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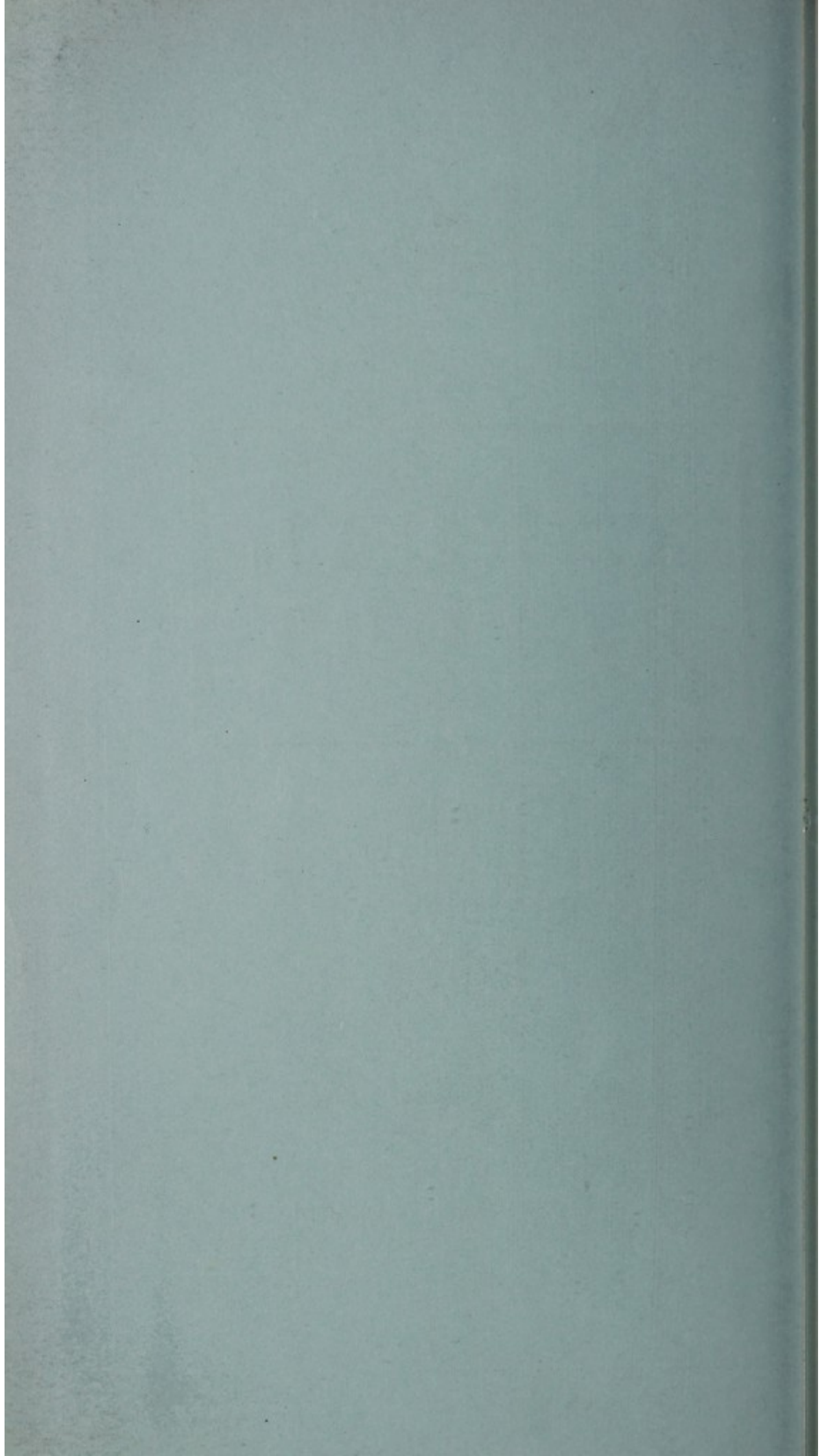
LEICESTER COUNTY COUNCIL

**ANNUAL
REPORT**

of the

**COUNTY
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1952**

G. H. GIBSON, M.B., Ch.B., D.P.H.,
COUNTY MEDICAL OFFICER OF HEALTH



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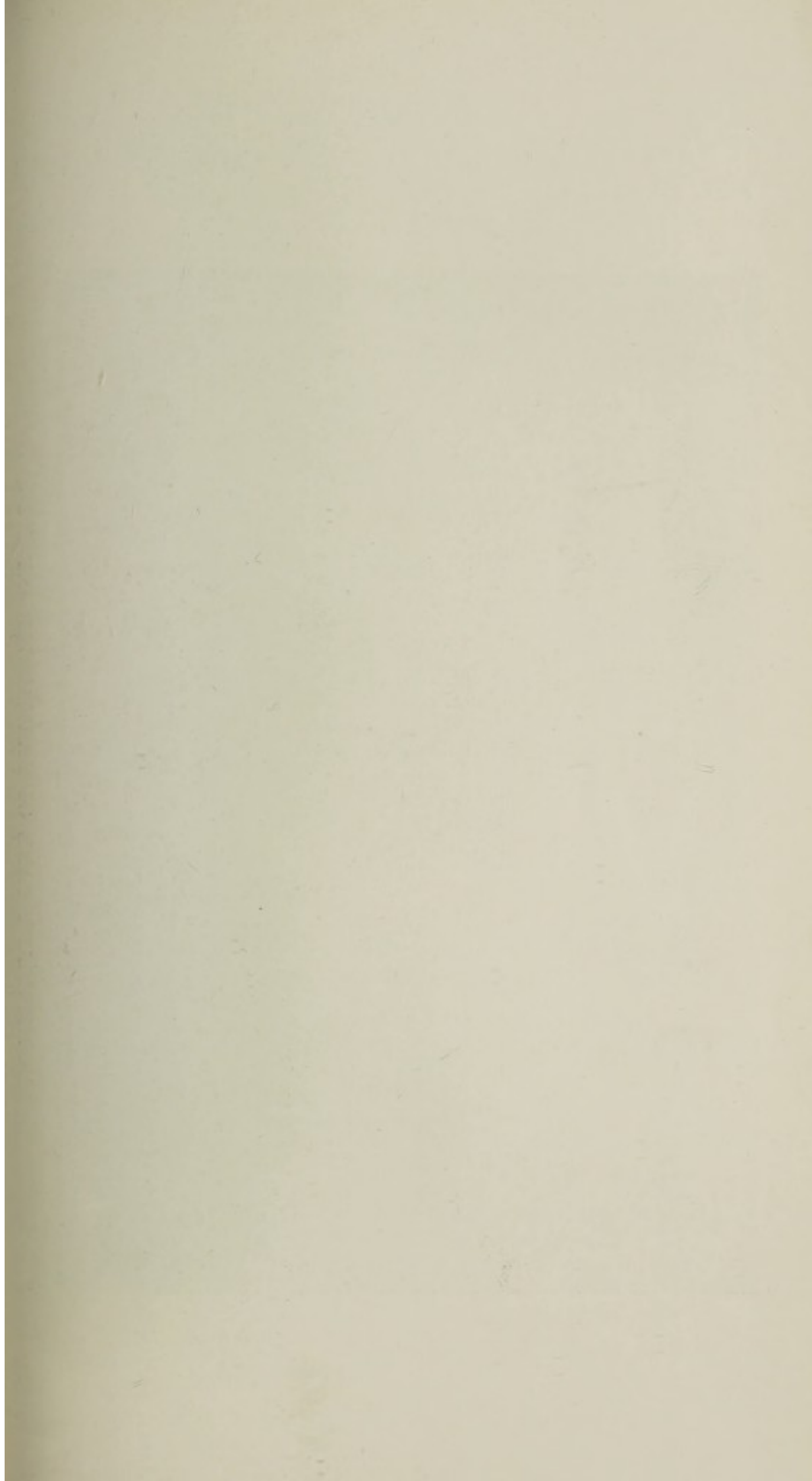
THE STATE OF NEW YORK

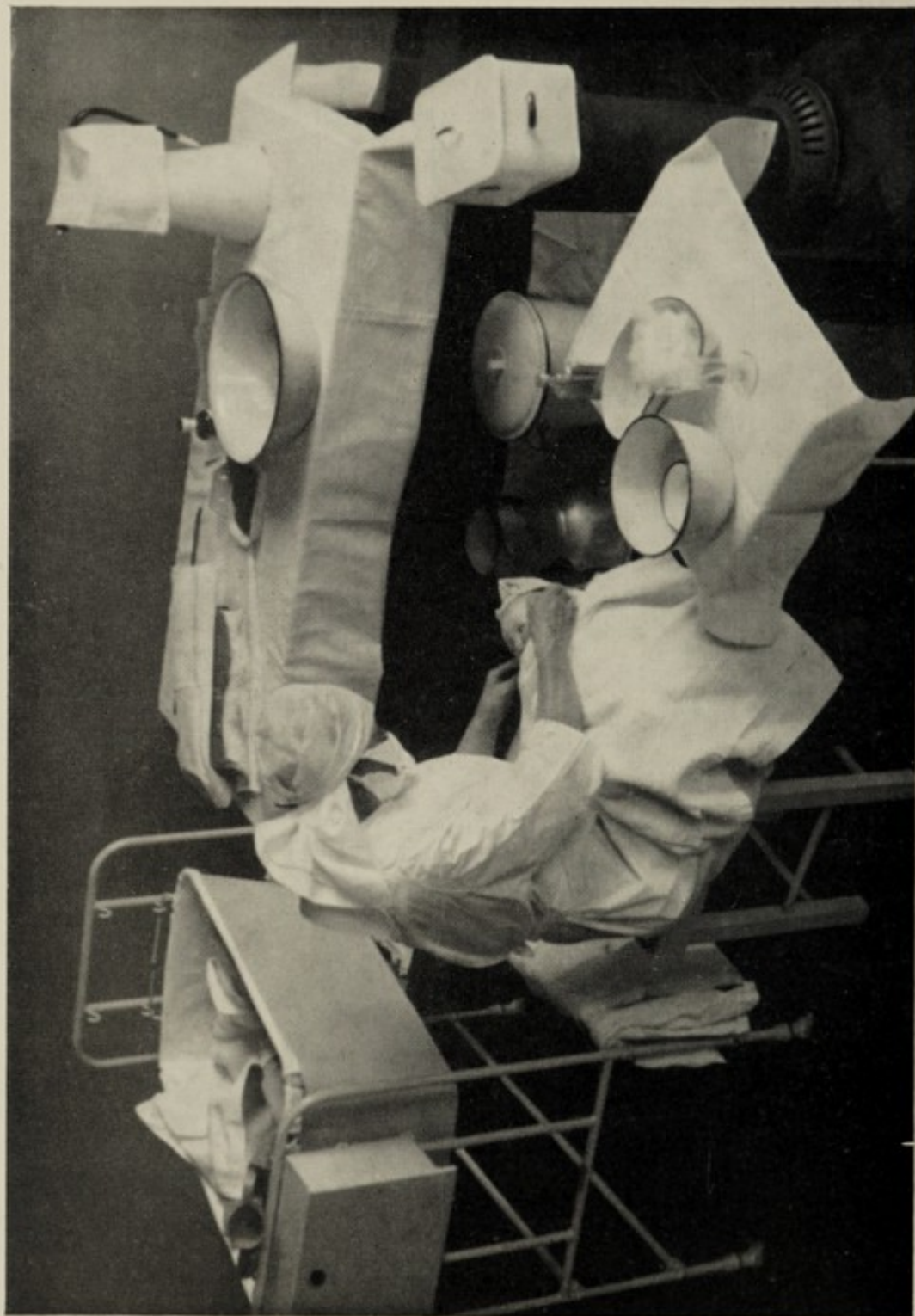
ANNUAL
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COMMISSIONER
OF THE
DEPARTMENT OF HEALTH
FOR THE YEAR
1952

ALBANY: THE UNIVERSITY OF THE STATE OF NEW YORK PRESS, 1952.





DOMICILIARY CARE OF PREMATURE INFANTS

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COUNTY HEALTH DEPARTMENT,

17 FRIAR LANE,

LEICESTER,

August, 1953

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the work of the County Health Department for the year 1952.

The Report for this year includes a special survey of the Council's services provided under the National Health Service Acts, which has been prepared at the request of the Ministry of Health and has already been submitted to the Ministry and to the Health Committee. The survey sets out the administrative arrangements of the various services and pays special attention to the co-ordination obtained with services provided by other statutory bodies and voluntary organisations. It covers the period since July, 1948, when the National Health Service Act came into operation and is thus not entirely related to the year under review. The inclusion of the survey has necessitated some changes in the usual arrangement of the Report, as the figures for the year 1952 were not available at the time of preparation.

The usual statistics relating to the Health of the County, with comparisons with previous years, are submitted in the first part of the report. On the whole they can be considered very satisfactory, especially the low maternal mortality and still-birth rates, and the continued improvement in the death-rate from pulmonary tuberculosis. It will be noted, however, that the birth rate is the lowest since 1945.

For the second year in succession, no confirmed case of diphtheria occurred in the county—a state of affairs which would have appeared incredible a few years ago. One death was reported in which diphtheria was considered a contributory cause ; this occurred as a result of disease of the heart, a complication of an attack of diphtheria some years ago.

It is a pleasure to place on record my appreciation of the help given by all members of the Committee, of their interest in the work under their control, and the consideration shown always to myself and the staff of the Department. I am glad to have the opportunity of expressing my gratitude to all those working in the Health Department, whatever their duties may be, and to the Chief Officers and staffs of other County Council Departments.

It is with very real regret that I have to report that 1952 will be the last complete year in office of Mr. H. Burditt, the Chief Administrative Assistant,

who will retire in October, 1953, after 41 years of service, interrupted only by the First World War. During this time he has seen the work of the Public Health Department expand and change beyond all recognition, and the successful organisation of that work has been in no small measure the result of his loyal and efficient service. His place will be taken by Mr. E. R. Turner, whose help in the preparation of this report I am glad to acknowledge.

I have the honour to remain,

Your obedient servant,

G. H. GIBSON,

County Medical Officer

HEALTH COMMITTEE

FORSELL, J. T. (*Chairman*)

ATKINS, Mrs. D.	MAWBY, G. H.
BOSWORTH, E.	MILLER, W. M. (<i>Vice-Chairman</i>)
CARSON, S. H.	MURPHY, R.
FREEMAN, M.	O'NEILL, W.
HARVEY, L. W.	PICKERING, L. G. W.
HEWITT, N. L.	POCHIN, V. R. (<i>ex-officio</i>)
HOLMES, J. H.	SARGANT, Mrs. D. E.
KEAY, Mrs. M. E., B.E.M.	SCHOFIELD, Dr. H.
KING, M.	SHEFFIELD, Mrs. D. M.
MARSH, Mrs. A. G.	WORTLEY, W. O.
MARTIN, Lt.-Col. SIR ROBERT, C.M.G. (<i>ex-officio</i>)	YATES, F.

Members co-opted by the County Council (from outside its membership) :

DALLEY, Mrs. C. E. BOOTH, C. Z. M.

Members co-opted by the County Council on the nomination of various bodies :

NAME	REPRESENTATION :
EVERARD, Mrs. F. J. F. ..	Leicestershire County Nursing Association
MARTIN, Hon. Lady ..	Leicestershire County Nursing Association
MILLER, Miss I. H. ..	Royal Leicester, Leicestershire and Rutland Incorporated Institution for the Blind
GIBSON, Dr. T. M. ..	National Health Service (Leicestershire and Rutland) Executive Council
LORRIMER, Mrs. J. H. ..	Voluntary Association for Cripples' Welfare
GARDINER, J. ..	Leicestershire and Rutland Association of Urban Authorities
SEVILLE, H. A. . .	Leicestershire and Rutland Association of Rural District Councils

Sub-Committees of the Health Committee

General Purposes Sub-Committee :

MILLER, W. M. (*Chairman*) HARVEY, L. W. (*Vice-Chairman*)

Domiciliary Services Sub-Committee :

WORTLEY, W. O. (*Chairman*) SARGANT, Mrs. D. E. (*Vice-Chairman*)

Mental Health Sub-Committee :

BOOTH, C. Z. M. (*Chairman*) DALLEY, Mrs. C. E. (*Vice-Chairman*)

Representation on other Governing Bodies and Associations

Leicestershire County Nursing Association :

FORSELL, J. T., HARVEY, L. W., HOLMES, J. H., SARGANT, Mrs. D. E.

National Health Service Act, 1946 ; Executive Council for Leicestershire and Rutland :

HARVEY, L. W.	HOLMES, J. H.	KEAY, Mrs. M. E.
MAWBY, G. H.	MILLER, W. M.	MARTIN, Hon. Lady

Leicestershire Voluntary Association for Cripples' Welfare :

KEAY, Mrs. M. E. MARSH, Mrs. A. G. SHEFFIELD, Mrs. D. M.

Leicester and County Mission to the Deaf and Dumb :

KEAY, Mrs. M. E.

Royal Leicester, Leicestershire and Rutland Institution for the Blind :

FORSELL, J. T. KEAY, Mrs. M. E. MAWBY, G. H. YATES, F.

Wycliffe Society for Helping the Blind :

KEAY, Mrs. M. E.

Southern Regional Association for the Blind :

YATES, F.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

County Medical Officer ; School Medical Officer :

GIBSON, G. H., M.B., CH.B., D.P.H.

Deputy County Medical Officer ; Deputy School Medical Officer :

BYARS, J. R., M.B., CH.B., D.P.H.

Senior Assistant County Medical Officer :

CAMPBELL, MARJORIE L., M.B., CH.B., B.A.O., D.P.H.

Assistant County Medical Officers :

BENNETT, JOAN G. H., M.B., B.CH., B.A.O. (appointed 1st April, 1952)

CRUICKSHANK, MARGARET O., M.A., M.R.C.S., L.R.C.P.

WALTERS, CONSTANCE, B.Sc., M.B., CH.B. (Joint duties with Sheffield Regional Hospital Board and County Council)

*Senior Assistant County Medical Officer ;
Medical Officer of Health, Loughborough M.B. :*

HOLDERNESS, R. C., M.B., B.S., D.P.H.

Assistant County Medical Officer ;

Assistant School Medical Officer, North Divisional Executive ;

Temporary Medical Officer of Health, Blaby and Lutterworth Rural Districts :

PHILLIPS, H. T., M.D., D.P.H., D.C.H., D.I.H.

Assistant County Medical Officer ;

Medical Officer of Health, Barrow-upon-Soar Rural District:

HALL, J. W., M.D., B.Hy., D.P.H.

Assistant County Medical Officer ;

Medical Officer of Health, Oadby and Wigston Urban Districts, and Market Harborough Rural District :

KIND, R. W., M.R.C.S., L.R.C.P., D.P.H.

Chest Physician and Chief Tuberculosis Officer :

BROUGH, M. C., M.D., B.CH., B.A.O.

(Joint duties with Sheffield Regional Hospital Board and County Council)

Chief Dental Surgeon :

ASHTON, P., L.D.S.

Assistant Dental Surgeons :

WARD, A. E., L.D.S.

McLELLAN, C. L. R., L.D.S.

CAMPBELL, W. G., L.D.S.

LATIMER, R., L.D.S. (part-time)

STAFF OF THE PUBLIC HEALTH DEPARTMENT

—continued

County Sanitary Officer :

GREGORY, S. A., M.R.SAN.I., M.S.I.A.

Superintendent Health Visitor and School Nurse (combined duties) :

CARRYER, Miss G. I., S.R.N., S.C.M., H.V.CERT.

Deputy Superintendent Health Visitor and School Nurse (combined duties) :

HORNSBY, Miss A., R.G.N., S.C.M., H.V.CERT.

Almoner :

WHITEHALL, Miss M. I., B.SC.

Non-Medical Supervisor of Midwives :

BLACKWELL, Miss I. W., S.R.N., S.C.M.

(on the Staff of the Leicestershire County Nursing Association)

Domestic Help Organiser :

HAMER, Mrs. A. L. E.

Ambulance Officer :

CAVE, F. J.

Senior Mental Health Officer and Authorised Officer :

FORDHAM, W. J.

Deputy Senior Mental Health Officer and Authorised Officer :

GAUNT, Miss M., D.P.A.

Mental Health Officers and Authorised Officers :

MAGEE, L. M. CHARLES, Mrs. R.

WEST, Miss D. I.

Chief Administrative Assistant :

BURDITT, H.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

NATURAL AND SOCIAL CONDITIONS

The County of Leicester lies in the centre of England and has a geographical area of 832 square miles, the area of the Administrative County being 806 square miles. Its extreme length north to south is 44 miles, and east to west 39 miles. Its surface varies from 100 feet to 912 feet above sea level. The principal industries are agriculture, mining and quarrying, engineering, hosiery, and boots and shoes.

GENERAL STATISTICAL SUMMARY OF THE COUNTY

				Whole County	
Area in Acres	..	..	Urban	56,850	
			Rural	458,548	.. 515,398
Population, Census 1951 (preliminary report) :					
			Urban	161,728	
			Rural	184,104	.. 345,832
Population (Registrar-General's estimates, mid-year 1952) :					
			Urban	162,100	
			Rural	186,600	.. 348,700
Rateable value as at 1st April, 1952	..	..	..	..	£1,747,199
Estimated product of penny rate, 1952-53	..	..	..	..	£6,797
Live births	..	..	Urban	2,607	
			Rural	2,856	.. 5,463
Live birth-rate	..	..	Urban	16.08	
			Rural	15.31	.. 15.67
Stillbirths	..	..	Urban	52	
			Rural	66	.. 118
Stillbirth rate	..	..	Urban	0.32	
			Rural	0.35	.. 0.34
Deaths	..	..	Urban	1,675	
			Rural	1,833	.. 3,508
Death-rate	..	..	Urban	10.33	
			Rural	9.82	.. 10.06
Infant mortality (deaths under one year of age)	..	..	Urban	77	
			Rural	68	.. 145
Infant mortality rate (per thousand live births)	..	..	Urban	29.6	
			Rural	23.8	.. 26.5
Neo-natal mortality (deaths under four weeks of age)	..	..	Urban	57	
			Rural	54	.. 111
Neo-natal mortality rate (per thousand live births)	..	..	Urban	21.9	
			Rural	18.9	.. 20.3
Maternal mortality	..	..	Urban	1	
			Rural	—	.. 1
Maternal mortality rate (per thousand live and still births)	..	..	Urban	0.38	
			Rural	—	.. 0.18

POPULATION OF THE COUNTY

The following is the estimated population as at 30th June, 1952, and the corresponding estimate for the previous year ; also given, are the provisional populations for the Census taken on 8th April, 1951.

		Estimated Mid-year 1952	Estimated Mid-year 1951	Preliminary Census 1951
Urban Districts :				
Ashby-de-la-Zouch	.. ..	6,449	6,405	6,406
Ashby Woulds	.. ..	3,304	3,389	3,418
Coalville	.. ..	25,520	25,660	25,739
Hinckley	.. ..	39,080	38,980	39,088
Loughborough M.B.	.. ..	35,360	35,300	34,731
Market Harborough	.. ..	10,240	10,310	10,401
Melton Mowbray	.. ..	14,150	13,940	14,052
Oadby	.. ..	6,183	6,244	6,206
Shepshed	.. ..	6,344	6,232	6,235
Wigston	.. ..	15,470	16,240	15,452
Rural Districts :				
Ashby-de-la-Zouch	.. ..	13,690	13,700	13,782
Barrow-upon-Soar	.. ..	48,940	47,770	47,376
Billesdon	.. ..	7,842	7,804	7,817
Blaby	.. ..	39,750	39,520	39,202
Castle Donington	.. ..	9,508	9,391	9,273
Lutterworth	.. ..	11,830	11,790	11,821
Market Bosworth	.. ..	26,390	26,330	26,359
Market Harborough	.. ..	9,970	9,915	9,840
Melton and Belvoir	.. ..	18,680	18,580	18,634
Totals :				
Urban Districts	.. ..	162,100	162,700	161,728
Rural Districts	.. ..	186,600	184,800	184,104
Whole County	.. ..	348,700	347,500	345,832

LIVE BIRTHS

(rates calculated per thousand population)

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1943 ..	2,930	19.9	3,172	19.2	6,102	19.6	16.5
1944 ..	3,120	21.3	3,416	20.8	6,536	21.1	17.6
1945 ..	2,859	19.7	2,924	18.0	5,783	18.8	16.1
1946 ..	3,222	21.4	3,341	19.9	6,563	20.6	19.1
1947 ..	3,366	21.8	3,582	20.7	6,948	21.2	20.5
1948 ..	3,050	19.2	3,313	18.5	6,363	18.8	17.9
1949 ..	2,867	17.9	3,069	16.9	5,936	17.4	16.7
1950 ..	2,675	16.3	2,949	16.0	5,624	16.2	15.8
1951 ..	2,645	16.3	2,922	15.8	5,567	16.0	15.5
1952 ..	2,607	16.1	2,856	15.3	5,463	15.7	15.3

The following table shows an analysis of the total County births according to legitimacy and sex.

Year	Legitimate		Illegitimate		Total male births	Total female births	Ratio of male to 100 female births
	No.	Rate	No.	Rate			
1943 ..	5,782	18.53	320	1.03	3,121	2,981	104.7
1944 ..	6,151	19.82	385	1.24	3,368	3,168	106.3
1945 ..	5,251	17.06	532	1.73	3,041	2,742	110.9
1946 ..	6,180	19.37	383	1.20	3,405	3,158	107.8
1947 ..	6,624	20.23	324	0.98	3,610	3,338	108.1
1948 ..	6,066	17.96	297	0.89	3,283	3,080	106.6
1949 ..	5,710	16.68	226	0.66	2,997	2,939	102.0
1950 ..	5,415	15.57	209	0.60	2,902	2,722	106.6
1951 ..	5,369	15.45	198	0.57	2,876	2,691	106.9
1952 ..	5,250	15.05	213	0.61	2,777	2,686	103.4

INFANT MORTALITY

(rates calculated per thousand live births)

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1943 ..	134	45.7	123	38.8	257	42.1	49
1944 ..	123	39.4	122	35.7	245	37.5	46
1945 ..	97	33.9	110	37.6	207	35.8	46
1946 ..	134	41.6	101	30.2	235	35.8	43
1947 ..	161	47.8	137	38.2	298	42.9	41
1948 ..	102	33.4	103	31.1	205	32.2	34
1949 ..	81	28.3	80	26.1	161	27.1	32
1950 ..	80	29.9	72	24.4	152	27.0	29.8
1951 ..	72	27.2	71	24.3	143	25.7	29.6
1952 ..	77	29.6	68	23.8	145	26.5	27.6

The following table analyses the infant deaths into the individual causes of death and compares with the previous year's figures.

Cause of death	Year 1951			Year 1952		
	M.	F.	Total	M.	F.	Total
Tuberculosis, respiratory	-	-	-	-	1	1
Tuberculosis, other	-	-	-	1	-	1
Whooping cough	-	2	2	-	1	1
Other infective and parasitic diseases ..	1	-	1	-	-	-
Meningococcal infections	-	-	-	1	-	1
Other heart disease	1	-	1	1	-	1
Other circulatory disease	-	-	-	1	-	1
Pneumonia	10	5	15	10	9	19
Bronchitis	4	2	6	3	-	3
Other diseases of the respiratory system ..	2	1	3	-	1	1
Gastritis, enteritis, and diarrhœa ..	-	5	5	2	1	3
Nephritis and nephrosis	1	-	1	-	-	-
Congenital malformations	11	10	21	12	19	31
Other defined and ill-defined diseases ..	48	34	82	47	31	78
All other accidents	2	3	5	1	3	4
Homicide and operations of war	-	1	1	-	-	-
Totals	80	63	143	79	66	145

NEO-NATAL DEATHS

(rates calculated per thousand live births)

The following table shows the deaths of infants under four weeks of age since the year 1950, when they were first included by the Registrar-General in his statistical returns.

Year	Urban		Rural		Whole County	
	No.	Rate	No.	Rate	No.	Rate
1950	51	19.1	51	17.3	102	18.1
1951	41	15.5	42	14.4	83	14.9
1952	57	21.9	54	18.9	111	20.3

STILLBIRTHS

(rates calculated per thousand population)

Year	Legitimate		Illegitimate		Total	
	No.	Rate	No.	Rate	No.	Rate
1943	169	0.54	15	0.05	184	0.59
1944	155	0.50	22	0.07	177	0.57
1945	153	0.50	17	0.06	170	0.55
1946	151	0.47	7	0.02	158	0.50
1947	172	0.53	10	0.03	182	0.55
1948	150	0.44	7	0.02	157	0.46
1949	127	0.37	12	0.04	139	0.41
1950	155	0.45	5	0.01	160	0.46
1951	121	0.35	7	0.02	128	0.37
1952	113	0.32	5	0.01	118	0.34

MATERNAL MORTALITY

Year	Number of maternal deaths	Rate per thousand live and still births	
		Leicestershire	England and Wales
1943	19	3.03	2.29
1944	14	2.07	1.93
1945	16	2.69	1.79
1946	6	0.89	1.43
1947	9	1.26	1.17
1948	10	1.53	0.86
1949	5	0.82	0.82
1950	7	1.21	0.86
1951	5	0.88	0.79
1952	1	0.18	0.72

DEATHS (all causes and all ages)

The following list shows the deaths in this County for the years 1950, 1951 and 1952, grouped and classified in accordance with the World Health Organisation Nomenclature Regulations 1948.

The Registrar General has pointed out that as from 1951 deaths from Pneumonia under four weeks are included in Heading 23 which is the Heading for all Pneumonia deaths.

I. INFECTIVE AND PARASITIC DISEASES				Year	Year	Year
				1950	1951	1952
1.	Tuberculosis, respiratory	..	..	87	86	70
2.	Tuberculosis, other	..	..	11	9	14
3.	Syphilitic disease	..	..	7	10	9
4.	Diphtheria	..	..	-	-	1
5.	Whooping cough	..	..	1	3	3
6.	Meningococcal infections	..	..	4	1	2
7.	Acute poliomyelitis	..	..	8	-	-
8.	Measles	..	..	3	-	-
9.	Other infective and parasitic diseases	..	..	14	8	12
II. NEOPLASMS						
10.	Malignant neoplasm, stomach	..	..	90	96	111
11.	Malignant neoplasm, lung, bronchus	..	..	74	82	82
12.	Malignant neoplasm, breast	..	..	60	64	52
13.	Malignant neoplasm, uterus	..	..	28	24	21
14.	Other malignant and lymphatic neoplasms	..	..	307	294	302
15.	Leukæmia, aleukæmia	..	..	11	10	15
III. ALLERGIC, ENDOCRINE SYSTEM, METABOLIC, AND NUTRITIONAL DISEASES						
16.	Diabetes	..	..	22	28	26
VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS						
17.	Vascular lesions of the nervous system	..	..	473	480	537
VII. DISEASES OF THE CIRCULATORY SYSTEM						
18.	Coronary disease, angina	..	..	382	378	376
19.	Hypertension with heart disease	..	..	100	167	88
20.	Other heart disease	..	..	755	679	601
21.	Other circulatory disease	..	..	140	193	199
VIII. DISEASES OF THE RESPIRATORY SYSTEM						
22.	Influenza	..	..	12	120	24
23.	Pneumonia	..	..	90	110	98
24.	Bronchitis	..	..	147	181	146
25.	Other diseases of the respiratory system	..	..	34	36	34
IX. DISEASES OF THE DIGESTIVE SYSTEM						
26.	Ulcer of stomach and duodenum	..	..	39	38	29
27.	Gastritis, enteritis and diarrhœa	..	..	19	18	7

X. DISEASES OF THE GENITO-URINARY SYSTEM				Year	Year	Year
				1950	1951	1952
28.	Nephritis and nephrosis	..	..	43	61	62
29.	Hyperplasia of prostate	..	..	27	32	28
XI. DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM						
30.	Pregnancy, childbirth, abortion..	..	..	7	5	1
XIV. CONGENITAL MALFORMATIONS						
31.	Congenital malformations	..	..	32	38	45
XVI. SYMPTOMS, SENILITY AND ILL-DEFINED CONDITIONS						
32.	Other defined and ill-defined diseases	..	..	416	365	374
XVII. ACCIDENTS, POISONINGS AND VIOLENCE						
33.	Motor vehicle accidents	..	..	34	30	41
34.	All other accidents	..	..	61	64	73
35.	Suicide	..	..	33	19	24
36.	Homicide and operations of war	..	..	4	2	1

DEATHS (all causes and all ages)
(rates calculated per thousand population)

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1943 ..	1,657	11.28	1,868	11.31	3,525	11.29	12.1
1944 ..	1,608	11.00	1,862	11.35	3,470	11.18	11.6
1945 ..	1,582	10.90	1,831	11.26	3,413	11.09	11.4
1946 ..	1,641	10.87	1,761	10.47	3,402	10.66	11.5
1947 ..	1,798	11.64	1,894	10.96	3,692	11.28	12.0
1948 ..	1,569	9.87	1,732	9.69	3,301	9.77	10.8
1949 ..	1,731	10.79	1,923	10.58	3,654	10.68	11.7
1950 ..	1,739	10.62	1,836	9.98	3,575	10.28	11.6
1951 ..	1,724	10.60	2,007	10.86	3,731	10.74	12.5
1952 ..	1,675	10.33	1,833	9.82	3,508	10.06	11.3

The following table gives the age groups in which the deaths occurred.

Age group (years)	Number of deaths	Percentage
0—	145	4.1
1—	27	0.8
5—	23	0.7
15—	27	0.8
25—	182	5.2
45—	777	22.1
65—	983	28.0
75—	1,344	38.3

BIRTHS AND DEATHS

Annual Birth and Death Rates per Thousand Population

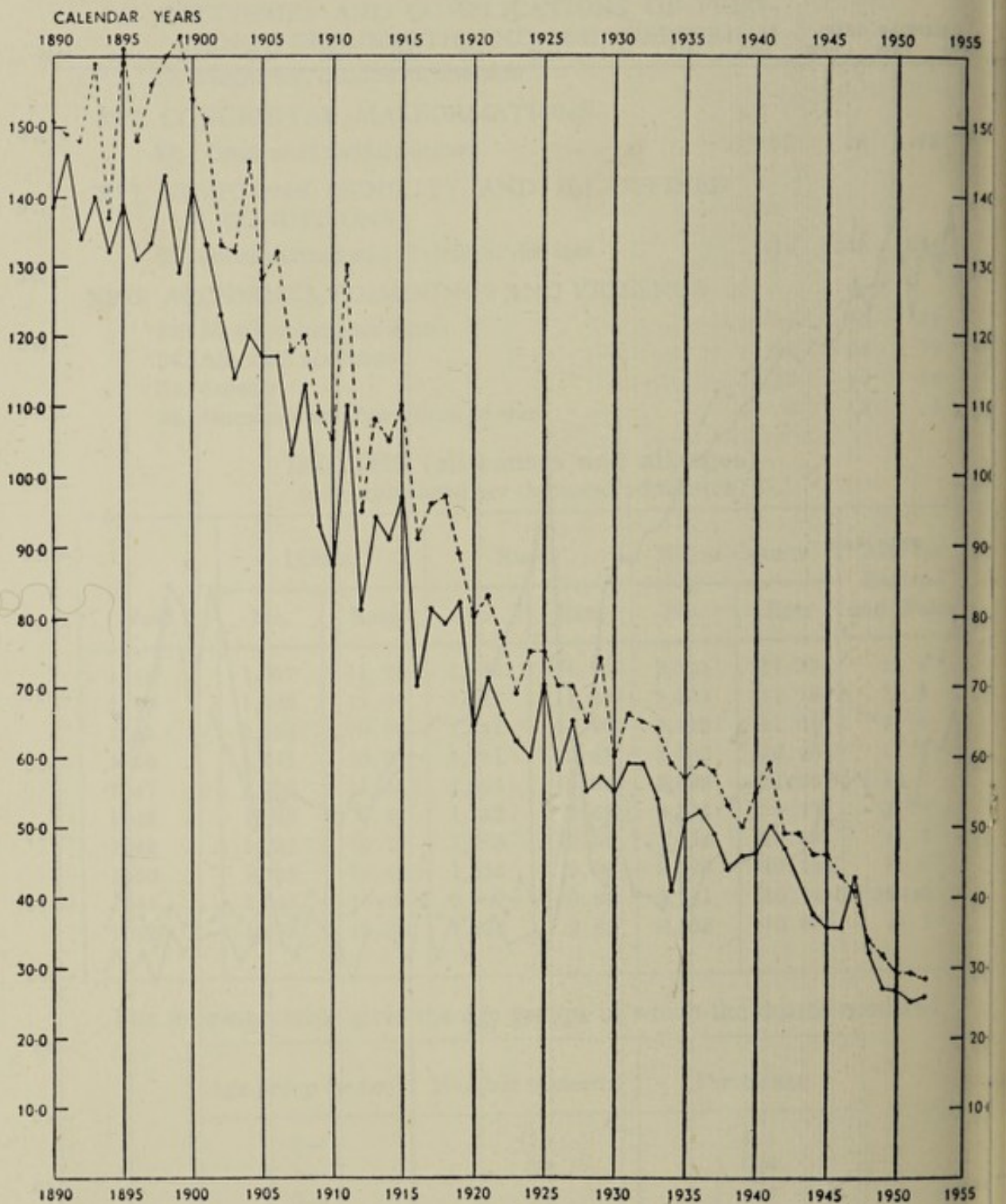
LEICESTERSHIRE ——— ENGLAND AND WALES - - - -



INFANT MORTALITY

Annual Death Rate per Thousand Live Births

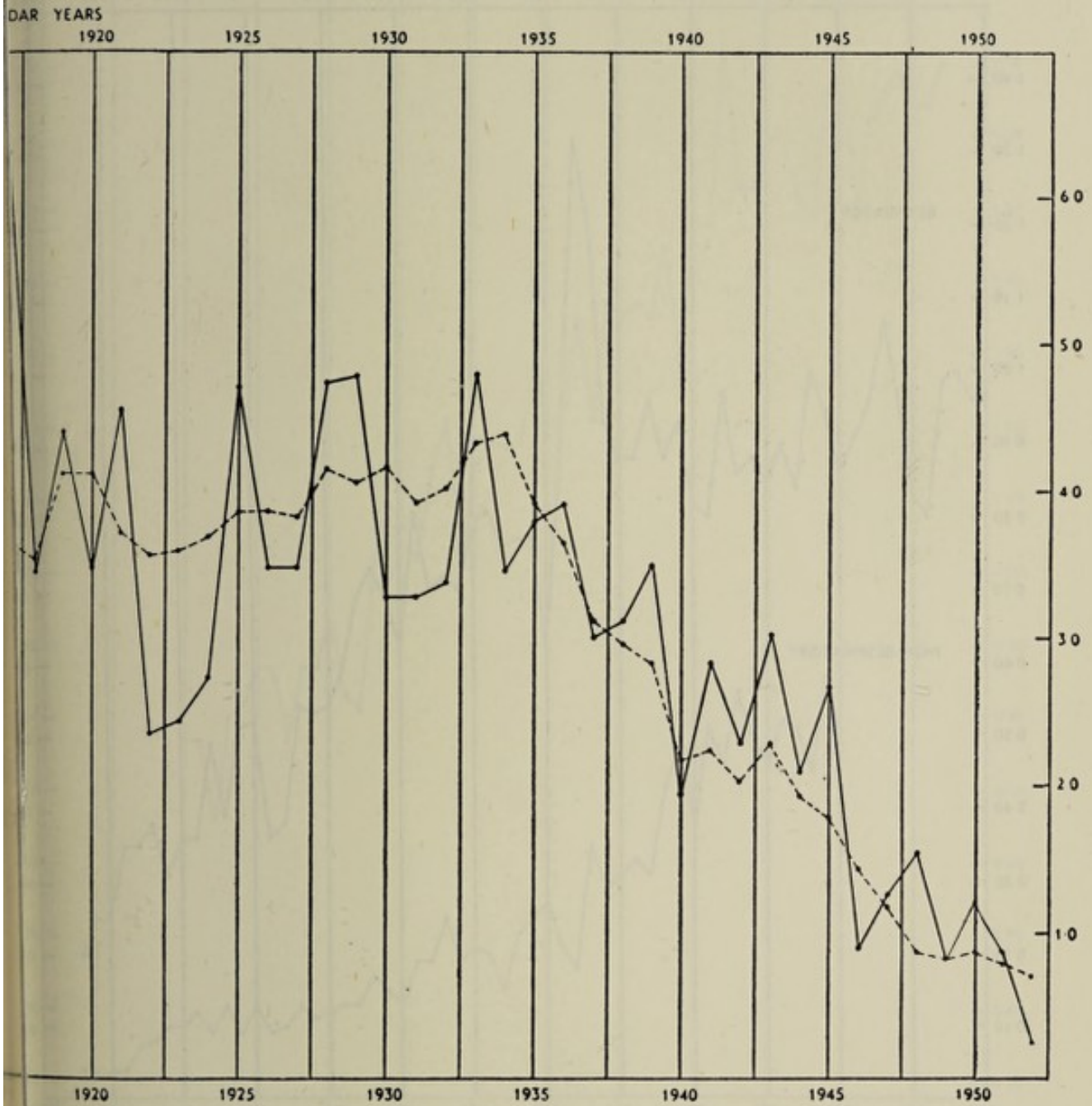
LEICESTERSHIRE ——— ENGLAND AND WALES - - - - -



MATERNAL MORTALITY

Annual Death Rate per Thousand Live and Still Births

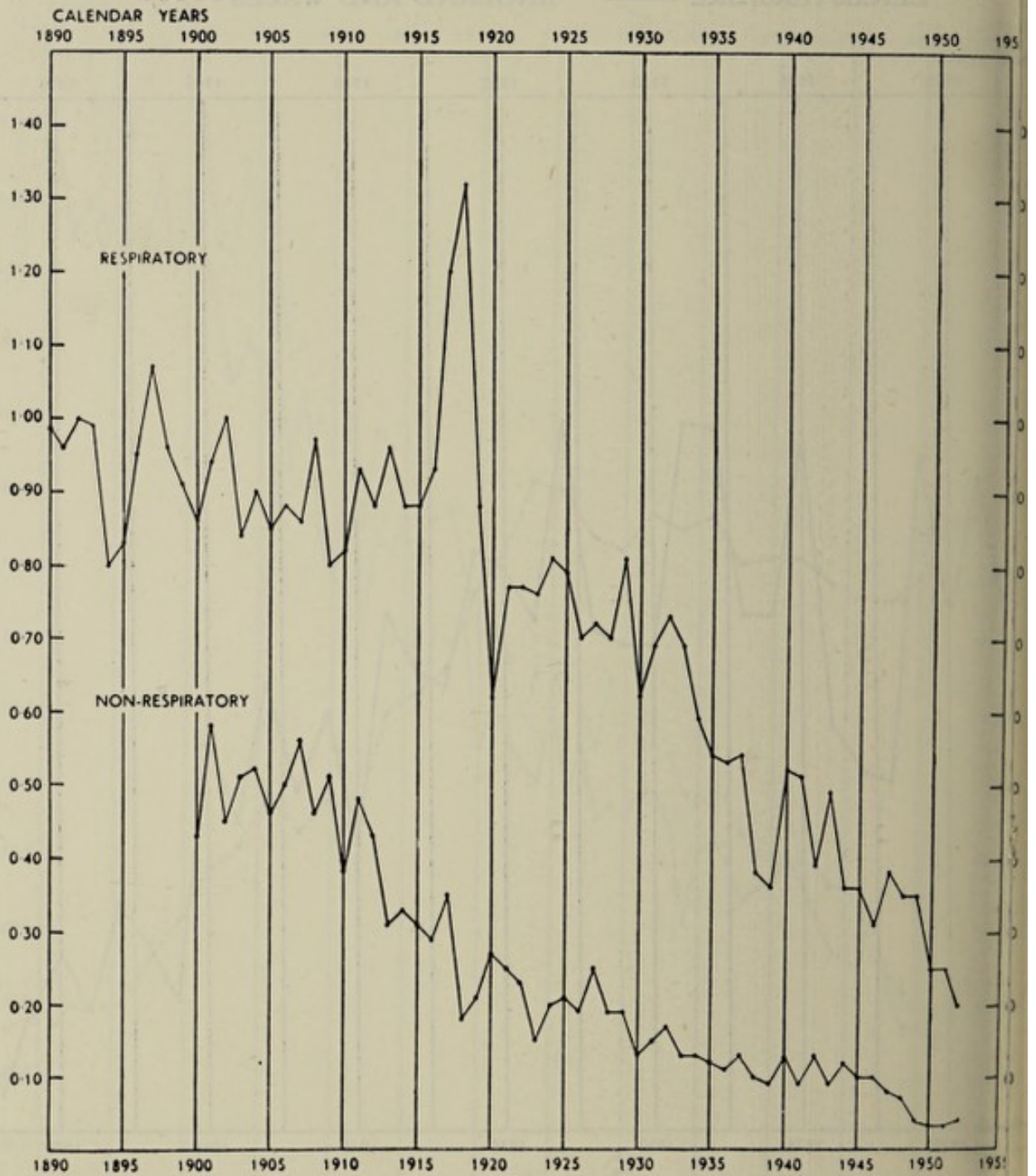
LEICESTERSHIRE ——— ENGLAND AND WALES - - - - -



TUBERCULOSIS

(LEICESTERSHIRE)

Annual Death Rates per Thousand Population



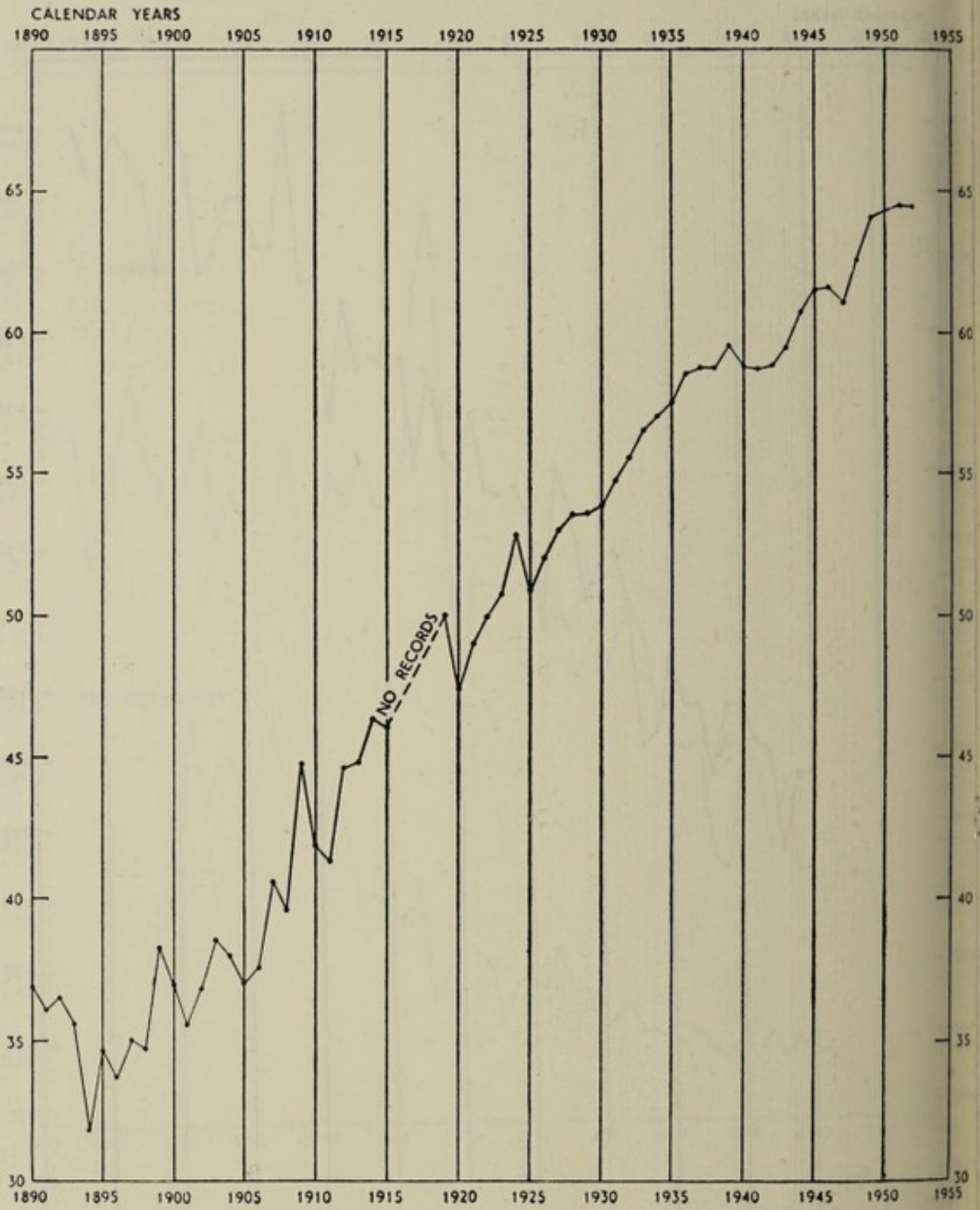
NEOPLASMS

(LEICESTERSHIRE)

Annual Death Rate per Thousand Population



AVERAGE AGE AT DEATH (LEICESTERSHIRE) Calculated on Deaths in Age Groups



**Special Survey of
Local Health Services
provided under
The National Health Service Acts**

SPECIAL SURVEY OF LOCAL HEALTH SERVICES

in accordance with Ministry of Health Circular 29/52

GENERAL

1. Constitution of Health Committee

The Health Committee of the County Council consists of twenty-three members of the County Council, two members co-opted by the County Council from outside its membership, two members co-opted on the nomination of the Leicestershire County Nursing Association, and one member each co-opted on the nomination of the Royal Leicester, Leicestershire and Rutland Incorporated Institution for the Blind, the Leicestershire and Rutland Executive Council, the Leicestershire Voluntary Association for Cripples' Welfare, the Leicestershire and Rutland Association of Urban Authorities, and the Leicestershire and Rutland Association of Rural Authorities. The Committee works through three Sub-Committees—the General Purposes, Domiciliary Services and Mental Health Sub-Committees.

Administration

The central administration of the County of Leicester Local Health Authority operates from the Health Department, 17 Friar Lane, Leicester, the chief officer being the County Medical Officer, assisted by the Deputy County Medical Officer who, in addition to acting generally as Deputy, supervises the Ambulance and Mental Health Services (as well as the School Health Service), and by the Senior Assistant County Medical Officer who supervises Maternity and Child Welfare, and also attends meetings of the County Nursing Association.

For purposes of accommodation, the Mental Health and Ambulance Services Headquarters are housed apart from the Central Office, and there are six Domestic Help Area Offices and eight Ambulance Depots in the various County towns to spread these services over the County.

As the County area is of a very convenient size and shape for administrative purposes, it has not been deemed necessary to decentralise the health services, although a Senior Assistant County Medical Officer based at the Health Department, Loughborough, who is also the Medical Officer of Health for the Municipal Borough of Loughborough, carries out the day-to-day administration of that area.

The scheme for the appointment of District Medical Officers of Health, made under Section III of the Local Government Act, 1933, envisages the appointment of District Medical Officers who are also Assistant County Medical Officers. The County will be divided into seven areas for this purpose.

2. Co-ordination and Co-operation with other parts of the National Health Service

Co-operation is greatly helped by the fact that the membership of the local Hospital Management Committees, and of the appropriate Executive Council, includes members of the County Health Committee.

The County Medical Officer is a member of the Sheffield Regional Hospital Board and of Leicester No. 2 Hospital Management Committee, and attends the meetings of the Leicestershire and Rutland Executive Council as an observer. He is also a member of the Local Medical Committee of the Executive Council, of the Leicester Area Consultants' Committee and of the Leicester Area Medical Co-ordinating Committee. This Co-ordinating Committee, set up by the Sheffield Regional Hospital Board, consists of four Consultants nominated by the Hospital Management Committees, four General Practitioners nominated by the two Executive Councils involved and three Medical Officers of Health, together with a Medical Officer from the Hospital Board. The membership of the Committee covers the City and County of Leicester and the County of Rutland. There is power to co-opt members for any special purpose and the Committee has surveyed a number of problems involving co-operation between the various bodies concerned. The Deputy County Medical Officer attends meetings of Leicester No. 3 Hospital Management Committee which deals with provision for mental defectives. The Liaison Committee of medical officers of the Sheffield Regional Hospital Board and Medical Officers of Health of the Local Health Authorities in the area of the Board meets as required, and has been of great value.

The County Council's medical officers when undertaking clinical work act in co-operation with general practitioners and consultants, and any case requiring treatment, discovered for example at a Welfare Clinic, is referred to the patient's own doctor. (If a consultant's opinion is thought necessary, as may be found in the School Health Service, this is obtained through or with the consent of the general practitioner concerned). An attempt is being made, with the co-operation of the general practitioners, for information regarding a child's treatment to be sent from the hospitals, in duplicate, to the doctor referring the case so that a copy can be sent to the general practitioner or the medical officer of health as the case may be, for inclusion in the records. This has not so far been possible to arrange despite the goodwill of those concerned.

The health visiting staff, by arrangements with the Hospital Management Committees, undertakes investigations on applications for admission to maternity or chronic sick accommodation. Visits are also paid to cases discharged from hospital where after-care is requested. With the co-operation of the hospital paediatricians, arrangements have been made for health visitors to attend at the children's wards in the various hospitals to provide a link between

hospital and home, furnish reports on home conditions and provide a "follow-up" service. The work of the special Diabetic Health Visitor is referred to in detail elsewhere. Apart from this, visits regarding after-care are not often requested. In some instances, general practitioners make considerable use of health visitors e.g. for instructing their patients in infant management but in other instances there is little or no co-operation of this nature. It appears that many general practitioners do not realise the help which could be given them by the health visitors of their area, and it is probable that steps taken to see that personal contact between health visitor and practitioner is more often achieved might have good effects.

Midwives and District Nurses work in general under the direction of the family doctor and there is good co-operation. Certain difficulties in the relationships between midwives, general practitioners and ante-natal clinics arose after the "appointed day" but on the whole these difficulties are tending to disappear.

In general, the effectiveness of arrangements for co-operation both on broad grounds and in detail depends on personal goodwill at all levels. It is fair comment to say that there is a very general anxiety in this area amongst all concerned to produce the best possible service to the patient. It is probably accurate to state that, while the tripartite structure of the health service makes full co-ordination difficult if not impossible, generally speaking in this area there is a great deal of co-operation, though there are certain weaknesses discussed in later sections of this survey.

No special guide to the local health service has been issued and it is found that in general members of the public are well aware of the facilities available which are constantly brought to their notice by such means as lectures to various clubs and institutes by members of the health department's staff. The addresses and telephone numbers of the Ambulance and Domestic Home Help Services are displayed in Post Offices for the information of the general public. The County Medical Officer's Report for 1950 was issued to all medical practitioners whether in general practice or in the hospital service, and arrangements are made to continue this issue to every doctor indicating his wish to have subsequent reports. Circular letters to practitioners are issued when necessary and are usually dealt with by arrangement with the Local Medical Committee of the Executive Council.

3. Joint Use of Staff

In general, the policy of the Council is to work through whole-time medical officers. Owing to difficulties in recruitment and also owing to reorganisation of the medical staffing arrangements for the county services generally, a certain amount of temporary part-time work on a sessional basis, principally for infant welfare clinics, has been undertaken by a number of doctors (who

are not usually in active general practice). The total number of such sessions has been on the average four to five per week.

The County Chest Physician is employed by the Regional Hospital Board, but the County Council is responsible for the payment of 3/11ths of his salary in respect of the work of Chest Physicians for "care and after-care". The services of one assistant medical officer were shared between the County Council (for infant welfare work) and the Regional Hospital Board (for ophthalmic work), but this arrangement terminated on 31st December, 1952, when she became a full-time employee of the Board. Services of a Consultant Psychiatrist are available when required for help in mental deficiency cases, while it may be mentioned that a Children's Psychiatrist employed and paid by the Regional Board acts in the Education Committee's Child Guidance Clinic.

Health Visitors staff the Board's Tuberculosis Clinics, no charge being made for their services, while Health Visitors and the County Almoner have free access to hospitals when necessary.

4. Voluntary Organisations

It is the general policy of the Health Committee to make full use of the various voluntary organisations concerned, as can be seen from the details given in the sections dealing with the various services. This applies especially to midwifery and home nursing, child welfare clinics, the care of unmarried mothers, medical loan depots and tuberculosis after-care work.

PARTICULAR SERVICES

5. Care of Expectant and Nursing Mothers and Children under School Age

Ante-Natal and Post-Natal Care

Ante-natal clinics are held at Hinckley, Coalville, Loughborough, Market Harborough and South Wigston. With the exception of Market Harborough, which is purely a midwives' clinic, a medical officer of the department attends each session to examine and advise expectant mothers who have been referred to the clinics. Patients are advised on such matters as nutrition, preparation of infant clothes, and facilities generally for looking after the infant and are taught to regard the forthcoming confinement as a normal event. Food medicines specially prescribed for pregnancy are dispensed, and arrangements are made for X-ray of chest unless definite refusal is expressed by the patient.

Where any abnormality is discovered, a report is forwarded to the patient's own doctor. In some cases ante-natal supervision is provided for patients who are too far away to attend the ante-natal clinic at the hospital where they are booked for admission for the confinement. Also, in a number of cases, with

the permission of the general practitioner, arrangements for admission to maternity accommodation have been made direct with the Hospital Management Committee or particular hospital concerned. Routine blood samples are taken at the centre for blood grouping, rhesus testing, kahn tests and haemoglobin estimation, and this service is also extended to patients referred by general practitioners who otherwise wish to undertake ante-natal care themselves.

In one large practice in the area, where the general practitioners run their own ante-natal clinics, arrangements have been made for the midwives to attend the surgeries and examine their cases with the doctors.

There has not been sufficient demand to justify the establishment of *ad hoc* post-natal clinics, but mothers are urged to attend the ante-natal clinics for check-up after confinement. Experience has shown that few avail themselves of this offer.

In general the numbers attending the ante-natal clinics have fallen since the inception of the National Health Service Act.

Unmarried Mothers

In addition to the supervision given by the Health Visitors on district work, special attention is given by the Superintendent Health Visitor to the care of unmarried mothers and their children who, if necessary, makes arrangements for the confinement, domiciliary or institutional, or secures admission to a special home for such cases. The Local Health Authority has an agreement with the St. Saviour's Diocesan Maternity Home, Kingsthorpe, near Northampton, for the admission of unmarried expectant mothers. Usually the period of stay is from a few weeks before confinement to three months afterwards, during which time training is given in domestic work and child welfare. Cases unsuitable for this Home are sent to other selected Homes which cater for certain difficulties.

A grant is made to the Leicester Diocesan Moral Welfare Association for the care of county cases coming to their notice, and a close liaison is maintained with the welfare workers of this Association. Inter-departmental arrangements with the Children's Department, and the attendance of the Senior Assistant Medical Officer at the meetings of the Children's Committee and the Diocesan Moral Welfare Executive and Adoption Committees ensures that cover of these cases is complete.

On discharge from institution, special supervision is resumed until the mother and baby can be regarded as normal members of the community. Quite a proportion of these cases present protracted difficulties requiring extended supervision, but the results obtained in most cases justify the efforts made.

Mothercraft Training

Although training is given by staff at ante-natal clinics, by health visitors in the course of domiciliary visiting, and by the distribution of reading matter, the main organised effort is made through the infant welfare clinics as being likely to provide fruitful ground. Routine lectures are given by medical officers and health visitors, and a film strip projector is now used to add interest and ease of explanation to the subject chosen. The activities of infant welfare clinics cannot really be expected to provide an ideal atmosphere for education or allow time for all subjects, nevertheless the provision of visual aid has captured the interest of mothers. This venture which was initially experimental is now assured of a permanent place in the curriculum of infant welfare clinics, and provided discretion is used in the choice of subject and the time factor, continued success can be relied on.

The formation of Parents' Associations in the five day nurseries has led to the demand for speakers on health subjects, especially those relating to children, at evening sessions held in the nurseries. This is especially valuable as the meetings are usually well attended by fathers who show especial interest in such subjects as behaviour problems and are beginning to realise the importance of both parents to a young child's normal development. The nurseries keep in close contact with their local Senior Girls' Schools, Girl Guides and Youth Associations, and the matrons lecture at the schools and throw the nurseries open to girls during vacations.

Maternity Outfits

A maternity outfit is supplied free of charge to any expectant mother who is due to be attended at confinement in her home by a State Certified Midwife or qualified Maternity Nurse. Outfits can be collected by, or on behalf of the patients, from the Department and also from a number of convenient depots in the County. Postal applications are dealt with at the Central Office only.

The contents of the pack are as follows :

- *36 Maternity pads, extra large size
- *2 Accouchement sheets (thick gamgee tissue), 18 in. by 18 in.
- *8 Packets (2 oz.) cotton wool, No. 3 (absorbent)
- *6 Cord ligatures
- *6 Cord dressings
- 6 Packets of cord powder
- 2 Sheets of tarred brown paper, 30 in. by 30 in. by 2-ply

*Each item individually wrapped and sterilised.

Each outfit is packed in a corrugated fibrite carton of particularly stout quality.

Infant Welfare Clinics

This service has been greatly expanded since July, 1948, when there were 41 infant welfare clinics, the present number being 58.

Special consideration has been given to infant welfare clinics in rural areas whose sphere of influence is restricted by lack of public transport. As an experiment, and with the approval of the Minister of Health, transport by a suitable vehicle of the Ambulance Service was provided for one clinic in a rural area to facilitate the attendance of mothers and children from certain accessible villages beyond walking distance to the clinic. A convenient timetable was drawn up and advertised, and the success of the venture was almost immediate. After a trial period, the Minister approved a modification of the Local Authority's scheme under Section 22 of the National Health Service Act for the extension of transport facilities to rural areas where circumstances do not warrant the opening of local clinics, and where public transport is not available, subject to the existing strength of the Ambulance Service being able to undertake the additional work without detriment to its proper functions. Transport facilities as described above are now in operation in two areas, and consideration is being given to another area, also to the provision, as an alternative to this scheme, of a Mobile Welfare Clinic.

On the request of a general practitioner, who offered her services in an honorary capacity, a clinic has been established in a remote village. This clinic operates in the same way as others in the County with the exception that a medical officer is not provided by the department and a voluntary committee has not been established. Another clinic was established in a very rural area in response to local request. This clinic is run by the health visitor for the district and provides the usual facilities with the exception of the attendance of a medical officer.

Birth Control

There are arrangements for cases to whom pregnancy would be detrimental to health to be referred to the Leicester City Birth Control Clinic.

Child Welfare

All infants attending infant welfare clinics are examined regularly by the medical officer in attendance, and where defects are found which require treatment, mothers are advised to consult the child's own doctor. Where orthopædic treatment is indicated, the case is referred to one of the special orthopædic clinics ; and eye cases to the School Oculist. Where deafness is suspected, the case can be referred to a special clinic in the City of Leicester which has been established for the early ascertainment of deafness in young children.

Since the beginning of 1952, doctors on the department staff have been permitted to accompany the Senior Pædiatrician of the Leicester Royal

Infirmary on his ward rounds on alternate Saturday mornings. This measure has been keenly appreciated by the medical staff not only for enabling them to keep up to date in recent developments in treatment, but also as a useful contact with hospital consultants.

Arrangements were also completed this year for health visitors to be allowed to visit those children in their care who had been admitted to hospital and to furnish environmental reports to the ward sisters.

A senior health visitor attends the Leicester General Hospital and accompanies the Senior Pædiatrician Registrar on her rounds of the children's ward, the premature baby unit, and the children's out-patient clinic. Her help in ensuring that the parents of such infants attend the follow-up clinics has been much appreciated.

Health visitors also attend the out-patient departments of the maternity hospitals and it is hoped to extend this link-up with the hospitals further this year.

General Child Neglect

The discovery of cases of neglect appears to be adequately met by the personal supervision of the health visiting staff as their routine visits gain them access to practically every home where general child neglect is likely to exist. In addition some cases are brought to light as a result of confidential information received during the course of visits.

In many cases discovered, quick improvement is achieved by personal contact with parents, and by repeated visits. A comparatively small number of cases requiring more stringent measures are referred to the National Society for the Prevention of Cruelty to Children whose local officers have always afforded excellent co-operation. Experience has shown, however, that these cases, in spite of legal proceedings, rarely show permanent improvement, and consequently require constant or recurring supervision.

Care of Premature Infants

In 1950 it was decided to implement more fully the scheme for the domiciliary care of premature infants. Provision was made for the free loan of a Sorrento pattern cot with the necessary clothing and nursing equipment. The equipment is stored at an ambulance depot under ideal conditions so that at least three sets are available for immediate use. All medical practitioners practising in the county and all midwives have been notified of the facilities available and their co-operation has been readily forthcoming. Arrangements have been made for the training of selected midwives at the Newcastle-upon-Tyne General Hospital and the Newcastle Health Department, which Authority very kindly offered great assistance when it was decided to introduce the scheme in this county. Training has also been provided by the Sorrento Maternity Hospital, Birmingham.

The equipment provided is as follows :

Sorrento cot
Canvas bag to hold equipment
Cot mattress and covers (calico and plastic)
Rubber sheet
Cotton sheets (2)
Blankets (4)
Feeding bottles (2)
Rubber hot water bottles and covers (4)
Mucous catheters (2)
Wall thermometers (2)
Clinical thermometers, low reading (1)
Fish kettle sterilizer
Breast pump
Glass measure
Scales to show $\frac{1}{2}$ oz.
Hygrometer
Steam kettle
Union flannel nightdress (2)
Union flannel vests (2)

When it is found necessary to remove a premature infant to hospital, an ambulance specially equipped and manned for the purpose is made available by arrangement with the City of Leicester Health Department for the transport of mother and child to the Leicester General Hospital, which provides special facilities for the nursing of premature infants.

A separate record is kept of all children weighing $5\frac{1}{2}$ lb. or less, notified to this office, particulars being passed on to the Health Visiting Staff so that special supervision can be maintained.

Supply of Dried Milks, etc.

Distribution of foods and food-medicines at infant welfare clinics is undertaken by the voluntary committees. At the majority of clinics arrangements exist with the Ministry of Food Offices for the distribution of dried milk, cod liver oil, orange juice, and vitamin supplements. In addition, voluntary committees make their own arrangements for the availability of certain proprietary food medicines at preferential prices.

Valuable service is given by the W.V.S. in the sale of Ministry of Food preparations at centres where the voluntary committees are not large enough to allocate one worker to this task and their assistance is gratefully acknowledged.

Dental Care

Arrangements are in force whereby expectant and nursing mothers and

pre-school children can be treated by the dental surgeons employed by the Education Committee, but owing to the difficulty in obtaining sufficient staff this part of the service has of necessity been curtailed.

Day Nurseries

There are five day nurseries in the county, all of which were originated by the Ministry of Health during the war. They are situated as follows :

<i>Location</i>	<i>No. of places</i>
Hinckley	40
Loughborough	50
Market Harborough	40
South Wigston	40
Syston	40

Great attention has been paid to the maintenance and improvement of the buildings and equipment.

While the charge for accommodation was low, there was a long waiting list for all the nurseries, but since the charge has been increased under the Health Service Act, 1952, attendances have fallen, but it is still too early to judge what the final results will be.

Admissions are granted according to an order of priority for social necessity, such as children of unmarried mothers, widows, ailing parents, the financially necessitous, and for environmental reasons. Any further places available are filled by the children of mothers who wish to go to work, although the Council does not consider that it should maintain day nurseries for the specific purpose of aiding industry by this means.

Three nurseries, Hinckley, Loughborough and Syston, have been approved for training students for the Nursery Nurses' Examination Board and arrangements made with the Educational Authorities of Coventry and Nottingham for their attendance there for vocational and general training. Training commenced at Hinckley and Loughborough in September, 1950, and all the students were successful in obtaining the N.N.E.B. Certificate. It is hoped to commence training at Syston in September, 1953.

6. Domiciliary Midwifery

The midwifery service is provided by whole-time midwives directly employed by the County Council, and by nurse-midwives employed by the Leicestershire County Nursing Association under agency arrangements. The establishment of County Council midwives is 14, while the nurse-midwives employed by the County Nursing Association are approximately 80 in number.

Means of transport is provided for all midwives, mainly by motor car, although a few use autocycles or bicycles. All midwives are on the telephone so that their services may be speedily available when required.

Non-medical supervision of midwives is carried out by three officers of the County Nursing Association, the routine of inspection being as follows :

- (a) County Council midwives :
 - Practical inspection, six monthly
 - Records and equipment, three monthly
- (b) Midwives employed by the Leicestershire County Nursing Association :
 - S.R.N., S.C.M. Practical inspection, six monthly
 - Records and equipment, three monthly
 - S.C.M. Practical inspection, three monthly
 - Records and equipment, three monthly
- (c) Independent Midwives :
 - Records and equipment, three monthly

All the County Council midwives are qualified to administer analgesics, and nearly all those employed by the County Nursing Association. This satisfactory proportion has been achieved largely owing to the arrangements for training of midwives in this branch at one of the local hospitals.

It is usual for prospective patients to book direct with the district midwife or through the patient's own doctor. In the Loughborough area bookings are made at the local Health Office, and the cases are allocated to the midwife by the Medical Officer.

The routine for ante-natal supervision is that midwives visit the patients monthly to the end of the seventh month, fortnightly in the eighth month, and weekly in the ninth month. This is a minimum requirement and midwives are reminded that more visits should be paid if necessary. All patients are instructed to visit their own doctor or the nearest ante-natal clinic, and midwives are required to maintain liaison with the doctor or clinic.

Where the home conditions are such as to be unsuitable for a confinement, the patient is advised to report to her own doctor for reference to the County Health Department so that investigation and report can be made with a view to recommendation to the appropriate Hospital Management Committee for admission to institutional accommodation. Many patients make application to a hospital directly. In such cases the case is referred to the Health Department for investigation.

Although no organised arrangements for post-certificate courses have been in force since before the war, owing to difficulties in securing relief nurses, several midwives have from time to time been released from duty for this purpose. Steps are now being taken with the object of providing post-certificate instruction on a five-yearly basis for all midwives directly or indirectly employed by the Council, and it is hoped to implement this arrangement in the very near future.

There are no arrangements for the training of new midwives, vacancies being filled by advertisement in appropriate publications for the nursing profession.

7. Health Visiting

In order to meet the requirements of the Health Service Act, the establishment of health visitors has been increased from 28 in 1948 to 42 at the present time. There has been difficulty in recruitment but at the time of writing this report the position is fairly satisfactory, the establishment being one short of full strength. One Health Visitor is employed solely on diabetic work, a description of this service being given in the Section dealing with Care and After-Care.

With the exception of the Diabetic Health Visitor, all appointments are of the "all-purpose" type, there being no special appointments, e.g. tuberculosis nurses, while health visitors also act as school nurses. The work is concerned mainly with mothers and young children but also covers tuberculosis and other illnesses, follow-up for vaccination and immunisation, investigations of applications for admission to maternity and chronic sick accommodation, as well as attendance at clinic sessions. In arranging the work every effort is made to give each health visitor adequate time for home visiting—the importance of which is constantly emphasised. Many miscellaneous duties fall to the health visitor who may be regarded as the "maid of all work" of the Local Health Authorities' Service.

Liaison with other branches of the service is mentioned in Section 2 of this survey. Generally speaking, liaison with the hospitals has improved greatly and, probably as a result of receiving valuable reports from health visitors, hospital staffs seem to have an increased knowledge of the health visitor's duties and a better appreciation of her value. Visits to hospitals are more frequent and more encouraged. Liaison with the general practitioner varies greatly but on the whole is not very satisfactory.

There are arrangements for approved applicants to receive three-quarters of the health visitor's commencing salary whilst training as a health visitor. This has been of great assistance in securing staff. Provision is made for the attendance of four health visitors per year at approved refresher courses, usually those sponsored by the Royal College of Nursing and the Women's Public Health Officers' Association.

8. Home Nursing

This service is provided by the Leicestershire County Nursing Association under agency arrangements. The Association has an establishment of 82 nurse-midwives and 18 nurses, four of whom are male nurses.

It is usual for general medical practitioners to telephone or send a message when a case requires home nursing, and no case is nursed unless a practitioner is in attendance. If the nurse does not contact the practitioner, then a written note is left with the patient for information.

Hospitals are supplied with headed notepaper for use in sending messages regarding patients who need nursing when discharged. Sometimes requests are telephoned direct to the officers of the County Nursing Association who then communicate immediately with the nurse concerned. All nurses are provided with a telephone so that new cases may be attended with all possible speed.

A general classification of the cases attended is as follows :

Medical. Acute, chronic and tuberculosis cases which represent approximately two-thirds of the total cases attended.

Surgical. Dressing and surgical cases.

It has not been found necessary to establish a fixed night service as all nurses are on the telephone and attend cases on request as quickly as possible whatever the time, day or night. Nurses are provided with means of transport, mostly motor cars, although a few use auto-cycles or bicycles.

Nursing staff are sent on refresher courses, as necessary, and arrangements are made for District Nurse Training through the Queen's Institute of District Nursing.

9. Vaccination and Immunisation

The following is the procedure adopted to secure the vaccination and immunisation against diphtheria of the child population. When a child reaches the age of one month a letter is sent to the parents urging them to have the child vaccinated against smallpox. When the child attains the age of eight months, a similar letter is sent regarding immunisation against diphtheria. In both cases the parents are asked to make the necessary arrangements with their own family doctor for the treatment—a combined “request and consent” card being supplied for this purpose. Attached also is a pre-paid card for notifying the intentions of the parents to this department.

If no consent is received from the parents or no completed certificate is received from a general practitioner, a health visitor investigates the case and endeavours to persuade the parents to allow the child to receive the appropriate treatment. The general practitioners, who receive supplies of material free of charge, have co-operated well, some of them holding special sessions at their surgeries, particulars of which are known to the health visitors, so that children can be dealt with without delay. No immunisation is undertaken by the Council's medical staff, except for a few cases where for some reason or another the services of a general practitioner are not readily available.

A further letter urging a "booster" dose of diphtheria prophylactic is sent to the parents some little time before the child is due to enter school. There is no official scheme for immunisation against whooping cough.

Every opportunity is taken by the County Council's medical and nursing staff to stress the necessity for vaccination and immunisation; it is the considered opinion of the Health Committee that personal effort of this type directed to the individual is much to be preferred to mass propaganda by posters, leaflets, etc.

10. Ambulance Service

Administration of this service is now completely built round the system of radio-communication which has provided both greatly increased efficiency and a very real measure of economy. This system has entailed each ambulance being fitted with equipment which enables the driver to carry on a two-way conversation with the staff officer at the ambulance headquarters in Leicester. An automatic station at Copt Oak (one of the highest spots of the county) picks up and transmits messages and is connected by telephone line with the control room in Leicester.

The most outstanding single event of the year 1952 was the opening at Hinckley of the first specially designed ambulance station in the County, thus solving a local problem which had been a source of considerable difficulty. There are two stations in Leicester (Ireton Road and Avenue Road Extension), of which the Ireton Road Station is the headquarters of the County Service; other stations in the county are at Coalville, Hinckley, Loughborough, Lutterworth, Market Harborough and Melton Mowbray. Of these, the least satisfactory is probably Coalville, although recent alterations have done something to improve matters.

On the whole, 1952 has shown little change from 1951 although the number of patients carried by the service continues to show an increase.

All recommendations for transport must come from authorised persons (emergency cases, of course, excepted). There is close co-operation with all the local hospitals to ensure co-ordination of out-patient appointments and discharges, but undoubtedly there is very great room for improvement in certain hospitals and departments, and better arrangements for out-patient work would greatly lighten the burden placed on the ambulance service. Lack of help available from hospital porters is another cause of wastage of time in large hospitals: this does not, of course, refer to the smaller hospital, where it is unreasonable to expect such staff to be available. It is appreciated that hospitals have real difficulties to overcome, but it is noticeable that some are much more helpful than others where conditions are similar, and it is not unfair to state that certain hospitals make little effort to co-operate with the ambulance service. On the other hand, there are hospitals where the staff are

helpful and considerate and where—human nature being what it is—a better service is probably provided.

With regard to new equipment, a standard type stretcher has been converted so that it will fit into a railway carriage. On the occasions when stretcher cases have been sent by rail the converted stretcher has been used to convey the patient to the final destination and it has been returned to the Ambulance Service without any difficulty. This converted stretcher has obviated the necessity for the use of the "Parrett" type of stretcher.

A change-over has also been made in the type of gas which is used in the resuscitators which are part of the equipment of the ambulance service. Formerly a mixture of oxygen and carbon dioxide was used, but now only pure oxygen is the rule.

The service continues to receive help from the Hospital Car Service, and to avoid duplication of journeys all arrangements are made through the Ambulance Stations.

11. Prevention, Care and After-Care

Tuberculosis

It is fully realised that the preventive service administered by the Local Authority must be kept on an equal level with the diagnostic and treatment services, and that complete co-ordination between the two sides of the tuberculosis service is essential. A noticeable feature in this area is the excellent co-operation obtained from the hospital authorities.

Contact Examinations

Every effort is made to examine all members of a household in which a case of tuberculosis occurs and, in addition, the scope of contact examination is extended to cover constantly visiting relatives and close friends—e.g. fiancés, etc. It is the responsibility of the health visitor to secure the attendance of the contacts, subsequent attendances being arranged by appointment from the Clinic. In order to ensure that the health visitors have an understanding of each case which they visit, they obtain from each Chest Physician a brief summary of the extent of the tuberculosis from which the patient is suffering, are advised whether he is sputum positive or not, and are given any special details. This enables them to approach the household conversant with the essential details of the case and to answer with knowledge the inevitable questions which arise, thus establishing confidence with the family. As part of the Contact Scheme, B.C.G. is offered to all tuberculin negative contacts and, where necessary, the Children's Officer assists in the boarding-out of children if isolation is required.

Health Visitors

It is the Council's policy to use general purpose health visitors for the

Tuberculosis Service but the health visitors who staff the clinics inevitably come to make a minor speciality of this work, although not confining themselves to tuberculosis.

Home Helps

There is complete co-operation between the County Home Help Service and the Tuberculosis Service and it is rare, if ever, that the Home Help Department is unable to supply help in the case of need. The Chest Physicians give talks on Tuberculosis to the various groups of Home Helps throughout the County at regular intervals.

District Nurses

With the advent of Domiciliary Treatment the major burden has been undertaken by the District Nurses who have played their part with efficiency and enthusiasm.

Housing

A conference was called between all District Medical Officers in the County and was presided over by the County Medical Officer, when the problem of the rehousing of tuberculous patients throughout the county was discussed. An agreement was reached between all present that no recommendation would be sent unless it was felt that there was an absolutely genuine need for rehousing. In this matter the Environmental Report of the health visitor is, of course, essential and the District Medical Officers are sent a copy of each Environmental Report received at the Chest Clinics. Where rehousing is not considered necessary, but facilities for isolation are not adequate, the County Council have adopted an excellent type of Chalet which is provided free of charge to certain infective cases on recommendation of the Chest Physicians and is supplied with an electric convector heater, push bell to the kitchen, etc.—in fact, everything to make it a Chalet to be used under all weather conditions, being both comfortable and attractive for the patient. These Chalets are proving a great success and, as far as can be seen, are being genuinely used by the patients.

Almoner's Department

An Almoner first took up duties in the County in 1952, and the appointment has been an outstanding success. No After-Care System is complete without the appointment of an Almoner. There is no need for any overlapping between the duties of a Health Visitor and an Almoner, and in fact the duties are complementary. Often it is the health visitor who may first find the social problem, but it is the almoner with her expert training who has the means and the time to work out a solution. The almoner is able to help patients over their various problems with the National Assistance Board and the Ministry of Labour, both of which authorities have given us every help.

After-Care Department

In association with the voluntary organization known as "The Friends of Markfield" (the name of the County Sanatorium) a central After-Care Committee has been formed with representatives of the "Friends of Markfield," the County Council, the British Legion, the National Assistance Board and the Ministry of Labour to direct the after-care work throughout the County, delegating much of the individual case work to Area Committees. The County Council has realized that there is a need for extra nourishment, as all cases cannot be covered by the National Assistance Act. The "Friends of Markfield" provide voluntary money which is so essential to complete an after-care scheme and in this we must state that they are most generous in their contribution, having guaranteed Leicestershire £1,000 each year.

It is impossible to assess in detail the total financial cost of tuberculosis work to the County Council as, of course, it entails not only the work of the Home Helps, and District Nurses, but in addition, the Ambulance Service which brings the patients from their homes to the various treatment centres ; it is considered that the problem of tuberculosis can only be dealt with in combining completely the sanatorium and clinic side with the after-care side and that in order to carry out the prevention, care and after-care work the financial responsibility, which an efficient service demands, must be accepted.

Illness Generally

Diabetics

A special health visitor is seconded to the diabetic clinic at the Leicester Royal Infirmary to undertake "care and after-care" for diabetic patients. This appointment has been most successful, and the physician in charge of the clinic states that quite apart from the benefit to the patients, there is a very real benefit to the hospital in saving in-patient accommodation.

The health visitor attends clinic sessions, and thus in her visits to the home gives the patient confidence and a feeling of continuity of treatment. She makes reports on home conditions to the clinic, undertakes instruction in diet, etc., in the patient's own home, gives advice and instruction in the administration of insulin, performs regular feet inspection in the case of the elderly diabetics and in addition can make available any of the health services advisable in the particular case.

It was realised when the appointment was made that the goodwill of the family doctor was essential, and the matter was discussed at the Local Medical Committee. Copies of all reports are sent to the general practitioner concerned, and the services of the health visitor are available to the practitioner for any of his diabetic patients, whether or not they are attending hospital. In this way the health visitor acts as a link between hospital and general practitioner.

Loan of Nursing Equipment

This is carried out by the local branch of the British Red Cross Society to whom an annual grant is made. A tariff of charges has been approved which is applied according to financial circumstances. The Society has numerous depots and representatives throughout the County and the arrangements have worked successfully since their inception. The scheme has recently been expanded to include the provision of beds, bedding, etc., for tuberculosis patients.

Convalescent Home Treatment

A modification of the Council's original scheme under Section 28 to provide "holiday home" type of convalescent home treatment was approved by the Minister and commenced operation early in the year 1951. Cases must not be in need of medical treatment or nursing and they are sent to convalescent homes as recommended by the general medical practitioners. Applicants are not accepted if they are entitled to convalescent home treatment through any other source and a charge is made to those cases dealt with according to their financial circumstances.

12. Domestic Help

This service, which was only started in 1948, has increased greatly and the figures given at the end of this schedule give some indication of the increase of this work both in amount and in scope. The Council is fully aware of the value of the work done, and realises that although the service is expensive, much expense is saved elsewhere, both to the County Council itself in the care of old people and of children, and to hospital authorities.

Priority is given to maternity cases, then to cases of acute illness, and then to cases of chronic illness and old age and infirmity. In many cases of this latter type, one home help may cover several homes during the week. Applications are received from the general public and through general practitioners, district nurses and hospitals and in many cases hospital authorities arrange for a home help to be available when a patient is ready for discharge from hospital, many patients undoubtedly being discharged as a result earlier than would otherwise have been possible. Except in emergency, no home help is supplied before a visit from an area officer to assess the need.

As it is impracticable to administer the service from one central office, the county has been divided into areas based on the main centres of population, Leicester, Hinckley, Coalville, Loughborough, Melton Mowbray and Market Harborough. At each of these places an area office has been established and staffed with an Area Officer and Clerk. The area officer is engaged in visiting homes and supervising the Home Helps. The clerk deals with the assessments of users' contributions and other incidental clerical work, and interviews callers making application for the services of a home help.

Particular attention has been paid to recruitment of home helps and every effort is made to ensure that the right type of person is engaged. New recruits to the service are appointed in a temporary capacity in the first place, and before being accepted on the permanent staff attend a fortnight's preparation course held in conjunction with the Education Department. This course serves two purposes : firstly, it prepares the new staff for the tasks before them by amplifying their existing knowledge of household work, and secondly, it enables the Domestic Help Organiser and instructors to estimate the temperament and capability of the prospective home help and eliminate those unsuitable for permanent employment.

The preparation course includes both practical and theoretical instruction and covers the following subjects :

- Family and invalid cooking
- Preparation of invalid trays
- Household and baby washing
- Ironing and mending
- Marketing, budgeting and storage of food
- Personal and kitchen hygiene
- Gas, electricity, coal and oil-stove cooking
- Food values, dietetics, etc.
- General care of young children and feeding of babies.
- Standard of behaviour
- Elementary first aid for the home
- Prevention of infection (particularly tuberculosis cases)
- Bed-making, draw sheets, lifting, etc.

During the course each Home Help has the opportunity of accompanying a district nurse or midwife on her rounds, to see the correct manner of approach to the patient and see also how she can best help the nurse. It must be realised that it is, of course, quite impossible in a fortnight to cover this wide field for women with no previous knowledge ; the course is intended to help a woman who already has a good knowledge of home work, and is therefore deliberately called a "preparation" course and not a "training" course. A modified and shortened course is available for home helps who cannot undertake regular or full-time employment.

The figures below show the work done year by year :

<i>Home Helps</i>	1948	1949	1950	1951	1952
<i>Number of Permanent :</i>					
(a) Full-time ..	7*	32	46	50	65
(b) Part-time ..	5*	19	53	74	93
(c) Occasional ..	-	2	13	18	18

*Permanent and Temporary combined.

<i>Home Helps</i>	1948	1949	1950	1951	1952	
<i>Temporary :</i>						
(a) Full-time ..	-	5	7	11	9	
(b) Part-time ..	-	11	20	25	43	
(c) Occasional ..	-	4	19	54	79	
<i>Total number of hours :</i>						
(a) Working ..	1,092	70,349	152,903	232,503	329,142	
(b) Travelling ..	46	6,116	10,214	14,859	20,644	
<i>Number of cases attended ..</i>						
(a) Maternity	3	206	444	473	515
(b) Ordinary illness	7	130	263	341	412
(c) Chronic	-	19	38	76	115
(d) Tubercular	-	7	23	43	68
(e) Old age, illness and infirmity		3	93	202	416	471
(f) Other	1	9	3	10	22

13. Health Education

In the Council's original scheme approved by the Ministry of Health, the appointment of a Health Education Officer to deal exclusively with this part of the service was envisaged but so far it has not been possible to make such an appointment.

For the time being a policy is being followed of directing efforts to interested groups, such as mothers at infant welfare clinics, and of the provision of lecturers at Women's Institutes and other organised social groups. The use of a film strip projector has proved most successful and it is likely that future expansion of the service will take place along such lines.

The Leicester and County Accident Prevention Council, which is an independent voluntary organisation, has formed a special committee to consider the prevention of accidents in the home, and the Senior Assistant Medical Officer is a member of this committee. Whenever possible attention is drawn to this subject at infant welfare clinics, women's institutes, etc.

14. Mental Health

(I) Administration

(a) The Health Committee, acting through a Mental Health Sub-Committee, is responsible to the County Council for the Mental Health Service.

(b) The County Medical Officer, as chief officer of the Health Committee, is responsible for the Service, but the Deputy County Medical Officer undertakes the general administration involved. All medical officers of the department are available for the examination of patients when required.

Five Mental Health Officers are employed full-time in the service and all are Duly Authorised Officers and Petitions Officers, and have all attended the Extra-Mural Course in Mental Health at Sheffield University. There are four full-time Occupation Centre Supervisors, of whom one has the Diploma of the National Association of Mental Health, and one is a qualified teacher. In addition there are three full-time Assistant Supervisors, one part-time Supervisor, one full-time Trainee Assistant and one part-time Home Teacher. Supervisors and their assistants attend Refresher Courses organised by the National Association of Mental Health.

(c) The Deputy County Medical Officer is co-opted to the Sub-Committee of the Hospital Management Committee which is concerned with the provision of mental deficiency institutions. In this way a close liaison is maintained between the Local Authority and the Management Committee. There is no joint use of officers but Mental Health Officers attend case conferences on county patients admitted to the Mental Hospital in the City but not at the hospital situated in the County. Patients on licence from one of the mental deficiency institutions are supervised by the Local Authority's Officers who also provide reports for the Visitors seeing patients who are in institutions.

(d) No duties have been delegated to a Voluntary Association, except that mental defectives are placed under guardianship on behalf of the authority by the Brighton Guardianship Society.

(e) No local arrangements have been made for the training of staff but advantage is taken of other facilities as set out in (b) above.

(2) *Account of work undertaken in the Community*

(a) When the department is called in to help in a case not requiring immediate admission to hospital, action is taken to provide the advice that seems to be appropriate to the circumstances and where necessary, patients are encouraged to attend out-patient clinics run by the Regional Hospital Board: frequently Mental Health Officers arrange to accompany the patient to such clinics. After-care visits to patients discharged from mental hospitals are made when requested by the hospitals but the number of these requests varies with the individual hospital. This Authority was one of the first, if not the first, to obtain approval of the Board of Control for mental defectives to have short-term accommodation in hospital in cases of emergency and this system was in operation for a considerable time before the Ministry's circular on the subject was issued. All such work is carried out in close co-operation with the patient's general practitioner.

(b) Mental Health Officers working on a rota system arrange for the admission of patients to mental hospitals and the officers are being increasingly called on by general practitioners, police, probationer services, etc., to give advice to mentally ill patients in an endeavour to avoid certification. Most

admissions are under Section 16 of the Lunacy Act, 1890. Three-day Orders and Urgency Orders are not favourably received by the hospitals because they have no special wards. The County Ambulance Service provides the conveyance and attendants for the removal of patients.

(c) (i) Most cases are notified to the department under Section 57 (3) of the Education Act, 1944, and a few from General Practitioners, National Assistance Board and Probation Officers.

Medical examination of patients is usually carried out by the medical officers on the staff of the Health Department, but where necessary a Consultant Psychiatrist is called in. This arrangement has worked very satisfactorily.

For supervision of defectives the County is divided into districts, the two male officers supervise male patients and the three female officers supervise the female patients.

In addition to patients under statutory supervision, those under voluntary supervision are visited. Friendly supervision of patients discharged from mental deficiency hospitals is carried out.

(ii) The Council have five cases under guardianship within the county area. Two are in their own homes, one male patient is on a farm and two female patients are in hospital situations. These cases are visited frequently by the Mental Health Officers and annually by the Deputy County Medical Officer. There are also seventeen cases under the care of the Brighton Guardianship Society.

(iii) *Occupation Centres.* Three part-time Centres (at Coalville, Hinckley and Loughborough) were taken over by the County Council from the Leicestershire Voluntary Association for Mental Welfare in 1948. The Coalville and Hinckley centres became full-time in 1950. A part-time centre was set up in Melton Mowbray in 1948 and extended to full-time in 1951. A completely new centre was established at Wigston in 1950. The Loughborough centre will be made full-time when financial conditions permit.

The full-time session is from 9.30 a.m. to 3.30 p.m. during ordinary school terms. A mid-day meal (through the Schools Meals Service) and one-third of a pint of milk are provided for each patient.

Staffing is as follows :

Coalville	Supervisor and Assistant
Hinckley	Supervisor and two part-time Assistants
Loughborough ..	Supervisor and Assistant (part-time)
Melton	Supervisor and Assistant
Wigston	Supervisor, Assistant and Trainee Assistant

Ambulance transport is used for the conveyance of children from surrounding villages to the Wigston Centre. A hired taxi conveys five children and escort from otherwise inaccessible villages to the Hinckley Centre. Bus permits are provided for children to travel from Melton Mowbray to the Centre which is situated $2\frac{1}{2}$ miles away. Other individual cases are granted bus permits or refund of fares according to circumstances.

A Home Teacher spends five afternoons each week in Melton Mowbray and district paying visits to ten patients in their own homes where physical or transport difficulties prevent attendance at a Centre.

In conclusion, it should be stated that the County Council was fortunate in taking over, on the "appointed day," a service provided by an active Voluntary Association.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

National Health Service Act, 1946

SECTION 21 Health Centres

The programme for the provision of Health Centres is still held over on the instructions of the Ministry of Health.

SECTION 22 Care of Mothers and Young Children

The following is a list of properties used by the Department for the holding of clinics and infant welfare centres.

Place	Address	Activities and Sessions held
Anstey	Church Hall, Church Lane	Infant Welfare Centre 2nd and 4th Mondays, 2.30 p.m.
Asfordby	Parish Hall	Infant Welfare Centre 2nd and 4th Thursdays, 2.30 p.m.
Ashby-de-la-Zouch	Baptist Room, Market Street	Infant Welfare Centre Thursdays, 2 p.m.
Bagworth	Miners' Institute, Station Road	Infant Welfare Centre 1st and 3rd Wednesdays, 2.30 p.m.
Barlestone	Church Room	Infant Welfare Centre 2nd and 4th Tuesdays, 2 p.m.
Barrow-upon-Soar ..	Church Room	Infant Welfare Centre 2nd and 4th Wednesdays, 2.45 p.m.
Barwell	Wesleyan Schoolroom, Chapel Street	Infant Welfare Centre 2nd and 4th Thursdays, 2.30 p.m.
Birstall	Church Room	Infant Welfare Centre 2nd and 4th Mondays, 2.30 p.m.
Blaby	Baptist Schoolroom ..	Infant Welfare Centre 1st and 3rd Tuesdays, 2.15 p.m.
Bottesford	"The Elms"	Infant Welfare Centre 2nd and 4th Thursdays, 2 p.m.
Braunstone	Trinity Church Room, Narborough Road, Leicester	Infant Welfare Centre 2nd and 4th Wednesdays, 2.30 p.m.
Broughton Astley ..	Social Club Hall	Infant Welfare Centre 1st and 3rd Tuesdays, 2 p.m.

Place	Address	Activities and Sessions held
Burbage ..	.. Methodist Church Schoolroom, Windsor Street	Infant Welfare Centre 2nd and 4th Thursdays, 2 p.m.
Castle Donington ..	Methodist Church Room	Infant Welfare Centre 1st and 3rd Mondays, 2 p.m.
Coalville ..	.. *Health Clinic, Bridge Road	School Clinic Mondays, 9.30 a.m. to 12 noon Dental Clinic Saturday mornings by appointment Ante-natal Clinic Tuesdays, 9.30 a.m. Orthopædic Clinic Mondays and Wednesdays, 2 p.m. Infant Welfare Centre Tuesdays, 2.30 p.m.
Cosby ..	.. Methodist Schoolroom	Infant Welfare Centre 1st and 3rd Wednesdays, 2.30 p.m.
Desford ..	.. Village Institute ..	Infant Welfare Centre 1st and 3rd Tuesdays, 2 p.m.
Donisthorpe and Moirs ..	.. Centenary Methodist Church Room, Donis- thorpe Road, Moira	Infant Welfare Centre 2nd and 4th Thursdays, 2 p.m.
Earl Shilton ..	.. Adult Schoolroom ..	Infant Welfare Centre 1st and 3rd Thursdays, 2.30 p.m.
Ellistown ..	.. Old Church .. School	Infant Welfare Centre 1st and 3rd Thursdays, 2.0 p.m.
Enderby ..	.. Mission Room ..	Infant Welfare Centre 1st and 3rd Wednesdays, 2 p.m.
Glenfield ..	.. Wesleyan Rooms ..	Infant Welfare Centre 2nd and 4th Tuesdays, 2.30 p.m.
Hathern ..	.. Village Hall ..	Infant Welfare Centre Alternate Wednesdays, 2 p.m.
Hinckley ..	.. *Health Clinic, The Lawns	Ante-natal Clinic Mondays, 2 p.m. ; 1st, 3rd and 5th Thursdays, 2 p.m. Orthopædic Clinic Wednesdays and Fridays, 10 a.m. Infant Welfare Centre Tuesdays and Wednesdays, 2.30 p.m.
	Hinckley and District Hospital	Chest Clinic Mondays and Thursdays, 10 a.m.
Houghton-on-the-Hill	Village Hall ..	Infant Welfare Centre 1st and 3rd Mondays, 2 p.m.

Place	Address	Activities and Sessions held
Hugglescote ..	Baptist Room ..	Infant Welfare Centre 2nd and 4th Mondays, 2.30 p.m.
Ibstock ..	Baptist Chapel Schoolroom ..	Infant Welfare Centre 2nd and 4th Thursdays, 2.30 p.m.
Kegworth ..	Wesleyan Schoolroom, High Street ..	Infant Welfare Centre 2nd and 4th Wednesdays, 2.30 p.m.
Kibworth..	Village Hall ..	Infant Welfare Centre 2nd and 4th Wednesdays, 2.30 p.m.
Leicester ..	*8 St. Martins ..	Dental Clinic Saturday mornings by appointment Chest Clinic Mondays, 10 a.m. Wednesdays, 1.30 p.m. Thursdays, 9 a.m. General Clinic as necessary by appointment
Leicester Forest East	St. Mary's Hall, St. Mary's Avenue, Braunstone Lane	Infant Welfare Centre 1st and 3rd Mondays, 2.30 p.m.
Long Clawson ..	Methodist Church Schoolroom ..	Infant Welfare Centre 1st and 3rd Thursdays, 2 p.m.
Loughborough ..	*Lemyngton Street ..	Dental Clinic Frequent sessions by appointment Ante-natal Clinic Wednesdays, 2 p.m. Infant Welfare Centre Tuesdays, Thursdays and Fridays, 2 p.m.
	*"Ashmount", Bridge Street	Chest Clinic Mondays, 9.30 a.m. Tuesdays, 1.30 p.m. Thursdays, 9.30 a.m.
	*Bridge Street ..	School Clinic. Daily, 9.30 a.m. Dental Clinic Frequent sessions by appointment
Lutterworth ..	Church Hall, Coventry Road ..	Infant Welfare Centre 1st and 3rd Thursdays, 2.30 p.m.
Market Bosworth ..	St. Peter's Hall ..	Infant Welfare Centre 1st and 3rd Tuesdays, 2 p.m.
Market Harborough	Welland House, The Square	Ante-natal Clinic 1st and 3rd Mondays, 2.30 p.m. Infant Welfare Centre Wednesdays, 2.30 p.m.

Place	Address	Activities and Sessions held
Market Harborough <i>—continued</i>	*Welland Park Modern School	Dental Clinic Saturday mornings by appointment
Markfield ..	.. Miners' Institute .. Sanatorium	Infant Welfare Centre 1st and 3rd Thursdays, 2 p.m. Chest Clinic Wednesdays 2 p.m. Fridays, 9.30 a.m.
Melton Mowbray ..	*Health Clinic, Asfordby Road War Memorial Hospital	School Clinic Wednesdays, 9.30 a.m. to 12 noon Dental Clinic Saturday mornings by appointment Infant Welfare Centre Wednesdays, 2 p.m. Chest Clinic Tuesdays, 10 a.m.
Mountsorrel ..	.. Reading Room ..	Infant Welfare Centre 1st and 3rd Tuesdays, 2.30 p.m.
Narborough ..	.. Robjohn Hall ..	Infant Welfare Centre 2nd and 4th Wednesdays, 2 p.m.
Oadby ..	.. Baptist Schoolroom ..	Infant Welfare Centre 1st and 3rd Wednesdays, 2.45 p.m.
Old Dalby ..	.. Ordnance Depot ..	Infant Welfare Centre 1st and 3rd Wednesdays, 2.0 p.m.
Quorn ..	.. Church Rooms ..	Infant Welfare Centre 1st and 3rd Wednesdays, 2.30 p.m.
Ratby ..	.. Church Rooms ..	Infant Welfare Centre 1st and 3rd Tuesdays, 2 p.m.
Rearsby ..	.. Village Hall ..	Infant Welfare Centre 1st and 3rd Tuesdays, 2.30 p.m.
Rothley ..	.. Village Hall ..	Infant Welfare Centre 1st and 3rd Mondays, 2.30 p.m.
Scraptoft ..	.. Village Institute ..	Infant Welfare Centre 2nd and 4th Wednesdays, 2.0 p.m.
Shelthorpe ..	.. Old Isolation Hospital	Infant Welfare Centre Mondays and Wednesdays, 2 p.m.
Shepshed ..	.. Adult School, 50 Forest Road	Infant Welfare Centre 2nd and 4th Wednesdays, 2.30 p.m.
Sileby ..	.. The Institute, Cossington Road	Infant Welfare Centre 1st and 3rd Tuesdays, 2.15 p.m.
South Wigston ..	*Health Clinic, Countesthorpe Road	School Clinic Mondays and Thursdays, 9.30 a.m. to 12 noon Ante-natal Clinic Fridays, 2 p.m. Infant Welfare Centre Wednesdays, 2 p.m.

Place	Address	Activities and Sessions held
Stoney Stanton	.. Working Men's Club and Institute	Infant Welfare Centre 2nd and 4th Tuesdays, 2 p.m.
Syston	.. Red Cross Hall	.. Infant Welfare Centre Mondays, 2.30 p.m.
Thurcaston	.. Village Memorial Hall	Infant Welfare Centre 1st and 3rd Wednesdays, 2 p.m.
Thurmaston	.. Bethel Methodist Church Room	.. Infant Welfare Centre 2nd and 4th Tuesdays, 2.30 p.m.
Whetstone	.. Congregational School-room	Infant Welfare Centre 2nd and 4th Tuesdays, 2.30 p.m.
Whitwick	.. Primitive Methodist Schoolroom	Infant Welfare Centre Mondays, 2.30 p.m.
Wigston Magna	.. Methodist Church Rooms, Moat Street	Infant Welfare Centre 2nd and 4th Thursdays, 2.30 p.m.
Woodhouse Eaves	.. Village Hall	.. Infant Welfare Centre 2nd and 4th Tuesdays, 2 p.m.

*Denotes premises owned by County Council

Ante-Natal Services

The work of the local authority ante-natal clinics has continued during the year as shown in the following table :

	Coalville	Hinckley	Lough-borough	Market Harborough	South Wigston	Totals
(1) Number of sessions per month (approx.)	4	6	4	2	4	20
(2) No. of women attended :						
(a) ante-natal	57	310	96	44	103	610
(b) post-natal	6	59	1	—	16	82
(3) No. of women included in above who had not previously attended an ante-natal clinic during current pregnancy, or a post-natal clinic after last confinement :						
(a) ante-natal	46	151	85	—	84	366
(b) post-natal	6	59	1	—	16	82
(4) Total number of attendances made by women in (2) above :						
(a) ante-natal	233	1,090	332	335	427	2,417
(b) post-natal	6	64	1	—	18	89

Dental Treatment of Expectant and Nursing Mothers, and Pre-School Children

The figures given in the tables below relate to the Loughborough area, as it is only in this area, where a Dental Surgeon is employed part-time on a sessional basis, that a satisfactory service can be maintained. In other parts of the county the service of necessity remained suspended owing to lack of staff.

(a) Numbers provided with dental care :

	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers	2	2	2	—
Children under five..	372	210	210	210

(b) Forms of dental treatment provided :

	Extractions	Anæsthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers ..	8	2	—	—	—	—	—	—	—	—
Children under five..	365	—	95	91	—	212	66	—	—	—

Infant Welfare Centres

New centres were opened at Bottesford and Ratby, making the total of infant welfare centres 58.

Summary of Statistics

	Year 1951	Year 1952
Number of meetings	1,685	1,751
Mothers :		
Number on register	7,475	7,571
Number of attendances	65,728	68,793
Number attended for the first time	3,155	3,198
Babies under one year :		
Number on register	4,857	4,965
Number of attendances	40,045	41,786
Number attended for the first time	3,165	3,188
Number under one year at end of year	2,669	2,690

Toddlers :

Number on register	4,910	5,177
Number of attendances	33,339	35,204
Number attended for the first time	711	737
Number under five years at end of year	4,619	4,846

Number of examinations by Medical Officers :

First examinations	2,848	3,064
Total examinations	8,470	9,315

Number of weighings by Health Visitors	71,086	75,125
------------------------------------------------	--------	--------

Individual Infant Welfare Centres. Average Attendances per Meeting

Centre	Year 1951		Year 1952	
	Mothers	Children	Mothers	Children
Anstey	39.2	44.2	29.7	34.4
Asfordby	42.7	48.4	42.8	48.7
Ashby-de-la-Zouch	44.2	46.6	37.8	40.5
Bagworth	29.1	31.7	25.2	28.1
Barlestone	31.5	34.2	35.6	39.8
Barrow-upon-Soar	18.7	19.8	24.0	25.1
Barwell	34.7	35.5	28.1	29.1
Birstall	53.5	59.4	48.8	54.5
Blaby	47.7	59.0	39.1	46.6
Bottesford (opened 11.12.52)	—	—	10.0	14.0
Braunstone	39.3	40.5	48.3	49.7
Broughton Astley	33.9	36.0	26.1	29.7
Burbage	33.6	37.8	35.5	37.2
Castle Donington	20.9	22.8	26.7	29.1
Coalville	35.3	35.7	43.4	44.3
Cosby	25.1	25.1	22.3	24.7
Desford	53.2	63.4	51.3	60.8
Donisthorpe and Moira	28.8	29.8	33.9	35.5
Earl Shilton	48.9	52.3	32.4	32.9
Ellistown	30.8	32.9	25.3	26.6
Enderby	25.2	29.4	29.1	33.3
Glenfield	47.2	51.2	50.6	55.0
Hathern	19.9	23.2	22.0	26.0
Hinckley	50.8	53.4	50.8	53.7
Houghton-on-the-Hill	15.1	18.5	21.0	25.8
Hugglescote	17.4	21.3	17.3	20.2
Ibstock	35.4	41.1	34.3	37.8
Kegworth	29.5	34.9	29.1	34.3
Kibworth	15.1	16.3	14.1	14.4
Leicester Forest East	49.4	53.3	49.7	52.3
Long Clawson	19.6	26.2	15.8	18.7
Loughborough	55.9	65.6	58.7	69.1
Lutterworth	39.2	46.3	35.6	44.2
Market Bosworth	18.9	21.9	19.9	23.9
Market Harborough	47.9	48.9	41.4	43.4

(Table continued overleaf)

continued

Centre	Year 1950		Year 1951	
	Mothers	Children	Mothers	Children
Markfield	37.2	39.9	31.9	36.0
Melton Mowbray	54.6	58.5	69.2	72.2
Mountsorrel	26.6	30.4	26.8	31.7
Narborough	53.2	63.5	43.6	52.7
Oadby	27.2	28.7	22.9	23.6
Old Dalby	7.3	9.0	13.8	15.4
Quorn	36.2	44.2	29.5	36.5
Ratby (opened 2.9.52)	—	—	18.6	21.5
Rearsby	15.5	17.4	12.7	14.0
Rothley	34.3	38.6	38.7	43.5
Scraptoft	17.0	19.4	19.8	20.9
Shelthorpe	33.7	43.8	34.2	44.4
Shepshed	49.1	54.3	49.9	52.8
Sileby	80.5	101.4	67.4	80.1
South Wigston	54.4	59.4	63.4	73.5
Stoney Stanton	47.8	49.5	42.9	49.2
Syston	42.2	45.7	44.7	46.7
Thurcaston	17.6	20.3	18.8	20.7
Thurmaston	37.3	45.3	36.3	44.1
Whetstone	20.1	23.9	24.1	26.5
Whitwick	35.6	37.9	51.7	53.9
Wigston Magna	63.3	66.8	65.9	70.2
Woodhouse Eaves	28.1	29.3	31.4	33.6

Transport arrangements have continued for mothers and children attending from areas around the Houghton-on-the-Hill and Market Bosworth centres.

The centre at Bottesford which was opened at the end of the year is run on a purely voluntary basis by a local medical practitioner, and that at Old Dalby still remains a "weighing" centre run by the Health Visitor of the district.

Prematurity, Stillbirths, and Abortions

The following is a record of cases in the form required by the Ministry of Health and is complementary to a return issued to hospitals. All the figures refer to notified births after correction for transfers.

- (1) Premature infants (i.e. 5½ lb. or less at birth, irrespective of period of gestation):
 - (a) Total number of premature live births in the area 225
 - (b) Number of premature live births at home 97
 - (c) Number of premature live births in private nursing homes
(see Note 1) 22
- (2) Premature stillbirths (i.e. 5½ lb. or less, irrespective of period of gestation):
 - (a) Total number of premature stillbirths in the area 55
 - (b) Number of premature stillbirths at home 17
 - (c) Number of premature stillbirths in private nursing homes .. . 3

Premature Stillbirths	Premature live births						Premature Stillbirths	Birth Weight (See Note 2)	Premature live births							
	Nursed entirely at home								Nursed entirely in nursing homes							
	Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total	Transferred to Hospital (See Note 3)			Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total	Transferred to Hospital (See Note 3)		
5	1	-	-	-	1	1	2 lb. 3 oz. or less (1,000 gms. or less)	-	-	-	-	-	-	1	-	-
5	-	-	-	1	1	2	Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. (Over 1,000 gm. up to and including 1,500 gm.)	-	-	-	1	-	-	1	1	-
-	3	-	-	12	15	11	Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (Over 1,500 gm. up to and including 2,000 gm.)	-	-	-	12	-	-	-	-	-
2	-	-	-	10	10	5	Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (Over 2,000 gm. up to and including 2,250 gm.)	-	-	-	10	-	-	1	7	-
5	1	1	-	39	41	10	Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (Over 2,250 gm. up to and including 2,500 gm.)	1	1	-	39	-	-	1	8	-
17 (See Note 4)	5	1	-	62	68	29	.. Totals ..	3	2	-	19	-	-	1	22	-
								(See Note 5)								(See Notes 8 and 9)

NOTES: 1. "Private nursing home" includes nursing homes and maternity homes not in the National Health Service, and Mother and Baby Homes where the women are confined in the Home.

2. The weight divisions in the table are those recommended by the Joint Standing Committee on Prematurity to make British statistics internationally comparable.

3. This return is complementary to one issued to hospitals. Careful check should be made that all cases removed to hospital are included in this column.

4 and 5. These totals should correspond respectively with 2 (b) and 2 (c).

6 and 7. These totals together should correspond with 1 (b).

8 and 9. These totals together should correspond with 1 (c)

The following table gives the results of the 29 infants born at home which were transferred to hospital.

	Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total
2 lb. 3 oz. or less (1,000 gms. or less)	1	-	-	-	1
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. (over 1,000 gm. up to and including 1,500 gm.)	-	1	-	1	2
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (over 1,500 gm. up to and including 2,000 gm.)	1	2	-	8	11
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (over 2,000 gm. up to and including 2,250 gm.)	-	-	-	5	5
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (over 2,250 gm. up to and including 2,500 gm.)	-	3	-	7	10
Totals	2	6	-	21	29

The Domiciliary Care of Premature Infants

Equipment was loaned during the year for the nursing of 37 premature infants at home, of which number there were five sets of twins. Nine infants (including two sets of twins) were subsequently removed to hospitals for treatment where one died. Included in the total of 37 infants were six who had been discharged from hospital.

There were nine specially trained midwives in the County at the end of the year of whom three received training at the Sorrento Nursing Home, Birmingham, during the year. These midwives are available for the nursing of premature infants in any part of the County.

The Care of Illegitimate Children

The following table shows the illegitimacy rates for the past ten years.

Year	Total live births	Illegitimate live births	Illegitimacy percentage of total live births
1943 ..	6,102	320	5.24
1944 ..	6,536	385	5.89
1945 ..	5,783	532	9.20
1946 ..	6,563	383	5.84
1947 ..	6,948	324	4.66
1948 ..	6,363	297	4.66
1949 ..	5,936	226	3.81
1950 ..	5,624	209	3.71
1951 ..	5,567	198	3.56
1952 ..	5,463	213	3.90

Any cases in need of care and attention are referred to the Children's Officer or to the Leicester Diocesan Moral Welfare Association, an annual grant is made to this Association for such services. During 1952 there were 94 new cases dealt with consisting of 73 expectant mothers and 21 mothers with children.

Unmarried Mothers and their Children

Under the agreement with the St. Saviour's Diocesan Maternity Home, Kingsthorpe, Northampton, 12 unmarried mothers were admitted from this County. It was however found necessary to send some cases to other Homes as follows :

Hostel for Unmarried Mothers, Blackburn	1
Salvation Army Home, Birmingham	2
Sacred Heart Maternity Home, Brettargh, near Kendal	1

Eye Treatment

Children are referred to the School Medical Department, prescriptions being dealt with by arrangement with the Ophthalmic Services Committee of the Leicestershire and Rutland Executive Council.

Convalescent Home Treatment

One pre-school child was admitted to the Roecliffe Manor Convalescent Home. For total number of cases dealt with see under Section 28 of the National Health Service Act.

Day Nurseries

Details of attendances at the County Day Nurseries are as follows :

	Hinckley	Lough- borough	Market H'boro'	South Wigston	Syston	Totals
No. of approved places:						
0—2 years ..	15	15	15	15	15	75
2—5 years ..	25	35	25	25	25	135
No. of children on register, 31st Dec., 1952 :						
0—2 years ..	16	20	9	8	17	70
2—5 years ..	18	23	13	11	26	91
Average daily attendances :						
0—2 years ..	12	14	13	9	14	62
2—5 years ..	25	30	22	29	24	120

Maternity Outfits

During the year 2,516 maternity outfits were issued from depots in the County or from this Department.

Birth Control

During the year 117 cases were referred to the Leicester City Birth Control Clinic.

Deafness in Young Children

An interesting development during the year was the inception in Leicester of a clinic for the ascertainment of deafness in young children. This arose from a conference arranged by the Medical Officer of Health of the City of Leicester to which the Ear, Nose and Throat Surgeons and Paediatricians of the area were invited along with the Medical Officers of Health and which was attended by Professor and Mrs. Ewing of Manchester, who are generally regarded as the leading experts in this matter. As a result a clinic was set up by the City Authorities, conducted by Mrs. Ewing to which county cases can be referred. Objects are the ascertainment of deafness at the earliest possible age and also the training of the parents to assist in the tuition of the deaf child. Arrangements are being made for health visitors to attend this clinic and gain experience in the work so that they are able to assist the parent in the home, and this new venture will be watched with great interest.

SECTION 23

Midwifery

The midwifery service in the County is provided by whole-time midwives employed by the County Council, and also by nurse-midwives who are employed by the Leicestershire County Nursing Association under agency arrangements.

Number of Midwives Practising

Particulars of the midwives who were practising at 31st December, 1952, are given in the following table.

	Domiciliary Midwives	Midwives in Institutions	Total
(a) Midwives employed by the authority	14	—	14
(b) Midwives employed by Voluntary Organisations :			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act	82	—	82
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	2	—	2
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	30	30
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	15	9	24
Totals	113	39	152

Number of cases attended

The following table gives details of cases attended by midwives during the year :

	Domiciliary Cases		Cases in Institutions		Total	
	As Mid-wives	As Mater-nity Nurses	As Mid-wives	As Mater-nity Nurses	As Mid-wives	As Mater-nity Nurses
(1) Midwives employed by the Authority	565	164	—	—	565	164
(2) Midwives employed by Voluntary Organisations :						
(a) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act	1,194	381	—	—	1,194	381
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ..	14	2	—	—	14	2
(3) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	1,062	352	1,062	352
(4) Midwives in Private Practice (including Midwives employed in Nursing Homes)	16	24	316	236	332	260
Totals	1,789	571	1,378	588	3,167	1,159

Administration of Analgesics

At the end of the year, 90 out of the 96 midwives employed either by the County Council or the County Nursing Association, were qualified to administer analgesics during labour. During the year, 1,759 domiciliary cases were attended by these midwives (acting as midwives, not as maternity nurses), and of these cases 1,089 received analgesia.

The number of cases in which medical aid was summoned was : domiciliary 319, institutional 11 : Total 330.

The chief causes for requesting medical aid were :

Mother :

Miscarriage, or danger of	..	..	..	..	11
Abortion, or danger of	..	..	..	..	5
Albuminuria	..	..	..	..	3
Difficult labour	..	..	..	..	27
Malpresentation	..	..	..	..	15
Ante-partum hæmorrhage	..	..	..	..	14
Ruptured perineum	..	..	..	..	120
Post-partum hæmorrhage	..	..	..	..	23
Adherent placenta	..	..	..	..	14
Raised temperature	..	..	..	..	23

Child :

Discharge from eyes	..	..	..	..	14
Prematurity	..	..	..	..	14
Abnormalities	..	..	..	..	12
Feebleness	..	..	..	..	6

Infectious Diseases (Midwifery)

Notifications received during the year are set out in the following table :

	Ophthalmia Neonatorum		Pemphigus Neonatorum		Puerperal Pyrexia	
	Domi-ciliary confinements	Institu-tional confinements	Domi-ciliary confinements	Institu-tional confinements	Domi-ciliary confinements	Institu-tional confinements
No. of cases notified during the year ..	1	-	-	-	15	11
Number of cases removed to hospitals	-	1	-	-	-	-
			-	-	-	-

The result of treatment of Ophthalmia Neonatorum was as follows :

(a) Vision was unimpaired	..	..	..	1
(b) Vision was impaired	..	..	..	-
(c) Vision was lost	..	..	..	-
(d) The patient died	..	..	..	-
(e) The patient was still under treatment at the end of the year	..	..	..	-
(f) The patient removed from the district	..	..	..	-
Total cases	..	..	..	1

Inspection of Midwives

The following is a record of inspections carried out during the year :

	Nurse Midwives	County Council Midwives	Independent Midwives
Number of routine inspections . .	286	42	45
Number of special inspections . .	23	9	1

Transport for Midwives

The Council has continued to provide motor cars both for whole-time midwives employed directly by the County Council and for nurse-midwives employed by the Leicestershire County Nursing Association. The Ministry of Health has afforded the necessary priority of delivery.

The following shows the disposition, at the end of the year, of cars and autocycles used in the nursing and midwifery services :

Motor Cars :

Owned by the County Council	45
Owned by the Leicestershire County Nursing Association	6
Owned by the District Nursing Associations	4
Owned by the District Nurse-Midwives	15
Owned by the County Council Midwives	3
	<hr/>
	73

Auto-cycles :

Owned by the County Council	3
Owned by the District Nursing Associations	3
Owned by the County Council Midwives	1
	<hr/>
	7

The vehicles owned by the County Council and the Nursing Associations are maintained and repaired by the Ambulance Service. This scheme, which includes regular inspection and servicing, has proved extremely valuable.

SECTION 24

Health Visiting

The statistical record given below only covers the main duties of the Health Visiting Staff but it should be remembered that there are many other duties too numerous to be classified.

Children under 1 year of age :					
First visits	..	..	..	..	5,984
Subsequent visits	..	..	..	..	36,788
Children 1—5 years	..	..	..	..	68,943
Illegitimate children	..	..	..	..	1,200
Premature infants	..	..	..	..	990
Stillbirths	..	..	..	..	107
Pre-natal visits :					
First visits	..	..	..	..	1,604
Subsequent visits	..	..	..	..	1,347
Post-natal visits	..	..	..	..	634
Unmarried mothers	..	..	..	..	169
Immunisation (diphtheria)	..	..	..	..	2,711
Vaccination (smallpox)	..	..	..	..	226
Prevention of illness :					
Tuberculosis—					
First visits	..	..	..	..	501
Subsequent visits	..	..	..	..	3,834
Diabetes :					
First visits	..	..	..	..	166
Subsequent visits	..	..	..	..	2,060
Other diseases—					
Total visits	..	..	..	..	915
Special visits	..	..	..	..	1,182
Attendances at :					
Infant Welfare Centres	..	..	..	..	2,017
Ante-natal clinics	..	..	..	..	235
Chest clinics	..	..	..	..	643
Diabetic Clinics	..	..	..	..	129

Staff Establishment

At the end of the year the actual working staff consisted of the Superintendent, Deputy Superintendent, and 37 Health Visitors (one being employed on special duties in connection with after-care of diabetic patients). The authorised establishment consists of the Superintendent, Deputy Superintendent, and 40 Health Visitors.

Training of Health Visitors

The Council's arrangements for the training of new health visitors continued to produce the required results. During the year six student health visitors

completed the course held by the City of Leicester Health Department. All passed the final examination and were appointed to the County Staff.

Post-Graduate Courses

During the year one Health Visitor attended a general course sponsored by the Women Public Health Officers' Association, and two attended a week's course arranged by the Royal College of Nursing and dealing with new methods in the nursing and care of tuberculosis patients.

Investigation of applications for admission to maternity accommodation

During the year 669 applications were investigated, of which 527 were recommended for admission. In the previous year 371 cases were investigated of which 313 were recommended for admission.

Investigation of applications for "Chronic Sick" accommodation

The number of applications investigated was 286 as against 308 in the previous year.

SECTION 25 Home Nursing

This work is carried out by the Leicestershire County Nursing Association on behalf of the County Council. The greater part of the nursing staff also act as midwives under the Nursing Association.

The table below shows the work carried out during the year.

(1)	Number of Home Nurses employed at 31st December, 1952		Equivalent whole-time nursing service provided in Col. 3 (4)	Number of cases attended by Home Nurses during the year (5)	Number of visits paid by Home Nurses during the year (6)
	Whole-time on home nursing (2)	Part-time on home nursing (3)			
Voluntary Organisations by agreement with the Authority	18	82	51	9,679	207,249

SECTION 26

Vaccination against Smallpox and Immunsation against Diphtheria

Vaccination against Smallpox

The following table classifies the certificates received from general medical practitioners during the year.

Age at 31st December, 1952 i.e. born in the year	Under 1	1—	2 to 4	5 to 14	15 or over	Total
	1952	1951	1948—50	1938—47	Before 1938	
Number vaccinated . .	490	357	87	90	273	1,297
Number re-vaccinated . .	—	1	6	36	343	386

Immunsation against Diphtheria

The returns are very similar to those of the previous year with 4,201 primary immunisations and 2,999 booster doses. The previous year's returns were 4,374 primary and 3,028 booster doses.

There were eight "original" notifications of diphtheria but none of these cases were confirmed.

The Registrar-General in his vital statistics returns has assigned one diphtheria death—a girl of 16 years of age in the Melton Mowbray Urban District. On investigation it was found that this girl had an attack of diphtheria at the age of four years when she was resident in the Melton and Belvoir Rural District. This death has to be accepted for record purposes as it has been classified in accordance with The World Health Organisation Nomenclature Regulations, 1948, which were adopted for international standardisation of health statistics.

Number of children at 31st December, 1952, who had completed a course of immunisation since 1st January, 1938

Age at 31st December, 1952 i.e., born in the year ..	Under 1	1	2	3	4	5—9	10—14	Total Under 15	
	1952	1951	1950	1949	1948	1943—1947	1938—1942		
Number immunised ..	332	3,377	3,680	3,922	4,607	22,561	21,260	59,739	
Estimated mid-year child population 1952 ..		CHILDREN UNDER FIVE 29,500				CHILDREN 5—14 51,600			TOTAL 81,100

Number of children who were immunised during the period 1st January to 31st December, 1952

Age at 31st Dec- ember, 1952, i.e., born in year	Under 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Totals
	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	
Primary Immunisation	332	3,022	464	111	52	92	46	21	7	4	8	10	10	18	4	4,201
Booster Dose ..	—	—	—	2	293	1,861	554	134	57	33	26	20	11	5	3	2,999

SECTION 27

Ambulance Service

The total mileage travelled has kept remarkably constant during the last three years—(1950) 842,558 ; (1951) 841,019 and (1952) 842,863. Comparison cannot be made between the numbers of patients carried as the method of recording was changed from 1st August, 1951, in accordance with the Ministry of Health's instructions.

			Patients carried	Miles travelled
Central Depot, Leicester	..	..	21,515	231,127
Avenue Road, Leicester	..	..	17,184	113,549
Coalville	..	..	14,863	122,876
Hinckley	..	..	11,390	92,032
Loughborough	..	..	9,117	81,331
Lutterworth	..	..	4,119	43,886
Market Harborough	..	..	6,668	67,314
Melton Mowbray	..	..	6,417	71,935
			91,273	824,050
Hospital Car Service	..	..	1,812	18,813
			93,085	842,863
Totals	..	..

Number of Vehicles at 31st December, 1952

Ambulances	..	..	..	31 (including three retained for Civil Defence training)
Transits	..	..	..	5
Utilecons	..	..	..	7
Sitting case cars	..	..	..	4
Stores van	..	..	..	2
Mortuary Van	..	..	..	1
				50
				—

(Note : One van and four ambulances surplus to establishment were sold in January, 1953)

Number of Personnel at 31st December, 1952

Driver/Attendants	..	67		Part-time Attendants,
Attendant/Telephonists	..	4		female
Female Attendants	..	5		..
Male Attendant	..	1		..
				4
				Mechanics
				..
				..
				4
				85
				—

SECTION 28

Prevention of Illness, Care and After-Care

Medical Loan Depots

Arrangements continued with the Medical Loan Committee of the British Red Cross Society and the St. John Ambulance Brigade for the loan to patients of nursing equipment. Depots functioned during the year at the following places : Leicester, Syston, Kegworth, Rothley, Hinckley, Kirby Muxloe, Coalville, Lutterworth, Waltham-on-the Wolds, Harby, Eaton, and Narborough. A small charge is made to users according to circumstances.

After-Care of Patients Discharged from Hospital

The notifications of general cases discharged from hospitals continued to be few as regards after-care, but nursing requests are forwarded direct to the Leicestershire County Nursing Association.

Diabetics

This arrangement is fully described in the Special Report to the Ministry of Health and numbers of visits paid are given in the Section dealing with Health Visiting.

Convalescent Home Provision

Patients were sent to convalescent homes as follows :

Roecliffe Manor, Woodhouse Eaves	4
Overstrand Hall, Norfolk	4
Hunstanton Convalescent Home	22
Kelsale Court, Saxmundham, Suffolk	1
"Leconfield," Bonchurch, Isle of Wight	4
Victoria Convalescent Home, Bognor Regis	1
St. Barnabas Home, Torquay	1
Hawkenbury Boys' Convalescent Home	1
	—
	38
	—

Tuberculosis

(Joint Report of County Medical Officer and Consultant Chest Physician)

TUBERCULOSIS STATISTICS

Prevalence of Tuberculosis

	Year 1952	Year 1951	Average for pre- ceding ten years
Respiratory tuberculosis :			
Notifications	230	245	211
Deaths	70	86	113
Death-Rate	0.20	0.25	0.35

	Year 1952	Year 1951	Average for pre- ceding ten years
Non-respiratory tuberculosis :			
Notifications	64	57	78
Deaths	14	9	25
Death-rate	0.04	0.03	0.08
Total for both respiratory and non-respiratory tuberculosis :			
Notifications	294	302	289
Deaths	84	95	138

The outstanding feature in the above figures is the further reduction in the mortality from respiratory tuberculosis, so that the death-rate in the County for the year 1952 is 20 per 100,000 as against 25 per 100,000 in 1951. There has also been a decrease in the number of notifications of respiratory tuberculosis. There is a slight increase in the non-respiratory tuberculosis deaths, but on analysing the figures in detail, it is disclosed that four of these deaths occurred in people over the age of 50 who were long-standing cases of tuberculosis of the spine or kidneys. This year is the first year in which deaths from carcinoma of the lung exceed those of respiratory tuberculosis and we feel it is of interest to mention the fact that the deaths from carcinoma of the lung were 82 as against 70 from respiratory tuberculosis.

Chest Clinic Service

During the past year the Chest Clinics in Hinckley and Melton Mowbray have been accommodated in the respective local general hospitals, with considerable advantage both to the Chest Physicians and to the patients. Permission has been given for the purchase and equipment of the Central Chest Clinic in Leicester, but, as yet, no further progress has been made in establishing a new Chest Clinic at Loughborough, nor of adding to the existing Out-Patients' Department at Markfield Sanatorium, which copes with the chest clinic work from the Coalville area.

Once again we are able to report that the waiting list is not causing us any anxiety and that our surgical waiting list is also very promptly dealt with at the Leicester Isolation Hospital and Chest Unit. As stated in our previous report, we feel satisfied that this is partly due to the weekly conference held in this area, and to the elastic system of admission of cases, in that cases are dealt with purely on their merits for admission to the Sanatorium by mutual agreement with the Chest Physicians who, each week, consider the cases which have been diagnosed.

To a large extent this satisfactory state of affairs is due to the scheme for domiciliary treatment of tuberculosis, in co-operation with the Leicester County Nursing Association, which has greatly eased our burden again, and during the past year 242 patients were given Streptomycin by the District Nurses at home. In speaking of the term "domiciliary treatment" we are

using it in the main only as a preliminary form of treatment to Sanatorium treatment and it is, of course, on no account undertaken in a home where the conditions are unsuitable. Apart from its value in reducing the waiting lists, the scheme has considerable merit on its own account, always provided suitable cases are chosen ; the patient is given confidence because treatment is started immediately a diagnosis is made, and he realises that treatment is possible outside hospital.

Mass Radiography

In 1952 the Mass Radiography Unit visited many scattered areas in the County, the main area being Loughborough, where over 11,000 cases were X-rayed and 35 cases of active tuberculosis were discovered. Altogether a total of 24,477 persons were X-rayed and 58 active cases of tuberculosis were diagnosed.

Prevention, Care and After-Care

The scheme in operation in the County has been fully described in previous reports and in the special survey included elsewhere in this year's report. Certain features relating to this year's work, or to which we wish to call special attention, are given below.

Contact Examinations

The number of new contacts examined in 1952 was 1,152, of whom 20 were found to be suffering from active tuberculosis. Considering the fact that 230 newly-diagnosed cases were notified, the ratio attending for each newly-diagnosed case was almost five, and there is no doubt that the significance of contact examination is being appreciated in households. We have found that it pays a rich dividend to acquaint each Health Visitor with a brief note as to the clinical condition of the patient and the household she is visiting, because this enables her to deal with the inevitable questions which arise ; she also knows whether the patient is an "open" case and has a more general understanding of the problem as a whole. Without such knowledge being given to the Health Visitor we fail to see how the home visiting can secure the proper co-operation from the family which is essential. Investigations at a patient's place of work must not be forgotten, e.g. during the year an active case of tuberculosis arose among the employees in a restaurant and we were able to ensure that all the other workers who had been in close association were X-rayed ; happily, no other active case was found.

B.C.G. Vaccination

B.C.G. is given to all Mantoux negative contacts who are willing to accept vaccination, and during the year 572 persons were vaccinated.

Almoner's Department

In 1952 the County Almoner took up her appointment. As we have stated, the appointment has been an outstanding success, and in our opinion is an essential part of an after-care scheme, there being ample room for the special knowledge and experience of both almoner and health visitor, whose duties are complementary, and who together can give invaluable help to the patient. With the full co-operation of the hospital authorities, the almoner has free access to patients in Markfield Sanatorium, to whom she is already known as a result of her clinic work, and her services are unreservedly at the disposal of the medical staff. She thus forms a valuable link between the hospital on the one hand, and the clinic or home on the other. It is impossible for one almoner to cover the ground adequately, and further expansion of the service is essential.

After-Care Committee

An After-Care Committee has been formed in association with a voluntary organization which has been in existence for some years—known as The Friends of Markfield (the name of the County Sanatorium). The policy of the After-Care work is directed by the Central After-Care Committee, on which are representatives of the Friends of Markfield, the County Council, British Legion, National Assistance Board and the Ministry of Labour. This Committee meets quarterly and deals with cases requiring major grants of voluntary money, but it delegates its day-to-day case work to two Area Case Committees covering the North and the South parts of the County respectively. The Friends of Markfield have pledged themselves during the year to contribute £1,000 to the voluntary funds of this Committee, and without their assistance there is no doubt that many patients' needs could not be met. The County Council continues to provide (subject to the operation of an income scale) up to two pints of milk daily free of charge and has also made arrangements for the provision of convalescence for patients suffering from tuberculosis. There are only certain Convalescent Homes in the country who take tuberculous patients, but there is no doubt that a short stay in a Convalescent Home for a long-standing case of tuberculosis is of immense value in that it gives a change of environment and a completely different atmosphere, apart from any medical benefits gained.

Milk Supply

The system of biological milk sampling for the detection of the presence of the tubercle bacillus continues to work very satisfactorily and the Chest Physicians are informed of every positive sample found in the County. A full report on certain aspects of this work has been prepared for publication in the medical press.

Future Development

The year 1952 has seen the scheme for the reorganisation of the Tuberculosis Service put into operation on the lines approved by the Committee. When we consider the alterations which are taking place in the tuberculosis problem, several factors strike us forcibly. One, of course, is the power of the weapons in the form of drugs, surgery and B.C.G. now available. This surely points out the need for greater efforts to enable the general public to have a more modern understanding of tuberculosis. Much can be done (time-consuming though it may be) by talks to Rotary Clubs, Village Institutes, etc., and we feel that if the time can be found for propaganda of this nature it will prove very well worth while.

We have noticed an apparent increase in tuberculosis in husbands and wives, and this was the subject of a paper read to the Sheffield Regional Chest Society by Dr. H. Selby, Physician Superintendent at Markfield. This, in the main, may be due to the greater burden which either partner has to carry in looking after a patient with advanced chronic disease, who formerly might not have lived so long. We must therefore do all in our power to encourage early diagnosis of tuberculosis, in order that modern treatment of tuberculosis should be available to all patients at a stage where genuine treatment is possible and not merely prolongation of life, and that the patient discovered in an advanced stage of the disease should become a rarity. This is all bound up with the problem of public confidence in accepting the fact that tuberculosis is now a treatable illness, and in the essential work of our colleagues in general practice.

There is undoubtedly at the moment a problem in the disposal of the "homeless" infective case no longer requiring hospital treatment. This problem is not as great as one might expect, and twelve beds in a hostel would adequately deal with the cases known to us in the County.

Finally, we look forward with complete confidence, although not with complacency, to the future as regards tuberculosis. As we stated in last year's report, we await the opportunity to extend B.C.G. Vaccination to school-leavers, which we regard as a most desirable expansion of the service.

SECTION 29

Domestic Help Service

The service has continued to expand throughout the year and at 31st December, 1952, the number of full-time Home Helps was 74 as compared with 61 for the year 1951; part-time and occasional workers totalled 233 as compared with 171. There was a corresponding increase in the number of hours worked and cases dealt with and these rose from 247,362 hours and 1,359 cases in 1951 to 349,786 hours and 1,603 cases in 1952.

Statistics for the year :

Number of permanent Home-Helps at end of year :

(a) Full-time workers	65	
(b) Part-time workers	93	
(c) Occasional workers	18	
	—	176

Number of temporary Home-Helps at end of year :

(a) Full-time workers	9	
(b) Part-time workers	43	
(c) Occasional workers	79	
	—	131

Total number of hours completed by Home-Helps :

(a) On duty	329,142	
(b) Travelling time	20,644	
	—	349,786

Number of cases attended :

(a) Maternity	515	
(b) Ordinary illness	412	
(c) Chronics	115	
(d) Tubercular	68	
(e) Old age, illness, and infirmity	471	
(f) Other (emergencies)	22	
	—	1,603

Assessments :

(a) Full charge	197	
(b) Part charge	1,027	
(c) No charge	360	
(d) Awaiting assessment at end of year	19	
	—	1,603

Accounts rendered :

(a) Number	15,036	
(b) Amount involved	£10,668	

Number of Home-Helps attending preparation courses held during the year 79

Area particulars

Area Office	Date Office opened	Number of Home-Helps at 31st December, 1952		Cases attended 1952
		Permanent	Temporary	
Leicester	6.2.49	40	20	499
Coalville	15.11.48	38	23	206
Hinckley	7.11.49	28	24	339
Loughborough	22.8.49	28	10	196
Market Harborough	21.8.50	18	25	180
Melton Mowbray	27.1.50	24	29	183
Totals	—	176	131	1,603

SECTION 51

Mental Health Service

Mental Illness

During the year 65 males and 117 females were removed to Mental Hospitals by the Mental Health Officers under Section 16 of the Lunacy Acts, 1890. This is a decrease of 33 over the previous year. Other admissions notified to the department totalled 208, 79 males and 129 females.

Mental Deficiency

Statistics relating to Mental Deficiency as at the 31st December, 1952, are given below:

	Male	Female	Total
Under institutional care	185	224	409
Under guardianship	9	13	22
Under statutory supervision	198	180	378
Under voluntary supervision	20	23	43
	—	—	—
	412	440	852
	—	—	—
Under training at Centres or at home ..	60	47	107
Cases awaiting institutional accommoda- tion	23	31	54

NOTIFICATION OF BIRTHS

(Public Health Act, 1936—Section 203)

The following gives particulars of the births recorded in the department for the year. Of the births recorded, 19 were discovered through the Registrars of Births.

	Live Births		Still Births		Total
	Dom.	Inst.	Dom.	Inst.	
Total which occurred in Leicestershire	2,379	1,946	34	33	4,392
Births occurring in Leicestershire "Transferred Out"	5	259	—	1	265
	—	—	—	—	—
	2,374	1,687	34	32	4,127
Births occurring outside Leicestershire "Transferred In"	14	1,352	—	48	1,414
	—	—	—	—	—
Net Leicestershire births ..	2,388	3,039	34	80	5,541
	—	—	—	—	—

REGISTRATION OF NURSING HOMES

(Public Health Act, 1936—Sections 187-194)

Homes closed

The Innisfree Nursing Home, Melton Road, Barrow-upon-Soar, closed down during the year.

Homes newly registered

No nursing homes were newly registered during the year.

Existing Nursing Homes

Address	Number of beds		
	Maternity	General	Total
"Glencoe", 25 London Road, Coalville	8	—	8
"Braemar", Newton Burgoland	1	—	1
Somerville Nursing Home, 77 Park Road, Loughborough	9	2	11
The Loughborough Nursing Home Ltd., Radmoor Road, Loughborough	5	5	10
"Roundhill", Syston Road, Thurmaston	12	—	12
Rothley Temple Nursing Home, Rothley	—	20	20
Walberton Rest and Convalescent Home, Stamford Road, Kirby Muxloe	—	33	33
Totals	35	60	95
	—	—	—

These nursing homes are inspected by Medical Officers of the department and by officers of the Leicestershire County Nursing Association.

NATIONAL ASSISTANCE ACT, 1948

BLIND PERSONS

I am indebted to Mr. E. J. Venn, General Secretary of the Royal Leicester, Leicestershire and Rutland Incorporated Institution for the Blind for the following report on work carried out during the year.

The Royal Leicester, Leicestershire and Rutland Institution for the Blind has continued to administer the Welfare Services for the blind, in accordance with the National Assistance Act, 1948, as the authorised agents of the County Council.

The retirement, on medical advice, of Mr. Henry Smith, J.P., as Chairman of the Institution, was received at the commencement of the year, and Mr. G. H. Round, J.P., was unanimously appointed to succeed.

Registration

There were 622 registered blind people resident in Leicestershire as at 31st December, 1952, 80 of whom have been added during the past year. Of the new registrations, 62 were over 60 years of age, but on the other hand,

five of them were under 10 years of age, the remaining 13 varying between 16 and 59 years of age.

A comparatively new cause of blindness—retrolental fibroplasia—is becoming one of the major causes of blindness in the pre-school child in the country, and such cases have occurred in Leicestershire. The disease seems to be confined to premature babies, especially those of low birth weight. It is hoped that before long medical research will lead to definite conclusions, and that a stage will be reached when steps can be taken to prevent the serious increase of blindness in young children as a result of this disease.

Congenital, hereditary, and developmental defects causing blindness are also increasing, and again these causes are the subject of research.

In this connection, it should be noted that the information furnished to the Institution by the ophthalmic surgeons is very carefully studied by all concerned, including representatives of the Ministry of Health. By this and other means, steps are continually being taken to prevent blindness. Ophthalmia neonatorum, which 60 or 70 years ago was probably the commonest cause of blindness, has been practically totally eliminated. The combination of knowledge as to the cause, the provision of facilities for treatment under the General Order of 1914, which made ophthalmia neonatorum a notifiable disease, and finally the development of the sulphonamides and penicillin have today made blindness from ophthalmia neonatorum a rare tragedy.

As is well known, however, the biggest majority of blind people are in the higher age groups, and no decline of the blind population as a whole can be expected until again medical research gives a fuller knowledge of cataract, glaucoma, myopia, and the senile degenerations of the fundus oculi. Such decline that may be expected from better facilities for treatment may well be balanced by the shift towards an elderly population as a whole.

Home Teaching and Visitation

It is the duty of the Institution's Home Teachers, five of whom are employed in the County, to assist newly-blinded people to adjust themselves to their new circumstances, and to carry on with a normal life. They give lessons in reading and writing embossed literature (Braille and Moon) wherever practicable, and in pastime handicrafts. Home Teachers give advice to the blind of the social services available to them, and of the services provided by the Institution. The whole of the Home Teacher's time is spent in personal contact with the blind people, either by way of home visitation, or by the organisation of social centres and outings. By reason of advanced age and other infirmities, most blind people are, of necessity, incapable of remunerative employment. The constant care of the Home Teachers ensures that these people have, within the limits of their disability, as full a social life as possible through the provision of recreative and occupational interests with such individual help as may be required.

Rehabilitation

The first need of a blind person is to have knowledge of how to adjust himself to blindness. The natural shock of blindness, even when it has been gradual, has to be overcome. The blind person has to make more use of his other senses and learn how to get on with sighted people—to know when to be independent, and when to rely on sighted assistance. He has to learn to read and write in a new medium, how to deal with food, how to dress tidily, and how to walk. It is most satisfying to be able to say that the determination of blind people enables them to do these things with advice and hints from their Home Teachers.

The Institution, however, with newly-blinded people of employable age, arranges for them to attend a three-months' residential rehabilitation course, where not only is their self-confidence restored, but their aptitudes, inclinations, and employment capacities assessed so that they leave the Centre not only having regained at least some of their former enjoyment of life, but also keen to undertake a specialised course of training for appropriate employment. Apart from this individual rehabilitation, people, such as housewives, who do not later intend to take up employment, are sent on the rehabilitation course purely for its social value by the Institution.

Training Facilities

In conjunction with the Ministry of Labour and National Service, the Institution arranges for training to be provided, in order that the blind person can take up employment. The scope is wide, although, of course, dependent on the blind person's capacities. On the 31st December, 1952, seven people were undertaking training courses.

Open Industry

Every possible step is taken to ensure that before a blind worker is placed in any particular employment, he is suitable for the job. The placing of each blind worker is an individual assignment—not only are no two people alike, but each factory or office presents different circumstances. The assistance of the Disablement Rehabilitation Officers of the Ministry of Labour and National Service in this work is greatly appreciated. Blind persons are engaged in open industry as follows at present :

Agents and Collectors, etc. . . . .	..	..	..	1
Agricultural Workers . . . . .	..	..	..	2
Clerks and Typists . . . . .	..	..	..	2
Dealers, Tea Agents, Shopkeepers, Newsagents				4
Domestic Workers . . . . .	..	..	..	1
Factory Operatives . . . . .	..	..	..	7
Home Teachers . . . . .	..	..	..	1
Labourers . . . . .	..	..	..	1
Massage and Physiotherapy . . . . .	..	..	..	2

Musicians and Music Teachers	..	..	..	1
Piano Tuners	..	..	..	1
Porters, Packers and Cleaners	..	..	..	3
Poultry Keepers	..	..	..	3
Telephone Operators	..	..	..	4
Miscellaneous	..	..	..	3
				—
				36
				—

Home Workers

Five blind people are engaged on work on their own account, receiving such supervision and assistance as may be required from the Institution. Their employment is as follows :

Basket Workers	..	..	..	..	1
Braille Copyists	..	..	..	..	1
Firewood Workers	..	..	..	..	1
Poultry Keepers	..	..	..	..	2

Trading

The Institution's Workshops at Margaret Road, Leicester, have provided employment for 18 blind persons of Leicestershire, and the year has shown an improvement in sales of £5,000, the total figure being in the region of £29,000. The workshops' production in the forthcoming year should be even greater, owing to extensions and improvements being provided, and your purchase of blind-made products—first-class goods at competitive prices—is requested, so as to ensure that full employment of the blind is maintained. The trades practised at the workshops are as follows, and enquiries from industry for goods at wholesale prices are solicited. The general public are also asked to buy from the retail shop at 50 Granby Street, Leicester, and to join the hundreds of satisfied customers who know, so well, that their purchases directly help the blind to help themselves.

Brushes
 Baskets
 Mats
 Hosiery
 Cardboard boxes
 Firewood
 Wet mops, etc.
 Boot and shoe repairs
 Chair seats in cane, rush or willow

The Institution this year has appointed a sales representative who will be only too pleased to call on you to discuss any matters, and it has been the policy during the year for the Institution to display its goods at shows in the County. At Coalville, the Women's Voluntary Services have most kindly granted the Institution permission to display goods in their shop window

for sale, and it is desired to have similar facilities in every town in the County. Offers to assist the blind in this way would be much appreciated.

Organisations are invited to arrange for parties to visit the workshops by appointment, to see for themselves the high standard of work being executed.

Social Centres

The social and handicraft centres held regularly at Loughborough, Hinckley, Coalville, Melton Mowbray, Market Harborough, and Wigston, continue to flourish with the kind assistance of so many voluntary helpers. Blindness could mean loneliness, and that is one of the reasons why the Institution is continually fostering these gatherings, so as to provide a social life and occupational interest.

Summer Outings

Several outings took place during the summer, and perhaps the most outstanding was the trip to Derbyshire, during which, time was spent at Chatsworth House and Park, and at Matlock Bath. All the blind persons resident in the County were invited, and 14 coaches set forth for the day. Another memorable day was the visit of blind schoolchildren to Hunstanton. Another of the larger outings was a visit to the Pageant of Bradgate, where the players gave a special performance suitable for the blind. The Institution provided tea afterwards.

Gifts

A sum of £1,783 12s. 6d. was distributed in cash to County blind persons this year by way of gifts at Midsummer and Christmas.

Wireless

All the blind folk are now in possession of wireless sets, and it is pleasing to report that where a newly-registered blind person is found not to be in possession of a wireless set, the Institution is able to instal a new set almost immediately. The sets are repaired and maintained by the Institution. The benefit of this service is of inestimable value, filling as it does, so many hours with pleasurable entertainment, which can perhaps be more fully enjoyed by the blind than by those not afflicted in this way.

Summer Holidays

Seaside holidays this year were provided for the blind at hotels at Bournemouth and Skegness, and the number benefitting from this service was again increased. The Committee are most mindful that this service is much appreciated by the blind, the change of air and environment does the elderly folk so much good, and without the Institution's financial assistance the people concerned would simply have to go without a holiday.

Residential Home

The accommodation at "Lyndwood" Home, 2 Stoughton Road, Leicester, which was opened towards the end of last year, has all been filled by blind people in need of residential care and attention, and 13 people from the County were living there as at the 31st March, 1953. The internal friendly atmosphere proves beyond doubt the success of the Home.

Voluntary Help

Voluntary workers in the County have again been splendid in assisting the Institution to provide services to the blind. The blind people's own heartfelt appreciation of the help given them by so many people resident in the County, is more than sufficient, I am sure, to satisfy the helpers that they are doing a wonderful job. The Institution itself, however, again expresses its own thanks and gratitude to all concerned. The Institution is encouraging the establishment of County Area Committees, comprised of voluntary helpers, and this policy is meeting with success.

E. J. VENN, *General Secretary*

Southern Regional Association for the Blind

An annual grant is made to the above association based on the officially recorded numbers of blind persons in the County.

DEAF AND DUMB

An annual grant is made to the Leicester and County Mission to the Deaf and Dumb, and also the "daughter" mission at Loughborough. Efforts are being made to extend the service given to County residents but there are temporary difficulties which should be overcome in the near future.

CRIPPLES WELFARE

An annual grant is made to the Leicestershire Voluntary Association for Cripples Welfare.

FREE TRANSPORT PASSES FOR BLIND AND HANDICAPPED PERSONS

Reimbursement is made to the Royal Leicester Institution for the Blind, The British Legion, The Leicester Guild of the Cripples, and the British Limbless Ex-Servicemen's Association in respect of transport passes.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

The following gives particulars of registrations at the end of the year.

	Number registered	Number of children provided for
Premises	—	—
Daily Minders	5	14

NOTIFICATIONS OF INFECTIOUS DISEASES

A statistical record of infectious diseases notified during the year is to be found in Tables 3 and 4 at the end of the report.

The following tables give year-by-year records for the infectious diseases mentioned. As stated in the remarks under immunisation of diphtheria a death of a girl aged 16 years has been assigned by the Registrar-General as a diphtheria death although the disease was contracted at the age of four years.

Scarlet Fever

Year	Notifications	Year	Notifications
1943	758	1948	585
1944	793	1949	444
1945	658	1950	529
1946	544	1951	305
1947	447	1952	468

Whooping Cough

Year	Notifications	Deaths	Death-rate per thousand notifications
1943	1,292	11	8.51
1944	844	10	11.84
1945	640	5	7.81
1946	1,027	8	7.78
1947	718	9	12.53
1948	1,701	6	3.52
1949	1,158	7	6.05
1950	1,232	1	0.81
1951	1,732	3	1.73
1952	1,047	3	2.87

Measles

Year	Notifications	Deaths	Death-rate per thousand notifications
1943	4,005	8	1.99
1944	618	—	—
1945	4,731	3	0.63
1946	632	—	—
1947	4,818	9	1.86
1948	4,013	1	0.24
1949	3,096	3	0.97
1950	4,056	3	0.74
1951	4,632	—	—
1952	1,902	—	—

Diphtheria

Year	Total notifications	Corrected notifications	Deaths
1901	247	—	53
1911	306	—	28
1921	404	—	28
1931	166	—	12
1941	605	—	3
1942	459	—	27
1943	144	—	7
1944	89	61	3
1945	84	63	7
1946	59	34	—
1947	32	13	1
1948	20	7	1
1949	15	3	1
1950	15	2	—
1951	5	—	—
1952	8	—	1

Acute Poliomyelitis

Year	Total notifications	Corrected notifications	Deaths (poliomyelitis and polioencephalitis)
1943	1	—	—
1944	2	2	—
1945	4	4	1
1946	1	1	—
1947	31	23	2
1948	15	9	1
1949	66	62	10
1950	70	51	8
1951	25	20	—
1952	16	13	—

The notifications for 1952 were divided into : Paralytic 11, Non-paralytic 2
(Year 1951 : Paralytic 17, Non-paralytic 3)

REVIEW OF ARRANGEMENTS UNDER SECTION 111 OF THE LOCAL GOVERNMENT ACT, 1933

This Section places on the County Council the duty, after consultation with the Councils of the Districts, of making arrangements for securing either by a combination of districts or otherwise, that every Medical Officer of Health subsequently appointed for a county district shall be restricted by the terms of his appointment from engaging in private practice as a medical practitioner.

At the request of the Ministry of Health in Circular 27/51, the County Council reviewed the arrangements and drew up a new scheme to cover the County. This scheme was drawn up in consultation with the Councils of the Borough of Loughborough and of the County Districts, whose help and co-operation was greatly appreciated. It was decided to draw up a scheme which was based on the principle of the "joint" appointment whereby a Medical Officer holds appointments as Medical Officer of Health to one or more district councils and also as Assistant County Medical Officer to the County Council, thus concentrating as much as possible the public health work in any area on one medical officer. The scheme approved by the County Council and accepted by the Ministry entails the division of the County for this purpose into seven areas, each requiring the services of a Medical Officer of Health holding a "joint" appointment with the County Districts in that area and the County Council. These areas are given below :

		<i>Populations</i>
		<i>(Est. mid-year 1950)</i>
A.	Loughborough M.B.	37,160
	Shepshed U.D.	6,147
	Castle Donington R.D.	9,350
B.	Ashby Woulds U.D.	9,910
	Ashby U.D.	13,730
	Ashby R.D.	25,720
	Coalville U.D.	39,050
C.	Hinckley U.D.	26,080
	Market Bosworth R.D.	39,130
D.	Blaby R.D.	11,730
	Lutterworth R.D.	9,660
E.	Market Harborough R.D.	10,420
	Market Harborough U.D.	15,630
	Wigston U.D.	6,273
	Oadby U.D.	13,470
F.	Melton U.D.	19,110
	Melton and Belvoir R.D.	8,020
	Billesdon R.D.	47,090
G.	Barrow R.D.	

It was agreed that existing appointments of medical officers of health to district councils should not be terminated but that when any vacancy occurred it should be filled in accordance with this scheme.

SANITARY CIRCUMSTANCES OF THE AREA

I am grateful to Mr. S. A. Gregory, the County Sanitary Officer, for the full particulars given in this section of the report.

WATER SUPPLY

The following table gives details of the rainfall during 1952, recorded at the Wigston Urban District Council's Sewage Farm, Countesthorpe. I am indebted to Mr. Gordon J. Wootton, M.I.Mun.E., M.R.San.I., Engineer and Surveyor to the Wigston Urban District Council, who kindly supplied these figures:

Rainfall in 1952

Rain Gauge .. Diameter of funnel 8 in.
 Height of top above ground 9 in.
 Height of ground above sea level 256.85 ft.

Month	Total depth	Greatest fall in 24 hours		No. of days with 0.01 in. or more	No. of days with 0.04 in. or more
	Inches	Inches	Date		
January ..	2.10	.39	28	17	15
February ..	.61	.18	10	11	7
March ..	2.13	.30	6	22	14
April ..	1.97	.39	6	15	12
May ..	4.19	2.25	4	18	16
June ..	1.71	.41	2	15	9
July ..	.37	.11	11	7	5
August ..	3.04	.70	4	14	13
September ..	1.66	.31	10	16	11
October ..	2.80	.44	27	15	12
November ..	2.43	.67	19	19	10
December ..	2.63	.50	18	22	13
Total ..	25.64	—	—	191	137

The following are the rainfall figures for the last ten years :

Year	Rainfall in inches		
1943	20.68
1944	24.64
1945	21.92
1946	30.69
1947	20.44
1948	29.34
1949	26.22
1950	25.15
1951	30.13
1952	25.64

The district councils continue to keep a close check on the water supplies within their jurisdiction, with particular attention to wells and other suspect supplies. 482 samples were submitted for chemical analysis or bacteriological examination during the year. The results, summarised below, relate principally to well supplies liable to contamination and do not reflect the standard of water generally. Mains water supplies are invariably chlorinated and are satisfactory bacteriologically.

District	Satisfactory		Unsatisfactory	
	Chemical	Bacterio-logical	Chemical	Bacterio-logical
Urban Districts				
Ashby-de-la-Zouch	—	9	—	8
Ashby Woulds ..	—	—	—	—
Coalville ..	3	25	1	15
Hinckley ..	8	10	—	5
Loughborough M.B.	8	29	—	2
Market Harborough	15	6	—	—
Melton Mowbray..	4	13	—	—
Oadby	—	—	—	—
Shepshed ..	—	3	—	5
Wigston ..	2	5	2	2
Rural Districts				
Ashby-de-la-Zouch	4	4	—	6
Barrow-upon-Soar	—	7	—	26
Billesdon ..	—	1	—	8
Blaby	23	24	1	15
Castle Donington..	5	27	—	7
Lutterworth ..	3	44	—	29
Market Bosworth..	—	4	—	8
Market Harborough	—	—	—	4
Melton and Belvoir	14	16	4	18
Totals ..	89	227	8	158

The supply position in the urban districts has again been generally satisfactory, but at Loughborough and Hinckley the quantity of water available is not sufficient for a safe margin, and the proposed River Dove scheme is looked to for increased supplies. In the Ashby-de-la-Zouch and Ashby Woulds Urban Districts the supply was again restricted during the first half of the year, but with the completion of the new main from the Derwent Valley source the position was greatly improved. When the scheme is finally completed by the installation of booster pumps, the supply should be quite satisfactory.

In the rural areas 150 parishes have piped supplies with 59 relying on private wells. In some districts within the Leicester City Statutory Area of Supply the pressure has been inadequate at peak periods. It is understood that the supplying authority are taking the necessary steps to remedy this situation.

In the Ashby-de-la-Zouch R.D., there was a water shortage at Lount ; efforts are being made to get a supply from Swadlincote and Ashby's Joint Water Board main which passes through the village. At Castle Donington there were local shortages following the provision of a supply to the Electricity Generating Station which is under construction. Approval has been received to lay a new 6 in. main to relieve the position. In the Market Harborough R.D., well supplies failed during the latter part of the year at Husbands Bosworth, Stonton Wyville, Medbourne, Great Easton and Mowsley. 38,000 gallons of water were delivered by cart to these villages whilst the shortage remained. In the Lutterworth R.D., there was a shortage in the mains supply at Willoughby Waterless, but following representations to the supplying authority, this was rectified. In the Melton and Belvoir R.D., during the summer months shortages occurred at Redmile, Plungar, Barkestone, Great Dalby, Waltham-on-the-Wolds, Burrough-on-the-Hill and Knipton and supplies were carted to the villages. Main supplies at Long Clawson, Hose, Harby, Burton Lazars and Thorpe Arnold had to be restricted in the summer months.

In the Ashby-de-la-Zouch R.D., water mains were completed in the parishes of Packington and Appleby Magna and the boreholes at Acresford and Heather were also operating by the end of the year. Water mains were laid at South Croxton, Barrow-upon-Soar R.D., but the supply was not available by the end of the year. Water mains were completed at Newton Harcourt, Cold Newton and Lowesby, in the Billesdon R.D. Water mains were completed to South Kilworth, Swinford, Catthorpe and Shawell and the reservoir at Iron Gates completed for the Lutterworth R.D., South Western Area Scheme. 10,900 yards of main were laid and ready for connections at Arnesby and Shearsby for the Northern and Eastern Scheme of the same authority.

In addition to this work, new housing estates throughout the County have been serviced and main extensions have been laid as required.

The following work was carried out in connection with domestic water supply.

	Urban districts	Rural districts
Piped supplies substituted for well supplies ..	23	536
Wells closed	13	102
Wells cleansed, repaired, etc. ..	4	29

SEWERAGE AND SEWAGE DISPOSAL

New housing has necessitated the provision of sewers draining in many cases to existing disposal works. Several authorities have put forward schemes to modernise and extend these works which are overloaded but at the present time there is no indication that this work will be allowed to proceed. There is always the danger that overloaded treatment plants may break down under continuous heavy overloading.

Private cesspools continue to be a problem as the majority are of insufficient capacity especially where mains water is available to the property and baths discharge to the cesspools. The size of cesspool required under modern conditions is not appreciated in many instances especially if the cesspool is built to bye-law standard and does not leak or overflow. Where an area scheme is contemplated and temporary facilities are provided for a Council house site, it is considered that nearby private development might be included pending the carrying out of the major scheme.

Pail closets are emptied weekly as a general rule throughout the county by the district authorities.

The problem of damage to sewers in areas affected by mining subsidence is very real, and since coal is a national asset it seems unfair that small districts should have to bear the heavy and recurring cost of repairing damaged or collapsed sewers.

Application has been made by the Ashby-de-la-Zouch U.D.C. for the sewerage of New Packington, a district comprising 28 houses where difficulty is experienced with overflowing cesspools. The Forest area sewer has been completed and a start made on extensions to the sewage disposal plant of the Shepshed U.D.C. The Barkby sewers were extended to connect to Syston and thus eliminate the Barkby obsolete works and at Burton-on-the-Wolds a pumping station now pumps the sewage to a newly-acquired ex-R.A.F. treatment plant for the Barrow-upon-Soar R.D.C. The first part of the Skeffington scheme has been completed and all possible connections made with conversions of pail closets in the Billesdon R.D. Market Bosworth R.D.C. have completed a new storm water overflow at Groby to remedy an old complaint of flooding of properties during heavy rain and a section of the Bagworth and Thornton scheme was completed, including the drainage from the new Desford Colliery Pithead Baths.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1951

The following schemes have been submitted with application for grant aid under these Acts during the year :

Sewerage and Sewage Disposal

Local Authority	Parishes and Areas affected	Estimated Cost
Ashby-de-la-Zouch R.D.C.	Coleorton, Worthington and part Swan- nington	£96,800
	Heather	£17,400
Billesdon R.D.C.	.. Thurnby and Scraptoft ..	£45,500
Lutterworth R.D.C.	.. Broughton Astley and adjacent parishes	£109,500
Market Bosworth R.D.C.	Ratby (Improvements)	£9,200
	Desford (new sewers for housing estate and improvements)	£13,000

With the above schemes 125 schemes have now been considered involving 56 for water supply and 69 for sewerage and sewage disposal.

Provisional Ministry grants have been indicated for three water and three sewerage schemes and the total amounts to £58,185. It is invariably found when schemes are carried out that the estimated cost on which the grants are based, is low and in many cases applications for increased grants are favourably considered.

River Dove Water Scheme

During the year some progress has been made towards formulating a scheme for the abstraction of water from the River Dove to augment the water supplies of the City and County districts. It was agreed that a Joint Water Board should be set up, the Board to consist of half City and half County Authority members.

SANITARY INSPECTION

Sanitary Inspection by District Councils

District	No. of complaints received (a)	No. of premises where defects or nuisances dealt with (b)	No. defects or nuisances dealt with in (b)	Total no. of Inspections carried out	Number of Notices served				Summary action	
					Preliminary		Statutory		Sum-mones issued	Convic-tions obtained
					Housing	Other	Housing	Other		
Urban Districts										
Ashby-de-la-Zouch ..	584	383	620	1,055	56	120	—	—	—	—
Ashby Woulds ..	27	27	27	3,209	2	1	1	1	—	—
Coalville ..	352	1,269	2,156	4,415	229	167	32	35	—	—
Hinckley ..	353	1,151	1,399	9,791	153	137	—	2	3	—
Loughborough M.B.	425	463	654	14,012	2	7	7	17	—	—
Market Harborough ..	286	323	689	2,291	67	180	5	105	—	—
Melton Mowbray ..	154	179	273	2,267	23	40	—	—	—	—
Oadby ..	21	127	127	987	23	98	3	—	—	—
Shepshed ..	48	48	52	1,065	18	12	10	—	—	—
Wigston ..	178	456	420	2,045	27	365	—	—	—	—
Rural Districts										
Ashby-de-la-Zouch ..	136	127	138	2,157	68	127	—	7	—	—
Barrow-on-Soar ..	487	750	1,200	6,440	261	48	65	—	—	—
Billesdon ..	148	140	140	1,945	7	124	—	—	—	—
Blaby ..	357	471	575	6,310	67	404	6	12	—	—
Castle Donington ..	501	270	270	1,070	22	59	—	—	—	—
Lutterworth ..	314	314	314	971	—	68	—	2	—	—
Market Bosworth ..	189	135	104	4,377	—	128	—	6	—	—
Market Harborough ..	66	181	115	6,050	35	71	—	—	—	—
Melton and Belvoir ..	743	935	192	5,933	38	17	8	—	—	—
Totals ..	5,369	7,749	9,465	76,390	1,098	2,492	137	187	3	3

CLOSET ACCOMMODATION

The following table summarises the closet accommodation in the county at 31st December, 1952, and gives details of conversions carried out during the year.

District	Privies	Pail closets	Water closets	Total	Converted to Water closets		Privies converted to Pail closets
					Privies	Pail closets	
Urban Districts							
Ashby-de-la-Zouch ..	36	28	1,849	1,913	—	—	—
Ashby Woulds ..	8	24	735	767	—	—	—
Coalville ..	61	160	8,285	8,506	45	21	1
Hinckley ..	—	219	11,334	11,553	—	3	—
Loughborough M.B. ..	17	109	14,436	14,562	2	1	—
Market Harborough ..	2	16	4,780	4,798	—	—	—
Melton Mowbray ..	—	9	4,022	4,031	—	—	—
Oadby ..	—	12	2,111	2,123	—	—	—
Shepshed ..	36	235	1,956	2,227	4	57	—
Wigston ..	—	23	5,000	5,023	—	—	—
Rural Districts							
Ashby-de-la-Zouch ..	342	1,440	2,303	4,085	—	66	3
Barrow-upon-Soar ..	32	1,463	14,176	15,671	1	92	—
Billesdon ..	4	910	1,608	2,522	1	36	—
Blaby ..	2	1,368	10,736	12,106	—	140	—
Castle Donington ..	41	333	2,703	3,077	1	2	—
Lutterworth ..	34	1,724	1,760	3,518	1	6	1
Market Bosworth ..	4	1,614	5,839	7,457	—	93	2
Market Harborough ..	163	74	2,606	2,843	2	10	—
Melton and Belvoir ..	351	2,938	2,227	5,516	4	42	16
Totals ..	1,133	12,699	98,466	112,298	61	569	23

COMPLAINTS

The following complaints were received during the year and were referred to district officers :

General sanitary matters	..	..	..	37
Housing	..	..	..	88
Water supplies	..	..	..	8
				133

Public Cleansing

In all districts the refuse collection service is carried out by direct labour and the following table shows the frequency of refuse collection, vehicles used and methods of disposal of refuse.

District	No. of vehicles used	Frequency of Refuse Collection	Method of Disposal		
			No. of Controlled Tips	No. of Crude Tips	Incineration
Urban Districts					
Ashby-de-la-Zouch ..	2	Weekly	2	—	—
Ashby Woulds ..	1	Weekly	—	2	—
Coalville	6	Weekly	3	—	—
Hinckley	6	Weekly	1	1*	—
Loughborough M.B.	9	8-11 days	1†	—	—
Market Harborough..	2	Weekly	—	—	1
Melton Mowbray ..	2	Weekly	1	—	1
Oadby ..	1	Weekly	1	—	—
Shepshed	1	Weekly	—	1	—
Wigston	4	9 days	1	—	—
Rural Districts					
Ashby-de-la-Zouch ..	4	9-12 days	—	4	—
Barrow-upon-Soar ..	10	Weekly	2	—	—
Billesdon	2	Weekly	1	—	—
Blaby	7	Weekly	1	—	—
Castle Donington ..	2	10 days	2	—	—
Lutterworth ..	4	Weekly	—	5	—
Market Bosworth ..	5	Weekly	2	4	—
Market Harborough..	2	Fort-nightly	—	4	—
Melton and Belvoir..	3	Weekly	5	—	—
Totals	73	—	23	21	2

*Partially controlled for trade refuse. Most of combustible material burnt.

†Consolidation of refuse by mechanical bulldozer and lifting of soil and resoiling by scraper and bulldozer (commenced November, 1952).

Shops Act, 1950

The following is a summary of the work carried out by the districts in connection with the provisions of the Shops Act, for which they are responsible.

Defects	Outstanding from previous year	Defects found	Defects remedied	Outstanding 31st December, 1952
Sanitary conveniences ..	5	33	32	6
Heating	—	3	3	—
Ventilation	—	4	4	—
Washing facilities ..	5	15	16	4
Exhibition of Notices ..	—	2	1	1

Swimming Baths and Pools

The eight public and four private swimming baths and pools in the urban districts were inspected on 95 occasions, and samples were also taken periodically. The public baths are chlorinated and have been maintaining a good standard according to the sample results. An open air children's paddling pool, which was also used for swimming by the small children, was found to have very erratic dosage with hypochlorite. This was rectified by the installation of an automatic dosing apparatus.

There are six private pools in the rural areas, inspections were made where the public were known to use the pools.

Camping Sites

Forty-nine sites were licensed in the county, most of which were in the Charnwood Forest Area.

Under Section 269 of the Public Health Act, 1936, 252 licences to station a movable dwelling were issued. This figure shows a tendency to increase each year, but as they are mostly in respect of good-class caravans over which there is control for sanitation and water supply, there is no need for adverse comment.

The Pet Animals Act, 1951

This new Act has meant additional work for the districts, in that 24 premises were registered and 103 visits were made. Two contraventions were discovered but were remedied by informal action.

Prevention of Damage by Pests Act, 1949

Rodent-operators, under the supervision of the sanitary inspectors, either full-time or part-time are employed throughout the county on this work. Tips, sewage disposal works, sewers and other Council property receive regular treatment and systematic inspection of the area is carried out by some authorities. Others deal with complaints of infestations as they arise, but there must have been a big reduction in the rodent population of the county districts within recent years, with a consequent saving in foodstuffs generally.

Rag Flock and Other Filling Materials Order, 1951

This Order is now operative but has limited scope in this county. Seventeen premises are registered for Upholstering and four for the storage of Rag Flock. No contraventions were found and the samples taken were found to be satisfactory.

HOUSING

The number of applicants for Council houses at the end of the year was 11,330 compared with 12,483 at the end of 1951. During the year 1,614 houses were completed by the local authorities and 351 by private enterprise. This shows a total increase of 533 over the previous year and judging by the number of houses under construction, i.e. 2,027, the figure for completed houses should be even better next year. The total number of post-war houses now completed in the county area is 11,702.

The following table summarises the number of houses completed during the year, the number of houses under construction at the end of the year and the total number of post-war houses built in the county.

District	Total Number of Post-war Houses Built		Houses completed during year 1952			Houses in course of erection at end of year		
	Local Auth'y.	Private Enterprise	Local Auth'y.	Local Auth'y.	Private Enterprise	Local Auth'y.	Local Auth'y.	Private Enterprise
Urban Districts			*P/P.	Perm.		*P/P.	Perm.	
Ashby-de-la-Zouch	214	30	30	—	11	10	2	5
Ashby Woulds ..	181	3	4	—	—	31	—	2
Coalville	548	161	—	122	15	—	102	23
Hinckley	1,014	296	—	187	26	—	192	35
Loughborough M.B.	1,064	179	—	244	27	—	152	36
Market Harborough	283	97	—	80	15	—	42	11
Melton Mowbray ..	320	93	—	60	14	—	72	10
Oadby	152	77	—	20	17	—	12	40
Shepshed	260	41	8	36	12	—	26	11
Wigston	438	104	—	84	15	—	95	30
Rural Districts								
Ashby-de-la-Zouch	308	69	—	60	14	—	72	12
Barrow-upon-Soar ..	1,171	487	6	116	55	—	228	98
Billesdon	170	126	—	38	10	—	48	20
Blaby	839	521	—	195	29	—	86	95
Castle Donington ..	306	76	—	62	9	—	30	10
Lutterworth	286	96	—	38	12	—	—	—
Market Bosworth ..	700	245	—	119	41	—	225	53
Market Harborough	272	34	—	55	9	—	28	15
Melton and Belvoir	341	100	—	50	20	—	58	10
Totals ..	8,867	2,835	48	1,566	351	41	1,470	516

*Prefabricated Permanent

The condition of converted huts on old Service sites is generally sub-standard and the occupants on the whole are far from satisfied with this type of accommodation. It is hoped that it will be possible to discontinue the use of these hutments as a permanent measure for families.

It is pleasing to note that a start has been made in some districts to deal with the problem of slum property. At the present time action is limited but a definite allocation of Council houses is being made by the districts concerned for rehousing the occupants of the worst houses. At one time families with a house to themselves were regarded as lucky, irrespective of the state of the house, compared with those who shared a house, but the time appears to be rapidly approaching when a proper balance will have to be struck between those to be rehoused from slum property and the ordinary applicants for Council houses.

Much of the repair work carried out is confined to keeping property weatherproof owing to the high cost of this work generally in comparison with the rent return. It is a pity that more extensive reconditioning and improvement of property cannot be encouraged by amendment of the legislation governing increases in rents. This problem is particularly pressing in the rural areas where cottage property rents are very low.

Ward	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
1	100	100	100	100	100	100	100	100	100	100
2	100	100	100	100	100	100	100	100	100	100
3	100	100	100	100	100	100	100	100	100	100
4	100	100	100	100	100	100	100	100	100	100
5	100	100	100	100	100	100	100	100	100	100
6	100	100	100	100	100	100	100	100	100	100
7	100	100	100	100	100	100	100	100	100	100
8	100	100	100	100	100	100	100	100	100	100
9	100	100	100	100	100	100	100	100	100	100
10	100	100	100	100	100	100	100	100	100	100
11	100	100	100	100	100	100	100	100	100	100
12	100	100	100	100	100	100	100	100	100	100
13	100	100	100	100	100	100	100	100	100	100
14	100	100	100	100	100	100	100	100	100	100
15	100	100	100	100	100	100	100	100	100	100
16	100	100	100	100	100	100	100	100	100	100
17	100	100	100	100	100	100	100	100	100	100
18	100	100	100	100	100	100	100	100	100	100
19	100	100	100	100	100	100	100	100	100	100
20	100	100	100	100	100	100	100	100	100	100
21	100	100	100	100	100	100	100	100	100	100
22	100	100	100	100	100	100	100	100	100	100
23	100	100	100	100	100	100	100	100	100	100
24	100	100	100	100	100	100	100	100	100	100
25	100	100	100	100	100	100	100	100	100	100
26	100	100	100	100	100	100	100	100	100	100
27	100	100	100	100	100	100	100	100	100	100
28	100	100	100	100	100	100	100	100	100	100
29	100	100	100	100	100	100	100	100	100	100
30	100	100	100	100	100	100	100	100	100	100
31	100	100	100	100	100	100	100	100	100	100
32	100	100	100	100	100	100	100	100	100	100
33	100	100	100	100	100	100	100	100	100	100
34	100	100	100	100	100	100	100	100	100	100
35	100	100	100	100	100	100	100	100	100	100
36	100	100	100	100	100	100	100	100	100	100
37	100	100	100	100	100	100	100	100	100	100
38	100	100	100	100	100	100	100	100	100	100
39	100	100	100	100	100	100	100	100	100	100
40	100	100	100	100	100	100	100	100	100	100
41	100	100	100	100	100	100	100	100	100	100
42	100	100	100	100	100	100	100	100	100	100
43	100	100	100	100	100	100	100	100	100	100
44	100	100	100	100	100	100	100	100	100	100
45	100	100	100	100	100	100	100	100	100	100
46	100	100	100	100	100	100	100	100	100	100
47	100	100	100	100	100	100	100	100	100	100
48	100	100	100	100	100	100	100	100	100	100
49	100	100	100	100	100	100	100	100	100	100
50	100	100	100	100	100	100	100	100	100	100
51	100	100	100	100	100	100	100	100	100	100
52	100	100	100	100	100	100	100	100	100	100
53	100	100	100	100	100	100	100	100	100	100
54	100	100	100	100	100	100	100	100	100	100
55	100	100	100	100	100	100	100	100	100	100
56	100	100	100	100	100	100	100	100	100	100
57	100	100	100	100	100	100	100	100	100	100
58	100	100	100	100	100	100	100	100	100	100
59	100	100	100	100	100	100	100	100	100	100
60	100	100	100	100	100	100	100	100	100	100
61	100	100	100	100	100	100	100	100	100	100
62	100	100	100	100	100	100	100	100	100	100
63	100	100	100	100	100	100	100	100	100	100
64	100	100	100	100	100	100	100	100	100	100
65	100	100	100	100	100	100	100	100	100	100
66	100	100	100	100	100	100	100	100	100	100
67	100	100	100	100	100	100	100	100	100	100
68	100	100	100	100	100	100	100	100	100	100
69	100	100	100	100	100	100	100	100	100	100
70	100	100	100	100	100	100	100	100	100	100
71	100	100	100	100	100	100	100	100	100	100
72	100	100	100	100	100	100	100	100	100	100
73	100	100	100	100	100	100	100	100	100	100
74	100	100	100	100	100	100	100	100	100	100
75	100	100	100	100	100	100	100	100	100	100
76	100	100	100	100	100	100	100	100	100	100
77	100	100	100	100	100	100	100	100	100	100
78	100	100	100	100	100	100	100	100	100	100
79	100	100	100	100	100	100	100	100	100	100
80	100	100	100	100	100	100	100	100	100	100
81	100	100	100	100	100	100	100	100	100	100
82	100	100	100	100	100	100	100	100	100	100
83	100	100	100	100	100	100	100	100	100	100
84	100	100	100	100	100	100	100	100	100	100
85	100	100	100	100	100	100	100	100	100	100
86	100	100	100	100	100	100	100	100	100	100
87	100	100	100	100	100	100	100	100	100	100
88	100	100	100	100	100	100	100	100	100	100
89	100	100	100	100	100	100	100	100	100	100
90	100	100	100	100	100	100	100	100	100	100
91	100	100	100	100	100	100	100	100	100	100
92	100	100	100	100	100	100	100	100	100	100
93	100	100	100	100	100	100	100	100	100	100
94	100	100	100	100	100	100	100	100	100	100
95	100	100	100	100	100	100	100	100	100	100
96	100	100	100	100	100	100	100	100	100	100
97	100	100	100	100	100	100	100	100	100	100
98	100	100	100	100	100	100	100	100	100	100
99	100	100	100	100	100	100	100	100	100	100
100	100	100	100	100	100	100	100	100	100	100

Summary of the Ordinary Housing Activities in the Various Districts in the County during 1952

DISTRICT	INSPECTION OF DWELLING HOUSES DURING YEAR				No. of defective dwelling houses rendered fit in consequence of informal action by the local authority or their officers	ACTION UNDER STATUTORY POWERS DURING YEAR								HOUSING ACT, 1936, PART IV.—OVERCROWDING					
	Total No. of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	No. of dwelling houses inspected and recorded under the Housing (Consolidated) Regulations, 1925 and 1932 (included in previous column)	No. of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	No. of dwelling houses found not to be in all respects reasonably fit for human habitation (exclusive of those in previous column)		HOUSING ACT, 1936, SECTIONS 9, 10 and 16		PUBLIC HEALTH ACTS		HOUSING ACT, 1936, SECTIONS 11 and 13		HOUSING ACT, 1936, SEC. 12		No. of dwelling houses overcrowded at end of year	No. of families dwelling therein	No. of persons dwelling therein	No. of new cases of overcrowding reported during year	No. of cases of overcrowding relieved during year	No. of persons concerned in such cases
						No. of dwelling houses in respect of which notices were served requiring repairs	No. of dwelling houses rendered fit after service of formal notices (By owners)	No. of dwelling houses in respect of which notices were served requiring defects to be remedied	No. of dwelling houses in which defects were remedied after service of formal notices (By owners)	No. of dwelling houses in respect of which demolition orders were made	No. of dwelling houses demolished in pursuance of demolition orders	No. of separate tenements or underground rooms in respect of which closing orders were made							
Town Districts																			
Abbey-de-la-Zouch ..	150	—	1	149	131	—	—	2	2	—	—	1	20	60	180	—	18	54	
Abbey Wolds ..	46	—	—	27	27	—	—	—	—	—	—	—	*	*	*	—	*	*	
Enville ..	352	94	13	81	125	32	25	35	14	9	—	1	21	28	189	4	4	28	
Heckley ..	285	11	11	285	274	—	2	2	5	5	7	—	11	19	101	—	—	—	
Loughborough M.B.	445	8	8	437	403	8	7	24	24	2	—	—	*	*	*	10	8	79	
Market Harborough	187	1	2	39	39	—	—	—	—	—	—	1	17	27	129	5	2	—	
Market Mowbray ..	279	—	5	50	43	—	—	—	—	—	—	—	*	*	*	—	—	126	
Osby ..	120	—	—	23	21	3	3	97	97	—	—	—	6	11	43	2	3	10	
Shepshed ..	140	—	20	11	24	—	—	15	12	1	—	—	*	*	*	—	—	*	
Wigston ..	220	—	2	60	52	—	—	—	—	—	—	—	*	*	*	—	—	*	
Rural Districts																			
Abbey-de-la-Zouch ..	349	72	4	72	67	—	—	99	11	4	4	—	*	*	*	—	47	164	
Baron-upon-Soar ..	943	55	22	332	219	1	—	65	59	2	10	—	33	37	193	—	—	—	
Belton ..	81	2	2	74	70	—	—	—	—	—	—	—	*	*	*	—	—	*	
Osby ..	578	—	24	152	62	—	—	6	6	4	—	—	9	12	76	3	28	163	
Castle Donington ..	211	—	—	81	120	—	—	—	19	—	—	—	10	15	59	5	14	75	
Lutterworth ..	75	—	7	68	64	—	—	2	2	5	3	2	*	*	*	—	—	*	
Market Bosworth ..	189	—	2	135	127	—	—	6	8	1	—	—	*	*	*	—	—	28	
Market Harborough	289	—	6	208	30	—	—	—	—	—	—	—	*	*	*	—	—	*	
Market Bosworth ..	703	652	3	116	54	8	8	17	17	1	1	—	181	202	710	53	83	435	
Totals ..	5,642	895	132	2,400	1,952	52	45	370	276	34	25	5	308	411	1,680	84	261	1,260	

*NOTE.—In determining the number of persons sleeping in a house, Section 58 Housing Act, 1936, states that a child who has attained one year and is under ten years old, shall be reckoned as one-half of a unit.

*Existing Overcrowding Records not considered accurate or figures not available.

THE DEPARTMENT OF AGRICULTURE AND FORESTRY

COUNTY	CATTLE				TOTAL
	1910	1911	1912	1913	
Adair	1,200	1,100	1,000	900	4,200
Adams	1,500	1,400	1,300	1,200	5,400
Alfalfa	1,800	1,700	1,600	1,500	6,600
Altamont	2,000	1,900	1,800	1,700	7,400
Anderson	2,200	2,100	2,000	1,900	8,200
Antelope	2,500	2,400	2,300	2,200	9,400
Apache	2,800	2,700	2,600	2,500	10,600
Armstrong	3,000	2,900	2,800	2,700	11,400
Beck	3,200	3,100	3,000	2,900	12,200
Bellevue	3,500	3,400	3,300	3,200	13,400
Blaine	3,800	3,700	3,600	3,500	14,600
Boone	4,000	3,900	3,800	3,700	15,400
Box Elder	4,200	4,100	4,000	3,900	16,200
Boyd	4,500	4,400	4,300	4,200	17,400
Butte	4,800	4,700	4,600	4,500	18,600
Carbonate	5,000	4,900	4,800	4,700	19,400
Castro	5,200	5,100	5,000	4,900	20,200
Cherokee	5,500	5,400	5,300	5,200	21,400
Chicot	5,800	5,700	5,600	5,500	22,600
Cheyenne	6,000	5,900	5,800	5,700	23,400
Clay	6,200	6,100	6,000	5,900	24,200
Clearwater	6,500	6,400	6,300	6,200	25,400
Conrad	6,800	6,700	6,600	6,500	26,600
Cottonwood	7,000	6,900	6,800	6,700	27,400
Crow	7,200	7,100	7,000	6,900	28,200
Custer	7,500	7,400	7,300	7,200	29,400
DeWala	7,800	7,700	7,600	7,500	30,600
Dodge	8,000	7,900	7,800	7,700	31,400
Douglas	8,200	8,100	8,000	7,900	32,200
Dryden	8,500	8,400	8,300	8,200	33,400
Edwards	8,800	8,700	8,600	8,500	34,600
Emery	9,000	8,900	8,800	8,700	35,400
Franklin	9,200	9,100	9,000	8,900	36,200
Fremont	9,500	9,400	9,300	9,200	37,400
Ft. Collins	9,800	9,700	9,600	9,500	38,600
Garfield	10,000	9,900	9,800	9,700	39,400
Garden City	10,200	10,100	10,000	9,900	40,200
Grant	10,500	10,400	10,300	10,200	41,400
Greenwood	10,800	10,700	10,600	10,500	42,600
Harvey	11,000	10,900	10,800	10,700	43,400
Harrison	11,200	11,100	11,000	10,900	44,200
Haskell	11,500	11,400	11,300	11,200	45,400
Hemlock	11,800	11,700	11,600	11,500	46,600
Hempstead	12,000	11,900	11,800	11,700	47,400
Hoback	12,200	12,100	12,000	11,900	48,200
Holdrege	12,500	12,400	12,300	12,200	49,400
Holt	12,800	12,700	12,600	12,500	50,600
Howard	13,000	12,900	12,800	12,700	51,400
Howell	13,200	13,100	13,000	12,900	52,200
Imperial	13,500	13,400	13,300	13,200	53,400
Jackson	13,800	13,700	13,600	13,500	54,600
Jacksonville	14,000	13,900	13,800	13,700	55,400
Jefferson	14,200	14,100	14,000	13,900	56,200
Johnson	14,500	14,400	14,300	14,200	57,400
Johnston	14,800	14,700	14,600	14,500	58,600
Kearney	15,000	14,900	14,800	14,700	59,400
Keith	15,200	15,100	15,000	14,900	60,200
Kennett	15,500	15,400	15,300	15,200	61,400
Kimberly	15,800	15,700	15,600	15,500	62,600
Knox	16,000	15,900	15,800	15,700	63,400
Kodiak	16,200	16,100	16,000	15,900	64,200
Kearney	16,500	16,400	16,300	16,200	65,400
Kimberly	16,800	16,700	16,600	16,500	66,600
Knox	17,000	16,900	16,800	16,700	67,400
Kodiak	17,200	17,100	17,000	16,900	68,200
Kearney	17,500	17,400	17,300	17,200	69,400
Kimberly	17,800	17,700	17,600	17,500	70,600
Knox	18,000	17,900	17,800	17,700	71,400
Kodiak	18,200	18,100	18,000	17,900	72,200
Kearney	18,500	18,400	18,300	18,200	73,400
Kimberly	18,800	18,700	18,600	18,500	74,600
Knox	19,000	18,900	18,800	18,700	75,400
Kodiak	19,200	19,100	19,000	18,900	76,200
Kearney	19,500	19,400	19,300	19,200	77,400
Kimberly	19,800	19,700	19,600	19,500	78,600
Knox	20,000	19,900	19,800	19,700	79,400
Kodiak	20,200	20,100	20,000	19,900	80,200
Kearney	20,500	20,400	20,300	20,200	81,400
Kimberly	20,800	20,700	20,600	20,500	82,600
Knox	21,000	20,900	20,800	20,700	83,400
Kodiak	21,200	21,100	21,000	20,900	84,200
Kearney	21,500	21,400	21,300	21,200	85,400
Kimberly	21,800	21,700	21,600	21,500	86,600
Knox	22,000	21,900	21,800	21,700	87,400
Kodiak	22,200	22,100	22,000	21,900	88,200
Kearney	22,500	22,400	22,300	22,200	89,400
Kimberly	22,800	22,700	22,600	22,500	90,600
Knox	23,000	22,900	22,800	22,700	91,400
Kodiak	23,200	23,100	23,000	22,900	92,200
Kearney	23,500	23,400	23,300	23,200	93,400
Kimberly	23,800	23,700	23,600	23,500	94,600
Knox	24,000	23,900	23,800	23,700	95,400
Kodiak	24,200	24,100	24,000	23,900	96,200
Kearney	24,500	24,400	24,300	24,200	97,400
Kimberly	24,800	24,700	24,600	24,500	98,600
Knox	25,000	24,900	24,800	24,700	99,400
Kodiak	25,200	25,100	25,000	24,900	100,200
Kearney	25,500	25,400	25,300	25,200	101,400
Kimberly	25,800	25,700	25,600	25,500	102,600
Knox	26,000	25,900	25,800	25,700	103,400
Kodiak	26,200	26,100	26,000	25,900	104,200
Kearney	26,500	26,400	26,300	26,200	105,400
Kimberly	26,800	26,700	26,600	26,500	106,600
Knox	27,000	26,900	26,800	26,700	107,400
Kodiak	27,200	27,100	27,000	26,900	108,200
Kearney	27,500	27,400	27,300	27,200	109,400
Kimberly	27,800	27,700	27,600	27,500	110,600
Knox	28,000	27,900	27,800	27,700	111,400
Kodiak	28,200	28,100	28,000	27,900	112,200
Kearney	28,500	28,400	28,300	28,200	113,400
Kimberly	28,800	28,700	28,600	28,500	114,600
Knox	29,000	28,900	28,800	28,700	115,400
Kodiak	29,200	29,100	29,000	28,900	116,200
Kearney	29,500	29,400	29,300	29,200	117,400
Kimberly	29,800	29,700	29,600	29,500	118,600
Knox	30,000	29,900	29,800	29,700	119,400
Kodiak	30,200	30,100	30,000	29,900	120,200
Kearney	30,500	30,400	30,300	30,200	121,400
Kimberly	30,800	30,700	30,600	30,500	122,600
Knox	31,000	30,900	30,800	30,700	123,400
Kodiak	31,200	31,100	31,000	30,900	124,200
Kearney	31,500	31,400	31,300	31,200	125,400
Kimberly	31,800	31,700	31,600	31,500	126,600
Knox	32,000	31,900	31,800	31,700	127,400
Kodiak	32,200	32,100	32,000	31,900	128,200
Kearney	32,500	32,400	32,300	32,200	129,400
Kimberly	32,800	32,700	32,600	32,500	130,600
Knox	33,000	32,900	32,800	32,700	131,400
Kodiak	33,200	33,100	33,000	32,900	132,200
Kearney	33,500	33,400	33,300	33,200	133,400
Kimberly	33,800	33,700	33,600	33,500	134,600
Knox	34,000	33,900	33,800	33,700	135,400
Kodiak	34,200	34,100	34,000	33,900	136,200
Kearney	34,500	34,400	34,300	34,200	137,400
Kimberly	34,800	34,700	34,600	34,500	138,600
Knox	35,000	34,900	34,800	34,700	139,400
Kodiak	35,200	35,100	35,000	34,900	140,200
Kearney	35,500	35,400	35,300	35,200	141,400
Kimberly	35,800	35,700	35,600	35,500	142,600
Knox	36,000	35,900	35,800	35,700	143,400
Kodiak	36,200	36,100	36,000	35,900	144,200
Kearney	36,500	36,400	36,300	36,200	145,400
Kimberly	36,800	36,700	36,600	36,500	146,600
Knox	37,000	36,900	36,800	36,700	147,400
Kodiak	37,200	37,100	37,000	36,900	148,200
Kearney	37,500	37,400	37,300	37,200	149,400
Kimberly	37,800	37,700	37,600	37,500	150,600
Knox	38,000	37,900	37,800	37,700	151,400
Kodiak	38,200	38,100	38,000	37,900	152,200
Kearney	38,500	38,400	38,300	38,200	153,400
Kimberly	38,800	38,700	38,600	38,500	154,600
Knox	39,000	38,900	38,800	38,700	155,400
Kodiak	39,200	39,100	39,000	38,900	156,200
Kearney	39,500	39,400	39,300	39,200	157,400
Kimberly	39,800	39,700	39,600	39,500	158,600
Knox	40,000	39,900	39,800	39,700	159,400
Kodiak	40,200	40,100	40,000	39,900	160,200
Kearney	40,500	40,400	40,300	40,200	161,400
Kimberly	40,800	40,700	40,600	40,500	162,600
Knox	41,000	40,900	40,800	40,700	163,400
Kodiak	41,200	41,100	41,000	40,900	164,200
Kearney	41,500	41,400	41,300	41,200	165,400
Kimberly	41,800	41,700	41,600	41,500	166,600
Knox	42,000	41,900	41,800	41,700	167,400

INSPECTION AND SUPERVISION OF FOOD

BIOLOGICAL MILK SAMPLING

Sampling of milk at the place of production has again been carried out, throughout the county, to a programme drawn up by the Director of the Public Health Laboratory. The number of producer-retailers of milk continues to fall each year and the requirements of all the districts as to the frequency of sampling were met. In addition to routine sampling for Myco. tuberculosis special investigations into cases of tubercular neck glands are carried out where there is a possibility of the milk supply being responsible for the infection. Towards the end of the year a sharp increase in the number of samples showing evidence of infection with *Brucella abortus* was seen, and a start was made with taking individual samples from the cows in the herds where positive bulk samples had been obtained, in an attempt to isolate the offending cows.

During the year 862 samples of milk were taken for biological examination, of which 17 showed evidence of Myco. tuberculosis. These cases and five others reported by outside authorities were investigated by the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries. Clinical examinations of the herds concerned were carried out, and further samples of milk taken until the herds could be certified as free from infection. Twelve cows were slaughtered under the Tuberculosis Order, 1938, as the result of these investigations, and the post-mortem examinations of the animals showed tuberculosis of the udder. In 13 cases the milk supply from the herds was diverted for pasteurisation whilst veterinary investigations proceeded.

The number of samples reported as showing evidence of infection with *Brucella abortus* was 27 and detailed investigations into most of these cases was proceeding at the end of the year. In some cases the producers co-operated by isolating suspicious cows and sending the milk for pasteurisation, or by using it other than for sale.

The active interest and co-operation of the Director of the Public Health Laboratory and the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries is once again recorded in connection with this work.

Milk and Dairies Regulations, 1949

The following table shows the position regarding the registration of distributors and dairies, and the work carried out in connection with the regulations.

Milk and Dairies Regulations 1949

District	No. on Register		Inspections		Contraventions							
	Dairies	Distributors	Dairies	Distributors	Dairies		Distributors		Out-standing, 31.12.52	Out-standing, 31.12.52		
					Found	Remedied	Found	Remedied				
Urban Districts												
Ashby-de-la-Zouch ..	4	11	14	—	—	—	—	—	—	—	—	—
Ashby Woulds ..	—	—	—	—	—	—	—	—	—	—	—	—
Coalville ..	12	37	35	52	—	—	—	—	—	—	—	—
Hinckley ..	10	26	40	34	10	6	2	1	—	—	—	1
Loughborough M.B. ..	16	7	113	6	—	—	—	—	—	—	—	—
Market Harborough ..	3	3	73	—	1	1	—	—	—	—	—	—
Melton Mowbray ..	6	2	13	4	2	2	—	—	—	—	—	—
Oadby ..	3	6	4	4	—	—	—	—	—	—	—	—
Shepshed ..	4	1	40	10	—	—	—	—	—	—	—	—
Wigston ..	2	29	12	50	—	—	—	—	—	—	—	—
Rural Districts												
Ashby-de-la-Zouch ..	2	8	2	12	—	—	—	—	—	—	—	—
Barrow-upon-Soar ..	14	—	134	—	8	8	—	—	—	—	—	—
Billesdon ..	—	—	—	—	—	—	—	—	—	—	—	—
Blaby ..	10	36	37	56	1	—	—	—	—	—	—	—
Castle Donington ..	4	36	8	13	—	—	—	—	—	—	—	—
Lutterworth ..	8	8	21	8	—	—	—	—	—	—	—	—
Market Bosworth ..	19	117	29	53	2	2	6	6	—	—	—	—
Market Harborough ..	3	5	20	30	—	—	—	—	—	—	—	—
Melton and Belvoir ..	4	75	13	140	—	—	—	—	—	—	—	—
Totals ..	124	407	608	472	24	19	20	19	5	20	19	1

Clinical Examinations and Tuberculin Testing of Cattle

The following is a summary of reports made by the Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries :

	No. of herd inspections	No. of cattle examined
(a) Clinical examination of dairy cattle :		
" Tuberculin Tested " and " Certified " herds	830	45,109
" Accredited " or Standard herds	1,315	54,602
Non-designated herds	414	4,974
(b) Tuberculin testing of " Tuberculin Tested " herds :		
Number of cattle tested		49,458
Number of reactors found		316 (0.64%)

At the end of the year there were 598 Attested and 82 Supervised Herds in the County.

Milk Sampling by District Councils

The following summary shows the number of milk samples taken by the district councils during the year. The samples of pasteurised milk are mainly taken from dairymen who do not process the milk, but buy pasteurised milk in bulk and bottle it on their own premises.

Class		Number of Samples	Satisfactory	Unsatisfactory
Designated	" Tuberculin Tested "	128	121	7
	" Accredited " ..	78	73	5
	" Pasteurised " ..	141	138	3
	" Sterilized " ..	25	25	—
Undesignated	432	391	41	

Pasteurised and Sterilized Milk Plants

One fresh licence was issued during the year, and there are still 16 pasteurised milk plants and one sterilized milk plant in operation in the county. These plants are licensed and supervised by the County Council as the Food and Drugs Authority. The plants are inspected weekly by the County Sanitary Department and samples of milk are taken at the time of inspection for the phosphatase and methylene blue tests. The Public Health Laboratory carry out these tests.

A total of 771 inspections of plants were carried out during the year and 979 samples of milk were taken at the dairies. Frequent testing of the thermometers used at the dairies against an N.P.L. tested check thermometer is found to be necessary as the majority of the indicating thermometers do not stand up to none-too-gentle handling of dairy operatives. A reliable thermometer suitably designed and protected to withstand hard usage is obviously

required. Monthly summaries of the sample results are sent to the dairies and to the district sanitary inspectors. This keeps the district councils informed and prevents unnecessary duplication of sampling.

It is hoped that certain areas of the county will be "Specified" in the near future so that all milk sold in these areas will be Pasteurised or Tuberculin Tested. This is already almost so in some urban areas but will be more difficult in isolated rural districts where the large distributors do not operate and it is left to the small producer/retailer to supply the households near the farm.

The following table gives particulars of the milk treatment plants in the county :

Type of Plant	Capacity in gallons per hour	Approximate daily output in gallons	Efficiency
H.T.S.T. ..	500—1,000	4,500	Excellent
H.T.S.T. ..	350	1,700	Excellent
H.T.S.T. ..	400	800	Excellent
H.T.S.T. ..	300	350	Excellent
H.T.S.T. ..	150	450	Excellent
H.T.S.T. ..	350	950	Excellent
H.T.S.T. ..	350	380	Excellent
Holder .. (continuous)	400	1,900	Excellent
Holder ..	250	800	Excellent
Holder ..	200	350	Excellent
Holder ..	100	300	Good
Holder ..	100	210	Excellent
Holder ..	100	120	Excellent
Holder ..	75	230	Good
Holder ..	75	100	Good
Holder ..	50	50	Good
Sterilized ..	150	400	Good

(in bottles)

Milk Supplies to Schools, etc.

The County Sanitary Department supervises the milk supply to 312 establishments throughout the county, namely 298 schools and 14 County Homes, Children's Homes and Day Nurseries.

Eight hundred and ninety-six samples of milk were taken for examination by the Public Health Laboratory during the year.

The following table shows the various types of milk supplied to the schools at the end of the year. Continuous efforts are made to substitute Pasteurised or Tuberculin Tested milk in the cases of schools receiving Accredited or

Undesignated milk. The schools still receiving the last-mentioned types of milk are isolated rural schools with a small number of scholars, and as a safeguard all the supplies are frequently submitted to biological examination. In no case has the supply been found to be infected with pathogenic organisms.

Schools Supplies at 31st December, 1952

Schools	"Tuberculin Tested"	"Pasteurised"	"Accredited"	Undesignated	Dried Milk	Totals
Secondary Grammar . .	1	11	—	—	—	12
Secondary Technical . .	—	3	—	—	—	3
Secondary Modern . .	—	23	—	—	—	23
Primary	28	217	3	11	—	259
Nursery	—	1	—	—	—	1
Totals	29	255	3	11	—	298
Comparable figures at 31st December, 1951	28	247	8	17	1	301

ICE CREAM

The following table gives details of the premises registered under the Food and Drugs Act, 1938, for the manufacture, etc., of ice cream, and also the samples taken during the year by the district sanitary inspectors.

ICE CREAM

District	Number of premises registered			Number of samples collected					Total
	Manufacture and Retail	Manufacture only	Retail only	Grade 1	Grade 2	Grade 3	Grade 4		
Urban Districts									
Ashby-de-la-Zouch ..	—	—	12	8	4	—	4	16	
Ashby Wolds ..	—	—	2	—	—	—	—	—	
Coalville ..	1	—	64	19	3	1	—	23	
Hinckley ..	5	—	86	11	4	2	3	20	
Loughborough M.B. ...	3	—	118	31	4	4	4	43	
Market Harborough ..	1	—	27	8	—	1	1	10	
Melton Mowbray ..	1	1	40	13	3	—	—	16	
Oadby ..	2	—	8	—	—	—	—	—	
Shepshed ..	—	—	8	20	2	2	—	24	
Wigston ..	1	1	42	12	11	2	4	29	
Rural Districts									
Ashby-de-la-Zouch ..	2	—	32	15	1	1	—	17	
Barrow-upon-Soar ..	3	—	91	44	5	3	—	52	
Billesdon ..	—	—	8	—	—	—	—	—	
Blaby ..	9	—	51	93	13	5	2	113	
Castle Donington ..	—	—	17	—	—	—	—	—	
Lutterworth ..	3	—	17	10	3	1	—	14	
Market Bosworth ..	2	—	47	—	—	—	—	—	
Market Harborough ..	—	—	17	—	—	—	—	—	
Melton and Belvoir ..	—	—	41	—	—	—	—	—	
Totals ..	33	2	728	284	53	22	18	377	

Per cent of samples within Grade I 75.3 per cent
 Per cent of samples within Grades I and II .. 89.3 per cent

MEAT INSPECTION

Slaughter Houses

The tables show the situation of regional slaughter houses, details of slaughtering carried out in other county districts (as far as is known) and the carcasses inspected and condemned at the regional slaughter houses.

Useful liaison between the district officers and the food offices appears to have ceased following Ministry of Food reorganisation. Notification of the issue of licences to slaughter cottagers' pigs is no longer given and this means that many pigs are not now inspected. The argument could be put forward that as the pigs are privately owned, the need for inspection does not arise, but this appears to be a negative viewpoint. When they received the notice of intention to slaughter, the district sanitary inspectors carried out this work willingly, often at their inconvenience as weekends are the favourite time for the slaughter of cottagers' pigs, and this service was often greatly appreciated by the owners. The necessary liaison should not be difficult to arrange again.

District	No. of regional slaughter houses	No. of inspections at time of slaughter	Total No. of animals slaughtered	Total No. of animals examined	No. of knackers' yards	No. of inspections
Urban Districts						
Ashby-de-la-Zouch	—	—	—	—	1	2
Ashby Woulds ..	—	—	—	—	—	—
Coalville	1	742	18,644	18,644	—	—
Hinckley	1	589	10,816	10,816	1	11
Loughborough M.B.	—	133	133	133	1	12
Market Harborough	1	371	9,794	9,794	—	—
Melton Mowbray..	1	514	11,936	11,936	1	4
Oadby	—	72	72	72	—	—
Shepshed	—	32	40	32	—	—
Wigston	—	—	84	80	1	12
Rural Districts						
Ashby-de-la-Zouch	—	—	—	1	2	5
Barrow-upon-Soar	—	31	—	31	2	54
Billesdon	—	—	—	—	—	—
Blaby	—	39	—	62	—	—
Castle Donington	—	—	—	—	1	14
Lutterworth ..	—	—	—	81	1	4
Market Bosworth..	—	38	1,279	65	—	—
Market Harborough	—	—	—	—	—	—
Melton and Belvoir	—	—	—	—	1	6
Totals ..	4	2,561	52,798	51,747	12	124

Carcases Inspected and Condemned at Four Regional Slaughter Houses

	Cattle exclu- ding Cows	Cows	Calves	Sheep and Lambs	Pigs	Total weight in lbs.
Number killed (if known)	5,781	3,256	4,626	29,654	7,873	—
Number inspected ..	5,781	3,256	4,626	29,654	7,873	—
All Diseases except Tuberculosis :						
Whole carcasses condemned	24	48	96	283	72	70,401
Carcases of which some part or organ was con- demned	2,280	1,783	42	3,493	726	82,337
Percentage of number in- spected affected with disease other than tuber- culosis	39.8%	56.2%	2.9%	12.7%	10.1%	—
Tuberculosis only :						
Whole carcasses condemned	37	70	4	—	30	77,044
Carcases of which some part or organ was con- demned	883	1,044	1	—	389	72,225
Percentage of number in- spected affected with tuberculosis	15.9%	34.0%	0.10%	—	5.3%	—

FOOD AND DRUGS

Food and Drugs Act, 1938.

The provisions of the Food and Drugs Act, 1938, relating to the composition and adulteration of food and drugs, were administered by the Weights and Measures Inspectors of the County Council. The following is a summary of the samples taken during 1952 and the County Analyst's reports :

	Number Analysed	Number Unsatisfactory	Remarks
Milk	192	8	Added water—4 Deficient in milk fat—4
Milk, Channel Island	1	1	Misdescribed
Milk, National Dry	1	—	
Almonds, Ground	1	—	
Baking Powder	4	—	

	Number Analysed	Number Unsatisfactory	Remarks
Beef, Tongue and Ham Paste ..	1	-	
Butter	6	-	
Cake Flour	1	-	
Cream, Synthetic	1	-	
Cream Powder, Synthetic	2	-	
Fish Paste	2	-	
Gravy Powder	1	-	
Ice Cream	85	-	
Jam	2	-	
Jelly	2	-	
Margarine	5	-	
Marmalade	2	-	
Meat Extract	1	-	
Mustard	2	-	
Peas, Fresh Garden	1	-	
Pepper	2	-	
Popcorn	1	-	
Pudding, Christmas	1	-	
Sage	1	-	
Sage and Onion Stuffing	1	-	
Salad Cream	4	-	
Sausages, Beef	7	-	
Sausages, Pork	21	1	Deficient in meat content
Sausage Meat, Pork	1	-	
Self-raising Flour	2	-	
Soup Concentrate	1	-	
Soup, Lentil Flavour	1	-	
Suet, Shredded	2	-	
Sugar	2	-	
Tea	2	-	
Tomato Ketchup	2	-	
Vinegar, Malt	2	-	
	—	—	
	366	10	
	—	—	
Wines, Spirits, etc.			
Gin	14	1	Adulterated
Port	2	-	
Rum	1	-	
Whisky	20	-	
Wine Cocktail	1	-	
	—	—	
	38	1	
	—	—	
Medicines, Tonics, etc.			
Alkaline Effervescent Compound	1	-	
Bismuth, Soda and Pepsin Mix- ture	1	-	
Blood Mixture	1	-	
Bronchial and Cold Mixture	1	-	

	Number Analysed	Number Unsatisfactory	Remarks
Chemical Food	1	—	
Chest and Lung Syrup ..	1	—	
Cold Capsules	1	—	
Cold and Influenza Mixture ..	1	—	
Compound Liquorice Powder ..	1	—	
Compound Syrup of Garlic ..	1	—	
Cough Mixture	3	—	
Cough Pastilles	1	—	
Gripe Mixture	1	—	
Halibut Liver Oil	2	—	
Indigestion Mixture	1	—	
Infants' Carminative	1	—	
Influenza Mixture	1	—	
Lemon, Glycerine and Honey ..	1	—	
Lung Syrup	1	—	
Mentholated Balsam	2	—	
Multi-Vitamin Tonic	1	—	
Saccharin Tablets	1	—	
Worm Syrup	1	—	
	—		
Total	27		
	—		
"Appeal to cow" milk samples	23		
	—		
Grand Totals	454	11	
	—		
1951	473	37	
	—		
1950	417	35	
	—		
1949	518	38	
	—		

In connection with the unsatisfactory milk samples, repeat samples were taken. In some cases the repeat samples proved the milk to be of poor quality and the Ministry of Agriculture and Fisheries Inspector was requested to make routine inspections of the herds concerned.

The manufacturer of the sample of pork sausage, found to contain only 56 per cent meat instead of 65 per cent as required, was cautioned and further samples taken.

Proceedings were instituted in connection with the sample of gin found to be adulterated and the seller was convicted, fined £5 and ordered to pay £2 2s. od. costs.

T.B.1.—Return showing the work of the Chest Clinics during the year 1952

	Respiratory			Non-Respiratory			Total			Grand Totals
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
	A. (1) Number of notified cases of T.B. on clinic registers on 1st JANUARY, 1952	698	543	64	120	114	125	818	657		189	1,664
(2) Transfers from clinics under other H.M.C.'s or B.G.'s during the year	38	40	3	4	4	2	42	44	5	91
(3) Cases lost sight of which returned to clinic during the year	—	—	—	—	—	—	—	—	—	—
B. Number of NEW CASES diagnosed as tuberculous during the year :										
T.B. MINUS	46	63	11	12	10	31	58	73	42	173
T.B. PLUS	65	37	3	1	1	1	66	38	4	108
C. Number of cases in										
A and B written off	47	29	4	16	8	5	63	37	9	109
(1) Recovered	40	23	1	2	—	1	42	23	2	67
(2) Died (all causes)	37	36	5	5	2	2	42	38	7	87
(3) Removed to other H.M.C. or B.G. Clinics	5	3	2	2	1	3	7	4	5	16
(4) Other reasons										
D. (1) Number of notified cases of T.B. on clinic registers on 31st DECEMBER, 1952	722	595	62	115	121	142	837	716	204	1,757
(2) Number of above known to have had positive sputum within preceding six months	133	70	1	—	—	—	133	70	1	204
E. Number of Contacts										
first examined	4	14	2	—	—	—	4	14	2	20
(1) Diagnosed as Tuberculous	—	—	—	—	—	—	—	—	—	—
(2) Not Tuberculous	2	3	1	—	—	—	2	3	1	6
during the year :										
(3) Not determined (as at 31st December, 1952)										
F. Number of patients on clinic register awaiting admission to T.B. Institution	1	2	1	—	—	—	1	2	1	4

NOTES.—(1) "Children" means persons under the age of 15. When a case, first diagnosed and placed on the register as a child, reaches 15 it is transferred to the adult register, but is *not* counted as a new case.

(2) As a few cases attend from the County of Rutland, the table does not show the exact position relating to Leicestershire.

T.B.2—Sanatoria, Hospitals, and other Residential Institutions for the Treatment of Tuberculosis for the year 1952

Name and situation of Institution (1)	Class of Case (2)	Number of Leicestershire patients who were under treatment on 31st December, 1951 (3)	Number of Leicestershire patients admitted during the year ended 31st December, 1952 (4)	Number of Leicestershire patients who were discharged or died in the Institution during the year ended 31st December, 1952 (5)	Total number of days during which patients referred to in Col. 5 were resident in the Institution (6)	Average number of days which patients referred to in Col. 5 were resident in the Institution (7)	Number of Leicestershire patients who were under treatment on 31st December, 1952 (8)
The Sanatorium, Markfield	Male adults R	72	147	150	23,740	158	69
	Female adults R	57	147	152	20,842	137	52
	Children R	2	12	9	1,688	188	5
	Male adults NR	—	4	4	382	95	—
	Female adults NR	—	1	1	96	96	—
	Children NR	—	—	1	166	166	—
Isolation Hospital and Chest Unit, Leicester	Male adults R	2	21	19	1,330	70	4
	Female adults R	2	15	16	997	62	1
	Children R	2	—	2	506	253	—
General Hospital, Leicester	Male adults NR	3	1	1	189	189	3
	Female adults NR	—	1	1	168	168	—
	Children NR	2	5	3	1,197	399	4
City Hospital, Nottingham	Female adults R	1	—	1	514	514	—
Holy Cross Sanatorium, Haslemere	Female adults R	1	—	—	—	—	1
TOTALS		144	355	360	51,815	144	139

R—Respiratory Tuberculosis. NR—Non-respiratory Tuberculosis

Table 5—Health showing the immediate results of treatment of patients during the year 1933

Classification of patients	Location at time of discharge	Location of patients at time of discharge					
		At home	In hospital	In sanatorium	In other institution	Deceased	Unknown
A.1	Discharged	1	1	1	1	1	1
	Died in institution	1	1	1	1	1	1
A.2	Discharged	1	1	1	1	1	1
	Died in institution	1	1	1	1	1	1
A.3	Discharged	1	1	1	1	1	1
	Died in institution	1	1	1	1	1	1
B.1	Discharged	1	1	1	1	1	1
	Died in institution	1	1	1	1	1	1
B.2	Discharged	1	1	1	1	1	1
	Died in institution	1	1	1	1	1	1

1. Cases discharged under 15 days
 2. Cases discharged under 15 days
 3. Cases discharged under 15 days

Non-respiratory Tuberculosis	
Discharged	1
Died	1
Discharged	1
Died	1
Discharged	1
Died	1
Discharged	1
Died	1
Discharged	1
Died	1

1.5.3—Tuberculosis (Respiratory and Other). Notifications, Deaths and Death Rates

Year	Localisation	Number of Notifications			Number of Deaths			Death Rates		
		Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County
1942	Respiratory	100	133	233	61	64	125	0.41	0.38	0.39
	Other ..	69	53	122	23	17	40	0.15	0.10	0.13
1943	Respiratory	91	91	182	75	79	154	0.51	0.48	0.49
	Other ..	59	59	118	11	18	29	0.07	0.11	0.09
1944	Respiratory	99	74	173	52	61	113	0.36	0.37	0.36
	Other ..	42	33	75	24	13	37	0.16	0.08	0.12
1945	Respiratory	109	108	217	59	52	111	0.41	0.32	0.36
	Other ..	28	39	67	16	16	32	0.11	0.10	0.10
1946	Respiratory	94	91	185	48	52	100	0.32	0.31	0.31
	Other ..	35	51	86	19	12	31	0.13	0.07	0.10
1947	Respiratory	130	100	230	72	52	124	0.47	0.30	0.38
	Other ..	40	35	75	16	10	26	0.10	0.06	0.08
1948	Respiratory	87	99	186	69	50	119	0.43	0.28	0.35
	Other ..	34	44	78	9	14	23	0.06	0.08	0.07
1949	Respiratory	131	108	239	58	61	119	0.36	0.34	0.35
	Other ..	21	34	55	9	6	15	0.06	0.03	0.04
1950	Respiratory	113	103	216	41	46	87	0.25	0.25	0.25
	Other ..	26	21	47	5	6	11	0.03	0.03	0.03
1951	Respiratory	135	110	245	49	37	86	0.30	0.20	0.25
	Other ..	21	36	57	3	6	9	0.02	0.03	0.03
Average for above ten years ..	Respiratory	109	102	211	58	55	113	0.38	0.32	0.35
	Other ..	38	40	78	13	12	25	0.09	0.07	0.08
1952	Respiratory	109	121	230	37	33	70	0.23	0.18	0.20
	Other ..	21	43	64	7	7	14	0.04	0.04	0.04

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TB 3—Return showing the immediate results of treatment of patients discharged from Residential Institutions during the year 1952

(a) Respiratory Tuberculosis

Classification on admission to Institution	Condition at time of discharge	Duration of Residential Treatment in the Institution											Total	
		Under 3 months but exceeding 28 days			3—6 months			6—12 months			More than 12 months			
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.		Ch.
R.A.1 ..	Quiescent	-	3	-	4	3	2	2	-	-	-	-	-	14
	Not quiescent	-	4	-	-	13	1	-	-	-	-	-	-	18
	Died in Institution ..	-	-	-	-	-	-	-	-	-	-	-	-	-
R.A.2 ..	Quiescent	1	1	-	3	2	-	2	1	-	1	1	-	12
	Not quiescent	4	4	-	6	12	-	6	2	-	1	1	-	36
	Died in Institution ..	-	-	-	-	-	-	-	-	-	-	-	-	-
R.A.3 ..	Quiescent	2	-	-	1	-	-	-	-	-	-	1	-	4
	Not quiescent	2	1	-	2	-	-	-	-	-	-	-	-	5
	Died in Institution ..	-	-	-	-	-	-	-	-	-	-	-	-	-
R.B.1 ..	Quiescent	-	-	-	-	3	-	4	-	-	-	-	-	7
	Not quiescent	2	6	-	10	4	1	-	-	-	-	-	-	23
	Died in Institution ..	-	-	-	-	-	-	-	-	-	-	-	-	-
R.B.2 ..	Quiescent	1	7	-	3	8	-	3	-	-	-	-	1	23
	Not quiescent	10	13	-	34	23	1	17	22	1	1	4	1	127
	Died in Institution ..	1	-	-	-	-	-	-	-	-	-	-	-	2
R.B.3 ..	Quiescent	1	-	-	-	-	1	-	-	-	-	-	-	2
	Not quiescent	1	2	1	8	2	1	11	5	-	-	-	-	31
	Died in Institution ..	2	1	-	1	-	-	1	2	-	2	-	-	9

Cases discharged under 28 days 21
 Cases died under 28 days 11
 Observation cases discharged non-tuberculous 4
Total 349

(b) Non-respiratory Tuberculosis

Bones and joints :—	Quiescent	2
	Not quiescent	3
	Died	-
Abdominal :—	Quiescent	-
	Not quiescent	1
	Died	-
Other organs :—	Quiescent	-
	Not quiescent	3
	Died	-
Peripheral Glands:—	Quiescent	2
	Not quiescent	-
	Died	-
Observation cases discharged non-tuberculous	-	-
Total	11	

T.B.5—Tuberculosis, Notifications and Deaths. Showing Age Periods, year 1952

AGE PERIODS	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	Males	Females	Males	Females	Males	Females	Males	Females
0-	1	1	—	—	—	1	1	—
1-	1	4 ¹	12 ²	7 ²	—	1	3	2
5-	4 ²	9	15 ²	8 ¹	—	—	1	1
15-	61 ³⁴	86 ²²	12 ⁵	4 ³	18	11	—	1
45-	40 ⁴	11 ¹	3 ¹	3 ¹	23	11	2	—
65-	7 ²	7 ¹	—	1	3	2	1	2
Total	113 ⁴³	117 ²⁵	42 ¹⁰	22 ⁸	44	26	8	6

NOTE.—The figures in small type show additional cases which came to the notice of the County M.O.H. other than by formal notification

T.B.6—Tuberculosis Notifications and Deaths. Urban and Rural Districts, year 1952

District	Estimated population mid-year	NOTIFICATIONS OF TUBERCULOSIS				DEATHS FROM TUBERCULOSIS			
		Respiratory	Attack Rate	Non-Respiratory	Attack Rate	Respiratory	Death Rate	Non-Respiratory	Death Rate
Urban									
Ashby-de-la-Zouch	6,449	1	0.16	1	0.16	1	0.16	1	0.16
Ashby Woulds	3,304	—	—	—	—	—	—	—	—
Coalville	25,520	16	0.63	1	0.04	7	0.27	1	0.04
Hinckley	39,080	23	0.59	10	0.26	5	0.13	1	0.03
Loughborough M.B.	35,360	24	0.68	2	0.06	10	0.28	2	0.06
Market Harborough	10,240	14	1.37	3	0.29	5	0.49	—	—
Melton Mowbray	14,150	6	0.42	2	0.14	3	0.21	—	—
Oadby	6,183	4	0.65	—	—	1	0.16	—	—
Shepshed	6,344	6	0.95	—	—	2	0.32	1	0.16
Wigston	15,470	15	0.97	2	0.13	3	0.19	1	0.06
Totals	162,100	109	0.67	21	0.13	37	0.23	7	0.04
Rural									
Ashby-de-la-Zouch	13,690	8	0.58	1	0.07	3	0.22	1	0.07
Barrow-upon-Soar	48,940	55	1.12	8	0.16	9	0.18	2	0.04
Billesdon	7,842	1	0.13	2	0.26	—	—	1	0.13
Blaby	39,750	25	0.63	10	0.25	8	0.20	2	0.05
Castle Donington	9,508	5	0.53	—	—	1	0.11	—	—
Lutterworth	11,830	4	0.34	3	0.25	2	0.17	—	—
Market Bosworth	26,390	6	0.23	7	0.27	5	0.19	—	—
Market Harborough	9,970	7	0.70	8	0.80	2	0.20	1	0.10
Melton and Belvoir	18,680	10	0.54	4	0.21	3	0.16	—	—
Totals	186,600	121	0.65	43	0.23	33	0.18	7	0.04

TABLE 1.—Vital Statistics

	COUNTY OF LEICESTER 1952					
	Urban		Rural		Whole County	
Area, in acres	56,860		458,548		515,408	
Population, Census 1951 (Preliminary)	161,728		184,104		345,832	
Population (Estimated mid-year 1952)	162,100		186,600		348,700	
	No.	Rates	No.	Rates	No.	Rates
Live births	2,607	16.08	2,856	15.31	5,463	15.67
Stillbirths	52	0.32	66	0.35	118	0.34
Deaths (all causes and all ages) ..	1,675	10.33	1,833	9.82	3,508	10.06
Deaths (under one year)	77	29.6	68	*23.8	145	26.5
Deaths (under four weeks)	57	21.9	54	*18.9	111	20.3
Causes of death grouped by international classifications :						
Infective and parasitic diseases ..	56	0.35	55	0.29	111	0.32
Neoplasms	291	1.79	292	1.56	583	1.70
Allergic, endocrine system, metabolic, and nutritional diseases	12	0.07	14	0.08	26	0.07
Diseases of the nervous system and sense organs	270	1.67	267	1.43	537	1.54
Diseases of the circulatory system ..	567	3.50	697	3.74	1,264	3.62
Diseases of the respiratory system ..	143	0.88	159	0.85	302	0.87
Diseases of the digestive system	17	0.10	19	0.10	36	0.10
Diseases of the genito-urinary system	39	0.24	51	0.27	90	0.26
Deliveries and complication of pregnancy, childbirth, and puerperium ..	1	0.006	—	—	1	0.003
Congenital malformations	26	0.16	19	0.10	45	0.13
Symptoms, senility, and ill-defined diseases	190	1.17	184	0.99	374	1.07
Accidents, poisonings and violence ..	63	0.39	76	0.41	139	0.39

Note.—The rates are calculated per thousand of the population except where marked (*), which are per thousand registered births.

Table 2.—Birth-Rates, Death-Rates, Analysis of Mortality, Maternal Mortality and Case-Rates for certain Infectious Diseases in the year 1952

Provisional figures based on Quarterly Returns

	England and Wales	160 County Boroughs and Great Towns (including London)	160 Smaller Towns (resident population 25,000-50,000 at 1951 Census)	London Administrative County
Births :	Rates per thousand Home Population			
Live births	15.3	16.9	15.5	17.6
Still births	0.35	0.43	0.36	0.34
	22.6 (a)	24.6 (a)	23.0 (a)	19.2 (a)
Deaths :				
All causes	11.3	12.1	11.2	12.6
Typhoid and paratyphoid fevers	0.00	0.00	0.00	—
Whooping cough	0.00	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.00
Tuberculosis	0.24	0.28	0.22	0.31
Influenza	0.04	0.04	0.04	0.05
Smallpox	0.00	—	—	—
Acute poliomyelitis (including polioencephalitis) ..	0.01	0.01	0.00	0.01
Pneumonia	0.47	0.52	0.43	0.58
Notifications (corrected) :				
Typhoid fever	0.00	0.00	0.00	0.00
Paratyphoid fever	0.02	0.02	0.03	0.01
Meningococcal infection ..	0.03	0.03	0.03	0.02
Scarlet fever	1.53	1.75	1.58	1.56
Whooping cough	2.61	2.74	2.57	1.66
Diphtheria	0.01	0.01	0.03	0.01
Erysipelas	0.14	0.15	0.12	0.14
Smallpox	0.00	0.00	0.00	—
Measles	8.86	10.11	8.49	9.23
Pneumonia	0.72	0.80	0.62	0.57
Acute poliomyelitis (including polioencephalitis) ..				
Paralytic	0.06	0.06	0.06	0.06
Non-paralytic	0.03	0.03	0.02	0.03
Food poisoning	0.13	0.16	0.11	0.18
Puerperal pyrexia	17.87 (a)	23.94 (a)	10.22 (a)	30.77 (a)
Deaths :	Rates per 1,000 Live Births			
All causes under 1 year of age	27.6 (b)	31.2	25.8	23.8
Enteritis and diarrhoea under 2 years of age	1.1	1.3	0.5	0.7

Maternal Mortality in England and Wales.

Intermediate List No. and Cause	Number of deaths	Rates per thousand Total (Live and Still) Births	Rates per million women aged 15-44
A115 Sepsis of pregnancy, childbirth and the puerperium	61	0.09	—
{ Abortion with toxæmia	13	0.02	1
A116 { Other toxæmias of pregnancy and the puerperium	147	0.21	—
A117 Hæmorrhage of pregnancy and childbirth	59	0.09	—
A118 Abortion without mention of sepsis or toxæmia	31	0.04	3
A119 Abortion with sepsis	47	0.07	5
A120 Other complications of pregnancy, childbirth and the puerperium ..	138	0.20	—

(a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 related live births.

TABLE 3.—Notifiable Diseases

Disease	Total cases (original notifications)	Total cases (corrected notifications)
Scarlet fever	475	468
Whooping cough	1,047	1,047
Acute poliomyelitis : paralytic	13	11
non-paralytic	3	2
Measles	1,899	1,902
Diphtheria	8	—
Acute pneumonia	358	358
Dysentery	78	75
Smallpox	—	—
Acute encephalitis : infective..	—	—
post-infectious	1	1
Enteric or typhoid fever	—	—
Paratyphoid fevers	—	—
Erysipelas	48	47
Meningococcal infection	11	8
Food poisoning	36	33
Puerperal pyrexia	25	24
Ophthalmia neonatorum	3	2

Table 2.—Causes of Death at Different Stages of the Year

CAUSES OF DEATH	1910		1911		1912	
	No.	%	No.	%	No.	%
1. Tuberculosis	1,234	23.5	1,187	22.8	1,156	22.1
2. Typhoid fever	456	8.7	423	8.2	401	7.7
3. Diphtheria	321	6.1	298	5.8	275	5.3
4. Whooping cough	287	5.5	264	5.1	241	4.6
5. Meningeal diseases	213	4.1	198	3.9	185	3.6
6. Acute poliomyelitis	189	3.6	176	3.4	163	3.1
7. Measles	156	3.0	143	2.8	131	2.5
8. Other febrile and parasitic diseases	134	2.6	121	2.4	109	2.1
9. Meningitis, serous, chronic	112	2.2	103	2.0	95	1.8
10. Meningitis, serous, long incubation	98	1.9	91	1.8	84	1.6
11. Meningitis, serous, typhoid	87	1.7	80	1.6	73	1.4
12. Meningitis, serous, meningitis	76	1.5	70	1.4	64	1.2
13. Other meningitis and pyogenic meningitis	65	1.3	60	1.2	55	1.1
14. Lack of meningitis	54	1.0	50	1.0	46	0.9
15. Unknown	43	0.8	40	0.8	37	0.7
16. Venereal lesions of nervous system	32	0.6	29	0.6	27	0.5
17. Convulsions, infantile	21	0.4	19	0.4	17	0.3
18. Hypertension with brain disease	18	0.3	16	0.3	14	0.3
19. Other brain disease	15	0.3	13	0.3	11	0.2
20. Other circulatory disease	12	0.2	10	0.2	9	0.2
21. Infarction	10	0.2	9	0.2	8	0.2
22. Embolism	8	0.2	7	0.1	6	0.1
23. Hemiplegia	6	0.1	5	0.1	4	0.1
24. Other diseases of respiratory system	5	0.1	4	0.1	3	0.1
25. Other of sinuses and mastoid	4	0.1	3	0.1	2	0.0
26. Diseases, venereal and chancous	3	0.1	2	0.0	1	0.0
27. Syphilis and syphilitic	2	0.0	1	0.0	0	0.0
28. Syphilis in general	1	0.0	0	0.0	0	0.0
29. Primary, tubercular, chronic	0	0.0	0	0.0	0	0.0
30. Chronic, tubercular	0	0.0	0	0.0	0	0.0
31. Other tubercular and tubercular disease	0	0.0	0	0.0	0	0.0
32. Other venereal diseases	0	0.0	0	0.0	0	0.0
33. All other diseases	0	0.0	0	0.0	0	0.0
34. Unknown	0	0.0	0	0.0	0	0.0
35. Diseases and respiratory system	0	0.0	0	0.0	0	0.0

TOTALS: 5,123 (1910), 4,876 (1911), 4,654 (1912)

NOTE: The figures in this table are based on a total of 15 years of data.

Table 6.

Causes of Death in Administrative Areas, 1952

CAUSES OF DEATH	Ashby-de-la-Zouch U.D.		Ashby Wolds U.D.		Coalville U.D.		Hinckley U.D.		Loughborough M.B.		Market Harborough U.D.		Melton Mowbray U.D.		Oadby U.D.		Shepshed U.D.		Wigston U.D.		Ashby-de-la-Zouch R.D.		Barnsley-Sear R.D.		Billesdon R.D.		Rilby R.D.		Castle Donington R.D.		Lutterworth R.D.		Market Bosworth R.D.		Market Harborough R.D.		Melton & Bevoir R.D.		Totals U.D.'s		Totals R.D.'s		Totals Whole Country	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
	33	30	15	13	149	118	173	175	229	295	51	59	55	76	29	42	30	32	84	77	84	66	228	232	38	37	168	171	41	44	82	81	145	130	47	49	90	98	848	827	923	910	3,508	
All causes	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Tuberculosis, respiratory	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Tuberculosis, other	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Syphilitic disease	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Diphtheria	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Whooping cough	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Measles	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Scarlet fever	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Other infectious and parasitic diseases	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Malignant neoplasms, stomach	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Malignant neoplasms, lung, bronchus	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Malignant neoplasms, breast	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Malignant neoplasms, uterus	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Malignant neoplasms, bladder	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Malignant neoplasms, prostate	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Malignant neoplasms, other	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Other malignant and lymphatic neoplasms	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Leukaemia, leukaemia	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Lymphoma, lymphoma	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Myeloma, myeloma	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Other vascular lesions of nervous system	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Coronary disease, angina	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Myocardial infarction	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Other circulatory diseases with heart disease	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Other heart disease	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Other circulatory disease	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Subarachnoid haemorrhage	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Ischaemic heart disease	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Stroke	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Other diseases of respiratory system	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Other diseases of respiratory system	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Other diseases of respiratory system	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Other diseases of respiratory system	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Other diseases of respiratory system	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Other diseases of respiratory system	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3	1	1	4	4	1	1	2	3	2	2	1	2	1	25	12	19	14	70		
Other diseases of respiratory system	1	1	1	1	5	2	2	3	8	2	4	1	2	1	1	1	1	2	2	1	2	1	6	3																				

Case No.	Age		Sex	Race	Occupation	Cause of Death	Date of Death	Place of Death
	At Birth	At Death						
1	1	1	M	W	Farmer	Heart disease	1910	Home
2	1	1	F	W	Housewife	Stroke	1910	Home
3	1	1	M	W	Teacher	Pneumonia	1910	Home
4	1	1	F	W	Teacher	Pneumonia	1910	Home
5	1	1	M	W	Farmer	Heart disease	1910	Home
6	1	1	F	W	Housewife	Stroke	1910	Home
7	1	1	M	W	Teacher	Pneumonia	1910	Home
8	1	1	F	W	Teacher	Pneumonia	1910	Home
9	1	1	M	W	Farmer	Heart disease	1910	Home
10	1	1	F	W	Housewife	Stroke	1910	Home
11	1	1	M	W	Teacher	Pneumonia	1910	Home
12	1	1	F	W	Teacher	Pneumonia	1910	Home
13	1	1	M	W	Farmer	Heart disease	1910	Home
14	1	1	F	W	Housewife	Stroke	1910	Home
15	1	1	M	W	Teacher	Pneumonia	1910	Home
16	1	1	F	W	Teacher	Pneumonia	1910	Home
17	1	1	M	W	Farmer	Heart disease	1910	Home
18	1	1	F	W	Housewife	Stroke	1910	Home
19	1	1	M	W	Teacher	Pneumonia	1910	Home
20	1	1	F	W	Teacher	Pneumonia	1910	Home

Table 4.—Corrected Notifications of Infectious Diseases in Age Groups

Disease	Age groups (years)								Totals
	0—	1—	3—	5—	10—	15—	25 and over	Age unknown	
Scarlet fever ..	2	32	99	275	40	10	7	3	468
Whooping cough ..	75	259	334	317	43	8	10	1	1,047
Acute poliomyelitis: paralytic	1	3	1	3	1	2	—	—	11
non-paralytic	—	—	—	2	—	—	—	—	2
Measles ..	46	337	441	998	45	15	13	7	1,902
Diphtheria ..	—	—	—	—	—	—	—	—	—

Disease	Age groups (years)								Totals
	0—	5—	15—	45—	65 and over	Age unknown			
Acute pneumonia ..	50	49	87	102	67	3			358
Dysentery ..	23	29	17	2	3	1			75
Smallpox ..	—	—	—	—	—	—			—
Acute encephalitis: infective	—	—	—	—	—	—			—
post-infectious	—	—	1	—	—	—			1
Enteric or typhoid fever ..	—	—	—	—	—	—			—
Paratyphoid fevers ..	—	—	—	—	—	—			—
Erysipelas ..	1	—	14	20	11	1			47
Meningococcal infection ..	4	3	—	1	—	—			8
Food poisoning ..	2	7	4	5	3	12			33

Disease	Age group not stated
Puerperal pyrexia ..	24
Ophthalmia neonatorum ..	2

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