouraging to see substantial reductions in the neo-natal mortality rate and the early neo-natal mortality rate.

TABLE 2.—PRINCIPAL VITAL STATISTICS.

	1966.	*1965.*
Live births :		
Number	15,008	15,586
Rate per 1,000 population	17·28	18·10
Illegitimate live births (per cent of total live births)	5·78	5·33
Stillbirths :		
Number	178	208
Rate per 1,000 total live and still births	11·72	13·17
Total live and still births	15,186	15,794
Infant deaths (deaths under one year)	210	245
Infant mortality rates :		
Total infant deaths per 1,000 total live births	13·92	15·71
Legitimate infant deaths per 1,000 legitimate live births	13·51	15·86
Illegitimate infant deaths per 1,000 illegitimate live births	20·74	13·24
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	9·26	11·93
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	7·93	10·26
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and still births	19·55	23·31
Maternal mortality (including abortion) :		
Number of deaths	5	3
Rate per 1,000 total live and still births	0·33	0·19
Epidemic death rate per 1,000 population	0·03	0·02
Tuberculosis death rate per 1,000 population	0·03	0·02
Respiratory diseases death rate per 1,000 population	1·24	1·25
Vascular lesions of the nervous system death rate per 1,000 population	1·31	1·28
Cancer death rate per 1,000 population	1·85	1·79
Heart disease death rate per 1,000 population	3·10	3·90

TABLE 3.—BALANCED BIRTH AND DEATH RATES PER 1,000 POPULATION.

	Crude rate	Rate by balancing factor	National rate
Death rate	9·1	10·1	11·7
Birth rate	17·3	16·3	17·7

Table 4.—Causes of Deaths in Hertfordshire, 1966.

		Age Group																								
		Under 4 wks.		4 wks.–1 yr.		1—		5—		15—		25—		35—		45—		55—		65—		75 and over		Totals		
		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	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	1	6	4	5	1	1	2	15	8	1
2	Tuberculosis, other	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	2	1	—	—	—	—	2	3	2
3	Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	1	1	5	3	1	7	7	3
4	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
5	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
6	Meningococcal infections	—	—	—	—	—	2	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	2	6
7	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
8	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
9	Other infective and parasitic diseases	1	—	—	2	1	—	—	1	—	1	2	—	2	1	1	1	1	—	—	2	—	2	8	10	9
10	Malignant neoplasm, stomach	—	—	—	—	—	—	—	—	—	—	—	1	1	—	13	3	37	13	36	18	19	38	106	73	10
11	Malignant neoplasm, lung bronchus	—	—	—	—	—	—	—	—	—	—	—	2	6	3	38	15	121	23	117	28	63	20	345	91	11
12	Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—	4	—	17	—	40	1	42	—	23	1	37	2	163	12
13	Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	1	—	6	—	9	—	14	—	9	—	9	—	48	13
14	Other malignant and lymphatic neoplasms	—	—	—	1	3	3	6	3	4	4	5	6	10	20	53	45	93	70	108	93	139	124	421	369	14
15	Leukaemia, aleukaemia	—	—	—	—	2	—	2	3	2	—	—	—	—	1	5	5	5	2	10	5	7	5	33	21	15
16	Diabetes	—	—	—	—	1	—	—	—	—	—	1	—	—	1	3	—	2	2	8	13	8	19	23	35	16
17	Vascular lesions of nervous system	—	—	—	1	—	—	1	1	—	—	1	3	8	4	12	24	61	44	119	119	238	506	440	702	17
18	Coronary disease, angina	—	—	—	—	—	—	—	—	—	—	4	—	30	5	110	14	244	53	271	178	263	358	922	608	18
19	Hypertension with heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	6	5	18	21	24	43	50	70	19
20	Other heart disease	—	—	1	2	—	—	2	—	—	1	2	—	6	2	13	15	39	27	48	54	162	310	273	411	20
21	Other circulatory disease	—	—	—	1	—	—	1	—	—	1	1	1	2	2	10	8	23	13	44	36	76	146	157	208	21
22	Influenza	—	—	—	—	—	—	—	—	—	—	—	1	2	—	1	—	1	2	6	1	6	11	16	15	22
23	Pneumonia	2	2	10	9	3	3	5	2	4	2	3	1	3	1	9	8	27	26	48	48	141	239	255	341	23
24	Bronchitis	—	1	1	2	3	1	1	2	1	—	1	—	1	2	10	4	53	14	75	32	115	61	261	119	24
25	Other diseases of respiratory system	—	—	2	1	1	1	—	—	1	1	1	1	3	—	3	1	8	2	9	3	19	14	47	24	25
26	Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	1	—	—	—	1	—	3	1	11	4	10	4	13	16	39	25	26
27	Gastritis, enteritis, and diarrhoea	—	—	2	1	—	—	—	—	—	—	1	—	—	1	1	2	1	3	1	1	4	22	10	30	27
28	Nephritis and nephrosis	—	—	—	—	—	—	1	—	—	—	2	—	4	1	4	1	4	3	2	3	5	6	22	14	28
29	Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	10	—	20	—	32	—	29
30	Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	1	—	—	—	—	—	—	—	5	30
31	Congenital malformations	12	14	9	6	5	1	1	—	—	—	1	—	4	1	1	2	1	2	1	—	—	1	35	27	31
32	Other defined and ill-defined diseases	59	47	6	3	6	6	5	3	5	4	1	6	12	8	13	16	27	32	49	57	80	164	263	346	32
33	Motor vehicle accidents	—	—	—	—	6	3	7	6	31	5	8	3	7	1	9	4	10	6	8	3	3	4	89	35	33
34	All other accidents	—	1	6	5	5	1	6	3	11	1	3	1	9	6	10	6	7	8	7	14	23	62	87	108	34
35	Suicide	—	—	—	—	—	—	—	—	5	5	4	7	10	4	9	10	3	10	8	5	2	1	41	42	35
36	Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	36
	Totals	74	65	37	34	36	21	38	24	65	28	41	40	123	87	335	238	798	426	1019	776	1,435	2,221	4,001	3,960	

MIDWIFERY SERVICE.

The decline in the birth-rate has continued and the number of confinements in the County fell from 16,141 in 1965 to 15,033, of which 14,023 were of Hertfordshire residents. Local authority midwives attended 5,353 confinements which represents 38 per cent of the total, hospital midwives accounting for the bulk of the remainder.

The generally accepted standard of 70 per cent of pregnant women requiring hospital care has created a number of problems nationally, for the distribution of hospital beds in the country is not uniform. In areas where provision is not adequate to meet this standard, early discharge of the mother and infant is practised, the local authority midwife and family doctor accepting responsibility for their care during the remainder of the lying-in period. The number of early discharges from hospital after child-birth has continued to increase in this County and there is little doubt that this practice is likely to continue, notwithstanding the fact that the lack of involvement in the management of pregnancy and labour is unattractive to the practising midwife. Conversely, where sufficient obstetric beds are available to cater for 70 per cent or more of pregnancies, then it becomes difficult to employ midwives in the community because of insufficiency of cases and this in time creates difficulties with the training of pupil midwives employed in hospitals and who are expected to undertake some domiciliary practice. Although the situation at the present time in Hertfordshire is not such as to warrant any suggestion of major changes in the administration of maternity services, the marked trend towards hospitalization requires the situation to be kept under review. If this trend continues (and already in some areas of the country sufficient hospital beds are available to cope with all cases of pregnancy) the inevitable conclusion is of integration of hospital and local authority maternity services.

TABLE 5.

	1966.	*1965.*	*1964.*
(1) Total confinements in County	15,033	16,141	17,887
(*a*) Confinements attended by County Council midwives	5,353	5,369	6,172
(*b*) Confinements attended by private midwives	9	31	24
(2) Confinements of Hertfordshire residents	14,023	14,073	16,278
(*a*) Percentage of home confinements	38·2	38·4	38

TABLE 6.

PATIENTS DISCHARGED FROM HOSPITAL TO DISTRICT MIDWIVES' CARE

	Hospital and Nursing Homes Confinements of Herts Mothers.	*Early Discharges from Hospital.*	*Total visits by District Midwives.*
1962	8,870	2,214	11,318
1963	9,410	3,626	14,985
1964	10,176	3,558	18,222
1965	9,898	4,184	20,461
1966	8,456	5,069	24,411

The number of patients discharged from hospital before the 10th day of the puerperium has continued to increase. Of the total number of institutional deliveries, which was 8,456, 5,069 were discharged home early and received 24,411 visits from the district midwives. For many of the patients now accepted for delivery in hospital, early discharge (i.e. after 48 hours) is pre-planned and arrangements made in advance for the district midwife to continue the care of

the patient. Reports are made on the home circumstances as to the suitability for early discharge and the number of these visits has increased from 2,270 in 1965 to 2,539 in 1966.

TABLE 7.

Division.	*No. of reports.*		*No. of Herts mothers confined in institutions.*	
	1965.	*1966.*	*1965.*	*1966.*
Dacorum . . .	81	148	1,143	1,119
East	818	683	1,828	1,469
North	276	471	1,615	1,346
St. Albans . . .	336	459	1,802	1,752
South-West . .	573	538	2,066	1,235
Welwyn . . .	186	240	1,444	1,535
	2,270	2,539	9,898	8,456

Ante-Natal Instruction Classes.

Classes for ante-natal patients are held throughout the County, conducted by domiciliary midwives with the assistance of health visitors. In 1966, 2,463 women attended these classes ; of these 1,625 were booked for hospital and 838 for home deliveries.

Midwives' Refresher Courses.

28 midwives and 3 nursing officers attended courses approved by the Central Midwives Board in various centres outside the County.

Staff and Training of Pupil Midwives.

The number of midwives employed was 167, representing a whole-time equivalent of 96·30. This number included the Watford Maternity Hospital domiciliary midwives of which there were 11.

40 of the midwives have been approved by the Central Midwives Board to act as teaching midwives and gave instruction to 207 pupil midwives for three months of the one year's training. Of this number 35 were still in training at the end of the year. Watford Maternity Hospital domiciliary midwives helped to train 59 of these students. The number given training during the year shows an increase of 89 over the previous year's total.

More pupil midwives could be accepted for training in the County but difficulty is experienced in finding board and lodging for them. This has resulted in good training ground not being used fully and has meant that at least two of the maternity hospitals in the County have had to send a few students to other local health authorities.

Ambulance Service—Emergency Child Birth.

The County Ambulance Officer reported that there were 9 births in ambulances in 1966 and ambulance men were present at the birth of 3 of these. The number of births which took place in patients' homes before or after arrival of the ambulance numbered 22, and in 6 of these cases the ambulance men only were present and in the 16 others medical assistance was obtained. No complications arose.

During the year the Ambulance Brigade conveyed 3,163 maternity cases. Other points of interest are that from July, 1948, to 31st December, 1966, a total of 138 births occurred in ambulances and a total of 327 births before the arrival of the ambulance in patients' homes.

Maternal Mortality.

Although there were 9 deaths of women of child-bearing age, occurring in the County, which had an association with pregnancy, and which were fully investigated, only 5 were subsequently allocated by the Registrar-General as maternal deaths of Hertfordshire residents.

" Well-Woman " Clinics.

During 1966 " well-woman " clinics were set up in Hemel Hempstead, Hitchin, Letchworth, Stevenage, Watford, Hertford, and Cheshunt, the first clinic in the County having been established in Bishop's Stortford the previous September. These clinics are open to all women between 35 and 60 years of age and the service is not limited to pelvic examination and a taking of a cervical smear but includes urine examination and examination to exclude breast adenoma (in addition to training of women for self examination).

Of the 1,764 women who attended the 8 clinics during the year, 30 were recalled for re-test and 13 were referred to their family doctors for further investigation.

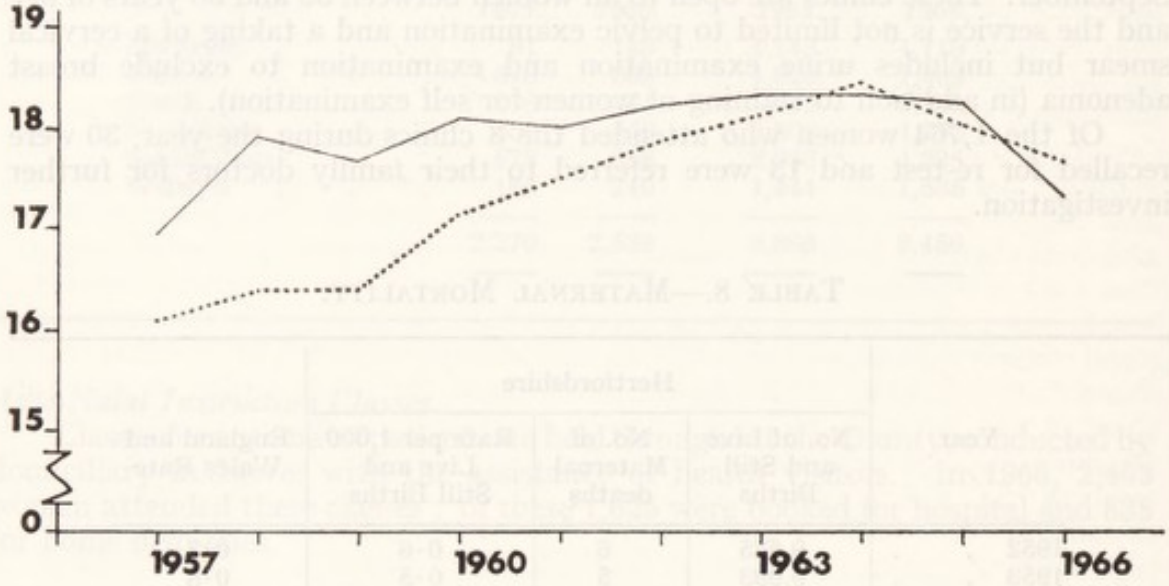
TABLE 8.—MATERNAL MORTALITY.

Year	Hertfordshire			England and Wales Rate
	No. of Live and Still Births	No. of Maternal deaths	Rate per 1,000 Live and Still Births	
1952 . .	9,525	6	0·6	0·7
1953 . .	9,993	5	0·5	0·8
1954 . .	10,652	12	1·1	0·7
1955 . .	11,090	5	0·5	0·6
1956 . .	12,034	6	0·5	0·6
1957 . .	12,784	5	0·4	0·5
1958 . .	13,889	6	0·4	0·4
1959 . .	14,108	5	0·4	0·4
1960 . .	14,874	4	0·3	0·3
1961 . .	15,301	9	0·6	0·3
1962 . .	15,823	3	0·2	0·3
1963 . .	16,265	6	0·4	0·3
1964 . .	16,557	—	—	0·2
1965 . .	15,794	3	0·2	0·2
1966 . .	15,186	5	0·3	0·3

BIRTH AND INFANT MORTALITY STATISTICS, 1957–1966.

——— Hertfordshire - - - - - England and Wales.

Graph 1.—Live Birth Rate—per 1,000 population.



Graph 2.—Stillbirth Rate—per 1,000 births.

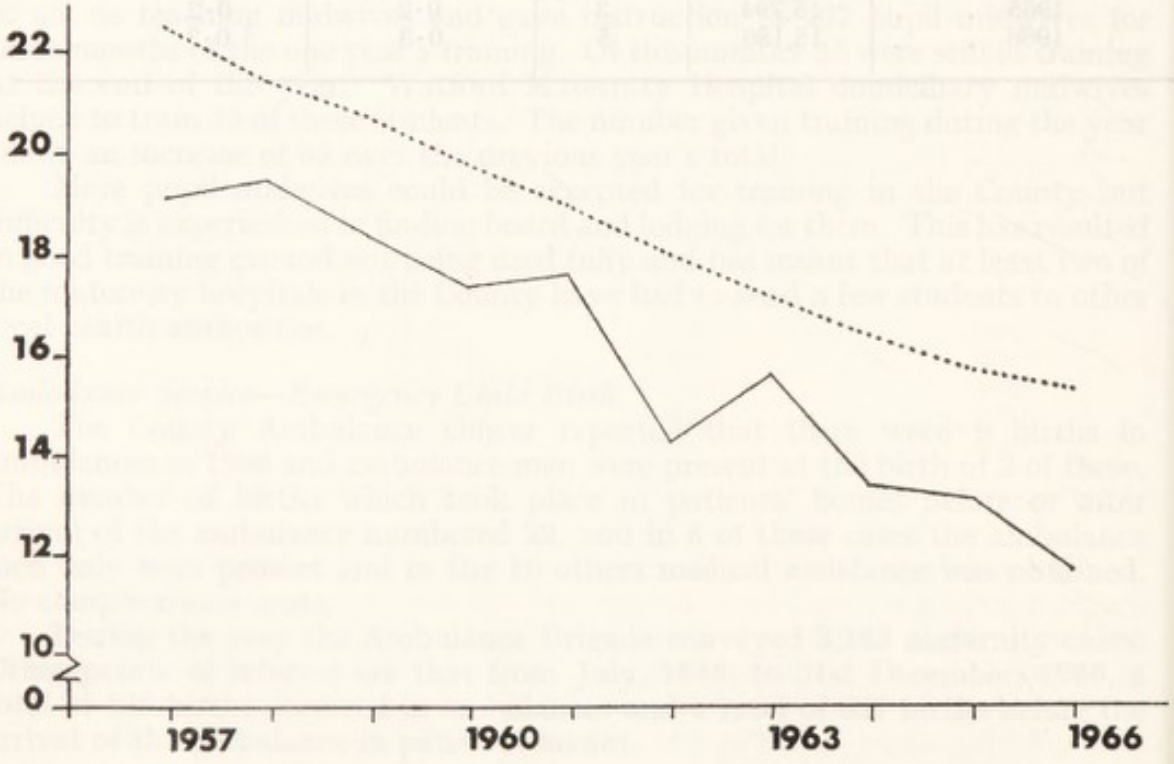
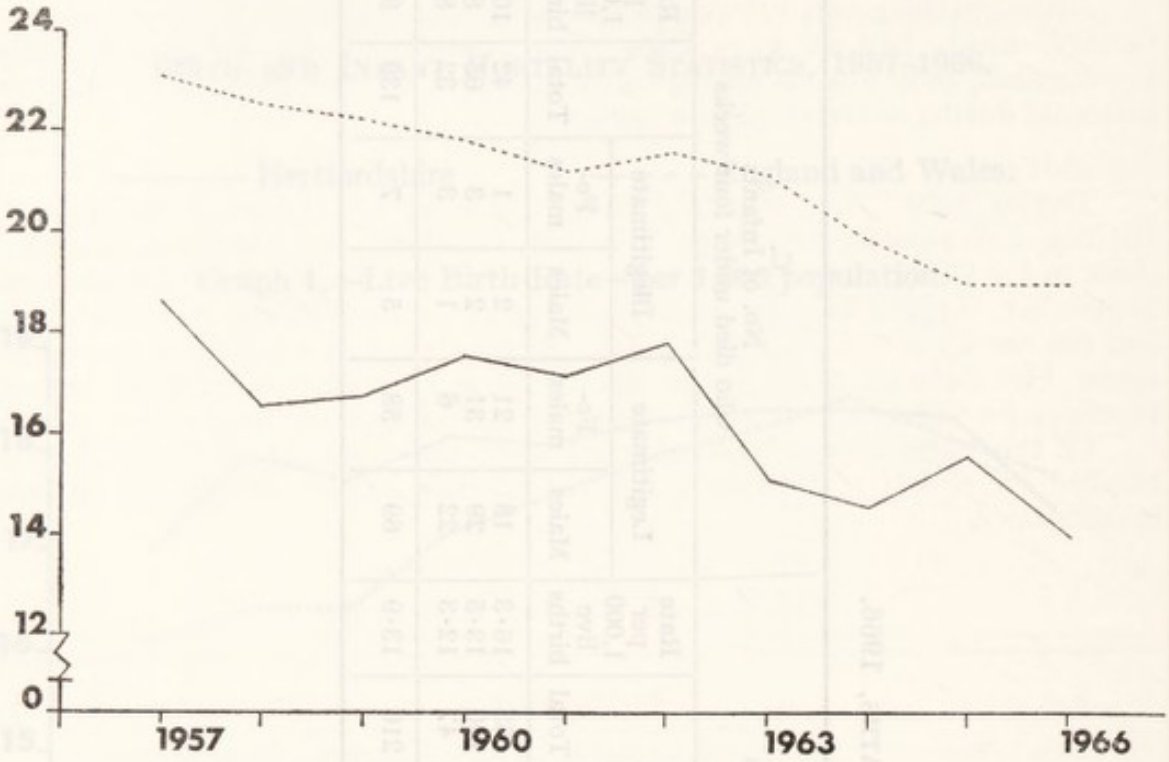


TABLE 9.—LIVE BIRTHS AND INFANT DEATHS, 1966.

	A. No. of Live Births					B. No. of Infant Deaths (under one year)						C. No. of Infants who died under four weeks					
	Legitimate		Illegitimate			Legitimate		Illegitimate				Legitimate		Illegitimate			
	Males	Females	Males	Females	Total	Males	Females	Males	Females	Total	Rate per 1,000 live births	Males	Females	Males	Females	Total	Rate per 1,000 live births
Boroughs . .	1,837	1,777	128	122	3,864	26	34	2	1	63	16·3	18	21	2	1	42	10·9
Urbans . .	3,539	3,410	182	191	7,322	44	48	3	5	100	13·5	29	31	2	3	65	8·9
Rurals . .	1,862	1,715	141	104	3,822	32	8	4	3	47	12·3	22	6	1	3	32	8·4
County . .	7,238	6,902	451	417	15,008	102	90	9	9	210	13·9	69	58	5	7	139	9·3

Graph 3.—Infant Mortality Rate—per 1,000 live births.



INCIDENCE OF PREMATURITY.

Five per cent of the babies born in 1966 were premature compared with 4·8 per cent in 1965 ; 71 of these premature babies died within 28 days of birth, compared with 100 in 1965. There was a marked drop in the number of premature still-births, 101 compared with 117 in 1965.

TABLE 10.

	Born in		Total in 1966	Total in 1965
	Hospital	At home or in a Nursing Home		
Premature live births	656	97	753	756
Premature babies who died within twenty-eight days	68	3	71	100
Premature stillbirths	97	4	101	117

Congenital Malformations.

Congenital defects were discovered in 227 children (one more than found in the previous year) and of these 227 children, 40 had more than one abnormality.

The commonest malformations were as follows :—

TABLE 11.

Talipes	56 (55)	cases	representing	3·69	per	1,000	live and	stillbirths.
Cleft lip or palate	35 (23)	,,	,,	2·30	,,	,,	,,	,,
Spina Bifida	25 (18)	,,	,,	1·65	,,	,,	,,	,,
Anencephalus	10 (16)	,,	,,	0·66	,,	,,	,,	,,
Congenital heart disease	9 (19)	,,	,,	0·59	,,	,,	,,	,,
Dislocation of hip	21 (15)	,,	,,	1·38	,,	,,	,,	,,
Mongolism	11 (12)	,,	,,	0·72	,,	,,	,,	,,

The comparable 1965 figures are shown in brackets.

Mention was made in last year's report to the increased number of children diagnosed as having dislocation of the hip and it was thought that this was due primarily to better diagnosis by the midwives and health visitors who were being trained at special classes to look for this defect. The upward trend continues.

Health Centres.

The relative shortage of medical and allied personnel necessitates a re-appraisal of the functions of the general practitioner, local authority, and hospital medical staff so as to permit more effective use of limited resources.

One trend, which has been given some impetus as a result of a recent review on general practitioner remuneration, is towards joint use of common premises by general practitioner and local authority staff with increasing interest being shown towards health centres.

For a number of years, the local authority has given its blessing to health centres and, in addition, has made arrangements for existing clinics to be made available to general practitioners without charge for services which would otherwise fall to the local authority to provide, e.g. " well baby " clinics, vaccination and immunization sessions, ante-natal sessions, etc.

More recently many general practitioners have shown an interest in health centres which was not evident previously and a review has taken place of the authority's capital building programme to ensure that, wherever possible, joint premises are provided in the future. On this score, the local authority is somewhat embarrassed by a plethora of purpose-built clinics which were never designed for joint usage, many of which being of recent origin are ill-suited for adaptation. Nevertheless every effort is being made to introduce general practitioners into health centres on request, and as an example the design of the new clinic in the course of erection in Hoddesdon was hastily amended in order to provide facilities for a group medical practice in that town.

It would appear that areas of new development and redevelopment offer the best opportunities for new health centre provision in the County and, in consultation with the Executive Council, a programme is being prepared. Fortunately attachment of local authority staff to group medical practices can be effected where no health centre exists, and this aspect of liaison is being pursued with success.

Nevertheless it would be prudent to clearly define the future roles of the domiciliary medical practitioner and the hospital medical practitioner, for this is a necessary prerequisite to the planning of premises and facilities.

Table 12.—Infant Welfare Centre Attendances.

	No. of Centres	Sessions Held	Doctors' Attendances	No. of Children who Attended	Children's Attendances	
					Total	Average per Session
1962 . .	145	6,574	5,212	37,523	262,896	40
1963 . .	146	6,891	5,431	39,955	260,435	39
1964 . .	147	6,992	5,421	44,078	287,884	41
1965 . .	125	7,004	5,254	40,604	275,165	39
1966 . .	126	8,124	5,281	41,986	329,440	40

Day Nurseries.

The number of children on the register of the 7 day nurseries at the end of 1966 was 327, 28 more than at the end of 1965. The following table shows the

categories of children admitted and it will be seen that 72 per cent are children of widows, widowers, unmarried mothers, or deserted wives or husbands. The most marked increase in any category has been in the number of children of deserted wives or husbands (122 compared with 90 last year).

TABLE 13.

	1966.	*1965.*
(1) Children of widows or widowers	19	16
(2) Children of unmarried mothers	94	91
(3) Children of deserted wives or husbands	122	90
(4) Children of parents in prison	3	3
(5) Children of parents suffering from chronic illness or disablement	6	5
(6) Children of parents suffering from temporary illness, mother's confinement, etc.	28	21
(7) Children recommended by doctor or health visitor for temporary help	28	33
(8) Children of essential workers in social services	18	15
(9) Children living in bad housing conditions	9	3
(10) Children where there is risk of break-up of family	–	2
	327	279

Although it is not the County Council's policy to provide more day nurseries except in new towns, it has agreed to replace the Bushey Day Nursery with a new 50-place nursery at Oxhey and to extend the Beechwood Day Nursery at Watford to provide an additional 30 places. Work proceeded on the Waltham Cross Day Nursery of 50 places which is to replace the existing premises on expiry of lease. It is expected that this will be ready for occupation in September, 1967.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

It is interesting to see that when compared with the previous year the number of registrations of persons under the Nurseries and Child Minders Regulation Act, 1948, has remained almost static but the number of premises registered has increased from 103 to 126. The overall number of children minded under both categories now exceeds 5,400 and it is a 15 per cent increase on the previous year.

A total of 2,227 visits were made to these registered premises and persons, 566 by divisional nursing officers or assistants and 1,661 by health visitors. This represents a considerable amount of the time of nursing officers and health visitors and there has been an increase of 23 per cent in the number of visits during the past 12 months.

There were 26 children sponsored during the year under the Committee's daily minder scheme whereby suitable minders are paid 35*s*. a week for each child received. Children sponsored under this scheme must be eligible for a place at a day nursery and it is used when there is no day nursery or place available in the vicinity.

TABLE 14.

	1964.	*1965.*	*1966.*
Persons registered at end of year	182	247	243
Number of children permitted	1,357	1,973	1,983
Premises registered at end of year	73	103	126
Number of children permitted	1,808	2,731	3,444
New registrations—			
Persons	58	85	87
Premises	15	45	43

TABLE 15.—NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

Number of Persons and Premises Registered at 31st December, 1966.

Division	Persons caring for children				Premises			
	Morning only		All day		Open mornings only		Open all day	
	No. of persons	No. of children permitted	No. of persons	No. of children permitted	No. of premises	No. of children permitted	No. of premises	No. of children permitted
East	11 (5)	108	2 (1)	10	22 (8)	479	1 (–)	30
Dacorum	18 (8)	197	10 (3)	114	19 (3)	514	3 (1)	80
North	28 (16)	260	65 (29)	333	18 (8)	529	3 (–)	137
St. Albans	24 (5)	251	20 (5)	108	17 (5)	492	1 (–)	40
Welwyn	8 (2)	70	27 (8)	156	22 (8)	638	2 (2)	53
South West	20 (4)	276	10 (1)	100	15 (7)	332	3 (1)	120
Total	109 (40)	1,162	134 (47)	821	113 (39)	2,984	13 (4)	460

The number of new registrations during the year is shown in brackets.

THE MATERNITY AND CHILD WELFARE DENTAL SERVICE, 1966.

A welcome increase in the number of dental officers in post took place in the latter part of the year, following the introduction of Divisional Dental Officer posts to the service. The County Council approved the appointment of one Divisional Dental Officer to each health division of the County, within the current establishment of dental officers. These appointments have been phased over two financial years so that three appointments were taken up in the latter part of this year and three further appointments are due to take effect on 1st April, 1967. The result of this policy has been to increase the full-time dental officer strength from 8 at the commencement of the year to 11 at the end of the year. Full-time staff movements which produced this final figure were as follows. 3 dental officers joined the staff and 2 part-time officers transferred to full-time duties. These appointments were partially offset by the resignation of one full-time dental officer and the reduction to part-time duties of another. In addition, there were 28 part-time dental officers carrying out 104 sessions per week at the beginning of 1966 and whilst the number of part-time dental officers had fallen to 26 by the end of the year, the number of sessions undertaken by these officers remained at 104. The overall staffing picture therefore shows the equivalent of 18 full-time officers at the beginning of the year, with an improvement to the equivalent of 21 full-time officers at the close of the year. Dental auxiliary strength has fluctuated somewhat. It commenced with 4 full-time auxiliaries, then fell to the whole-time equivalent of 3½ and subsequently rose to 5 full-time staff before finally dropping back to 4 at 31st December. The higher figure of 5 dental auxiliaries was restored in January, 1967.

Two new dental clinics were opened in the latter part of the year. The first of these, the Parkway Clinic in Welwyn Garden City, serves the central area of the town and together with two other Welwyn Garden City clinics situated respectively in the north and south will provide first-class facilities for the dental care of young children within reasonable distances of their homes. The second clinic at Tring, which was opened in November, will provide dental care for children on the western boundary of the County where previously, some parents and their children had substantial distances to travel to their nearest clinic at Berkhamsted.

The standard of equipment in a number of the older clinics has been improved with the installation of modern glare-free operating lights at six centres, the fitting of a dental unit at another, and the addition of an X-ray apparatus at a third clinic. Modernization of operating conditions produces improved working efficiency, and enhances the service in the eyes of the staff and public.

The final report on the experimental scheme for the training and employment of dental auxiliaries was laid before Parliament in August. The scheme, which was carried out under the aegis of the General Dental Council, commenced in 1960 with the training of 60 young women at the New Cross Training School. Following a two-year course, the first output of dental auxiliaries was assigned to local health authorities in September, 1962. This Authority appointed one of the first group and has continued to appoint these young persons in subsequent years, as facilities for their employment in the County dental clinics became available. Dental auxiliaries are now working under the direction of dental officers at Hatfield, Hemel Hempstead, Hertford, Stevenage, and Rickmansworth. The conclusions reached by the General Dental Council in their final report are, *inter alia* :—

" 1. The quality of clinical work carried out by dental auxiliaries is high.

2. The work of dental auxiliaries in dental health is valuable.

3. Dental auxiliaries are well accepted by children and many employing authorities consider that their special value lies in introducing very young

children to dentistry in circumstances which make dental treatment acceptable or even attractive to them. Dental auxiliaries are also well accepted by parents, by teachers in schools and by dentists working for local authorities.

4. The experimental scheme has shown that dental auxiliaries can be successfully trained and employed under proper supervision to do, within the limited field prescribed, work of great value, particularly among young children."

The Privy Council have, following consideration of the report, concluded that dental auxiliaries would be of value to the community, and the Minister of Health stated that the Government accepts that dental auxiliaries have a valuable contribution to make to the dental health of the community.

Fluoridation of the public water supplies commenced in the Borough of Watford in May, 1956. With an elapsed time of 10 years, it would appear to be an appropriate point at which to investigate the effect which this measure is having on the temporary and permanent teeth of the children attending schools within the area.

A dental caries investigation was therefore undertaken in the fluoride area and the results compared with those obtained in the non-fluoride area of the South-West Division of the County. The teeth of two groups of school children were examined, covering the ages of 5–11 years. In the 5–7 year old group, the temporary and permanent teeth were examined, whilst in the junior schools, covering the 7–11 years old children, permanent teeth only were assessed. The investigations were carried out during the course of routine school dental inspections and dental officers taking part in the study were briefed in their assessment of dental decay, in order to ensure, as far as possible, a uniform standard. It must be stressed that the results obtained in this survey cannot be compared directly with those obtained in other fluoridation investigations, for example, the Ministry of Health study, which was published in 1962. This is because the Ministry of Health figures relate only to children who are native to the fluoride area, whilst the figures set out in the attached tables relate to all children in attendance at schools at the time of the dental examinations. The effect of immigration of school children from a non-fluoridated area into the fluoride area would tend to show the results in a less favourable light than in other investigations :—

TABLE 16.—COMPARATIVE FIGURES FOR 5 TO 7 YEAR OLD CHILDREN.

Deciduous and Permanent Teeth.

S. W. Herts Division	Age	Number inspected	Average number of carious teeth per child (D.M.F.)	% Children free from caries
Non-fluoridated area . .	5	208	4·56	19·7
	6	208	5·97	13·9
	7	159	6·61	7·5
Fluoride area . . .	5	277	2·49	39·3
	6	303	3·74	24·7
	7	111	3·94	25·2

TABLE 17.—COMPARATIVE FIGURES FOR 7 TO 11 YEAR OLD CHILDREN.
Permanent Teeth Only.

S.W. Herts Division	Age	Number inspected	Average number of carious teeth per child (D.M.F.)	% Children free from caries.
Non-fluoridated areas . .	7	97	1·86	33·0
	8	210	2·69	15·7
	9	234	3·12	11·5
	10	249	3·76	4·8
	11	163	4·65	1·8
Fluoride area . . .	7	128	1·00	60·1
	8	268	1·73	36·5
	9	273	2·34	24·5
	10	249	3·17	13·2
	11	154	3·30	11·6

A summary of these figures indicates that, in the fluoridated water area, an average of 40·9 per cent less decay was found in the 5–7 year old group, whilst in the 7–11 year old group, an average of 30·5 per cent less decay was noted. In both age groups the average number of naturally sound dentitions was over twice the number found in the non-fluoridated water area.

Details of work carried out in 1966 are as follows :—

TABLE 18.

Expectant and Nursing Mothers.	
Number of mothers examined . . .	229
Number of mothers needing treatment . .	172
Number of mothers treated	141
Courses of treatment completed . . .	86
Number of attendances for treatment . .	385
Scaling and gum treatment	85
Fillings	261
Extractions	116
General anaesthetics	20
Dentures—full upper or lower . . .	4
—partial upper or lower . . .	10
Number of dentures supplied	18
Children under Five.	
Number of children examined . . .	2,915
Number of children needing treatment . .	1,835
Number of children treated	1,669
Courses of treatment completed . . .	1,511
Number of attendances for treatment . .	4,797
Prophylaxis	518
Fillings	4,078
Teeth otherwise conserved	861
Extractions	1,272
General anaesthetics	679

OPHTHALMIC CLINICS.

Parents of children with visual defects are offered appointments at the County Council ophthalmic clinics, though they may use the National Health Supplementary Ophthalmic Services following referral by their own family doctor. If spectacles are recommended they are provided by an optician on the Hertfordshire Executive Council Ophthalmic Services list, free of charge.

The ophthalmic clinics in the County Council health centres are staffed

by consultant ophthalmologists under arrangements made with the North-East and North-West Metropolitan Regional Hospital Boards.

Children over the age of two years, who are registered as blind or partially sighted, following the consultant examination, are referred to the County Education Officer in order that the necessary special educational treatment provisions are put in hand. These children are also reported to the welfare officer and home teachers of the blind for advice and services to meet the special needs of parents and child.

During the year, at the fourteen ophthalmic clinics throughout the County, 353 children under five years of age attended for the first time. In addition, 647 attendances were made for re-examination and spectacles were prescribed by the ophthalmologists for 98 children.

Unmarried Mothers.

In common with the national trend, the percentage of illegitimate births has risen in the County, but this is kept in proportion when regard is taken to the degree of increase and its relation to the national picture, i.e. the percentage rose from 5·33 in 1965 to 5·78 in 1966 compared with the national average of 7·9.

Prevention, as with the desire for pregnancy, is essentially a personal affair and illegitimate births are not always due to ignorance or the unavailability of contraceptives, although these are likely to be factors so far as the teenage expectant mother is concerned. On this score, education of young people cannot be considered complete without reference to personal relationships and to conception and contraception. Of the 868 illegitimate births during the year 97 were of mothers aged 17 years or under and by arrangement between the Health and Welfare Department and the Children's Department, the provision of care and after-care services is shared according to age range, i.e. the Children's Department being responsible in the main for girls aged 17 years and under and the Health and Welfare Department for women over this age. The services provided by the Health and Welfare Department are organized through the agency of the St. Albans Diocesan Council for Social Work and as might be expected not every unmarried mother elected to seek the help of the authority, or to remain in the County during the course of the pregnancy. The Organizing Secretary of the Diocesan Council for Social Work reports that the numbers seeking help does not show any appreciable change from those of previous years, i.e. in 1965 the total number of illegitimate births of women receiving help from the Diocesan Council was 448 compared with 466 during the current year. Many others sought help and advice but either moved away from the area or were referred to other agencies before the infant was born.

The following arrangements were made for the future of the child :—

Table 19.

Kept by the mother	217
Placed for adoption	168
Received into care by Children's Department or voluntary agency	16
Died	11
Other arrangements	54
Total	466

The Secretary of the Diocesan Council for Social Work reports as follows :—

" It is still true to say that many mothers are forced to part with their babies for adoption because of the lack of suitable accommodation and support

being available for both the mother and child. Until there is a change of attitude by society towards the problem of illegitimacy this situation is unlikely to alter. We are grateful to those who offer accommodation to the pregnant girl and to the many foster parents who welcome young babies into their homes. Without this help our work would be almost impossible.

My Council have for some time felt that the accommodation offered to unmarried mothers at the Diocesan Mother and Baby Home should be improved. It is hoped that during 1967 the home will be enlarged by the addition of extra bedrooms, a living-room, improvements to the kitchen, and the installation of central heating. This will necessitate a temporary closure of the home, but when re-opened should offer better conditions for mothers and babies who require residential care."

Family Advisory Service.

The role played by trained social workers in the field of child care and development has yet to reach complete development. The expertise of psychiatric social workers and psychotherapists is complementary to that of the health visitor and in the field of prevention there is a strong case for inclusion of social workers in the services provided in infant welfare clinics. For a number of years arrangements have existed for Mrs. Baker, senior psychiatric social worker, to hold a child development clinic in Welwyn Garden City, to which health visitors may refer anxious parents with real or apparent difficulties in managing their young offspring. Similarly, Miss Gurney, the psychotherapist, has been organizing courses for health visitors and assistant County medical officers to assist them in assessing and dealing with the emotional problems of child development, in addition to holding group meetings of young mothers and senior school girls where topics such as human relationships are discussed. The aims are preventive and the services are appreciated. It is regretted that limitations of staff preclude further extension of these services at the present time.

Report of Miss Gurney, psychotherapist :

" During the current year work has progressed steadily, and demand has grown.

The courses for health visitors and assistant County medical officers have continued, and these lectures and discussions have been valuable both as a means of teaching and as a way of sharing experience.

The number of therapeutic groups for mothers of small children has increased throughout the County and it is clear from the reports given me by the health visitors as they follow-up the families that a great deal of preventive work is accomplished through these groups.

I continue to visit the ante-natal groups throughout the County, as far as I am able, and they remain a very receptive group who are keen to learn all they can of the importance of secure, early relationships.

There has again been opportunity from time to time to have discussions with the top forms in some of the grammar schools on the subject of human relationships, and this has again been very rewarding.

All in all it has been a year of steady growth, and it would seem fair to say that the results have proved, and are proving, the value of preventative psychotherapy."

Report of Mrs. Baker, senior psychiatric social worker :—

" This year has seen a steady partnership with the referring agencies ; with the nursery school, the day nursery, and the junior training centre. There

are, however, all too few opportunities for the children seen to make a natural progression to group activity in preparation for infant school. If the under-fives are to have a good climate for development much greater provision is needed.

Referrals have been in the age range of 16 months to 5 years and better liaison is being established with those referring. After an initial interview for assessment no further appointments are arranged except with the agreement of the general practitioner. This arrangement is particularly important where a parent may be under treatment for depression or other emotional illness. Most cases are brought forward initially by the health visitors. They, and the midwives, are often in the best position to spot early difficulties in relationship and to support the mothers suffering from fears and worries.

A large number of the children are first children in the family and where the mother is pre-occupied with a younger child, a breach in relationship develops and symptoms are but a pointer to this. It is hoped a once-good relationship may be restored and a faulty relationship improved. Mothers commonly need help to gain more confidence by acceptance of themselves and almost never by advice. The health visitors are usually the appropriate people to continue this vital care after, maybe, some individual and more intense help in the child development clinic.

This year, six children have been referred for timid or withdrawn behaviour. Such behaviour, however, has been observed in about a third of the children seen and sometimes masked by aggressive and impulsive outbursts causing them to be labelled ' unmanageable '. A number of children referred have poor speech development and this is likely to become a real handicap as soon as the child starts school. While poor speech may stem from a faulty environment, sometimes with almost non-verbalizing parents, more usually it would seem to be linked with and part of overall immaturity and general inhibition. Speech development usually makes progress when this is given attention and a working relationship has long been established with the speech therapist at the health centre. Sleeping difficulties have been present in many of the children seen and in ten cases this was the major concern of the mother—often tired and discouraged and conscious of worsening relationships within the family.

Most mothers and children are seen over a period (often about four months) at two-weekly intervals ; a few more often as seems necessary and some at wider intervals for a session of an average 45 minutes. This may seem expensive in time but, human happiness and wastage of potential aside, the measures needed later may prove vastly more expensive to the community. A small experiment is being tried of seeing small groups of two or three children after some initial individual attention. The prime motive here is to give the children some experience in social development.

In four cases children have been referred on to the family psychiatric clinic for another opinion and treatment if necessary. At times it seems that it is not so much a matter of relationships but of an internalized problem of the child. Other children who appear backward in their overall development are referred for help to the Educational Psychologist as long-term plans may need to be prepared for future schooling and placement. The family, moreover, need guidance early to allow the child to proceed at the pace best suited to him.

A recent series of discussions with a small group of health visitors has shown that there is an increasing awareness of the basic needs of infants and young children and an increasing skill in helping to establish the first good relationships. The mothers' discussion groups are valuable and form a vital link in the preventive and educational scheme in which the child development clinic has a small part.

In conclusion, I should like to thank all members of staff at the Gooseacre and Viaduct Clinics for their courtesy and help which they so freely give me. This greatly adds to the pleasure of the work itself."

Table 20.—Child Development Clinic.

Number of cases—	
Carried over	24
New	32
	56
Total number of interviews (including three A/C)	181

Presenting Symptoms.

Emotionally backward and deprived	3
Aggressive and jealous	7
Timidity	4
Demanding behaviour	16
Toilet training difficulties	5
Withdrawn	2
Screaming fits	1
Sleeping difficulties	10
Allergy (asthma)	1
Backward	4
Speech difficulties	1
Advice only	2
	56

Source of Referral.

Health visitors	30
General practitioners	4
School Medical Officers	15
Child Guidance Clinic	4
Self referred	2
Speech therapist	1
	56

Discharges.

Improved	14
Lapsed	2
Not improved	5
Transferred to Child Guidance Clinic	4
Referral withdrawn	3
Advice only	1
Transferred back to G.P.	2
Left district	2
	33
Current cases	23
	56

Sale of Welfare Foods.

National Welfare Foods continued to be sold at the 152 distribution centres, nearly all of which were manned by voluntary effort. I should like to record my gratitude to the voluntary workers and shopkeepers throughout the County who have given their time to sell these foods.

Expectant and nursing mothers and children under five are entitled to an issue of cheap milk upon the production of tokens which are obtained from the Ministry of Social Security. This entitlement is one pint of milk per day at a

cost of 2*s*. 4*d*. per week and the tokens may be obtained either for liquid milk or for national dried milk. One tin of national dried milk is equivalent to seven pints of liquid milk. Should the parents be receiving the supplementary allowance from the Ministry of Social Security then the milk is supplied free. Extra supplies of national dried milk may always be obtained by the mothers at the full charge of 4*s*. per tin. It is interesting to note that there is a steady decline in the issues of national dried milk against tokens and a corresponding rise in the issues at full price. It would seem from this that an increasing number of mothers are taking their welfare foods entitlement in liquid milk and supplementing it with national dried milk.

Cod liver oil is supplied either at full cost (1*s*. per bottle) or free if the supplementary allowance is payable to the family. Vitamin tablets are sold only at the full cost of 6*d*. per packet and similarly orange juice at 1*s*. 6*d*. per bottle, but again there exists the concession of free issue to persons receiving the supplementary allowance.

All issues for day nurseries and a proportion of supplies to hospitals are made available through the welfare foods scheme of the Health and Welfare Department. In neither of these cases does the financial cost fall upon the County Council.

TABLE 21.

Commodity	Issues				
	At full price	At reduced price against coupons	Free against coupons	To day nurseries and hospitals	Totals
National dried milk .	22,338	40,734	1,469	1,238	65,779
Cod liver oil . . .	11,886	—	681	201	12,768
Vitamins A and D tablets	18,804	—	90	—	18,894
Orange juice . . .	349,110	—	3,522	1,344	353,976

HEALTH VISITING.

144 health visitors and 44 part-time health visitors were employed at the end of the year. There were also six tuberculosis visitors but the number was reduced in the year by retirement of 4 visitors. The work covered by them was absorbed into the work of the general health visitors.

In 1966, 21 health visitor students completed training under the Council's grant scheme as compared with 19 the previous year. It is gratifying that recruitment remained at such a high level.

Health visitors, apart from the routine work, have continued to attend consultant hospital paediatric clinics throughout the County; they have also carried out hearing tests on children who were considered to be " at risk " and they made tests on all babies for ascertainment of phenylketonuria.

During the year a further survey was carried out in the St. Albans and Dacorum Divisions on the work of health visitors working within general medical practitioners practices. Among the facts found from the work study, it showed that more time had been spent in discussion and more referrals were made to the doctors and social workers. Travelling time and mileage proved not to be significant.

Refresher Courses.

Each year a number of health visitors are sent to refresher courses outside the County and in the year 9 health visitors went away to these.

With the introduction of the new syllabus for health visitor training it meant that a proportion of the staff would require special instruction to enable them to act as field work instructors to health visitor students. The number of visitors who qualified for this work after a two-week course was 8 and the number of students assisted with training were taken from the Royal College of Nursing, Chiswick Polytechnic, and the University of Surrey.

Seminars took place on mental health at Napsbury Hospital under the guidance of Dr. Patterson, Medical Superintendent, and other psychiatrists on the hospital staff. Courses were also organized for instruction on the ascertainment of deafness and were given by Dr. Bickerton, consultant audiologist.

Miss Gurney, psychotherapist, continued to hold seminars for health visitors, day nursery staff, and included in these were a few of the Assistant County Medical Officers.

HOME NURSING.

The following table shows the number of nurses employed on home nursing duties at the end of 1966 (1965 figures are shown for comparison) :—

TABLE 22.

	1966.	*1965.*
Whole-time engaged solely on home nursing	60	48
Part-time engaged solely on home nursing	42	53
Home nursing and midwifery	96	102
Home nursing, midwifery, health visiting and school nursing	32	33

The 230 nurses employed in the service represented an equivalent of 207·93 whole-time staff. The number of State Enrolled Nurses numbered 14 and, although it is realized that some of the duties at present carried out by the State Registered Nurses could just as easily be undertaken by State Enrolled Nurses, recruitment of the latter has been found very difficult.

TABLE 23.—TYPES OF CASES AND VISITS PAID.

	1966 Number of Visits			1965 Number of Visits			1964 Number of Visits		
	Cases	Number	%	Cases	Number	%	Cases	Number	%
Medical	9,202	240,503	81·03	8,253	220,836	80·84	9,223	228,082	81·95
Surgical	2,096	50,910	17·15	1,784	48,741	17·84	1,719	45,077	16·00
Infectious diseases	22	64	0·02	24	98	0·04	10	102	0·03
Tuberculosis	71	1,985	0·67	63	2,714	0·88	71	3,858	1·38
Others	381	3,323	1·12	383	1,105	0·40	432	1,771	0·64
Total	11,772	296,785	—	10,507	273,494	—	11,455	278,890	—
Visits to patients over 65 years of age	—	—	71·3	—	—	68·15	—	—	66·50
Visits to patients under 5 years of age	—	—	0·78	—	—	0·79	—	—	0·91

The number of patients visited by the nurses was 11,772 and the visits paid to them was 296,785, an increase over the year 1965 of 1,265 patients, and 23,291 visits. It is probable that this increase is due to the ageing of the population coupled with the fact that the attachment of nurses to general medical practices encourages referrals for nursing care.

District Nurse Training.

It has been the policy for many years to give special training of three or four months, depending upon qualifications, to State Registered Nurses employed in the home nursing service. This training for the majority of nurses was carried out at Watford, centred on the residential home at 18 Alexandra Road, owned by the Watford District Nursing Association. The practical training was supervised by 2 nursing superintendents and the theoretical instruction by the Queen's Institute of District Nursing in London. For some time the Home has been under-occupied, residential courses being unattractive to married nurses or nurses with dependents. Consequently, and coincidental with the retirement of the Superintendent of the Home, the residential training scheme was discontinued and the Home re-occupied by midwives and pupil midwives undergoing training in Watford.

A day centre for training is to be substituted for the residential course and at the time of writing this report, the new clinic in Welwyn Garden City has been selected for this purpose. This is centrally situated in the County and should be reasonably accessible to nurses from all areas who will attend for

training during working hours and return home. During the year 14 nurses were given district training either at the residential home prior to its closure or in other centres mainly in London.

Refresher Courses.

2 nurses attended refresher courses in addition to the 30 nurses who attended seminars on mental health at Napsbury Hospital for periods of 14 weeks for two-hour sessions.

Night Nursing.

The State Enrolled Nurses employed are required to carry out night nursing when need arises. In the year, 62 patients were assisted, for a total of 273 nights.

Nursing Attachment Scheme for General Medical Practitioners.

Liaison schemes or attachment schemes of nurses, midwives, and health visitors to group practices commenced in 1964, and gained momentum rapidly in 1966.

In December, 1966, 65 per cent of the nursing staff were linked to general practices. The total number was 250 and are categorized as follows :—

Health visitors	98	(includes 10 partially attached, i.e. linked with G.P.'s but work in geographical areas)
District nurse/midwives . .	53	
District nurses	65	
Midwives	34	(includes 3 part-time)

The changeover from nursing staff working in geographical areas has meant much reorganization and adjustment for the nursing staff and particularly in the planning of the work by the Divisional Nursing Officers. The changeover is still proceeding and it is hoped that eventually all staff will be attached to group medical practices.

Nursing Homes.

There were 11 registered nursing homes in the County in 1966, which accommodated 22 maternity and 198 medical, surgical, or chronic sick patients. These homes are regularly inspected by senior medical and nursing staff.

HEALTH EDUCATION.

During the year there has been a complete change of staff of the Health Education Section. Miss G. A. Shadek, the Health Education Officer, left in April to take up an appointment with the Queen's Institute District Nursing. Miss Shadek joined the staff of the County Council in 1956, serving first as a health visitor in the St. Albans Division, rising to the rank of Divisional Nursing Officer. In 1961 she was appointed the County's first Health Education Officer and was given the responsibility of building up the Health Education Section from its inception. By the originality of her ideas, and her pronounced flair for producing three-dimensional visual aids, she soon established herself and the Section among the forefront in this field. Her decision to move on to other spheres was a great loss to the County and I must take this opportunity of expressing our indebtedness to her.

In July, Mr. Sullivan, who had been Deputy Health Education Officer for two years, also decided to leave. He had specialized in projection techniques and was a valuable member of the Section.

It proved not possible to recruit another experienced Health Education Officer and, as a temporary expedient, the day-to-day administration of the Section was placed in the hands of Dr. W. Norman-Taylor, Medical Officer of Health of the South-West Herts Combined Districts and Senior Assistant County Medical Officer. Dr. Norman-Taylor had been connected with health education before coming to Hertfordshire during his work overseas with the World Health Organization. Mrs. L. Sheail, health visitor, was appointed as Assistant Health Education Officer in August.

It was felt that the opportunity should be taken of reviewing the arrangements for health education in the County, and following discussions with the Divisional Medical Officers, a new scheme of operation was set out. The basic principle is the one which is pursued in most of the work of the Department, namely, a policy of decentralization. The responsibility for executing health education programmes, in the field, must lie with the Divisional Medical Officers. The role of the Health Education Section is a supporting one. Its chief functions can be summarized as follows :—

Co-ordinating health education programmes in the County.

Advising Divisional Health staff on health education techniques.

Supplying health education aids and equipment.

Providing in-service training in health education and assisting in in-service training in other health fields.

Exploring the areas in which health education can help to make more effective the work of the Department as a whole.

Executing certain specific projects on campaigns where this can best be done centrally.

Evaluating the results of health education activities.

Owing to the shortage and frequent changes of staff in the Section, both technical and clerical, it was not possible to develop these functions to the full during the year. As in previous years the chief activity of the Section has been in supplying teaching aids, particularly films, film strips, posters and pamphlets, flannelgraphs, and lecturette recordings.

(*a*) *Sound Films.*

Owing to their high cost, the County does not normally buy films. A small stock of the more popular films is kept, however ; other films requested are hired from distributing agencies. During the year there were requests for 321 sound films through the Health Education Section. Of these, the films were used 31 times in connection with ante-natal mothercraft teaching at welfare centres ; 50 were shown in schools on subjects which included personal relationships, smoking and health, and mothercraft ; and 240 were used on various

occasions at lectures given by doctors, health visitors, and other staff to such organizations as the British Red Cross, St. John Ambulance Brigade, and Women's Voluntary Service.

(*b*) *Film Strips.*

The stock of film strips was steadily augmented and by the end of the year had reached a total of 227. Many users prefer to use these in slide form and 29 of the more popular ones have been obtained in duplicate, and then cut up and mounted. There were 157 requests for film strips and slides for general teaching purposes and 46 film strips were used for teaching projects in schools. A wide variety of subjects were covered, including home safety, smoking, environmental health, nutrition, and mothercraft. These film strips and slides were shown at infant welfare centres, hospitals, colleges of further education, and W.V.S. Mother and Baby Clubs ; there were 123 bookings of film strips for ante-natal teaching purposes.

(*c*) *Flannelgraph Library.*

There is a small but steady demand for this type of visual aid. There were 47 flannelgraph sets available during the year and these were loaned on 80 occasions. For ante-natal classes 28 requests were received and for schools there were 34 requests, the remainder being for other teaching purposes.

(*d*) *Posters.*

The previous policy of arranging a set programme of poster themes for the health centres in each Division was continued during the first part of the year, but later the practice was changed as it was felt that health visitors often preferred to arrange their own projects and make their own requests direct to the Section. This matter is still under review. Posters on certain special campaigns were, however, distributed to Divisions as before, e.g. immunization, fireworks, home safety, and cervical cytology.

(*e*) *Pamphlets.*

The whole question of the supply and use of pamphlets came under scrutiny, and it was decided to offer an " open " service to health staff, that is to say, pamphlets would be specially ordered for individual workers on request. Previously, bulk stocks of approved pamphlets had been held in the Section. In practice, it appears that some compromise solution embracing the two systems will be required. Certainly this is an activity in which there can be a great deal of waste if not carefully controlled, and the value in terms of health education for money expended, is open to question.

(*f*) *Equipment.*

Several valuable items of equipment were added to our stocks during the year, notably a Servison automatic rear-projection apparatus by which slides can be shown in daylight. All Divisions now have their own film strip or slide projector and the 16 mm. sound film projectors held at the Section are adequate for the present demand level. Difficulty has been experienced, however, in providing transport and projectionists. We have a small number of part-time, semi-trained projectionists who are hired for each occasion, and their services were required on 43 occasions.

(*g*) *Exhibitions.*

An exhibit illustrating the work of the Health and Welfare Department was arranged at County Hall in September as part of the 50th Anniversary of the National Savings Movement.

An exhibition of home safety was organized in Kings Langley, later in the same month.

In October the County arranged a stand at the Royal Society for the Prevention of Accidents, displaying visual aid material developed by the Section on this subject.

(*h*) *In-Service Training.*

Assistance was given by the section to :—

(*a*) Courses on child psychology for health visitors, under the direction of Miss Gurney.

(*b*) Orientation courses for social workers, arranged by Mr. Ian Page, Social Work Supervisor.

(*c*) Courses for newly recruited home helps in the various Divisions.

(*i*) *Information Service.*

The policy of building up a library of text books on a variety of health subjects has been continued ; at the end of the year there were 90 titles. A filing system of collections of articles, reprints, photocopies, lecture notes, etc., has been built up and expanded. The index of suitable films and film strips has also been continued and brought up to date. This information service is available not only to health staff but also to any voluntary workers in the health field and to teachers, youth leaders, etc. As yet, however, few persons make great use of the facilities available.

RESEARCH PANEL.

The research panel, founded in 1964, continued its monthly meetings during the year. Dr. Cust, who had been Chairman of the panel since its inception, left the public health service to join the Wellcome Foundation in June and Dr. Allen, Second Deputy County Medical Officer, took over the Chairmanship. The fact that the research panel is an active association of interested medical and other professional staff is due in great measure to the enthusiasm with which Dr. Cust had carried out his duties as Chairman. The panel is supported by a full-time statistician and strengthened by the inclusion of Dr. Michael Warren, Reader in public health at the London School of Hygiene and Tropical Medicine, Mr. Kirton, senior psychologist at Hatfield College of Technology, and by Sir Alan Moncrieff. Their generous help is invaluable.

The panel has grown in strength and in knowledge, and the most important step taken during 1966 was the course in Research Methods organized by Mr. Kirton at the Hatfield College of Technology. This 10-week course started in March and 14 members of the panel attended. There is little doubt that the members who attended gained a deeper insight into the methodology of research work and subsequently the panel's activities were operating at a very much higher level.

The following projects were under active consideration by the panel in 1966 :—

Follow-up of smoking habits of ex-pupils of three Oxhey schools ;
Development tests for infants ;
Recording and assessment of screening procedures in general practice ;
Assessment of latent disease in the elderly in the community ;
Health education in schools ;
Plantar wart treatment trial ;
Inquiry into the effects of early discharge from hospital following child-birth ;
Second survey of health visitors' work after attachment to group medical practices.

One item which had originated at the panel culminated in a lecture given at St. Albans by Dr. R. E. Bonham-Carter, paediatric cardiologist at Great Ormond Street Hospital, London. The theme was " Heart Murmurs in Infants " and a film prepared by Boehringers formed part of the lecture. The audience consisted of local authority medical staff, general practitioners, hospital doctors, chest physicians, and paediatricians.

There was an alteration in the panel's method of working after the summer recess. Instead of monthly meetings of all members, it was agreed to hold meetings of all members, including the outside advisers, every three months leaving the other monthly meetings as working sessions for the staff members. This new method of operation has proved a success as the three-monthly " full " meetings act as a stimulant to the staff.

A number of projects came to fruition in 1966, or shortly afterwards, and these are listed below :—

An Inquiry into the Effects of Early Discharge from Hospital Following Child-Birth.

(Conducted by Dr. I. Yule, formerly Senior Medical Officer.)

Discharge from hospital within 48 hours of delivery has been described by some people as merely an expediency in the face of an expanding birth-rate ; others accept it as a desirable arrangement which should become a permanent

part of the maternity services in this country. Whichever view one subscribes to, early discharge has been accepted in many areas as the only way in which most priority groups can be admitted to hospital for delivery. The present rate of hospital building and the expanding birth-rate ensure that such arrangements will be necessary in some areas for many years to come, even if they do not eventually form a permanent part of the maternity scene.

The early discharge of mother and child from hospital poses many related problems and demands for its success the utmost co-operation and planning between domiciliary and hospital services. From the hospital point of view, early discharge has many side-effects such as altered facilities for midwifery training, increased need for clerical assistance, and increased pressure on both maternity and paediatric departments.

The local authority maternity services are also greatly affected. The midwives must report on every patient booked for hospital confinement, covering the home conditions and social services which would be required if the patient were discharged early. Both the midwife and the general practitioner must agree to accept the patient should she be discharged early. There is also an obvious alteration in the domiciliary midwife case load so that she has a considerable increase in the number of nursing mothers without an equivalent increase and the additional satisfaction of having delivered their babies. Unless care is taken to offer domiciliary midwives a full field of professional duties recruitment is bound to suffer, so one must ensure that early discharge is not adopted so enthusiastically that the training and recruitment of domiciliary midwives declines.

One of the main questions posed by 48-hour discharge is whether the process of selection of cases for early discharge and the co-ordination between hospital and local authority services are satisfactory. In order to test this an inquiry based on questionnaires was devised in an attempt to determine whether the system of early discharge as at present being practised renders the mother or child more liable to medical complications or domestic difficulties.

The summary and conclusions of the investigation are as follows :—

A marked difference was found in the reporting during the survey depending on whether the interviewing was conducted by midwives or health visitors.

Allowing for the difference in recording, it was found, as would be expected, that more complications occurred amongst the mothers who were retained over three days in hospital than amongst short-stay hospital or domiciliary confined mothers.

Comparing short-stay and domiciliary confinements, no really significant difference between the groups was discovered.

In the first 10 days the two groups showed no marked difference in incidence of illness in mother or baby, or in domestic difficulties.

In the period 10 days to three months there was a higher incidence of illness amongst the mothers of the short-stay group, but babies of this group showed a lower frequency of illness.

A high incidence of post-partum haemorrhage was recorded in the domiciliary group.

In any future work it is recommended that only health visitors be used for the interviewing, that the questionnaires be modified, and that a third pre-confinement questionnaire be introduced.

Longer-Term Results of an Anti-Smoking Educational Campaign.

(Conducted by Dr. Norman Taylor in association with the Social Research Unit of Bedford College, London.)

During the first two terms of the school year 1959–60, an educational campaign designed to discourage 13-year-old boys and girls from smoking was conducted in all the third-year classes of a South-West Herts secondary modern school. The headmaster of the school and staff of the Central Council for Health Education gave talks and conducted discussions; C.C.H.E. posters were displayed; children were encouraged in art lessons to make their own anti-smoking posters, and two films were shown. One of these films was prepared by the B.B.C. It was a straightforward, unemotional account accompanied by graphs and tables of the known association of lung cancer and smoking. The second was an American Temperance Association film in colour entitled "One in 20,000" which showed an operation to remove a cancerous lung from a chain smoker and his subsequent decision to give up smoking. It told a story and was intended to have the effect of identifying the observer with the fears and emotions of the man undergoing the operation.

The effectiveness of the campaign was measured by comparing the smoking habits and intentions of the pupils at the beginning and end of the school year with those of boys and girls attending another secondary modern school in the same town who came from homes of comparable social class background and had comparable smoking habits. Habits and intentions in both the "campaign" and "control" school were ascertained from simple questionnaire forms completed by the pupils in class. Responses were not seen by the teaching staff. Children also completed a name and address slip with a serial number matching their own questionnaire which made it possible both to compare the responses of individuals on the two occasions and to follow the two groups at a later date.

The results of the campaign at the end of the school year were reported in the *Health Education Journal* (Jefferys and Westaway, 1961). They showed that the American film had frightened or horrified many children and that compared with the control school fewer boys at the campaign school had increased the amount they smoked. These last differences, however, were very slight and were balanced by the finding that the girls in the campaign school had marginally more often increased their smoking than the girls in the control school.

Follow-up in 1966.

It was possible, however, that the campaign might have had a greater delayed effect, and, in order to discover whether this was so, a letter and questionnaire and stamped addressed envelope were sent in April, 1966, to all the boys and girls (then 19 or 20 years old) who had been subjected to the campaign or formed the control group. Those who failed to respond were sent a reminder the following month, and in July up to three calls were made by one of us (Griffiths) to those whose families were known to be still living in the town. No further steps were taken to trace those who had left the town. Finally, information was obtained from 79 per cent of those circularized. Two of the pupils had died, eight (2·5 per cent) either refused or failed to keep appointments, and the remaining 56 (18 per cent) had moved from the town and were not contacted.

There were some minor variations in the response rate in the two schools. For example, 82 per cent of the boys in the control school responded compared with only 75 per cent of those in the campaign school, while among girls the response rate of the campaign school girls was higher (84 per cent compared with 77 per cent). All but one of the eight who refused or were never contacted, although they were living on the estate, were boys. These minor variations are not likely, however, to have affected the main findings of the follow-up.

The Findings.

Regular smokers were defined as those who smoked at least one cigarette, whiff, cigar, or pipe a day. Those who smoked less frequently than once a day were grouped together in the subsequent analysis with those who did not smoke at all. The smoking habits of the boys and girls from the campaign and control schools are shown in Table 24. Proportionately more of the campaign school boys were regular smokers than of the control school boys. If the two groups are regarded as samples of boys who had and had not been subjected to the campaign, however, differences of the magnitude shown in Table 25 could have arisen by chance at least once in 20 times. The differences between the two groups of girls were much smaller.

TABLE 24.—SMOKING HABITS OF RESPONDENTS.

Smoking habits	Boys				Girls			
	Campaign		Control		Campaign		Control	
	No.	%	No.	%	No.	%	No.	%
Regular . .	43	65	31	50	31	53	32	50
Occasional . .	7	11	7	11	6	10	9	14
Never . . .	16	24	24	39	22	37	23	36
Total . . .	66	100	62	100	59	100	64	100

The amount smoked daily by the smokers is shown in Table 25. There were no regular whiff or cigar smokers and only three pipe smokers. The boys in both groups were heavier smokers than the girls, and more of the smokers in the control group smoked at least 21 cigarettes daily than in the campaign school. The order of magnitude of the differences, however, was again not significant at the 5 per cent level.

TABLE 25.—AMOUNT SMOKED DAILY.

Amount smoked daily	Boys				Girls			
	Campaign		Control		Campaign		Control	
	No.	%	No.	%	No.	%	No.	%
1–10 cigarettes .	12	27	9	29	18	58	14	44
11–20 cigarettes .	24	53	14	45	12	39	18	56
21 or more cigarettes	6	13	8	26	1	3	—	—
Pipe tobacco weekly Up to 2 oz. . .	1	2	—	—	—	—	—	—
2 oz. or more . .	2	5	—	—	—	—	—	—
Total . . .	45	100	31	100	31	100	32	100

Among the non-smokers and occasional smokers, 22 per cent of the campaign school boys had once been regular daily smokers compared with 35 per cent of the control school boys. These differences were not significant at the 5 per cent level, however, and the differences found among the girl non-smokers were even smaller. Twenty-one per cent of the campaign school girls

and 28 per cent of those from the control group had once been regular daily smokers.

Non-smokers were asked who, or what, had influenced their decision not to smoke, from a list of six possible influences. A parent was given more times than any other influence by both " control " and " campaign " groups. A film, a poster and a talk by a doctor were all used in the campaign, and one might have expected more boys and girls in the " campaign " group than in the " control " group to have remembered and recorded these as an influence on their decision not to smoke. In fact these three possible influences were recalled as many times by the " control " group as the " campaign " group (Table 26).

TABLE 26.—INFLUENCES ON DECISION NOT TO SMOKE OR TO SMOKE OCCASIONALLY.

No. and Per Cent in " Campaign " and " Control " Groups.

Influence	Campaign			Control		
	No. of *x* given	%		No. of *x* given	%	
A parent	5	11	21%	10	19	32%
A school-teacher	2	4		2	4	
A friend	3	6		5	9	
A film	5	11	11%	2	4	10%
A poster	—	—		1	2	
A talk by a doctor	—	—		2	4	
Other than above	2	4	68%	4	8	58%
No special influence	30	64		27	50	
Total	47	100		53	100	

Discussion.

The first conclusion to be drawn from these results seems to be that the campaign of 1959–60 had no more influence on smoking habits in the long run than it had had in the short run. Indeed the campaign school respondents were more often smokers than the control school boys, although this finding was not significant at the 5 per cent level.

However, one has to ask whether the control school group was in fact a good control. Some facts about the two groups, seen at 19 and 20 years old, suggest that the boys were not as well matched from an educational and a social point of view as had been thought. For example, proportionately more boys in the control than in the campaign school group (53 per cent compared with 24 per cent) stayed at school until 16 or more, and this difference was significant at the 1 per cent level. The girls did not differ significantly in the two schools, about a quarter only leaving school at 16 or over.

Furthermore, using the Registrar General's 16 socio-economic group classification, an analysis of the occupations of respondents indicated that the boys in the two schools were not as closely matched as could have been expected from the data available about their own family background at 13 years old. The differences in the occupations shown in Table 27 although not statistically significant, indicate that there were some ways in which the two groups of boys were not well matched. In particular, the control school boys had more often entered non-manual occupations than the campaign school boys. There were no comparable differences between the two groups of girls.

School-leaving age proved to be important, for, when this factor was looked at in relation to smoking habits, it was found that, among boys, late school leavers were less likely to be smokers than early ones. Seventy per cent of those

who left at 15 were regular smokers compared to only 39 per cent of those who left at 16 years or more, and this difference was statistically significant at the 1 per cent level.

The relationship between smoking and type of occupation was not so marked, being significant only at a 10 per cent level of significance. However, Table 28 shows that there was a tendency for those in manual work to be smokers compared with those in non-manual occupations.

TABLE 27.—NO. AND PER CENT IN CAMPAIGN AND CONTROL SCHOOL GROUPS BY SOCIO-ECONOMIC GROUPING (BOYS ONLY).

	Boys			
	Campaign		Control	
	No.	%	No.	%
Professional and non-manual. R.G. groups 1, 2, 3, 4, 5, 6, 8, 13	11	17	19	31
Skilled manual. R.G. groups 9, 12, 14 . .	35	53	28	45
Semi-skilled and unskilled. Unemployed. R.G. groups 7, 10, 11, 15, 16	20	30	15	24
Total	66	100	62	100

TABLE 28.—NO. AND PER CENT OF SMOKERS AND NON-SMOKERS BY TYPE OF OCCUPATION (BOYS ONLY).

Type of occupation	Smokers		Non-smokers		Total	
	No.	%	No.	%	No.	%
Professional and non-manual .	13	43	17	57	30	100
Skilled manual . . .	37	59	26	41	63	100
Semi-skilled and unskilled .	24	69	11	20	35	100

The follow-up at age 19 and 20 of a group of boys and girls who had been subjected at age 13–14 years old to a considerable education campaign on the ill-effects of smoking is not at first sight encouraging. It would be wrong to conclude from the results of this study, however, that any organized attempt to influence children at school must necessarily fail. It certainly appears that pupils are likely to be more responsive to the general climate of opinion in their world outside school which for most people is favourable to smoking, although recent information from the Ministry of Health (1966) suggests that this climate is slowly changing. Nevertheless, it is possible that the campaign was directed towards the wrong age group or used ineffective methods to convince and persuade. What is now needed is that a controlled experimental programme should be undertaken using a variety of different methods and covering different age ranges. If such an experimental programme is to yield definitive results, much attention will have to be paid to the question of selecting controls for those subjected to various types of campaign. The present study has indicated that a group which was considered adequate as a control for the boys in the campaign school had certain scholastic characteristics which both distinguished them from the campaign school boys and were related to smoking. The distinctions were not manifest at the time of the campaign ; but more subtle inquiry then might have indicated that the matching of the groups was less good than it appeared. (For Appendices see pp.112–114.)

COMPUTER APPLICATION.

This authority is co-operating with Hampshire and Wiltshire County Councils and Southampton County Borough, in introducing schemes whereby routine clerical work arising from birth notifications, and vaccination and immunization is carried out by a computer. As these three authorities have a similar type of computer to Hertfordshire (N.C.R. 315) it has been possible, not only to devise common systems, but also to have the programming work shared between four authorities so reducing the cost which each authority would otherwise have to bear.

The application uses the birth notification form as the basic record and from this, after certain coding is inserted, the computer produces a health visitor record card, a consent card for vaccination and immunization, a premature baby card (where appropriate), lists of births for the local registrar, follow-up records as required, as well as the statistics for the Ministry of Health and for Annual Reports. At the time of writing this report, this part of the project is off the ground and with the co-operation of the Local Medical Committee of the Executive Council, the application of computer programming to vaccination and immunization in local authority clinics and general practitioner surgeries is about to be introduced.

VACCINATION AND IMMUNIZATIONS.

Tables 30 and 31 give details of immunizations and vaccinations carried out during the year.

Table 31 shows the number of completed courses of immunization for each disease. The figures given in earlier reports were grouped under the type of antigen or vaccine used, and for comparison the three previous years' figures are given in the new form.

It is pleasing to see a substantial rise in the number of smallpox and poliomyelitis vaccinations. The increase in smallpox vaccinations may well have had some connection with the outbreak of this disease in the Midlands and also the subsequent necessity of travellers to certain foreign countries to produce an International Vaccination Certificate.

Towards the end of the year the Ministry of Health held a publicity campaign in an attempt to increase the proportion of children immunized. On the whole the results in Hertfordshire to this campaign do not show any marked increase in response but the general response in the County is somewhat higher than the national average as the following table shows :—

TABLE 29.
(Children born in 1964.)

	Whooping Cough (1)	Diphtheria (2)	Poliomyelitis (3)	Smallpox (children under two) (4)
England and Wales .	70	71	65	33
Hertfordshire . .	78	79	74	47

B.C.G. VACCINATION.

The results of the County Council's vaccination scheme in 1966 were :—

TABLE 30.

		Schoolchildren approximately 13 years of age.	*Students attending Further Education establishments.**
(1) Skin tested		10,929	38
(2) Positive reactions :—			
(*a*) in children and students who had already received B.C.G. vaccination, but more than five years previously	190		
(*b*) in children and students who had not previously been vaccinated . .	505		
	——	695	5
(3) Negative reactions		9,917	30
(4) Vaccinated		9,874	30

* Including teacher training colleges, adult training centres, etc.

It sometimes happens that a child has received B.C.G. vaccination at an earlier age than is recommended for routine vaccination, possibly as a contact of tuberculosis. In such a case, the child would normally be skin tested, if the vaccine had been given more than five years previously, in order to ensure that immunity was being maintained. (See 2 (*a*) above.)

The number of positive reactors in children not previously vaccinated (see 2 (*b*) above) continues to fall satisfactorily, and is now almost one in 22. As a precaution, these children are usually referred to a chest clinic for X-ray examination.

TABLE 31.—IMMUNIZATIONS.

Immunizations	1966			1965			1964			1963		
	At clinics	By private doctors	Total	At clinics	By private doctors	Total	At clinics	By private doctors	Total	At clinics	By private doctors	Total
SMALLPOX.												
Primary	5,405	5,681	11,086	4,930	5,311	10,241	4,871	4,455	9,326	1,721	3,056	4,777
Re-vaccination	124	1,025	1,149	51	391	442	66	1,548	1,614	129	1,881	2,010
Totals	5,529	6,706	12,235	4,981	5,702	10,683	4,937	6,003	10,940	1,850	4,937	6,787
DIPHTHERIA.												
Primary doses	8,241	5,689	13,930	7,761	6,135	13,896	8,253	6,588	14,841	7,816	5,845	13,661
Reinforcing doses	12,736	6,875	19,611	13,097	6,345	19,442	11,288	5,424	16,712	7,467	3,531	10,998
Totals	20,977	12,564	33,541	20,858	12,480	33,338	19,541	12,012	31,553	15,283	9,376	24,659
WHOOPING COUGH.												
Primary doses	7,769	5,577	13,346	7,393	6,002	13,395	7,976	6,474	14,450	7,445	5,577	13,022
Reinforcing doses	5,890	4,806	10,696	6,197	4,458	10,655	5,699	3,619	9,318	3,693	2,283	5,976
Totals	13,659	10,383	24,042	13,590	10,460	24,050	13,675	10,093	23,768	11,138	7,860	18,998
TETANUS.												
Primary doses	8,548	5,873	14,421	8,987	6,334	15,321	10,291	6,764	17,055	9,140	5,730	14,870
Reinforcing doses	12,781	7,008	19,789	13,042	6,423	19,465	9,199	5,277	14,476	5,834	2,216	8,050
Totals	21,329	12,881	34,210	22,029	12,757	34,786	19,490	12,041	31,531	14,974	7,946	22,920
POLIOMYELITIS.												
Primary doses	10,541	5,868	16,409	9,482	6,252	15,734	*	*	16,565	*	*	17,800
Reinforcing doses	8,334	4,417	12,751	7,532	4,112	11,644	*	*	9,877	*	*	14,971
Totals	18,875	10,285	29,160	17,014	10,364	27,378			26,442			32,771

* Figures not available.

CARE AND AFTER-CARE.

Tuberculosis.

Notification of new cases of tuberculosis continued to decrease in number during the year and the total of 199 was the lowest on record in the County. It is of interest to look at the figures for the five-yearly periods from 1951 with 566 cases, 1956—499, 1961—352, and 1966 with 199. This very considerable fall in numbers has occurred in spite of an increase in the population of Hertfordshire since 1951 of over a quarter of a million (618,000 to 872,000).

Improved standards of living and housing, early detection (e.g. by means of mass radiography); more efficient contact tracing, coupled with advances in treatment (by specific chemotherapy) and prevention (e.g. B.C.G. vaccination) are all factors which have determined this decrease in incidence of tuberculosis. If this progress is to continue it is important to ensure that immigrants into this County from overseas areas where tuberculosis is more prevalent are medically screened before or on arrival and to this end every encouragement is given to immigrants to register with a family doctor and to subject themselves to a chest X-ray.

Additions to the total number of cases of tuberculosis within the County come not only from the notification of new cases but also from the transfer of known cases as more people move into the County, e.g. from other local authority areas. During 1966 there were 116 of these "transfers in" with pulmonary tuberculosis and 13 with non-pulmonary disease.

Through the B.C.G. vaccination scheme child contacts of cases of tuberculosis are offered this protection by chest physicians and school children and students in colleges through the School Health Service.

Table 30 shows the number of school children and students dealt with during 1966.

It, however, will be seen in the Reports which follow from the chest physicians that their clinics are dealing more and more with other chest complaints in addition to tuberculosis, and domiciliary care of patients with these conditions, all too frequently of a chronic nature, necessitates a very close relationship indeed between the staff of the hospital and the local authority workers in the field.

Table 32.—Notifications of Pulmonary and Non-pulmonary Tuberculosis.

	1964				1965				1966			
	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	112	57	169	0·27	90	44	135	0·23	77	48	125	0·21
Rural	49	27	76	0·29	35	20	55	0·21	28	13	41	0·16
County	161	84	245	0·27	125	64	190	0·22	105	61	166	0·19
Non-Pulmonary.												
Urban	15	10	25	0·04	6	10	16	0·03	13	11	24	0·03
Rural	3	10	13	0·05	1	5	6	0·02	3	6	9	0·03
County	18	20	38	0·04	7	15	22	0·03	16	17	33	0·03
Pulmonary and Non-Pulmonary												
Urban	127	67	194	0·31	96	54	150	0·25	90	59	149	0·25
Rural	52	37	89	0·34	36	25	61	0·27	31	19	50	0·18
County	179	104	283	0·32	132	79	211	0·24	121	78	199	0·22

Report from Dr. A. Pines, East Herts:—

Hertford Chest Clinic.

" 342 new patients were seen during 1966, almost the same as last year. 15 new cases of pulmonary tuberculosis were diagnosed, 10 having positive sputa. 2 had non-respiratory tuberculosis.

27 new cases of lung cancer were diagnosed, and 2 new cases of sarcoidosis.

113 patients had bronchitis in various stages and 202 other patients had miscellaneous pulmonary, cardiological, and general medical diagnoses.

53 patients were referred by the Mass X-ray Unit. 3 were found to have active tuberculosis and are now under treatment. 1 had carcinoma of the lung, has had a lobectomy and is well and working.

33 school children were X-rayed following Positive Heaf tests at school. No abnormalities were found. Similarly, 30 patients and staff of an old people's home were X-rayed as contacts of a new case of tuberculosis, sputum positive, and no abnormality was found.

Bishop's Stortford Chest Clinic.

Some of these patients come from Essex, but it is impossible to sort out the Hertfordshire ones alone, from the details.

263 new patients were seen. 7 were new cases of tuberculosis and 105 people were X-rayed, Heaf tested, and B.C.G.'d as necessary as contacts. 8 patients were referred by the Mass X-ray Unit, 4 having no significant disease. The remaining 4 were contacts of a patient from St. Elisabeth's Home for Epileptics, Much Hadham, who was admitted to hospital in coma and found to have extensive tuberculosis. The Mass X-ray Unit made a survey of the entire Home and 4 patients were referred for further examination. No evidence of active tuberculosis was found.

8 new patients were seen at the chest clinic with carcinoma of the lung, but many more were seen in the wards of the Herts and Essex Hospital, admitted by other physicians.

There were 36 new cases of bronchitis and 2 of sarcoidosis."

Report of Dr. N. Macdonald, North Herts Division:—

" Dr. Mark Erooga has been up-graded to consultant and does one session a week at Hitchin and one at Stevenage.

The number of new notifications continues to decline and last year there were only 3 T.B. positive cases in the Hitchin area and none in Stevenage. T.B. negative cases totalled 9 at Hitchin and 3 at Stevenage. A careful watch, however, is still kept on the small immigrant community, particularly those from India and Pakistan. As many as possible are tuberculin tested and X-rayed, the negative reactors are offered B.C.G. and strongly positive reactors are kept under X-ray supervision, even if the initial X-ray is clear.

The main work of the clinic continues to be with patients suffering from asthma, bronchitis and carcinoma of the bronchus. Many asthmatics require long-term supervision with occasional admission to hospital. Even with the aid of modern methods it remains a difficult condition to control and steroid therapy in particular has the disadvantage of presenting troublesome side effects.

One interesting new condition was observed for the first time. A woman of 44 complained of dry cough, wheezing, dyspnoea, and loss of weight. She had been in the habit of cleaning out her birdcage regularly once a week and serological tests confirmed that she was a case of bird-fancier's lung due to repeatedly inhaling the emanations from the budgerigar droppings. The condition resembles that in pigeon fanciers in whom, however, the onset is as a rule more acute, coming on after clearing out the pigeon loft. Both these conditions also resemble farmer's lung. It should be emphasized, however, that only a few of those exposed to the risk from pigeon and budgerigar droppings develop bird-fancier's lung."

Report of Dr. Rhys Jones, Cheshunt area :—

" As this clinic covers a relatively small area, the number of new cases continue to be small and yearly fluctuations have little significance. The main work of the clinic continues to be concerned with non-tuberculous chest diseases."

Report of Dr. Watkin Edwards, St. Albans and Mid Herts areas :—

" The downward trend in the incidence of pulmonary tuberculosis has continued ; there were 32 new notified cases of pulmonary tuberculosis in 1966 compared with 49 in 1965 and 54 in 1964. 11 were positive on direct smear and 5 were positive on culture. 5 cases were immigrants, 3 from Pakistan (1 positive on smear), 1 from Spain, and 1 from Hong Kong (positive on smear).

The last patient was working as an operating theatre porter and had been in this country 10 months. He had not been X-rayed prior to diagnosis as it was the practice for hospital staff to have an X-ray only when coming on the established staff, in this case after two years. Steps have now been taken to rectify this. Very numerous contacts have been examined but the only positive finding was a child aged two years, with a primary infection, at the house in which the patient lodged. 2 firms where a sputum positive patient had worked were X-rayed by Mass X-ray Unit with negative results.

One patient, included in the total as tuberculous, was found on routine mass X-ray to have a large, ragged cavity in the right upper zone with spill over to the left lung. Detailed bacteriological studies showed the infecting organisms to be mycobacterium xenopei—a rare cause of pulmonary disease in man.

A considerable proportion of Chest Clinic work is concerned with other chronic chest conditions, especially asthma, chronic bronchitis, and bronchial carcinoma, and the services of the Clinic Medical Social Worker and Health Visitor are made available to these patients as required."

Report of Dr. J. C. Roberts, Dacorum Division :—

" We have continued our policy of recovering and discharging tuberculous patients whose disease has been soundly healed for many years. 146 patients recovered in 1966 as compared with 109 patients recovered in 1965. The total of new patients was 1,259, a slight reduction on 1,282 seen in 1965. This decline is largely due to the increased use of the Mass Radiography facilities available locally. The General Practitioners have continued to use this service when possible, and the co-operation of the Mass Radiography Staff is very much appreciated. This has taken a load off the severely pressed X-ray Department at West Herts Hospital.

It is regrettable that the extension to the X-ray Department has not materialized. Despite the helpfulness of the X-ray staff an inadequate department causes delays and irritations to patients and staff alike.

The School Medical Service has continued their prophylactic work of Mantoux testing and B.C.G. vaccination of the school children at 13. As a result of reference to the Chest Clinic of Mantoux positive children 2 mothers were found to have active pulmonary tuberculosis and 2 fathers were found to have old lesions, one known to have had the disease 20 years ago.

One of our Health Visitors has retired and our remaining Health Visitor carries out the work with the help of the local Health Visitors.

The total attendance at the Chest Clinic in 1966 was 3,669 as compared to 3,890 in 1965, but the number of medical chest conditions referred has increased again from 953 in 1965 to 1,154 in 1966 an indication of the increasing use the general practitioners make of our services."

Report of Dr. Roe and Dr. Angel, South-West Division :—

" Tuberculosis notifications have risen during 1966, and this rise is related to an increase in notifications among the immigrant population, although this does not account for the whole of the increase.

Table 33.—Notifications of Infectious Diseases, 1966.

District	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Acute Pneumonia	Dysentry	Smallpox	Acute Encephalitis		Enteric or Typhoid	Paratyphoid	Erysipelas	Meningococcal Infection	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Chicken Pox	Malaria	Undulant Fever	Infective Hepatitis	Weils Disease	Tuberculosis		Scabies	Totals for Districts
			Paralytic	Non Paralytic						Infective	Post-Infective													Pulmonary	Non-Pulmonary		
Boroughs—																											
1 Hemel Hempstead	9	1	—	—	189	—	—	3	—	—	—	—	—	—	—	2	—	—	—	—	—	75	—	11	4	—	294
2 Hertford	1	—	—	—	38	—	3	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	5	—	—	48
3 St. Albans	6	36	—	—	223	—	2	4	—	—	1	—	—	—	1	1	—	—	—	—	—	6	—	25	3	—	308
4 Watford	22	12	—	—	456	—	4	5	—	—	—	—	—	1	—	11	1	—	—	—	—	18	—	23	1	—	554
Totals Boroughs	38	49	—	—	906	—	9	12	—	—	1	—	—	1	1	14	2	—	—	—	—	99	—	64	8	—	1,204
Urbans—																											
1 Baldock	10	1	—	—	131	—	7	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	2	1	—	154
2 Berkhamsted	—	—	—	—	133	—	1	—	—	—	—	—	—	1	—	57	1	—	—	—	—	35	—	3	2	—	233
3 Bishop's Stortford	1	14	—	—	17	—	—	2	—	—	—	—	—	—	—	6	2	—	—	—	—	1	—	2	—	—	45
4 Bushey	4	3	—	—	189	—	2	6	—	—	—	—	—	—	—	6	11	—	—	—	—	—	—	3	—	—	224
5 Cheshunt	39	6	—	—	375	—	2	1	—	—	—	—	—	1	—	2	1	—	—	—	—	—	—	15	2	—	444
6 Chorleywood	—	6	—	—	96	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	103
7 Harpenden	13	—	—	—	126	—	1	—	—	—	—	—	—	4	—	3	—	—	—	1	—	9	—	2	1	—	160
8 Hitchin	2	1	—	—	12	—	—	—	—	2	—	—	—	—	—	—	9	—	—	—	—	5	—	2	—	—	33
9 Hoddesdon	—	4	—	—	87	—	4	—	—	—	—	—	—	3	—	1	—	—	—	—	—	3	—	3	—	—	105
10 Letchworth	9	—	—	—	50	—	6	1	—	—	—	—	—	1	—	1	2	2	—	—	—	—	—	4	2	—	78
11 Potters Bar	1	11	—	—	217	—	—	—	—	—	—	1	—	—	—	3	1	—	—	—	—	—	—	1	—	—	235
12 Rickmansworth	—	10	—	—	133	—	—	—	—	—	—	—	2	1	—	6	—	—	—	—	—	2	—	2	—	—	156
13 Royston	4	2	—	—	8	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	16
14 Sawbridgeworth	—	—	—	—	15	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	20
15 Stevenage	27	11	—	—	977	—	—	25	—	—	—	—	—	—	2	1	—	—	—	—	—	10	—	5	3	—	1,061
16 Tring	—	—	—	—	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	14
17 Ware	—	7	—	—	46	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	53
18 Welwyn Garden City	8	31	—	—	162	—	2	3	—	—	1	—	—	1	—	—	3	—	—	—	—	—	—	9	4	—	224
Total Urbans	118	107	—	—	2,785	—	26	39	—	2	1	2	2	12	2	86	30	2	—	1	—	67	—	60	16	—	3,358
Rurals—																											
1 Berkhamsted	1	—	—	—	8	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	10
2 Braughing	1	9	—	—	65	—	3	—	—	—	—	—	—	—	—	2	—	—	—	—	—	6	—	3	—	—	89
3 Elstree	7	7	—	—	307	—	3	2	—	—	—	—	—	1	—	1	1	—	—	—	—	—	—	9	2	—	340
4 Hatfield	—	5	—	—	147	—	—	8	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2	2	—	165
5 Hemel Hempstead	—	1	—	—	53	—	1	33	—	—	—	—	—	—	—	7	—	—	—	—	—	1	—	—	—	—	96
6 Hertford	4	1	—	—	13	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	7	—	—	28
7 Hitchin	3	6	—	—	16	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	—	—	29
8 St. Albans	13	13	—	—	333	—	1	35	—	—	—	—	—	4	—	5	1	—	—	—	—	37	—	4	2	—	448
9 Ware	—	6	—	—	62	—	1	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	1	—	74
10 Watford	2	13	—	—	145	—	5	164	—	—	1	1	—	—	—	120	—	—	—	—	—	10	—	13	2	—	476
11 Welwyn	—	1	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9
Totals Rurals	31	62	—	—	1,157	—	15	242	—	—	1	1	1	6	2	139	2	—	—	—	—	55	—	41	9	—	1,764
Totals County	187	218	—	—	4,848	—	50	293	—	2	3	3	3	19	5	239	34	2	—	1	—	221	—	165	33	—	6,326

Attendance figures show a marked upward swing in the numbers due to medical chest illnesses which have now reached 28 per cent of the total work of the department. The total number of persons under supervision for tuberculosis shows a slight fall.

The problem of maintaining interest in active steps to prevent the development of new chest diseases remains. There is a vast amount of work which would be best carried out within the framework which has so successfully dealt with the problem of tuberculosis, to tackle the problems of a large variety of chest diseases some of which swell the death rate, whilst others present a serious economic hazard to industry.

To create facilities for making a full analysis of the underlying precipitant factors in cases of asthma, to assemble equipment and staff for the detailed measurement of lung function, to organize the medical and social mechanism required to combat tobacco addiction—these are some of the future tasks of the chest service to which attention has yet to be systematically directed. It is hoped that a start will be made during the next few years."

Convalescence

For persons who by reason of illness or operation require a short period in a suitable Home, this scheme is a small, but no less important part of the After-Care Service. Recommendations are received from hospitals, family doctors, or from members of the medical staff, and places are booked for the patients in the Hertfordshire Home, St. Leonards-on-Sea, or elsewhere depending upon the physical or mental condition. Patients requiring specific medical or nursing treatment and care are regarded as the responsibility of the Hospital Boards. Patients with permanent handicaps but not requiring special medical or nursing care are accepted within the scheme for this not only is of benefit to the patient but also enables those looking after them to be relieved of their responsibility for a little while.

As in previous years the demand for recuperative holidays is greatest amongst the older age group and Table 35 gives the numbers dealt with during the year.

Table 34

Applications received from :—		
General practitioners	324	
Hospitals	23	
Chest clinics	4	
	—	351
Patients who were not acceptable for the County Council's scheme	41	
Patients for whom no vacancy could be obtained owing to their condition	4	
Cancellations by applicants	77	
	—	122
Number sent to—The Hertfordshire Convalescent Home	114	
Other Homes	115	
	—	229

9 mothers with a child or children and 26 married couples were sent away together.

Table 35.—Ages of Patients.

	0–1		2–5		6–15		16–45		46–65		66 +		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Accepted	—	—	—	—	—	—	6	47	35	70	46	106	87	223
Sent away	—	—	—	—	—	—	5	35	31	54	26	78	62	167

Medical Equipment Loan Scheme

The St. John Ambulance Brigade and the British Red Cross Society continue to act as agents of the County Council and their members man depots throughout the County from which items of medical and nursing equipment are issued.

The arrangements for the supply of these aids to home nursing or the care of handicapped persons has not changed much since the inception of the scheme in 1948, although during the year the Council rescinded the need for the payment of deposits or weekly charges based on the cost of the articles, in order to conform to the practice adopted by the former Welfare Committee where arrangements provided for small items of equipment to be issued to physically handicapped persons.

The principal Health Centres in the various towns have provision for the depots included in them but a number still remain in premises either rented or owned by the two organizations. In the more rural areas members of the Brigade and the Society frequently utilize storage space in their own homes and the County Council is greatly indebted to these voluntary organizations for the help they give. The list given below shows some of the items issued :

Wheelchairs.
Hoists.
Beds, including cots, hospital beds, and alternating pressure pads.
Walking aids.
Tripods.
Crutches.
Walking sticks.
Free-standing lifting poles.
Bath mats.
Bath seats.
Bath rails.
Toilet aids (raised seats and toilet frames).
Toilet rails.
Bed cradles.
Fracture boards.
Bedside tables.
Cantilever table.
Helping aids :—
  Stocking puller-ons.
  Reaching aids.
  Long-handled combs, shoe horns, etc.

ENVIRONMENTAL HYGIENE AND SANITARY ADMINISTRATION.

This report deals with the work of the County Health Inspector.

Milk and Dairies.

(*a*) *Sampling of Milk for the Detection of Tubercle Bacilli.*

Biological milk samples are taken at all dairy farms once a year. In the case of those farms from which milk is sold raw (untreated), samples are obtained 4 times a year.

481 samples were taken and for the sixth consecutive year no tuberculosis infection was detected. Discussions have taken place with the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries, and Food with a view to reducing the number of biological samples taken but it is thought that our sampling scheme still provides a valuable function. Herds are tuberculin tested only once every 2 years under the Ministry programme and our biological sampling helps to ensure that any re-introduction of infection with tubercle would not go undetected for too long a period. As a further justification the samples can also be examined for brucella infection, and this will be even more important next year when the Brucellosis Eradication Scheme of the Ministry of Agriculture, Fisheries, and Food begins.

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

Professional bodies have long been pressing for schemes to eradicate brucella infections from dairy herds. Towards the end of the year it became apparent that the Government was contemplating a voluntary scheme which would enable brucella free herds to be established, and extensions of such a scheme would result in disease-free areas. Beyond this stage, there might well follow compulsory slaughtering of infected animals with provision for compensating farmers.

The voluntary scheme will include both milk and blood testing and initially these tests will be carried out only at the request of farmers. The County Council, with its long record of biological sampling of all dairy herds within the County, will be able to provide useful information to the Ministry's veterinary officers both in respect of those herds which have had a relatively clear sampling history and also those which have had an unsatisfactory record.

During the year, 12 samples, representing 2·5 per cent of the total samples obtained, proved to be positive to brucella abortus. The infection in cattle can be transmitted to man as undulant fever but during the year there were no reported cases of this disease. However as undulant fever is not a notifiable disease in man and sub-clinical infections may recur there is every chance that cases are missed or unreported.

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

The County Council is responsible for the supervision of pasteurizing plants within the designated Food and Drugs areas of the County. Some of the larger Borough and Urban District Councils are separate Food and Drugs Authorities and licence and supervise the pasteurizing establishments within their own areas. One plant closed down towards the end of the year and there are now only 6 plants licensed by the County Council. 3 of these use the high-temperature short-time method of treatment and 3 use the " holder " process. In the first method the milk is treated at a temperature of not less then 161° F. for a period of not less than 15 seconds and in the second, the milk is " held " at a temperature between 145° F. and 150° F. for a period of not less than 30 minutes. A further method of treatment has been introduced recently in which considerably higher temperatures and shorter holding times are achieved. Such milk is designated as being ultra heat treated (U.H.T.). It has the considerable advantage of giving the milk a longer keeping time and, provided

reasonable precautions are taken in its storage, its life may extend over a period of many months. Additionally, although the degree of heat to which it is subjected is very high, the holding period being of short duration gives insufficient time for the milk sugar, or lactose to be caramelized and so the slight " toffee " taste of conventional sterilized milk is avoided. There are at present no U.H.T. plants in the County.

2 tests are applied to pasteurized milk samples : one is the phosphatase test which indicates the efficiency of heat treatment ; the other is the methylene blue test which gives an indication of keeping quality. The results of our samples during the year are shown in the Table 36.

TABLE 36.—BACTERIOLOGICAL MILK SAMPLING RESULTS, 1966.

	Pasteurized milk			
	Phosphatase Test		Methylene Blue Test	
Pasteurizing plant . .	Pass	Fail	Pass	Fail
Samples :				
Holder . . .	195	2 (1·2%)	196	—
H.T.S.T. . . .	121	—	119	3 (2·5%)
	No. of premises : Holder 3. H.T.S.T. 3			

It will be seen that there were very few failing samples and 2 of the methylene blue failures came from the plant which was later closed down. All the failures were fully investigated.

(*d*) *Supervision of Dairies.*

Under the Milk (Special Designation) Regulations, 1963, the County Council is responsible as Food and Drugs Authority for licensing dairy premises and also shops where milk is sold. Table 37 shows the results of our sampling work.

TABLE 37.—BACTERIOLOGICAL MILK SAMPLING RESULTS, 1966.

	Untreated milk		Pasteurized milk				Sterilized milk		U.H.T. milk	
	Methylene Blue Test		Phospha-tase Test		Methylene Blue Test		Turbidity Test		Colony Count	
	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
Retail samples : Shops, dairies, etc.	14	—	244	—	240	4 (1·6%)	21	1 (4·8%)	11	—
			No. of premises : 216							
Vending machines .	3	—	42	—	39	3 (7·1%)	—	—	—	—
			No. of machines : 12							

There is a very satisfactory sampling record from those shop-keepers who merely keep a few pints of milk in stock to oblige their customers. A few samples of ultra heat treated milk were also obtained during the year and these all passed the prescribed test satisfactorily.

It will be seen that the percentage of methylene blue reduction test failures from vending machines was relatively high. Vending machines have always presented a problem for, although the contents are refrigerated, occasional breakdown in refrigeration plant can occur and there is always the problem

associated with fluctuating sales which means that on occasions milk cartons may be left in the machines for longer than the recommended period of 48 hours before being replaced. The use of ultra heat treated milk will largely solve this problem.

(*e*) *Milk in Schools Scheme.*

Under this scheme 538 County Council maintained schools received a supply of milk ; 77·4 per cent of children were drinking milk provided. With the exception of one school, which received a tuberculin tested raw milk, all milk supplied was pasteurized.

In 105 non-maintained schools 81·8 per cent of children were drinking the milk provided. The programme of milk sampling adequately ensures the maintenance of satisfactory supplies of milk.

During the year, 176 samples of milk supplied by the various dealers were subjected to test. Only 3 failures, in respect of the methylene blue test, occurred, each from a different supplier. Advisory visits were made to the dairies and no further failures in respect of school milk occurred.

School Canteens.

During the year, school meals were prepared in 497 canteens at schools ; 76·9 per cent of school children took meals in school. Once again it is extremely gratifying to know that there were no outbreaks of food poisoning occurring as a result of meals taken in schools. In a catering project which supplies over 104,000 meals daily, prepared in 497 separate establishments, the absence of food poisoning is a commendable achievement. Credit must be given to all the personnel involved in the service and also to the Public Health Inspectorate of the District Councils who do excellent work during their visits to school canteens.

Samples of milk supplied to school canteens were taken during the year and there were no failures among the 47 samples taken.

In connection with a proposal to use milk powder to make up milk drinks in schools, a series of samples of various brands of milk powder were submitted to the Central Food Hygiene Laboratory. In all cases satisfactory reports were received.

Swimming Baths.

A programme of regular sampling was again carried out at school swimming pools by our sampling officers. In addition certain other pools used by school children were visited and samples taken either by County Council sampling officers or by the Public Health Inspectors of the District Councils.

With the exception of 7 " fill and empty " pools, all pools have filtration and chlorination plants. The total number of pools in use at schools was 51 and 477 samples were taken during the year.

The results of the samples are shown in Table 38.

Table 38.

School Pools						Public Pools	
Continuous flow chlorination and filtration plant				"Fill and empty "			
Open		Covered					
Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
250	13 (5·2%)	177	3 (1·7%)	34	—	256	14 (5·5%)
No. of pools : 36		No. of pools : 8		No. of pools : 7		No. of pools : 20	

The maintenance of a satisfactory water for swimming is not too difficult with the use of modern equipment. It often happens, however, that the task of running a swimming pool falls to the uninitiated. Every effort is made by the County Health Inspectors and Sampling Officers to ensure that the basic principles of good pool management are made available in these cases. In all cases advice on problems concerning pool hygiene is always available.

It is of great importance that Parent/Teacher Associations considering the provision of swimming pools should consult County Hall staff at an early stage. From the standpoint of both hygiene and function the benefit of past experience can be made available to assist in the choice of equipment.

Refuse Disposal.

The deposit of refuse imported into one district from another is prohibited under Section 26 of the Hertfordshire County Council Act, 1935, unless consent is issued by the County Council and the District Council in whose area the refuse tipping takes place. These two authorities stipulate the conditions under which refuse can be tipped and enable operations to be controlled in such a way as to prevent nuisances arising. In addition, it is also necessary for private tippers to obtain the permission of the County Council and the District Council irrespective of whether the refuse is imported or not. This extension in control of tips was obtained under the Hertfordshire County Council Act, 1960.

During the year 13 new consents were issued for the disposal of refuse. 6 of these were in respect of non-putrescible waste disposal and 7 for putrescible and domestic waste.

In September, a Deputy County Health Inspector was appointed and it became possible to increase the number of visits to refuse tips and the general control of tipping. Of special importance is the exclusion of toxic materials from those sites which, because of the proximity of a porous chalk substratum, may present a potential water pollution risk. Frequent meetings are held with water chemists and river board interests in order to reduce the risk of substratum water pollution wherever possible. We have had great help from the Lee Valley Water Company's chief chemist and he has undertaken many analyses of suspect materials on our behalf. Where certain types of chemical waste are not acceptable in Hertfordshire, arrangements can sometimes be made for them to be tipped elsewhere in the areas where the water-bearing rock is protected from pollution by overlying impervious strata.

Gypsy Caravan Sites.

Following the Ministry of Housing and Local Government's Circular No. 26/66 dated 14th June, 1966, in which it is recommended that Councils set up gypsy camps wherever the problem of itinerants presents itself, we have had many inquiries from local authorities throughout the country asking for information on our own camps at Cole Green and Bushey. Some details have been given of these camps in my previous reports but it is felt that a few notes on the subject might be generally helpful.

There are two camps : one at Cole Green (Holwell), near Hertford and the other at Bushey.

Description of the Cole Green Site.

1. Originally designed for 24 caravans but the number later reduced to 20 to avoid congestion.
2. Concrete road access to lorry parks. Concrete slabs on plots for wheels and jacking points.
3. There are 4 water standpipes with soakaways and 2 fire points.
4. Sight line interrupted from adjoining road by clay bank 6 feet high.
5. Chain link fencing 6 feet high surrounding site.
6. Warden's hut, 12 by 16 feet, and additional hut for adult classes, Sunday school, etc.

7. 18 chemical closets in wooden huts; individual caravan dwellers having their own key and in some cases a family group sharing the closet. Dustbins and clothes posts were provided.

8. Additional land has been acquired to provide a half-acre children's playground and about 3 acres rented as an agricultural tenancy for horse grazing.

9. The weekly rent paid by the gypsies was fixed at £1 per caravan and 7*s*. 6*d*. for each car or lorry owned by a family. No charge is made for additional huts or tents, but these have to be approved.

10. For up to 8 weeks per year the gypsies may reserve a particular plot at half rent, whilst they are working away from the district. They are allowed a further 8 weeks away from the site at full rent. After 16 weeks, it is assumed that they are not returning and the plot can be re-let.

11. Certain major improvements including the provision of water closets, an ablution block and a septic tank drainage system are to be carried out in the near future. The rents may then be raised to correspond with those at Bushey.

The Cole Green site was completed by Easter, 1964, when the first caravans moved on. The County Council decided to set up a further camp in the Bushey area and this was completed by June, 1965.

Description of the Bushey Site.

1. Provision for 27 caravans. The site is served by a loop road which at the moment is made up of hard-core and which will eventually be tarmacadamed. There are now hard standings in 6-inch concrete for the caravans.

2. There are no lorry parks, but there is adequate room on each plot for a lorry. (The site is twice the area of the Cole Green Camp.)

3. Water supply is to individual standpipes with gully drains for each caravan plot.

4. Each plot has its own water-closet in a wooden hut.

5. The site is surrounded by chain link fencing and there is an additional acre of ground which will become available later for use as allotments.

6. 2 ablution blocks are provided and each contains showers and deep sinks. Water is heated by butane gas geysers which are operated by " penny-in-the-slot " meters.

7. A hut is provided for the warden and is large enough to provide office and storage accommodation as well as a separate room for classes.

8. Weekly rents at Bushey are £1 5*s*. per caravan and 7*s*. 6*d*. for each car or lorry; as at Cole Green no charge is made for additional huts or tents.

Supervision of Sites.

A retired policeman with experience in dealing with gypsies was appointed camp warden. His duties include the selection of tenants, investigation of complaints and nuisances, clerical and administrative work, acting as liaison officer with other statutory workers, e.g. health visitors, nurses, social workers, helping illiterate gypsies with their form filling, dealing with domestic problems, visiting schools in connection with the education of gypsy children and helping in setting up Sunday School and adult reading classes. Recently an assistant warden was appointed.

Regulations in Force on the Camp.

1. Payments to be made in advance on Monday of each week to the authorized collector (warden) who will give a receipt on the rent card. One week's notice may be given on either side expiring before 12 noon on Monday. Notice will be given in writing through the camp warden.

2. No animals on the site apart from small dogs. The type of dog to be approved by the warden.

3. Waste water to be emptied only into the gullies provided. It must not be poured on to the surrounding ground.

4. Only one lorry per family is allowed unless the previous consent of the warden is obtained.

5. No scrap is to be brought on to the site, unless it is kept on the lorry and no scrap is to be burned on the site.

6. No vehicles to be broken up on the site and no litter deposited. The site shall always be kept clean and tidy. Litter must be placed in the receptacles provided.

7. Damage to the sites, buildings, trees, shrubs, hedges and fences will lead to additional payments for the use of the site.

8. Except with the prior consent of the warden no structure shall be erected on the site (sectional huts are now provided by most of the gypsies and the warden has allocated green paint to ensure a reasonably uniform appearance).

9. No disorderly conduct on the site. Nothing is to be done to cause a nuisance or annoyance.

Fluoridation of Water Supplies.

While the County Council has agreed in principle to the fluoridation of water supplies it was decided that before making formal requests to Water Undertakings to treat the water in this County, further consideration had to be given to the financial, technical, and practical problems involved.

During the year, interviews took place with the appropriate officials of the six Water undertakings involved in supplying water to Hertfordshire, excluding the Watford Borough Water Authority which has already a fluoridated source and was in fact one of the original study areas selected. As the discussions progressed, it became obvious that the water supply pattern is extremely complex. Traditionally water consumed in Hertfordshire was invariably from chalk sources, the only exception being an option on 6,000,000 gallons of water from a Thames derived source in the extreme south of the County. Over the years there has been a gradual interconnection of mains in order to balance pressures and provide a supply network over the whole County. This work of interconnection has been made easier by the amalgamation of water undertakings but the increasing demand due to industry, higher standards of living, and other factors, has meant taking into consideration alternative sources. Already work is going ahead to link the water companies in the north of the County with a new impounded supply from the River Ouse at Grafham Water in Huntingdonshire and similar provisions will be made in the south of the County with a Thames-derived supply from the Metropolitan Water Board. The inclusion of these river supplies will mean that Hertfordshire is no longer using its own pumped water exclusively but will be automatically connected to a network covering a very considerable area of the country. One must therefore think in regional terms rather than local terms when discussing fluoridation. On the other hand, our main supply system will still be fed through a multiplicity of pumping stations and many of these are unmanned. The only way of ensuring that these pumped supplies are fluoridated would be to provide automatic dosing stations which would need frequent supervision and sampling and where tank space could be provided for containing the necessary fluoride solutions. Tanker deliveries of these solutions would be necessary to the unmanned stations.

In considering the practical difficulties involved, attention was also given to the possible financial implications. The area of supply of the two Watford Pumping Stations coincides almost exactly with the boundaries of the Borough : both stations are manned and the cost of fluoridation is consequently low. The costs which would have to be borne to fluoridate the water in an area where there are a multiplicity of small pumping stations feeding the mains and where such areas have a water interchange with neighbouring Counties, would be relatively high.

The discussion with water undertakings was completed at the end of the year and it remains for a full report to be submitted to the County Council for further consideration.

PART II—SOCIAL WELFARE SERVICES.

Report of the County Welfare Officer.

Last year's Annual Report included for the first time, consequent upon the merger of the two departments, sections dealing with the various Welfare Services which were the responsibility of the former Welfare Department. It also contained a description of the reorganization which was being carried out in order to achieve one cohesive department.

The organizational pattern of the department (and the Committee structure) has been followed in the following section of this Report, in which are grouped those services which come under the general heading of Social Welfare, and which are administered through the departmental section of that name.

Whilst the combination of Health and Welfare and the ensuing reorganization has impinged to some degree upon virtually the whole staff of the new department, it is fair to say that the greatest impact has been felt by the members of this Section, irrespective of their antecedents. The problems of attitudes and adjustments during this first year of "shaking down" into a new organization have understandably been numerous. The amount of chief officer and senior staff time required to discuss and identify these problems and seek such satisfactory solutions as would not give rise to others has been considerable. It is eloquent testimony to the inherent loyalty and devotion to duty of all of the staff concerned that the majority of the problems have been resolved ; that the process of integration has proceeded ; and that the services have been not merely maintained but further developed—this in spite of an inadequacy of both administrative and social work staff to cope reasonably with the demands put upon them.

Towards the end of the year we were identifying some of our more urgent staff deficiencies, and whilst the process of reorganization most regrettably was caught up in the July prices and incomes measures, nevertheless a small but valuable increase in both administrative and social work staff was able to be authorized.

Similarly in the residential field both Old People's Homes and Mental Health Hostels were suffering intermittently from acute staffing shortages, reflecting a national problem.

Discussions early in the year on measures to improve the recruitment and retention of manual staffs—cooks and domestics—in all types of County Council residential establishments proved of no avail. But the main burden of staff shortages is carried of course by the nucleus of dedicated senior staff who carry on regardless of difficulties. The standards of their accommodation at best are very good, but the programme to upgrade the staff accommodation in those homes where improvement is needed has regrettably been retarded by the economic situation. The fact of residence is no great attraction in itself, implying as it does availability for the inevitable night-time emergencies over and above an undefined working day which in practice is excessive.

Night staff to assist in providing the increasing care and attention needed by elderly residents was introduced into the larger old people's Homes, and undoubtedly in the fullness of time will have to be extended to the smaller Homes. An interim report on the review of staff establishments resulted in an additional senior post (ranking next to the Assistant Matron) being authorized for the larger new Homes. The final report on the review will need to be examined in the light of the report, expected in the late spring of 1967, of the Committee under the Chairmanship of Professor Lady Williams, which has been investigating the staffing of residential establishments. The report and recommendations of that Committee are awaited with eager expectation.

The year has been one of considerable activity for the section in all spheres, and the following pages indicate the advances made in the process of integration and in the range and depth of services provided.

County Social Work Supervisor's Report

1965 had been a year of preparation for the establishment of Social Work Units as local agencies employing professional staff and working with a wide range of physically and mentally handicapped people and their families. 1966 saw the realization of some of these plans in that three Divisional Social Workers were appointed to lead the teams in the South-West, Dacorum, and St. Albans divisions although development was restricted by limitations imposed by the government's financial policy. We were fortunate to obtain the services of experienced social workers of the calibre of Miss Keenleyside, Mr. Guest, and Miss Swaine as team leaders in these three Divisions. During 1966 they began the process of creating communicative links between social workers and other staff within the department so that a more effective service might evolve.

During this year we have tried to speed up the whole process of change with insufficient staff. In spite of this, the work has not suffered as the statistics for the mentally ill, the mentally handicapped, the physically handicapped, the blind, the deaf and the elderly, show. That this is so is entirely due to the efforts of the social workers who have worked harder in order to ensure the maintenance, and in many instances the improvement, of the case-work service.

In 1965 I listed ten items essential for a flexible and constructive staff development programme. I propose to review progress made during 1966 under these same ten headings. *Recruiting and selection procedures* have been improved. Unfortunately very few professionally trained staff are available so we have had to employ some staff of good potential who will need further training at a later date. This places a further burden on existing staff, in particular on the team leaders, who have to train and supervise these newcomers. It also means that our secondment programme has to be stepped up in the future. The more untrained staff we take on, the more we have to second for professional training.

Divisional teams, as I have already mentioned, are beginning to work in the South-West, Dacorum, and St. Albans. In each of the other three divisions, pending the appointment of a Divisional Social Worker, I have acted in this capacity and commenced the process of drawing together the social workers to form a team. This is unsatisfactory in that I have insufficient time to spend on these activities because of my administrative and teaching duties throughout the County. Nevertheless some beginnings of team work exist and a good deal of sharing has taken place, particularly in East Herts and more recently in the North and Mid Herts Divisions.

Good working conditions, salaries, secretarial and reception facilities are required if the agency is to obtain the best staff and give clients the best service possible. Accommodation has improved in some areas and there are plans for further developments in other areas, such as St. Albans, where social workers are particularly overcrowded, and also East Herts. At the end of the year salary levels were under review as they need to be extended if we are to keep our existing staff, let alone recruit new staff who are professionally qualified and experienced. We are in a vulnerable geographical position in relation to the outer London Boroughs. If we are to recruit and retain social workers highly skilled in various areas of the work, including the full range of duties under the Mental Health Act, the salaries we offer must be comparable. Clerical staff are excellent but still in short supply and we hope that their numbers will be increased in 1967.

Our aim is to employ *Generic as well as specialist workers* in each Divisional team. Some new members of staff and some existing ones have broadened their caseloads so that a wider range of clients can be helped. Unfortunately, collection duties have not yet been transferred and this results in there being still too much specialization. Some degree of specialization is necessary and justified but more generic work is desirable than is possible at present and this development will have to wait until more staff are available and non-social work duties are removed.

We must offer *continued opportunities for learning* both about casework and

about management to all members of staff. A good deal of progress has been possible during 1966. The Divisional Social Workers, by example and by teaching, have helped an increasing number of social workers in the combined department and Dr. Torrie, our Consultant Psychiatrist, gives encouragement and support to us all. He has continued to hold regular seminars for mental health social workers and there are plans to add to these groups, staff from other sections, when they can be released. Other groups have been examining the " groupwork " method during the year. Various staff members have been seconded on short courses and have attended conferences. I have attended several courses myself, particularly to learn more about management.

Miss Thomas, the Senior Psychiatric Social Worker, has continued to be responsible for the major share of casework consultation in the Mental Health service, as well as carrying a small case load in the area most in need of help. She retains certain co-ordinating functions, the most important being that of supervising the registration and review of all casework undertaken for the mentally disturbed.

I have continued to direct a course for new entrants. During 1966, ten social workers from different areas and different sections of the combined department attended regularly, discussing casework and management, meeting outside speakers, visiting agencies and institutions both within and outside the department. Plans are now in hand for another course for newly commenced social workers in 1967 which I intend to conduct on " groupwork " lines.

The secondment of staff for professional training is an essential part of the staff development programme. This year five members of staff (Mr. Parker, Mr. Lingham, Mr. Lake, Mrs. Allen, Mr. Gillespie) were seconded. In the next few years even more than this number will need to go for training if we are quickly to become an effective professional service. Just as our own staff become students in other agencies during their training, so do many of our senior social workers take students from courses, an important part of their work which needs to be accounted for when accommodation and secretarial help are being planned. Trainees, on the basis one per divisional team, are being recruited, two of them to start work early in 1967.

Staff participation in planning ensures more successful policy. This has been a feature of work in the Mental Health Section since Miss Thomas first began to make her presence felt, and during 1966 other staff were gradually brought more and more into planning, their suggestions coming from staff groups meeting chief officers, through the Divisional social workers, or through me. Many of their suggestions have been put into practice. More would have been possible but for the financial " freeze ".

Consultation for all social workers was available in the Mental Health Section in the past and now is gradually being made available to others in the combined department. Understandably there is some resistance. We all think we know best what our client needs but it is a fact that the more we learn about people, the more we discover we need to learn and we can always use the listening ear of a more experienced and knowledgeable social worker, however senior we are ourselves. It is perhaps easier to accept this continued learning if we appreciate that it is not we who need to act for the client, but the client who needs our help and support so that he can act for himself . . . much more difficult to accomplish but more therapeutic.

Easy communication at all levels ensures that the whole department knows what each staff member is about . . . why certain things are necessary . . . why certain things are not possible immediately. We have learnt something about this process during 1966, but not nearly enough.

Experiment and research have suffered during 1966 because of some of the pressures I have already mentioned namely establishing new teams, shortage of staff and money, carrying out non-social work tasks. However, some developmental work has been done. Miss Walkley is working part-time with Dr. Mallett in the north to see how referrals are made to the Out-patient Psychiatric Clinic

in Stevenage and how this service can be improved in the light of knowledge gained ; in several areas work is being done by staff members from different sections of the department to ascertain the problems created by the increasing number of elderly people ; discussion is taking place on a suggestion that three or four ex-mentally ill clients might live in a normal house with minimal supervision from our own and other psychiatric workers. These are but a few of many experiments I would like to see taking place. More " groupwork " needs to be done. Liaison with voluntary workers, already given a shot in the arm by the work done by Mrs. Deacon at the Hertfordshire Council of Social Service needs further attention, particularly the development of community social work. In 1967 we need to look closely in each area at the needs of the community and adjust our service to meet these needs as far as we are able. The mere provision of a traditional service is not good enough ; it needs to develop, to be inventive, to be alive.

These then are the essentials in a staff development programme. In spite of national stringencies, we have begun to consolidate social work agencies in the combined department. A good deal is still to be done. More staff are required to do the existing work . . . many more still to tackle effectively the problems created by the needs of increasing numbers of elderly people and their families and by the mentally and physically handicapped, the blind and the deaf. The County Council, in calculating our budget, must relate proposed expenditure not merely to past expenditure but to the cost of satisfactorily completing the tasks created by these present demands. Such tasks require skilled social workers so that we can provide a service which is after all essential to our way of life and incidentally, economically sound, because good domiciliary care reduces comparatively the need for more costly residential accommodation.

MENTAL HEALTH.

1966 was a year of consolidation, compared with the previous year, when 4 purpose-built training centres and 1 in adapted premises came into use, and a further purpose-built adult training centre was completed by the end of 1965, for admission of cases the following January. During 1965 there had also been the redeployment of services following changes under the London Government Act in the area of the Authority, and extensive reorganization within the department, following amalgamation of the Health and Welfare Departments. In January, 1966, the 120-place adult training centre in Stevenage was opened, releasing the two classrooms previously in use for adults at the Hitchin Junior Training Centre. During 1966 the 100-place St. Albans Adult Training Centre, the 30-place hostel for unemployable severely subnormal adults, and extensions to the Hemel Hempstead Junior Training Centre, to provide special care and nursery unit accommodation, were well advanced, and building operations were due to commence in January, 1967, for an extension to the St. Margaretsbury Junior Training Centre, comprising a special care and nursery unit.

Anticipated completion dates for other projects in the early years of the development plan for the Mental Health Service are as follows :—

TABLE 39.

	No. of places.	*Completion date.*
Hostels.		
Welwyn Garden City	26	March, 1968
Bushey	20	December, 1968
Watford	26	1969
Stevenage	26	1970
Training Centres.		
Hoddesdon—Adult training centre	100	1969
Welwyn Garden City—Adult training centre	100	1971

There are now purpose-built junior training centres in all six Divisions of the County, which, except at Hemel Hempstead, admit special care and nursery cases, as well as children able to follow the ordinary junior training centre curriculum. At Hemel Hempstead, the extensions to the training centre will enable special care and nursery cases to be accepted there also after Easter, 1967. When the St. Albans Adult Training Centre is opened early in 1967, there will be a separate adult training centre also for each of the six Divisions.

The two hostels operating in the County at St. Albans and Hemel Hempstead, for employable subnormal males and females, respectively, have continued to build up their number of residents, and by the end of the year there was a small waiting list for the hostel in St. Albans for adult males. This will be eased by the opening of the hostel for unemployable adult males and females in early 1967. Hitherto both the hostels for employable subnormal persons have temporarily provided accommodation for a small number of more severely subnormal persons urgently in need of accommodation.

The recruitment of staff for the training centres and hostels presents difficulty, particularly at the hostels, and indications at the end of the year were that as the demand for staff in mental health hostels increases with the development of this service by Local Authorities, the position is likely to deteriorate further. At the end of the year, one post remained unfilled at both the St. Albans and the Hemel Hempstead hostels where the establishment of resident staff is three and four respectively.

It had been possible to appoint the warden and matron for the first purpose-built hostel, due to be opened in early 1967, which would cater for 30 severely sub-normal adult males and females, but the response for the posts of deputy warden and deputy matron had been very disappointing, despite a number of advertisements in the national press and professional journals.

There were only two vacancies unfilled at the end of the year in the establishment of 78 instructional staff in the junior and adult training centres, but this position has only been achieved by continuing to employ a large proportion of staff who have not received any professional training in the work. The Authority's arrangements for the secondment of staff to full-time courses and shorter in-service training courses were continued, as in previous years.

Community Care.

At the end of 1966, 1,705 cases were in community care. This number was made up of 1,314 subnormal and 391 mentally ill persons.

Statistics of the Mentally Subnormal.

During the year 263 subnormal persons were added to the Authority's list of those in community care. These were referred from the following sources :—

TABLE 40.

General practitioners	6
Hospitals—	
On discharge from in-patient treatment	39
After or during out-patient treatment	16
Local Education Authority*	98
Police and courts	—
Other sources	104
Total	263

* Of the 98 referred by Local Education Authority, 60 were children found unsuitable for education at school, and 38 were school leavers referred for community care after leaving school.

During the same period, 110 cases of subnormality were removed from the community care list for the following reasons :—

TABLE 41.

Transferred to Education Service	8
Supervision no longer necessary	14
Left County	35
Admitted to hospital	47
Died	6
Total	110

THE SENIOR PSYCHIATRIC SOCIAL WORKER REPORTS AS FOLLOWS :—

"Case Work for the Mentally Handicapped.

During 1966 our social workers were actively concerned with 1,033 mentally handicapped children and adults. These included 251 not previously known to the social work units and 61 re-opened cases. At the end of the year 401 cases were temporarily closed, and 632 carried forward to 1967.

Case Work with the Mentally Ill.

In 1966 780 mentally ill clients were helped by our social workers, a considerable increase over the 625 in 1965. Of these 438 were new to us (298 the previous year) and 55 were re-opened cases.

Combining the new and re-opened cases, the sources of *referrals* were as follows :—

TABLE 42.—SOURCES OF REFERRAL.

Mental hospitals and psychiatric units	120
Day hospitals and O.P. clinics	81
General practitioners	78
Relatives and friends	40
Self referrals	37
Other staff within S.W. units	23
Nursing officers and health visitors	22
Medical officers	15
Other local authorities	15
Employers	9
General hospitals	8
Education sources, schools, etc.	8
Other sources referring five or less	37
	493

At the end of the year, of these 780 cases, 395 were closed and 385 carried forward to 1967.

Distribution of Cases.

The distribution of the total case load is shown in the following table, and for interest the figures for the mentally handicapped and the mentally ill are

TABLE 43.—TOTAL CASE LOADS.

Division.	*Mentally handicapped.*	*Mentally ill.*	*Total.*
South-West	275	201	476
East	174	195	369
North	190	157	347
St. Albans	138	88	226
Mid	145	56	201
Dacorum	111	83	194
	1,033	780	1,813"

given separately. Divisions are listed in order of their total population, but there are many other factors which influence the use made of this service in different areas, including the degree of co-operation existing with the catchment hospitals out-patient clinics, and differing policies in the Division as to how much social work is retained by health visitors. Such factors also have an effect on our recruitment and retention of staff. It must also be conceded that occasionally a worker may be reluctant to close cases even when negligible contact has been made in the current year, and this inflates figures compared with those who prefer to leave the onus on clients to seek further help, which satisfied clients generally do very readily."

Training Centres.

At the end of the year, 608 persons were in daily attendance at the Authority's training centres, and 13 Herts cases were attending centres run by other Local Authorities or voluntary organizations. There were thus 621 cases attending centres, under the Authority's arrangements, at the end of 1966,

compared with 534 at the end of the previous year—an increase of 87. The numbers attending the various establishments are given in the following table :—

TABLE 44.

Centre.	*Special care and nursery.*	*5–15 years.*	*16 years and over.*	*Total.*	*Total in 1965.*
L.H.A. Centres.					
Stevenage Adult	—	1	28	29	—
St. Albans Junior	19	40	1	60	49
Hemel Hempstead Junior	1	27	2	30	26
Hemel Hempstead Adult	—	3	75	78	63
Hertford Adult Female	—	6	28	34	24
Hertford Adult Male	—	3	23	26	18
Hitchin Junior	12	41	4	57	73
St. Margaretsbury Junior	13	40	1	54	50
Watford Junior	18	50	1	69	65
Watford Adult	—	5	70	75	68
Welwyn Garden City Junior	26	39	—	65	56
Welwyn Garden City Adult.	—	—	31	31	29
Mental Nursing Homes.					
St. Francis School, Buntingford	—	3	—	3	3
Other local authorities	—	2	1	3	1
Voluntary organizations' centres	—	—	7	7	9
Total	89	260	272	621	534
Nos. at 31st December, 1965	(66)	(226)	(242)	(534)	

The arrangement approved by the Committee in January, 1961, for boys from the Buntingford area to attend for daily training at St. Francis School, Buntingford, has been continued, and at the end of the year, 3 boys were attending there.

There were 15 cases awaiting admission to training centres at the end of the year : arrangements were in hand for 12 to commence attendance in January, 1967. 2 were cases for special care and nursery units, whose admission would take place at the beginning of the summer term, 1967, and the last was an adult awaiting a place at the Hemel Hempstead Adult Centre, which was likely to remain full until places were released there with the opening of the adult centre in St. Albans, in March, 1967.

74 cases were discharged from the training centres during 1966 for the following reasons :—

TABLE 45.

Died	1
Left County	17
Readmitted to the educational system	5
Admitted to hospital or residential accommodation	27
Left to employment	11
Unsuitable—ill-health, behaviour, or irregular attendance	9
Withdrawn by parents	2
Left to attend spastics treatment centre	2
Total	74

Home Training.

At the end of the year, 25 mentally disordered persons (15 subnormal and 9 mentally ill adults and 1 subnormal child) were receiving regular visits from the occupational therapists.

Residential Accommodation—Long Term.

During 1966, 114 mentally disordered persons were maintained in special homes or hostels. The County Council was also responsible in a further 15 instances for arrangements for persons placed in lodgings or with foster-parents. The following table gives details in regard to the number of persons maintained under these headings during the year, and those continuing to be dealt with in this way at the end of 1966 :—

TABLE 46.

	Mentally Ill.	*Subnormal.*	*Total.*
Nos. maintained in 1966.			
In special homes or hostels .	24	90	114
In lodgings or foster-homes .	1	14	15
	25	104	129
Nos. still away at the end of 1966.			
In special homes or hostels .	9	73	82
In lodgings or foster-homes .	1	10	11
	10	83	93

There were thus 36 cases discharged from residential accommodation during the year. The following table shows the reasons for discharge :—

TABLE 47.

Mentally Ill.	*Subnormal.*	
4	5	To employment.
3	9	Transferred to hospital.
8	3	Discharged to community care.
—	4	Absconded or discharged self.
15	21	

Hertfordshire Mental Health Hostels.

The following table shows the number of persons maintained in these hostels during 1966, subdivided into Herts cases—already included in Table 46 above—and the number of cases accepted in these hostels who were the responsibility of other local authorities :—

TABLE 48.

	Highfield.	*St. Albans. (Beaconsfield Road).*
Nos. maintained in 1966 :		
(*a*) Hertfordshire cases . . .	26	15
(*b*) Out-County cases . . .	5	5
Nos. still in residence at 31.12.66 :		
(*a*) Hertfordshire cases . . .	18	10
(*b*) Out-County cases . . .	3	5

In addition, ten Herts cases were maintained at these hostels for periods of short-term care.

Boarding-out Scheme.

The Authority's scheme of boarding out in private households provides a guaranteed payment to the householder of up to £6 per week. The person boarded is assessed to contribute towards the cost of accommodation, according to income. So far the number of cases successfully boarded-out under this scheme is small, and it cannot be regarded as an alternative to hostel care. It does, however, provide another method of placement in the community of handicapped people who are in need of some degree of care and attention, which might not be available in unselected lodgings, and also enables assistance to be given where necessary to supplement the contribution by a mentally disordered person towards the cost of his lodgings.

Social Clubs.

Eighteen clubs for mentally disordered persons were meeting regularly by the end of the year, including two clubs opened during 1966—the Link Club, Hemel Hempstead, for the mentally ill, and a nursery-minding group for handicapped children in Stevenage. Details of the clubs in operation at the end of 1966 are given in the following table :—

TABLE 49.

Club.	*Responsible Body.*	*Category.*
Link Social Club, Boreham Wood	H.C.C., in collaboration with Hill End Hospital.	Adult mentally ill (both sexes).
Subnormal Males Club, Hatfield .	Parish Youth Service. .	Adult subnormal males.
Nursery Minding Group, Hemel Hempstead.	Hemel Hempstead Society for Mentally Handicapped Children.	Subnormal infants.
Hemel Hempstead Training Centre Club.	Hemel Hempstead Society for Mentally Handicapped Children.	Subnormal of all ages (both sexes).
Link Club, Hemel Hempstead .	H.C.C. in collaboration with Hill End Hospital.	Adult mentally ill (both sexes).
Lea Valley Social Club, Hertford Heath.	H.C.C.	Adolescent mentally subnormal (both sexes).
Sunshine Club, Hertford . .	Hertford Society for Mentally Handicapped Children.	Adult subnormals (both sexes).
New Link Club, Letchworth .	Letchworth Association for Mental Health.	Adult mentally ill (both sexes).
Pemberton Club, St. Albans .	St. Albans Social Club for the Handicapped.	Adult physically handicapped and sub-normal (both sexes).
Link Club, St. Albans . .	H.C.C., in collaboration with Hill End Hospital.	Adult mentally ill (both sexes).
Horizon Club, Stevenage . .	The Horizon Club . .	Adult mentally ill (both sexes).
Saturday Club, Stevenage . .	Stevenage Society for Mentally Handicapped Children.	Subnormals of all ages (both sexes).
Opportunity Nursery Class for Handicapped Children.	St. Pauls Church, Turpins Rise, Stevenage.	Subnormal infants.
Cedars Club, Turnford . .	East Herts Association for Mental Health.	Adult mentally ill (both sexes).
Stepping Stones Club, Watford .	Watford Society for Mentally Handicapped Children.	Subnormals of all ages (both sexes).
Tuesday Club, Watford . .	H.C.C.	Adult subnormal males.
Corner Club, Watford . .	H.C.C., in collaboration with Napsbury Hospital.	Adult mentally ill (both sexes).
Tuesday Club, Welwyn Garden City.	The Tuesday Club . .	Adult mentally ill (both sexes).

Grants were made by the County Council towards the running costs for the Tuesday Club at Welwyn Garden City, the Saturday Club, Stevenage, the Hemel Hempstead Training Centre Club, and the nursery-minding group run by the Hemel Hempstead Society for Mentally Handicapped Children, and the Cedars Club, Turnford, run by the East Herts Association for Mental Health.

The Link Social Club at Boreham Wood, St. Albans, and Hemel Hempstead are run in collaboration with Hill End Hospital. In addition to providing accommodation for the clubs, the County Council is responsible for the payment of the hospital occupational therapist whilst engaged in the organization and running of these clubs.

Admissions to Hospital.

The Psychiatric Wing at Queen Elizabeth II Hospital, Welwyn Garden City, was opened for the admission of patients from the Welwyn Division of the County, except Potters Bar, in April, 1966. Previously patients from these areas had been admitted to Hill End Hospital, St. Albans. There was no other change in the hospital admission arrangements for the mentally ill during the year. There was no waiting list for the admission of these patients to hospital.

Waiting lists have continued to be kept by the Authority for mentally subnormal persons requiring hospital care, in order to advise the Regional Hospital Boards on the relative priority of cases, when vacancies occur. The waiting list at the end of the year was 44, compared with 49 at the end of the previous year. The following table shows the distribution of this list at 31st December, 1966 :—

TABLE 50.—HOSPITAL WAITING LIST AS AT 31ST DECEMBER, 1966, FOR SEVERELY SUBNORMAL PATIENTS.

	Regional Hospital Boards					Total
	N.W. Metropolitan		N.E. Metropolitan		East Anglian	
	Under 16 years	16 years and over	Under 16 years	16 years and over		
Male . . .	14	2	8	2	—	26
Female . .	11	2	5	—	—	18
	25	4	13	2	—	44

44 subnormal patients were admitted to hospital during 1966 (24 children and 20 adults), 37 of these were admitted informally, and 7 were detained in hospital, under the Mental Health Act, by order of the Courts. Arrangements were also made for 122 cases of subnormality to receive short-term care, 84 by admission to hospital and 38 in residential accommodation. The age-groups of these are given in the following table :—

TABLE 51.—SHORT STAY CASES, 1966.

	Aged 0–5	Aged 6–10	Aged 11–15	Aged 16 and over	Total
To hospitals . . .	17	29	14	24	84
To residential accommodation	4	12	4	18	38

Formal Admissions.

Compulsory action is seldom necessary when dealing with persons suffering from subnormality and severe subnormality, and their admission to hospital is usually arranged on an informal basis. As mentioned in the preceding section, 7 cases of subnormality were detained in hospital under the Mental Health Act, by orders of the Courts, during 1966. Compulsory powers are, however, still necessary in arranging the admission to hospital of some mentally ill patients. During the year, 401 patients suffering from mental illness were admitted to hospital as either statutory or informal patients, following action by a mental welfare officer, compared with 396 patients in the previous year, and 440 in 1964. In the following table, the number of actions taken by the officers in 1966 is given, with the 1965 figures in brackets.

TABLE 52.

	Action by:— *Mental Welfare Officer.*	*Relative assisted by M.W.O.*	*Total.*
(1) *Informal Patients direct to Hospital* . . . . Hospitals are no longer required to notify Local Health Authorities of admissions. In all the cases shown, the Mental Welfare Officers were consulted, and the patients were subsequently admitted to hospital informally.	69 (48)	— (1)	69 (49)
(2) *Emergency Admissions—Section 29* . . . . Under Section 29, in case of urgent necessity, patients may be detained up to 72 hours in hospital, on an application by either a Mental Welfare Officer or any relative : the application has to be supported by one medical certificate.	256 (305)	32 (61)	288 (366)
(3) *Admission for Observation—Section 25* . . . . Under Section 25, a patient may be detained for up to 28 days in hospital. The application has to be supported by two medical certificates—one given by a practitioner having special experience in the diagnosis or treatment of mental disorder. The application may be made for a patient in community care or one already in hospital, the latter including informal patients, emergency admissions under Section 29, informal patients made statutory for up to 72 hours by the Hospital Medical Officer (Section 30), or in places of safety (Section 135 or 136).	191 (182)	16 (15)	207 (197)
The circumstances in which the 207 cases were dealt with under Section 25 during the year is given in the following table :—			
(*a*) Direct to hospital . . . 71 (50)			
(*b*) Following informal admission . 36 (27)			
(*c*) Following detention (Section 29) 35 (51)			
(*d*) Following detention (Section 30) 35 (43)			
(*e*) Following detention (Section 136) 30 (23)			
(*f*) Following detention (Section 135) — (3)			
207 (197)			
(4) *Admission for Treatment—Section 26* . . . . Patients may be detained under Section 26 for an indefinite period, subject to the renewal of the authority at the intervals laid down in the Act.	58 (53)	4 (6)	62 (59)
The following table shows the circumstances in which patients were dealt with under Section 26 during the year :—			
(*a*) Direct to hospital . . . 5 (2)			
(*b*) Following informal admission . 10 (10)			
(*c*) Following detention (Section 25) 34 (35)			

	Action by:— Mental Welfare Officer.		Relative assisted by M.W.O.		Total.	
(*d*) Following detention (Section 29)	3	(6)				
(*e*) Following detention (Section 30)	5	(1)				
(*f*) Following detention (Section 136)	2	(5)				
(*g*) Following detention (Section 135)	3	(—)				
	62	(59)				
(5) *Hospital Orders by Courts* . . . . . The Local Health Authority is not directly involved when persons before the Courts are dealt with under the Mental Health Act, though a Mental Welfare Officer may be ordered by a Court to convey a patient to a hospital named in a Court Order.	1	(5)	—	(—)	1	(5)
(6) *Other actions.* Patients returned to hospital from leave . .	7	(10)	—	(—)	7	(10)
(7) *Consultations by Mental Welfare Officers, following which Patients not admitted to Hospital.*						
(*a*) Informal	59	(47)	—	(—)	59	(47)
(*b*) Under Section 136 . . . . . Section 136 permits a constable to remove to a place of safety a person who appears to be suffering from mental disorder and to be in immediate need of care and control. The person may be detained in the place of safety for up to 72 hours, to enable him to be seen by a Medical Practitioner and interviewed by a Mental Welfare Officer, with a view to any necessary arrangements being made for his treatment or care.	1	(3)	—	(—)	1	(3)
(8) *Application discontinued*	31	(20)	—	(—)	31	(20)

Guardianship.

Guardianship does not confer extra powers to provide services, and its use is confined to the small group of cases where it is necessary to exercise powers of control, e.g. over the patient's place of residence and his everyday life. During 1966, no new cases were placed under guardianship, and of the seven subject to guardianship at the beginning of the year, three were discharged, as this form of control was felt to be no longer necessary.

In addition to being visited regularly by the mental welfare officers, cases under guardianship are visited once a year by a medical officer having special experience in the diagnosis or treatment of mental disorder.

Mental Nursing Homes and Residential Homes.

The County Council is the registration authority, under the Mental Health Act, for mental nursing homes and residential homes. Details of the registration of mental nursing homes registered with the County Council are given below :—

TABLE 53.

Home.	*Maximum no. of patients to be accommodated.*
St. Raphael's, Barvin Park, Nr. Potters Bar.	26 males suffering from severe subnormality, aged under 16 years.
	111 males suffering from severe subnormality, aged 16 years or over.
* St. Elizabeth's Home, Much Hadham.	30 females suffering from subnormality, aged 16 years or over.
	78 females not suffering from mental disorder, aged 16 years or over.
St. Francis School, Buntingford.	50 males suffering from severe subnormality, aged 7–16 years.

* All patients at this Home are epileptic.

In all the above Homes, mentally disordered persons may be detained under the Mental Health Act. Visits of inspection are paid to these Homes regularly by the Authority's officers. At the end of the year the County Council, as Local Health Authority, was maintaining one adult female at St. Elizabeth's Home and five boys at St. Francis School.

Appendix.

In the following table, comparative figures are given on various aspects of the Mental Health Service during the past seven years as at 31st December :—

APPENDIX

TABLE 54.—COMPARATIVE FIGURES.

	1960.	*1961.*	*1962.*	*1963.*	*1964.*	*1965.*	*1966.*
These figures relate to numbers dealt with throughout the year.							
Temporary admissions, to relieve families, in year.							
(*a*) to hospitals	71	64	64	61	68	84	84
(*b*) elsewhere	1	3	5	9	23	19	38
New referrals for community care in year.							
Mentally ill	89	210	218	345	322	352	501
Mentally subnormal	213	219	196	256	244	232	263
	302	429	414	601	566	584	764
These figures relate to the numbers "active" at 31st December.							
Numbers receiving community care.							
Mentally ill	80	170	257	327	303	317	391
Mentally subnormal	996	982	973	1,057	1,092	1,150	1,314
	1,076	1,152	1,230	1,384	1,395	1,467	1,705
Number in residential accommodation.							
Mentally ill	2	2	7	8	6	15	10
Mentally subnormal	8	19	25	46	61	66	83
Numbers receiving training and hospital waiting list.							
Attending training centres	244	261	324	393	438	534	621
Receiving home training	14	—	23	18	16	17	25
Subnormal hospital waiting list	43	49	41	42	47	49	44
Numbers at 31st December.							
Full-time training centres for							
Under 16's	5	5	2	3	4	5	6
All ages	—	—	4	3	2	1	—
Aged 16 and over	1	1	2	3	4	5	6
Social clubs (numbers for voluntary organizations in brackets) for							
Under 16's	—	—	—	1 (1)	1 (1)	1 (1)	2 (2)
All ages	2 (2)	3 (3)	3 (3)	4 (4)	5 (4)	4 (3)	4 (3)
Aged 16 and over	2	4 (2)	8 (4)	9 (5)	11 (5)	11 (7)	12 (7)
	4 (2)	7 (5)	11 (7)	14 (10)	17 (10)	16 (11)	18 (12)
Staff training centres.							
Supervisors and Managers (qualified)	6	7	8	9	9	11	11
Assistant supervisors and Instructors (number qualified in brackets)	17 (2)	20 (2)	24·3 (5)	33 (12)	39 (16)	53 (25)	65 (27)
	23	27	32·3	42	48	64	76

WELFARE SERVICES FOR THE PHYSICALLY HANDICAPPED.

Blind Persons.

Services for the blind and partially-sighted persons in the County are principally administered by the Hertfordshire Society for the Blind which acts as the County Council's agent and to which Home Teachers for the Blind have been seconded. During the year discussions took place with the Society upon the necessity, in the interests of the service, for the Home Teachers to become full members of the Divisional Social Work Units being developed, and consequently to cease being seconded to the Society for duties.

In the course of such an adjustment it is vitally necessary that the existing close links between the Statutory and the Voluntary Services for the Blind are preserved. This was the concern of representatives of both the Society and the Council and, in order to ensure this continued co-ordination, agreement was reached that the Society's secretariat should continue to administer both services. This is to be achieved by the transfer of the secretariat to the staff of the department, where they will be responsible for the administration of the Register and Home Teaching Services and continue to carry out their Society duties in an honorary capacity.

These revised arrangements, for the cessation of the secondment of home teachers and the transfer of the secretariat, will take effect from 1st April, 1967. It is to be hoped that the changes will herald a new era of co-operation between the Society and the County Council, and that blind persons, especially those with more than one disability, will benefit from the availability in the Divisional Social Work Units of the full range of specialist staff with whom the home teachers will be working.

Society Finance.

The Society receives grants from the County Council towards its administrative expenses and the running costs of St. Audreys, the Society's Home for the blind at Hatfield. Its voluntary funds, which are used to provide amenities not available from statutory sources, emanate mainly from the Royal National Institute for the Blind under the Unification of Collections agreement, by which R.N.I.B. collectors co-ordinate and pool the proceeds of fund-raising activities in the County, and thus minimize the overlap of appeals.

The following services for the blind are provided by, or in conjunction with, the Society :—

Registration.

The County Council has to maintain a register of blind persons. All applicants for registration have to be examined by an ophthalmologist and during the year the County Council decided that the time had arrived when such examinations should be carried out only by opthalmologists of consultant status as recommended by the Ministry of Health. Also during the year, to enable the home teacher to make prior contact with the applicant and/or his relatives at a time when support is required, consultants were advised that all requests for examination for certification must originate from the County Council or the Society as their agents.

The opthalmologist provides a report which is used as a basis for registration and the subsequent case record of the blind person. The registration details are collated by the Hertfordshire Society for the Blind and reported to the Southern Regional Association for the Blind as agents for the Ministry of Health. The Regional Association summarizes and analyses the statistics of the local authorities in the region in order to provide information which can be used as a basis for research, and for identification of future needs.

For the purpose of registration and the attendant services a blind person is defined as one who is so blind as to be unable to perform any work for which

eyesight is essential. The emphasis here is on " any work " and not the person's own occupation.

At the end of the year there were 1,526 registered blind persons in the County and Table 55 shows a continuing rise in the number of the elderly blind.

The breakdown in age groups for the year is given in greater detail in Table 56.

TABLE 55.

Year	0–15	16–64	65+	Total
1964 . .	52	449	980	1,481
1965 . .	46	418	1,004	1,468
1966 . .	40	429	1,057	1,526

Home Teachers.

The duties of the home teachers are :—

(i) Discovery of blind persons and ascertainment of their needs.
(ii) To visit them in their homes and elsewhere.
(iii) Where practicable to teach them to read embossed literature, i.e. Braille and Moon.
(iv) Instructions in handicrafts and past-time occupation, and assisting them to sell their products.
(v) To teach them to overcome the effects of the blindness as far as possible.
(vi) To organize social centres and handicraft classes. (There are 13 social centres and eight handicraft classes in the County).
(vii) Generally looking after the welfare of the blind persons in their care.
(viii) Helping blind children and advising their parents.

Home teachers are now designated as Social Workers for the Blind and are embodied in the Divisional Social Work Units. This will enable them to have even closer liaison with other social workers and thus ensure that the blind and partially sighted receive full benefit of the services available. At the end of the year there were only 7 full-time and 3 part-time social workers for the blind in the County, against an establishment of 12 whole-time officers, but recruitment of qualified staff is proving difficult. Nevertheless, in view of the heavy case loads being carried, the establishment is being further increased as and when possible, and it is hoped that the new work setting and improved conditions will attract suitable recruits.

Aids.

Blind persons can be issued with aids to help them overcome their disability such as white walking sticks, braille watches, games, typewriters, etc., and these are usually provided by the Hertfordshire Society for the Blind.

Wireless Telegraphy Acts, 1949 and 1955.

A free wireless licence, or a combined wireless and television licence for £1 less than the usual fee is available for a blind person on production of a certificate issued by the County Council that he is a registered blind person.

TABLE 56.—AGE GROUPS OF REGISTERED BLIND PERSONS AT 31ST DECEMBER, 1966.

Years	0	1	2	3	4	5–10	11–15	16–20	21–29	30–39	40–49	50–59	60–64	65–69	70–79	80–84	85–89	90 and over	Total
Male .	—	1	5	—	2	11	8	10	19	35	52	68	46	45	134	56	61	34	587
Female .	—	—	—	2	—	6	5	8	13	17	43	69	49	65	250	164	156	92	939
Total .	—	1	5	2	2	17	13	18	32	52	95	137	95	110	384	220	217	126	1,526

During the year 204 certificates were issued which remain in force for the lifetime of the blind person or until he ceases to be registered owing to improvement of sight.

Radios.

The Society continue to administer the issue of free radios as agents of the Wireless for the Blind Fund and through their voluntary funds undertake such repairs as may be necessary.

National Library for the Blind.

This service brings to the blind person the opportunity of reading a wide range of literature, both fiction and non-fiction in embossed type, the books being sent post free. The County Council pays a capitation fee of £3 a year to the library for each blind person residing in the County using this service. In the past year there were 86 such blind persons.

Nuffield " Talking Book ".

The " Talking Book " consists of a tape recording of a book housed in a cassette and used on a specially designed tape machine. The range of " Books " is comprehensive and the service is available to both the blind and to those whom an opthalmologist certifies as being unable to read large print. A hiring charge of £3 is made for the machine, the cost being borne by the blind person or, if appropriate, the Hertfordshire Society for the Blind.

Rehabilitation and Employment of Blind Persons.

It is now fully accepted that blind persons can be trained for entry into open industry, and this is the main aim of the social workers, voluntary bodies, and the Ministry of Labour's Blind Persons' Resettlement Officer, all of whom co-operate in the rehabilitation of the blind.

The first step in this rehabilitation is often to teach the newly-blind person to adjust mentally and socially to his blindness and to help him in this the County Council may contribute towards his attendance at one of the Rehabilitation Centres of the Royal National Institute for the Blind at Bridgnorth or Torquay.

To prepare the blind person for employment in open industry, re-training is often necessary and for this purpose courses are arranged by the Ministry of Labour at the R.N.I.B. Centre at Torquay.

At the end of the year 169 blind persons were employed in open industry as shown in the following tables :—

TABLE 57.—CLASSIFICATION OF BLIND REGISTER.

Children under 5 years	10
Children 5–15 years	30
Children 16–20 years at school	8
Trainees	5
Blind persons employed—(*a*) Special workshops	2
(*b*) Home workers schemes	19
(*c*) Under ordinary conditions	169
Blind persons unemployed but available for and capable of work	10
Blind persons awaiting training	7
Blind persons not available for or capable of work	221
Blind persons unemployed over age 65	1,045
Total	1,526

TABLE 58.—EMPLOYMENT UNDER ORDINARY CONDITIONS

GROUP I.—*Professional, Technical, Administrative and Executive Workers, Managerial Workers.*	
(1) Masseurs and Physiotherapists	3
(2) Lecturers, Teachers, Instructors (including Craft Instructors)	2
(3) Clergy and members of Religious Orders	—
(4) Barristers, Solicitors, and related workers	2
(5) Musicians (including Music Teachers)	2
(6) Social, Welfare, and related workers (including Placement Officers)	3
(7) Proprietors, Managers, and Executive Workers in Industry and Commerce	1
(8) Others workers in Group I	3
GROUP II.—*Clerical and Related Workers.*	
(1) Typists, Shorthand-typists, Secretaries	11
(2) Braille Copyists and Proof Readers	—
(3) Clerical Workers	2
(4) Telephone Operators	13
GROUP III.—*Sales Workers.*	
(1) Working Proprietors, Shop Managers	4
(2) Shop Assistants, Salesmen	3
(3) Street Vendors, Newsvendors, Hawkers	1
(4) Sales Representatives, Agents, Collectors, Commercial Travellers	3
GROUP IV.—*Agricultural and Horticultural Workers.*	
(1) Farmers, Farm Managers, Market Gardeners, Farm Workers	—
(2) Gardeners, Groundsmen	2
(3) Animal Husbandry (including Poultry Keeping)	1
GROUP V.—*Craftsmen, Production Process Workers, Labourers.*	
(1) Machine Tool Operators	43
(2) Fitters and Assemblers	14
(3) Viewers, Inspectors, Testers	4
(4) Boxers, Fillers, Packers	4
(5) Warehousemen, Storekeepers, and Assistants	5
(6) Carpenters and Joiners	2
(7) Knitters (hand and machine)	—
(8) Upholsterers, etc.	—
(9) Basket Makers	1
(10) Mat Makers	—
(11) Chair Seaters	—
(12) Brush Makers	—
(13) Wireworkers	1
(14) Boot and Shoe Repairers	—
(15) Piano Tuners	—
(16) Firewood Workers	—
(17) Craftsmen and Production Process Workers	3
(18) Labourers	9
GROUP VI.—*Service and Miscellaneous Workers.*	
(1) Domestic/Canteen Workers, Cleaners, Caretakers, Porters	14
(2) Launderers, Dry Cleaners	1
(3) Miscellaneous Workers	12
TOTAL	169

Those who cannot be employed in open industry may be suitable for employment under sheltered conditions.

Sheltered Workshop.

To be eligible for employment in a sheltered workshop a blind person must be considered capable of working a full working week, albeit under sheltered conditions.

Workshop employees' have their actual earnings augmented by the County Council, so far as necessary, to an agreed minimum wage, a Ministry of Labour grant being payable to the Council towards this expenditure.

Although the County Council does not have its own workshop for the blind, it is responsible for two blind persons who are employed as machine knitters in a workshop run by the London Workshops for the Blind.

Blind Home Workers.

Blind persons not employable in open industry or suitable for workshop employment may still be able to work in, or from their own homes under a scheme run on behalf of the County Council by the Royal London Society for the Blind under conditions recommended by the Local Authorities Advisory Committee.

Home workers are required to be able to maintain a minimum level of earnings and these earnings are supplemented in accordance with a sliding scale. At present the scale provides that the home workers' minimum augmented income shall be 10 guineas a week for men and £10 for women. In addition to the augmentation grants the County Council pays the Society an annual capitation grant of £52 per homeworker towards the expenses of administering the scheme (including supervising and assisting home workers) and receives grants from the Ministry of Labour towards this expenditure.

There are 19 blind home workers in the County, the range of occupation being shown in the following table :—

TABLE 59.

Machine knitters	4
Music teachers	1
Braille copyists and proof readers	3
Farmers, farm managers, market gardeners	2
Gardeners, groundsmen	1
Basket makers	3
Piano tuners	5
	19

PARTIALLY SIGHTED PERSONS.

The County Council also maintains a register of partially sighted persons who are substantially and permanently handicapped by defective vision, and many of the services provided for the blind, including the support of the home teacher are available for them.

There were 316 partially sighted persons registered with the County Council at the end of 1966, and the following table shows their distribution in age groups :—

TABLE 60.—PARTIALLY SIGHTED REGISTER.

	Total Number on Register—Age Groups and Sex							
	0–1	2–4	5–15	16–20	21–49	50–64	65 and over	Total
Males	2	—	31	19	34	16	40	142
Females	—	3	21	17	28	16	89	174
Total	2	3	52	36	62	32	129	316

Classification of Partially Sighted Register.

Children under 5 years	5
Children 5–15 years attending partially sighted schools	24
Children 5–15 years attending ordinary schools	20
Children 5–15 years not at schools	4
Children 5–15 years unsuitable for education at schools	4
Children over 16 at school	4
Trainees	6
Employed	78
Unemployed, not available for, or capable of, work	171
Total	316

The Deaf.

Welfare services for the deaf are provided under the scheme which was approved by the Ministry of Health in 1953.

In 1961 a Ministry circular revised the categories of deafness for registration purposes to :—

(*a*) Deaf without speech (those whose normal method of communication is by sign language, finger spelling, or writing), and

(*b*) Deaf with speech (those who, even with a hearing aid, have little or no useful hearing, but whose normal method of communication is by speech and lip reading).

At the end of the year there were 369 registered deaf in the County, the age distribution being :—

Table 61.

Age Group	Deaf without Speech		Deaf with Speech		Total
	Men	Women	Men	Women	
0–16	17	15	18	23	73
16–64	76	66	56	43	241
65 plus	9	16	7	23	55
	102	97	81	89	369

The St. Albans Diocesan Association for the Deaf acts as the County Council's agent in providing welfare services for the deaf, as it does for the Bedfordshire County Council and the County Borough of Luton, the local authorities concerned each making a grant towards the administrative expenses on a *per capita* basis.

Deafness is a tremendous handicap inasmuch as it prevents effective communication between the deaf and the hearing person. The field-work staff of the Association, which consists of a chaplain/senior welfare officer and three other welfare officers, help and encourage the formation of clubs for the deaf and also assist the deaf in finding and retaining employment. They accompany the deaf person to act as interpreter at interviews with prospective employers, at surgeries, hospital and in Courts, and they also visit those deaf persons not able to get to social centres. The Association can also help in providing such aids for the deaf which assist in their daily living, e.g. visual door bells.

Hard of Hearing.

The hard of hearing are those who, with or without a hearing aid have some useful hearing and whose normal method of communication is by speech, listening/lip reading. Their needs are catered for by local voluntary groups of

the Hertfordshire League for the Hard of Hearing who provide social and recreational facilities throughout the County except in Potters Bar where the group continues to be affiliated to the Middlesex and Surrey League.

The County Council makes a grant towards their administrative expenses.

At the end of the year the number registered as being hard of hearing was :—

TABLE 62.

Age Groups	Men	Women	Total
0–15 . .	7	12	19
16–64 . .	33	62	95
65 plus . .	11	144	155
	51	218	269

PHYSICALLY HANDICAPPED PERSONS OTHER THAN THE BLIND, THE PARTIALLY SIGHTED AND THE DEAF AND DUMB.

The National Assistance Act, 1948, empowered local authorities to provide a scheme for the provision of welfare services for the general classes of handicapped, and the County Council's scheme, which was approved by the Minister of Health in 1957, permits the County Council to supply such services either directly or through voluntary agencies.

Although the services of many such agencies are used, the County Council employs as its main agent, the Hertfordshire Association for the Welfare of the Handicapped. This Association was formed in January, 1959, to co-ordinate and develop voluntary services for the handicapped within the County, and grants to cover its administrative expenses and towards the cost of its various services are made by the County Council.

Services provided for the general classes of handicapped in the County, either directly or through voluntary organizations, are as follows :—

Registration.

The County Council is required to maintain a register, in a form prescribed by the Ministry of Health, of all permanently and substantially handicapped persons in the County who wish to be included on the register.

The number of persons so registered since the establishment of the service is as follows :—

TABLE 63.

	1959	1960	1961	1962	1963	1964	1965	1966
Under 16 . .	1	1	3	17	34	46	107	76*
16–65 . . .	97	323	404	603	894	979	1,089	1,244
65 plus . .	9	22	195	291	489	832	961	1,065
Total . .	107	346	602	911	1,417	1,857	2,157	2,385

* Adjusted figure.

Social Welfare.

Many handicapped persons have learned to cope with their disability, but others require support, advice, and assistance to help alleviate their problems, much of which is met through the visiting service of the County Association.

Where skilled help or advice is needed, arrangements are made for one of the County Council's social workers to visit the handicapped person.

The County Council under their scheme can assist handicapped persons to carry out alterations in their own homes for their greater convenience and to afford them maximum mobility and independence. In the autumn, the committee agreed to abolish the charges formerly made for minor works of this nature, and modified their procedure for recovering the cost of major improvements.

During the past year the following works have been carried out :—

Provision of handrails	70
Provision of ramps	16
Provision of paths, pavement crossings, etc., required in connection with the garaging of a Ministry of Health vehicle	14
Provision of ground floor bathroom and/or w.c.	6
Widening doorways to allow access of wheelchairs	2
Provision of split-level cookers for chairbound handicapped	2
Provision of self-catching door locks, special lever handles	2
Provision of storage heaters	1
Provision of lifting chains and handles	1
Provision of a special bath	1
Partitioning of ground floor room to create a separate bedroom	1
Alteration to garage doors	1
Grant towards cost of greenhouse	1

In addition, during the past year a grant of £350 was made to the Hertfordshire Association for the Welfare of the Handicapped for the provision of the less expensive aids to living such as bath seats, bath mats, raised toilet seats, walking aids, elbow crutches, specially adapted cutlery, long handled brushes and dustpans, reaching aids and devices to assist in pulling on stockings. Issues of more expensive items and home nursing aids are made through the Medical Equipment Loan Scheme.

The Association also arranges, through its District and Area Committees, social clubs, outings, and home visiting and these activities have the dual advantage of providing the handicapped with social contact and at the same time of enabling their needs to be made known.

Holidays.

Holidays for the handicapped are beneficial not only to the disabled person, but also to other members of the family who may have to provide constant care during the year.

Usually holiday accommodation suitable for a handicapped person is not only difficult to obtain but the charge may be beyond the person's means. In the majority of cases holiday arrangements are made by the Hertfordshire Association for the Welfare of the Handicapped and in approved cases, the County Council makes a grant towards the cost of such holidays and of the transport to and from the disabled person's home. During the year 112 persons were assisted in this way.

Employment.

As with other classes of handicapped, the physically handicapped are employed, where possible, in open industry and to assist them in this the Disablement Resettlement Officer of the Ministry of Labour can arrange rehabilitation and training courses.

Workshops.

In certain instances, however, a handicapped person may be considered by the Ministry of Labour to be employable only under sheltered conditions, and with this in mind the County Council co-operated with the Ministry and the Hertfordshire Association for the Welfare of the Handicapped in the provision of a sheltered workshop at Watford. This workshop which was opened in 1963 is now within sight of making a trading profit, in which it will be unique. The County Council and Ministry of Labour have each contributed 50 per cent of the

cost of capital equipment, while the County Council has agreed to make a capitation grant of £1 per worker per week and an 80 per cent Deficiency Grant. Of this expenditure 75 per cent (subject to a maximum of £300 per person per annum) is recoverable from the Ministry of Labour.

Work Centres.

Other handicapped persons are not capable of doing remunerative work which will contribute substantially to their own support, even under sheltered conditions, and it was for these that the Hertfordshire Association for the Welfare of the Handicapped provided Work Centres. To these the handicapped may go on one or more days a week to perform factory out-work and for this they receive a small daily allowance plus a free midday meal. The cost is met from the profits on the work done, although the County Council makes a capitation grant and a grant towards the cost of the Centre's supervisory staff, and grants to cover capital costs.

There are at present five Centres (including one part-time) in the County. The Dacorum Centre will be moving to larger and specially adapted premises in February, 1967. A total of over 73,500 hours work was carried out at these Centres by the handicapped during the year.

Home Work.

For those handicapped not able to attend Workshops or Work Centres arrangements may be made to provide them with craft work or industrial out-work in their own homes. This assistance is provided by the County Council's Social Workers (Handicapped) who are attached to the Social Work Units in five of the six Divisions. It is hoped that an appointment in the remaining Division will be made during 1967.

Transport.

One of the difficulties in providing services for the handicapped is that of transport, without which facilities at Work Centres, clubs, etc., would be ineffective.

The County Council has therefore agreed to make grants to the Hertfordshire Association for the Welfare of the Handicapped for the purchase of specially adapted vehicles and towards their maintenance costs. The Association now have ten such vehicles.

Disabled Drivers Badges.

In 1961 the Ministry of Health asked local authorities to issue badges which disabled drivers could attach to their vehicles. These badges themselves confer no privileges to the driver, but ease the parking problems of the disabled by making the vehicle readily indentifiable to the police and traffic wardens who are very helpful in assisting the handicapped overcome their parking difficulties.

The badges are valid for three years and since the inception of the scheme 618 have been issued, 102 of them during the current year.

Domiciliary Care of the Elderly.

With the increasing number of elderly in the population, there has been a corresponding increase in the demand for services aimed at keeping the elderly in the community. Such services are not only supplied by the Health and Welfare Department and other statutory bodies but by voluntary organizations who are able to complement those statutory services.

Meals on Wheels and Luncheon Clubs.

These are organized on a voluntary basis jointly or separately by such organizations as the W.R.V.S., B.R.C.S., and Old People's Welfare Committees. The running costs are normally subsidized by the appropriate District Council, but the County Council makes grants towards the cost of capital equipment including the cost of alterations to kitchens for use by the service.

The value of this service measured by the demand for it may be judged from the fact that the number of meals served at elderly persons' homes increased by one-third to 200,000, whilst those served at luncheon clubs rose by a similar proportion to 40,000 in the year.

Social Facilities.

To the elderly, particularly those living alone, the fact that they are able to meet other elderly people at clubs and outings, or may be visited in their home is clearly an important factor in their lives. Such services are arranged by local voluntary Old People's Welfare Committees or other voluntary organizations. There are at present 129 clubs in the County, and the County Council assists by making grants towards equipping them with crockery, furniture, etc.

During the past year the Hertfordshire Old People's Welfare Council, to whom the County Council make an annual grant for administration expenses, has continued its function of offering advice and guidance to existing local Old People's Welfare Committees and Clubs, and has co-ordinated their activities. They have also assisted in the formation of new clubs and organized courses and information meetings for officers of local committees and clubs.

Housing Accommodation with Special Welfare Facilities for the Elderly.

Further schemes, both by District Councils and Housing Associations, have come into operation during the year, and there are now 916 units of accommodation serviced by resident wardens as against 658 in the previous year.

There is no doubt that these schemes, providing a form of " supported independence ", enable many old persons, who would otherwise need to seek full residential care, to continue living in the community.

Grants up to £50 per annum in respect of each unit of accommodation continue to be made to District Councils and Housing Associations to meet the cost of the " welfare facilities ". The minimal requirements of these schemes are a resident warden and an emergency call system, but there are many variations, and some schemes include also communal rooms, guest rooms, laundrettes and inter-communicating telephones.

Table 64 gives details of the location and size of the existing warden-serviced schemes in the County. The object of the County Council's grant aid is to encourage particularly Housing Authorities to provide this type of scheme. Many District Councils have done so, or have schemes in hand, and it is hoped they will increase their provision, and that others who have not yet embarked on such a service will feel impelled to follow their example.

Table 64.

	Units.	*Totals.*
Development Corporation or Commission for New Towns.		
Hatfield, Haven Close	16	
Stevenage, Ross Court	24	
Broadwater	24	
Welwyn Garden City, Peartree Lane	17	
	—	81
Borough or City Councils.		
Hertford, West Street	19	
St. Albans, Mount Pleasant/Portland Place	26	
Old Harpenden Road	11	
Hatfield Road	7	
Hemel Hempstead, Highfield	31	
Watford, Brightwell Court	19	
	—	113
Urban District Councils.		
Baldock	—	
Berkhamsted, Farm Place	39	
Bishop's Stortford, Elmhurst Close	24	
Bushey	—	

	Units.	Totals.
Cheshunt, Grove House	34	
Chorleywood, Pullsland Lane	30	
Harpenden, Breadcroft Lane	21	
Common Lane	22	
Masefield Court	10	
Hitchin, Wratten Close	24	
Westmill Estate	24	
Hoddesdon, Beech Walk	28	
Letchworth, Jackman's Estate	22	
Potters Bar	—	
Rickmansworth, Harefield Road	20	
Royston	—	
Sawbridgeworth	—	
Stevenage, Fishers Green	12	
Albert Street	35	
Tring	—	
Ware, Watton Road	16	
Welwyn Garden City, Wheatley Road	44	
	—	405
Rural District Councils.		
Berkhamsted	—	
Braughing, High Wych	10	
Buntingford	19	
Much Hadham	14	
Elstree	—	
Hatfield, Wellfield Road	18	
Hemel Hempstead	—	
Hertford, Watton-at-Stone	20	
Hitchin, Knebworth	20	
St. Albans, Redbourn	18	
Ware, Puckeridge	12	
Watford, Bedmond	10	
Welwyn	—	
	—	141
Almshouses and Housing Associations.		
Watford, Cordery Almshouses	18	
Goslings Homes	12	
Cheshunt, Beaumont Charity	20	
Abbeyfield Society	5	
Harpenden, Abbeyfield Society	9	
Abbeyfield Society	12	
Rickmansworth, Abbeyfield Society	6	
Bushey, Abbeyfield Society	8	
Radlett, Abbeyfield Society	7	
St. Albans, Abbeyfield Society	5	
Hitchin, Holy Saviour Almshouses	12	
Bishop's Stortford, Kings Cottage Trust	20	
Berkhamsted, Berkhamsted Housing Association	11	
Welwyn Garden City, Firbank Housing Society	10	
Stevenage, Hanover Society	21	
	—	176
		916 units

Residential Accommodation.

Building Programme.

During the year 3 new purpose-built 60 bedded Homes were brought into use, viz., Freeman House, Letchworth; Greenbanks, Watford; and Queensway House, Hemel Hempstead. The last named enabled the use of beds in St. Paul's Hospital to cease and there are now no longer County Council cases maintained in any premises administered by the Regional Hospital Board. The total number of beds in County Homes is 1,250.

Another Home at Oxhey (60 beds) was almost completed and will open early in 1967, whilst work continued on a further new Home at Stevenage (48 beds).

Unfortunately this will then bring a temporary halt in the building programme, as due to the Government's restriction on capital expenditure, for the second year in succession, no authority was forthcoming for the commencement of any new Home during 1966–67, and one only has been promised during each of the next three succeeding years compared with the three new homes per year envisaged in the revised Ten Year Programme. Similarly, Ministry approval could not be obtained in 1966–67 in respect of several minor improvements schemes at existing homes.

In view of this limitation of the building programme, it is not surprising that the waiting list continues to expand and at 31st December, 1966, comprised 932 persons (273 men and 659 women) compared with 669 (196 men and 473 women) at the corresponding time in 1965.

Admissions and Discharges.

During the year there were a total of 398 new permanent admissions to homes and 477 discharges, of whom 102 subsequently were re-admitted from hospital. The following comparative statement summarizes the sources from which people were admitted and the reasons for their discharge over the last two years :—

TABLE 65.

	1966.	*1965.*
Admissions.		
From own home (living alone)	89	87
From own home (living with relatives)	99	97
From lodgings	35	19
From hospital (initial admission)	141	110
From mental hospital (initial admission)	10	9
From another County by arrangement	6	1
From private old people's Home	8	10
No fixed abode	10	9
New permanent admissions	398	342
Re-admission after period in hospital	102	112
	500	454
Discharges.		
To hospital	305	320
To mental hospitals	18	14
To relatives or other private accommodation	38	34
Deaths	116	106
Totals	477	474

The scheme for admission of " holiday " cases for two weeks or so whilst their relatives were away was again carried out and about the same number were admitted as last year, viz., 162.

The " Day Care " scheme which was started at one home last year as an experiment has continued, and it is hoped to extend similar arrangements to a home to be opened next year. The selected persons are usually applicants for permanent admission who are waiting for a vacancy to arise and who are either living alone or are left alone while other members of the household are away at work.

During the year the County Chiropodist carried out a survey of the County Council's 22 Homes and reported that 16 were receiving an adequate service. The remaining 6 received visits from chiropodists, but owing to other heavy demands on the few chiropodists practising near to these particular homes, efforts to increase the service were only partially successful.

In November, the Ministry of Social Security Act, 1966, came into operation revising the basis of assessment of charges for residential accommodation. These

new regulations resulted in no existing resident paying more whilst a number had their weekly contribution reduced.

The Library Services continue to provide a supply of books for each home, including a selection of the " Ulverscroft Series " of Large Print Books, which are of particular value to residents with failing vision. This series is produced as a non-profit-making venture, and it is to be hoped that the confidence of the publisher in providing this much needed service will be rewarded by sufficient sales to enable it to continue.

Staffing.

During the year the staffing position did not improve, particularly so far as resident staff were concerned, and in several cases special arrangements had to be made to enable the senior officers to take leave.

Following a general review of the staff establishments for the larger homes, approval was given to the creation of a new post of senior female attendant, preferably resident. This post ranks next in seniority to the superintendent, matron, and assistant matron, and it is hoped it will relieve the load falling upon the senior staff, particularly during the absence of any of them, and at the same time help to improve the attendant/domestic position.

The Management Services Unit have been asked to carry out a similar investigation into the staffing of the smaller homes.

In view of the difficulties in recruiting qualified cooks an experiment was begun at one home in using frozen foods for main meals, in the hope that by this method of providing meals a satisfactory standard could be achieved with unqualified staff and the labour involved in food preparation might be streamlined.

Voluntary Homes.

Use continues to be made of accommodation in approved voluntary homes and at 31st December, 1966, there were 263 such residents for whose maintenance charges the County Council was responsible compared with 239 for the previous year.

The residential accommodation afforded by some voluntary organizations is frequently of particular assistance as a number provide specialized accommodation, e.g. for epileptics, physically disabled, etc., which the County Council would have difficulty in providing adequately in their own establishments.

Registration of Homes for Disabled and/or Old Persons.

Sections 37 to 40 of the National Assistance Act, 1948, require the registration and inspection of old persons' and disabled persons' homes whether administered by private persons or by voluntary organizations.

New registrations are effected under Section 81 of the Hertfordshire County Council Act, 1960, which enables the Council to specify in some detail the minimum standards required to be maintained in the home as a condition of registration.

Following initial registration all private and voluntary residential Homes in the County are regularly inspected by the nursing officers and the fire protection officer.

Table 66.

	No. of Registered Homes.	*Registered to Accommodate.*
Private.		
Elderly	20	301
Voluntary.		
Elderly	14	406
Disabled	2	45

HOME HELP SERVICE.

Under Section 29 of the National Health Service Act, 1946, the provision of domestic help " where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, or a child not over compulsory school age within the meaning of the Education Act, 1944 " is permissive, but because of the ever-growing need for the services provided by the Home Help Service, particularly for the care of the aged, it is becoming recognized to be an essential service. Help is provided for many types of cases, and requests for help are received from hospitals, general practitioners, and nursing staff and social workers in the local authority's service. Many of these requests are made verbally, and case conferences held, and close liaison is thus maintained between the officers of the Home Help Service and other personnel working within the National Health Service. The frequent contact made with voluntary workers which is often necessary to ensure co-ordination when voluntary services are involved, also engenders close relationships.

Statistics.

It might be interesting to note the comparison between :—

1956	. .	4,600 cases helped
and 1966	. .	5,959 cases helped

which shows an increase of 29·5 per cent.

The figure of 5,959 represents a decrease of 1·1 per cent on last year's total cases helped. This is accounted for by decreases in the number of T.B. cases (54 to 43), acute illness cases (568 to 528) and maternity (1,131 to 955). These last named have decreased for the second year in succession as under :—

1964	. .	1,137 (20·7 per cent of total cases helped)
1965	. .	1,131 (18·8 per cent of total cases helped)
1966	. .	955 (16·0 per cent of total cases helped)

The tables of statistics given below are presented in a similar form to last year, and it will be seen that the percentage of help given to old age pensioners was 64·49, an increase of 4·5 over 1965.

TABLE 67.—CASES HELPED DURING 1966.

	Tuber-culosis	Chronic sick	Blind	Acute illness	Acci-dents	Miscel-laneous	Maternity and nursing mothers	Mental illness	Total
Persons of pensionable age	16	3,613	139	39	17	2	—	17	3,843
Other cases .	30	491	31	489	38	29	955	53	2,116
Totals . .	46	4,104	170	528	55	31	955	70	5,959

In addition to the above, 147 cases were given the services of a good neighbour.

TABLE 68.—HOUSEHOLDS ATTENDED DURING 1966.

Cases helped during year	Cases current at :		Average weekly hours, Dec., 1965	Equivalent No. of full-time Home Helps	Average weekly hours, Dec., 1966	Equivalent No. of full-time Home Helps	No. of Organizers and Clerks					
							Dec., 1965			Dec., 1966		
	1.1.66	31.12.66					Full-time	Part-time	Equivalent full-time	Full-time	Part-time	Equivalent full-time
5,959	3,235	3,460	14,637	365·9	14,873	371·8	20	12	25·6	20	12	27·1

TABLE 69.

	No. of cases. %	*Amount of help.* %
Mental illness . . .	1·2	1·0
Maternity . . .	16·0	3·8
Tuberculosis . . .	0·7	1·1
Chronic illness . . .	68·9	85·3
Blindness . . .	2·9	4·8
Acute illness . . .	8·9	3·0
Accidents . . .	0·9	0·3
Miscellaneous . . .	0·5	0·7
Percentage of Pensionable age	64·49.	-

Good Neighbour Service.

The Good Neighbour Service in this County started as a pilot scheme in East Herts in 1961, and was subsequently extended to the whole County. It is proving to be a most helpful service, particularly in the case of the infirm aged where frequent short visits are needed rather than a prolonged, and less frequent attendance. The following figures indicate the growing popularity of this service :—

1962 . .	20 cases helped
1963 . .	45 cases helped
1964 . .	117 cases helped
1965 . .	114 cases helped
1966 . .	147 cases helped

Although in some cases the service of a good neighbour is supplied in addition to that of a home help, the considerable increase of 28·9 per cent in 1966 in the number of cases helped by the Good Neighbour Service partly offsets the small decrease in the number of cases helped by the Home Help Service in this year.

The Good Neighbour Service offers a simple, flexible job to attract the type of person who is not willing to be involved with the more regulated duties of a home help, but is prepared to accept appointment as a Good Neighbour and receive a small fee whether or not already acting in an informal capacity. Good Neighbours are not expected to do heavy work, and their attendances are arranged for times mutually convenient to recipient and worker. This service thus brings into employment a different type of person from that employed in the Home Help Service, and the women employed on this work appreciate the measure of freedom which the flexibility of hours affords them Young mothers with a few hours available can be absorbed into this service as their children may be taken with them, and in many cases, the work is suitable also for active old age pensioners. Payment of the good neighbour is made at a weekly rate fixed by reference to the duties to be undertaken.

Recruitment.

Home Helps.—As the equivalent number of full-time home helps employed dropped last year, further endeavours were made to improve recruitment. Welwyn and Hertford areas held Home Help Weeks, the former in March, and the latter in June, whilst Harpenden held a one-day campaign in June. The results in each case were considered satisfactory, and the Home Help Service was well publicized in each area concerned. As an experiment to increase the service, efforts were also made in Hertford to set up a staff of evening home helps, but, although many of the aged recipients were prepared to co-operate in this scheme by accepting their help at the end of the day, no response was received to advertisements for evening staff.

During the year, apart from seasonal drops in the figures of home helps employed, a small but steady recruitment was maintained, and during the latter part of the year the measures introduced by the Government to deal with the country's economic difficulties had the effect of making more women available for this work. At the end of 1965 there were 692 (348·5 F/T equivalent) home helps employed, and at the close of 1966 there was a total of 733 (371·8 F/T equivalent).

Good Neighbours.—With the development of the Good Neighbour Service, and the realization of the many advantages it holds for the elderly, the Hertfordshire Old Peoples' Welfare Council have taken great interest in the expansion of the service. It was felt that arrangements should be made to publicize both the service itself, and the growing need for good neighbours. This kind of staff, however, need to reside near to the person requiring help, and can only be appointed as the specific need arises in each case. Nevertheless it was decided that general information regarding the Good Neighbour Service should be conveyed to local old people's welfare committees, old people's clubs, women's institutes, and the W.R.V.S., and arrangements were made accordingly. It was hoped that, arising from this, suitable persons might hold themselves available should the need arise in their particular neighbourhood.

Training.

Organizing Staff.—In the spring of 1966 the new Certificate in Home Help Organization was introduced by the Institute of Home Help Organizers in co-operation with N.A.L.G.O. The certificate comprises four parts, but Parts III and IV are still in process of development. Four organizers in this County commenced study on Part I of this certificate, and the Health and Welfare Committee agreed that study for this examination should be recognized as post-entry training. The four organizers concerned also attended the N.A.L.G.O. Residential School at Cambridge for one week, this being the first year that a Course for Home Help Organizers had been included in the N.A.L.G.O. Residential School's curriculum. The organizers took the examination for Part I in November, and three passed. All four are continuing their studies.

A Discussion Group for Home Help Organizers in the County was formed, and a series of meetings was held at the Health Education Centre in the spring. These meetings gave the organizers the opportunity of group discussion on subjects such as human relations, mental health, and child care.

Arrangements were also made to form a Discussion Group for assistant organizers, on similar lines, to commence in spring, 1967.

For the second year, a home help organizer was invited to join the County Social Work Study Group. The work of this group continues over a period of some months, and includes visits of observation to social agencies, etc., which are most helpful to organizers.

Three home help organizers from Hertfordshire attended the Institute's Week-End School at Brighton in September. This was a particularly memorable school owing to the presence of the Prime Minister and members of the Cabinet who were staying in the same building at that time, pending their own Party Conference which was to be held nearby. The Prime Minister agreed to address the Organisers' Conference, and he praised the work of the Home Help Service, and expressed the view that only good could come out of the meeting of organizers from all parts of the country at their week-end school. One of the speakers at the school was the Parliamentary Secretary to the Ministry of Health. He commended the launching of the new training course for organizers, and also urged organizers to train their home helps.

Home Helps.—Arrangements under the County Training Scheme for home helps were continued as in previous years, some organizers concentrating on discussion group training to form a sounder basis for the main training course

which is held Divisionally, wherever possible in a College of Further Education. Selected home helps were able to attend the centrally-based advanced course held at the Health Education Centre. This course deals specifically with problems arising with mental health cases, problem families, and the really difficult patient. Most of the home helps attending this course had received both discussion group, and divisional course training, and they proved a very alert, keen, and co-operative group.

Accidental Hypothermia.

A meeting of organizers was arranged to draw attention to the incidence of accidental hypothermia, and the action to be taken by any member of the service who had cause to suspect the presence of this condition in an elderly person. It was decided that a low-reading thermometer should be issued to each organizer, and that a wall thermometer, for use in conjunction therewith, should be made available to them. Organizers then arranged meetings of their home helps who were given guidance on this subject.

Night Sitter-in Service.

There was no call for this service again this year, most requirements for a night service being met by the Night Nursing Service, referred to under Home Nursing.

Chiropody Service.

The revised chiropody scheme introduced in 1964 remained substantially unaltered.

On 28th November, 1966, National Assistance Benefit was superseded by Supplementary Benefit under the Ministry of Social Security. Personal allowances under the new scheme were increased and, in keeping with the policy of basing personal allowances for County Council services on the appropriate Ministry scale, the amounts below which applicants for chiropody service become eligible for treatment on financial grounds, were increased, for a married couple, by 10*s.* to £8 and, for a single person, by 7*s.* to £4 17*s.* (these figures represent net income after deduction of rent or similar outgoings).

The main change in the scheme during the year was introduced to reduce the amount of time spent by chiropodists, general practitioners and nursing staff in explaining the scheme to would-be applicants. The application form has now been simplified and includes full details of the scheme and the procedure to be followed by applicants in each of the three eligible categories. It now also includes blank certificates for completion as required by general practitioners or authorized members of the staff.

The service continues to expand and during the year 41,374 treatments were given compared with 38,283 treatments in 1965 ; an increase of 8 per cent. Based on the estimated population of the County in mid-1966, this represents 47·4 treatments per 1,000 population compared with 44·4 treatments in 1965.

More treatment is being given at home ; the proportion has increased since 1964 from 25·5 per cent to 26·5 per cent in 1965 and to 29·2 per cent in 1966.

The South-West Division of the County appears to have an adequate number of chiropodists for the present service, the average number of treatments in that area being 59·2 per 1,000 population compared with the County average of 47·4 and with the lowest divisional figure of 22·4. However, in many areas the service is stretched to capacity and a local crisis would result should a chiropodist (with an average case load) withdraw from the scheme.

However, in order to make the best use of the man-power available the private chiropodists have readily co-operated and agreed a number of changes in their programmes.

TABLE 70.—TREATMENTS.

	1965.	1966.
Private chiropodists.		
At sessions . .	7,186 (19·7%)	7,812 (20·2%)
In surgeries . .	19,312 (53·9%)	19,557 (50·5%)
At home . . .	9,490 (26·4%)	11,369 (29·3%)
	35,988	38,738
County chiropodists.		
At sessions . .	1,675 (73%)	1,924 (73·0%)
At home . . .	620 (27%)	712 (27·0%)
	2,295	2,636
Combined totals.		
At sessions . .	8,861 (23·1%)	9,736 (23·5%)
In surgeries . .	19,312 (50·4%)	19,557 (47·3%)
At home . . .	10,110 (26·5%)	12,081 (29·2%)
	38,283	41,374

PROTECTION OF PROPERTY.

The County Council has a responsibility under Section 48 of the National Assistance Act, 1948, to protect the moveable property within the County of persons who are in hospitals or in accommodation provided under Part III of the National Assistance Act, 1948, where it appears that there is a danger of loss or damage by reason of their inability to deal with it, and no other arrangements can be made. This is a very necessary service, and the problems can often be solved by advice to the owner or to his relatives, but on occasions the County Council has to arrange storage of property or the administration of the patient's affairs.

Receiverships.

Where a person is incapable by reason of mental disorder of managing and administering his property and affairs, the Court of Protection, a branch of the Royal Courts of Justice, may appoint a person to act as Receiver. In the event of no relative being available who is willing to act as Receiver and the County Council having a duty to protect the person's moveable property, the Court may appoint an officer of the Council (the County Welfare Officer is so authorized), to act as Receiver.

At present there are 22 Receivership cases administered by the Department and six applications were lodged with the Court during the year.

PART III—MANAGEMENT SERVICES.

TABLE 71.—STAFF IN EMPLOYMENT AT 31ST MARCH, 1967.
(Equivalent Whole-time).

Central Administration.		
Medical and professional	6	
Administrative and clerical	72·2	
		78·2
Divisional Administration.		
Medical and professional	21	
Administrative and clerical	62	
		83
Health Services.		
Assistant County medical officers	27	
Dentists and dental auxiliaries	19·1	
Dental surgery assistants	27·3	
Nursing Service (including day nurseries)	467	
Ambulance Service	271	
Miscellaneous professional and other officers	9·5	
Clerical	19·9	
Caretakers and cleaners	43·7	
		884·5
Social Welfare Services.		
Chiropodist	1	
Home help organizers and clerks	26·2	
Home helps	373·6	
Mental Health—Training Centre—Supervisory	80	
Mental Health—Training Centre—Other	18·4	
Mental health—residential accommodation	13	
Residential accommodation for the elderly and infirm—		
Supervisory and nursing	103·5	
Other	357	
Social workers	58·8	
Clerical and miscellaneous	5	
		1036·5
Chaplains and medical officers (residential Homes)	28 P.T.	—
Total		2082·2

RECRUITMENT OF STAFF.

As in other fields of local authority services, the department has been seriously affected by difficulty in recruiting staff of all kinds and of retaining staff for periods long enough to enable them to settle in and give the most efficient service to the community.

Whilst these difficulties have been most marked in the staffing of residential accommodation, serious problems have also occurred in the fields of social work, where competition from other local authorities is particularly keen.

Although individual home helps now give service to a greater number of cases, the facilities offered to the public have to some extent been limited by the number of home helps it has been possible to recruit.

Recruitment of Assistant County Medical Officers has also been fraught with difficulties and much reliance has to be placed on part-time and fee-paid officers.

It is pleasing to report that there has been some improvement in recruitment of nursing staff and dentists.

NET COST OF SERVICES.

Table 72 shows net revenue expenditure on Health and Welfare Services in the financial years 1956–57 ; 1961–62, and 1966–67 and reveals that after adjustment to take account of changes in the cost of living index, overall net expenditure per head of population has risen by some 35 per cent. In comparing expenditure on particular heads of service, it must be borne in mind that the

figures shown have not been adjusted to take account of the effects of inflation (the cost of living index having risen by approximately one-third) nor the increase of about one-fifth in the County's population ; account must also be taken of the boundary changes in April, 1965, brought about by the Local Government Act, 1963. Such inference as may be drawn must, therefore, be of a general nature.

More money has been spent on the Maternity and Child Welfare Services generally and the growing needs of the child population, and of caring for the elderly and infirm in their homes have caused increases in the work of the nursing service and home help service.

There have been big improvements in the provision of residential accommodation for the elderly. Also during the decade, District Councils have shown a growing interest in the provision of warden supervised housing for the aged, leading to increased costs in this service which makes a very real contribution in reducing calls on the County Council residential accommodation.

Particular note may be taken of a considerable expansion of the Mental Health Service, reflecting changing national attitudes to the needs of the mentally disordered.

There has been a growing awareness of the needs of the blind and other handicapped persons and County Council expenditure on these services has grown considerably as a result of increases in grants to voluntary bodies and improvements in staffing. It is hoped that the development of Social Work Units will lead to further improvements in these and all the Social Work Services to the community.

TABLE 72.—COMPARISON OF COST OF SERVICES.

	Financial year		
	1966–67	1961–62	1956–57
	£	£	£
Care of Mothers and Young Children	282,791	186,556	121,445
Midwifery	228,347	144,065	87,966
Health Visiting	115,070	64,940	35,817
Home Nursing	212,014	128,540	93,762
Vaccination and Immunization	46,106	46,196	10,268
Ambulance Service	504,094	314,590	210,882
Prevention of Illness—Care and After Care	80,601	55,927	33,916
Domestic Help	242,866	178,929	121,155
Mental Health Service.			
Training centres	197,210	44,854	23,852
Residential accommodation	44,776	2,297	—
Other mental health services	63,628	31,230	12,622
Other Health Services	34,310	15,485	45,727†
Residential Accommodation for the Aged, Infirm and Other Persons	463,617	293,688	198,468
Temporary Accommodation	—*	8,068	4,796
Welfare Services.			
Blind and partially sighted persons	22,771	19,258	13,805
Deaf and hard of hearing	6,068	4,112	—
Other handicapped persons	39,729	7,910	2,456
Old people's organizations and housing of the aged	36,497	4,468	530
Total	£2,620,495	£1,551,113	£1,017,467
Population (mid year)	872,100	836,960	715,000
Cost per head of population	£3. 0*s.* 1·15*d.*	£1. 17*s.* 0·78*d.*	£1. 8*s.* 4·52*d.*
Cost of living index	139·2	117·5	103·4
Cost per head of population, if 1956–57 cost of living index taken as 100	£1. 18*s.* 2½*d.*	£1. 12*s.* 3*d.*	£1. 8*s.* 4½*d.*

* Now the responsibility of the Children's Committee.

† Includes £35,346 reimbursed to District Councils in respect of sanitary officer salaries, now discontinued.

Statistics.

In December each year, the Society of County Treasurers and the Institute of Municipal Treasurers and Accountants publish separate statistics relating to the revenue expenditure on health services and welfare services of counties in England and Wales. The latest publication relates to the year ended 31st March, 1966. Tables 73 and 74 show the net expenditure chargeable to rates and grant per 1,000 population in 43 English counties.

Whilst it must be borne in mind that there are possible differences in the basis on which these statistics are prepared (apportionment of staff costs is a notorious problem) it will be noted that in certain aspects Hertfordshire's level of expenditure is lower than that of many counties. This is particularly noticeable in regard to administration costs, the nursing services and the services for the elderly and handicapped.

Table 73.—Services Provided under National Health Service Act, 1946.

Net Expenditure Chargeable to Rates and Grant per 1,000 population in 43 English Counties—1965–66.

	Service	Herts	Average all English Counties	No. higher than Herts
		£ s.	£ s.	
	Care of Mothers and Young Children.			
1	Day nurseries	72 2	36 9	2
2	Child welfare centres	147 4	123 11	8
3	Mother and baby Homes	5 3	8 11	26
4	Other expenditure—including maternity outfits	16 11	13 1	17
5	*Midwifery*	190 19	184 12	20
6	*Health Visiting*	83 8	123 9	36
7	*Home Nursing*	207 15	241 10	36
8	*Vaccination and Immunization*	28 11	21 3	14
9	*Ambulance Services*	480 8	442 9	7
	Prevention of Illness, Care and After-care.			
	Mental Health—			
10	Residential accommodation—adults	21 18	27 4	15
11	Residential accommodation—juniors	8 16	13 7	21
12	Training centres	165 12	164 8	15
13	Other services	51 5	63 2	29
14	Tuberculosis	27 11	19 4	9
15	Other	53 7	57 16	21
16	*Domestic Help*	233 17	272 17	19
17	*Services other than under N.H.S. Act, 1946*	7 8	2 16	3
18	*Administration*	232 3	287 6	39
19	*Revenue contributions to capital outlay*	69 4	61 8	12
20	*Net rateborne expenditure*	2,103 2	2,165 10	21

TABLE 74.—SERVICES PROVIDED UNDER NATIONAL ASSISTANCE ACT, 1948

Net Expenditure Chargeable to Rates and Grant per 1,000 Population in 43 English Counties—1965–66.

		Herts.	Average forty-three English Counties	No. higher than Herts.
		£ s.	£ s.	
1	Residential Homes provided by :—			
	(*a*) The Authority . . .	201 18	—	39
	(*b*) Other Authorities . .	62 0	—	18
	(*c*) Joint user institutions .	99 15	—	12
	Total—Residential Homes . .	363 13	467 19	35
2	Temporary accommodation . .	—*	6 14	35
3	Special Welfare Services—			
	(*a*) Blind persons . . .	24 0	49 19	41
	(*b*) Physically handicapped .	36 9	28 18	16
	(*c*) Contributions to housing authorities . . .	24 4	40 5	32
	(*d*) Other services . . .	3 17	12 13	40
4	Other expenses (including administration)	62 6	143 8	42
5	Capital expenditure from revenue .	37 13	36 7	10
6	Total net expenditure chargeable to rates and grants . . .	552 2	786 3	40
7	Welfare services grants . .	4 12	11 0	29
8	Net rate borne expenditure . .	547 10	775 3	40
9	Numbers in residential accommodation per 1,000 population . .	1·50	1·77	37
10	Proportion of population over 65 (per cent)	9·3	12·0	41

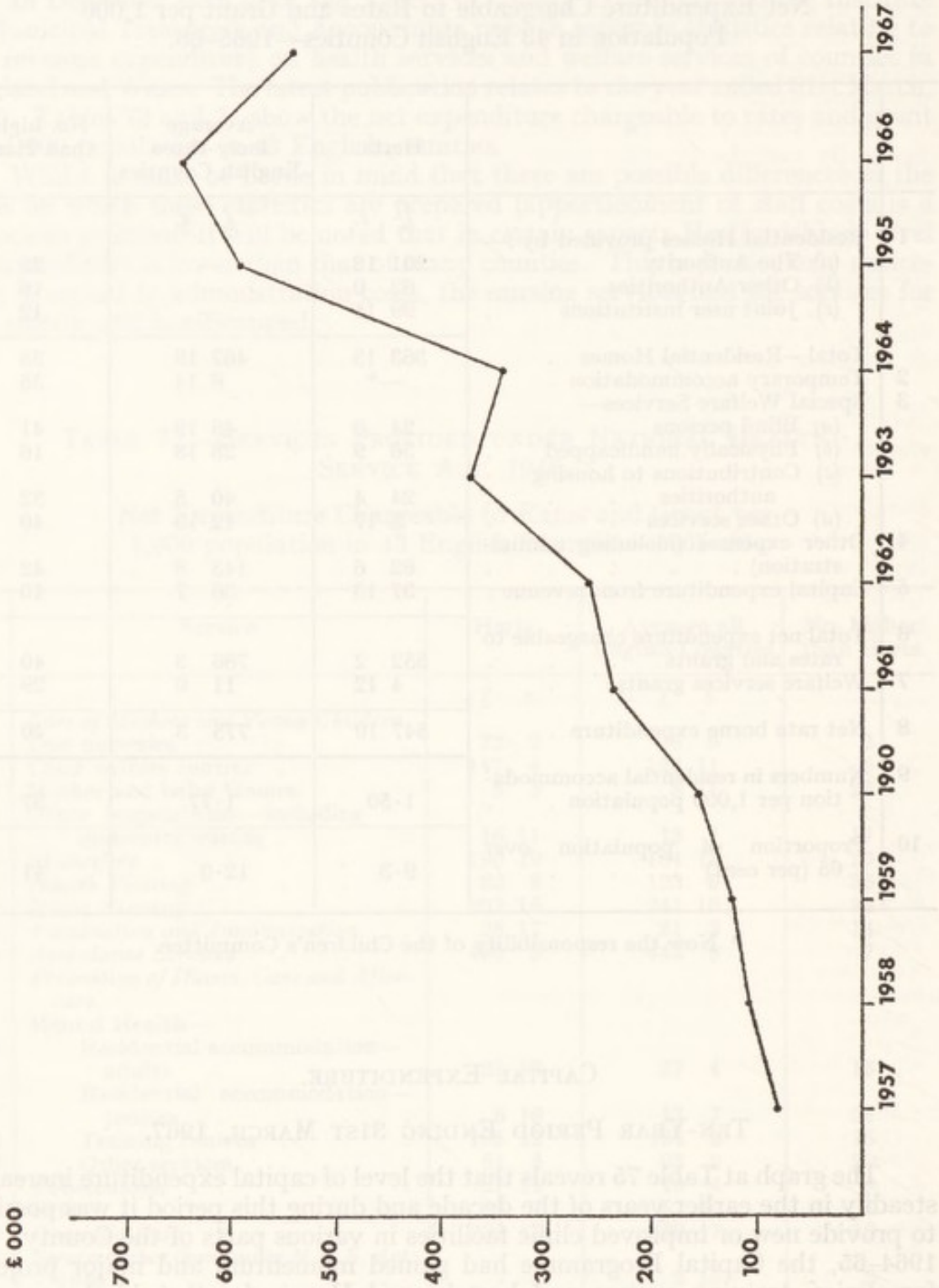
* Now the responsibility of the Children's Committee.

CAPITAL EXPENDITURE.

TEN-YEAR PERIOD ENDING 31ST MARCH, 1967.

The graph at Table 75 reveals that the level of capital expenditure increased steadily in the earlier years of the decade and during this period it was possible to provide new or improved clinic facilities in various parts of the County. By 1964–65, the Capital Programme had gained momentum and major projects for clinics, training centres and hostels, and Homes for the elderly were in progress. This momentum was sustained in the following two years but the financial restrictions in the summer of 1966 had an immediate impact and the full continuing effects of national policy will be considerable.

TABLE 75.—CAPITAL EXPENDITURE.



DEVELOPMENT OF SERVICES.

TEN-YEAR PLAN.

The first national Ten-Year Plan for the development of the Health and Welfare Services was prepared in October, 1962, and revised in December, 1963, and December, 1965. The latest plan provides for an expansion of services as shown in Table 76.

During 1966 it became clear that Central Government restriction on finance would drastically curtail the implementation of the Plan. The reduction in

future capital expenditure which may be inferred from present policies, gives concern in all fields of the Health and Welfare Services. In particular, the cut-back in provision of new Homes for the elderly (where only one major project per year seems likely to be forthcoming) is especially unfortunate in view of the rapid increase in waiting lists and the need to replace out-of-date Homes, including those which were formerly public assistance institutions. Similarly, expansion of the Mental Health Service is likely to be far below that envisaged in the Ten-Year Plan.

TABLE 76.—PROVISION OF PREMISES AND PLACES.

Ten-Year Period ended 31st March, 1976.

	1st April, 1965		31st March, 1971		31st March, 1976	
	Premises	Places	Premises	Places	Premises	Places
Maternity and child welfare clinics	126	—	126	—	128	—
Day nurseries	7	330	8	420	9	470
For the mentally subnormal—						
Adult training centres	4	200	6	620	6	620
Junior training centres	6	342	6	435	6	435
Adult hostels	2	44	4	98	6	150
Junior hostels	—	—	2	46	6	150
For the mentally ill—						
Social centres and clubs	7	—	7	—	7	—
Hostels	—	—	2	52	5	130
For the elderly—						
Centres	—	—	1	—	4	—
Homes	20	1,318	35	1,997	41	2,149
For the physically handicapped—						
Centres	67	—	70	—	73	—
Homes	—	105	1	137	1	137
Social centres/clubs for the mentally subnormal	8	—	8	—	8	—

DECENTRALIZATION OF ADMINISTRATION.

HEALTH AND WELFARE EXECUTIVES.

Although there has been a large measure of decentralization at officer level since the inception of the National Health Service Act, the process of decentralization to Executive Committees, with members representing local interests as well as those of the County Council, commenced on 1st September, 1964, with the setting up of the Executive for South-West Herts. The St. Albans Executive came into being on 1st April, 1966, and the Committee for Mid-Herts is to be constituted during 1967. Further Executives will be established in the County as opportunity presents itself.

AMBULANCE SERVICE.

The demands on the service have continued to increase due to the expansion of population and development of hospital services generally including the extension of day patient attendances. It is considered that this trend is likely to continue and further increases are anticipated.

The increased mileage shown for both the directly provided service and Hospital Car Service, which is disproportionate to the additional patients carried, is due to a number of factors. These include the necessity to use extra vehicles to counteract delays caused by traffic congestion and enable patients to arrive at their destinations on time, longer distances involved in transporting patients from newly developed urbanized areas and extra mileage incurred by the re-organization of certain hospital facilities.

The graph on page 98 shows the trend in demands on the service during the last ten years compared with the growth in County population.

Details of the number and classification of patients conveyed each year over the same period are shown in Table 78 and the number of patients carried per 1,000 population are given in Table 79.

During 1965 the number of patients carried by the directly provided service showed a decrease of 1·89 per cent over the previous year and an increase in mileage of 2·98 per cent. In 1966 the number of patients carried shows an increase of 2·89 per cent with an increase in mileage of 5·33 per cent.

The following table shows the number of patients carried and the mileage involved in respect of the directly provided service, Hospital Car Service, Isolation Ambulance, and Agency Services for the years 1965 and 1966.

TABLE 77.

	1965	1966	Increase or decrease	
Patients.				
Directly provided service	292,255	300,713	Increase	8,458
Hospital Car Service	29,891	28,128	Decrease	1,763
Isolation Ambulance	73	152	Increase	79
Agency (Garston Manor Rehabilitation Centre vehicle)	1,842	2,351	Increase	509
Mileage.				
Directly provided service	1,866,341	1,965,732	Increase	99,391
Hospital Car Service	569,383	592,513	Increase	23,130
Isolation Ambulance	624	1,364	Increase	740
Agency (Garston Manor Rehabilitation Centre vehicle)	4,195	4,790	Increase	595

The directly provided service shows an increase in the average number of miles per patient from 6·39 to 6·54 and an increase in the average number of patients per journey from 4·36 to 4·46.

TABLE 78.

Year	Accidents	Sudden illness	Maternity removals	Removals	Hospital Car Service removals	Total cases
1957	6,232	2,150	4,029	204,526	19,502	236,439
1958	6,760	1,915	3,893	230,012	21,305	263,885
1959	6,988	1,916	3,567	227,967	25,355	265,793
1960	6,840	1,995	3,810	238,500	25,248	276,393
1961	7,415	2,175	3,620	238,125	23,865	275,200
1962	7,209	2,503	3,754	248,660	24,480	286,606
1963	7,874	2,795	3,704	266,373	31,558	312,304
1964	8,328	2,936	3,713	285,388	34,312	334,677
1965	8,651	2,838	3,423	279,258	29,891	324,061
1966	8,613	3,080	3,163	288,360	28,128	331,344

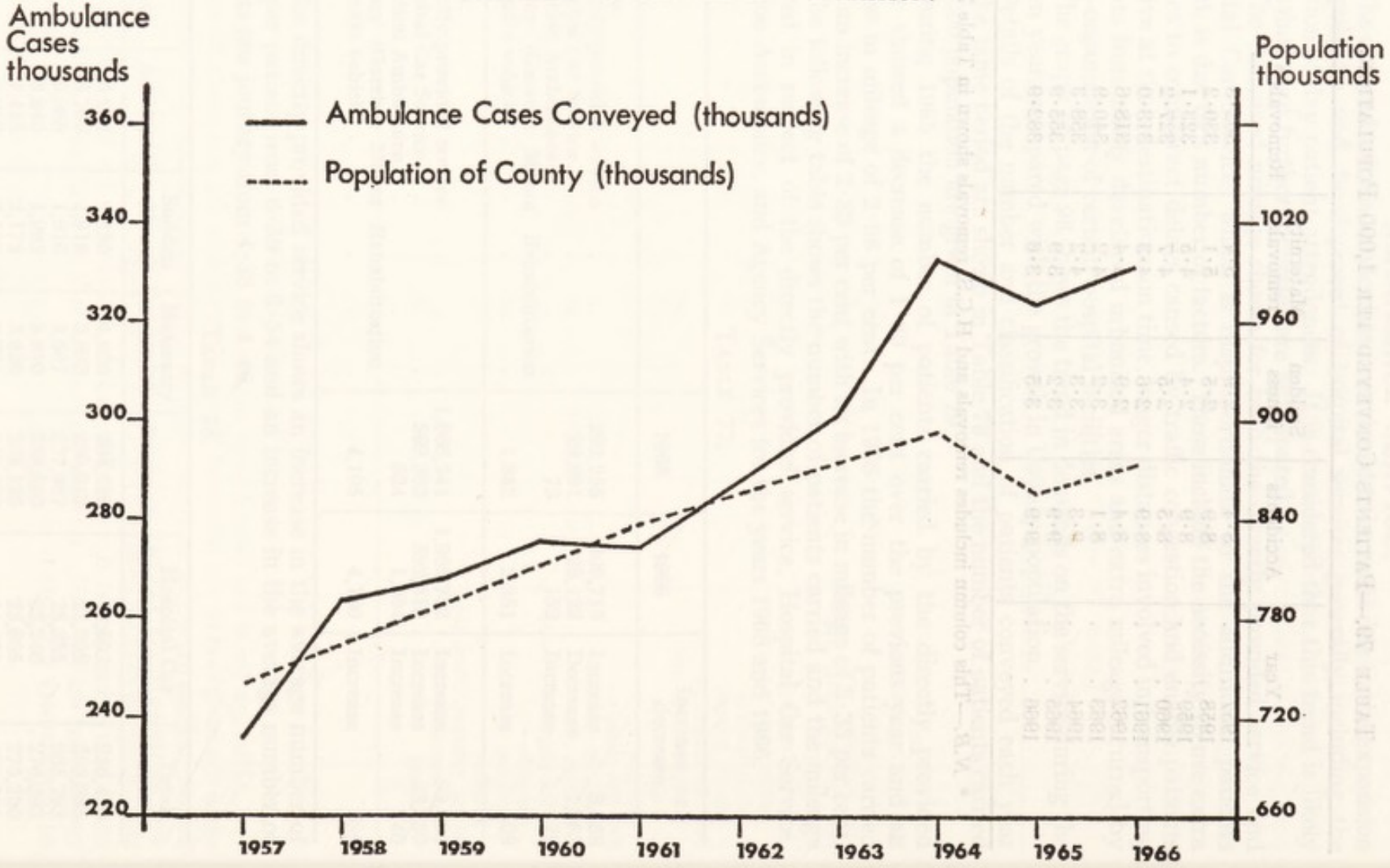
N.B.—The figures shown in " Removal " column include isolation hospital removals and from 1962 Garston Manor Rehabilitation Centre removals undertaken by their own vehicle under agency arrangements.

TABLE 79.—PATIENTS CONVEYED PER 1,000 POPULATION.

Year	Accidents	Sudden illness	Maternity removals	Removals *
1957 . .	8·4	2·9	5·4	302·8
1958 . .	8·9	2·5	5·1	330·2
1959 . .	8·9	2·4	4·5	323·1
1960 . .	8·5	2·5	4·7	327·2
1961 . .	8·9	2·6	4·3	313·0
1962 . .	8·4	2·9	4·4	318·6
1963 . .	8·1	3·2	4·2	340·9
1964 . .	9·3	3·3	4·2	358·3
1965 . .	9·9	3·2	3·9	355·9
1966 . .	9·9	3·5	3·6	362·9

* *N.B.*—This column includes removals and H.C.S. removals shown in Table 78.

GROWTH IN AMBULANCE SERVICE FOR LAST TEN YEARS—
COMPARED TO GROWTH IN POPULATION.



REPORTS FROM DIVISIONAL MEDICAL OFFICERS.

Report of Dr. W. Alcock, Divisional Medical Officer, S.W. Herts Division.

The scheme of delegation of Health and Welfare responsibilities to the South-West Hertfordshire Health and Welfare Executive has now been in operation for two years.

The execution of the delegated functions, many of which were previously dealt with at County level, now falls upon the Divisional administration, which is also responsible for the School Health Service, but not the School Dental Service, in the Division, and for many common services which are also operated locally. The merger of the County Health and Welfare departments has had effect locally and a Social Work Unit was set up as part of the Divisional administration during the year, following the appointment of a Divisional Social Worker. Home nursing services in Watford, formerly administered by the Watford District Nursing Association, are now, like Home Nursing Services outside Watford, a part of the Divisional administration. There is therefore a comprehensive range of services operating on a local basis for a population of 200,000, with the advantage of expert advice in professional and technical matters available at County level. Many difficulties concerned with the development of the new administrative arrangements have now been overcome and the staff concerned are settling down to their new responsibilities.

The main problem is the lack of suitable office accommodation. It becomes daily more apparent that efficiency is dependent on a continuous and close association between all the professional officers concerned, and on close and well co-ordinated administrative and clerical support. Without the opportunities offered by contiguity the full advantage of the sharing of knowledge and experience between professional officers, and the economy obtained by the flexible use of administrative and clerical staff, cannot be achieved. With professional and administrative and clerical staff dispersed as it is at present in six separate buildings widely scattered over central Watford the standard of the Divisional administration must suffer, and which is not less important, morale and *esprit de corps* must suffer also.

The most important issue facing the Divisional administration is the need to have all the administration under one roof.

Report of Dr. C. Burns, Divisional Medical Officer, St. Albans.

The two major changes in the Division during the year were firstly the setting up of the Divisional Health and Welfare Executive which held its inaugural meeting on 14th April, and secondly the departure of Dr. George Cust who had been Divisional Medical Officer since 1962 and who left in August in order to take up a post with the Wellcome Foundation. It is a pleasure to pay tribute to the work of Dr. Cust during his years as Divisional Medical Officer, and in particular to the excellent relationships which he had built up with his colleagues and associates working in other branches of the Health and Welfare Services in the area and which made my task, as his successor, very much easier.

The Divisional Executive met three times during the course of the year, and is certainly proving its worth in encouraging local interest and participation in the operation of personal Health and Welfare Services, which are the responsibility of the County Council.

As far as the work of the Division as a whole during the year is concerned, it is a little difficult for me having taken up my post as Divisional Medical Officer almost at the end of the year to single out particular matters as worthy of special comment. Certain things do however, seem to be worthy of mention :—

Social Work Unit.

The Social Work Unit came into being in 1965 as the St. Albans Division had been chosen for the pilot scheme for the County and 1966 saw the Unit taking shape. Shortly after the appointment of the Divisional Social Worker,

the Unit suffered the loss of Mr. Tibballs the Divisional Welfare Officer, on his promotion to a post at County Hall, and Mrs. Allen a Mental Health Social Worker, started on a two-year training course in the autumn. The loss of two experienced social workers created some difficulties for the Unit during the last quarter especially as the replacement of the Divisional Welfare Officer, now designated Senior Social Worker (Welfare), was not made until the end of the year. However, the appointment of Mr. Whittle who had worked for many years in the County and had been acting Divisional Welfare Officer in the Welwyn Division meant that the Unit had a more buoyant outlook for 1967. Also on the credit side there have been appointments of Mr. Conaty, a full-time social worker on the welfare side and one full-time mental health social worker, Mr. Morgan, and two part-time mental health social workers, Miss Pidgeon and Mrs. Naylor, and an extra clerk during the year. Despite the difficulties caused by these staff changes, the Social Work Unit has consolidated. There has been an integration of staff with a feeling of unity among them, combined meetings including the social workers for the welfare of the blind and handicapped, and the beginning of a common record system for all members of the Social Work Unit. Greater co-operation has ensued with the Divisional Nursing Officer and Home Help Organizer who have spent some time considering common problems, overlapping of work, and co-ordination of work generally. Meetings have continued with Hill End Hospital and there has been closer co-operation with Cell Barnes Hospital—Dr. Fisher holds clinics in the Principal Health Centre and the Divisional Social Worker attends case discussion at Cell Barnes Hospital providing liaison between the hospital and County mental health social workers. In general it has been a year of solid development and it is believed that the foundations for the comprehensive casework service of the future have been laid.

Nursing Services.

The year has been one of readjustment to further changes in the established pattern of work in the Nursing services in St. Albans Division. Demands upon the individual members of the staff continue to increase with the extension of work in the Health Department, resulting in calls for more varied duties in each of the three services. These changes have, in part, resulted from the delegation to the Division of more responsibility for staffing, day nurseries, and registration of child minders since April, 1966, and in part from the development of working in closer co-operation with the general practitioners.

Home Help Service.

Except for Boreham Wood the biggest problem in the Division was recruitment and we finished the year with four fewer home helps than we had at January, 1966. With the introduction of S.E.T. and more part-time women finding it difficult to obtain employment we did find at the end of the year recruits were coming forward. The number of home confinements dropped from 270 to 236, but the elderly chronic sick increased and also the short-term cases, which are mainly discharges from hospital, increased from 90 to 114.

Health Education.

Apart from the continued efforts of the health visitors, assistant medical officers, and other members of the staff in this field, a joint committee of the St. Albans City Council, the St. Albans Rural District Council, and the local branch of the Pharmaceutical Society sponsored a campaign during June, 1966, to encourage people to return unused drugs and medicines to the chemist for safe disposal. Linked with this was a campaign to encourage people to store poisons which they may possess in their homes, for example pesticides, in safe places. Posters were displayed in the health centres, doctors' surgeries, and window displays were set up in local chemists shops. Although the campaign resulted in only a relatively small quantity of medicines being returned to

pharmacists the publicity given to the dangers of accidental poisoning was most valuable, and repaid all the efforts of all those who co-operated.

Medical Staff.

Some difficulties were experienced during the year because of shortage of medical staff. With the assistance of locums, the essential work has been dealt with although some of the infant welfare clinics had to be held without a medical officer being present. I have been grateful for the help which has been given by the locum doctors who have served us. Towards the end of the year we were fortunate in being able to appoint two female full-time medical officers, Dr. Leveson and Dr. Hughes, and with the transfer of Dr. White from the Watford Division, our establishment equivalent to five full-time medical staff was attained.

Extracts from Report of Dr. J. D. Hall, Divisional Medical Officer, North Herts. Infant Welfare Clinics.

Attendances at infant welfare clinics continue to increase and reflect the general need for such local health authority provision. The large number of clinics which are required over an area often rural in nature, impose a burden on staffing due to the increasing difficulties in the recruitment of medical and nursing staffs.

Attendances at clinics are kept constantly under review in certain areas in order that where a need is not being met changes can be made. In general, clinics provide facilities for routine examinations at varying ages and for immunisation and vaccination. Sessions are held for ante-natal and instruction purposes.

The recommended range of proprietary foods is on sale. I am indebted to the W.R.V.S. and other voluntary helpers for their services in this respect.

No new clinics were completed during the year. A new mini-clinic or school annexe will be completed in Letchworth in 1967 and will be used until a multi-purpose clinic is built on the Jackman's Estate. This will provide accommodation for three general practitioners in addition to the full range of local health authority services.

It is not expected that in normal circumstances new clinics solely for health authority use will be erected. New clinic building will most probably include provision for general practitioners. The objections among the latter to the concept of health centres have now diminished, and the tendency over the whole country is to the growing of all community health services.

Midwifery.

39 midwives, 32 part-time, were employed in the Divisional area at 31st December, 1966. It is gratifying, in view of the national shortage of practising midwives, to know that midwives can be recruited and retained in this area. The average number of confinements attended by each midwife during 1966 was 31.

Of the 2,833 live and still births in the Division during 1966, the district midwives delivered 1,113 babies. 44 per cent of all deliveries, therefore, were domiciliary. The Cranbrook Committee in its report on the Maternity Services recommended that provision should be made for 70 per cent of all mothers to be confined in hospital. Midwives also attended 245 mothers who were discharged from hospital within 48 hours. 1,132 were discharged from hospital after this period. The proportion of early discharges was 21 per cent. This figure would appear to be abnormally high. The Annual Report of the Chief Medical Officer of the Ministry of Health for 1965 reported that 9·8 per cent of mothers in this Regional Hospital Board Area were discharged within 48 hours. Only the Sheffield Regional Hospital Board approached the North Herts area percentage of early discharges with 19 per cent. The 1966 percentages will be of interest.

Health Visiting.

The attachment of all health visitors together with district nurses and midwives to general practitioners was completed during 1966.

The most common fear expressed by health visitors before attachment was that less would be known about a particular school than before. Some also found problems in getting to know new families and in passing on their old ones to new health visitors. In particular cases, more travel was involved and fewer visits could be carried out.

Home Nursing.

The staff of the home nursing service in the division at 31st December, 1966, consisted of 39 full-time nurses and 33 part-time.

A night nursing service has been established, and 2 state-enrolled nurses have been employed for this purpose. The strain experienced by relatives in nursing terminal illnesses can be relieved by the provision of a nurse. 17 patients were attended in 1966 and a total of 71 visits were paid.

The following statistics relate to the work of the home nurses in 1966. They made 45,308 visits to 1,949 patients. Nearly half of the patients nursed were aged 65 or over and they were visited on 32,580 occasions. 72 per cent of all visits were, therefore, made to this age group. The overwhelming proportion of the work of the district nurse is now concerned with the over 65s and this is reflected in the increasing proportion of local authority costs for this age group. This disproportionate expenditure will continue to rise as the number of aged increases.

Tuberculosis After-care.

The Divisional area is served by the chest physician, Dr. N. Macdonald. Excellent co-operation is maintained.

Miss McArthur, the tuberculosis health visitor, attends the chest clinic. The tuberculosis health vistor is concerned with arrangements for after-care and the resolution of any problems experienced by patients on their discharge from hospital. A particularly important duty of the health visitor is the tracing and visiting of contacts. Such contacts are encouraged to visit the chest physician as a precautionary measure. There were 134 contacts traced by the health visitor.

I am indebted to Dr. MacDonald, the chest physician, for his help in this service during the year.

Health Education.

The health education programme in this division includes the teaching of mothercraft and general hygiene to many of the Secondary Modern, Comprehensive, and Grammar schools. Relaxation classes are especially valuable for the special teaching of expectant mothers. Health education is a routine part of the work at all infant welfare clinics.

A total of 37 teaching classes were held in the Division in 1966. Talks on the following subjects were given in various schools both junior and senior ; personal hygiene, mothercraft, home safety, first aid and minor ailments ; film strips ; film slides ; flannelgraphs, posters and leaflets were used. In one area of the Division talks are given to the parents by the health visitors while the children are awaiting medical inspections. An experimental syllabus was arranged at one junior school and included under the general heading " rules of health ", care of eyes, teeth, skin and hair ; need for fresh air and exercise ; the value of adequate rest and a good diet. Personal hygiene was stressed, and talks on menstrual hygiene given to the mothers and girls. The age groups involved were the two top classes of 11 year old boys and girls.

No specific health education campaigns were undertaken during 1966.

Home Help Service.

Number of Home Helps employed at 31.12.66 part-time	54
Number of Good Neighbours employed at 31.12.66 part-time . . .	14

65 per cent of cases helped during 1966 were over 65 and 82 per cent of total hours given was to this group. In contrast 20 per cent of cases were maternity absorbing only 6 per cent of total hours.

These figures represent a nationally well marked and unavoidable trend.

Report of Dr. R. S. Hynd, Divisional Medical Officer, Dacorum Division.

Introduction.

1966 has been a year marked by progress in all the Services in this Division. As well as necessary expansion of the existing services, two more, new to the Division, have been added. Of these two, the " Well Woman " Clinic is entirely new and the Child and Family Psychiatric Clinic previously operated from Watford (to the considerable inconvenience of patients as well as to the detriment of the service, in being based so far away).

This expansion became possible only because of the completion of new buildings. An account of the year's highlights must, therefore, begin with a more detailed description of our new accommodation.

New Buildings.

The transfer of the Central Health Centre from Churchill to the Marlowes Principal Health Centre was completed in December, 1965. 1966 began therefore with the services operating from their new premises.

Churchill had been occupied as the Divisional Health Office and main Health Centre for 15 years. Conditions had become extremely cramped, the building itself was old and had become unsuitable both as clinic premises and as office accommodation.

In contrast, the Marlowes Principal Health Centre is purpose-built, splendidly sited in the Civic Centre of Hemel Hempstead and incorporating the latest ideas in design and equipment.

On the ground floor are the main clinic premises used for infant welfare clinics and so designed as to be easily adapted for use by the " Well Woman " Clinics, the Family Planning Clinics and ante-natal relaxation classes. The main hall is also used for Family Planning Clinics on two evening a week, the " Well Woman " Clinic on a third evening and the Link Club meets on a fourth evening. At less regular intervals the few vacancies are taken up by meetings and health education activities such as film shows (another activity for which the main hall can be adapted).

Office accommodation for health visitors had been increasingly difficult to find and such as it was possible to obtain, was often unsuitable. It became possible to provide office accommodation for six health visitors. The medical loan Office and equipment store are also accommodated on the ground floor, having previously occupied a series of older premises in the town.

The upper floor is approached from an entrance hall which allows its independent use for specialist clinics. This floor too is in virtually constant use and houses the child and family psychiatric team (in their own separate suite), the audiology, audiometry and speech therapy clinics, the ophthalmology and orthoptic clinics, and the new dental suite. This latter consists of three surgeries with a waiting room, recovery room and X-ray dark-room. The three surgeries are in constant use and compared to the one unsuitable room at Churchill make an outstanding difference to the dental facilities.

A few days after the transfer of the Health Centre the Divisional Health Office also transferred to the new Town Hall next door. In this truly magnificent building it was possible not only to provide adequate accommodation for the office staff, but also, for the first time, to house all the social workers under one

roof. Simultaneously social workers of other departments of the County Council moved into the building, with the result that liaison was greatly eased and co-operation and team work no longer an uncertain ideal.

Later in the year the new Health Centre opened in Tring. Just as Churchill had become inadequate for the expanding town of Hemel Hempstead, so the old Health Centre became inadequate as Tring joined the " commuter belt " and the population increased. Here too the latest design of purpose-built Health Centre has allowed for the splendid accommodation of the existing expanding services as well as the extension to Tring of the benefit of a dental suite and of having the medical loan and home help services adequately and conveniently housed.

B.C.G.

Now that the B.C.G. vaccination programme has been in operation for ten years, it is perhaps a good time to review its progress in this Division.

The following table gives a description of the progress over the decade from 1956–66 :—

TABLE 80.

Year	Percentage acceptance	Number tuberculin skin-tested	Number positive to skin test	Percentage tuberculin negative	Number vaccinated	Remarks
1957 .	71	728	99	86	629	2 cases suffering pulmonary T.B.
1958 .	75	914	118	87	794	2 negatives not vaccinated
1959 .	73	867	90	89	775	2 negatives not vaccinated
1960 .	69	1,271	113	91	1,158	
1961 .	78	1,458	95	94	1,364	
1962 .	82	1,271	69	95	1,202	Scheme extended to include 13 years and upwards to 18 years.
1963 .	85	1,356	70	95	1,286	
1964 .	83	1,266	41	97	1,225	
1965 .	85	1,366	21	98	1,345	
1966 .	88	1,420	19	99	1,401	

Two salient features emerge from these figures. The first is that the percentage acceptance among those offered vaccination rose from 71 per cent in 1957 to 88 per cent in 1966. This signifies an increasing awareness of the need for vaccination amongst parents of school children. It is to be hoped that increasing publicity and health education will increase the percentage acceptance to keep pace with the increase of the percentage tuberculin negative.

This is the second, and perhaps more important, feature to emerge from the table. The percentage tuberculin negative rose steadily from 86 per cent in 1957 to 99 per cent in 1966. These figures can be taken as an indication of the effectiveness of B.C.G. vaccination schemes and of schemes to control tuberculosis generally. Less children are acquiring immunity naturally as a result of contact with cases of active tuberculosis. The need to increase the numbers given artificial immunity thus becomes greater as the numbers with natural immunity fall, and the tracing and treatment of active cases becomes vital to community protection.

Health Education.

This has been a year of increasing activity in health education.

For many years health visitors have been in the forefront as health educators both at infant welfare clinics and in their duties as home visitors and family

health advisers. Thus, what might be termed " individual health education " (to individuals or small groups) has always been an important part of a health visitor's duties. Health education of families and individuals has widened in scope following the attachment of health visitors to family doctor groups practices.

In order to bring health education to a greater number of people the trend in recent years has been to attract larger interested audiences. One such interested group are expectant mothers. During the year relaxation and mothercraft classes, which have become an essential part of the preparation for motherhood, were held weekly in seven clinics in the Division. Health visitors also arranged evening film shows of " To Janet a Son " throughout the year. These were held at the Marlowes Principal Health Centre and at Berkhamsted Centre and expectant mothers were invited to attend with their husbands. 30 to 40 people attended each showing.

Perhaps the most notable advance during the year, however, has been in the health education of school children. Seven of the eleven Secondary schools in the Division invited their health visitor/school nurse to give regular instruction on health subjects to the pupils. One Junior school and the E.S.N. school also joined in the scheme. Under the general title " Mothercraft and Personal Hygiene " were included such diverse subjects as diet, clothing, footwear, care of teeth, personal hygiene, food hygiene and the planning and preparation of meals, household budgeting, first aid and disease prevention, family relationships (including sex education), and the care of infants. Two regular teaching periods were given in most of these schools each week and for suitable subjects boys received instruction as well as girls. These classes proved so popular that it is hoped to extend the scheme in 1967.

Education in Food Hygiene.

A report on health education would be incomplete without mention of the important contribution of the Borough Public Health Department, to improved food hygiene. For the third successive year, 10 lecture courses on food hygiene were arranged at the Dacorum College of Further Education. These courses follow the syllabus of the Royal Institute of Public Health and Hygiene and are followed by an examination and the presentation of certificates to successful candidates. 4 courses were completed during the year.

Candidates included students from hospitals, manufacturers, retailers, restaurants and canteens. The majority of supervisors and cooks of the School Meals Service have attended these courses together with many of their staff.

Interest has been aroused throughout the Division and courses have been well attended from the Rural as well as the Urban areas. The possession of a certificate has rightly become a matter of pride to those engaged in food handling throughout the Division.

Infectious Hepatitis.

Infectious hepatitis, a disease mainly occurring amongst children of school age, has been notifiable in the area since 1943. After the war and up to 1959 no cases were recorded, but following this date small numbers of cases occurred annually. In 1965 it became apparent that the number of cases was building up and in that year 31 cases were notified, 7 of them in December.

In 1966, 110 cases were notified, the peak period occurring during the winter and early spring months. Of these 110 cases, 74 were school children, 32 were adults, and 4 were pre-school children.

Geographical distribution revealed no worthwhile leads to the mode of spread of the disease and indeed it is now generally accepted that a number of cases occur without showing jaundice. These cases remain undiagnosed but contribute to spread without showing as links in the chain. Thus schools did not appear to provide a source of infection. It was noticeable, however, that the

very close contact expected in homes between members of the same family, did provide a definite infective link.

Out of 73 separate households affected, 23 provided 2 or more notifications. In 14 households there were 2 notifications, in 5 households there were 3 notifications, in 3 households there were 4 notifications, and in one case there were five notifications in one household containing a large family.

It seems from these figures that fairly intimate contact is necessary for infection to occur. A study of each household revealed that standards of hygiene were usually good at the home. This observation would appear to cast some doubt on the generally accepted mode of spread by the faecal/oral route.

The average time away from school or work due to infectious hepatitis was 25 days, but varied from one day to 71 days. The most usual absence was 21 days and the extremely lengthy absences were often due to other factors than the disease itself.

Cervical Cytology.

A mobile, fully equipped laboratory was formally presented to the West Herts Group Hospital Management Committee by Alderman A. C. Melhuish, on 30th September. The money for this was raised by public subscription for a cervical cytology fund, inaugurated by Alderman Melhuish during his year of office as Mayor and Bailiff of Hemel Hempstead. Following presentation, the mobile laboratory was sited at the Peace Memorial Hospital, Watford and used as an extension of the existing laboratory.

The acquisition of this additional laboratory accommodation was an important highlight of the year as it permitted the extension of the cervical cytology service to this area and allowed the establishment of " Well Woman " clinics for the first time.

The accommodation and equipment at the Marlowes Principal Health Centre, provided excellent facilities for " Well Woman " clinics and the first one opened on 13th October. Thereafter clinics were held each Friday from 2–5 p.m. and on alternate Thursday evenings from 6–9 p.m.

Dr. Barbara Marshall, Assistant County Medical Officer in the Division took charge of the clinic and is assisted by a midwife and a receptionist.

At the clinic screening facilities for cervical cytology are offered to all women between the ages of 35 and 60, the group mainly at risk. At the same time opportunity is taken to exclude breast adenoma (by breast palpation) and to carry out a urine examination.

Attendance is by appointment, and during the remainder of the year it became evident that the new service was to be a very popular one and that the appointments requested would stretch the facilities to the limit. A considerable waiting list had accumulated and it is hoped that during 1967 laboratory facilities will increase sufficiently to effect a reduction in waiting time.

Dr. G. R. Taylor, Divisional Medical Officer, Welwyn Division.

The opportunity is taken in this report to mention some aspects of the services which have received special attention during the year, together with the results of local enquiries and innovations introduced to improve the scope and effectiveness of the services. Prolonged absences among medical staff, due to sickness and attendance at courses of post-graduate training, upset the stability of the team during the first half of the year, although no great difficulty was experienced in recruiting temporary medical officers to ensure full clinical cover in each area. There were several changes of health visiting staff at Hatfield at the end of the year, but it was possible to maintain full health visiting and nursing cover.

Midwifery and District Nursing.

There was again a fall in the number of domiciliary deliveries during the year, but an increasing number of mothers press for early discharge from the hospital maternity wards, the general trend being shown by the following figures :—

TABLE 81.

Midwifery.	*1965.*	*1966.*
No. of 48-hour discharges	107	154
No. visited discharged after 48 hours . .	452	618
No. of visits to above	1,877	2,878

The increase in visits to mothers discharged after 48 hours may be partly due to the use of the umbilical clamp in hospital practice, which tends to leave the cord still attached for a little longer.

The number of patients visited by the home nurses showed an increase of 260 to 1,620 in 1966. The visiting and nursing of the elderly and handicapped continues to increase, close liaison with the social workers (welfare) and medical practitioners being maintained. Some 104 patients received special equipment or aids through the Divisional office in addition to the usual items of nursing equipment obtained through the medical loan depots.

Nurseries and Child Minders.

The importance of play in the emotional development of the young child living in urban communities is receiving more attention, and there is a very real need for further provision for the short-term daytime care of young children when acute difficulties have arisen in the home. There is firstly a need to rationalise the provision of nursery care to avoid the confusion between the day nurseries and nursery schools which exists at present, so that the Health and Welfare Department would be responsible for children up to 3½ years of age in the day nurseries, and thereafter the Education Department would assume responsibility in the nursery schools. Until the climate of opinion change, it is unlikely that money will be available to increase the number of places available in Local Authority nurseries, and so every encouragement is given to suitable women seeking to register as child minders and those wishing to set up small play groups of young children through the Division. In practice these small local groups are often conveniently situated, adequately equipped, and provide a personal service which can be readily varied to meet the needs of the mother and child. They can, therefore, be of the greatest assistance to health visitors and social workers seeking to help distressed parents.

Social Work.

In September, the Social Work Unit was established, with offices on the first floor of the Parkway Health Centre in Welwyn Garden City. When fully established the Unit will include the Divisional Social Worker, Senior Social Worker (Mental Health), Divisional Welfare Officer, 5 Social Workers (3 Mental Health, 1 Welfare, 1 Blind), and 1 Handicraft Instructor, with suitable clerical help. The Social Workers were transferred from offices at Hatfield and are already finding the benefit of group meetings and consultation in the new Unit. As space is limited at Parkway, the Social Worker (Blind) and the Handicraft Instructor will remain based at the Queensway Health Centre.

I am grateful to Mr. I. Page and Miss Thomas for their support and advice in getting the Unit set up at Parkway, and I look forward to the appointment of the Divisional Social Worker to direct and co-ordinate the work of the Unit with the other Health and Social Services throughout the Division.

The mental health social workers have already established a good working

relationship with the staff of the Psychiatric Wing of the Queen Elizabeth II Hospital and Cell Barnes and Harperbury Hospitals, but there is still scope to improve liaison with and co-ordination of the work of the voluntary agencies for the elderly and handicapped throughout the Division.

Home Help Service.

An intensive recruitment campaign was held from 19th to 26th March to remedy the acute shortage of home helps in the Division, which resulted in 13 new helps joining the service—an increase of 272 hours per week. This has greatly assisted Mrs. Cosgreave in meeting the requests for this service in Welwyn Garden City and Hatfield, but failed to find new recruits in Potters Bar and Welwyn. An additional effort in Potters Bar on 18th June with a mobile recruitment van failed to attract more applicants, so attention is now being given to improving the conditions of service in Potters Bar to give further stimulus to recruitment. A general in-service training course was held in Welwyn Garden City in the autumn with the co-operation of the Mid-Herts College of Further Education, attended by 11 home helps, and earlier in the year small discussion groups were held in Potters Bar, Hatfield, and Welwyn Garden City with the organizer and a health visitor leading the discussion. In general the staffing position in the home help service cannot be regarded as satisfactory since the development of the health and social services in " urban " areas places increasing demands upon a labour force which now seems to have reached a recruitment ceiling. Constant changes in staff create difficulties in supervision and tend to confuse the elderly householders who do not readily adjust themselves to new workers with differing methods.

Infant Welfare Clinics.

Attendances at the infant welfare sessions throughout the Division have been well maintained, the levels of primary immunization and vaccination being satisfactory. The setting up of the working party under the guidance of Sir Alan Moncrieff to study the functioning of the infant welfare clinics has already provided a stimulus to the medical officers taking these sessions—as is shown by the following comment recently made to me by Dr. Macartney :—

> " We are currently much attracted by the idea of developmental screening, but it seems to me that there is a lot more to this than performing a series of tests at arbitrary ages. I think that we have got to go back to basic principles. Recognize that we cannot do everything that we would like to do. Choose and define what we consider is worth looking for on the grounds that it occurs with sufficient frequency, that it can be detected early, and that there is not only an effective treatment, but sufficient resources to provide it. It is to be hoped that the Working Party on Infant Welfare Clinics will give some substance to these principles, and that in due course it will define the up-to-date purpose of the Clinics and suggest the means of providing the staff with the training that they need."

From the progress already achieved, I am sure that the recommendations of this Working Party when finally drafted will prove to be of the greatest value in shaping our concept of the child health functions of our Centres in the future, and the roles of the medical officer and health visitor.

New Premises.

(*a*) *Parkway, Welwyn Garden City.*

In September the clinic services for the west side of Welwyn Garden City were transferred from Lawrence Hall to the Parkway Health Centre in Birdcroft Road. Full credit must be given to the County Architect's Department for designing a building with such an attractive and convenient layout and elevation. In addition to a pleasant clinic suite on the ground floor, the building

contains a large medical loan depot, and three lecture rooms, and a garage for use by the local detachment of the St. John Ambulance Brigade as training headquarters, and also for use as the County Council's District Nurse Training School. On the first floor are located the offices of the Social Work Unit and a fully equipped dental suite. Owing to good liaison early in the planning stage, the building is well designed for health education, a children's play group, and specialized school services. It has received full praise from the staff working in the premises.

(*b*) *Civic Centre, Welwyn.*

1966 saw the culmination of many years of planning for a new purpose-built Civic Centre for the Rural District of Welwyn. Although serving a population of only 7,000, there is no evidence of parochial thinking about this fine modern building which comprises a large, well-equipped hall with committee rooms and ancillary accommodation, with suites of rooms for a County Council Branch Library and Welfare Centre.

The Welfare Centre is a complete unit in itself, having a separate waiting room with access to an outside but enclosed toddlers' play-space. There is a large weighing room with consultation rooms for the medical officer and health visitor, and facilities for the storage and distribution of welfare foods. Kitchen arrangements are shared with the Civic Centre. The availability of modern clinic premises made it possible to transfer the chiropody sessions from their former premises at the Jubilee Club in Welwyn.

With the opening of the new Centre, the Welfare Hut in Broomfield Road, which had done duty for so many years, was finally demolished.

Influenza Outbreak.

During February an appeal for help was received from the Principal of Sherrards Training Centre, Welwyn, where 9 members of the staff and 29 trainees had an influenzal illness. Immediate nursing help was provided from the Council's nursing staff, and additional help sought from the local detachments of the W.R.V.S. and the Red Cross Society.

The illness was of short duration—those affected being confined to bed with headache, backache, stiff and aching limbs, and moderately high pyrexia. On the third day, 15 patients were allowed up and by this time some of the daily staff were well enough to resume duties, so the emergency was judged to be over. Help was withdrawn at the end of the week, by which time most had recovered and the Centre was able to continue under normal staffing arrangements.

Hypothermia.

At the request of Dr. K. C. Hutchin, general practitioner at Hatfield, a special investigation was undertaken of some 80 elderly persons on the medical list of this group practice during January and February. 63 of these persons were over 70 years of age.

In only two instances were body temperatures found to be abnormally low (95° F.) and both of these were housebound and inactive with bedroom temperatures of 52° F. and living rooms at 62° F. and 64° F. In one house a bedroom temperature of 38° F. was recorded and a living room temperature of 48° F. The wife felt the need of fresh air and insisted that the windows should be kept open. Both husband and wife were active, but the husband complained of the coldness of the rooms and was not well.

When making arrangements for this enquiry it was realized that it would be sensible to make use of this opportunity to assess the needs of the people visited. The enquiry itself was not quite so straightforward in practice as it at first appeared. Where our staff were already known to the patients, all was well, but in visiting strangers, introductions had to be effected, permission obtained, fears and doubts smoothed away, and explanations made, which in some cases became very involved, particularly when the patient was hard of hearing. In

some cases there seemed to be suspicion that this was the first step towards a recommendation that residential care was desirable for this person. Considerable tact was needed in making the approach, and the visits were sometimes lengthy. Some of the patients were found to have difficulties which needed sorting out, and some recommendations to other social workers were made. Two visits were made in each case, the wall thermometers being placed near the bed in the bedroom, and near the patient's usual chair in the sitting room at the first visit, and left until the next day when they were read. Body temperatures were taken in the mouth with low reading thermometers. Although room temperatures in many cases were low, warm clothing was worn by the majority of patients. Complaints were received about the high cost of electricity and gas. In most houses auxiliary heat was available, but only used in very cold weather and as need arose—e.g. just before bedtime, in the bedroom.

Enquiry into the Feeding of New Infants—April/May, 1966.

Following discussion between Dr. Hugh Jones, Consultant Paediatrician Miss Powell, Sister in Charge, Maternity Wards, Queen Elizabeth II Hospital, and Miss Reay, Divisional Nursing Officer, an enquiry was made into the changes in feeding routine made by mothers during the first weeks of their babies' lives.

The enquiry was arranged to fit in with the normal work of the health visitors, and took the form of a questionnaire to be completed for each new infant in respect of its feeding (i) at the preliminary visit (10–14 days) and (ii) at a second visit timed to coincide with the test for Phenylketonuria (4–6 weeks). Health visitors were asked to include the mother's comments—such information to be gathered in a normal manner in the course of these visits. It was decided that domiciliary births should be included. The number of infants included in the enquiry was 223.

TABLE 82.

Domiciliary Births.

No. of infants included in the enquiry: 36.

Feeding.			
Commenced breast feeding	21	Bottle fed	15
Fully breast fed at first visit	14	Bottle fed	22
Fully breast fed at second visit	10 + 1 Comp.	Bottle fed	25
Changed from breast to bottle feeding	10		
Of the bottle fed—Dried milk	20		
Tinned milk	5		

Only one change in milk food from tinned to dried milk.

Hospital Births.

No. of infants included in the enquiry: *187.*

Feeding.			
Commenced breast feeding	85	Bottle fed	102
Fully breast fed at first visit	58	Bottle fed	129
Fully breast fed at second visit	38	Bottle fed	149
Changed from breast to bottle feeding	47		

Of the 149 bottle fed :—					
Commenced with dried milk	4	Tinned milk	98	Cows milk	—
At first visit on dried milk	73	Tinned milk	54	Cows milk	2
At second visit on dried milk	110	Tinned milk	36	Cows milk	3

Of the 223 infants included in the enquiry, 34 mothers had changed from breast feeding to bottle feeding before the first visit of the health visitor at 10–14 days, and 58 mothers had changed from one milk food to another—the main change being from tinned to dried milk. Of the 58 infants whose food had already been changed, 36 had been making satisfactory progress on tinned milk. These babies had accepted the new food and were content. In the other 22 cases

the infants' progress was said to be not entirely satisfactory owing to such things as sore buttocks, loose stools, posseting, and crying. Of these 22 infants, 17 had settled happily on the new food, and 5 were still needing care at the second visit.

At the time of the second visit by the health visitor (4–6 weeks), a further 24 babies had been changed from breast to bottle feeding, and 18 bottle-fed babies had been changed from one milk to another. Of the 18 where a change had been made, 5 babies had been making satisfactory progress and continued to do so. The remaining 13 babies were said to be unhappy, and their progress was not entirely satisfactory—and for these reasons a change had been made from tinned to dried milk.

Mothers seem to prefer a well known, well tried baby food—a food specially prepared for babies, known to be safe and reliable. Confidence engendered by the successful rearing of previous babies on a certain food was the most frequent reason given for changing to it : " My last baby did so well on it." New mothers seek the advice of friends and relatives and are influenced by their opinions. Some mothers do not like the idea of milk out of a tin, particularly if it is not specially prepared for babies and is advertised for ordinary domestic purposes : " Not a proper baby food." Some thought tinned milk too rich, and some felt that it was not safe once the tin was opened and difficult to keep without a refrigerator. On the other hand, some mothers thought tinned milk easier to use than powdered milk.

It is obvious that a good deal of discussion goes on between mothers in the homes, in hospital and in clinics, about baby foods and baby feeding. Where the mother has made up her mind not to breast feed, she has usually thought the matter over during the months of pregnancy and made her choice. The fact that the infant born in hospital might be started on a different food would not necessarily affect the mother's decision. It seems evident from the figures given that it does not, as so many changed from tinned to powdered milk on their return from hospital. Where the mothers, seeing their babies content on tinned milk, did not make a change, they found the results equally successful.

APPENDIX 1

HERTFORDSHIRE COUNTY COUNCIL. A.....

UNIVERSITY OF LONDON—SMOKING SURVEY. B.....

1966 FOLLOW-UP STUDY.

Instructions.—You will find it easy to fill up this form. All you have to do is to put a tick in the square corresponding to your answer.

Those who smoke at least one cigarette, one whiff, cigar, or pipe, per day, should fill up pages 1 and 3.

Those who do not smoke (except very occasionally, less than one per day) should fill up pages 2 and 3.

TO BE COMPLETED BY SMOKERS.

1. About how much do you usually smoke ?

Cigarettes.

	1–5 a day
	6–10 a day
	11–15 a day
	16–20 a day
	21–25 a day
	26–30 a day
	31–40 a day
	More than 40 a day

Pipe.

	Up to 1 oz. a week
	1 oz. to 2 oz. a week
	2 oz. to 3 oz. a week
	3 oz. to 4 oz. a week
	4 oz. or more a week

Whiffs.

	1–2 a day
	3–5 a day
	6–10 a day
	more than 10 a day

Cigars.

	1–2 a day
	3–5 a day
	6–10 a day
	More than 10 a day

2. How old were you when you started to smoke regularly, that is, at least once a day ?

	Under 13 years old
	13 years
	14 years
	15 years
	16 years
	17 years
	18 years
	19 years
	20 years

3. How long have you been smoking as much as you do now ?

Since the age of :—

	13 years
	14 years
	15 years
	16 years
	17 years
	18 years
	19 years
	20 years

4. Would you like to give up smoking if you could do so easily ?

	Yes
	No

APPENDIX 2

TO BE COMPLETED BY NON-SMOKERS OR OCCASIONAL SMOKERS.

5. Do you ever smoke now ?

	No never
	Yes, occasionally

6. Have you ever smoked regularly as much as one cigarette or pipe a day for at least a month ?

	Yes
	No

7. If you used to smoke regularly, how old were you you at the time ?

	12 or less
	13 years
	14 years
	15 years
	16 years
	17 years
	18 years
	19 years

8. If you used to smoke regularly why did you stop or do it only occasionally ?

	Expense
	Bad for sport
	Bad for health
	Closest friend didn't like it
	Other reason

9. Are you aware of anyone or anything having influenced your decision not to smoke or to smoke only occasionally ?

	Yes, a parent
	Yes, a school teacher
	Yes, a friend
	Yes, a film
	Yes, a poster
	Yes, a talk by a doctor
	Yes, other than above
	No special influence

10. If you were influenced not to smoke what arguments did you find convincing ?

	Expense of smoking
	Smoking causes cancer
	Smoking becomes a habit you can't break
	Smoking bad for health
	Smoking dirty

APPENDIX 3

TO BE COMPLETED BY SMOKERS AND NON-SMOKERS

11. How old were you when you left secondary school

	15 years old
	16 years old
	17 years old
	18 years old

12. What kind of job are you doing now ?

.....

.....

13. Are you serving or have you served an apprenticeship ?

	Yes
	No

14. Do you attend day release or evening classes at a college or school ?

	Yes
	No

15. Are you allowed to smoke if you want to, while you are working ?

	Yes
	No

16. Do you take part in active sport at least once a week in the summer or the winter or both ?

	Yes
	No

17. Are you married ?

	Yes
	No

18. If you are married, does your wife or husband smoke ?

	Yes
	No