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HEALTH AND SOCIAL SERVICES
OF THE COUNTY OF
LEICESTERSHIRE



REPORT OF THE
COUNTY MEDICAL OFFICER OF HEALTH
1969





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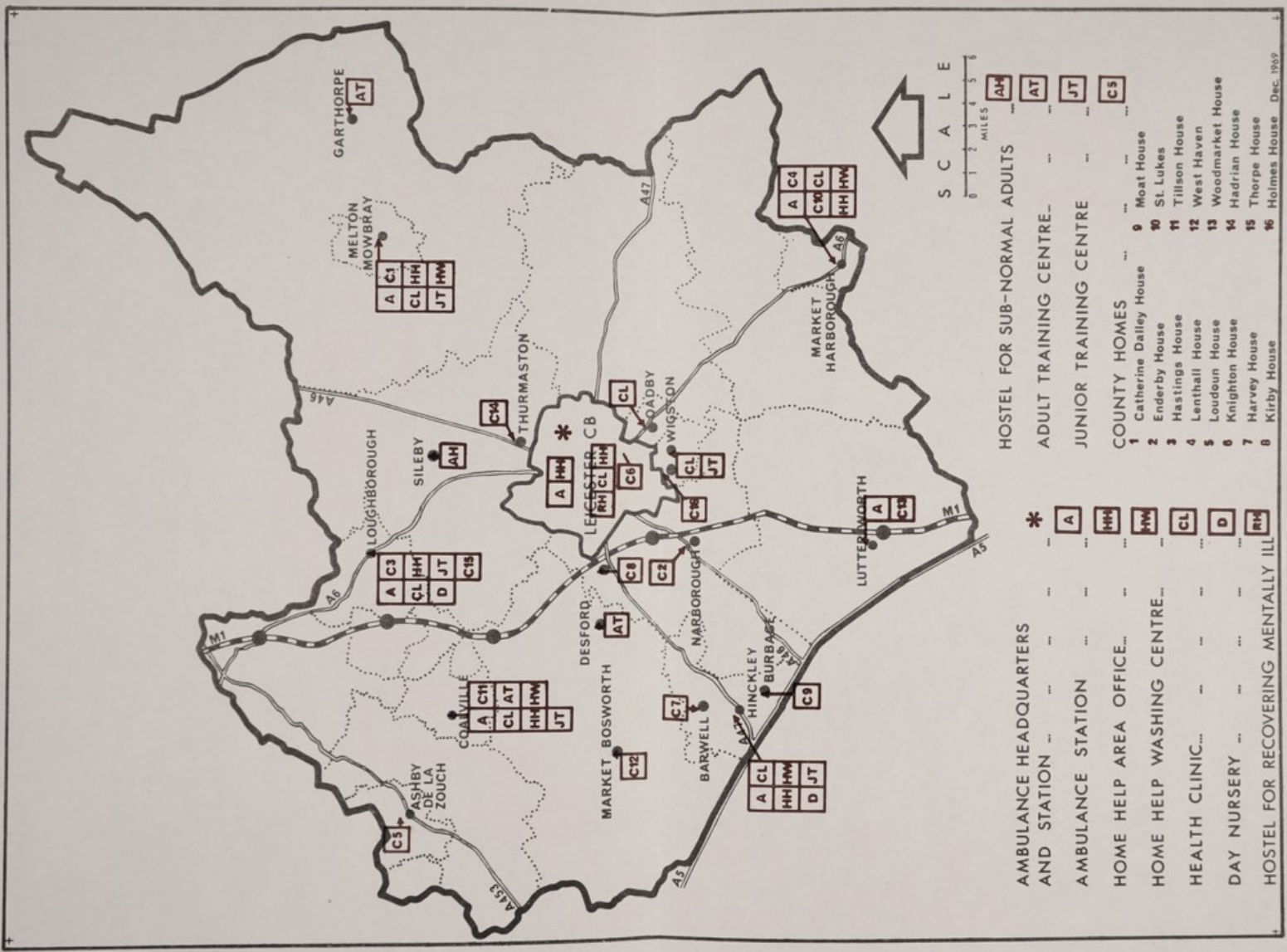
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To:— County Medical Officer, County Hall
Glenfield, Leicester. LE3 8RG.

COUNTY HEALTH AND WELFARE
DEPARTMENT PREMISES



- AMBULANCE HEADQUARTERS AND STATION** ... *
- AMBULANCE STATION** ... A
- HOME HELP AREA OFFICE** ... HH
- HOME HELP WASHING CENTRE** ... HW
- HEALTH CLINIC** ... CL
- DAY NURSERY** ... D
- HOSTEL FOR RECOVERING MENTALLY ILL** ... RH
- HOSTEL FOR SUB-NORMAL ADULTS** ... AH
- ADULT TRAINING CENTRE** ... AT
- JUNIOR TRAINING CENTRE** ... JT
- COUNTY HOMES**
- 1 Catherine Dalley House
 - 2 Enderby House
 - 3 Hastings House
 - 4 Lenthall House
 - 5 Loudoun House
 - 6 Knighton House
 - 7 Harvey House
 - 8 Kirby House
 - 9 Moat House
 - 10 St. Lukes
 - 11 Tillson House
 - 12 West Haven
 - 13 Woodmarket House
 - 14 Hadrian House
 - 15 Thorpe House
 - 16 Holmes House

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To the Chairman and Members of the Leicestershire County Council

Mr. Chairman, Ladies and Gentlemen,

In accordance with the provisions of the Public Health Officers Regulations 1959 and the requirements of Circular 1/70 of the Department of Health and Social Security, I have the honour to present to you my third annual report and the 80th in the series, on the health and welfare services in Leicestershire for the year 1969.

The presentation of this issue is similar to that of last year and includes an account of the health of schoolchildren in the County. The report is again a product of the Reprographic Unit at County Hall whose assistance and co-operation is gratefully acknowledged.

As in recent previous years I am indebted to the various Sections of the Department who have prepared the accounts of the activities taking place throughout the year.

The health and social conditions of the County continue at a satisfactory level and the vital statistics show little change over recent years.

The incidence of infectious diseases was again low although there was a troublesome outbreak of infectious hepatitis in the North West of the County. There was also a slight increase in the incidence of measles. This can be accounted for by the withdrawal in June of the Beckenham-31 strain of measles vaccine, the consequent loss of parental confidence in measles vaccination and the shortage of vaccine produced from the Schwarz strain.

The vaccine was withdrawn because three children, all in the second year of life, were reported to the Committee on Safety of Drugs as suffering from encephalitis, the onset of which started about a week after measles vaccination. Unfortunately one of these cases, a boy of twenty months, occurred in Leicestershire. However, despite parental misgivings following this incident, it should be made clear that the re-emergence of the natural disease is likely to be accompanied by a very much higher incidence of complications, some of which might be expected to give rise to permanent disability.

Once again another year has been marked by uncertainty. The Secretary of State for Social Services announced his intention of re-writing the Green Paper on the Administrative Structure of the Medical and Related Services in England and Wales. Although a second Green Paper was promised for July and then the autumn, in fact it had not been published by the end of the year. In June the Report of the Royal Commission on Local Government was published and for the remainder of the year received much attention. Clearly, until firm decisions are taken on reorganisation it is almost impossible to make any long term plans.

Despite the difficulties and uncertainties I commend the staff for their work and loyalty throughout the year. I would also like to thank colleagues employed in other Departments of the County Council, Authorities and agencies for their valuable help and co-operation. I am grateful to the family doctors and consultants in the County whose willing collaboration has improved the standards of community care. I am pleased to acknowledge the great assistance of the many voluntary workers in the work of the Department throughout the year.

Lastly I would like to express my appreciation of the support and encouragement given to the Department from the members of the Council.

A. R. BUCHAN

County Medical Officer

MEMBERS OF THE HEALTH AND WELFARE COMMITTEE

Health and Welfare Committee

County Council Members

Chairman J. G. S. Tompkins
Vice-Chairman F. Yates

Mrs. A. C. D. Bryan
Captain W. G. Coates, J.P.
R. L. D. Crisp
W. J. T. Curtis
Mrs. N. M. E. Eady
Miss M. A. Earp
M. Gallagher
H. S. Gamble
Mrs. C. M. Hallam
A. Hart
J. L. Heap
O. Hilton
J. H. Iliffe
Mrs. M. E. Keay, B.E.M.

Col. P. H. Lloyd, T.D., J.P., D.L.,
(ex-officio)
J. A. McHugh, J.P. (Decd. 24.9.69)
Miss M. F. C. S. Morrison, J.P.
Mrs. M. C. Mortiboys
Mrs. F. M. Page, J.P.
Duke of Rutland, C.B.E., J.P., D.L.,
(ex-officio)
Mrs. D. M. Sheffield
Mrs. C. R. Simpson
E. W. Tandy, O.B.E., J.P.
Mrs. S. P. Veronique
R. C. Weston

Co-opted Members

Miss M. Abbot
Dr. G. F. E. Edmondson-Jones
(from 12.11.69)

Mrs. G. N. Hodson
A. Tugwell
N. A. L. Thorne

Community Services Sub-Committee

Chairman R. C. Weston
Vice-Chairman R. L. D. Crisp 25 Members

Co-opted Members

W. Aris
H. T. Errington
Miss L. Facer

Mrs. E. Jarvis
N. A. L. Thorne
A. Tugwell

Mental Health Sub-Committee

Chairman	Mrs. D. M. Sheffield	13 Members
Vice-Chairman	Mrs. A. C. D. Bryan	

Co-opted Members

Dr. J. Millea
Dr. A. A. Valentine

Nursing and Allied Services Sub-Committee

Chairman	Mrs. N. M. E. Eady	12 Members
Vice-Chairman	Mrs. F. M. Page	

Co-opted Members

Miss M. Abbott	Mrs. J. B. Hodson
Miss L. Facer	Dr. T. M. Gibson

MEMBERS OF THE EDUCATION COMMITTEE

Chairman P. R. Hill
Vice-Chairman D. J. Holt

B. P. Andrews	R. A. McCrystal
Mrs. A. Beaven	T. O. McGrah
J. E. Brownlow	J. A. McHugh (deceased 24.9.69)
A. W. Capers	H. Moorhouse
Mrs. K. M. Dingley	Mrs. M. C. Mortiboys
H. I. Drake	M. Nichols
Mrs. N. M. E. Eady	W. T. Orson
M. Gallagher	Mrs. F. M. Page J.P.
G. B. Gibson	G. A. Peacey
Viscountess Alice Hall	V. W. T. Pearce
Nathan Harris	Duke of Rutland, C.B.E., J.P., D.L., (ex-officio)
O. Hilton	Mrs. D. M. Sheffield
P. C. Hyde-Thompson	F. A. Smith
E. H. Illson	J. G. S. Tompkins
Mrs. M. E. Keay, B.E.M.	R. C. Weston
E. R. Learmouth	Mrs. K. Wildsmith
Col. P. H. Lloyd, T.D., J.P., D.L., (ex-officio)	E. F. Winser
R. A. Lumb	

Co-opted Members 15

STAFF OF THE HEALTH AND WELFARE DEPARTMENT

County Medical Officer – Principal School Medical Officer
BUCHAN A. R., M.D., D.P.H.

Deputy County Medical Officer – Deputy Principal School Medical Officer
BYARS J. R., M.B., Ch.B., D.P.H.

Principal Medical Officer
CAMPBELL Marjorie L., M.B., B.Ch., B.A.O., D.P.H.

Senior Medical Officer
LOUGHLIN J. V., M.B., B.Ch., B.A.O., D.P.H. (Resigned 2.3.69)
McHUGH G., B.Sc., M.B., Ch.B., D.T.M & H., D.P.H., D.I.H.
(Appointed 20.10.69)

Senior Assistant Medical Officer
HAYWARD Eirian., B.Sc., M.B., B.Ch., D.Obst., R.C.O.G.

Medical Officers in Department and School Medical Officers
BENNETT Joan G. H., M.B., B.Ch., B.A.O.
HALL J.W., M.D., B.S., B.Hy., D.P.H.
KERSHAW J. B., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
KIND R. W., M.R.C.S., L.R.C.P., D.P.H.
ROSS A. C., M.B., Ch.B., D.P.H.
SUGDEN Margaret E., M.B., Ch. B., M.R.C.S., L.R.C.P.
WOODBIDGE Sylvia, M.B., B.S. (Part-time, resigned 20.8.69)
MEADOWS Isobel, M.B., B.S., M.R.C.S., L.R.C.P. (Part-time)
BRADSHAW Elsa M., M.B., Ch.B., (Part-time)
PARKER Patricia S., L.R.C.P. (Part-time, appointed 17.11.69)

*Senior Assistant County Medical Officer –
Medical Officer of Health Loughborough M.B. and Castle Donington R.D.
and Divisional School Medical Officer (Loughborough)*
HOLDERNESS R.C., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

*Medical Officer in Department
Medical Officer of Health Blaby and Lutterworth Rural Districts*
ROSS A.C., M.B., Ch.B., D.P.H.

Medical Officer in Department

Medical Officer of Health, Barrow upon Soar Rural District

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

Medical Officer in Department

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

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

Medical Officer in Department

Medical Officer of Health Hinckley Urban District and Market Bosworth Rural District

KERSHAW J. B., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Medical Officer in Department

Medical Officer of Health Melton Urban District Council and Melton and Belvoir Rural District

LOUGHLIN J. V., M.B., B.Ch., B.A.O., D.P.H., (Resigned 2.3.69)

McHUGH G., B.Sc., M.B., Ch.B., D.T.M. & H., D.P.H., D.I.H.

(Appointed 20.10.69)

County Chest Physician

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

(Joint appointment with Sheffield Regional Hospital Board)

Consultant Orthopaedic Surgeons

INNES A., F.R.C.S.

PENROSE J. H., F.R.C.S.

DUKE R. F. N., F.R.C.S. (Appointed 1.7.69)

(by arrangement with the Birmingham Regional Hospital Board)

Consultant E.N.T. Surgeon

JENKINS J. C., F.R.C.S., M.R.C.S., L.R.C.P.

(by arrangement with Sheffield Regional Hospital Board)

Consultant Psychiatrist

PITTOCK Sheila M. W., M.B., Ch.B., D.P.M.

HOPKIRK K. D., L.R.C.P., M.R.C.S., D.P.M. (Appointed 28.7.69)

(Part-time) (by arrangement with Sheffield Regional Hospital Board)

Senior Educational Psychologist

TODD, G. B., M.A., A.B.P.S.

Psychiatric Social Worker

SUTCLIFFE Miss J., D.S.S., Cert. Mental Health

Principal School Dental Officer

HOBBS D. M., B.D.S.

Area Dental Officers

BAXTER J. A. G., L.D.S.

PENLINGTON A. C., B.D.S. (Appointed 1.4.69)

BINNS C. K., L.D.S., B.Ch., D., (Appointed 1.7.69)

County Health Inspector

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

Superintendent Health Visitor

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

61 Health Visitors and School Nurses (combined duties)

5 Student Health Visitors

4 State Enrolled Nurses

Supervisor of Home Nursing Services and Non-Medical Supervisor of Midwives

WRIGHT Miss S. M., S.R.N., S.C.M., H.V.Cert.

53 Home Nurses

67 Home Nurse/Midwives

22 Midwives

4 Part-time State Enrolled Nurses

14 Part-time Auxiliaries

Senior Speech Therapist

SAGE, Mrs. R. J. W.

Domestic Help Organiser

GAMBLE Miss B. A.

County Ambulance Officer

DIXON S. S.

Principal Mental Welfare Officer

ORME H. G., B. Sc., (Soc.), D.P.A.

Principal Social Welfare Officer

NAYLOR P. W., Dip. Soc. Studies., A.I.S.W.

Principal Administrative Assistant

READ E. F., A.C.I.S., M.I.S.W.

Principal Administrative Officer (County Homes)

FREER N. C.

DISTRICT MEDICAL OFFICERS OF HEALTH

Area	Name	Office Address & Telephone Number
<i>URBAN</i>		
Ashby-de-la-Zouch	Dr. A. Hamilton	Council Offices, Kilwardby Street, Ashby-de-la-Zouch Tel. Ashby-de-la-Zouch 2853
Ashby Woulds	Dr. A. Hamilton	Council Offices, Moira Tel. Swadlincote 7474
Coalville	Dr. A. Hamilton	Municipal Offices, London Road, Coalville Tel. Coalville 2283
Hinckley	Dr. J. B. Kershaw,	Municipal Offices, St. Mary's Road, Hinckley Tel. Hinckley 3771
Loughborough	Dr. R. C. Holderness,	Health Department, Southfields, Loughborough Tel. Loughborough 3151
Market Harborough	Dr. R. W. Kind,	Council Offices, Northampton Road, Market Harborough Tel. Market Harborough 2258
Melton Mowbray	Dr. G. McHugh	Egerton Lodge, Melton Mowbray Tel. Melton Mowbray 3662
Oadby	Dr. R. W. Kind	Council Offices, Oadby Tel. Oadby 3266
Shepshed	Dr. R. C. Holderness	Council Offices, Shepshed Tel. Shepshed 3212
Wigston	Dr. R. W. Kind	Council Offices, Station Road, Wigston Tel. Leicester 881331
<i>RURAL</i>		
Ashby-de-la-Zouch	Dr. A. Hamilton	Council Offices, South Street, Ashby-de- la-Zouch Tel. Ashby-de-la-Zouch 2783
Barrow-upon-Soar	Dr. J. W. Hall	Council Offices, 31 Fowke Street, Rothley Tel. Rothley 2391
Billesdon	Dr. R. W. Kind	Council Offices, Thurnby Tel. Thurnby 2182
Blaby	Dr. A. C. Ross	Council Offices, Narborough Tel. Narborough 2071
Castle Donington	Dr. R. C. Holderness	4 Clapjun Street, Castle Donington Tel. Castle Donington 556
Lutterworth	Dr. A. C. Ross	Council Offices, Lutterworth Tel. Lutterworth 2161
Market Bosworth	Dr. J. B. Kershaw	Council Offices, Market Bosworth Tel. Market Bosworth 601
Market Harborough	Dr. R. W. Kind	Council Offices, 42 High Street, Market Harborough Tel. Market Harborough 3291
Melton & Belvoir	Dr. G. McHugh	Warwick Lodge, Melton Mowbray Tel. Melton Mowbray 3343

PART I: STATISTICS

VITAL STATISTICS OF THE AREA

	Admin. County	Eng. & Wales
Area in Acres	530,248	37,340,160
Registrar-General's Population Estimate Mid 1969	461,700	48,826,800
Rateable Value at 1st April, 1969	£18,383,212	.
Estimated Product of Penny Rate, 1969-70	£75,903	.
Live Births	8,074	797,542
Live Birth Rate (per 1,000 population)	17.5	16.3
Locally Adjusted Rate	17.2	16.3
Illegitimate Live Births	399	67,042
Illegitimate Live Births expressed as a percentage of total Live Births	5%	8%
Still Births	104	10,662
Still Birth Rate (per 1,000 total births)	13	13
Total Live and Still Births	8,178	808,204
Infant Mortality (deaths under one year of age)	115	14,397
Infant Mortality (per 1,000 Live Births)	14	18
Legitimate Infant Mortality Rate (per 1,000 Legitimate Births)	14	17
Illegitimate Infant Mortality Rate (per 1,000 Illegitimate Live Births)	25	25
Neo-natal Mortality (deaths under four weeks of age)	75	9,603
Neo-natal Mortality Rate (per 1,000 Live Births)	9	12

	Admin. County	Eng. & Wales
Early Neo-natal Mortality (deaths under one week)	66	8,232
Early Neo-natal Mortality Rate (per 1,000 Live Births)	8	10
Perinatal Mortality (Still Births and Deaths under one week)	170	18,894
Perinatal Mortality Rate (per 1,000 live and Still Births)	21	23
Deaths	4,766	579,463
Death-Rate	10.3	11.9
Locally Adjusted Rate	.92	1.00

POPULATION OF ADMINISTRATIVE COUNTY

<i>URBAN</i>	<i>Mid-Year 1968</i>	<i>Mid-Year 1969</i>
Ashby-de-la-Zouch	7,930	8,010
Ashby Woulds	3,210	3,210
Coalville	28,250	28,400
Hinckley	44,530	45,070
Loughborough M.B.	39,970	40,190
Market Harborough	13,180	13,380
Melton Mowbray	18,250	18,440
Oadby	17,450	19,100
Shepshed	8,210	8,130
Wigston	27,450	28,130
Total	208,430	212,240
<hr/>		
<i>RURAL</i>	<i>Mid-Year 1968</i>	<i>Mid-Year 1969</i>
Ashby-de-la-Zouch	13,670	13,940
Barrow-upon-Soar	67,210	68,230
Billesdon	10,820	11,140
Blaby	66,950	69,340
Castle Donington	11,390	11,500
Lutterworth	14,650	14,910
Market Bosworth	29,840	30,660
Market Harborough	10,730	10,860
Melton & Belvoir	18,760	18,880
Total	244,020	249,460
<hr/>		
Total Administrative County	452,450	461,700



Major Disaster Exercise at Asfordby — "Casualties" Ambulance Service

Causes of Death at Different Periods of Life in the Administrative County of Leicester, 1969

	4 weeks		4 weeks & under		Age in Years														Urban Districts		Rural Districts		Whole County			
	Under 4 weeks		1 year		1-	5-	15-	25-	35-	45-	55-	65-	75 & over	m	f	m	f	m	f	m	f					
	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f				
B4 Enteritis and other Diarrhoeal Diseases			2	2	1	2													1	1	3	3	6	3	4	7
B5 Tuberculosis of Respiratory System														1	3				2	2	3	3	5	5	5	5
B6 Other Tuberculosis, incl. late effects														1	3				2	2	4	2	2	4	2	6
B10 Streptococcal Sore Throat, Scarlet Fever			1	1															1	1		1	1	1	1	2
B11 Meningococcal Infection																			1	1						1
B18 Other Infective and Parasitic Diseases					1			1	1										1	2	4	3	4	7	5	6
B19(1) Malignant Neoplasm, Buccal Cavity Etc.														2	4		1	1	4	2	2	4	9	1	10	11
B19(2) Malignant Neoplasm, Oesophagus														2	5	2	4		6	4	9	3	12	8	3	11
B19(3) Malignant Neoplasm, Stomach								1	1	1	2	2	10	5	22	13	10	17	23	17	40	23	22	45	46	
B19(4) Malignant Neoplasm, Intestine														2	1	3	2	22	12	23	15	23	20	30	23	
B19(5) Malignant Neoplasm, Larynx																			1	1	1	1	1	1	1	2
B19(6) Malignant Neoplasm, Lung, Bronchus								1	4	1	20	3	52	11	88	9	29	4	81	15	96	112	14	126		
B19(7) Malignant Neoplasm, Breast														1	4		13	1	33		20	18	48	48	1	
B19(8) Malignant Neoplasm, Uterus																		2	10	12		10	18	18		
B19(9) Malignant Neoplasm, Prostate														2	1			10		26	18	18	21	21	39	
B19(10) Leukaemia					1	1	1	3						2	2	1	2	3	3	2	3	9	5	14	5	
B19(11) Other Malignant Neoplasms					2	1	1	2	6	4	1	4	4	12	12	23	33	47	41	18	45	46	68	114		
B20 Benign and Unspecified Neoplasms			1		1	1													2	3	2	5	1	4	5	
B21 Diabetes Mellitus														2	1	4	8	5	24	9	24	33	4	9	13	
B46(1) Other Endocrine etc. Diseases														1	1	3	2	3		1	2	2	4	1	6	
B23 Anaemias														3	2	4	1	1	3	4	2	6	4	4	8	
B46(3) Mental Disorders														1					1	2			1	3	4	
B24 Meningitis					1	1														2		2	2	2	4	
B46(4) Other Diseases of Nervous System, etc.			1				1	1	2	1	1	1	1	4	3	5	15	7	9	8	15	16	31	18		
B26 Chronic Rheumatic Heart Disease														1	6	5	6	8	6	7	13	16	32	12		
B27 Hypertensive Disease														1	2	1	5	2	8	6	23	27	20	39		
B28 Ischaemic Heart Disease														3	11	5	60	8	151	46	209	109	209	207		
B29 Other forms of Heart Disease														4	3	12	7	32	32	96	147	66	86	152		
B30 Cerebrovascular Disease														9	4	7	6	53	27	101	102	142	238			
B46(5) Other Diseases of Circulatory System														1	3	1	2	2	17	6	28	31	41			
B31 Influenza														3	1		1	4	7	3	11	12	7			
B32 Pneumonia	2	2	5	2										2	9	2	10	8	41	28	80	111	60			
B33(1) Bronchitis and Emphysema			1											2	1	40	8	86	15	57	28	100	18			
B33(2) Asthma			1											1	2		2	1		2	3		5	4		
B46(6) Other Diseases of Respiratory System	1		5	6	1	1								3	2	2	2	7	3	10	13	20	13			
B34 Peptic Ulcer																			1	2	5	2	11	9		
B35 Appendicitis																				1		1		1	1	
B36 Intestinal Obstruction and Hernia	2		1											2	2	2	4	5	2	4	5	2	3	5		
B37 Cirrhosis of Liver														1	1	1	1	1		3	1	4	5	2		
B46(7) Other Diseases of Digestive System																			1	5	11	3	12	8		
B38 Nephritis and Nephrosis																			1	2		4	3	3		
B39 Hyperplasia of Prostate																			3		10		9			
B46(8) Other Diseases, Genito-urinary System														1	1		2	3	4	2	5	3	6			
B46(9) Diseases of Skin, Subcutaneous Tissue																						1	1			
B46(10) Diseases of Musculo-Skeletal System																			1	4	3	3	4	5		
B42 Congenital Anomalies	14	13	8	1	3	3	1													1	17	9	26			
B43 Birth Injury, Difficult Labour, etc.	13	10																			6	5	11			
B44 Other Causes of Perinatal Mortality	10	5																			5	1	6			
B45 Symptoms and Ill Defined Conditions																				1	21	53				
BE47 Motor Vehicle Accidents					1	1		1	17	5	3	1	6	3	3	1	8	3	5	2	3	18				
BE48 All other Accidents			2	2	2	1	1	3	4	1	4	2	8	2	2	5	1	5	8	18	38	19				
BE49 Suicide and self-inflicted Injuries																					6	2	8			
BE50 All other external causes																					1	1	3			
TOTAL ALL CAUSES	m	f	42	24	13	10	39	25	66	171	468	818	892	1,146	1,043	2,189	1,422	2,577	4,766							
	f	t	33	16	10	2	17	13	42	87	260	540	1,178	1,043	2,189	1,422	2,577	4,766								

Birth Statistics

Births occurring within the County

	Live births	Still births	Total
<i>Domiciliary:</i>			
County Patients	1,692	10	1,702
Other Patients	6	.	6
<i>Institutional:</i>			
County Patients	2,662	18	2,680
Other Patients	601	1	602
Total	4,961	29	4,990

County births occurring outside the County

	Live births	Still births	Total
Domiciliary	10	.	10
Institutional	3,686	77	3,763
Total	3,696	77	3,773

Net births to County Residents

	Live births	Still births	Total
Domiciliary	1,702	10	1,712
Institutional	6,348	95	6,443
Total	8,050	105	8,155

Premature births

	Live births	Still births
Born in Institutions	514	63
Born at home or in a Nursing Home	34	4

PART II: PERSONAL HEALTH SERVICES

HEALTH CENTRES

It is again pleasing to report real progress towards the provision of Health Centres in the County during the year.

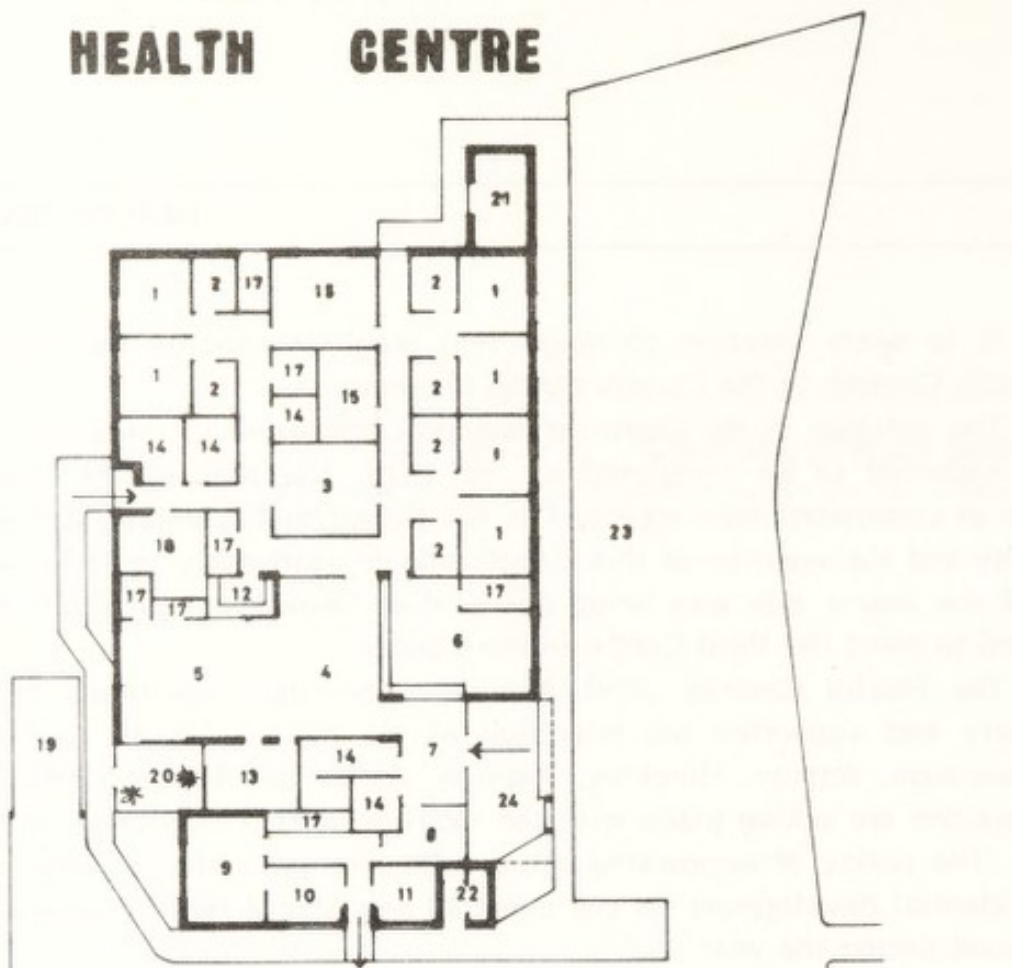
The erection of the Centre at Syston commenced in the summer and it is expected to be completed by mid-1970. The plan of the proposed Centre at Lutterworth was approved by the Department of Health and Social Security and the erection of this Centre should start early in 1970. At the end of the year a site was being acquired at Narborough in which it was planned to erect the third Centre in the County.

The Health Centres Joint Advisory Committee continued to meet quarterly and supported the provision of six further Health Centres at Loughborough, Anstey, Hinckley, Wigston, Ashby and Market Harborough. Discussions are taking place with the local general practitioners in these areas. The policy of earmarking sites, wherever possible, in large areas of residential development for the eventual erection of Health Centres was continued during the year.

The provisional Health Centres capital building programme at year end.

	Year of Commencement	Approximate Population to be served
Syston	1969/70	20,000
Lutterworth	1970/71	17,000
Narborough	1970/71	18,000
Anstey	1971/72	7,000
Ashby	1971/72	11,000
Wigston	1971/72	20,000
Loughborough	1972/73	20,000
Market Harborough	1972/73	23,000
Hinckley	1973/74	25,000

LUTTERWORTH HEALTH CENTRE



- 1 consultant
- 2 examination
- 3 treatment
- 4 waiting room
- 5 health education
- 6 reception
- 7 entrance
- 8 dental waiting
- 9 dental surgery
- 10 recovery room
- 11 laboratory
- 12 kitchen
- 13 general purpose
- 14 toilet
- 15 nurses service room
- 16 public health nurses
- 17 store
- 18 staff
- 19 mobile dental unit
- 20 play area
- 21 boiler room
- 22 meters
- 23 car park
- 24 prams



0 10 20 30 feet

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Clinics

The clinics continue to provide mainly health education, relaxation classes, and preparation for motherhood. The medical aspects of pregnancy are dealt with mainly by the General Practitioner, of whom an ever increasing number have a domiciliary midwife in attendance at their clinics.

Ante-natal clinics

<i>Women attending for:</i>	
Ante-natal examination	1,179
Post-natal examination	.
<i>Sessions held by:</i>	
Medical Officers	63
Midwives	44

Relaxation Classes

Each class consists of relaxation and exercises in preparation for the confinement, and also instruction in pregnancy, labour, child care and related subjects.

The number of women who attended during the year was 1,494 of whom 1,192 were booked for institutional confinement, and 302 for domiciliary confinement. The total number of attendances was 9,025.

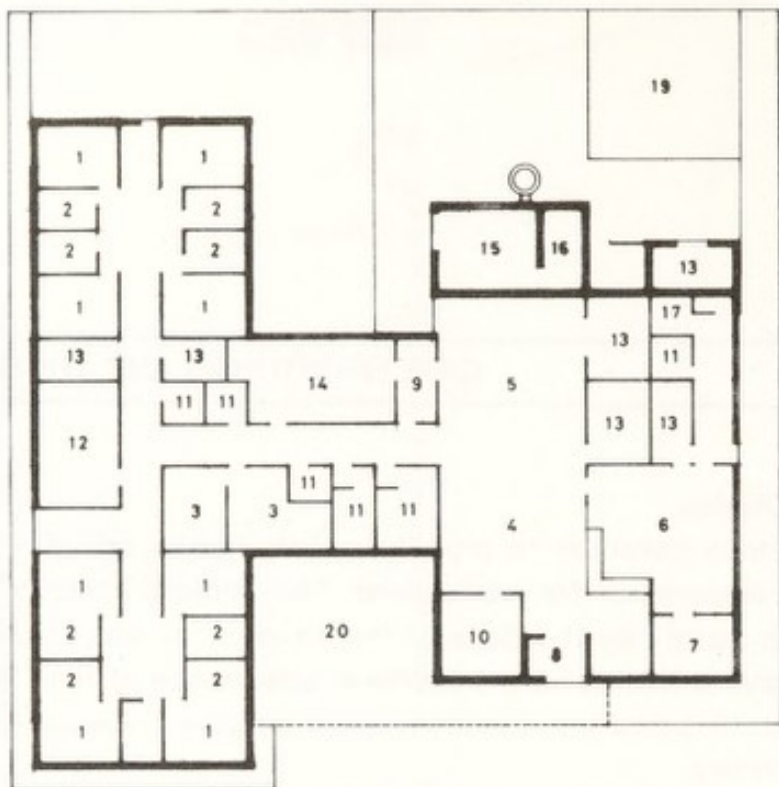
Dental Treatment of Expectant and Nursing Mothers and Pre-School Children

With the continuing shortage of dental officers the amount of treatment provided for these classes of patient has necessarily been very limited. However, in all areas where there is a dental officer available any persons requesting treatment have been offered an appointment.

For the first time for a number of years a small number of expectant mothers have availed themselves of the service. The number of pre-school children who received treatment is more than double the previous year,

HEALTH CENTRE, SYSTON

18



- 1 consultant
- 2 examination
- 3 treatment
- 4 waiting
- 5 health education
- 6 reception
- 7 secretary
- 8 entrance
- 9 kitchen
- 10 general purpose
- 11 toilet
- 12 public health nurses
- 13 store
- 14 staff
- 15 boiler
- 16 fuel
- 17 meters
- 18 car park
- 19 mobile dental unit
- 20 prams

18



0 10 20 30 feet

and almost the whole of the increase in the amount of treatment provided is accounted for by an increase in the number of teeth filled. This indicates that parents are seeking treatment in a more routine manner rather than waiting until toothache forces them to seek an appointment. Some of the increase is also due to the consultation clinic which is held in conjunction with the Child Health Centre at Market Harborough. At regular intervals, a dental officer is available, without appointment, to discuss any dental problem with mothers and, if they so wish, to examine their child's teeth. This service has met with favourable comment from mothers attending, and it is unfortunate that shortage of staff prevents the extension of such a service.

Dental Treatment Provided During 1969

	Expectant and nursing mothers	Children under 5
First visits	7	77
Total visits	21	150
Fillings	18	108
Extractions	4	41
General anaesthetics	.	2

Unmarried Mothers and their Children

Unmarried mothers and their children are cared for by the County Health Visiting Service and the Diocese of Leicester Council for Social Work. Health Visitors were involved in 117 cases during the year and, of these, 23 were referred to mother and baby homes.

Miss P. D. Russell, Organising Secretary to the Diocese of Leicester Council for Social Work, reports as follows:

In all, 148 babies born to County mothers were referred to the Council for Social Work during the year, a rise of 22 over the previous year's figures. Although the general trend seems to point to more mothers keeping their babies, there was an increase of 8 babies placed in adoptive homes.

Of the 131 illegitimate pregnancies referred, 119 of the mothers were single and 103 were under 21 years of age (28 being under 17). It becomes more apparent each year that the mother who keeps her baby needs a good deal of long term after care to overcome the problems of accommodation, financial stress and social isolation. Only if she is helped to a successful re-adjustment in the community can she give her child the love and stability which will enable him to become emotionally secure.

Illegitimate births in 1969

Live births	<i>m</i>	200
	<i>f</i>	199
	<i>t</i>	399
Stillbirths	<i>m</i>	4
	<i>f</i>	6
	<i>t</i>	10

Day Nurseries

This has been a disappointing year for the staff at Hinckley Day Nursery because the need to obtain a compulsory purchase order for the ground at Granville Road, has meant that the proposed 50 place nursery scheduled for completion in 1969, has been held up for an indefinite period.

In June 1969, the Hinckley Day Nursery Matron, Mrs. Gladys Blomquist, retired after 25 years of devoted service. During this quarter century there have been many changes in the concept of day nursery care, from first segregation of children into separate nursing rooms according to age group to later 'open plan' buildings and now small 'family groups' of children from 1-5 years with their own staff. Mrs. Blomquist has kept abreast of the times and has ever been receptive to new ideas. She has always maintained the happiest relationship with staff, students and children and at a party given the evening before she left, present and former colleagues met to wish her many happy years of retirement. In recognition of her contribution to Child Care the Health Committee, has decided to give the new nursery, her name.

The new 50 place Loughborough Day Nursery will be built on the grounds of Hastings House and plans were completed in the current year. Following present trends this nursery will have 5 small rooms for 'family groups', two rooms for babies and a playroom/assessment room. Full use has been made of corridor space for larger activities.

The Loughborough Divisional Education Committee decided to provide training facilities for three nursery students, one place at Mountfield Nursery School and one place at each of two Infant Schools. Training commenced in 1968 and it was agreed that there should be an interchange of these students with those from the day nursery for the second year of training thus enabling both groups to enjoy a wide experience. The first exchange was made in September 1969.

Day Nursery Statistics

	Loughborough	Hinckley
Number of approved places	50	40
Number on register at year end	65	42
Total attendances	10,374	7,867
Average daily attendance	44	33

Admission to both Hinckley and Loughborough nursery falls into 3 categories:-

- Priority 1 - children with sociological or medical handicaps.
- Priority 2 - children whose mothers can thereby return to essential professions - medicine, nursing, teaching, etc.
- Priority 3 - others.

Maternity Outfits

During the year 1,952 standard outfits, together with a bottle of suitable antiseptic, were issued by the Department; an increase of only 2 from the previous year. Some 2,004 modified outfits were issued for use in cases discharged from maternity hospital up to three days after confinement, which indicated an increase of 372 on 1968. This continued the trend of previous years away from domiciliary deliveries to hospital confinement with an early discharge.

Family Planning

In January 1969 the Family Planning Association organised a further clinic in Market Harborough in addition to those in Leicester and Loughborough. The Market Harborough clinic is open on Tuesday morning of each week and, after a somewhat slow start, is being well used.

At the close of the year, some 3,850 women from Leicestershire were receiving advice and contraceptive supplies from these clinics and made a total of 8,650 medical consultations for this purpose.

During 1969, 45 women were referred to the Leicester clinic because of medical contra-indications to pregnancy. Of these 27 were fitted with an intra-uterine device and 14 were prescribed an oral contraceptive.

Considerable interest has been shown in the operation of vasectomy for male sterilisation. This interest has been widely spread over all social classes and many men have had the operation, mostly by private arrangement through their family doctor. The East Midlands Branch of the Family Planning Association is enquiring into the possibility of organising a service within Leicestershire to make facilities more widely available to those to whom the operation is the method of choice.

Deafness in Young Children

The demand for assessment of children with suspected communication problems continues to grow and the number of sessions held at the Clinics outside Leicester has increased during the year.

Despite this increased demand, it is obvious that many who care for the young child and his family are unaware of the facilities offered by the Clinics for the early diagnosis and treatment of children with auditory and other communication disorders.

It is regretted that the services of the Speech Therapist, as a member of the assessment team, had to be withdrawn because of other increasing demands on her time. Children who are diagnosed at the Clinic as requiring assessment of speech development are referred to the Speech Therapy Department so that full and helpful liaison is maintained.

The work of pre-school audiology clinics, 1969

	St. Martins Leicester	Lough- borough	Hinck- ley	Market Harbo- rough	Melton Mowbray	Coal- ville
No. of Clinics held	44	11	11	4	4	12
No. of children attending	258	63	67	21	17	68
No. of Pre-School E.N.T. Clinics	9	.	.	.	.	.
No. of children attending Pre- School Clinics	110	.	.	.	.	.

Congenital Malformations apparent at birth

The Health Department is co-operating with the Committee for the Safety of Drugs in an investigation into the possible association between drugs and congenital malformations.

Of the 6 babies born during 1969 and notified at birth as having Down's Syndrome, 5 were born in June.

The Registrar General drew attention to an increased number of notifications (3 cases) of Microcephaly, during the month of December 1969, from Leicestershire.

Children suffering from Congenital Malformations – Livebirths

Central Nervous System	16
Eye and Ear	7
Alimentary Canal	41
Heart and Great Vessels	16
Respiratory System	5
Uro-genital System	27
Limbs	46
Other skeletal	8
Other Systems	20
Other Malformations	9

Male	77
Female	66

Total Malformations in above

Male	102
Female	91
(+ 2 with multiple)	

Children suffering from Congenital Malformations – Stillbirths

Central Nervous System	18
Alimentary Canal	3
Heart and Great Vessels	0
Uro-genital System	1
Limbs	1
Other Skeletal	1
Other Systems	1
Other Malformations	1

Male	4
Female	14

Total Malformations in above

Male	8
Female	18

The Observation Handicap Register

During 1969 it had been hoped to screen all infants in the County for hearing defects but this plan had to be abandoned because of financial stringency.

An apparent increase in the incidence of Rubella and an increased awareness on the part of pregnant women of the dangers of contact with Rubella during the early months of pregnancy, led to an increase in percentage of children's names on the Observation Register. Because their names were on the Register it was possible to give a hearing test to children of mothers who had been in contact with Rubella - a service offered at present only to those children regarded as being at "high risk" or having a hearing defect.

It is highly desirable to implement mass screening testing of infants for hearing defects. This would enable a review to be made of the criteria used for placing a child's name on the Observation Register.

The number of children's names entered on the Observation Register during 1969 was 45% of the total live births.

Child Health Centres

A change in policy regarding the sale of proprietary foods at Child Health Centres was made in February this year when the County Council accepted the recommendation of the Health and Welfare Committee that the sale of proprietary food/medicines other than vitamin concentrations of A, C and D should be discontinued but that supplies of National Dried Milk and orange juice should continue to be available at the Centres. The two principal factors affecting this decision were firstly, the opinion expressed in the Sheldon Report that such sales were no longer necessary and second that letters were received from time to time in the Health Department from local chemists protesting at the considerable number of items on offer at some Centres, many of which could not accurately be described as food/medicines.

A preliminary inquiry had shown that of 85 Centres, 54 were situated in areas in which there was a chemists shop and that difficulty in obtaining supplies might be anticipated in only 5 areas. There was considerable opposition to this decision which received much press publicity and some voluntary committees resigned from their Centres. Every complaint of hardship was investigated and in view of the concern expressed it was later agreed that voluntary committees, if they so wished, could continue to sell proprietary infant milk preparations as well as vitamins. Whilst clinic attendances were undoubtedly affected for sometime, it is felt that the real purpose of the Centres has been maintained and strengthened. There has also been an increase in the number of children in the 1-2 year and 2-5 year age groups attending for development assessment examinations.

Grateful acknowledgement is paid to the very many voluntary workers who have remained at the Centres and who undertake other duties including baby weighing and helping with the appointment system.

Three Centres at Hugglescote, Bagworth and Ellistown closed during the year; in each case movement of younger population to other areas left the villages with too few young children to keep the Centres viable. The Coalville Centre is accessible for those who remain.

The policy of employing general practitioners from group or unopposed practices as clinic medical officers in their own areas is being maintained and was extended this year to Ashby and Ibstock.

The Number of Children attending during the year

	1968	1969
Aged under one year	6,106	6,037
Aged under two years	5,222	5,563
Aged between two and five years	3,428	4,165
Totals	14,756	15,765

The Number of Sessions held during the year

	1968	1969
By Medical Officers	723	822
By Health Visitors	1,254	1,186
General Practitioners employed on a sessional basis	453	284
Totals	2,430	2,292

Welfare Foods

There are now 119 distribution centres in the County, of which 82 are in County Council premises, and the remainder at Post Offices, shops and private homes.

Great help is given by the Women's Royal Voluntary Service, who deal very efficiently with the distribution in the larger towns and who also find distributors, if requested, in the rural areas.

Issues over the last four years

	1966	1967	1968	1969
Dried Milk, tins	32,868	30,911	24,689	20,133
Orange Juice, bottles	91,621	93,391	89,508	106,391
Cod Liver Oil, bottles	5,205	4,991	4,338	4,706
Vitamin A & D tablets, packets	9,313	8,259	7,177	7,694

Registration of Nurseries and Child Minders

During the year two important events have occurred in this field of child care. First, the appointments of a Supervisor of Child Minders and a Supervisor of Playgroups which were made in February 1969, and second, the greatly appreciated decision of the Education Department to run two-term evening Courses for Playgroup personnel at Ashby, Hinckley, Loughborough, Melton Mowbray, Oadby and South Wigston. These Courses commenced in September and have been so enthusiastically received, that applications to enroll exceeded the number that could be accepted. A very high rate of attendance has been maintained throughout and the hope expressed that this will be a yearly event.

Both the Supervisor appointments have been very successful due to the skill, tact and devotion which they have brought to their work. Mrs. M. Mason S.R.N. Supervisor of Child Minders has had to face the daunting task of explaining to persons who have for years taken young children for day care into their homes, why they must now register, as well as dealing with new applicants and countless inquiries. Some hostility was expected and found but usually people became co-operative when the object of the Act was explained to them. About a third of the applicants decided not to go forward for registration after the preliminary visit had been paid to their homes so that the number actually registered during the year does not give a comprehensive picture of the work involved. The figures also give no indication of the visits of re-inspection to confirm that required safety precautions have been undertaken and visits to explain why certain applicants will not be accepted for registration for health or other reasons. The greatest individual problem is in attempting to explain the law regarding child minding to immigrants who are unable to speak English and this problem persists although a simple statement translated into the relevant languages has been introduced. The standard of Child Minding varies greatly and it is hoped to introduce a series of short talks and films for guidance in the near future.

Mrs. A. Thompson, N.N.E.B. Supervisor of Playgroups, found the standard of the groups on the whole to be very high, especially at the end of the year when the effects of the Courses for Playgroup Personnel were beginning to be felt. Some groups had to be re-visited several times

where leaders were lacking experience in the play material required by children of the 3-5 year-old range or where the daily programme was stilted or too regimentated. Mrs. Thompson's comments on difficulties encountered by playgroup leaders are interesting; they are mainly due to having to use rented accommodation and include lack of storage space for equipment, having to use adult furniture, inability to make rooms more attractive by displaying pictures, lack of outside play facilities and restrictions against the use of sand and water indoors. Financial difficulties are often experienced in meeting rent and purchasing equipment and the payment of S.E.T. where helpers are remunerated. Non-profit making groups ask frequently if help can be given by the Local Authority with rent payment and facilities to buy equipment through a central store. Most Playgroups feel that they are performing a public service and should be grant aided.

In conclusion, grateful acknowledgement must be paid to individual Head Masters and Head Mistresses for their interest, advice and help to the Playgroups in their vicinity and also to the Fire Prevention Officer and staff whose willing and prompt visits of inspection to premises before registration is granted and subsequent advice is invaluable.

The number of registrations at year end

Registered premises	90
Number of children permitted	1,932
Registered persons	287
Number of children permitted	811

The type of care provided at above

	All day	Sessional
Registered premises	.	90
Number of children permitted	.	1,932
Registered persons	250	37
Number of children permitted	430	381

MIDWIFERY

Staffing

The staffing position at the end of the year was:— whole-time Midwives 22 (with 2 vacancies) District Nurse/Midwives 67 (with 4 vacancies).

This does not reflect the true picture. The shortage of District Nurse/Midwives has again been offset by the appointment of general District Nurses on a temporary basis to allow the Midwives to cover wider areas. In one area, a midwife who was not S.R.N. was appointed temporarily to replace a District Nurse/Midwife and work loads were adjusted.

During the year 4 Whole-time Midwives and 16 District Nurse/Midwives resigned and 5½ Whole-time Midwives and 11 District Nurse/Midwives were appointed.

The pattern of midwifery throughout the County continues to follow the national trend, with a further reduction in domiciliary deliveries and an increase in cases delivered in hospital and discharged home early to the care of the Domiciliary Midwife. The decrease in home deliveries is most noticeable in the rural areas, and here there is little that can be offered to compensate for loss of job satisfaction. Consequently, vacancies in these areas are difficult to fill.

Confinements to County Residents

	1965	1966	1967	1968	1969
Institutional	5,808 64.5%	5,975 64.1%	5,852 72.2%	6,310 77.2%	6,443 79%
Domiciliary	3,194 35.5%	3,260 35.9%	2,200 27.8%	1,874 22.8%	1,712 21%

Home Assessments

	1965	1966	1967	1968	1969
Sociological Bookings	1,665	1,697	1,468	1,398	1,451
Early Discharges	875	1,420	2,018	2,664	2,861*

* Includes 12 out of County cases

Early Discharges

	1965	1966	1967	1968	1969
Cases	2,397	3,197	4,004	5,087	5,292
Visits	17,091	21,085	25,508	30,953	33,073

Domiciliary Midwives into Hospital

The 1968 Public Health Act allows domiciliary midwives to be engaged in midwifery in places other than the patient's own home and the first pilot scheme in Leicestershire was organised to allow Domiciliary Midwives to take cases into the General Practitioner Unit in Ashby in September 1969.

One District Nurse/Midwife and her relief, attached to one group practice in the town, are allowed to book up to 5 cases per month for delivery in Ashby and District Hospital.

The scheme is not yet well established, and only 6 cases selected from existing long term bookings had been delivered by the end of the year. Once the cases booked under this scheme come to term the numbers are expected to increase.

Arrangements are in hand to establish a second scheme to allow Domiciliary Midwives in the Hinckley area to take selected cases into the General Practitioner Unit at Nuneaton Maternity Hospital.

Attachment Schemes

The number of staff involved in midwifery working in attachment schemes at the end of the year was 9 whole-time Midwives and 22 District Nurse/Midwives.

The reducing amount of domiciliary midwifery in any one group practice poses problems for attachments. Sharing of staff is not really satisfactory to either the practices participating, or to the Midwife. Consequently, the best plan would seem to be one where a District Nurse/Midwife is attached to a group practice supported by an S.E.N. and, if patient population demands, a District Nurse. Off-duty relief can be reciprocal with an attachment matched for staff and size that covers approximately the same geographical area. During the year 4 District Nurse/Midwives and 1 Midwife in attachment to general practices delivered 9 cases out of the county.

Equipment

During the year all midwives were issued with a portogen apparatus modified to give a 2 litre flow of continuous oxygen.

This ensures that midwives practising in the farthest corners of the County have 40 minutes of oxygen available for infant resuscitation whilst awaiting the arrival of an ambulance with specialised equipment.

Training

The decrease in the number of available domiciliary bookings in areas that could be covered by pupil Midwives affected the number of pupils for whom we were able to provide the three months domiciliary experience.

During the year 11 pupils from L.R.I.M.H. and Westcotes Hospital completed their training in the County.

Post Graduate Courses

Seventeen Domiciliary Midwives attended refresher courses in various parts of the country. The majority of them returned having enjoyed the courses but concerned that, with so much discussion about integration and unification of the midwifery service, there appears little information available to indicate how this is to be brought about.

It seems clear that more Post Graduate Courses directed to the practical exchange of staff on a working bases are necessary and these courses should be recognised by the Central Midwives Board for purposes of Rule G.1.

The future would appear to hold changes for the nursing services, with many problems to be resolved. Domiciliary Midwives are reputed to be resistant to change, but if one is to read the signs correctly the unification of the midwifery service is likely to present the least problems, with Domiciliary Midwives prepared to co-operate fully with their hospital colleagues to provide the best service for the patients.

Confinements in County Institutions, 1969

	County Cases	Non County Cases	Total
Ashby and District Hospital	402	103	505
Kirby Muxloe, Roundhill Maternity Home	1,037	425	1,462
Loughborough General Hospital	320	4	324
Lutterworth Cottage Hospital	123	1	124
Market Harborough and District	234	52	286
Melton Mowbray St. Mary's Hospital	558	19	577
Totals	2,674	604	3,278

Confinement of County Cases in Institutions Outside the County in 1969

Burton-on-Trent, Andressey Hospital	53
Derby City Hospital	106
Derby, Queen Mary Maternity Home	22
Grantham, Hill View Hospital	26
Harborough Magna, St. Mary's Hospital	75
Kettering, St. Mary's Hospital	57
Leicester Royal Infirmary Maternity Hospital	1,616
Leicester General Hospital	687
Leicester, St. Francis Private Hospital	193
Leicester, Westcotes Maternity Hospital	139
Lincoln, Grantham and Kesteven General Hospital	18
Northampton, Barratt Maternity Home	18
Nottingham, Women's Hospital	125
Nuneaton Maternity Hospital	530
Oakham, Memorial Hospital	25
30 Hospitals with less than fifteen Confinements of Leicestershire Patients	77
Total	3,767

Staffing

By the end of the year the staffing position had again improved by the appointment of five full time and three part time Health Visitors. Four students qualified as Health Visitors and five students entered the training school in September. Three Health Visitors left the County and three retired, and another resigned because of ill health. The staffing position at the end of the year showed one vacancy.

The use of Clinic Nurses on a sessional basis was discontinued during the year and replaced by an establishment of five State Enrolled Nurses, four of whom were recruited and began work on April 1st. These Nurses are used mainly as School Nurses and assist Health Visitors with routine visiting. It has already been proven that the ratio of one State Enrolled Nurse to approximately ten Health Visitors is not enough.

In-Service Education

A period of three days lectures was the first "In-Service Education" in the County Hall, and it is planned to use the excellent facilities, including a Lecture Theatre, Library, Conference Room etc., to the full by holding this Course annually.

Eight Health Visitors attended Refresher Courses organised by the Health Visitors Association and Royal College of Nursing.

Mrs. B. Williams, Health Visitor for Health Education, was seconded for one year, from September, to take the Community Health Nurse Teachers Certificate. Her absence caused a strain in the Health Education Section, but Health Visitors have taken on much of this work in their own areas.

Attachment

The number of Health Visitors attached to General Practitioners has increased by ten, bringing the total to thirty-three. The trend now is for several General Practitioners and Health Visitors to hold well Baby Clinics, as well as Mothercraft and Relaxation Classes in their surgeries.

There are now four Relaxation Classes and five well Baby Clinics. This is time consuming as Health Visitors also have to attend Local Authority Clinics in the area.

Visiting over boundaries of neighbouring authorities is now well established, except for Nottinghamshire and Leicester City.

The Group Advisers are now firmly established and contribute greatly to smooth running of the Health Visiting service. Regular policy meetings are held in County Hall between the Medical Officer of Health and the Group Advisers.

Group Advisers hold Luncheon Club meetings in their area and workers of other disciplines are invited.

The Elderly

Visits to old people have increased markedly in recent years and there is no doubt that General Practice attachment and increased referrals from hospital mainly account for this. Senior staff and Group Advisers have attended and given talks at local meetings of Leicestershire Old Peoples Welfare Association.

Diabetic Clinics

The work of the Health Visitor for diabetics is also increasing. Good relations have been established between her and the Health Visitors. She attends most of the area meetings held by Group Advisers which ensures she does not work in isolation from her colleagues.

Home Visits by Health Visitors

	1968	1969
Children born in 1969	8,059	8,074
Children born in 1968	9,292	11,158
Children born in 1964-67	18,954	19,397
Total number of children	36,305	38,629
Persons aged 65 or over	3,515	4,105
Special visits at request of G.P. or hospital to persons aged 65 or over	1,653	2,299
Mentally disordered persons	175	273
Special visits at request of G.P. or hospital to mentally disordered persons	113	194
Persons discharged from hospital other than mental hospital (excluding maternity cases)	116	212
Special visits at request of G.P. or hospital to persons discharged from hospital	90	162
Tuberculous households	217	265
Households on account of other infectious diseases	66	180
Other cases	1,271	1,923
Diabetics	894	864

HOME NURSING

Staffing

The staffing position at 31st December, 1969.

	In post	Vacancies
District Nurses	53	.
District Nurse/Midwives	67	4
State Enrolled Nurses	2*	1*
Nursing Auxiliaries	7*	.

* Whole time equivalent

During the year the staff situation has varied with several vacancies for rural areas continuing throughout the year. The work on these areas has had to be covered by staff on adjoining districts and, whilst the actual work load has not been excessive, the distances and the amount of driving involved has placed considerable strain on staff. I am most appreciative of their loyalty and co-operation. The 'Flu epidemic in December hit the staff in several areas of the County very hard, particularly in Hinckley and Coalville; at one time there were only 3½ semi-fit trained nurses on duty to cover the work of 10. The manner in which all categories of staff co-operated was a credit to the highest tradition in nursing.

Training

During the year the ten county students in the combined City/County district training scheme were successful in the National Examination for District Nurse Training.

In December 1969 the County was approved as a full District Nurse training area, and the first school of 10 county students have been selected to commence in January 1970. The Deputy County Nursing Superintendent will continue to be responsible for planning the training course.

May I express my thanks to all the Matrons and Nursing Officers of the local hospitals who have co-operated so enthusiastically in arranging the various hospital ward rounds and observation visits.

Twenty members of staff attended general refresher courses organised by the Queen's Institute of District Nursing at various centres throughout the Country. These are greatly appreciated and provide the subjects for future discussions at group meetings.

In addition to this four members of staff associated with the District Nurse Training Course attended Field Work Instructor Courses, two in London and two in Liverpool.

Attachment Schemes

The policy of attachment of home nursing staff to group practices continues and all schemes appear to be working well.

By the end of the year all the Loughborough District Nurses had been attached and discussions had started in the Coalville, Wigston and Oadby areas.

At 31st December, there were 23½ District Nurses and 22 District Nurse/Midwives attached to 32 practices involving 90 General Practitioners. As the number of attachments increase, so does the problem of excessive case loads with the possible risk of a reduction in quality of nursing care. This is shown below where there is a 73.79% increase in cases between 1967, the last complete year before attachments, and 1969, together with only 24.79% increase in visits.

A Comparison of work-load; all cases

	1967	1969	Increase	%
Cases	8,028	13,952	5,924	73.79
Visits	183,211	228,635	45,424	24.79

A comparison of work-load; cases over 65 years

Cases	4,112	6,401	2,289	55.67
Visits	121,783	150,873	29,090	23.89

During the year we were able to look in depth into three practices where the attached staff appeared to be overworked. These were two practices each with two doctors and each with a District Nurse/Midwife attached and a 5 doctor group with 3½ District Nurse/Midwives attached. In each instance there was some foundation to the claim and a half-time S.E.N. was appointed though there was also need to advise on work planning, etc.

Nursing Auxiliaries

This small group of staff continue to play an important role in the Home Nursing Service. They are all untrained by professional standards, one or two may have Red Cross home nursing certificates and two have had experience as Home Helps.

In 1969, they cared for 551 cases paying 12,235 visits. This averaged 22.2 visits per patient to elderly people who were not necessarily ill but who required help with bathing and dressing, etc. to allow them to continue to live in their own homes, and to remain socially acceptable. In some cases we were able to relieve a relative who was under great strain and who, without help, would no doubt have sought residential care for her elderly relative.

Nursing Auxiliaries are not yet incorporated into the attachment teams, although it is intended to do so as the increased numbers of staff become available.

County Hall Medical Unit

Increasing use has been made of the medical unit during the year, and clinic facilities have been extended. Medical examination sessions, cervical cytology clinics and clinics to assist parents with enuretic children are held regularly. In addition to this, the nursing staff in the medical suite are responsible for the ordering, maintaining and issuing of stocks of vaccines to family doctors in the County.

Within County Hall the main development that has taken place is that the nursing staff have become well-known. Consequently, more people, especially the young female staff, tend to seek their advice on a wide range of subjects from personal hygiene to the care of ageing relatives. Often staff will visit the nurse to see if she thinks they should see a doctor.

Of the 386 patients seen during the year many are seen several times and some may be seen for more than one condition.

Patients seen at the Unit

	<i>m</i>	<i>f</i>	<i>t</i>
Surgical	109	110	219
Medical	53	114	167
Totals	162	224	386

Patients referred

		Surgical	Medical
to General Practitioner	<i>m</i>	19	3
	<i>f</i>	17	1
to Hospital	<i>m</i>	8	6
	<i>f</i>	10	19
to Dentist	<i>m</i>	1	2
	<i>f</i>	2	2
to Optician	<i>m</i>	.	.
	<i>f</i>	.	.
to Family Planning Association	<i>m</i>	.	.
	<i>f</i>	.	1
for regular treatment	<i>m</i>	2	3
	<i>f</i>	1	1



*Major Disaster Exercise at Asfordby — Police Car, two County Ambulances
and a Works Ambulance.*

AMBULANCE SERVICE

Premises

The construction at Syston of a purpose-built Station accommodating 14 ambulances to replace the inconvenient and cramped premises in Ireton Road, Leicester, was commenced during the year.

Training

Training for ambulance staffs has continued at an increasing tempo in the Training School which is situated in Avenue Road Extension, Leicester. The School, which has been in existence for the past seven years, is housed in a purpose-built annexe to the operational Ambulance Station.

Instruction is given by qualified staff of the Ambulance Service, including three full-time Instructors, and also by Guest Speakers who are specialists in their own subjects.

All equipment required for training purposes during the course is loaned to students at the School, and although the School is non-residential, accommodation is provided at a nearby private hotel.

The standard charge for attendance at the School includes the cost of lunch each training day at the County Hall canteen, transport being provided between the School and Glenfield.

During the year, approval in principle was given for a residential school to be established.

The courses held during 1969 included Interim Courses of six-weeks duration each (catering for ambulance staff with less than two years service) and Ambulance Aid courses of two-weeks duration each (catering for ambulance staff with more than two years but less than five years service).

At the four Interim Courses held, a total of 41 students attended, 15 being from 5 other Services which participated. The two Ambulance Aid Courses held were attended by a total of 22 students, 13 being from other Services.

The syllabus of the Interim Courses includes Swimming and Life Saving instruction, as a result of which 22 students learned to swim and 9 others who could already swim were successful in passing examinations for Royal Life Saving Society Awards.

Training of staff as Instructors in Ambulance Aid has taken place, under the auspices of the Department of Health, at the Cheshire County Council's School at Wrenbury Hall. During 1969 three members of the Ambulance Service staff attended these Ambulance Instructor courses and qualified for the award of Instructors Certificate by the Department of Health. Similar Certificates were also awarded during the year to a further 3 members of the staff who attended earlier courses at the Home Office Schools, Falfield and Easingwold.

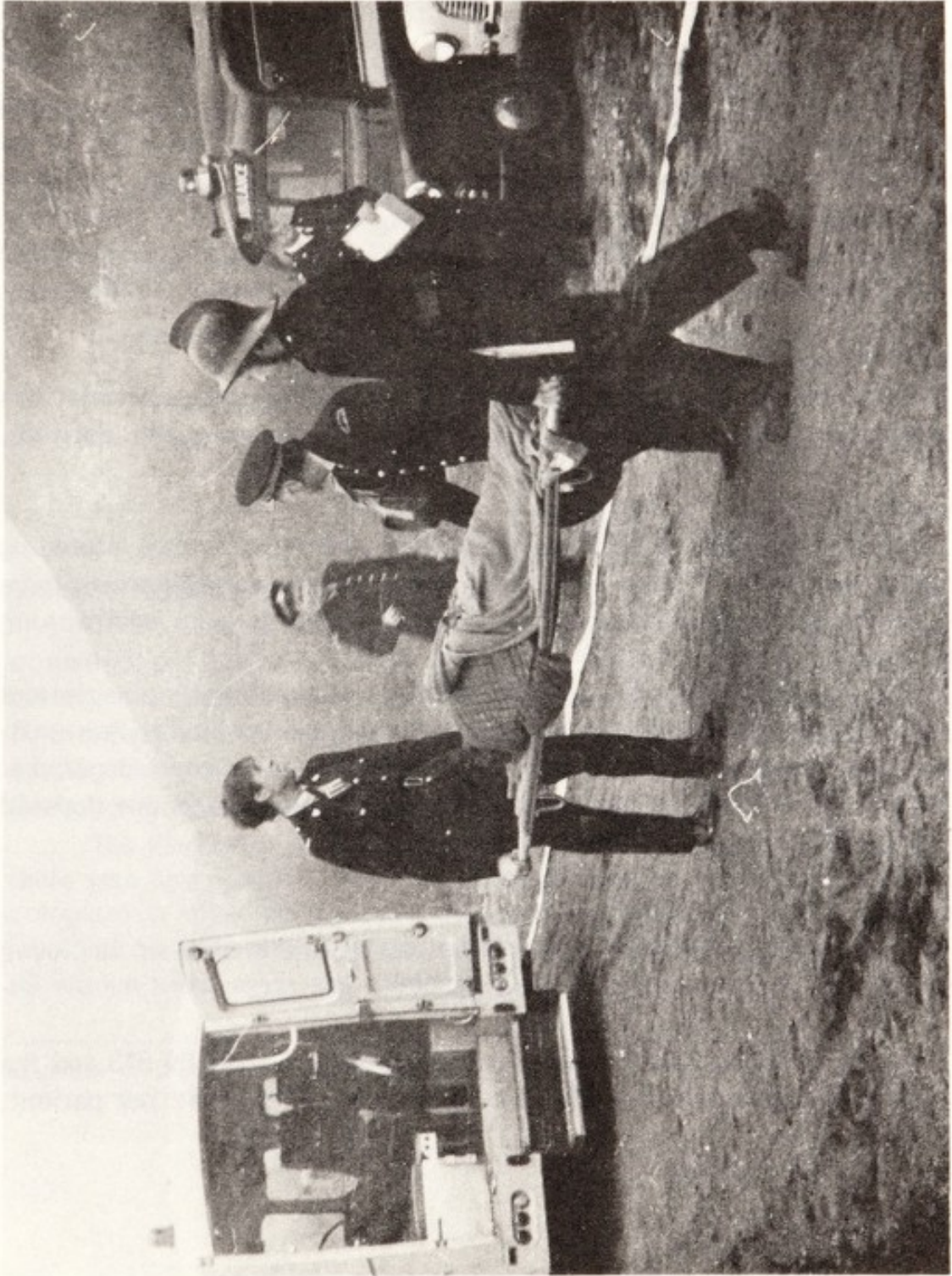
Major Disaster Exercise at Asfordby

A Major Disaster Exercise, in which all emergency services took part, was held in September at Asfordby. The incident, which simulated a crashed aircraft with over 120 persons on board at Holwell Works, was planned by the Police, Fire and Ambulance Services, with the ready co-operation of the Works Manager and his staff.

As a result of excellent security, the ambulance crews taking part were unaware that the incident was an exercise until they arrived at the scene. In fact, the arrangements were such a well guarded secret that regrettably the local vicar, on learning of the "crash", offered prayers during morning service for the injured and deceased. Two ambulances arrived within six minutes of receipt of the call at the Ambulance Service Control Room, and a total of nine ambulances had arrived within half an hour. Full emergency action was taken by the Ambulance Service including call-out of off-duty personnel, the call-out of a Civil Disaster Unit of the Leicestershire Civil Defence Association, and making requests to adjacent Ambulance Services for assistance or cover to meet other calls received.

One hour after the call was received there were thirteen ambulances dealing with casualties and a further twelve were available from neighbouring authorities if required. After two hours all the casualties had been taken to the Ambulance Loading Point and 121 had been conveyed by ambulance from the scene to the Leicester Royal Infirmary. The recorded mileage travelled by the Ambulance Service was 1,081.

The exercise provided valuable experience for those taking part and highlighted many of the problems which would arise if such an incident were to occur.



Major Disaster Exercise at Asfordby – The Ambulance Service in action

Competitions

One hundred and fifty-five Drivers were entered in the Safe Driving Award Scheme for 1969 organised by the Royal Society for the Prevention of Accidents, and of these 100 (65%) gained awards.

The Service was represented in the National Ambulance Services Competition by a team, comprising a Driver and Attendant, which competed in the Regional Eliminating Round at Harrogate.

Transport of Patients by British Rail

During 1969 a total of 38 patients were conveyed from Leicestershire by ambulance and train. Of this reduced number, which is partly due to the increased cost of reserving compartments for stretcher cases making it more economical to use ambulance transport, and partly to the reduction of passenger services available, 24 were conveyed to London, 5 to Sheffield and the remainder to varying destinations from Liverpool to Worthing.

Institute of Ambulance Officers

Six members of the ambulance staff sat for Institute examinations in 1969 and all were successful in qualifying as Graduates of the Institute.

Equipment

As an additional safety precaution for ambulance crews attending accidents on the M.1 Motorway, designated Motorway ambulances have been equipped with portable battery operated flares to warn approaching traffic.

The Service is now equipped with 12 mechanical resuscitators comprising 9 Stephenson Minuteman Resuscitators and 3 Automan Resuscitators. The Minuteman Resuscitators include 2 which have been donated to the Service by the Syston Methodist Young Wives Group and one donated by the Shepshed Ladies Dart League.

Statistics

At the end of the year there were 180 members of staff employed by the Service and 58 vehicles in use.

During 1969 the total number of patients carried was 166,013 and the total mileage covered was 1,489,144, an average of 9 miles per patient.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Convalescent Home Treatment

County Cases at Convalescent Homes during 1969

Sheringham House Convalescent Home	59
Hunstanton Convalescent Home	15
Overstrand Hall Convalescent Home	36
Roecliffe Manor Convalescent Home	3 (Closed Dec. 1969)
Montrose - Weston-Super-Mare	1
Total	114 (96 in 1968)

Cervical Cytology

There was a slight reduction this year in the number of women attending the Local Authority Clinics at County Hall, Hinckley, Loughborough and Oadby for cervical smears, now officially termed Cyto Testing. This reduction is attributed to the fact that more general practitioners are holding their own Clinics. Requests for appointments at County Hall and Oadby greatly exceeded those for the other two centres.

The number of women examined during the year was 939 and of these there was one positive result in a person aged 56. In addition, 112 gynaecological or other conditions requiring treatment were found to be present for which patients were referred to their own doctors. Of the total examined, 93 women were using oral contraceptives.

Number of Women attending - in age groups

Below 25	18
Between 25 - 35	275
Between 35 - 45	331
Between 45 - 55	237
Over 55	78

Total 939

It will be noted that when those examined are divided according to the Registrar General's Social classes, the response from the lowest groups is disappointingly low. Regrettably, it is often in these groups that the highest number of positives might be expected.

Number of Women attending -- in social groups

	Group I	0
	Group II	471
	Group III	457
	Group VI	11
	Group V	0
<hr/>		
	Total	939

Health Education

"Who does the utmost that he can
Will whyles do mair" (Burns)

During 1969 the Health Education Section became much more active as an administrative centre of the service and direct requests for factual information of health matters, particularly cervical cytology and the early detection of breast cancer, increased markedly. This could be partly due to the intensive advertising campaign of the Health Education Council directing the public in general, as to where to obtain the correct information. The service continues to increase, strengthening and developing its earlier activities. At the same time it is necessary to be fully aware of changes taking place and to prepare to meet the challenge of new problems, new diseases and how to tackle them.

In Service Training

A comprehensive three day In Service Training Course was given in April for all Public Health Nurses, Social Workers, and General Practitioners. The course was opened by Mr. Curtis Weston, Chairman of the Health and Welfare Committee and Lectures were given on such subjects as:-

"Development and use of relationships within the Public Health Service"

"Inborn Errors of Metabolism"

"Family Planning"

"Care of the Handicapped Child"

"Problems of Geriatric Care"

"Side Effects of Psychiatric Drugs"

The course ended with a lively and stimulating discussion on nursing attachment to general practitioners.

The staff of the department contributed towards the professional training programmes for student Health Visitors, District Nurses, Ambulance Drivers, Home Helps and others interested in the health and well being of the community.

Health Information Service

Repeated requests for information and health education material from general practitioners, the clergy, school teachers, youth leaders, boys' clubs, police, Red Cross, and also a number of individual requests from students and the lay public in general, have all made contribution towards the furtherance of Health Education

Use of Visual Aids

Meetings were arranged for student Health Visitors, Home Nurses and Health Visitors in the use of visual aids and training in projection. The stock of health education equipment which includes new teaching displays, new films of the first three of the B.B.C. series of six called "The Springs of Learning". Playgroup equipment and layout has been considerably increased. Another edition of "Dead Easy" and a new version of "Live Safely With Fire" have both added to the collection, along with a "Kodax Carosel" slide projector.

There is also a great demand for the use of both equipment and teaching displays from Medical Officers, teachers, police and Home Safety Committees.

The Emergency Resuscitation Film	2 times
Quarter of a Million Teenagers	11 times
Drugs and the Nervous system	12 times
Dying for a Smoke	12 times

In addition they have been shown extensively in schools. As more of our professional staff are using the 16mm projectors and Kodax Carosel slide projectors, it is difficult to maintain the standard of care necessary for this expensive equipment. However, every effort is made despite shortage of staff. Each clinic is equipped with their own set of the more frequently used visual aids i.e. bathing equipment, feeding equipment etc.

Exhibitions and Displays

The staff of the Health Education Section were asked to contribute to the Game Fair Exhibition at Stanford Park in July. The subjects chosen were Drug Dependence and Smoking and Lung Cancer.

Contributions were also made to an exhibition arranged by the Western Group of Methodist Churches, with the work of the department as the theme.

Displays

These have set up in most of the Health Clinics at two monthly intervals. It is hoped that in the near future these Health Clinics will have their own display stands, which will be a permanent feature, and the Health Education material will be supplied from the department.

Relaxation and Parentcraft Classes

During 1969 there was a considerable increase in the numbers of mothers attending these classes. Two new classes were started by Health Visitors attached to General Practitioners and these were held at the surgery.

Attendances at Classes

No. enrolled	1,262
Attendances	9,025
Sessions	765
Hospital Confinements	1,192
Home Confinements	302

Home Help Course

Sixteen sessions during 1969 were arranged specially for the teaching of Home Helps in Home Nursing care of the elderly and the prevention of accidents in the home.

County Ambulance Service

At Avenue Road Training Centre six sessions on Hygiene in matters generally were given to potential ambulance driver/attendants.

Home Safety

No new Home Safety Committees have been formed but the existing nine have been very active during the year, all taking part in exhibitions and evening talks with film shows. A great deal of work was done by the members of the Home Safety Committees, and school teachers in coaching the children for the County Home Safety Quiz. Thanks are due to all concerned.

The Home Safety Quiz was again an unqualified success; the finals being staged at Police Headquarters, Leicester where the winning school received a presentation by the Chairman of the County Council.

Evening Talks and Film Shows given by staff of the section

Evening talks and film shows	40
Afternoon talks	10

Total Audience 1,839

Staffing

The staffing of the department remained the same, i.e., two Health Visitors engaged in full time health education until September 24th when Mrs. Williams left to take a full time course in preparation for Community Health Nurse Teacher Course. Her absence, of course, was felt keenly by the Section and we are now looking forward to her return; and the benefit of her further training.

The Future

The personnel of the department has been aware for some time of the need to standardise the methods of teaching relaxation exercises. It is to be hoped in the coming year that health visitors, midwives and physiotherapists, will be able to take a short course at one of the local hospitals instructing them in the latest methods of psychoprophylactic treatment.

Chiropody Service

The Service, as before, is administered through voluntary organisations whose valuable work in this field is once again acknowledged. Treatment is available for those of pensionable age and the physically handicapped both at clinics, which are situated throughout the County and at home, whenever necessary.

Four clubs were opened during the year and one, at Coalville, was replaced as the newly recruited Chiropodist was unable to attend on the day that the original club held its meetings. Two clubs failed to open at the beginning of 1969 and three more were forced to close during the year. In each case this was as a result of their inability to find a replacement for a Chiropodist who had either retired or reduced his caseload.

Chiropody Clubs

Opened

Appleby Magna
Ashby-de-la-Zouch, Hood Court Flatlets
Cossington
Thurmaston

Replaced

Coalville

Closed

Asfordby
Billesdon
Glen Parva
Houghton-on-the-Hill
Long Clawson

The number of domiciliary treatments remained virtually the same as the previous year, but the number of sessions and sessional treatments were somewhat reduced. This was due to the cancellation of sessions owing to inclement weather conditions during the winter, to the closure of a number of clubs, and the difficulties experienced in providing Chiropodists for all the scheduled sessions.

<i>Totals for years</i>	1965	1966	1967	1968	1969
Organisations at 31st Dec.	70	78	79	79	78
Sessions held	2,947	2,838	3,463	3,717	3,494
Sessional treatments	25,214	26,463	26,492	28,843	22,525
Domiciliary visits	7,965	8,062	8,590	9,061	9,160

The efficiency of the Service was again reviewed during the year. The main inadequacy was once more the shortage of Chiropodists which is a problem nationally. The possibility of a rationalisation of Chiropodist manpower between the clubs, who employ their chiropodists individually, was considered and this was brought to the attention of the Chiropodists themselves and the Leicestershire Old Peoples Welfare Association. No action was taken, however, but it is intended to introduce some rationalisation in the future with natural wastage of manpower, clubs etc.

For the first time, clubs have been requested to make a return of the number of individuals who have received treatment during the year. The indication is that some 11,000 people were treated during 1969.

Artificial Kidney Machines

No new cases arose during the year and adaptations were not necessary.

Provision of Incontinence Pads

The provision of disposal pads to assist the incontinent who are being nursed in their own homes continues unabated, as the table shows.

In addition, incontinence garments and disposable wadding are provided to ambulant incontinent, this aspect of the service proving particularly valuable to the physically and mentally handicapped and to spina bifida children.

Issues of packs of 25 incontinence pads

	1968	1969
W.R.V.S. Office, Friar Lane	501	659
Ashby-de-la-Zouch	538	582
Coalville Ambulance Station	846	1,541
Hinckley	613	805
Hastings House, Loughborough	1,044	1,561
Loughborough District Nursing Association (Closed March)	578	288
Woodmarket House, Lutterworth	197	425
Westhaven, Market Bosworth	289	233
Catherine Dalley House, Melton Mowbray	194	732
County Hall, Glenfield	1,781	1,693
Market Harborough	411	441
Wigston	829	937
Castle Donington	151	151
John Storer House, Loughborough	79	93
Oadby	16	12
Husbands Bosworth (Commenced May)	.	8
Total	8,067	10,161

Miss B. A. Gamble reports as follows:—

The outstanding feature of this Service is its rapid growth and development during the twenty-one years of existence, governed in the main by the ever-increasing demand for Home Helps.

Administration

Basically an emergency service, the policy is for every case referral, regardless of source, to be speedily followed up by a home visit (booked maternities six to four weeks prior to the expected date of the event) and for each request to be met, providing the householder qualifies for a home help. With ever-increasing case loads and only restricted help available at all times, work programmes must be continually changed in order to meet priority needs.

Initially, each home is visited in order that an assessment of individual needs may be made, the method of charging determined and the requirements and supply of help established on-the-spot with the Area Officers' full knowledge of the availability of help and priority allocations at the time.

In order to promote the necessary understanding required for satisfactory working in all aspects of the Service, quick follow-up visits are made after the commencement of the supply of help and subsequent periodic check-need visits in all long-term cases, i.e. mainly the aged and chronic sick.

It is essential at all times to establish and maintain confidence with recipients and home helps and to confirm or otherwise previous findings. At the same time it is necessary to obtain further factual information which may have bearing on the allocation of help, noting the problems of the moment, listing the home helps whose capabilities and personalities will cope satisfactorily and further the home-care of their charges.

In this way the aged infirm householders grow accustomed to the fact that additional help will be supplied at times of acute sickness but, of necessity, help may be withdrawn for a temporary period should the needs of others be greater than theirs in any one week.

Home Helps need to know that their interests, capabilities and personalities are being considered in the coverage of the many different home situations and know themselves to be interchangeable members of staff, by reason of the training given.

Additionally, area officers and home helps together gain knowledge of conditions, problems and difficulties being experienced in the homes, whilst the former will, on their daily rounds, include personnel supervision, give guidance and advice in respect of the nature and standard of work required in each home; watch time-keeping, the re-issue and care of uniform, amend work instructions and the like.

During the year the thirteen Area Officers responsible for the actual day-to-day placement of home helps in the homes, made almost 22,000 home visits, including some 2,580 transports of Home Helps to and from homes where no public transport exists. The average weekly caseload was approximately 2,800.

Whilst all Service publicity was actually geared to aid recruitment, once again the end product resulted in more case referrals than help recruited; 1,952 new cases in all, of which number 477 were cancelled and 1,475 were given help along-side all the other long-standing cases. Some 1,024 cases were terminated including 326 deceased. The remainder were either short-term cases or changed circumstances caused help to be cancelled or withdrawn.

Householders assisted

	1949	1959	1969
Maternity	206	752	429
General Illness	130	355	277
Tuberculosis	7	17	3
Chronic sickness	19	208	162
Aged	93	1,591	3,579
Night Help	.	8	6
Problem families	.	9	1
Other emergencies	9	3	3
Laundry only	.	.	20
Total number of Householders assisted	464	2,943	4,480
Average hours per case per week	.	8.25	5.33

The major problem of the Service is the increasing number of aged cases attended. A further major build-up this year, resulted at the year end in approximately 800 elderly people, whose needs at the time of programming were known not to be so great as some, only receiving help once fortnightly, or even less frequently on occasions. Despite this factor and the decrease in the weekly average hours per case, thanks to the supportive help of home helps and auxiliaries, re-housing programmes, washing centres, meals-on-wheels and other voluntary services and help, in addition to family help, it would appear that the care of the elderly in their own homes generally speaking has been of a good standard. The call for night help is spasmodic and mainly for the sick elderly patient, and demands are met by agreement with home helps, who are able and willing to switch from day to night work, usually at very short notice.

The decreased number of maternity cases attended, coupled with the fact that fewer hours per case are being requested, also has a bearing on the decreased average weekly hours per case.

Possible reasons for both these factors would appear to be the five-day week and shorter working hours for many workers enabling the family themselves to cope better than it was possible ten years ago.

In addition the following factors might be expected to influence the demand.

- (i) The increased number of Hospital births and early discharges, Mother arriving home, staying up and 'doing',
 - (ii) modern well equipped homes with mechanical aids,
 - (iii) the availability of foods of convenience,
 - (iv) the use of washeterias, laundrettes and the like
- and lastly of course, Householders obviously study the cost involved.

In-service Training

All Home Helps, regularly reporting for duty for more than twelve hours per week and whose work appears to be satisfactory, are seconded for a twelve-day Course of Instruction in the Demonstration Kitchen and Flatlet at County Hall. The housecraft equipped premises ensure that each Home Help gains practical knowledge of a great variety of home situations with some actual practice of the many aspects involved.

Any Home Help, working twelve hours or less per week, is required to attend a three-day Course arranged concurrently with the twelve-day Courses.

As a result of five full Courses held during the year (fourteen commenced each one) sixty-four Home Helps satisfactorily completed the full twelve days and received their certificates. Five Home Helps attended three days only, thus completing a Short Course.

It was also possible to resume the three-day Refresher Courses and there is no doubt at all that the six Courses held, attended by 119 Home Helps (one unavoidably absent), accomplished the desired effect of bringing their knowledge up to date in the various aspects of the work, boosting morale and also promoting practical stimulation from working together in premises geared to obtain good results in pleasant surroundings.

Personnel

Thirty of the Home Helps in attendance had 17 to 21 years' service to their record. Sixty-nine had completed 10 to 16 years' service, sixteen 8 to 9 years and the remaining four, 6 to 7 years.

	1949	1959	1969
Full-time Home Helps	37	57	19
Part-time Home Helps	36	392	459
Total daily attendances	.	113,019	125,655
Total Home Help hours	76,465	550,816	541,749
Appointments	.	95	132
			(including 18 re-appointments)
Resignations	.	98	106

In addition to the care taken in respect of recruiting suitable ladies and giving them a trial period in the homes, under the guidance of the Area Officers, the Training Courses present the opportunity of finally making sure the standard of work achieved is such as to meet the various needs of the people in their own homes.

It should be borne in mind that the full-time weekly hours were forty-eight in 1949, forty-four in 1959 and forty in 1969.

This year actually ended with the highest number of Home Helps ever engaged but still the decrease in full-time workers continues.

It is fortunate that some Home Helps will increase their hours periodically in order to meet the needs of specific cases as they arise in their locality.

The needs of the elderly are obviously better met by the provision of morning help and the large increase in this category of case really warrants more part-time staff than ever before, hence the increase in daily attendances during the last ten years and an actual decrease in the total number of paid Home Help hours.

Part of the decrease this year was accounted for by the saving of approximately 4,700 paid travel hours brought about by the Home Helps' acceptance of cheque payment at the end of 1968.

Washing Centres

The 6,667 home help hours spent in the four washing centres (the first two established in 1960) enabled the weekly wash of 235 elderly householders to be dealt with comprising a total of 54,415 articles, in addition to the help given in the homes. A further 4,245 articles were also dealt with for a total of twenty elderly householders who were not in receipt of home help but who had a District Nurse in attendance.

Supplementary Service

This extension of the Service has made possible more home-care for quite a number of elderly persons since the first auxiliary was engaged in early 1963.

Auxiliaries on Register at December, 1969	17
Homes attended during 1969	23
Daily attendances	4,204

officially providing at least 4,722 hours of help in the homes.

Community Care

To measure the degree of special care and understanding given in the year is, of course, impossible.

The number of maternities attended have decreased year by year over the last four years but the following brief case details gives some idea of the involvement of the home help service in many homes when it is simply stated that a Home help was in attendance.

Case 1

Practically helping a young married couple to accept the impact and cope with the first months of the diagnosed long-term illness of the wife, followed by the provision of extra care specifically for her during a pregnancy. Then increased help with the care of the baby, coupled with rehabilitation help in new and more suitable living accommodation, extending to a period of over two years. Help continuing but very much reduced at the present.

Case 2

Helping a young recently deserted wife at the time of the birth of the fourth child in the knowledge that the husband had no intention of returning to his family, despite the wife's hopes that a re-union would be brought about by this event.

Case 3

Giving resident help to a family of four very young children, whilst Mother was in hospital for the birth of the fifth child and then immediately after her discharge home in order to avoid further health complications on her part and to enable father to carry on his business, necessitating his absence from the home for long inconvenient hours. Incidentally one of the youngest Home Helps (aged 20) moved in and coped admirably to the satisfaction of all concerned.

Case 4

Helping the family during Mother's stay in hospital for the birth of the tenth child. Neglected home, little money, great lack of household equipment but plenty of dirty children's clothes. All sorted and sufficient washed to fully clothe each child. By working full-time hours plus, the children were content and both they and the home had a more "cared-for" look upon mother's return.

Case 5

Helping the mother in particular and the family in general, when the new baby was born with a handicap.

The acute, chronic and aged sick persons also appear to need the application of more specific home-nursing skills than in the early days of the service, e.g. the patients in the last stages of carcinoma, the patients with advanced disseminated and multiple sclerosis, the aftercare and rehabilitation of heart patient, stroke patients and so on but whilst in 1954 seventy-four tubercular patients were attended, this year there were only three.

In each and every case the Home Help herself is deeply involved physically and mentally with both patients and families meeting their needs and crises in a practical way. It is, therefore, of the utmost importance to recruit well, maintain high standards, assess accurately and select the right home help for the job.

PART III: EPIDEMIOLOGY

INFECTIOUS DISEASES

The County has been free from an outbreak of any important infectious disease during 1969 although the statistics show a slight increase in the incidence of certain conditions over last year.

The inclusion of measles as a notifiable disease in the Public Health (Infectious Diseases) Regulations 1968 did not bring with it a vast number of notifications although there was a moderate increase from 2,700 in 1968 to 3,078 in 1969. Presumably this rise was a result of the measles vaccination programme being suspended in June when the Beckenham 31 strain of vaccine was withdrawn on the advice of the Committee on the Safety of Drugs. This vaccine was reported to be associated with three cases of encephalitis occurring after measles vaccination, one of whom was a 20 month old boy living in Leicestershire. A week after vaccination, he developed a high temperature, discrete rash, and a right sided hemiparesis. When he failed to respond to his parents and became semi-conscious, he was admitted to the Leicester General Hospital where he eventually recovered.

Despite this setback it is hoped when vaccine made from other strains becomes more plentiful to launch a further campaign with a view to eradicating measles in the same way as has been done with diphtheria and poliomyelitis.

Infectious jaundice cases also showed an increase to 175 as against 79 in the previous year. There was a troublesome outbreak in a small school in the North West of the County and in a Children's Home where gamma globulin was used to some effect.

Scarlet fever numbers increased from 81 in 1968 to 147 in 1969 and there were two deaths in children under 1 year.

Whooping cough and dysentery figures indicated a very low incidence of these two diseases. There was an increase, however, in the number of cases of acute meningitis from 5 in 1968 to 12 in 1969 of which 4 proved fatal.

Four cases of typhoid were also notified of which 2 contracted the disease whilst travelling on a ship returning from Australia. The third case was a man on a business trip in Syria and the other case was infected locally by a known carrier resident in the County.

Two cases of malaria were notified in 1969, and a possible case of rabies which was not confirmed. This latter incident was in a visitor to this County who secretly imported a Chihuahua from the United States. The dog was discovered and reported to the police when the lady took ill but examination by a veterinary surgeon revealed no abnormal condition.

The end of the year saw the onset of an extensive influenza outbreak.

Incidence of Infectious Diseases, in age groups, table 1

	0-	1-	3-	5-	15-	25 & over	Age un- known	Total
Scarlet Fever	.	4	30	99	10	4	.	147
Acute Poliomyelitis	.	.	.	.	.	.	.	.
Measles	97	623	887	1,406	31	13	21	3,078
Diphtheria	.	.	.	.	.	.	.	.
Dysentery	2	1	.	5	.	3	1	12
Acute Meningitis	5	5	2	.	.	.	.	12
Tetanus	.	.	.	.	.	1	.	1

Incidence of Infectious Diseases, in age groups, table 2

	0-	5-	15-	45-	65 & Over	Age unknown	Totals
Acute Encephalitis	.	.	.	.	.	.	.
Typhoid Fever	.	1	3	.	.	.	4
Paratyphoid Fever	.	.	.	.	.	.	.
Food Poisoning	3	.	2	1	2	.	8
Smallpox	.	.	.	.	.	.	.
Malaria	.	.	2	.	.	.	2
Leptospirosis	.	.	.	.	.	.	.
Infective Jaundice	12	74	71	16	1	1	175
Whooping Cough	16	7	.	.	.	.	23

Prevalance of the commonest notifiable diseases

	1963	1964	1965	1966	1967	1968	1969
Measles	4,907	4,395	3,718	3,370	3,992	2,700	3,078
Whooping Cough	225	127	163	99	193	133	23
Scarlet Fever	96	140	175	87	129	81	147
Dysentery	130	79	49	29	5	199	12

Venereal Diseases

Dr. T. A. G. Reed, Consultant Venereologist at the Leicester Royal Infirmary, reports as follows:—

The absence of locally acquired syphilis continues to surprise me in view of the other statistics for infectious venereal disease seen at the clinic at the Leicester Royal Infirmary.

In 1969 there was a total of 681 new cases of gonorrhoea which constitutes an increase of 207 over the previous year. Of these, 550 were acquired in the clinic area.

There were 154 patients (22.6%) under the age of 20 years and 11 patients under 16 years, this constitutes an increase of 100% over 1968.

A total of 176 women and 29 men were discovered to be "carriers" of gonorrhoea and attended the clinic only as a result of contact tracing. These patients are found in all age groups and ways of life.

Leicester Royal Infirmary Clinic

	1966	1967	1968	1969
Infectious Syphilis	4	4	1	5
Gonorrhoea <i>m</i>	263	229	298	445
<i>f</i>	135	127	143	236
% under 20 years of age	10%	14%	17.5%	22.6%
Non-specific Urethritis	248	222	298	381

Other Clinics

Patients living in this County also visit clinics in other areas. The Centres which deal with these patients are: Loughborough General, Amberley and Perth House Clinics Nottingham, and the General Hospital, Burton-on-Trent. Statistics relating to the Centres are given below.

New cases occurring in County residents, other Clinics

	Syphilis	Gonorrhoea	Other Venereal Conditions
Nottingham	.	8	36
Burton-on-Trent	.	1	3
Loughborough	.	32	91
Totals	.	41	130

The following is a report by Dr. M. C. Brough, Consultant Chest Physician:

During the past year there has been a slight increase in the number of notifications of respiratory tuberculosis, the numbers increasing from 38 to 41. Of these 41 cases of respiratory tuberculosis, 24 were male, six down on the previous year, while females had increased from 8 to 17. Nine cases occurred in immigrants, all of whom were coloured. Deaths from respiratory tuberculosis decreased from 10 to 5.

The notifications of non-respiratory tuberculosis decreased from 10 to 6. There was one coloured immigrant included in these figures, giving a grand total of 10 cases of both forms of tuberculosis, occurring in coloured immigrants out of a total of 47 cases altogether, i.e. 21%.

Once more a register of resistant cases has been maintained and the numbers have gone down from 10 to 7 and no new cases have arisen from a known resistant case in the County. Two new drugs, Ethambutol and Rifampicin, both of which are known to be very effective in resistant cases, are being used and the problem of resistance no longer presents any real difficulty. Not only are these two antibiotics effective, but what is probably more important is that as compared with previous forms of chemotherapy they are very palatable to the patient and there is no doubt that they will take their place very shortly as drugs of choice for new cases of tuberculosis as well as for known resistant cases.

The total number of cases, both respiratory and non-respiratory, on the register on the 1st January, 1969 was 777. During the past year the number of new cases added to the register was 37, the number of transfers-in was 9 and 1 "lost sight of" case was restored to the register. In all 83 were removed as cured, 15 died from all causes, 6 left the area and 3 were removed for other reasons. The total on the register on 31st December 1969 was 717, 60 less than in the previous year.

Statistics for the last ten years

	1959	1968	1969	Average last ten years
<i>Respiratory tuberculosis:</i>				
Notifications	92	38	41	72
Deaths	18	10	5	16
Death Rate	0.05	0.02	0.011	0.04
<i>Non-Respiratory Tuberculosis:</i>				
Notifications	31	10	6	20
Deaths	5	4	6	3
Death Rate	0.01	0.009	0.013	0.007
<i>Total for all types:</i>				
Notifications	123	48	47	92
Deaths	23	14	11	19

New cases (formally and informally notified), in ages, 1969

	Aged	0—	5—	15—	25—	45—	65—	Total
Respiratory	<i>m</i>	1	1	3	10	9	4	28
	<i>f</i>	.	1	5	7	4	.	17
Non-respiratory	<i>m</i>	.	.	.	.	2	1	3
	<i>f</i>	.	1	.	2	.	.	3

Deaths, in ages, 1969

	Aged	0—	5—	15—	25—	45—	65—	Total
Respiratory	<i>m</i>	.	.	.	.	1	4	5
	<i>f</i>	.	.	.	.	.	.	.
Non-respiratory	<i>m</i>	.	.	.	.	3	1	4
	<i>f</i>	.	.	.	1	1	.	2

Chest Clinic Service

Things have proceeded exactly as last year. The District Nurses have helped us as before in a total of 52 cases. The results of ambulant chemotherapy are very satisfactory and, provided the housing conditions are reasonable, the patient does just as well as in hospital. Hospital is necessary to educate the patients in certain cases to the seriousness of their condition. District Nurses are now taking part in what we term "supervised treatment." With the newer forms of chemotherapy the patients tend in the main to take their tablets in one dose in the morning. If this

is combined with injections of Streptomycin we are asking the nurse, not only to give the injection but to hand the patients their tablets, all of which are taken at one sitting while the nurse is present. I have no doubt that they will gladly do this and we don't intend to overburden them with requests. As a matter of interest this is now the procedure for patients in hospital who are no longer bedbound as they were in the past, but rather they go along to the Clinic room on the ward for their injections and are issued with the tablets at the same time.

Mass Radiography Unit

In the year 1969 the Mass Radiography Unit visited Loughborough College; English Electric Co. Ltd.; Croft Granite Quarry; Rolls Royce, Ltd.; Mountsorrel Frith; Sileby, Beagle Aircraft Co; Syston; Ketch Plastics, Moira; Shepshed; H.M. Prison, Gartree; Stretton Hall and Groby Frith; Tubes, Ltd.; Ratby Engineering Co. Ltd.; Caterpillar Tractor Co.; Petfoods, Ltd.; Holwell Ironworks; Midland Woodworking Co.; Melton Mowbray and Anstey.

In all, 23,408 persons were x-rayed (33,559 in 1968). Five cases of pulmonary tuberculosis requiring close supervision were discovered, giving a rate of 0.21 per 1,000 (5 cases, 0.15 per 1,000 in 1968).

Four cases (all male) of malignant neoplasm were discovered, as against 7 in 1968; 11 cases of sarcoidosis and 7 cases of pneumonconiosis were also found.

Prevention, Care & After-Care

The total number of notifications, both respiratory and non-respiratory was 47 and from these 722 contacts were examined for the first time, 4 of whom were found to be suffering from tuberculosis. All contacts under the age of 40 were tuberculin tested and 478 were vaccinated with B.C.G.

The scheme for the routine x-ray of ante-natal patients has been continued in the areas of the County round the City boundary. There is a big problem amongst the expectant mothers from the immigrant population in Leicester. No cases of pulmonary tuberculosis were found in expectant mothers living in the County in 1969.

Once more we refer to carcinoma of the lung. There is a small rise in the figures this year, the total being 222, (193 males and 29 females), an increase of 12 in the males and 6 in the females. Twenty-nine of these deaths occurred in people under the age of 55 and 33 occurred in people over 75. The most dangerous years were 55 to 75 when a total of 160 persons died.

The Future

The past year has seen the coming into use of Ethambutol and Rifampicin as two powerful new antibiotics in the treatment of all forms of tuberculosis. Both Leicester City and Leicester County are taking part in the Medical Research Council trial where these drugs are being used for new cases of tuberculosis. Originally these drugs were essentially reserved for resistant cases, but there is no doubt that they will take a very prominent place in the treatment of all forms of tuberculosis. They are expensive and as previously mentioned simple and palatable to take.

The policy as regards Mass Radiography is being altered on a national basis and in a year or two it is unlikely that Mass Radiography Units will be touring the County regularly. The Mass Radiography Unit will tend to function more as a static Unit and it is hoped that we will have a small Unit which will be readily mobile to deal with the contacts of any infectious case of tuberculosis arising, for example, in a school or other relatively closed community where it will be necessary to x-ray perhaps several hundred people.

I have nothing further to add as regards the question of tuberculosis in coloured immigrants. The problem seems to be at a fairly static level. Fortunately we do not appear to be getting cases in many young persons of school age and it is to be hoped that B.C.G. vaccination for these children as they grow up in this country will reduce the incidence of tuberculosis in them to that of the native-born population.

VACCINATION AND IMMUNISATION

The County Council's scheme provides protection for children from smallpox, poliomyelitis, diphtheria, whooping cough, tetanus and measles.

Most of the larger practices of doctors are using the computer scheme either for all children born since 1959 or since 1967. The number of children on appointments was approximately 43,000 at the end of 1969.

In 1969 the new schedule came into operation and this meant that children were not vaccinated during the first four months after birth but were vaccinated from 4 months, 6 months and 1 year at the earliest.

The figures given below indicate a greatly improved response and compare very favourably with the national averages. However, it is pointed out that columns include children who have completed both the old and new schedules.

The percentage of children protected against diseases

	England and Wales %	Leics. %
<i>Children born in 1969</i>		
Whooping Cough	66	80
Diphtheria	67	81
Poliomyelitis	65	71
<i>Children under 2</i>		
Smallpox	32	32

Smallpox Vaccinations 1969

	0-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	1 yr.	2-4 yrs.	5-15 yrs.	Total
Vaccinations	5	8	12	25	2,541	2,736	781	6,108
Re-vaccinations	.	.	.	.	1	68	2,256	2,325

The figures here show quite an increase over 1968 when there was a total of 4,417 vaccinations and 183 re-vaccinations.

Primary Courses completed during 1969

	Year of Birth					Others under 16	Total
	1969	1968	1967	1966	1962-5		
Diphtheria	99	4,403	3,615	205	253	90	8,665
Whooping cough	99	4,396	3,610	200	124	40	8,469
Tetanus	99	4,404	3,611	213	276	578	9,181
Polio	84	4,310	3,347	293	416	341	8,793

Changes brought about by the new schedule is reflected in the low number of children born in 1969 completing primary courses during 1969. By next year the remainder of these children should complete their primary courses.

Reinforcing Doses during 1969

	Year of Birth					Others under 16	Total
	1969	1968	1967	1966	1962-5		
Diphtheria	.	2	9	236	7,109	619	7,975
Whooping cough	.	.	4	176	1,335	93	1,608
Tetanus	.	2	9	248	7,310	1,172	8,741
Polio	.	1	10	195	7,457	1,034	8,697

The blank column of 1969 means that no children during 1969 received a reinforcing dose because none were done. The new schedule indicates that the first reinforcing dose will commence when the child is 4½ years of age.

SCHEDULE OF VACCINATION AND IMMUNISATION PROCEDURES

Age	Prophylactic	Interval	Notes
During the first year of life	Diph/Tet/Pert. and oral Polio vaccine. (First dose) Diph/Tet/Pert. and oral Polio vaccine. (Second dose)	Preferably after an interval of 6-8 weeks.	The earliest age at which the first dose should be given is 3 months, but a better general immunological response can be expected if the first dose is delayed to 6 months of age.
During the second year of life	Diph/Tet/Pert. and oral Polio vaccine. (Third dose) Measles vaccination Smallpox vaccination	Preferably after an interval of 6 months. After an interval of not less than 3-4 weeks After an interval of not less than 3-4 weeks	While the second year is recommended for routine vaccination against smallpox, in individual cases and if special circumstances call for it, vaccination against smallpox may be carried out during the first year.
At 5 years of age or school entry	Diph/Tet and oral Polio vaccine or Diph/Tet/Polio vaccine Smallpox revaccination		With the exception of smallpox revaccination these may be given, if desired, at 3 years of age to children entering nursery schools, attending day nurseries or living in children's homes.
Between 10 and 13 years of age	B.C.G. vaccine		For tuberculin negative children.
Girls between their 11th and 14th birthday	Rubella vaccination (German Measles)	After an interval of not less than 3 - 4 weeks	Available from September 1970. Initial priority given to girls aged 13.
At 15-19 years of age or on leaving school.	Polio vaccine (Oral or inactivated) Tetanus toxoid Smallpox revaccination		

PART IV: SOCIAL SERVICES

Administration

The Service continues to be administered centrally, although one of the four teams of social workers at present based at County Hall should be operating from the new Central Leicestershire Area Office. Unfortunately, the accommodation is not yet ready. It is hoped that this Office will be available early in 1970, and that in that year other Area Offices will be established. This will help to reduce the problems inherent in the present centralised service, which involves difficulties of accessibility for the public, unnecessary travelling and waste of professional time.

The Training Centres and Hostels are also administered from County Hall, where the Principal Mental Welfare Officer, the Training Officer (appointed this year and shared with Social Welfare), the Training Centres Organiser, and the Administrative Assistants are also based.

Social Work

Statistics show that the demands for the services of Mental Welfare Officers continue to grow. The number of cases visited shows an increase this year, while the number of admissions to psychiatric hospitals has also increased. As was the case last year, little more than an emergency service has been possible in some parts of the County.

The social worker establishment now consists of one Area Welfare Officer (shared with Social Welfare), four Senior Mental Welfare Officers, nine Mental Welfare Officers, and four Mental Welfare Assistants. Of these, the Area Welfare Officer and one Senior Mental Welfare Officer are qualified Psychiatric Social Workers, two Senior Mental Welfare Officers hold the Declaration of Recognition, and four Mental Welfare Officers have the Certificate in Social Work. There are three vacancies at present, and there have been vacancies for most of the year. Additionally, a Senior, a Mental Welfare Officer and two Assistants are seconded on Courses leading to the Certificate in Social Work. For the greater part of the year only six Officers were available.

In spite of the difficulties of staff shortages, the policy of seconding staff for training is to continue, the aim for the future being a full staff of qualified officers. This policy will continue along-side that of decentralisation, which has been mentioned briefly above. Decentralisation will involve the gradual setting up of five Area Offices coterminous with those of the Children's Department and the employment of more social workers at all grades. It will be carried out in co-operation with the Social Welfare Section, and at each Area Office there will also be Representatives of the Home Help Service and of the Children's Department. The nucleus of the first Area Office team is operating from County Hall until their own office is ready.

The Training Officer is in post, but since September has been deputising for the Principal Social Welfare Officer who is seconded to a Medical Social Work course. This has seriously curtailed the Training Officer's activities, but nevertheless she is helping newcomers to the Staff to settle in and arranged two successful short courses during the Autumn; one for County Homes Staff, and one for trainee social workers.

Offices at Melton Mowbray and Hinckley continued to be manned on one day a week. For most of the year, one of the social worker teams has assisted at a general practitioner's Mental Health Clinic. Assistance is provided at out-patient psychiatric clinics at Melton Mowbray, Loughborough, Ashby-de-la-Zouch and Hinckley every week, and at a subnormality out-patient clinic held in Leicester once a month.

A further task undertaken by the members of the Central Area Team is the support they provide for the residents of the new Hostel for the Recovering Mentally Ill.

Training Centres

The number of pupils and trainees attending the Training Centres has slightly increased this year, making the provision of purpose-built accommodation even more urgent. The new Adult Centre at Mountsorrel will not now be available until the Spring of 1970. Plans were also finalised for the new 105-place Junior Centre at Wigston which will commence building in the Spring of 1970.

The matter of staffing the Centres continues to present problems, but slowly the number of qualified staff is rising. Four members of the teaching staff were seconded to full-time Courses during the year.

Hostels

Owing to continuing staffing difficulties, the number of residents at the Sibley Hall Hostel for adult subnormals has remained the same, although there has been a few changes among them. Concern is felt at our inability to pass more residents into the community, thus releasing places for those who are waiting to be admitted, but so far appeals and

advertisements for lodgings have had no result. A number of short-stay residents have also been accommodated.

In the middle of December the Winthorpe Hostel for the Recovering Mentally Ill was opened when five former patients from Carlton Hayes Hospital took up residence there. This Hostel will provide short-stay accommodation for up to fifteen residents who are fit to leave hospital but who have no homes available or willing to take them. Assistance will be given them by social workers and hostel staff in finding suitable employment and lodgings from the hostel.

It is now expected that the building of the new hostel for subnormal children at Wigston will commence in the Spring of 1970. This project will proceed jointly with the new junior centre also to be built at Wigston.

Co-operation with Hospitals and Voluntary Organisations.

Close co-operation with the local hospitals continues and with the various local Societies for Mentally Handicapped Children. These Societies now run flourishing youth clubs for the subnormal at Hinckley, Wigston, Blaby and Loughborough. They have also provided a considerable number of amenities for the training centres and the hostel at Sileby. The weekly social club at Melton Mowbray, which is run by one of the social worker teams, continues to thrive. The County Council is represented on the Executive Committee of the Leicester Association for Mental Health.

Red Cross Crèche

The Red Cross (Leicestershire Branch) Society provide a crèche on two half days per week at Oadby for mentally handicapped children below school age. This is a valuable service, enabling pre-school observation and assessment to be carried out, and helping the children gradually to adjust to a school environment. It also provides a much needed respite for mothers.

The County Council reimburse the Red Cross Society for the cost involved in transporting the children to and from the Centre.

Statistics

The tables given below relate to certain aspects of the work of the Service. The Junior and Adult Training Centres show a total increase, in numbers of three as compared with 1968.

The number of visits by Mental Welfare Officers to subnormal patients was 2,364, an increase of 8 compared with 1968.

Admissions by Mental Welfare Officers to psychiatric hospitals show an increase in total of 13. It is interesting to note that there has been a net decrease of 32 in all compulsory admissions, and an increase of 45 in informal admissions. The number of visits made by social workers to the mentally ill was 4,739, an increase of 448 compared with the previous year.

Sileby Hall has 29 residents as was the case at the end of 1968 and Winthorpe Hostel 5 residents.

Number on Training Centre Registers at year end

	No. of Places		Under 16	16 and over	Total
Coalville Junior	40	<i>m</i>	17	.	17
		<i>f</i>	16	.	16
Hinckley Junior	60	<i>m</i>	32	.	32
		<i>f</i>	20	.	20
Loughborough Junior	40	<i>m</i>	15	2	17
		<i>f</i>	14	1	15
Melton Mowbray Junior	40	<i>m</i>	16	.	16
		<i>f</i>	17	1	18
Wigston Junior	60	<i>m</i>	37	.	37
		<i>f</i>	23	2	25
Coalville Adult	80	<i>m</i>	.	40	40
		<i>f</i>	2	39	41
Desford Adult	150	<i>m</i>	1	88	89
		<i>f</i>	.	55	55
Garthorpe Adult	25	<i>m</i>	.	9	9
		<i>f</i>	1	13	14
Total			211	250	461

Admissions made by Mental Welfare Officers under the Mental Health Act, 1959.

	Males	Females	Total
Section 25	19	51	70
Section 26	4	4	8
Section 29	37	50	87
Section 60	2	.	2
Informal	73	136	209
Total		135	241
			376

The main function of the Social Welfare Section is to advise and support the elderly and the physically handicapped so as to enable them to lead a normal life, as far as possible, within the Community. During the year the staff continued to work under considerable pressure owing to the increasing number of referrals per month. However, the formation of the first of the centralised team of Social Workers, based on Central Leicestershire, involving welcome additions to the establishment, will do much to improve the situation. It is hoped that the accommodation for the Central Area Office at Conway Buildings will be ready early in 1970.

Physically Handicapped

The disabled are referred to the Department from many sources. The average number of referrals per month is fifteen and the number registered has risen to 837 at 31st December, 1969, compared to 726 in 1968. This figure only includes those who are permanently and substantially handicapped.

Initial visits are carried out by the Social Welfare Officers who assess the client's need for aids and adaptations and recommend occupational therapy where appropriate. The cases are then passed to the Occupational Therapy Staff who complete the issue of suitable aids and provide suitable handicrafts. Aids and equipment are supplied through the British Red Cross Society and thanks must be given to the Society for the excellent service which has been rendered during the year.

The Authority will also make a grant in appropriate cases towards the cost of adaptations in the homes of the handicapped, for instance, the fitting of ramps, widening of doors, and the provision of shower units.

During 1969 several handicapped persons were given financial help by the Authority to enable them to take holidays at specialised Homes. Transport was provided mainly through the County Ambulance Service and British Rail, and credit must be given to these services who co-operated fully and made every effort to ensure that patients had a comfortable

journey. A number of handicapped persons were also sponsored for admission to specialised Workshops and it is hoped that, finances permitting, the number will increase in 1970.

Informal visits to the physically handicapped not receiving occupational therapy were made but the large number of patients on the register rendered it impossible to make more than two general visits during the year. In many cases it was only one.

Adaptations to Homes of the Handicapped

The number of cases where adaptations are required has increased in recent years and will continue to do so with the development of the social services. The elderly handicapped persons tend to live in older houses without modern amenities, and each case presents its own problem to be solved. The provision of a ground-floor bathroom with shower, wash-basin and W.C., has been achieved in several instances with the assistance of a Standard or Improvement Grant from the district council. These have involved the conversion and adaptation of what were originally out-buildings and extremely good facilities have been provided at reasonable cost.

Where invalid vehicles are supplied by the Department of Health and Social Security a sectional garage is also provided, but the cost of the ancillary works including pavement crossing, double gates and paved access, is not covered by the Ministry.

There is a limited number of builders who are prepared to carry out minor works, but over the years the local builders who are sympathetic to the plight of the handicapped have become known to the Public Health Inspectors, and their co-operation is appreciated.

Medical Equipment Loan Service

Mrs. A. Crumbie, Assistant Branch Director, Medical Aid Department, reports as follows:-

The Department had a seventeen per cent increase in the number of loans during 1969, with a record output in October of over eleven hundred issues and re-issues.

One of the most interesting developments during the year has been the increase in demand for equipment for children. For instance, an aspirator was supplied for a six month old spina bifida baby fitted with a tracheotomy tube.

We have also been much appreciative of an increase in gifts of cash from outside agencies toward the cost of such items as ripple beds.

In the health centres being developed by the County Council, accommodation is being made available for medical aid equipment which we feel will be mutually advantageous.

As we go to press there is much uncertainty as to the future. Who will be "the powers that be" and what decisions will they make? One thing is certain, the work will have to go on.

Occupational Therapy

The establishment now provides for a Head Occupational Therapist, two full-time Occupational Therapists and three Craft Instructors. The full establishment was only attained for a short time during 1969 and, although the post for a full-time Occupational Therapist has been vacant for some time, the Department has had no success as yet in attempts to fill the post. As a result, the other members of staff had greatly increased work loads.

The number of handicapped persons receiving occupational therapy was 150. Regular visits are made by Occupational Therapists or Craft Instructors who provide diversionary activities which, if possible, complement the patient's disability and help him to enjoy daily life. Encouragement is also given to enable the patient to accept his disability.

Finished articles which the patients are unable to dispose of were taken into the Department's stock and during 1969 clearance sales were held. The total amount received from sales was £375, the greatest success being a fortnight spent in a vacant Loughborough Shop which the owner agreed to let without charge.

The Occupational Therapy Service also organises day centres for the handicapped at Loughborough, Barwell, Coalville and Market Harborough. The centres provide industrial outwork when this is available and patients are able to earn a little money to supplement their income. Patients also benefit in that they are able to leave their home environment and meet each other socially. Day excursions are arranged during the summer months and festivities at Christmas which prove extremely popular. Many requests have been received from patients who wish to attend a day centre but transport facilities present difficulties which have to be overcome before numbers can be increased. Lengthy discussions had, in fact, been completed for the provision of transport by a voluntary organisation but unfortunately the organisation involved found that they were unable to proceed owing to the lack of voluntary drivers. It will be necessary now to explore other avenues in an effort to obtain a satisfactory alternative.

Loughborough Council of Social Service

Mr. Bernard A. Smith, General Secretary, reports:

Objectives

The Loughborough Council of Social Service, with members appointed by a wide range of statutory and voluntary bodies, exists to link people in a pattern of co-operation. It is supported by grants from local authorities

and charities, together with subscriptions and donations from member organisations. The Council believes that the quality of a community depends upon the opportunities available to people to associate with one another, to feel that they have some control over their own lives and some ability to contribute to the lives of others. The job of the Council of Social Service is to encourage, and if necessary create, those opportunities.

Community Work

Frequently this encouragement takes the form of support to people who want to give service. Two examples will illustrate this; one concerning relationships between the large immigrant community in Loughborough; and the other concerning widowed, deserted and divorced people. In the first instance, the initiative came from the Council of Churches; in the second from a deserted wife whose appeal for help was published in a local newspaper. In both cases, The Council of Social Service contacted people whom they knew to be interested, convened and gave accommodation for meetings, provided a secretariat, advised on procedural matters and made contact with national bodies. From this supportive work, two independent and active organisations have come into being - the Loughborough and District Community Relations Council, working for good relationships between the communities, and the "Minus One" Club whose members were previously driven into isolation through lack of partners.

Our neighbourhood work is illustrated by the encouragement we are giving to the people of the Storer Road area, where efforts are being made to establish a Community Association. Local volunteers, backed by a work camp, are adapting premises to house the proposed Association.

Information

Informed action depends on adequate knowledge of facts. Examples of our role in providing information include publications such as our Directory of Community Services; exhibitions such as the recent display of aids for the disabled expertly provided by the Red Cross at our request; study courses such as "The Drug Scene" planned and being followed up by an inter-professional group; and "Social Education" buffet lunch meetings studying specific problems.

Charities

The Review of Charities again proved an important aspect of our activities. Our task here is to suggest effective ways in which charities can serve present day needs. Initially, eight charities have expressed their intentions to join a consortium linking their resources for much greater effectiveness. Informally, the consortium is already operating. A new charity, the Loughborough Community Chest, has been sponsored by the Mayor of Loughborough to underpin and supplement all local charities.

John Storer House

John Storer House, the headquarters of Loughborough Council of Social Service, is a focus of local concern, a point of contact between welfare agencies and a link between the individual and personal services. Above all, it is a community centre with such a strong social service bias that the distinction between the helper and the helped disappears in the pattern of voluntary involvement. Constant recourse to the premises by people of all ages - in distress, needing help, offering help, seeking advice, seeking company - shows that these facilities are both necessary and valued.

Activities, based on an interest rather than age basis are growing and there is still scope for more development here. Our emergency bed is used by people stranded overnight, our rooms are in constant use either for our own purposes or by the widest range of organisations, many concerned with welfare and so made more efficient by concentration at John Storer House. Marriage Guidance Counsellors and Youth Counsellors use our premises for evening consultations, whilst the permanent presence of the Citizen's Advice Bureau, the Mayor's Old People's Welfare Committee and the Women's Royal Voluntary Service ensures close links in the provision of a wide range of facilities related to our own. For instance it is through the Mayor's Old People's Welfare Committee that chiropody treatment is available in the building. The W.R.V.S. operate a luncheon club, a Darby and Joan Club and a clothing store on the premises, and organise the Meals on Wheels service.

Our new handicraft centre and the specially equipped vehicle for the disabled are both in full operation. The centre is designed so that it may be used on equal terms by the fit and the disabled. It houses groups organised by our own members and by staff of the Children's Education and Health and Welfare Departments.

The provision of facilities and opportunities of involvement for the elderly is a most important service of John Storer House. We believe that there are infinite prospects in an outlook on social welfare that does not isolate them, or the disabled or other groups. We are encouraged by the continuing busyness of the House and by the many visitors who come to see us, both from home and overseas.

The Blind

Mr. C. Brown, General Secretary, Royal Leicester, Leicestershire and Rutland (Incorporated) Institution for the Blind, reports as follows: -

We have to report another successful and progressive year in all sections of the Institution's activities. Particular emphasis has again been on the provision of residential accommodation which is necessary in view of the increasing number of elderly blind people.

The Kathleen Rutland Home

There have been many visitors to the Home since it opened in 1967; representatives from local authorities, members of other organisations for the blind, private individuals and groups. All have been unanimous in their enthusiasm and approval. They have been impressed by the material comforts of the Home, in which 44 elderly blind men and women are accommodated, 36 of them in single bedrooms with private toilet suite.

Our visitors have been equally impressed by the spirit of the Home which, under the kind and efficient supervision of the Matron, Mrs. A. Bell, and her staff, is a home in every sense of the word. She is helped and encouraged by an increasing number of voluntary helpers and the kindness of neighbours who bring outside interests into the Home. We are very grateful to all these helpers and offer our thanks. We again make special mention of the help given by Mr. and Mrs. H. Lakin and by the Police Cadets.

Residential Accommodation

The house next door to the Home has now been converted into six self-contained flats and the residents, blind ladies, moved in just before Christmas and very quickly adapted themselves to the new surroundings. We think we are pioneers in providing this kind of home for blind people who are able, and prefer, to live independently and to organise their own lives but who appreciate being in close touch with their neighbours. The amenities of the main Home, including the intercommunication system, are also available to them if they wish.

The success of the Home and flats, coupled with the demand for this type of accommodation, has encouraged the Committee to go ahead with the next phase of its building project. This is to build 13 self-contained bungalows with living room, bedroom, kitchen and toilet facilities. Plans are very far advanced and we expect building to be completed and the blind people in residence by the Spring of 1971.

When this scheme is completed, the Institution will have provided accommodation for 69 old blind people at a cost of £250,000.

Workshops

Whilst the majority of blind people are employed in open industry, and work successfully in competition with sighted people, our own Workshops find work for a further 85 active men and women.

The Box-making Department remains busy and has absorbed some of the staff of the wood-bundling department and from other less busy sections. The Heavy Basket Department is still having difficulty in finding sufficient work due to a fall in government contracts. The Light Basket Department and the Cane Seating Section continue to be busy and many interesting pieces of antique furniture have been sent in for renovation.

The Institution is ever seeking fresh avenues of employment but the problem is not an easy one. The need is for markets and it has become clear that a central organisation to undertake market research and, subsequently, sales must be set up to find outlets for all the products of Workshops for the Blind throughout Great Britain.

Home Workers

The Home Workers whom we supervise operate their own businesses from their homes. The activities are farming, piano tuning, music teaching and insurance and mortgage broking. One of the piano tuners, Mr. G. Carlin, is to represent Great Britain in the International Blind Chess Tournament to be held in Holland in May 1970. We offer him our congratulations and good wishes.

Social Centres

The main centre of recreation and education is at Prebend House, Leicester.

The Centre is in daily use and a wide variety of activities take place. These include flower arrangement, cookery classes, household tuition, orchestra practice, drama, debates, chess and typewriting. Talks on various subjects of popular appeal are given by many experts from outside or by the blind people themselves. Outdoor activities include bowls and swimming. Hairdressing and chiropody services have been provided. Refreshments are supplied. Prebend House fills a really vital need in the lives of many blind people.

Social Centres, organised by the Social Welfare Officers with the help of kind and enthusiastic friends, are held at regular intervals in various parts of the City and County. These are popular and it is obvious that those who attend these social gatherings appreciate the informal parties and also the outings which are arranged by the Institution and by other groups in the community.

Welfare Services

The welfare services for the blind have continued to be carried out by the Institution as agent for the Leicester City Council, Leicestershire County Council and Rutland County Council. The twelve qualified Welfare Officers in the department have been greatly assisted in their duties by much valuable help from members of the public who have voluntarily provided transport, assisted at socials and acted as guides. This form of co-operation not only eases the burden of the professional worker but also contributes considerably to the broadening of the social life, contacts and interest of the blind people.

Miss S. Wileman completed a course of instruction arranged by the Southern Regional Association for the Blind and obtained her qualification as a certificated Social Welfare Officer of the Blind. Some re-organisation

of areas has been necessary due to the retirement of Miss J. Taylor after 38 years of service and the resignation of Miss M. Honeywell to take up an appointment with the Leicestershire County Council. These vacancies have been filled by the appointment of Mr. J. K. Brierley and Miss J. Smith, both of whom have settled well in their new posts and are maintaining the high quality of service to the blind people of which the Institution is so proud.

As well as providing the welfare services for the blind, the Institution maintains the registers of blind and partially sighted persons and at the 31st December 1969 the following numbers were included in the respective registers.

Number on register at year end

	Blind	Partially sighted
Leicester	736	216
Leicestershire	894	233
Rutland	47	18
Total	1,677	467

A central register for the whole of the Midlands and the South of England is maintained by the Southern Regional Association for the Blind.

One of the things most missed by blind people, particularly the newly-blind, is the ability to get 'out and about'. They can be helped and encouraged by relatives and friends but this kind of help makes great demands on people. To train a blind person to find his or her way about requires a special technique, infinite patience and a large amount of time. Everyone will be aware of some of the aids available - guide dogs, the white cane, etc. - and may have read of experiments which are being made with radar devices. A new development is the long cane which is, as its name implies, a still further extension of the arm, which has been used with great success. To learn any of these methods requires time and patience both from instructor and instructed. The Institution has, therefore, created the new post of Mobility Officer and Mr. David Mumford has been appointed. He is now attending a special course at Birmingham before taking up his duties which will be to give individual and painstaking guidance to those who need this kind of training to fit them to lead a normal, active life.

Radio Leicester

Thanks are due to Mr. Robert Broughton who has taken endless trouble and given uncounted hours of his time to produce the weekly local radio programme for the blind 'Sound Guide'. The time allotted to this

programme has been increased to half an hour each week. It stimulates considerable interest among both blind and sighted listeners and the Institution is grateful to the B.B.C. for its co-operation and help.

The Deaf and Hard of Hearing

The services for the deaf and hard of hearing throughout the County are carried out on an agency basis by the Leicester & County Mission for the Deaf and the Loughborough & District Mission for the Deaf, each receiving an annual grant. Mr. J. D. Washington, Superintendent/Missioner of both organisations, reports as follows:—

The number of deaf and hard of hearing people on our register increased during 1969 from 169 to 206; the increase being largely accounted for by the increased service provided to hard of hearing people.

As anticipated in our report last year, 1969 was a year of consolidation, thus strengthening the extension of services introduced in the previous year. The appointment of a newly qualified Specialist Welfare Officer for the Deaf in August 1969 enabled us to sustain the individual case care to which the Mission has committed itself.

Group Activities

We would like to stress the importance that we place on the success of our group activities in the care of deaf and hard of hearing people. The new group activities established in 1968 continued healthily throughout the year and made a substantial contribution to the well-being of the deaf and hard of hearing community throughout the County. The completion of the new Recreation Wing at the Leicester Centre together with improvements in general facilities at the Loughborough Centre also ensured that group activities were taking place in environments which were encouraging and helpful.

The success of each of our groups has depended not only on the support of those who are handicapped themselves but also on the considerable voluntary help we have received. Many of our friends from voluntary organisations such as the W.R.V.S., the Loughborough Council of Social Service, the Voluntary Workers Bureau of the Leicester Council of Social Service and other friends of the Mission, have transported deaf people to one or other of the groups religiously throughout the year. Young people from Barrow-on-Soar, Earl Shilton, Bardon-on-the-Hill and Sileby have been brought into the Mission Centre at Leicester for our Youth Club on Friday evenings in the same way as we reported last year that our old people were brought in on Wednesday afternoons for their club from Hinckley, Market Harborough, Coalville, Hallaton, Loughborough, etc. We would like to express our sincere appreciation to all these voluntary helpers for their continued support.

Individual Care

A great deal of staff work is involved in overcoming individual problems presented by deaf and hard of hearing clients. Problems arising from deafness, such as isolation, personal relationships frustration and communication difficulties, all require personal attention. Skilled care is provided by trained Social Workers who have additional deaf communication skills. Our group activities enable us to have a wide contact with the whole range of age groups within the deaf community. This, together with our visiting of the sick and housebound, ensures a high percentage of contact with individuals at all times.

Technical Aids and Communication Methods

Every opportunity is taken to publicise the technical aids which are now available to help people with impaired hearing, such as flashing doorbells, television aids, baby alarms for deaf parents, etc. Equally, we encourage hard of hearing people in particular to make use of lip-reading and clear speech skills. Lip-reading exercises take place at the Hard of Hearing Clubs which meet regularly at Leicester and Loughborough and special classes for teaching manual communication were held at the Leicester Centre and a number of students came from the County area.

Special Services for the Elderly

Once again we took advantage of the National Television for the Deaf Fund and we now have seven sets provided from this fund to deaf people in the County area. In each case the set is provided free of cost from the National Fund and Local Societies meet the cost of the annual television licence. Twelve elderly deaf people were enabled to enjoy a week's holiday at holiday centres at Skegness and Barry through a scheme run by the British Deaf and Dumb Association.

The Immediate Future

We look forward in 1970 to a close co-ordination with the Health & Welfare Department of the County Council and anticipate taking steps to introduce further Hard of Hearing Groups in the County areas, such as Market Harborough, Hinckley etc. We feel that 1969 was an encouraging year and we were particularly appreciative of the continued support, both financial and moral, that we have received from our friends and supporters and would wish to thank the County Council for again increasing their grant.

The Elderly

During 1969, there were 226 admissions into permanent beds in County Homes. Referrals involving the elderly total an average of 40 per month and, even with the appointment of additional staff to cover the Central Area, the demand is great. There are at present 290 cases on the

waiting list for admissions, 117 of whom are living alone and must, therefore, be classed as semi-urgent. These figures do not include approximately 50 patients in Carlton Hayes Hospital or those in geriatric beds who have been referred for discharge to residential accommodation.

The weekly number of vacancies in County Homes is small and it is necessary to keep at least one bed free to cope in the event of an emergency. The Social Welfare Staff, in conjunction with the other Domiciliary Services, must therefore make every effort to provide adequate care for the elderly in their own homes.

Short stay care is becoming increasingly popular and by the end of January, 1969, most beds were booked for the weeks of the industrial holidays. There are at present 13 available beds for holiday cases who are taken for a maximum of two weeks during the summer months, and when the new Enderby House opens there will be an additional two beds. However, owing to the demand for short term care, several cases could not be accommodated in 1969 but it is envisaged that, with the increase in staff and additional provision in the Homes, this problem will be overcome.

A liaison service with the Geriatric Consultants is now in operation and an agenda for discussion is forwarded from Hillcrest Hospital fortnightly. During 1969 an average of 15 cases per meeting were discussed. Additions are accepted when submitted by this Department. Some problems of communication have been solved and relationships between the Department and the Geriatric Service improved.

Day Centres for the Elderly

As yet there are no County Council Day Centres for the elderly though provision has been made to establish these in the larger areas of population. To some extent the old people's clubs fulfil part of the need, but it is felt that such centres should be created as soon as circumstances, both financial and physical, allow. The success of John Storer House at Loughborough, discussed elsewhere in this report, and Gloucester House, Melton Mowbray show the need for such centres and are ample proof that the service they provide is of great help in prolonging the well being of the elderly citizen.

Residential Homes

Another milestone was reached in the replacement of the former work-houses still existing in the County with the completion and occupation of Woodmarket House at Lutterworth. The new Home which has accommodation for 49 residents bears the same name as the older building and is in fact built on the same site, but unlike the older Home with its closed courtyards and rear facing windows the new Home occupies a position close to the road with ample sitting room space fronting on to a busy outlook. The change in the demeanour and behaviour of the residents following the change to the new building is quite remarkable and refutes

the argument that elderly people do not readily adapt to modern living conditions.

It had been hoped to report a further milestone with a similar replacement Home - Enderby House at Narborough, but this failed to meet the target date by a few weeks and was not occupied until early in 1970. This is a Home for 53 residents bearing the name of its predecessor and built in the same grounds.

During 1970 it is planned to commence the erection of a 51 bedded Home at Kibworth Beauchamp with the intention of withdrawing from St. Lukes at Market Harborough, also a former Public Assistance Institution. This will then leave only two old buildings to be replaced, West Haven at Market Bosworth and Hastings House at Loughborough. This will be done as soon as suitable building sites are found and finance made available.

The replacement of Woodmarket House (and Enderby House) has done nothing to alleviate the pressure on the waiting list for accommodation since it has been merely replacement provision, and concern was felt throughout the year that the number of beds was far from sufficient. In fact almost every admission was an emergency and no one could be admitted without a high degree of priority. Despite the need for further homes, with the current financial restrictions and the need to achieve balanced services throughout the County there is little chance of building two new Homes each year as included in the ten year plan, for several years. Thus the domiciliary services will be called upon in even greater degree to support the elderly in their own homes. It must be repeated that because of the aim and necessity of enabling old people to live independently within the community as long as possible they must inevitably require a greater degree of care and attention than was previously conceived. It is indeed a criticism of the services for the elderly that they could achieve so much more if people would and could avail themselves of the facilities one stage earlier than normally occurs.

Happily, it can be reported that the transfer of sick residents to hospital care has shown an improvement although the number of hospital beds has not been increased. This has been achieved by short stay admissions where intensive care is given. Sadly, one of the consultant geriatricians, Dr. P. M. Ward operating this scheme died during the year and a permanent successor has not yet been appointed.

There is growing concern in the increased number of residents suffering from mental deterioration and it is apparent that proposals to build two special homes for this category of resident will have to be revised and given a higher priority in the building programme. Meantime, these residents have to be cared for by the same staff alongside otherwise normal residents and the strain on both is very great.

Accommodation available at County Homes

	Men	Women	Total
Hastings House, Loughborough	59	57	116
West Haven, Market Bosworth	26	29	55
St. Lukes, Market Harborough	24	23	47
Knighton House, Leicester. Martin Home	.	25	25
	Men & Women		
Woodmarket House, Lutterworth		49	49
Enderby House, Narborough		53	53
Gloucester Home		39	39
Catherine Dalley House, Melton Mowbray		47	47
Loundoun House, Ashby-de-la-Zouch		47	47
Tillson House, Coalville		47	47
Moat House, Burbage		47	47
Lenthall House, Market Harborough		51	51
Hadrian House, Thurmaston		51	51
Thorpe House, Loughborough		47	47
Harvey House, Barwell		51	51
Kirby House, Leicester Forest East		51	51
Holmes House, South Wigston		51	51
	109	134	
		631	874

Although it has been agreed that two beds would be reserved at each Home for taking residents for short holiday periods of normally two weeks, pressure for permanent beds and shortage of trained social welfare officers has hampered the full use of this service. However, it is clear that priority must be given to help the greatest number and steps are being taken to achieve this.

Staffing has continued to be a big problem and during the whole year there was barely a period when a post of Assistant Matron was not vacant. The pressures under which staff have to work are not likely to attract persons of the calibre required, and even generous staffing ratios have no noticeable effect, and it is necessary to re-advertise many times to attract suitable applicants.

County Cases accommodated in other premises

	Men	Women	Total
Other Local Authority Homes	4	13	17
Epileptic Colonies	4	2	6
Homes for the Blind	14	20	34
Homes for the Deaf and Dumb	1	2	3
Voluntary Old People's Homes	7	27	34
Homes for the Disabled	6	4	10
	36	68	104

Temporary Accommodation

The number of homeless families has caused considerable anxiety, not merely because the number has increased from 20 in 1967 to 26 in 1969 but because of the difficulties now being encountered in finding them alternative living accommodation. Local Authorities generally have been very co-operative in the provision of housing, but it would seem that saturation point is almost being reached and there is now a resistance to "widening the door" by accepting these families into their area.

In spite of this the problem is not really a large one in Leicestershire and we are very fortunate in this respect.

The families are accommodated in rather unsatisfactory conditions in a former nurses home attached to St. Lukes, a joint user Home at Market Harborough in the south eastern corner of the County. The majority of families are therefore quite remote from the district in which they normally live. The facilities at St. Lukes are adequate, but poor, and since many of the rooms are communal the family unit cannot be kept separate from other families and there is therefore a general decline in standards. Supervision is provided by the Matron and Deputy at St. Lukes, but this can of necessity be only cursory. The Child Care Officers also exercise supervision but there are no facilities available for the employment of a full time warden who could be engaged on rehabilitative work.

Whilst it has now been agreed to accept fathers into temporary accommodation if there are good reasons for them to accompany their families, it is found in practice that generally it is necessary for them to remain in their own localities in order to keep their jobs. Arrangements for men living in this communal accommodation are far from satisfactory and can lead to more problems than it attempts to solve.

Since the residential beds at St. Lukes will be replaced by a new County Home to be built at Kibworth Beauchamp (due for completion in the

Autumn of 1971) there is urgent need for replacement provision nearer to Leicester.

A joint meeting was held with the Children's Committee to discuss the replacement of the accommodation for homeless families and the following alternatives were suggested:—

- (a) By purchasing a large house and dividing it into self contained flats with or without accommodation for a warden,
- (b) By assisting voluntary housing organisations such as the Leicester Housing Association.
- (c) The provision of sub-standard housing accommodation.
- (d) By extending the Rent Guarantee Scheme.
- (e) The provision of residential caravans.
- (f) The provision of purpose built units with some communal facilities to provide the means of rehabilitation of homeless families and to include additional accommodation for a warden.

Whilst it was felt that each suggestion had merit and could be used as appropriate and as available whatever eventual solution was achieved, it was agreed that the ideal seemed to be the provision of purpose built accommodation and a recommendation to this effect was in fact accepted by Council. Discussions were also held with the City of Leicester to investigate the possibility of joint accommodation but have so far proved abortive.

The County Council became concerned at the cost of the provision of purpose built accommodation and asked the Committee to re-examine its proposals in order to find a more economical solution. Subsequently an approach has been made to various District Councils to ascertain whether they would be prepared to erect a row of houses in one of their housing schemes and to sell these to the County Council. At the time of writing there is an indication that this solution could possibly mature in a village six miles from Leicester.

It may be of interest to quote brief histories of two families who were accommodated during the year.

Case 1

Mrs. A. with her 3 children was admitted on 28.4.69, because of matrimonial problems, which appeared to be caused by the husband's ill treatment and foul language. The Police had previously taken action against Mr. A. for assaulting his wife. Mrs A. with her children returned to her husband on 19.10.69. A debt of £18 was left in respect of maintenance charges. Of the £75 due from Mrs. A., who was receiving an allowance from the Department of Health & Social Security in addition to the Family Allowance, she paid only £18. Because she was falling so behind in her payments, arrangements were made for the £3. weekly charge due from Mrs. A. to be paid direct to the Council from the Department of Health & Social Security from 21.7.69

Case 2

Mrs. B. with her 4 children was admitted on 20.8.69, having been evicted for non-payment of rent. Her husband remained at work and went into lodgings. On 15.11.69, Mrs. B. and her children left St. Luke's to reside in County Durham where Mr. B. had obtained accommodation. A debt of £33 was left in respect of maintenance charges, Mrs. B. having contributed only £6 towards the sum of £39 due to the Council.

Cases in Temporary Accommodation

Family	Length of Stay (Days)	Eventual outcome
M plus two Ch	113	Returned home
M plus three Ch	98	Reconciled with spouse
M plus three Ch	62	Found other accommodation (by N.S.P.C.C.)
M plus three Ch	47	Reconciled with spouse
M plus one Ch	3	Took own discharge
M plus two Ch	142	Took own discharge
M plus five Ch	12	Reconciled with spouse
M plus two Ch	11	Other accommodation found
M plus three Ch	175	Reconciliation with spouse
F plus M plus two Ch	56	Accommodation found by Children's Department
	(F 39 days only)	
F plus M plus two Ch	5	Took own discharge
Woman	7	Discharged to County Welfare address
M plus two Ch	2	Discharged arranged by Children's Department
M plus one Ch	2	Took own discharge
M plus two Ch	4	Took own discharge
M plus four Ch	87	Reconciled with spouse
M plus three Ch	101	Still accommodated at 31.12.69.
M plus three Ch	41	Reconciled with spouse
Man	1	Took own discharge
Man	4	Discharged to hospital
F plus M plus four Ch	44	Still accommodated at 31.12.69.
	(F 14 days only)	

Cases in Temporary Accommodation (Continued)

Family	Length of Stay (Days)	Eventual outcome
M plus one Ch	1	Took own discharge
Man	3	Discharged to Woodmarket House
Man	2	Discharged to Woodmarket House
M plus four Ch	40	Still accommodated at 31.12.69.
M plus one Ch	2	Still accommodated at 31.12.69.

Key (M - mother, F - father, Ch - children)

Housing Societies

There are two units of the Abbeyfield Society in Loughborough, both of which receive an annual grant from the County Council to meet their running expenses. Another unit of Abbeyfield Housing has commenced at Coalville and there are indications of schemes being commenced in other areas in the next few years.

Leicestershire Old People's Welfare Association

Mr. H. M. Burton, Secretary, reports as follows:-

The Leicestershire Old People's Welfare Association - formed in 1951 and affiliated to the National Old People's Welfare Council - is an independent voluntary organisation. The Association is registered as a Charity and operates through an Executive Committee - Full Time Secretary and Part Time Administrative Assistant - two officers serve in a voluntary capacity to advise on training and leisure activities - some voluntary assistance is also given in the County Office at 6 St Martin's, Leicester. The main purpose of the Association is to support the statutory health and welfare agencies by encouraging and assisting the development of voluntary old people's welfare services in Leicestershire. The Association receives grant aid from the County Council for administrative purposes. Contact is maintained with the majority of local old people's welfare organisations in the County.

During the period under review support has been given to the development of Voluntary Neighbourly Help Services in Blaby, Glen Parva, Wigston Thurnby, Bushby, Scraftoft, and Thringstone. The Thringstone Scheme is in the early stages of development but if this scheme is successful it is

intended to provide for extension in other areas of the Coalville Urban District. We are also indirectly concerned in "Good Neighbour" Schemes which have been started in Melton Mowbray and Earl Shilton. With an increasing need to extend community involvement in the support of old people in their homes, the Association plan to extend Voluntary Neighbourly Help Services in 1970/71.

Our County Office have continued to provide the secretariat for two voluntary housing associations and much of our time allocated to this activity during the year has been in respect of the Abbeyfield development at Birstall where work has now commenced on the conversion of 33 Church Hill into flatlets for the elderly. Whilst the local authority must be the main provider of housing for older people, the Association attach considerable importance to the voluntary housing movement, not only to supplement the work of local authorities, but also to increase local concern for local people.

The Association initiates or assists the setting up of new local voluntary associations, committees, and clubs, where a need exists. It also offers the resources of its County Office for the development of services at local level. Twenty local associations were fully operational during the year and whilst some variation is apparent in the role and pattern of services provided by individual associations, services included:— Visiting, Good Neighbour Schemes, Chiropody, Meals and Library Services, Sitting In Services, Emergency Call Schemes, Daily Centres, Luncheon Clubs, Voluntary Car Services, Holiday Schemes, Outings and Entertainment.

We assisted in the formation of four new clubs for the elderly during the year and at the time of preparing this report a further two clubs have been started. One interesting club development is at Tilton-on-the-Hill where provision is being made to serve older people in Tilton and surrounding areas, irrespective of whether or not they are club members. Further progress has been made with the experimental development of "Pop-In" Clubs where older people can come and go as they wish, on at least five days a week. These "Pop-In" Clubs provide a focal point for older people in local communities and we are seeking to assist further extension in areas of population.

The Association has helped 5 local organisations in the setting up of new chiropody clinics during the year and assisted two others in finding replacement chiropodists. The demand for new local chiropody clinics continues, it is however becoming increasingly difficult to obtain the services of registered chiropodists due to what must be a national shortage of new entrants to the profession.

The Association recognises the need for an extension of knowledge of the health and welfare services and it is one of the functions of the Association to organise local information courses and conferences for

voluntary workers, in co-operation with local organisations. The 1969/70 course was held at Blaby and proved the most successful in the current series. The course resulted in the development of new voluntary services and the involvement of members of the community who were not previously connected with any organisation.

As an operational association we continue to seek ways and means of increasing the direct personal services provided from the County Office and both our Welfare Beverages Service and Large Print Book Service have been expanded during the year. The Sixteenth Annual County Competitions attracted entries from 12 of the 19 local authority districts and the finals were held at Coalville. Towards the end of the year under review arrangements were made with the Leicester Trustee Savings Banks for a programme of visits to clubs for the purpose of explaining decimal currency to older people. These visits have been particularly well received.

Other activities in which the Association has been involved during the year included the preparation of publicity posters and information leaflets in support of voluntary effort, participation in surveys arranged by the National Old People's Welfare Council and Nottingham University, and the provision of an agency for the special club and committee insurance scheme.

Meals on Wheels and Luncheon Clubs

Since their inception these services have been wholly run by the Womens Royal Voluntary Service whose continued help and enthusiasm is greatly appreciated by the Council. No less thanks are due to the many firms and organisations who so readily agree to supply meals for these Services from their own kitchens and canteens, mostly it would seem at some financial sacrifice to themselves.

The cost of meals to the recipient has not increased since the scheme started 10 years ago, all such increases above the basic charge of 1/- per meal being shared equally by the County Council and the District Councils.

From information available it would seem that the present schemes provide adequate cover for the area and that most demands are being met. Undoubtedly any expansion, if this were possible, would be readily absorbed, but steps are being taken to investigate the possibility of this because there must be many isolated old people whose standard of nutrition falls far below an acceptable norm.

During the year, a new scheme was started at Syston, providing 12 meals twice weekly and a Luncheon Club was commenced in Hinckley serving 30 meals twice per week. A total of 88,298 meals were supplied during the year, an increase of 6,109 over 1968.

Group Housing of the Aged

The provision of new Group Housing Schemes has now slowed down, probably owing to economic reasons, because the demand is still unsatisfied for this highly desirable specialised housing for the elderly. Undoubtedly, this type of housing enables the old person to continue to live independently for very much longer than if they were in standard housing accommodation. Although it may require an apparently disproportionate amount of support from the domiciliary services, group housing is to be preferred until the time arrives when independent living is no longer practicable.

The need for the training of Wardens of Group Housing Schemes has attracted attention from various bodies and authorities, but attendances and support have been somewhat limited principally because such training courses have entailed stays away from home. The possibility is being explored of the County Council running such a course on half days and so cause less disruption to the Wardens' domestic affairs.

Representations were made during the year for the Council's grant to be increased and it was consequently agreed early in 1970 to amend the scheme as follows:—

- (1) The maximum grant shall remain at £50 per unit except in the case of existing schemes of 15 units or less where the maximum grant shall be £60 per unit
- (2) Where no communal facilities are provided the maximum grant payable shall be £30 per unit for both current and future schemes.
- (3) In assessing the net cost of welfare services ranking for grant aid District Councils shall bring into account that proportion of the rent income which can be attributed to the provision of the welfare facilities. Where no such charge is made a notional rent shall be brought into account.

Group Housing Units at Year end

	Occupied	Approved but not yet occupied	Proposed or under construction
<i>Urban District Schemes</i>			
Ashby-de-la-Zouch	25	.	.
Ashby Woulds	12	.	.
Coalville	10	.	.
Hinckley	10	.	.
Loughborough	119	.	.
Market Harborough (Bowden Lane)	20	.	.
Market Harborough (Clover Close)	66	.	.
Melton Mowbray	32	.	.
Oadby	31	.	.
Shepshed	29	.	.
Wigston	.	.	.
<i>Rural District Schemes</i>			
Heather	20	.	.
Measnam	15	.	.
Oakthorpe	.	19	.
Thurmaston	24	.	.
Sileby	.	.	20
Houghton-on-the-Hill	8	.	.
Great Glen	21	.	.
Enderby (Queens Drive)	22	.	.
Glenfield	16	.	.
Glen Parva	10	.	.
Kirby Muxloe (The Keep)	24	.	.
Kirby Muxloe (Lime Grove)	18	.	.
Narborough	11	.	.
Whetstone (The Crestway)	17	.	.
Blaby	8	.	.
Littlethorpe	25	.	.
Stoney Stanton	24	.	.
Enderby (Sloane Close)	29	.	.
Braunstone	46	.	.
Cosby (Main Street)	.	.	29
Whetstone (College Road)	24	.	.
Castle Donington (The Biggin)	17	.	.
Breedon-on-the-Hill	.	.	16
Lutterworth	16	.	.
Ibstock	19	.	.
Asfordby	19	.	.
Bottesford	34	.	.
Birstall	22	.	.
System	.	.	33
Anstey	.	.	28
Mountsorrel	.	.	37
Billesdon	.	25	.

Registration of Nursing Homes

Nursing Homes registered in the County

	Number of Beds
Burton Hall, Burton-on-the-Wolds	18
The Old Vicarage Nursing Home, Rothley	16
Cheshire Foundation Home, Staunton Harold	42
‘‘Berrystead’’, 1001 Melton Road, Syston	25
Saddington Grange, Saddington	25
The Willows, Coventry Road, Market Harborough	21
Total	147

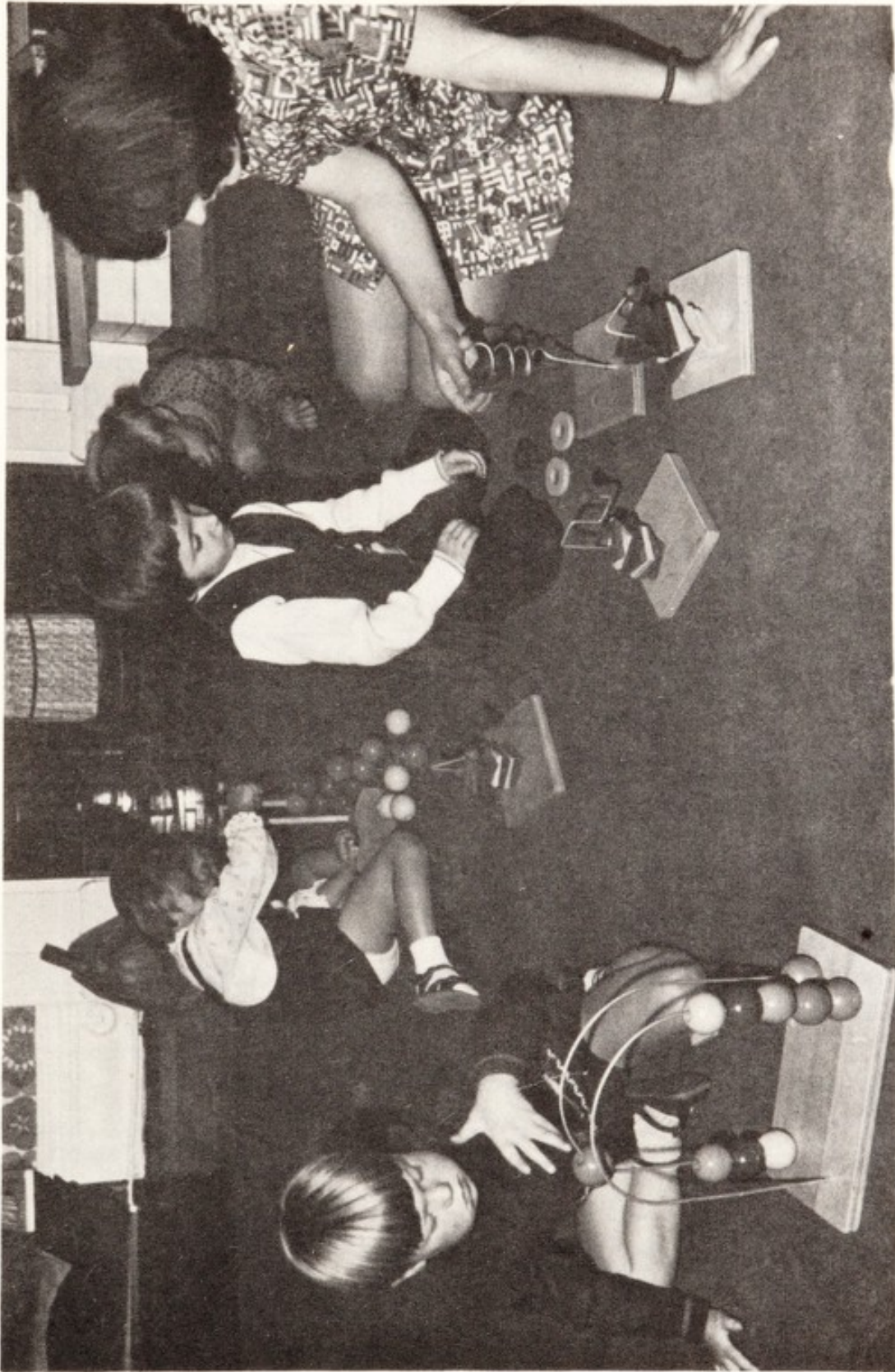
Registration of Old People’s Homes

There was one new private old people’s home registered during the year under the National Assistance Act, 1947. There was an overall decrease of ten beds registered which was due to the re-classification of twenty beds, at Devonshire Court, to flatlet accommodation.

The complete list is given below:—

Homes Registered in the County

	Number of Beds
‘‘Aigburth’’, Manor Road, Oadby	30
Brocks Hill Eventide Home, Oadby	12
Coventry House Rest Home, Burton Street, Melton Mowbray	10
Devonshire Court, Howden Road, Oadby	60
Hallaton Manor Rest Home, Hallaton	30
‘‘Helmar’’, 77 Humberstone Lane, Thurmaston	7
Southfield Cottage, Burton-on-the-Wolds	3
‘‘The Old House’’, Honeypot Lane, Husbands Bosworth	7
Whetstone Pastures, Whetstone	28
‘‘Woodbank’’, Dalby Avenue, Bushby	7
Sandringham House, 74 Coventry Road, Market Harborough	6
‘‘Holmlea’’, Rearsby	4
Total	204



Speech Therapy Service: Language Group. Visuo - Motor Training is given here to pre-school children with serious language delay. This training will later provide the basis for more complicated skills including drawing and writing.

PART V: ENVIRONMENTAL HEALTH

This section of the Report has been compiled by Mr. S. A. Gregory, the County Health Inspector, and his staff, whose assistance is acknowledged.

SANITARY CIRCUMSTANCES OF THE AREA

Rainfall

Mr. E. A. Bonsor, Climatological Station 4316, Newtown Linford, has kindly supplied the details of rainfall during the year. The year's total was 1.20 inches above average and it is interesting to note that the greatest fall in 24 hours was again recorded in July (1.47 inches on the 28th), and was more than the total for June, September and October.

Rainfall for the year in inches

Month	Total Depth	Number of Rain Days	Greatest fall in 24 hours
January	2.68	18	.56 on 12th
February	2.67	19	.59 on 20th
March	2.39	14	.96 on 12th
April	1.98	15	.37 on 25th
May	5.23	23	1.10 on 5th
June	1.41	9	.40 on 23rd
July	2.46	8	1.47 on 28th
August	3.40	17	.99 on 11th
September	.73	10	.27 on 11th
October	.29	8	.07 on 19th & 24th
November	2.60	18	.64 on 16th
December	2.53	19	.36 on 14th
Total	28.37	178	

Rainfall in Recent Years

	Inches
1958	29.45
1961	22.76
1964	19.22
1968	28.19

The average annual rainfall recorded at Station 4316 – 27.17 inches.

Water Supply

Generally speaking there have been no shortages of water in the County apart from parts of the Parish of Charley, which is a very rural parish with widely scattered properties. The Rural District Council and Water Board investigated the possibility of a mains supply. The issue is complicated by the fact that there are no main sewers available, and the parish is in the catchment area of the Blackbrook Reservoir.

The Leicester Corporation and North-West Leicestershire Water Board, the Statutory Water Undertakers, continued their policies of extending mains to serve outlying properties not previously included in post-war village schemes.

The following is a summary of the water supply position to 159,605 houses in the County:—

Internal mains supply — 157,790 houses (population 456,157)

Standpipes — 256 houses (population 688)

Well supply — 1,559 houses (population 3,895)

Fluoridation

Information received from the Engineer and Manager of the Leicester Water Department, (he is also Engineer to the River Dove Water Board), indicates that all main supplies within their Statutory Area should be fluoridated some time in 1972/3.

As was reported last year, the anticipated starting date should have been early in 1971, but delay in the publication of the Order for the River Dove Water Board's new scheme, has caused it to fall behind the timetable originally envisaged. Because of the inter-dependence of the various supplies, it is not practicable to dose the other Leicester sources in advance of the Dove, and it is planned to commence fluoridation simultaneously at the various points. Plant will now be installed at Melbourne for the Dove, Sawley for the Derwent, and Hallgates for Charnwood, all of which will be manned full-time. At Husbands Bosworth and Thornton, plant will be un-manned at night and at Scalford, Snarestone and Misterton it will be un-manned with regular inspections.

Rural Water Supplies and Sewerage Acts, 1944-65

The Statutory Water Undertakers submitted seventeen small schemes of water main extensions for approval in principle, prior to submission to the Ministry. Grants totalling £4,117 were agreed in respect of eleven schemes, all being based on the Ministry formula according to the number of properties receiving "first-time" main supplies.

Four schemes for sewerage and sewage disposal estimated to cost £248,000, were submitted by the rural district councils and approved in principle. Application for grant aid, excluding the cost of sewage treatment, were received in respect of four schemes and grants totalling £79,828

were indicated, subject to review when the final cost is known.

A new service reservoir at Burnmill Hill, Market Harborough, was completed and brought into use.

A million gallon capacity service reservoir, adjoining the existing reservoir at Willesley (Ashby R.D.), was also constructed.

Sewage Disposal

The expansion of many villages since the completion of schemes for sewerage and sewage disposal has resulted in serious overloading of the treatment works. All post-war schemes included what was considered to be a generous allowance for increased water consumption and anticipated development, but these allowances have proved to be inadequate. During the year twelve sewage disposal works have been enlarged or re-designed.

Complaints

Forty-five written complaints were received, seven relating to housing matters, two concerning water supply and thirty-six miscellaneous in character, covering noise, insect infestations and neighbours' quarrels. These and many telephone complaints were referred to the respective District Council officers, whereupon it was often found that the matter was receiving attention. Complainants rarely realize that where legal action is necessary, the various steps necessary cannot be by-passed, and they attempt to involve the County Council to hasten matters. Fortunately there is a good spirit of co-operation between the District Health Departments and requests for information concerning complaints outside our province, are not resented.

Complaints received by the District Public Health Inspectors numbered 8,739 in respect of 11,613 premises. The number of preliminary notices served were 370 for housing and 2,421 for general public health nuisances, and statutory notices totalled 96 and 57 respectively. Four summonses were served and four convictions obtained, including a fine of £20 plus £35 costs in respect of insanitary premises. (Section 35, Public Health Act, 1961).

Noise Abatement Act, 1960

In some respects the public appear to be getting more noise conscious, and an increasing amount of time is being spent by the District Public Health Inspectors in dealing with complaints. Many of these are very time consuming and include night visits to determine whether the sound levels constitute a nuisance. The majority of cases were dealt with by informal action and in the case of factory machinery complaints, with the enthusiastic co-operation of the owners.

In one rural district, two formal notices were served on contractors for using pneumatic drills without mufflers to cut down noise. In another case, a notice under the Recurring Nuisances Act, 1969 was served on

hotel proprietors in respect of noise from Barbecques held on the hotel lawn until the early hours of the morning. It seems likely that this Act will be useful in dealing with complaints from village and church halls, where Beat Groups persist in using excessive amplification.

With the extension of the runway at the East Midlands Airport, much concern has been expressed by villagers living nearby and particularly those on the flight paths. Bigger and better jet aircraft will be able to use the Airport, and more charter night flights would appear to be a possibility. Up to now, night flights have been minimal and there will be much local opposition to any change in policy by the operators.

School Swimming Pools

The long hot spell of weather during the summer months resulted in very heavy bathing loads particularly in the small learner pools, and tested chlorination and filtration plants to their limits. It also extended the swimming season well into the autumn, and the open-air pools had a worthwhile season. Several pools used floating covers to cut down heat loss overnight, and found the water was still pleasantly warm at the end of October.

The next stage in swimming pool development, covering the pools, and the provision of changing rooms is now in progress as funds are raised by Parent/Teacher or Swimming Pool Committees. This will ease the problem of grass and leaves getting into the water, and cut down what is often a long walk from the make-shift changing areas to the pools. Lavatory facilities adjacent to the changing rooms will also help to reduce pool water pollution, which, in the case of 12,000 gallon pools can be considerable where young children are involved. 'Break-point' chlorination, 1.5 to 2.0 parts per million free chlorine, provides a good margin to deal with wide variations in the pollution rate, and those in charge of school pools are continually reminded to maintain this safety factor. Frequent visits are made to all the school pools by the County Health Inspectorate, and Headmasters know that they need only make a telephone call to the office if they have any problems.

Up to now, hypochlorite has been used as the sterilizing agent for all but the large pools, and the main problem in hot weather has been the fairly rapid rise in p.H. At p.H. 8.0 and above, the sterilizing effect of chlorine is reduced, so in the past, hydrochloric acid has been used to bring the level back to p.H. 7.4. - 7.6. Many single-handed caretakers have not been keen to use hydrochloric acid and in view of its very corrosive nature, this is understandable. It was decided to carry out an extended trial using sodium dichloroisocyanurate in place of hypochlorite. The powder used has 60% available chlorine, is easy to handle, neutral, instantly soluble, with no calcium to cause filter blockages. The p.H. of water remained stable and the results were generally good. Again in the

learner pools with heavy bathing loads where up to 1½ lbs. of powder were used daily, the situation had to be watched carefully, as the suggested safety level for cyanuric acid is 200 parts per million. Readings approaching this level were reached in several pools and it has been decided that these pools will be emptied and refilled half-way through the swimming season.

Vandalism, including the throwing of earth and other foreign matter into open-air pools is also something which has to be suffered these days. Unofficial midnight bathing parties by trespassers have occurred, and it is likely that adults have been the offenders. It must be a reasonably quiet life to control a 250,000 gallon swimming pool with mechanically controlled filtration and chlorinating plant, in comparison to looking after 28 pools of all sizes, with a variety of plant!

Gipsies and Itinerants

Difficulties were again experienced, particularly during the winter months, from unofficial stationing of caravans, sometimes for several weeks, on lay-bys and lengths of disused road. The accumulation of unwanted materials and rubbish became unsightly and resulted in time-consuming and costly clearing-up operations by District Councils when the vans moved on, either voluntarily or after pressure from the police. Unfortunately many itinerants do not do anything to establish a better relationship with the settled communities and do not seem to appreciate that bespoiling ditches and hedgerows exacerbates the situation.

Consideration was given to setting up sites for gypsies and ten possible sites, suggested by the County Planning Officer, were visited by a Sub-Committee and given detailed consideration. The majority were found to be unsuitable, but two offered acceptable facilities. As soon as the location of the two selected sites became known to the public, the expected local opposition commenced. Public meetings, adverse press comment and many 'red-herrings' were raised in an attempt to prevent any progress towards finding a solution to the hounding of itinerants from one unofficial site to the next.

After much deliberation, one site at Aston Firs, in Blaby Rural District, was selected and it is hoped that a permanent camp with full facilities for 15 families will be established. Further sites are still being sought.

It was also decided that a site should be found for an itinerant scrap-metal dealer who had been on a section of disused road for several years. British Railways agreed to lease part of a disused railway station at Castle Donington for the purpose, and a site for three vans is to be set up and rented at an economical rent to the dealer in question.

Public Swimming Baths

There are eight public swimming baths in the County. The District Public Health Inspectors carried out 232 inspections, and took 175 samples of water for bacteriological examination. The reports showed that 23 of the samples were unsatisfactory, necessitating repeat visits and samples.

Caravan Sites and Control of Development Act, 1960

Site licenses for 102 individual vans and 16 for groups of vans are effective in the County districts. Informal notices were served on eight occasions for the removal of vans from unlicensed sites, and statutory action resulted in a fine of £10 against a person occupying a site and refusing to move.

Public Cleansing

The volume of household refuse continues to increase as the number of suitable sites for controlled tipping diminishes, thus the vicious circle goes on and our affluent society, with the built-in obsolescence of an increasing number of things, can look forward to being surrounded by its own refuse, unless very serious solutions are found quickly. A large number of incinerators serving small populations are not the answer, and combined efforts are needed from a number of authorities. Unfortunately joint schemes seem to take very much longer to institute, as is instanced by the project between Blaby R.D.C., Wigston U.D.C. and Leicester City.

Originally Oadby were interested in the proposal, but for various reasons they withdrew. Last year owing to a shortage of tipping space in the district, arrangements were made with Billesdon R.D.C. for disposal of the refuse at East Norton, involving a round trip of 30 miles for each vehicle to unload refuse. Oadby now propose to install a "Seerdrum" Pulverisation Plant at Wigston Road, Oadby. This will reduce the volume and produce a nuisance-free fine refuse, but it still has to be tipped somewhere. - As an old service saying goes, "you can't kick it around until you lose it". Lutterworth R.D.C. propose to use a disused railway cutting just outside their district in co-operation with Rugby R.D.C.

On several occasions in this annual report, the risks of tipping into water have been emphasised. This year a serious nuisance from the emission of hydrogen sulphide developed in Loughborough, and it persisted in spite of expensive counter-measures by the owners of the land. Scrap plaster-board had been tipped into old clay workings at a disused brickyard, and consultants engaged by the land-owners insisted that plaster-board is inert and could not be responsible. It would seem that this opinion is very much open to question since paper and adhesives are used in the manufacturing processes.

In spite of the provisions made under the Civic Amenities Act 1967, for the collection and disposal of bulky articles for which there had previously been a charge, far too many people load unwanted articles into the car boot and dump them into ditches or at the side of country lanes. The rural districts seem to bear the brunt of the thoughtless acts of people who are clean and tidy in their own homes and gardens.

Animal Boarding Establishments

No problems arose at the 58 licensed premises, which were visited on 109 occasions. It appears that all the premises are now properly established and meeting the demand for a good standard. No complaints were reported from barking dogs at the kennels, the majority of which are not in built-up areas.

Pet Animals Act, 1951

The only complaint made during the year of the 25 licensed premises, was of unsatisfactory cleanliness at one pet shop. This was corrected after informal action and nothing else was reported on the occasion of 52 visits to the remainder.

Rag Flock and other Filling Materials Order, 1951

The changing pattern of the trade can clearly be seen in the reduction of the number of premises licensed for the storage of rag flock and registered for upholstery. There are now 10 premises registered for upholstery and 5 licensed for the storage of rag flock, but it is noted by the district concerned that flock is seldom used now. It was not necessary to take any samples of rag flock for analysis.

Offices, Shops and Railway Premises Act, 1963

The annual returns of the County districts are summarised in the following table. Many of the small shops in the rural areas are family concerns and are not covered by the Act. Of the forty-one accidents reported, only one necessitated more than initial investigation as they were minor in character. The one more serious accident resulted from an open cellar trap-door, which was unfenced, and an employee sustained lacerations and severe bruising of the left knee and leg. Section 16(4) of the Act had not been complied with and the occupier of the premises received formal warning. It has been agreed that temporary fencing will be placed around the opening on every occasion that the trap-door is opened, since permanent fencing is impractical.

See Table Overleaf

The Administration of the Office, Shops and Railway Premises Act, 1963, during the year

DISTRICT	Number Registered				Number of Inspections				Accidents Reported					Contraventions			
	Offices	Retail Shops	Wholesale Shops	Catering Estabs. Canteens Depots	Offices	Retail Shops	Wholesale Shops	Catering Estabs. Canteens Depots	Offices	Retail Shops	Wholesale Shops	Catering Estabs.	Warehouses	Offices	Found	Remedied	Outstanding
Urban Districts:																	
Ashby-de-la-Zouch	29	51	1	8	1	9	1	1	1	.	.	.	.	30	15	15	.
Ashby Woudis	1	8	.	.	.	3	.	.	.	.	.	.	.	27	.	.	.
Coalville	41	169	9	24	1	4	.	3	.	.	.	.	.	27	.	.	.
Hinckley	97	281	14	22	4	49	14	26	4	.	.	.	.	362	147	215	.
Loughborough M.B.	7	8	.	.	.	46	3	5	.	1	5	1	2	27	26	1	.
Market Harborough	51	127	5	21	2	25	1	11	.	2	2	.	.	14	12	14	.
Melton Mowbray	51	122	5	25	2	6	.	9	.	1	2	.	.	8	12	.	.
Oadby	33	85	21	10	1	22	146	30	15	1	4	.	1	31	38	7	.
Shepshed	13	31	2	2	.	19	68	4	2	.	.	.	.	.	.	.	.
Wigston	36	157	8	16	.	5	109	5	13	.	1	.	1	148	173	127	.
Rural Districts:																	
Ashby-de-la-Zouch	8	39	.	3	3	9	92	.	18	6	1	.	.	26	17	8	.
Barrow-upon-Soar	48	250	19	34	3	11	77	11	10	1	.	.	.	34	42	6	.
Billesdon	3	11	.	8	.	4	4	.	8	.	.	.	.	7	7	.	.
Blaby	32	136	5	24	1	29	107	4	20	.	.	1	1	31	36	14	.
Castle Donington	28	17	1	12	.	19	17	1	12	.	.	.	.	1	1	.	.
Lutterworth	11	34	2	14	.	4	15	1	4	.	.	.	.	.	.	.	.
Market Bosworth	23	63	1	16	2	12	42	.	11	1	.	.	2	22	39	38	.
Market Harborough	3	23	.	15	2	2	31	.	27	2	.	.	.	.	.	.	.
Melton and Belvoir	9	28	.	10	2	6	22	.	12	4	.	.	.	6	6	.	.
Totals	524	1,640	88	264	24	284	1,103	75	207	20	5	26	2	774	571	435	

Clean Air Act, 1960

Five Smoke Control Orders are now operative in Blaby Rural District and a sixth proposed by the Council has been submitted to the Ministry for approval.

Hinckley Urban District Council have given consideration to the establishment of a "Pilot" Smoke Control, but have decided not to proceed further until a firm undertaking is obtained regarding the availability of smokeless fuel.

It seems incongruous that after all the efforts by local authorities to influence the public on the benefits of using smokeless fuel and the past cajoling from the Ministry for local authorities to organise Smoke Control Areas, that there should be a serious shortage of smokeless fuel.

In the excitement of discovering virtually unlimited supplies of natural gas someone forgot that the rapid introduction of North Sea Gas would result in the run-down of gas production from coal with the result that coke, one of the expensive 'by-products', would not be available as a smokeless fuel. We can only hope that no other serious pollution problems arise which have not been foreseen at present.

INSPECTION AND SUPERVISION OF FOOD

Diseases of Animals (Waste Food) Order, 1957

During the year seventy-four visits were made to licensed premises for the purpose of inspection. These included visits made by the County Health Inspector in company with an officer of the Animal Health Division of the Ministry of Agriculture, Fisheries and Food, when a check was made of five premises selected at random from the 56 currently licensed. This has become common practice throughout the Country since the Foot and Mouth Disease outbreaks of 1967/8.

In addition, four visits were made in connection with a newly established pig farm, which was subsequently licensed.

Biological Milk Sampling

The policy of regular routine sampling of all producer/retailer herds at the farm, during or immediately after milking to ensure that the milk from all cows is included, was continued throughout the year. One hundred and forty-nine routine samples were submitted to the Public Health Laboratory for biological examination, and all were again reported to be free from infection with myco-tuberculosis. The Milk Ring Test (ABR) is used as a screening test in connection with Brucellosis, and all positives are followed by individual cow samples. Four producers were involved in detailed herd investigations, and 87 cows were sampled, sometimes on several occasions. Fifteen cows were identified as giving infected milk, and the majority were sold for slaughter. One producer/retailer with a herd of Jersey cows, whose milk was in great demand locally, sold the herd and disposed of the herd when it was found that four out of eleven cows were giving milk infected with *Brucella abortus*. No human cases of Brucellosis have come to light to date amongst the customers.

Of forty producer/retailers, two are in the Ministry of Agriculture, Fisheries and Food Brucellosis Accredited Herd Scheme and eight are provisionally accepted subject to the completion of satisfactory blood tests. This is an indication of the farmers' enthusiasm for the scheme, and it is obvious that substantial progress towards complete *Brucella*-free herds throughout the country needs a change of policy by the Government.

Clinical Examination of Cattle

I am grateful to Mr. C. W. M. Walker, the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, for his co-operation with the department. His quarterly reports are summarised as follows:—

Clinical Examination of Dairy Cattle

Number of herd examinations	824
Number of cattle examined	56,130

Attested Herd Scheme

Number of animals tested	78,974
Number of reactors	47

The majority of the reactors concerned were in two milking herds, and these cases were followed up. All the milk was sent from the farms for pasteurisation, apart from that consumed by the farmers and their families. As a precaution, those at risk were X-rayed, with negative results.

Forty positive Salmonella results were notified following examination at the Veterinary Investigation Centres. The majority were Salmonella dublin and were followed up by the district Public Health Inspectors visiting the farms. A farmer and a herdsman were found to be excreting the same type of Salmonella organism and were excluded from milking operations until cleared by bacteriological examination.

Two interesting cases were reported:—

Salmonella typhimurium in a Gibbon at a Zoo, and the same organism in a Chinchilla at a Zoo Park. The handlers of the animals were advised as to the precautions to be taken.

Milk (Special Designation) Regulations, 1963 (as amended)

Total Number of Licenses in force on 31st December, 1969

Dealers' (Pasteurisers) Licenses	3
Dealers' (Prepacked Milk) Licenses	444
Dealers' (Untreated Milk) Licenses	11

Milk Pasteurising Plants

The pasteurising of milk within the County at the beginning of the year, remained with five dairies licensed by the County Council and one by Hinckley Urban District Council, as the Food and Drugs Authorities. Later, two of the former ceased to process milk. The first to give up pasteurising resulted from the need to replace the bottle and churn washing machinery and this was not considered to be an economical proposition in view of the large capital outlay involved. The retail rounds were continued with pasteurised milk purchased wholesale. The second dairy closure followed Co-operative Society mergers, and the premises were converted to a retailing depot, with cold storage to deal with bulk deliveries from Leicester.

All the dairies were inspected by the County Health Inspectors on average once per week, and 406 samples of milk were taken at the time of inspection. All the samples passed the phosphatase test for efficient pasteurisation. In addition 106 samples of pasteurised and 35 of sterilized milk were taken from dealers on the rounds or from shops. These samples also passed the statutory test for efficient heat treatment.

Bottle and churn washing plants were checked by sampling bottles for sterility and taking churn rinses. Some 358 washed bottles were submitted to the Public Health Laboratory, 52 of which were below the agreed standard. Of the 99 churn rinses, 17 were not to standard. Repeat samples and rinses were taken in all cases.

Milk to Schools and County Council Establishments

The milk supplies to all schools, residential schools, childrens homes, hostels and County Homes are approved and supervised by the County Health Inspector. Very little trouble was experienced during the year apart from a few cases of late delivery in rural areas, where the schools happened to be towards the end of a round. The Milk in School Scheme is now restricted to Primary and Junior Schools, but the senior schools still receive milk for kitchen use in bulk or pint bottles depending on the size of the school.

The Designation of Milk Supplies to the Schools

Schools	Untreated	Pasteurised	Total
Upper	.	14	14
High	.	31	31
Primary	5	244	249
Residential	.	3	3
	5	292	297

Six hundred and sixty-four samples of milk were taken at schools for examination at the Public Health Laboratory. All the pasteurised milk passed the phosphatase test. The "Untreated" Milk is sampled quarterly at the school in addition to routine farm samples. Biological examination showed the samples to be free of infection with *Myco. tuberculosis* and *Brucella abortus*.

Food Hygiene (General) Regulations, 1960

Regular inspections were paid to the premises concerned under these regulations by the district Public Health Inspectors, and 6,259 visits were made to 2,697 premises. Informal action involving 395 notices was taken and 371 informal notices were complied with (including some from 1968), during the year, leaving 59 out-standing. An improvement in the standard of mobile shops has been noted, although some make-shift conversions of old coaches are still not all that can be desired.

Fines resulting from prosecutions under the Food and Drugs Act

Unsound tinned cherries	£5.0.0.
Metal in a tin of meat	£30.0.0. – £5.5.0. costs
Metal bolt in a loaf of bread	£10.0.0. – £4.14.0. costs

Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966

Under these regulations, 168 stallholders comply with the requirements and 24 are exempted; 190 delivery vehicles comply and 12 are exempted. A prosecution against a butcher in respect of a delivery van resulted in a conviction on seven counts.

Meat Inspection

Fifty licensed slaughter houses were in operation during the year and 10,724 visits were made for the purpose of inspecting the 166,565 animals slaughtered. This total was made up as follows:— 29,778 cattle (including 651 cows), 446 calves, 86,004 sheep and 50,337 pigs.

It is pleasing to note that the incidence of tuberculosis in cattle and pigs was extremely low, a percentage of only 0.01 and 0.33 respectively.

In the Melton and Belvoir Rural District a Poultry Dressing Factory processed 250,000 birds (either hybrid hens or Capons), during the year. One hundred and sixty-seven visits were made for the purpose of inspection, which resulted in some 6½ tons weight of poultry being rejected as unfit for human consumption. This represents 1.904% of the total number of birds.

Ice-Cream

No premises are now registered solely for the manufacture of ice-cream within the County, and the era of the small man who used to make his own ice-cream on his own premises and take it round for sale, has thus come to an end. The popularity of ice-cream throughout the year shows signs of increasing and 1,463 premises are registered for retail sales. The practice of hiring out continuous-freezer vehicles continued, without check on the suitability of the driver/operators. Attention has been drawn previously to this aspect of ice-cream retailing, and a close check by more frequent sampling is necessary.

Classification of Ice-Cream Samples

Grade 1	180
Grade 2	37
Grade 3	14
Grade 4	7
<hr/>	
Total	238

HOUSING

The demolition of houses in clearance areas and individually unfit, proceeded at a slower rate than last year, but the redevelopment of several cleared areas with flats and houses was completed. It is pleasing to see this type of redevelopment taking place in the older parts of urban areas, so that the older people are not uprooted from their conveniently placed homes and transferred to estates long distances from many facilities. With public transport fares continually rising, the extra expense of travelling into town is a big strain on the restricted income of pensioners.

Houses demolished or closed, and persons displaced

	1968	1969
Houses demolished in Clearance Areas	166	91
Persons displaced	194	72
Individual houses demolished	187	158
Persons displaced	266	190
Unfit houses closed	74	71
Persons displaced	173	134

Property inspections for defects under the Public Health and Housing Acts totalled 5,558, and 488 houses were found to be in a state so dangerous to health as to be unfit for human habitation. A total of 756 houses were made fit or had defects remedied after informal action by the district councils. Formal action under Sections 9 and 16 of the Public Health Act, 1957 brought 47 houses up to standard and 8 houses were made fit under Sections 24 and 27 of the Housing Act, 1957.

In spite of much publicity concerning grants for improving the amenities of older, structurally sound, houses, the results proved disappointing. With the introduction of Improvement Areas, it is to be hoped that the next few years will show a marked improvement. The number of houses actually improved with grant aid was 648.

Applications for grants received by District Councils

	1967	1968	1969
Discretionary Grant applications	190	172	263
Discretionary Grants approved	166	162	249
Standard Grant applications	903	848	640
Standard Grants approved	828	816	617

Considerably less houses were completed by the district councils during the year, but more were under construction at the end of the year. The figures were 394(652) completed, with 601(316) under construction. The comparative figures for private enterprise building were 4,158(4,834) completed and 3,043(3,427) under construction, so that both were slightly down on the previous year. (1968 figures are given in parenthesis).

The number of applications for council houses at 2,885 was over 500 more than the previous year, and the total on the waiting list stood at 6,630 at the end of the year. Doubtless many council houses are grossly under-occupied and it is a pity that the tendency towards mobility in the labour market where people think nothing of switching jobs, cannot "brush-off" onto people's living habits. It is surprising how married couples whose children have left home, resent the idea of taking smaller accommodation to relieve overcrowded conditions being suffered by younger couples with several small children.

FOOD AND DRUGS

Mr. F. W. Arnold, Chief Inspector of the Public Control Department, reports as follows:—

The provisions of the Food and Drugs Act 1955 and other legislation 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 for the whole of the Administrative County with the exception of the Hinckley Urban District.

Inspectors of the Department procure samples of food and drugs exposed for sale with a view to either departmental examination or analysis by the County Public Analysts and, in addition, they are prepared to arrange for the analysis of suspect food and drugs purchased by the public. Very few complaints have been received in relation to the adulteration or composition of food. A sampling rate of 4.5 per 1,000 population produced 1.5 per cent. of unsatisfactory samples as shown in the table overleaf.

The 1,007 milk samples were tested departmentally and although 12 were unsatisfactory, subsequent samples from the same sources reached the presumed standard.

Labelling infringements continue to produce the major proportion of the unsatisfactory samples but generally manufacturers co-operate willingly in rectifying any errors.

Special supervision is given to foodstuffs produced and/or packed in the County. Samples are also obtained from deliveries of foodstuffs to all types of County Council establishments.

No proceedings were instituted by the Department under the Act during the year.

Complaints of foreign bodies in foodstuffs are always referred to the appropriate Public Health Inspector.

Samples obtained during the year

COMMODITY	NUMBER OBTAINED		UNSATISFACTORY		WHY UNSATISFACTORY
	Formal	Informal	Formal	Informal	
Milk		1,007	.	12	1 contained trace added water; 1 marginally deficient in milk fat; 10 low in milk fat content.
Beer, Wines and Spirits (9 varieties)	1	202	.	1	'Port Wine' was a ruby wine.
Biscuits, cakes and pastries	.	12	.	.	
Cheese, cheese spread	.	9	.	.	
Christmas Puddings	.	9	.	.	
Fish and Fish Products	.	16	.	.	'Halibut' was Mock or Greenland Halibut; Scampi consisted of 60% batter
Fruit and Fruit Products	.	24	.	2	2 canned fruit pies: list of ingredients not in the order found.
Ice Cream	.	127	.	.	
Marzipan	.	10	.	.	
Meat Pies	.	76	.	3	2 low in meat content; 1 canned pork pie: list of ingredients not in order found
Sausages, Beef	26	3	1	.	Contained undisclosed preservative
Sausages, Pork	46	2	1	.	
Sausage Meat/Rolls	16	6	.	.	
Other Meat Products	2	40	.	2	Curry with Beef and Mushrooms contained undisclosed sultanas Minced Beef and Onion with Gravy low in meat content.
Preserves	.	25	.	1	Piccalilli: ingredients not listed by quantity
Sauces/Sauce Mixes	.	17	.	2	Sauce Mixes: need for addition of milk not shewn on front label
Soft Drinks	.	39	.	.	
Miscellaneous Foods (62 varieties)	.	112	.	.	
Prepacked Medicines	.	49	.	2	Drapolene Cream contained undisclosed active ingredient Zinc & Castor Oil Cream not in conformity with BP formula.
TOTALS:	91	1,785	2	27	
GRAND TOTALS:		1,876		29	



Speech Therapy Service: Child with Speech Training Aid. A child with a hearing loss may require amplification of sounds produced by others and by himself if he is to acquire intelligible speech.

PART VI: SCHOOL HEALTH SERVICE

GENERAL STATISTICAL INFORMATION

School Population

The average number of pupils on the register of maintained schools

	1966	69,202
	1967	72,195
	1968	75,747
	1969	79,174

The number of schools maintained by this Authority

		Number of Schools
<i>Primary</i>		
	Infant	44
	Infant and Junior	165
	Junior	38
<i>Secondary</i>		
	High	29
	Upper	13
	Grammar	1
	Modern	2
<i>Special</i>		
	Educationally Sub-Normal	2
	Hospital School	1

Medical Inspections

The number of children examined by School Medical Officers at routine medical inspections.

		1968	1969
	School Entrance	4,428	4,930
	School Leavers	762	639
	Intermediate Age Groups	5,927	5,720
	Totals	11,117	11,289

The examination of children at school entry is a comprehensive medical, social and intellectual appraisal of each child augmented by pure tone audiometric sweep testing and vision screening.

Thereafter inspection may be carried out on traditional lines or on a "selective" basis at the discretion of individual School Medical Officers. Details of the periodic medical examinations carried out during the year are given in tabular form later in this report.

During the year, School Medical Officers carried out 366 special examinations at the request of a parent, teacher or school nurse. In addition there were 2,724 re-examinations of children found at previous inspections to have a defect which needed to be kept under observation.

The School Medical Officers clinically assessed 5 children (0.04%) of 11,289 children examined at periodic medical inspections as being of unsatisfactory physical condition.

Miscellaneous Medical Examinations

In addition to their school medical duties, the Medical Officers also carried out 635 medical examinations for other Departments.

Examination of adults

Students	396
Teachers	80
Highways Department	41
Fire Service	42
Staff Superannuation	29
Ambulance Drivers	25
Children's Department	3
Others	19
Total	635

Part-time Employment of School Children

A total of 38 pupils were examined for juvenile employment in the period under review. In no case was a medical certificate withheld on medical grounds.

Defects found at Medical Inspection

The following details are of defects (excluding dental disease and infestation with vermin) found at special and periodic medical inspections:—

(a) Defective Vision and Squint

There were 288 cases of defective vision discovered, 62 of squint and 10 of other eye conditions. The total number of children who required observation for the same defects was 306

(b) Ear Diseases and Defective Hearing

The number of children found to require treatment under this category

during 1969 totals 425. Of this number, 320 had defective hearing, 84 were referred for Otitis Media and 22 with other complaints. The number of children who required observation was 381.

(c) Nose and Throat

Of the children examined, 69 were either in need of treatment or were undergoing treatment for nose and throat conditions at the time of examination. A further 338 were noted for observation at future inspections.

(d) Defective Speech

In all, 188 children were referred during the year. Of these, 110 were for treatment and 78 for observation. In all cases, those children who required treatment were referred to the Speech Therapists who undertook the necessary treatment.

(e) Lymphatic Glands

In the year under review, 36 children were found to have defects under this heading. Of these, 2 were found to require treatment and 34 were noted for observation.

(f) Heart

During the year 18 children were found either to require treatment for heart condition or were already undergoing treatment at the time of examination. A further 105 were found to require observation.

(g) Skin Diseases

The total number of children found to require treatment for skin diseases during the year was 37. A further 67 were noted for observation at future inspections.

(h) Lungs

There were 20 children referred to the Consultant Chest Physician at the County Clinic during the year for diseases of the lungs. A further 200 children were found during the year to have some defect which was not thought serious enough to require treatment, but it was noted for further observation. There were 11 cases of hernia referred for treatment and a further 21 for observation. A total of 17 other defects were referred for treatment and 158 for observation.

(i) Orthopaedic

The number of defects found which required treatment were posture 6, feet 21, and other defects 19. A further 210 children who also had orthopaedic defects were found not to require treatment but were placed on the list for observation.

(j) Nervous System

Some 9 children were found to require treatment for epilepsy and 4 to require treatment for other diseases of the nervous system. Also, 68 children were found to require observation.

(k) Psychological

The number of children requiring treatment for psychological develop-

ment was 16, and for observation 52. There were 33 children requiring treatment for stability and 46 for observation.

MEDICAL TREATMENT AND SPECIAL CLINICS

The arrangements for the provision of medical treatment remained unchanged from previous years. In general the School Health Service concentrates on finding those children who require treatment and makes arrangements where necessary for this to be given through the National Health Service. In some instances the Local Authority may supplement treatment which is not readily available through the Health Service.

Minor Ailments

Minor ailment sessions continued during term time at the South Wigston and Loughborough Clinics only. In general, treatments were confined to simple medicaments, and pupils requiring further attention were referred to their General Practitioners and the Hospital Service.

Audiology Service

Audiology Technicians tested 11,141 children at routine visits to schools during 1969. Of the children tested, a total of 4,721 failed the preliminary test and were referred back to their General Practitioners for examination and, where necessary, treatment. Those children who had previously failed the routine test were given a further test and of the number tested 592 children were found to have a hearing loss necessitating referral to the E.N.T. Consultant. Many of these children require operations for removal of adenoids which can improve the hearing dramatically.

Hospital facilities remain limited so that cases often have to wait for over a year and even those referred by the Consultant as very urgent may wait for several months for surgical treatment. As a result these children often fail to derive maximum benefit from their education.

Children who, at the subsequent retest, were found to have a slight impairment of hearing were not referred for treatment, but were noted for annual retests to ensure that no deterioration in their condition had taken place.

Ophthalmic Services

Regular clinics were held throughout the year at Leicester, Loughborough, South Wigston, Oadby, Melton Mowbray, Coalville, Ashby and Market Harborough.

Occasional clinics were held at Desford Boys' School, Market Bosworth Hospital School and Craven Lodge.

Details of children seen and refracted at these clinics are given below.

Under arrangements with the Regional Hospital Board clerical assistance is provided at ophthalmic clinics by a clerk from the Health Department. A Consultant Ophthalmologist attends each session and we are indebted to them for their services.

The number of children treated during the year

Seen and refracted	3,495
Glasses prescribed	1,973
Existing glasses found to be suitable	727
Found not to require glasses	838

These totals include a number of pre-school children seen at the School Ophthalmic Clinics.

Orthopaedic Treatment

Treatment for orthopaedic defects is given by the Nursing Sisters from Coleshill Orthopaedic Hospital at the Coalville and Hinckley clinics. These centres are administered by this department for the Regional Hospital Board. A Consultant Orthopaedic surgeon attends each clinic once a month. The details of the numbers of children who attended and the treatment which they received are given below:

Treatment at Hinckley Clinic

Radiant Heat and Electricity	655
Muscle Re-education and Exercise	2,505
Massage and Manipulation	1,159
Dressings and Fittings of Appliances	12
Application of Plaster	12
Number of sessions held	93
Total number of attendances	2,618
Number of children examined by the Orthopaedic Surgeon	411
Number of first examinations	110

Treatment at Coalville Clinic

Radiant Heat and Electricity	408
Muscle Re-education and Exercise	1,837
Massage and Manipulation	542
Dressings and Fittings of Appliances	38
Application of Plaster	1
Number of sessions held	89
Total number of attendances	1,464
Number of children examined by the Orthopaedic Surgeon	348
Number of first examinations	57

Each year the Nursing Sisters arrange (with voluntary assistance) a Christmas party for orthopaedic patients at each clinic. The Hospital Management Committee make a small grant towards the purchase of toys for these occasions.

Enuresis Clinics

Dr. J. G. Bennett reports as follows:—

The treatment continued with training and advice rather than prescription of drugs. The children are encouraged to practice muscle control and in many cases it has proved effective to loan an enuresis alarm to a child over a short period. An improved, transistorised alarm was introduced during the year and has proved very successful. In the main, children referred who are under the age of six years do not respond so well to treatment, because they tend to be unco-operative. The best response to treatment is with children whose symptoms are due to a physical rather than an emotional cause.

Of 419 offers of appointments, only 250 attendances were recorded at the clinics during the year. Approximately 25% of those referred were discharged as satisfactory. The figure is approximate because not all parents informed the clinic of their reasons for ceasing to attend.

There are waiting lists for treatment at Coalville, Hinckley and St. Martins.

Clinics held during the year

St. Martins	24
Coalville	13
Hinckley	7
Melton Mowbray	2
Market Harborough	2
County Hall	8
Oadby	5
Total	61

Obesity Clinics

Dr. I. J. Meadows reports as follows:—

During the past year a total of 115 children have been seen regularly, 66 in secondary schools, 49 in primary schools.

Secondary School Children

School	+	-	0	% overweight		
				15	15-50	+ 50
A	5	15	5	9	12	4
B	7	6	0	2	4	7
C	4	7	7	9	5	4
D	2	5	2	2	5	2
Total	18	33	14	22	26	17

Primary School Children

School	+	-	0	% overweight		
				15	15-50	+ 50
A	2	6	2	4	6	0
B	1	5	0	3	3	0
C	0	2	0	1	0	1
D	2	10	0	4	5	3
E	0	7	1	7	1	0
F	0	6	1	7	0	0
G	0	2	1	1	2	1
Total	6	38	5	27	17	5

KEY

+ Indicates gain in obesity)

0 Indicates some degree obesity) after one year's treatment

- Indicates less obesity)

Calculated by comparison with standard percentile tables

It will be seen that of those who attended, 75% of primary school children and 50% of secondary school children have responded to treatment by control of carbohydrates in the diet. Parents have been encouraged to attend and in primary schools about 85% of parents attend regularly. This percentage is of course much smaller in secondary schools where the problem has often been of much longer standing. In the majority of cases a family history of obesity was present.

Since the degree of obesity was less, and results better in primary schools it would seem best to try and prevent obesity in early years and encourage good eating habits at that stage. Parents have been advised to read the "Family Doctor", booklets on obesity in childhood and for teenagers "Slim Safely" is recommended (using the Clyde Unit system).

Speech Therapy Service

Mrs. R. W. Sage, Senior Speech Therapist, reports:—

The table of referrals shows that each therapist is responsible for a caseload of over 300 patients and this takes no account of the fact that the Senior Therapist is responsible for the day to day administration of the service.

This is a clear indication that the service works under considerable pressure. The balance between interviews/assessment and treatment is difficult because if the service tries to ensure an early interview for a referral, the treatment clinics clearly suffer. At best, each child can only be offered a 30 minute session once weekly and this is obviously totally inadequate for many children, whose difficulties in a whole range of linguistic skills are likely to prove a severe handicap to emotional and intellectual development.

An encouraging note, however, is in the management of pre-school children. The Therapists are using their own system of assessment of general abilities with spoken language on pre-school children as a basis for selection to 5 pre-school groups, where a programme of perceptual training is carried out. Even though the groups can only be seen once a week there has been encouraging improvement in general performance amongst the children who have attended and the close and regular contact between families means a clearer understanding of the problems the child faces in his environment.

Staffing

Mrs. V. Caird joined the staff on a temporary basis from January - August, 1969, and her previous experience of working in intensive treatment units was valuable. In April, 1969, we were fortunate to gain the services of Mrs. V. Steel to take over the clerical work of the Service and although only part time, she manages competently to organise the work of the service.

In September 1969, Mrs. O. J. Tagg left full time employment to have her first baby. After working in the County for nearly 6 years, she brought to her work much insight and skill and will not be replaced easily.

The Work of the Speech Therapy Service, 1969

	Children	Adults
Patients referred	1,551	109
Patients under treatment	307	37
Patients under observation	615	18
Patients on waiting list	493	37
Patients discharged	93	.

Courses

Mrs. Sage attended a post graduate course in Cerebral Palsy at Cheyne Hospital, London, from April - June, 1969.

Mrs. Caird, Miss Spencer and Mrs. Taylor attended a day course on Autistic children and another day course on Cerebral Dysfunction.

Mrs. Watson, Mrs. Finley and Mrs. Sage attended a day course on Cerebral Palsy at the Castle Priory College, Wallingford.

All staff attended the College of Speech Therapists Course at the Birmingham Dental School where papers on Aphasia were read.

Conclusion

Although the service maintained a full establishment of Therapists until August, 1969, when Mrs. Caird and Mrs. Tagg left the service and were not immediately replaced, patients are still having to wait several months for initial appointments, and even longer for treatment if this is indicated. Because of this, insufficient contact is maintained with other professional colleagues and schools can be visited only occasionally. Poor working conditions lessen effectiveness of the work carried out and at the moment no research or survey projects can be contemplated which is to the detriment of the future progression of the service.

Many thanks are due to the other members of the service who continually work overtime to fit in extra patients (especially adults) and who are always willing to give up their own time to keep abreast of accelerating changes in the field of speech pathology and speech sciences.

Child and Family Guidance Service

Dr. S. M. W. Pittock writes:

The year 1969 was a landmark in the provision of Children's Psychiatric Services in the County with the appointment of the second Consultant Children's Psychiatrist, Dr. K. D. Hopkirk, who took up his duties on July 28th. It was with great pleasure that the clinic welcomed him; although with additional responsibilities to the new adolescent unit this meant only an extra 1½ sessions of psychiatric time to the Local Authority service.

It was agreed that the most effective use of this time would be to hold a weekly clinic at Melton Mowbray on Thursday mornings to cope with referrals from the Melton area and also from Rutland. The remainder of his time in the County has been devoted to administrative work concerned with his own area and to the clinic conferences on Thursday afternoons which involve all staff of the Child Guidance and Schools Psychological Service together with such Social Workers as the clinic have been supervising at the time. The general pattern of the clinic work remains the same, however, and it should be emphasized that the increase in psychiatric time is to some extent misleading because the increased need for administrative time is disproportionate.

The new Adolescent Unit for girls was completed during the year, which is an autonomous unit within the grounds of the Towers Hospital named Oakham House. Whilst the existence and functioning of Oakham House has no direct bearing on this clinic's services, it is bound of course to have an indirect effect. Several teenage girls from the County have been considered for admission and by the end of 1969 two had in fact been placed there, one from Hinckley and one whose home was in the Braunstone area but who was in the care of the Local Authority. This second girl had left school but had been known previously at the Upper New Walk clinic.

It gives me great pleasure to record Miss J. Sutcliffe's promotion from Senior Psychiatric Social Worker to Head Psychiatric Social Worker in this clinic. During the summer Mrs. P. A. George, one of our part time Psychiatric Social Workers, was obliged to resign this service for family reasons and Miss M. Rayward was appointed to start in September.

There have been changes at the County's child guidance hostel, The Homestead, Melton Mowbray. In the autumn Mr. W. P. Pavelin resigned his post as Deputy Warden, having held it for six years, and by the end of the year a successor had not been appointed. Because of this the numbers in the hostel were not allowed to rise to capacity. Over the last few years it has been noticeable that the proportion of young children, i.e. 8, 9 and 10 year olds, has fallen and the proportion of young adolescents has increased. Sometimes this has posed particular difficulties in respect of some of the older boys and, when this occurs, extra care has to be taken in the selection of new boys and girls.

A large proportion of admissions are suffering from school phobia and their treatment by such means may be thought paradoxical since they all suffer in greater or lesser degree from separation anxiety. In fact, of course, since the separation anxiety is enhanced by the degree of parental over-involvement in cases of "school phobia" placement in the hostel enables the child to come to terms with how well he can operate in the absence of his parents and generally increase his self-confidence and growing independence.

As a rule subnormal children are not accepted at The Homestead, nor are delinquent children. One of the main aims of admitting a child there is to enable a process of rehabilitation with the home to go on during the child's temporary absence. All children in The Homestead go home for school holidays and for half term and all children are visited on Sundays by their parents and sometimes other relatives. In a child's first term at the hostel, in addition to half term, he normally has two weekends at home and the number of such weekends per term gradually increase until in the last term the child is going home every weekend. Perhaps it is not sufficiently appreciated by the medical and teaching professions in the area that any child admitted to The Homestead attends the ordinary school in Melton appropriate to his age, and at the present time we have children in two junior schools, the two Melton High Schools, and in Melton Upper School.

Because "school phobia" is a subject of growing national interest and concern, it was decided last year to include it as a special diagnostic category (Table IV (a)). As already indicated this problem is characterised by a separation anxiety - a fear of separation from one or both parents and the home that they stand for. In its extreme form "school phobia" continues into adult life, the individual failing to go out to work and remaining dependent on the home. It should be recognised that there is an emotional over-involvement of one or both parents with the child and there may be on the part of the mother or the father an unconscious need for the child's presence. Typically, school phobics have a history of initial difficulty when starting school at five and also problems when transferring from infant to junior school or from the junior to the high school. Sometimes there is a history of frequent absences from school because of relatively trivial ailments for example colds, coughs, etc. which in the normal school population do not keep a child from school. A large number of school phobics have physical symptoms of abdominal pain, nausea, and even vomiting, but there is no question that the sufferer malingers. Generally the child affected does not dislike school and once he is there frequently enjoys it, but facing leaving the home can cause acute distress. According to the severity of the problem there are different modes of treatment: in mild cases the Education Welfare Officer, or sometimes the parents themselves, can offer support by taking the child to school with successful results. In more severe cases a more active approach is required: the child may be admitted to the Homestead, or he may be accepted at the clinic for psychotherapy by the psychiatrist or by the psychologist associated with a psychiatric social worker working closely with the parents. In the early part of 1969 I recorded a short interview for Radio Leicester on the subject of "school phobia" which led to a television interview on the same day.

Throughout the year the policy of psychiatric consultation with and counselling of outside agencies was continued. For some years Dr. A. A. Valentine, Medical Superintendent of the Glenfrith Hospital Group, had been anxious to obtain regular visits from the Children's Psychiatrist and with the appointment of Dr. Hopkirk I began to devote one half day a week to the Glenfrith Hospital. This arrangement is felt to be beneficial because it allows me to follow up children known to the clinic and effectively functioning as subnormal. The Glenfrith session has also enabled me to have even closer contact with Dr. Bakowska who is a Medical Assistant at the Hospital and who has continued throughout 1969 to attend the Child Guidance Clinic one afternoon a week.

All clinic workers, whatever their discipline, have been involved in a number of "outside" activities. Several went to the Inter-Clinic Conference in March. Special mention must be made of the publication of a paper on "A behavioural approach in the treatment of elective mutism" by Mrs. A. Sluckin in co-operation with Mr. D. Jehu, Director of the Leicester School of Social Work.

For the first six months of the year the clinic accepted placement, for three days a week, of two students from the Leicester School of Social Work. In September we accepted another student from the School of Social Work's one year Diploma Course in Social Work for six months and for the first time Miss K. Tauber was involved in a student's supervision. Mrs. Sluckin has continued and increased her work with groups of mothers and Group 1 has continued meeting once a month. There have been ten group sessions during the year. It has been possible to make arrangements for the toddlers to be looked after in the play room while the mothers talk. This is an attempt to remain in contact with mothers who are likely to have recurrent problems with successive children. The venture is now in its third year and at present the group consists of five mothers, two of whom have been members from the very beginning. An investigation by the Psychiatric Social Worker on consumer research lines (and statistically analysed) into the clients' response to and feelings about the group revealed that they saw it as mainly supportive. Nine clients, some of whom had ceased to be members of the group, helped the Psychiatric Social Worker with this investigation. Group work has certainly proved a most popular method with some clients, but Mrs. Sluckin concludes it should not be used indiscriminately.

Group 2 is so far a small one of three mothers. It is a new venture, the group meeting only three times in 1969. The members are mothers of children who are at present at The Homestead. The object is to discuss problems of interaction in the hostel (staff and children) and also draw attention to problems that may arise during the children's weekends at home, school holidays, etc. with a special stress on how the family (parents as well as siblings) react to one member being away from home.

It is hoped that mothers whose children have been discharged from The Homestead will remain members of the group, which may encourage those whose children have only recently been admitted, and it will also enable the clinic to follow-up old cases.

In 1968 I mentioned the inauguration of a system of joint interviews conducted by Mrs. Sluckin and Mr. P. Foster, (Warden of The Homestead) with the parents. These have continued in one case and they are now contemplating treating another case on similar lines.

I should like to thank my colleagues, both professional and office staff of the clinic, my colleagues in the County Health Department, the Consultant Paediatricians, Dr. W. Matheson and Dr. K. Simpson, for their kind interest, and my colleagues at The Towers Hospital for their invaluable professional support: until Dr. Hopkirk's arrival they continued to provide emergency cover during my leaves of absence.

Statistics

Table I shows the continuing drift of increased referrals to the whole clinic, although the number of referrals to the Child Guidance section shows a drop of 20 over the previous year. This drop may only be because there are still cases being dealt with by the Psychologists who may eventually be referred to the Child Guidance section.

Table II shows a breakdown of the age groups referred to the clinic and although there is little difference up to the age of 11, there have been increasing numbers of older children referred to the Child Guidance Unit: there were 38 of the age of 13 referred, as compared with 21 in 1968; and 16 fifteen year olds as compared with 7 the previous year.

In Table III it will be seen that the numbers for different referring agencies remain approximately the same with the exception of the Schools Psychological part of the clinic, whose referrals this year increased to 150 from 96.

Table IV gives the type of problem referred, that is, the diagnostic category, and one must point out here that some cases will appear in more than one category, e.g. reactive problems may co-exist with social problems. It will be observed that the figures for school phobia show an increase of 10 over 1968. For the first time this year Table IV (b) is included to show the kind of action taken. In this connection treatment is taken as psychotherapy with a child in conjunction with psychotherapy of a parent, or psychotherapy of a parent or parents in the absence of specific treatment for the child. It can also mean, particularly in the case of adolescents, psychotherapy of the child in the absence of particular help to the parents.

I Cases referred during the year

	1968	1969
No. referred to the Schools Psychological Service and Child Guidance Clinic	843	894
No. referred to the Child Guidance Clinic	360	340
No. of cases seen at the Child Guidance Clinic	<i>m</i> 234 <i>f</i> 126	228 112

II Referrals to the Child Guidance Clinic – by age group

Aged 1 to 4	26
Aged 5 to 10	163
Aged 11 to 17	151
Total	340

III Sources of referral of cases

Schools Psychological Service	150
General Practitioners	66
Parents	32
School Medical Officer	17
Hospitals	24
Health Visitors	6
Court	7
Other Authorities	12
Children's Department	3
Play Group	4
Probation Officer	2
Schools	9
School Welfare	7
Speech Therapist	1
Total	340

IV Type of Problem Referred

(a) Diagnosis

Neurotic	33
Reactive	189
Social	36
School Phobia	44
Organic	5
Psychotic	
(a) Childhood Psychosis	1
(b) Early Schizophrenia	2
Attempted Suicide	6
Psychosomatic	5
Court Report	8
Subnormality	5
Educational	27
Depression	2

(b) Action to be taken

Treatment	53
Observation and Survey	134
Transfer to hostel	10
Transfer to hospital	1
Advice given	39
Refer to Schools Psychological Service	16
Refer to C.G.C.	56
Remedial Teaching	3
Remedial Teaching Survey	0
Refer to other Agencies	8

V Psychiatrist

	Upper New Walk	Lough- borough	Hinck- ley	Coal- ville	Melton
No. of diagnostic interviews	128	54	32	20	11
Total attendances at each Clinic	382	181	53	65	48
No. of sessions at each Clinic	130	42	14	17	15

SCHOOL DENTAL SERVICE

Mr. D. M. Hobbs, Principal School Dental Officer, reports:—

Staffing

During the year a further appointment of an Area Dental Officer was made, Mr. A. C. Penlington taking up his duties at Loughborough in April. This brought the staff to 5.5 whole time equivalent dental officers, which was maintained throughout the year. One part-time officer resigned during the year, on leaving the area, but this vacancy was filled by another part-time officer becoming full-time. The prospects for any further significant increase in staff are limited by the surgery accommodation available.

Accommodation

The only increase in surgery accommodation during the year was the delivery of a mobile unit for use in the Coalville/Ashby area. This makes it possible to provide treatment for schools which are more remote from the Coalville Clinic. Also, there is the possibility of employing an additional Dental Officer with this increased accommodation.

Treatment

As would be expected with an increase in staff, the number of children inspected at routine school inspections rose during the year to 30,090, compared to 16,747 in 1968. Also, a further 695 children were inspected at a clinic. Of the total number inspected, 16,819 were found to require treatment and 12,432 of this number were offered treatment.

The number of attendances made by children for treatment also showed a large increase to 11,427, from 6,202 in 1968. The number of fillings inserted in permanent teeth rose to 8,686, an increase of 2.5 times the figure for the previous year. The rate of increase in extractions is less at 1.9 for permanent teeth and 1.4 for deciduous teeth, which shows that patients are more readily accepting measures designed to preserve their teeth.

The average amount of treatment provided for each child attending for treatment during the year was: 1.8(1.2) fillings inserted in permanent teeth, 0.8(0.6) fillings inserted in deciduous teeth, 0.2(0.2) permanent teeth extracted and 0.7(0.8) deciduous teeth extracted. The corresponding figures for 1968 are shown in brackets.

This again illustrates the point made last year that with increasing staff, treatment is being made available to an increasing number of children for whom it was not previously available. Consequently there is a back-log of treatment requiring attention, which is shown by this increased amount of treatment provided for each child.

Departmental Visit

In July a visit was received from Mr. J. G. Potter, Dental Officer, Department of Education and Science, and the report following his visit was received towards the end of the year. The main point to emerge from this report was the lack of surgery accommodation, since there are three times as many children per surgery in the Authority as there are nationally. It is hoped to formulate a programme for providing increased surgery accommodation in the light of Circular 17/69 of the Department of Education and Science, dealing with Special Schools and School Clinics - Major Building Programmes. The other way in which accommodation will become available is through the building programme for Health Centres, and the first of these to include dental accommodation is planned for Lutterworth.

The report commends the Authority upon an improvement in the staffing situation since the previous visit in 1964, and also upon the creation of a graded staff structure. Various recommendations are made for the improvement of existing clinics, together with comments upon deficiencies in equipment which it is hoped to remedy at an early date.

Staff Refresher Course

A new venture during the year has been the holding of a one day refresher course for our central staff, to which the staff of the City of Leicester Dental Service were invited. The course was conducted by Mr. F. I. H. Whitehead, Senior Lecturer in Oral Surgery, University of Birmingham, and the theme was 'Local Anaesthesia, and medical conditions related to dental treatment'.

The content of the course was such that it was of interest to all grades of staff, and it was generally agreed to have been a most useful and stimulating venture. The excellent facilities available at County Hall for a course of this type received favourable comment, and it is hoped that such a course will become an annual event.

Special Investigation

A request was received from the Dental Group of the Society of Medical Officers of Health for information concerning the policy of schools in the Authority in respect of the sale of cariogenic foods in school. Cariogenic foods are those foods which generally have a high sugar content, for example chocolates and biscuits, and are considered to be dentally harmful.

The only way in which this information could be obtained was by the circulation of a questionnaire to all schools. I am most grateful to all head teachers for their very ready co-operation in the completion of this questionnaire, the results of which are shown below:

The results of the Questionnaire

	Infants	Junior	Infant & Junior	Secondary
Total number of schools	43	40	166	47
% of schools which:				
(a) Prohibit the eating of cariogenic items in school hours	16	8	10	9
(b) Sell any cariogenic items	44	53	39	62
(c) Sell only non- cariogenic items	9	18	7	18

To determine whether there is any association between the sale of cariogenic items in school and a higher level of dental decay, a random sample of children in infant schools were dentally examined and the condition of their mouths accurately charted. The results of this investigation were inconclusive, there being no statistically significant difference between children in the three groups according to the sales policy of the school which they attended.

However, a recently published paper in "The Medical Journal of Australia", on this subject, shows that children attending schools where cariogenic items are freely available had a greater increase in the number of newly decayed tooth surfaces over a two-year period than those attending schools where these items are not available. From this it would seem that if a school must sell something to eat at break-time it is preferable that they should sell the less dentally damaging items, such as crisps, nuts and raisins.

The First Fifty Years

The year 1969 marked the fiftieth anniversary of the beginning of the School Dental Service in Leicestershire. Some indication of the changes that have occurred in the service during this period can be seen in the table following this report. This table shows the returns made for selected items of treatment at two-year intervals over this period.

It can be seen how the staffing of the service steadily progressed in the years between the two World Wars, then declined as dental officers were required for Military Service. At the end of the Second World War the returning dental officers gave a lift to the service which was maintained for a time. Following this there was a gradual decline in staff, possibly due to the financial attractions of practice within the National Health Service. This decline has persisted for a number of years, but latterly recruitment has taken an encouraging turn, the handicap now being the lack of surgery accommodation mentioned earlier.

The reports of the Principal School Dental Officer covering this period make most interesting reading, and by way of illustration I will quote a brief extract from the report for the year 1919.

"During the operations, and at all times, a personal interest is taken in every individual child, and all measures taken to gain its confidence, friendship, and trust, without the gaining of which any scheme must fail.

Small rewards of a few sweets are given after extractions, which are done without the use of anaesthetics, also with the object of winning a child's friendship and to dispel any after fear".

It should be noted that at the present time anaesthetics are used in all extraction cases and in many cases for fillings also, and the small rewards of a few sweets are no longer given.

Throughout the year the smooth running of the dental service depends upon the co-operation of many people; to all who have helped in any way I am most grateful.

Department of Health and Social Security - Circular 8/69. Fluoridation of Water Supplies.

This circular was received in July, and was issued at the same time as the publication of the report "Fluoridation Studies in the United Kingdom and the Results Achieved after Eleven Years". The report extends and supplements the five year Report on the Conduct of Fluoridation Studies in the United Kingdom published in 1962 and confirms the findings in that report, which demonstrated that fluoridation led to substantial reduction of dental decay in temporary teeth.

The circular states that "the Secretary of State is anxious to ensure that no child is denied the substantial benefits enjoyed by those in areas where the water supply has an adequate fluoride content, and which can now be made available to all at a cost which is very low having regard to the potential savings outlined above".

The savings referred to are an extension, for the whole of England and Wales, of the reduction in the numbers of decayed teeth which have occurred at Watford since the water supply was fluoridated. This indicates a potential elimination of the need to fill, each year, over 2½ million temporary teeth in children up to the age of seven and over one million permanent teeth in children up to the age of ten.

Statistics

1. Attendances & Treatment

	Ages 5-9	Ages 10-14	Ages 15 and over
First Visit	2,711	1,836	243
Subsequent Visits	2,975	3,272	390
Total Visits	5,686	5,108	633
Additional courses of treatment commenced	84	86	8
Fillings in permanent teeth	2,930	5,086	670
Fillings in deciduous teeth	3,508	363	.
Permanent teeth filled	2,349	4,185	577
Deciduous teeth filled	3,245	362	.
Permanent teeth extracted	189	797	221
Deciduous teeth extracted	2,522	978	.
General anaesthetics	126	68	7
Emergencies	144	90	12
Number of Pupils X-rayed		174	
Prophylaxis		486	
Teeth otherwise conserved		574	
Number of teeth root filled		15	
Inlays		5	
Crowns		8	
Courses of treatment completed		4,152	

2. Orthodontics

Cases remaining from previous year	29
New cases commenced during year	34
Cases completed during year	20
Cases discontinued during year	2
No. of removable appliances fitted	46
No. of fixed appliances fitted	1
Pupils referred to Hospital Consultant	64

3. Prosthetics

	5 - 9	10 - 14	15 and over
Pupils supplied with F.U. or F.L. (first time)	.	.	3
Pupils supplied with other dentures (first time)	.	6	5
No. of dentures supplied	.	7	14

4. Inspections

(a) First inspection at school. No. of pupils	30,090
(b) First inspection at clinic. No. of pupils	695
Number of (a) found to require treatment	16,819
Number of (a) offered treatment	12,432
(c) Pupils re-inspected at school or clinic	410
Number of (c) found to require treatment	274

5. Sessions

Sessions devoted to treatment	1,769
Sessions devoted to inspection	250
Sessions devoted to Dental Health Education	6

DENTAL TREATMENT 1919 - 1969

YEAR	1919	1921	1923	1925	1927	1929	1931	1933	1935	1937	1939	1941	1943	1945
No. Inspected	2,224	10,524	11,493	16,995	19,731	20,318	23,280	27,314	26,343	22,464	25,257	23,660	18,894	16,249
Require Treat.	1,153	4,310	6,098	8,368	9,376	9,877	12,586	14,136	14,350	13,683	14,846	14,208	9,135	7,527
Treated	917	3,964	5,386	7,168	7,682	7,808	9,529	10,605	9,618	10,716	11,840	11,673	7,420	6,344
Insp.	130	130	130	170	201	205	256	280	270	270	315	328	264	197
Treat.	650	650	620	927	981	955	1,084	1,280	1,680	1,818	2,032	1,969	1,724	1,003
Total Attendance	5,001	6,913	9,027	9,349	9,387	9,349	11,206	12,803	13,148	14,404	16,265	15,005	10,223	7,950
Perm. Teeth	1,031	3,840	6,284	5,655	5,575	5,745	8,366	10,628	14,111	14,050	16,175	13,127	10,498	6,971
Decd. Teeth	.	.	.	.	20	37	149	26	22	24	23	.	.	442
Fillings	.	4	57	216	301	402	670	1,308	1,401	1,250	1,544	1,222	703	417
Extractions	1,089	3,594	4,503	6,239	6,246	6,947	10,227	10,919	10,067	10,472	12,908	13,721	8,630	5,925
General Anaesthetics	.	.	.	.	46	54	179	117	171	10	4	13	3	319
Staff	1	2	3	3	3	3	4	4	5	5	6	5½	4½	4
School Population	32,561	35,706	35,969	36,018	36,812	38,019	39,048	40,522	35,989	33,641	33,326	32,153	35,042	41,225

(Continued overleaf).

DENTAL TREATMENT 1919 - 1969 (Cont.)

YEAR	1947	1949	1951	1953	1955	1957	1959	1961	1963	1965	1967	1969
No. Inspected	31,029	27,995	25,086	26,601	25,282	25,540	24,769	22,786	18,817	14,343	19,819	30,785
Require Treat.	14,216	12,104	11,352	12,264	11,671	12,712	13,219	11,587	12,519	7,068	10,586	16,819
Treated	11,377	10,609	9,661	9,660	7,651	7,751	6,487	4,992	4,287	2,449	3,076	4,790
Insp.	415	357	307	320	318	355	371	371	235	144	196	250
Treat.	3,048	2,960	1,981	2,022	1,892	1,742	1,477	1,232	889	528	901	1,769
Total Attendance	17,365	16,771	13,405	13,345	12,219	12,001	9,699	6,850	6,584	3,959	6,050	11,427
Perm. Teeth	16,565	12,918	7,778	10,376	10,154	9,298	6,356	5,256	2,963	2,088	4,041	8,686
Decd. Teeth	594	366	250	228	27	37	22	40	331	579	1,668	3,871
Extractions	870	989	599	738	941	1,312	1,252	922	906	516	519	1,207
Decd. Teeth	9,704	9,869	10,729	8,490	7,295	5,957	5,032	3,599	7,490	2,199	1,854	3,500
General Anaesthetics	335	440	233	38	6	111	115	20	49	96	.	301
Staff	7½	7½	5	5	5	4½	4	3½	3	2	3¼	5½
School Population	41,776	46,943	49,662	52,511	55,543	59,472	62,505	65,000	67,513	70,718	72,195	76,679

Until 1945 the figures do not include Loughborough Divisional Executive. From that year the figures refer to the whole County.

Blind and Partially Sighted Children

Special education for partially sighted children was introduced nationally in 1908 with sight-saving classes. Now, the nearest local special school for these children is at Exhall Grange in Warwickshire. During the year one Leicestershire child was placed there.

Registered blind children are placed at Lickey Grange School near Bromsgrove, Worcestershire where special provision on a day to day residential basis is available.

Blind - Nine at Special Schools; two on waiting list.

Partially Sighted - Thirteen at Special Schools; two on waiting list.

Partially -Hearing Children

1969 has been a difficult year for the peripatetic service for partially hearing children, largely due to staffing difficulties. Until September, when Mr. Harrison returned from Manchester University having been awarded a diploma in Audiology, and Mr. Bannister joined the staff, only one teacher was available for work with school aged children with hearing defects. It was only possible, therefore, to offer a very basic service. Since September; some reorganisation has taken place, and the four teachers of the deaf have all undertaken work throughout the age range from 9 months to school leaving. The service, even with a full complement of staff, continues to suffer from very heavy case loads, and some aspects of the work, particularly remedial help for children in ordinary schools and guidance to parents of children attending special schools for the deaf and partially hearing, continues to be offered at a minimal level only.

An extra burden has been carried by the teachers of the deaf in offering help to parents of pre-school children by the existence of a waiting list at Stoneleigh School for the Deaf, Leicester, which has delayed entry for a number of these children.

The report of the Department of Education and Science on peripatetic teachers of the deaf was published during the year. This very full report, the result of a wide investigation into the variety of ways of deploying

peripatetic teachers of the deaf, stressed the value of a peripatetic team as a basis upon which to build a comprehensive service for hearing impaired children. It did, however, stress the need for the functions of teachers of the deaf employed in this field to be clearly seen, in order that their special skills should be used economically and to full advantage.

Educationally Subnormal Pupils

(a) Craven Lodge School

Dr. R. W. Kind reports as follows:—

No significant medical problem arose during 1969. The poor physical development and social inadequacy of children admitted continued to be cause for concern.

The philosophy underlying the use of residential special education which has been a subject of continuous discussion among the School staff for many years and which was touched on in my last report continues to present a stimulus to argument. Lately, this has been more sharply emphasised by the projected transfer of responsibility for the education of the mentally subnormal. It is recognised that this will offer a potentially very advantageous situation to many children. It is equally recognised that for this potential to be realised, changes of attitude will be necessary among teachers and administrators alike.

(b) Maplewell Hall Residential Special School

Dr. R. C. Holderness reports as follows:

The health of the boys was generally good during the year. One case of infectious hepatitis occurred, which appeared to be unconnected with the outbreak at the end of 1968, and no further cases occurred.

Many of the boys come from a home environment which is unable to provide the stimulating and socialising influences of which they are particularly in need. One of the great advantages of the residential school is that it provides experience in learning to live in harmony with ones fellow beings. Maplewell's curriculum is designed to foster the initiative, and promote the self confidence, of the pupils against a stable background so that when they leave school, though they may not have achieved more than the elements of academic skills, they are at least able to fit into the community and in most cases contribute to their own support.

Employment of Handicapped Young Persons

The guiding principle governing the work of the Service with handicapped pupils was the recognition that the more we can identify and utilize their positive attributes, the better the chance of placing them in suitable employment. Officers working on behalf of these boys and girls required tremendous energy and a deep and abiding sense of dedication. Tangible

satisfactions from this work were often long delayed and only experienced through the grateful appreciation of these we sought to help. Added strength in this field clearly evolved around the Specialist Officer responsible for assisting Area Officers to deal with physically and mentally handicapped school leavers.

Heads of Schools were again fully co-operative in submitting details of handicapped pupils to the Standing Welfare Committee. This Committee met three times during the year and considered disabilities in the light of future employment. Recommendations were then submitted via the Specialist Officer for Handicapped School Leavers to the appropriate Area Officers. We are again grateful to the Headmaster of Maplewell Hall Special School for granting such excellent facilities to carry out individual careers guidance with the pupils. This school is the responsibility of the Specialist Officer added to which from January 1970, will be the new County School for Physically Handicapped Pupils based on the campus of the City General Hospital.

The most prevalent disabilities encountered were - Educational Subnormality (19), Eye Defects (17), Asthma (15) and Backwardness (11).

SCHOOL ENVIRONMENT

School Meals Service

School meals and milk (in Primary Schools) continue to be provided throughout the County to help ensure adequate nutritional standards for children.

The table below shows the number of pupils registered at schools where meals are provided and the number and percentage of those taking advantage of the service. Last year's figures are shown for comparison.

Children using School Meals and Milk Services

	Primary		Secondary	
	1968	1969	1968	1969
Pupils on register	41,067	44,125	27,352	30,170
No. taking meals	27,134	29,993	20,341	21,760
% taking meals	66.1%	68%	74.4%	72.1%
No. taking milk	37,283	39,623	.	.
% taking milk	90.8%	89.8%	.	.

Hygiene Inspections

At the commencement of term the health visiting staff carry out routine hygiene inspections of new entrants to school and of those children who have previously presented a personal hygiene problem. Schools also request the health visitors' advice when necessary. A supply of medicated shampoo is available for use where children have unclean heads.

Of 37,511 children inspected in 1968 some 808 (2.15%) were found to be infested.

Infectious Disease and Immunisation

A report on these subjects is included in the Epidemiology section, earlier in this publication.

School Swimming Pools

A report on this subject is included in the Environmental Health section of this publication.

B.C.G. Vaccination

In June, all children who had attained 11 years in August, 1968 and those who had missed previous offers were offered B.C.G. vaccination.

A total of 7,584 children were eligible and 6,884 of these returned signed parental consent forms.

In all, 6,645 were skin tested and 4,542 of these were vaccinated.

As a further precaution a chest X-ray examination was offered to all children showing a strong positive reaction to the skin test.

The co-operation of the 40 schools involved and the Mass Radiography Unit in satisfactorily completing the schedule is greatly appreciated.

In some schools vaccination was carried out using a 'Panjet' vaccination gun to deliver the dose intradermally. This obviates the need for needles and syringes, is painless and is a much faster method. In 1970 the Heaf testing will be carried out by nursing staff (S.E.N.'s) leaving the School Medical Officers to read the reactions and to vaccinate when necessary.

No cases of tuberculosis were discovered.

Road Safety

Between the 14th and 16th October, 1969, the National Road Safety Congress was held at Scarborough and was attended by delegates from the Education Department.

Cycling proficiency tests were well supported by all schools during the year and a total of 2,184 children were trained in cycling proficiency, of whom 1,887 received certificates. Two Ashby Primary School pupils were awarded 100% marks. Each child was awarded a prize as a means of encouraging other children to obtain efficiency in handling cycles.

An inter-school Road Safety Quiz was held in the County during the year and proved to be a great success.

A pilot scheme for flashing warning lights on approaches to school crossings and patrol sites was introduced during the year.

Ministry of Transport Circular 40/69 detailed road safety tasks for Local Authorities, urging all to provide an organisation now to meet future road safety problems and needs.

Accidents Occurring in Leicestershire to children up to 15 years old

	Fatal		Serious and Slight	
	1968	1969	1968	1969
Pedestrians	5	3	242	158
Pedal Cyclists	1	1	104	90
Others	3	0	87	110
Total	9	4	433	358

The above figures indicate a decrease over the previous year of 18.09% in the number of accidents occurring. This decrease can be largely attributed to the policy of concentrating instruction upon primary school children. Such a policy was adopted as a result of a survey made by the Leicester and Rutland Constabulary of children up to 15 years which revealed that children under the age of eleven were at the greatest risk.

There follows a report, by Chief Inspector Halford Johnson of the Leicester and Rutland Constabulary, which was presented to the Education Welfare Sub-Committee in July 1969.

Summary

The object of the survey is to study in generalised terms the factors of accidents involving children up to the age of 15 years for the years 1967 and 1968, to establish if patterns reveal particular causes of accidents, what are the vulnerable times of the day or week, and to compare the effect of British Standard Time during the winter 1968/69. Also, to establish in what field future road safety instruction should be given to obtain the best result in preventing accidents.

Conclusions reveal a general increase of 1.94% of accidents in 1968. Pedestrian injuries increased by 13.7% and 76% of the pedestrian injuries were caused by children running into the road. Heaviest casualties occurred on Friday or Saturday and particularly during the periods when children are on holiday from school. 8 a.m. to 9 a.m., mid-day and 3 p.m. to 6 p.m. are the vulnerable times for accidents. Pedal cycle casualties increased by 9%.

The implementation of British Standard Time did not make any significant change in the number of children injured.

Fatal injuries to children were rather startling as 50% of the 12 killed during 1967 were passengers in vehicles and 33 $\frac{1}{3}$ % of the 9 killed in 1968 were also passengers.

Future road safety training and instruction should be pursued and concentrated in at least three spheres:

- (a) education of children on the dangers of running into the road without first looking,
- (b) cycle proficiency training,
- (c) use of safety belts in vehicles.

Total Injured

<i>Children injured</i>			
		1967	1968
	Fatal	12	9
	Serious	117	124
	Slight	329	334
	Total	458	467

The increase of 9 injured in 1968 is an increase of 1.94%.

Pedestrians

1967 – 228

1968 – 258

The increase of 30 pedestrians injured in 1968 is an increase of 13.7%.

Of the 228 pedestrians injured in 1967, 174 injuries were caused by children running into the road. That is 76% of the pedestrian injuries.

Of the 258 injuries in 1968, a total of 189 were also caused by children running into the road. That is 73%. This cause of injury has actually increased overall by 8.6% and reveals the necessity of concentrated education of children to reduce this cause and injury.

In 1967 most child casualties occurred on Saturdays, but in 1968 this was reversed and most occurred on Fridays, but there is the significant fact that just as many children and sometimes more are injured when they are in the custody of parents at the weekends. It is indeed fortunate that we do not have heavy casualties during the periods of heavy concentration of school children on the roads going to and from school.

Pedal Cyclists

1967 – 100

1968 – 109

An increase of 9%.

The survey reveals that Saturday is the day when most are injured.

Monthly Accidents

Accidents occurring – by months

	1967	1968
January	26	21
February	31	35
March	44	Easter 42
April	43	45 Easter
May	47	Whitsun 42
June	33	35 Whitsun
July	60	(Summer 41(Summer
August	45	(Holiday 57(Holiday
September	37	36
October	36	44
November	27	33
December	30	36

Casualties are heaviest in summer months obviously because children spend more time out of doors, but school holiday periods take the heaviest toll.

Time of Day

As is to be expected the vulnerable time for accidents is 8 a.m. – 9 a.m., mid-day and 3 p.m. – 6 p.m. However, the survey reveals the following as regards the change to British Standard Time:—

	1967	1968
November	27	33
December	30	36

An increase in 1968 on 1967 accidents but the analysis reveals the following:—

Accidents occurring in November

	1967		1968	
	Mon–Fri	Sat–Sun	Mon–Fri	Sat–Sun
8 a.m. – 9 a.m.	4	.	1	.
12 noon – 1 p.m.	1	3	.	1
1 p.m. – 2 p.m.	.	.	4	1
3 p.m. – 4 p.m.	.	.	1	1
4 p.m. – 5 p.m.	6	1	4	.
Total	11	4	10	3

Accidents occurring in December

	1967		1968	
	Mon-Fri	Sat-Sun	Mon-Fri	Sat-Sun
8 a.m. - 9 a.m.	3	.	3	.
12 noon - 1 p.m.	.	1	3	1
1 p.m. - 2 p.m.	1	1	.	1
3 p.m. - 4 p.m.	5	1	5	2
4 p.m. - 5 p.m.	3	2	3	4
Total	12	5	14	8

Accidents occurring in January

	1967		1968		1969	
	Mon-Fri	Sat-Sun	Mon-Fri	Sat-Sun	Mon-Fri	Sat-Sun
8 a.m. - 9 a.m.	4	.	5	.	3	.
12 noon - 1 p.m.	1	1	3	2	1	1
1 p.m. - 2 p.m.	2	.	2	.	1	1
3 p.m. - 4 p.m.	2	2	.	.	1	.
4 p.m. - 5 p.m.	4	1	2	.	4	.
Total	13	4	12	2	10	2

This analysis proves there was obviously no significant increase in child accidents during November, December, January for the winter of 1968/69, when we changed to British Standard Time.

Other Accidents

	1967	1968
Mon-Fri	57	56
Sat-Sun	73	44
Total	130	100

These mainly concern children who are passengers in cars.

Fatals

Fatal accidents occurring

	1967	1968
Passengers in vehicles	6	3
Pedal cyclists	2	1
Ran into roadway	2	3
Vehicle reversed into (boy aged 2 years)	1	.
Baby in pushchair (mother crossing road)	1	.
Crossing Road	.	1
Stepping off pavement	.	1
Total	12	9

This analysis once again reveals the number of occasions when children run into the roadway with fatal results, and the importance of using safety belts to save life and prevent injury.

Mortality

Deaths in the 5 to 14 age group

Leukaemia	<i>m</i>	1
	<i>f</i>	1
Other Malignant Neoplasms	<i>m</i>	1
	<i>f</i>	.
Benign and Unspecified Neoplasms	<i>m</i>	1
	<i>f</i>	.
Meningitis	<i>m</i>	1
	<i>f</i>	.
Cerebrovascular Disease	<i>m</i>	1
	<i>f</i>	.
Other Diseases of Respiratory System	<i>m</i>	1
	<i>f</i>	.
Congenital Anomalies	<i>m</i>	1
	<i>f</i>	.
Motor Vehicle Accidents	<i>m</i>	.
	<i>f</i>	1
All Other Accidents	<i>m</i>	3
	<i>f</i>	.
Total	<i>m</i>	10
	<i>f</i>	2

Health Education in Schools and Colleges

Twenty-eight schools had a course in Preparation for Family Life and Parentcraft with the course given mostly to mixed groups; and one, or more class teachers participating. Talks were also given at Loughborough Boys College and Loughborough Technical College on drugs and drug dependence. One talk was given at Ashby Girls Grammar School to parents, teachers and pupils on drugs, their use and misuse.

(The following table is extremely faint and largely illegible. It appears to be a summary table with multiple columns and rows, possibly containing statistical data related to the text above. The content is too blurry to transcribe accurately.)

STATISTICS

The following figures relate to pupils attending maintained Primary and Secondary Schools, including Nursery and Special Schools.

1. Medical Inspections

(a) Periodic Medical Inspections

Year of birth	No. of Examinations	Satisfactory	Unsatisfactory
1965 and later	2	2	.
1964	1,552	1,552	.
1963	3,378	3,375	3
1962	2,542	2,541	1
1961	660	660	.
1960	777	777	.
1959	1,021	1,021	.
1958	453	452	1
1957	160	160	.
1956	105	105	.
1955	201	201	.
1954 and earlier	438	438	.
Total	11,289	11,284	5

(b) Pupils found to require treatment (excluding dental diseases and infestation with vermin).

Year of birth	Defective vision (excluding squint)	Other conditions	Total pupils
1965 and later	.	.	.
1964	40	120	144
1963	73	293	359
1962	61	124	160
1961	28	49	55
1960	14	59	72
1959	22	50	63
1958	8	28	34
1957	2	14	15
1956	12	10	11
1955	5	9	13
1954 and earlier	8	9	15
Total	273	765	941

(c) Other Inspections

No. of Special inspections	366
No. of Re-inspections	2,724
Total	3,090

(d) Inspections concerning Infestation with Vermin

Pupils examined	37,511
Pupils found to be Infested	808
Cleansing Notices issued	2

2. Defects Detected as a result of inspections

Defects found by periodic and Special medical inspections

Defect or Disease	Periodic Inspections			Special Inspection		
	Entrants	Leavers	Others			
Eyes -	Skin	<i>t</i>	18	3	15	1
		<i>o</i>	42	2	23	.
	Vision	<i>t</i>	130	20	56	10
		<i>o</i>	191	19	62	1
	Squint	<i>t</i>	54	.	8	.
		<i>o</i>	18	.	1	.
Other	<i>t</i>	6	.	4	.	
	<i>o</i>	9	1	4	.	
Ears-	Hearing	<i>t</i>	206	9	80	25
		<i>o</i>	210	1	67	3
	Otitis Media	<i>t</i>	70	2	11	1
		<i>o</i>	132	.	53	.
	Other	<i>t</i>	18	.	4	.
		<i>o</i>	12	.	3	.
	Nose and Throat	<i>t</i>	48	1	20	.
		<i>o</i>	249	6	82	1
	Speech	<i>t</i>	89	2	19	.
		<i>o</i>	67	.	9	2
Lymphatic Glands	<i>t</i>	2	.	.	.	
	<i>o</i>	29	.	5	.	
Heart	<i>t</i>	18	.	.	.	
	<i>o</i>	81	.	23	1	
Lungs	<i>t</i>	17	.	2	1	
	<i>o</i>	155	.	43	2	
Developmental -	Hernia	<i>t</i>	6	.	5	.
		<i>o</i>	19	.	2	.
	Other	<i>t</i>	8	.	9	.
Orthopaedic -	Posture	<i>o</i>	98	1	53	6
		<i>t</i>	2	.	4	.
	Feet	<i>o</i>	17	.	19	.
<i>t</i>		13	.	8	.	
Nervous System -	Other	<i>o</i>	70	.	45	5
		<i>t</i>	6	1	9	3
	Epilepsy	<i>o</i>	30	3	20	1
<i>t</i>		7	.	2	.	
Psychological-Development	Other	<i>o</i>	13	.	10	.
		<i>t</i>	1	.	2	1
	Stability	<i>o</i>	28	.	17	.
<i>t</i>		8	.	8	.	
Abdomen	Other	<i>o</i>	28	.	24	.
		<i>t</i>	14	.	18	1
	Other	<i>o</i>	107	.	35	4
<i>t</i>		2	.	1	.	
Other	Other	<i>o</i>	33	1	21	.
		<i>t</i>	4	.	4	13
		<i>o</i>	43	.	40	32

Code: *o*: pupils found to require observation

t: pupils found to require treatment

3. Treatments Provided

(a) Cases of eye disease, defective vision and squint

External and other, excluding errors of refraction and squint	121
Errors of refraction (including squint)	3,393
<hr/>	
Total	3,514
<hr/>	
Number of pupils for whom spectacles were prescribed	2,126

(b) Cases of diseases and defects of ear, nose, and throat

Received operative treatment for:—	
diseases of the ear	54
adenoids and chronic tonsilitis	276
other nose and throat conditions	38
Received other forms of treatment	3

Total 371

Pupils with hearing aids provided:—	
during 1968	33
in previous years	216

(c) Cases of orthopaedic and postural defects

Pupils treated at clinics or out-patients departments	470
Pupils treated at school	.

(d) Cases of diseases of the skin

Ringworm of: Scalp	5
Body	.
Scabies	5
Impetigo	7
Other skin diseases	173

(e) Cases of other disorders

Pupils treated at Child Guidance Clinics	387
Pupils treated by Speech Therapists	416
Pupils with minor ailments	191
Pupils who received S.H.S. convalescent treatment	4
Pupils treated at Enuresis Clinic	178
Pupils who received B.C.G. vaccination	4,529

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