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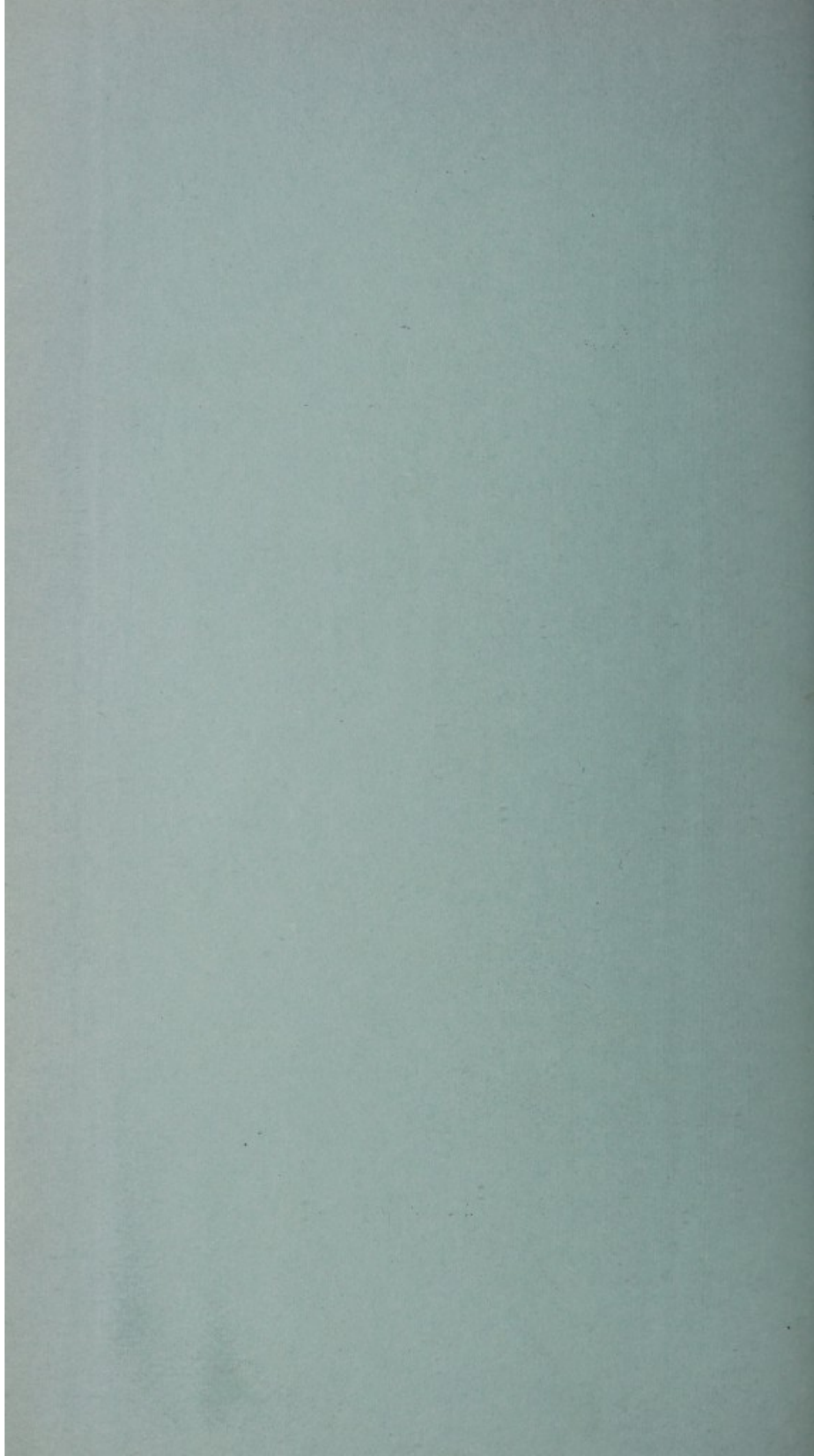
ANNUAL REPORT

of the

COUNTY
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1958

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

TELEPHONE: LEICESTER 20451





LEICESTER COUNTY COUNCIL

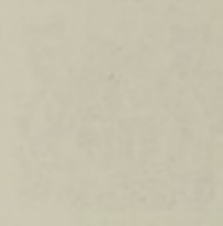
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THE STATE OF NEW YORK

ANNUAL
REPORT

OF THE
COMMISSIONER OF THE
DEPARTMENT OF HEALTH
FOR THE YEAR
1924

C. J. CHESNEY, M.D., F.R.C.P.
COMMISSIONER OF HEALTH
ALBANY: J. B. LEECH, PRINTERS
1925

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COUNTY HEALTH DEPARTMENT,

17 FRIAR LANE,

LEICESTER,

December, 1959

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the annual report of the work of the County Health Department for the year 1958.

On 1st January 1958 the County Health Committee assumed responsibility for the duties of the former County Homes Committee, and became the County Health and Welfare Committee. In this report will be found a short historical survey of the provision of residential accommodation by the County Homes Committee and its predecessor, the Public Assistance Committee. This is based on a much longer document prepared by the late Mr. H. J. Tillson, O.B.E., County Homes Officer, and presented to his committee shortly before his retirement. Mr. Tillson had a long and distinguished record of achievement in his own field, and his death in March 1959 was deeply regretted by all.

I should like to call special attention to the work of Dr. Marjorie Campbell in her capacity as co-ordinating officer for services available for 'problem families'. This is an arduous and often disheartening office, but the appointment has proved most useful in co-ordinating the many workers trying to help those families, and in endeavouring to arrive at some agreed plan to deal with each case.

The usual statistics are presented : special mention should be made of the fact that this is the first year on record where there has been no maternal death in the County.

We have now experienced ten complete years of the National Health Service, and it may be interesting to consider briefly our experiences during those ten years. Before considering individual services, there are three general comments I should like to make. The first is that there has been a gradual development of the local health authority as the source of a medico-social service, available to general practitioner and hospital authority as well as to the public. The second point is the greatly increased demand on our services made by the aged ; home nursing, home helps, health visitors and residential accommodation are perhaps the services where that is most noticeable. (It is important to keep a sense of proportion and remember that the great majority of old people, far from being only a liability to the community, take their place in the life of the country). The third unfortunately is the increasing difficulty in recruiting trained staff of almost every type—a difficulty which is likely to persist and, indeed, to increase.

Some of the services which were well established in 1948 have continued and developed much as expected—maternity and child welfare work, and home nursing for example. The growth of the home help service, both in quantity and variety of work, has been one of the outstanding features of the period. The scope of the health visitors' work has increased greatly, and I doubt very much whether many people without intimate knowledge of her duties appreciate what an important part she plays in the health service. The mental health service has been principally employed in the improvement of existing facilities, in readiness to take on the important duties placed on it by the 'new look' in mental health and illness. The remarkable change in the tuberculosis problem in the past ten years is a reminder to us that in these days the picture in medical affairs is liable to sudden and unexpected change and that our planning must therefore be as flexible as possible.

The ambulance service deserves a word of comment. The accident and emergency side of this work receives a good deal of publicity, but the enormous work of this service in the routine transport of patients—and especially out-patients—to and from hospitals is perhaps hardly so much appreciated. In the ten years 1949-58, 941,497 patients were carried 8,573,213 miles : without all this activity many patients would be unable to benefit from the hospital services to anything like the extent they do—a fact worth remembering when we may be inclined to grumble at the cost and at the occasional misuse of the service. It is worth noting that all this work was done without a single major accident involving serious injury to patients, public or staff, a most creditable performance especially when we realise that ambulances must run at all hours of the day or night and in all weather conditions, including fog and ice-bound roads.

It is a privilege for me to be able to pay a tribute to all those people on the Department's staff, in whatever field of activity they work, who are responsible for the services described in this Report. 1958 seems to have been an especially hard year, with one emergency following another. The central office staff suffered a sad blow in the death of Mr. O. Bullock, whose thorough and quiet efficiency was greatly missed. It is a pleasure to record my appreciation of the constant support of the Health and Welfare Committee, of their unfailing kindness to myself and all the staff, and also of the ever ready help of the Chief Officers and staff of the other departments of the County Council. We must work with many people outside our own organisation—general practitioners, hospital authorities, and many official and voluntary bodies too numerous to mention ; the co-operation we receive from them all is very much appreciated.

I have the honour to remain,

Your obedient servant,

G. H. GIBSON,

County Medical Officer

HEALTH AND WELFARE COMMITTEE

WORTLEY, W. O. (*Chairman*)

ATKINS, Mrs. D.
DIMMOCK, S.
EADY, Mrs. N. M. E.
EGGINGTON, A. T.
HARVEY, L. W. (*Vice-Chairman*)
HEAP, J. L.
HOLMES, J. H.
JAMES, V. C.
KEAY, Mrs. M. E., B.E.M.
MARSH, Mrs. A. G.
MARTIN, Lt.-Col. SIR ROBERT, C.M.G.
(*ex-officio*)
MAWBY, G. H.

MORRISON, Miss M. F. C. S.
MOSELEY, Mrs. D.
MURPHY, R.
POCHIN, V. R. (*ex-officio*)
SHAW, J. J. H.
SHEFFIELD, Mrs. D. M.
SHERRIFF, J. E.
TANDY, E. W.
TIMMS, R.
WESTON, R. C.
WOODCOCK, Mrs. E. M.
YATES, F.
YATES, H.

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

DALLEY, Mrs. C. E.

*Members co-opted to the Health and Welfare Committee by the County Council
on the nomination of various bodies :*

NAME :	REPRESENTATION :
MARTIN, Hon. Lady ..	Leicestershire County Nursing Association
EVERARD, Mrs. F. J. F. ..	Leicestershire County Nursing Association
JONES, Dr. G. W. ..	National Health Service (Leicestershire and Rutland) Executive Council
GARDINER, J. ..	Leicestershire and Rutland Association of Urban Authorities
SEVILLE, H. A. ...	Leicestershire and Rutland Association of Rural District Councils

Members co-opted to the General Purposes Sub-Committee :

FACER, Miss L. ..	Leicestershire Voluntary Association for Cripples' Welfare
MILLER, Miss I. H. ..	Royal Leicester, Leicestershire and Rutland Incorporated Institution for the Blind.

Members co-opted to the County Homes Sub-Committee :

ARIS, W.	ERRINGTON, H. Y.
FOSBROOKE, Mrs. M. C.	PELL, H. O.

Members co-opted to the Mental Health Sub-Committee :

MACGREGOR, Dr. D. F. ..	Medical Superintendent, Carlton Hayes Hospital
VALENTINE, Dr. A. A. ..	Medical Superintendent, Glenfrith Hospital

Sub-Committees of the Health Committee

(including terms of reference)

General Purposes Sub-Committee :

HARVEY, L. W. (<i>Chairman</i>)	MAWBY, G. H. (<i>Vice-Chairman</i>)
Ambulance Service	Sewerage and water
Health Centres	Small dwellings
Health Education	Welfare of the blind, crippled, deaf and handicapped persons
Housing (including housing of rural workers)	General matters not specifically re- ferred to any other Sub-Committee
Milk and Dairies	

HEALTH COMMITTEE—*continued*

Domiciliary Services Sub-Committee :

YATES, F. (*Chairman*)

EADY, Mrs. N. M. E. (*Vice-Chairman*)

Domestic Help Service
Health Visiting
Home Nursing
Maternity and Child Welfare
Midwifery
Other types of illness, including
venereal disease, care of epileptics
and care of patients discharged
from hospital
Provision of nursing equipment and
apparatus

Tuberculosis, including the provision
of village settlements, workshops,
hospital accommodation, night
sanatoria, domiciliary visits to
tuberculosis patients, provision of
shelters and the setting up of a Care
Committee
Vaccination and Immunisation
Welfare Foods

County Homes Sub-Committee :

HOLMES, J. H. (*Chairman*)

MOSELEY, Mrs. D. (*Vice-Chairman*)

All matters relating to the provision of residential accommodation for the aged and infirm, and temporary accommodation for persons in need thereof: the temporary protection of property of persons admitted to any hospital or old peoples' homes: the burial and cremation of the dead and the powers and duties of the Council County under Section 31 of the National Assistance Act, 1948, and the registration, etc., of disabled persons' and old persons' homes.

Mental Health Sub-Committee :

MURPHY, R. (*Chairman*)

SHEFFIELD, Mrs. D. M. (*Vice-Chairman*)

Lunacy and Mental Deficiency, including the Council's duties in respect of mental illness or defectiveness under Section 28 of the National Health Service Act, 1946; staffing and financial matters appertaining to this Sub-Committee.

Representation on other Governing Bodies and Associations

Joint Consultative Committee for the Welfare of the Blind :

HARVEY, L. W., HOLMES, J. H., MAWBY, G. H., WORTLEY, W. O.

Leicestershire County Nursing Association :

EADY, Mrs. N. M. E., HOLMES, J. H., MORRISON, Miss M. F. C. S.,
SHERRIFF, J. E.

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

ARIS, W.	HARVEY, L. W.	JAMES, V. C.
KEAY, Mrs. M. E., B.E.M.	MARTIN, Hon. Lady	WESTON, R. C.

Leicestershire Voluntary Association for Cripples' Welfare :

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

Leicester and County Mission to the Deaf :

KEAY, Mrs. M. E., B.E.M.

HEALTH COMMITTEE—*continued*

Royal Leicester, Leicestershire and Rutland Incorporated Institution for the Blind :

KEAY, Mrs. M. E., B.E.M. SEVILLE, H. A. SHERRIFF, J. E. YATES, F.

Wycliffe Society for Helping the Blind :

KEAY, Mrs. M. E., B.E.M. WESTON, R. C.

Southern Regional Association for the Blind :

YATES, F.

Friends of Markfield After-Care Committee :

EADY, Mrs. N. M. E. WESTON, R. C.

Leicestershire Rural Community Council :

PELL, H. O. YATES, F.

East Midlands Old People's Welfare Committee of the National Council of Social Services :

WOODCOCK, Mrs. E. M.

Leicestershire Old People's Welfare Association :

WOODCOCK, Mrs. E. M. ARIS, W.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

County Medical Officer ; Principal School Medical Officer :

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

Deputy County Medical Officer ; Deputy Principal School Medical Officer :

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

Senior 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.

CRUICKSHANK, MARGARET O., M.A., M.R.C.S., L.R.C.P.
(retired 30th September, 1958),

*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 ; Medical Officer of Health, Blaby and Lutterworth
Rural Districts :*

ROSS, A. C., M.B., CH.B., D.P.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, Wigston and
Market Harborough Urban Districts and Market Harborough Rural District :*

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

*Assistant County Medical Officer :
Medical Officer of Health, Hinckley Urban District and Market Bosworth Rural
District :*

KERSHAW, J. B., M.B., B.S., D.P.H. (appointed 1st November, 1958)

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)

Principal School Dental Surgeon :

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

STAFF OF THE PUBLIC HEALTH DEPARTMENT

—continued

School Dental Surgeons :

WARD, A. E., L.D.S.
McLELLAN, C. L. R., L.D.S.
KNOX, Mrs. LORNA, L.D.S.
LATIMER, R., L.D.S. (part-time)
LAWSON, D., L.D.S. (part-time)

County Health Inspector :

GREGORY, S. A., F.R.S.H., M.A.P.H.I.

Assistant County Health Inspector :

COLENSO, R., M.A.P.H.I.
(resigned 31st July, 1958)

BUTTON, D. D., M.A.P.H.I., A.R.S.H.
(appointed 30th September, 1958)

Superintendent Health Visitor and School Nurse (combined duties) :

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

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

TAYLOR, Miss R. P., S.R.N., S.C.M., H.V.CERT.

Health Visitors and School Nurses (combined duties) :

ADDY, Miss A. (retired 31st December, 1958)	KEITH, Miss L.
ALDERTON, Miss M. B.	KERRY, Mrs. E. (part-time)
ANDERSON, Miss J. A.	LANCASTER, Miss A. H.
BAINES, Mrs. D. G.	McDONAGH, Miss K.
BAXTER, Miss D. G. (Diabetic H.V.)	McILRATH, Miss G.
BLACK, Miss E. J.	MOSS, Miss G.
BOON, Miss K. F.	MOULD, Miss I. M. (appointed 1st November, 1958)
CARTER, Miss W. D. (Health Education H.V.)	PATERSON, Miss M. J.
COULSON, Mrs. G. E.	PEARCE, Miss S. M.
DANIELS, Miss J.	PORTER, Miss W. C.
DENNING, Miss D. M.	ROBINSON, Miss E.
DOHERTY, Miss E. M.	SHUTT, Miss H. A. (Health Visitor only)
DUNNE, Mrs. B.	SIMMONS, Miss B. W.
FOINETTE, Mrs. N.	SMITH, Miss E. F. V.
FOXLEY, Miss E. M.	SOUTHAM, Mrs. J.
GRAINGER, Miss M. (resigned 14th May, 1958)	SOWTER, Miss D.
GRATELEY, Mrs. S. T.	SWINGLER, Miss M. E.
HENSON, Miss F. B.	WARNER, Miss G. M. (appointed 1st October, 1958)
HILL, Miss M. L.	WILSON, Miss B. M.
HOLMES, Miss A. L.	WOOLFITT, Miss N. I.
JONES, Mrs. K. B.	

STAFF OF THE PUBLIC HEALTH DEPARTMENT

—continued

Almoner :

TWEEDIE, Mrs. M. I., B.SC. (ECON.) A.M.I.A.

Non-Medical Supervisor of Midwives :

GRAY, Miss M., S.R.N., S.C.M., H.V.CERT.
(resigned 31st January, 1958)

ALLINSON, Miss L., S.R.N.S.C.M., H.V.CERT. (appointed 21st February, 1958)
(on the Staff of the Leicestershire County Nursing Association)

Domestic Help Organiser :

HAMER, Mrs. A. L. E., M.B.E.

Deputy Domestic Help Organiser :

SANDERS, Miss G. M., S.R.N., S.R.C.N.

Ambulance Officer :

CAVE, F. J.

Deputy Ambulance Officer :

CLARKE, A. S.

Senior Mental Health Officer and Authorised Officer :

FORDHAM, W. J.

Deputy Senior Mental Health Officer and Authorised Officer :

NEWTON, Mrs. M., D.P.A.

Mental Health Officers and Authorised Officers :

MAGEE, L. M. CHARLES, Mrs. R.
WEST, Miss D. I.

Chief Administrative Assistant :

TURNER, E. R.

Senior Administrative Officer (County Homes) :

FREER, N. C.

Officers at County Homes :

Catherine Dalley House, Scalford Road, Melton Mowbray	Matron, Miss C. Sutton
Enderby House, Leicester Road, Narborough.	Secretary, Mr. H. S. Painter Matron, Mrs. M. G. Painter
Hastings House, 59a Regent Street, Loughborough	Matron, Miss E. F. F. Blencowe
Knighton House, 341 London Road, Leicester	Matron, Miss F. E. Holland
St. Luke's, Leicester Road, Market Harborough	Secretary, Mr. S. J. Mockett Matron, Mrs. A. Mockett
Westhaven, Station Road, Market Bosworth, Nuneaton	Secretary, Mr. A. D. Allan Matron, Mrs. M. E. Allan
Woodmarket House, Lutterworth, Rugby	Secretary, Mr. D. H. K. Gilson Matron, Mrs. G. M. Gilson
Loudoun House, Ridgway Road, Ashby-de-la-Zouch	Matron, Mrs. M. C. C. Silverwood

DISTRICT MEDICAL OFFICERS OF HEALTH

Area	Name	Office Address and Telephone No.
URBAN :		
Ashby-de-la-Zouch	Dr. A. M. W. Segerdal..	Council Offices, Kilwardby Street, Ashby-de-la-Zouch (Tel. Ashby-de-la-Zouch 540)
Ashby Woulds ..	Dr. A. M. W. Segerdal..	Council Offices, Moira (Tel. Swadlincote 7669)
Coalville	Dr. A. Hamilton ..	Council Offices, London Road, Coalville (Tel. Coalville 283)
Hinckley	Dr. J. B. Kershaw	Council Offices, Church Walk, Hinckley (Tel. Hinckley 3771)
Loughborough ..	Dr. R. C. Holderness ..	Health Department, Town Hall, Loughborough (Tel. Loughborough 2094)
Market Harborough	Dr. R. W. Kind.. ..	Council Offices, Northampton Road, Market Harborough (Tel. Market Harborough 2258)
Melton Mowbray ..	Dr. J. Young	Egerton Lodge, Melton Mowbray (Tel. Melton Mowbray 3662)
Oadby	Dr. R. W. Kind.. ..	Council Offices, Oadby (Tel. Oadby 3266)
Shepshed	Dr. A. M. W. Segerdal..	Council Offices, Shepshed (Tel. Shepshed 3212)
Wigston	Dr. R. W. Kind.. ..	Council Offices, Wigston (Tel. Wigston 2345)
RURAL :		
Ashby-de-la-Zouch	Dr. A. M. W. Segerdal..	South Street, Ashby-de-la-Zouch (Tel. Ashby-de-la-Zouch 77)
Barrow-upon-Soar	Dr. J. W. Hall	The Grange, Rothley (Tel. Rothley 391)
Billesdon	Dr. J. Young	Council Offices, Thurnby (Tel. Thurnby 2182)
Blaby	Dr. A. C. Ross	Council Offices, Narborough (Tel. Narborough 2071)
Castle Donington ..	Dr. T. M. Montford ..	4 Clapgun Street, Castle Donington (Tel. Castle Donington 271)
Lutterworth	Dr. A. C. Ross	Council Offices, Lutterworth (Tel. Lutterworth 61/64)
Market Bosworth ..	Dr. J. B. Kershaw ..	Council Offices, Market Bosworth (Tel. Market Bosworth 234, 371)
Market Harborough	Dr. R. W. Kind.. ..	42 High Street, Market Har- borough (Tel. Market Harborough 2063)
Melton and Belvoir	Dr. J. Young	Warwick Lodge, Melton Mowbray (Tel. Melton Mowbray 3343)

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

NATURAL AND SOCIAL CONDITIONS

Leicestershire is, geographically, practically in the centre of the country, and geologically, is composed to a large extent of a clay soil; ironstone deposits in the extreme north-east, and the granite outcrops of the Charnwood Forest which occupy most of the higher ground in the County. Except for certain quarries in various parts, and the coal mining district of the north-west, the land is used mainly for agriculture, both pastoral and arable.

The chief occupations of the population are in agriculture, mining and in the hosiery, footwear, light and heavy industries of the City of Leicester and the large towns in the periphery of the County.

STATISTICS OF THE AREA

				Whole County	
Area in Acres	..	..	Urban	56,850	
			Rural	458,548	.. 515,398
Population (Registrar-General's estimates, mid-year 1958) :					
			Urban	174,200	
			Rural	207,200	.. 381,400
Rateable value as at 1st April, 1958	..	..	..	..	£3,788,149
Estimated product of penny rate, 1958-59			..	..	£15,182
Live births	..	..	Urban	2,912	
			Rural	3,459	.. 6,371
Live birth-rate	..	..	Urban	16.72	
(per 1,000 population)			Rural	16.70	.. 16.70
Stillbirths	..	..	Urban	65	
			Rural	100	.. 165
Stillbirth rate	..	..	Urban	21.83	
(per 1,000 total births)			Rural	28.09	.. 25.24
Total live and stillbirths	..	..	Urban	2,977	
			Rural	3,559	.. 6,536
Infant mortality (deaths under one year of age)	..	..	Urban	51	
			Rural	59	110
Infant mortality rate (per thousand live births)	..	..	Urban	17.51	
			Rural	17.06	.. 17.27
Legitimate Infant Mortality rate (per thousand legitimate live births)			Urban	17.68	
			Rural	16.02	.. 16.83
Illegitimate Infant Mortality rate (per thousand illegitimate live births)			Urban	11.90	
			Rural	45.87	.. 31.09

STATISTICS OF THE AREA—*continued*

Neo-natal mortality (deaths under four weeks of age) ..				Urban	30		
				Rural	40	..	70
Neo-natal mortality rate (per thousand live births) ..				Urban	10.30		
				Rural	11.56	..	10.98
Illegitimate live births expressed as a percentage of total live births				Urban	2.88%		
				Rural	3.15%	..	3.03%
Maternal mortality				Urban	—		
				Rural	—	..	—
Maternal mortality rate				Urban	—		
				Rural	—	..	—
Deaths				Urban	1,745		
				Rural	2,103	..	3,848
Death-rate				Urban	10.02		
				Rural	10.15	..	10.09

POPULATION OF THE COUNTY

During the past year, the estimated population of the county has increased yet again, by 8,100. It is interesting to note that during the past five years, the County population has increased by 29,900.

The Registrar-General's estimate of the population at mid-year 1958 is given below in comparison with that for 1957.

					Estimated Mid-year	Estimated Mid-year
Urban Districts :					1958	1957
Ashby-de-la-Zouch	..	..	..	..	6,980	6,840
Ashby Woulds	..	..	..	..	3,330	3,360
Coalville	..	..	..	..	26,300	26,120
Hinckley	..	..	..	..	40,450	40,090
Loughborough M.B.	..	..	..	..	36,070	35,850
Market Harborough	..	..	..	..	10,710	10,580
Melton Mowbray	..	..	..	..	14,860	14,860
Oadby	..	..	..	..	10,150	8,760
Shepshed	..	..	..	..	6,750	6,700
Wigston	..	..	..	..	18,600	17,940
Total Urban Districts					174,200	171,100

POPULATION OF THE COUNTY—*continued*

				Estimated Mid-year 1958	Estimated Mid-year 1957
Rural Districts :					
Ashby-de-la-Zouch	..	..	..	13,950	13,890
Barrow-upon-Soar	..	..	..	52,550	51,450
Billesdon	..	..	..	17,360	15,810
Blaby	..	..	..	44,720	42,640
Castle Donington	..	..	..	10,190	10,210
Lutterworth	..	..	..	12,500	12,300
Market Bosworth	..	..	..	27,330	27,110
Market Harborough	..	..	..	9,750	9,930
Melton and Belvoir	..	..	..	18,850	18,860
Totals Rural Districts ..				207,200	202,200
Total population of whole county ..				381,400	373,300

The following table gives the population figures for the past 20 years.

Year	Urban Population	Rural Population	Whole County Population
1939	143,900	162,200	306,100
1940	148,100	163,710	311,810
1941	155,490	173,010	328,500
1942	150,100	168,000	318,100
1943	146,900	165,200	312,100
1944	146,320	164,060	310,380
1945	145,100	162,590	307,690
1946	150,930	168,100	319,030
1947	154,450	172,880	327,330
1948	158,960	178,840	337,800
1949	160,490	181,710	342,200
1950	163,780	183,900	347,680
1951	162,700	184,800	347,500
1952	162,100	186,600	348,700
1953	163,500	188,000	351,500
1954	164,970	189,630	354,600
1955	166,600	191,900	358,500
1956	168,300	196,300	364,600
1957	171,100	202,200	373,300
1958	174,200	207,200	381,400

LIVE BIRTHS

(rates calculated per thousand population)

A further slight increase, from 6,155 to 6,371, in the number of births recorded in the county has resulted in an increase in the birth rate from 16.5 to 16.7, the whole of this latter increase being accounted for in the urban areas. It may be worth noting that, if the present trend continues, by 1961, the number of births will be the highest ever recorded in the county. During the year there were 3,205 male and 3,166 female births, the ratio being 101.2 male to 100 female births.

The number of illegitimate births recorded increased from 184 to 193 with a corresponding rate increase from 0.49 to 0.50.

The number of births and the birth-rate for the years 1939 to 1958 are given below.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1939 ..	2,253	15.7	2,348	14.5	4,601	15.0	15.0
1940 ..	2,275	15.4	2,449	14.9	4,724	15.1	14.6
1941 ..	2,349	15.1	2,453	14.2	4,802	14.6	14.2
1942 ..	2,718	18.1	2,790	16.6	5,508	17.3	15.8
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
1953 ..	2,602	15.9	2,820	14.9	5,422	15.4	15.5
1954 ..	2,465	14.9	2,680	14.1	5,145	14.5	15.2
1955 ..	2,538	15.2	2,759	14.4	5,297	14.8	15.0
1956 ..	2,600	15.5	3,011	15.3	5,611	15.4	15.7
1957 ..	2,789	16.3	3,366	16.7	6,155	16.5	16.1
1958 ..	2,912	16.7	3,459	16.7	6,371	16.7	16.4

STILLBIRTHS

(rates calculated per thousand live and stillbirths)

The total number of stillbirths shows a marked increase from 128 to 165. The result has been to make the stillbirth rate considerably higher, and it does not compare favourably with the figure of 21.05 for the whole country.

Year			Legitimate		Illegitimate		Total	
			No.	Rate	No.	Rate	No.	Rate
1939	..	..	192	39.9	11	2.3	203	42.2
1940	..	..	153	31.2	11	2.3	164	33.5
1941	..	..	141	28.5	7	1.4	148	29.9
1942	..	..	176	30.0	6	1.0	182	32.0
1943	..	..	169	26.9	15	2.4	184	29.3
1944	..	..	155	23.1	22	3.3	177	26.4
1945	..	..	153	25.6	17	2.9	170	28.5
1946	..	..	151	22.5	7	1.0	158	23.5
1947	..	..	172	24.1	10	1.4	182	25.5
1948	..	..	150	23.0	7	1.1	157	24.1
1949	..	..	127	20.9	12	2.0	139	22.9
1950	..	..	155	26.8	5	0.9	160	27.7
1951	..	..	121	21.2	7	1.2	128	22.4
1952	..	..	113	20.2	5	0.9	118	21.1
1953	..	..	120	21.6	3	0.5	123	22.1
1954	..	..	139	26.2	10	1.9	149	28.1
1955	..	..	108	19.9	5	0.9	113	20.8
1956	..	..	142	24.6	6	1.0	148	25.6
1957	..	..	121	19.7	7	1.1	128	20.8
1958	..	..	156	23.9	9	1.4	165	25.3

NEO-NATAL DEATHS

(rates calculated per thousand live births)

The number of neo-natal deaths during the year is 38 less than that recorded for 1957, with a corresponding decrease in the neo-natal death rate from 17.4 to 11.0—the figure for England and Wales being 16.2.

The number of deaths, 70, represents 63.6% of the deaths which occur in the first year of life, and it is during these first four weeks that improvements can be made.

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
1953	..	..	53	20.4	48	17.0	101	18.6
1954	..	..	57	23.9	49	18.9	106	21.3
1955	..	..	43	16.9	34	12.3	77	14.5
1956	..	..	52	20.0	40	13.2	92	16.4
1957	..	..	53	19.0	55	16.3	108	17.4
1958	..	..	30	10.3	40	11.6	70	11.0

INFANT MORTALITY

(rates calculated per thousand live births)

The infant mortality rate of 17.3 is a considerable decrease over that for the previous year, the comparable rate for England and Wales being 22.5. It is most satisfactory to see this low figure—a record for the county and a figure which would have been thought quite extraordinary only a few years ago. It must be observed however, that the stillbirth rate for this year is higher than usual. The greatest improvement is in the neo-natal deaths—those occurring in the first four weeks of life. If the neo-natal deaths and the stillbirths are taken together, as being likely to have some common relationship, the totals for 1957 and 1958 are almost exactly the same.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1939 ..	115	51	97	41	212	46	50
1940 ..	112	42	127	50	239	46	55
1941 ..	159	59	106	41	265	50	59
1942 ..	146	54	111	40	257	47	49
1943 ..	134	46	123	39	257	42	49
1944 ..	123	39	122	36	245	37	46
1945 ..	97	34	110	38	207	36	46
1946 ..	134	42	101	30	235	36	43
1947 ..	161	48	137	38	298	43	41
1948 ..	102	33	103	31	205	32	34
1949 ..	81	28	80	26	161	27	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
1953 ..	77	29.6	75	26.6	152	28.0	26.8
1954 ..	70	29.4	70	27.0	140	28.1	25.4
1955 ..	65	25.6	54	19.6	119	22.5	24.9
1956 ..	65	25.0	65	21.6	130	23.2	23.8
1957 ..	71	25.5	76	22.6	147	23.9	23.1
1958 ..	51	17.5	59	17.1	110	17.3	22.5

INFANT MORTALITY

The following table analyses into individual causes the 110 infant deaths which occurred in 1958, and also gives the figures for 1957 for comparison.

Cause of death	Year 1957			Year 1958		
	M.	F.	Total	M.	F.	Total
Whooping Cough	-	1	1	-	-	-
Other infective and parasitic disease ..	-	1	1	-	-	-
Other malignant and lymphatic neoplasms ..	-	-	-	-	1	1
Influenza	1	1	2	1	-	1
Pneumonia	5	3	8	15	5	20
Bronchitis	1	3	4	3	2	5
Other diseases of respiratory system ..	-	-	-	-	1	1
Gasteritis, enteritis and diarrhoea ..	3	-	3	1	1	2
Nephritis and nephrosis	-	-	-	1	-	1
Congenital malformation	16	20	36	12	13	25
Other defined and ill-defined diseases ..	57	29	86	30	20	50
Motor Vehicle accidents	-	-	-	1	-	1
All other accidents	4	2	6	1	1	2
Homicide and operations of war	-	-	-	1	-	1
Totals	87	60	147	66	44	110

The decrease in the total of infant deaths is accounted for by the decrease in the group "other defined and ill-defined diseases", and as this group accounts for 45% of total deaths, it has been broken down into the following sub-divisions :

Intracranial and spinal injury at birth :	1957	1958
Cerebral haemorrhage	9	6
Birth injury of brain	2	1
Other brain haemorrhage	1	-

Post-natal asphyxia and atelectasis :

Apnoea	1	-
Atelectasis (all forms)	28	9
Asphyxia	4	7

Immaturity with or without mention of other subsidiary condition :

Prematurity	31	219
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Haemolytic disease of the newborn :

Haemolytic disease of the newborn	3	1
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Haemorrhagic disease of the newborn :

Haemorrhagic disease of the newborn	2	-
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INFANT MORTALITY—continued

Other general symptoms :

Anaemia	..	..	..	..	..	1	—
Cachexia	..	..	..	..	..	1	—
Cardiac failure	..	..	..	..	..	2	3
Inanition	..	..	..	..	..	—	1
Marasmus	..	..	..	..	..	—	2
Sclerema neonatorum	..	..	..	..	..	1	1

MATERNAL MORTALITY

(rates calculated per thousand live and stillbirths)

For the first time on record there has been no maternal deaths in the county, for which all concerned must accept a great deal of credit—midwives, general practitioners and hospital services. A maternal death is perhaps the most distressing of all medical catastrophes, and it is greatly to be hoped that we can continue to keep the figure as low as possible.

Year			Number of maternal deaths	Rate per thousand live and stillbirths	
				Leicestershire	England and Wales
1939	..	..	17	3.52	2.82
1940	..	..	10	1.93	2.16
1941	..	..	14	2.83	2.23
1942	..	..	13	2.28	2.01
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
1953	..	..	4	0.72	0.76
1954	..	..	2	0.37	0.69
1955	..	..	3	0.55	0.64
1956	..	..	4	0.69	0.56
1957	..	..	3	0.48	0.47
1958	..	..	—	—	0.43

DEATHS (all causes and all ages)

The number of deaths recorded, 3,848, shows an increase of 91 over the previous year. It is noted that a decrease has occurred in the number of deaths recorded for all causes except VI Diseases of the Nervous System, VII Diseases of the Circulatory System and IX Diseases of the Digestive System, where the increases are 59, 157 and 3 respectively. The death rate for the county is again lower than that for the whole country.

I. INFECTIVE AND PARASITIC DISEASES				Year 1954	Year 1955	Year 1956	Year 1957	Year 1958
1.	Tuberculosis, respiratory ..	..	..	55	36	33	21	20
2.	Tuberculosis, other ..	..	..	3	10	5	5	9
3.	Syphilitic disease ..	..	..	13	3	12	3	-
4.	Diphtheria ..	..	..	-	-	-	-	-
5.	Whooping cough ..	..	..	3	-	-	1	-
6.	Meningococcal infections ..	..	..	3	-	1	-	-
7.	Acute poliomyelitis ..	..	..	-	1	1	3	-
8.	Measles ..	..	..	-	3	-	-	-
9.	Other infective and parasitic diseases ..	..	..	2	13	11	8	9
II. NEOPLASMS								
10.	Malignant neoplasm, stomach ..	..	..	86	98	75	112	94
11.	Malignant neoplasm, lung, bronchus ..	..	..	96	103	108	110	110
12.	Malignant neoplasm, breast ..	..	..	77	61	82	66	89
13.	Malignant neoplasm, uterus ..	..	..	25	19	20	28	28
14.	Other malignant and lymphatic neoplasms ..	..	..	331	313	320	360	339
15.	Leukaemia, aleukaemia ..	..	..	11	20	23	15	12
III. ALLERGIC, ENDOCRINE SYSTEM, METABOLIC, AND NUTRITIONAL DISEASES								
16.	Diabetes ..	..	..	26	24	29	34	26
VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS								
17.	Vascular lesions of the nervous system			567	575	608	575	634
VII. DISEASES OF THE CIRCULATORY SYSTEM								
18.	Coronary disease, angina ..	..	..	432	479	481	503	558
19.	Hypertension with heart disease ..	..	..	104	95	99	107	114
20.	Other heart disease ..	..	..	616	688	590	538	632
21.	Other circulatory disease ..	..	..	210	200	207	204	205
VIII. DISEASES OF THE RESPIRATORY SYSTEM								
22.	Influenza ..	..	..	21	45	17	45	17
23.	Pneumonia ..	..	..	99	130	105	131	130
24.	Bronchitis ..	..	..	144	156	169	159	159
25.	Other diseases of the respiratory system			36	38	36	35	31

IX. DISEASES OF THE DIGESTIVE SYSTEM			Year 1954	Year 1955	Year 1956	Year 1957	Year 1958
26. Ulcer of stomach and duodenum	..	..	35	42	36	29	37
27. Gastritis, enteritis and diarrhoea	..	..	13	12	14	21	16
X. DISEASES OF THE GENITO-URINARY SYSTEM							
28. Nephritis and nephrosis	..	..	47	52	46	37	37
29. Hyperplasia of prostate	..	..	32	28	28	32	19
XI. DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM							
30. Pregnancy, childbirth, abortion	..	..	2	4	4	3	-
XIV. CONGENITAL MALFORMATIONS							
31. Congenital malformations	..	..	34	32	49	52	36
XVI. SYMPTOMS, SENILITY AND ILL-DEFINED CONDITIONS							
32. Other defined and ill-defined diseases			363	353	369	335	313
XVII. ACCIDENTS, POISONINGS AND VIOLENCE							
33. Motor vehicle accidents	..	..	43	44	37	57	43
34. All other accidents	..	..	84	78	102	100	88
35. Suicide	..	..	35	44	38	28	39
36. Homicide and operations of war	..	..	1	-	1	-	4

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1939 ..	1,560	10.74	1,788	10.96	3,348	10.85	12.1
1940 ..	1,809	12.21	2,072	12.65	3,881	12.44	14.3
1941 ..	1,795	11.54	1,847	10.68	3,642	10.99	12.9
1942 ..	1,569	10.45	1,730	10.30	3,299	10.37	11.6
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
1953 ..	1,703	10.42	1,831	9.74	3,534	10.05	11.4
1954 ..	1,716	10.41	1,933	10.19	3,649	10.29	11.3
1955 ..	1,751	10.51	2,047	10.67	3,798	10.59	11.7
1956 ..	1,659	9.86	2,096	10.68	3,755	10.29	11.7
1957 ..	1,683	9.84	2,074	10.26	3,757	10.06	11.5
1958 ..	1,745	10.02	2,103	10.15	3,848	10.09	11.7

Causes of Death at Different Periods of Life in the Administrative County of Leicester, 1958

uses of Death at Different Periods of Life in the Administrative County of Leicester, 1950																											
CAUSES OF DEATH	WHOLE COUNTY																AGGREGATES										
	0—		1—		5—		15—		25—		45—		65—		75—		Urban Districts			Rural Districts			Whole County				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total	M.	F.	Total	M.	F.	Total		
1. Tuberculosis, respiratory	—	—	—	—	—	—	—	—	2	3	5	3	5	1	1	—	9	4	13	4	3	7	13	7	20		
2. Tuberculosis, other	—	—	—	—	—	1	—	—	1	—	3	—	2	—	1	1	1	—	1	6	2	8	7	2	9		
3. Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5. Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6. Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
7. Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
9. Other infective and parasitic diseases ..	—	—	—	—	1	1	—	—	2	1	1	1	—	—	1	1	3	—	3	2	4	6	5	4	9		
10. Malignant neoplasm, stomach	—	—	—	—	—	—	1	—	2	1	14	12	18	11	11	24	20	27	47	26	21	47	46	48	94		
11. Malignant neoplasm, lung, bronchus ..	—	—	—	—	—	—	—	—	3	2	52	6	35	6	4	2	50	6	56	44	10	54	94	16	110		
12. Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	5	1	37	1	25	—	20	1	42	43	1	45	46	2	87	89		
13. Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	4	—	14	—	6	—	4	—	15	15	—	13	13	—	28	28		
14. Other malignant & lymphatic neoplasms ..	—	1	—	1	2	—	1	1	6	5	67	53	57	45	55	45	91	64	155	97	87	184	188	151	339		
15. Leukaemia, aleukaemia	—	—	1	—	1	—	—	—	1	—	2	2	3	1	1	—	3	1	4	6	2	8	9	3	12		
16. Diabetes	—	—	—	—	—	1	—	—	1	1	3	3	2	6	3	6	5	7	12	4	10	14	9	17	26		
17. Vascular lesions of nervous system ..	—	—	1	2	—	1	—	—	6	2	61	56	98	82	121	204	131	166	297	156	181	337	287	347	634		
18. Coronary disease, angina	—	—	—	—	—	—	—	—	17	3	138	34	116	66	96	88	159	94	253	208	97	305	367	191	558		
19. Hypertension with heart disease	—	—	—	—	—	—	—	—	—	—	14	5	19	15	30	31	33	21	54	30	30	60	63	51	114		
20. Other heart disease	—	—	—	—	—	—	—	1	6	7	37	40	70	71	167	233	116	129	245	164	223	387	280	352	632		
21. Other circulatory disease	—	—	—	—	—	—	—	—	3	3	17	14	20	23	55	70	45	61	106	50	49	99	95	110	205		
22. Influenza	1	—	1	—	—	—	—	—	—	—	3	1	3	3	2	3	6	2	8	4	5	9	10	7	17		
23. Pneumonia	15	5	—	—	—	1	1	—	2	2	13	5	9	12	28	37	32	27	59	36	35	71	68	62	130		
24. Bronchitis	3	2	—	—	—	—	—	—	—	—	25	3	52	11	41	22	64	20	84	57	18	75	121	38	159		
25. Other diseases of respiratory system ..	—	1	—	—	—	—	1	—	1	1	7	2	6	4	2	6	9	1	10	8	13	21	17	14	31		
26. Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	—	—	10	3	10	2	6	6	13	7	20	13	4	17	26	11	37		
27. Gastritis, enteritis and diarrhoea	1	1	—	—	—	—	—	1	1	—	2	3	2	1	2	2	4	3	7	4	5	9	8	8	16		
28. Nephritis and nephrosis	1	—	1	—	—	—	—	1	4	1	7	1	4	3	7	7	11	5	16	13	8	21	24	13	37		
29. Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	3	—	2	—	14	—	10	—	10	9	—	9	19	—	19		
30. Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
31. Congenital malformation	12	13	3	—	—	—	—	1	—	1	2	3	1	—	—	—	9	8	17	9	10	19	18	18	36		
32. Other defined and ill-defined diseases ..	30	20	3	—	3	1	2	1	11	7	23	32	22	30	58	70	72	67	139	80	94	174	152	161	313		
33. Motor vehicle accidents	1	—	—	1	2	—	8	—	13	—	5	2	2	2	5	14	3	17	19	7	26	33	10	43			
34. All other accidents	1	1	2	1	7	1	4	—	7	2	10	3	2	8	17	22	22	11	33	28	27	55	50	38	88		
35. Suicide	—	—	—	—	—	—	1	—	9	2	9	1	7	6	3	1	13	6	19	16	4	20	29	10	39		
36. Homicide and operations of war	1	—	—	—	—	—	—	1	—	—	1	—	—	—	1	—	1	1	2	2	—	2	3	1	4		
TOTALS	66	44	12	5	16	7	19	7	98	53	535	339	568	440	729	910	947	798	1,745	1,096	1,007	2,103	2,043	1,805	3,848		

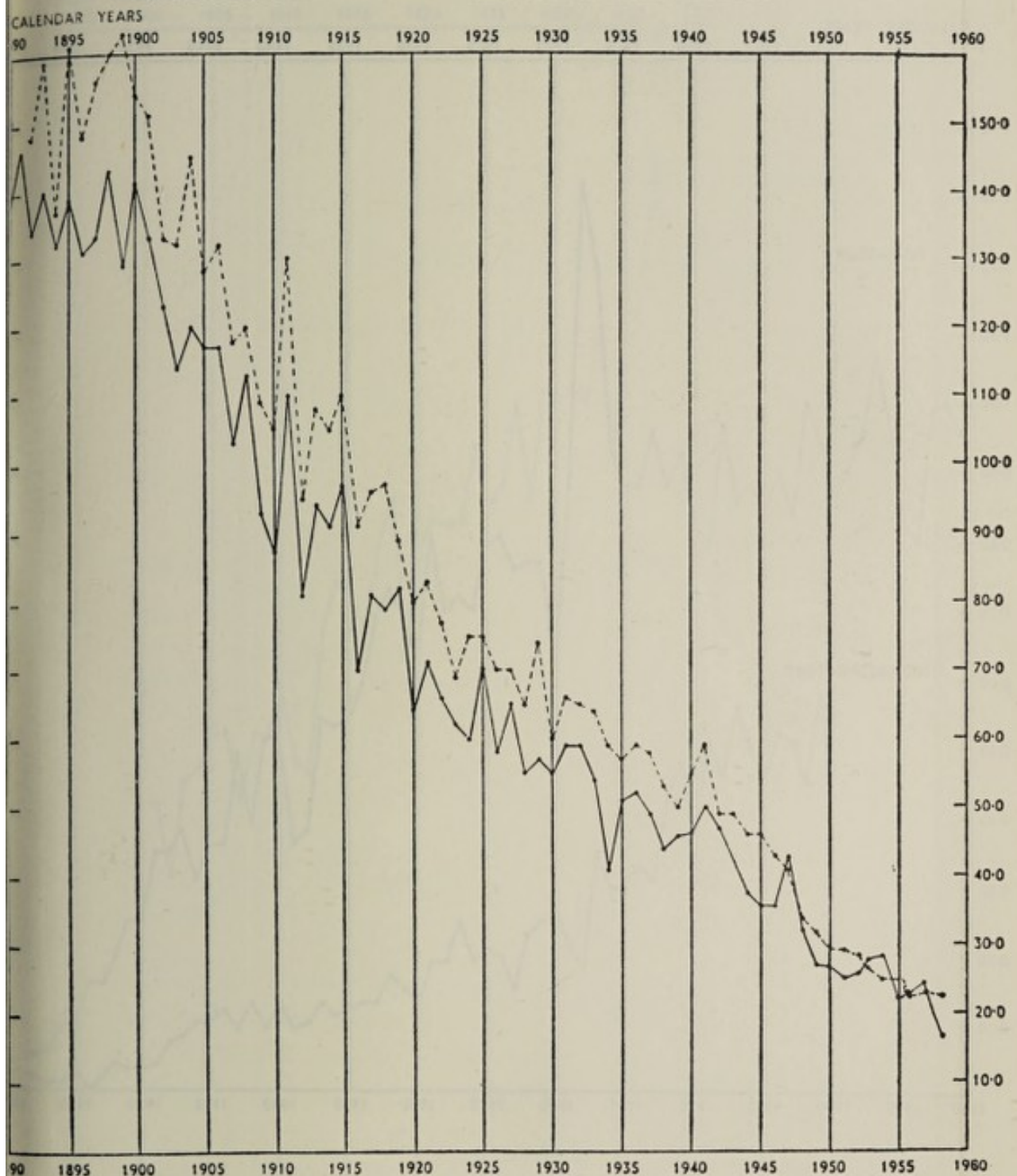
Causes of Death in Administrative Areas, 1958

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INFANT MORTALITY

Annual Death Rate per Thousand Live Births

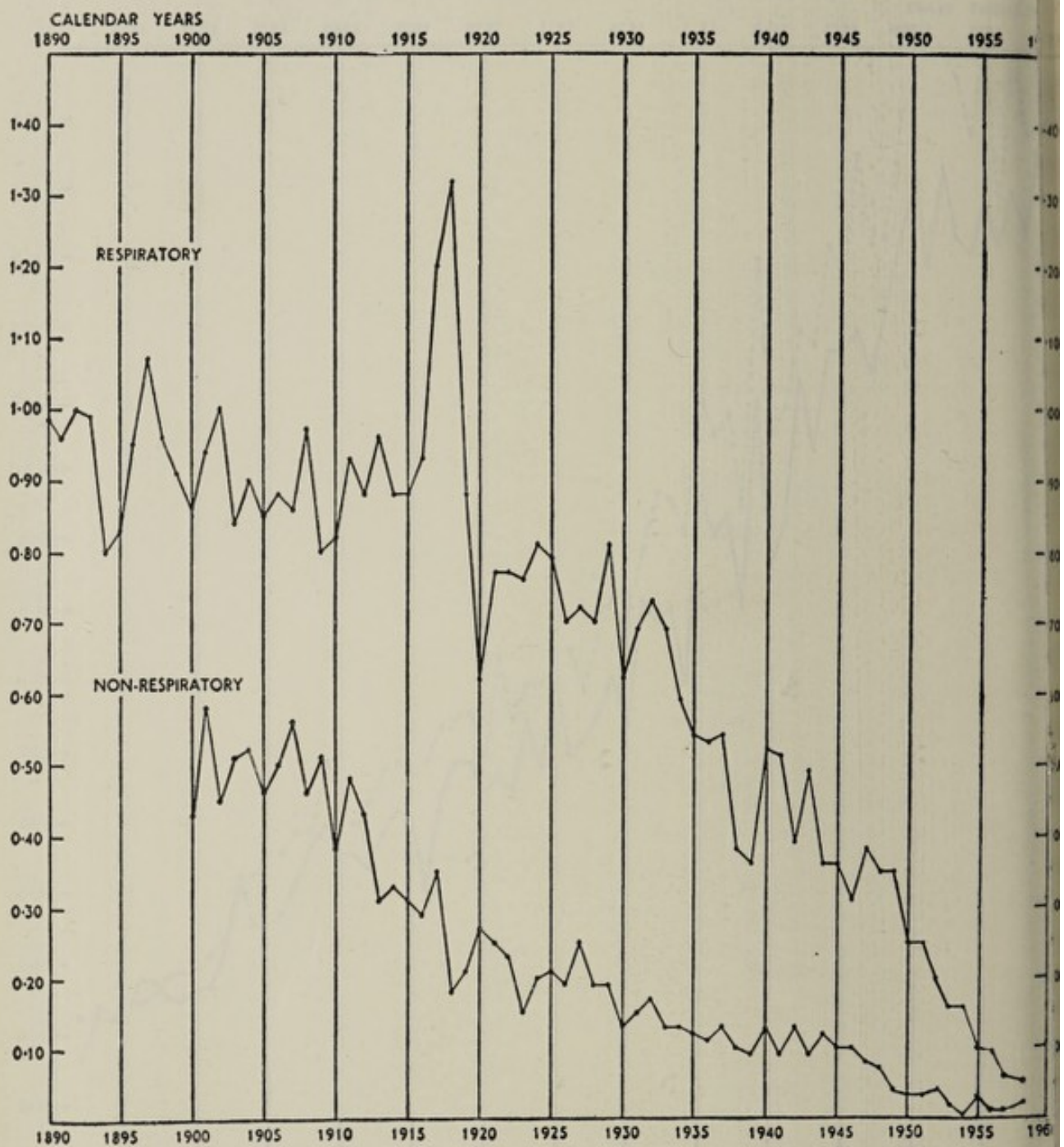
LEICESTERSHIRE ——— ENGLAND AND WALES - - - -



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(LEICESTERSHIRE)

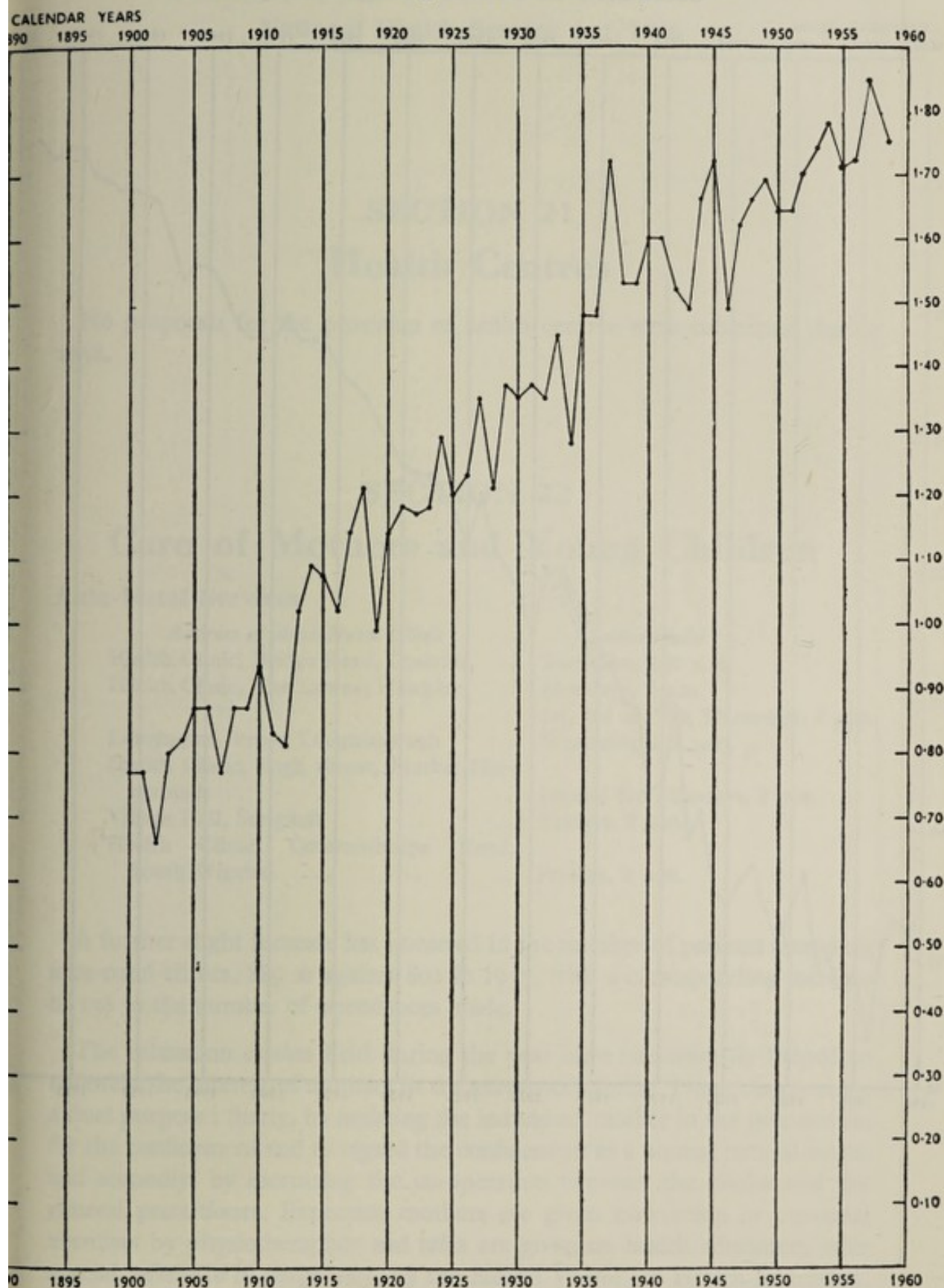
Annual Death Rates per Thousand Population



NEOPLASMS

(LEICESTERSHIRE)

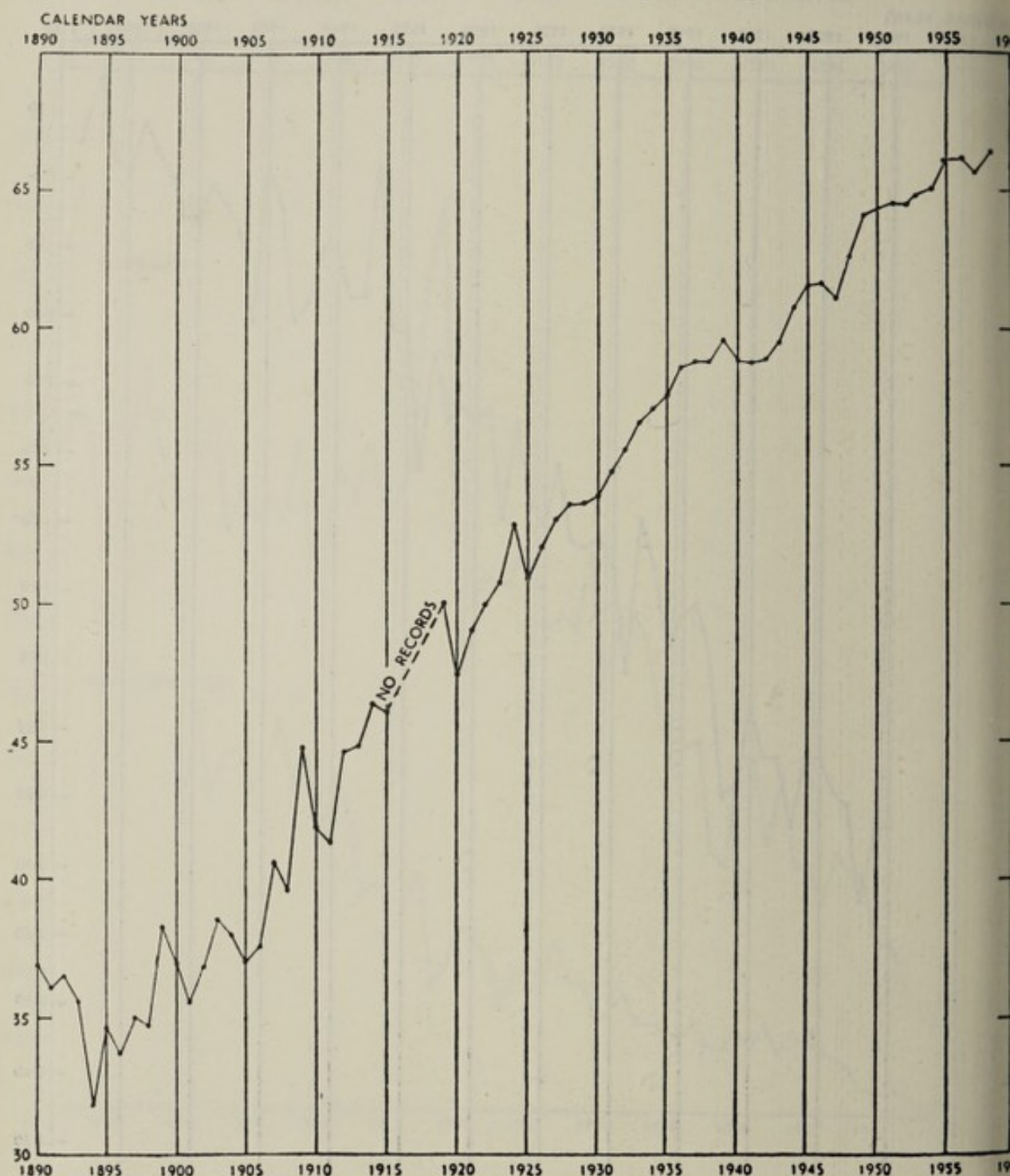
Annual Death Rate per Thousand Population



AVERAGE AGE AT DEATH

(LEICESTERSHIRE)

Calculated on Deaths in Age Groups



GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

National Health Service Act, 1946

SECTION 21

Health Centres

No proposals for the provision of health centres were submitted during 1958.

SECTION 22

Care of Mothers and Young Children

Ante-Natal Services

<i>Address of Ante-Natal Clinic</i>	<i>Sessions held</i>
Health Clinic, Bridge Road, Coalville ..	Tuesdays, 9.30 a.m.
Health Clinic, The Lawns, Hinckley ..	Mondays, 2 p.m.
	1st, 3rd and 5th Thursdays, 2 p.m.
Lemyngton Street, Loughborough ..	Wednesdays, 2 p.m.
Health Clinic, High Street, Market Har- borough	1st and 3rd Mondays, 2 p.m.
Village Hall, Scraptoft	Fridays, 2 p.m.
Health Clinic, Countesthorpe Road, South Wigston	Fridays, 2 p.m.

A further slight increase has occurred in the number of patients attending ante-natal clinics, 889 as against 802 in 1957, with a corresponding increase of 138 in the number of attendances made.

The relaxation classes held during the year have undoubtedly helped to maintain the interest of mothers in the ante-natal clinics. These classes serve a dual purpose : firstly, by assisting the individual mother in the preparation for the confinement and to regard the confinement as a normal natural event, and secondly, by increasing the co-operation between the clinics and the general practitioner. Expectant mothers are given instruction in pre-natal exercises by physiotherapists and talks are given on health education, with special reference to pregnancy, by the Health Visitor for Health Education.

The following table gives the number of sessions held, patients attended and attendances at these relaxation classes.

	Coalville	Lough- borough	Scraptoft	South Wigston	Total
No. of sessions ..	45	40	43	46	174
No. of patients ..	133	101	18	65	317
No. of attendances	836	604	143	348	1,931

Ante Natal Clinics

	Coal- ville	Hinck- ley	Lough- borough	Market Har- borough	Scrap- toft	South Wig- ston	Totals
1. Number of sessions per month (approx.) :							
(a) Medical Officers sessions	4	6	4	—	4	4	22
(b) Midwives sessions ..	—	—	—	2	2	—	4
2. Number of women attended :							
(a) ante-natal	120	266	211	25	135	132	889
(b) post-natal	—	5	—	—	12	3	20
3. Number 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	111	216	169	—	134	120	750
(b) post-natal	—	5	—	—	12	3	20
4. Total number of attendances made by women included in 2 above :							
(a) Medical Officers sessions :							
(i) ante-natal	182	1,040	715	—	556	211	2,704
(ii) post-natal	—	6	—	—	13	3	22
(b) Midwives sessions ..							
(i) ante-natal	—	—	—	195	12	—	207
(ii) post-natal	—	—	—	—	—	—	—

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

The figures given below refer to the Loughborough area of the county only as in other parts of the county, due to shortage of dental staff, dental treatment of expectant and nursing mothers and pre-school children has, of necessity, been suspended.

Two expectant and nursing mothers were examined and made dentally fit. Of the 293 children under five examined, 170 needed treatment, were treated and made dentally fit.

Forms of dental treatment provided are given below :

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers ..	-	4	-	-	4	-	-	1	-
Children under five..	-	71	113	-	223	-	-	-	-

Child Welfare Centres

Place	Address	Sessions held
Anstey	Church Hall, Church Lane	.. 2nd and 4th Mondays, 2.30 p.m.
Asfordby	Parish Hall ..	.. 2nd and 4th Thursdays, 2.30 p.m.
Ashby-de-la-Zouch	Baptist Room, Market Street	.. Thursdays, 2 p.m.
Bagworth	Miners' Institute, Station Road	.. 1st and 3rd Wednesdays, 2 p.m.
Barlestone	Church Room	.. 2nd and 4th Tuesdays, 2 p.m.
Barrow-upon-Soar ..	Church Room	.. 2nd and 4th Wednesdays, 2.45 p.m.
Birstall No. 1	Church Room	.. 2nd and 4th Wednesdays, 2 p.m.
Birstall No. 2	Methodist Church Room ..	.. 1st and 3rd Thursdays, 2 p.m.
Blaby	Baptist Schoolroom	.. 1st and 3rd Tuesdays, 2 p.m.
Braunstone	Trinity Church Room, Narborough Road, Leicester	2nd and 4th Wednesdays, 2 p.m.

Place	Address	Sessions held
Broughton Astley ..	Social Club Hall ..	1st and 3rd Tuesdays, 2 p.m.
Burbage ..	Methodist Church Schoolroom, Windsor Street	2nd and 4th Thursdays, 2 p.m.
Castle Donington ..	Methodist Church Room	1st and 3rd Mondays, 2.30 p.m.
Claybrooke Magna..	Village Hall ..	1st and 3rd Thursdays, 2 p.m.
Coalville ..	Health Clinic, Bridge Road	Tuesdays, 2 p.m.
Coalville (Greenhill Estate)	Charnborough Road Baptist Church ..	2nd and 4th Mondays, 2 p.m.
Cosby ..	Methodist Schoolroom	1st and 3rd Wednesdays, 2.30 p.m.
Countesthorpe ..	Methodist Church Schoolroom ..	2nd and 4th Thursdays, 2.30 p.m.
Croft ..	The Village Hall ..	1st and 3rd Wednesdays, 2 p.m.
Desford ..	Village Institute ..	1st and 3rd Tuesdays, 2 p.m.
Donisthorpe and Moira ..	Centenary Methodist Church Room, Donis- thorpe Road, Moira	2nd and 4th Tuesdays, 2 p.m.
Earl Shilton ..	St. John Ambulance Brigade Hall, Alexander Avenue	1st and 3rd Thursdays, 2 p.m.
Earl Shilton (The Cedars)	The Cedars Com- munity Centre, Shilton Road, Barwell	Wednesdays, 2 p.m.
Ellistown ..	Old Church School ..	1st and 3rd Thursdays, 2 p.m.
Enderby ..	Mission Room ..	1st and 3rd Wednesdays, 2 p.m.
Glenfield ..	Wesleyan Rooms ..	2nd and 4th Tuesdays, 2.30 p.m.
Groby ..	Congregational Church	1st and 3rd Fridays, 2 p.m.
Hathern ..	Village Hall ..	2nd and 4th Wednesdays, 2 p.m.
Hinckley ..	Health Clinic, The Lawns ..	Tuesdays and Wednesdays, 2 p.m.
Houghton-on-the-Hill	Village Hall ..	1st and 3rd Mondays, 2 p.m.
Hugglescote ..	Baptist Room ..	2nd and 4th Mondays, 2.30 p.m.
Ibstock ..	Baptist Chapel Schoolroom ..	2nd and 4th Thursdays, 2 p.m.
Kegworth ..	Wesleyan Schoolroom, High Street ..	2nd and 4th Wednesdays, 2.30 p.m.
Kibworth..	Village Hall ..	2nd and 4th Wednesdays, 2.30 p.m.
Kirby Muxloe ..	St. Bartholomew's Church Rooms ..	2nd and 4th Tuesdays, 3 p.m.

Place	Address	Sessions held
Leicester Forest East	St. Mary's Hall, St. Mary's Avenue, Braunstone Lane	1st and 3rd Mondays, 2 p.m.
Long Clawson ..	Methodist Church Schoolroom ..	1st and 3rd Thursdays, 2 p.m.
Loughborough ..	Lemyngton Street ..	Tuesdays, Thursdays and Fridays, 2 p.m.
Lutterworth ..	Church Hall, Coventry Road	1st and 3rd Thursdays, 2.30 p.m.
Market Bosworth ..	St. Peter's Hall ..	1st and 3rd Tuesdays, 2 p.m.
Market Harborough	Health Clinic, High Street	Wednesdays, 2.30 p.m.
Markfield ..	Miners' Institute ..	1st and 3rd Thursdays, 2 p.m.
Melton Mowbray ..	Health Clinic, Asfordby Road ..	Wednesdays, 2 p.m.
Mountsorrel ..	Church Hall ..	1st and 3rd Mondays, 2.30 p.m.
Narborough ..	Robjohn Hall ..	2nd and 4th Wednesdays, 2 p.m.
Newbold Verdon ..	Church Hall ..	2nd and 4th Thursdays, 2 p.m.
Oadby ..	Baptist Schoolroom ..	Mondays, 2 p.m.
Old Dalby ..	Ordnance Depot ..	1st and 3rd Wednesdays, 2 p.m.
Queniborough ..	St. Mary's Church Hall	2nd and 4th Wednesdays, 2 p.m.
Quorn ..	Village Hall ..	1st and 3rd Wednesdays, 2.30 p.m.
Ratby ..	Church Rooms ..	1st and 3rd Tuesdays, 2 p.m.
Rearsby ..	Village Hall ..	1st and 3rd Tuesdays, 2.30 p.m.
Rothley ..	Village Hall ..	1st and 3rd Mondays, 2.30 p.m.
Scraptoft ..	Village Institute ..	Wednesdays, 2 p.m.
Seagrave ..	Memorial Hall ..	2nd and 4th Wednesdays, 2 p.m.
Shelthorpe ..	Old Isolation Hospital	Mondays and Wednesdays, 2 p.m.
Shepshed ..	St. Winefride's Parish Hall, Charnwood Road	2nd and 4th Wednesdays, 2 p.m.
Sileby ..	The Institute, Cossington Road ..	1st and 3rd Tuesdays, 2.15 p.m.
South Wigston ..	Health Clinic, Countesthorpe Road	Wednesdays, 2 p.m.
Stoney Stanton ..	Working Men's Club and Institute ..	2nd and 4th Tuesdays, 1.30 p.m.
Syston ..	Red Cross Hall ..	Mondays, 2.30 p.m.
Thorpe Acre ..	Community Centre ..	Fridays, 2 p.m.
Thringstone ..	Community Centre ..	2nd and 4th Tuesdays, 2.30 p.m.

Place	Address	Sessions held
Thurcaston	.. Village Memorial Hall	1st and 3rd Wednesdays, 2 p.m.
Thurmaston	.. Bethel Methodist Church Room ..	2nd and 4th Tuesdays, 2.30 p.m.
Thurnby Lodge Estate	Thurnby Lodge Community Centre ..	.. Thursdays, 2 p.m.
Whetstone	.. Congregational School-room ..	.. 2nd and 4th Tuesdays, 2.30 p.m.
Whitwick ..	.. Primitive Methodist Schoolroom ..	.. Mondays, 2.30 p.m.
Wigston Fields	.. Methodist Churchrooms Frederick Street Wigston Magna	1st and 3rd Thursdays, 2.30 p.m.
Wigston Magna	.. Methodist Church Rooms, Moat Street	2nd and 4th Thursdays, 2.30 p.m.
Woodhouse Eaves ..	Village Hall ..	2nd and 4th Tuesdays, 2 p.m.
Wymeswold	.. Village Hall ..	2nd and 4th Tuesdays, 2 p.m.

During the year a new centre was opened in Queniborough, and that at Bottesford, which was held in a private house, was closed. The 72 centres at present open in the county are all controlled by the County Council, but the invaluable assistance given by the voluntary committees is undoubtedly the prime cause for their success. Health Visitors attend each session and a medical officer, in the majority of clinics, alternate sessions.

Summary of Statistics

	1958	1957
Number of meetings held during the year	2,195	2,097
Mothers :		
Number of mothers who attended for the first time ..	3,996	3,976
Number of mothers who attended during the year ..	9,066	8,818
Number of attendances during the year	74,399	73,258
Children :		
Number of children who attended for the first time and were under one year of age	4,572	4,249
Total number of children who attended during the year	10,524	10,258
Number of attendances during the year	83,501	81,835
Number of examinations by Medical Officers :		
First examinations	3,634	3,451
Total examinations	9,426	5,516
Number of weighings by Health Visitors	85,471	81,249

Individual Child Welfare Centres. Average Attendances per Meeting

Centre	Year 1958		Year 1957	
	Mothers	Children	Mothers	Children
Anstey	24.2	26.6	27.5	30.5
Asfordby	43.4	49.8	35.9	43.4
Ashby-de-la-Zouch	23.4	24.6	25.9	26.9
Bagworth	16.2	18.0	15.0	16.9
Barlestone	21.1	23.4	16.9	18.5
Barrow-upon-Soar	26.7	33.5	29.5	35.9
Birstall No. 1	57.0	61.7	86.9	94.7
Birstall No. 2	37.4	39.1	34.6	35.6
Blaby	35.6	42.7	40.7	50.7
Braunstone	54.4	55.6	47.1	48.1
Broughton Astley	23.6	26.4	30.3	32.7
Burbage	41.9	44.0	38.3	42.0
Castle Donington	27.6	31.4	23.7	26.3
Claybrooke Magna	20.4	26.9	22.0	26.0
Coalville	26.1	27.0	27.3	27.6
Coalville (Greenhill Estate)	16.8	18.4	21.2	23.0
Cosby	20.7	23.8	17.8	20.1
Countesthorpe	18.0	19.5	15.3	16.6
Croft	16.8	21.7	16.2	20.6
Desford	27.9	32.8	54.2	66.6
Donisthorpe and Moira	32.5	32.8	37.6	38.7
Earl Shilton	19.6	20.9	20.3	21.1
Earl Shilton (The Cedars)	42.6	43.9	58.1	59.1
Ellistown	19.1	22.4	25.0	27.4
Enderby	28.7	33.8	24.3	31.8
Glenfield	53.1	56.0	44.5	47.7
Groby	22.7	24.5	21.1	23.5
Hathern	14.4	18.2	15.8	20.6
Hinckley	39.3	44.4	38.4	43.2
Houghton-on-the-Hill	30.9	37.8	24.5	27.8
Hugglescote	29.9	32.2	28.5	30.8
Ibstock	31.6	34.3	21.4	23.0
Kegworth	19.2	21.4	19.0	21.0
Kibworth	18.0	18.3	17.7	18.4
Kirby Muxloe	16.6	17.3	19.2	19.7
Leicester Forest East	40.3	42.1	37.9	38.7
Long Clawson	16.5	17.8	16.4	18.1
Loughborough	52.6	61.1	51.7	61.2
Lutterworth	43.3	50.6	43.1	50.2
Market Bosworth	10.0	10.4	13.3	14.6
Market Harborough	49.5	57.3	57.3	60.1
Markfield	21.4	24.2	25.8	29.2
Melton Mowbray	68.7	74.0	74.4	77.9
Mountsorrel	37.7	43.0	45.1	51.5

(Table continued on next page)

<i>continued</i>				Year 1958		Year 1957	
Centre				Mothers	Children	Mothers	Children
Narborough	..	..	..	38.4	47.4	43.4	50.9
Newbold Verdon	..	..	..	16.8	21.2	26.0	33.5
Oadby	..	..	..	47.7	48.9	43.6	44.7
Old Dalby	..	..	..	16.7	19.0	10.6	12.3
Quorn	..	..	..	34.7	40.0	39.5	45.4
Queniborough (opened 23.4.58)				18.4	20.2	—	—
Ratby	..	..	..	27.0	29.5	20.5	22.1
Rearsby	..	..	..	14.7	16.3	18.9	21.3
Rothley	..	..	..	33.8	41.7	26.2	32.4
Scraptoft	..	..	..	28.8	29.2	29.0	29.5
Seagrave	..	..	..	11.3	17.0	18.7	28.0
Shelthorpe	..	..	..	22.3	29.0	21.1	27.7
Shepshed	..	..	..	61.2	65.3	74.0	79.8
Sileby	..	..	..	74.1	84.5	70.8	89.6
South Wigston	..	..	..	45.7	47.6	41.2	42.8
Stoney Stanton	..	..	..	31.3	44.6	36.8	46.2
Syston	..	..	..	44.4	47.2	49.0	50.9
Thorpe Acre	..	..	..	34.9	42.9	40.9	47.7
Thringstone	..	..	..	20.6	21.0	20.9	21.6
Thurcaston	..	..	..	14.9	19.5	13.6	17.7
Thurmaston	..	..	..	48.4	53.5	38.9	44.9
Thurnby Lodge	..	..	..	33.5	35.1	28.6	29.4
Whetstone	..	..	..	22.7	27.4	17.6	19.1
Whitwick	..	..	..	40.2	45.3	42.9	46.1
Wigston Fields	..	..	..	71.0	74.5	63.3	67.9
Wigston Magna	..	..	..	48.8	52.7	41.5	44.3
Woodhouse Eaves	..	..	..	20.0	22.6	29.7	32.6
Wymeswold	..	..	..	19.5	25.3	20.7	26.0

Note : The centres at Old Dalby and Seagrave are purely "weighing centres" run by the Health Visitor for the district.

The Domiciliary Care of Premature Infants

The number of premature live births for 1958 shows a decrease of 55 over the previous year.

The tables given below give the premature live birth figures for this county and also those for England and Wales.

Premature Live Births

Leicestershire

	1952	1953	1954	1955	1956	1957	1958
Born in institutions	128	221	215	251	199	300	268
Born at Home ..	97	100	91	92	107	112	89
Total ..	225	321	306	343	306	412	357
% Premature live births of total live births	4.1	5.9	6.0	6.5	5.5	6.7	5.6

England and Wales

	1952	1953	1954	1955	1956	1957	1958
Born in Institutions	30,061	33,205	33,886	34,550	35,591	38,073	38,815
Born at Home ..	11,794	12,267	12,156	11,582	11,921	12,095	11,927
Total ..	41,855	45,472	46,042	46,132	47,512	50,168	50,742
% Premature live births of total live births	6.2	6.6	6.9	6.9	6.8	7.0	6.8

Further details of premature births notified during 1958 are set out in the following tables :

1. Number of Premature Live Births notified :

(a) In hospital	247
(b) At home	89
(c) In private nursing homes	21
Total	357

2. Number of Premature Stillbirths notified :

(a) In hospital	64
(b) At home	10
(c) In private nursing homes	2
Total	76

Weight at birth (1)	PREMATURE LIVE BIRTHS															PREMATURE STILLBIRTHS		
	†Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	(17)	(18)	(19)
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	35	14	14	3	2	-	1	-	1	1	-	1	-	-	-	38	4	2
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	51	4	45	5	-	4	6	-	6	2	-	2	1	-	1	17	4	-
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	61	1	59	10	-	10	2	-	1	4	-	4	-	-	-	4	1	-
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	100	3	96	58	-	57	4	-	4	13	-	12	-	-	-	5	1	-
Totals ..	247	22	214	76	2	71	13	-	12	20	-	19	1	-	1	64	10	2

†The group under this heading will include cases which may be born in one hospital and transferred to another

The Care of Illegitimate Children

The Leicester Diocesan Moral Welfare Association arranges visits to cases in difficulty. An annual grant is made to the Association for its services in connection with unmarried mothers and their children.

The following table shows the number of illegitimate live births which have occurred during the past 20 years.

Year	Total live births	Illegitimate live births	Illegitimacy percentage of total live births
1939 ..	4,620	152	3.30
1940 ..	5,174	158	3.34
1941 ..	5,299	198	4.12
1942 ..	5,508	240	4.36
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
1953 ..	5,422	188	3.46
1954 ..	5,145	169	3.28
1955 ..	5,297	168	3.17
1956 ..	5,611	173	3.07
1957 ..	6,155	184	2.99
1958 ..	6,371	193	3.03

Unmarried Mothers and their Children

The Health Visitors undertake the supervision of unmarried mothers and their children. The Superintendent Health Visitor, 'if necessary, makes arrangements for the confinement, domiciliary or institutional, or secures admission to a special home for such cases. An agreement is in force with the St. Saviour's Diocesan Maternity Home at Kingsthorpe, Northampton, for the admission of unmarried expectant mothers. During their stay at the home, which is usually from a few weeks before the confinement to three months afterwards, training is given in domestic work and child welfare. Cases requiring special attention, which are unsuitable for this home are sent to other selected homes which cater for certain difficulties.

During the year 29 unmarried mothers were sent to the following homes :

St. Saviour's Home, Northampton	21
Borrowash House, Borrowash, Derby	4
The Quarry, Lincoln	3
St. Martin's House, Hereford.. ..	1

Eye Treatment

Children of pre-school age who are found to require eye treatment are referred to the School Medical Department ; prescriptions being dealt with by arrangement with the Sheffield Regional Hospital Board.

Day Nurseries

The attendances of the two day nurseries in the County, at Hinckley and Loughborough, and the number of welfare cases in attendance, have been reviewed from time to time and have remained at a satisfactory level.

	Hinckley	Loughborough	Totals
Number of approved places :			
0-2 years	15	15	30
2-5 years	25	35	60
Number of children on register, 31st December, 1957 :			
0-2 years	18	21	39
2-5 years	22	33	55
Average daily attendances			
0-2 years	12	16	28
2-5 years	17	25	42

Maternity Outfits

During the year, 3,154 outfits, together with a bottle of suitable antiseptic, were issued by the department.

Birth Control

The arrangements for referring suitable cases to the City Birth Control Clinics continued during the year, when 49 cases were so referred.

Deafness in Young Children

The clinic for young deaf children continued to deal with children referred by their own doctors or picked up by routine testing at infant welfare centres. The following table gives some indication of the work undertaken by the two specially trained health visitors, and the Clinic Consultant.

Number of clinics held	..	..	..	49
Number of children attended	..	..	..	43
Total number of attendances	..	..	..	175

Results of new cases :

Not deaf	..	..	..	30
Continued guidance	..	..	..	8
Awaiting final diagnosis	..	..	..	5
Admitted to special schools	..	..	..	4

Screening at Infant Welfare Centres :

Number of sessions	..	..	..	55
Number of children passed screening	..	..	..	696
Number of children failed screening	..	..	..	19

Visits by Clinic Consultant

Number of visits	..	..	..	3
Number of children seen	..	..	..	16

Results of examinations :

Recommended for a residential school	..	..	..	5
Recommended for Hearing Aids	..	..	..	3
Recommended for continued guidance	..	..	..	6
Slight degree of deafness	..	..	..	-

Welfare Foods

There are now 150 distribution centres throughout the county, 65 at infant welfare centres and the remainder at private homes, shops, post offices, etc. The centres in the larger towns such as Hinckley, Loughborough, Coalville, Melton Mowbray and Market Harborough, are staffed by members of the Women's Voluntary Service and it is mainly through the efforts of this organisation that the number of other centres has been maintained. Although every effort is made by these latter workers to arrange that some part of the day, or in the case of smaller centres, part of the week, is set aside for the selling of foods, experience has shown that some beneficiaries do expect the service to be maintained at all times and are not always adverse to asking for foods late at night, or even on Sundays.

The distribution at infant welfare centres is dealt with by the voluntary committees and foods are sold when the centre is open for its main purpose. As many of these centres are held on rented premises, the delivery of supplies and the collection of empty cartons represents some difficulty, but this has largely been overcome by co-operation with the caretakers, or householders living near to the premises. Where extreme difficulties have arisen over the deliveries and in cases of emergency a 30-cwt. diesel van, driven by the storekeeper/driver, is available, delivery being made from the Central Store, situated at the Civil Defence Training Ground, Enderby.

Details of the issues of National Welfare Foods since the administration of the service was handed over to the County Council on the 28th June, 1954, are shown below, and give some indication of the invaluable work done by the voluntary workers in making the service so successful :

		Dried Milk tins	Orange Juice bottles	Cod Liver Oil bottles	Vitamin A & D Tablets packets
1955	..	139,392	238,286	45,857	17,059
1956	..	147,362	265,468	42,454	18,899
1957	..	116,909	280,859	37,294	19,403
1958	..	94,264	198,048	26,467	20,823

The continued decrease in the issues of dried milk is probably accounted for by the increase in price from 10½d. to 2/4d. per tin from the 6th April, 1957, the effect of which was also noticeable last year.

The Welfare Foods (Great Britain) Amendment (No. 2) Order 1957, which came into operation in November of that year, limited the supply of orange juice to children under 2 years of age, whereas previously it was 5 years, although tokens issued before 1st November, 1957, could be used until exhausted. The effect of this Order did not, therefore, become apparent until 1958, and is obviously the cause of the decline in issues during the year.

There is no apparent reason for the falling off in demand for cod liver oil since 1955, although this might be the result of a change of tastes amongst young children and the financial ability on the part of parents to provide an adequate substitute.

In June 1958, Circular 15/58 was received from the Ministry of Health indicating that from 1st April, 1957, Local Health Authorities would be called upon to accept responsibility for all losses of cash and stamps, and such losses of welfare foods, including those due to fraud, theft and pilferage, as were admitted to be due to negligence on their part. It was also indicated that the Authority's general arrangements for accounting and security in relation to the distribution of foods would be subject to review by the District Auditor.

SECTION 23

Midwifery

This service is administered in the main by the Leicestershire County Nursing Association, acting as agents of the County Council. Only in certain urban areas does the County Council employ a small number of whole-time midwives.

Number of Midwives Practising

A total of 157 midwives gave notice of their intention to practice during 1958, of which 108 were domiciliary and 49 institutional midwives. The County Council employed 13 whole-time midwives, 85 were employed by the County Nursing Association, 10 in private practice and the 49 institutional midwives were in hospitals in the National Health Service.

Number of cases attended

Details of the cases attended in the County by domiciliary and institutional midwives during 1958 are given in the following tables. 1,931 cases were delivered in institutions but were discharged before the fourteenth day and thus came under the care of the domiciliary midwives.

NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR						
	Domiciliary Cases					
	Doctor not booked		Doctor booked		Totals	Cases in Institutions
	Doctor present at time of delivery of child (2)	Doctor not present at time of delivery of child (3)	Doctor present at time of delivery of child (either the booked Doctor or another) (4)	Doctor not present at time of delivery of child (5)		
(1)					(6)	(7)
(a) Midwives employed by the Authority ..	—	19	67	619	705	—
(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, 1946 ..	5	31	351	1,678	2,065	—
(ii) Otherwise (including Hospitals not trans- ferred to the Minister under the National Health Service Act) ..	—	—	—	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ..	—	—	—	—	—	1,265
(d) Midwives in Private Practice (including Mid- wives employed in Nursing Homes) ..	1	4	10	5	20	507
Totals	6	54	428	2,302	2,790	1,772

Administration of Analgesics

Details of cases in which inhalational analgesics or pethidine were administered by domiciliary midwives during the year are given in the following table :

(1)	Number of domiciliary midwives practising in the area at end of year who were qualified to administer inhalation analgesics in accordance with the requirements of the Central Midwives Board (2)	Number of sets of apparatus for the administration of inhalation analgesics in use at end of year		Number of cases in which inhalational analgesics were administered by midwives in domiciliary practice during the year :				Number of cases in which pethidine was administered by midwives in domiciliary practice during the year :	
		Gas and air (3)	"Tri-lene" (4)	When doctor was present at time of delivery of child		When doctor was not present at time of delivery of child		When doctor was present at time of delivery of child †	When doctor was not present at time of delivery of child †
				Gas and air (5)	"Tri-lene" (6)	Gas and air (7)	"Tri-lene" (8)		
(a) Domiciliary Midwives employed directly by the Local Health Authority	13	13	-	(24) 44	-	(147) 461	-	(24) 27	(147) 175
(b) Domiciliary Midwives employed under Section 23 by voluntary organisations as agents of Local Health Authority	84	84	-	(157) 263	-	(596) 1,310	-	(157) 186	(596) 684
(c) Domiciliary Midwives employed under Section 23 by hospital authorities as agents of Local Health Authority	-	-	-	-	-	-	-	-	-
(d) Domiciliary Midwives in private practice or employed by organisations not acting as agents of Local Health Authority	4	-	-	-	-	-	-	3	4
Totals	101	97	-	307	-	1,771	-	216	863

*Figures in brackets are *included* and are the number of cases in which Pethidine was administered in addition to Gas and Air.

†Figures in brackets are *included* and are the number of cases in which Gas and Air was administered in addition to Pethidine.

Confinements in Institutions, 1958

1. Confinements occurring in institutions in the county :

Institution	County Cases	Non-County Cases	Total Cases
Ashby and District Hospital	248	53	301
Bosworth Park Infirmary	5	—	5
Kirby Muxloe, Roundhill Nursing Home	283	76	359
Loughborough General Hospital ..	290	7	297
Loughborough Radmoor Nursing Home	138	10	148
Lutterworth Cottage Hospital ..	72	1	73
Market Harborough and District Hospital	137	89	226
Market Harborough St. Luke's Hospital	39	3	42
Melton Mowbray St. Mary's Hospital ..	308	13	321
Totals	1,520	252	1,772

2. Confinements of county cases occurring in institutions outside the county :

Institution	Cases
Leicester, Fielding Johnson Private Hospital	10
Leicester General Hospital	397
Leicester Royal Infirmary	208
Leicester Royal Infirmary Maternity Hospital	572
Leicester, St. Francis Private Hospital	156
Leicester, Stoneygate Nursing Home	51
Leicester, Westcotes Maternity Hospital	174
Birmingham, Selly Oak Hospital	1
Burton-on-Trent General Hospital	14
Burton-on-Trent Nursing Institution	9
Burton-on-Trent Andressey Hospital	24
Cambridge Maternity Hospital	2
Chesterfield, Fairfield Nursing Home	1
Coventry & Warwickshire Hospital	1
Derby City Hospital	27
Derby Nightingale Maternity Home	5
Derby Queen Mary's Maternity Home	4
Derbyshire Holbrook Maternity Home	1
Grantham, Hill View Hospital	12
Harborough Magna, St. Mary's Hospital	39
Kettering, St. Mary's Hospital	5
Lincoln, Quarry Maternity Home	2
Lincoln, Grantham and Kesteven General Hospital	10
Lincolnshire, R.A.F. Hospital, Nocton Hall	1
London Queens Gate Private Clinic	1
Manchester, Doriscourt Nursing Home	1
Middlesex, 7520th U.S.A.F. Hospital, South Ruislip	1
Newarke Hospital	1
Northampton, Barratt Maternity Home	4
Northampton General Hospital	4
Nottingham Women's Hospital	47

Institution—continued					Cases
Nottingham, Highbury Hospital ..	..	..	..	..	6
Nottingham, St. Mary's Nursing Home ..	..	..	..	..	3
Nuneaton, George Eliot Hospital ..	..	..	..	..	277
Oakham Memorial Hospital ..	..	..	..	..	22
Oxford, Nuffield Maternity Home ..	..	..	..	..	1
Shardlow, Grove Hospital ..	..	..	..	..	27
Stamford, Stamford & Rutland Hospital ..	..	..	..	..	1
Wiltshire, 7505th U.S.A. Hospital, Burderop Park, Wroughton					1
Total					2,123

During the year a total of 6,440 confinements occurred to Leicestershire patients, 3,643 in institutions, whether in Leicestershire or not, and 2,797 were domiciliary confinements. The percentages of these confinements were 56.84% for institutional and 43.16% for domiciliary confinements.

Notifications received from Midwives

During the year notifications were received from midwives practising in the county as follows :

Requests for medical aid ..	..	..	..	403
Liability of a midwife to be a source of infection ..	..	..	..	53
Midwife having 'laid out the dead' ..	..	..	..	20
Death of mother or child : mother ..	..	..	..	—
child ..	..	..	..	6
The occurrence of a stillbirth ..	..	..	..	41
The commencement of artificial feeding ..	..	..	..	383

Inspection of Midwives

Inspection of midwives and also the general nurses is carried out by officers on the staff of the County Nursing Association. During the year a total of 352 routine inspections were made of general nurses and 356 of midwives (this figure includes County Council, Independent and Hospital midwives).

Transport for Midwives

At the end of 1958 a total of 121 cars were in use, 72 being supplied by the County Council.

	County Council Cars	County Nursing Association Cars	Private Cars
County Council Midwives ..	5	—	8
C.N.A. Administration Staff ..	—	1	3
Nurse/Midwives and Nurses ..	61	—	37
Spare Cars	6	—	—
Totals	72	1	48

Post-Graduate Course

During the year two midwives employed directly by the County Council, two superintendents and 18 midwives employed by the County Nursing Association attended refresher courses.

Houses for District Nurses and Midwives

During the year the purchase of the house at Braunstone was completed, and negotiations were in hand for the purchase of a further house at Braunstone, and also for the purchase of one at Hugglescote. District councils and the Leicester Borough Council were very helpful in the provision of housing accommodation for nurses and midwives.

The following is a summary of the housing situation :

Houses owned by the County Council (including flats) ..	12
Houses owned by County Nursing Association	8
Houses owned by District Nursing Associations	11
Houses owned by nurse/midwives	16
Council houses rented to County Nursing Association or County Council	7
Council houses rented direct to nurse/midwives	31
Other houses rented to County Nursing Association or District Nursing Associations	5
Privately-owned houses rented to nurses	21
Furnished rooms, etc.	5
Total ..	116

SECTION 24

Health Visiting

The Health Visiting Staff made a total of 130,670 visits of all descriptions during 1958. This does not include attendances at Welfare Centres and Clinics. Fuller details of the visits are given below :

Children under 1 year of age :

First visits	..	..	..	7,329
Subsequent visits	..	..	..	35,800
Total visits	..	..	..	43,129

Children age 1 and under 2 years :

Total visits	..	..	..	21,317
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Children age 2 but under 5 years :

Total visits	..	..	..	43,937
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Number of children under 5 years visited during the year

..	..	..	..	25,790
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Expectant mothers :

First visits	..	..	..	1,355
Subsequent visits	..	..	..	1,303
Total visits	..	..	..	2,658

Tuberculous households :

Total visits	..	..	..	1,214
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Visits re :

Stillbirths	..	..	..	101
Illegitimate children	..	..	..	812
Premature infants	..	..	..	2,497
Post-natal cases	..	..	..	1,003
Maternity cases for admission to hospital	..	..	..	1,559
Chronic sick cases	..	..	..	1,098
Immunisation	..	..	..	3,185
Vaccination	..	..	..	1,210
Tuberculosis	..	..	..	4,020
Diabetic cases	..	..	..	1,159
Miscellaneous	..	..	..	1,771

Total number of households visited	..	..	..	23,139
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Attendances at :

Infant Welfare Centres	..	..	..	2,258
Ante-natal Clinics	..	..	..	221
Post-natal Clinics	..	..	..	—
Chest Clinics	..	..	..	653
Diabetic Clinics	..	..	..	91
Deaf Clinic	..	..	..	124

Staff Establishment

During the year the authorised establishment was increased by four and was then as follows :

- 1 Superintendent Health Visitor
- 1 Deputy Superintendent Health Visitor
- 1 Health Visitor for Health Education
- 1 Health Visitor for the Care of Diabetics
- 43 Health Visitors

Training of Health Visitors

The student Health Visitor who was undergoing training at the beginning of the year qualified and was appointed to the staff. No students commenced training during the year.

Courses

Three members of the health visiting staff attended a Post Graduate Course in London and four attended a Post Certificate Course in London from 29th December 1958—11th January 1959.

Investigation of applications for admission to maternity accommodation

A slight decrease has occurred in the number of investigations carried out by the health visitors. The following table shows the numbers of such investigations, etc., during the past five years.

	1954	1955	1956	1957	1958
Investigations carried out ..	796	876	1,038	1,240	1,212
Recommended for admission ..	682	777	884	988	964
Not recommended for admission ..	114	99	154	252	248
Total births in institutions ..	3,065	3,199	3,434	3,657	3,448

Investigation of applications for Chronic Sick accommodation

A total of 566 cases were investigated during the year, a decrease of 29 over the previous year.

The Work of the Health Visitor

The health visitor continues to be the key family visitor, caring for each member as the need arises. The routine visiting of young children, which is so desirable, is not always possible, but is done when time permits. The social follow-up visits to old people is still maintained and much appreciated. An additional feature of the health visitor's work during the year has been participation in family case conferences in conjunction with the Co-ordinating Officer and other social workers.

SECTION 25

Home Nursing

The following tables give details of Home Nursing staff and work carried out by them during 1958. All the nurses are employees of the Leicestershire County Nursing Association acting as agents on behalf of the County Council.

(1)	Administrative and Supervisory Nursing Staff			State Registered Nurses (S.R.N., R.S.C.N., and R.F.N.)			Enrolled Assistant Nurses			Student Home Nurses		
	Whole-time (2)	Part-time (3)	Equiv. Whole-time of (3) (4)	Whole-time* (5)	Part-time* (6)	Equiv. Whole-time of (6)* (7)	Whole-time* (8)	Part-time* (9)	Equiv. Whole-time of (9)* (10)	Whole-time* (11)	Part-time* (12)	Equiv. Whole-time of (12)* (13)
(a) L.H.A.	—	—	—	—	—	—	—	—	—	—	—	—
(b) Vol. Org.	—	3	1½	19	51	31½	—	33	20½	—	—	—
				4								

*Male nurses should be included and also shown separately in the boxes

(1)	Medical (2)	Surgical (3)	Infectious Diseases (4)	Tuber- culosis (5)	Maternal Compli- cations (6)	Others (7)	Totals (8)	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year (10)	Patients included in (2)-(7) who have had more than 24 visits during the year (11)
Number of cases attended by Home Nurses during the year: (a) L.H.A. ..	—	—	—	—	—	—	—	—	—	—
(b) Vol. Org. under arrangements with the Authority ..	5,276	2,350	—	65	79	—	7,770	3,514	437	1,680
Number of visits paid by Home Nurses during the year: (c) L.H.A. ..	—	—	—	—	—	—	—	—	—	—
(d) Vol. Org. under arrangements with the Authority ..	137,584	31,824	—	3,488	678	—	173,574	105,526	3,482	125,289

SECTION 26

Vaccination against Smallpox and Poliomyelitis and Immunisation against Diphtheria and Whooping Cough

Vaccination against Smallpox

The following table gives details of vaccinations carried out by general practitioners who have submitted certificates to this department :

Age at 31st December, 1958 i.e. born in the year	Under 1	1—	2 to 4	5 to 14	15 or over	Total
	1958	1957	1954-57	1944-53	Before 1944	
Number vaccinated . .	1,328	791	141	157	299	2,716
Number re-vaccinated . .	—	1	4	46	410	461

The number of newly born children vaccinated during 1958 shows an increase of 367 over the previous year and the percentage of these children vaccinated is now 21.8 as against 15.6 in 1957. Since 1955 it is noticed that the number of children in this age group receiving vaccination has risen from 642 to 1,328.

During this same period 1955-1958, the total number of children vaccinated has risen from 1,436 to 2,716, although no appreciable change has appeared in the number re-vaccinated.

Vaccination against Poliomyelitis

It may be remembered that at the end of 1957 the number of children and other priority groups still awaiting vaccination was 26,476. These priority groups were :

- (a) Children born in the years 1943 to 1956, and children as soon as they attain the age of 6 months.
- (b) Expectant mothers.
- (c) General practitioners and their families.
- (d) Ambulance staffs and their families.
- (e) Families of hospital staffs.

On 10th January 1958, the first supplies of Salk vaccine arrived, and parents of children still awaiting vaccination were asked if they would be willing to accept this vaccine or wait for the British type. From then onwards the number of children receiving two injections began to increase.

On 2nd September 1958, the Ministry of Health issued Circular 20/58 which extended the scheme to include persons born in the years 1933-42, offered vaccination to hospital staff who come into contact with patients, to medical students and to families of these groups, and offered the opportunity of a third injection to all persons who had received two injections at least seven months previously. It was, however, stressed that priority be given to those persons who were still awaiting the initial injections. The response to the public advertisements offering vaccination to young persons born in 1933-42 was extremely poor, and by the end of the year only 448 had received two injections and 39 were still awaiting vaccination. On the other hand, 38,656 children in the group born in 1943-58 received two injections and 222 received one injection.

The following table gives an indication of the number and groups of persons vaccinated or awaiting vaccination at the end of the year.

Class	Number vaccinated with two injections during the year	Number of applicants awaiting vaccination at the end of the year
Children born in the years 1943-58	38,656	1,104
Young persons born in the years 1933-42	448	39
Expectant mothers	1,457	17
Other priority groups	251	—
Totals	40,812	1,160

Immunisation against Diphtheria

The following statistics are based on certificates forwarded to the department by general practitioners who have carried out the immunisation of the children. The Immunity Index, i.e. the number of children immunised (primary or booster) during the past five years expressed as a percentage of the total estimated mid-year child population, now stands at 70.1% for children between the ages of one year and four years, and at 23.95% for children under one year. The corresponding figures for the year 1957 were 67.33% and 7.59% respectively. Once again there has been no case of diphtheria during the year.

Number of children at 31st December, 1958, who had completed a course of immunisation since 1st January, 1944

Age on 31st December, 1958 (i.e. born in year)	Under 1 1958	1-4 1954-1957	5-9 1949-1953	10-14 1944-1958	Under 15 Total
No. of children whose last course (primary or booster) was completed in the period 1954-1958.. ..	1,511	15,284	16,551	1,210	34,556
No. of children whose last course (primary or booster) was completed in the period 1953 or earlier ..	—	—	3,243	21,903	25,146
Estimated mid-year child population 1958	6,310	21,790	60,900		89,000

Number of children who were immunised during the period 1st January to 31st December, 1958

Age at 31st December, 1958, (Born in year)	Under 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Totals
	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	
Primary Immunisation	1,511	3,503	549	131	83	92	38	24	13	16	7	10	8	3	3	5,991
Booster Injection	—	—	4	14	738	2,081	485	66	28	14	11	12	15	8	5	3,481

Vaccination against Whooping Cough

On June 1st 1958 an official scheme for vaccination against whooping cough came into operation in the county. After very careful consideration and in consultation with the local Medical Committee, it was decided that immunisation should normally be carried out by means of a combined vaccine against diphtheria and whooping cough, rather than by separate injections against each disease, due provision being made for use of separate vaccine when this seemed desirable, e.g. in the event of an outbreak of poliomyelitis. It was felt that the difficulty of persuading parents to allow their children to be submitted to a long series of injections outweighed the very small risk of provoking paralytic poliomyelitis in a child carrying the virus, and that on balance the use of the combined vaccine in non-epidemic periods was justifiable.

Figures for the period of the year during which this scheme was in operation are given below :

Number of children who have completed a primary course (normally three injections) of pertussis vaccine (singly or in combination)			
YEAR	AGE at date of final injection		TOTAL
	0—4 years	5—14 years	
1958 (June—December)	4,601	150	4,751

SECTION 27

Ambulance Service

The numbers of staff and vehicles in use by the ambulance service at the end of the year are as follows :

Ambulances (2-4 Stretchers)	..	30	(This figure includes 3 used for Civil Defence)
Dual-Purposes Vehicles (1 Stretcher)		16	
Sitting Case Cars	..	1	
Stores Van	..	1	
Service Van	..	1	
		—	
Total	..	49	
		—	
Station Officers	..	7	
Head Drivers	..	5	
Driver/Attendants	..	66	
Clerk/Telephonists	..	3	
Female Attendants	..	4	
Female Attendants (part-time)		5	
Mechanics	..	4	
		—	
Total	..	94	
		—	

The figures for the year show that the ambulance service carried 122,550 patients a total of 953,737 miles as follows :

		Patients carried	Miles travelled
National Health Service	..	98,344	878,580
Other Services	..	24,206	75,157
		—	—
		122,550	953,737
		—	—

Station	Patients carried					Miles travelled				
	Year 1954	Year 1955	Year 1956	Year 1957	Year 1958	Year 1954	Year 1955	Year 1956	Year 1957	Year 1958
5 Ireton Road, LEICESTER ..	31,360	26,030	29,147	31,435	34,462	273,703	230,296	247,869	265,212	275,985
Avenue Road, LEICESTER ..	16,007	18,170	16,660	16,892	17,421	112,563	135,445	133,238	130,377	129,078
Avenue Road, COALVILLE ..	18,685	20,674	20,298	21,640	24,993	129,894	139,643	145,781	151,054	160,486
Elizabeth Road, HINCKLEY ..	12,917	12,874	11,252	11,478	12,765	91,621	88,738	81,590	79,378	88,291
Forest Road, LOUGHBOROUGH ..	12,364	17,128	16,461	15,284	14,756	85,885	109,237	111,504	105,312	109,123
Leicester Road, LUTTERWORTH ..	4,813	4,561	4,177	4,122	3,945	38,596	40,993	40,946	39,800	40,485
St. Luke's, MARKET HARBOROUGH	8,549	8,484	7,275	6,142	6,740	78,779	78,836	68,284	62,798	66,328
War Memorial Hospital, MELTON MOWBRAY ..	7,222	7,328	7,540	7,168	7,468	86,088	78,643	85,755	85,501	83,961
Totals ..	111,917	115,249	112,808	114,161	122,550	897,129	901,551	914,967	919,432	953,737

SECTION 28

Prevention of Illness, Care and After-Care

After-Care of Patients Discharged from Hospital

Patients discharged from hospital who are in need of nursing care in some form or other are looked after by the Home Nursing Staff of the Leicestershire County Nursing Association. When no nursing care is required a health visitor can usually deal with the case.

Convalescent Home Treatment

The number of persons who were sent to convalescent homes showed a slight decrease from 78 in 1957, to 59 in 1958.

The 59 cases were sent to the following homes :

Hunstanton Convalescent Home	25
Southern Convalescent Home, Lancing	1
Roecliffe Manor Convalescent Home	5
"Greystones" County Home, Boscombe	10
Sheringham Convalescent Home	2
Winterton House, Wendover	3
Maitland House, Frinton-on-Sea	1
Overstrand Convalescent Home, Cromer	3
"Ocean Swell", Ramsgate	1
"Leconfield", Bonchurch, Isle of Wight	4
Charnwood Forest Convalescent House, Woodhouse Eaves	1
Ormerod Home for Children, St. Annes-on-Sea	1
N.A.P.T. Spero Convalescent Home, Cliftonville	2
Total	59

Diabetics

During the year the Health Visitor who was specially appointed for the care of diabetics in the county paid 1,159 visits to such patients and also made 91 attendances at the diabetic clinic which is held at the Royal Infirmary, Leicester.

Health Education

During the year there was an increase in the total visits of 95, a large proportion of this increase being to Ante-Natal Clinics where talks were given to expectant mothers at the relaxation classes. More talks were given to members of various voluntary and local bodies, and it is pleasing to note that with the increased attendances at these talks, the question of health education is being brought to the notice of different sections of the community.

A new venture in the health education programme was the formation of the Ravenhurst Mothers' Group in September 1958, which was held in the Ravenhurst Road Junior School, Braunstone. The aims of the group were set out as :

- (a) To promote fellowship amongst young mothers
- (b) To learn the care of children in all its aspects—physical and mental growth—the prevention of illness and accidents.

By the end of the year 6 meetings had been held, the total attendances being 204.

The members are a very keen and enthusiastic group, and lively discussion follows each talk or film show.

During the year visits were made to 70 infant welfare centres and five ante-natal clinics as follows :

Infant Welfare Centres :

3 centres received 1 visit
30 centres received 2 visits
24 centres received 3 visits
12 centres received 4 visits
1 centre received 5 visits

Ante-Natal Clinics :

1 clinic received 6 visits
1 clinic received 15 visits
1 clinic received 25 visits
1 clinic received 29 visits
1 clinic received 42 visits

Visits paid and the numbers present at all clinics, centres and meetings of organisations where health education talks were given are as below :

	Visits		Audiences	
	1957	1958	1957	1958
Infant Welfare Centres ..	185	188	2,984	2,973
Ante-Natal Clinics ..	41	117	267	1,315
Adult Schools ..	—	1	—	44
Women's Institutes ..	2	6	100	236
Parent-Teachers' Association ..	1	1	18	24
Health Visitor Students ..	4	4	22	22
Young Wives' Groups ..	9	8	127	156
Schools ..	2	4	82	131
Women's Groups ..	7	12	147	258
Mothers' Union ..	9	3	201	66
Home Help Courses ..	14	14	193	225
Other Organisations ..	—	5	—	115
Mothers' Club ..	—	6	—	204
	274	369	4,141	5,769

It must be pointed out that the above figures do not include talks that are given from time to time by other members of the staff of the department.

Tuberculosis

Details of sessions held at Chest Clinics held in the county are given below:

Hinckley	..	Hinckley and District Hospital		Mondays 10 a.m. and 2 p.m. Thursdays 10 a.m.
Leicester	..	194 London Road	..	Mondays 9.30 a.m. Tuesdays 9.30 a.m. and 2 p.m. Wednesdays 2 p.m. Thursdays 9.30 a.m. and 2 p.m. Fridays 9.30 a.m.
Loughborough	..	Loughborough General Hospital		Mondays 9.30 a.m. Tuesdays 9.30 a.m. and 2 p.m. Thursdays 9.30 a.m.
Markfield	..	The Hospital	..	Wednesdays 2 p.m. Fridays 9.30 a.m.
Melton Mowbray		War Memorial Hospital		Tuesdays 10 a.m. and 2 p.m.

The following is the Joint Report of the County Medical Officer and Consultant Chest Physician :

	Year 1958	Year 1957	Year 1948	Average for preceding ten years
Respiratory tuberculosis :				
Notifications	128	124	186	195
Deaths	20	21	119	68
Death-rate	0.05	0.06	0.35	0.20
Non-respiratory tuberculosis :				
Notifications	32	31	78	52
Deaths	9	5	23	11
Death-rate	0.02	0.01	0.07	0.03
Total for both respiratory and non-respiratory tuberculosis :				
Notifications	160	155	264	247
Deaths	29	26	142	79

There has been no outstanding change in either the mortality from pulmonary tuberculosis, or the morbidity, during the past year. The deaths from pulmonary tuberculosis in 1958 amounted to 20 cases as against 21 in 1957—a rate of 0.05 as compared with 0.06. Notifications rose by 4, being 128 as compared with 124, and for non-respiratory tuberculosis the deaths were 9 as against 5—a rate of 0.02 as against 0.01 and notifications were 32 for 1958 as compared with 31 for 1957. This tendency for progress to be slowed for a year or two has been noticed before : in 1953 and 1954 the deaths from pulmonary tuberculosis remained stationary, then subsequently there was a marked decrease in 1955. In 1954 and 1955 the notifications remained stationary for two years, followed by a further marked decrease in 1956. It must be expected that the rapid decline in both the mortality and the morbidity of tuberculosis may show periodic pauses, particularly now that we

have come to the stage where a few more or a few less notifications and deaths in a particular quarter may have an appreciable effect on the year's figures.

As regards pulmonary tuberculosis : of our 20 deaths, 10 were not notified before death and on examining these deaths in detail it is quite easy to see how this can arise. Four of them were elderly people over the age of 70, in three of whom the cause of death was certified after post mortem. Of the remaining 6, two were admitted to hospital in extremis and died within a week ; one died in a mental hospital. One was a man of 60 where the cause was found at post mortem, and of the remaining two one was a woman aged 47 whom we did not consider to have tuberculosis and who died from a bilateral effusion secondary to congestive heart failure, but from the Registrar General's figures this would appear to have been classified as a tuberculous effusion. The 10th was a patient who died in the City Chest Hospital whose husband had lived for a few days in the County. We knew nothing of this case, but the death was allocated to Leicestershire.

Turning to the non-respiratory deaths which have risen from 5 to 9 : it does appear that death is at times attributed to tuberculosis when it has little or no true relation—for example, one was a man of 81 who died in hospital, the cause of death being certified as senility, lupus vulgaris and chronic bronchitis and yet this, for statistical purposes, is classified as a non-respiratory tuberculous death. Of the 9 deaths from non-respiratory tuberculosis 6 were not notified prior to death and all these six deaths occurred in hospital. One was the 81 year old man just mentioned ; one was a man of 67 who died in a mental hospital ; two were cases of peritonitis which were said to be tuberculous, one in a lady of 75 and the other in a man of 42. Two were people who died from acute intestinal obstruction and at operation they were found to have old abdominal tuberculosis and it was considered that this was primarily responsible for the intestinal obstruction. There were, therefore, only three deaths of people in whom the diagnosis of non-respiratory tuberculosis had been established prior to death.

Let us now examine how much the numbers on the register have risen or fallen during the past year. In 1958 228 persons were removed from the register as recovered ; 59 persons were transferred out to other areas ; 28 died and 11 were removed for other reasons—e.g. lost sight of, etc., thus giving a total deduction from the register of 326 persons. Against this were added to the register 155 new cases and 132 transfers in an addition of 287 persons, making it appear that our register had only been reduced by 39 persons. This is undoubtedly true statistically, but the Leicestershire register has been artificially added to by numbers of persons from the City of Leicester who have been rehoused just outside the City Boundary. As can be seen, we transferred out of the County 59 persons and accepted as transfers in 132—an additional gain on transfers of 73 persons.

Chest Clinic Service

There is no outstanding change in the policy of the Chest Clinic Service. We have continued to treat a certain number of patients at home from choice, and the Clinics are dealing more and more with non-tuberculous conditions, as is happening throughout the country. It would appear that the time approaches when the possible amalgamation of the City and County Chest Clinics on a new site near the Royal Infirmary is certainly something we would welcome. With the Clinics dealing more with general chest conditions than ever the association of the Chest Clinics with a General Hospital is very desirable.

As usual, we would like to pay tribute to the District Nurses who have helped us in the treatment of 65 of our cases, of whom 31 were given injections of streptomycin.

Mass Radiography Unit

During the past year the M.R.U. X-rayed in the County a total of 26,134 persons, visiting Lutterworth, Loughborough, Market Harborough, Shepshed and Sileby, in addition to X-raying a large number of County residents who work in the City. From these 26,000 persons X-rayed, twenty were found to have pulmonary tuberculosis requiring treatment or regular observation. Nine cases of carcinoma of the lung were also discovered.

Home Help Department

During the past year we have required the assistance of a Home Help in 19 households, a considerable decrease on previous years, and indicative of what we hope will continue to be a diminishing demand on the Home Help Service.

Prevention, Care and After Care

The total number of new cases, both respiratory and non-respiratory, was 160, and from these cases 1,216 contacts were examined for the first time, 14 of whom were found to be suffering from tuberculosis. All contacts under the age of 30 were tuberculin tested and 759 were found to be negative and vaccinated with B.C.G. The scheme for the X-raying of primiparae was continued and from 1,412, two hitherto unknown cases of active tuberculosis were discovered.

B.C.G.—School Leavers

The scheme for B.C.G. vaccination of school leavers was continued as in 1957. Unfortunately, there was a fall, from 75% to 66%, in the proportion of children whose parents gave consent to vaccination. The proportion of children positive to the tuberculin test was less than last year, which is what we should expect from the fall in incidence of the disease.

Children whose initial tests were positive were offered facilities for Mass X-ray examination, while those whose reaction was graded "4 plus" were referred to the appropriate county chest clinic for observation.

Year	Total Number of School Leavers offered Vaccination	Number of consents given	Number given Tuberculin Test	Number Positive	Number Negative	Number Vaccinated
1956	4,747	2,842 (59%)	2,689	1,026 (38%)	1,559 (59%)	1,453
1957	4,382	3,282 (75%)	3,099	1,135 (37%)	1,865 (60%)	1,864
1958	6,560	4,360 (66%)	3,974	1,152 (29%)	2,698 (68%)	2,572

Future Development

The future of the Chest Clinic Service seems for the moment to have become fairly well accepted. The Chest Clinics and those who work in them are, by their training and long association with tuberculosis, particularly adaptable to the more chronic chest conditions which come their way, and there is a national awareness of the extent of the problem of chronic bronchitis and carcinoma of the lung, which needs no further emphasis. The dangers of radiation to young people and expectant mothers is something which is being investigated by a special committee, and certain alterations in the existing scheme for the X-raying of school children and expectant mothers may become necessary over the next year or two. The time has surely come when many of the cases on the Tuberculosis Register should be reviewed and the necessity for regular visits to the home by the Health Visitor reconsidered. It appears absolutely useless for a Health Visitor to continue to visit at regular intervals all the patients merely because they are on the register; Health Visitors should therefore be given advice as to which families require attention; those who have been quiescent for two or three years and whose lesion appears to be perfectly stable need, we think, no longer be visited by a Health Visitor. They are all coming to the Clinic regularly and should any deterioration be noticed the Health Visitor could be informed and the patient put on the visiting list. In any of these cases where there is a new baby in the household, the Health Visitor will, in any case, know, irrespective of either parent being tuberculous. There are sufficient demands on the Health Visitors' time these days without loading them up too much with repetitive visits to a perfectly fit person who has had tuberculosis.

T.B.1—Return showing the work of the Chest Clinics during the year 1958

	Respiratory				Non-respiratory			
	M.	F.	Ch.	Total	M.	F.	Ch.	Total
A. (1) Number of notified cases of T.B. on clinic registers on 1st JANUARY, 1958	895	767	84	1,746	103	112	117	332
(2) Transfers from clinics under other H.M.C.'s or B.G.'s during the year	55	58	3	116	5	7	4	16
(3) Children transferred to adults during the year	6	3	—	9	5	2	—	7
(4) Cases lost sight of which returned to clinic during the year	—	1	—	1	—	—	—	—
B. Number of NEW CASES diagnosed as tuberculous during the year :								
T.B. MINUS	32	18	9	59	7	9	6	22
T.B. PLUS	45	22	—	67	3	3	1	7
Totals of A and B	1,033	869	96	1,998	123	133	128	384
C. Number of cases in A and B written off clinic registers during the year :								
(1) Recovered	68	76	16	160	20	23	25	68
(2) Died (all causes)	18	7	—	25	2	—	1	3
(3) Removed to other H.M.C. or B.G. clinics	31	21	—	52	2	4	1	7
(4) Children transferred to adults during the year	—	—	9	9	—	—	7	7
(5) Other reasons	2	4	1	7	4	—	—	4
Totals of C	119	108	26	253	28	27	34	89
D. Number of notified cases of T.B. on clinic registers on 31st DECEMBER, 1958	914	761	70	1,745	95	106	94	295
Respiratory and Non-respiratory								
	M.	F.	Ch.	Total	M.	F.	Ch.	Total
E. (a) Total number of new cases (excluding transfers) examined during the year	2,203	2,577	—	—	1,135	—	—	—
(b) Number of those in (a)	4	7	—	—	3	—	—	—
who attended as Con-	206	301	—	—	695	—	—	—
tacts and who were :	—	—	—	—	—	—	—	—
(1) Diagnosed as tuberculous	—	—	—	—	—	—	—	—
(2) Not tuberculous	—	—	—	—	—	—	—	—
(3) Not determined (as at 31st December, 1958)	—	—	—	—	—	—	—	—

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 outside the county, the table does not show the exact position relating to Leicestershire.

1. D. 2—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
1948 ..	Respiratory .. Other ..	87 34	99 44	186 78	69 9	50 14	119 23	0.43 0.06	0.28 0.08	0.35 0.07
1949 ..	Respiratory .. Other ..	131 21	108 34	239 55	58 9	61 6	119 15	0.36 0.06	0.34 0.03	0.35 0.04
1950 ..	Respiratory .. Other ..	113 26	103 21	216 47	41 5	46 6	87 11	0.25 0.03	0.25 0.03	0.25 0.03
1951 ..	Respiratory .. Other ..	135 21	110 36	245 57	49 3	37 6	86 9	0.30 0.02	0.20 0.03	0.25 0.03
1952 ..	Respiratory .. Other ..	109 21	121 43	230 64	37 7	33 7	70 14	0.23 0.04	0.18 0.04	0.20 0.04
1953 ..	Respiratory .. Other ..	109 27	92 41	201 68	25 —	32 8	57 8	0.15 0.00	0.17 0.04	0.16 0.02
1954 ..	Respiratory .. Other ..	91 19	95 37	186 56	35 2	20 1	55 3	0.21 0.01	0.11 0.005	0.16 0.008
1955 ..	Respiratory .. Other ..	97 17	91 10	188 27	20 4	16 6	36 10	0.12 0.02	0.08 0.03	0.10 0.03
1956 ..	Respiratory .. Other ..	77 11	58 27	135 38	14 4	19 1	33 5	0.08 0.02	0.10 0.005	0.09 0.01
1957 ..	Respiratory .. Other ..	64 12	60 19	124 31	13 3	8 2	21 5	0.07 0.02	0.04 0.01	0.06 0.01
Average for above ten years ..	Respiratory .. Other ..	101 21	94 31	195 52	36 5	32 6	68 11	0.22 0.03	0.18 0.03	0.20 0.03
1958 ..	Respiratory .. Other ..	73 14	55 18	128 32	13 1	7 8	20 9	0.07 0.006	0.03 0.04	0.05 0.02

T.B.3—Tuberculosis, Notifications and Deaths. Showing Age Periods, year 1958

AGE PERIOD	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	Males	Females	Males	Females	Males	Females	Males	Females
0-	2	—	1	—	—	—	—	—
5-	4	3	4	3	—	—	—	1
15-	11	12	2	5	—	—	—	—
25-	26	17	5 ¹	5	2	3	1	—
45-	32 ²	8 ¹	3	3	5	3	3	—
65-	10	3	1 ²	— ¹	6	1	3	1
Total ..	85 ²	43 ¹	16 ³	16 ¹	13	7	7	2

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.4—Tuberculosis Notifications and Deaths

Urban and Rural Districts, year 1958

District	Estimated population mid-year	Notifications of Tuberculosis		Deaths from Tuberculosis	
		Respiratory	Non- Respiratory	Respiratory	Non- Respiratory
Urban					
Ashby-de-la-Zouch	6,980	2	—	—	—
Ashby Woulds ..	3,330	1	1	—	—
Coalville	26,300	11	2	—	—
Hinckley	40,450	18	2	3	1
Loughborough M.B.	36,070	20	7	6	—
Market Harborough	10,710	4	—	1	—
Melton Mowbray ..	14,860	6	1	—	—
Oadby	10,150	1	—	—	—
Shepshed	6,750	3	—	1	—
Wigston	18,600	7	1	2	—
Totals ..	174,200	73	14	13	1
Rural					
Ashby-de-la-Zouch	13,950	1	—	—	1
Barrow-upon-Soar ..	52,550	15	6	—	3
Billesdon	17,360	2	—	1	—
Blaby	44,720	14	—	4	1
Castle Donington ..	10,190	6	2	—	1
Lutterworth	12,500	2	—	1	—
Market Bosworth ..	27,330	10	2	—	1
Market Harborough	9,750	1	2	—	1
Melton and Belvoir	18,850	4	6	1	—
Totals ..	207,200	55	18	7	8

Care and Rehabilitation of Problem Families

The Senior Medical Officer, Dr. Marjorie L. Campbell, who is the Council's Co-ordinating Officer for Problem Families, has submitted the following report :

"This year saw the beginning of co-ordinating the work of departments, voluntary societies, statutory bodies outside the County Council, and other persons concerned in child and family welfare, many or all of whom might be engaged in caring for the same family. Such a family, because of its inability to maintain a reasonable standard by its own effort, has been called for want of a better word, a problem family. Once such a family is referred to the Co-ordinating Officer it becomes her duty to ascertain how many of the above bodies have knowledge of the case, to consult with them and keep them acquainted with developments and, when necessary, to call a case conference at which they may all be represented. At the case conference a line of policy is discussed and formulated, the number of people visiting the family reduced to the lowest possible figure and whenever practicable the responsibility for dealing with the family delegated to one person. This delegated person is asked to keep the Co-ordinating Officer informed of any change in the family circumstances. Although the term Case Conference Committee is used to describe such a group meeting, the Committee, with the exception of five permanent members, is necessarily changed in composition for each problem so that the persons directly working on a particular case are there to discuss it. The permanent members are the Children's Officer, the Education Welfare Officer, the Superintendent Health Visitor, the Home Help Organiser, and the Co-ordinating Officer. The invited members have been the Clerks of Urban and Rural District Councils, their Housing and Welfare Officers, Probation Officers, National Assistance Board and Labour Exchange representatives, Clergymen, General Practitioners, District Medical Officers of Health, an Educational Psychologist, Mental Health Officers, N.S.P.C.C. Officers, S.S.A.F.A. representative, Child Care Officers, Health Visitors and Home Help Area Officers. It can be appreciated that there is sometimes great difficulty in selecting a date and time suitable to a large gathering of busy people and without the great good will invariably shown by Committee members this would be a formidable task.

During 1957 informal meetings had been held on seven families which were carried over into the next year and in the year under review 81 files were opened with 2 other cases pending. 20 Case Conferences were held, the other 61 cases were investigated and followed up but were able to be dealt with by direct discussion with the Co-ordinating Officer and the other interested department or societies or by the circulating of information by correspondence without the need for a full scale meeting.

The following table shows the source of cases referred for the first time during the year :

Local Authorities	..	..	..	36
Health Department	..	..	..	23
Children's Department	..	..	..	8
Education Department	..	..	..	4
N.S.P.C.C. Officers	..	..	..	3
Probation Department	..	..	..	1
National Assistance Board	..	..	..	1
General Practitioner	..	..	..	1
Clerk of the County Council	..	..	..	1
County Councillor	..	..	..	1
District Medical Officer of Health	..	..	..	1
District Nurse	..	..	..	1

Many of these cases were known to a number of departments. The final references being made after inter-departmental consultation.

It is interesting to note that almost half the cases were referred by Local Authorities. These had been asked to give the Co-ordinating Officer warning of impending evictions where children were involved in time to give the Co-ordinating Committee an opportunity to consider if the family could be helped. The main causes of complaint were persistent rent arrears, ill-kept premises or brawling between parents and causing annoyance to neighbours and frequently a combination of all three situations.

The actual assistance that can be given to these problem families varies enormously and, of course, progress depends greatly upon how far a family is prepared to co-operate and help itself.

Broadly speaking the cases at present under review fall into four categories :

1. Threshold cases—the family is on the verge of breaking up either through marital disharmony, debt incurred through illness or unwise spending, such as extensive hire purchase commitments, ill health of mother, bad housing that has at last made her give up trying, rehousing to a modern and much more expensive house on a new estate, or a combination of some of these circumstances. The previous record is good and both parents are willing to try again. These are by far the simplest cases to help and very few actually reach the Co-ordinating Officer as they can be straightened out by one or other of the social services.
2. Families where the same sort of circumstances may occur as above or where conditions have always been bad but where only one parent is co-operative. Such are amongst the most difficult cases to help as the unco-operative partner can nullify all efforts made by his or her spouse and the outside helpers to upgrade the family. Such a family requires long-term intensive case work by a skilled special worker.

3. Both parents are probably well meaning and kind to their children but are themselves the products of sub-standard homes and are well below average intelligence. They are muddling through life and will need help and supervision until their children have grown up. The provision of a Home Help as a tutor who can teach the mother simple cooking, house-care and budgeting, has been highly successful in most of these cases.
4. Parents apparently indifferent to their children and the appalling conditions in which they live whose resistance to betterment would wear down any but the most highly dedicated of social agents. Each family is almost a full time occupation for a highly trained case worker over a very long period.

The object of case conferences is to concentrate the sources of help into their most effective maximum in an effort to prevent the breaking up of a family, to try and upgrade the family, to try to teach the parents to keep to that grade by their own efforts and to see that the children are secure, adequately clothed, fed and housed, and have the care and affection of their parents to which they are entitled. With affection they can be happy in abysmal conditions, without it, it would seem of little value in trying to improve their external circumstances at home and they are probably better in care where they may have a second chance with good foster parents.

Housing

If the parents are likely to become homeless the break up of the family is almost inevitable and final, as experience shows that once children are in care and the parents relieved of their responsibilities, relatively few seek to assume these responsibilities again. For this reason the early warning from Local Authorities of impending evictions is enormously helpful to social workers and their co-operation has been greatly appreciated, as has been the attendance of their Housing Officers at the case conferences. Letters have been written to various Housing Authorities about many of the cases now actively supervised asking for a further trial period before eviction or re-housing. In some cases a better house is asked for, or in others a cheaper council house which may have fewer facilities but is within the family income. The response to such requests has, on the whole, been favourable, although some Housing Committees have felt unable either to suspend an eviction order—on the grounds that soon it becomes an empty threat—or, in other instances, to allocate a house. It must be confessed too that a Housing Authority which has shown great consideration to a family in this way has been badly treated as no rent or arrears were paid and bedding and clothes supplied by one of the departments was sold. This finally comes into the category described as Class No. 4 and has now been evicted.

School Welfare

The provision of free school meals and help with clothing and footgear from the School Care Committee has been a most important asset in dealing with problem families and grateful acknowledgement is made to this Committee for its consideration of cases slightly over the income limit when a recommendation for help has come from the Co-ordinating Committee.

Home Helps

In some instances the Co-ordinating Committee has recommended that a Home Help should be allocated to the home for a period to relieve the mother and to train her in budgeting and housekeeping. This has been successful in the Class No. 3 families. The County Council at its meeting on the 29th July, 1958, approved the following recommendation :

- (i) That subject to the County Medical Officer being satisfied on the desirability of providing a home help service to a problem family, he be authorised to provide that service, free of charge, pending review of the case by the Assessments Sub-Committee at its next meeting and upon that review and all such subsequent reviews as the Assessments Sub-Committee may make on a particular case, the Assessments Sub-Committee be authorised to approve the continuation of the service either free of charge or at such charge as the Sub-Committee may determine whether in accordance with the tariff laid down by the Council, or otherwise ;
- (ii) That the County Council's tariff of charges for the home help service be modified so far as is necessary to permit the implementation of recommendation (i) above.

A review of the year's work shows the following results :

(a) Cases referred by Local Authorities with Results

No. of Cases	Families not evicted	Families rehoused	Families evicted	Position at end of year	
				In council house	Case closed*
36	33	2	1	29**	7

*Case Closed includes families who have left the area

**Includes two cases promised rehousing

(b) Cases referred by other sources with results

Case referred by	No. of Cases	Position at the end of year			
		Still actively supervised at home	Rehoused and supervised	Some or all children taken into care	Case Closed *
Health Department ..	23	15	—	1	7
Children's Department	8	4	—	3	3**
Education Department	4	3	—	—	1
N.S.P.C.C.	3	2	—	1	—
Probation Department ..	1	—	1	—	—
National Assistance Board	1	—	—	—	1
General Practitioner ..	1	1	—	—	—
Clerk of the County Council	1	1	—	—	—
County Councillor ..	1	1	—	—	—
District Medical Officer of Health	1	1	—	—	—
District Nurse ..	1	1	—	—	—

*Case Closed includes families who have left the area

**Includes two families who still have children in care

These figures confirm the experience of all social workers that there is no easy solution of problem family difficulties, that rehabilitation is always slow and that there are many disappointments and relapses.

Three important factors in rehabilitation become more than ever paramount :

1. The appointment of a highly skilled social worker who can take over the most difficult families and whose case-load is kept sufficiently small to enable her to devote much time to each.
2. Greater co-operation than ever with the Housing Authorities so that such families can be rehabilitated in their own homes.
3. Intermediate Accommodation. A rehabilitation unit with individual dwellings supervised by a resident warden, to take in families evicted by private landlords, or squatters, dwellers in sub-standard caravans, etc. To be effective it would be necessary for an agreement to be reached with Housing Authorities that such families were rehoused when they had made good, i.e. all debts paid, father in regular work and mother trained in child care and housewifery."

It will be seen from this report that the most generous help has been given to the Co-ordinating Officer from all the departments and voluntary associations concerned with child care and from Housing Authorities. Thanks, too, must be given to the County Women's Voluntary Service, who although not represented on the Co-ordinating Committees, responded on every occasion to requests for clothing, bedding, or furniture.

SECTION 29

Domestic Help Service

This service continues to provide domestic help to many families and as will be seen from the following table the number of households receiving help during 1958, and the number of home help hours, continues to show a steady increase. The number of daily sessions of home helps during the year totalled 109,305.

	Year 1958	Year 1957	Year 1956	Year 1949
Full-time Home Helps	65	66	75	37
Part-time Home Helps	387	343	399	36
Number of hours on duty (including travelling time)	493,009	491,574	488,120	76,465

Cases assisted :

Maternity	712	685	644	206
General Illness	349	427	436	130
Chronic sick	197	192	217	19
Tubercular : Infectious	6	12	19	7
Non-Infectious	16	17	27	
Old age, illness and infirmity ..	1,425	1,299	1,160	93
Other (emergencies)	5	6	7	9
Problem families	9	5	7	—
Night help	6	7	12	—
Total cases	2,725	2,650	2,529	464

Case Histories

The table above gives particulars of the amount of work done ; a few case histories are given below, which it is hoped will give some indication of what the service can accomplish in difficult conditions.

Case No. 1

Husband and wife and son aged 10 months.

Case first commenced 18/7/58 as straight forward maternity case. On the 31/7/58 the wife had a cerebral haemorrhage and was taken to hospital with the baby. The boy was left at home until arrangements were made for his grandparents to have him. 24/10/58 : Wife returned from hospital and full time help was again supplied. Her speech was slow and uncertain, her right arm useless and her right leg was in a caliper. 1/11/58 : Baby was discharged from hospital—well and gaining weight. The home help had to try to foster

the mother's affection for the baby as she did not want anything to do with it. at first. Very soon after this the mother wanted the eldest child home. It was a very trying job for the home helps as the small boy had got rather out of hand and the mother was inclined to spoil him. The mother made progress, her speech improved and she was able to take the little boy out for a walk in the mornings whilst the home help bathed the little girl who recently had her first birthday. The hours of duty are being gradually reduced as the mother becomes more able to look after the children on her own.

Case No. 2

Husband, wife pregnant, six children, girl (11) ; boy/girl twins (9) ; boy (6) ; boy/girl twins (17 months).

The wife was suffering from nervous exhaustion and on the point of total collapse : the baby not wanted particularly as there appeared a possibility of twins. She was unable to cope with children or household chores. The six children were nursed through various illnesses including influenza and mumps. The 11 year old was attending hospital with a sprained ankle at the same time as the 2 year old twins were suffering from mumps.

A baby boy was born in hospital and the care and attention by the home helps proved the tonic the mother required. This mother of seven, girl 12, twin boy/girl 10, boy 7, twin boy/girl 2½ years and baby boy 5 months is now coping very well with the help of three sessions weekly. Her outlook upon life is completely different—she now has a will to live.

Case No. 3

Two sisters, one aged 75, suffering from the after effects of a stroke, confined to bed and incontinent, due to be taken away to hospital as soon as possible : the younger sister, aged 73, a heart case and of a very nervous disposition. The nursing of her elder sister had proved far too much for her, particularly coping with the terrific amount of washing every day. Daily morning help was allocated—gradually the elder sister's condition deteriorated but the younger sister was able to cope better as a result of the help given.

The elder sister died at home after three months ; help is given now only once weekly to the 73 year old, who is much improved physically, brighter in outlook and able to do much for herself. Provision of a home help enabled these two sisters to be kept together and incidentally avoided the use of a hospital bed.

Case No. 4

Husband and wife, both of low mentality, and five children, ages 6, 5, 2½ and twins of 16 months.

Mother had mastoid operation, during which time the children were in care. She eventually returned home and requested the return of the children.

The Child Care Officer recommended home help to assist the mother and to care for the family whilst the mother attended out-patients' clinic. Help was given two days per week.

The house was reasonably clean, but mother needed guidance on budgeting, cooking and general management of the home. She was co-operative and welcomed advice. She took an interest in cooking and eventually there was a marked improvement in the home.

This mother still has trouble with her ear and from time to time calls upon the Home Help Service for aid.

Case No. 5

Help requested by the Health Visitor for an elderly couple. Husband aged 85 years suffering from carcinoma and wife aged 83 years—senile. Refused to leave their home.

The couple were visited and the house found to be in an extremely dirty state.

Help was supplied and the home quickly showed a great improvement. The District Medical Officer spoke very highly of the work of the home help and of the transformation that took place. He considered it a case which would be quite beyond the Service to cope with, but that it now appeared that the husband would be able to end his days in his own home, which is what he badly wanted to do. The Health Visitor paid tribute to the work of the home help.

Case No. 6

Case referred by the Superintendent Health Visitor in May, 1957, an old lady being in need of help having refused residential accommodation, and living in an isolated village.

At the time of the Area Officer's initial visit the old lady looked grimy and unkempt. The bedrooms upstairs were quite tidy, but the downstairs rooms extremely dirty, particularly the back kitchen where coal and wood was broken. Water was obtained from a tap in the garden and the toilet facilities consisted of an earth closet at the end of the garden. There was, however, electricity for both cooking and lighting.

The services of a home help once a week was reluctantly accepted as an alternative to going away. At all times the home help found it necessary to exercise extreme tact and even then was unable to do all that was necessary. The old lady continued to live in the back kitchen where there was no comfort and persisted in breaking coal on the table from which she ate. This largely accounted for her dirty and unkempt appearance. In May, 1958, following an accident in the home the patient was removed to hospital. In the course of a few days she informed the hospital authorities that there was a sum of money left in the cottage. Investigations were made and a considerable sum of money

was found and invested on her behalf by the hospital authorities in the Trustee Savings Bank. In December, 1958, a communication was received from the hospital informing us that the patient had recovered and although urged to accept accommodation in an Old Peoples' Home had refused to do so and was in fact determined to return to her own home. The County Organiser paid a visit to the hospital, obtained her permission to inspect her home with a view to making the necessary arrangements for her return.

The cottage was found to be damp and neglected and the toilet facilities and water supply unsatisfactory. Owing to the inaccessibility of the cottage and severe wintery weather at the time prevailing, the help of two women living in the village was enlisted to clean and air the house, one of whom was known to the County Organiser and the other to the householder. In going through the householder's possessions it was found that there was an adequate supply of bedding and bed linen all in good repair, as was her underwear, a good supply of coal and wood and a quantity of dry groceries. The County Organiser visited the hospital several times to keep her informed of what was being done and persuaded her to allow an Elsan Toilet to be purchased to obviate the necessity of using the toilet in the garden, the path to this being frozen with snow and ice at this time and difficult to negotiate. This was agreed to and the purchase made.

The agents acting on behalf of the landlord were approached with a view to installing water inside the house, the tap in the garden requiring at that time to be thawed out daily. The request was sympathetically received and water together with a sink and draining board installed in the kitchen.

The patient returned home on the 9th January, 1959, on the understanding that she agreed to live in the front room of the house and use the front bedroom both of which were in fairly good state of repair. The villager known to the County Organiser agreed to become an emergency home help and attended the home daily including Sundays and Bank Holidays and worked approximately 27 hours per week. The time allocated daily included supervision early morning and evening as well as time for household chores and preparation of meals.

The home nurse was also asked to call and co-operate. In April, 1959, the general practitioner informed us that the patient had had another fall and was in bed and had refused to go to hospital. Additional help was given and the patient eventually recovered.

Arrangements were also made for a visit to an optician with a view to her being supplied with glasses.

The old lady is reasonably happy in her home and enjoys the visits of the home help, although she admits to being very lonely. She is, however, very difficult about food and concern is felt regarding the small amount of nourishing commodities she is prepared to purchase. These are often supplemented by the home help frequently taking meals from her own home.

Recruitment

Recruitment of the right type of woman still presents a difficulty but sufficient joined the service to enable the turnover to be replaced and allowed for a small expansion.

Courses of Instruction for Home Helps

Five twelve day courses of Instruction for new entrants into the service ; one three day refresher course for home helps with five years service, were held. An experiment was undertaken in the form of a two day course for specially selected home helps showing an aptitude and willingness to assist in the more difficult homes : i.e. the problem family homes and the homes of persons suffering from mental disorders. The panel of speakers for this course included : Dr. D. F. Macgregor. Medical Superintendent—Carlton Hayes Hospital ; Dr. M. L. Campbell—Senior Medical Officer and Coordinating Officer ; Mr. W. J. Fordham—Senior Mental Health Officer and Authorised Officer ; Inspector J. Holmes—N.S.P.C.C. ; Mr. J. E. Wilford—Area Officer, Leicester South, National Assistance Board ; Miss J. W. Emery—Leader of the Family Service Unit. Each of these specialists approached their subject in such a way that the home helps attending readily appreciated how best to put their work to the greatest advantage. The helps were given the opportunity of discussing problems of special interest and to indicate the way in which they had been handled by them. The lively interest of the home helps was shown in the way which they entered into the open forum. The course was considered to be highly successful and further courses will be arranged from time to time.

Our thanks are due to the speakers who so kindly co-operated and were responsible for making the course such a success.

SECTION 51

Mental Health Service

During the year there has been a steady increase in the work of the Department. The community care of the mentally ill has shown a marked rise in the number of cases reported for investigation, the number removed to the Mental Hospitals under Section 20 of the Lunacy Acts and the number receiving after-care.

The necessity for more regular visits to persons discharged from the Mental Hospital cannot be overstated and much more will have to be done in the future as this service is being more widely recognised. As in previous years there has been the problem of the elderly person whose mental health has deteriorated as a result of age and every effort has been made by the Mental Health Officer and the hospital staff to avoid certification, which, I am happy to say, has succeeded in the majority of cases.

Mental Illness Statistics

			Admissions during the year by D.A.O.		
			Males	Females	Total
Summary Reception Order	..	..	23	30	53
Three-Day Order. Section 20	..	..	138	207	345
Voluntarily assisted by D.A.O.	..	..	7	15	22
			—	—	—
			168	252	420
			—	—	—
Number of visits by Officers for					
After-care and other Psychotic cases	..			2,972	

Temporary Care—Mentally Defective Patients

The existing arrangement for temporary care at the Glenfrith Hospitals has been a great help both to patients and parents. Although it has reduced the number of permanent vacancies and thus increased the number of home visits to be made, the scheme is doing excellent work.

Clinics

The Psychiatric Clinic for mentally defective patients continues and we are indebted to Dr. Valentine who attends as Consultant.

Circular 2/58

Following the receipt of the above circular relating to Informal admission of patients to Mental Deficiency Hospitals and to the review of Guardianship Cases, the mode of admission of the mentally defective person has been on an Informal basis in practically every instance and certification is avoided.

The nine Guardianship cases resident locally have been discharged from Order and receive friendly guidance when necessary. The remainder of the Guardianship cases, who are placed in the South of England under the care of the Brighton Guardianship Society, are under constant review.

Occupation Centres

The numbers on the Register at the end of the year were as follows :

Centre	Males		Females		Total
	—16	+16	—16	+16	
Coalville ..	6	15	4	8	33
Hinckley ..	21	4	5	6	36
Loughborough ..	16	3	10	6	35
Melton Mowbray ..	6	9	5	4	24
Wigston ..	15	8	8	5	36
Totals ..	64	39	32	29	164

The increased number 164, compared with 152 in 1957 is accounted for by extension of transport schemes at Hinckley and Melton Mowbray, bringing in additional pupils.

The outstanding problem in the Centres, which by their nature cater mostly for pupils under 16, is the provision of suitable training and work for adults. It was unfortunate that, at the beginning of the year, the trade recession prevented further work being obtained from factories, and at the same time circumstances beyond our control caused cessation of work for the Institution for the Blind at the Loughborough Centre.

All Centres now have some land, however small, on which the older pupils can do some gardening. This activity has been most beneficial and the results satisfactory. Elementary woodwork has been introduced in one or two Centres.

In January, Wigston Centre was removed from rented premises to an adapted Day Nursery, and, as in the case of Loughborough which removed to Council-owned premises during the previous year, the benefits of improved facilities have been felt by both pupils and staff.

An important step forward was decided upon during the year for the provision of a specially built Centre for Hinckley. Plans are being prepared and it is hoped that the new Centre will be opened in the Spring of 1960.

A combined Centres' Sports' Day took place once again at Coalville. A silver cup was presented by the Institution for the Blind and was won by Hinckley Centre as having gained the highest number of points.

Through the kindness and generosity of the Hinckley Sunday School Union all the 30 pupils then in attendance at the Hinckley Centre accompanied by staff and helpers, spent a fortnight's holiday at Broadstairs. This was most successful, the improvement in the health of the pupils being noticeable. It is a pleasing reflection of the confidence of parents in the staff. that all pupils were allowed to join the outing.

Mental Deficiency Statistics

	Males		Females		Total
	—16	+16	—16	+16	
Patients under Institutional Care ..	37	187	21	205	450
„ „ Guardianship ..	—	5	—	8	13
„ „ Statutory Supervision ..	87	167	65	173	492
„ „ Voluntary Supervision ..	2	23	1	15	41
Totals ..	126	382	87	401	996
Number attending Occupation Centres ..	64	39	32	29	164
„ receiving Home Teaching ..	—	1	—	9	10
„ awaiting Institutional Care ..	6	9	7	20	42

Conclusion

I would like to thank my Deputy, Dr. Byars, for his supervision of the Mental Health Service, my Senior Mental Health Officer, Deputy and their colleagues for carrying out their difficult tasks with sympathy and understanding and to other organisations who have so willingly co-operated, particularly to the Medical Superintendents of the Carlton Hayes, Towers and Glenfrith Hospitals and to the officers and men of the County Constabulary who are always willing to assist my Mental Health Officers when needs arise.

NOTIFICATION OF BIRTHS

(Public Health Act, 1936—Section 203)

Notification of births are received in the Department from the midwives in attendance at confinements. Information is exchanged with the Registrars of Births in order to discover any births not notified or not registered within the statutory time limits of the Regulating Acts. All births are scrutinised for cases of prematurity and illegitimacy and these cases are referred to the Health Visitors for special report and supervision.

Below are particulars of births which were recorded during the year :

	Live Births		Stillbirths		Total
	Dom.	Inst.	Dom.	Inst.	
Total occurring in Leicestershire	2,767	1,751	36	33	4,587
Births occurring in Leicestershire					
"Transferred Out"	12	249	—	3	264
	2,755	1,502	36	30	4,323
Births occurring outside Leicester-					
shire "Transferred In" ..	19	2,076	—	92	2,187
Net Leicestershire Births ..	2,774	3,578	36	122	6,510

REGISTRATION OF NURSING HOMES

(Public Health Act 1936—Sections 187-194)

All registered nursing homes are visited by officers of this Department and of the Leicestershire County Nursing Association. At the end of the year there were six nursing homes registered in the county.

Address	Number of beds		
	Maternity	General	Total
The Loughborough Nursing Home Ltd., Radmoor Road, Loughborough	5	5	10
The Old Vicarage Nursing Home, Rothley	—	17	17
Cheshire Foundation Home, Staunton Harold Hall	—	42	42
Walberton Rest and Convalescent Home, Stamford Road, Kirby Muxloe	—	33	33
Nether Green Nursing Home, Great Bowden ..	—	11	11
"Roundhill", Kirby Muxloe	22	—	22
	—	—	—
Totals	27	108	135
	—	—	—

NATIONAL ASSISTANCE ACT, 1948

COUNTY HOMES

On 1st January 1958 the County Health Committee took over the responsibilities of the County Homes Committee, and became the County Health and Welfare Committee. The late Mr. H. J. Tillson, O.B.E., shortly before giving up his office, submitted to the County Homes Committee a most interesting and valuable document, which gave much information on the past history of the provision of residential accommodation in the County, and set out his views on possible future development. Although this document is too long for reproduction here, it was felt that some of the information contained in it should be set down for record and future reference, and the section which follows is based entirely on Mr. Tillson's report.

On 1st April 1930 the County Council took over the provision of residential accommodation for the sick, the poor and the destitute, as a result of the transfer to the Council of the functions of the Board of Guardians. They inherited a number of institutions, a list of which follows. These institutions were built in accordance with the model plans issued by the Poor Law Commissioners in 1836 ; these plans made little or no provision for the sick, and the 'infirmaries' or sick wards were mostly added after the erection of the original building, many of them about 1860 or later.

Ashby-de-la-Zouch—A poorly planned, jerry-built Workhouse, fast deteriorating. Closed in 1936, upon the opening of Bosworth Park Infirmary, and now demolished.

Billesdon—A well-built little place, but lacking all modern services and conveniences such as lighting, heating, and sanitation. Closed in 1934, and now demolished.

Hinckley—An old rambling Workhouse, of bad construction, fast falling into decay, with a small modern infirmary at the back (now used by the Technical College), and strange to say a modern laundry. Closed in 1936, upon the opening of Bosworth Park Infirmary, and practically all demolished.

Loughborough (Hastings House)—Quite a useful institution, which with the improvements which the Council has since made, has developed into Hastings House, as we know it to-day. The infirmary was the worst part of the building.

Lutterworth (Woodmarket House)—A little country Workhouse, originally quite pleasing to look at, but spoiled by hideous, jerry built additions, and totally lacking in modern services. Structure shewing signs of deterioration.

Market Bosworth (West Haven)—A poor old, tired out building, with a more recent infirmary.

Market Harborough (St. Luke's)—Old Workhouse with a small but nice, fairly modern infirmary.

Melton Mowbray (now St. Mary's Hospital)—A well built Workhouse with an '1860' infirmary.

Mountsorrel (now Glen Frith Hospital)—A rambling old Workhouse, with but little advance upon 1836.

Narborough (Enderby House)—A fairly well built '1836 model' Workhouse, which had altered but little from the original plan, with the exception of the addition of a very nice Chapel.

At that time there were in the 'house' wards 227 men and 145 women, a total of 372, and in the sick wards 126 men, 156 women and 26 children, a total of 308. The Public Assistance Committee considered that the "house" accommodation was not too bad, in view of the type of person and the standard of living they were accustomed to, but that the provision for the sick was very poor. (The provision for children was also totally inadequate, but that particular problem does not concern us here).

A survey of the existing infirmaries and sick wards resulted in the following conclusion. Ashby-de-la-Zouch, Billesdon and Hinckley should be closed. Mountsorrel was unsuitable for sick accommodation, should be closed, and use of buildings restricted to mental defectives. Lutterworth sick accommodation should be closed, and the old Isolation Hospital in the grounds use as a temporary measure. Narborough was considered unsatisfactory for sick accommodation, but various alterations and additions were recommended for Loughborough, Market Bosworth, Market Harborough and Melton Mowbray.

Before any of these plans could be carried out, however, the economic crisis of 1931 brought any improvements to a complete standstill, and it was not for some years that the Council could review the situation. When once again it was possible to contemplate fresh expenditure, the following appeared to be the most suitable places as far as accommodation for the sick was concerned.

Loughborough for the North of the County—Improvement of the existing infirmary, or probably the erection of a new infirmary on the site.

Melton Mowbray for the North-East of the County—Improvement and enlargement of the existing Infirmary, and the erection of a new block at the rear thereof. (Part of this scheme was carried out).

Market Harborough for the South-East of the County—Erection of a new block running parallel to the existing infirmary and a Nurses' home. (The Nurses' Home was built).

The West and South-West of the County—Provision of a new Infirmary.

The old infirmaries and sick wards at Ashby-de-la-Zouch, Billesdon, Hinckley, Lutterworth, Market Bosworth, Mountsorrel and Narborough were marked for closure! Of these, the four at Ashby, Billesdon, Hinckley and Market Bosworth were in fact closed before 1939, (Market Bosworth was reopened upon the outbreak of War) and Lutterworth was only regarded as a sick bay to the institution. Narborough (Enderby House) was about to go when War came.

When the proposition for a new Infirmary in the West or South-West came up for consideration numerous difficulties arose, not the least of which was that the Ministry of Health considered that hospital provision should now be provided under the Public Health Acts rather than the Poor Law. The Committee felt however that what was wanted was not a hospital, but some place to which the aged could be admitted, and where they could receive any medical treatment needed, and in which they could be assured they would end their days in peace—a home as well as an infirmary. As a result, when the mansion at Market Bosworth came into the market, it was purchased and was opened as 'Bosworth Park Infirmary' with 180 beds, in 1936. As a matter of interest, the purchase and equipment of Bosworth Park Infirmary with its 180 beds fully capable of dealing with the difficulties of old age and illness, cost just about the same as provision nowadays for a 'county home' for 44 people, not equipped to deal with more than minor or terminal illness.

A start was made on the alterations to Melton Mowbray, but once again fate intervened to disrupt the plans, this time in the shape of threats of war and finally war itself. Now the infirmaries and sick wards of the Public Assistance Committee had to deal with the innumerable problems arising from sickness among the thousands of evacuees who came to the County, to provide accommodation for the treatment of military sick and wounded, to provide quite a considerable maternity service for evacuees, and at the same time to continue to provide for our own sick and aged. Bosworth Park became an E.M.S. hospital, which among other activities took in wounded from the Normandy beaches and maternity cases driven from their London hospitals by 'V.2's'.

It became obvious towards the end of the War that new social legislation would be forthcoming which would have a profound effect on the duties of the Public Assistance Committee, and all that could be done in the meantime was 'clearing up'. It may be noted that in June 1946 there were 135 men and 112 women on the 'house' wards, a total of 247 as against 372 in 1930, but 540 in the infirmaries and sick wards, as against 308 in 1930.

On the 'appointed day'—5th July 1948—the National Health Service Act 1946 and the National Assistance Act 1948 became operative. The National Health Service Act placed the responsibility for residential care of

the sick on the new hospital authorities, who took over Bosworth Park Infirmary, Melton Mowbray Infirmary and Mountsorrel Institution, while in the remaining institutions retained by the County Council 226 beds were allocated to the hospital authorities under 'joint user' agreement.

314 remained for use by the County Council, whose duties were defined by Section 21 (1) of the National Assistance Act, which reads as follows :

" It shall be the duty of every local authority, subject to and in accordance with the provisions of this Part of this Act, to provide :

- (a) residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them : "

In accordance with the Act, the Council were required to make a scheme setting out their programme for undertaking the very wide responsibilities laid on them by this Section ; it was estimated that for the categories of aged and Physically and Mentally Infirm, some 560 beds were needed, and the scheme set out that 16 new homes would be required. Such a programme would take many years to complete, and the first duty of the new County Homes Committee—the successor of the Public Assistance Committee—was to improve as far as possible conditions in the existing institutions, now known as 'Part III accommodation'. Very many improvements were carried out, and although the disabilities inherent in planning and construction could not be entirely overcome, the results can be considered as remarkably successful. The amount of money spent on these old buildings has been considerable, and inevitably they are expensive to maintain, but they have served to provide for needs which could not otherwise have been dealt with at the time.

The Committee also devoted much time to looking around the county for existing houses which could be adapted for use as County Homes for the aged. As a general rule the houses inspected were considered unsuitable for various reasons—poor condition of building, too small, or too isolated for staff or old people. One building—Knighton House, in the City of Leicester—was found suitable and this was purchased, with the idea of using the house as one home, and erecting two others in the grounds ; eventually, however, only one new home was built there—the 'Gloucester Home' opened by H.R.H. The Duchess of Gloucester on 28th April 1954. The original house, re-named the 'Martin Home' had been opened by Sir Robert Martin on 18th October 1951. Northfield House, Melton Mowbray, was later acquired and very considerably enlarged ; it was named the 'Catherine Dalley Home' and opened by Mr. Victor Pochin on 16th May 1957.

The Committee felt that as efforts to find suitable buildings for purchase and adaptation had been unsuccessful in other areas, the only course open was to acquire sites for the erection of new buildings, and sites in Ashby-de-la-Zouch, Coalville, Burbage and Market Harborough were therefore acquired.

The position was therefore as follows :

Old Institutions still in full use :

			"Part III" Accommodation		
Home			Men	Women	Total
Hastings House	..	..	55	51	106
Woodmarket House	..	..	24	28	52
West Haven	..	..	26	29	55
St. Luke's	..	..	24	21	45
Enderby House	..	..	25	15	40
			—	—	—
			154	144	298
			—	—	—
New Homes					
Martin Home and Gloucester Home			..	63	
Catherine Dalley Home			..	44	
					405 places in all

Sites purchased in the future allowing about 176 places

The remaining portion of Mr. Tillson's memorandum deals with future possibilities. The type of old person requiring accommodation is changing to the more 'frail' and feeble, often with mental as well as physical disabilities, and many people are now accommodated who would previously have been dealt with in the old 'infirmaries'. The actual and relative numbers of old people increase each year while many of limited means who in days gone by would have remained independent, must now seek accommodation provided by the Council. Despite all that is done by Voluntary help, welfare schemes and by the home nursing and home help service, it therefore seems likely that demand for accommodation will increase, and in fact there is always a long waiting list of thoroughly suitable cases. This list is unlikely to disappear, even when all homes projected are built. Another factor to be considered is the possibility of closing the old institutions which despite all improvement, must be unsuitable for many of the cases requiring accommodation. Mr. Tillson concludes by commenting on the difficulties of forecasting, but suggesting that the most urgent necessity for the future is special provision for those requiring attention by reason of pronounced physical or mental infirmity, and that such provision should be made near or in Leicester. One of the last paragraphs in his report deserves reproduction verbatim—

"The Chairman has kindly referred to the existence of a 'Tillson Programme'. Whether such a thing does really exist I don't know. Planning and organisation is not a difficult job, if one can take a clear run towards one's goal, but unfortunately, as I have shown, from 1930 onwards, whenever I have tried to plan, I have been frustrated by financial crises, War, stand-still periods, and changes in legislation. At times, I wonder how we

have managed to keep going at all, with all this continual outside interference and influence. The effect of these hindrances upon County finances has certainly been serious, as 'keeping going' has been a very expensive business."

To bring the picture up-to-date, the Home at Ashby-de-la-Zouch was named Loudoun House and brought into use in November 1958 (being officially opened by Alderman J. H. Holmes on the 17th March 1959), and work on the Coalville site was commenced during the year. It is obvious that the problem of providing increased accommodation is an urgent one, but possibly just as important is the problem of providing a unified service for old people, making the best possible use of all facilities, domiciliary care, chronic sick accommodation, county homes, and accommodation for mentally infirm old people. Complete co-operation of all services is essential, and this cannot simply be obtained by good will, essential though that is, but demands constant effort by all the authorities concerned, while the large part to be played by voluntary organisations must not be forgotten. As a result of circular 14/47, which dealt with local authority services for the chronic sick and infirm, and of a corresponding circular to hospital authorities, a number of meetings of representatives of the various bodies concerned have been held, which have helped to improve co-operation.

Details of the accommodation available in homes in the county at the end of the year are given in the following table :

Home				Men	Women	Total
Hastings House, Loughborough	..	..		59	51	110
Woodmarket House, Lutterworth	..	..		24	28	52
Westhaven, Market Bosworth	..	..		26	29	55
St. Lukes, Market Harborough	..	..		24	23	47
Enderby House, Enderby	..	..		25	15	40
Knighton House, Leicester :						
Martin Home	..	..	..	—	24	24
Gloucester Home	..	..	..		39	39
Catherine Dalley House, Melton Mowbray	..				44	44
Loudoun House, Ashby-de-la-Zouch	..	..			48	48
Total				158	170	459
				131		

At St. Luke's, Market Harborough temporary accommodation is set aside in the casual block for up to 40 persons.

On 31st December 1958, the number of beds occupied was :

Men 173 Women 246 Total 419

(Loudoun House, Ashby-de-la-Zouch took the first residents on 10th December 1959 and only 15 had been admitted by the end of the year).

Accommodation for county cases is also arranged in other homes throughout the country and details of such cases are as follows :

Home	Men	Women	Total
Other local authority home ..	9	8	17
Epileptic Colonies	6	3	9
Homes for the Blind	19	11	30
Homes for the Deaf and Dumb ..	1	1	2
Voluntary Old People's Homes ..	—	4	4
British Legion Homes	2	—	2
Homes for the Disabled, etc. ..	1	2	3
Total	38	29	67

REGISTRATION OF OLD PEOPLE'S HOMES

At the end of the year two homes were registered in the county.

Address	Number of beds
Hallaton Manor Rest Home, Hallaton ..	30 (males and females)
Brocks Hill Eventide Home, Oadby ..	12 (females)

BLIND PERSONS

The Royal Leicester, Leicestershire and Rutland Institution for the Blind is empowered to act as the agent of the County Council in matters regarding the promotion of welfare for the Blind.

The following report has been supplied by the Secretary of the Blind Institution, Mr. C. Brown, B.E.M., to whom I am greatly indebted :

Report as at December 31st 1958

The Institution's Centenary Year was marked by the completion and opening of a new wing to the Workshops for the Blind. This extension which cost £7,000 to erect has enabled a much better layout of plant and machinery to be achieved and has considerably improved working conditions for the 104 blind people employed in the works, 32 of whom are residents in the County area.

Other special activities to mark the completion of 100 years' work by the Institution included a Service of Thanksgiving and Re-dedication in Leicester Cathedral and 1,100 people attended entertainments and teas in the De Montfort Hall.

Throughout the year the Management Committee has continued its policy of providing assistance both monetary and in kind to needy blind people and its services generally have continued to develop and expand.

Registration

The registers for the year 1958 include a total of 741 blind and 133 partially sighted persons from the County and the need for care and accuracy in maintaining this register cannot be over-emphasized. In addition to supplying statistical information as to the numbers of blind, the incidence and causes of blindness, the register provides a cross check on the information obtained by the Home Teachers.

As well as the 32 County residents working in the Institution's Workshops, 6 are employed in the Homeworker's Scheme and 46 in Open industry. During the year under review 3 men attended the Royal National Institution for Blind Rehabilitation Centre at Torquay, and one lady enjoyed a three month Social Rehabilitation course at Oldbury Grange.

The following table summarises the position as to the age groups of registered blind and partially-sighted people in the county as at December 31st, 1958 :

At 31st December ..	Ages					Grand Total
	1-15	16-49	50-64	Over 65	Total	
1953 Blind	18	103	101	428	650	724
Partially-Sighted ..	9	10	7	48	74	
1954 Blind	21	112	104	447	684	758
Partially-Sighted ..	8	10	10	46	74	
1955 Blind	26	104	96	479	705	794
Partially-Sighted ..	10	14	7	58	89	
1956 Blind	27	104	103	498	732	849
Partially-Sighted ..	12	14	15	76	117	
1957 Blind	24	106	114	505	749	872
Partially-Sighted ..	13	18	15	77	123	
1958 Blind	23	108	119	491	741	874
Partially-Sighted ..	10	21	18	84	133	

The following table shows the position so far as following up the recommendations of the Ophthalmic Surgeons in respect of cases newly registered during the year ended December 31st, 1958.

Follow-up of Registered Blind and Partially-Sighted Persons

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends :				
(a) No Treatment	7	2	—	28
(b) Treatment (Medical, Surgical or Optical)	36	10	—	31
(ii) Number of cases at (i) (b) above, which on follow-up action have received treatment ..	4	3	—	9
NOTE : Cases at (i) (a) above which have received hospital supervision as recommended in Section F of Form B.D.8 ..	7	2	—	9

Home Teachers are the main channel through which the work of the Institution flows. Without their splendid co-operation nothing could be achieved so effectively. To them is given the opportunity to help the blind people towards a fuller re-adjustment of life, and to enable them to become once again useful members of the community.

The customary monthly handicraft and social gatherings have been held—bringing companionship to many who would otherwise lead lonely lives. Where practicable, blind people have been taught to read Raised Type and all are encouraged to obtain some of the great variety of equipment and gadgets, especially adapted for their use. Summer outings and assisted holidays all play a large part in the rehabilitation of blind people.

To encourage an interest in the cultivation of bulbs, the annual area bulb growing competitions were again held, the winners going forward to the final competition held at Prebend House Social Centre, where some fine blooms were exhibited. Five hundred hyacinths and 1,500 narcissi and 10 cwts. of bulb fibre were delivered by the Home Teachers in preparation of this event. Garden seeds, seed potatoes, and fertiliser were distributed to many interested amateur gardeners, and cash gifts were given to all unemployable blind people at Midsummer and Christmas.

The Institution has again received an allocation of wireless sets from the 'British Wireless for the Blind' fund and these sets together with those provided by numerous friends have been installed and maintained.

Through the generosity of members of 'Round Table' Business firms and private donors the number of Talking Books has been increased. This service is greatly appreciated by the recipients.

The Deaf-Blind people form only a small part of our 'large family' but to these the Home Teachers pay particular attention. Special social gatherings are arranged and whenever possible a deaf-blind person is particularly helped and escorted if necessary to any function or on a shopping expedition.

Blind Children who are away at school were all visited when at home during vacation and a super party was arranged for them at Christmas time. The staff and pupils of the 'South Lodge' partially sighted school were also entertained on this occasion.

Residential Home—'Lyndwood'

Nine elderly blind ladies from county areas have been accommodated in the 'Lyndwood' Home and their own testimony is ample proof of the joy, peace, and comfort they derive from living in such pleasant surroundings and the attention devoted to them.

Prebend House

The Social Centre has continued to develop its activities and an increasing number of blind people have taken advantage of the facilities there. During the year considerable progress has been made in Margaret Morris Movement which gives considerable confidence in mobility to blind people ; the Drama Group has presented two plays with outstanding success and the newly formed Recorder Group has made such rapid strides that it has not only entertained the blind but has given performances before sighted audiences. Several blind people have become proficient swimmers, no mean achievement for totally blind people, thanks to instruction given by members of the Midland section of the Amateur Swimming Association and the kindness of the Oadby Urban District Council in allowing the free use of the swimming bath.

The relationship between the Management Committee of the Institution and its officers on the one hand and the County Council and its staff on the other has continued to be the most cordial and all have worked harmoniously together to do everything possible for those who suffer the great handicap of blindness. The Institution is ever mindful of the financial assistance rendered by the County Council without which much of the work would be impossible. Tribute must also be paid to the many voluntary helpers who give unstintingly of their time, skill and energy to help escort and transport blind people and thereby enable them to lead much fuller lives than would otherwise be possible.

BLIND PERSONS

Number of Blind Persons in Age Groups

Figures as at 1st January	AGE PERIODS																		Age un- known	Total
	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70-	80-	85-	90-		
															444					
1957	-	-	1	3	4	9	10	11	21	35	37	58	45	54					-	732
1958	-	-	-	1	2	12	9	12	21	36	37	61	53	56	212	117	84	36	-	749

HANDICAPPED PERSONS

The importance of welfare services for handicapped persons is increasingly apparent ; much of the work in this county is carried out by the Leicestershire Voluntary Association for Cripples Welfare, which receives a grant from the County Council.

The scheme continues whereby free transport passes, valid on the City of Leicester transport, are provided to enable blind and handicapped persons to travel to work ; the majority of these cases are recommended by various voluntary organisations.

DEAF

The Leicester and County Mission for the Deaf and the Loughborough and District Mission act as agents for the County Council, receiving an annual grant. At the end of 1958 there were 93 county cases on the register of the Leicester and County Mission and 58 on that of the Loughborough and District Mission, a total of 151 for the county. These figures refer to adults only.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

At the end of the year there were three daily minders providing for 21 children.

NOTIFICATIONS OF INFECTIOUS DISEASES

Tables I, II and III given below show the prevalence of infectious disease in the county during 1958.

Table I—Original and corrected notifications

Disease	Total cases (original notifications)	Total cases (corrected notifications)
Scarlet Fever	284	282
Whooping Cough	324	324
Acute Poliomyelitis : paralytic	5	5
non-paralytic	1	1
Measles	2,894	2,894
Diphtheria	—	—
Acute Pneumonia	136	126
Dysentery	173	165
Smallpox	—	—
Acute Encephalitis : infective	1	1
post-infectious	—	—
Enteric or Typhoid Fever	—	—
Paratyphoid Fevers	—	—
Erysipelas	25	25
Meningococcal Infections	5	5
Food Poisoning	57	45
Puerperal Pyrexia	15	14
Ophthalmia Neonatorum	—	—
Malaria	—	—

Table II—Corrected notifications in age groups

Disease	Age groups								Totals
	0—	1—	3—	5—	10—	15—	25 and over	Age unknown	
Scarlet Fever ..	2	22	53	180	15	5	2	3	282
Whooping Cough	31	59	66	152	10	1	1	4	324
Acute Poliomyeli- tis : Paralytic	—	—	—	3	—	2	—	—	5
Non-paralytic	—	—	—	—	1	—	—	—	1
Measles ..	84	529	698	1,444	105	14	11	9	2,894
Diphtheria ..	—	—	—	—	—	—	—	—	—
Dysentery ..	9	15	16	48	48	6	20	3	165
Meningococcal infections ..	1	—	—	2	1	1	—	—	5

Table II—Corrected notifications in age groups—continued

Disease	Age groups (years)						Totals
	0—	5—	15—	45—	65 and over	Age unknown	
Acute Pneumonia ..	19	13	20	41	42	1	136
Smallpox	—	—	—	—	—	—	—
Acute Encephalitis :							
Infective	—	1	—	—	—	—	1
Post-infectious ..	—	—	—	—	—	—	—
Enteric or Typhoid							
Fever	—	—	—	—	—	—	—
Paratyphoid Fevers ..	—	—	—	—	—	—	—
Erysipelas	—	—	8	11	6	—	25
Food Poisoning ..	11	12	18	1	1	2	45

Table III—Corrected notifications—age groups not stated

Disease	Age group not stated
Puerperal Pyrexia	14
Ophthalmia Neonatorum ..	—

The following tables record the incidence of certain individual infectious diseases :

Diphtheria

Year	Original 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
1953	6	—	—
1954	1	—	—
1955	—	—	—
1956	—	—	—
1957	—	—	—
1958	—	—	—

Acute Poliomyelitis

Year	Original notifications		Corrected notifications		Deaths (poliomyelitis and polio- encephalitis)
	Paralytic	Non-paralytic	Paralytic	Non-paralytic	
1946		1		1	—
1947		31		23	2
1948		15		9	1
1949		66		62	10
1950	46	14	41	10	8
1951	20	5	17	3	—
1952	13	3	11	2	—
1953	28	12	31	11	3
1954	9	1	7	—	—
1955	9	6	5	3	1
1956	7	4	6	1	1
1957	39	30	34	27	3
1958	5	3	5	1	—

SANITARY CIRCUMSTANCES OF THE AREA

The County Health Inspector, Mr. S. A. Gregory, has drawn up this section of the report together with that under Housing and the Inspection and Supervision of Food. I should like to thank him for his assistance.

WATER SUPPLY

The following rainfall figures were recorded at the Wigston Sewage Disposal Works, Countesthorpe, and have very kindly been supplied by Mr. Gordon J. Wootton, M.I.Mun.E., M.R.S.H., Engineer and Surveyor to the Wigston Urban District Council.

Rainfall in 1958

Rain Gauge ..	Diameter of funnel ..	8 in.
	Height of top above ground ..	9 in.
	Height of ground above sea level ..	259 ft.

Month	Total depth	Greatest fall in 24 hours		No. of days with .01 in. or more	No. of days with .04 in. or more
	Inches	Inches	Date		
January ..	2.60	.94	28	18	11
February ..	3.23	.78	24	18	13
March ..	1.50	.34	25	12	9
April ..	0.59	.31	25	7	4
May ..	2.08	.38	9/15	19	14
June ..	4.69	.78	22	20	16
July ..	3.13	.82	1	15	11
August ..	2.74	.75	18	17	9
September ..	2.43	.52	29	16	13
October ..	2.27	.52	3	15	12
November ..	1.87	.47	1	15	7
December ..	2.32	.48	9	19	14
Totals ..	29.45	—	—	191	133

The rainfall figures for the last ten years :

Year	Rainfall in inches		Year	Rainfall in inches	
1949 ..	..	26.22	1954 ..	..	29.18
1950 ..	..	25.15	1955 ..	..	22.11
1951 ..	..	30.13	1956 ..	..	26.81
1952 ..	..	25.64	1957 ..	..	27.55
1953 ..	..	21.82	1958 ..	..	29.45

Average for ten years 26.40 inches.

The above-average rainfall again resulted in freedom from the usual serious shortages in the districts where mains water is not available. There were some shortages due to poor pressure in parts of Castle Donington, Market Bosworth, Melton and Belvoir Rural Districts and Hinckley Urban District. Also fractures of the mains due to subsidence cut off supplies for temporary periods in the mining districts.

Once again water sampling was largely concentrated on well water in districts where mains became available for the first time. The figures in the following table consequently show results which do not often reflect the satisfactory nature of the potable water in the county. Attention is again drawn to the advisability of a routine mains water sampling programme which may bring to light unsatisfactory conditions in old mains.

District	Satisfactory		Unsatisfactory	
	Chemical	Bacterio-logical	Chemical	Bacterio-logical
Urban Districts				
Ashby-de-la-Zouch	—	—	—	—
Ashby Woulds ..	—	—	—	—
Coalville ..	—	4	—	4
Hinckley ..	—	—	—	3
Loughborough M.B.	—	—	—	—
Market Harborough	—	—	—	—
Melton Mowbray ..	—	—	—	—
Oadby	—	—	—	—
Shepshed ..	—	—	—	1
Wigston ..	—	4	—	1
Rural Districts				
Ashby-de-la-Zouch	—	4	—	5
Barrow-upon-Soar	—	9	—	7
Billesdon ..	—	10	—	14
Blaby	—	4	—	3
Castle Donington ..	—	2	—	7
Lutterworth ..	—	4	—	4
Market Bosworth ..	—	4	—	12
Market Harborough	—	5	—	4
Melton and Belvoir	—	2	1	30
Totals ..	—	52	1	95

Only 5,728 houses depend on well supplies, as compared with 10,025 five years ago. In the near future this figure will drop sharply but there will be a nucleus of remote properties where mains supplies are costly and even

uneconomic. Amenities which urban communities have long taken for granted, are now being taken to the truly rural parts of the county and a safe potable water supply is surely essential for everyone.

117,950 houses in the county districts have internal mains water and 1,201 are supplied from standpipes. The latter supplies will disappear when the sub-standard houses are demolished.

	Urban districts	Rural districts
Piped supplies substituted for well supplies ..	8	170
Wells closed	10	48
Wells cleansed, repaired, etc.	-	10

Work on new Water Schemes during year 1958

Ashby-de-la-Zouch Rural District : Extension of mains to Staunton Harold completed.

Billesdon Rural District : Extension of mains to Illston-on-the-Hill completed.

Castle Donington Rural District : 600 yards extension at Whatton Road, and 400 yards extension at Long Lane, Kegworth completed.

Lutterworth Rural District : Link main between North and South Kilworth completed.

Market Bosworth Rural District : Mains extension to Barton-in-the-Beans completed.

Market Harborough Rural District : Supply main laid from Tur Langton to Hallaton.

Melton and Belvoir Rural District: Mains extension to Brentingby and Wyfordby completed. Schemes at Croxton, Saltby, Sproxton, Stonesby and Stapleford completed. Frisby Scheme, supplying Frisby, Kirby, Twyford, Thorpe Satchville, Great Dalby and John O'Gaunt completed.

River Dove Water Board

Steady progress has been made during the year by this large undertaking, and the works necessary to abstract water from the River Dove and put it into distribution to augment the supplies of the constituent members, have gone ahead despite adverse weather conditions. One expects some delay in the winter months on outside projects due to wet conditions, but usually a balance is struck in the drier months. However, weather conditions this year have been very unhelpful to contractors engaged on this type of work, and this has resulted in the work being somewhat behind schedule.

By the end of the year the Raw Water Aqueduct was virtually completed ; good progress had been made with the Treatment Works and Pumping Station, and the Treated Water Aqueduct was completed as far as Shepshed (stages I and II). A Booster Station at Belton was also built and was ready to receive the booster pumps, switchgear and electronic remote control apparatus.

Good progress has also been made on the distribution network, and seven miles of pumping main to the reservoir site at Whatborough Hill was completed. A start was also made on the reservoir there.

It thus still seems likely that some treated Dove water will be available during 1959 to relieve the areas which suffer shortages in very dry periods and perhaps provide new supplies to other districts.

Regrouping of Water Undertakings

There has been plenty of activity, much of it behind the scenes, in connection with the Ministry of Health's policy of reducing the number of water undertakings. Many of the smaller authorities merely distribute water which they purchase in bulk, and it is logical that such authorities should amalgamate and thus be able to engage qualified staff to supervise the undertaking.

As far as the county as a whole is concerned, it would have seemed sensible to have one water board. The River Dove Water Board was formed to obtain bulk supplies for the county, and it is not obvious why a Joint Board should not be formed as the all-purpose water authority for the county.

The Rural District of Lutterworth and the parts of Barrow-upon-Soar, Billesdon and Market Harborough Rural Districts which were not already within the existing limits were added to the Statutory Area of the City of Leicester for the supply of water in September.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1955

The following schemes have been submitted under the Rural Water Supplies and Sewerage Acts, 1944-45 during the year :

Sewerage and Sewage Disposal				Estimated
Local Authority	Parishes and Areas Affected			cost £
Market Harborough R.D...	Great Easton, Brighthurst and Drayton			.. 34,000
Market Harborough R.D...	Husbands Bosworth	..	..	.. 9,500
Market Harborough R.D...	Gumley	..	..	.. 8,500
Market Harborough R.D...	Mowsley and Laughton	..	..	.. 26,000
Water Supplies				
Melton and Belvoir R.D. ..	Stapleford	..	..	.. 18,500
Lutterworth R.D. ..	North Kilworth	..	..	.. 12,000

The above six schemes bring the total up to 182 which have now been considered since 1944. These involve 85 for water and 97 for sewerage and sewage disposal.

The following provisional grants under Rural Water Supplies and Sewerage Acts, and Section 56, Local Government Act, 1958, were indicated during the year :

Rural Water Supplies and Sewerage Acts

Local Authority	Scheme	Estimated Cost £	County	
			Council Grant £	Ministry Grant £
Sewerage and Sewage Disposal				
Blaby	Thurlaston	15,101	4,480	4,480
	Originally	16,000	4,480	4,480
Water Supplies				
Melton and Belvoir R.D. ..	Stapleford	18,500	nil	nil
			(Grant of 8,000 by Min. A., F. and F.)	
Lutterworth R.D. ..	North Kilworth	12,000	2,965	2,965
Market Bosworth R.D. ..	Orton-on-the-Hill	9,970	2,400	2,400
	Originally	11,120	2,400	2,400
Market Bosworth R.D. ..	Southern Area	53,800	18,075	18,075
	Originally	56,450	19,000	19,000
Market Harborough R.D. . .	Brighurst and Drayton ..	7,028	2,340	2,340
	Originally	8,100	2,630	2,630

Section 56, Local Government Act, 1958

Sewerage and Sewage Disposal				
Castle Donington R.D. ..	Kegworth	10,555	Not eligible	20% of cost or 2,250 which-ever is less
	Originally	15,507	Do.	3,000

Work on new Sewerage Schemes during year, 1958

Ashby-de-la-Zouch Rural District : Appleby Magna and Snarestone Schemes almost complete. Work on Packington Scheme in progress.

Barrow-on-Soar Rural District : Work on Cossington Scheme and rebuilding Rothley works in progress. Rising main to Rothley Sewage Farms completed.

Blaby Rural District : Pumping stations at Braunstone and Whetstone completed. 12 inch relief sewer and storm water tanks at Glenfield completed.

Castle Donington Rural District : Sewer extension at Long Whatton completed. Enlargement of disposal works at Kegworth in progress.

Lutterworth Rural District : Work in progress on Broughton Astley Scheme.

Market Bosworth Rural District : Dadlington Scheme completed. Sewer extension at Markfield completed. Stage I of Groby Scheme completed.

SANITARY INSPECTION

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)	No. of Inspections made	Number of Notices served				Summary action	
					Preliminary		Statutory		Sum-mones issued	Convic-tions obtained
					Housing	Other	Housing	Other		
Urban Districts										
Ashby-de-la-Zouch ..	635	536	853	1,660	23	16	—	—	—	—
Ashby Wolds ..	95	41	29	1,675	6	4	1	—	—	—
Coalville ..	134	1,289	3,427	7,719	166	71	—	47	1	1
Hinckley ..	324	1,474	1,750	7,691	40	201	31	2	—	—
Loughborough M.B.	393	445	834	14,369	12	266	4	1	1	1
Market Harborough	181	857	1,260	3,102	105	240	—	—	—	—
Melton Mowbray ..	151	325	250	1,934	24	25	15	6	—	—
Oadby ..	63	111	86	772	—	49	—	—	—	—
Shepshead ..	81	110	142	2,272	52	16	—	—	—	—
Wigston ..	867	749	768	5,388	—	377	—	2	—	—
Rural Districts										
Ashby-de-la-Zouch ..	102	93	328	3,012	—	93	—	1	—	—
Barrow-upon-Soar ..	421	693	1,011	8,825	141	63	7	16	5	5
Billesdon ..	8	8	8	5,111	30	10	—	—	—	—
Blaby ..	249	299	743	7,882	17	272	2	—	—	—
Castle Donington ..	482	396	396	1,957	44	69	—	—	—	—
Lutterworth ..	185	279	279	3,040	—	4	—	1	—	—
Market Bosworth ..	125	103	86	6,059	—	77	—	4	—	—
Market Harborough	153	201	305	4,811	46	50	—	—	—	—
Melton and Belvoir ..	28	22	29	4,391	6	15	2	—	—	—
Totals ..	4,677	8,031	12,584	91,670	712	1,918	62	80	7	7

CLOSET ACCOMMODATION

The following table shows the position as regards closet accommodation in the county at 31st December, 1958, and includes details of conversions.

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	—	28	2,305	2,333	2	—	—
Ashby Wolds	2	28	1,084	1,114	1	—	—
Coalville	31	100	9,146	9,277	1	—	—
Hinckley	—	142	14,733	14,875	—	51	—
Loughborough M.B.	8	60	16,300	16,368	—	3	—
Market Harborough	—	14	5,458	5,472	—	—	—
Melton Mowbray	—	8	5,200	5,208	—	—	—
Oadby	—	12	3,400	3,412	—	—	—
Shepshed	26	71	2,410	2,507	—	7	—
Wigston	—	18	6,965	6,983	—	1	—
Rural Districts							
Ashby-de-la-Zouch	50	1,061	3,652	4,763	—	141	—
Barrow-upon-Soar	30	937	17,127	18,094	—	182	—
Billesdon	4	389	4,719	5,112	—	103	—
Blaby	—	442	15,247	15,689	—	56	—
Castle Donington	35	173	3,512	3,720	2	22	—
Lutterworth	33	1,561	2,280	3,874	—	54	—
Market Bosworth	2	1,464	7,451	8,917	—	31	—
Market Harborough	73	175	3,298	3,546	—	10	1
Melton and Belvoir	281	2,481	3,210	5,972	—	189	—
Totals	575	9,164	127,497	137,236	6	850	1

Public Cleansing

The following table gives details of various aspects of the public cleansing services. Unless there is a big change in the availability of labour, it seems that the present pattern of collection will not vary a great deal and serious dislocation can result from the illness of comparatively few men.

District	No. of vehicles used	Frequency of Refuse Collection	Method of Disposal		
			No. of Con- trolled Tips	No. of Crude Tips	Incinera- tion
Urban Districts					
Ashby-de-la-Zouch ..	1	Weekly	1	—	—
Ashby Woulds ..	1	Weekly	1 (p.c.)	—	—
Coalville	5	9 days	3	—	—
Hinckley	7	Weekly	1	1*	—
Loughborough M.B.	11	7-10 days	1†	—	—
Market Harborough..	1	Weekly	1	—	1‡
Melton Mowbray ..	2	Weekly	1	—	—
Oadby	2	Weekly	1	—	—
Shepshed	2	Weekly	—	1	—
Wigston	4	Weekly	1	—	—
Rural Districts					
Ashby-de-la-Zouch ..	4	7 days	3	1	—
Barrow-upon-Soar ..	8	Weekly	2	—	—
Billesdon	4	Weekly	1	—	—
Blaby	9	Weekly	1	—	—
Castle Donington ..	2	10 days	2	—	—
Lutterworth ..	3	9 days	—	3 (p.c.)	—
Market Bosworth ..	4	Weekly	—	3	—
Market Harborough..	2	14 days	—	4	—
Melton and Belvoir..	2	10-12 days	5	—	—
Totals	74	—	25	13	1

*Partially controlled for trade refuse where most of the combustible material is burnt.

†Consolidation of refuse by mechanical bulldozer and lifting of soil and resoiling by scraper and bulldozer.

‡Destructor and Salvage Depot for trade refuse.

p.c. (Part controlled).

Complaints

General sanitary matters	38
Housing	23
Water supplies	1
	62

The above complaints received during the year were referred to district officers or were investigated with their collaboration.

Camping Sites and Caravans

Little difficulty is experienced with licensed camping sites and the Charnwood Forest area remains the favourite spot. The majority of caravans licensed under Section 269 of the Public Health Act, 1936, were also in the Barrow-upon-Soar Rural District and they licensed 398 out of 505 in the county.

The districts on the fringe of Leicester face the greatest problems as far as sites are concerned, because people with living vans, who work in the city, do not want to be farther from their work than they can help. There is a definite need for properly laid out sites with good facilities, as long as people show a desire to live in caravans.

An entirely different problem is that created by the gipsy. The 'Romanies' have largely disappeared but in their place are the tinkers, collectors of scrap and those who seem to live by their wits! They often have very poor type trailer vans and go from one grass verge spot to another, when moved by the police. Invariably they leave an untidy site and one which is often unhygienic too.

Shops Act, 1950

Defects	Outstanding from previous year	Defects found	Defects remedied	Outstanding 31st December, 1958
Sanitary conveniences ..	1	43	28	16
Temperature	1	7	7	1
Ventilation	1	3	4	-
Washing facilities ..	7	30	27	10
Lighting	1	4	5	-
Facilities for taking meals	4	6	7	3

Swimming Baths and Pools

One hundred and forty three inspections were made of the eight swimming baths in the urban districts. The filters were renewed at one bath before the start of the season, but at two other baths there is still no constant filtration and chlorination of the water. Frequent changing of the water is not a reliable safeguard as the water can be seriously polluted by any one bather.

In the rural districts none of the privately owned pools were open to the general public, but the poor summer weather gave no encouragement to open air swimming.

Pet Animals Act, 1951

22 premises were licensed and 79 visits made. No serious contraventions were noted.

Rag Flock and Other Filling Materials Order, 1951

Seven premises are licensed for the storage of rag flock and seventeen for upholstery. No samples of materials used in this connection were taken, but the premises were satisfactory.

Prevention of Damage by Pests Act, 1949

During the year all the district councils in the county continued their routine work in connection with rodent control. In particular, attention was given to sewers and refuse tips which, in built-up areas especially, are now the main reservoirs of infestation. In April, 1958, the Ministry of Agriculture, Fisheries and Food announced the immediate winding up of their rodent control contract service on agricultural holdings. By April, 1959, all contracts with the Ministry would have expired and the work transferred to private firms and individuals or to Local Authorities. Whichever course is followed, added responsibility in connection with this work will have been thrown on the district councils.

Food Hygiene Regulations, 1955

Once again much good work has been done in connection with food premises. In last years' report reference was made to the fact that in the present situation more depends on the 'human element' than on anything else. This was said particularly having in mind the management and staff of food premises, but it is also true in regard to the customers.

Too often consumers are not hygiene conscious. The way in which food is stored and prepared in many homes leaves much to be desired. This apathy is reflected in the consumer's attitude to standards in food premises, so that in some instances, retailers try to get away with the second best. It must also be said that some food premises now set a very high standard—indeed one which the most fastidious of persons would find difficult to reach in their own home. Undoubtedly, Public Health Inspectors would welcome more co-operation from the public in this field—not necessarily by way of complaints and reports to official quarters, but by patronising only those food premises where an effort is made to achieve and maintain a satisfactory standard.

Food Hygiene Regulations, 1955

	No. of premises inspected-	No. of inspections made for the purpose.	No. of informal notices served.	No. of informal notices complied with.	No. of informal notices outstanding Dec. 31st.
Urban Districts :					
Ashby-de-la-Zouch ..	28	41	2	2	-
Ashby Woulds ..	16	43	3	3	-
Coalville ..	154	308	65	63	66
Hinckley ..	469	703	74	33	41
Loughborough M.B. ..	284	1,135	32	30	2
Market Harborough ..	65	141	26	29	-
Melton Mowbray ..	151	258	4	4	-
Oadby ..	6	14	2	2	-
Shepshed ..	14	24	2	2	-
Wigston ..	60	139	35	19	31
Rural Districts :					
Ashby-de-la-Zouch ..	56	172	11	16	17
Barrow-upon-Soar ..	301	735	76	76	-
Billesdon ..	13	26	-	-	-
Blaby ..	245	1,699	45	89	67
Castle Donington ..	30	51	6	6	-
Lutterworth ..	83	151	-	-	-
Market Bosworth ..	9	13	6	6	2
Market Harborough ..	105	277	12	9	3
Melton and Belvoir ..	51	92	-	-	-
Totals ..	2,140	6,022	401	389	229

HOUSING

Gaps are beginning to appear in the towns and even in the villages, where the worst of the unfit houses are being demolished. What is more pleasing is to note that many of these sites are being cleared completely, and new houses are taking the place of the unfit.

It must however be realised that there are a large number of houses lacking proper amenities, particularly baths and hot water supplies, which will deteriorate into the unfit class, unless owners take steps to improve them. The Improvement Grants scheme has not been the success it was hoped, and the majority of grants have gone to owner/occupiers. This in itself does not matter because the houses have been improved, but more encouragement is needed to improve the rows of terraced houses which can be saved by improvement, to give years of useful service.

District councils received 1,858 applications for council houses during the year, and at the end of the year there were 5,774 outstanding. Comparable figures for last year were 1,884 and 7,388.

The effects of the cut in subsidies for council houses other than those built for rehousing slum clearance families was reflected in the number of houses completed and under construction by councils. The figures were 743 with 407 under construction. Last year, councils completed 1,066 and 458 were under construction.

Private enterprise building was not slowed down and 2,662 houses were completed with 1,883 under construction, as compared with 2,442 and 1,977 in the previous year.

The following table summarises the situation in the various council areas :

District	Number of Council Houses in District in 1939	Total Number of Post-war Houses Built		Houses completed during year 1958		Houses in course of erection at end of year	
		Local Auth'y.	Private Enter-prise	Local Auth'y.	Private Enter-prise	Local Auth'y.	Private Enter-prise
Urban Districts							
Ashby-de-la-Zouch	163	380	213	—	19	—	33
Ashby Woulds ..	138	222	37	10	3	—	2
Coalville	538	976	681	66	150	12	68
Hinckley	1,525	1,730	1,642	78	188	27	146
Loughborough M.B.	1,003	1,693	495	75	22	145	80
Market Harborough	319	503	387	11	57	—	35
Melton Mowbray ..	231	851	403	50	52	4	41
Oadby	46	231	1,564	19	413	16	129
Shepshed	217	396	234	20	16	20	7
Wigston	348	895	1,314	—	187	30	215
Rural Districts							
Ashby-de-la-Zouch	322	678	233	28	30	—	19
Barrow-upon-Soar ..	621	2,095	2,774	167	567	54	382
Billesdon	14	269	738	*—	68	—	80
Blaby	442	1,327	3,316	†18	646	28	541
Castle Donington ..	166	603	212	—	14	—	9
Lutterworth	353	556	265	32	53	—	22
Market Bosworth ..	400	1,278	831	73	139	43	45
Market Harborough	193	412	109	22	19	—	7
Melton and Belvoir	204	709	233	74	19	28	22
Totals ..	7,243	15,804	15,681	743	2,662	407	1,883

*Leicester Corporation 15 in addition.

†Leicester Corporation 539 in addition.

Summary of Housing Work

All councils in the county are prepared to offer Improvement Grants in suitable cases in accordance with the scheme contained in the Housing Act 1949. The only exceptions are at Hinckley, where no grants are offered, and Shepshed, where the scheme was under suspension during the year under review. 396 applications for grant were received, of which 358 were approved.

Work in connection with the demolition and closure of unfit houses gained impetus during the year as will be seen from the following figures :

	1957	1958
Houses demolished in clearance areas ..	208	95
Number of persons displaced from above ..	402	252
Individual unfit houses demolished ..	261	207
Number of persons displaced from above ..	849	592
Unfit houses closed	73	104
Number of persons displaced from above ..	132	263

DISTRICT	INSPECTION OF HOUSES DURING THE YEAR			Number of houses found to be in a state so dangerous to health as to be unfit for human habitation	OR CLOSED DURING THE YEAR UNDER HOUSING ACT, 1957			UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED		
	Total Number of houses inspected for housing defects (Public Health and Housing Acts)	Number of houses (included in previous column) inspected under the Housing Consoli- dated Regulations, 1925 and 1932	Figures not available		Demolished as a result of formal or informal procedure	Closed in pursuance of an undertaking given by owners and still in force	Parts of build- ings closed	After informal action by local authority	After formal notice under Public Health Act, 1957. Sections 9 and 16	Under Housing Act, 1957. Section 4
Urban Districts										
Ashby-de-la-Zouch ..	50	—	11	—	5	—	24	—	—	
Ashby Wolds ..	234	49	49	11	1	—	12	—	—	
Coalville ..	227	60	75	58	6	1	197	37	—	
Hinckley ..	845	77	77	59	5	—	138	1	—	
Loughborough M.B.	243	5	1	42	—	—	278	5	—	
Market Harborough	110	10	10	18	—	—	75	—	—	
Melton Mowbray ..	43	3	2	6	1	—	33	—	—	
Oadby ..	131	18	20	2	1	—	4	—	—	
Shepshed ..	782	136	136	3	—	—	14	—	—	
Wigston ..				30	—	—	84	—	—	
Rural Districts										
Ashby-de-la-Zouch ..	128	—	28	33	6	—	48	—	—	
Barrow-upon-Soar ..	812	88	122	42	2	—	126	7	2	
Billesdon ..	50	—	31	4	—	—	31	—	—	
Blaby ..	184	76	50	53	15	—	167	5	—	
Castle Donington ..	113	19	10	3	—	—	113	—	—	
Lutterworth ..	184	—	184	20	17	—	5	2	1	
Market Bosworth ..	1,485	—	57	46	6	—	86	10	—	
Market Harborough	230	—	10	18	5	—	13	—	—	
Melton and Belvoir..	132	—	111	21	4	—	4	2	—	
Totals ..	5,983	541	984	469	74	1	1,452	69	3	

INSPECTION AND SUPERVISION OF FOOD

BIOLOGICAL MILK SAMPLING

Milk sampling for biological examination at the Public Health Laboratory, has again been carried out to a programme drawn up by the Laboratory and the County Health Inspector. The milk samples are taken mainly at the farms to get a representative sample and are of milk supplies which are retailed without heat treatment.

The days when it was quite common to find milk infected with *Myco.* tuberculosis are fortunately past, and of 458 samples submitted for biological examination only 3 were found to be infected. These cases and 8 reported by Medical Officers from outside the county were investigated by the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food. Four cows were slaughtered under the Tuberculosis Order, 1938 as a result of these investigations.

The routine milk samples are all screened for *Brucella abortus* using the milk ring test, and any giving a positive result are cultured on a selective medium and examined by the whey agglutination test.

All positive bulk samples are followed up, and in order to identify the cows giving infected milk, individual cow samples are taken in sterile 4-oz. sample bottles. These samples are cultured and the results are available after three days. 266 individual cow samples were taken of which 31 were found to be positive by direct culture.

Although it is an offence under Section 31 of the Food and Drugs Act, 1955 to sell milk from a cow which has been proved to be giving milk infected with *Brucella abortus*, regular sampling is not uniformly carried out over the country. Also there is no compensation payable if the animal is slaughtered, as is the case under the Tuberculosis Order, 1938. It is the duty of County Councils and County Borough Councils to enforce the provisions of Section 31 as outlined above and if the eradication of Brucellosis is to be undertaken seriously, consideration must be given to compulsory slaughter of infected animals.

Dr. N. S. Mair, the Director of the Public Health Laboratory, has once again been enthusiastic and helpful whenever his assistance has been sought, and I should like to express my thanks to him.

Clinical Examinations and Tuberculin Testing of Cattle

The following information has been supplied by the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, and it is a pleasure to record my thanks to Mr. J. H. Findlay for his co-operation.

(a) Clinical Examination of Dairy Cattle :

Tuberculin Tested Herds . . . 2,008 herd inspections—68,713 cattle

(b) Tuberculin Testing of herds licensed to produce Tuberculin Tested milk :				
Number of cattle tested	..	..	..	97,182
Number of reactors found	..	..	..	350 (0.36%)
(c) At the end of the year the number and classes of dairy herds were :				
Tuberculin Tested and Attested	..	..	..	1,382
Non-designated Attested	..	..	..	97
Non-designated Supervised	..	..	..	31
Non-designated (not Attested or Supervised)	..	..	..	700
(d) Tuberculosis (Attested Herds) Scheme :				
Number of Attested Herds	..	..	..	1,748
Number of Supervised Herds	..	..	..	97

Milk Pasteurising Plants

Once again the amount of milk being treated at licensed plants in the county showed a small increase. In October one of the smaller plants was closed. The remaining twelve plants were maintained in a satisfactory condition during the year.

The County Health Inspector and his staff made 675 inspections of these plants and 920 samples of milk were taken for laboratory examination. Of these samples five failed to pass the phosphatase test.

A close check is kept on the bacteriological standard of milk containers. 120 washed churns and 243 washed bottles were examined by the laboratory. 5 churns and 30 bottles did not satisfy the requirements of the Public Health Laboratory standard. At the present time there is no legal standard in relation to containers. When unsatisfactory results are obtained an effort is made to ascertain the reason. This is not always possible because satisfactory results depend on many variable factors. Because of this more notice is taken of the history of samples from individual plants than of particular sample results.

Monthly summaries of the laboratory reports are sent to the Health Inspectors of the county districts and also to the dairymen.

Type of Plant	Capacity in gallons per hour	Daily output in gallons
H.T.S.T.	1,200	9,500
H.T.S.T.	350	2,650
H.T.S.T.	400	2,300
H.T.S.T.	150	750
H.T.S.T.	350	1,500
H.T.S.T.	350	800
H.T.S.T.	220	1,200
Holder (continuous) ..	400	2,300
Holder	200	800
Holder	100	100
Holder	75	300
Holder	100	180

Specified Areas

In October the Urban District of Melton Mowbray and the Rural District of Melton and Belvoir were included in the specified area. As these were the only districts outstanding, the whole of the county is now included in the specified area where none but designated milk—Pasteurised, Sterilised and Tuberculin Tested—may be retailed. At the time, all dairymen retailing milk in the new area were visited and the situation was explained to them. As a result a few who retailed undesignated milks gave up their rounds whilst the remainder started to sell designated milks.

In other parts of the county checks were made on dairymen and milk-roundsmen. Regular samples of raw milks being retailed were taken for biological examination.

Milk Supplies to Schools and County Council Establishments

Once again, before contracts were accepted, the milk supplies for schools, including private schools, county homes, children's and residential homes were investigated and approved by the County Health Inspector.

The Milk Sampling Officer took seven hundred and eighty three samples of milk for statutory tests and, in the case of the few raw Tuberculin Tested milk supplies, for biological examination as well. The standard of milk supplied to the schools, etc., was very satisfactory.

It appears unlikely that the small number of schools still supplied with raw Tuberculin Tested milk will be quickly changed over to Pasteurised milk, since they are small schools in the more remote areas. In some cases it is difficult to persuade anyone to supply them as the quantities are so small and it is hardly worth the trouble of bottling third pints and supplying straws. Ten years ago the number of schools receiving raw milk was 81, and even then those in the urban areas were all having Pasteurised Milk.

The table below shows the classification of the schools and the milk supplied :

Schools			Tuberculin Tested	Pasteurised	Totals
Grammar	..	..	—	13	13
Modern	..	..	—	21	21
Primary	..	..	18	240	258
High ..	..	..	—	8	8
Residential	..	..	—	2	2
Private	..	..	2	21	23
Totals	..	..	20	305	325

Milk and Dairies Regulations 1949

District	No. on Register		Inspections		Contraventions						
					Dairies		Distributors				
	Dairies	Distributors	Dairies	Distributors	Found	Remedied	Out-standing, 31.12.58	Found	Remedied	Out-standing, 31.12.58	
Urban Districts											
Ashby-de-la-Zouch ..	3	11	28	—	—	—	—	—	—	—	—
Ashby Wolds ..	—	—	—	—	—	—	—	—	—	—	—
Coalville ..	13	40	108	51	—	—	—	—	—	—	—
Hinckley ..	8	33	22	15	5	3	2	1	—	1	—
Loughborough M.B. ..	7	19	29	7	—	—	—	—	—	—	—
Market Harborough ..	2	4	6	6	—	—	—	—	—	—	—
Melton Mowbray ..	4	1	6	4	—	—	—	—	—	—	—
Oadby ..	—	3	—	3	—	—	—	—	—	—	—
Shepshed ..	6	—	43	—	—	—	—	—	—	—	—
Wigston ..	1	28	4	40	3	3	1	1	1	—	—
Rural Districts											
Ashby-de-la-Zouch ..	2	18	4	23	—	—	—	4	4	—	—
Barrow-upon-Soar ..	14	1	28	1	4	4	—	—	—	—	—
Billesdon ..	—	—	—	—	—	—	—	—	—	—	—
Blaby ..	11	30	32	35	—	—	—	—	—	—	—
Castle Donington ..	—	14	—	14	—	—	—	—	—	—	—
Lutterworth ..	1	7	2	9	—	—	—	—	—	—	—
Market Bosworth ..	14	26	27	14	3	3	—	—	—	—	—
Market Harborough ..	3	13	18	41	1	1	—	—	—	—	—
Melton and Belvoir ..	6	14	19	89	—	—	—	—	—	—	—
Totals ..	95	262	376	352	16	14	3	6	5	1	

ICE CREAM

District	Number of premises registered			Number of samples collected				
	Manufacture and Retail	Manufacture only	Retail only	Grade 1	Grade 2	Grade 3	Grade 4	Total
Urban Districts								
Ashby-de-la-Zouch ..	—	—	22	—	—	—	—	—
Ashby Wolds ..	—	—	9	—	—	—	—	—
Coalville ..	1	—	68	39	5	—	—	44
Hinckley ..	3	—	146	21	1	2	4	28
Loughborough M.B. ...	—	—	177	4	—	—	—	4
Market Harborough ..	—	—	41	—	—	—	—	—
Melton Mowbray ..	—	—	51	6	—	—	—	6
Oadby ..	—	—	12	6	—	—	—	6
Shepshed ..	—	—	12	6	—	—	—	6
Wigston ..	—	—	69	36	2	—	—	38
Rural Districts								
Ashby-de-la-Zouch ..	—	—	45	11	2	—	—	13
Barrow-upon-Soar ..	2	—	149	20	8	3	4	35
Billesdon ..	—	—	13	17	5	—	—	22
Blaby ..	—	—	107	50	4	3	—	57
Castle Donington ..	—	—	36	—	—	—	—	—
Lutterworth ..	—	—	44	—	—	—	—	—
Market Bosworth ..	—	—	72	—	—	—	—	—
Market Harborough ..	—	—	—	—	—	—	—	—
Melton and Belvoir ..	—	—	56	63	5	3	—	71
Totals ..	6	—	1,129	279	32	11	8	330

Per cent of samples within Grade I 84.54 %

Per cent of samples within Grades I and II .. 94.54 %

MEAT INSPECTION

The only major public health legislation of 1958 was concerned with slaughterhouses and meat inspection. The Slaughterhouses Act, 1958 will eventually raise the standard of hygiene in relation to both premises and methods. However, during the year under review, conditions remained much the same as since slaughtering was decontrolled in 1954. Small, badly sited and otherwise unsuitable buildings are still in use and the comparatively large numbers in most districts make meat inspection an unduly time-consuming part of public health work.

District	No. of slaughter-houses	Total No. of animals slaughtered	Total No. of animals examined	No. of knackers' yards	No. of inspections
Urban Districts					
Ashby-de-la-Zouch	2	3,549	3,549	—	—
Ashby Woulds ..	3	470	470	—	—
Coalville	7	19,698	19,698	—	—
Hinckley	7	13,978	13,978	1	5
Loughborough M.B.	7	9,256	9,256	1	15
Market Harborough	1	11,058	11,058	—	—
Melton Mowbray..	1	8,916	8,916	1	6
Oadby	3	1,843	1,843	—	—
Shepshed	1	1,444	1,444	—	—
Wigston	2	5,353	5,353	1	6
Rural Districts					
Ashby-de-la-Zouch	6	2,591	2,591	1	2
Barrow-upon-Soar	14	6,285	6,285	1	5
Billesdon	2	1,007	1,001	—	—
Blaby	12	8,513	8,513	—	—
Castle Donington	3	7,258	7,258	—	—
Lutterworth ..	9	2,760	2,760	1	1
Market Bosworth..	16	10,403	10,403	—	—
Market Harborough	6	1,962	1,962	—	—
Melton and Belvoir	9	4,194	4,194	—	—
Totals ..	111	120,538	120,532	7	40

Carcases Inspected and Condemned

	Cattle exclu- ding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	16,351	1,161	730	65,146	37,150
Number inspected ..	16,350	1,161	730	65,143	37,148
All Diseases except Tuberculosis :					
Whole carcases condemned	6	7	16	150	80
Carcases of which some part or organ was con- demned	2,471	209	17	1,419	1,804
Percentage of number in- spected affected with disease other than tuber- culosis	15.1%	18.4%	4.5%	2.4%	5.07%
Tuberculosis only :					
Whole carcases condemned	20	3	2	—	24
Carcases of which some part or organ was con- demned	873	166	2	—	951
Percentage of number in- spected affected with tuberculosis	5.5%	1.4%	0.54%	—	2.6%
Cysticercosis :					
Carcases of which some part or organ was con- demned	39	—	—	—	—
Carcases submitted to treatment by refrigera- tion	29	—	—	—	—

FOOD AND DRUGS

Food and Drugs Act, 1955

The provisions of the Food and Drugs Act, 1955 relating to the composition, adulteration, labelling and advertisement of food and drugs are administered by the Inspectors of the Public Control Department of the County Council. I am indebted to Mr. F. W. Arnold, the Chief Inspector, for the following summary relating to the samples taken during 1958.

Commodity	Number Obtained		Unsatisfactory		Why Unsatisfactory
	Formal	Informal	Formal	Informal	
Milk	64	815	17	6	6 contained added water ; 11 deficient in fat ; 6 low in solids-not-fat
Baking Powder	1	—	—	—	
Biscuits, mixed	—	1	—	—	
Beef, minced, potted and pressed	2	7	1	—	Contained 8.8% starch
Brawn	—	3	—	—	
Brisket	1	—	—	—	
Broad Beans	—	1	—	—	
Butter	1	1	—	—	
Buttered Bread, Buns, Tea- cakes, Toast, etc. ..	3	9	1	3	1 fat was margarine ; 3 fat was mixture of margarine and butter
Buttered Cheese Spread ..	—	1	—	—	
Cheese and Biscuits ..	—	1	—	—	
Chicken Pies	—	2	—	—	
Chocolate	—	2	—	—	
Christmas Pudding	—	4	—	—	
Cornish Pasty	—	1	—	—	
Crab Meat	—	2	—	—	
Cream	—	3	—	—	
Curry and curried dishes ..	—	7	—	—	
Custard Powder	1	—	—	—	
Drinking straws, flavoured ..	—	2	—	1	Contained lead
Faggots	—	3	—	—	
Fish Cakes	—	12	—	—	
Fruit Crystals	—	1	—	1	Contained insignificant amount of fruit
Fruit Pie	—	1	—	—	
Ginger, ground	—	1	—	—	
Glace Cherries	—	2	—	—	
Ham	—	2	—	—	
Haslet	1	2	—	—	
Ice Cream	30	—	—	—	

Commodity	Number Obtained		Unsatisfactory		Why Unsatisfactory
	Formal	Informal	Formal	Informal	
Ice Cream, Dairy ..	9	-	-	-	
Jelly Crystals ..	1	-	-	-	
Lard and Butter mixture ..	-	1	-	-	
Luncheon Meat ..	-	2	-	-	
Margarine ..	-	1	-	-	
Marzipan ..	-	5	-	1	Contained 50 parts per million benzoic acid
Meat Paste ..	-	6	-	-	Contained 8.5% starch
Meat, potted ..	1	14	1	-	
Meat Pies ..	1	7	-	-	
Milk Shake Additive ..	-	2	-	-	
Mincemeat ..	-	4	-	-	
Mint Sauce ..	1	1	-	-	
Pastie ..	-	1	-	-	
Pepper ..	1	7	-	-	
Pilchards in tomato ..	-	1	-	-	
Pineapple Juice ..	1	1	1	1	Sugar or carbohydrate content in excess of that claimed
Plaice fillets, frozen ..	-	1	-	-	
Pork, chopped, minced and pressed ..	-	4	-	-	
Pork Pies ..	7	4	-	-	
Potato Crisps ..	-	5	-	-	
Rainbow Trout ..	-	1	-	-	
Raspberries in sugar ..	-	1	-	-	
Saccharin Tablets ..	-	1	-	-	
Sage, dried ..	1	-	-	-	
Salmon, tinned ..	-	1	-	1	Oil constituent was rancid
Salmon Fish Cakes ..	-	1	-	-	
Salad Cream ..	-	1	-	-	
Sandwich ..	-	1	-	-	
Sauce ..	1	1	-	-	
Sausage Rolls ..	-	7	-	-	
Sausages, unclassified ..	8	-	-	-	
Sausages, Beef ..	9	-	-	-	
Sausages, Pork ..	37	-	3	-	1 contained excessive preservative ; 2 contained undeclared preservative
Silver Boules ..	-	1	-	-	
Soft Drinks ..	-	11	-	1	Contaminated with starch and fermenting
Soup Powders ..	1	11	-	4	Contained insufficient of the ingredient incorporated in the name
Steak and Kidney Pies ..	-	8	-	-	
Steaklets ..	-	2	-	-	
Strawberries, tinned ..	-	1	-	-	

Commodity	Number Obtained		Unsatisfactory		Why Unsatisfactory
	Formal	Informal	Formal	Informal	
Suet, shredded	—	4	—	—	Excessive manganese con- tent
Tea	—	2	—	—	
Thyme and Parsley Forcing	1	—	—	—	
Tomatoes, tinned ..	—	2	—	—	
Tomato Puree	—	2	—	—	
Tonic Wine	—	1	—	—	
Veal, jellied	—	1	—	—	
Vinegar, Malt	—	2	—	—	
Wheat Embryo	—	1	—	1	
Beer, Wines and Spirits					
Barley Wine	—	4	—	—	
Beer	—	3	—	—	
Brandy	—	13	—	—	
Gin	—	33	—	—	
Port Wine	2	1	—	—	
Ruby Wine	—	1	—	—	
Rum	—	24	—	—	
Sherry	2	2	—	—	
Stout	—	1	—	—	
Whisky	3	62	—	—	
Wine Cocktail	2	1	—	—	
Medicines, Tonics, etc.					
Aspirin Tablets	1	—	—	—	
Asthma and Bronchial Tab- lets	—	1	—	—	
Back Ache Mixture/Pills ..	—	2	—	—	
Beecham's Powder Tablets..	—	1	—	—	
Bicarbonate of Soda ..	—	1	—	—	
Blood Purifier	—	1	—	—	
Calamine Lotion B.P. ..	—	1	—	—	
Camphorated Oil	—	1	—	—	
Charcoal Tablets	—	1	—	—	
Chilblain Tablets	—	1	—	—	
Cough Tablets	—	1	—	—	
Cough Syrup	—	2	—	—	
Glaubers Salts	—	1	—	—	
Indigestion Tablets	—	1	—	—	
Influenza Mixture	—	1	—	—	
Insomnia Mixture	—	1	—	—	
Kidney and Bladder Pills ..	—	1	—	—	
Liquid Paraffin	—	1	—	—	
Pain Relieving Tablets ..	—	2	—	—	
Pep-up Tablets	—	1	—	—	
Sleeping Tablets	—	1	—	—	

Commodity	Number Obtained		Unsatisfactory		Why Unsatisfactory
	Formal	Informal	Formal	Informal	
Sugar-free Pastilles ..	—	1	—	—	
Tonics	1	3	—	—	
Tonic Food	—	1	—	—	
Tranquillizer Tablets ..	2	—	—	—	
Travel Sickness Tablets ..	—	1	—	—	
Vitamin and Mineral Tablets	—	1	—	—	
Worm Syrup	—	1	—	—	
	197	1,193	24	20	

The Public Control Committee of the Leicestershire County Council have provided facilities for the departmental examination of milk and spirits. This enabled Sampling Officers to examine 815 milk and 132 spirit samples during the year.

Milk was sampled on farms, at dairies and other collecting centres and in course of delivery to the consumer.

Beer, wines and spirits were not only sampled on established licensed premises but also when sold subject to occasional licence, e.g. flower shows, agricultural shows, point-to-point meetings, etc.

Other food and drug sampling activity was directed towards a regular supervision of foods produced in the county, new foods appearing on the market and subject to extensive advertisement, composite foods for the correct proportions of all ingredients and articles of general demand subject to legal standards or codes of practice.

Details of unsatisfactory samples are given in the table and where prosecution was not instituted the attention of the vendor or manufacturer was drawn to the nature of the complaint with the result that immediate steps were taken to prevent a recurrence.

Proceedings were instituted in four cases of adulterated milk and one case of bread and butter not of the substance demanded.

Experience drawn from the sampling of sausages indicates that a good quality sausage is generally available in the county.

Whenever a complaint was received from a member of the purchasing public, immediate action was taken to secure samples of the food or drug in question.

Certain dehydrated soups were the subject of a report to the Leicestershire County Council as a result of which application was made to the proper authority for consideration to be given for the establishment of standards in respect of these products, the sale of which is continually increasing.

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