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Contributors

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HERTFORDSHIRE COUNTY COUNCIL

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health welfare and school health services

1967

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County Hall,
Hertford.
September, 1968.

To the Chairmen and Members of the Health and Welfare Committee and Education Committee.

Madam Chairman, Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the annual report on the local authority's health, welfare and school health services for the year 1967. This is the first occasion that a joint report including the school health service has been prepared and it is hoped that this manner of presentation will result in economies.

As in previous years these reports are a composite of comments and facts provided by the various officers responsible for the day to day management of specific services and I am grateful to them for the efforts they have made to make the report of interest to readers who may have no first hand knowledge or experience in these fields. The officers' task of maintaining, extending and introducing new services to meet increasing and changing demands has been made no easier by the limitations imposed on them by the financial " squeeze " and the extent to which they have succeeded in this task can be gauged from the fact that actual expenditure on health and welfare services during the year was kept within 1 per cent of the estimated expenditure approved by the Council. I acknowledge my debt to them and at the same time record once more my appreciation of the support given so readily to me by the members of the Committees.

I am, Ladies and Gentlemen,

Your obedient servant,

G. W. Knight,

County Medical Officer.

COUNTY HALL,
HERTFORD.
September, 1968.

To the Chairmen and Members of the Health and Welfare Committee and Education Committee.

MADAM CHAIRMAN, MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the annual report on the local authority's health, welfare and school health services for the year 1967. This is the first occasion that a joint report including the school health service has been prepared and it is hoped that this manner of presentation will result in economies.

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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. H. L. Morbey.

Chairmen of Sub-Committees.

Health Services : County Councillor Mr. H. L. Morbey.
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.

EDUCATION COMMITTEE.

Chairman.

County Alderman Mr. F. Bramston Austin.

Vice-Chairman.

County Councillor Mr. A. D. Sheridan.

SPECIAL SERVICES SUB-COMMITTEE.

Chairman.

County Councillor Miss L. A. M. Lloyd-Taylor.

Staff as at 1st January, 1968.

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 (Salaried).

T. K. Abbott, M.B., B.S., 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.
J. E. Hughes, 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.
M. O'Donovan, M.B., B.Ch., B.A.O.
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.
A. Wilkes, M.B., B.S., D.P.H.

There are in addition a number of fee-paid A.C.M.O.s.

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.

Vacant.

Second Deputy County Nursing Officer.

B. L. Shippam, 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., F.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.

Dacorum : F. Guest, S.R.N., R.M.N., National Certificate in Social Work.
East Herts : H. M. Watson, Diploma in Social Science, P.S.W.
St. Albans : M. Swaine, B.Sc.(Econ.), B.A.(Hons.).
South-West : M. Keenleyside, B.A.(Hons.).
Welwyn : A. Jones, M.A., Diploma Soc.Admin., P.S.W.

Home Help Organizer.

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

Chiropodist.

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

Divisional Dental Officers.

L. M. J. Ewart, L.D.S.
F. Maclean, B.D.S., L.D.S.
P. C. Perkins, L.D.S., R.C.S., B.D.S.
R. J. Smee, L.D.S., R.C.S.
M. V. Symes, L.D.S., R.C.S.
P. M. Tanner, L.D.S., R.C.S.

Orthodontists.

J. F. Crawford, L.D.S.
J. Patterson, F.D.S., D.Orth., R.C.S.

Dental Officers (whole time).

D. M. Bain, L.D.S., R.C.S.,
J. M. Barratt, L.D.S., R.C.S.
P. M. Brereton, B.D.S.
R. L. Kenyon, L.D.S., R.C.S., B.D.S.
J. M. McCaffrey, L.D.S., R.C.S.
E. H. Musgrove, L.D.S., R.C.S.
A. C. Reid, L.D.S., R.F.P.S.
G. A. Smee, L.D.S., R.C.S.

In addition, twenty-nine part-time dental officers were employed.

Dental Auxiliaries.

B. Bourne.
F. C. Denny.
G. S. Kettle.
C. E. Randall.
H. M. Smart.
M. Walker.

Dental Surgery Assistants.

42 dental surgery assistants were employed.

Senior Speech Therapist.

Leonard A. Willmore, F.C.S.T.

Speech Therapists.

19 Speech Therapists were employed (equivalent 10·4 whole time)

Orthoptists.

5 Orthoptists were employed (equivalent 2·6 whole time).

Audiometricians.

2 Audiometricians were employed.

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

(As at 1.1.1968.)

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. T. K. Abbott	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. R. H. Mann
		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
	Dr. P. B. O'Reilly **(Deputy Divisional M.O.).**	Harpenden U.D.	Mr. J. Snowden
		St. Albans R.D.	Mr. L. Lowe
		Elstree R.D.	Mr. G. Male
South-West Herts.	Dr. W. Alcock **(Divisional M.O.).** Dr. J. Sleigh **(Deputy 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. L. Gardiner
		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

Where indicated by an asterisk, the officers named 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.

There was an increase of 9,770 in the County's population during the year, the bulk of which occurred in the East and North divisions. With a population of 881,870 Hertfordshire has the ninth highest population of the forty-five administrative counties in England.

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 the headquarters at Hertford. The constitution of the six divisions is given on page 10 and the estimated populations at mid-1967 are shown below :—

TABLE 1.—COUNTY AND DIVISIONAL POPULATIONS, 1967.

Division	Population (mid-year estimate)
East	157,200
North	150,780
St. Albans	147,870
South-West	199,840
Welwyn	118,010
Dacorum	108,170
County	881,870

A summary of the principal vital statistics from data supplied by the Registrar-General is given in Table 2. The 1966 figures are shown for comparison purposes.

There were 436 fewer live births in 1967 than in the previous year with a consequent reduction in the birth rate. When the balancing factor is applied, for this takes into account the higher than average number of young mothers in Hertfordshire, the resultant figure of 15·5 is substantially below the national birth rate of 17·2 (Table 3).

The crude death rate, too, showed a downward trend, and after applying the balancing factor which takes into account a lower than average number of old people, the figure of 10·0 compared favourably with the national figure of 11·2.

The percentage of illegitimate births to total births continues to rise but it is still well below the national figures. The infant mortality rate showed a marginal increase and the low neo-natal mortality and early neo-natal mortality rates mentioned in last year's report have not been maintained. There were only 2 maternal deaths during the year.

Table 2.—Principal Vital Statistics.

	1967.	1966.
Live births :		
Number	14,572	15,008
Rate per 1,000 population	16·52	17·28
Illegitimate live births (per cent of total live births)	6·29	5·78
Stillbirths :		
Number	184	178
Rate per 1,000 total live and still births	12·46	11·72
Total live and still births	14,756	15,186
Infant deaths (deaths under one year)	204	210
Infant mortality rates :		
Total infant deaths per 1,000 total live births	14·00	13·92
Legitimate infant deaths per 1,000 legitimate live births	13·62	13·51
Illegitimate infant deaths per 1,000 illegitimate live births	19·65	20·74
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	10·23	9·26
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	8·92	7·93
Perinatal mortality rate (still births and deaths under one week combined per 1,000 total live and still births	22·27	19·55
Maternal mortality (including abortion) :		
Number of deaths	2	5
Rate per 1,000 total live and still births	0·13	0·33
Epidemic death rate per 1,000 population	0·03	0·03
Tuberculosis death rate per 1,000 population	0·02	0·03
Respiratory diseases death rate per 1,000 population	1·10	1·24
Vascular lesions of the nervous system death rate per 1,000 population	1·27	1·31
Cancer death rate per 1,000 population	1·84	1·85
Heart disease death rate per 1,000 population	3·05	3·10

Table 3.—Balanced Birth and Death Rates per 1,000 Population.

	Crude rate	Rate by balancing factor	National rate
Death rate	8·9	10·0	11·2
Birth rate	16·5	15·5	17·2

Table 4.—Causes of Deaths in Hertfordshire, 1967.

		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	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	1	3	2	1	1	3	3	11	7	1
2	Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	2
3	Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	4	—	4	1	3	1	12	2	3
4	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
5	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
6	Meningococcal infections	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	6
7	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
8	Measles	—	—	—	—	2	1	3	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	5	2	8
9	Other infective and parasitic diseases	—	—	—	—	1	—	1	2	2	—	—	1	1	1	3	1	—	1	2	—	1	3	11	9	9
10	Malignant neoplasm, stomach	—	—	—	—	—	—	—	—	—	—	1	—	1	1	9	1	27	16	35	20	27	40	100	78	10
11	Malignant neoplasm, lung bronchus	—	—	—	—	—	—	—	—	—	—	—	—	4	—	42	18	121	21	121	19	52	12	340	70	11
12	Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—	3	—	20	—	41	—	36	—	46	—	43	—	189	12
13	Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	12	—	12	—	13	—	16	—	55	13
14	Other malignant and lymphatic neoplasms	—	—	1	—	1	—	2	3	3	2	6	7	20	21	39	48	96	77	122	102	115	128	405	388	14
15	Leukaemia, aleukaemia	—	—	—	—	3	1	2	2	2	1	1	2	—	2	7	—	5	3	9	10	6	8	35	29	15
16	Diabetes	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	3	5	4	17	14	16	24	39	16
17	Vascular lesions of nervous system	—	—	—	—	—	—	—	1	—	2	2	2	8	5	25	10	57	62	97	150	225	472	414	704	17
18	Coronary disease, angina	—	—	—	—	—	—	—	—	—	—	2	—	27	6	98	18	251	75	273	172	262	328	913	599	18
19	Hypertension with heart disease	—	—	—	—	—	—	—	—	—	—	2	—	—	1	2	1	8	4	18	18	19	51	49	75	19
20	Other heart disease	—	—	—	—	—	—	1	1	1	—	3	1	4	4	10	12	34	32	62	67	142	325	257	442	20
21	Other circulatory disease	—	—	—	—	—	—	—	—	1	1	1	1	3	5	8	7	48	13	41	36	55	139	157	202	21
22	Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	1	1	6	4	7	22
23	Pneumonia	7	1	3	5	2	2	2	4	2	3	4	2	4	4	9	3	22	14	58	44	122	250	235	332	23
24	Bronchitis	—	—	2	—	2	—	1	—	—	1	—	1	1	2	9	5	40	14	77	21	108	56	240	100	24
25	Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	9	1	16	4	15	7	43	13	25
26	Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	10	2	6	3	9	19	28	24	26
27	Gastritis, enteritis, and diarrhoea	—	—	2	3	1	1	—	—	1	—	—	1	—	—	2	3	3	3	2	6	4	13	15	30	27
28	Nephritis and nephrosis	—	—	—	—	—	—	—	—	3	—	—	1	1	1	2	2	1	2	3	8	10	11	20	25	28
29	Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	22	—	24	—	29
30	Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	2	30
31	Congenital malformations	17	20	8	9	—	1	1	—	1	1	2	—	1	2	3	—	2	—	—	2	—	1	35	36	31
32	Other defined and ill-defined diseases	59	42	5	3	1	3	4	3	12	8	5	5	10	7	22	14	35	38	46	61	77	165	276	349	32
33	Motor vehicle accidents	—	—	—	—	3	3	8	1	27	7	7	2	10	5	16	3	5	2	5	2	1	9	82	34	33
34	All other accidents	1	2	8	4	2	—	6	—	10	1	5	—	7	1	14	6	5	4	10	12	15	57	83	87	34
35	Suicide	—	—	—	—	—	—	—	—	2	—	8	2	9	6	10	7	8	6	3	6	3	2	43	29	35
36	Homicide and operations of war	—	—	1	—	—	1	—	—	—	1	—	1	—	1	—	—	—	—	—	—	1	—	2	4	36
	Totals	84	65	31	24	18	13	31	17	67	29	49	43	116	100	339	213	800	446	1,017	842	1,312	2,182	3,864	3,964	

MIDWIFERY SERVICE.

The numbers of births in the County has continued to decline. The domiciliary midwives attended 4,064 births which was 28·9 per cent of the total, as compared with 38 per cent in 1966.

TABLE 5.

	1967.	1966.	1965.
(1) Total confinements in County	14,159	15,033	16,141
(a) Confinements attended by County Council midwives	4,064	5,353	5,369
(b) Confinements attended by private midwives	2	9	31
(2) Confinements of Hertfordshire residents	14,080	14,023	14,073
(a) Percentage of home confinements	28·9	38·2	38·4

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.*
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
1967	8,655	5,151	24,493

Domiciliary midwives also had responsibility for the care of 5,151 of the 8,655 women delivered in hospitals who had been discharged before the tenth day of the puerperium. This has involved them in 24,493 visits. These numbers both in relation to hospital deliveries and early discharges have shown little increase over the previous year as the number of hospital and nursing home births was 8,655 compared to 8,456 in 1966.

TABLE 7.

Division.	*No. of reports.*		*No. of Herts mothers confined in institutions.*	
	1966.	*1967.*	*1966.*	*1967.*
Dacorum	148	217	1,119	1,208
East	683	982	1,469	1,703
North	471	549	1,346	1,676
St. Albans	459	400	1,752	1,746
South-West	538	361	1,235	2,013
Welwyn	240	251	1,535	1,397
	2,539	2,760	8,456	9,743

Ante-Natal Instruction Classes.

These classes have continued to function under the combined direction of domiciliary midwives with health visitors assisting. During the year, 2,646 women attended these classes, of whom 1,640 were booked for hospital and 1,006 for home confinements.

Midwives' Refresher Courses.

In accordance with the rules of the Central Midwives Board, 26 midwives and 1 nursing officer attended courses arranged in centres outside the County.

In addition, 20 midwives received instruction in ante-natal relaxation and teaching. These courses, arranged locally, were conducted by a physiotherapist specializing in this type of work.

Staff and Training of Pupil Midwives.

The number of midwives employed was 170, representing a whole-time equivalent of 72·6. Midwives assist in the training of pupil midwives, and 46 are approved by the Central Midwives Board for this purpose. During the year 225 pupil midwives received three months of their year's training in the domiciliary field. Watford Maternity Hospital domiciliary midwives trained 78 of these. Overall there was an increase of 18 who received training compared with the previous year.

Ambulance Service—Emergency Child Birth.

The County Ambulance Officer reported that the ambulance service conveyed 3,203 maternity patients ; that 11 births occurred in ambulances and 25 births occurred before the arrival of the ambulance to the patients' homes. (In 9 instances ambulance men only were present but with the remaining 16 cases medical or nursing assistance was obtained.)

" Well-Woman " Clinics.

Five additional " Well-Woman " clinics were opened during the year, at Hatfield, Welwyn Garden City, Boreham Wood, Harpenden, and St. Albans. There are now 15 clinics held at regular intervals and these are open to all women between 35 and 60 years of age. The service includes pelvic examination, the taking of a cervical smear, urine testing, and examination of breasts.

6,847 women attended these clinics in 1967 and 433 were recalled for re-test. 18 were eventually referred to their family doctors for further investigation.

Maternal Mortality.

There were 2 maternal deaths in 1967. Both occurred at home.

TABLE 8.—MATERNAL MORTALITY.

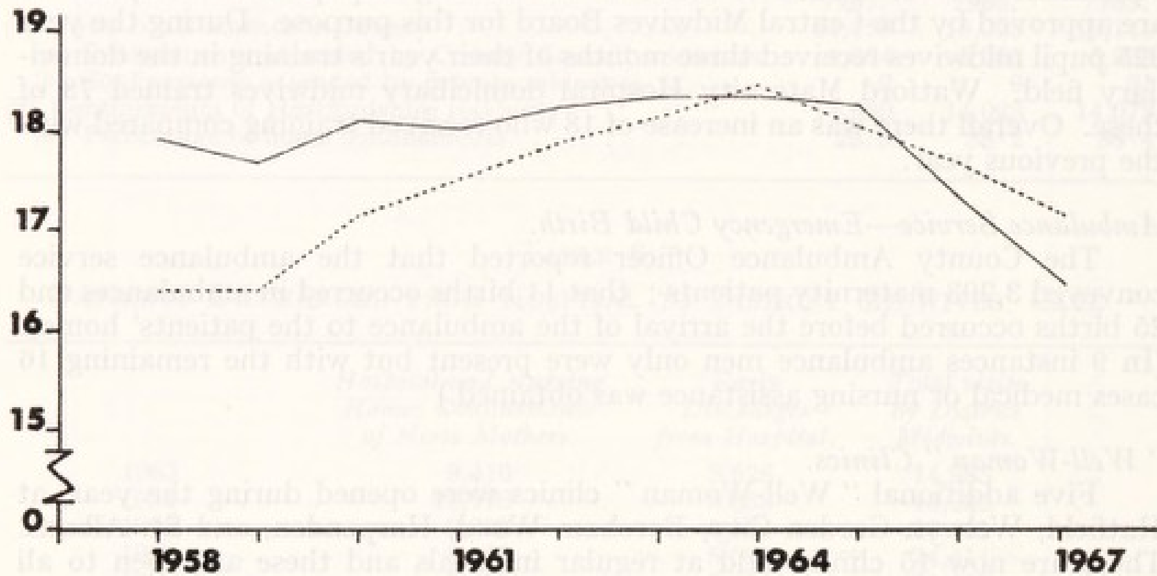
Year	Hertfordshire			England and Wales Rate
	No. of Live and Still Births	No. of Maternal deaths	Rate per 1,000 Live and Still Births	
1953 . .	9,993	5	0·5	0·8
1954 . .	10,652	12	1·1	0·7
1955 . .	11,090	5	0·5	0·6
1956 . .	12,034	6	0·5	0·6
1957 . .	12,784	5	0·4	0·5
1958 . .	13,889	6	0·4	0·4
1959 . .	14,108	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
1967 . .	14,756	2	0·1	0·2

CARE OF MOTHERS AND YOUNG CHILDREN.

Birth and Infant Mortality Statistics, 1958–1967.

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

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



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

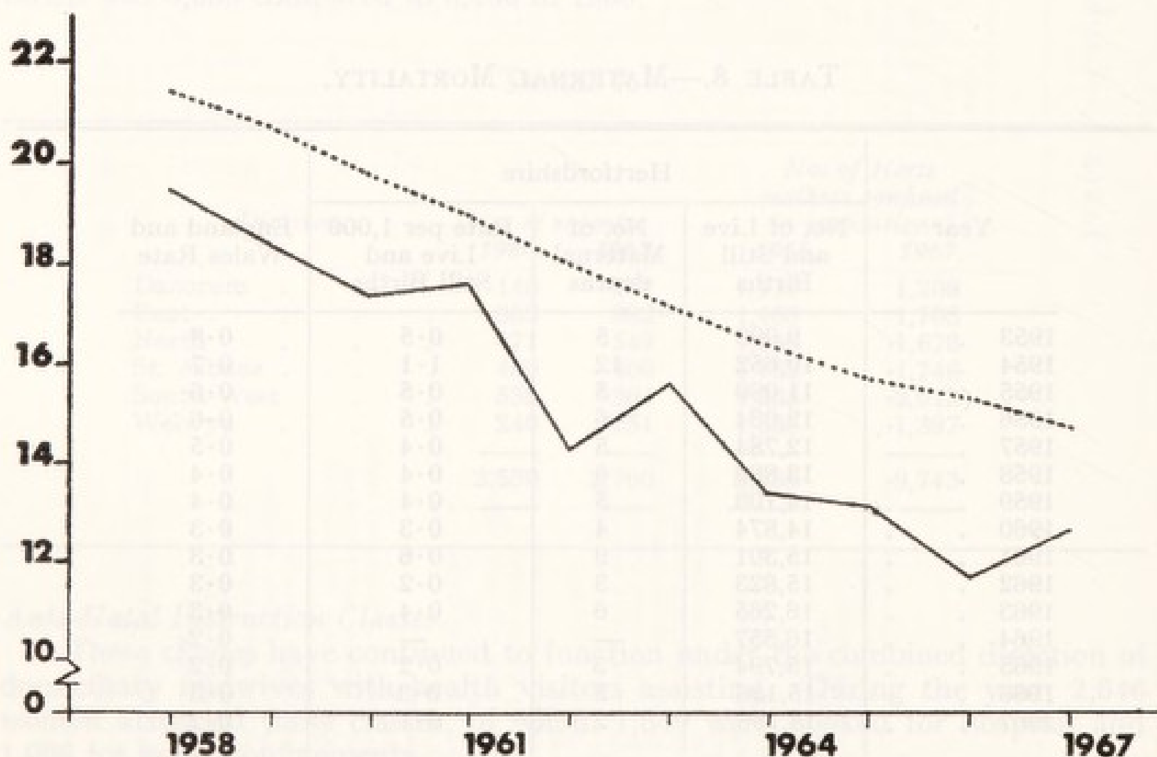
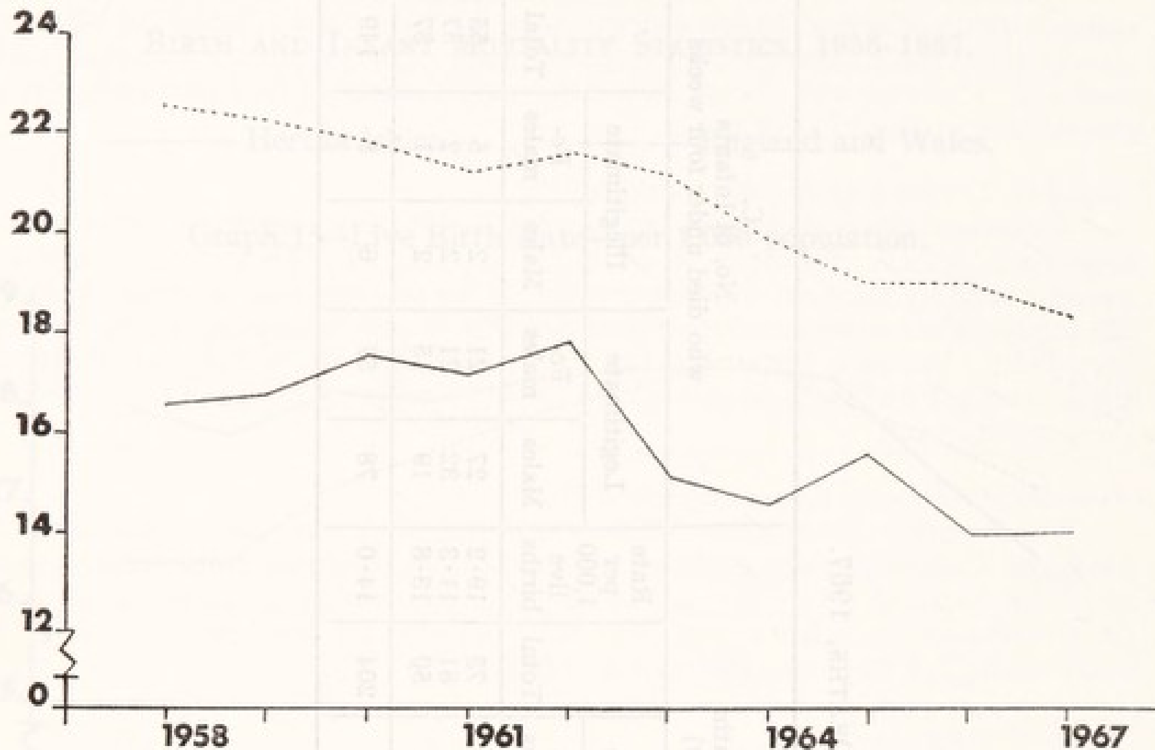


TABLE 9.—LIVE BIRTHS AND INFANT DEATHS, 1967.

	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	1,808	1,707	150	143	3,808	36	29	2	6	73	19·2	27	21	2	5	55	14·4
Urbans	3,560	3,215	191	171	7,137	44	31	4	2	81	11·3	32	21	2	2	57	8·0
Rurals	1,735	1,631	135	126	3,627	26	20	3	1	50	13·8	19	15	2	1	37	10·0
County	7,103	6,553	476	440	14,572	106	80	9	9	204	14·0	78	57	6	8	149	10·2

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



Day Nurseries.

There were 345 children on the registers of the 7 day nurseries at the end of the year. (18 more than in 1966.) These children came from the following categories (1966 figures given for comparison). 67·5 per cent of the children are in the first 3 categories.

Table 10.

	1967.	1966.
(1) Children of widows or widowers	18	19
(2) Children of unmarried mothers	103	94
(3) Children of deserted wives or husbands	112	122
(4) Children of parents in prison	2	3
(5) Children of parents suffering from chronic illness or disablement	3	6
(6) Children of parents suffering from temporary illness, mother's confinement, etc.	22	28
(7) Children recommended by doctor or health visitor for temporary help	56	28
(8) Children of essential workers in social services	18	18
(9) Children living in bad housing conditions	9	9
(10) Children where there is risk of break-up of family	2	–
	345	327

Staffing.

The number of staff employed in the 7 day nurseries was 56. During the year 1 nursery nurse attended the Supplementary Child Care Reserve Course in order to receive special training with older age group children. Two matrons attended study days organized by the National Society of Children's Nurseries. It was unfortunate that refresher courses for 2 members of the staff were cancelled by the organizers.

Charges.

The Committee agreed to revise the charges of children attending day nurseries to take into account changes in monetary values. As a result of the change, which became effective in October, 1967, parents generally paid much less and there was a drop of £1,250 in income received for day nursery attendances.

Nurseries and Child Minders Regulation Act, 1948.

Again this year there has been a greater percentage increase in the number of premises registered under this Act than in the number of persons registered, and this difference appears more marked when comparison is made of the number of children minded in these two categories. There was an overall increase of 18 per cent in the total number of children minded, and there were nearly a thousand children more cared for in registered premises.

There has been a 24 per cent increase in the number of visits paid by nursing officers and health visitors to these establishments.

The number of children sponsored under the daily minder scheme has shown a slight drop over last year's figure. The payments to those persons receiving children under the sponsored daily minder scheme were increased from 35*s.* to 42*s.* 6*d.* per week for registered persons, and from 35*s.* to up to £3 per week for premises.

Table 11.

	1965.	*1966.*	*1967.*
Persons registered at end of year	247	243	259
Number of children permitted	1,973	1,983	1,971
Premises registered at end of year	103	126	166
Number of children permitted	2,731	3,444	4,418
New registrations—			
Persons	85	87	85
Premises	45	43	50

TABLE 12.—NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

Number of Persons and Premises Registered at 31st December, 1967.

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	12 (5)	139	2 (1)	15	27 (5)	593	1 (–)	48
Dacorum	22 (9)	225	9 (4)	100	24 (4)	640	1 (–)	20
North	26 (10)	241	73 (24)	372	24 (11)	654	2 (1)	99
St. Albans	33 (12)	296	13 (1)	56	25 (6)	632	1 (–)	40
Welwyn	9	77	31 (15)	96	27 (5)	782	1 (–)	23
South West	21 (1)	313	8 (2)	41	32 (18)	836	1 (–)	42
Total	123 (37)	1,291	136 (47)	680	159 (49)	4,137	7 (1)	272

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

Unmarried Mothers.

The Secretary of the St. Albans Diocesan Council for Social work reports, as follows :—

" The number of women seeking the help of the church social workers during 1967 shows a considerable increase over those in previous years—a total of 536 as compared with 466 in 1966. The social workers were also helping 223 women who first came for help before 1967. Of the 536 most were unmarried women, but 37 were married and living with their husbands, whilst 7 were either widowed or divorced. The married woman living with her husband involved in an illegitimate pregnancy, presents social and emotional problems involving many people and the decision regarding the future of the child is a difficult one for all concerned.

In order to meet the need of unmarried mothers requiring residential help the St. Albans Diocesan Council for Social Work has, during 1967, made extensive alterations to the Diocesan Mother and Baby Home. This has included the installation of gas central heating, improvements to the nursery and kitchen, the addition of a sittingroom, and extra bedroom accommodation. The Home now has single and double rooms as well as dormitory accommodation. All these improvements have been made possible by the generosity of voluntary subscribers and charitable funds. The Home is now better able to meet the special needs of each individual girl using the Home.

There is no short cut to the understanding of the problem of illegitimacy, each situation is different and has its own complicated set of circumstances. In some cases adoption is the happiest future for the child born out of wedlock, and where the mother decides on this course the Diocesan Council, as a registered adoption society, is able to place the child. All those engaged in adoption work are conscious of the responsibility and necessity to re-assess techniques to ensure that the best service can be offered. Through the help of our medical advisers on the Adoption Committee, we have been able to enlist the help of paediatricians throughout the county, and we are grateful to them for the time and care they devote to the medical examination of the babies in order that adoptive parents may be fully acquainted with the medical background of their adopted child.

It has been encouraging to find that more people are offering hospitality or lodgings to mothers before the birth of the child. The Diocesan Council is also very conscious of the need for accommodation for the unmarried mother wishing to keep her child. This is a long term problem but there is a pressing need for the community to make provision, and for society to accept the mother and her child."

Table 13.

Cases	Infant not yet born	Pregnancy terminated or miscarried	Lost trace or moved away	Place of delivery			Total Born
				Hospital	Hospital from M. and B. Home	Home	
536	156	10	52	249	63	6	318

Table 14.

Births	Infant kept by Mother	Received into care	Adopted	Died	Other arrangements
318	176	8	105	3	26

Family Advisory Service.

The arrangements whereby Mrs. Baker, senior psychiatric social worker, holds child development clinics at 3 welfare centres at Welwyn Garden City continued through the year. Miss Gurney, psychotherapist, too, has continued with her discussion groups of assistant county medical officers and health visitors throughout the County.

Their reports follow :—

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

" This year has seen a steady flow of referrals to the Child Development Clinic and it has been a real advantage to have facilities at Parkway and the Viaduct Clinic as well as at Gooseacre Health Centre. Health visitors, rightly I believe, are the main source of referral, as much of their day-to-day work is concerned with family relationships and especially the relationship between mothers and young children.

Early detection and resolving of emotional difficulties may save much unhappiness, frustration, and waste of potential. Most of the presenting symptoms are normal at some stage of the child's development but if these symptoms are severe or too prolonged, health visitors are in the best position to suggest further and specialized help. Today there appears to be a widening knowledge of human growth and development. Thus, although tiresome symptoms in the child may be the ostensible reason for initial visits, it seems that anxiety is recognized and there is a willingness to seek help.

Referrals have been in the age range 16 months to 5 years. Often the child concerned is the first in his family with perhaps one or two siblings. Symptoms may be a pointer to the need for assessment but in any event they serve the child to get him notice and relief. As always in the 2 to 4 year group, certain children are referred who are said to be aggressive and unmanageable. Often of good potential, they are bored, frustrated, and angry, with little proper outlet for their energies. Nursery school would probably canalize their aggression constructively, but with so few nursery places it seems right that the immature, timid, or apprehensive child should be considered for any priority. Play groups and mothers' clubs well complement individual help for the more robust children seen individually in the clinic.

A number of fathers have come this year with their families, especially on the first visit—supporting the mother and being actively concerned in measures to help the child reach a better level of growth and to more settled behaviour. Many parents are interested in social and emotional development today and when they come to the clinic it hoped to add to their knowledge as to what may be expected of children between 0 and 5 years. Some mothers have themselves requested interviews, either directly or through the health visitor or family doctor (who is in any case informed when a child first attends). For these people the clinic is seen as providing a service where feelings are understood and discussed in the hope of improving family climate.

On the whole, referrals have been well chosen. It would appear, however, that a number of children might with advantage have been seen much earlier, especially where feeding difficulties in infancy were experienced. Nearly all children seen have been retarded emotionally, with consequent disappointment and anxiety in the family.

This year 4 children have been transferred to the Child Guidance Clinic as it seemed that further assessment and possibly treatment from the team should be considered. The Educational Psychologist, Mrs. Gregory, has given valuable aid when requested where general retardation could not easily be distinguished from emotional retardation. Where such children were found to be within normal range and nursery school or infant school would be appropriate later, anxiety was greatly lessened. The parents then became more able to take part in adjusting relationships and modifying attitudes. Thus, in such cases, complementary sources of help are required. Of a similar nature are some

speech difficulties where the main cause appears to be in the emotional field. Good liaison with the speech therapist has allowed a flexibility as to joint aid with certain children, and if time were available this could be developed further with advantage to all concerned.

Most mothers and children are seen over a period of about four months, at fortnightly intervals. The usual session is of 45 minutes and such time is needed for the child to play out his needs and for the parents to talk of what is vital to them. Most people stay the course and become more relaxed and confident. The role of the worker in a clinic of this nature is primarily that of an interpreter—of attitudes. This chiefly by acceptance.

In conclusion I should like to thank members of staff at the three clinics for their courtesy and help which they so freely give me and which adds to the pleasure of the work itself."

TABLE 15.—CHILD DEVELOPMENT CLINIC.

Number of cases—	
Carried over	23
New cases	34
	57
Total number of interviews (including four after care)	228
Presenting Symptoms.	
Babyish behaviour	8
Timidity	8
Sleeping difficulties	7
Demanding behaviour	5
Backward	5
Speech difficulties	4
Miserable behaviour	4
Obstinate behaviour	3
Aggressive and jealous	3
Withdrawn	3
Feeding difficulties	3
Attacks of screaming and head banging	2
Toilet training difficulties	1
Allergy	1
	57
Source of Referral.	
Health visitors	29
D.M.O. and A.C.M.O.	17
Headmistress of Nursery School	3
Child Guidance Clinic	2
Self referred	2
General practitioner	2
Speech therapist	2
	57
Discharges.	
Improved	13
Lapsed	4
Transferred to Child Guidance Clinic	4
Advice only	2
Transferred back to G.P.	1
Left district	1
Transferred to speech therapist	1
Transferred back to A.C.M.O.	1
	27
Current cases	30
	57

Report of Miss Gurney, psychotherapist :—

"This year has been one of steady progress along the lines previously followed.

Discussion groups at the Health Education Centre for health visitors and school medical officers have taken place regularly.

These cover most phases of child development and the aim is twofold.

(1) To enable the members of the group to recognize emotional disturbance in children at an early stage so that it may be dealt with effectively and cause as little distress as possible to both the child and the family.

(2) To demonstrate to the group ways of using films, and methods of initiating a useful discussion with the mothers' groups, parent-teacher associations, etc.

Therapeutic sessions with mothers of pre-school children take place regularly at monthly intervals in each Division. There are at any one time between 8 and 10 of these groups in being—and their personnel constantly change as new members join in, and others leave.

Many problems are discussed in these groups and not a few are solved and so prevented from becoming acute, although, of course, in a proportion of cases some are already acute.

But the main object of all this work is prevention, and the saving in unhappiness, emotional illness, and cost to the families and to the health services is considerable.

To this end, as far as time permits, I visit the ante-natal classes in the county to talk with this very receptive group of mothers about some of the psychological implications of having a baby.

One must not conclude this report without mentioning that there are always some mothers who need to be seen individually and this is arranged with the agreement and co-operation of the general practitioner concerned.

Welfare Foods.

I should like to express my gratitude once more to those voluntary workers and shopkeepers who give their time to distribute welfare foods.

The year's issues will be seen in Table 16. Reference to previous reports will show that there is a steady overall fall in demand.

In a recent circular to local authorities the Minister of Health emphasized the importance he attaches to the issue of welfare milk and foods to low-income families. He is particularly anxious that such families should receive any free welfare foods to which they might be entitled.

It is not necessary for them to be receiving supplementary benefit before they can receive free welfare foods, as long as their income does not exceed the appropriate benefit level. The Ministry of Social Security, which issues the tokens, will give advice regarding entitlement to free foods, and any health department staff who come into contact with needy families will also assist and advise where necessary."

Table 16.

Commodity	Issues				
	At full price	At reduced price against coupons	Free against coupons	To day nurseries and hospitals	Totals
National dried milk	21,068	32,762	1,802	838	56,470
Cod liver oil	10,142	—	810	239	11,191
Vitamins A and D tablets	16,781	—	83	40	16,904
Orange juice	332,518	—	4,179	1,274	337,971

Number of Distribution Centres 143

HEALTH VISITING.

During the year there were 177 health visitors and 5 tuberculosis visitors employed.

13 health visitor students were sponsored for training and completed the one year's course as compared to 21 in 1966.

Refresher Courses.

Courses for health visitors are organized in the main by the Health Visitors Association and the Royal College of Nursing and are approved by the Ministry of Health. In 1967, 14 health visitors and one nursing officer attended. In addition, 6 health visitors attended a course to enable them to become field work instructors. These instructors assist in the practical training of the student health visitors and have close links with the organizing health visitor tutors of the colleges where the students are based. In the main the students accepted into the County are Hertfordshire sponsored.

Seminars in mental health at Napsbury Hospital have continued, and Dr. Patterson, Medical Superintendent, and his staff instructed 24 health visitors in the year for a total of 40 sessions. Miss Gurney, psychotherapist, also continued to have sessions with health visitors and 62 attended these.

A course on the ascertainment of hearing was held by Dr. Bickerton, consultant audiologist, and 16 health visitors received instruction.

Health Visitors' Survey, 1965 and 1966.

Mention was made in previous reports of a survey carried out on the work of the health visitor. This report was published in *The Medical Officer* (29.3.68). Details of the survey are given under the Research Panel section of this report (Page 33).

TABLE 17.—HEALTH VISITORS ATTENDANCES AT CLINIC SESSIONS AND INSTRUCTIONAL CLASSES.

	1966.	*1967.*
Child Welfare Centres	10,867	10,845
Ante-Natal and Post-Natal Clinics	135	293
Tuberculosis Clinics	1,044	872
B.C.G. Vaccination	200	315
Immunization sessions	722	1,061
Mothers' Clubs and instructional classes	845	1,105
Day Nursery Medical Inspections	36	39
	13,849	14,527
Case conferences	1,002	793
Meetings and lectures attended	2,870	3,158

Co-operation with Hospitals.

Children.

For many years health visitors have attended paediatric out-patient clinics by rota system.

Chronic Sick.

A liaison arrangement is also functioning in three divisions between local authority staff and the hospital consultant geriatricians and hospital medical social workers. A weekly discussion on patients to be discharged and those likely to need admission have taken place between them and the divisional nursing officers.

Health visitors in one division are invited to visit the hospitals, and to do a ward round with the geriatrician.

Tuberculosis Visitors.

There are now only 5 full-time tuberculosis visitors, and much of the work formerly done by full-time officers has been absorbed by the other health visitors. In one division the chest physician conducted a series of lectures for the health visitors who were to take over the supervision of patients with chest conditions, in order to bring them up-to-date with modern treatment.

Nursing Attachment Scheme for General Medical Practitioners.

The policy adopted in 1964 to attach nurses, midwives, and health visitors to group medical practices has continued.

The total number of full and part-time staff working with the practitioners is now 369, i.e. 77·6 per cent of the total staff. These are categorized as follows :—

Health Visitors	140
Health Visitors Assistants (S.R.N.)	48
District Nurse/Midwives	97
District Nurses	63
Midwives	19
District Nurse/Midwife/Health Visitors .	28

The scheme has progressed on the lines expected, and has grown at varying levels in different practices and areas. Greater understanding on all sides of the comprehensive care and social needs of patients has been made. Some general practitioners have established clinics and have also been able to carry out established research projects. Many, as a result of these attachment schemes, found that more time is available to advance both curative and preventive health interests including health education.

HOME NURSING.

There were 229 nurses employed, which represented an equivalent of 131 whole-time staff. The number of State Enrolled Nurses numbered 13. These nurses also carry out night nursing duties if required.

TABLE 18.—TYPES OF CASES AND VISITS PAID.

	1967 Number of Visits			1966 Number of Visits			1965 Number of Visits		
	Cases	Number	%	Cases	Number	%	Cases	Number	%
Medical	9,903	254,615	82·09	9,202	240,503	81·03	8,253	220,836	80·84
Surgical	2,390	51,594	16·06	2,096	50,910	17·15	1,784	48,741	17·84
Infectious diseases .	28	78	0·02	22	64	0·02	24	98	0·04
Tuberculosis . .	34	1,316	0·42	71	1,985	0·67	63	2,714	0·88
Others	671	1,862	0·60	381	3,323	1·12	383	1,105	0·40
Total	13,026	309,465	—	11,772	296,785	—	10,507	273,494	—
Visits to patients over 65 years of age . . .	—	—	67·04	—	—	71·03	—	—	68·15
Visits to patients under 5 years of age . .	—	—	0·67	—	—	0·78	—	—	0·79

As shown in the above table, the number of visits paid to patients in the categories listed have increased with the exception of the patients with tuberculosis which has been reduced to 34 as compared to 71 in 1966.

The number of sick elderly patients who are over the age of 65 accounted for the nurses visiting 13,026 and making 309,465 visits to them. This represents 67·4 per cent of their total case loads.

This increase in the number of elderly sick attended by nurses is to be expected, but it is interesting to note that there is also an increase in the number of medical patients in the lower age groups. This may be due to more patients being referred to the nurses by the general practitioners.

District Nurse Training.

Although many of the existing staff have not received this training, it was not possible to make arrangements for them to do it in the year. These nurses will gradually be given the training when the new training scheme commences in 1968.

Refresher Courses.

District nurses attended seminars at Napsbury Hospital on mental health, and 24 made an attendance for 17 sessions each. Two nurses attended a general refresher course which was organized by the Queen's Institute of District Nursing.

Night Nursing.

The State Enrolled nurses who work alongside the district nurses attended 63 patients, involving 235 night sessions.

Nursing Homes.

There are 10 registered Nursing Homes in the county, providing accommodation for 22 maternity and 195 medical, surgical, or chronic sick patients. They are visited at regular intervals by the nursing officers.

HEALTH EDUCATION.

The year 1967 has been a most encouraging one as far as the development of the functioning of the Health Education Section is concerned. The staffing position has greatly improved and the role of the Section, in its advisory and co-ordinating capacity, has now become more clearly established, thus allowing our facilities to be spread to the greatest advantage. The Section itself can rarely attempt to conduct health education projects from its own resources with any hope of achieving anything but a very local impact ; instead, the policy of decentralization laid down last year, which firmly placed the responsibility for local field activities on divisional staff, has been much more widely appreciated and put into practice. As described in last year's Annual Report, the principle duties of the Health Education Section can be summarized as follows :—

(i) Co-ordination of health education programmes within the county.

(ii) Assisting with advice and/or equipment in local or divisional programmes.

(iii) Acting as a central clearing-house for the supply of information, ideas, visual aids, etc.

(iv) Provision of in-service training.

Basically, the objective of health education is to help people to lead healthier and happier lives, but there is a wide variety of fields of work and a wide variety of means to be employed before this state of affairs can be arrived at. Not only do people need to *know* how to live in a healthy way—they must also be motivated to apply it to their own life. Smoking is a case in point here. Secondly, people need advice on how to use the existing health and medical services intelligently—examples of this are such things as immunization, or seeing the doctor about, say, a lump in the breast. The converse is also important—people need to be educated in not using health services unless really necessary. Thirdly, there is the education to help the more vulnerable members of society ; under this heading, education in child welfare, the traditional field of health education, still takes first place in our activities. We might also mention the campaign to interest the public in the community care of the mentally disabled and such things as the " preparation for retirement " courses.

It will, therefore, be appreciated that in health education there is a vast area that could be our legitimate field of work, but it is equally clear that, in spite of the extra staff now employed, our resources are still relatively small for a county of this size. We must therefore be selective in what we undertake and because of this, two guiding principles have been kept in mind in planning the work of the Section, namely,

(i) The closer " involvement " of field workers, and their Divisional Medical Officers and other supervisors, in the planning process, and

(ii) critical studies to determine in which fields health education can most profitably be applied, together with, where possible, an evaluation of the results achieved.

In connection with point (i) above, may be mentioned the successful two-day Conference for Health Visitors, held in March and April, and the two meetings of Divisional Medical Officers. The latter has now become a regular feature and a valuable two-way means of communication : on the one hand, what the divisions feel they need, and on the other, how the Section can help.

In-service training is becoming a more established feature of the work. Departmental staff are invited in to see what is available in the way of visual aids or information, planning guides are provided and a regular series of instructional sessions will be starting early in 1968.

Under the heading of co-ordination, the county-wide planning for Mental Health Week may be mentioned ; the Section also now acts as a central co-ordinating agency for home safety committees, and as a link with many of the voluntary societies throughout the county.

The activity most consuming, both of staff time and resources, is the direct help given to local programmes, be they relatively small, local mothercraft exhibitions, or such things as the major division-wide effort in the " Return of Unused Medicines " campaign which took place in North Herts towards the end of the year.

The much improved staffing situation has been mentioned above, now making a total of 3 trained officers. It should be pointed out, however, that our hope is eventually to bring the establishment of trained health education staff up to at least 6. One of the established health visitors was sent on the London University course for the Diploma in Health Education, and it is hoped that she will be joining the Section when her course is completed in 1968. Eventually, the position we are aiming at is one Health Education Officer for each division. In anticipation of this, we have already attached each of the 3 officers to 2 divisions. The purpose is to enable them to get to know the local situation, the personalities and voluntary agencies, and thus more effectively help and advise in any local programme.

The role of the Section as a central clearing house for visual aids, at one time almost its only function, still continues as one of its most active and useful fields of work. Fortunately, with a more settled and enthusiastic clerical staff, and the rationalization of the cataloguing, ordering, booking, etc., the officers themselves are more able to perform their real job, namely, that of advising on the suitability and use of what is ordered, rather than, as in the past, having to act as booking clerks themselves.

(a) Audio-visual-aid Equipment.

There are 5 16 mm. sound cine-projectors in the department ; this has been adequate for the demand up to the present, but with the growing interest of all staff in health education, the scarcity is beginning to be felt.

Each division has at least 1 film-strip projector, and 3 more are available from the Health Education Section on loan. These can also be used for slides. The rear-projection screen, used in conjunction with a carousel-type of slide projector has been in great demand, and a second one, of a more portable kind

has now been acquired. This type of apparatus is especially useful in clinics and exhibitions.

We have also acquired an 8 mm. continuous loop rear-projector. This should prove to be a valuable aid but as yet the range of films available is limited.

There has been little use so far for the 8 mm. sound cine-projector, but it is hoped that we may soon be making 8 mm. films of our own.

The overhead projector, acquired last year, has also still not yet been put to extensive use, as its value is not fully appreciated.

1 tape-recorder is available in the Section and 2 others are used by health visitors for sessions using recorded talks.

(*b*) *Films, film-strips and slides.*

Only 4 16 mm. films are held in stock, " To Janet, a Son " and " Lifting Patients ", and 2 cartoons on home safety. It is doubtful, however, whether it is desirable to own even these, as films become so rapidly " dated ", if not actually out of date. During the year, 291 films were hired for use by health staff and 371 film and slide sets were issued.

The tendency now is to prefer slides to filmstrips as collections can be varied to suit the individual needs of the speaker. It is relatively easy to make one's own colour slides, and during the year, a small series on accidents in childhood was started. In in-service training it is emphasized that teaching-aids made specially either by or for the user are usually more effective than those available commercially, and it is hoped that this side of the work of the Section will be expanded.

(*c*) *Flannelgraphs.*

Flannelgraphs on certain subjects are still very popular with some lecturers ; the various sets in stock have been put to steady use, but we have not increased the variety of topics available.

(*d*) *Pamphlets.*

About 27,600 leaflets were issued during the year. The policy of a closer control over the way pamphlets are used for health education has been continued with the result that the demand has fallen considerably. It is now emphasized that pamphlets must be used as a planned and deliberate part of purposeful health education and not simply handed out *ad-lib* to all-comers. Health education has benefited and money has been saved.

(*e*) *Posters.*

More thought is also now being given by field staff to the ways in which posters are used. Most health centres have their own stocks which can be used to illustrate a particular theme, supplemented where necessary by new posters ordered from the Section. Some 1,890 posters were supplied during the year, including those used for special campaigns or exhibitions.

(*f*) *The Library.*

The supply of factual information is one of the growing functions of the Section. This is done in two ways : (i) A file collection of articles, cuttings, etc., on various topics is kept ; and (ii) a library of reference books is being built up. There are now 354 titles available, and during the year 130 were borrowed.

(*g*) *Exhibitions.*

Although only one full-scale exhibition, " The Return of Unused Medicines " mobile exhibition in North Herts, was arranged directly by the Section, the demand for help with exhibitions arranged by others has greatly increased.

This is very time-consuming work, but one that is greatly appreciated by voluntary societies. The types of exhibitions were as follows :—

Home Safety	5
Unused Medicines	2
Cancer	1
Anti-smoking	1
Sensible Toys	2
Fireworks	1
Flammable Nightwear	1
Water Safety	2
Food Hygiene	1

(*h*) *Health Education in Schools.*

It is felt that schools should be one of the most rewarding areas for health education endeavour, and every assistance is given to health visitors doing this work. It is clear, however, that more planned co-ordination is needed to ensure at least a minimum spread over all possible children in the county. In S.W. Herts a programme on this subject, which has been worked out jointly with the Education Department, is now under consideration, and it is hoped that this collaborative approach may soon be applied on a wider scale. The important point is, as the Ministry of Education has pointed out, that health education is a concept " pervading the whole work and life of the school ". It is not sufficient simply to call in specialists to give talks on " Sex " or " Drugs " or whatever the pet topic of the moment may be. It must also be stated that, while the staff of the Section would willingly advise on suitable visual aids, we cannot, out of our own slender resources, supply such aids for use in schools.

Balls Park Teacher Training College has invited our participation in their training curriculum, and several visits have been made to individual schools, either to advise teachers or to assist in a more direct way.

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

During the year steps have been taken to place this aspect of the work of the Section on a firm basis. The Conference for Health Visitors in March and April made clear the need for a planned programme. In October, a conference on the use of the tape recorder was arranged, in conjunction with Mr. A. C. Parker, of Hollybush School, Hertford. As mentioned above, a series of sessions on various aspects of health education is planned for 1968.

Health visitors, and other health staff, now freely use the facilities at the Section headquarters at Hatfield. During the year there were over 90 such " consultations " with health education staff. We are endeavouring to impress on all health workers that the valuable time devoted to health education should be directed towards priority needs, and using the most appropriate methods. In this connection, the regular film pre-viewing sessions which are now being arranged, have proved invaluable.

The Section also provided in-service training facilities in other branches of the work of the department, notably Miss Gurney's lectures to health visitors on child psychology, and Mr. Ian Page's lectures for social workers.

(*j*) *Outside Lectures.*

The staff of the Health Education Section have given a wide variety of talks to voluntary societies, youth clubs, old people's clubs, etc.

RESEARCH PANEL.

The research panel has again proved of value to the work of the combined department and has, during the past year, increased its activities in scope and in momentum. Its existence enables a fresh approach to be given to various aspects of the administration for projects can be studied in depth and where advice and criticisms of all interested staff play an important role. In essence the panel has three main fields of research ; the first is research into endemiological projects, e.g. influenza studies ; the second may be termed operational research, e.g. work study of assistant county medical officers, health visitors, and social workers. This operational research should lead to improvements in the method of administering the services and in this field the part played by the management section of the department is proving of value. The third, and probably the most important, is the valuable research into consumer attitudes, e.g. mental health week study. In this way it is hoped to gain more knowledge of what is needed and so gear the services to meet these needs.

Any interested member of the staff is encouraged to join the panel which meets monthly, and at quarterly intervals these meetings are augmented by interested outside members. The panel meetings are well attended and at the quarterly ones there are many disciplines present as a consultant paediatrician, a consultant geriatrician, general practitioners with a particular flair for research ; industrial and clinical psychologists join the staff of the department at this time. The staff members are also drawn from many branches of the service for medical officers both clinical and administrative, nursing officers, social workers, administrators, a statistician, and a health education officer, all at present participate in this field.

The assistance which we received from research institutes and other bodies over particular projects is greatly appreciated, for without their helpful advice it would be much more difficult to get projects into a viable state.

The wide range of activities which the panel has studied can be seen from the following list of projects which have been under discussion since the panel was formed in 1964. Many of these have resulted in publications being issued. During the year " The Problem of Verrucae " and " A Study of Health Visitor attachment to General Medical Practitioners in Hertfordshire " were both published in *The Medical Officer.* Extracts of these two publications are shown at the end of this report.

In addition, the work at present being undertaken by assistant county medical officers and how this is likely to change in the future was considered by a working party of assistant county medical officers under the aegis of the research panel. Although this was a voluntary exercise, there was fullest co-operation by the assistant county medical officers and many valuable conclusions were reached. A number of improvements in departmental organization was brought about as a result of this working party.

RESEARCH PROJECTS, 1964–68.

No.	*Project.*	*Brief description*	*Leader.*	*Remarks.*
64/1	Immunization reaction after triple immunization.	Trial of vaccines with Glaxo Ltd.	*Dr. Cust.*	Brief conclusions in Annual Report, 1965.
64/2	Physically handicapped school leavers.	To investigate how severely handicapped managed after leaving school.	*Dr. Horder.*	Pilot survey findings in Annual Report, 1965.

No.	Project.	Brief description.	Leader.	Remarks.
64/3	Normal developmental processes in young babies.	To study specific milestones to assess their reliability and variability.	*Dr. O'Donovan.*	Pilot survey successful. Additional health visitors trained in testing procedures Project still active.
64/4	Effects of early discharges from maternity units	To determine whether the system of early discharge renders the mother or child more liable to medical complications or domestic difficulties.	*Dr. Yule.*	Conclusions reported in 1966 Annual Report.
64/5	Work of health visitors first survey.	Inquiry into work of health visitors: (*a*) attached to G.P.'s. (*b*) working in geographical areas.	*Miss King.*	Findings reported to panel in June, 1965. (See Project 66/8 later.)
64/6	Para 3 + mothers having babies at home.	To investigate the reasons why mothers of para 3 + elected to have subsequent children at home and the effects of this choice.	*Dr. Cust.*	Findings reported to panel in June, 1965. Results scrappy.
64/7	Visual defects in the elderly.	—	*Dr. Taylor*	Project not proceeded with.
64/8	Staff medical examinations.	To relate subsequent absences to declaration of medical fitness.	*Dr. Stewart.*	Still under consideration.
64/9	Physical fitness Index.	To relate physique to mental agility.	*Dr. Howarth.*	Project abandoned when Dr. Howarth left Service.
65/1	Diabetes survey.	(*a*) An opinion survey of patients attending a G.P.'s surgery. (*b*) A pilot detection survey in a general practice.	*Dr. Cust.*	Aims outlined in Annual Report, 1964. Findings reported to panel in June, 1965, and reported in Annual Report, 1965. Published in *The General Practitioner*, 1967 (13)313.
65/2	Congenital abnormalities.	Investigation incidence of talipes and spinabifida.	*Dr. Yule.*	Project lapsed on resignation of Dr. Yule.
65/3	Plantar Wart Prevalence survey.	To discover the incidence of plantar warts and to relate these to bare-foot and swimming pool activities.	*Mr. Stringer and Mr. Dickinson.*	Project published in *The Medical Officer*, 17.5.68.
65/4	Work of Social workers.	Inquiry into work of social workers to ascertain details of case loads.	*Mr. I. Page.*	Findings reported to panel in October, 1965. To be repeated at later date.

No.	Project.	Brief description.	Leader.	Remarks.
65/5	Crossed laterality and slow reading.	Relationship between crossed laterality and behaviour problems in school children.	Dr. Horder.	Dr. Horder resigned. Project in abeyance. 12.6.68.
66/1	Smoking survey.	Follow-up of effects of health education on smoking habits.	Dr. Norman Taylor.	Findings published in *Medical Officer* and in Annual Report, 1966.
66/3	Screening procedures in general practice.	Record and assessment of screening procedures in general practice.	Dr. Hodes.	Published in *The Lancet*, 15th June, 1968.
66/4	Assessment of latent diseases in the elderly.	To detect treatable disease in the elderly at an early stage.	Dr. Allen.	Still active. Pilot study under way.
66/5	Health education in schools.	To ascertain gaps in health education teaching in schools.	Dr. Norman Taylor.	Still active.
66/6	Plantar Wart treatment trial	To compare methods of treatment of plantar warts.	Dr. Allen.	Findings reported to panel 26.7.67. Project still active. Project published in *Medical Officer*, 17.5.68.
66/8	Work of health visitors, second survey.	Inquiry into work of health visitors—effect of attachments.	Miss King.	Findings published in *Medical Officer*, 29.3.68.
66/9	" At Risk " Registers.	To determine categories to be included in " at risk " registers.	—	Not considered to be a research project.
66/10	Heart murmurs in schoolchildren.	To ascertain what heart murmurs should be recorded by A.C.M.O.'s.	Dr. Harbord.	Not regarded as a research project. Culminated in talk by Dr. Bonham-Carter to A.C.M.O.'s, etc.
66/11	The work of an assistant county medical officer.	Assessment of functions and position of A.C.M.O.'s.	Dr. Macartney and Dr. E. White.	No progress reported.
67/1	Remedial teachers.	Experiment at Stevenage A.T.C. on effects of remedial teaching.	Dr. Allen.	Still active.
67/3	I.Q. and gainful employment.	Survey to determine whether a factor other than I.Q. influences the ability of an E.S.N. leaver to obtain gainful employment.	Dr. Barasi.	Still active.
67/4	Smallpox vaccination and plaster reaction.	To obtain a more efficient means of preventing infection after vaccination.	Dr. Barasi.	Still active.

No.	Project.	Brief description.	Leader.	Remarks.
67/5	Sex education.	To assess the adequacy of sex education in schools.	*Dr. Burns and Dr. Riply.*	Still active.
67/6	Nutritional survey.	Survey in Old People's Homes comparing frozen foods with conventional foods.	*Dr. Allen and Mr. Creed.*	Report published.
67/7	Breast cancer.	To measure effectiveness of health education methods to persuade women to (*a*) undertake self examination, and (*b*) to consult their doctor about lumps discovered.	*Dr. W. Norman Taylor.*	Project being re-assessed.
68/1	Identification of health education needs.	To put health education on to a more scientific basis and to employ resources where most needed.	*Dr. Norman Taylor.*	Continuing.
68/2	Mental health week.	To discover attitudes and knowledge and to feed information in an attempt to alter attitudes.	*Dr. Norman Taylor; Mr. Moffett and Mr. Evans.*	Continuing.
68/3	Influenza study.		*Dr. Allen.*	
68/4	Programmed learning centre.		*Dr. Allen.*	Survey to be set up at Harperbury.
68/5	Maternity and Infant Care Association.		*Dr. Allen.*	Proposed survey.
68/6	Survey of young chronic sick.		*Dr. Allen.*	

"THE PROBLEM OF VERRUCAE."

A Prevalence Survey and a Study of Certain Aetiological Factors.

By W. H. Allen, B.Sc., M.B., B.Ch., D.C.H., D.P.H., *Second Deputy County Medical Officer*, and
V. A. Dickinson, B.Sc., Statistician.

Early in 1965, the problems caused by an apparently increasing incidence of plantar warts amongst school-children in Hertfordshire led to the formation of a working group of the Health and Welfare Department's Research Panel. The working group reviewed possible approaches to the problem, and decided that insufficient was known about the prevalence of plantar warts in the County. A survey was designed and conducted amongst a sample of Hertfordshire schools during February and March, 1966.

The Sample.

There were 500 schools in the County at the time of selecting the sample. The schools were classified in eight groups based on the type of education, size and possession of a swimming pool (see Table 19), and schools were randomly selected from each group to give a representative picture of the county as a whole.

A further 15 schools (8 secondary and 7 primary), not randomly selected, were chosen to allow the investigation of certain factors relating to the spread of verrucae.

Method.

The headmaster or headmistress of each school was invited to complete a questionnaire (Appendix I) on swimming, physical education, and changing facilities at the school. The school nurse then inspected all primary school-children and those secondary school pupils who were suspected of having varrucae by the Physical Education staff. Children who were found to have verrucae were re-inspected one month later.

No attempt was made to standardize the assessments of the 50 or so school nurses and the P.E. staff of the secondary schools. This and the prior inspection by P.E. staff in secondary schools meant that standards could differ—perhaps markedly.

A questionnaire on pool design was completed by the County Public Health Inspector for each pool used by schools in the survey.

Results.

A. Prevalence.

A total of 14,075 pupils were inspected in the random sample of 40 schools. Of these, 350 had plantar warts. An overall prevalence for the County of 2·25 per cent was calculated, equivalent to 3,060 cases amongst the school population of 136,000 children.

The prevalence differed in different types of schools and the average for secondary schools was 2·9 per cent compared with 1·8 per cent for primary schools.

The eight groups used are defined in Table 19—the distribution of cases in each group is given.

The split between Junior Mixed and Infants' schools of fewer or more than 150 pupils (Groups 7 and 8) was designed to separate small village schools from larger urban ones.

(*a*) The prevalence of plantar warts in secondary schools (Groups 1 to 4) appear to be unaffected by the type of school and the presence or absence of a swimming pool.

The curriculum of all these schools included swimming but it had been suspended at one school whilst repairs had been made to the swimming pool.

TABLE 19.—INCIDENCE BY SCHOOL GROUP.

Group	No. of schools	Definition	Cases	Pupils	Mean prevalence (per cent)
1	4	Grammar, own pool	81	2,381	3·40
2	4	Grammar, no pool	66	2,502	2·64
3	4	Secondary Modern, own pool	61	2,252	2·44
4	3*	Secondary Modern, no pool	48	1,663	2·89
5	6	Infants	7	1,222	0·57
6	6	Juniors	49	1,604	3·05
7	6	J.M.I. under 150 pupils	4	487	0·82
8	6	J.M.I. over 150 pupils	34	1,964	1·73
Total	39		350	14,075	—

* One school in the process of moving to a new building has been excluded.

The mean prevalence in Group 1 schools was inflated by the inclusion of one school with a particularly high prevalence (7·3 per cent). The rates for the other Group 1 schools were 1·9, 3·4, and 2·5 per cent respectively.

(*b*) The prevalence in infant and small rural J.M.I. schools was relatively low. The larger and often urban J.M.I. schools had a prevalence of 1·73 per cent whilst the rate of 3·05 per cent in the junior schools in large urban areas approximated to the mean for all secondary schools (2·9 per cent).

Previous surveys in other parts of the country had reported a sex difference in the prevalence of plantar warts ([1], [2], [3], [4]).

In this survey no such difference was found, the prevalence being 2·50 per cent for boys and 2·47 per cent for girls.

The age distribution of plantar warts is illustrated in Fig. 19. (See page 43.)

Although it would have been reasonable to expect the primary and secondary school graphs to be continuous with one another, a statistically significant difference ($P < 0{\cdot}05$) was found between children aged 11 years who were attending primary and those who were attending secondary school. The most likely explanation of this difference is that the inspection of primary school-children was carried out by school nurses, but secondary school pupils were screened by P.E. staff.

B. Environmental Factors.

(1) *Barefoot gymnasium activities.*

A comparison of the prevalence of plantar warts was made between children attending schools where barefoot activities were normally carried out and schools where plimsolls were worn. In 50 per cent of primary schools and 73 per cent of secondary schools barefoot activities were practised by all or some of the children. Lyell (1953)[5] considered that barefoot dancing was a significant aetiological factor in the causation of plantar warts, but no statistically significant difference was found between the barefoot and plimsoll groups (see Table 20).

TABLE 20.—BAREFOOT *v.* PLIMSOLL GYMNASIUM WORK IN SECONDARY SCHOOLS.

Group	Schools	Barefoot Cases		Barefoot Pupils	Plimsolls Cases		Plimsolls Pupils
1	a	31	in	427			
	b	1	in	314	11	in	315*
	c	20	in	594			
2	b	4	in	244	3	in	290*
	c	7	in	320	11	in	309*
	d	6	in	549			
3	a	9	in	219	9	in	231*
	b				14	in	807
	c	12	in	475			
	d				17	in	520
4	a				15	in	375
	c	13	in	590			
	d				20	in	700
Totals	13	103	in	3,732 (2·67%)	100	in	3,454 (2·82%)

*In these four mixed schools only the girls performed barefoot gymnasium work.

N.B.—Two schools (1—d and 2—a) confined barefoot gymnasium work to certain forms and have been excluded. School 4b was also excluded from the Table as the school was moving from one building to another.

(2) *Swimming.*

Swimming was a school activity in all secondary schools and 17 (i.e. 71 per cent) of all primary schools in the sample. No comparison between swimming and non-swimming primary schools was possible, as non-swimming schools were found in all four primary school groups and the number was too small for statistical analysis.

The 23 secondary schools in both the random and chosen samples used 20 pools. These pools were grouped in three categories. The first group comprising heated covered school pools was used intensively by school-children. The second group of uncovered unheated school pools was used only during the summer term, and the third group of uncovered unheated public pools was used relatively infrequently by organized groups (see Table 21).

TABLE 21. PREVALENCE OF VERRUCAE BY TYPE OF POOL USED.

Group	No.	Prevalence amongst children using each pool in group (per cent)	Mean Prevalence (per cent)
I School pools, covered and heated	6	7·3, 4·4, 4·1, 4·0, 2·6, 1·7	4·02
II School pools, not covered and unheated.	8	5·5, 3·8, 3·4, 3·3, 2·5, 2·0, 1·9, 0·9.	2·91
III Public pools, not covered and unheated.	6	4·0, 2·9, 1·7, 1·6, 1·3, 1·1.	2·10
Total	20		

The difference between groups I and III is nearly significant at the 5 per cent level (P = 0·06). Comparing Group I with Groups 1 and III combined produces a significance level of approximately 0·06.

Unfortunately, no questions were asked of headmasters regarding the frequency of swimming at each school, but it would appear that the duration of exposure of the foot is important in the aetiology of verrucae. The immersion of the foot during swimming may, by partial maceration of the superficial layer of the epidermis, render the skin less resistant to trauma and hence invasion by the plantar wart virus.

(3) *Design and Cleaning of Swimming Pools and Changing Rooms.*

Although information was sought on the design and cleaning of pools and of changing rooms, no relationship could be established between this data and the prevalence of plantar warts.

Summary.

(1) The prevalence of plantar warts in school-children in Hertfordshire was estimated to be of the order of 2·25 per cent. Age but not sex differences in prevalence were noted.

(2) The prevalence of plantar warts appeared greater in children using heated covered swimming pools than amongst those using other swimming pools. This difference may be due to the period of exposure.

(3) Barefoot gymnastic activities do not appear to be an important factor in the causation of plantar warts.

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HERTFORDSHIRE COUNTY COUNCIL.

Health and Welfare Department.

PLANTAR WART SURVEY.

Questionnaire.

School ....

....

Please put a circle round appropriate answers.

A. Swimming.

	Question	Answer	*Code.*
1.	Is swimming a school activity ?	Yes	A
		No	
	(If no swimming is done by your pupils in school time, please go on to Section B.)		
2.	Does your school have its own swimming pool ?	Yes	B
		No	
	If not, please name the pool your children use.		
	....		
3.	In general, do your children swim once a week, or more often ?	Once weekly	C
		More often	D
4.	Does the pool you use have foot-baths ?	Yes	E
		No	
5.	Do you insist on their use prior to swimming ?	Yes	F
		No	
	(If your school has its own pool, please answer questions 6–11, otherwise go on to Section B).		
6.	What type of footbaths are installed ?	Flowing water type	G
		Static water type	
7.	If of the static type, what do the foot-baths contain ?	Water only	H
		Water + Hypochlorite	I
	Please specify if " other ".	Water + other disinfectant	J
	And what is the interval between changes ?		
	....		
8.	How are the surrounds cleaned ?	Water only	
		Water + detergent	K
		Water + hypochlorite	L
	Please specify if " other "	Water + other disinfectant	KL
9.	How are the changing room floors cleaned ?	Water only	
		Water + detergent	M
		Water + Hypochlorite	MMc
	Please specify if " other ".	Water + other disinfectant	Mc
10.	Do you have a laundry service of your own for towels ?	Yes	N
		No	
11.	Do others, apart from pupils and staff use your pool regularly ?	Yes—other schools	O
		—parents	P
		—clubs	Q
		—public	
		—other	
		No	

B. Gymnasium Work.

1. Do your pupils do barefoot physical education ?
   - Yes — R
   - No

2. How is your Gymnasium floor cleaned ?
   Please state how frequently :
   - .... Sweeping — S
   - .... Wax polishing — T
   - .... Sealing compound — U
   - .... Washing with water — V
   - .... Antiseptic application — W
   - .... Other (Specify) — X

3. Are the same changing facilities used for gymnasium work as for swimming ?
   (If No, please go on to next questions, otherwise go on to Section C).
   - Yes — Y
   - No

4. What type of floor is there in the changing room ?
   - Cement — Z
   - Wood — A
   - Tiles or patent surfaces — E
   - .... Other (Specify) — I

5. Are duckboards used ?
   - Yes — O
   - No

6. After gymnasium work do your pupils use showers or baths ?
   - Showers — U
   - Baths — I
   - Neither — Z

7. How are the changing room floors cleaned ?
   Please state how frequently.
   - Sweeping — 3
   - Water only — 4
   - Water and Disinfectant — 5
   - Water and Hypochlorite — 6
   - .... Other (Specify) — 7

C. Athletics/Games.

1. Are the same changing facilities used for athletics and games as for swimming or P.E.?
   (If separate changing, please answer next questions, otherwise go on to Section D).
   - Swimming changing used — 8
   - P.E. changing used — 9
   - Separate changing

2. What type of floor is there in the changing rooms ?
   - Cement — 10
   - Wood — 11
   - Tiles or patent surfaces — 12
   - .... Other (Specify) — 13

3. Are duckboards used ?
   - Yes — 14
   - No

4. After the activity do your pupils use showers or baths ?
   - Showers — 15
   - Baths — 16
   - Neither — 17

5. How are the changing room floors cleaned ?
   Please state how frequently :
   - .... Sweeping — 31
   - .... Water Only — 30
   - .... Water and Disinfectant — 29
   - .... Water and Hypochlorite — 28
   - .... Other (Specify) — 27

D. General.

1. For verruca sufferers do you—

(*a*) Exclude from swimming completely ?	A	26
(*b*) Allow swimming if verruca is covered ?	B	25
(*c*) Make no rules ?	C	24

2. Further, for verruca suffers, do you—

(*a*) Exclude from gym. work completely ?	A	23
(*b*) Allow barefoot gym. work if verruca is covered?	B	22
(*c*) Allow in gym. only if plimsolls worn ?	C	22
(*d*) Make no rules ?	D	20

3. Are there any other points regarding spread of foot infections worth mentioning ? Would you like to expand on any answers given above ? Please add any comments of your own below. 32

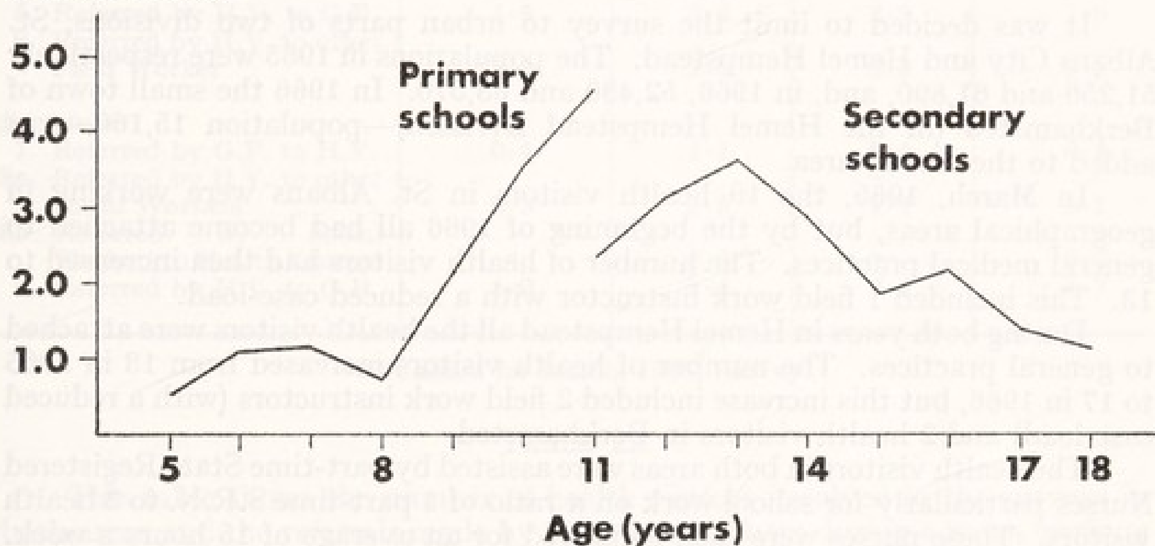

FIG. 19

"A STUDY OF HEALTH VISITOR ATTACHMENT TO GENERAL PRACTITIONERS IN HERTFORDSHIRE."

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Introduction.

It has been policy since 1964, in Hertfordshire as in certain other local health authorities, to attach health visitors and other members of the staff to group medical practice.[1, 2, 3, 4, 5]

Selection of Areas and Health Visitors.

It was decided to limit the survey to urban parts of two divisions, St. Albans City and Hemel Hempstead. The populations in 1965 were respectively 51,250 and 61,890, and, in 1966, 52,430 and 63,570. In 1966 the small town of Berkhamsted (in the Hemel Hempstead Division)—population 15,160—was added to the survey area.

In March, 1965, the 10 health visitors in St. Albans were working in geographical areas, but by the beginning of 1966 all had become attached to general medical practices. The number of health visitors had then increased to 13. This included 1 field work instructor with a reduced case-load.

During both years in Hemel Hempstead all the health visitors were attached to general practices. The number of health visitors increased from 13 in 1965 to 17 in 1966, but this increase included 2 field work instructors (with a reduced case load) and 2 health visitors in Berkhamsted.

The health visitors in both areas were assisted by part-time State Registered Nurses particularly for school work on a ratio of 1 part-time S.R.N. to 3 health visitors. These nurses were each employed for an average of 15 hours a week.

Method.

The whole range of health visitors' duties was first studied by a Sub-Committee of the County and Divisional Nursing Officers, who designed the survey form which was prepared for 1965. Additional information was requested in the 1966 survey relating to referrals by social workers to health visitors, and there was also a further sub-division of all categories to clarify the types of referral.

The survey forms, together with the usual routine monthly report forms, were completed by the health visitors in March, 1965, and in October, 1966. The months selected were within school terms when health visitors would be fully engaged in all aspects of their work. Both forms required a daily entry of work done, time spent, and communications made and received.

The health visitors who were to take part in the survey had the purpose of the survey fully explained to them at a meeting beforehand and their comments were sought.

Results.

The findings were not subjected to statistical analysis because of the small number of health visitors involved and the short duration of the survey, also because of the number of evident variables. The results are useful in that they show differences which may indicate trends in the field of work of the health visitor and highlight the need for further studies.

TABLE 22.—AVERAGE REFERRALS PER HEALTH VISITOR PER MONTH (OF 20 WORKING DAYS).

	St. Albans		Hemel Hempstead	
	1965 Geographical	1966 Attached	1965 Attached	1966 Attached
A. Children.				
1. Referred by General Practitioner for visiting—				
(*a*) Within scope of Health Visitor responsibility	0·1	2·2	5·1	3·3
(*b*) Other	0	0	0·2	0·6
2. Visited at own selection	161·0	154·3	96·2	103·4
3. Visited at parents' request	11·8	9·9	9·0	10·2
4. Visited at Divisional Officer's request	1·7	2·5	4·8	4·1
5. Referred by H.V. to G.P.	1·5	3·3	2·3	1·9
6. Referred by H.V. to other Field Worker	2·1	3·5	3·0	2·1
B. Adults.				
7. Referred by G.P. to H.V.	0·4	4·1	5·4	6·4
8a. Referred by H.V. to other Social Workers	2·3	3·5	4·1	3·1
8b. Referred by Social Workers to Health Visitors	*	1.6	*	2·0
9. Referred by H.V. to G.P.	1·0	1·4	3·4	4·7

*Not asked for March, 1965, Survey.

TABLE 22.

This table shows the number of health visitors involved in the surveys in both areas and the referrals made by them and to them during a mean working month of 20 days. Although in St. Albans the referrals of children and adults from general practitioners to health visitors increased considerably following attachment, the greatest part of the increase comprised of elderly persons, as in Worthing [6] and Leeds [7] and the handicapped (see Table 26). Not surprisingly, in Hemel Hempstead where health visitors were attached in both years of the study, the referrals from health visitor to general practitioner also increased but the referrals of children from general practitioner to health visitor declined but to a level higher than that found in St. Albans in 1966. This decline may have been due to the setting up of " Well Baby " Clinics by certain of the general practitioners where both health visitor and general practitioner were dealing jointly with presenting conditions. The question of formal referral did not arise. The referral of adults from the general practitioner to the health visitor in both areas increased from 1965 to 1966. This may have been due to an increased awareness by the general practitioners of the skills of the health visitor.

The increase in referrals from health visitor to social worker in St. Albans following attachment may have resulted from an increased awareness of persons needing casework or may have been related to the merger of Health and Welfare Departments which became effective in 1966, but the numbers in this category are too small to allow firm conclusions to be reached.

TABLE 23.

This table relates to the allocation of time spent during an average working day. The decrease in time spent in schools in both areas in 1966 resulted from the use of part-time State Registered Nurses. It had been thought that the

mileage would be much higher in the area of attachment but this assumption has not been borne out. In St. Albans in 1966, the small rise was due to the urban and semi-rural nature of the practices, whereas in Hemel Hempstead, being a new town, practices were generally more confined to compact urban neighbourhoods as in Salford.[8]

TABLE 23.—AVERAGE WORKING DAY.

	1965 St. Albans Geographical		1966 St. Albans Attached		1965 Hemel Hempstead Attached		1966 Hemel Hempstead Attached	
Mileage.								
10. Daily Mileage	11·9		14·5		11·8		11·2	
Time.	*Hrs.*	*Mins.*	*Hrs.*	*Mins.*	*Hrs.*	*Mins.*	*Hrs.*	*Mins.*
11. In travel		47		57		56		49
12. In homes	2	7	2	38	2	14	2	27
13. On consultation with G.P.		1		6		12		8
14. On consultation with other Social Workers		11		14		16		14
15. On consultation with A.C.M.O.s		1		1		2		2
16. On consultation with Divisional Officers		5		5		5		4
17. On clerical work		50	1	49	1	36	1	27
18. On special work (e.g. surveys)		1		7		2		20
19. In schools (excluding teaching)		41		24		50		33
20. On teaching or talks		8		20		13		21
21. At Child Welfare Sessions		46		42	1	6	1	11
22. Other recorded work		1		5		5		4
Total on Survey Form	6	39	7	28	7	37	7	39
Under or over recorded time		+ 52				− 6		
Total on M.C.W. 108	7	31	7	28	7	31	7	39

Travelling time increased in St. Albans in the year of attachment by ten minutes per day to 57 minutes, whereas in the Hemel Hempstead area the travelling time was reduced in the second year of attachment by 15 minutes to 49 minutes, as a result of more detailed planning of days' activities (Akester and McPhail—1964—commented that in Leeds the health visitor averaged $1\frac{1}{2}$ hours a day in travelling).[9]

The time spent in Child Welfare Centres was greater in both years in Hemel Hempstead as this included time spent with the general medical practitioners, some of whom conducted their own child welfare sessions.

The time spent on clerical work in both areas was similar to the County average. Much of this time was spent telephoning, writing special reports in longhand, and interviewing callers at the Centre.

TABLE 24.—AVERAGE CASE LOAD.

	St. Albans		Hemel Hempstead	
	1965	1966	1965	1966
Children under 5 years	559	519	472	492
Schoolchildren	1,045	1,016	1,131	1,019
Elderly (over 65 years)	13	14	48	56
Handicapped (15–65 years)	1·0	3·6	3·2	3·4
Mentally Disordered	1·3	4·3	4·6	4·8

TABLE 24.—TOTAL AND AVERAGE CASELOADS.

In planning general medical practitioner attachments attention was paid to the need for ensuring that the case load of children would be the same as for

geographical areas. The case loads of the elderly, handicapped, and mentally disordered merely indicated the people referred to the health visitor. In time their case loads would be those of the doctor's practice. In 1965 in Hemel Hempstead the number of elderly referred was considerably larger than in St. Albans that year. There was a slight increase in 1966 in Hemel Hempstead whereas in St. Albans the numbers remained the same.

In both areas in 1966, the number of handicapped and mentally disabled had increased to a similar level. In St. Albans referrals of these groups in 1966 had shown a considerable increase over the numbers referred in 1965 when the health visitors were not attached to general practice.

TABLE 25.—RANGE OF ACTIVITIES.

	St. Albans Geographical		Hemel Hempstead Attached	
	Total Sessions		Total Sessions	
	1965	1966	1965	1966
School Medical and Personal Hygiene examinations	69	44	58	60
County Child Welfare Clinics	63	50	76	105
G.P. Child Welfare Clinics	—	—	26	24
Other sessions and meetings	81	32	113	109

TABLE 25.

This table has been included to show the range of activities during the survey months of March and October. The variation of activities was expected.

TABLE 26.—HOME VISITS ON MONTHLY REPORT EXPRESSED IN PERCENTAGES.

Hertfordshire County Council		St. Albans		Dacorum	
		1965	1966	1965	1966
Health Visiting	Home Visits	%	%	%	%
1. *Child Welfare.* (*a*) Children born in 1966 (*b*) Children born in 1966 (*c*) Children born in 1965 (*d*) Children born in 1965 (*e*) Children born in 1961/64 (*f*) Children born in 1961/64	 First-visit Re-visit First visit Re-visit First visit Re-visits	85·6	81·7	71·3	76·6
2. *Aged.* (*g*) Persons 65 years and over (*h*) Persons 65 years and over (*i*) Number in (*g*) visited at special request of G.P. or hospital	 First visits Re-visits	1·6	3·3	5·8	5·5
3. *Mental Health.* (*j*) Mentally disordered (*k*) Mentally disordered (*l*) Number in (*j*) visited at request of G.P. or hospital	 First visits Re-visits	0·2	1·0	1·6	1·9

Hertfordshire County Council		St. Albans		Dacorum	
		1965	1966	1965	1966
Health Visiting	Home Visits	%	%	%	%
4. *Hospital discharges.*					
(*m*) Persons excluding maternity cases discharged from hospital (not mental)	First visit	0·1	0·1	0·1	0·2
(*n*) Persons excluding maternity cases discharged from hospital (not mental)	Re-visit				
(*o*) Number in (*m*) visited at request of G.P. or hospital					
5. *Tuberculosis and other infections.*					
(*p*) Number of tuberculous households	First visit				
(*q*) Number of tuberculous households	Re-visited				
(*r*) Households visited on account of other infectious disease	First visit	0·1	0	0·4	0·4
(*s*) Households visited on account of other infectious disease	Re-visited				
6. *Ante-Natal.*					
(*t*) Expectant mothers	First visit				
(*u*) Expectant mothers	Re-visits	1·3	1·7	2·6	2·4
7. *Adoption.*	First visits				
	Re-visits	0·3	0·7	0·7	0·3
8. *Nurseries and Child Minders.*	First visits	0·7	1·0	0·7	0·3
	Re-visits				
9. *Disabled.*	First visits				
	Re-visits	0·4	1·5	0·5	0·4
10. *Social Problems* (not otherwise specified).	First visits				
	Re-visits	2·2	3·2	3·2	5·8
11. *School nursing.* Home visits (personal Hygiene follow up) Home visits (other follow-up inc. B.C.G.)		7·5	5·8	13·1*	6·2
Casual visits—School					
	Total (visits)	100·0 (2,316)	100·0 (2,466)	100·0 (2,097)	100·0 (2,294)
Percentage in sections 2, 3, 9, and 10		4·4	9·0	11·1	13·6

*This percentage raised due to an outbreak of an infectious disease amongst schoolchildren.

TABLE 26.—NUMBER OF HOME VISITS RECORDED ON MONTHLY REPORT FORM MCW 108.

The visits recorded on the monthly report form have been divided into 11 categories and expressed as percentages. In St. Albans in 1966, when health visitors were attached to general medical practitioners there was a slight fall in visits to children under five. These were still higher than in Hemel Hempstead by approximately 5 per cent.

In both areas, as in Portsmouth with a scheme of attachment, there was an increased proportion of home visits made to the elderly and social problems not specified, particularly in the latter category in Hemel Hempstead. As was anticipated there was an overall increase in work with the elderly, mentally ill, disabled, and social problems, markedly in St. Albans in 1966 from 4·4 to 9 per cent, and in Hemel Hempstead from 11·1 to 13·6 per cent.

TABLE 27.—AVERAGE NUMBER OF GENERAL MEDICAL PRACTITIONERS WITH WHOM HEALTH VISITORS WERE WORKING.

	St. Albans		Hemel Hempstead	
	1965 Geographical	1966 Attached	1965 Attached	1966 Attached
Total number of Health Visitors .	10	13	13	17
Full time equivalent	8·87	11·95	11·34	15·24
Number of General Medical Practioners to each Health Visitor	27·5	3·6	3·8	3·5

TABLE 27.—THE AVERAGE NUMBER OF GENERAL MEDICAL PRACTIONERS WITH WHOM HEALTH VISITORS WERE WORKING.

This table shows the number of health visitors who took part in the survey in each year and the average number of doctors with whom health visitors could be working. In 1966, the average number of general medical practitioners with whom the health visitor was working was the mean number of doctors in a group practice.

CONCLUSIONS.

The survey has shown that the range and amount of work carried out by the health visitor increased following attachment to general medical practitioners, more time has been spent in consultation with general practitioners and more referrals took place between health visitor and general practitioner. The number of referrals made by health visitors to social workers also increased.

The comparison of the number of referrals was not easy as health visitors and general medical practitioners vary in their method of working, which led to difficulty in comparing the number of referrals made by the individual health visitors and doctors. Travelling time and mileage were not found to increase significantly with the attachment schemes. The survey has shown that there is a need for reduction in the time spent on clerical duties and administration.

The small scale of the study has made statistical analysis and deduction of firm conclusions difficult. The need for a large scale study is evident and it is intended to carry this out within the County.

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VACCINATIONS AND IMMUNIZATIONS.

Tables 28 and 29 give details of vaccinations and immunizations carried out during the year.

It will be apparent from Table 29 that a steady general increase in numbers has been maintained. (It will be remembered that a smallpox outbreak in the midlands accounted for the unusually high number of vaccinations in 1966.)

During the year, preparations were made to operate an appointments scheme using the County Council's computer, and this was launched in East Herts in January, 1968. Since 1st July, 1967, birth notifications of children born within the county have been processed by the computer, and because of this it is possible to send out an appointment for every child to attend a clinic or its own doctor for immunizations as they become due. It is therefore expected that the numbers immunized will increase substantially and that our records will be maintained much more accurately than has been possible hitherto.

The success of our new venture relies heavily on the goodwill of all concerned ; general practitioners, our own medical and clinic staff and, of course, parents. So far we have been very impressed by the co-operation we have received, and we are most grateful for it.

It will be interesting to see the results of the scheme at the end of a year, when it will be operating over most of the county.

B.C.G. Vaccination.

In the past, routine vaccination has been given at 13 years of age, but it has been decided that in future it will be offered at secondary school entry. To achieve this, 13 and 12-year-old children were vaccinated in 1967, and in 1968, 12 and 11-year-olds will be dealt with. This accounts for the high numbers given protection in 1967 and this will apply also in 1968.

It will be seen that the number of positive reactors has dropped from 1 in 22 for 1966 to 1 in 27.

TABLE 28.

		Schoolchildren approximately 13 years of age.	*Students attending Further Education establishments.**
(1) Skin tested		17,540	4
(2) Positive reactions :—			
(*a*) in children and students who had already received B.C.G. vaccination, but more than five years previously	574		
(*b*) in children and students who had not previously been vaccinated	609		
	—	1,183	
(3) Negative reactions		15,733	4
(4) Vaccinated		15,602	4

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

TABLE 29.—IMMUNIZATIONS.

Immunizations	1967			1966			1965			1964		
	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 . . .	5,438	5,373	10,811	5,405	5,681	11,086	4,930	5,311	10,241	4,871	4,455	9,326
Re-vaccination .	51	717	768	124	1,025	1,149	51	391	442	66	1,548	1,614
Totals . .	5,489	6,090	11,579	5,529	6,706	12,235	4,981	5,702	10,683	4,937	6,003	10,940
DIPHTHERIA.												
Primary doses . .	8,084	6,038	14,122	8,241	5,689	13,930	7,761	6,135	13,896	8,253	6,588	14,841
Reinforcing doses .	12,788	8,106	20,894	12,736	6,875	19,611	13,097	6,345	19,442	11,288	5,424	16,712
Totals . . .	20,874	14,144	35,016	20,977	12,564	33,541	20,858	12,480	33,338	19,541	12,012	31,553
WHOOPING COUGH.												
Primary doses . .	7,590	5,904	13,494	7,769	5,577	13,346	7,393	6,002	13,395	7,976	6,474	14,450
Reinforcing doses .	6,326	5,494	11,820	5,890	4,806	10,696	6,197	4,458	10,655	5,699	3,619	9,318
Totals . . .	13,916	11,398	25,314	13,659	10,383	24,042	13,590	10,460	24,050	13,675	10,093	23,768
TETANUS.												
Primary doses . .	8,145	6,388	14,533	8,548	5,873	14,421	8,987	6,334	15,321	10,291	6,764	17,055
Reinforcing doses .	12,859	8,843	21,702	12,781	7,008	19,789	13,042	6,423	19,465	9,199	5,277	14,476
Totals . . .	21,004	15,231	36,235	21,329	12,881	34,210	22,029	12,757	34,786	19,490	12,041	31,531
POLIOMYELITIS.												
Primary doses . .	9,297	6,300	15,597	10,541	5,868	16,409	9,482	6,252	15,734	*	*	16,565
Reinforcing doses .	10,126	6,772	16,898	8,334	4,417	12,751	7,532	4,112	11,644	*	*	9,877
Totals . . .	19,423	13,072	32,495	18,875	10,285	29,160	17,014	10,364	27,378			26,442

* Figures not available.

Table 30.—Notifications of Infectious Diseases, 1967.

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	13	62	—	—	845	—	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	25	—	11	3	—	969
2 Hertford	3	6	—	—	306	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	4	1	—	323
3 St. Albans	13	16	—	—	779	—	4	4	—	—	—	—	—	—	1	1	1	—	—	—	—	9	—	8	—	—	836
4 Watford	23	38	—	—	1,068	—	8	7	—	—	1	—	—	4	—	10	—	—	—	—	—	1	—	29	4	—	1,193
Totals Boroughs	52	122	—	—	2,998	—	14	21	—	—	1	—	—	4	1	11	1	—	—	—	—	36	—	52	8	—	3,321
Urbans—																											
1 Baldock	5	—	—	—	89	—	20	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	3	—	—	119
2 Berkhamsted	—	4	—	—	320	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—	—	328
3 Bishop's Stortford	4	5	—	—	808	—	1	3	—	—	—	—	—	1	—	6	—	—	—	—	—	—	—	5	—	—	833
4 Bushey	5	17	—	—	153	—	—	2	—	—	—	—	—	—	—	5	8	—	—	—	—	—	—	4	—	—	194
5 Cheshunt	33	5	—	—	505	—	—	2	—	1	—	—	—	2	—	6	4	—	—	—	—	—	—	1	1	—	560
6 Chorleywood	—	15	—	—	107	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	122
7 Harpenden	10	7	—	—	588	—	—	4	—	—	—	—	—	1	—	—	—	1	—	—	—	3	—	1	—	—	615
8 Hitchin	4	7	—	—	450	—	—	1	—	—	—	—	—	1	—	1	1	—	—	—	—	1	—	6	—	—	472
9 Hoddesdon	5	15	—	—	475	—	4	2	—	—	—	1	—	3	—	2	—	—	—	—	—	7	—	7	—	—	521
10 Letchworth	9	3	—	—	580	—	3	—	—	—	—	—	—	2	—	7	1	2	—	—	—	4	—	7	3	—	621
11 Potters Bar	4	9	—	—	177	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	3	2	—	196
12 Rickmansworth	3	11	—	—	468	—	1	5	—	1	—	—	—	2	—	19	—	—	—	—	—	4	—	1	1	—	516
13 Royston	3	2	—	—	235	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	244
14 Sawbridgeworth	—	—	—	—	50	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	53
15 Stevenage	25	10	—	—	1,162	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	1	—	3	—	—	1,204
16 Tring	—	—	—	—	256	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	258
17 Ware	1	2	—	—	77	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	—	—	83
18 Welwyn Garden City	14	11	—	—	974	—	16	1	—	—	—	—	—	4	—	—	21	—	—	—	—	—	—	4	3	—	1,048
Total Urbans	125	123	—	—	7,474	—	48	20	—	3	—	1	—	19	1	50	35	3	—	—	—	23	—	52	10	—	7,987
Rurals—																											
1 Berkhamsted	—	4	—	—	115	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	5	—	—	—	—	125
2 Braughing	14	2	—	—	352	—	3	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	1	—	375
3 Elstree	19	59	—	—	563	—	2	1	—	—	—	—	—	1	—	11	—	—	—	—	—	10	—	7	2	—	675
4 Hatfield	17	18	—	—	665	—	1	—	—	—	—	—	—	1	—	—	6	3	—	—	—	—	—	4	—	—	715
5 Hemel Hempstead	—	3	—	—	144	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	1	—	—	152
6 Hertford	10	—	—	—	162	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	175
7 Hitchin	5	10	—	—	415	—	1	—	—	—	—	—	—	1	—	—	3	—	—	—	—	—	—	3	2	—	440
8 St. Albans	9	5	—	—	633	—	3	1	—	—	—	1	—	1	—	2	—	—	—	—	—	6	—	11	3	—	675
9 Ware	4	12	—	—	96	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	118
10 Watford	33	85	—	—	904	—	3	28	—	1	2	1	—	4	—	16	1	—	—	—	—	9	—	2	2	—	1,091
11 Welwyn	—	—	—	—	215	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	217
Totals Rurals	111	198	—	—	4,264	—	18	30	—	1	2	2	—	10	—	29	11	3	—	—	—	34	—	34	11	—	4,758
Totals County	288	443	—	—	14,736	—	80	71	—	4	3	3	—	33	2	90	47	6	—	—	—	93	—	138	29	—	16,066

CARE AND AFTER-CARE.

TUBERCULOSIS.

Although the notifications of new cases of tuberculosis continued to fall in number during 1967, it will be seen from the reports which the chest physicians have kindly supplied that the chest clinics have become busy centres for the treatment and care of many lung and heart conditions.

With the attachment of health visitors to the groups of family practitioners, the need for special domiciliary visitors to deal with cases of tuberculosis has decreased and the few still in the service in this capacity are largely becoming clinic staff providing links with the health visitors in the field. It has been possible to arrange in several parts of the county short courses of training for the health visitors in the modern techniques of treatment of tuberculosis and other chest conditions so that they can bring where necessary into their daily work the expertise of the special hospital staffs.

TABLE 31.—NOTIFICATIONS OF PULMONARY AND NON-PULMONARY TUBERCULOSIS.

	1965				1966				1967			
	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 . .	90	44	135	0·23	77	48	125	0·21	66	38	104	0·17
Rural . .	35	20	55	0·21	28	13	41	0·16	20	14	34	0·13
County . .	125	64	190	0·22	105	61	166	0·19	86	52	138	0·16
Non-Pulmonary.												
Urban . .	6	10	16	0·03	13	11	24	0·03	6	12	18	0·03
Rural . .	1	5	6	0·02	3	6	9	0·03	6	5	11	0·04
County . .	7	15	22	0·03	16	17	33	0·03	12	17	29	0·03
Pulmonary and Non-Pulmonary												
Urban . .	96	54	150	0·25	90	59	149	0·25	72	50	122	0·20
Rural . .	36	25	61	0·27	31	19	50	0·18	26	19	45	0·17
County . .	132	79	211	0·24	121	78	199	0·22	98	69	167	0·19

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

" The trend for an increase in the non-tuberculous medical chest conditions referred to us either by the general practitioners or by the Mass Radiography Unit continues. It is, however, worth noting that there were 5 new tuberculous patients from whom tubercle bacilli were isolated and there were 14 cases of new patients considered to have active disease but from whom tubercle bacilli were not isolated.

We have continued our policy of recovering and discharging patients whose disease appears to have been healed for some years, 78 having been recovered in the year.

The total number of patients attending the chest clinic (excluding those attending for " X-ray only ") is very little changed, with an increase in the percentage of medical chest conditions in the overal numbers surveyed.

Since the last report our remaining health visitor at the clinic has resigned and the work is now being carried out by the general health visitors, which we anticipate will provide a very satisfactory service for the patients.

The Mass Radiography Unit has continued to provide an excellent service and has taken a considerable load off the X-ray Department at the West Herts Hospital, as well as going out to outlying districts and providing X-ray facilities which would otherwise be difficult for the patients to obtain.

The staff of the School Health Service are of considerable assistance in carrying out Mantoux testing and giving B.C.G. vaccination to the school-children about the age of 13 years."

Report of Dr. P. W. Roe and Dr. J. H. Angel, South West Herts :—

" For the second year in succession the total new notifications of tuberculosis has risen by 3 during 1967. At the same time the new notifications among immigrants have fallen by 4, 1 more than the increase. The largest increase is among the group from which tubercle bacilli have not been isolated and this group includes 11 children infected by a single adult source case, whose many activities led to the infection of children at home, at work, and at youth club activities. The investigation of contacts of this case led to an increase of new contacts seen over the previous year and further contacts are still being examined and followed up. This single epidemic has strained the resources of the department more heavily than on any occasion for over ten years and it is hoped that pressure will ease during 1968. While some reduction in staff assigned to tuberculosis work is logical in present circumstances, the public health authority should not disband the organization of this control completely.

The total number of persons under regular supervision for tuberculosis has fallen from 2,705 persons on 31st December, 1966, to 2,544 persons on 31st December, 1967. The percentage of patient attendances for medical chest diseases has risen from 28 per cent in 1966 to 35 per cent in 1967.

Systematic work in the prevention of other chest diseases such as bronchitis, bronchial asthma, and lung cancer is not yet possible owing to limited resources, but some progress is being made. The fuller recognition of industrial hazards to the chest and the more precise diagnosis of recognized industrial diseases such as asbestosis continues to be a substantial feature of preventive work in the respiratory field of medicine. The further provision of specialist services and full laboratory facilities for the measurement of lung function on a scale comparable to radiological chest examination will doubtless remain in abeyance until additional financial resources can be made available."

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

" The number of notifications continues at a low level. Although there were 27 new cases in 1967, as against 17 in 1966, over half were in the T.B. negative group, and of the remainder only 3 had a direct positive sputum. Only 1 patient, who has drug resistant organisms, remains intermittently positive. The majority of new cases are due to breakdown of old lesions rather than fresh infections. Of the 27 notifications 7 were immigrants, none of whom were direct sputum positive.

New patients in all categories increased from 1,397 to 1,608 at Hitchin, and declined from 403 to 374 at Stevenage. This was due to increasing pressure during the last quarter of the year on the X-ray Department at Stevenage making it necessary to see some of the new Stevenage patients at Hitchin. For the same reason, from the beginning of 1968, the Stevenage Out-Patient sessions have been transferred back to Hitchin, and all Stevenage patients are now being seen at Hitchin.

The combined total of new patients at both clinics increased from 1,800 to 1,982. The most striking feature has been the large number of asthmatics referred. Many of them require long-term supervision. On the other hand it has been less essential to see old tuberculosis patients quite so frequently. Chronic bronchitis and emphysema, and bronchial carcinoma, unfortunately still remain prevalent."

Report of Dr. A. Pines, East Herts :—

Hertford Chest Clinic.

292 new patients were seen during 1967, slightly less than in previous years. Of these 40 required admission to either Ware Park or the Herts and Essex Hospitals. 16 new cases of pulmonary tuberculosis were diagnosed, 6 having positive sputa, and one case of T.B. neck glands.

16 new cases of lung cancer were diagnosed, and 1 new case of sarcoidosis. 77 patients had bronchitis in varying stages and the remaining 181 other new patients had diverse pulmonary, cardiological, and medical diagnoses.

21 patients were referred by the Mass X-ray Unit, of these 4 were found to have active tuberculosis and received treatment, and one was found to have carcinoma which was operable. The patient is doing well following surgery.

26 school children were X-rayed following positive Heaf tests, and of these 8 remain under observation. Similarly, 1 of the cases picked up by Mass Radiography was a teacher in a Convent School, and 10 of the staff and all the children taught by the patient have been checked. No abnormality was found.

169 new contacts have been examined.

1,941 old patients have been seen during the year, comprising 177 contacts, 483 T.B. cases, and 1,281 non-tuberculosis patients.

Bishop's Stortford Chest Clinic.

During 1967, 350 new patients were seen, of whom 12 were admitted to hospital. 5 were new cases of tuberculosis. 139 were new contacts and were followed up as necessary. 11 were old tuberculosis cases who had moved into the area.

34 were referred by Mass Radiography and no further action was found necessary on 15 of them. Of the other 19, 4 had tuberculosis and 15 were treated for other illnesses. 9 new patients were suspected of having carcinoma of the lung.

39 school children were referred for chest X-ray following positive Heaf tests at school.

There were 31 new cases of bronchitis.

In addition to the new patients, 865 old patients were also seen. This figure includes 156 contacts, 235 cases of tuberculosis still under observation, and 478 patients with illnesses of a non-tuberculous nature."

Report of Dr. T. A. W. Edwards, St. Albans and Mid-Herts Areas :—

" 24 new cases of pulmonary tuberculosis were diagnosed in 1967 as compared with 32 last year. Of these only 2 were sputum positive on direct examination ; 8 were sputum or laryngeal swab culture positive ; the remainder were negative. 6 of these 24 cases were found as a result of contact examination ; 4 children, contacts of their mother, with ages ranging from 21 months to 14 years, were found to have a positive tuberculin test, and although their X-rays were quite normal and have remained so they were given chemotherapy. 2 of the new cases were Pakistanis, 1 being sputum negative and 1 culture positive.

In the last year or so 2 patients have had an infection with a typical mycobacteria. One of these has been identified as mycobacterium xenopei and the patient was successfully treated by lobectomy.

3 chronic sputum positive patients are known to be living in this area. 2 are drug resistant and 1 remains fully sensitive to standard drugs but does not co-operate in taking treatment. No secondary cases have been traced to these sputum positive individuals. Their ages are 85, 77 and 63 years.

Although tuberculosis is a diminishing problem, chronic bronchitis, asthma, and lung cancer continue to present a very considerable problem."

Report of Dr. A. G. Hounslow, Barnet Chest Clinic :—

"On 1st September, 1967, the clinic catchment area was enlarged to include the former boroughs of Finchley and Friern Barnet, following the closure of Finchley Chest Clinic in August, 1967. This has tended to mask trends discernible in the statistical tables covering the work of the past few years. The volume of administrative and clerical work involved in the amalgamation, however, has been such that it has not been thought justifiable to attempt a complete break-down into all the component parts of the catchment area.

Although the steady decline in tuberculosis work has continued, so far as the amount of work is concerned, it should be noted that non-tuberculous conditions such as bronchitis and asthma are far more time and energy-consuming than tuberculosis. The incidence of carcinoma of the bronchus appears to be slowly increasing in the area. It has not been possible to introduce 'anti-smoking' clinics, but judging by the experience in other areas these have not proved to be an unqualified success, and it is not intended to introduce them in 1968.

It is disappointing to note that 9 of the 35 newly notified patients were under 20 years of age, compared with 4, 3, and nil in 1966, 1965, and 1964 respectively. None of the 9 had had B.C.G. vaccination: 3 were infants diagnosed on initial examination, 2 were already tuberculin positive on pre B.C.G. testing at school, 2 refused B.C.G. at school, and 2 were immigrants.

173 new contacts were examined and 370 repeat examinations made (fewer than in 1966, 263 and 573 respectively); as a result, 4 new cases of tuberculosis came to light, 3 in Barnet Borough and 1 in Hertfordshire. 2 further cases were tuberculosis contacts, although not diagnosed on contact examination."

Convalescence.

Convalescence after illness or accident has long been recognized as a factor in helping patients to return to normal health, and the number sent to convalescent homes increased considerably during 1967. As the table shows 176 patients went to the Hertfordshire Home at St. Leonards, a home maintained by a voluntary committee, and 125 to other Homes. The majority were old people recommended by their doctors, by hospitals, or by the staff of the local authority, and included a number who were quite seriously handicapped. It was possible on occasion to have some of these seriously handicapped patients admitted to hospital, but the general shortage of accommodation, however, has all too frequently meant long waiting periods for a bed in the few homes which will accept them. This waiting period does affect families who wish to have a holiday during the summer months, and it is therefore very necessary that the requests for help should be received as early as possible in the year.

Table 32.

Applications received from :—		
General practitioners	405	
Hospitals	29	
Chest clinics	12	
		446
Patients who were not acceptable for the County Council's scheme	37	
Patients for whom no vacancy could be obtained owing to their condition	6	
Cancellations by applicants	102	
		145
Number sent to—The Hertfordshire Convalescent Home	176	
Other Homes	125	
		301

14 mothers with a child or children and 28 married couples were sent away together.

Medical Equipment Loan Scheme.

The provision of aids to the handicapped has continued to be a field of help to which there would appear to be no boundaries. The infirmities of age, and disablements which may result from disease or accident, affect quite considerably the physical independence of an increasing number of people in the county every year. The need to assist as many as possible to look after themselves or to require the minimum of help in the home has not only meant the supply of a countless number of a wide variety of articles, but also in many cases adaptations in the homes themselves to permit more suitable living accommodation. Special beds, hoists of different kinds, wheelchairs, commodes, bath seats, have continued to be made available under this medical loan equipment scheme, but in addition, the new Renal Dialysis (artifical kidney) facilities enabling persons to return home with their special apparatus after several weeks training in hospital has necessitated further alterations in the homes, including the provision of water-proof floor covering, sink units, and extra plumbing—the apparatus itself being supplied by the hospital concerned.

One severely handicapped person already supplied with several types of equipment was during the year accepted by the Ministry of Health as suitable for the new patient operated selector mechanicism (possum) whereby, he was able by means of mouth suction on a tube to carry out various activities in his home.

Heroin Abuse.

It is inevitable because of the proximity of Hertfordshire to London that some of the characteristics of that cosmopolitan city should find their way into the county scene and drug abuse is no exception. In particular, the increase in the numbers of heroin addicts in this country has been rapid—the majority of known users of heroin being concentrated in the London area. The indiscriminate prescribing habits of one or two medical practitioners in that city gave considerable impetus to the spread of heroin addiction and not surprisingly a number of young people from Hertfordshire have found themselves involved. The activities of the Special Drug Squad introduced by the Hertfordshire Police earlier in the year unearthed over a hundred heroin users in the County (though this is not to say that all had become addicted to the drug), and the majority are concentrated in the Hatfield/Welwyn Garden City area. As the Drug Squad is based at Welwyn Garden City their investigations are concentrated initially in that area and it would appear from these investigations that a substantial number of heroin users could be traced back to a common source.

The publicity given in the national press to the efforts made in this county to detect the size and extent of the problem was at times sensational and did little to encourage rational and unemotional consideration of this relatively new cult which, in truth, is a national problem and not peculiar to Hertfordshire. Nevertheless, the need for public awareness and understanding is essential if any positive steps are to be taken to control the spread of drug abuse, and to that extent for clear and authoritative information without ambiguity or embellishment should be made public. Whilst adequate treatment and rehabilitation services are necessary to deal with heroin addicts willing to accept help (and not all do) the fundamental problem is to discover why some young people resort to drugs in the first place, for this is the basis of any preventive measures which may be applied. At the present time our knowledge is limited, and preventive measures are based in the main on control over the distribution and prescribing of heroin and associated drugs by medical practitioners, and on the activities of the police whose discovery of individual users of heroin as they arise together with their sources of supply provides a means of limiting the number of centres of spread in any area. Similarly, education in schools ensures that young people are made aware of the dangers of drug abuse and hence

should be better equipped to deal with abnormal situations as they arise. Such measures may well prove to be effective in controlling the number of heroin users in this country, and time alone will show this, but heroin is but one aspect of the drug scene and it is already evident that methedrine abuse is increasing. It would appear that similar controls as with heroin should be applied to the prescribing and distribution of this drug.

Family Planning.

The practical effect of the National Health Service (Family Planning) Act, 1967, was to extend the authorities' powers to deal with those seeking family planning advice on social grounds—a power which they already possessed for those seeking advice on medical grounds.

The County Council gave general approval to the extension of powers, and preliminary discussions were held with the Family Planning Association to see how their organization could assist in carrying out the additional work.

No steps could, however, be taken to implement the provisions of the new Act, as it was envisaged the cost might well exceed £10,000 in a year and could possibly be greatly in excess of this sum. In view of the financial position of the county this additional expenditure could not be contemplated at the present time and action was deferred.

AMBULANCE SERVICE.

There has been a further increase in the demands on the Ambulance Service compared with last year. The increase in the number of patients carried was 26,542 of which the largest proportion was in respect of out-patient removals.

It is considered that the policy of extended day treatment instead of in-patient treatment and additional clinic facilities provided by hospitals for out-patients, are the main reasons for the increase which is proportionately higher than the rise in population during the same period.

Although every effort is made to reduce the demands on the service, if the present policy is extended, further increases must be anticipated.

The graph on page 58 shows the trend in demands on the service during the last ten years compared with the growth of population.

Table 33.

	1966	1967	Increase or decrease	
Patients.				
Directly provided service	300,713	328,369	Increase	27,656
Hospital Car Service	28,128	27,386	Decrease	742
Isolation Ambulance	152	291	Increase	139
Agency (Garston Manor Rehabilitation Centre vehicle)	2,351	1,840	Decrease	511
Mileage.				
Directly provided service	1,965,732	2,102,021	Increase	136,289
Hospital Car Service	592,513	599,156	Increase	6,643
Isolation Ambulance	1,364	1,344	Decrease	20
Agency (Garston Manor Rehabilitation Centre vehicle)	4,790	4,652	Decrease	138

The directly provided service shows a reduction in the average number of miles per patient from 6·54 to 6·40.

There has been a further reduction in the number of accident cases but sudden illness cases have increased.

Details of the number and classification of patients conveyed each year over the same period are shown in Table 34 and the number of patients carried per thousand population are given in Table 35.

During 1966 the number of patients carried by the directly provided service showed an increase of 2·89 per cent over the previous year and an increase in mileage of 5·33 per cent. In 1967 the number of patients carried shows an increase of 9·20 per cent with an increase in mileage of 6·93 per cent.

Table 33 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 1966 and 1967.

TABLE 34.

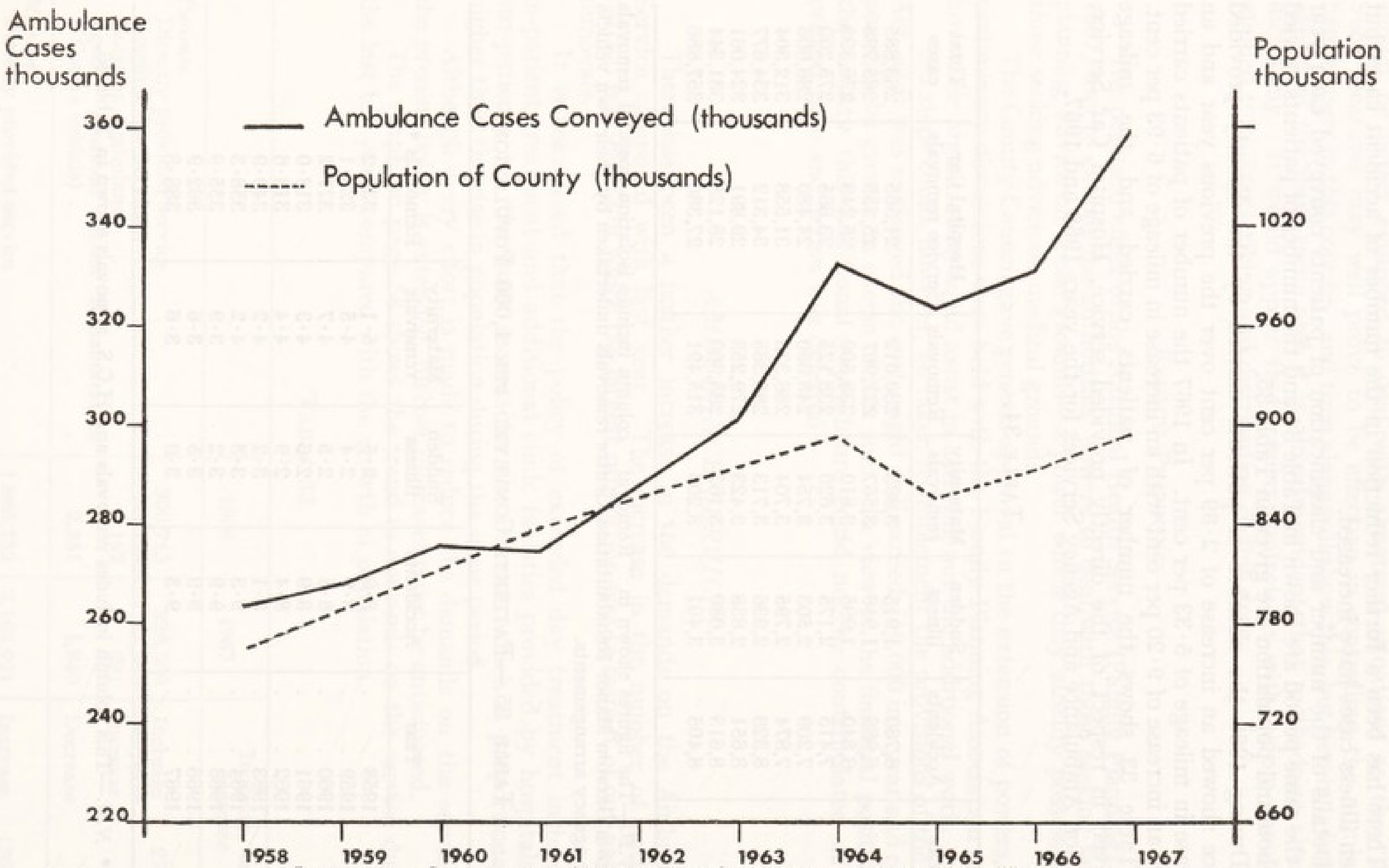
Year	Accidents	Sudden illness	Maternity removals	Removals	Hospital Car Service removals	Total cases
1958 .	6,760	1,915	3,893	230,012	21,305	263,885
1959 .	6,988	1,916	3,567	227,967	25,355	265,793
1960 .	6,840	1,995	3,810	238,500	25,248	276,393
1961 .	7,415	2,175	3,620	238,125	23,865	275,200
1962 .	7,209	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
1967 .	8,405	3,401	3,203	315,491	27,386	357,886

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

TABLE 35.—PATIENTS CONVEYED PER 1,000 POPULATION.

Year	Accidents	Sudden illness	Maternity removals	Removals *
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
1967 . .	9·5	3·9	3·6	388·8

* *N.B.*—This column includes removals and H.C.S. removals shown in Table 66.



GRAPH 4.—GROWTH IN AMBULANCE SERVICE FOR LAST TEN YEARS—
COMPARED TO GROWTH IN POPULATION.

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.*

During the year a total of 508 milk samples were examined for the presence of tubercle bacilli. There were no positive samples and as 7 years have now elapsed since tubercle was detected in milk sold in the county, there is justification for modifying our present biological sampling programme. At present, all farms are sampled yearly with the exception of producer/retailer farms (selling untreated milk direct to the public) which are sampled quarterly. The incidence of tuberculosis among dairy cattle is now so very low that it is thought that sampling may only be necessary where milk is sold without treatment by heat. This would have the effect of relieving public health laboratories of a great deal of work which involves the use of guinea-pigs into which milk is injected for testing purposes, and, in any case, there has been growing reluctance on the part of laboratories to test milks where it is known that they will be subjected to pasteurization before being sold to the public.

Towards the end of the year, the serious outbreaks of foot and mouth disease in the Midlands and North Wales led to a general curtailment of farm visiting and this influenced the number of samples taken. It was, however, possible to continue the sampling programme at wholesale dairies by checking theincoming milk.

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

Of the 508 samples examined biologically, 10 proved positive to brucella and this represents a percentage of 1·976. A three-cornered liaison scheme exists whereby the divisional veterinary officer of the Ministry of Agriculture, Fisheries, and Food is notified of positive samples, as is also the district medical officer of health for the area concerned. Advice can then be given to the farmer on the eradication of disease in his herd and on precautions to be taken regarding the use or sale of the infected milk. Pasteurization kills the brucella organism which is capable of infecting man and causing the disease known as undulent fever.

The Ministry of Agriculture, Fisheries, and Foods' voluntary scheme for the eradication of brucellosis began during the year. Farmers are encouraged to submit samples of milk for testing, and subject to there being no positive samples, a final blood test ensures that the herd can be listed as free of infection. It is hoped that as more farmers eradicate infected animals through this testing procedure, then greater reservoirs of disease-free cattle will be created and special sale facilities for uninfected animals can be organized. This will obviously be the preliminary stage in total eradication of the disease which may take some years to effect.

As in the case of tubercle testing, there is now a reluctance to use guinea-pigs for the detection of the brucella organism. Instead, an agglutination test is carried out which is more rapid and is nearly as effective. It is, however, influenced by the use of attenuated vaccines and, for this reason, farmers are recommended by the veterinary service to inoculate young stock only.

In September it came to light that a farmer at Barnet (within the county boundary) was suffering from Undulant Fever. A positive brucella sample had been obtained from the farm and, as already stated, the district medical officer had been notified of the result. Unfortunately the farmer contracted the disease before the infection was detected by our sampling and this underlines

the hazard of drinking raw milk even from a herd which in the past has shown no evidence of infection. Until there is a complete eradication scheme and this has been effective for a number of years, there will always be sporadic outbreaks of brucellosis in dairy cattle although, of course, these will become progressively less frequent.

(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. 1 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 than 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.—MILK SAMPLING RESULTS, 1967.

	Pasteurized milk			
	Phosphatase Test		Methylene Blue Test	
Pasteurizing plant samples:	Pass	Fail	Pass	Fail
Holder	119	1	118	2
H.T.S.T.	122	1	117	—
	No. of premises: Holder 3. H.T.S.T. 3			

It will be seen that there were few failing samples during the year. These were all investigated as soon as the results were obtained.

(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.

The sampling record was generally very satisfactory and it is pleasing to note that these comments also apply to samples obtained from vending machines. In the past, these machines have given considerable trouble, mainly

due to the fact that fluctuating sales have often meant that milk has been allowed to remain in the machine long enough to become relatively stale. Action has been taken to avoid this trouble in the past and this is now taking effect. It is hoped that the wider use of ultra-heat-treated milk will solve the storage problem in vending machines.

TABLE 37.—BACTERIOLOGICAL MILK SAMPLING RESULTS, 1967.

	Untreated milk		Pasteurized milk				Sterilized milk		U.H.T. milk	
	Methylene Blue Test		Phosphatase Test		Methylene Blue Test		Turbidity Test		Colony Count	
	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
Retail samples: Shops, dairies, etc.	16	—	204	—	195	3	23	—	26	—
	No. of premises: 247									
Vending machines .	—	—	32	—	32	—	—	—	—	—
	No. of machines: 12									

(e) *Milk in Schools Scheme.*

Under this scheme 542 County Council maintained schools received a supply of milk; 76·21 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.

The programme of milk sampling adequately ensures the maintenance of satisfactory supplies of milk.

During the year, 175 samples of milk supplied by the various dealers were subjected to test. Only 4 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 occurred.

SCHOOL CANTEENS.

During the year, school meals were prepared in 524 canteens at schools; 78·49 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 110,284 meals daily, prepared in 524 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 4 failures among the 54 samples taken. These related to the "methylene blue" or keeping quality test and were all investigated.

SWIMMING POOLS.

During the year, a total of 585 samples were obtained from school swimming pools within the county. 46 of these pools have continuous flow purification processes, with the addition of either chlorine gas or hypochlorite solution. Seven school swimming pools still run on the "fill and empty" principle

(i.e. pool is filled with mains water, chlorinated during use and then at the end of approximately two weeks, emptied and refilled). Surprisingly good results are obtained from this type of pool during the year due to care in chlorination procedure. The system is, however, wasteful of water and is not now recommended and, in fact, every encouragement is being given for modern purification systems to be installed.

TABLE 38.

School Swimming Pools Supervised and maintained by the County Council						Public Pools Supervised by local authorities	
Continuous-flow filtration				"Fill-empty" (All pools are open)			
Open		Covered					
Pass 348	Fail 7 (2·0%)	Pass 176	Fail 1 (0·6%)	Pass 53	Fail —	Pass 216	Fail 3 (1·4%)
No. of pools : 46		No. of pools : 8		No. of pools : 7		No. of pools : 20	

The reasons for failing samples may be relatively simple, for example "forgotten to order the chlorine"; "did not notice the chlorine level was low"; "we had a particularly heavy bathing load." All these points can be dealt with usually quite simply but from time to time defective apparatus may be the root cause of the failure. It is always sad when these defects occur at the beginning of the swimming season and consequently the pool may be out of action for several weeks while some minute part for the chlorinator or filter is ordered and awaited. For this reason it is strongly suggested that filtration, chlorination and other equipment should be regularly serviced by the manufacturers.

From a public health viewpoint, the major items of importance are (i) chlorine content of the water; (ii) alkalinity level; (iii) visual appearance.

Chlorination and Chlorine Determination.

The system of "break-point" chlorination is now universally adopted. Simply, this means adding sufficient chlorine to break-down organic material in the water in order to ensure the presence of molecular free chlorine which has considerable sterilizing capacity. Without going into the science of this, it is fortunate that chlorine testing sets are now available which will differentiate between "break-point" and "marginal" chlorine. (That is chlorine combined with organic ammonias.) For some years now we have used an apparatus which allows us to differentiate between the two types of chlorine in swimming pool water and this has helped considerably in our public health control.

Alkalinity Level.

There are good reasons for maintaining an alkaline reaction in the water. It is achieved automatically when hypochlorite solutions are used as they are alkaline anyway. In this case, it may result in excessive alkalinity and experiments are to be undertaken using acid to counteract the effects of this. The degree of alkalinity (pH level) is measured with the same apparatus used for chlorine detection but with a different reagent. If the alkalinity of the water is too low, there is a tendency for eyes and mucous membranes to be irritated, and if the level is too high, it can mean inefficient sterilization because of the difficulty in ensuring dissociation of chlorine in the water.

Visual Appearance.

The water should be clear and sparkling and any signs of turbidity may be due to an excessive bathing load or to dust and debris entering the pool. Sometimes inadequacy of the purification system, a lack of chlorine or defect in the filtration itself may cause turbidity. In the case of " pre-coat " filters, turbidity has been caused by the support bed of the filter medium failing structurally and allowing the filter material to enter the pool.

During the year, the sampling programme was modified. If it is found that there is not less than 1 p.p.m. of *Free* chlorine present throughout the pool *and* that the amount of *combined* chlorine is *less* than 0·5 p.p.m., bacteriological samples are not taken provided the following conditions are fulfilled :

(1) That the water is not turbid ; (2) That there is no evidence of overloading ; (3) That no defect is reported or apparent in the water treatment plant.

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 minimize 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 two new consents were issued for the disposal of putrescible refuse.

As in previous years, frequent inspections are carried out and every effort is made to see that toxic wastes or any discolouring materials are excluded from tips which could affect surface or underground water supplies. The excellent liaison which exists between the County Council and the local water companies continues, and when it is decided that certain types of waste material might prove hazardous to water supplies if tipped in vulnerable areas of the County, arrangements are made for safe disposal elsewhere where the geology is more favourable.

Gypsy Caravan Sites.

In previous years, details of the County Council's two gypsy sites in Hertfordshire have been included in this report. The camps which are at Cole Green (Holwell), nr. Hertford, and at Bushey have continued to prove a success and, in fact, at least three families from the Bushey site are in the process of being given houses at the time of writing this report. There were many visits to both camps during the year from local authority members and officers who are facing gypsy problems in their own area and also from representatives of the Press. The Private Members Bill now proceeding through Parliament will place some obligation on county councils and county district councils to provide and run sites for gypsies and this seems to be the answer in overcoming a problem which has no other satisfactory solution. Those authorities which have pioneered the setting up of gypsy camps have found that they have been subjected to considerable pressures from itinerants from other parts of the country who have arrived expecting to be given accommodation. An unfair burden is created which can only be removed by a more widespread setting up of camps throughout the country, especially in those areas where the gypsy problem is greatest. There is obviously a great deal of experience to be gained in the setting up and running of camps but the work can be extremely rewarding.

PART II—SOCIAL WELFARE SERVICES.

Report of the County Welfare Officer.

Whilst continued progress may be reported in many spheres of the social welfare services, and particularly in the further structure and development of the social work units, there were also the frustrations to the attainment of objectives, occasioned both by the stringencies of the financial climate, and in some areas of work the continuing shortages of staff.

In regard to the social work units, structures were established in two further divisions, whilst the planned integration of the blind welfare service took place smoothly and without undue difficulty being experienced. The basis of the establishment of social work staff was reviewed, a single establishment of social workers being created from the previous several establishments of specifically designated officers, and a common career grade being adopted for all such social workers. Approval was also given to the initiation of a pilot scheme to provide a service for hard of hearing persons, details of which had yet to be worked out.

Late spring saw the expected publication of the report of the committee appointed in October, 1962, by the National Council of Social Service under the chairmanship of Professor Lady Williams, C.B.E., to enquire into the recruitment and retention, training and field of work of the staff of residential accommodation (the "Williams Committee"). The conditions in the residential staffing field which prompted the setting up of the committee five years earlier had only worsened during the long period of their deliberations. Recruitment problems in this field have intensified, and the pressures on remaining staff referred to in last year's report are on occasions assuming even frightening proportions.

The Williams Committee have considered all aspects of the problem and produced a number of valuable recommendations under the headings of "Conditions of Work", "Residential Work as a Career", "Training", and "Community and Committee". These are generally welcomed as offering a "package" solution, but they need urgent consideration by the appropriate national bodies in order to arrest the present deterioration of the situation. In some of the matters discussed under "Conditions of Work", the county council has already anticipated the needs and the recommendations, but even here in such items as staff accommodation, anomalies exist upon which the council will need to take action unless an early remedy is offered nationally.

The pressures deriving from the increased level of infirmity experienced in residents of homes had to be recognized during the year by the increase in the number of designated nursing staff at Waverley Lodge, whilst the establishment of a modest day-care centre for the elderly at Berkhamsted, staffed by volunteers supporting the social workers, made a much needed contribution to the increasing problem of the care in the community of the elderly displaying confusional symptoms.

In an attempt to devise methods of screening old people for early symptoms of latent disease without making excessive demands upon scarce resources of medical staff, a pilot project of screening a small number of volunteer residents from Western House, Ware, was undertaken in association with the consultant geriatrician for the area. The initial results were so encouraging that a larger scale study involving also old people on the waiting list for admission to the homes was authorized.

In the mental health residential field, it has been possible, with the co-operation of the Stevenage Development Corporation, to establish a small experimental unstaffed hostel for discharged psychiatric patients. This alternative to a fully staffed residential hostel service might be further developed if it proves to satisfy a real need.

It was found necessary owing to the increasing demands of the existing four Homes in North Herts, and the completion of the new Home at Stevenage,

to divide the function of the North Herts Management Committee between two new management committees for Stevenage and for Hitchin and Letchworth respectively. Unfortunately, owing to restrictions imposed by central government, the capital programme had finally ground to a halt by the end of the year, and with the completion of Newhaven, Stevenage, there was for the first time for many years no further new home under construction anywhere in the County. It is to be hoped that this situation, which is of serious concern, will show some improvement during the forthcoming year.

MENTAL HEALTH.

The year 1967 was one of continued development for the community care mental health service in the county.

Roundwood Hostel, St. Albans—the first of the purpose-built hostels in the Authority's ten-year plan—came into use in June, 1967, with accommodation for 15 male and 15 female adult severely subnormal persons.

In November, an unstaffed hostel, providing furnished accommodation for 4 mentally ill persons, was opened in Stevenage, and by the end of the year, plans were well advanced to open a similar unstaffed hostel in Watford. Purpose-built hostels were in course of construction at Welwyn Garden City—26-place, for the mentally ill, and at Bushey—20-place, for severely subnormal children.

Further improvements to the training centre provision in the county also took place. Butterwick—a purpose-built 100-place adult training centre in St. Albans—was opened in March, and extensions comprising 10 special care and 10 nursery places were added to the Hemel Hempstead and St. Margaretsbury Junior Training Centres during the year. A day centre for the elderly mentally confused has been held in Berkhamsted since September, with 15 persons attending on two days weekly. By the end of 1967 there were purpose-built junior training centres, with special care and nursery units, in all six divisions of the county, and purpose-built adult training centres in four divisions. Unfortunately a date for commencing construction of the adult training centre at Hoddesdon, for the East Herts Division, was unavoidably deferred, and thus the adult training centre service in this division will have to continue to be met in adapted halls for the next few years.

The recruitment of staff for the training centres and hostels presents difficulty, particularly at the hostels. At the end of the year, admissions to Roundwood were suspended temporarily until the positions of deputy warden and deputy matron could be filled satisfactorily. An adequate ratio of staff to trainees in the training centres has been maintained, but the relatively small proportion of staff with the appropriate professional qualifications continue to give cause for concern, the number holding diplomas for teaching mentally handicapped children and adults, respectively, being 16 of a staff of 62 in the junior training centres, and 5 of a staff of 35 in the adult training centres. At the end of the year, 6 members of the staff were taking full-time diploma courses, and it is hoped to second a further 7 to the courses commencing in September, 1968. Meanwhile, the practice of holding short in-service training courses, and of seconding staff to refresher and other specialist courses, will be continued as in previous years.

Community Care.

At the end of 1967, 2,002 cases were in community care, this number being made up of 1,446 subnormals and 556 mentally ill persons.

Statistics of the mentally subnormal.

During the year, 278 subnormal persons were added to the Authority's list of those in community care. These were referred from the following sources :

TABLE 39.

Source	Number
General practitioners	8
Hospitals—	
On discharge from in-patient treatment	49
After or during out-patient treatment	26
Local Education Authority*	68
Police and courts	—
Other sources	127
Total	278

*Of the 68 cases referred by the Local Education Authority, 39 were children found unsuitable for education at school, and 29 were school leavers referred for community care after leaving school.

During the same period, 108 cases of subnormality were removed from the community care list for the following reasons :—

TABLE 40.

Reason	Number
Transferred to Education Service	13
Supervision no longer necessary	7
Left County	27
Admitted to hospital	44
Died	17
Total	108

The Senior Psychiatric Social Worker reports as follows :—

REGISTERED CASEWORK.

" I have continued to supervise the registration of case work for the mentally ill and the mentally handicapped, and hope that in due course the divisional social workers will extend the system—which no doubt would then require modification and simplification—to all case work undertaken under the aegis of the social work units. Only thus, I think, will the divisional social workers be in a position to familiarize themselves with the scope of work already undertaken in the different sectors, become aware of deficiencies in services we are empowered to provide and determine priorities for the future.

From the present register of case work the following figures have been extracted.

Casework with the Mentally Handicapped.

During 1967 our social workers were actively concerned with 947 mentally handicapped children and adults. These included 225 not previously known to the social work units, 643 brought forward from 1966 and 79 re-opened cases. At the end of the year 345 cases were temporarily closed and 602 carried forward to 1968. (The 1,446 mentioned in another part of the report includes all those attending training centres, supported in hostels, and under guardianship as well as those currently receiving case work.)

These numbers are slightly down on last year, and this is quite possibly a direct result of improved accommodation at training centres and the increase of special care and nursery units. Social workers often need to give intensive support to families coping alone with overwhelming burdens, when what is

manifestly needed is not casework but better facilities for sharing their care of the handicapped.

Casework with the Mentally Ill.

During the year 1,015 emotionally distubed people received casework, 555 were new clients, 392 brought forward from 1966 and 68 cases were re-opened. In fact, more mentally ill than mentally handicapped were helped by this personal service in 1967, and this needs saying because the returns made to the Ministry, viz. counting the number of current cases on 31st December, would indicate the contrary. It is misleading when reviewing work to disregard those new cases referred, satisfactorily helped and closed before the end of the year. In fact, by this date 500 cases had already been closed, leaving only 515 to be carried forward to 1968. (The figure of 556 quoted elsewhere includes some financially supported by the County Council.)

Sources of referral of Disturbed People.

The 555 new clients and the 68 re-opened cases were referred as follows :—

From Mental Hospitals and Psychiatric Units	149
From General Practitioners	145
From Out-patient Clinics	77
Self Referrals	56
From relatives and friends	36
From Divisional Nurses and health visitors	32
From Medical Officers	24
From General Hospitals	17
From other welfare officers	12
From other local authorities	10
From Housing Departments	8
From Employers	6
From Children's Department	5
From Citizens' Advice Bureau	5
From other sources referring less than 5 each	41
	623

Distribution of casework for the Mentally Disordered.

The distribution of the total case load is shown in the following table, and for interest the numbers of the mentally handicapped and the mentally ill are given separately. Areas are listed in order of population.

Area.	*Mentally handicapped.*	*Mentally ill.*	*Total.*
South-West	233	233	466
East	193	212	405
North	163	208	371
St. Albans	108	125	233
Mid	126	91	217
Dacorum	124	146	270
	947	1,015	1,962

There are many reasons for apparent inconsistencies, the most obvious being staff shortages. But it should also be remembered that casework in the mental health service is only one of many services undertaken by the social work units, and that some divisions have time-consuming hostels to support, or special schools where an after-care service is being introduced. This said, it would still seem fair to conclude that Dacorum was the hardest pressed of all the divisions in 1967, because of their low staffing level throughout the year.

Arrangements for Casework Consultation.

Of the 27 social workers (mental health) in the field at the end of the year (this excludes 3 who had been seconded to Younghusband Courses) regular

casework consultation was provided for 20. I have seen 8 fortnightly for approximately 1½ hour periods, 7 were seen for this purpose by their own divisional social workers, and 5 were having consultation with designated seniors within the department. It is left to the remainder, all with long experience, to consult colleagues about tricky problems as they see fit.

For many years regular consultation has been built into our casework service. Personally I think it is invaluable. It has featured in our advertisements for new workers, many of whom have been attracted by this provision. The maintenance of this built-in support, and continuing encouragement to develop professionally seems to me a proper function of headquarters staff. It has been agreed with the divisional social workers that they alone should first supervise new entrants, and that only when they are satisfied that these are sufficiently identified with the policy of the Units should other consultation be offered. Even then, of course, there needs to be good liaison between the divisional social worker and the casework consultant, but since we are all professional case workers, this has been easy to ensure. It is unlikely for some time to come that, with their exacting and multiple duties, the divisional social workers themselves will be able to set aside sufficient time to offer consultation to all of their staff who need it.

When the social workers on welfare duties are finally relieved of their collecting functions and thus freed to devote more time to casework, I hope that they too, may be given the opportunity of similar consultation to facilitate a new look at the services with which they are concerned. Moreover, as it is hoped that an increasing number of former welfare officers will be seconded for training, learning how to use consultation would be a very useful preparation to the tutorial system obtaining on social work courses.

Mr. Ian Page has, of course, the overall responsibility for in-service training in the combined Health and Welfare Department, but under his umbrella existing discussion groups have continued as well as new ones introduced, and during the year I took a small lively tutorial on basic principles of casework.

Dr. Torrie likes me to be present at his 3 sessions per fortnight, and social workers (Welfare) are being introduced to these as their commitments allow.

I continue to see clients, these numbered 25 in 1967, and this keeps me usefully in touch with field work practice.

Administration of the Samaritan Fund.

Since 1961 the Metropolitan Hospital Sunday Fund has given me an annual grant for a Samaritan Fund which is used to further case work, and in December another generous grant of £100 was received. It would be difficult to over-estimate the value this has been in certain cases, and it is only drawn on when help is unobtainable from official sources. Recent expenditure has included the purchase of a calor gas lamp for a family whose electricity had been cut off, to enable a schoolgirl to do her homework, removal expenses to a cheaper house for a mentally ill deserted woman who would not apply for an allowance from the Ministry of Social Security, preferring to support her family on a subsistence wage, and repairs to a washing machine in a poor home where a 16-year-old mentally handicapped doubly incontinent lad is cared for lovingly, and so on.

There is reason to suppose that this grant will not be forthcoming much longer, and I hope the divisional social workers may be encouraged to establish their own Samaritan Funds to be administered by them and used at their discretion. From my own experience I know that a Samaritan Fund can add a new dimension to the casework undertaken, and I think the social work units will need their own as they become of age."

Training Centres.

At the end of the year, 734 persons were in daily attendance at the Authority's training centres, and 14 Herts cases were attending centres run by other local authorities or voluntary organizations. There were thus 748 persons attending centres, under the Authority's arrangements, at the end of 1967, compared with 621 at the end of the previous year—an increase of 127. The numbers attending the various establishments are given in the following table :—

TABLE 41.

Centre.	*Special care and nursery.*	*5–15 years.*	*16 years and over.*	*Total.*	*Total in 1966.*
L.H.A. Centres.					
Stevenage Adult	—	1	35	36	29
St. Albans Junior	17	39	3	59	60
St. Albans Adult	—	2	75	77	—
Hemel Hempstead Junior	24	27	2	53	30
†Hemel Hempstead Adult	—	—	51	51	78
Hertford Adult Female	—	—	32	32	34
Hertford Adult Male	—	—	24	24(2)*	26
Hitchin Junior	25	42	5	72	57
St. Margaretsbury Junior	13	37	2	52	54
Watford Junior	21	50	—	71	69
†Watford Adult	—	—	89	89(14)*	75
Welwyn Garden City Junior	31	42	1	74	65
Welwyn Garden City Adult	—	—	29	29	31
Berkhamsted Day	—	—	15	15	—
Mental Nursing Homes.					
St. Francis School, Buntingford	—	3	—	3	3
Cell Barnes Hospital	—	—	1	1	—
Other local authorities	—	1	1	2	3
Voluntary organizations' centres	—	—	8	8	7
Total	131	244	373	748(16)*	621
Nos. at 31st December, 1966	(89)	(260)	(272)	(621)	

*Denotes physically handicapped included in total.

†Cases from the St. Albans division previously in attendance at these centres transferred to St. Albans Adult Training Centre in April, 1967.

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

There were 24 cases awaiting admission to centres at the end of the year. Arrangements were in hand for 14 to commence attendance in January, 1968. Of the remainder,

5 were elderly mentally confused awaiting admission to the Berkhamsted Day Centre.

and 5 were under consideration for admission to nursery or special care units in the junior training centres during the spring term, 1968.

83 cases were discharged from the training centres during 1967, for the following reasons :—

TABLE 42.

Died	2
Left County	12
Readmitted to the educational system	8
Admitted to hospital or residential accommodation	32
Left to employment	15
Unsuitable—ill-health, behaviour, or irregular attendance	10
Withdrawn by parents	4
Total	83

Home Training.

At the end of the year, 26 mentally disordered persons (9 subnormal and 16 mentally ill adults and 1 subnormal child) were receiving regular visits from the occupational therapists.

Residential Accommodation—Long Term.

During 1967, 140 mentally disordered persons were maintained in special homes or hostels. The County Council was also responsible, in a further 18 instances, for arrangements for persons placed in lodgings or with foster-parents. The number of persons maintained under these headings during the year, and those continuing to be dealt with in this way at 31st December, 1967, is given in the following table :—

TABLE 43.

	Mentally Ill.	Subnormal.	Total.
Nos. maintained in 1967.			
In special homes or hostels	27	113	140
In lodgings or foster-homes	1	17	18
	28	130	158
Nos. still away at the end of 1967.			
In special homes or hostels	19	99	118
In lodgings or foster-homes	1	17	18
	20	116	136

There were thus 22 cases discharged from residential accommodation during the year, and the following table shows the reasons for discharge :—

TABLE 44.

Mentally Ill.	Subnormal.	
4	2	Returned home
4	6	Transferred to hospital.
—	5	Found lodgings
—	1	Absconded
8	14	

Mental Health Hostels.

The following table shows the number of persons maintained in county hostels during 1967, subdivided into Herts cases—already included in Table 44 above—and the number of out-county cases accepted :—

TABLE 45.

	Highfield, Hemel Hempstead.	Beaconsfield Road, St. Albans	Roundwood, St. Albans.	Stevenage.
Nos. maintained in 1967				
(a) Hertfordshire cases	25	12	22	2
(b) Out-County cases	4	5	1	—
Nos. still in residence at 31.12.67 :				
(a) Hertfordshire cases	20	8	20	2
(b) Out-County cases	4	4	1	—

In addition, 9 Herts cases were accommodated at Highfield and Roundwood Hostels for periods of short-term care.

Social Clubs.

There were 18 clubs for mentally disordered persons meeting regularly at the end of the year. Two clubs closed during the year—The Link Social Club, Borehamwood, due to lack of support, and the Nursery Minding Group at Hemel Hempstead, following the opening of the special care and nursery unit in the Junior Training Centre there. Two new clubs were opened during 1967—for subnormal girls, in Welwyn Garden City, and for the mentally ill, in Hitchin. Details of the clubs in operation at the end of 1967 are given in the following table :—

TABLE 46.

Club.	*Responsible Body.*	*Category.*
Subnormal Males Club, Hatfield	Parish Youth Service	Adult subnormal males.
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.	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).
Beacon Social Club, Hitchin	Beacon Social Club	Adult mentally ill (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 subnormal (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. Paul's 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.

Club.	*Responsible Body.*	*Category.*
Corner Club, Watford	H.C.C., in collaboration with Napsbury Hospital.	Adult mentally ill (both sexes).
Ark Club, Welwyn Garden City	The Ark Club	Adult mentally ill (both sexes).
Subnormal Girls' Club, Welwyn Garden City.	Hatfield and Welwyn Garden City Society for the Welfare of the Mentally Handicapped.	Adult subnormal females.

Grants were made by the county council towards the running cost of the Tuesday Club, Welwyn Garden City, the Saturday Club, Stevenage, the Hemel Hempstead Training Centre Club, the Hemel Hempstead Nursery Minding Group and the Stevenage Opportunity Nursery Class for children under 7.

Admissions to Hospital.

(*a*) *Mentally Ill.*

The catchment areas of the main psychiatric hospitals serving the county remained unchanged, although some patients from the East Herts area were admitted to the psychiatric unit at the Princess Alexandra Hospital, Harlow.

(*b*) *Mentally Subnormal.*

Waiting lists have continued to be kept by the Authority of 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 45, compared with 44 at the end of 1966. The following table shows the distribution of the waiting list :—

TABLE 47.—HOSPITAL WAITING LIST AS AT 31ST DECEMBER, 1967, 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	Under 16 years	16 years and over	
Male	13	3	5	5	1	—	27
Female	10	4	4	—	—	—	18
	23	7	9	5	1	—	45

43 subnormal patients were admitted to hospital during 1967 (16 children and 27 adults), 33 of these were admitted informally and 10 were detained in hospital, under the Mental Health Act.

Arrangements were also made for 132 cases of subnormality to receive short-term care, 100 by admission to hospital, and 32 in residential accommodation. The age groups of these are given in the following table :—

TABLE 48.—SHORT STAY CASES, 1967.

	Under 16 years	Aged 16 years and over	Total
To hospitals	69	31	100
To residential accommodation	19	13	32

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 paragraph, however, 10 cases of subnormality were detained in hospital under the Mental Health Act during 1967—8 by order of the courts, and 2 on the application of mental welfare officers. Compulsory powers are still necessary to secure the admission to hospital of a number of mentally ill patients. During the year 462 patients suffering from mental illness were admitted to hospital as either statutory or informal patients, following action by a mental welfare officer, compared with 401 patients in the previous year and 396 in 1965. In the following table, the number of actions taken by the officers in 1967 is given, with the 1966 figures in brackets.

TABLE 49.

	Action by:— Mental Welfare Officer.	Relative assisted by M.W.O.	Total.
(1) *Informal Patients direct to Hospital*	86 (69)	— (—)	86 (69)
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.			
(2) *Emergency Admissions—Section 29*	251 (256)	14 (32)	265 (288)
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.			
(3) *Admission for Observation—Section 25*	222 (191)	8 (16)	230 (207)

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).

The circumstances in which the 230 cases were dealt with under Section 25 during the year is given in the following table :—

(*a*) Direct to hospital . . .	85	(71)
(*b*) Following informal admission .	37	(36)
(*c*) Following detention (Section 29)	31	(35)
(*d*) Following detention (Section 30)	37	(35)
(*e*) Following detention (Section 136)	39	(30)
(*f*) Following detention (Section 135)	1	(—)
	230	(207)

	Action by:— Mental Welfare Officer.	Relative assisted by M.W.O.	Total.
(4) *Admission for Treatment—Section 26* . .	58 (58)	4 (4)	62 (62)

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.

The following table shows the circumstances in which patients were dealt with under Section 26 during the year :—

(*a*) Direct to hospital . .	6	(5)
(*b*) Following informal admission	7	(10)
(*c*) Following detention (Section 25)	36	(34)
(*d*) Following detention (Section 29)	6	(3)
(*e*) Following detention (Section 30)	5	(5)
(*f*) Following detention (Section 136)	2	(2)
(*g*) Following detention (Section 135)	—	(3)
	62	(62)

	Mental Welfare Officer.	Relative assisted by M.W.O.	Total.
(5) *Hospital Orders by Courts*	5 (1)	— (—)	5 (1)

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.

	Mental Welfare Officer.	Relative assisted by M.W.O.	Total.
(6) *Other actions.*			
Patients returned to hospital from leave . .	9 (7)	— (—)	9 (7)
(7) *Consultations by mental welfare officers, following which patients not admitted to hospital.*			
(*a*) Informal	57 (59)	— (—)	57 (59)
(*b*) Under Section 136	4 (1)	— (—)	4 (1)

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.

	Mental Welfare Officer.	Relative assisted by M.W.O.	Total.
(8) *Application discontinued*	28 (31)	— (—)	28 (31)

The number of actions taken shows little change from the previous year, apart from the increase in the number of patients admitted informally to hospital, a slight reduction in the number of those admitted under the emergency procedure provided by section 29, and a slight increase in the cases admitted under Section 25 procedure, for observation.

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 over patients remaining in community care. At the end of the year there were five patients subject to guardianship including one who had been placed under guardianship during 1967.

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. There are three mental nursing homes so registered by the Authority—St. Raphael's, Barvin Park, St. Elizabeth's Home, Much Hadham, and St. Francis School, Buntingford. In these Homes, mentally disordered persons may be detained under the Mental Health Act. Visits of inspection are paid regularly by the Authority's officers.

At the end of the year, the county council, as local health authority, was maintaining three adult females at St. Elizabeth's Home, one adult male at St. Raphael's and six boys at St. Francis School.

Appendix.

In the following table, comparative figures are given on the various aspects of the mental health service during the past eight years, as at 31st December :—

APPENDIX.

TABLE 50.—COMPARATIVE FIGURES.

	1960.	*1961.*	*1962.*	*1963.*	*1964.*	*1965.*	*1966.*	*1967.*
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	100
(*b*) elsewhere	1	3	5	9	23	19	38	32
New referrals for community care in year.								
Mentally ill	89	210	218	345	322	352	501	653
Mentally subnormal	213	219	196	256	244	232	263	278
	302	429	414	601	566	584	764	931
These figures relate to the numbers "active" at 31st December.								
Numbers receiving community care.								
Mentally ill	80	170	257	327	303	317	391	556
Mentally subnormal	996	982	973	1,057	1,092	1,150	1,314	1,446
	1,076	1,152	1,230	1,384	1,395	1,467	1,705	2,002
Number in residential accommodation.								
Mentally ill	2	2	7	8	6	15	10	20
Mentally subnormal	8	19	25	46	61	66	83	116
Numbers receiving training and hospital waiting list.								
Attending training centres	244	261	324	393	438	534	621	748
Receiving home training	14	—	23	18	16	17	25	26
Subnormal hospital waiting list	43	49	41	42	47	49	44	45
Numbers at 31st December.								
Full-time training centres for								
Under 16's	5	5	2	3	4	5	6	6
All ages	—	—	4	3	2	1	—	—
Aged 16 and over	1	1	2	3	4	5	6	7
Social clubs (numbers for voluntary organizations in brackets) for								
Under 16's	—	—	—	1 (1)	1 (1)	1 (1)	2 (2)	1 (1)
All ages	2 (2)	3 (3)	3 (3)	4 (4)	5 (4)	4 (3)	4 (3)	4 (3)
Aged 16 and over	2	4 (2)	8 (4)	9 (5)	11 (5)	11 (7)	12 (7)	13 (8)
	4 (2)	7 (5)	11 (7)	14 (10)	17 (10)	16 (11)	18 (12)	18 (12)
Staff training centres.								
Supervisors and Managers	6	7	8	9	9	11	11	12
Assistant supervisors and Instructors	17	20	24·3	33	39	53	65	85
	23	27	32·3	42	48	64	76	97

THE PHYSICALLY HANDICAPPED.

Blind Persons.

The changes in the administration of blind welfare services forecast in the 1966 report duly took effect on 1st April, 1967, when the home teachers for the blind, redesignated social workers (Blind), ceased to be seconded to the Hertfordshire Society for the Blind, and became full members of the divisional social work units. From the same date, the Society's secretariat were transferred to the staff of the department, continuing to carry out their Society duties in an honorary capacity.

These actual changes took effect almost unnoticed since the process of integration had been a gradual one, and it is to be hoped that they will produce a more comprehensive and therefore better service for the blind client, backed by an administration which will continue effectively to co-ordinate the voluntary and statutory interests.

The Society continues to carry out its full range of voluntary functions, and in accordance with the terms of its revised constitution affords assistance to all registered blind and partially sighted persons in the county.

With the number of registered blind and partially sighted increasing it has not been possible to reduce the case-loads of the social workers (Blind) and in view of the shortage of trained field workers this fact does present a very real problem.

St. Audrey's Home for the Blind.

The Society continues to administer this residential Home at Hatfield which accommodates 29 blind men and women. The county council assists by making an annual grant of 85 per cent of the running costs.

Voluntary Homes.

There are two other voluntary Homes in the county accommodating blind persons, viz. St. Raphael's at St. Albans (15 ladies), and Pocklington House (30 beds) which is just inside the County boundary adjacent to Northwood, Middlesex. These Homes are administered by the St. John's Guild for the Blind and the Royal National Institute for the Blind respectively.

Social Centres.

There are now 11 of these centres in the county providing recreational facilities for blind people. In all but one of the centres the local social worker is responsible for arrangements assisted by voluntary helpers. In most areas monthly sessions are held in the afternoon except in Watford and Hemel Hempstead where weekly sessions take place. The Herts Association of Blind Clubs also organize evening sessions in 9 areas in the county.

Handicrafts.

Instruction in craft work is given to the housebound as well as to those who are able to attend sessions at a centre. These pastime workers can market their own goods by way of private orders and by means of sales which the Society organizes from time to time.

Wireless.

The British Wireless for the Blind Fund continues to supply free radio sets to all registered blind persons. Transistor models are now available and are proving most satisfactory, easy to manipulate, and giving good reception. To help those who are hard of hearing earphones can be supplied on request.

The Department issued 157 certificates in 1967 to blind persons, enabling them to obtain wireless receiving licences without payment of the usual fee.

British Talking Book services for the Blind.

This service continues to be very popular and membership increases each year. The Library is developing a new much smaller type of machine and plans to replace existing machines with this model in the course of time. Assistance in payment of the annual rental of £3 is made by the Society in cases of need.

Registration.

The total number of blind persons on the Register at 31st December, 1967, was 1,553, an increase of 27 over the previous year.

Changes on the Register were as follows :—

Additions :—	
New cases registered	183
Cases transferred to County	34
Removals :—	
Through death	150
Cases transferred from County	40

TABLE 51.—CLASSIFICATION OF BLIND REGISTER.

Children under 5 years	12
Children 5–15 years	31
At school 16–20 years	8
Trainees	5
Employed in special workshops for the blind	2
Employed in approved Home Workers Schemes	20
Employed under ordinary conditions	162
Unemployed, but available for work	14
Unemployed, awaiting training	8
Not available for work	140
Not capable of work	93
Aged over 65	1,058
Total	1,553

The number of children on the register has increased by 3 during the year and of these 19 are mentally handicapped and are cared for in special hospitals. Blind and partially sighted children are visited in their own homes by the social workers who advise the parents on the many problems entailed in their up-bringing.

The facilities afforded to blind pupils in grammar schools are reflected by the fact that there are 8 who are continuing their studies at advanced level in addition to the 4 who gained entrance to university and colleges for further education.

As far as employment under ordinary conditions is concerned the difficulties do not decrease, but in spite of the many problems involved the Blind Persons' Resettlement Officer of the Ministry of Labour has made successful placements during the year.

The number of home workers has increased by one—a Braille Copyist who transferred into the county during the year.

The trades followed by present members of the home workers' scheme are :—

Music Teachers	1
Braille Copists and Proof readers	3
Smallholders and poultry keepers	2
Gardeners	1
Machine knitters	5
Basket makers	4
Piano tuners	4
	20

TABLE 52.—AGE GROUPS OF REGISTERED BLIND PERSONS.

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 .	—	2	1	6	—	13	8	13	20	37	54	64	42	52	130	57	53	37	589
Female .	—	—	—	—	3	6	4	11	16	15	50	64	55	68	238	173	160	101	964
Total .	—	2	1	6	3	19	12	24	36	52	104	128	97	120	368	230	213	138	1,553

Although home workers can market their own products they are assisted in this by the Royal London Society for the Blind who are the county council's agents for the scheme, and through sales which are organized locally by the Hertfordshire Society for the Blind. The piano tuners are helped by the school contract of the Royal London Society for the Blind which work they undertake for the County Education Committee in addition to private work.

TABLE 53.—BLIND PERSONS—EMPLOYMENT UNDER ORDINARY CONDITIONS.

Occupation	Number
GROUP I.—*Professional, Technical, Administrative and Executive Workers, Managerial Workers.*	
(1) Masseurs and Physiotherapists	3
(2) Lecturers, Teachers, Instructors (including Craft Instructors)	3
(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	—
(8) Others workers in Group I	3
GROUP II.—*Clerical and Related Workers.*	
(1) Typists, Shorthand-typists, Secretaries	12
(2) Braille Copyists and Proof Readers	—
(3) Clerical Workers	4
(4) Telephone Operators	12
GROUP III.—*Sales Workers.*	
(1) Working Proprietors, Shop Managers	3
(2) Shop Assistants, Salesmen	2
(3) Street Vendors, Newsvendors, Hawkers	2
(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	42
(2) Fitters and Assemblers	14
(3) Viewers, Inspectors, Testers	4
(4) Boxers, Fillers, Packers	2
(5) Warehousemen, Storekeepers, and Assistants	3
(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	4
(18) Labourers	8
GROUP VI.—*Service and Miscellaneous Workers.*	
(1) Domestic/Canteen Workers, Cleaners, Caretakers, Porters	11
(2) Launderers, Dry Cleaners	1
(3) Miscellaneous Workers	12
TOTAL	162

Workshops for the blind.
There are 2 women employed as Machine Knitters.

Every annual increase in the blind register inevitably brings more people into the category of those who are unemployable. The number in this large

section includes not only the elderly, but those who for physical, domestic or other reasons are unable to follow any form of employment. The regular visits made by the social workers to these members of the community are especially welcome, in particular by the newly-blinded who require every assistance in order that they may become adjusted to their disability.

Partially Sighted Persons.

The total number on the register at 31st December, 1967, was 380, the figure for the previous year being 316.

Classification of Partially Sighted Register.

Children under 5 years	5
Children 5–15 years in special schools	23
Children 5–15 years in other schools	20
Children 5–15 years not at schools	4
Children 5–15 years unsuitable for education at schools	3
Children over 16 at school	6
Trainees	4
Employed	92
Unemployed—available for work	13
Unemployed	210
Total	380

Table 54.—Age Groups of Partially Sighted Persons.

	0–1	2–4	5–15	16–20	21–49	50–64	65 and over	Total
Males	—	3	30	19	46	23	46	167
Females	—	2	20	16	34	23	118	213
Total	—	5	50	35	80	46	164	380

The number of new registrations was 108. Removals by death, transfers out of county, admissions to Blind Register and decertifications were 44. There has been a slight increase in the number of those in full time employment.

The Deaf.

In 1953 the Ministry of Health approved the council's scheme for providing welfare services for the deaf. In accordance with that scheme the St. Albans Diocesan Association for the Deaf acts as agent for the county council and for the Bedfordshire County Council and the County Borough of Luton, with each Authority making a grant towards the Association's administrative expenses on a percentage basis calculated on case loads.

The Association's fieldwork staff consists of a chaplain/senior welfare officer and three other full-time welfare officers who assist the deaf person to try to overcome the difficulties caused by the lack of communication with a hearing person, by acting as interpreter at interviews with prospective employers, at hospitals, doctors surgeries or in the courts. They visit the deaf person in their own homes and assist and encourage the formation of clubs where the deaf may obtain social companionship.

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

At the end of the year there were 383 registered deaf in the county, their age and distribution being as follows—last year's figures being shown in brackets :—

TABLE 55.

Age Group	Deaf without Speech		Deaf with Speech		Total
	Men	Women	Men	Women	
0–15 . .	26 (17)	22 (15)	20 (18)	26 (23)	94 (73)
16–64 . .	68 (76)	66 (66)	53 (56)	41 (43)	228(241)
65 plus . .	10 (9)	17 (16)	7 (7)	27 (23)	61 (55)
	104(102)	105 (97)	80 (81)	94 (89)	383(369)

The increase in the number of registered Deaf without Speech in the 0–15 age group reflects the extension during the year of the Association's work with children following discussions with county council officers on the co-ordination of services.

THE 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 and listening or lip reading.

Social and recreational facilities for the hard of hearing are provided throughout the county, except Potters Bar by voluntary groups of the Hertfordshire League of the Hard of Hearing. In Potters Bar the group continues to be affiliated to the Middlesex and Surrey League. Grants towards the League's administrative expenses are made by the county council.

At the end of the year the number registered as being hard of hearing was as follows, last year's figures being shown in brackets :—

TABLE 56.

Age Groups	Men	Women	Total
0–15 . . .	8(7)	12 (12)	20 (19)
16–64 . . .	31 (33)	62 (62)	93 (95)
65 plus . . .	14 (11)	154 (144)	168(155)
	53 (51)	228 (218)	281(269)

PHYSICALLY HANDICAPPED PERSONS OTHER THAN THE BLIND, THE PARTIALLY SIGHTED, THE DEAF AND HARD OF HEARING.

The county council's authority to provide welfare services for the general classes of handicapped persons is embodied in a scheme authorized by the National Assistance Act, 1948, and approved by the Minister of Health in 1957.

Under this scheme the county council is required to maintain a register of permanently and substantially handicapped persons in the county. Although inclusion on the register is not compulsory to the handicapped, the approved

scheme does, however, authorize the provision of services only to those so registered.

The following table shows the continual increase in the number of registered handicapped in Hertfordshire, reflecting the increasing demand on the services, and consequently on the staff and organizations providing these services.

TABLE 57.

	1959	1960	1961	1962	1963	1964	1965	1966	1967
Under 16 . .	1	1	3	17	34	46	107	76*	82
16–65 . . .	7	323	404	603	894	979	1,089	1,244	1,386
65 plus . . .	99	22	195	291	489	832	961	1,065	1,298
Total . . .	107	346	602	911	1,417	1,857	2,157	2,385	2,766

*Adjusted figure.

The needs of the handicapped are naturally very varied and are dependent upon the individual's residual abilities. To help meet these needs the county council use the service of many voluntary organizations but employs as its main agent the Hertfordshire Association for the Welfare of the Handicapped which keeps in contact with the handicapped through its district and area committees by means of outings, social clubs and home visiting.

Holidays.

The Association also arranges holidays for the handicapped and since such a service is of great benefit not only to the disabled but also to other members of the family who are thus given a break from the constant care they may have to provide throughout the year, the county council makes grants towards the cost of the holiday and the transport to and from the handicapped person's home. During the year 125 handicapped persons received grants towards the cost of their holiday and at the same time, the Health and Welfare Committee revised the method of determining the amount of these grants thereby increasing the county council's contribution to individual cases.

Unfortunately, the type of accommodation necessary to meet the special needs of the severly handicapped is difficult to obtain and in order to try to meet the increasing demand for this essential service the Association is planning to erect its own purpose built holiday home at Clacton.

Social Welfare.

When the handicapped person requires more skilled help and advice than would normally be expected to be provided by the voluntary organizations, arrangements are made for their needs to be referred to the appropriate divisional social work unit.

One of the most widespread of these needs is the provision of adequate housing facilities which will enable the handicapped person within the limits of his disability to enjoy a greater independence in his own home. Some District Councils' housing programmes are beginning to include provision expressly for the disabled, and discussions have taken place with representatives of the District Council's Association in an attempt to standardize respective responsibilities for adaptations to council houses. In the meantime the demand for the county council's services in arranging adaptations to houses is greater than ever before, the number of cases helped during the past year having increased to 159 from 118 in 1966. The type of these adaptations during the past year has been :—

Provision of handrails	66
Provison of ramps, shallow steps, etc.	33
Adaptations required in connection with the garaging of a Ministry of Health vehicle	23
Provision of ground floor bathroom and/or w.c.	10
Widening of doorways to afford access of wheelchairs	6
Re-siting of bathroom fittings	3
Re-siting of radiators to allow ease of movement in a wheelchair	2
Provision of special elbow taps	2
Raising of power-points	2
Provision of visual door bells	2
Provision of split level cookers	2
Adjustment in working surfaces in kitchen	1
Replacement of existing bath with shower	1
Provision of special bath	1
Provision of Elsan toilet	1
Provision of electric switch for front-door release	1
Installation of possum equipment	1
Provision of special lever type door handles	1
Removal of party fence to allow access to wheelchair	1

In addition the county council made a grant of £400 to the Hertfordshire Association for the Welfare of the Handicapped for the purchase of minor aids to daily living. These aids included such items as bath seats and non-slip bath mats, raised toilet sets, walking aids, specially adapted cutlery, long handled dustpans and brushes, reaching aids, etc. The more expensive items and home nursing aids are provided through the county council's medical equipment loan scheme.

Patient Operated Selector Mechanisms.

The main aim of the welfare services for the physically handicapped is to encourage the disabled person to make full use of his or her residual ability and thus to remain as independent as possible.

The P.O.S.M. Research Unit have produced an apparatus known as Possum which is designed to enable the very severely handicapped not only to operate domestic appliances but to call for assistance when necessary. This apparatus consists of a control unit which those handicapped who have minimal or no movement can operate by hand, foot or mouth. The Ministry of Health are now prepared in specially selected cases to arrange with the Unit for the installation of such apparatus on loan.

In such approved cases, the Ministry are prepared to issue the basic control unit and an alarm but no other equipment. Such domestic appliances as wireless, television set and electric fire need merely to be plugged into the unit but the Ministry hope that where necessary welfare authorities will assist in the installation of, for example, an intercom linked with the front door or a specially adapted telephone.

This equipment has proved to be an invaluable aid to the severly handicapped, particularly those who have to be alone in the house for all or part of the day, since it not only helps them in their daily living activities but also gives them the reassurance of being able to summon help should an emergency arise.

One such person living in the county has been selected by the Ministry of Health for this form of assistance and arrangements have been made to provide the special intercommunication and telephone systems with the initial installation.

Employment.

The main aim of these services is to encourage the handicapped person to make full use of his or her ability and, with this in mind, the Ministry of Labour's Disablement Resettlement Officer assists, where possible, in obtaining employment in open industry, arranging where necessary attendance for rehabilitation and/or training.

Sheltered Employment.

Owing to the severity of their disability, however, some handicapped persons are unlikely to obtain or keep employment under ordinary conditions, but may be regarded as capable of doing remunerative work which will contribute substantially to their own support, and these persons may be approved by the Ministry of Labour for employment at a sheltered workshop provided by a local authority or voluntary organization.

As a result of co-operation between the Ministry of Labour, the Hertfordshire Association for the Welfare of the Handicapped and the County Council, The Watford Sheltered Workshop was opened in 1963 and exceptionally for such undertakings, by the financial year ended on 31st March, 1967, was showing a trading profit. Unfortunately, the recession at the end of 1967 affected the output but it is hoped that this set back is merely of a temporary nature.

During the year the workshop, originally designed to employ 30 disabled persons, was extended by the provision of a detached unit providing a further workroom for 15 persons together with ancillary services and at the end of the year the number of disabled was 31. The cost of the extension amounting to £8,380 was shared equally between the Ministry of Labour and the county council.

The county council has agreed to make a capitation grant of £1 per worker per week and an 80 per cent deficiency grant, of which expenditure 75 per cent (subject to a maximum of £300 per person per year) is recoverable from the Ministry of Labour. In addition the Ministry and the county council each have hitherto agreed to meet up to 50 per cent of the cost of any approved capital equipment required.

Work Centres.

For those disabled unable to satisfy conditions for workshop employment the Hertfordshire Association for the Welfare of the Handicapped have provided work centres to which the more severely handicapped may go on one or more days a week to perform factory outwork. For this the handicapped person receives a small daily allowance plus a free midday meal and is frequently transported to and from the centre in the Association's purpose-designed vehicles.

Part of the cost of running these centres is met from the proceeds of the outwork, the balance being borne by the county council by way of capitation grants and grants towards the cost of employing the centres' supervisory staffs.

At present there are four full-time and one part-time centres in the county, a total of 83,000 hours work being carried out by the handicapped at the centres during the year. There is, however, a need for further centres in the county, and although it is hoped to open one in South Oxhey during 1968, the absence of such fulltime facilities in the East Herts Division is putting an increasing pressure on the social work staff in that division.

Home Work.

Each division now has a social worker (Handicapped) attached to the social work unit and part of these officers' duties is to provide craft work and/or where possible, factory outwork for the handicapped to do in their own homes. The demand for this service varies to some extent according to the availability of work centre facilities, and for this reason it is particularly acute in the East Herts Division. To help ease this problem it is hoped to obtain accommodation in which the social worker (Handicapped) may hold craft work sessions.

Transport.

To enable the handicapped to avail themselves of these various services transport is essential for, although much valuable help is given by voluntary drivers, many disabled persons cannot get in or out of an ordinary private car.

The county council have therefore agreed to make grants to the Hertfordshire Association for the Welfare of the Handicapped for the purchase of vehicles with special tail lift hoists. Grants are also made towards the cost of the vehicles' maintenance.

Disabled Drivers Badges.

The purpose of these badges, issued on the authority of the Ministry of Transport, is to identify a vehicle being driven by a handicapped person ; this knowledge is not only of value to other road users but also enables the handicapped person to be identified and given help in parking by both the police and traffic wardens. Since the scheme started in 1961, 716 badges have been issued, 98 of them during 1967.

CARE OF THE ELDERLY.

Domiciliary Care of the Elderly.

The elderly person's desire to remain in his or her home as long as possible, coupled with the increasing number of elderly in the county, and lack of additional beds in old people's Homes, has resulted in a continued increase in the demand for the domiciliary services and it is in this field that the co-operation between statutory and voluntary organizations is particularly necessary.

The clubs and outings run by these voluntary organizations enable the elderly to meet together socially, whilst the visiting services ensure that those housebound elderly who live alone do have an outside social contact. The majority of the services are run entirely from voluntary funds although the county council helps clubs by making grants towards initial equipment.

There are at present 131 old people's clubs in the county and their activities and those of the local old people's welfare committees are co-ordinated by the Herts Old People's Welfare Council, which body also arranges courses and information meetings for clubs and committee officers.

Further essential services provided by voluntary organizations are the Meals-on-Wheels and Luncheon Club Services. These are principally provided by the W.R.V.S., B.R.C.S., and local old people's welfare committees, the running costs usually being assisted by subsidies from the appropriate district councils, whilst the county council makes grants for the cost of capital equipment and towards any necessary alterations to kitchens used by these organizations.

During the past year the number of meals delivered to elderly persons in their own homes was approximately 200,000 and those provided by Luncheon Clubs 80,000. Statistics supplied by the Ministry of Health reveal that 91·6 meals were served per 1,000 population over 65 in Hertfordshire compared with an average for all English counties of 57·0. Although these figures reflect the amount of voluntary effort put into the provision of these services, they also indicate that nearly half the recipients received the Meals-on-Wheels on only two days a week. Obviously there is a limit to the amount of voluntary effort which can be expected, but it is hoped that it is in this particular direction of frequency of service that development will take place during 1968.

Housing Accommodation with Special Welfare Facilities for the Elderly

A further service designed to enable the elderly to remain in the community is that of the warden assisted housing accommodation provided by district councils and housing associations. The number of units of this type of accommodation in the county has continued to increase during the past year and it is anticipated that further schemes will be completed in 1968 with the result that very few district councils have not at least one scheme in being or contemplated. Those few are again urged to consider seriously the benefits to the local community of such a scheme.

The services provided by these schemes vary, for although the minimum requirements necessary to qualify for a county council grant of up to £50 a year for each unit of accommodation are that there should be a resident warden and an emergency call-bell system, some councils and housing associations include also laundrettes, communal lounges and guest rooms in their schemes.

The following table gives details of the location and size of existing schemes in the county.

TABLE 58

	Units.	*Totals.*
Development Corporation or Commission for New Towns.		
Hemel Hempstead	—	
Hatfield, Haven Close	16	
Stevenage, Ross Court	24	
Broadwater	24	
Welwyn Garden City, Peartree Lane	17	
	—	81
Borough Councils.		
Hertford, West Street	19	
St. Albans, Mount Pleasant/Portland Place	26	
Old Harpenden Road	11	
Hatfield Road	7	
Hemel Hempstead, Highfield	27	
Watford, Brightwell Court	19	
	—	109
Urban District Councils.		
Baldock	—	
Berkhamsted, Farm Place	57	
Bishop's Stortford, Elmhurst Close	24	
Bushey	—	
Cheshunt, Grove House	34	
Chorleywood, Bullsland Lane	30	
Harpenden, Breadcroft Lane	19	
Common Lane	22	
Masefield Court	10	
Hitchin, Wratten Close	24	
Westmill Estate	24	
Hoddesdon, Beech Walk	28	
New River Close	19	
Langley	18	
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	
	—	458
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	
Codicote	32	
St. Albans, Redbourn	18	
London Colney	27	
Ware, Puckeridge	12	
Watford, Bedmond	10	
Welwyn	—	
	—	173

	Units.	Totals.
Housing Associations.		
Watford, Cordery Almshouses	18	
Goslings Homes	12	
Cheshunt, Beaumont Charity	20	
Abbeyfield Society (2 schemes)	5 4	
Harpenden, Abbeyfield Society (2 schemes)	9 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	
		180
		1,028 units

Residential Accommodation.

Building Programme.

During the year two new purpose-built Homes were brought into use, viz., Woodlands, Oxhey (60 beds) and Newhaven, Stevenage (48 beds) bringing the total number of beds in county Homes to 1,349.

Unfortunately the erection of further new Homes was stopped in 1967 but two will start in 1968. This will then bring the building programme to a standstill as owing to the Government's restriction on capital expenditure, the authority given for a new Home in Potters Bar for 1969–70 has been withdrawn and no project has been included for 1970–71.

The last Ten-Year Programme approved by the county council in 1965 envisaged three new Homes per year, based on 22 beds per thousand of the estimated population aged 65 and over. The county provision at the time of that review was 17·1 per thousand, compared with the national average of 15·6.

At the end of the year a comprehensive review was carried out of all cases on the waiting list, and a realistic figure of 556 (409 women and 147 men) was reached.

Admissions and Discharges.

During the year there were a total of 417 new permanent admissions to Homes and 449 discharges, of whom 137 were subsequently 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 three years :—

Table 59.

	1967.	1966.	1965.
Admissions.			
From own home (living alone)	116	89	87
From own home (living with relatives)	102	99	97
From lodgings	28	35	19
From hospital (initial admission)	138	141	110
From mental hospital (initial admission)	10	10	9
From another County by arrangement	2	6	1

Admissions (cont.).	*1967.*	*1966.*	*1965.*
From Private Old People's Home	16	8	10
No fixed abode	5	10	9
New permanent admissions	417	398	342
Re-admission after period in hospital	137	102	121
	554	500	454
Discharges.			
To hospital	314	305	320
To mental hospitals	26	18	14
To relatives or other private accommodation	20	38	34
Deaths	89	116	106
Totals	449	477	474

The scheme for admission of short stay cases for two weeks or so whilst their relatives were away was again carried out and 156 were admitted.

Amenities.

It is pleasing to report that many local organizations continue to take an interest in the Homes. Garden fetes and open days are organized and most Homes have a healthy Amenities Fund for providing additional comforts for the residents.

Staffing.

During the year the staffing situation did not improve, particularly so far as resident staff were concerned, whilst owing to the financial situation it was not possible to extend the appointment of night staff to the smaller Homes. The standard of cases now being admitted, the deterioration in the general health of residents whose average age is over 80, and the difficulties caused through shortage of geriatric beds in hospitals, are throwing considerable extra burdens on the staff.

The experiment carried out at one Home of using frozen foods for main meals in order to overcome staffing difficulties in the kitchen proved successful and the extension to other Homes where such difficulties arose was authorized.

The report of the committee appointed in October, 1962, by the National Council of Social Service under the Chairmanship of Professor Lady Williams, C.B.E. to enquire into the recruitment and retention, training and field of work of the staff of residential accommodation was issued during the year. Many of the recommendations were already in force in this County whilst others require action at national level before they can be implemented. So far as the training recommendations are concerned, negotiations had been initiated with the London Boroughs' Training Committee for the establishment of a two-year course at Enfield College of Technology, to be run on "Williams" lines, and it is hoped that such a course providing career training will materialize and that the county council will be able to participate by sponsoring one or two trainees. Consideration was also given to in-service training and it is hoped to organize the first course in 1968.

Voluntary Homes.

Use continues to be made of accommodation in approved voluntary Homes and at 31st December, 1967, there were 282 such residents for whose maintenance charges the county council was responsible compared with 263 for the previous year.

Registration of Homes for Disabled and/or Old Persons.

All voluntary or private Homes for disabled or old persons, except those incorporated under Royal Charter, are required to register with the county council under the provisions of the National Assistance Act, 1948. In this connection the county council make use of their extended provisions contained in the Hertfordshire County Council Act, 1960, which enables them to specify in detail the minimum standards required. Following registration all Homes are regularly inspected by the nursing officers and fire protection officer.

Table 60.

No. of Registered Homes.	*Registered Men only.*	*Accommodation. Women only.*	*Both sexes.*	*Total.*
Private.				
Elderly.				
4		26		
14			242	
18				268
Voluntary.				
Elderly.				
1	29			
4		77		
9			307	
14				413
Disabled.				
1		15 (blind)		
2			33 (30 blind)	
3				48
Totals : 35 Homes.				729 beds

In addition Pocklington House near Northwood provides accommodation for 30 blind persons of either sex. The Home is not registrable as it is managed by the Royal National Institute for the Blind, a body incorporated by Royal Charter.

COUNTY SOCIAL WORK SUPERVISOR'S REPORT.

It is now almost three years since the process of establishing social work units in each division began. During this period, my own role and that of the senior psychiatric social worker and the divisional social worker has developed considerably. I propose to consider these roles as my contribution to this year's Annual Report.

In any social work organization, the principal social worker must convey a sense of purpose and direction to the staff for whom he is responsible. He needs to set broad limits so that the social workers have a framework within which they have scope to develop their ideas and skills. Above all, the leader must ensure that the staff are appropriately employed, that is to say, using their time in ways which match clients' needs with organizational or professional requirements. He must know where he is going and be able to inspire confidence in the staff to go in the same direction, remembering always that the direction will veer from time to time and the organization must have people flexible enough to change when necessary.

Soon after I was appointed it became clear to me that the divisional social work units which were visualized were necessary if clients were to be offered an accessible service by people who were close enough to perceive their

changing needs and adjust the service to meet these needs. Local teams had to be led capably and one of my principal tasks has been to participate in attracting, selecting and appointing divisional social workers. By the end of 1967 five such appointments had been made—Miss Watson (East Herts) and Mr. Jones (Mid Herts), joining Miss Keenleyside (South West), Mr. Guest (Dacorum) and Miss Swaine (St. Albans). I am acting as divisional social worker in North Herts until the divisional social worker is appointed in 1968. As these appointments are made, team leadership is delegated to the divisional social worker. I then act as a management consultant on behalf of the County Welfare Officer.

In addition to this task of management of the six teams, there is the developmental aspect of my work. I need to ensure that each member of staff has learning opportunities beyond those presented in the day to day team situation, opportunities to learn not only about social work with a widening range of clients, but also about management. This developmental function includes helping secretarial staff to develop their roles as essential members of the social work teams ; offering in-service training facilities to trainees in preparation for their secondment to professional courses ; giving every member of staff opportunities to learn new casework skills and to increase their understanding of group work and community work. Seniors need to learn more about management and in particular divisional social workers must develop team leadership techniques.

In 1966 I outlined my responsibilities of seeking to ensure good working conditions, competitive salaries, appropriate secretarial and reception facilities ; of attracting qualified staff or staff with potential for learning a wide range of social work skills ; of arranging in-service training for new unqualified entrants in preparation for their secondment to professional courses ; of involving staff in planning ; of extending " consultation " so that it is available for all members of staff ; and of improving communication up, down and across the organization. I also suggested that experiment and research were important responsibilities which often had to be subordinated to other priorities.

The in-service training course has been organized again this year for 12 social workers from various sections of the combined department. I have concentrated on helping members of the group to learn about work in the department, work in other departments, and about national provisions, particular emphasis being given to helping members develop their understanding of individuals in the context of the family and the community. Dr. Torrie and Miss Thomas have offered a series of group learning experiences to other members of staff and three social workers, Mr. Gillespie, Mrs. Allen and Mrs. Cass were seconded on professional courses.

Development and training are essential central management responsibilities which have been entrusted to me. In turn I delegate some of these responsibilities, supervision and consultation for example, to Miss Thomas and certain senior members of staff. Dr. Torrie, our consultant psychiatrist, continues to influence our thinking and our work with people. The debt we owe him cannot be measured. Some members of staff, who are skilled supervisors, have taken students from professional social work courses, an extremely important part of our work. Miss Thomas in particular is involved in helping to establish a proposed B.A. (Social Work) Course at Hatfield College. I have continued to take special responsibility for trainees although their day to day work is managed by the divisional social workers.

The County Social Work Supervisor has a responsibility, in conjunction with the divisional social workers, to review all work undertaken and advise on policy about priorities. Miss Thomas has carried out reviews in the mental health field and similar work has been done in the fields of blind and deaf welfare. Next year I hope to extend these reviews to all social work carried out in the divisions and to revise the systems of registration, form completion, etc., so that a rationalized system evolves. Although registration will be

delegated to divisions it is a central responsibility to ensure that it is undertaken and that statistics are collected for our own and other purposes.

The statistics relating to the mentally ill, the subnormal, the blind, the elderly, the physically handicapped and the deaf show that social work continues to expand. In addition to essential social work tasks we have to collect monies for other departments. The additional burden of this non-social-work duty reduces our capacity to offer the extensive social work services our clients need. I hope that most of the collection duties will be removed in 1968.

My experience during the past three years leads me to conclude that in addition to the principal social worker responsible for the application of broad policy, a deputy should eventually be appointed to carry out some of the developmental and training duties. Such duties include ensuring consultation, strengthening field services, taking some groups for training and filling in when divisional teams are temporarily under strength. The deputy would need to carry a small caseload. The divisional social worker will need more seniors to take responsibility for groups of social workers as the teams expand so that he or she can spend more time assessing changing community needs and deploying staff resources in ways which go as far as is practicable to meet these needs.

Professor Donnison in his book " Social Policy and Administration " suggests that *innovation* and *development* are primary tasks of any organization. We have seen the development of six divisional social work agencies in the combined department, and some innovations, for example the establishment of a half-way house in Stevenage ; the work of Dr. Mallett, Miss Walkley and general practitioners at Stevenage Out-Patient Clinic ; some research into the physical and environmental needs of old people in East Herts ; the day centre in Berkhamsted ; involvement in the training of volunteers by the Herts Council of Social Service. Much more has to be done if we are to keep pace with the constant demands made by members of the general public who require a flexible organization which responds quickly to changing needs. That we are as fluid as we are is entirely due to the variety of social workers we employ. I am grateful to them all for their enormous contribution to clients in need— and to an organization in metamorphosis.

HOME HELP SERVICE.

The Home Help Service has continued to give help in accordance with the permissive provisions of Section 29 of the National Health Service Act, 1946, but at the time of writing this report the Health Services and Public Health Bill is before Parliament, under which, amongst other changes, it will become obligatory for local authorities to provide a Home Help Service.

Statistics.

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 continues to increase.

TABLE 61.—CASES HELPED DURING 1967.

	Tuber-culosis	Chronic sick	Blind	Acute illness	Acci-dents	Miscel-laneous	Maternity and nursing mothers	Mental illness	Total
Persons of pen-sionable age	20	3,908	154	43	16	2	—	23	4,166
Other cases .	24	478	28	488	33	51	850	53	2,005
Totals . .	44	4,386	182	531	49	53	850	76	6,171

TABLE 62.—ALLOCATION OF HELP.

	Cases helped. %	*Amount of help.* %
Mental illness	1·2	0·9
Maternity	13·8	3·2
Tuberculosis	0·7	1·0
Chronic illness	71·1	86·4
Blindness	2·9	4·7
Acute illness	8·6	2·8
Accidents	0·8	0·3
Miscellaneous	0·9	0·7
Percentage of Pensionable age	67·51.	-

The total number of cases helped, 6,171, represents an increase of 3·5 per cent compared with 1966.

The number of maternity cases again showed a downward trend as follows :—

1965 . . 1,131 (18·8 per cent of the total cases helped).
1966 . . 955 (16 per cent of the total cases helped.)
1967 . . 850 (13·8 per cent of the total cases helped.)

It would seem reasonable to expect that, as the number of maternity cases decreased, the additional amount of time which became available would be used to increase the amount of help for existing long-term cases. In fact, any additional help which becomes available is absorbed by new cases of elderly persons taking advantage of the service.

At the end of the year, the number of cases per full-time home help stood at 9·3—the same as for 1965 and 1966—but it is interesting to note that ten years before, in December 1957, the ratio was 6·7 cases per full-time home help.

There was a sharp rise in the number of home helps employed during the first three months of the year when the number rose from 733 to 765, but after this initial increase, the figure remained relatively constant and, at the end of the year, there were 766 home helps in the employ of the county council.

TABLE 63.—WEEKLY HOURS AND STAFFING.

Cases helped during year	Cases current at :		Average weekly hours, Dec., 1966	Equivalent No. of full-time Home Helps	Average weekly hours, Dec., 1967	Equivalent No. of full-time Home Helps	No. of Organizers and Clerks					
							Dec., 1966			Dec., 1967		
	1.1.67	31.12.67					Full-time	Part-time	Equivalent full-time	Full-time	Part-time	Equivalent full-time
6,171	3,460	3,770	14,873	371·8	15,531	388·3	20	12	27·1	21	12	27·75

Training.

A new development this year was the formation of a working party of senior organizers to consider methods of training within the service. Meetings of the working party are held at County Hall, and the findings are subsequently considered at full meetings of organizers and assistant organizers.

Home Helps.—Arising out of the meetings of the working party it was decided to adhere to the present method of training home helps by stages, Stage I by discussion group, to be undertaken by each organizer for her own home helps, stage II by a divisional training course, to be arranged within each division annually by the organizer(s) concerned, and stage III by an advanced training course to be conducted by the County Organizer. As the working party considered that the advanced training should be offered to a larger number of home helps than was possible when arranged centrally, it was decided that the County Organizer should undertake this training in each division.

At the end of the year 47 per cent of the total number of home helps had received some form of training.

Additional to the county training scheme for home helps, arrangements were in hand with the Central Council for Health Education for lectures to be given by their Education Officer in the Spring of 1968, to large groups of home helps in each division.

Organizing Staff.—Four organizers have now passed parts I and II of the new Certificate in Home Help Organization, three of whom are continuing their studies for the final parts III and IV. The fourth organizer already holds the original Certificate of the Institute of Home Help Organizers which, together with part I and II of the new Certificate, completes her qualification.

A series of discussion group meetings was held for organizers and a new group formed for assistant organizers. This was the first in-service training offered to assistants, and they proved a very enthusiastic group. These discussion group meetings were held at the Health Education Centre in the Spring.

One home help organizer joined the department's social work study group whose meetings continued over a period of several months and included visits of observation to social agencies etc.

The Week-end School of the Institute of Home Help Organizers was held at Scarborough in September. Seven organizers from this county attended, five of whom were sponsored by the Authority.

Long-Service Badges.

The annual badge ceremony for home helps was held at County Hall at which Mrs. I. D. Paterson, J.P., Chairman of the Health and Welfare Committee presided, and Mrs. A. M. W. Kampe, Chairman of the Hertfordshire Old Peoples' Council presented the badges when home helps expressed their appreciation of these awards. The Health and Welfare Committee subsequently agreed that the scheme should be extended and that two new badges be designed for presentation in 1968 to home helps with 15 years' and 20 years' service. At present, badges are awarded to home helps with 5 years' and 10 years' service.

Good Neighbour Service.

This service continued to be a great comfort to the aged, and 168 cases were given the services of a good neighbour, an increase of 14·3 per cent over 1966.

Night Sitters-In.

Two cases took advantage of this service during the year.

CHIROPODY SERVICE.

There were no basic changes in the Chiropody Service during 1967, except that in February, it was extended to include mentally sub-normal persons attending adult training centres. There was, however, a provision that it should be extended only in areas where the additional demand would not have an adverse effect on the already established service. By the end of the year sessions were being held at five of the seven adult training centres in the county.

In June, the fees to chiropodists were increased—back-dated to 1st January—from 9*s.* to 10*s.* 6*d.* for surgery treatment, and from 15*s.* to 17*s.* for home visits.

The scale of personal allowances used by the Ministry of Social Security for assessment purposes was increased in October, and as our own scale is based on this, the net income below which applicants became eligible for inclusion in the scheme was increased from £4 17*s.* 0*d.* to £5 3*s.* 0*d.* for a single person and from £8 0*s.* 0*d.* to £8 9*s.* 0*d.* for a married couple.

The chiropody scheme was revised in October 1964, following concern

over the ever increasing costs and lack of control over the service. There was initially some objection to the changes—mainly because of the "means test" aspect of the scheme—but these were short-lived and very few complaints have since been received. The service has continued to expand in spite of these controls, and the rate of treatment is now 51·9 treatments per one thousand population, compared with 47·4 treatments per one thousand population in 1966. The total number of treatments given increased by 10·9 per cent from 41,374 during 1966 to 45,857 during 1967.

The South West Division of the county continues to maintain the highest proportion of treatments increasing from 59·2 to 62·9 treatments per one thousand population, with the proportion for the lowest division increasing from 22·4 treatments to 25·9 treatments per one thousand population.

Treatment at home again showed an upward trend, there being 3 treatments in the home to every 7 given in the surgery or at sessions.

There is still a general shortage of chiropodists throughout the County, and the service has been fortunate in being able to absorb the steady increase in the number of persons becoming eligible for treatment.

TABLE 64.—TREATMENTS.

	1965.	*1966.*	*1967.*
Private Chiropodists.			
At sessions	7,186 (19·7%)	7,812 (20·2%)	8,223 (18·9%)
In surgeries	19,312 (53·9%)	19,557 (50·5%)	22,045 (50·7%)
At home	9,490 (26·4%)	11,369 (29·3%)	13,211 (30·4%)
	35,988	38,738	43,479
County Chiropodists.			
At sessions	1,675 (73·0%)	1,924 (73·0%)	1,652 (69·4%)
At home	620 (27·0%)	712 (27·0%)	727 (30·6%)
	2,295	2,636	2,379
Combined totals.			
At sessions	8,861 (23·1%)	9,736 (23·5%)	9,875 (21·5%)
In surgeries	19,312 (50·4%)	19,557 (47·3%)	22,045 (48·1%)
At home	10,110 (26·5%)	12,081 (29·2%)	13,937 (30·4%)
	38,283	41,374	45,857

PROTECTION OF PROPERTY.

When a person is admitted to hospital or to accommodation provided under Part III of the National Assistance Act and there is no relative or friend willing or able to look after his or her property, the county council has a responsibility under Section 48 of the National Assistance Act to ensure the protection of all moveable property where there is a danger of loss or damage through the owner's inability to deal with it. This may consist solely of advising the owner or his relatives but on occasions the county council has to arrange for storage of property and the administration of estates. Where a patient in one of the county council's Homes has died intestate and no relatives can be traced it may be necessary for detailed reports to be made to the Treasury Solicitor.

Receivership.

If a person is incapable by reason of mental disorder of managing his or her affairs, the Court of Protection, a branch of the Royal Courts of Justice may appoint a person to act as Receiver. Should no relative be available who is willing to act in this capacity, the court may appoint an officer of the county council (the County Welfare Officer is so authorized) to act as Receiver.

There are at present 22 Receivership cases administered by the Department.

PART III—MANAGEMENT SERVICES.

Table 65.—Staff in Employment at 31st March, 1968.

(Equivalent Whole-time).

Central Administration.		
Medical and professional	7	
Administrative and clerical	84·4	91·4
Divisional Administration.		
Medical and professional	25	
Administrative and clerical	66·2	91·2
Health Services.		
Assistant County Medical Officers	22·6	
Dentists and dental auxiliaries	23·3	
Dental surgery assistants	30	
Nursing Service (including day nurseries)	462·7	
Ambulance Service	277	
Miscellaneous professional and other officers	11	
Clerical	17·7	
Caretakers, cleaners and drivers	46·5	890·8
Social Welfare Services.		
Chiropodist	1	
Home help organizers and clerks	27·7	
Home helps	390·9	
Mental Health—Training Centres—Supervisory	98	
Mental Health—Training Centres—Other	16·7	
Mental health—residential accommodation—		
Supervisory	12	
Other	6	
Residential accommodation for the elderly and the infirm—		
Supervisory and nursing	96·7	
Other	393	
Social Work Units—		
Social workers	62·2	
Clerical and miscellaneous	14·6	1,118·8
Chaplains and medical officers (residential Homes)	28 P.T.	—
Total		2,192·2

Recruitment of Staff.

Due largely to fortuitous circumstances, recruitment of dental officers improved considerably but the increasing difficulties of attracting and retaining doctors created problems in the school health and infant welfare services.

The extent of domiciliary care for the elderly and handicapped has

continued to grow, reflecting changes in the age structure of the population and in policies in hospital administration and there has been increasing anxiety at the difficulties encountered in obtaining sufficient domiciliary nursing staff.

The rapid turnover of clerical staff continues to create very real difficulties in providing an efficient and economical service. Staff are under such pressure to maintain even existing standards of administration, that little time or thought can be devoted to streamlining and improving the organization of clerical and other processes.

Statistics.

Extracts from the statistics published by the Society of County Treasurers and the Institute of Municipal Treasurers and Accountants are set out in Tables. 66 and 67.

Whilst there are many reasons for variations between expenditure of one local authority and another and whilst the yardstick " per 1,000 population " may not be the most effective and illuminating in every case, it is nonetheless fair to draw attention to Hertfordshire's low place in " the league table," particularly in regard to administration, the nursing service and some aspects of the social welfare services. This factor is of considerable significance in periods when development of the service tends to be controlled as much by reference to past expenditure as to an assessment of future needs.

Table 66.—Services Provided under the National Health Service Act, 1946.

Net Expenditure Chargeable to Rates and Grant per 1,000 Population in 45 English Counties—1966–67.

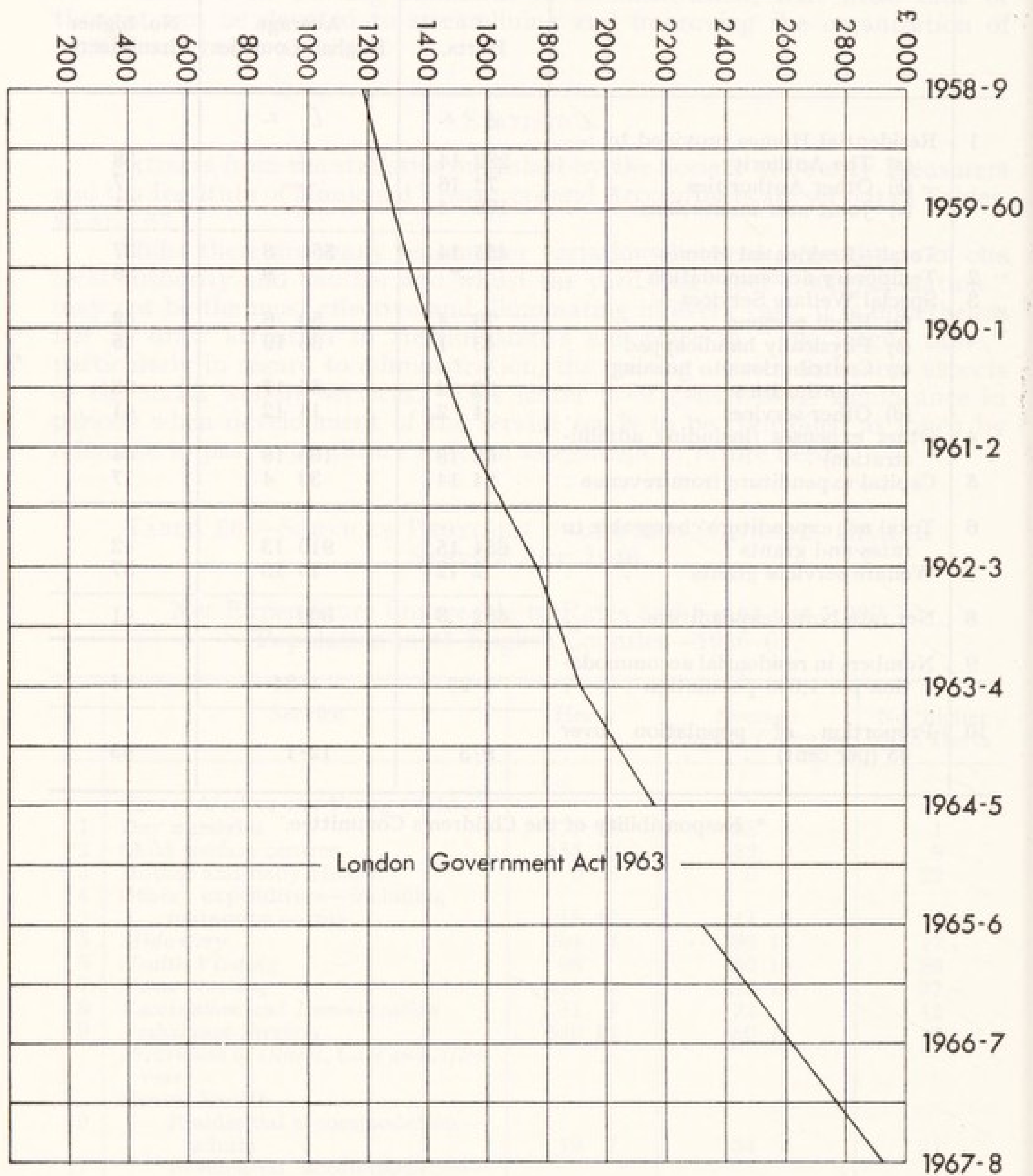
	Service	Herts £	Herts s.	Average English Counties £	Average English Counties s.	No. higher than Herts
	Care of Mothers and Young Children.					
1	Day nurseries	77	15	38	1	1
2	Child welfare centres	155	10	132	9	9
3	Mother and baby Homes	6	18	9	7	22
4	Other expenditure—including maternity outfits	18	12	14	6	14
5	*Midwifery*	204	4	186	13	17
6	*Health Visiting*	95		130	18	36
7	*Home Nursing*	218	4	252	15	37
8	*Vaccination and Immunization*	31	9	22		12
9	*Ambulance Services*	540	13	480	17	7
	Prevention of Illness, Care and After-care.					
	Mental Health—					
10	Residential accommodation—adults	19	7	34	4	21
11	Residential accommodation—juniors	13	1	16	15	24
12	Training centres	201	8	194	3	17
13	Other services	54	12	70	2	33
14	Tuberculosis	25	8	17	17	10
15	Other	58	3	67	3	23
16	*Domestic Help*	249	2	300	11	23
17	*Services other than under N.H.S. Act, 1946*	9	10	3	6	3
18	*Administration*	257	13	311	7	39
19	*Revenue contributions to capital outlay*	34	3	71	16	36
20	*Net rateborne expenditure*	2,270	12	2,356		27

Table 67.—Services Provided under the National Assistance Act, 1948. Net Expenditure Chargeable to Rates and Grants per 1,000 Population, 45 English Counties—1966–67.

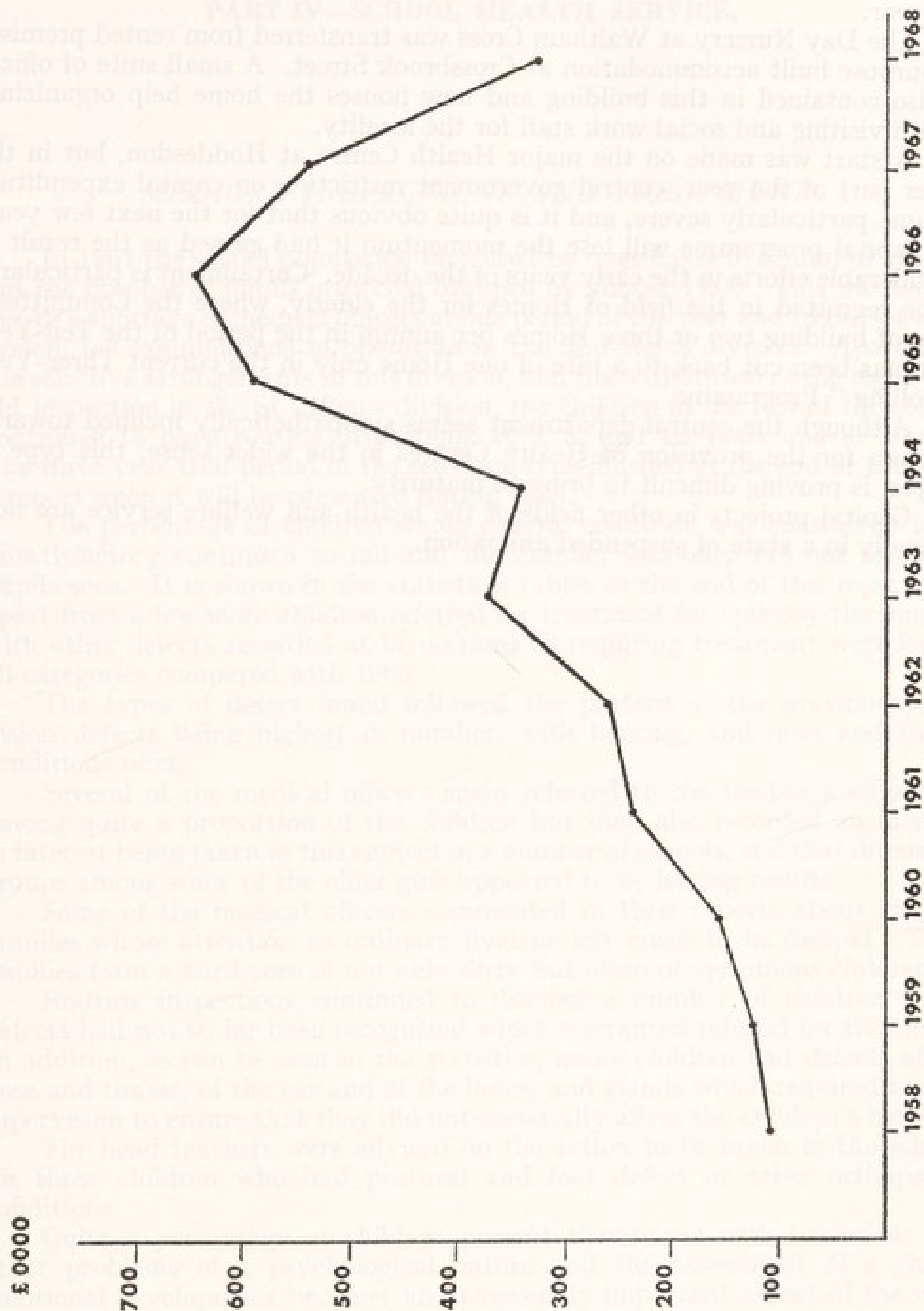
		Herts.	Average English Counties	No. higher than Herts.
		£ s.	£ s.	
1	Residential Homes provided by :—			
	(a) The Authority	282 14	—	38
	(b) Other Authorities	72 16	—	17
	(c) Joint user institutions	100 4	—	11
	Total—Residential Homes	455 14	551 8	37
2	Temporary accommodation	—*	7 9	36
3	Special Welfare Services—			
	(a) Blind persons	26 4	50 6	42
	(b) Physically handicapped	43 1	36 19	15
	(c) Contributions to housing authorities	32 2	55 17	33
	(d) Other services	4 2	14 12	41
4	Other expenses (including administration)	68 18	160 18	44
5	Capital expenditure from revenue	24 14	33 4	17
6	Total net expenditure chargeable to rates and grants	654 15	910 13	42
7	Welfare services grants	2 12	10 13	37
8	Net rate borne expenditure	652 3	900	41
9	Numbers in residential accommodation per 1,000 population	1·23	1·84	44
10	Proportion of population over 65 (per cent)	9·3	12·1	43

* Responsibility of the Children's Committee.

TABLE 68.—HEALTH AND WELFARE SERVICES—NET REVENUE EXPENDITURE.



Graph 5.—Capital Expenditure.



Capital Programme and Expansion of the Service.

The major achievement of the year was the bringing into use of the county council's first purpose-built mental health hostel, providing 30 places for adults, and its tenth purpose-built training centre (for 100 adults). The premises, Roundwood Hostel and Butterwick A.T.C. came into use in June and March respectively and the combined project was formally opened on 21st November, 1967, by Lord Balniel, M.P., Chairman of the National Association for Mental Health. Improvement of special care facilities continued with the opening of a new extension at Hemel Hempstead J.T.C.

Homes for the elderly at Woodland, Oxhey Drive, South Oxhey, and Newhaven, Drakes Drive, Stevenage, also received their first residents during the year.

The Day Nursery at Waltham Cross was transferred from rented premises to purpose built accommodation at Crossbrook Street. A small suite of offices is also contained in this building and now houses the home help organizing, health visiting and social work staff for the locality.

A start was made on the major Health Centre at Hoddesdon, but in the latter part of the year, central government restriction on capital expenditure became particularly severe, and it is quite obvious that for the next few years the capital programme will lose the momentum it had gained as the result of considerable efforts in the early years of the decade. Curtailment is particularly to be regretted in the field of Homes for the elderly, where the Committee's hope of building two or three Homes per annum in the period of the Ten-Year Plan has been cut back to a rate of one Home only in the current Three-Year " Rolling " Programme.

Although the central department seems sympathetically inclined towards schemes for the provision of Health Centres in the wider sense, this type of project is proving difficult to bring to maturity.

Capital projects in other fields of the health and welfare service are now virtually in a state of suspended animation.

PART IV—SCHOOL HEALTH SERVICE.

MEDICAL INSPECTIONS AND TREATMENT.

In 1967 the school population increased by over 6,000 to a total of 154,759 but the number of pupils inspected dropped by almost 4,000. This was largely due to a shortage of medical officers at one period of the year and to the selective system for examinations in operation in the Mid-Herts division. Apart from the selective arrangements in this division, and the withdrawal of the eight-year old inspection in the St. Albans division, the children in the rest of the county continued to have routine inspections at 5, 8, and 12 years and as leavers. The three-year trial period of the selective type finished at the end of 1967 and a report upon it will be presented during 1968.

The percentage of children whose general condition was considered to be unsatisfactory continued to fall and the number was only 115 out of 39,445 pupils seen. It is shown in the statistical tables at the end of this report that apart from a few more children referred for treatment for epilepsy the number with other defects recorded at inspections as requiring treatment were less in all categories compared with 1966.

The types of defect found followed the pattern of the previous years, vision defects being highest in number, with hearing, and nose and throat conditions next.

Several of the medical officers again referred to the tendency to obesity among quite a proportion of the children but they also recorded an increase in interest being taken in this subject in a number of schools, and that discussion groups among some of the older girls appeared to be having results.

Some of the medical officers commented in their reports about the few families whose attention to ordinary hygiene left much to be desired. These families form a hard-core of not only dirty but often of verminous children.

Routine inspections continued to disclose a number of children whose defects had not so far been recognized which warranted referral for treatment. In addition, as can be seen in the statistics, many children had defects of the nose and throat, of the ear and of the lungs, and glands which required regular supervision to ensure that they did not materially affect the children's health.

The head teachers were advised on the action to be taken in the schools for those children who had postural and foot defect or other orthopaedic conditions.

Quite a percentage of children present themselves with behaviour and other problems of a psychological nature and the assessment of a child's emotional development becomes an increasingly important aspect of the work of the medical officers. Discussion with the parents and the teachers has had a marked effect in quite a proportion but many have had to be referred to their general practitioners or to the Child and Family Psychiatric Service. In the younger age group much benefit has resulted from a greater flexibility of approach to the children's emotional problems, e.g. making use of small assessment classes, admitting them to school in small groups or even arranging for some to spend a period in a Junior Training Centre. Among the older children anxiety associated with academic stress occasionally arose, and the early detection of learning difficulties and the institution of remedial teaching were considered as vital factors in preventing serious emotional disturbance at a later date.

TABLE 69.—MEDICAL INSPECTIONS.

	1967.	1966.
Number of pupils on registers of maintained Primary, Secondary, and Special schools	154,759	148,405
Number of periodic medical inspections	39,445	43,334
Number of special inspections	1,198	1,179
Number of re-inspections	21,140	21,866

TABLE 70.—DEFECTS FOUND BY MEDICAL INSPECTIONS.

Defect (1)	Number of Defects							
	Already under treatment (2)		Recommended treatment (3)		Total (4)		Under observation (5)	
	1966	*1967*	1966	*1967*	1966	*1967*	1966	*1967*
Skin	545	*456*	388	*323*	933	*779*	859	*869*
Eyes:								
(a) Vision	1,931	*2,027*	1,058	*891*	2,989	*2,918*	2,136	*2,447*
(b) Squint	398	*375*	139	*117*	537	*492*	204	*206*
(c) Other	49	*52*	31	*25*	80	*77*	154	*197*
Ears:								
(a) Hearing	174	*124*	267	*243*	441	*367*	844	*750*
(b) Otitis Media	105	*80*	67	*54*	172	*134*	559	*682*
(c) Other	30	*30*	22	*24*	52	*54*	140	*192*
Nose or Throat	319	*235*	142	*134*	461	*369*	2,032	*2,022*
Speech	85	*77*	135	*125*	220	*202*	395	*454*
Lymphatic Glands	38	*11*	31	*25*	69	*36*	901	*620*
Heart	72	*51*	13	*13*	85	*64*	606	*526*
Lungs	243	*188*	37	*27*	280	*215*	800	*746*
Developmental:								
(a) Hernia	12	*9*	33	*24*	45	*33*	83	*71*
(b) Other	50	*37*	82	*71*	132	*108*	609	*656*
Orthopaedic:								
(a) Posture	20	*20*	89	*81*	109	*101*	372	*353*
(b) Feet	96	*88*	136	*114*	232	*202*	956	*816*
(c) Other	156	*109*	71	*68*	227	*177*	853	*729*
Nervous System:								
(a) Epilepsy	62	*82*	10	*4*	72	*86*	61	*72*
(b) Other	38	*33*	9	*10*	47	*43*	126	*122*
Psychological:								
(a) Development	21	*14*	25	*25*	46	*39*	370	*406*
(b) Stability	79	*70*	102	*68*	181	*138*	1,173	*1,144*
Abdomen	60	*60*	36	*33*	96	*93*	200	*218*
Other	77	*99*	74	*111*	151	*210*	348	*528*
Total no. of defects found	4,660	*4,327*	2,997	*2,610*	7,657	*6,937*	14,781	*14,826*
Percentage of total defects	60·86	*62·37*	39·14	*37·63*				

VISION.

Defects of vision continue to be the commonest defect found at medica inspections, particularly in the secondary school age group.

Children have their vision tested as school entrants but if there is any doubt about the result, possibly by lack of understanding of test letters or pictures, it is checked again a term or two later. Squints which have not been diagnosed in pre-school years and dealt with then by the orthoptists, generally come to light at the entrant medical inspection and referred for action.

Children whose vision test is not considered satisfactory are referred to eye clinics, staffed with ophthalmologists provided by the Regional Hospital Boards. Parents, however, have the alternative of taking their children to an optician of their choice who is on the Executive Council's Ophthalmic list. Spectacles recommended by either clinic ophthalmologists or opticians can be supplied under the National Health Service through the Local Executive Council arrangements.

Facilities in schools for vision testing are not always ideal but it is hoped that this will be improved by the provision of "vision screeners" in each division during 1968.

During part of the year there was a shortage of ophthalmologists in the North Herts Division and only 40 sessions were possible there compared with 132 in 1966. In all 700 sessions (776 in 1966) were held in the county clinics, 1,680 new cases were seen, 5,332 pupils were re-inspected and 2,126 had spectacles prescribed for them.

TABLE 71.—OPHTHALMIC CLINICS, 1967.

Centres	No. of Sessions	Attendances		No. of Refraction–	No. of pupils for whom spectacles were prescribed
		New	Rx.s		
North Herts.					
Hitchin	17	37	125	58	33
Stevenage	23	26	129	120	23
East Herts.					
Hertford	64	61	422	323	151
Bishop's Stortford	29	53	90	313	85
Buntingford	4	9	31	—	8
Cheshunt	41	122	442	507	207
Mid-Herts.					
Hatfield	24	67	235	112	104
Welwyn Garden City	41	142	615	279	179
St. Albans.					
St. Albans	74	271	664	916	269
Harpenden	19	49	172	138	86
Boreham Wood	38	99	524	277	184
South-West Herts.					
Watford	185	411	844	1,255	384
Rickmansworth	21	59	100	152	47
Dacorum.					
Berkhamsted	5	26	37	63	18
Hemel Hempstead	115	248	902	1,104	368
Totals	700	1,680	5,332	5,617	2,136

The orthoptic service in the county, apart from the South-West Division where one full-time orthoptist had worked for the past 20 years, has varied quite markedly. Four part-time officers have helped considerably in the Dacorum, St. Albans and Mid-Herts Divisions and by giving additional sessions when the waiting list increased have managed to keep it within bounds. In the East and North Divisions with only a few sessions available by one part-time officer, the situation has been far from satisfactory. However, as recorded elsewhere, another orthoptist will be taking up duties in the early summer of 1968 and it should be possible to offer improved facilities in these two areas.

TABLE 72.—ORTHOPTIC CLINICS, 1967.

Clinic	Sessions	Attendances	No. of Children as at 31.12.67		Waiting List of new cases as at 31.12.67
			Under treatment	Under observation	
Stevenage	6	26	3	5	—
Hitchin	52	317	156	117	19
Cheshunt	58	379	180	156	—
Ware	7	34	—	—	—
Hatfield	53	282	11	60	—
Welwyn Garden City	188	713	42	146	—
Potters Bar	2	7	—	—	—
St. Albans	221	1,472	137	260	—
Watford	335	2,460	38	56	13
Oxhey	44	246	—	7	—
Hemel Hempstead	140	1,088	42	67	37
Totals	1,106	7,024	699	874	69

HEARING.

All children on the " at risk " register have their hearing tested at the age of seven or eight months by health visitors, and this is being extended to include all other young children. Although in this way congenital defects can be discovered, children may develop hearing difficulties subsequently, either from disease or accident, and particularly from the various catarrhal conditions in childhood. The provision of hearing aids from early in the first year of life onwards is of inestimable value in enabling children with hearing defects to achieve speech.

All children under five years suspected of having a hearing defect are referred to the audiology clinics for more precise assessment by the otologist.

School entrants are screened by audiometricians using pure tone audiometers, and children who appear to have a hearing loss are also referred to the clinics after obtaining the approval of the family doctor. Reference is made to the advisory service given by the peripatetic teachers of the deaf to parents of children with hearing defects in Mr. Grossman's report, the aim of the service being to give parents a greater understanding of their child's needs and difficulties.

The 172 sessions at the 5 audiology clinics in the county dealt with 1,162 children during 1967 and 60 hearing aids were recommended.

Unfortunately, in several areas of Hertfordshire, there is still a long waiting period before a child can be seen at an audiology clinic, and although the North-West Metropolitan Regional Hospital Board agreed to 2 additional sessions per week by clinical assistants in the Audiology Service, it was not possible to fill these sessions until early in 1968.

In spite of this staff increase it will not be possible to organize clinics in East Hertfordshire and children from this area will continue to attend at the Nose, Throat and Ear Hospital at Grays Inn Road, London.

Dr. Bickerton, the consultant otologist, and Mr. Grossman, the senior peripatetic teacher of the deaf, have given the following reports on the audiology service.

Dr. M. V. Bickerton :—

" The general work of the Audiology Service has continued on the lines described in previous reports. Owing to the waiting list for appointments we were delighted when the Regional Hospital Board approved the appointment of a clinical assistant in Audiology for two sessions a week. Dr. Homan took up this appointment in the later part of the year. It is hoped that with this assistance there will be a marked improvement in the waiting list by the end of 1968.

" Throughout the year we have been one audiometrician short, and Mrs. Elvin and Miss Kean have continued to cover the whole county ; however, a third audiometrician has been appointed to take up duties in the New Year.

" Over 450 new cases have been seen in the clinic showing a slight fall, but the number of reviews has increased.

" 60 patients have been issued with a hearing aid during the year, showing little change from 1966.

" We have again held courses for health visitors, also a week's course for mothers with deaf children at Wall Hall College, and a further course for teachers in normal schools.

Screen testing in schools.

" Screen testing was carried out in 162 primary schools and 8,075 children were tested. Of these, 7,569 were found to have normal hearing, and 506 were referred for further investigation.

Audiology Clinics.

" Audiology sessions were held monthly at the various centres and 945 audiograms were taken and 419 earmoulds were made.

TABLE 73.—AUDIOLOGY CLINICS, 1967.

	Clinics									
	Hatfield		Hemel Hempstead		Hitchin		Watford		St. Albans	
No. of sessions	28		40		40		24		40	
	School Children	Others	School Children	Others	School Children	Others	School Children	Others	School Children	Others
Attendances—										
New cases	34	40	50	32	58	53	51	29	52	48
Re-examinations	92	30	129	32	135	41	70	27	132	27
Total	126	70	179	64	193	94	121	56	184	75
Number of new cases reported as having—										
Normal hearing	11	21	7	16	15	33	14	19	14	32
Impaired hearing	16	4	37	8	31	5	25	2	24	3
Partial hearing	5	3	6	—	11	—	7	2	9	1
Severe Deafness	—	3	—	1	—	2	2	2	2	1
Degree of hearing not yet known	2	9	—	7	1	13	2	4	3	11
Recommendations—										
Discharged	34	26	45	22	63	37	47	23	46	41
For follow-up appointments	92	44	115	42	130	57	74	33	138	34
Special Schools	—	—	1	—	1	2	2	—	—	—
Auditory Training	1	5	2	1	—	4	3	4	4	3
For Educational Psychologist I.Q. test	4	—	6	2	7	5	5	3	6	1
Referred? Surgery	7	4	14	3	13	1	4	2	16	1
No. of hearing aids issued during year	4	6	8	3	5	6	5	4	16	3
Cases waiting first examination appointment	12	14	8	9	8	12	19	18	6	7

Audiometric Testing in Clinics.

" 3,067 children attended the various clinics for hearing tests during the year, 346 as the result of screen testing and 2,721 referred from other sources. Of these, 1,273 were referred for further investigation at audiology clinics or for periodic retesting. There are 134 children awaiting tests excluding the monthly revisions."

TABLE 74.—AUDIOMETRY TESTING, 1967.

(1) *Screen Testing :*	
(*a*) No. of sessions	195
(*b*) Schools visited	162
(*c*) Pupils tested	8,020
(*d*) No. of children—normal hearing	7,569
(*e*) No. of children—failed test	451
(2) *Individual Audiometric Testing :*	
(*a*) No. of sessions	422
(*b*) Children tested—(Screen Test Failed)	379
(*c*) Children tested—(Referred by M.O.s)	2,328
(*d*) Children found to have hearing within normal limits	1,631
(*e*) Children reported for further investigation	1,090
(*f*) Children awaiting testing	65
(3) *Audiology Clinics :*	
(*a*) No. of sessions	177
(*b*) Children tested	935
(*c*) Ear moulds prepared for hearing aids	433

Mr. Grossman :—

" Other than those in schools for the deaf or partially hearing, the numbers of children in the county in December, 1967, sufficiently deaf to require hearing aids were as follows :—

Divisions.	*Pre-school children.*	*Infant schools.*	*Junior schools.*	*Secondary schools.*	*Special Schools E.S.N., P.H.*	*Partially-hearing Units.*	*Totals.*
North	6	1	6	5	0	0	18
Stevenage	4	1	7	5	3	13	33
East	6	7	14	14	2	7	50
Mid	3	1	8	12	0	0	24
St Albans	5	2	13	4	4	18	46
South-West	9	6	8	20	13	8	64
Dacorum	7	1	8	11	1	0	28
Total in County	40	19	64	71	23	46	263

" Children in Partially-hearing Units are listed in the divisions in which they are at school. The ten children who have hearing aids and are of school age, who attend training centres, are not listed above.

" The overall total shows a slight increase of 4 on last year's figure, but the number of pre-school children is 5 less. The number in Partially-hearing Units has increased with the opening of another P.H.U. in Hoddesdon and the doubling of the number of children in the Secondary School Unit in St. Albans.

" In addition, there is a comparatively large and varying number of children with defective hearing in normal schools who do not need hearing aids but require occasional sessions of the Advisory Teachers' time. Many of these children have bilateral conductive losses or severe unilateral deafness.

Pre-School Work.

" Only during the first half of the year was this aspect of the educational work with hearing impaired children fully staffed. During the Summer, both Mrs. Grossman and Mrs. Higby left and had not been replaced by the end of the year. However, by the employment of two teachers of the deaf who were

only available on a part-time basis, the service was continued, but on a less comprehensive basis. Generally, the organization of work has been as before. Regular visits have been made to the homes to work with the children, primarily as a means of showing the mothers how to continue to help their hearing-handicapped children until the next visit. Advising parents on the various problems that deafness brings to the children and their families continues to be a very important part of this work. On the whole, best results are obtained from this work when children's deafness is diagnosed as early as possible. The teachers are grateful to all those responsible for the detection and diagnosis of deafness in pre-school children for helping to reduce the average age at which their training can begin. Of those on the list in December, 1967, 17½ per cent were found before the age of one, and a further 45 per cent before the age of two.

"The third annual week's residential course for mothers and their hearing-handicapped infants was held in July at Wall Hall College of Education. 8 mothers and their infants attended.

Partially-hearing Units.

"In September, the County's sixth partially-hearing unit was opened at Sheredes School, Hoddesdon. This one is for Infant School children. The social and educational progress of the children in these Units reflects the support and co-operation the specialist teachers in charge receive from their head teachers, and colleagues on the staff, of the normal schools in which the Units are based.

"Even at this stage, parents can do much to further their children's progress. An essential part of the work of the Unit teachers is the regular guidance of parents through home visits and by inviting mothers, and, if possible, fathers, to observe and discuss their children's work in the Units.

"Two more Junior School units will open during 1968 at Holywell School, Watford, and Sheredes School, Hoddesdon.

Partially Hearing Children in Normal Schools.

"The team of Advisory Teachers concerned with these children has been understrength during the whole year. This has often meant less frequent visits to each school where there is a partially-hearing child.

"The fifth one-day course for teachers who have such children in their classes was held in November at St. Albans College of Further Education.

Commercial Hearing Aids.

"Commercially produced hearing aids have continued to be provided by the Education Committee for children for whom the National Health Service Medresco aid has proved unsuitable. The usual reasons are a need for a more appropriate frequency amplification curve, greater amplification or automatic volume control. 50 such aids were purchased during 1967."

SPEECH THERAPY.

The ability to communicate is a fundamental factor in the normal development of children and greater attention is being paid to the accurate diagnosis of speech defect as early as possible in the pre-school years.

It is not always easy to establish initially the degree and type of disability which exists for many conditions are self-correcting or improve readily under the guidance of a therapist, but should the condition be considered serious enough reference to the appropriate consultant is made. As there are so many possible causes of speech disability, a large number of which are of neurological origin, the treatment is far from straightforward. Often these defects are associated with other handicaps and although the number of children with serious speech defects is not great in any one authority's area, there is a need for more adequate provision for these children in the country as a whole.

TABLE 75.—SPEECH THERAPY CLINICS, 1967.

Clinics	Sessions	Attendances	No. of Children as at 31.12.67		Waiting List of new cases as at 31.12.67
			Under treatment	Under observation	
North Herts.					
Letchworth	91	433	14	3	14
Stevenage	377	2,116	52	91	49
Hitchin	144	708	26	4	9
Royston	82	607	17	3	1
St. Albans.					
St. Albans	373	1,774	84	79	10
Harpenden	130	635	18	31	15
Boreham Wood	240	1,173	38	56	8
London Colney	44	179	8	7	2
Dacorum.					
Hemel Hempstead	475	1,805	68	92	92
Berkhamsted	103	377	19	19	28
Mid Herts.					
Hatfield	135	756	35	44	17
Welwyn Garden City	160	768	30	53	5
Potters Bar	84	564	17	13	2
East Herts.					
Waltham Cross	48	180	7	12	—
Hoddesdon	163	792	27	14	2
Ware	68	340	16	14	6
Bishop's Stortford	45	288	13	23	13
Hertford	98	523	21	20	7
Cheshunt	104	598	27	28	9
South-West Herts.					
Watford	457	2,072	75	39	17
Rickmansworth	66	359	16	7	5
Oxhey	352	1,863	50	29	21
Totals	3,839	18,910	678	681	342

Some children may improve by more intensive specialized speech therapy than can be given in the ordinary clinics and it is the intention to provide two special units as an experiment in infant schools in Hemel Hempstead and Stevenage in the autumn of 1968.

Understandably there is an ever-increasing demand for speech therapy from special schools and from the junior training centres, and though the number of therapists in the County is greater than in many other local authority areas, the total is not yet sufficient to meet all demands.

Mr. Willmore, the senior speech therapist, who not only holds clinics himself but also supervises generally the other therapists in the county, has given the following report :—

" The service has been well maintained throughout the year in the county Speech Therapy Clinics.

" Compared with 1966, 509 more sessions were held, and 161 more children were given treatment. 2 children were referred for specialist investigation, but no children were admitted to Moor House or John Horniman residential schools.

" During the year, planning was inaugurated for the proposed establishment in the county of two day units for children with severe disorders of spoken language. As a result of continuous research into the nature of communication disorders, methods of diagnosis and treatment are still improving.

" A closer liaison between therapists, teachers and other workers in the field of child welfare is being encouraged by conferences and talks in various parts of the county."

THE COUNTY DENTAL SERVICE, 1967.

A combined Report covering the work of the School Dental Service and the Maternity and Child Welfare Dental Service.

Staffing.

The optimism expressed at the conclusion of last year's Report on the County Dental Service has been fulfilled and 1967 proved to be a year of steady but unspectacular progress.

The year commenced with a staff of 14 whole-time and 25 part-time officers whose whole time equivalent was 23. By the end of the year this figure had improved to 17 whole-time and 25 part-time officers with a whole time equivalent of 25 officers. Staff movements which resulted in this final improved position were as follows. 2 full-time officers joined the staff and 2 sessionally-paid dental officers transferred to salaried posts of 8 sessions per week each, whilst 1 salaried officer resigned on health grounds. The large staff of sessional dental officers employed by this authority has in the past resulted in fairly frequent movement to and from the service. This year followed the usual pattern with 11 part-time appointments to the staff and 8 resignations. The latter part of the year brought the dental auxiliary strength to 6 with 2 resignations and 3 new appointments. In terms of the number of sessions worked the improvement in the staffing position is shown by the following figures. In 1966 a total of 10,902 sessions were undertaken, of which 9,897 were allocated to the school dental service and 1,005 to the maternity and child welfare dental service. This year the total of sessions increased by 14 per cent to 12,515, of which 11,265 were given to work in the school dental service and 1,250 to the maternity and child welfare service. Of the grand total of 12,515 sessions, 1,746 were contributed by dental auxiliaries who spent nearly 20 per cent of their clinical duties in treating pre-school children.

Clinics.

The county has 36 dental clinics, 8 of which have 2 surgeries and one has 3 surgeries, making a total of 46 separate surgeries. No new clinics have been opened during 1967 but an additional surgery was brought into use at the Letchworth clinic in which a dental auxiliary is now employed to assist with the increasing demands of an expanding area. For the provision of this surgery I am indebted to the Divisional Medical Officer for North Hertfordshire, whose willing co-operation in making available at the appropriate time a suitable room adjacent to the dental suite has enabled us to provide a full service covering inspection, treatment and dental health education in the Letchworth area.

One dental clinic is at present under construction although others are planned for the future. This is a double surgery unit which is included in the new Hoddesdon Health Centre and is expected to be brought into use in the early part of 1969. It will replace the inadequate single surgery clinic in current use.

Equipment.

Consideration will need to be given to the standard of equipment at some of the longer established clinics throughout the county. It is apparent that the acceleration of technical advance in equipment design and invention has now overtaken the accepted standard of excellence of 10 years ago. Recently qualified dental officers and those taking postgraduate courses who have used modern apparatus with which practically all teaching hospitals have been re-equipped will inevitably request similar facilities in the school dental service. If this service is to maintain its accepted position as an integral part of the

National Health Scheme it will be necessary to provide the type of apparatus which will enable a dental officer to work at his greatest efficiency.

Orthodontic Treatment.

The majority of the orthodontic treatment is undertaken by 2 full-time orthodontists who attend at 14 of the 36 county dental clinics. Of the 465 new cases commenced during the year, 66 were undertaken by dental officers who have a special interest in this aspect of dental care. Orthodontic treatment carried out by dental officers is restricted to less complicated cases which are normally treated by removable appliance therapy. Diagnosis plays an extremely important role in orthodontic treatment and a substantial number of children referred to the orthodontists are complicated cases where modern treatment methods may often reduce the length of treatment time. In some of these cases the greatest efficiency is achieved by the use of fixed appliances, and it is interesting to note the increase in the use of this type of apparatus during the last four years.

Year.	*Number of fixed appliances fitted.*	*Number of removable appliances fitted.*
1964	84	811
1965	105	805
1966	127	868
1967	202	806

In a busy local authority orthodontic scheme where the demands on the service are always in excess of the ability to meet that demand, a balance has to be struck between the use of fixed and removable appliances when bearing in mind the orthodontists' time involved in the production thereof. In assessing the necessary balance, the combination at which the orthodontists aim is that which produces the highest number of completed cases per year.

Divisional Dental Officers' Reports.

This is the first year in which the full complement of 6 divisional dental officers has been operative. The first 3 appointments to this grade were made in September and October, 1966, and the remainder in April, 1967. The enthusiasm, keenness and administrative ability which these officers have shown throughout the year, in their new posts is to be commended. The following observations and remarks are culled from their annual reports.

Mr. Symes, the Divisional Dental Officer for the North Hertfordshire Division, commented on the improvement in the staffing position which had occurred in 1967. At the beginning of the year 31 sessions per week were worked at the clinics out of a total of a possible 50 and this represented 62 per cent of full capacity. This figure had improved to 87 per cent by the end of the year. This staffing increase resulted in a marked improvement in the number of school inspections carried out in the division with Letchworth, Baldock and Hitchin returning 100 per cent of the schools inspected in these respective areas. A special word of praise is given to the Red Cross workers who assist at the general anaesthetic sessions. Mr. Symes says : " No praise can be too high for these ladies who have proved of inestimable value at general anaesthetic sessions." It is some time since an appreciation of these voluntary workers has been mentioned in these reports and it is fitting, therefore, to record the thanks of the staff at all clinics where these public-spirited people assist in the recovery rooms in such a capable and sympathetic manner. Mr. Symes concludes his report by observing that it will be necessary to maintain the present favourable staffing position if progress commensurate with that existing elsewhere in the division is to be achieved in the Stevenage area in the future.

After a number of years of understaffing in the Welwyn Garden City area, it is most encouraging to be able to report a staffing position which, at the close

of the year, was nearly up to full strength. Miss Ewart, the Divisional Dental Officer for the Division, who devotes the large majority of her treatment sessions to two clinics in Welwyn Garden City, reflects this much improved position when she states: " Due to pressure of work at the Gooseacre and Viaduct clinics, the routine school dental inspections have been neglected over the years, but I am pleased to report that all schools have been inspected during the last 12 months except for one school." The school inspection and treatment programmes at the clinics in the remainder of the Division have been well maintained. Provided the present dental officer staffing position can be stabilized, it will be possible to look forward to a service which is able to meet to the full the demands made upon it. Miss Ewart observed that whilst the equipment is satisfactory at most of the clinics in her division, there are centres where consideration will have to be given to the replacement of older items which are no longer adequate. Miss Ewart also gives an interesting comparison table showing the number of pre-school children attending welfare clinics and the number of cases receiving a dental inspection at the dental clinics. It indicates that the percentage of mothers seeking dental care for their small children at two clinics in the Welwyn Garden City area is approximately twice that of the clinics in the Potters Bar area. These areas being directly comparable in the number of children attending the welfare clinics.

Mr. Maclean, the Divisional Dental Officer for Bishop's Stortford, Buntingford and Ware, mentions the problem of a backlog of work which confronted him when he took up duties in October, 1966, and which was due to a depletion of staff over a substantial time. It is most gratifying to be able to report that the picture has now changed dramatically following an improved staffing position and by the institution of an overall treatment plan which brought the large backlog of work under manageable control. One of Mr. Maclean's policies which has been applied successfully in the Bishop's Stortford and Buntingford areas was to restrict the extraction of deciduous teeth to those teeth causing pain or likely to be a source of trouble in the near future. Opinion amongst dental officers concerning the use of general or local anaesthesia for extraction cases is fairly sharply divided. Mr. Maclean comes down heavily on the side of local anaesthesia and says concerning his own patients: " Only three children were given general anaesthetics, the others local anaesthetics for extractions during the year. I have found this is a most satisfactory way in almost all cases, even the very young, if due regard is paid to some slight explanation of procedure to the patient." Mr. Maclean pays a special tribute to the dental surgery assistants for their efficiency and application to work.

Mr. Perkins, the Divisional Dental Officer for St. Albans Division, commences his report with the following words: " I should like to say at the outset that the day-to-day administration of this Division has been greatly facilitated by staff who have shown consistent co-operation and conscientiousness in the carrying out of their duties." Mr. Perkins comments on the relative pressures of the work on the various clinics throughout the division and mentions that the demands in the St. Albans and Harpenden areas were greater than those at the Boreham Wood Clinics. Additional sessions are required " but at least no surgery has suffered with the degree of understaffing which can be remembered in past years in the school service ". Mention is made of the recent addition of the part-time services of a dental auxiliary in the St. Albans area who undertakes X-ray work at the Principal Health Centre. Arrangements have been made for dental health education to be undertaken within the limits of the dental auxiliary's available sessions, and it is hoped that this is a development of the service that the division may anticipate for the future. Mr. Perkins summarizes his report with the following remarks: " While there is no room for complacency, an adequate and prompt availability of treatment has existed throughout the area for whose who opted for it. There is always an element

of long term unpredictability when a high proportion of staff are part-time officers but one must hope for a continuance of the present stability."

Mrs. Tanner, the Divisional Dental Officer for the Dacorum Division, reports that all but two of the schools in the Hemel Hempstead area of the division were dentally inspected during the year and a considerable number of patients are now requesting appointments for regular check-up inspections at the clinics every six months. From this it may be gathered that the staffing position is satisfactory in Hemel Hempstead, and that this improved treatment position has been helped substantially by the fact that there are now 19 dentists established in general practice in Hemel Hempstead with a population of approximately 63,500. The position is not as satisfactory in Berkhamsted where the interval between school inspections is 16 months. It is encouraging to note, however, that in the large bilateral school which provides secondary education for the Berkhamsted area, very few pupils are not receiving regular dental care either from the school dental service or from their own dentist. 7 of the 8 schools served by the Tring clinic have been inspected since this new centre was opened in November, 1966, and it is evident from these inspections that treatment in the past has been limited in a number of cases to treatment for the relief of pain only. The request for appointments at the clinic, especially for very young children combined with the aforementioned factor, would indicate the need for an expansion of the service in the Tring area. It is satisfactory to find that tuck shops have not come into existence in the Tring schools although many schools have their own tuck shops in the remainder of the division. Mrs. Tanner suggests that "more could be done to encourage the sale of non-cariogenic food". An investigation on a County-wide basis into the extent to which tuck shops have been established in schools is to be undertaken in the new year. It is hoped that a solution will be found to the unsatisfactory position wherein the tenets of dental health teaching are not observed in some schools by the sale on the premises of dentally harmful items of diet.

Mr. R. J. Smee, the Divisional Dental Officer for South-West Hertfordshire commented in his report on the frequent staff changes in the early part of the year. Despite these early staffing disruptions the more stable position which developed later enabled the inspection and treatment programme to be well maintained in comparison with the previous year. The satisfactory staffing position at the Avenue Clinic together with the full development of the Garston Clinic in combination with the beneficial results of fluoridation has enabled the programme of regular school inspections in the Watford area to be carried out effectively. Mr. Smee makes reference to caries surveys carried out in the past and following his recent inspections of the children in secondary schools suggests the possibility of introducing a modified system of caries assessment to give a truer picture of the older age groups in view of the possibility of prophylactic conservation having been undertaken in some cases. Whilst this is not expected to vary the comparative results appreciably, when considering flouride and non-fluoride areas, nevertheless, it could have some effect on total caries experience, and a caries survey using two different assessment systems would certainly be worth the additional time involved. A staff meeting was held in the latter part of the year at which administrative, technical and clinical aspects of the work in the division were discussed. An annual meeting of this nature is helpful, not only to engender a sense of concerted effort but also to avoid the feeling of working in isolation which some staffs of single surgery centres feel. Mr. Smee concludes his report with the following words: "With the beginning of another year it is hoped that the generally improved situation will be maintained and that the recent readjustments in staffing and school lists will help to maintain the generally high standard of dental fitness of the children in the care of the division."

Statistical Interpretation.

This year 108,311 children received a dental inspection either at school or at a dental clinic, this figure being the highest so far achieved in the history of the service. Whilst this represents a landmark, its importance is overshadowed to some extent by the results achieved by the previous highest figure in 1964 when 70 per cent of the school population received an inspection, a similar figure to that achieved this year. This has resulted from the fact that although 6,317 more children were inspected in 1967 compared with 1964, the school population has risen by more than 9,000 in the same period. With the improved staffing position which came about this year, 1,223 more treatment sessions were worked in the school dental service compared with 1966. This total was sub-divided into 897 dental officer sessions, 41 orthodontic sessions and 285 sessions undertaken by dental auxiliaries. Sessions devoted to inspections increased from 659 to 804 in the course of inspecting 95,434 children at schools. A certain number of re-inspections were carried out at schools in those areas where the staffing ratio was particularly favourable. The statistical table combines this figure with re-inspections carried out at the clinics to give a total of 10,661 pupils re-inspected during the year. Improvement is noted in the overall increases in the number of patients seen and the volume of treatment undertaken. These increases, when compared with the previous year, amounted to 3,147 more patients treated with 6,387 additional visits for treatment. The work carried out increased by 8,139 fillings, 2,249 extractions and 788 other items of treatment, whilst the number of courses of treatment completed was higher by 3,401. A general overall improvement in the amount of work carried out is to be noted also in the maternity and child welfare dental service. The improved staffing position has resulted in 245 more sessions being given to this branch of the service compared with 1966. Whilst there was an increase in treatment undertaken for expectant and nursing mothers, the majority of the additional sessions were given to the treatment of pre-school children. Compared with the previous year increases of the following order were noted for these children. The number inspected increased by 368, the number treated rose by 220 and 516 more visits were made, whilst 603 more fillings were completed. Encouragement can be taken from the fact that the number of teeth extracted was slightly lower this year and this produced an improvement in the teeth filled to teeth extracted ratio which rose from 2·7 to 1 for 1966, to 3·4 to 1 this year. Whilst these figures compare favourably with the national average there is much room for improvement in this direction.

Review.

In reviewing the work of the service it is most encouraging to be able to report a year of progress brought about not only by the improved staffing position but also by the co-operation, interest and loyalty of all the dental staff to whom I am indebted for the results achieved.

Table 76.—Dental Inspection and Treatment.

School Children.

Number of pupils on the register of maintained primary and secondary schools, including nursery and special schools, in January, 1968				154,759
Attendances and treatment.	*Ages 5 to 9.*	*Ages 10 to 14.*	*Ages 15 and over.*	*Total.*
First visit	12,511	9,049	1,696	23,256
Subsequent visits	20,709	18,713	4,067	43,489
Total visits	33,220	27,762	5,763	66,745
Additional courses of treatment commenced	2,763	1,200	179	4,142
Fillings in permanent teeth	11,893	19,356	4,527	35,776
Fillings in deciduous teeth	20,749	1,861	—	22,610
Permanent teeth filled	9,772	16,889	3,978	30,639
Deciduous teeth filled	18,793	1,682	—	20,475
Permanent teeth extracted	461	2,456	526	3,443
Deciduous teeth extracted	9,236	2,656	—	11,892
General anaesthetics	3,837	1,594	161	5,592
Emergencies	1,573	670	123	2,369
Number of pupils X-rayed				2,083
Prophylaxis				4,752
Teeth otherwise conserved				3,897
Number of teeth root filled				92
Inlays				13
Crowns				76
Courses of treatment completed				20,734
Orthodontics.				
Cases remaining from previous year				977
New cases commenced during year				465
Cases completed during year				364
Cases discontinued during year				134
Number of removable appliances fitted				806
Number of fixed appliances fitted				202
Pupils referred to Hospital Consultant				11
Prosthetics.				
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	6	34	27	67
Number of dentures supplied	6	35	28	69

Expectant and Nursing Mothers.

Number of mothers examined	234
Number of mothers needing treatment	184
Number of mothers treated	182
Courses of treatment completed	123
Number of attendances for treatment	502
Scaling and gum treatment	110
Fillings	379
Extractions	129
General anaesthetics	24
Dentures—full upper or lower	5
—partial upper or lower	14
Number of dentures supplied	25

Children under Five.

Number of children examined	3,283
Number of children needing treatment	1,990
Number of children treated	1,977
Courses of treatment completed	1,659
Number of attendances for treatment	5,313
Prophylaxis	502
Fillings	4,681
Teeth otherwise conserved	808
Extractions	1,239
General anaesthetics	595

CHILD AND FAMILY PSYCHIATRIC SERVICE.

The basic clinic teams of psychiatrists, psychologists and psychiatric social workers now function in the separate divisions of the county with additional help in certain areas from senior and junior registrars and part-time psychotherapists. The increasing number of children referred from the schools, general practitioners, the hospitals and the courts has placed a considerable strain upon the staff of the clinics and upon the accommodation provided for the clinics, particularly where extra staff, both professional and clerical, have had to be appointed to meet the demand.

Requests from various colleges to help with the training of students taking courses in psychology or social work add to the numbers visiting the clinics and it may soon be necessary to purchase houses especially for the purpose of providing adequate accommodation for the clinics. Extracts from the reports of the child psychiatrists and also that of the senior educational psychologist follow with a table showing some details of the work during the year.

Welwyn Garden and Hitchin Clinics.

Dr. O. Roper, Consultant Psychiatrist :—

" At Welwyn Garden City we have taken most of the Hatfield cases since April, 1967. This is administratively more convenient as they come in the divisional medical officer's area. We are not yet sure how this will work out as it is an awkward journey from some parts of Hatfield. The need for more time at the Garden City clinic has become acute as a result of this extra load. We have also become involved in the peculiar problems of this area and all these factors have combined to make the demands on the clinic considerable. With this pressure of my time I am particularly grateful to my psychiatric social worker colleagues who so often keep contact with families whilst they are waiting to be seen, or waiting for treatment. The educational psychologists have also seen some of the boarding school children when this seemed appropriate.

" Premises are another problem—there are insufficient rooms at both clinics on the days on which everyone is working and this has affected the amount of help we can give the students on the Stevenage Child Care course. At Welwyn Garden City we had one student and another at Hitchin.

" In my report last year I stressed how much our work is hampered by the shortage of psychiatric time available and the inadequacies of premises ; unfortunately both these problems are still with us.

" The Regional Hospital Board have promised an evening session at the Lister Hospital for the express purpose of seeing young people from the age of 15 years. As I have already several of this age group in the case load at Hitchin I shall transfer them to the new clinic and this will provide some extra time to the service."

Stevenage Clinic.

Dr. R. M. Gabriel, Consultant Psychiatrist :—

" The main feature in the development of this clinic during 1967 has been a reorganization of our way of working which, it is hoped, may lead to a better use of professional time and result in our being more prepared for association with area social work units.

" The Stevenage branch of the school psychological service has been augmented by directly associating the social workers with this service where they have areas of the town in which cases can be investigated jointly by the psychologist and social worker. This is supplemented by weekly intake conferences. The result is that most referrals are now channelled through the augmented school psychological service to which the psychiatrist functions

as a consultant. It is decided at conferences which cases can be carried by the augmented school psychological service with or without psychiatric examination. An important result of this development has been that the waiting list for psychiatric examination is eliminated and the skills of the psychology department have been broadened. At the same time the psychiatrist is tending to see especially those cases which his training qualifies him to assess and withdrawing from those requiring a primarily social or psychological diagnosis. While this has produced a noticeable increase in efficiency and means that increased psychiatric time is not at present required here, extra strain has been put upon the psychologist and social workers. A speculative assessment of the new situation suggests that it would be wise to aim at a staffing density of one psychologist and one social worker per 6,000 school children.

" A part-time psychotherapist has recently joined our staff and this should improve our ability to offer treatment in depth to those children for whom it is required.

" During the year we have also undertaken the training of one Child Care student and one trainee psychologist."

St. Albans Clinic.

Dr. A. R. Walker, Medical Director :—

" The cycle of clinic referrals decreasing as the waiting list builds up and then increasing as the waiting list falls again repeated itself. There appears to be no alternative to this process if a majority of cases are to be given an adequate assessment, and also if some direct therapeutic work is to be done. The clinic resources cannot possibly cope adequately with the potential demand and the dilemma of child psychiatry is to know whether it is better to spread the service very thinly so that the clinic acts mainly as consultant, or whether the clinic should concentrate on trying to give a really good service to a relatively small number. We have tried, as in the past, to compromise somewhere between these two extremes. We have been trying to develop our work with families so that we have increasingly tended to interview families rather than individual members."

Watford Clinic.

Dr. A. M. McGlashan, Medical Director :—

" In comparing the 1967 figures with last year's there has been a slight increase in the number of new cases referred and quite a marked increase in the number of psychiatrists' and psychotherapists' interviews. There has also been an increase in psychiatric social worker interviews. The increase in our psychotherapists' interviews is due to a staff increase which means that the psychiatrists are now able to devote more time to the assessment of new cases, as treatment of children can be shared with the psychotherapists. The increased psychiatric time given to interviews has resulted in a decrease in the number of conferences and seminars held during the year.

" This apparently somewhat static picture does not reflect the amount of rethinking which has been going on during the year. Meetings have been held with other social workers, including child care officers and probation officers in particular, as well as many meetings within the clinic to discuss the best ways in which our clinic can serve the community and whether traditional methods are now necessarily appropriate to the community's needs. We have, for some months been much more flexible about the methods of dealing with referrals. Each case is discussed initially by the full clinical team when it is decided which members of the team are most appropriate to handle the problem. The management of the case is reviewed constantly and if it is necessary the full team will eventually see the family although this is no longer thought to be the ideal way of treating every case. We have also embarked on regular meetings with

groups of our co-workers outside the clinic and also individual discussions with some of the referring agents, as sometimes these discussions in themselves make it unnecessary for the family to be seen at the clinic. We feel it is too early to be dogmatic about the success or failure of these new methods. Their efficiency is constantly under review.

" We move into new premises in Hempstead Road within a few months and within these less cramped surroundings we hope it will be easier to carry out our new policies."

Hemel Hempstead Clinic.

Dr. A. M. McGlashan, Consultant Psychiatrist :—

" The referral rate in Hemel Hempstead has fallen slightly this year, but it still demands very hard work on the part of the staff in order to keep the waiting list within manageable proportions. Because of an increase in psychotherapeutic time we have been able almost to double the play therapy interviews and in general we have been able to offer much more treatment both to children and parents over the past year.

" In Hemel Hempstead, as in the Watford Clinic, we have social work students placed with us both for short and long placements during their training, and have found this valuable and stimulating for the staff, as indeed I hope it has been for the students.

" Because of the geographical position of the health centre we have been able to maintain our close contact with members of the other social services, and have frequent both formal and informal meetings with them over cases.

" In general we are attempting a much more flexible approach and the methods of handling each case are now discussed regularly at staff conferences, whereas formerly these conferences were only held on cases which had had a full diagnostic assessment first by the clinic team.

" In general, this has been a year when we have been able to keep up very well with the waiting list ; to offer more treatment to the patients, and at the same time to consider new ways of dealing with the many problems presented to us. None of these ideas have come to fruition as yet but much discussion has gone on, and I hope some of the ideas will prove useful ones which will be developed over the next few years."

Hoddesdon Clinic.

Dr. R. Vacher, Consultant Psychiatrist :—

" New cases referred to this clinic, children attending for treatment, etc., have maintained the steady increase we have seen in former years. Our staffing, however, has not been increased to cope with this. Inevitably we have more children in need of psychotherapy than we have hours available for treatment. Moreover, we usually have a play group running and this means that during the hour Miss Hutchinson has several mothers to see. When we move into our new premises and we have extra rooms available it would be of great advantage if we were able to run a Mothers Group.

" I am not at present satisfied that there is sufficient psychiatric and psychiatric social worker time available to deal with the problems of parents who bring children to the clinic. If we had more facilities and time for coping with the tensions within the family which affect all its members to some extent, we should aim at including the family doctor and arrange a case conference which he would be invited to attend. When in certain instances we have been able to do this it has proved most constructive.

" Over the past year it was suggested at a general meeting in County Hall that it would be advisable to establish a card index system for all the clinics, and Dr. Gabriel and Dr. McGlashan together with a statistician formulated

a card in which relevant material could be assembled and assessed by means of a computer. This, it was felt, will make valuable information available for research and assessment, etc. These cards were given a trial run at this clinic for some months before finally deciding the formal of the card system."

Bishop's Stortford Clinic.

Dr. O. Roper, Consultant Psychiatrist :—

" Work in the Bishop's Stortford Child and Family Psychiatric Clinic has proceeded very much as in previous years. We are very fortunate in that our staff remain intact and except for secretarial help we have had no major changes. This is not the case in the school medical service where the school medical officer was away for some months at the beginning of the year. We noticed this in our referrals as not only is the school medical officer not going into the schools regularly but we ourselves lose contact with her.

" Last year we were looking forward to the opening of Hailey Hall. It has been a great help to have this school not far away where we can place senior maladjusted boys knowing the Headmaster and the school. We now have an additional link as Miss Black, the Educational Psychologist for this area, will be visiting the school regularly.

" The problem of placement of severely disturbed adolescent girls and boys is still with us, and although the numbers are not large, trying to place them is very time-consuming. We understand that the North East Metropolitan Hospital Board are looking into the matter of setting up a unit to serve this area."

SCHOOL PSYCHOLOGICAL SERVICE.

Miss G. Sandy, Senior Educational Psychologist :—

" It is gratifying to be able to report that with the appointment of Mr. Johnson to the South-West division of the county, the school psychological service was able to operate from 1st September with its full staffing complement.

" The service continued to work on the lines of previous years, time being given to both the elucidation of children's individual difficulties and to larger scale investigation by group surveys. As is to be expected, the majority of referrals come from head teachers and school medical officers, while the trend noted last year, of requests for assessment and advice from paediatricians and parents continues, and this is welcomed.

" The increasing establishment of schools for educationally sub-normal children and the setting up of classes for immature and disturbed children entail further demands on the time of the educational psychologist, both in the selection of children to be admitted and in the advising on and assessment of their progress.

" Educational psychologists see children of varying ages, for apart from those of school age, which comprise the majority of referrals, children under school age are seen, particularly those suffering from a hearing handicap, and requests are received for our help and advice concerning courses of study or vocational guidance for older children.

" The three specialist remedial teachers who were appointed in September, 1966, have continued their excellent work in schools, and this part of the service was augmented in September, 1967, by the appointment of four further such teachers in other parts of the county. Their work is proving that this type of approach not only helps the educational progress of children with severe learning difficulties, but also does much to alleviate their emotional and adjustment problems, and it is hoped that this part of the service will continue to expand.

" Help has been afforded to other children, who for reasons of immaturity or emotional difficulties, are not able to take part, or make progress in the

TABLE 77.—CHILD AND FAMILY PSYCHIATRIC CLINICS, 1967.

	Clinics.								
	North		Mid	St. Albans	South-West	Dacorum	East		
	Hitchin	Stevenage	Welwyn Garden	St. Albans and Borehamwood	Watford	Hemel Hempstead	Hoddesdon	Bishop's Stortford	Totals
Current Cases as at 31.12.67 .	336	412	212	838	712	390	377	168	3,445
New cases referred during the year	122	134	84	310	238	136	104	56	1,184
Interviews Psychiatric and Psychotherapy	373	472	231	1,443	1,318	596	430	202	5,065
Psychiatric Social Worker .	841	1,180	418	1,377	4,895	1,278	736	252	10,977
Psychological and Remedial .	121	610	165	285	258	294	414	175	2,322

normal school regime. The experiment is being tried of putting them into small classes attached to infant or primary schools and the resulting improvement in the children's general adjustment is justifying the formation of further classes.

" Universities and training establishments have again asked that their educational psychologists in training should spend part of their time in Hertfordshire, giving as it does such wide and varied experience, and in 1967 one student from Birmingham University spent a month doing practical work in the county, while in September a student educational psychologist from University College, London, commenced at Stevenage a course of weekly visits which will not terminate until April.

" The contact with the Tavistock Clinic has continued, and during the year their two principal psychologists joined the Hertfordshire educational psychologists in group seminars.

" During the first half of the year negotiations were going forward for the first exchange of psychologists between the United States and England, and in August we wished God-speed to Miss Jahan as she set out for a year's work in New York State and welcomed in exchange Mr. Riemer, to work in the Mid-Herts division. It is a very interesting venture, but it will not be possible to report on it fully until next year.

" In conclusion, it is possible to say that the work of the educational psychologists continues to expand, as more and more requests are received from a wider range of referring agencies."

New Cases	1,158
Re-tests	540
Follow-ups	893
Parents seen	840
Home visits	256
Boarding School visits	30
Lectures	35
Discussions	96

HANDICAPPED CHILDREN.

Though the duty of the education authority to ascertain children who may require special educational treatment applies from the age of two upwards, the Authority must have an interest in possible handicapped children from birth. In an attempt to make an earlier diagnosis of infant defects and to provide effective treatment promptly, birth notification forms now give details of infants born with a congenital abnormality, in addition to classifying infants in need of close supervision because the family history or the history of pregnancy and labour suggests that some infants may subsequently be shown to have a defect.

These children are deemed to be at risk and are noted for particular care during their early years.

Some 4·4 per cent of children are born with some form of congenital malformation ; the commonest being defects of the ankle and feet, spinal bifida, hydrocephalus, mongolism and cleft palate. Certain abnormalities require early manipulative or surgical treatment to ensure a cure or a substantial modification of the defect.

Testing of young children for the metabolic defect of phenylketonuria at 6 weeks, for vision during the first few months, for deafness at 7 to 8 months and for all the possible signs which may indicate some slowness in their ability to pass the normal developmental milestones during their first 18 months is a routine procedure of the health visiting and medical staff.

An experiment was started towards the end of the year by one of the assistant medical officers under the general direction of Sir Alan Moncrieff, to try to assess the reliability and the variability of these milestones.

It was hoped that a basic pattern would emerge which would be sufficiently definite to become a part of the normal in-service training for medical officers and health visitors. It is hoped, too, that with the regular screening of children

in their early formative years potential handicaps can be found as soon as possible to enable suitable action to be taken.

It is intended that the present arrangements, whereby members of the medical staff attend at hospital paediatric clinics, should be extended and that Child Health Assessment Units should be established in the major health centres at which the consultant paediatricians might assume clinical responsiblity for all handicapped children in the area and supervise the clinical activities and training of assistant medical officers and health visitors, particularly in regard to developmental testing. One under Dr. Fagg, Paediatrician in the North Herts area, has already started on these lines.

The blind and the partially sighted are not so easily dealt with, but they can be helped by counselling and advice to the parents until they reach the age when formal education becomes appropriate. Others, such as the deaf and those with partial hearing, can be helped if the parents have also been suitably advised and if a suitable hearing aid is provided early enough. Children who are so profoundly deaf that no hearing aid can help are fortunately rare.

Some of the blind or the partially sighted children start their education in special schools well before the age of 5 years and a number of deaf children and those with partial hearing are helped by attending day schools or becoming weekly or termly boarders at others from the age of 4 years upwards.

Other handicapped children seldom leave home for special residential schools until they are some years older, though a few spend long periods in hospital schools were they receive in addition surgical or other treatments for their condition.

It will be seen from Table 79 that the numbers in any one category are not particularly large for a school population of 150,000, though children diagnosed as educational subnormal and/or maladjusted are increasing steadily with the years. The facilities for dealing with most types of handicap have increased in Hertfordshire not only by the provision of more schools offering special educational treatment but also by the setting up of units or special classes in the ordinary schools. Children who attend these units or classes receive the benefit of special education, and an opportunity to mix with the other children during part of their school time. Table 80 gives particulars of these units and classes.

It is of considerable advantage to have various types of special education available as a child can then be adjudged on the medical and educational aspects of the case as a whole, not merely on the handicap alone. Flexibility of approach to handicapped children has been a feature of the education authority's provisions for several years now.

Knowledge of handicapped children from an early age not only ensures that the necessary facilities are provided to deal with their individual needs but also enables the education authority to forecast the probable demands for special educational treatment which is an essential feature of long-term planning. This latter point has shown itself very markedly during the past few years in respect of children with hydrocephalus and/or spina bifida. Until recently these children did not often progress to become suitable for education in school but with more advanced surgical techniques children with these conditions are being treated successfully at an early age, and there is an increase annually of the number presenting themselves for special educational treatment. Though the aim is to provide a child with as normal an environment as possible, it is recognized that many of these children will require to be admitted and remain in special schools (residential or day), while a number may need to be taught in units or special classes throughout their school careers. A few, indeed, must remain at home and have tuition there.

Though the ordinary schools are able to accept and to a large extent absorb some children with very marked physical handicaps, several children with less noticeable conditions progress more favourably in sheltered surroundings.

The need for even greater consideration and guidance becomes necessary in the last years of school and much has already been done in this respect by the combined action of head teachers, youth employment officers, school medical officers and social workers. The table which Mr. Blofeld, the County Youth Employment Officer, has kindly supplied from his annual report shows the success of some of the actions taken. Initial placings of these young persons can, however, often breakdown, and an endeavour is being made to provide for any long-term requirements which may arise when the period of care by the youth employment officers has ceased. The development of social work units now in each division should ensure closer supervision of the young handicapped adult in the community and a very close relationship is being built up between these units and the other statutory workers concerned.

TABLE 78.—ANALYSIS OF EMPLOYMENT WHICH HANDICAPPED SCHOOL LEAVERS HAVE ENTERED DURING THE YEAR.

Disability	*Boys*	*Girls*	*Occupation*
E.S.N.		3	Assembly—pen manufacture
		3	Shelf filling—shop
		2	Adult Training Centre
		5	Shop Assistant
		1	Packing
	4		Farming
	5		Builders Labourer
	8	6	Factory
	3		Nursery work
	1		Junior porter—shop
	1		Paper mills
	1	1	Printers warehouse
		1	Hairdressing
	1	2	Laundry
	2		Gardening
	2		Carpentry
	1		Sheet metal work
	1	1	Trainee baker/confectioner
	1		Machine shop trainee
		3	Domestic work
		1	Clerical
	1		Trainee cook
	1		Electrical engineering trainee
	1		Unemployed
Deafness and Partial Deafness	1		Engineering
		1	Bank clerk
		1	Shop assistant
	1		Laboratory technician
	2		Drawing office trainee
		1	Accounting machine operator
		1	Junior Clerk
	1		Apprentice gardener
Blind and Partially Blind		1	Telephonist training
	1		Trainee Technician
	1		Self service store
		1	Telephonist
Spastics	1		Sheltered workshop
	1		Junior clerk
		1	Laundry
		1	Awaiting assessment

TABLE 78.—CONTINUED.

Disability	*Boys*	*Girls*	*Occupation*
Epileptic	1		Adult training centre
	1		Messenger
	1		Trainee gardener
	1	3	Junior clerk
		1	Packing
	1		Factory work
		1	Needlework firm
	1	2	Unemployed
Maladjusted	1		Coil winding
	1		Trainee neon sign maker
	1		Learner coach building
	1		Builders merchant
	1		Junior clerk
	1		Garage mechanic
	1		Factory
	1		Watercress growing
	1		Laboratory assistant
		1	Unemployed
Poliomyelitis		1	Unemployed
Heart Disease			
Congenital heart	1		Medical treatment
	1		Clerk
Multiple Handicaps			
E.S.N. Congenital pes cavus	1		Printing
Spastic/speech defect/deaf	1		Awaiting assessment course
E.S.N./Speech and sight defects	1		Adult training centre
Deaf/Partially sighted/muscular tremor	1		Apprentice Toolmaker
Migraine/eye defect	1		Apprentice musical instrument maker
Spastic/Partially deaf	1		Sherrards Training Centre
Spastic/Epileptic	1		Sherrards Training Centre
Spastic/Severely deaf	1		Sherrards Training Centre
E.S.N./Partially deaf		1	Factory
Spastic/Deaf	1		Factory pending admission to Sherrards Training Centre
E.S.N./Heart		1	Factory
Other Disabilities			
Amputated hand	1		Apprentice
Hydrocephalic	1		Unemployed
Cerebral Palsy	1		Junior Clerk
Spinal Bifida		1	Punchcard operator
Polyneuritis		1	Unemployed
Ileostomy		1	Junior clerk
Asthma		3	Junior clerk
	1		Trainee mechanic
Fragile bones		1	Unemployed
Eczema		1	Junior clerk
Deformed leg	1		Surgical instrument maker
Speech impediment		1	Packing
Spinal weakness		1	Sales assistant
Malformed hands		1	Junior clerk
Cerebral degeneration		1	John Groom's Crippleage
One arm	1		Laundry
Psychiatric Cases	1		Machine Shop trainee
		1	Factory
	1		Stores assistant
	1		Unemployed

TABLE 79.—HANDICAPPED PUPILS, 1967.

Category	During the calendar year ended 31.12.67		As at 31st January, 1968 No. of Children Receiving Special Educational Treatment							No. of children awaiting placement on 31.1.68	
	New cases assessed	New admissions	Special schools		Independent schools	Boarding homes or hostels	At home	Hospitals, convalescent homes, or other units	Total	Day	Res.
			Day	Res.							
Blind	1	—	—	14	—	—	—	—	14	—	—
Partially Sighted	3	4	20	16	—	—	—	—	36	—	—
Deaf	12	9	7	23	34	—	—	—	64	—	9
Partially Hearing	3	3	2	12	—	—	—	51	65	—	—
Physically Handicapped	25	28	54	44	22	1	17	41	179	2	1
Delicate	16	21	—	34	8	1	3	—	46	—	1
Maladjusted	154	114	11	150	173	18	13	60	425	2	44
Educationally Sub-Normal	213	224	910	119	16	—	2	—	1,047	39	3
Epileptic	6	5	—	17	—	—	3	—	20	—	—
Speech	1	—	—	—	—	—	—	—	—	—	1
Totals	434	408	1,004	429	253	20	38	152	1,896	43	59

Table 80.—Handicapped Pupils. Special Classes and Units.

Unit or Class	No. of	Number of Children in Attendance as at January, 1968						
		North	East	South West	Mid	Dacorum	St. Albans	Totals.
Partially hearing	6	15	7	9	—	—	20	51
Emotionally disturbed and retarded	9	25	10	28	9	—	19	91
Educationally sub-normal	2	45	—	—	7	—	—	52
Physically handicapped	1	—	—	17	—	—	—	17
Totals	18	85	17	54	16	—	39	211

As mentioned earlier, the total number of handicapped children requiring special educational treatment is comparatively small, the largest groups being the educationally sub-normal and the maladjusted. Some additional particulars are given about these children.

Educationally Subnormal Children.

In 1967, 1,047 children were receiving their education in schools for the educationally subnormal, 910 attending daily. Children with a wide range of handicaps are accepted in these schools which are becoming places for pupils who for one reason or another cannot benefit from education in the normal schools rather than solely for children who are necessarily of somewhat low intelligence. Increasingly the schools are accepting a number of mildly physically handicapped and emotionally disturbed children, and while this development is demanding on the staff, it appears to be very satisfactory for the children themselves, for in helping each other they gain a greater understanding of their own abilities and disabilities.

Maladjusted Children.

The placement of maladjusted children continues to be a very real problem. In 1967 there were 425 children attending special schools, hostels or units as compared with 396 the previous year, but the waiting list was 46 as compared with 31. There is an overall shortage of suitable schools in the country as a whole and as new accommodation becomes available it is quickly filled. Such children demand highly skilled help from their teachers, who are, of course, in short supply.

Over the last year or so, special classes attached to primary schools have been started for emotionally disturbed children in most parts of the county. These classes are suitable for children who do not need to be sent away from home but who will certainly require special schooling later if they are not helped quickly. Again staffing is difficult, but more teachers are coming forward who are prepared to tackle the problems of running special classes within the framework of the normal schools.

A variety of different types of provision—special schools, boarding schools of many kinds, special classes and therapy groups—are all needed if adequate help is to be offered to these children who because of their emotional difficulties are unable to benefit from education in the normal school.

CONVALESCENCE.

The number of school children requiring convalescence in any one year is comparatively small. During 1967 only 27 were sent away and mainly to Homes in Devon and Bournemouth—usually for 2 to 3 weeks. Two with epilepsy required special facilities and were accepted into establishments dealing with this condition, and a diabetic child had a short period at a camp provided by the British Diabetic Association.

In addition, a few children under school age were placed with their mothers in Homes which accept a family group. Though some of the children recommended for convalescence were suffering from muscular dystrophy or from various chest conditions, the commonest condition was general debility.

ASCERTAINMENT OF CHILDREN UNDER SECTION 57 (1), EDUCATION ACT, 1944.

During the year, 39 children were ascertained as unsuitable for education at school under Section 57 (1) of the Education Act, 1944, as amended by Section 11 of the Mental Health Act, 1959, and were reported to the Local Health Authority for treatment, care or training. Four children who were previously ascertained as unsuitable for education at school were re-examined and arrangements made for them to return to the educational system as educationally sub-normal pupils. These children had previously attended junior training centres in the county and had so benefited from the training given at these centres that it was felt possible to readmit them to the educational system. The ascertainment or " reinstatement " of a child under this section of the Education Act is carried out by school medical officers, specially trained and experienced in the work. Before a decision is made, reports are obtained from the educational psychologist, supervisors and where appropriate, the general practitioner and hospital consultant.

OTHER MEDICAL EXAMINATIONS.

(1) Entrants to Teacher Colleges of Education.

Local Education Authorities are required to arrange for the medical examination of :—

(*a*) College of Education candidates resident in their areas and

(*b*) persons entering the authority's employment as teachers, who had not taken a course under the Training of Teachers' Regulations, and have not received a medical examination.

During 1967, the school medical officers examined 913 College of Education candidates and 288 teachers in category (*b*). College of Education candidates are advised to have a chest X-ray before entering college. At the finish of their training they are also medically examined by the College Medical Officer and X-rayed.

(2) Employment of Children Bye-Laws.

Children in employment out of school hours come within the scope of these bye-laws and should be medically examined before starting work. In 1967, 3,995 pupils were examined, six were reported to be unfit to undertake the employment proposed.

STATISTICAL TABLES FOR THE WHOLE COUNTY.

Medical Inspection and Treatment, 1967.

The official return to the Department of Education and Science for the year ended 31st December, 1967, was as follows :—

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1968 — 154,759

Note : Tables A, B, and C relate only to medical inspections of pupils attending maintained schools prescribed in Section 48 (1) of the Education Act, 1944.

Part I.—Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

Table 81.—Periodic Medical Inspections.

Age Groups Inspected (by year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected	
		Satisfactory	Unsatisfactory
		No.	No.
(1)	(2)	(3)	(4)
1963 and later	730	728	2
1962	11,669	11,619	50
1961	3,196	3,184	12
1960	1,121	1,115	6
1959	2,899	2,886	13
1958	1,116	1,108	8
1957	411	410	1
1956	1,462	1,460	2
1955	5,211	5,200	11
1954	1,294	1,292	2
1953	4,475	4,474	1
1952 and earlier	5,861	5,854	7
Total	39,445	39,330	115

	Per cent.
Col. (3) total as a percentage of col. (2) total	99·71
Col. (4) total as a percentage of col. (2) total	0·29

Table 82.—Pupils found to require Treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin).

Notes : Pupils found at periodic inspections to require treatment for a defect should not be excluded from Table B by reason of the fact that they were already under treatment for that defect. Table B relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1963 and later	9	66	69
1962	441	1,275	1,468
1961	129	361	428
1960	47	71	106
1959	155	190	306
1958	50	93	124
1957	36	42	67
1956	152	172	287
1955	456	500	863
1954	124	122	216
1953	543	415	866
1952 and earlier	776	454	1,121
Total	2,918	3,761	5,921

Table 83.—Other Inspections.

Notes : A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	1,198
Number of Re-inspections	21,140
Total	22,338

Table 84.—Infestation with Vermin.

Notes : All cases of infestation, however slight, should be included in Table D. The numbers recorded at (*b*), (*c*), and (*d*) should relate to individual pupils, and not to instances of infestation.

(*a*) Total number of individual examinations of pupils in schools by school nurses or other authorized persons	146,328
(*b*) Total number of individual pupils found to be infested	265
(*c*) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	23
(*d*) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

Part II.—Defects found by Medical Inspection during the Year.

TABLE 85.—PERIODIC INSPECTIONS.

NOTE: All defects, including defects of pupils at nursery and special schools, noted at periodic medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This table should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defect or Disease	Periodic Inspections: Entrants		Leavers		Others		Total	
		T	O	T	O	T	O	T	O
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	175	337	292	241	312	291	779	869
5	Eyes—								
	(a) Vision	556	1,403	1,302	371	1,060	673	2,918	2,447
	(b) Squint	283	134	71	17	138	55	492	206
	(c) Other	41	58	21	63	15	76	77	197
6	Ears—								
	(a) Hearing	233	535	44	51	90	164	367	750
	(b) Otitis Media	79	511	23	50	32	121	134	682
	(c) Other	26	112	10	25	18	55	54	192
7	Nose and Throat	218	1,308	59	153	92	561	369	2,022
8	Speech	156	361	11	9	35	84	202	454
9	Lymphatic Glands	26	396	4	45	6	179	36	620
10	Heart	24	228	19	121	21	177	64	526
11	Lungs	114	454	42	76	59	216	215	746
12	Developmental—								
	(a) Hernia	27	46	1	4	5	21	33	71
	(b) Other	59	372	14	61	35	223	108	656
13	Orthopaedic—								
	(a) Posture	17	62	42	132	42	159	101	353
	(b) Feet	92	335	51	165	59	316	202	816
	(c) Other	71	382	60	143	46	204	177	729
14	Nervous System—								
	(a) Epilepsy	29	40	22	20	35	12	86	72
	(b) Other	16	49	13	23	14	50	43	122
15	Psychological—								
	(a) Development	21	223	4	47	14	136	39	406
	(b) Stability	65	700	21	104	52	340	138	1,144
16	Abdomen	43	119	18	31	32	68	93	218
17	Other	42	92	70	141	98	295	210	528

Table 86.—Special Inspections.

Note: All defects, including defects of pupils at nursery and special schools, noted at special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No.	Defect or Disease	Special Inspections	
		Pupils requiring Treatment	Pupils requiring Observation
(1)	(2)	(3)	(4)
4	Skin	13	2
5	Eyes—		
	(a) Vision	126	46
	(b) Squint	7	1
	(c) Other	2	3
6	Ears—		
	(a) Hearing	42	18
	(b) Otitis Media	1	2
	(c) Other	2	5
7	Nose and Throat	8	21
8	Speech	19	8
9	Lymphatic Gland	—	4
10	Heart	2	5
11	Lungs	8	7
12	Developmental—		
	(a) Hernia	—	—
	(b) Other	5	8
13	Orthopaedic—		
	(a) Posture	2	3
	(b) Feet	3	4
	(c) Other	11	6
14	Nervous System—		
	(a) Epilepsy	4	8
	(b) Other	7	7
15	Psychological—		
	(a) Development	28	18
	(b) Stability	56	51
16	Abdomen	4	2
17	Other	37	30

Part III.—Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

Notes: This part of the return should be used to give the total numbers of:—

(i) Cases treated or under treatment during the year by members of the Authority's own staff;

(ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and

(iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

Table 87.—Eye Diseases, Defective Vision, and Squint.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	290
Errors of refraction (including squint)	6,470
Total	6,760
Number of pupils for whom spectacles were prescribed	2,179

Table 88.—Diseases and Defects of Ear, Nose, and Throat.

	Number of cases known to have been dealt with
Received operative treatment—	
(*a*) for diseases of the ear	106
(*b*) for adenoids and chronic tonsillitis	834
(*c*) for other nose and throat conditions	43
Received other forms of treatment	285
Total	1,268
Total number of pupils in schools who are known to have been provided with hearing aids—	
*(*a*) in 1967	73
(*b*) in previous years	323

* A pupil recorded under (*a*) above should not be recorded at (*b*) in respect of the supply of a hearing aid in a previous year.

Table 89.—Orthopaedic and Postural Defects.

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patients departments	240
(*b*) Pupils treated at school for postural defects	76
Total	316

Table 90.—Diseases of the Skin (Excluding Uncleanliness, for which see Table D of Part I).

	Number of cases known to have been treated
Ringworm—(*a*) Scalp	3
(*b*) Body	—
Scabies	1
Impetigo	17
Other skin diseases	3,144
Total	3,165

TABLE 91.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	1,569

TABLE 92.—SPEECH THERAPY.

	Number of cases known to have been treated
Pupils treated by Speech Therapists	1,743

TABLE 93.—OTHER TREATMENT GIVEN.

					Number of cases known to have been dealt with
(a) Pupils with minor ailments					3,623
(b) Pupils who received convalescent treatment under School Health Service arrangements . . .					29
(c) Pupils who received B.C.G. vaccination . . .					15,606
(d) Other than (a), (b) and (c) above. Please specify :					
	Abdomen . .	59	Heart . .	78	137
	Lungs . . .	96	Asthma .	51	147
	Epilepsy . .	35	Hernia .	17	52
	Diabetes . .	4	Obesity .	—	4
	Appendicitis . .	50	Other .	635	685
Total (a)–(d)					20,283

PART V.—REPORTS FROM DIVISIONAL MEDICAL OFFICERS

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

Administration.

The outstanding problem affecting the administration of the personal health service in South-West Hertfordshire remains the lack of a physically united divisional administration. Professional and lay administrative officers are separated among five offices scattered over central Watford and communication between them is largely by telephone which is much overloaded. If an officer wishes to look at a file, this often means its being brought from another office, with resultant delay, and if two officers wish to discuss a file together this often means one of them coming from another office. If three officers wish to have a discussion, it is likely that one or even two of them will have to make a journey. The difficulties caused by this physical separation cannot be overstated.

There is an almost complete absence of the casual meetings of officers in the course of their ordinary goings to and fro in the office which do so much to maintain efficiency, enthusiasm, and the feeling of their being part of one whole. Sharing of knowledge and experience between officers suffers and streamlining of clerical work and flexibility of use of staff becomes difficult or impossible to achieve.

Health Visiting.

During the year the work of almost all the health visitors has been radically adjusted to implement the general practice attachment scheme. This change is now beginning to show benefits. Patients' needs are being uncovered earlier and staff have greater work satisfaction, while the family doctor is becoming more aware of the potential value of the local health authority services. This development opens up the reality of family health care. Some practices are already playing a greater part in promoting positive health by establishing Well Baby Clinics while one group have future plans for a Geriatric Clinic.

Health visitors have continued to work closely with other social agencies, especially the Children's Department. Helpful co-operation with certain voluntary organizations such as Round Table and certain Churches has enabled hospital patients to return to comfortable, warm homes which had formerly been neglected and in squalor.

Instances of the battered baby syndrome have given increasing cause for concern and close liaison is being maintained by all concerned.

Nurseries and Child Minders Regulation Act, 1948.

There has been an upsurge in the number of pre-school groups registered under this Act. Most of the 49 groups function mornings only during term time and are providing much needed play opportunities for the 3–5 year olds. The pre-registration visits and the later regular inspections by the divisional nursing officer and by health visitors have added a considerable burden to staff already working at full stretch. This is however well worth while when one considers the advantages to the children.

Nursing Homes and Homes for the Elderly and the Handicapped.

The divisional nursing officer has continued her twice-yearly visits to these Homes which provide an essential supplement to the inadequate number of available beds in the statutory Homes. Standards vary as do the charges made, but every effort is made to encourage good levels of care.

Health Education.

Health education is given to an ever widening public. Talks have been given to schoolchildren, youth clubs, student nurses, young parents, various

outside organizations including British Red Cross Society, St. John Ambulanc Brigade, Benskin's Brewery staff, medical secretaries at Cassio College.

Subjects have ranged from ante-natal and post-natal care to preparation for retirement, from accidents in the home to social aspects of disease, from child development to drug addiction, and from elementary hygiene for primary school girls to a " Teach-In " on teenage marriage.

Mothers discussion groups are increasingly well-supported and there are three flourishing evening Mothers Clubs which are functioning creditably with minimal support from the health visitors.

Nursing and Midwifery Services.

The attachment scheme of district nurses to general practices in Watford, which was introduced in 1966, has been consolidated. Extension of the scheme to the Abbots Langley area has been introduced most successfully and similar plans are in hand for Bushey for early 1968. There are special difficulties in this division because of traffic congestion and the wide catchment areas served by old-established group practices. Staff recruitment has remained at a satisfactorily high level and a good team spirit prevails.

The night nurse has paid 48 visits to 21 patients in terminal illness and this service has proved invaluable at a time when extra support is particularly needed. With the closer association of nursing staff with family doctors, more use is now being made of this service.

Over 64,000 nursing visits were paid to over 2,500 patients and 62 per cent of these visits were to persons over 65 years of age. A trust fund administered by the District Nursing Association is now available for financial help to needy patients.

The trend is increasingly to use more pre-sterilized, disposable equipment which ensures both safer procedures and a saving of nursing time which can be better directed to the emotional and social needs of the patients.

The pattern of maternity care is in line with the national picture of fewer home confinements and more planned early discharges.

Testing for congenital dislocation of the hip is now carried out routinely.

Ante-natal mothercraft and relaxation classes are now flourishing in six centres in the division and post-natal groups have been introduced. 455 expectant mothers attended the classes held by midwives and health visitors, this represents about 50 per cent of domiciliary confinements.

Social Work Unit.

Of the various changes taking place in the work of the social work unit in 1967, perhaps the most important was the gradual admission of physically handicapped patients to the Balmoral Training Centre for the mentally handicapped. This centre, built with an eye to increased future numbers of mentally handicapped adults, had vacancies. In the absence of any work centre for the physically handicapped in South-West Hertfordshire, handicraft instruction and supplies were provided by domiciliary visiting. This was a heavy load for our one social worker and meant that the patients were still working in isolation in their own homes.

In March, physically handicapped patients were admitted to the Balmoral Training Centre two or three at a time, according to whether their disabilities could be coped with and as medical cover from their general practitioners and suitable transport could be arranged. By the end of the year 14 physically handicapped people were attending on two or three days per week. These were patients with disseminated sclerosis, emphysema, heart conditions and hemiplegia, totally unsuitable for work in ordinary conditions or even in a sheltered workshop. A small number of mentally ill patients were also attending in addition to 79 mentally handicapped patients.

Despite certain misgivings about the advisability of mixing different kinds of handicapped people in one centre, this has worked so well that there

seem quite strong grounds for reconsidering the present policy of providing separate work centres for people with different handicaps. Transport is a major difficulty and expense in any scheme for group activities for disabled people. Instead of having separate work centres, e.g. for physically handicapped, mentally handicapped, elderly, and blind people in different parts of the division, it might be better to provide an equivalent number of centres taking a mixed group. A voluntary organization provides two Good Companions Workshops in this Division. These cater for people with various different kinds of handicap including the elderly and are most successful.

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

1967 saw significant changes in certain aspects of the divisional health and welfare services particularly in the fields of mental health and in the setting up of a comprehensive cervical cytology service covering the entire division, these are referred to in greater detail below. In other fields the year was one of consolidation of advances and changes commenced in previous years, particularly the divisional health and welfare executive and the divisional social work unit, and the attachment of nursing staff to general practitioners.

Amongst matters which I think are worthy of particular mention are :—

Mental Health Services.

In March, 1967 the Butterwick Adult Training Centre was opened with a preliminary intake of 17 trainees transferred from other centres in the county. The centre developed rapidly under the management of Mr. J. Fish and by the end of the year 77 trainees were receiving a wide range of social and vocational training, and were carrying out a considerable variety of tasks based upon "Out-Work" made available by a number of local manufacturers, together with certain items manufactured entirely at the centre. A link with the neighbouring Cell Barnes Hospital was established at an early stage by arranging for 6 patients from the hospital to attend daily at the Butterwick Centre. Their progress is discussed at regular meetings between the staff of the centre and the divisional medical officer on the one hand and the medical superintendent of Cell Barnes Hospital and the supervisors of the hospital work shops and training facilities on the other. In addition to the Training Centre, the year saw the opening of the second mental health hostel in the division—Roundwood Hostel which is situated adjacent to the Butterwick Training Centre and whose residents attend there daily.

In June, 1967 the second of three successive annual Mental Health Weeks was held. Activities including open days at the Training Centres and Hostels situated in the division, an exhibition in the St. Albans Town Hall, an open day at Hill End Hospital and a series of talks and visits to the training centres were arranged for parties of children from the senior classes of local secondary modern and grammar schools.

Cervical Cytology.

During the course of the year the cervical cytology service which commenced with the provision in February of a weekly clinic at the principal health centre, Boreham Wood, was extended to provide a comprehensive service for the entire division. By the end of the year weekly sessions were being held in Harpenden and Boreham Wood, and two clinics weekly were being held in St. Albans at the principal health centre. On alternate weeks one of the St. Albans clinics is held in the evening for the benefit of women unable to attend during the day time. Towards the end of the year the demand for the service began to diminish in Harpenden and in Boreham Wood and in order to counteract this, press advertising on a limited scale was undertaken. In addition, letters were sent to the larger employers of female labour in the

division asking them to bring the clinics to the notice of their female staff and in one or two cases where suitable accommodation was available, sessions were arranged at work-places.

The table shows the number of women attending each of the three clinics up to 31st December, 1967.

Clinic	Date of commencement	No of Women attending up to 31,12.67	No. of Women on waiting list at 31.12.67
Harpenden . .	2.3.67	627	7
Boreham Wood .	13.2.67	319	7
St. Albans . .	1.9.67	235	163

Up to 31st December, 1967, eight women had been referred to their family doctors for further investigation because of abnormal laboratory reports.

Social Work Unit.

During 1967 the social work unit continued to develop particularly on the welfare side where there has been a growing number of referrals for personal service, whether casework or occupational therapy, as distinct from meeting particular needs or material help. More integration of the social workers has taken place and overlapping of services has been eliminated, even though specialization of function still continues. During the year the social workers for the blind have come fully into the unit and the only difficulty has been the lack of accommodation preventing all social workers being housed in the same place. The appointment of a trainee social worker has provided additional help in all fields. The mental health social workers carried out approximately the same number of cases during the year as in the preceding one but the proportion of work with the mentally subnormal dropped relatively to the work with the mentally ill. Of the latter, about half were suffering from depression or showed depression as a major sympton and nearly half the referrals for casework on the mental health side came from general practitioners. Of all the referrals to the unit, half were concerned with problems relating to old age.

Nursing Services.

The benefits arising from the attachment of staff to general practices became more evident during the year particularly in the form of the closer integration of the work of three branches of the nursing services, i.e. health visiting, midwifery, and district nursing. Another feature of the nursing services worthy of mention is the decrease of 40 in the number of home confinements which combined with the increase of 46 in the number of early discharges of the maternity cases from hospital reflects the present day trend towards hospital delivery.

Home Help Service.

In-service training of home helps continued to develop during the year. Three discussion groups on various topics were held in the Spring, a total of 24 home helps attending. In October an intensive four-day course was held in St. Albans for 12 home helps. The subjects covered included the care of the elderly, problem families, mental health, food preparation, food hygiene, home safety, emergency household repairs, infectious diseases and the relationship between the home help service and other social services.

Task Force.

Following an approach to the County Medical Officer by the Hertfordshire

Council of Social Service and after considerable discussion a branch of Task Force was set up in St. Albans to act as a pilot scheme to assess the feasibility of setting up such a service in other parts of the county. Task Force is an organization which exists to mobilize and co-ordinate the efforts of young people who offer their services in a voluntary capacity for a wide variety of community needs, particularly in relation to the elderly and the handicapped. This service after only a few months operation has proved to be of considerable value in organizing such tasks as house decoration, and gardening for aged and infirm people. The condition known as accidental hypothermia or cold injury which results from the exposure particularly of aged persons or very young children to low temperatures led to the drawing up of a register of persons in the division known to be at risk and Task Force was of considerable assistance in arranging for regular visiting particularly during spells of cold weather of these people who were not already receiving visits from one or other of the health and welfare services.

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

MIDWIFERY.

The County Council's policy with the decline in birth rate and of domiciliary confinements, to appoint district nurse/midwives continued during 1967. 21 full-time district nurse/midwives in addition to 4 part-time district nurse/midwives, 6 full-time midwives and 1 part-time midwife were employed in the divisional area at 31st December, 1967. 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 1967 was 33. All midwives are authorized to use their private motor cars on official business and the county council in common with other local authorities operate an assisted car purchase scheme for staff classified as " essential users ".

Post-graduate courses were arranged for those members of the staff who were required to attend, in accordance with Section G of the Rules of the Central Midwives Board. Four midwives attended these courses.

All midwives are provided with Gas and Air apparatus, or Trilene if specially required. Gas and Air is being gradually replaced by Entonox—gas and oxygen.

The language problem with immigrants, particularly Indians, produced some difficulty in certain areas. Translation cards showing set sentences did not entirely solve the problem and it was not easy for the midwives to prepare the mothers for confinement and to explain the management of the case to relatives who spoke only a few words of English.

Of the 2,456 live and stillbirths in the division during 1967 district midwives delivered 1,035. 42 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. In North Hertfordshire it will be seen that only 58 per cent of mothers were so delivered. In spite of this added burden on the domiciliary midwifery services, on an average, each midwife delivered 1·4 patients each week, an indication of the declining role of the domiciliary midwife. Midwives attended 172 mothers who were discharged from hospital within 48 hours of delivery: this is an early discharge rate of 12 per cent and is within the national average.

HEALTH VISITING.

The attachment of health visitors to family doctors, together with the other nursing staff of the division, continued to work very well during 1967. There is no doubt that the general practitioners are now accustomed to the

services that the health visitor can offer, and fewer queries as to a health visitor's functions are now raised. With only minor exceptions, the relationship between the health visitor and the family doctor is mutually agreeable. The problem, however, of attachment of health visitors with dual or triple appointments in the rural areas and on the boundaries of other divisional areas, has not yet been properly solved.

24 health visitors were employed during 1967 with the assistance of 12 state-registered nurses who attended school and infant welfare clinic sessions. The number of aged persons to be visited by health visitors increased and the visits themselves proved time-consuming, particularly to those who lived alone and were becoming increasingly dependent upon outside contact. Tribute should be paid to voluntary workers of all kinds who are always so willing to help. An improved " Nightsitter " service, especially during the winter months, would be of great advantage but the recruitment position is most unsatisfactory.

Immigrants have caused problems to the health visitors and midwives.

During 1967 a health visitors' training course was formed at the Stevenage College of Further Education and this should help to ease the recruiting situation which is still very difficult.

Home Nursing.

The staff of the home nursing service in the division at 31st December, 1967 consisted of 7 full-time district nurses and 7 part-time district nurses; 21 full-time district nurse/midwives and 4 part-time district nurse/midwives. The staff who are able to drive cars are either authorized to use their own vehicles on official business, or have been provided with county owned motor vehicles.

The home nurses and health visitors are often instrumental in arranging financial relief for patients through such agencies as the National Society for Cancer Relief and the Marie Curie Fund. Those requiring such help were referred to the National Society for Cancer Relief whilst in hospital. I am grateful for the help which we receive from these voluntary organizations.

A night nursing service has been established, and two 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. 10 patients were attended in 1967 and a total of 43 visits were paid. This service was restricted by the shortage of available staff.

The following are statistics relating to the work of the home nurses in 1967. They made 40,191 visits to 1,827 patients. 42 per cent of the patients nursed were aged 65 or over and they were visited on 27,134 occasions. 66 per cent of all visits, therefore, were made to this age group, a decrease of 6 per cent from 1966. The greater proportion of the work of the district nurse is now concerned with the over 65's 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. Some of the increase was in part due to older relatives moving into Stevenage. There was an increase also in 1967 in the number of patients in the terminal stages of illness: many in the under 65 age group.

The number of sessions held by district nurses in general practitioners' surgeries increased during the year and this was a great help in saving time for both patients and nurses. At one purpose-built surgery a district nurses' room has been included and it is possible, therefore, for all types of treatment to be carried out, but in general it is seldom possible to do more than give injections.

During the year arrangements were made for district nurses to receive in-service training in mental health and this was of some help to them in providing insight into the needs of patients returning home after mental hospital treatment.

Vaccination and Immunization.

Smallpox.

The vaccination state of North Hertfordshire is not satisfactory. It is clear that smallpox would be introduced into a relatively unprotected community and the public should be aware that vaccination as an emergency measure produces little or no immediate protection.

Diphtheria, Tetanus and Whooping Cough.

No cases of diphtheria occurred during the year. 20 cases occurred, however, in England and Wales (1966) with five deaths and it must be emphasized that freedom from this killing disease depends on the level of immunity of the population and diphtheria immunization programmes must be maintained.

33 cases of whooping cough occurred during 1967 and the incidence of this disease fluctuates. Pertussis is a potentially dangerous disease in infancy and vaccination against it must not be relaxed.

Poliomyelitis.

Vaccination against poliomyelitis is now performed almost entirely by the use of Sabin oral vaccine. In 1966 local health authorities were issued with 4,710,500 doses of oral vaccine compared with 34,000 doses of vaccine for injection. The use of the latter vaccine should be discontinued. Three doses of vaccine by mouth are now given in the first year of life, followed by a booster dose at the age of three years.

The vaccination rate in this division is barely satisfactory.

Since the use of vaccines, deaths from poliomyelitis have been remarkably reduced. In 1966 23 cases occurred with one death in England and Wales. This represented the lowest incidence of mortality yet recorded.

Care and After Care.

The provision of the medical loans service continued to be delegated to the voluntary organizations of the British Red Cross Society and the St. John Ambulance Brigade. No change was made and many items, such as back rests, air rings, bed pans, etc., were included. More expensive equipment was provided directly by County Hall and patients have benefited from the use of ripple beds, hydraulic hoists, bath seats, etc.

47 patients were recommended by their family doctors for a convalescent holiday and these were mainly spent at the Hertfortfordshire Convalescent Home at St. Leonards-on-Sea.

Venereal Diseases.

The figures available for venereal diseases do not suggest that a serious problem exists in North Hertfordshire.

It must be remembered, however, that some patients will attend London hospitals and their number is not known.

The low number of new cases of syphilis and the very high proportion of cases other than syphilis and gonorrhoea should be noted : these other venereal diseases include non-gonococcal urethritis and a group of conditions, for the most part imported from warmer countries, such as chancroid, lymphogranuloma venereum and granuloma inguinale.

The last available national figure for 1966 shows that the rise in the incidence of infectious syphilis which occurred in 1965 has been followed by a deline. The Annual Report of the Chief Medical Officer to the Ministry of Health suggests that most probably this fall is due to more active contact-tracing and tribute is paid in this report to the work of local health authority staffs in this respect. It is not always appreciated that contacts of cases treated in

Veneral Disease clinics throughout the country are notified to the medical officer of health of the area concerned ; these contacts are then visited and persuaded to attend hospital for investigation and treatment. This work, which is carried out by health visitors, is not easy and requires the exercise of considerable tact. During 1967 two such contacts were notified from the London clinics and both were persuaded to accept treatment.

Health education, particularly in the field of sexual relationships, is of special importance, and a working party with representatives from the Ministry of Health and the Department of Education and Science was set up to study this field. A film-strip has been produced suitable for showing to the higher age groups in secondary schools and it is understood that a pamphlet is in the course of preparation designed for teachers to deal effectively with the subject. The Central Council for Health Education takes an active interest in this work, and co-operates with the British Federation Against the Venereal Diseases.

Nationally, although the incidence of syphilis has declined, gonorrhoea has remained at a high level. The age incidence of gonorrhoea is of some interest : in 1966 14 per cent of patients were under the age of 20 and 160 girls and 52 boys under the age of 16 were found to be suffering from the disease. It is perhaps of some interest that the overwhelming proportion of cases of syphilis and gonorrhoea are contracted at home and are not brought in from abroad.

Cytology Clinics.

1967 was the first full year in which the cervical cytology clinics were held in the North Hertfordshire Division and the attendance figures were disappointing. The population at risk from cancer of the cervix, i.e. women aged 30 and over, are shown in the table for each district and as a total for the whole division. Since, in fact, no female is turned away from these clinics, a more realistic appreciation of the population at risk is perhaps from the age of 20 upwards and this figure also is included in the table. From these figures it will be seen that in the case of Stevenage only 8 per cent of the female population aged 20 and over attended and 11 per cent of the female population aged 30 and above. In Hitchin, based on the Hitchin Urban District population, the corresponding figures were 3 per cent and 4 per cent ; and in Letchworth, based on the Letchworth Urban District population, 3 per cent and 3 per cent. The percentages, however, for both Hitchin and Letchworth would appear to be rather worse even than these figures suggest since women from Royston, Baldock and Hitchin Rural Districts would attend at these two clinics—the increasing size of the female population at risk depressing the percentages above. The percentage of attendances for women at risk for the whole of the North Hertfordshire Division were 4 per cent based on the female population aged 20 and over and 5 per cent on a population aged 30 and over. It is clear from these figures that the cervical cytology clinics are not being properly used and consideration will have to be given during the coming year—1968—to an increase in publicity. It should be remembered, however, that to a certain extent the number of women attending these clinics has been limited by the number of smears that can be dealt with at the hospital ; and this has been limited to 20 each session. The waiting lists are now, however, very much reduced. 77 per cent of all smears taken in the division as a whole were negative. Only 0·05 per cent were positive (one positive smear—Stevenage). 1·6 per cent of the specimens taken were unsatisfactory which suggests the care with which this work is carried out in the clinics. It is interesting to observe the high percentage of infection by trichomonas vaginalis found at the Letchworth and Stevenage clinics (25 per cent and 20 per cent respectively). Of 1,852 smears examined it will be seen, therefore, that only 1 smear was positive. This figure would suggest that the value of cervical cytology is debatable. It must be remembered, however, that probably the most important aspect of these clinics is the examination of the breasts and the full internal examination

which is carried out by the medical officer. Cancer of the breast is the third commonest cancer and by far the commonest for women. The last available figures (1966) for England and Wales for cancer showed the following rates per million :—

Breast	398
Stomach	229
Intestine (except rectum)	223
Lung	179
Ovary	134
Rectum	105
Cervix uteri	101
Pancreas	90

Breast Examinations.

Number of abnormalities referred in 1967.

Hitchin	9
Letchworth	Nil
Stevenage	7

These numbers were lower than expected and reflects the differing opinions of an abnormal breast swelling.

Blind Welfare.

Patients were visited at varying intervals throughout the year according to their separate needs. Lessons were given in typewriting, Braille and Moon, and handicraft lessons. Applications were made for radios, talking books, holidays and grants and orders were made for R.N.I.B. apparatus. Other associations, were contacted where necessary. Several outings to the seaside and country were arranged.

Mental Health Act, 1959.

86 cases were seen by Mental Welfare Officers with a view to compulsory removal to hospital. 72 were the subject of removal orders. It continues to be very difficult to obtain beds at Larsfield Mental Hospital for geriatric mental cases.

Domestic Help Service.

Number of Home Helps employed at 31.12.67 part-time	56
Number of Good Neighbours employed at 31.12.67 part-time	15

70 per cent of cases helped during 1967 were over 65 and 83 per cent of total hours given was to this group. In contrast, 16 per cent of cases were maternity absorbing only 5 per cent of total hours.

These figures represent a nationally well marked and unavoidable trend, but it is in some ways disappointing that more help could not be given to maternity cases.

The number of domestic helps employed in this division is clearly inadequate (56). Recruitment is extremely difficult owing to the ready availability of employment for women in this area.

The Home Help organization constantly endeavours to attract women to the service.

Night-sitter Service.

This service was extremely limited owing to the difficulty in obtaining suitable night-sitters : the service is intended to relieve relatives for two nights each week and a charge is made depending upon the assessed income of the applicant. This service is run in conjunction with the Home Help Organizer who also arranges the " Good Neighbour " Service.

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

Each succeeding year provides changes in the Health Department. Changes are effected here by the addition of a new service and there by the re-orientation of a service to meet changing needs. Changes provide the highlights of the year's work and attract mention. It must not be thought, however, that the existing services which do not receive mention are unworthy of it. Indeed, the opposite is the case, for the established services always provide the background against which innovations are introduced and were it not for them, there could be no growth or progress.

New services provide most of the high-lights of this year's work, but first, mention must be made of the changes in the established nursing service, which, by the attachment of all nurses to general practices has re-orientated the whole service towards a new and more efficient future, to the benefit of the community it serves.

Attachment of Nurses to General Medical Practices.

At the end of the year, there was full attachment of all nurses to group medical practices, with the exception of three areas where it would still appear to be better for the nursing staff within the area to work as one team for all the general practitioners concerned. These areas are Chipperfield, Bovingdon, and Tring.

At the beginning of the year, after having further training, two nurses returned to their group practices at King's Langley and Hemel Hempstead as nursing team leaders. Their function was to assess the needs of patients in the practices to which they were attached and to co-ordinate and allocate the work amongst the nursing team. They were also to act as advisers to their teams.

Under the scheme of attachment, each group of practitioners is free to make, whatever use of the nursing services that best suits its own needs and the King's Langley group is one example of the practical application of nursing team attachment.

Here, the nursing team leader had been attached to the practice as a health visitor before her secondment in 1966 for further training, and upon her return, she was given an office in the surgery premises. She spends about two hours daily in the surgery, applying dressings, giving injections and carrying out other nursing treatments in addition to her clerical duties. She also takes blood-pressure readings, takes blood samples, tests urine samples and performs other pre-diagnostic procedures. At the request of the practioners, she makes home visits to follow-up patients that have been started on new treatments, and to check-up and report back on more long-term patients including the blood-pressure readings of hypertensive patients. Much routine work, of a non-medical nature but which previously had perforce to be carried out by the doctor, is thereby spared him and he is freed to use his skills more productively. The nurse, too, is using her own, highly-trained, special skills more efficiently and to the advantage of the patient.

The team leader also allocates their duties to her colleagues and acts as their adviser where her special training and experience are invaluable, notably in the organization of health education.

A new team-spirit has developed within the group and with it a keenness to assist one another in providing a comprehensive service in the area.

Such enthusiasm is catching, and already the Chipperfield nurse attends the surgery daily in her area, to carry out duties similar to those mentioned.

Not all group practices use their nursing teams in the same way, nor indeed have they all developed their ultimate potential, but there is much enthusiasm and a pioneering spirit. It has become clear that whatever form the attachment scheme takes in individual group practices, a co-ordinated team is to the advantage of the practice and to the greater benefit of the patient.

Junior Training Centre—Special Care and Nursery Unit.

An extension to the Junior Training Centre was opened in May, for mentally handicapped children requiring special care or nursery training.

The special care children selected are doubly handicapped, with a physical as well as a mental handicap, and usually are children whose defects are severe enough for admission to a hospital for mentally subnormal children, but whose parents wish to care for them at home. It was to help the parents in their care of such sorely handicapped children that the special care unit was established. Any treatment that the children require, comes from the family doctor, with whom a close link is maintained.

The nursery unit caters for children under 5 years who are unlikely to be accepted in a primary school because of mental retardation. These children will probably progress to the Junior Training Centre, in the same way as other children progress from nursery school to primary school.

Each unit has 10 places and the children attend full-time or part-time, depending on their age, needs and parents' wishes. Physically, the two units are combined, and provided with a bathroom, showers, toilets, laundry, and medical inspection room. Special staff have been engaged at the ratio of one to every five children.

Transport to and from the unit depends on the child's disability. In general, those requiring special care come escorted in an ambulance, while those who are more physically fit, travel on the usual centre coach-transport, under escort and with suitable restraining harness as a safety measure.

An Assessment Panel was set up to assess each child's needs on admission and to review these needs in the light of subsequent attendance at the unit. Depending on the progress of each child, movement from special care to nursery unit, from ambulance transport to coach transport and increases in overall attendance have been agreed with the parents from time to time.

Great attention has been paid to a good parent/unit relationship for the success of the unit depends, not only upon the efforts of the staff, but also on the confidence of the parents in its management. In only one case, has a child been withdrawn from the unit by the parents and this was because of circumstances at home. The parents remained most grateful for the help given.

At the end of the year, there were 12 children attending the special care unit, 4 full-time and 8 part-time. 12 children also attended the nursery unit, 6 of these full-time and 6 part-time. It has so far been possible to meet all requests for attendance within the division and no child has been excluded from attendance, which is a tribute to the staff and their relationship with the parents of these unfortunate children.

Medicines with Care Campaign.

The extent of poisoning in the home from the ingestion of medicines is far greater than is generally appreciated. In adults, for example, acute poisoning accounts for approximately 10 per cent of all medical admissions to hospital; in children, about 3 per cent of all medical admissions are due to accidental poisoning.

Hoarding in one form or another is almost a national trait, and hoarding of drugs either wilfully or thoughtlessly is particularly common. On the other hand, the fewer the medicaments in the home, the less chance there is of accidental poisoning.

To endeavour to overcome the habit of hoarding and thus to lessen or prevent the risk of poisoning in the home, the " Medicines with Care " campaign was launched at the end of February.

Three main dangers were publicised. They are :—

1. The rapid deterioration of medicines under unfavourable conditions, often leading to a loss of potency and even, in certain antibiotics, to the formation of toxic products.

2. The dangerous habit of self-diagnosis and treatment when symptoms supposedly similar to those of a previous illness recur.

3. The ever-present danger to small children of medicines stored in accessible places.

Perhaps the only yardstick of success by which a campaign on prevention can be measured, is the publicity the campaign receives. A good preacher must have an audience. An idea, however good, is useless if it does not reach those for whom it is intended.

The campaign certainly had its audience, for not only did it receive publicity in the local press, but also in the national press, including notices in the *Times, Guardian, Telegraph, and Mail.* It was also included in the B.B.C. "Today" radio programme and "Town and Around" television programme. It reached an audience far greater than was originally envisaged, and many enquiries were received on matters of detail from other authorities.

To attract the concern of local people, the publicity planned was purely local. It included publicity in the local press, poster displays in all the infant welfare centres and a special display in the foyer of the Marlowes Health Centre. This display was supplied by the Pharmaceutical Society and a film made by the Society was shown at the old persons' clubs, with a local pharmacist to give an introductory talk stressing the importance of the surrender of unwanted medicines.

The campaign was indeed a happy exercise in co-operation, for not only did the Pharmaceutical Society give its wholehearted and very active support, but also the family doctors, the district nurses (who continued, as in the past, to collect unwanted medicines from houses where they were in attendance) and, by no means least, the Accident Prevention Officer. The Accident Prevention Officer acted as the film projectionist, kept the link with R.S.P.A. and toured the schools, talking about the message of the campaign and demonstrating the Aspro–Nicholas safety medicine chest.

Collecting points were arranged, too, by the Pharmaceutical Society at local pharmacies and people were urged to take their unwanted medicines to these collecting points. All the unwanted medicines were returned to the Health Department for disposal under the supervision of a pharmacist and myself.

The amount of drugs collected during the week, although considerable, did not accurately reflect the real success of the campaign. Due to the publicity the campaign received, the initial impact on people locally and nationally was considerable, and made the task of keeping the message of the campaign clearly in mind, by continuing publicity, very much easier.

Day Centre for the Elderly.

Care is provided for old people in a variety of ways, but in general, the care they receive can be included under three main categories. There are :—

1. Those who live alone or with relatives, in the community, whose needs are limited to the care that can be provided by relatives and friends or the community services.

2. Those who are unable to live in the community, who do not need medical or nursing care, but do need the care provided by a Welfare Home.

3. Those who require medical and nursing care and whose needs are met by admission to a geriatric unit or a mental hospital.

There are, however, a number of old people who do not fit into these types of care and for whom no organized care is available. These are the elderly people who have grown old mentally as well as physically, and who are forgetful and inclined to wander in mind. They are indeed mildly confused. Such old people are a danger to themselves when living alone and a great strain on the family when living with relatives, for they require full-time care. It was with such old people in mind, that the Day Centre for the Elderly was arranged, with the approval of the Health and Welfare Committee.

The centre opened on 12th September, in the Berkhamsted Manor Street Clinic, which had recently been redecorated, and which had become under-used because of the new health clinic at the other end of the town. Equipment existing at the clinic was supplemented by the county council and by voluntary donations, and that section of the clinic used for the centre became a homely and agreeable place for old people to meet. It opens each Tuesday and Thursday between 9.30 a.m. and 3.30 p.m.

Patients attending the centre are known to the divisional social workers and are selected from a list largely compiled by the hospital consultants and family doctors from all areas of the division.

The primary purpose of the centre is to give the patients a change from their often dull routine ; to give them a day out. It is not the intention of the centre to treat the patients for their physical infirmities or mental ills but nevertheless, the companionship of others and simple diversional therapy in pleasant surroundings can but improve their well-being.

The secondary purpose of the centre is to give some relief to the relatives and friends from the strain which the constant care of such patients so often imposes.

The centre is manned by volunteers, under the supervision of the divisional social workers and a sufficient number has been recruited to ensure the centre will always be open on the days and times stated. Transport to and from the patients' homes is also provided by a rota of volunteers. Once again, the community is indebted to those invaluable maids of all work, the British Red Cross Society, The St. John Ambulance Brigade, the Women's Royal Voluntary Service and the Women's Institute. Whenever there is voluntary work to be done, it is to these organizations we invariably turn and they invariably respond. Our debt to them grows with each succeeding year.

The mid-day meal is provided by the school meals service, for which the patients pay the subsidized charge of 1*s.* 6*d*. During school holidays, the Town Hall Dining Club at Hemel Hempstead provides the meals.

The number of patients attending was initially restricted to 8 to allow the staff to gain experience in management. It was not long before the service proved its great need and by the end of the year there were 16 patients attending on each of the days. It is confidently hoped that the centre will be further expanded in the future.

Report of Dr. G. R. Taylor, Divisional Medical Officer, Mid Herts.

The major administrative change during the year was the setting up of the Divisional Health and Welfare Executive which held its inaugural meeting on 10th July, 1967. The Executive will meet at three monthly intervals to direct the services which have been delegated by the County Health and Welfare Committee and will undoubtedly encourage local interest and participation in the operation of these services. The local administration of the delegated functions, many of which were previously dealt with at county level has largely been transferred to the divisional staff. No practical difficulties have been experienced in the transfer of these services and it is hoped that the change will result in a more direct and personal application of the combined health and welfare services.

Staff.

In general the staffing position has been steadier than in previous years although there is still difficulty in recruiting domestic help in Potters Bar and temporary shortage of health visitors and district nurses from time to time. Opportunity was taken throughout the year to build up the social work team at Parkway where Mr. Jones, Divisional Social Worker, has already given a most stimulating lead. The establishment of four full-time medical officers

in addition to the Divisional Medical Officer is adequate as very competent married women doctors are engaged for cytology sessions and relief duties. An improvement in the nursing service results from the appointment of a State Enrolled Nurse which has enabled us to provide night nursing service for cases in need, particularly for the nursing of terminal cases. In addition, the services of a male district nurse who is shared with the St. Albans Division have been greatly appreciated for several home nursing cases in the division.

Midwifery and District Nursing.

The number of domiciliary deliveries has again fallen slightly and there was a small increase in the number of women discharged from hospital within 48 hours of delivery.

Midwifery.	*1966.*	*1967.*
No. of discharges within 48 hours	154	165
No. visited discharged after 48 hours	618	484
No. of visits to the above	2,876	2,932
No. of domiciliary deliveries	363	355

In October, 1967, after discussion with the obstetric staff of the Queen Elizabeth II Hospital and Dr. Hugh Jones it was agreed that district midwives should no longer be called upon to visit normal babies with adherent umbilical cords discharged from hospital with their mothers at 10 days. It was agreed that in such cases the hospital would provide the mother with a supply of antiseptic powder which she could apply herself, and that it would be left to the health visitor to inspect the umbilicus as usual at her first visit. The new procedure has been found to work satisfactorily.

Health Visiting.

The following table giving details of the number of home visits made by health visitors throughout the year shows an increase in the number of visits to the aged and special cases with a slight decrease in the number of home visits to children under five years of age.

	1966.	*1967.*
Home visits to children under 5 years	24,366	21,941
Aged.		
First visits to persons over 65 years	313	387
Revisits to persons over 65 years	621	774
Mental Health.		
Mentally disordered First visits	80	89
Mentally disordered revisits	82	245
Social Problems.		
First visits	240	363
Revisits	833	1,013

Cervical Cytology.

The setting up of the cytology laboratory at the Queen Elizabeth II Hospital in the summer permitted the extension of the cervical cytology service to the main centres of population in the division. Weekly " Well Woman " clinics were inaugurated at Welwyn Garden City, Hatfield and, Potters Bar, staffed by experienced women medical officers, assisted by a midwife and receptionist. In addition to the facilities for the cervical cytology test the opportunity was taken to exclude the presence of breast tumour by palpation and to carry out urine examination. This service supplements similar facilities provided at the Queen Elizabeth II Hospital and by general practitioners. A considerable waiting list had accumulated at each centre but by the end of the year the waiting time had been reduced at Hatfield and Potters Bar, and extra sessions at Welwyn Garden City had kept the number of women waiting for the test there within reasonable limits.

Attachment of Nursing and Health Visiting Staff.

Following application by doctors forming one of the major practitioner groups in Potters Bar for the integration of the local authority nursing staff with their services in new group practice premises, discussions were held with the group and with the other doctors practising in the area, and a comprehensive scheme for linking the work of the home nurses, midwives and health visitors was launched. The new arrangement has been well received particularly by the two main practitioner groups and the district nursing staff and I am grateful to Miss King, County Nursing Officer, who assisted at the preliminary discussions.

Social Work Unit.

Mr. Jones has been active in directing the work of the social work staff since taking up his post as Divisional Social Worker. Sound relationships have been established with the medical practitioners, Queen Elizabeth II Hospital and Cell Barnes Hospital, local government departments and voluntary agencies covering a very broad and varied pattern of casework providing support and supervision for the handicapped. In spite of some difficulty in finding adequate room for the team at Parkway and some changes in the staff much has been achieved during the year. A special effort to effect a better liaison with the work of the voluntary agencies for the elderly has resulted in closer co-ordination with the local health authority services.

Adult Training Centre.

Mr. Vickerstaff has been successful in obtaining a wider range of practical work for the trainees at the centre from local firms and through the co-operation of the Principal of the Sherrards Training Centre for Spastics. It is hoped that this will enable a number of the trainees to acquire confidence in light manual skills leading to trials of employment by local firms and eventually full remunerative employment in the area.

Nurseries and Child Minders.

The supervision of private nurseries and child minders has been carefully undertaken throughout the year and 5 applications were approved for the registration of premises for use as morning nurseries, providing 105 additional places. Four of the existing nurseries applied for an increase in the number of children taken providing an additional 33 places while 15 more women were registered for child minding of small groups in their own homes. The continued expansion of these child minder facilities meets a very real need throughout the area.