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11  
HEALTH AND SOCIAL SERVICES  
OF THE COUNTY OF  
LEICESTERSHIRE



REPORT OF THE  
COUNTY MEDICAL OFFICER OF HEALTH  
1970



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WITH THE COMPLIMENTS  
OF  
THE COUNTY MEDICAL  
OFFICER OF HEALTH

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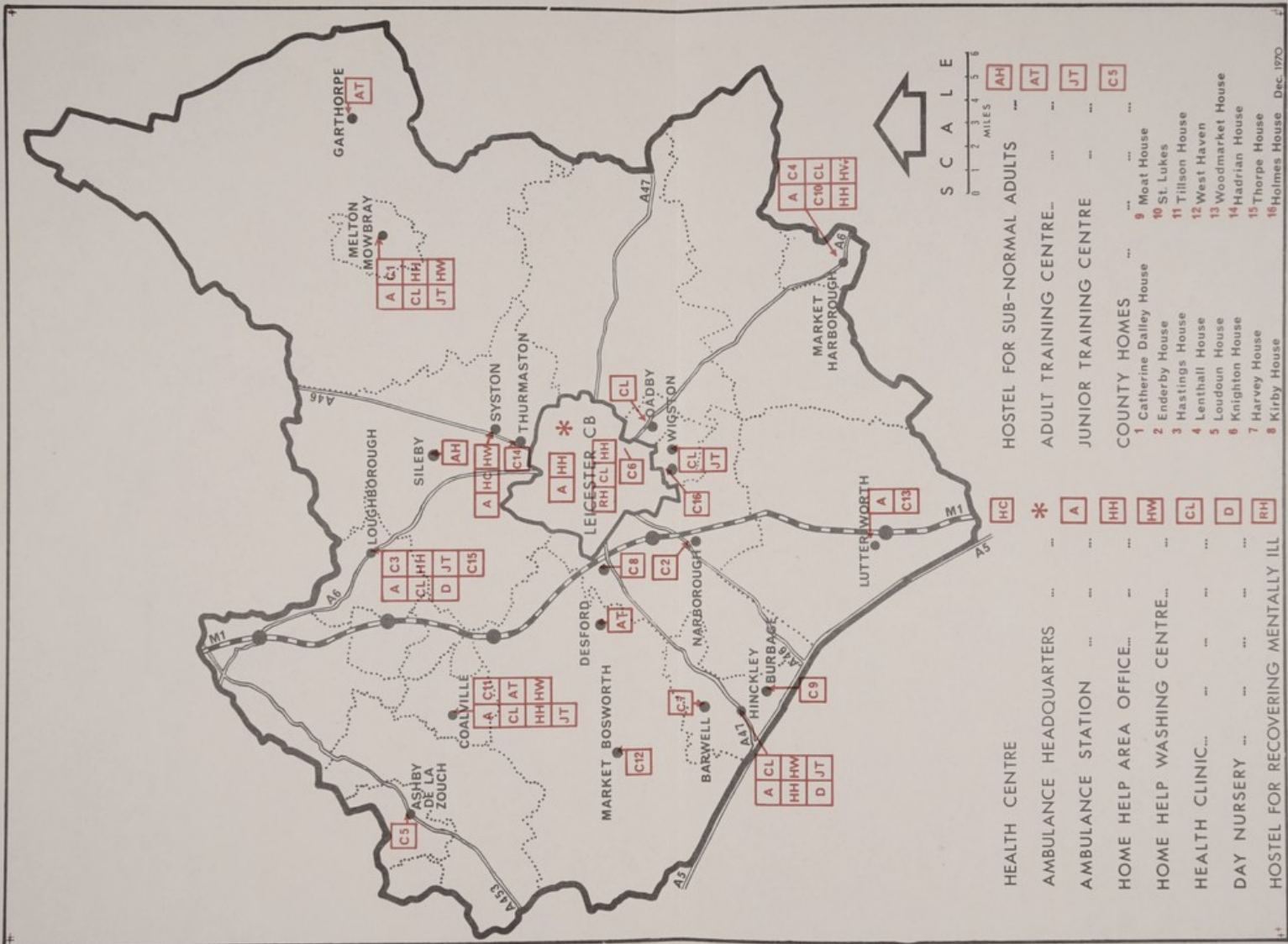
To:— *County Medical Officer, County Hall  
Glenfield, Leicester. LE3 8RG.*



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COUNTY HEALTH AND WELFARE  
DEPARTMENT PREMISES

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## FOREWORD

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*To the Chairman and Members of the Leicestershire County Council*

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting to you the combined annual report on the Health, Welfare and School Health Services in the County for the year 1970.

The report is in accordance with the requirements of the Public Health Officers Regulations 1959. The presentation is similar to previous years and is the 81st in the series.

The year 1970 was devoted to European Conservation which might be considered something of a misnomer in view of the many decisions taken during the year which will effect major changes in the administration and services over the next decade.

Perhaps the most important decision affecting the health services was the enactment of the Social Services Act 1970. This legislation is intended to create a new department responsible for services previously administered by the Health and Welfare and Children's Departments. Fortunately the Council's policy of bringing together in area offices various workers in the field of social work will ensure that the new administration gets off to a good start. Miss Dorothy Edwards who was appointed Director of Social Services towards the end of the year has our best wishes in the enormous task ahead.

Further government policy affecting the Health Department was the proposed transfer of responsibility of Junior Training Centres to the Education Committee. This proposal will be widely welcomed not least by the parents of the mentally handicapped as it brings all children within the educational system and puts an end to the unpopular classification of "unsuitable for education at school".

Discussions on the reform of local government and the reorganisation of the National Health Service were held throughout 1970 but firm proposals had not been published by the end of the year because of the change in Government. Whatever the final structure, it is clear there will be a reduc-

tion in the number of authorities and that an integrated health service will be administered by new health authorities outside of local government. It is a matter of concern that in consequence the opportunity will be missed of ensuring full administrative unification of the health and related personal social services.

In the light of the above mentioned changes, the Health and Welfare Committee agreed to a recommendation that the new Health Department would be reorganised on one floor of the existing accommodation with the following sections: Child Care (embracing Child Welfare and the School Health Service), Nursing, Ambulance, and Public Health serviced by an administrative and supplies section.

Despite the changes and the future uncertainty, the Department looks confidently ahead. I am grateful to the staff for their excellent work and support throughout the year and would like to take the opportunity of wishing those members of staff who will be transferred to other Departments during 1971 a successful future in their new posts.

I would like to express my warm appreciation of the encouragement and guidance I have had from members of the Council and the help and co-operation from many colleagues in other Departments, Authorities and Agencies.

**A. R. BUCHAN**

*County Medical Officer of Health  
and Principal School Medical Officer*

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## MEMBERS OF THE HEALTH COMMITTEE

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### *County Council Members*

**Chairman** J.G.S. Tompkins  
**Vice-Chairman** Mrs. N.M.E. Eady

|                                                    |                                                      |
|----------------------------------------------------|------------------------------------------------------|
| Mrs. D.N. Bolton                                   | Mrs. F.M. Page                                       |
| Mrs. A.C.D. Bryan                                  | Duke of Rutland, C.B.E., J.P., D.L.,<br>(ex-officio) |
| M. Gallagher                                       | Miss M.F.C. Saunders-Morrison,<br>J.P.               |
| Mrs. C.M. Hallam                                   | Mrs. C.R. Simpson                                    |
| A. Hart                                            | R.H. Watson                                          |
| J.H. Iliffe                                        | R.C. Weston                                          |
| Col. P.H. Lloyd, T.D., J.P., D.L.,<br>(ex-officio) | F. Wilkinson                                         |
| F.J. McKeown                                       | F. Yates                                             |
| J.T. Mattock                                       |                                                      |

### *Co-opted Members 5*



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## MEMBERS OF THE EDUCATION COMMITTEE

---

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

|                   |                                                      |
|-------------------|------------------------------------------------------|
| B.P. Andrews      | Col. P.H. Lloyd, T.D., J.P., D.L.,<br>(ex-officio)   |
| Rev. Canon H. Ash | H.L.A. Masters                                       |
| Mrs. A. Beaven    | R.A. McCrystal                                       |
| J.E. Brownlow     | T.O. McGrah                                          |
| A.W. Capers       | H. Moorhouse                                         |
| Mrs. K.M. Dingley | Mrs. M.C. Mortiboys                                  |
| H.I. Drake        | W.T. Orson                                           |
| F.E. Duffield     | Mrs. F.M. Page                                       |
| Mrs. N.M.E. Eady  | V.W.T. Pearce                                        |
| M. Gallagher      | J. Rodgers                                           |
| G.B. Gibson       | Duke of Rutland, C.B.E., J.P., D.L.,<br>(ex-officio) |
| Nathan Harris     | R.C. Weston                                          |
| O. Hilton         | Mrs. K. Wildsmith                                    |
| E.H. Illson       | E.F. Winser                                          |
| Mrs. M.E. Keay    |                                                      |
| E.R. Learmouth    |                                                      |

*Co-opted Members 11*



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## 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*

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

*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.

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, resigned 5.5.70)

*Senior Assistant County Medical Officer –*

*Medical Officer of Health Loughborough M.B. Shepshed U.D., 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*

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

*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.**

(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.**

(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.**

*Dental Officer*

**BINNS C.K., L.D.S., B.Ch., D.**

*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.**

*63 Health Visitors and School Nurses (combined duties)*

*5 Student Health Visitors*

*5 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.**

*52 Home Nurses*

*58 Home Nurse/Midwives*

*22 Midwives*

*11 Part-time State Enrolled Nurses*

*14 Part-time Auxiliaries*

*Senior Speech Therapist*

**SAGE, Mrs. R.J.W., L.C.S.T.**

*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.**



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# DISTRICT MEDICAL OFFICERS OF HEALTH

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| Area              | Name                | Office Address & Telephone Number                                                       |
|-------------------|---------------------|-----------------------------------------------------------------------------------------|
| <i>URBAN</i>      |                     |                                                                                         |
| Ashby-de-la-Zouch | Dr. A. Hamilton     | Council Offices<br>Kilwardby Street<br>Ashby-de-la-Zouch<br>Tel. Ashby-de-la-Zouch 2853 |
| Ashby Woulds      | Dr. A. Hamilton     | Council Offices, Moira<br>Tel. Swadlincote 7474                                         |
| Coalville         | Dr. A. Hamilton     | Municipal Offices<br>London Road, Coalville<br>Tel. Coalville 2283                      |
| Hinckley          | Dr. J.B. Kershaw    | Municipal Offices<br>St. Mary's Road, Hinckley<br>Tel. Hinckley 3771                    |
| Loughborough      | Dr. R.C. Holderness | Health Department<br>Southfields, Loughborough<br>Tel. Loughborough 3151                |
| Market Harborough | Dr. R.W. Kind       | Council Offices<br>Northampton Road<br>Market Harborough<br>Tel. Market Harborough 2258 |
| Melton Mowbray    | Dr. G. McHugh       | Egerton Lodge<br>Melton Mowbray<br>Tel. Melton Mowbray 3662                             |
| Oadby             | Dr. R.W. Kind       | Council Offices, Oadby<br>Tel. Oadby 3266                                               |
| Shepshed          | Dr. R.C. Holderness | Council Offices, Shepshed<br>Tel. Shepshed 3212                                         |
| Wigston           | Dr. R.W. Kind       | Council Offices<br>Station Road, Wigston<br>Tel. Leicester 881331                       |

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## DISTRICT MEDICAL OFFICERS OF HEALTH

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| Area              | Name                | Office Address & Telephone Number                                                     |
|-------------------|---------------------|---------------------------------------------------------------------------------------|
| <i>RURAL</i>      |                     |                                                                                       |
| Ashby-de-la-Zouch | Dr. A. Hamilton     | Council Offices<br>South Street<br>Ashby-de-la-Zouch<br>Tel. Ashby-de-la-Zouch 2783   |
| Barrow-upon-Soar  | Dr. J.W. Hall       | Council Offices<br>31 Fowke Street, Rothley<br>Tel. Rothley 2391                      |
| Billesdon         | Dr. R.W. Kind       | Council Offices, Thurnby<br>Tel. Thurnby 2182                                         |
| Blaby             | Dr. A.C. Ross       | Council Offices<br>Narborough<br>Tel. Narborough 2071                                 |
| Castle Donington  | Dr. R.C. Holderness | Council Offices<br>Delven Lane<br>Tel. Derby 810556                                   |
| Lutterworth       | Dr. A.C. Ross       | Council Offices<br>Lutterworth<br>Tel. Lutterworth 2161                               |
| Market Bosworth   | Dr. J.B. Kershaw    | Council Offices<br>Market Bosworth<br>Tel. Market Bosworth 601                        |
| Market Harborough | Dr. R.W. Kind       | Council Offices<br>42 High Street<br>Market Harborough<br>Tel. Market Harborough 3291 |
| Melton & Belvoir  | Dr. G. McHugh       | Warwick Lodge<br>Melton Mowbray<br>Tel. Melton Mowbray 3343                           |



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**PART I:     STATISTICS**

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## VITAL STATISTICS OF THE AREA

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|                                                                            | Admin.<br>County | Eng. &<br>Wales |
|----------------------------------------------------------------------------|------------------|-----------------|
| Live Births                                                                | 8,217            | 784,482         |
| Live Birth Rate (per 1,000 population)                                     | 17.5             | 16.0            |
| Locally Adjusted Rate                                                      | 17.2             | 16.0            |
| Illegitimate Live Births                                                   | 373              | 64,744          |
| Illegitimate Live Births expressed as a<br>percentage of total Live Births | 5%               | 8%              |
| Still Births                                                               | 85               | 10,341          |
| Still Birth Rate (per 1,000 total births)                                  | 10               | 13              |
| Total Live and Still Births                                                | 8,302            | 794,823         |
| Infant Mortality (deaths under one year of<br>age)                         | 135              | 14,269          |
| Infant Mortality (per 1,000 Live Births)                                   | 16               | 18              |
| Legitimate Infant Mortality Rate<br>(per 1,000 Legitimate Births)          | 15               | 17              |
| Illegitimate Infant Mortality Rate<br>(per 1,000 Illegitimate Live Births) | 43               | 26              |
| Neo-natal Mortality (deaths under four<br>weeks of age)                    | 90               | 9,663           |
| Neo-natal Mortality Rate<br>(per 1,000 Live Births)                        | 11               | 12              |
| Early Neo-natal Mortality (deaths under<br>one week)                       | 79               | 8,328           |
| Early Neo-natal Mortality Rate<br>(per 1,000 Live Births)                  | 10               | 11              |
| Perinatal Mortality (Still Births and Deaths<br>under one week)            | 164              | 18,669          |
| Perinatal Mortality Rate (per 1,000 live<br>and Still Births)              | 20               | 23              |

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## OTHER STATISTICS

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|                                          |                      |
|------------------------------------------|----------------------|
| Registrar General's Population Estimate  |                      |
| Mid-1970                                 | 469,050              |
| Area, in acres                           | 530,248              |
| Rateable value at 1st April, 1970        | £19,214,025          |
| Estimated product of penny rate, 1970-71 | £80,312              |
| Deaths                                   | 4,586                |
| Death Rate                               | 9.8                  |
| Locally adjusted death rate              | 10.4                 |
| Tuberculosis death rate:—                |                      |
| All forms                                | 0.023 per 1,000 pop. |
| Pulmonary                                | 0.009 per 1,000 pop. |
| Non-pulmonary                            | 0.015 per 1,000 pop. |
| Cancer death rate:—                      |                      |
| All forms                                | 1.938 per 1,000 pop. |
| Lung and bronchus                        | 0.480 per 1,000 pop. |
| Other sites                              | 1.458 per 1,000 pop. |

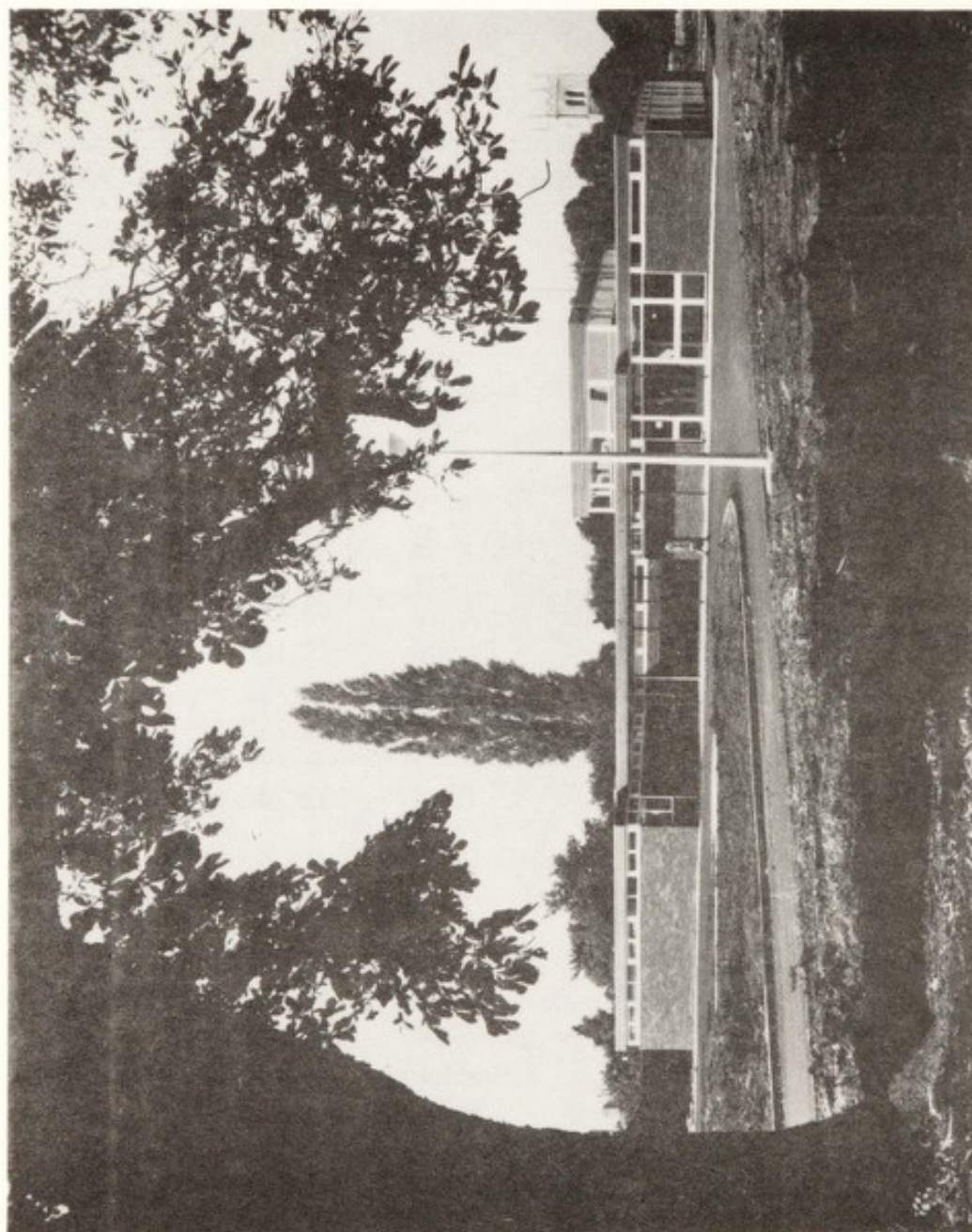
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**POPULATION OF ADMINISTRATIVE COUNTY**

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| <i>URBAN</i>                | <i>Mid-Year<br/>1969</i>     | <i>Mid-Year<br/>1970</i>     |
|-----------------------------|------------------------------|------------------------------|
| Ashby-de-la-Zouch           | 8,010                        | 8,040                        |
| Ashby Woulds                | 3,210                        | 3,170                        |
| Coalville                   | 28,400                       | 28,640                       |
| Hinckley                    | 45,070                       | 45,330                       |
| Loughborough M.B.           | 40,190                       | 40,560                       |
| Market Harborough           | 13,380                       | 13,470                       |
| Melton Mowbray              | 18,440                       | 18,630                       |
| Oadby                       | 19,100                       | 19,800                       |
| Shepshed                    | 8,130                        | 8,300                        |
| Wigston                     | 28,130                       | 28,810                       |
| Total                       | 212,240                      | 214,750                      |
| <br><i>RURAL</i>            | <br><i>Mid-Year<br/>1969</i> | <br><i>Mid-Year<br/>1970</i> |
| Ashby-de-la-Zouch           | 13,940                       | 14,120                       |
| Barrow-upon-Soar            | 68,230                       | 70,190                       |
| Billesdon                   | 11,140                       | 11,470                       |
| Blaby                       | 69,340                       | 70,350                       |
| Castle Donington            | 11,500                       | 11,620                       |
| Lutterworth                 | 14,910                       | 15,260                       |
| Market Bosworth             | 30,660                       | 31,400                       |
| Market Harborough           | 10,860                       | 10,970                       |
| Melton & Belvoir            | 18,880                       | 18,920                       |
| Total                       | 249,460                      | 254,300                      |
| Total Administrative County | 461,700                      | 469,050                      |





*Health Centre, Syston*

# Causes of Death at Different Periods of Life in the Administrative County of Leicester, 1970

|                                               | Age in Years  |    |                        |    |    |    |    |    |     |     |     |     |       |       |       |       |       |       |       |       |           |       |                 |       |                 |       |              |       |       |       |       |    |
|-----------------------------------------------|---------------|----|------------------------|----|----|----|----|----|-----|-----|-----|-----|-------|-------|-------|-------|-------|-------|-------|-------|-----------|-------|-----------------|-------|-----------------|-------|--------------|-------|-------|-------|-------|----|
|                                               | Under 4 weeks |    | 4 weeks & under 1 year |    | 1— |    | 5— |    | 15— |     | 25— |     | 35—   |       | 45—   |       | 55—   |       | 65—   |       | 75 & over |       | Urban Districts |       | Rural Districts |       | Whole County |       |       |       |       |    |
|                                               | 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    | .             | .  | 3                      | 1  | .  | .  | .  | .  | .   | .   | .   | .   | .     | .     | .     | .     | .     | .     | .     | .     | .         | .     | 3               | 1     | 4               | .     | .            | 3     | 1     | 4     |       |    |
| B5 Tuberculosis of Respiratory System         | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | .     | 1     | 1     | 1     | 2     | .     | .     | .     | .         | 2     | 2               | 2     | 2               | 2     | 2            | 2     | 4     | 4     |       |    |
| B6(2) Other Tuberculosis                      | .             | .  | .                      | .  | 1  | .  | .  | .  | .   | .   | 1   | 1   | 1     | 1     | 1     | 1     | 1     | 1     | 1     | 2     | 3         | 3     | 1               | 4     | 4               | 4     | 3            | 7     | 7     |       |       |    |
| B11 Meningococcal Infection                   | .             | .  | .                      | .  | .  | .  | 1  | 1  | .   | .   | .   | .   | .     | .     | .     | .     | .     | .     | .     | .     | .         | 1     | 1               | 1     | 1               | 1     | 1            | 1     | 2     | 2     |       |    |
| B17 Syphilis and its Sequelae                 | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | .     | .     | .     | .     | .     | .     | .     | .     | .         | .     | .               | .     | .               | 1     | 1            | 1     | 1     | 1     |       |    |
| B18 Other Infective and Parasitic Diseases    | .             | 1  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | .     | 1     | 1     | 1     | 1     | 1     | 1     | 3     | 1         | 3     | 4               | 3     | 3               | 6     | 4            | 6     | 10    | 10    |       |    |
| B19(1) Malignant Neoplasm, Buccal Cavity etc. | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | .     | 1     | 1     | 2     | .     | .     | 1     | 3     | 1         | 6     | 1               | 7     | 1               | 1     | 2            | 7     | 2     | 9     |       |    |
| B19(2) Malignant Neoplasm, Oesophagus         | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | .     | .     | 1     | 3     | 1     | 4     | 1     | 1     | 7         | 6     | 6               | 12    | 3               | 4     | 7            | 9     | 10    | 19    |       |    |
| B19(3) Malignant Neoplasm, Stomach            | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | 2     | 1     | 4     | 2     | 10    | 3     | 16    | 13    | 12        | 19    | 22              | 24    | 46              | 22    | 14           | 36    | 44    | 38    | 82    |    |
| B19(4) Malignant Neoplasm, Intestine          | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | 2     | 6     | 2     | 10    | 12    | 24    | 26    | 18    | 24        | 28    | 38              | 66    | 30              | 28    | 58           | 58    | 66    | 124   |       |    |
| B19(5) Malignant Neoplasm, Larynx             | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | .     | .     | .     | 5     | .     | 1     | 4     | .     | 6         | .     | 6               | 4     | .               | 4     | 10           | .     | 10    | .     | 10    |    |
| B19(6) Malignant Neoplasm, Lung, Bronchus     | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | 3     | 3     | 26    | 2     | 54    | 11    | 83    | 14    | 26        | 3     | 90              | 17    | 107             | 102   | 16           | 118   | 192   | 33    | 225   |    |
| B19(7) Malignant Neoplasm, Breast             | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | 3     | 5     | 33    | 1     | 28    | 1     | 32    | .     | 19        | 1     | 53              | 54    | 1               | 67    | 68           | 2     | 120   | 122   |       |    |
| B19(8) Malignant Neoplasm, Uterus             | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | 3     | 9     | .     | 4     | .     | 4     | .     | 5     | .         | 14    | 14              | .     | 11              | 11    | .            | 25    | .     | 25    |       |    |
| B19(9) Malignant Neoplasm, Prostate           | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | .     | .     | 2     | .     | 2     | .     | 6     | .     | 15        | .     | 8               | .     | 8               | 17    | .            | 17    | 25    | .     | 25    |    |
| B19(10) Leukaemia                             | .             | .  | .                      | .  | 2  | 1  | .  | 1  | .   | 2   | 1   | 1   | 1     | 1     | 2     | 2     | 1     | 3     | 3     | 4     | 3         | 6     | 6               | 12    | 10              | 5     | 15           | 16    | 11    | 27    | 27    |    |
| B19(11) Other Malignant Neoplasms             | .             | .  | .                      | .  | 4  | 1  | .  | 3  | 2   | 5   | .   | 4   | 6     | 11    | 14    | 29    | 26    | 36    | 36    | 24    | 40        | 61    | 58              | 119   | 56              | 66    | 122          | 117   | 124   | 241   | 241   |    |
| B20 Benign and Unspecified Neoplasms          | .             | .  | .                      | .  | .  | 1  | .  | .  | .   | .   | .   | .   | 1     | 2     | 1     | 2     | 1     | 2     | .     | 1     | 1         | 6     | 7               | 3     | 4               | 7     | 4            | 10    | 14    | 14    | 14    |    |
| B21 Diabetes Mellitus                         | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | 2     | .     | 2     | 3     | 5     | 3     | 7     | 6     | 14        | 6     | 18              | 24    | 8               | 10    | 18           | 14    | 28    | 42    | 42    |    |
| B46(1) Other Endocrine etc. Diseases          | .             | 1  | .                      | .  | 1  | .  | .  | .  | .   | .   | .   | .   | .     | .     | 1     | 2     | 2     | 1     | 5     | 1     | .         | 2     | 3               | 5     | 4               | 5     | 9            | 6     | 8     | 14    | 14    |    |
| B22 Avitaminoses, etc.                        | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | 1     | .     | .     | .     | .     | .     | .     | .     | .         | .     | .               | .     | .               | 1     | .            | 1     | .     | 1     | 1     |    |
| B23 Anaemias                                  | .             | .  | 1                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | .     | .     | .     | .     | .     | .     | 2     | 2     | 2         | 8     | 2               | 5     | 7               | 2     | 6            | 8     | 4     | 11    | 15    | 15 |
| B46(2) Other Diseases of Blood, etc.          | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | .     | .     | .     | .     | .     | .     | 1     | .     | 1         | .     | .               | .     | .               | 2     | .            | 2     | .     | 2     | 2     |    |
| B24 Meningitis                                | .             | 1  | .                      | 1  | .  | .  | .  | .  | .   | .   | .   | .   | .     | .     | .     | .     | .     | 1     | .     | 1     | .         | 1     | .               | 1     | 3               | .     | 3            | 4     | .     | 4     | 4     |    |
| B46(4) Multiple Sclerosis                     | .             | .  | .                      | .  | .  | .  | .  | .  | 1   | .   | .   | .   | .     | .     | 3     | 1     | 1     | 1     | .     | .     | .         | 3     | 2               | 5     | 2               | .     | 2            | 5     | 2     | 7     | 7     |    |
| B46(5) Other Diseases of Nervous System       | .             | .  | .                      | .  | .  | .  | .  | .  | .   | 1   | 1   | .   | .     | .     | 2     | 2     | 4     | 2     | 5     | 4     | 4         | 10    | 8               | 16    | 8               | 11    | 19           | 16    | 19    | 35    | 35    |    |
| B26 Chronic Rheumatic Heart Disease           | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | 2     | 1     | 2     | 5     | 7     | 4     | 10    | 13    | 5         | 8     | 13              | 19    | 32              | 13    | 12           | 25    | 26    | 31    | 57    |    |
| B27 Hypertensive Disease                      | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | 2     | .     | 2     | 1     | 10    | 6     | 14    | 18    | 16        | 28    | 24              | 24    | 48              | 20    | 29           | 49    | 44    | 53    | 97    |    |
| B28 Ischaemic Heart Disease                   | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | 23    | 1     | 51    | 6     | 142   | 37    | 221   | 95    | 186       | 244   | 309             | 186   | 495             | 315   | 197          | 512   | 624   | 383   | 1007  |    |
| B29 Other Forms of Heart Disease              | .             | 1  | .                      | .  | .  | .  | 1  | .  | .   | .   | .   | .   | 6     | 2     | 13    | 12    | 40    | 19    | 105   | 156   | 77        | 91    | 168             | 87    | 100             | 187   | 164          | 191   | 355   | 355   | 355   |    |
| B30 Cerebrovascular Disease                   | .             | 1  | .                      | .  | .  | .  | 1  | 3  | .   | 4   | 2   | 7   | 9     | 24    | 25    | 103   | 94    | 168   | 207   | 141   | 179       | 320   | 168             | 160   | 328             | 309   | 339          | 648   | 648   | 648   | 648   |    |
| B46(6) Other Diseases of Circulatory System   | .             | .  | .                      | .  | .  | .  | .  | 1  | 1   | 4   | 1   | 4   | 13    | 6     | 28    | 27    | 37    | 89    | 40    | 59    | 99        | 43    | 68              | 111   | 83              | 127   | 210          | 210   | 210   | 210   | 210   |    |
| B31 Influenza                                 | .             | .  | .                      | .  | .  | 1  | 1  | .  | 1   | 1   | 1   | 1   | 1     | 3     | 15    | 2     | 16    | 9     | 10    | 16    | 24        | 18    | 42              | 23    | 14              | 37    | 47           | 32    | 79    | 79    | 79    |    |
| B32 Pneumonia                                 | .             | 2  | 4                      | 1  | 1  | 1  | 1  | 2  | .   | 1   | 1   | 1   | 2     | 1     | 14    | 5     | 33    | 23    | 78    | 55    | 49        | 104   | 80              | 65    | 145             | 135   | 114          | 249   | 249   | 249   | 249   |    |
| B33(1) Bronchitis and Emphysema               | .             | 1  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | 1     | 2     | 29    | 2     | 73    | 9     | 62    | 32    | 93        | 27    | 120             | 73    | 19              | 92    | 166          | 46    | 212   | 212   | 212   |    |
| B33(2) Asthma                                 | .             | .  | 1                      | .  | .  | .  | 1  | 1  | 1   | .   | .   | .   | .     | .     | 1     | .     | 1     | 1     | 1     | 1     | 3         | 1     | 2               | 3     | 5               | 3     | 8            | 6     | 5     | 11    | 11    |    |
| B46(7) Other Diseases of Respiratory System   | .             | 6  | 6                      | 1  | 1  | .  | .  | .  | .   | .   | .   | .   | 3     | 1     | 2     | 3     | 4     | 3     | 12    | 11    | 15        | 14    | 29              | 13    | 11              | 24    | 28           | 25    | 53    | 53    | 53    |    |
| B34 Peptic Ulcer                              | .             | .  | .                      | .  | .  | .  | .  | 1  | .   | 2   | .   | .   | 1     | 1     | 3     | 2     | 5     | 4     | 12    | 2     | 9         | 5     | 14              | 15    | 4               | 19    | 24           | 9     | 33    | 33    | 33    |    |
| B35 Appendicitis                              | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | 1     | .     | 1     | .     | .     | .     | 1     | .     | 2         | .     | 2               | .     | 2               | 1     | .            | 1     | 3     | .     | 3     | 3  |
| B36 Intestinal Obstruction and Hernia         | 2             | 1  | 1                      | .  | .  | .  | 1  | .  | .   | .   | .   | .   | .     | .     | 2     | 2     | .     | 6     | 9     | 10    | 4         | 14    | 2               | 8     | 10              | 12    | 12           | 24    | 24    | 24    | 24    |    |
| B37 Cirrhosis of Liver                        | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | .     | .     | 2     | 1     | .     | 1     | .     | 2     | 1         | 2     | 1               | 3     | 2               | 2     | 4            | 4     | 3     | 7     | 7     | 7  |
| B46(8) Other Diseases of Digestive System     | 1             | 1  | .                      | .  | 1  | .  | 1  | 1  | .   | .   | .   | .   | 2     | 1     | 4     | 1     | 6     | 11    | 5     | 16    | 12        | 16    | 28              | 8     | 15              | 23    | 20           | 31    | 51    | 51    | 51    |    |
| B38 Nephritis and Nephrosis                   | .             | .  | .                      | .  | .  | .  | .  | 1  | .   | 2   | .   | .   | 2     | 1     | 1     | 4     | 2     | 2     | 2     | 2     | 4         | 3     | 7               | 6     | 6               | 12    | 10           | 9     | 19    | 19    | 19    | 19 |
| B39 Hyperplasia of Prostate                   | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | .     | .     | .     | .     | 1     | .     | 9     | .     | 2         | .     | 2               | .     | 2               | 8     | .            | 8     | 10    | .     | 10    | 10 |
| B46(9) Other Diseases, Genito-Urinary System  | 1             | 1  | .                      | .  | .  | .  | .  | 1  | .   | .   | .   | .   | .     | .     | 2     | 3     | 3     | 5     | 4     | 8     | 7         | 9     | 16              | 4     | 8               | 12    | 11           | 17    | 28    | 28    | 28    |    |
| B41 Other Complications of Pregnancy, etc.    | .             | .  | .                      | .  | .  | .  | .  | .  | .   | 2   | .   | .   | .     | .     | .     | .     | .     | .     | .     | .     | .         | .     | 1               | 1     | .               | 1     | 1            | .     | 2     | 2     | 2     | 2  |
| B46(10) Diseases of Skin, Subcutaneous Tissue | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | .     | .     | .     | .     | .     | .     | .     | .     | .         | 1     | 1               | .     | 1               | .     | .            | 1     | .     | 1     | 1     | 1  |
| B46(11) Diseases of Musculo-Skeletal System   | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | .     | .     | .     | .     | 2     | .     | 3     | .     | 6         | .     | 4               | 4     | .               | 7     | 7            | .     | 11    | 11    | 11    | 11 |
| B42 Congenital Anomalies                      | 12            | 5  | 5                      | 10 | .  | 1  | .  | 2  | .   | 1   | .   | 1   | .     | .     | 1     | 1     | .     | .     | .     | .     | 1         | 12    | 16              | 28    | 10              | 4     | 14           | 22    | 20    | 42    | 42    | 42 |
| B43 Birth Injury, Difficult Labour, etc.      | 19            | 12 | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | .     | .     | .     | .     | .     | .     | .     | .     | .         | 10    | 6               | 16    | 9               | 6     | 15           | 19    | 12    | 31    | 31    | 31 |
| B44 Other Causes of Perinatal Mortality       | 20            | 12 | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | .     | .     | .     | .     | .     | .     | .     | .     | .         | 10    | 3               | 13    | 10              | 9     | 19           | 20    | 12    | 32    | 32    | 32 |
| B45 Symptoms and Ill Defined Conditions       | .             | .  | .                      | .  | .  | .  | .  | .  | .   | .   | .   | .   | .     | .     | .     | .     | .     | .     | 3     | 1     | 14        | 38    | 7               | 22    | 29              | 10    | 18           | 28    | 17    | 40    | 57    | 57 |
| BE47 Motor Vehicle Accidents                  | .             | .  | .                      | .  | 2  | 1  | 13 | 1  | 11  | 1   | 7   | 2   | 3     | .     | 7     | 2     | 7     | 2     | 1     | .     | 19        | 3     | 22              | 32    | 6               | 38    | 51           | 9     | 60    | 60    | 60    | 60 |
| BE48 All Other Accidents                      | .             | 1  | .                      | 4  | 3  | 3  | .  | 4  | 4   | .   | 3   | .   | 5     | 3     | 2     | 3     | 7     | 4     | 5     | 28    | 11        | 23    | 34              | 23    | 23              | 46    | 34           | 46    | 80    | 80    | 80    |    |
| BE49 Suicide and Self-Inflicted Injuries      | .             | .  | .                      | .  | .  | .  | 1  | .  | 4   | 2   | 4   | 1   | 3     | 1     | 2     | 4     | 3     | 3     | .     | 2     | 8         | 5     | 13              | 9     | 8               | 17    | 17           | 13    | 30    | 30    | 30    | 30 |
| BE50 All Other External Causes                | .             | .  | .                      | .  | 1  | .  | 1  | .  | .   | .   | 1   | .   | .     | .     | 2     | 1     | 2     | 1     | 2     | 1     | 2         | 3     | 4               | 5     | 9               | 5     | 2            | 7     | 9     | 16    | 16    | 16 |
| TOTAL ALL CAUSES                              | m             | f  | 55                     | 21 | 14 | 13 | 30 | 37 | 70  | 158 | 429 | 775 | 866   | 1,187 | 1,281 | 2,468 | 2,468 | 5,001 | 1,146 | 2,246 | 2,246     | 1,069 | 1,069           | 2,138 | 2,138           | 4,276 | 4,276        | 4,276 | 4,276 | 4,276 | 4,276 |    |
|                                               | f             | t  | 35                     | 23 | 8  | 2  | 12 | 14 | 34  | 118 | 225 | 501 | 1,146 | 2,246 | 2,246 | 4,586 | 4,586 | 5,001 | 1,146 | 2,246 | 2,246     | 1,069 | 1,069           | 2,138 | 2,138           | 4,276 | 4,276        | 4,276 | 4,276 | 4,276 | 4,276 |    |



## Birth Statistics

### *Births occurring within the County*

|                       | Live births | Still births | Total |
|-----------------------|-------------|--------------|-------|
| <i>Domiciliary:</i>   |             |              |       |
| County Patients       | 1,540       | 4            | 1,544 |
| Other Patients        | 2           | .            | 2     |
| <i>Institutional:</i> |             |              |       |
| County Patients       | 2,743       | 15           | 2,758 |
| Other Patients        | 683         | 1            | 684   |
| Total                 | 4,968       | 20           | 4,988 |

### *County births occurring outside the County*

|               | Live births | Still births | Total |
|---------------|-------------|--------------|-------|
| Domiciliary   | 7           | .            | 7     |
| Institutional | 3,920       | 65           | 3,985 |
| Total         | 3,927       | 65           | 3,992 |

### *Net births to County Residents*

|               | Live births | Still births | Total |
|---------------|-------------|--------------|-------|
| Domiciliary   | 1,547       | 4            | 1,551 |
| Institutional | 6,663       | 80           | 6,743 |
| Total         | 8,210       | 84           | 8,294 |

### *Premature births*

|                                   | Live births | Still births |
|-----------------------------------|-------------|--------------|
| Born in Institutions              | 456         | 53           |
| Born at home or in a Nursing Home | 36          | 2            |



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PART II:      PERSONAL HEALTH SERVICES

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## HEALTH CENTRES

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The first Health Centre to be provided in the County — at Syston — came into operation on the 20th October 1970. On that day, seven general practitioners (two practices of four and three doctors respectively) together with their attached health visitors, nurses and ancillary staff, moved into the newly built Centre and joined with the local authority staff in providing health services for the community in Syston. The Centre was officially opened by the Chairman of the County Council, Col. P.H. Lloyd, T.D., J.P., D.L., on the 26th November.

The erection of the second Centre, at Lutterworth, commenced in the late summer and it is expected to be completed by late 1971. The plan of the proposed Centre at Narborough (see page 22 ) was approved by the Department of Health and Social Security and the erection of this Centre should start early in 1971. At the end of the year sites were being acquired at Anstey and Ashby-de-la-Zouch on which it was planned to erect further Centres in the County.

The Health Centres Joint Advisory Committee continued to meet quarterly and supported the provision of additional Health Centres at Loughborough, Hinckley, Wigston, Market Harborough and Oadby. Appropriate sites are being sought and 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.

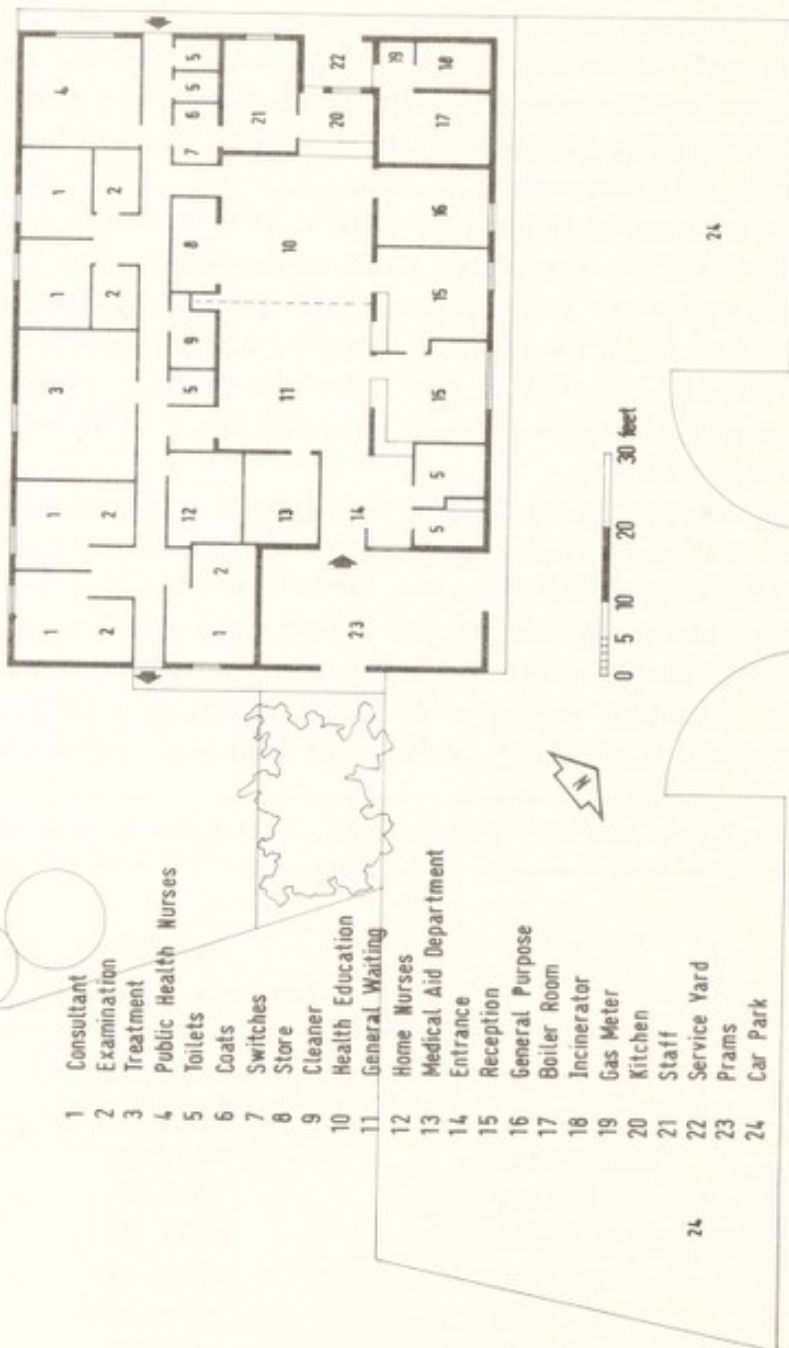
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### *The provisional Health Centres capital building programme at year end.*

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|                   | Year of<br>Commencement | Approximate<br>Population<br>to be served |
|-------------------|-------------------------|-------------------------------------------|
| Syston            | 1969/70                 | 20,000                                    |
| Lutterworth       | 1970/71                 | 17,000                                    |
| Narborough        | 1971/72                 | 18,000                                    |
| Anstey            | 1971/72                 | 7,000                                     |
| Ashby-de-la-Zouch | 1972/73                 | 11,000                                    |
| Wigston           | 1972/73                 | 20,000                                    |
| Hinckley          | 1973/74                 | 25,000                                    |
| Oadby             | 1973/74                 | 20,000                                    |
| Loughborough      | 1974/75                 | 20,000                                    |
| Market Harborough | 1974/75                 | 23,000                                    |

# HEALTH CENTRE, NARBOROUGH



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## CARE OF MOTHERS AND YOUNG CHILDREN

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### Ante-Natal Clinics

A reduced number of 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.

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#### *Ante-natal clinics*

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|                             |     |
|-----------------------------|-----|
| <i>Women attending for:</i> |     |
| Ante-natal examination      | 684 |
| Post-natal examination      | .   |
| <i>Sessions held by:</i>    |     |
| Medical Officers            | 40  |
| Midwives                    | 51  |

### 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 1,668 of whom 1,428 were booked for institutional confinement, and 240 for domiciliary confinement. The total number of attendances was 9,203.

### Dental Service

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

The pattern of inspection and treatment of these classes of patient has continued as in previous years. There has been a slight increase in the number of pre-school children treated during the year, but there will be no significant change until the overall staffing position improves.





*Health Centre, Syston. The Health Education Area is beyond the Waiting Area. The two rooms can be used together by opening the sliding doors.*

The consultation clinic, held in conjunction with the Child Health Centre at Market Harborough, has continued throughout the year with a satisfying response. This type of clinic does appear to meet a very real need, and it is unfortunate that shortage of staff prevents the extension of such a service.

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*Dental Treatment Provided During 1970*

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|                      | Adult<br>sub-normals | Expectant and<br>nursing mothers | Children<br>under 5 |
|----------------------|----------------------|----------------------------------|---------------------|
| First visits         | 48                   | 3                                | 84                  |
| Total visits         | 147                  | 10                               | 164                 |
| Fillings             | 103                  | 2                                | 133                 |
| Extractions          | 63                   | 20                               | 76                  |
| General anaesthetics | 8                    | 1                                | 18                  |

*Dental Treatment of Adult Sub-Normal Patients*

Regular dental treatment of Adult Sub-Normal Patients was continued for the second year in succession. Of the 58 patients treated, 9 were referred to the Consultant Dental Surgeon, at Glenfrith Hospital as short stay patients. This step was necessary on account of some associated medical condition such as heart disease or a musculo-skeletal disorder.

Forty-one courses of treatment were completed at Coalville Clinic, and although most of the treatment was conservative in nature, 8 general anaesthetics were administered, sixty-three teeth were extracted, and 8 dentures were supplied.

The incidence of periodontal disease was considerable and was found in over 75% of patients treated. This took the form in some cases of a simple inflammation involving gingivae only (dirt gingivitis), while others were of a more gross nature and involved both hard and soft tissues which in some cases led to tooth loss, particularly of the lower incisors. As periodontal disease in the mentally handicapped tends to be progressive, extensive scaling and oral toilet was instituted as a routine treatment.

During dental inspections at Desford Adult Training Centre, it was observed that five of the trainees were dentally fit. This was particularly gratifying, since dental disease is particularly active in sub-normal patients. This is not entirely the result of neglect, but is to a large extent psychosomatic in origin. Adverse psychogenic stimuli alter the flow and composition of the saliva as well as producing degenerative changes in the salivary glands — (Gupta, 1966)., and (Baxter, 1969). This small but definite improvement in dental health is largely due to the co-operation of parents and the encouragement received from the Manager and Staff of the Desford Adult Training Centre.



*References:—*

- |                       |                                                 |                                      |
|-----------------------|-------------------------------------------------|--------------------------------------|
| <i>Gupta, O.P.</i>    | "Psychosomatic Factors in Periodontal disease". | Dent. Clin. N. America, March, 1966. |
| <i>Baxter, J.A.G.</i> | "Dental disease in the Mentally handicapped".   | Dent. Delin. Spring, 1969.           |

*Fluoridation of Water Supplies*

There is nothing further to report regarding the implementation of this preventive measure, the position being as reported last year.

The benefits of water fluoridation have been further reinforced by the experience of the City of Birmingham whose water supply has contained the optimum amount of fluoride for the maximum reduction of dental decay since late 1964. I am indebted to Mr. J.F. Beal, Department of Dental Health, University of Birmingham, for supplying the following figures.

In two areas of Birmingham in 1968 the percentage of 5 year old children having sound teeth, with no dental decay, was 30.14 in Balsall Heath and 27.05 in Northfield. The comparable figure for this County was 24.30 in 1968.

In 1970 these figures had increased to 47.72 in Balsall Heath and 41.20 in Northfield. In this Authority there has been no significant change, but it is hoped that a similar picture will be obtained by the late 1970's. It is to be regretted that the implementation of the County Council decision to fluoridate water supplies has been so long delayed, with the consequent pain and misery of needlessly decayed teeth.

**Unmarried Mothers and their Children**

Unmarried mothers and their children are cared for by the County Health Visiting Service and the Diocese for Leicester Council for Social Work. The Health Visitors give support to the mother during her pregnancy and, sometimes, arrange entry to a Mother and Baby Home. Further support is available when the mother and her baby return home.

Miss P.D. Russell, organising secretary to the Diocese of Leicester Council for Social Work, reports as follows:—

There was an overall decrease in the number of welfare cases dealt with by the two County Workers during 1970. There were 160 new pregnancy/welfare cases as opposed to 182 in 1969. The overall case-load, including those cases brought over from the previous year, was 400 compared to 424. The adoption figures for Leicestershire show very little variation on the previous year; in 1969 there were 88 placements and this year a total of 82 placements.

The percentage of babies remaining in the care of the natural mother rose from 45% in 1969 to 58% in 1970. Many of the pregnancy cases were of a complex nature in which the daughter's problem appeared to be a symptom of disruptive family relationships, domestic upheaval and emotional disturbance.

Several matrimonial problems were referred as the result of an unwanted legitimate pregnancy where one or both parents sought advice on adoption as a solution to the economic and emotional stress of another child in the family. In the majority of these cases the child was eventually taken home but, as with the unsupported mother, there is a need for more comprehensive after-care.

The following statistics, which relate to the Diocese of Leicester and Peterborough, are of interest:

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*Illegitimacy Cases*

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|                | Mother | Father |
|----------------|--------|--------|
| Age 14 – 16    | 22     | 7      |
| Age 17 – 20    | 59     | 40     |
| Age 21 – 30    | 35     | 50     |
| Age 31 plus    | 2      | 15     |
| Age Not Known  | .      | 6      |
| Status: Single | 103    | 79     |
| Married        | 5      | 16     |
| M/Separated    | 6      | 9      |
| Divorced       | 4      | 6      |
| Not known      | .      | 8      |

---

*Illegitimate Births in Leicestershire, 1970*

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|             |          |     |
|-------------|----------|-----|
| Live births | <i>m</i> | 195 |
|             | <i>f</i> | 178 |
|             | <i>t</i> | 373 |
| Stillbirths | <i>m</i> | 3   |
|             | <i>f</i> | 7   |
|             | <i>t</i> | 10  |

**Day Nurseries**

No progress was made in the erection of the new Hinckley Day Nursery because of the need to obtain a Compulsory Purchase Order on the Granville Road site, which forms part of a recreation ground used, in the main, by a football club which was the main objector to the order. A public enquiry, held in October, found in favour of the County Council and the Compulsory Purchase Order is now proceeding.

Erection of the new Loughborough Day Nursery was put in hand during the year and it is anticipated that it will be open in April, 1971.



Both new nurseries are designed for use on the 'family group principle' with rooms for each group, rooms for babies and a play room/assessment room. Full use will be made of corridor areas for activities requiring more space.

The arrangement by which second year Day Nursery Students are exchanged between the Loughborough Day Nursery and the Loughborough Divisional Education Executive has proved a success and is now a recognised part of the training. Students were again exchanged in mid-August, 1970.

Regretfully, Dr. M.L. Campbell, Principal Medical Officer, has indicated her intention to retire early in 1971. She has been responsible for the Day Nursery Service for a period of 22 years, culminating with the establishment of two new replacement nurseries. In recognition of Dr. Campbell's long and devoted service in Leicestershire, the Health Committee is to name the new Day Nursery in Loughborough after her.

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#### *Day Nursery Statistics*

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|                                | Loughborough | Hinckley |
|--------------------------------|--------------|----------|
| No. of approved places         | 50           | 40       |
| No. on register at end of year | 55           | 42       |
| Total attendances              | 10,626       | 7,797    |
| Average daily attendance       | 44.8         | 32.5     |

#### **Maternity Outfits**

During the year 1,843 standard outfits, together with a bottle of suitable antiseptic, were issued by the Department; a decrease of 109 on the previous year. Some 2,104 modified outfits were issued for use in cases discharged from maternity hospital up to three days after confinement, which indicated an increase of 100 on 1969. This continued the trend of previous years away from domiciliary deliveries to hospital confinement with an early discharge.

#### **Family Planning**

In December 1970 the Family Planning Association opened its third County Clinic at Hinckley.

During the year, 45 women were referred to the Leicester Clinic because of medical contra indications to pregnancy and, with others previously referred on such grounds, made a total of 267 medical consultations. Of these 45 women, 20 were fitted with an intra-uterine device and 19 were prescribed an oral contraceptive.

The total attendances of County patients at F.P.A. Clinics during 1970 are shown below:—

*Attendances during the year*

|                                              | Leicester | Loughborough | Market Harborough |
|----------------------------------------------|-----------|--------------|-------------------|
| New Patients                                 | 1,052     | 253          | 108               |
| Old Patients<br>continuing to use<br>Clinics | 2,678     | 594          | 76                |
| Total medical<br>consultations               | 7,879     | 1,675        | 539               |

The enquiries pursued by the East Midlands Branch of the Family Planning Association into the possibility of organising a vasectomy service within Leicestershire proved the impossibility of realising such aims at present. It is now considered that this extension of the service will have to wait until the Leicester F.P.A. Clinic moves into new premises in mid-1972.

**Deafness in Young Children**

From the accompanying list it is obvious that the number of clinics held during 1970 in centres other than St. Martins, Leicester has, on average, doubled. This has created extra demands on the Medical Officers, Health Visitors and Peripatetic Teachers of the Deaf who together form the assessments team.

*The Work of Pre-School Audiology Clinics, 1970*

|                                        | St.<br>Martins<br>Leics. | Lough<br>borough | Hinckley | Market<br>Harbor<br>rough | Melton<br>Mowbray | Coal<br>ville |
|----------------------------------------|--------------------------|------------------|----------|---------------------------|-------------------|---------------|
| Number of Clinics held                 | 44                       | 22               | 22       | 9                         | 11                | 22            |
| Number of Children<br>attending        | 258                      | 111              | 113      | 45                        | 55                | 115           |
| Number of Pre-School<br>E.N.T. Clinics | 11                       | .                | .        | .                         | .                 | .             |
| Number of Children<br>attending        | 166                      | .                | .        | .                         | .                 | .             |



A further follow-up clinic was set up during the year at St. Martins, Leicester. It was at first held once a month and latterly twice a month. Its function is to carry out serial assessments of children previously diagnosed as deaf and in need of special educational placement.

A therapy group for pre-school deaf children was set up to meet once a week at the Oadby Clinic from December, 1970.

The facilities afforded by the Public Health Laboratory are now employed in confirming or excluding rubella as the cause of deafness in a young child where the aetiology is in doubt. The result has obvious implications to the parents of the deaf child regarding future children.

### **Congenital Malformations Apparent at Birth**

The Registrar General has, on three occasions during the year, drawn attention to an increase in the number of cases of a particular defect notified:—

|                                |                                   |
|--------------------------------|-----------------------------------|
| Spina Bifida                   | (January 2; February 5; March 3.) |
| Syndactyly                     | (March 3; July 4.)                |
| Unspecified Limb Malformations | (November 3.)                     |

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### *Children suffering from Congenital Malformations – Livebirths*

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|                                         |     |
|-----------------------------------------|-----|
| Central Nervous System                  | 16  |
| Eyes and Ears                           | 9   |
| Alimentary Canal                        | 31  |
| Heart and Circulatory System            | 19  |
| Respiratory System                      | 1   |
| Urogenital System                       | 31  |
| Limbs                                   | 57  |
| Other parts of Muscular Skeleton System | 7   |
| Other Systems                           | 25  |
| Other Malformations                     | 12  |
| <hr/>                                   |     |
| Male                                    | 104 |
| Female                                  | 64  |

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### *Total Malformations in above*

---

|                       |     |
|-----------------------|-----|
| Male                  | 125 |
| (and 2 with multiple) |     |
| Female                | 78  |

---

*Children suffering from Congenital Malformations – Stillbirths*

---

|                                         |    |
|-----------------------------------------|----|
| Central Nervous System                  | 11 |
| Eyes and Ears                           | 2  |
| Alimentary Canal                        | 5  |
| Heart and Circulatory System            | 2  |
| Respiratory System                      | 1  |
| Urogenital System                       | 2  |
| Limbs                                   | 3  |
| Other parts of Muscular Skeleton System | 1  |
| Other Systems                           | 1  |
| Other malformations                     | 1  |
| <hr/>                                   |    |
| Male                                    | 8  |
| Female                                  | 8  |

---

*Total malformations in above*

---

|                       |    |
|-----------------------|----|
| Male                  | 11 |
| (and 1 with multiple) |    |
| Female                | 8  |
| (and 1 with multiple) |    |

### **Observation Handicap Register**

The Registers have been maintained under increasing difficulties. The usefulness and limitations of the Registers are recognised, but the keeping of the Observation Register contributes to the increasingly early detection of handicapping conditions in the pre-school child. It does not form, however, the only contribution to this early detection since knowledge and observation on the part of those working with pre-school children and their families have played a large part.

The number of children's names entered on the Observation Register during 1970 was 41.5% of the total live births.

### **Child Health Centres**

The administration of the Child Health Centres remained unchanged. There are now 83 Centres, situated throughout the County, which are held in various premises as given below.

The Centre at the Red Cross Hall, Syston was transferred to the new purpose-built Health Centre near the centre of the village. A number of General Practitioners have expressed interest in holding Child Health Centres at their surgeries and another such Centre was opened during the year at Husbands Bosworth.



One Centre closed at Hinckley through lack of demand but little hardship resulted as another Centre continues to flourish in the Hinckley area.

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*Child Health Centres*

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|                                       |    |
|---------------------------------------|----|
| Health Centres                        | 1  |
| Purpose built Clinics                 | 6  |
| Other Clinics                         | 1  |
| General Practitioners Surgeries       | 3  |
| Village Halls, Community Centres Etc. | 72 |
| <hr/>                                 |    |
| Total                                 | 83 |

The table below shows an increase over 1969 in the total attendances for the year despite the unfavourable comment following the change of policy with regard to the sale of proprietary foods implemented in February 1969. It would appear that this has largely been accepted and it is pleasing to note the increased attendance in the two – five year old group. All the Voluntary Committees have continued to function and Voluntary Organisers who took the opportunity of resigning have been replaced. We are grateful for their support and untiring efforts on behalf of the community over the years.

It is also interesting to note the increase of Child Health Clinics held by General Practitioners and yet another sign of the continued co-operation between the Local Health Authority and the Executive Council.

An infant resuscitation machine was presented to the Ashby-de-la-Zouch Hospital Maternity Wing by the voluntary organisers of the Child Health Centres at Coalville, Whitwick, Packington and Ashby. The presentation was made possible by money-raising efforts at the Centres.

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*The Number of Children attending during the year*

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|                                 | 1969   | 1970   |
|---------------------------------|--------|--------|
| Aged under one year             | 6,037  | 6,730  |
| Aged under two years            | 5,563  | 5,203  |
| Aged between two and five years | 4,165  | 4,820  |
| <hr/>                           |        |        |
| Totals                          | 15,765 | 16,753 |

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*The Number of Sessions held during the year*

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|                                                     | 1969  | 1970  |
|-----------------------------------------------------|-------|-------|
| By Medical Officers                                 | 822   | 737   |
| By Health Visitors                                  | 1,186 | 1,072 |
| General Practitioners employed on a sessional basis | 284   | 519   |
| Totals                                              | 2,292 | 2,328 |

**Welfare Foods**

There are now 114 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.

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*Issues over the last four years*

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|                                | 1967   | 1968   | 1969    | 1970    |
|--------------------------------|--------|--------|---------|---------|
| Dried Milk, tins               | 30,911 | 24,689 | 20,133  | 16,315  |
| Orange Juice, bottles          | 93,391 | 89,508 | 106,391 | 128,592 |
| Cod Liver Oil, bottles         | 4,991  | 4,338  | 4,706   | 4,808   |
| Vitamin A & D tablets, packets | 8,259  | 7,177  | 7,694   | 8,742   |

**Registration of Nurseries and Child Minders**

The year 1970 has seen a considerable rise in the number of registered child minders and playgroups. In the case of child minders some time has been lost with preliminary visits after which the potential minder has withdrawn her application. It is not unusual for registered minders to omit to inform County Hall that they have either left the district or given up daily minding altogether. However, the general overall standard is reasonably good, and in some cases registered minders have taken in children from broken homes, and also the babies of unmarried mothers, who of necessity must go out to work, and have thus provided a very useful service. It still appears that many people are under the impression that one need not be registered when caring for only one child and from time to time information is published about unregistered minders. In some cases these have proved to be most unsuitable places for young children.

Playgroups in the County are going from strength to strength and the basic and advanced courses of training for the staff of playgroups have been very well attended. Child minders have also been encouraged to attend. These courses give ideas for creative play for 3 to 5 year olds and also the mental development of the child from birth to 5 years. Various community colleges have established creches on their premises to enable mothers to attend classes and these have proved very popular and have also given the older girls in the day schools a chance to help with the young children. The overall picture is one of gradual expansion in this field and it is hoped that the high standards attained by Dr.M.L.Campbell will be maintined in the future.

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*The number of registrations at year end*

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|                              |       |
|------------------------------|-------|
| Registered premises          | 122   |
| Number of children permitted | 2,716 |
| Registered persons           | 386   |
| Number of children permitted | 1,025 |

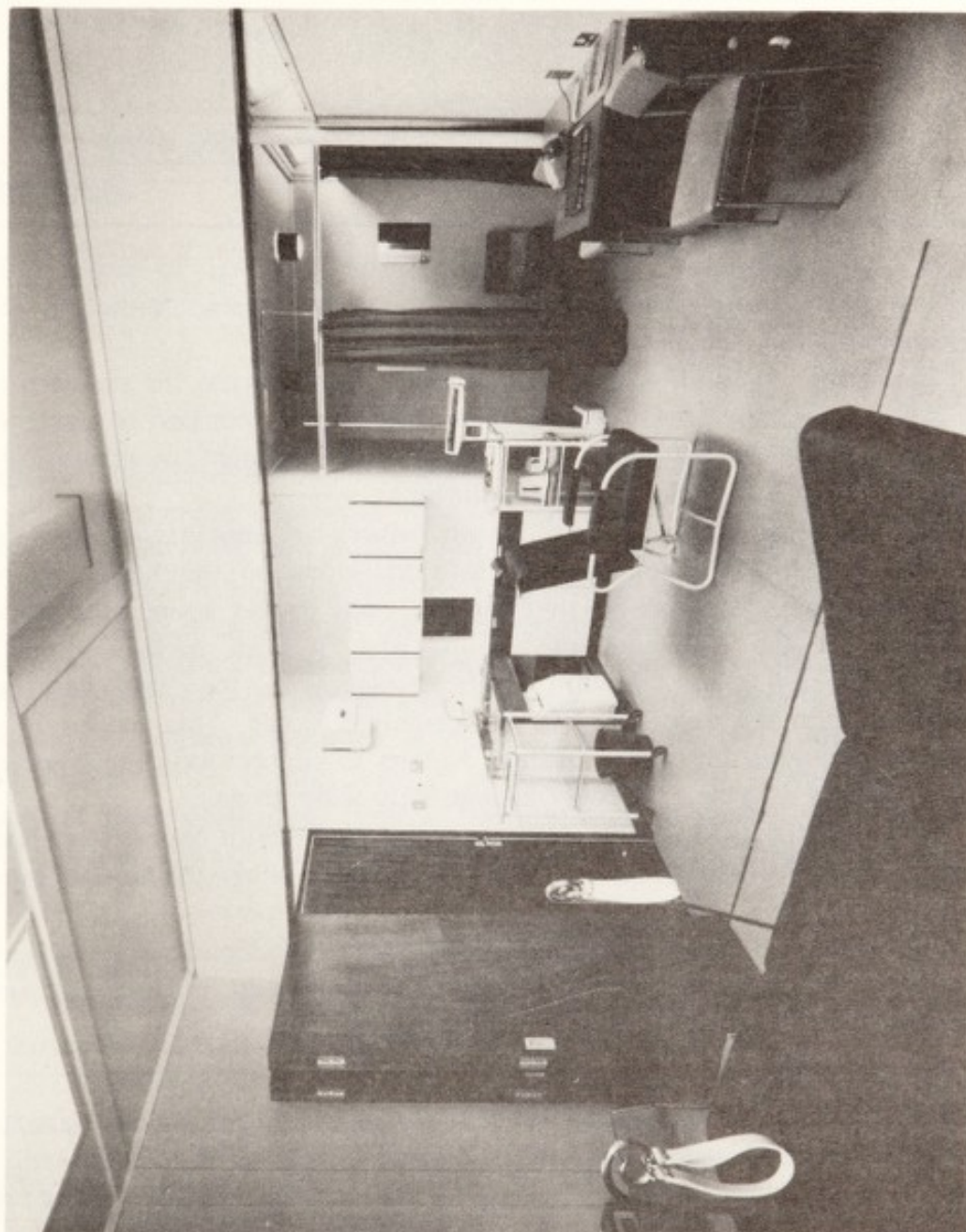
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*The type of care provided at above*

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|                              | All day | Sessional |
|------------------------------|---------|-----------|
| Registered premises          | .       | 122       |
| Number of children permitted | .       | 2,716     |
| Registered persons           | 345     | 32        |
| Number of children permitted | 667     | 358       |





*Health Centre, Syston, The Treatment Room*



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## MIDWIFERY

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At 31st December the staffing position relating to domiciliary midwifery was – whole-time Midwives 22, District Nurse/Midwives 58, with vacancies 16.

The midwifery staff situation continues to give rise for concern in rural and semi-urban areas, where there are a high number of patients requiring ante- and post-natal care and a small amount of domiciliary midwifery, coupled with Home Nursing duties.

The situation is aggravated by an excess of speculation and the delay in the publication of any concrete decisions on the future of the midwifery service. Recommendations in the Peel Report stimulated some discussion but the midwives in training and in staff midwives posts cannot clearly see where they are going, consequently they are unwilling to come out into the community to fill combined posts. This means it is necessary to appoint temporary District Nurses to support existing District Nurse/Midwives who have to cover exceedingly wide areas.

During 1970, 3 whole-time Midwives and 23 District Nurse/Midwives resigned, 2 whole-time Midwives and 13 District Nurse/Midwives were appointed.

There was a further reduction in the number of domiciliary confinements with the expected increase in cases delivered in hospital and discharged to the care of the domiciliary midwife.

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*Table 1. Confinements to County Residents*

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|               | 1966           | 1967           | 1968           | 1969         | 1970           |
|---------------|----------------|----------------|----------------|--------------|----------------|
| Institutional | 5,975<br>64.1% | 5,852<br>72.2% | 6,310<br>77.2% | 6,443<br>79% | 6,743<br>81.3% |
| Domiciliary   | 3,260<br>35.9% | 2,200<br>27.8% | 1,874<br>22.8% | 1,712<br>21% | 1,551<br>18.7% |

*Table 2. Home Assessments*

|                       | 1966  | 1967  | 1968  | 1969  | 1970  |
|-----------------------|-------|-------|-------|-------|-------|
| Sociological Bookings | 1,697 | 1,468 | 1,398 | 1,451 | 2,647 |
| Early Discharges      | 1,420 | 2,018 | 2,664 | 2,861 | 1,913 |
| Total                 | 3,117 | 3,486 | 4,062 | 4,312 | 4,560 |

*Table 3. Early Discharges*

|        | 1966   | 1967   | 1968   | 1969   | 1970   |
|--------|--------|--------|--------|--------|--------|
| Cases  | 3,197  | 4,004  | 5,087  | 5,292  | 5,707  |
| Visits | 21,085 | 25,508 | 30,953 | 33,073 | 33,582 |

### **Domiciliary Midwives into Hospital**

The scheme organised in Ashby to allow Domiciliary Midwives to take their patients into the General Practitioner Unit in Ashby had to be abandoned due to staffing problems. It is hoped to recommence this scheme and to extend it as soon as the situation improves. Meanwhile, the scheme organised in Hinckley to allow 4 whole-time Midwives attached to General Practitioners to take their patients into the General Practitioner Unit at the Nuneaton Maternity Hospital is working very well. All midwives express their satisfaction in this form of practice, which is, I feel, at times the envy of their colleagues both in hospital and in domiciliary areas not in the scheme. It would seem that both patient and midwife get the best of all worlds.

### **Attachments**

The number of midwifery staff in attachments at 31st December was District Nurse/Midwives 28, Whole-time Midwives 9.

There is no doubt that attachments to Group Practices gives more job satisfaction to the midwife but it does aggravate the problems when an adjacent practice or area becomes vacant. It is less easy to close ranks and give cover.

The planning of ante-natal clinics at surgery with both the General Practitioner and the Midwife present is providing a more comprehensive ante-natal care programme, and is giving the Midwife the opportunity to really know all her patients instead of only those she is likely to deliver – this in turn must benefit the patient.



## Equipment

The Portogen apparatus issued in 1969 has already proved its worth. During the year there were 14 occasions when Domiciliary Midwives administered Oxygen to babies with good effect and on at least two of these occasions the outcome might have been fatal without Oxygen.

## Training

Some 15 pupils from Leicester Royal Infirmary Maternity Hospital and Westcotes Hospital completed their midwifery training in the County.

During the year several groups of pupils visited County Hall and were introduced to the complexity of the computer and the interests of Health Education.

## Post Graduate Courses

Fourteen Domiciliary Midwives plus one Non-Medical Supervisor attended refresher courses in various parts of the country and returned with much to interest their colleagues.

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### *Confinement of County Cases in Institutions Outside the County in 1970*

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|                                                                                |       |
|--------------------------------------------------------------------------------|-------|
| Burton-on-Trent, Andresseý Hospital                                            | 59    |
| Derby City Hospital                                                            | 105   |
| Derby, Queen Mary Maternity Home                                               | 25    |
| (General) Grantham, Hill View Hospital                                         | 18    |
| Harborough Magna, St. Mary's Hospital                                          | 109   |
| Kettering, St. Mary's Hospital                                                 | 53    |
| Leicester Royal Infirmary Maternity Hospital                                   | 1,714 |
| Leicester General Hospital                                                     | 741   |
| Leicester, St. Francis Private Hospital                                        | 209   |
| Leicester, Westcotes Maternity Hospital                                        | 142   |
| Lincoln, Grantham and Kesteven General Hospital                                | 17    |
| Nottingham, Women's Hospital                                                   | 106   |
| Nuneaton Maternity Hospital                                                    | 565   |
| Oakham, Memorial Hospital                                                      | 28    |
| Walsgrave Maternity Hospital                                                   | 20    |
| 30 Hospitals with less than fifteen Confinements<br>of Leicestershire Patients | 75    |
| Total                                                                          | 3,986 |

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*Confinements in County Institutions, 1970*

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|                                        | County<br>Cases | County<br>Cases | Total |
|----------------------------------------|-----------------|-----------------|-------|
| Ashby and District Hospital            | 398             | 117             | 515   |
| Kirby Muxloe, Roundhill Maternity Home | 1,155           | 476             | 1,631 |
| Loughborough General Hospital          | 320             | 3               | 323   |
| Lutterworth Cottage Hospital           | 115             | 3               | 118   |
| Market Harborough and District         | 224             | 58              | 282   |
| Melton Mowbray St. Mary's Hospital     | 543             | 27              | 570   |
| Totals                                 | 2,755           | 654             | 3,439 |

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## HEALTH VISITING

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### Staffing

The staffing position has again improved. Three full-time and one part-time Health Visitors were appointed. Five students qualified as Health Visitors and four students entered the training school in September. Four full-time Health Visitors and two part-time Health Visitors left the service.

The State Enrolled Nurses have settled well into the pattern of assisting Health Visitors and have been well accepted in Schools. Towards the end of the year and in accordance with the proposals in the ten year plan, an increase in the establishment of State Enrolled Nurses was requested, as they have proved themselves to be valuable in the Health Visiting field. Six student Health Visitors from other Authorities were given one week's practical experience of Leicestershire County Council Health Visiting Service.

### In Service Education

The second three day lecture course was held in the Spring and again proved stimulating.

Six Health Visitors attended Refresher Courses. One Health Visitor attended a Field Work Instructors Course for Group Advisers. The Royal College of Nursing and the Health Visitors Association have been approached to institute a short course of introduction into the Health Visiting field for State Enrolled Nurses but so far this has not materialised, although it is under consideration by the Health Visitors Association.

Mrs. B. Williams returned to the Department in August and is to be congratulated in having obtained her Community Health Nurse Teachers Certificate.

A new Course in Audiological Assessment started in January, consisting of eleven sessions, qualifying Health Visitors to form a team with Medical Officers and Peripatetic Teachers dealing with deaf children.

The course lecturers were Mr. David Harrison and Mrs. P. Carr, Teachers for Partially Hearing Children. At the end of the Course the Health Visitors received a Certificate of Proficiency. Seven Health Visitors undertook this Course with the following programme;

1. Medical Aspects of Deafness
2. Physical Properties of Sound and the Functions of Hearing
3. Techniques of Testing
4. Clinic Session – up to three years
5. Pure Tone Audiometry
6. Clinic 3-4 years
7. Language Development and Guidance to Parents
8. Clinic – guidance
9. Proposed visit to Stoneleigh School
10. Assessment
11. Assessment

In Service lectures were given to the District Nurses Training Course by the Superintendent Health Visitor and the Health Education Adviser.

#### **Attachment**

The total number of Health Visitors now attached to General Practitioners is 37, involving 37 practices and 86 family doctors. It seems clear that this close communication is beneficial both to Doctors, Health Visitors and patients.

The health visitors report increasing satisfaction in their work and favourable comments have been made from the teams based upon the first Health Centre at Syston. To offset the decrease in central direction efforts have been made to strengthen the post of Group Adviser and increasing use is made of their services in establishing sound line management and connection.

The Health Visitors find working with Group Advisers a great help, as they now do not feel quite so isolated and see their colleagues at regular meetings.

#### **The Elderly**

Care of the elderly is still a great part of the Health Visitors work and they have liaised increasingly with the Welfare Workers.

One Health Visitor started a new venture in Ashby, by holding a weekly clinic; the Health Visitors encouraging gentle exercises to keep them fit and mobile. Twelve old people attend this clinic and have been seen by their own General Practitioner before attending. Talks are given on problems of the aged including diet.



### Diabetic Clinics

This work is increasing and to cover the County properly two specialist Health Visitors are needed. The Health Visitors now hold a monthly clinic for diabetic patients at the Measham Medical Centre.

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#### *Home Visits by Health Visitors*

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|                                                                                            | Equivalent<br>1969 | 1970   |
|--------------------------------------------------------------------------------------------|--------------------|--------|
| Children born in 1970                                                                      | 8,074              | 8,403  |
| Children born in 1969                                                                      | 11,158             | 10,979 |
| Children born in 1965-68                                                                   | 19,397             | 19,683 |
| Total number of children                                                                   | 38,629             | 39,065 |
| Persons aged 65 or over                                                                    | 4,105              | 4,491  |
| Special visits at request of G.P. or hospital to<br>persons aged 65 or over                | 2,299              | 2,400  |
| Mentally disordered persons                                                                | 273                | 268    |
| Special visits at request of G.P. or hospital to<br>mentally disordered persons            | 194                | 163    |
| Persons discharged from hospital other than<br>mental hospital (excluding maternity cases) | 212                | 164    |
| Special visits at request of G.P. or hospital to<br>persons discharged from hospital       | 162                | 126    |
| Tuberculous households                                                                     | 265                | 184    |
| Households on account of other infectious diseases                                         | 180                | 137    |
| Other cases                                                                                | 1,923              | 2,584  |
| Diabetics                                                                                  | 864                | 1,213  |

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## HOME NURSING

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### Staffing

*Staffing position at 31st December, 1970.*

|                             | In Post | Vacancies | Resignations<br>during Year | Appointments<br>during Year |
|-----------------------------|---------|-----------|-----------------------------|-----------------------------|
| District Nurses             | 52      | .         | 20                          | 17                          |
| District Nurse/<br>Midwives | 58      | 16        | 23                          | 13                          |
| State Enrolled<br>Nurse     | 5.5*    | 0.5*      | .                           | 6*                          |
| Nursing Auxiliaries         | 7*      | .         | 4*                          | 4*                          |

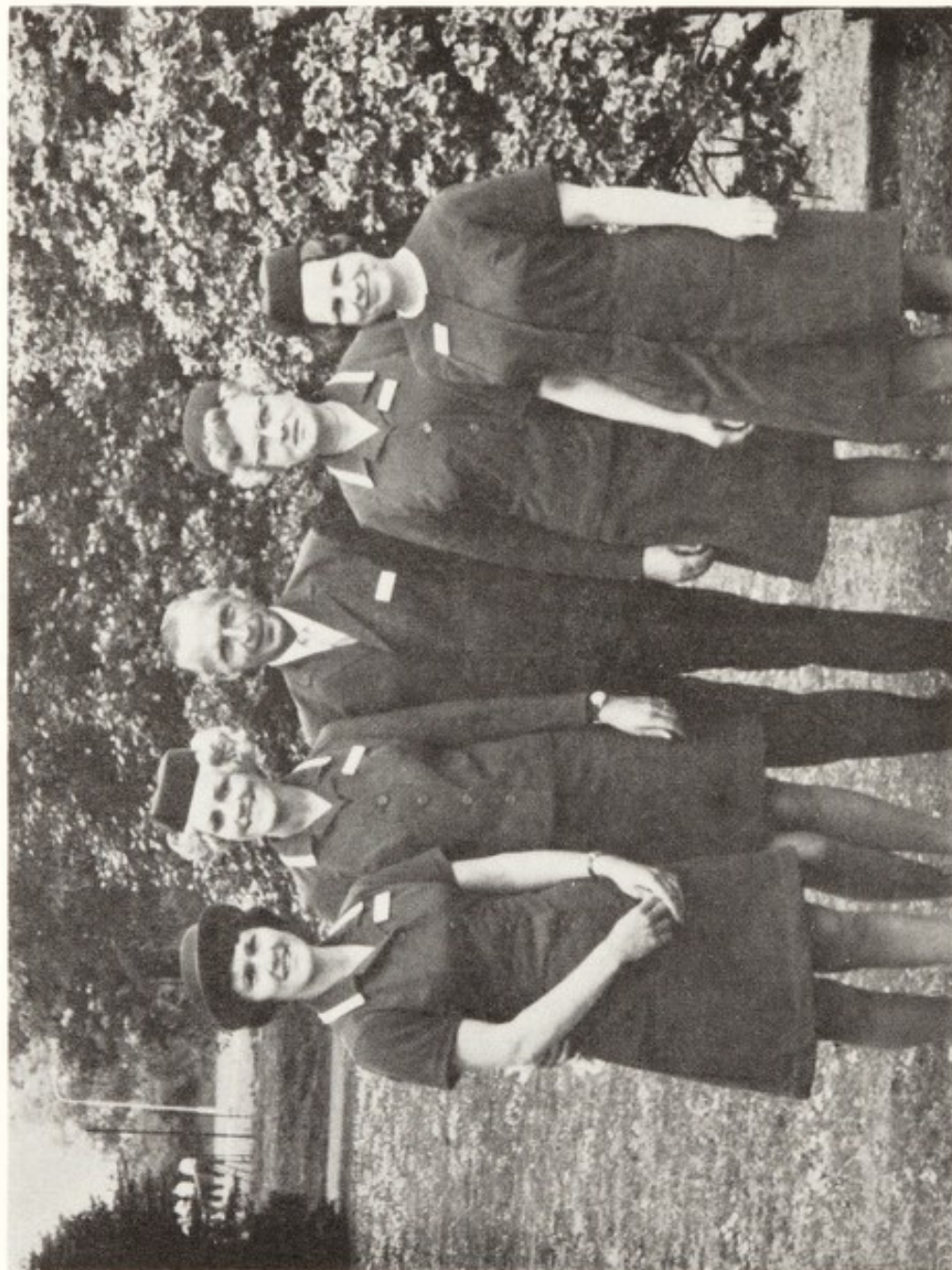
\*Whole time equivalent

The turnover of staff during the last year has been higher than usual, with the main reason being the competing demands of domestic responsibilities. The uncertainty of the times has not yet resulted in a definite trend of staff returning to the hospital nursing field where at least at ward level the future appears reasonably clear.

With the excess of industrial unrest throughout the country, married field workers need to feel secure in their jobs and constant reassurance from management without information about future developments does not always satisfy them. Accordingly, it is important that future legislation is not delayed.

The appointment of district nursing staff to support the reducing numbers of midwives in combined midwifery and general nursing posts continued throughout the year.

The expansion of the attachment programme is revealing a need for extra relief staff, while staff in posts in areas that carried long-term vacancies have responded extremely well to the demands made on them and have continued to develop the service along progressive lines.



*The New County Uniform worn by 5 members of the Midwifery and Home Nursing Service*



## **Uniform**

April 1970 saw the first issue of the new county uniform, as shown on Page 44. It had been thought for some time that the multiplicity of nursing staff uniforms were not in keeping with the modern image of the Domiciliary Nursing Staff. The fashionable county uniform in regal blue and white crimplene was chosen democratically by the nursing staff and the committee approved their choice. All grades of staff wear a similar uniform and are identified by wearing a brooch showing name and rank.

## **Training**

During the year 20 members of staff have completed the District Nurse Training Course and all have been successful in obtaining the National Certificate of District Nurse Training.

I would like to express my thanks to the Hospital Matrons and Nursing Officers, and to the officers of other departments within the Local Authority, who have co-operated fully to make the courses so successful.

Preliminary discussions are being held to consider extending our training facilities to provide planned programmes for pupil nurses from at least two County Training Schools.

During the year three members of staff received into their homes, and planned a two-week working programme for, students from the integrated nurse training course organised by the Chiswick Polytechnic. In addition, several one- and two-day programmes have been arranged for students from other training schools.

Twenty-nine members of staff attended general refresher courses, including six who attended the short course arranged by the City of Leicester for field work instructors. These courses are much appreciated and provide the staff with many subjects for discussion at smaller group meetings.

Mrs. Grove, the Assistant Nursing Superintendent, attended a middle management course at the Wm. Rathbone Staff College in October for one month.

## **Attachment Schemes**

The attachment of nursing staff to General Practices was arranged whenever interest was expressed by doctors and nurses.

By the end of the year there were 41 District Nursing Sisters and 31 District Nurse/Midwives attached to 48 practices involving 132 General Practitioners.

The need to support fully trained staff with less highly qualified colleagues continues to be a problem and during the year 3 extra State Enrolled Nurse posts were provided and 6 part-time appointments were made.

It seems clear that many more staff are needed at this level if State Registered Nurses are to co-operate fully with General Practitioners as colleagues in a health care team, working both in the field and in the surgery. Unfortunately, there is much operational research needed in this area so that the correct composition of such teams can be determined.

The amount of time spent by trained staff working in General Practitioners' surgeries during the year is reflected in the changed pattern of the figures shown later in this report. Fewer visits were paid to patients in their own homes by trained staff, though overall many more patients received nursing care.

There was an increase in the number of cases for, and visits paid by, nursing auxiliaries.

In the meantime, this pattern of patient care, with highly qualified staff carrying out skilled techniques in surgeries and delegating routine bed nursing to less highly qualified colleagues is being pursued.

Trained nursing time is valuable and staff should not be used as deputies for non-nursing colleagues, neither should time spent in the surgery be at the expense of patients requiring domiciliary care, hence the need for an increased labour force of S.E.N.'s and nursing auxiliaries. However, it should be noted that as all fields of nursing are now competing for the available S.E.N.'s a shortage of this category of nurse is being created. This should be borne in mind by the training authorities.

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*The Nursing Work Load, in patients (Excluding Syston Health Centre)*

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|                                                 | 1969       | 1970   | Change | %    |
|-------------------------------------------------|------------|--------|--------|------|
| General Nursing Patients<br>attended at Home    | 13,952     | 14,615 | + 663  | 4.75 |
| General Nursing Patients<br>attended at Surgery | No figures | 17,951 | .      | .    |
| Total                                           |            | 32,566 |        |      |

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This figure clearly indicates that in Leicestershire last year more patients received care from the District Nursing staff in General Practitioners' surgeries than in their own homes, though the care involved largely single treatments.

In addition, District Nursing sisters working in attachments assisted at 1,408 Immunisation and Vaccination sessions at which 30,463 patients attended.



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*Patients attended at home*

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|                             | 1969  | 1970  | Change  | %      |
|-----------------------------|-------|-------|---------|--------|
| Aged over 65 at first visit | 6,401 | 7,534 | + 1,133 | = 17.5 |
| Aged under 5 at first visit | 1,103 | 1,172 | + 69    | = 6.25 |

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*Visits to homes*

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|                                       | 1969       | 1970    | Change  | %     |
|---------------------------------------|------------|---------|---------|-------|
| S.R.N.'s and S.E.N.'s                 | 228,635    | 222,826 | - 5,809 | = 2.5 |
| Nursing Auxiliaries                   | 12,235     | 15,409  | + 3,174 | = 26  |
| Total Visits by all Staff             | 240,870    | 238,235 | - 2,635 | = 1.1 |
| Total Nursing Treatments by all Staff | No figures | 240,777 |         |       |

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**Health Centres**

The Syston Health Centre opened in October 1970 with 2 x 2 District Nurse/Midwives attached to two group practices involving a total of 7 doctors. One part-time S.E.N. has been appointed, there is one part-time vacancy.

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*Cases Nursed in the Centre, November and December 1970*

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|                               |       |
|-------------------------------|-------|
| Accidents                     | 14    |
| Dressings                     | 255   |
| Suturing                      | 5     |
| Minor Ops.                    | 15    |
| Treatments                    | 54    |
| Eyes and Ears                 | 49    |
| Injections                    | 135   |
| Pessary Changes               | 1     |
| Miscellaneous Cases, e.g.     |       |
| Vaccination checks, etc.      | 54    |
| Veni-Puncture and Haemoglobin | 129   |
| Urine Tests                   | 122   |
| Antenatal Examinations        | 472   |
| Total                         | 1,305 |

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The nursing staff working from the centre rotate their duties on a weekly basis so that one member of the group is on duty in the treatment room throughout the day to cover emergencies, any nursing duties and to assist with clinics and special minor surgery sessions.

### County Hall Medical Unit

The staff within County Hall continue to make use of the facilities in the Medical Unit. There was a slight increase in the number of patients seen during 1970.

The number of employees seen in the unit was 444, which is 45% of the approximate total employed of 1,050. The actual number of treatments to staff was 954.

The largest single section of staff seen are the new young female employees who are often seen several times for more than one condition.

There were fewer referrals to other agencies during the year.

The regulations introduced in relation to Heavy Goods Vehicles increased the number of medical examinations carried out and the nursing staff continue to assist the departmental Medical Officers with cervical cytology clinics and medical examinations of university applicants.

The unit staff continue to be responsible for the issuing of vaccines to General Practitioners.

### *Patients seen in the Unit*

|          | <i>m</i> | <i>f</i> | <i>t</i> |
|----------|----------|----------|----------|
| Medical  | 54       | 148      | 202      |
| Surgical | 121      | 121      | 242      |
| Total    | 175      | 269      | 444      |

### *Referrals*

|                          |          | Medical | Surgical |
|--------------------------|----------|---------|----------|
| To General Practitioners | <i>m</i> | 8       | 15       |
|                          | <i>f</i> | 27      | 21       |
| To Hospital              | <i>m</i> | 2       | 7        |
|                          | <i>f</i> | .       | 2        |
| To Dentists              | <i>m</i> | .       | 2        |
|                          | <i>f</i> | .       | 2        |
| To Opticians             | <i>m</i> | .       | .        |
|                          | <i>f</i> | .       | 1        |

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## AMBULANCE SERVICE

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### Premises

The purpose built Ambulance Station at Barkby Firs, Syston, was brought into use on the 26th April when the staff and vehicles previously based at Ireton Road, Leicester, were transferred.

The premises so vacated at Ireton Road, Leicester, became a Central Workshop to which the motor mechanics previously working at the Hinckley and Avenue Road, Leicester Ambulance Stations were transferred to join those already based there.

### Training

Training has continued at the School throughout the year, to cater for the increasing numbers of students requiring places on both Interim (six-week) and Ambulance Aid (two-week) courses. Those attending included personnel from 13 other authorities.

During the year, 7 Interim courses were held, attended by a total of 95 personnel, including 63 from other authorities. In addition 15 Ambulance Aid courses were held and these were attended by 146 personnel, of whom 89 came from other authorities.

Whilst attending Interim Courses, 32 students learned to swim, and a further 25 who could already swim, passed examinations for Royal Life Saving Society awards.

During the last Interim Course, instruction on Advanced Resuscitation and Advanced Safety Techniques was introduced and 14 students were successful in gaining the Royal Life Saving Society Advanced Resuscitation Award and 2 the Advanced Safety Award.

In October, the Training School was designated by the Local Government Training Board as the recommended Ambulance Training Centre for Area 6, which comprises the County Boroughs of Derby, Leicester, Lincoln, Luton, Northampton, Nottingham and the Counties of Bedfordshire, Derbyshire, Huntingdon & Peterborough, Holland, Kesteven, Lindsey, Nottinghamshire, Northamptonshire and Rutland.



In the light of this designation, consultations were reserved for the school to offer residential accommodation in 1971.

During the year, two members of the ambulance staff attended Ambulance Instructor courses held, under the auspices of the Department of Health, at the Cheshire County Council's School at Wrenbury Hall.

### **Competitions**

One hundred and fifty seven drivers were entered in the Safe Driving Award Scheme for 1970 organised by the Royal Society for the Prevention of Accidents, and of these 120 (76%) 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 Scunthorpe.

### **Transport of patients by rail**

During the year, 59 patients were conveyed from addresses in Leicestershire by ambulance and train, the majority, 46, to London, and the remainder to various destinations including Sheffield (7), Hartlepool, Matlock, Poole, Rochester, Southampton and Worthing.

### **O & M Survey**

During the year the Council's Organisation and Methods, and Work Study Sections, carried out a survey of the Ambulance Service in connection with Productivity Pay negotiations. A meeting of representatives of each category of ambulance staff, the O & M Section and N.U.P.E., in February, was followed by a two day course in March at which the objects and methods of work study were explained by members of the O & M Section. By the end of the year preliminary fact finding and discussions were completed and it is hoped that a proposed productivity agreement will be available for consideration early in 1971.

### **Aircraft Disaster Exercise**

On the night of the 6th/7th May, 1970 an exercise, in which the Ambulance Service, as one of the emergency services, took part, was staged at the East Midlands Airport, Castle Donington. The exercise commenced at 2250 with the message 'Exercise - practice aircraft disaster at East Midlands Airport - grid reference 15 - Viscount Aircraft with 70 souls on board'. The Ambulance Service provided transport to move the simulated casualties from the scene and in common with other services taking part learned many lessons.

At a subsequent meeting, representatives of the services which participated discussed the results and findings of the exercise. Among the points raised by the Ambulance Service was the need for adequate communications between the scene and the rendezvous points, and the



need for additional staff for handling stretchers to avoid the situation of trained ambulance crews being used as stretcher bearers when they should have been providing an ambulance shuttle service with casualties from the scene to a casualty clearing station and from there to hospital.

#### **Institute of Ambulance Officers**

Three members of the ambulance staff were successful in qualifying, by examination, as Graduates of the Institute.

#### **Equipment**

A Stephenson Minuteman Resuscitator was donated to the Service during the year by the Shepshed Ladies Dart League. This is the second Resuscitator donated by the League and brings the total number of mechanical resuscitators with which the Service is equipped to 13.

#### **Statistics**

At the end of the year there were 187 members of staff employed by the Service and 60 vehicles were in use.

During 1970 the total number of patients carried was 150,845 and the total mileage travelled was 1,412,698, an average of 9.3 miles per patient.

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## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

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### Convalescent Home Treatment

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#### *County Cases at Convalescent Homes during 1970.*

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|                                    |                   |
|------------------------------------|-------------------|
| George Woofindin Home, Mablethorpe | 2                 |
| Sheringham House Convalescent Home | 88                |
| Hunstanton Convalescent Home       | 21                |
| Overstrand Hall Convalescent Home  | 36                |
| Broomhayes, Devon                  | 1                 |
| Family Help Unit, Nottingham       | 3                 |
| Total                              | 151 (114 in 1969) |

### Cervical Cytology

There was a substantial increase in the attendance of women below 45 years in age at the Local Authority Cytology testing clinics this year, whilst the attendance figures for women in older age groups were almost identical with those of the previous year. This rise occurred at the Loughborough, Oadby and County Hall centres and extra sessions were arranged to cope with the demand. The increase is thought to be due partly to more referrals being received from the Family Planning Association and also to a greater awareness of women brought about by Health Education, press and other forms of mass media of the need for regular testing.

Of the 1,215 women who were examined there were two positive results for cervical cancer and 189 other gynaecological or other conditions requiring referral to the patients own doctors for treatment. In all, 126 women were using oral contraceptives.

Unfortunately, there is still a very poor response from women in the lower income groups.

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*Number of Women attending – in age groups*

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|                 |       |
|-----------------|-------|
| Below 25        | 40    |
| Between 25 – 35 | 414   |
| Between 35 – 45 | 446   |
| Between 45 – 55 | 236   |
| Over 55         | 79    |
| <hr/>           |       |
| Total           | 1,215 |

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*Number of Women attending – in social groups*

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|           |       |
|-----------|-------|
| Group I   | 0     |
| Group II  | 483   |
| Group III | 724   |
| Group V   | 8     |
| <hr/>     |       |
| Total     | 1,215 |

### **Health Education**

Health Education on a community-wide scale assumes many forms. Planned community Health Education, frequently called Public Health Education, is commonly conducted through activities of Health Departments, Voluntary Health Agencies, Schools, Youth Organisations and adults alike. Though the scope is broad and methods vary, community-wide Health Education is concerned with the application of sound health principles and practices in the many aspects of community life. It seeks to elicit understanding of, and support for, essential health services and to foster healthy conditions wherever people live and work together, such as in neighbourhoods, institutions and industry. Community-wide health education most frequently takes the following forms:—

1. Individual Counselling – Through the use of the face to face interview. Doctors, Dentists, Health Visitors, District Nurses, Midwives and many other types of health workers who provide valuable health guidance in their contacts in homes, schools, clinics, offices and industry. An interview properly conducted strengthens the individuals' ability to think through and deal with health problems.
2. Group Instruction – Groups organised for health and safety instruction form a part of the large growing adult education movement. Through meeting together in classes and informal discussion groups they develop an understanding of problems of common interest. In the County this form is promoted through evening classes at Schools, Parent Teachers Associations and Womens Organisations such as Mothers Unions, Womens Institutes, Townswomens and Business and Professional Womens Clubs, etc.



3. Use of Mass Media of Communication. In this field perhaps the most noticeable progress has been made and over the past year the mass media such as television, local and national radio programmes, printed materials, books, magazines, daily news and local weekly news has fostered programme material on health education. Radio Leicester has promoted the subject with the help of the Health Education Section dealing with such topics as Home Safety, Having a Baby and Travelling with Children.

However, there is still a vast amount of work for a Health Education Section to promote and although 1970 found the Section depleted in staff, it is hoped to provide additional staff and greater facilities in 1971.

#### *In-Service Training*

A comprehensive three-day course, held in May 1970, included such topics as:- "Prevention of congenital abnormalities;" "Notification of congenital malformed babies" and "disabling conditions due to neurological disease". The course was programmed for Public Health Nurses, Social Workers and General Practitioners. The Health Education Section also mounted a display in the foyer of County Hall and provided lunch time film sessions on topics of health.

#### *The Health Education Information Service*

The Section continued to provide leaflets, posters, displays, films, etc., on health and safety topics for many organisations including Boys Clubs, Youth Centres, Red Cross and local Home Safety Committees. The general public made innumerable requests for information on specific subjects such as Smoking, Drugs, Alcoholism and Personal Hygiene. Fluoridation and Noise Abatement were recurring topics. Many schools send pupils to obtain materials and information needed for project work and, indeed, one group of senior school boys collected their own materials and information to mount a no-smoking campaign among the sixth form group.

To meet this need is costly and the Health Education Service is heavily subsidised by health education materials provided by private firms with an interest in this subject, for which we are indeed grateful. The material is often very well produced and most attractive.

Perhaps the biggest item of expenditure is the purchase of new or replacement films. The life of a film is approximately 300 showings and as some films are shown as frequently as three times a week, it is necessary to buy further copies or replace copies more often. The Section does add to its film library as often as possible to meet the requests from all areas. Various small exhibitions have been mounted by the Health Education Section including the exhibition for the deaf at the Leicester University which included many topics such as measles and rubella.



### *Relaxation Classes*

More relaxation classes have been established in General Practitioners surgeries by Health Visitors and District Nurses and results in a better ante-natal service to the mother-to-be who attends for ante-natal examination and relaxation classes on the same day at the same venue. This prevents the non-attendance of the group who are not served by public transport. In the past many of the relaxation centres were not accessible by either bus or train and one area still exists which is difficult for the patients concerned, i.e. Croft, Huncote, Enderby and Narborough. The introduction of a Health Centre in the area, however, will ease the situation.

Attendances were good and, despite the controversial report in the national press as to the practical use of such classes, requests continue to increase and to be satisfied.

### *The Future Programme of Health Education*

The return of Mrs. Williams, who is completing a training course as a Community Health Nurse/Teacher, as an adviser in Health Education should provide a fresh impetus to the service in 1971. Further programmes of in-service training on health education techniques for all interested staff groups are scheduled and health visitors will be attending four courses on the latest teaching techniques and a service will be extended to all those interested in the promotion of health and safety.

The Health Education Council, a Government and Local Authority financed organisation, is to provide materials for distribution when mounting national campaigns and it is hoped to mount the local campaigns to correspond with them.

With the anticipated increase in staff many more areas will have the benefit of health education services. Many of the requests now received are concerned with examination subjects for Schools and Colleges of Further Education and it is hoped to provide a common training ground for health and education staffs.

### **Chiropody Service**

The Chiropody Service was set up in 1959 when a number of existing voluntary chiropody schemes in various areas were adopted by the County Council and an increasing number of new clubs set up. The Scheme has largely remained unchanged since then with voluntary bodies administering the service under the general surveyance of the County Health Department.

Treatment is available to those of pensionable age and to the physically handicapped. Pensioners receive clinic treatment of right and domiciliary treatment on receipt of a certificate provided by a General Practitioner, Nurse or Health Visitor. All treatments to the physically handicapped under pensionable age are provided upon the recommendation of a Social Worker.



Sessions are held at the clubs at regular intervals subject to demand.

About 24 chiropodists are involved in the Scheme at present, who are employed by the clubs on a sessional basis but paid by the County Council.

Once more, difficulty has been experienced in finding adequate chiropodist manpower for the Scheme. There have been a number of approaches by students at Chiropody Colleges concerning employment by the County Council upon graduation. Every effort is made to encourage them to the County but, as chiropodists are employed by the clubs, it is not possible to offer a specific post. It appears that the great majority of recently qualified chiropodists would prefer employment by a public body rather than enter private practice, which is a departure from the preference of their older, established colleagues.

Another request was received from an old people's home for their residents to be included in the local Chiropody Service. The Home consists of a Grouped Housing Scheme and a residential block for the more infirm. The latter residents were not eligible for treatment through the Scheme as the local authority is responsible for providing a domiciliary service and is not empowered to treat residents of old people's homes, who are the responsibility of the homes themselves.

Fortunately, the Department was able to find a chiropodist to attend those residents not eligible and arrangements were made for the grouped housing residents to be treated at the local chiropody club.

At various times suggestions had been made by the chiropodists concerning improvements to the Scheme. A questionnaire was sent to the chiropodists and the local branch of the Chiropodists Society in order to consolidate these suggestions and to ascertain if there was a consensus amongst the chiropodists on any of these points. Unfortunately, those replies received all differed in varying degrees and no firm proposals became evident. There was a general desire for closer contact with the Health and Welfare Department, however, and concern about inadequate working conditions at some of the clubs was expressed. It is hoped to resolve these problems early in the new year.

The ultimate difficulty involved in discussions with chiropodists is the absence of one representative body. The Chiropodists Society has a number of members working in the County Council's Scheme but many prefer not to join.

It will be seen from the table below that there continues to be a reduction in the number of sessions but there has been an increase in clinic treatments over last year. Domiciliary treatments continue to increase quite sharply, however, which reflects the growing trend of caring for the aged in their homes.



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*Statistics*

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|                                | 1966   | 1967   | 1968   | 1969   | 1970   |
|--------------------------------|--------|--------|--------|--------|--------|
| Organisations at 31st December | 78     | 79     | 79     | 78     | 80     |
| Sessions held                  | 2,838  | 3,463  | 3,717  | 3,494  | 3,109  |
| Sessional treatment            | 26,463 | 26,492 | 28,843 | 22,525 | 23,438 |
| Domiciliary visits             | 8,062  | 8,590  | 9,061  | 9,160  | 11,163 |

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*Chiropody Clubs*

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## OPENED

Newtown Linford  
Braunstone (Caravan Sub-Clinic)  
Kimcote and Walton  
Rothley

## CLOSED

Ashby-de-la-Zouch  
Bardon Hill

The above table indicates clubs which have opened and closed during the year. The club at Rothley joins another already flourishing in the village but deals with patients who live at a distance from it. The caravan clinic at Braunstone occupies a fixed site and again eliminates travelling for some patients.

Although a clinic has closed in Ashby, another remains to provide an adequate service in that area.

**Artificial Kidney Machines**

Arrangements were made and a grant approved for transferring the haemodialysis equipment from the patient's bungalow to a new house where a small bedroom was to be equipped as soon as the house was completed. As it happens, the transfer fell through and the patient stayed on in the bungalow.

**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 mainly to ambulant incontinent, this aspect of the service proving particularly valuable to the physically and mentally handicapped and to spina bifida children.

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*Issues of packs of 25 incontinence pads*

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|                                           | 1969   | 1970   |
|-------------------------------------------|--------|--------|
| W.R.V.S. Office, Friar Lane               | 659    | 954    |
| Ashby-de-la-Zouch                         | 582    | 741    |
| Coalville Ambulance Station               | 1,541  | 1,398  |
| Hinckley                                  | 805    | 1,119  |
| Hastings House, Loughborough              | 1,561  | 1,976  |
| Loughborough District Nursing Association | 288    | .      |
| (Closed 1970)                             |        |        |
| Woodmarket House, Lutterworth             | 425    | 384    |
| Westhaven, Market Bosworth                | 233    | 265    |
| Catherine Dalley House, Melton Mowbray    | 732    | 1,032  |
| County Hall, Glenfield                    | 1,693  | 1,370  |
| Market Harborough                         | 441    | 705    |
| Wigston                                   | 937    | 1,223  |
| Castle Donington                          | 151    | 170    |
| John Storer House, Loughborough           | 93     | 276    |
| Oadby                                     | 12     | .      |
| (closed 1969)                             |        |        |
| Husbands Bosworth                         | 8      | 8      |
| Houghton (commenced 1970)                 | .      | 4      |
| Shepshed (commenced 1970)                 | .      | 15     |
| Total                                     | 10,161 | 11,640 |

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## HOME HELP SERVICE

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The overall increase both in numbers of Home Helps and Recipients of the service was the most important and outstanding feature of the year, resulting as it did, in an even greater volume of work than heretofore having to be undertaken by a ll organising members of staff.

### Personnel

Bearing in mind the service commenced in Coalville mid-November 1948, the figures for 1949 give some idea of the considerable advances made. During this first complete year in the life of the Service, offices were opened and staffed in Leicester, Loughborough and Hinckley. (Melton Mowbray and Market Harborough followed in 1950).

Comparison of the 1969 statistics with those depicted for 1948, will convey a general picture of the growth and development of the service through the years, whilst some account of the further expansion more recently obtained will be seen in the figures given for 1970.

Of the 428 prospective Home Help's applications received during the year, 114 withdrew, 314 were interviewed and references obtained of which 208 were appointed as shown below. The 171 Home Helps resigning during the year were thus replaced giving an overall increase of 37 Home Helps and additional home help hours numbering 26,972.

|                         | 1949   | 1969                                  | 1970                                  |
|-------------------------|--------|---------------------------------------|---------------------------------------|
| Full-time Home Helps    | 37     | 19                                    | 19                                    |
| Part-time Home Helps    | 36     | 459                                   | 496                                   |
| Total daily attendances | .      | 125,655                               | 135,670                               |
| Total home help hours   | 76,465 | 541,749                               | 568,721                               |
| Appointments            | .      | 132                                   | 208                                   |
|                         |        | (including<br>18 re-appoint<br>ments) | (including<br>19 re-appoint<br>ments) |
| Resignations            | .      | 106                                   | 171                                   |



## In-Service Training

The year has been a very full one in respect of training courses and again good recruitment is reflected in the following attendance figures and the fact that eighty Home Helps satisfactorily completed the four twelve-day courses. They were awarded crested certificates.

### *Training Courses*

|                                    | 1949 | 1969 | 1970 |
|------------------------------------|------|------|------|
| <i>Twelve-day Full Course:</i>     |      |      |      |
| Number                             | 6    | 5    | 6    |
| (2 wks. only)                      |      |      |      |
| Attendances                        | 55   | 70   | 84   |
| Certificates gained                | .    | 64   | 80   |
| <i>Three-day Short Course:</i>     |      |      |      |
| Number                             | .    | 5    | 5    |
| Attendances                        | .    | 5    | 6    |
| <i>Three-day Refresher Course:</i> |      |      |      |
| Number                             | .    | 6    | 4    |
| Attendances                        | .    | 119  | 80   |

## Uniform

Two new styles of head-gear introduced in the Spring of the year, i.e. the pill-box and the peaked cap velours, to match up with the new style of gaberdine, were both successful, as smartness prevailed and resulted in a much wider and keener interest being shown in the wearing of the optional outdoor uniform.

In fact, the nine Home Helps who attended the second International Home Help Conference, April 7th – 11th, held in the Froebel Institute, London, did much to promote the uniform, not only at the conference but also in their report back to their colleagues at area meetings.

The following quote from one such report bears this out:—

“It was interesting to see the Overseas’ Home Helps in their traditional costumes and uniforms. Uniforms were a point of discussion on several occasions, some having no outdoor uniform at all and some just a scarf (which they had to pay for) although there were a few areas provided with coats and hats, as in Leicestershire; but there was no doubt about it, the Leicestershire County Council’s home help uniform stole the show and caused great interest and the admiration of everyone. The Leicestershire Home Helps were constantly being approached by other delegates saying how much they admired the uniform and asking for details concerning it.”

### Supplementary Service

The engagement of auxiliaries or good neighbours, in addition to the attendance of Home Helps which commenced in 1964, is very much an aid to keeping the elderly, frail and infirm in their own homes with a greater degree of comfort and safety and for a longer period of time than would be possible otherwise.

|                             | 1964 | 1969  | 1970  |
|-----------------------------|------|-------|-------|
| Auxiliaries on Register     | 5    | 17    | 23    |
| Homes attended              | 7    | 23    | 26    |
| Number of daily attendances | 713  | 4,204 | 5,827 |

The above Service has also made possible, for a motherless family, the provision of supportive help, prior to departure for and after arrival home from school.

### Householders assisted

#### *Numbers Assisted*

|                                       | 1949 | 1969  | 1970  |
|---------------------------------------|------|-------|-------|
| Maternity                             | 206  | 429   | 347   |
| General Illness                       | 130  | 277   | 278   |
| Tuberculosis                          | 7    | 3     | 3     |
| Chronic Sickness                      | 19   | 162   | 163   |
| Aged                                  | 93   | 3,579 | 3,957 |
| Night Help                            | .    | 6     | 1     |
| Problem Families                      | .    | 1     | .     |
| Other Emergencies                     | 9    | 3     | 9     |
| Laundry only                          | .    | 20    | 26    |
| Total number of Householders assisted | 464  | 4,480 | 4,784 |
| Average hours per case per week       | .    | 5.33  | 5.08  |

The 1970 overall increase of 378 elderly recipients compared with the total for 1969 was the largest increase coped with in any one year. As indeed was the total number of new referrals for help, 1,909, of which number 1,880 were actually allocated help according to need and availability.

The immense care taken in making positive use of resources, without waste and without abuse, is again reflected in the average hours per case per week, i.e. reduced from 5.33 to 5.08, but it should be borne in mind that much work is involved in meeting the many needs of recipients. More help whilst sick, reduced help whilst convalescing and, despite the good



spate of recruitment, the year ended with approximately 1,600 elderly frail and/or infirm receiving help only once fortnightly or three weekly. In other words, the demand for help was so great that approximately 800 old people were underserved each week.

Even so, more than three-quarters of the total available home help hours were allocated weekly to the elderly category of case, according to the many varying needs.

As a result work began on computer programming, necessitating a system of priority point-scoring for long-term cases being devised, taking into account all aspects of the present methods of allocation of help.

A more concise record of Householders' needs will definitely emerge from the exercise and it is hoped, eventually, that it will be possible for each Area Organiser to be presented with a weekly programme of names and addresses of all long-term recipients allocated to available Home Helps, taking into account geographical possibilities, compatibility (in some cases incompatibility) and capabilities to cope with the situation prevalent at the time, according to priority category of case, actual needs and help required.

If successful the scheme will relieve the service of a tremendous clerical burden and release the Organisers to better cope with what must always be a manual exercise to some degree, i.e. the arrangements for meeting priority emergency short-term requests for help, immediate additions and deletions, according to the needs or otherwise of the recipients, as well as the imperative duty changes brought about by the sudden non-availability of Home Helps and the like.

Only in this way will the policy of this Local Authority be maintained and continue to be generally accepted, as perhaps the following extract of a characteristic letter received during the year signifies:—

'I feel I must write and tell you how pleased I have been with the Home Helps you have sent me during the past two years.

Although, as is only natural, some suit my temperament better than others, **without exception** they are a good lot of workers, always ready and willing to try and give satisfaction. I congratulate you in these difficult times in getting such a good team together. At the same time I do like the organisation when you know if they are coming, and when also if there is any alteration and if at all possible, you will be notified.'

### **Washing Centres**

As a further extension of the Home Help Service, the Washing Centres, (Hinckley and Coalville operating from 1960, Market Harborough from mid-1963 and Melton Mowbray early 1968), have again proved to be most beneficial to the elderly and chronic sick recipients. They are not able to cope with the weekly wash themselves, have inadequate washing and maybe no drying facilities.



From September, 1970, a fifth Washing Centre, attached to the new Ambulance Station in Barkby Firs, Syston, has also operated and again this service has proved to be one so very much appreciated by everyone concerned.

|                                                             | 1969   | 1970   |
|-------------------------------------------------------------|--------|--------|
| Home Help Hours                                             | 6,667  | 6,918  |
| Weekly wash from elderly recipients in receipt of home help | 235    | 286    |
| Number of articles washed                                   | 54,415 | 58,639 |

The following denotes the additional elderly not in receipt of the services of a Home Help but who are participants of the laundry-only service by arrangement and, in some cases, with the co-operation of District Nurses conveying, as possible, the household linen of their very sick patients to and from the centres.

|                      |       |       |
|----------------------|-------|-------|
| Number of recipients | 20    | 26    |
| Number of articles   | 4,425 | 4,995 |

Looking to the future of the Home Help Service, the following sentence taken from "general comments" made at the end of the 1949 report, might well be reiterated:—

"There can be no doubt of the value of the scheme, or that as a social service it has come to stay."

### **Battered Babies**

In recent years there has been increasing medical and social awareness of the problem of young children who are injured by their parents. In accordance with a circular letter CMO 2/70 dated 9th February, 1970 from the Chief Medical Officer of the Department of Health and Social Security and the Chief Inspector to the Children's Department of the Home Office, agencies concerned with child care in Leicester City and Leicestershire and the Police, discussed the problems associated with the battered child in June, 1970 and agreed the following procedure:—

1. Although the majority of injuries to small children are accidental, deliberate violence should be considered in all cases.
2. In those instances where the circumstances give rise to doubts that the injury may have been caused deliberately, the matter should be referred to the Medical Officer of Health and the Director of Social Services.
3. In such cases where there seems little doubt that the injury has been caused deliberately or there is further information available to

the Medical Officer of Health which supports a tentative suspicion that the child is suffering from a deliberate injury, a senior member of the hospital medical staff should inform the parents that:

- (i) the child's condition cannot be accounted for by any disease;
  - (ii) the injuries do not conform to the explanation given;
  - (iii) there are grounds for suspecting that the injuries may have been caused by some person in the child's home or environment and that consequently it is proposed to inform the Children's Officer (or Director of Social Services) of the Local Authority so that the matter can be properly investigated.
4. The Children's Officer (or Director of Social Services) will on receipt of any such referral arrange a meeting with the Hospital Consultant, the Family Doctor, Health Visitor, Child Care Officer and any other appropriate person concerned.
  5. As a result of this meeting a course of action will be decided and arrangements made to inform the parents of these proposals.
  6. In the event of the death of a child the coroner should be informed with full details of the circumstances of the death and the nature of the suspicion.

It is recommended that:

1. All children suspected of having a deliberate injury should be admitted to hospital while the background is investigated and the possibility of physical disease excluded.
2. In addition to the foregoing, any action taken should be in accordance with the advice given in a memorandum "The Battered Baby" by the Special Standing Committee on Accidents in Childhood of the British Paediatric Association published in the British Medical Journal 5th March, 1966.





*Health Centre, Syston. Reception and Waiting Area*



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**PART III:      EPIDEMIOLOGY**

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## INFECTIOUS DISEASES

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Throughout the year of 1970 the County has been free from outbreaks of any of the more important infectious diseases.

Measles, because of numbers, still takes priority over the other diseases. In 1970 there were 2,260 cases as against 3,078 notified during 1969. This fall is, in some measure, due to the use of the measles vaccine, but there is still a long way to go before measles is eradicated.

Scarlet fever reduced its figures from 147 in 1969 to 53 in 1970. This reduction occurred mainly in the 3 to 10 year old group of children.

The number of cases of infective jaundice continues to creep up from 175 in 1969 to 280 in 1970. This is an illness which is increasing throughout the Country and which became notifiable in 1968. Gamma globulin was considered to be of use in preventing the onset of infective jaundice and was used under certain circumstances to prevent the spread.

Whooping cough increased slightly to 32 cases from 23 cases in 1969. There was an increase in incidence of meningococcal infection from 12 cases last year to 21 cases in 1970.

Dysentery remained low – there being 9 cases in 1970 as against 12 cases in 1969 and 199 cases in 1968.

The incidence of food poisoning showed a sharp rise from 8 cases in 1969 to 138 cases in 1970. However, this is not as bad as it seemed to be at first sight because the majority of cases came from one establishment and from one outbreak. The occasion was social – a buffet dance organised at a residential college for teachers. There were 350 students and staff at the function. Initially there were 106 cases which was followed by 5 cases occurring in close contacts. The illness took the form of abdominal pain, vomiting and diarrhoea two days after the meal and the symptoms lasted from 24 hours to 7 days depending upon the severity. A very fine meal of turkey, roast pork, boiled ham and various salads was taken. Apart from the five close contacts all the infected cases ate turkey.

The organism *Salmonella Agona* was implicated. This salmonella organism has suddenly become more prevalent during these last two years with chicken being the most frequent source of infection. It has become

widely distributed and the cause of much illness throughout the country.

The students departed on vacation soon after the function and local medical officers were notified and they continued investigations.

Eventually it was found that there were 75 positive stools from the 106 students and staff. Eleven of the kitchen staff out of 40 were found to be symptomless carriers. All 11 were from the 17 night staff who had handled and who admitted in some cases to eating turkey.

Four 22lb. deep frozen turkeys were allowed to thaw out at room temperature during the night and in the morning roasted for six hours, then allowed to cool, then placed in a refrigerator at 40°F. for fifteen hours before being sliced and served cold.

As is often the case very little of the meal was left over, however, a leg of turkey and a piece of pork were rescued from the stock pot. No organisms were found. The opinion was that the turkeys in the first instance were not allowed to thaw sufficiently and consequently they received insufficient cooking, probably because of the under-thawing.

It is known that turkeys may suffer from a septicaemic salmonellosis and in this case it is more than probable that the undercooked turkey was the cause, although no organism was found in the turkey meat itself. In this outbreak, apart from the five secondary cases, all other cases appeared to have eaten turkey meat.

There was one case of malaria, and one case of tetanus.

During the first few months of 1970 and December 1969 there was quite an upsurge of cases of influenza. This is not a notifiable disease so definite figures cannot be given but from the sickness benefit claims it was noted that this illness increased rapidly and that there was an increase in claims up to 300 per cent.

*Incidence of Infectious Diseases, in age groups, table 1*

|                             | 0— | 1—  | 3—  | 5—    | 15— | 25 &<br>over | Age un-<br>known | Total |
|-----------------------------|----|-----|-----|-------|-----|--------------|------------------|-------|
| Scarlet Fever               | .  | 6   | 10  | 29    | 7   | .            | 1                | 53    |
| Acute Poliomyelitis         | .  | .   | .   | .     | .   | .            | .                | .     |
| Measles                     | 95 | 497 | 615 | 1,016 | 16  | 5            | 16               | 2,260 |
| Diphtheria                  | .  | .   | .   | .     | .   | .            | .                | .     |
| Dysentery                   | .  | 2   | 1   | .     | 2   | 4            | .                | 9     |
| Meningococcal<br>Infections | 6  | 1   | 3   | 4     | 2   | 2            | 3                | 21    |
| Tetanus                     | .  | .   | .   | .     | .   | 1            | .                | 1     |



*Incidence of Infectious Diseases, in age groups, table 2*

|                    | 0— | 5—  | 15— | 45— | 65 & Over | Age unknown | Totals |
|--------------------|----|-----|-----|-----|-----------|-------------|--------|
| Acute Encephalitis | .  | 1   | .   | .   | .         | .           | 1      |
| Typhoid Fever      | .  | .   | .   | .   | .         | .           | .      |
| Paratyphoid Fever  | .  | .   | .   | .   | .         | .           | .      |
| Food Poisoning     | 1  | 3   | 128 | 5   | 1         | .           | 138    |
| Smallpox           | .  | .   | .   | .   | .         | .           | .      |
| Malaria            | .  | .   | 1   | .   | .         | .           | 1      |
| Leptospirosis      | .  | .   | .   | .   | .         | .           | .      |
| Infective Jaundice | 15 | 135 | 110 | 17  | 2         | 1           | 280    |
| Whooping Cough     | 12 | 19  | 1   | .   | .         | .           | 32     |

*Prevalance of the commonest notifiable diseases*

|                    | 1964  | 1965  | 1966  | 1967  | 1968  | 1969  | 1970  |
|--------------------|-------|-------|-------|-------|-------|-------|-------|
| Measles            | 4,395 | 3,718 | 3,370 | 3,992 | 2,700 | 3,078 | 2,260 |
| Whooping Cough     | 127   | 163   | 99    | 193   | 133   | 23    | 32    |
| Scarlet Fever      | 140   | 175   | 87    | 129   | 81    | 147   | 53    |
| Dysentery          | 79    | 49    | 29    | 5     | 199   | 12    | 9     |
| Infective Jaundice | .     | .     | .     | .     | 79    | 175   | 280   |

**Venereal Diseases**

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

There has been an overall increase in cases of Gonorrhoea treated at the Centre of about 30% over 1969: 681 cases compared to 962. This includes an increase of 45% in Leicestershire cases: 120 to 176. The increase is almost entirely in the number of female patients, 39 as compared to 87, brought to treatment in the six months when a very efficient Health Visitor was attached to the clinic. A slowly increasing awareness of the possible consequences of casual sexual contact is a lesser factor. Greater efforts must be made in disseminating such knowledge, particularly amongst school children, their parents and teachers.

There was one case of Gonococcal Ophthalmia in a baby born at Loughborough General Hospital.

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*Leicester Royal Infirmary – County Patients, 1970*

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|                         | Male | Female |
|-------------------------|------|--------|
| Syphilis early          | 1    | .      |
| Syphilis late           | 5    | 7      |
| Gonorrhoea              | 89   | 87     |
| Non-specific Urethritis | 142  | .      |
| Other conditions        | 230  | 251    |
| Total                   | 467  | 345    |

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*New cases occurring in County Residents, Other Clinics*

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|                 | Syphilis | Gonorrhoea | Other Venereal<br>Conditions |
|-----------------|----------|------------|------------------------------|
| Nottingham      | .        | 2          | 4                            |
| Burton-on-Trent | .        | 1          | 4                            |
| Loughborough    | 2        | 21         | 88                           |
| Total           | 2        | 24         | 96                           |

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## TUBERCULOSIS

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

During the past year there has been a reduction in the number of notifications of respiratory tuberculosis, the numbers decreasing from 41 to 31. Of these 31 cases of respiratory tuberculosis, 16 were male, 8 down on the previous year, while females had decreased from 17 to 15. Eight cases occurred in immigrants, 7 of whom were coloured. Deaths from respiratory tuberculosis decreased from 5 to 4.

The notifications of non-respiratory tuberculosis increased from 6 to 13. There was 1 white and 1 coloured immigrant included in these figures, giving a grand total of 8 cases of both forms of tuberculosis, occurring in coloured immigrants out of a total of 44 cases altogether, i.e. 18%.

Once more a register of resistant cases has been maintained and the numbers have gone down from 7 to 4 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.

The total number of cases, both respiratory and non-respiratory, on the register on the 1st January, 1970 was 717. During the past year the number of new cases added to the register was 36 and the numbers of transfers-in was 9. Fifty one were removed as cured, 7 as dead (all causes), 3 left the area and 1 was removed for other reasons. The total on the register on 31st December, 1970 was 700; 17 less than in the previous year.



# Statistics for the last ten years

|                                      | 1960  | 1969  | 1970  | Average last ten years |
|--------------------------------------|-------|-------|-------|------------------------|
| <i>Respiratory tuberculosis:</i>     |       |       |       |                        |
| Notifications                        | 99    | 41    | 31    | 67                     |
| Deaths                               | 20    | 5     | 4     | 14                     |
| Death Rate                           | 0.05  | 0.011 | 0.009 | 0.035                  |
| <i>Non-Respiratory Tuberculosis:</i> |       |       |       |                        |
| Notifications                        | 24    | 6     | 13    | 17                     |
| Deaths                               | 2     | 6     | 7     | 3                      |
| Death Rate                           | 0.005 | 0.013 | 0.015 | 0.007                  |
| <i>Total for all types:</i>          |       |       |       |                        |
| Notifications                        | 123   | 47    | 44    | 84                     |
| Deaths                               | 22    | 11    | 11    | 17                     |

## New cases (formally and informally notified), in ages, 1970

|                 | Aged     | 0— | 5— | 15— | 25— | 45— | 65— | Total |
|-----------------|----------|----|----|-----|-----|-----|-----|-------|
| Respiratory     | <i>m</i> | 1  | .  | 1   | 4   | 7   | 6   | 19    |
|                 | <i>f</i> | 1  | .  | 2   | 4   | 6   | 3   | 16    |
| Non-respiratory | <i>m</i> | .  | 1  | .   | 7   | 2   | .   | 10    |
|                 | <i>f</i> | 2  | .  | .   | 2   | 2   | 2   | 8     |

## Deaths, in ages, 1970

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

## Chest Clinic Service

Things have proceeded exactly as last year. The Home Nurses have helped us as before in a total of 44 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. Home 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.

### **Mass Radiography Unit**

During the year 1970 the Mass Radiography Unit visited H.M. Prison, Ashwell; East Midlands Airport; Castle Donington; Kegworth; Loughborough; Ratcliffe Power Station; Carlton Hayes Hospital; H.M. Prison, Gartree; Market Harborough and Wigston.

In all, 29,954 persons were x-rayed (23,408 in 1969). Seven cases of pulmonary tuberculosis requiring close supervision were discovered, giving a rate of 0.23 per 1,000 (5 cases, 0.21 per 1,000 in 1969). This includes 1 City resident working in Loughborough.

Thirteen cases (all male) of malignant neoplasm were discovered, as against 4 in 1969; 10 cases of sarcoidosis were also found.

### **Prevention, Care & After-Care**

The total number of notifications, both respiratory and non-respiratory was 44 and from these 549 contacts were examined for the first time, 3 of whom were found to be suffering from tuberculosis. All contacts under the age of 40 were tuberculin tested and 416 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. One case of pulmonary tuberculosis was found in expectant mothers living in the County in 1970.

Once more we refer to carcinoma of the lung. There is a small rise in the figures this year, the total being 225; (192 males and 33 females), only 4 more than in 1969. Thirty four of these deaths occurred in people under the age of 55 and 29 occurred in people over 75. The most dangerous years were 55 to 75 when a total of 162 persons died.

### **The Future**

The presence of tubercle in this country varies from one area to the other; in fact the tuberculosis problem is only a problem where there is an immigrant population. Markfield Hospital is now the centre for the in-patient treatment of all cases of adult tubercle whether they arise from either the City or County of Leicester and, if one considers its previous function as a Centre for cases arising from the County alone, it would by now have ceased to play any significant part in the treatment of tuberculosis; but with the immigrant population it is anticipated that it may well be a generation or two before they have developed an immunity to the disease comparable with the average English patient. This took one generation in the case of the Poles after the War.



The disease takes a very different pattern in such people. One comes across most bizarre types of the disease, for example we have had four cases of tuberculosis of the breast bone, something that was never seen in English patients, and tuberculosis of the spine seems to be a serious problem with these people. They are, however, most co-operative and reliable patients as a whole and fortunately, so far, we are not seeing any of those who have been properly treated re-admitted later with a breakdown of the lesion. It looks as if the coloured population is going to keep up the incidence of tubercle of all forms for some time.

The Regional Hospital Board had previously taken the decision that mobile Mass Radiography would finish by 1971, but it will now continue as at present until the 31st March, 1973. By this time it will have been possible to review the situation carefully and with the development of District Hospitals it is quite probable that Mass Radiography of the future will be undertaken by a static camera unit in each District Hospital.

Consideration is now being given in the Chest Service throughout the country to a scheme for the proper training of Chest Physicians of the future. Concern is being expressed that there does not appear to be an adequate number of posts in training to supply good candidates for vacancies as they arise. It would seem that the necessity to maintain an efficient Chest Service is now recognised and it is hoped that the establishment of training posts in the Senior Registrar grade will be increased during the next year or two.



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## IMMUNISATION AND VACCINATION:

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The County Council's scheme affords protection for children against smallpox, poliomyelitis, diphtheria, whooping cough, tetanus, tuberculosis, measles, and german measles (rubella). Most of the larger practices of doctors are employing the computer scheme for eligible children on their lists, which means that parents receive appointments for their children from the computer to attend pre-arranged clinics run by their family doctor. The number of children registered in this scheme was approximately 70,000 at the end of 1970; an increase of 27,000 since last year.

In October, the Council added protection against rubella to the immunisation schedule after consultation with the Local Medical Committee. This vaccination was recommended by the Joint Committee on Vaccination and Immunisation to be given to all girls between their 11th and 14th birthdays and, as the Department of Health are providing the vaccine until April, 1971, initial priority was given to the older girls, namely those aged 13 years. It has been known for some years that rubella caught in the early months of pregnancy, can occasionally damage the foetus and that the baby could be born with an abnormality such as blindness or deafness. The risk is small but of distressing significance to the families involved. Consequently, the response to the offer, with only 241 girls vaccinated, was extremely disappointing. Further efforts to encourage parents to have their daughters protected against rubella before they reach child bearing age will be made early in the new year.

School-children aged from 11 years onwards are offered B.C.G. vaccination against tuberculosis by the School Health Service. During 1970 there were 5,994 children vaccinated and 205 children were X-rayed, all of whom had negative reports from the Chest Clinic.

*The percentage of children protected against diseases*

|                              | England and Wales % | Leicestershire % |
|------------------------------|---------------------|------------------|
| <i>Children born in 1970</i> |                     |                  |
| Whooping Cough               | 79                  | 77               |
| Diphtheria                   | 81                  | 77               |
| Poliomyelitis                | 79                  | 78               |
| <i>Children under two</i>    |                     |                  |
| Smallpox                     | 35                  | 47               |

*Smallpox Vaccinations, 1970*

|                 | 0-3<br>mths. | 3-6<br>mths. | 6-9<br>mths. | 9-12<br>mths. | 1 yr. | 2-4<br>yrs. | 5-15<br>yrs. | Total |
|-----------------|--------------|--------------|--------------|---------------|-------|-------------|--------------|-------|
| Vaccinations    | 2            | 7            | 20           | 18            | 3,714 | 3,158       | 427          | 7,346 |
| Re-vaccinations | .            | .            | .            | .             | 2     | 1,785       | 1,790        | 3,575 |

The figures here show a definite increase over 1969 when there was a total of 6,108 vaccinations and 2,325 re-vaccinations. Vaccination against smallpox is increasing despite the uncertainty about complications and the reducing world incidence of the disease.

*Primary Courses completed during 1970*

|                | 1970 | Year of Birth |       |      |        | Others<br>under 16 | Total |
|----------------|------|---------------|-------|------|--------|--------------------|-------|
|                |      | 1969          | 1968  | 1967 | 1963-6 |                    |       |
| Diphtheria     | 216  | 5,649         | 2,002 | 509  | 410    | 129                | 8,915 |
| Whooping Cough | 216  | 5,644         | 1,998 | 507  | 211    | 56                 | 8,632 |
| Tetanus        | 216  | 5,649         | 2,000 | 511  | 421    | 664                | 9,461 |
| Poliomyelitis  | 142  | 5,670         | 2,055 | 640  | 663    | 537                | 9,707 |

The figure for babies born in 1970 is low compared to 1969 because a primary course normally takes over a year to complete.

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*Reinforcing Doses during 1970*

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|                | Year of Birth |      |      |      |        | Others   | Total  |
|----------------|---------------|------|------|------|--------|----------|--------|
|                | 1970          | 1969 | 1968 | 1967 | 1963-6 | under 16 |        |
| Diphtheria     | .             | 6    | 4    | 10   | 7,705  | 907      | 9,632  |
| Whooping Cough | .             | .    | .    | .    | 640    | 65       | 705    |
| Tetanus        | .             | 6    | 4    | 10   | 7,857  | 1,566    | 10,443 |
| Poliomyelitis  | .             | 5    | 6    | 12   | 7,465  | 1,173    | 8,661  |

These figures indicate that reinforcing doses are given to children chiefly when they reach the age of four or more, i.e., just before going to school or when school is attended.



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**PART IV:      SOCIAL SERVICES**

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**Administration**

Although the Service continues to be administered centrally, by the end of the year two teams of social workers were operating from Area Offices, in Leicester (Central Area) and Loughborough. Three teams continue to function from County Hall, involving unnecessary travelling, loss of professional time, and accessibility difficulties for the public.

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

**Social Work**

Demands for the services of Mental Welfare Officers are growing every year. In 1970 there has been a total increase of some 42% in the number of cases visited as compared with 1969, alongside a slight decrease in the number of admissions to psychiatric hospitals. It may be that these two facts denote that the increased number of social workers is enabling the performance of more preventative work in certain areas. Nevertheless, there are still areas in the County where little more than an emergency service can be provided.

The Social Worker establishment now consists of three Area Welfare Officers (shared with Social Welfare), five Senior Mental Welfare Officers, twelve Mental Welfare Officers, and five Assistants or Trainees. Of these, two Area Welfare Officers, one Senior Mental Welfare Officer and one Mental Welfare Officer are qualified Psychiatric Social Workers. One Area Welfare Officer, one Senior Mental Welfare Officer and six Mental Welfare Officers hold the Certificate in Social Work. Two Senior Mental Welfare Officers hold the Declaration of Recognition. There are vacancies for a Senior Mental Welfare Officer and for two Mental Welfare Officers, which have existed for a long time. Two Assistants are seconded on qualifying courses at the moment. One Senior, one Mental Welfare Officer and one Trainee returned from such courses during the year, the Trainee being



promoted to Mental Welfare Officer soon after returning. On average, ten Officers were available during the year.

The Policy of seconding Officers for qualifying courses (and appointing only qualified new staff), started during 1969, was continued and eventually it is hoped that there will be a full staff of qualified Social Workers. Although the implementation of the Social Services Act 1970 prevents the completion of this plan, under the Health Department, it has at least ensured that the needs of the mentally disordered will be met more adequately by the new Social Services Department. The same may be said of the half-completed decentralisation scheme, which has been carried out in conjunction with Social Welfare and the Children's Department, both of which will form part of the new Social Services Department.

As was mentioned briefly above, Area Offices are functioning in Loughborough and Leicester (Central) Areas. The Hinckley Area team has been set up and is awaiting the provision of local office accommodation.

Offices at Melton Mowbray and Hinckley were manned on one day per week, and one of the Social Worker teams assisted at a general practitioner's Mental Health Clinic. As previously, assistance is provided at psychiatric out-patient clinics at Melton Mowbray, Market Harborough, Loughborough, Ashby-de-la-Zouch and Hinckley most weeks, and at a subnormality out-patient clinic held in Leicester once a month. Members of the Central Area Team provide support for the residents of the Hostel for the Recovering Mentally III.

### **Training Centres**

The number of trainees attending Training Centres has increased over last year, but the number of pupils remained the same. The new Adult Centre at Mountsorrel opened in April, and is gradually filling up with trainees as suitable staff become available. Plans for a new Adult Centre at Melton Mowbray (to replace the one at Garthorpe) have been finalised, as have those for new Junior Centres at Coalville and Loughborough. The new Junior Centre at Wigston should open in September or October 1971, (see plan, page 99).

As from the 1st April 1971 all Junior Centres will become the responsibility of the Local Education Authority, while the Adult Centres will be transferred to the Social Services Department.

Four members of the teaching staff were seconded for full-time qualifying courses during the year. Every effort has been made to increase the number of qualified staff in both Junior and Adult Centres.

### **Hostels**

Staffing problems continue to beset the Sileby Hall Hostel for the adult mentally handicapped but, despite this, there are two more residents than at the end of 1969. While there have been a few changes among the



residents, concern is still felt over our inability to pass more of them into the community and so release places for those waiting to be admitted. Again, a number of short stay residents have been accommodated.

After a good initial start, the Winthorpe Hostel for the Recovering Mentally Ill also suffered from staffing difficulties between May and November when it was without a Warden. However, during the year some nine persons passed from hospital, through the Hostel and into the community. A new Warden started in November and the work of the Hostel is starting to build up again.

The Hostel for Mentally Handicapped children at Wigston should be completed in September or October 1971, although its administration will pass, along with the Junior Centres to the Local Education Authority. The Sileby and Winthorpe Hostels will be transferred to the Social Services Department. Plans have been finalised for a new Hostel for adult sub-normals at Melton Mowbray.

### **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, Loughborough and Coalville. 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 workers 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 refer to certain aspects of the work of the Service. The Adult Training Centres show an increase in numbers of 27 as compared with 1969, whilst there is no change in the total number attending Junior Centres.

The number of visits by Mental Welfare Officers to Mentally Handicapped patients was 2,985 an increase of 621 over 1969.

Admissions by Mental Welfare Officers to psychiatric hospitals show a decrease in total of 11. Compulsory admissions totalled 9 more than in

1969, while there were 20 less informal admissions.

Sileby Hall has 31 residents (an increase of 2 over 1969) and Winthorpe Hostel has 5 residents (no change).

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*Number on Training Centre Registers at December, 1970*

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|                       | No. of<br>Places |          | Under 16 | 16 and over | Total |
|-----------------------|------------------|----------|----------|-------------|-------|
| Coalville Junior      | 40               | <i>m</i> | 16       | .           | 16    |
|                       |                  | <i>f</i> | 16       | .           | 16    |
| Hinckley Junior       | 60               | <i>m</i> | 30       | .           | 30    |
|                       |                  | <i>f</i> | 21       | .           | 21    |
| Loughborough Junior   | 40               | <i>m</i> | 16       | .           | 16    |
|                       |                  | <i>f</i> | 11       | .           | 11    |
| Melton Mowbray Junior | 40               | <i>m</i> | 16       | .           | 16    |
|                       |                  | <i>f</i> | 18       | .           | 18    |
| Wigston Junior        | 60               | <i>m</i> | 37       | .           | 37    |
|                       |                  | <i>f</i> | 27       | .           | 27    |
| Coalville Adult       | 80               | <i>m</i> | 2        | 27          | 29    |
|                       |                  | <i>f</i> | .        | 25          | 25    |
| Desford Adult         | 150              | <i>m</i> | .        | 67          | 67    |
|                       |                  | <i>f</i> | .        | 44          | 44    |
| Garthorpe Adult       | 25               | <i>m</i> | .        | 8           | 8     |
|                       |                  | <i>f</i> | .        | 13          | 13    |
| Mountsorrel Adult     | 100              | <i>m</i> | 1        | 53          | 54    |
|                       |                  | <i>f</i> | .        | 40          | 40    |
|                       |                  |          | 211      | 277         | 488   |

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

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|                      | Males | Females | Total |
|----------------------|-------|---------|-------|
| Section 25           | 34    | 55      | 89    |
| Section 26           | 6     | 6       | 12    |
| Section 29           | 30    | 45      | 75    |
| Section 5 (Informal) | 76    | 113     | 189   |
|                      |       |         | 146   |
|                      |       |         | 219   |
|                      |       |         | 365   |

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Visits to Subnormal Patients            2985  
 Visits to Mentally Ill Patients        5672



The main function of the Social Welfare Section is to advise and support the elderly and the physically disabled so as to enable them to lead a normal life, so far as they are able, within the community. Clearly Staff are required both in numbers and quality in order to achieve these aims and it is pleasing to note that Staff increases are taking place, though slowly. The Central Area Office, the first step in the development towards decentralisation, was opened with a small Staff in Conway Building in April, 1970. The Loughborough Area Office opened, again with a small Staff, in Green Close Lane, Loughborough in September, 1970.

These developments and others to follow have been considerably affected by the impending changes resulting from the passing of the Local Authorities Social Services Act, 1970.

### **Physically Handicapped**

Without doubt the most important event during the year has been the passing of the Chronically Sick and Disabled Persons Act. This Act came onto the Statute Book in May, 1970, and much of what was being done by the Department for the disabled in the County was confirmed and strengthened and certain new factors were introduced in order to widen the provision. Essentially, the Act provided the opportunity for Local Authority Welfare Services to improve and develop the services for those who are permanently and substantially handicapped. There is much to be done to improve the lot of the disabled and his family including, inter alia, the development of Day Centres with adequate transport facilities, improved holiday provision, a greater encouragement to accept structural adaptations at home and the continued improvement in provision of aids to daily living. Considerable thought and research needs to be given to the many sided problems raised by the disabled and sick living in the community in order that the proper services necessary to support, encourage and liberate the disabled are provided.



The number of referrals into the department remains fairly constant. The number registered at 31st December, 1970 was 894 compared to 837 at 31st December, 1969.

### **Adaptations to Homes of the Handicapped**

A marked increase in the number of applications for grants towards the cost of adaptations to homes has resulted from publicity given to the services available.

A major problem when considering what can be done to assist wheel-chair cases, is the poor layout of the older terrace-type house and the lack of space in bathrooms, if one is available. A hoist is frequently necessary and it is difficult to reposition the bath, wash basin and W.C. to give manoeuvrability and even a sliding door is often impracticable.

When old people's flats or bungalows are built, it would be advantageous if the fact that the tenants may be less agile than normal, or that they could become dependant on wheel-chairs, could be borne in mind. Low baths with handgrips, grab-handles on the wall by W.C.s and as few steps as possible would be welcomed by old people even though they may not be physically handicapped.

Several District Councils have been very co-operative in designing bungalows to cater for the special needs of the severely handicapped, particularly paraplegics. Suggestions put forward by the County Health Inspectors have received prompt and efficient consideration.

### **Medical Equipment Loan Service**

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

The work of the Department for the sick and the handicapped increased by 25% between 1969 and 1970. However, the increased burden has been carried by the 38 voluntary Depot organisers throughout the County, some of whom have given up to 30 years service with the Department. In this respect, it is noteworthy that three organisers who have just retired between them have contributed 100 years to the community care of the sick.

1970 marked our move into the first of the new Health Centres. We are most grateful for the excellent facilities provided for us at Syston. With the ever increasing demand on our services it will be more difficult for the needs of the larger centres of population to be handled from private houses and our move into the Health Centre is a logical and necessary development.

Following discussions between the Local Health Authority and the No. 1 Hospital Management Committee, a new service has been introduced in which several of our Depots are now issuing deaf aid batteries, thus eliminating long journeys for many people to distribution centres.



The proposed removal to new premises at 157 Cavendish Road early in the new year as tenants of the County Council will enable us to provide a permanent display and training unit which it is hoped will prove useful to doctors, nurses and social workers alike. The smooth running of the Department would not be possible without the excellent co-operation which exists between the Department and the nurses and social workers and thanks are due to all concerned.

### **Occupational Therapy**

There have been no new developments during the year and the Head Occupational Therapist, one full-time and one part-time Occupational Therapist and three Craft Instructors continue to provide a limited service. Little change can be expected whilst the staff level continues at this level.

The number of handicapped receiving occupational therapy at any one time averaged 150. Regular visits are made by the Occupational Therapists and Craft Instructors who provide diversionary activities which, if possible, complement a persons disability and help him to enjoy daily life. Encouragement is given to the disabled to come to terms with their disability.

The service organises Day Centres for the disabled at Loughborough, Barwell, Coalville and Market Harborough. These Centres, where possible, arrange industrial outwork in association with local industries and individuals are able to earn a little pocket money. The facility to mix socially is, of course, a considerable asset to those whose mobility is such that they are largely housebound and outings are arranged during the summer and at Christmas time, bringing great pleasure.

### **Loughborough Council of Social Service**

Bernard A. Smith, General Secretary, reports:—

#### *Co-operation or Confusion?*

The last major change in Loughborough's pattern of welfare organisation took place in 1966 when John Storer House opened. Now we are in the midst of a new series of readjustments. The County Health and Welfare Department has set up a Loughborough Area Social Work Office and is building a neighbourhood Social Welfare Centre. A full time Officer has been appointed by the Community Relations Council. The Education Department is extending community provision at school and youth club premises. Whilst all these developments are welcome, we are concerned nevertheless that the apparent choice of agencies, all operating from different places, will add to public uncertainty about the functions of each. The objective of the Council of Social Service — to promote co-operation — is more important now than ever before.



### *Interaction*

By bringing together statutory and voluntary organisations as members the CSS makes it possible for them to co-ordinate their work and thus add to their effectiveness. Individuals as well as organisations continually approach the Council offering or requesting assistance, so that we serve as a link between them. Our Voluntary Workers' Bureau (a 'volunteers' employment exchange') places would-be helpers with organisations in need of help.

But the CSS is more than a channel of communication. It stimulates or sponsors new developments. For example, through pointing to local accommodation problems it has prepared the ground for the establishment of a Family Housing Association in Loughborough. Our suggestions for improving effectiveness led several major charities to pool their resources for the common good. The resulting Consortium, which is an important development in the voluntary sector, now awaits completion of the legalities by the Charity Commissioners.

Successful co-operation depends upon confidence between one agency and another — misconceptions about the motives of each have to be overcome. Face to face contact is important and this is facilitated by meetings, study groups and working parties arranged by the CSS. It is noteworthy that every such group has pointed to the need for improved information-giving services between agencies themselves and between agencies and the community at large. Knowledge and understanding are the foundations for co-operation. Our present experience leaves no doubt that a manned information desk at John Storer House, giving details of all welfare and community services, would be a great asset. We are prepared to extend the building to accommodate it provided that we can be assured of resources for operation and maintenance.

### *John Storer House*

Sometimes the magnitude of a project puts it beyond the scope of any body other than the CSS itself acting for its member organisations. John Storer House is an outstanding example of this. The majority of the member organisations make use of the House, those working for the elderly and disabled taking advantage of its recent additional services — a workshop and an ambulance.

Permanent headquarters accommodation is provided for the Citizens Advice Bureau, Mayor's Old People's Welfare Association, Pre-School Playgroup, Scouts Association and Women's Royal Voluntary Service. The House continues to be fully used during the hours of 9 a.m. to 10 p.m. every weekday. Its success and air of cheerfulness and life is undoubtedly due to the way the community have accepted it as their own, operating most of the services themselves.

Reference is made to two major events of the year — an exhibition of



aids for the disabled organised by the Red Cross attracting visitors from many miles away; and a research project undertaken by Loughborough University's Department of Ergonomics and Cybernetics. For several weeks a team of observers, mostly recruited from John Storer House, watched disabled and elderly people as they tested food mixers, slicers, can openers and vacuum cleaners. The purpose was to find the most suitable models for people suffering from different kinds of disability. This new field of co-operation was most successful, not only for the University but also for the people taking part. It added new dimensions of interest and contact.

It is pleasing to quote a summarised version from a recent feature article in the Loughborough Monitor, entitled 'Storer House — Working to Bridge Gaps Between Generations': "John Storer House is designed as a contact centre for the community, a place where the lonely can meet people and where those who want to do something for others can sign on and lend a hand..... Loughborough has its fair share of forgotten people and John Storer House is a place open to us all, dedicated to remembering them and ensuring that they know that they can continue to rely on the community".

### *Participation*

This report has dealt with the tasks undertaken by the CSS. What makes a community organisation distinctive is the way in which the tasks are carried out. For example, John Storer House would not have its unique atmosphere without the participation of 200 or so voluntary organisers, helpers, members and so on. But community involvement is not a matter of expediency; it lies behind our concept of the needs of society and the needs of the individual.

These needs must be emphasised during this time of reorganisation in Local Government. To consider the effect of reorganisation on voluntary bodies and the individual we have established a joint working party with our sister organisations, the Leicestershire and Rutland Rural Community Councils and the Leicester Council of Social Service. Our findings will be published shortly.

### **The Blind**

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

The major achievement of 1970 has been the progress made in the building of bungalows (8 single, 4 double) adjacent to the Kathleen Rutland Home to provide additional accommodation for elderly blind people who are thus able to retain their independence.



### *The Kathleen Rutland Home for the Blind*

The Home continues to provide residential care for 44 residents.

It is intended that the amenities of the Kathleen Rutland Home shall be available to the bungalow and flatlet residents and it is anticipated that many of them will take the opportunity to have main meals, etc., in the Home and also to attend the concerts and entertainments which are arranged for the residents.

A vast amount of voluntary help has been available at the Kathleen Rutland Home which has taken the form of visiting, shopping, letter reading and writing and many other forms of personal service.

A total expenditure of £250,000 has been made from voluntary funds on the development at Leicester Forest East. No local or central government grants or funds have been obtained from other sources except those available to the Institution.

### *Workshops*

Full employment has been maintained for the 83 employees in the Workshops for the Blind and investigations have continued into the possibility of introducing new trades. In this connection the Industrial Advisers to the Blind Ltd. have been commissioned to carry out a market research and survey into the potential of the Workshops and talks have taken place with both the Northampton and County Association for the Blind and the London General Welfare of the Blind with the view of entering into a grouping arrangement with them for the manufacture of toiletries and chemical cleaners. Investigations are also proceeding into the possibility of extending the present Box Department to undertake the manufacture of corrugated cardboard cartons.

### *Home Workers Scheme*

The Institution continues to supervise the home workers employed in its area, engaged as piano tuners, small-holders, farmers, etc., and there is a piano teacher and an insurance broker.

### *The Social Centre at Prebend House*

The Centre continues to be available for the blind for social and educational purposes. Miss C. Holmes, the Organiser, resigned on marriage in September 1970 and was succeeded by Mr. P. Collier who, knowing and being known by many of the blind users of Prebend House, quickly settled into his new post and has carried out the duties with conspicuous success, ably assisted by Miss W.M. Wood.

### *Welfare Services*

The passing of the Social Services Act in 1970 resulted in the local authorities being called upon to reorganise their social services and to form comprehensive teams of welfare officers. The County Council has

taken the view that the Social Welfare Officers for the Blind should be members of these teams and in this connection has intimated its wish to employ these officers directly. Discussions are therefore proceeding to this end. Assurances have been given by the local authority that it is not its intention that the welfare services for the blind should in any way be diluted and the Social Welfare Officers for the Blind will continue to maintain close liaison with the Institution so that the voluntary services provided from its resources will still be available to the blind people in the County. It is thought likely that when a new agreement is reached with the local authority the Institution will continue to act as its agent for the provision of the Workshops for the Blind, the supervision of home workers and the provision of all the voluntary services which exist at present.

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*Number on register at year end*

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|                | Blind | Partially sighted |
|----------------|-------|-------------------|
| Leicester      | 742   | 214               |
| Leicestershire | 916   | 217               |
| Rutland        | 46    | 17                |
| Total          | 1,704 | 448               |

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The winners of the Handicrafts Competition held at Prebend House in March 1970 took part in the National Competition "Hands of the Blind Exhibition of Achievement" held at Westminster Hall in May, 1970 and nine awards were made to local blind.

The Assisted Holidays Scheme has continued to operate and thanks to the generosity of the Daisy Day Committee a second chalet was purchased at Skegness. This was brought into use in the late summer of 1970 and will be available for holidays for the blind in future years.

*Mobility Officer*

As part of its voluntary Services the Institution appointed a Mobility Officer who was trained in the tuition of mobility techniques at the National Mobility Centre, Birmingham. Since his return from training in July of last year there has been a constant demand from the under 65 age group for mobility training. This demand has come mainly from those who are either completely reliant upon sighted help or housebound through lack of technical know-how and confidence.

The Institution is able to provide training in three of the four aids now available to blind people, namely, long cane/orientation, short cane/orientation and sonic aid.



During this period, eight people have undergone long cane/orientation training and three, short cane/orientation training. As yet there has been no great demand for sonic aid training, although great interest in this aid has come from the younger blind. Those people who have undergone mobility training are given periodic follow-up visits and recent visits show that all but one continue to gain maximum benefit from their training.

Last year a pilot project involving tactile maps was undertaken in which a totally blind guide dog owner with no previous knowledge of maps was taught the use of such maps. She subsequently went on holiday to an unfamiliar seaside resort armed with one and found it extremely useful in orientating herself with local beauty spots as well as parks, etc., for exercising her dog. The success of this project confirmed that there may well be a section of the already mobile blind population who could make good use of a library of such maps, if one were available. The Institution is, therefore, with the help of the staff and pupils of the Gateway School, Leicester, involved in the production of a library of tactile street maps. These will cover the whole of the city area, in the first instance, enabling blind people to become familiar with:—

- (a) Inter-relation of roads in home area.
- (b) Use of a tactile map in this area (usually fairly well known).
- (c) Use of a tactile map in unfamiliar area of city.

When a person has reached the latter stage they can, with knowledge, confidence and a map, attempt visits to unknown areas outside the city. With this in mind it is hoped at a later date to extend the library to include some of the more popular holiday resorts, as well as County areas.

### **The Deaf and Hard of Hearing**

Mr. J.D. Washington, Superintendent/Missioner reports:—

The Leicester and County Mission for the Deaf continues to act as agent for the County Council in providing services for the deaf and hard of hearing throughout the area. The increased grant of the County Council has enabled the Mission to consolidate the advances in its activities over the past three years. In addition to a full interpreting service for employers, lawyers, meetings and so on; social casework is undertaken with families of deaf people and with deaf and hard of hearing individuals themselves. The number of deaf people on our register has increased to 249 largely as a result of our extended service to the hard of hearing. A project was undertaken in Market Harborough to establish a group for the deaf and hard of hearing in that area and this introduced a considerable number of people to our services. During 1971 a similar project is being undertaken in the Coalville area of the County.



### *Group Activities*

Group activities continue to play a major part in our community service. The Market Harborough Club for the deaf and hard of hearing is now a well established group which meets monthly at the Paddocks Health Clinic, Leicester Road. It provides a new social opportunity for people with similar difficulties to exchange information and extend their ability to overcome the effects of their handicap. Preparation for the establishment of this and similar groups depends almost entirely on the co-operation of other agencies and individuals. The closer contacts with the Local Authority and Medical Services, which are rapidly developing, are already helping us in our plans to establish similar groups in other towns in the County area.

In addition to the extra service to the hard of hearing and deaf in the country towns, a considerable extension has been made to the further education programme at the Mission premises on Welford Road. This includes communication training for both the deaf and hard of hearing and interested hearing people, art and craft work, dressmaking, physical education and a Men's Group. This will be extended in the Autumn of 1971 to include language development classes for deaf people who are particularly handicapped in this sphere. Other groups continue to flourish and extend their range of activities, notably for the elderly which has now become a full day club with lunch provided by courtesy of the City Meals on Wheels Service.

Success in our activities depends not only on our own ability or energy, but on the fact that we are providing a community based service, helping members to integrate into a broadly based community at the Mission and using as many resources from the organisations and statutory services around us as is possible. If the Mission is to continue to provide a meaningful service to all hearing impaired people and their families it is necessary that referrals continue to come in from all individuals and agencies who come into contact with the hearing impaired in their daily lives. The needs and problems of the comparatively young hard of hearing person are only just being understood and the Mission is determined to be identified in finding ways of giving them the fullest help possible to overcome their difficulties.

### **The Elderly**

During the year there were 449 admissions into permanent and short-stay beds in County Homes, and demand remains as pressing as in previous years. At the year end the waiting list for admissions numbered 341, with a high proportion living alone.

The number of weekly vacancies is small and considerable care is needed to ensure that individuals in urgent need are dealt with promptly. It is, however, clear that the major work and responsibility lies in the



provision of adequate community services rather than reliance upon intensive residential care, e.g. the provision of appropriate services encouraging good health, the service of social centres, day care, meals on wheels, home help, home nursing and community concern.

Short stay care continues to provide care whilst relatives or friends go on holiday, though the difficulty of providing adequate cover during the height of the holiday season remains. The total number of short stay beds is now 17 and it is encouraging to know that the demand remains throughout the year.

### **Day Care for the Elderly**

During 1970 the 'day care' scheme was started, which enables those elderly people who need more help and companionship than the domiciliary services or families and/or friends are able to give, but do not need full-time care in a Home, to come along to a County Home and participate in the activities and companionship available there. Meals (usually lunch and tea) are provided and a nominal charge made. The success of this scheme and its rapid expansion reveals a need which cannot be met by County Homes alone, and plans are under way for a new County Home and Day Centre which will be built next year at Wigston.

### **Residential Homes**

The gradual improvement in support services is assisting elderly people to live independently within the community to a greater age, and this is reflected in the higher average age of those elderly people taken into care. This continues to place increasing strain upon the senior staff of every Home, and necessitates consideration of an increase in the staffing ratio if the present high standards of care are to be maintained. Fortunately, despite the increasing pressure on Matrons and Assistant Matrons there were few resignations during the year, and after a period of constant flux last year, the staffing situation seems to have stabilised considerably.

On February, 24th 1970, the residents of Enderby House moved from the old building (a former workhouse built in 1837) to a modern Home constructed on the same site, but somewhat nearer to the road, and with a more interesting outlook. After the successful completion of a move the old building was demolished. Once again (as at Woodmarket House, Lutterworth, where a similar move was completed last year) there was a marked improvement in the demeanour and behaviour of the residents who obviously appreciate their new home, and the privacy of a single room. The building of a new 50 bedded Home to replace the part III side of the St. Luke's Joint User establishment, was commenced and is due for completion. Plans for the replacement of the remaining two former workhouses in the County will be put into effect as soon as finances permit.



*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   |

**Temporary Accommodation**

In Leicestershire it is fortunate that the numbers of people requiring temporary accommodation is comparatively small. There are signs though, that this is a growing problem, and one which cannot be solved by the provision of accommodation alone. It is apparent, both from the low standards of many of the people entering temporary accommodation, and from the fact that many families 'relapse' soon after being discharged, that the need is for intensive help and advice whilst they are resident. This help and advice may best be given by a resident warden. Tentative arrangements have been made to purchase a group of 10 houses, erected by a district council, for use as temporary accommodation, and in one of which a warden may be housed. It is hoped that this solution, although far from ideal, will considerably ease the council's temporary accommodation difficulties, and at present we are awaiting the result of an enquiry to the Ministry as to their views on this scheme.

## Housing Societies

There has been little expansion in this field during the year. One recently formed 'Abbeyfield' society is developing slowly. Housing societies are very demanding initially on the time and energies of voluntary workers and this may well be the reason for their slow development. The Department is always prepared to advise and encourage and to extend financial help, where necessary, to any Voluntary Housing Society.

## Group Housing of the Aged

There is little that can be added to last year's report as almost all the schemes planned by the District Councils have now been completed. There continues to be a pressing need for this type of housing, particularly those schemes where a trained warden is resident and who can exercise some supervision and liaise with other Health and Welfare services.

A fresh stimulus is required to continue a steady development of further schemes, which will relieve the constant pressure of applicants for old people's homes, and the County Council has endeavoured to assist in this direction by increasing the grant payable to district councils in respect of the welfare element of each unit of housing. The following statement shows the units in operation at the end of the year.

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### *Group Housing Units at Year end*

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|                                  | Occupied | Approved<br>but not yet<br>occupied | Proposed<br>or under<br>construction |
|----------------------------------|----------|-------------------------------------|--------------------------------------|
| <i>Urban District Schemes</i>    |          |                                     |                                      |
| Ashby-de-la-Zouch                | 25       | .                                   | .                                    |
| Ashby Wolds                      | 12       | .                                   | .                                    |
| Coalville                        | 10       | .                                   | .                                    |
| Hinckley                         | 10       | .                                   | .                                    |
| Loughborough                     | 159      | 49                                  | .                                    |
| Market Harborough (Bowden Lane)  | 20       | .                                   | .                                    |
| Market Harborough (Clover Close) | 66       | .                                   | .                                    |
| Melton Mowbray                   | 32       | .                                   | .                                    |
| Oadby                            | 31       | .                                   | .                                    |
| Shepshed                         | 29       | .                                   | .                                    |
| <i>Rural District Schemes</i>    |          |                                     |                                      |
| Heather                          | 20       | .                                   | .                                    |
| Measham                          | 15       | .                                   | .                                    |
| Oakthorpe                        | .        | 19                                  | .                                    |
| Thurmaston                       | 22       | .                                   | .                                    |
| Sileby                           | .        | .                                   | 20                                   |
| Houghton-on-the-Hill             | 8        | .                                   | .                                    |



*Rural District Schemes (Continued)*

|                               |    |    |    |
|-------------------------------|----|----|----|
| Great Glen                    | 21 | .  | .  |
| Enderby (Queens Drive)        | 22 | .  | .  |
| Glenfield                     | 16 | .  | .  |
| Glen Parva                    | 10 | .  | .  |
| Kirby Muxloe (The Keep)       | 23 | .  | .  |
| 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           | .  | .  | 15 |
| Lutterworth                   | 16 | .  | .  |
| Ilstock                       | 17 | .  | .  |
| Asfordby                      | 19 | .  | .  |
| Bottesford                    | 32 | .  | .  |
| Birstall                      | 22 | .  | .  |
| Syston                        | .  | .  | 33 |
| Anstey                        | .  | .  | 28 |
| Mountsorrel                   | .  | .  | 37 |
| Billesdon                     | .  | 25 | .  |

**Meals on Wheels**

There has been the usual gradual expansion of this well established service, which is run for the council by the W.R.V.S. on an agency basis. There is increasing difficulty in providing both meals (which usually come from factory canteens) and drivers. The problem of finding drivers has been particularly acute in some areas, notably Thurmaston and Wigston. Statistics show the provision of meals in Leicestershire to be slightly below the national average but preliminary enquiries suggest that this is not critical. A total of 97,995 meals were supplied during the year, an increase of 9,697 over the previous year.

**Leicestershire Old People's Welfare Association**

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

During the year under review, the Executive of the Association, recognising that radical changes in the statutory health and welfare services must have some effect on our work and that of local voluntary old people's welfare agencies, carried out an analysis of 'the business', and reviewed policy and objectives in the light of a rapidly changing situation. In making a decision to increase our efforts towards the development of experimental voluntary neighbourly help services, (Contact Schemes), the Executive were not only aware of the need to extend community involvement



in old people's welfare — it was also felt that one of the greatest needs which many old people have, is for practical help in a whole range of personal and household tasks.

The first experimental Contact Scheme in which the Association was involved, was set up in Blaby and Glen Parva. This scheme has an overall Liaison Officer, Area Liaison Officers, Transport Officer, Youth Service Liaison Officer, 52 Contact Wardens, and 25 members of a Voluntary Car Service. Following up the successful introduction of 'Contact' in Blaby and Glen Parva, we suggested that the Wigston Old People's Welfare Association might consider development of a similar scheme. The Wigston Contact Scheme was a more ambitious project in a district of 28,130 people and some 8,700 dwellings, however we were pleased to assist in the formative stages and the Wigston Association distributed 10,000 leaflets calling for support. Whilst the Wigston Contact Scheme is not, as yet, as firmly established as the Blaby and Glen Parva Scheme, it is recognised that the size of the area creates administrative problems for an organisation which functions on a voluntary basis. During the earlier part of the year we had discussions at Earl Shilton where plans were being made for a Contact Scheme to cover the Parish. The Earl Shilton Contact Scheme has considerable potential and first response to an appeal for Contact Members shows that offers of help included 15 volunteers for sitting-in and 45 volunteers for use of transport in an emergency. We see an important role for the Ad-Hoc Group in Contact Schemes, to allow for the participation of voluntary workers who do not wish to be involved in the more formal type of organisation. A number of these groups, set up during the past twelve months, have already made effective contact with old people at neighbourhood level. 'Contact' may be seen as a new element and a break from the traditional and previously accepted voluntary old people's welfare structure. The experimental schemes already introduced and brought about by local effort, have a good potential for the provision of voluntary services which are relevant to present day needs.

Continued local interest has been shown in the development of clubs and centres for older people and the Association assisted in the formation of three new 'once a week' clubs during the year. We were also pleased to be involved in discussions at Carlton Hayes Hospital where it was decided to form a club for the elderly as part of the occupational therapy activities. The provision of facilities to allow for the casual drop-in visit have also increased and at the time of preparing this report, plans were being made for Centres at Wigston, Oadby, Earl Shilton, Shepshed, and Lutterworth. The Association have also accepted administrative and financial responsibility for a Centre at Misterton, to be opened in July 1971. Two new groups based on Community Colleges were established during the year, at Market Bosworth and Market Harborough.

We have continued with our administrative support for two voluntary housing associations and the Abbeyfield Flatlet Scheme at Birstall was

nearing completion by the end of the year.

Last year, we referred to difficulties in obtaining registered chiropodists for the development of new clinics or to assist in finding replacement chiropodists of long standing. Considerable improvement is now apparent in the situation, however, at one period during the year, the majority of the clinics in North West Leicestershire were faced with a chiropodist replacement problem and we should like to record our thanks for the successful efforts made by the County Health Department, in overcoming what might well have been a major set back in the availability of treatments. Towards the end of 1970, arrangements were made for our Measham Contact Group to administer a new chiropody scheme, based on the Measham Medical Unit.

In addition to promotional work, the Association has continued to provide a welfare beverages service, large print book service, and organise annual county competitions. Some 601 older people participated in our scheme for Christmas shopping, outside normal shopping hours. Some of the more frail older people were visiting a large store for the first time. About 66 local organisations participated in our programme of talks on decimal currency, (arranged in conjunction with the Leicester Trustee Savings Bank).

In conclusion, we record our thanks for the help and advice given by officers of the County Council during the past twelve months.

#### Registration of Nursing Homes

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##### *Nursing Homes registered in the County*

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|                                               | Number of Beds |
|-----------------------------------------------|----------------|
| Burton Hall, Burton-on-the-Wolds              | 18             |
| The Old Vicarage Nursing Home, Rothley        | 17             |
| Cheshire Foundation Home, Staunton Harold     | 42             |
| "Berrystead", 1001 Melton Road, Syston        | 25             |
| Saddington Grange, Saddington                 | 25             |
| The Willows, Coventry Road, Market Harborough | 21             |
| Lancaster House, Waltham-on-the-Wold          | 8              |
| Total                                         | 156            |



### 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:—

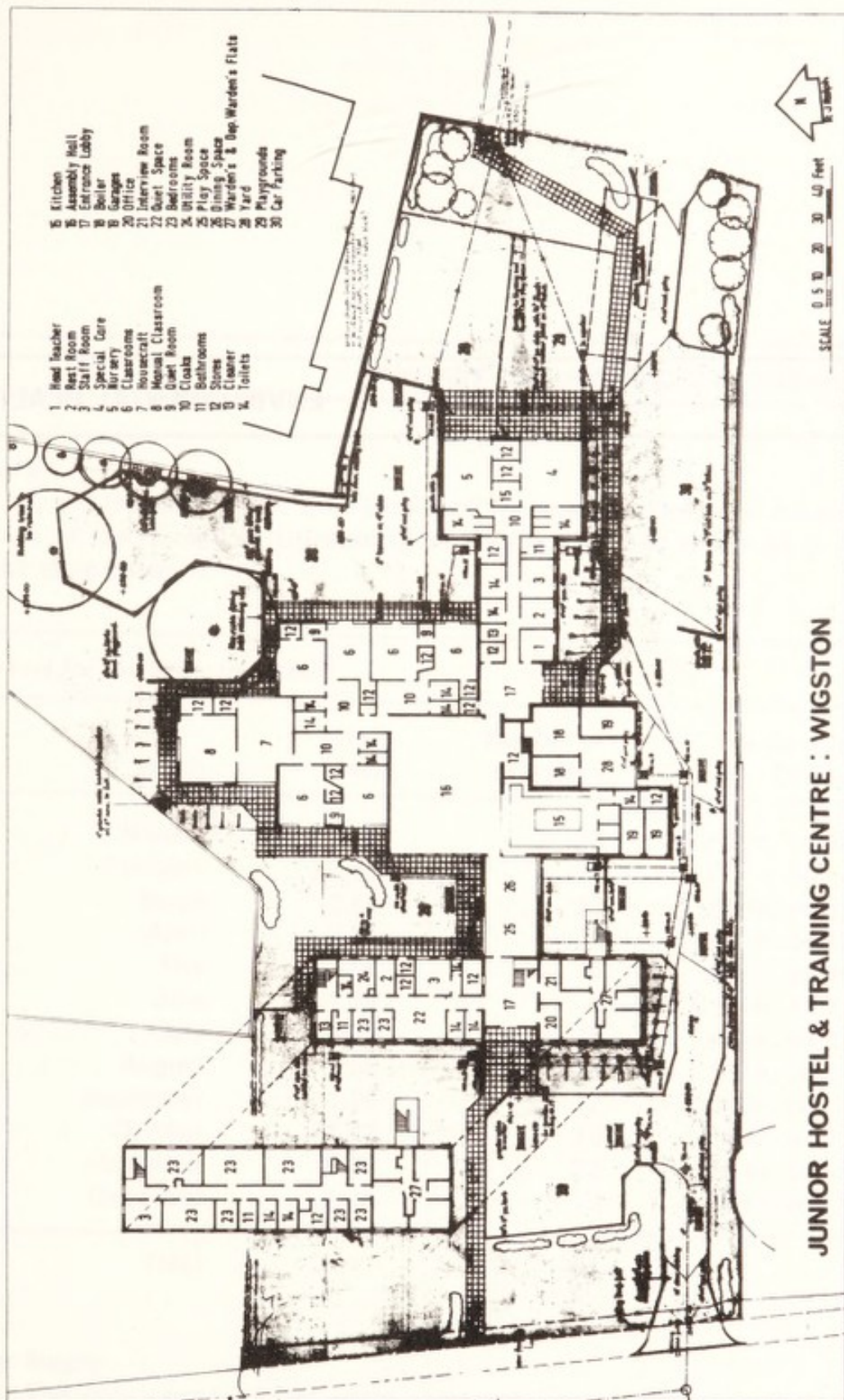
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#### *Homes Registered in the County*

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|                                                         | 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            |





JUNIOR HOSTEL & TRAINING CENTRE : WIGSTON

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**PART V: ENVIRONMENTAL HEALTH**

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## SANITARY CIRCUMSTANCES OF THE AREA

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### Rainfall

I am indebted to Mr. E.A. Bonser of Newtown Linford, who recorded details of the rainfall at Climatological Station 4316 and which are given in the table below.

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#### *Rainfall for the year, in inches*

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| Month     | Total ins. | Number of rain days | Greatest fall in 24 hours |
|-----------|------------|---------------------|---------------------------|
| January   | 2.32       | 23                  | .52 in. on 10th           |
| February  | 2.53       | 20                  | .36 in. on 4th            |
| March     | 2.50       | 20                  | .30 in. on 12th           |
| April     | 2.51       | 20                  | .49 in. on 12th           |
| May       | .55        | 6                   | .33 in. on 10th           |
| June      | 1.75       | 9                   | 1.10 in. on 11th          |
| July      | 1.72       | 13                  | .44 in. on 24th           |
| August    | 2.66       | 10                  | 1.35 in. on 19th          |
| September | 1.26       | 12                  | .34 in. on 8th            |
| October   | 1.42       | 10                  | .74 in. on 27th           |
| November  | 5.03       | 22                  | .85 in. on 1st            |
| December  | 1.16       | 19                  | .36 in. on 3rd            |
| Total     | 25.41      | 184                 |                           |

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### Water Supply

The only complaints of water shortages were in the more isolated areas where a mains supply was not available, or following bursts and main cleaning operations. Discolouration of mains water occurred less



frequently and was corrected by frequent flushing in the affected areas.

The number of houses in the County relying on well water is reduced each year, as minor main extension schemes are completed. (Samples of water were taken from 75 wells and of these 48 were unsatisfactory bacteriologically).

The position relating to water supply to houses is as follows:—

Internal mains supply — 161,015 houses (population 459,515)

Standpipes (external) — 197 houses (population 502)

Well supply — 1,441 houses (population 3,671)

### **Fluoridation**

The proposals for fluoridating mains water within the statutory area supplied by Leicester Corporation remain as reported last year, but no progress has been made towards actual fluoridation. It is planned to commence operations during 1973.

### **Rural Water Supplies and Sewerage Acts, 1944-65**

Leicester Corporation and the North West Leicestershire Water Board, the Statutory Water Undertakers within the County, submitted a total of nine minor water main extension schemes to serve small groups of properties in the rural areas. Grants totalling £15,009 were agreed for fourteen schemes, based on the Ministry formula, but subject to review on final cost.

Fourteen schemes for sewerage and sewage disposal were submitted by the rural district councils for consideration and all were approved in principle. The total included one scheme which was redesigned to exclude a small treatment plant where the sewerage will now be pumped to a nearby area and thence to a large combined treatment complex.

Grants determined during the year in respect of seven schemes totalled £115,908, but again these are subject to review on completion, when the final cost is known.

An indication of the progress made in the field of sewerage generally can be seen by the fact that only 19 privies and 1,602 pail closets are still in existence throughout the County. In 1960 the figures were 436 privies and 7,638 pail closets.

### **Sewage Disposal**

Complete rebuilding and modernisation of the treatment works at Packington for Ashby-de-la-Zouch Urban District was completed and became operational during the year. In the Ashby-de-la-Zouch Rural District the Acresford, Normanton-le-Heath to Ravenstone Works and Snarestone works schemes were making good progress. Rebuilding of the Lutterworth treatment works with provision for treating sewage from Lutterworth, Bitteswell, Cotesbach and Walcote was virtually completed



and should come into full use early in 1971. In Market Bosworth Rural District, the Newbold Verdon and Barlestone sewage works were completed and tertiary treatment provided at Higham-on-the-Hill. At Fleckney, in Market Harborough Rural District, house connections were completed in May and the new works became fully operational. Good progress was made at Burton Lazars, Hoby, Grimston, Saxelby, Holwell, Ab Kettleby and Wartnaby, in the Melton and Belvoir Rural District.

### **Complaints**

Fifty-one complaints were received by the County Health Inspector during the year, eight on housing, three in relation to water supplies and forty miscellaneous in character. Again, the co-operation of the District Public Health Inspectors was sought and maximum co-operation obtained.

The number of complaints received by districts again increased to a total of 9,361 at 12,222 premises. Informal action required the serving of preliminary notices; 364 for housing and 2,410 for general public health nuisances. Statutory notices served totalled 45 and 52 respectively, but no summary action was necessary.

### **Noise Abatement Act; 1960**

Noise is now recognised as a form of environmental pollution and, with so much publicity being given to the subject, the public are referring an increasing number of complaints to the Public Health Inspectors of the County Districts. In one rural district alone, 304 visits were necessary to deal with a variety of complaints. On the whole, informal action resulted in an improvement, if not complete satisfaction for the complainants. A little more thought for others on the part of the general public by way of turning down the volume of radio and television sets or not slamming car doors late at night, to give two small examples, would produce a noticeable reduction in noise level.

### **School Swimming Pools**

During the summer months good use was made of all school swimming pools and necessitated frequent visits by the County Health Inspectorate. Several of the larger covered pools are used regularly in the evenings and at weekends by swimming clubs and the general public and it is fortunate that gas chlorination and filtration plant of adequate capacity was specified initially. At some of the larger primary schools, the bathing loads on learner pools with a capacity of 12 – 15000 gallons are extremely heavy and even with a four-hour turnover the filters were pushed to their limit. Where a rota system for supervision could be organised, the school pools remained open during the summer holidays and the demand was so heavy that a restriction on the number allowed in per session had to be enforced.



Mention has previously been made of the development of school swimming pools in stages, with covering as the ultimate objective. The development of a plastic dome structure, inflated by means of an electric fan, has speeded the covering of learner pools in the County. The cost of these covers is a fraction of a permanent structure and, although they are subject to vandalism through slashing, they are easily repaired and serve a very useful purpose.

The granular form of sodium dichloroisocyanurate was used in a number of learner pools as an alternative to sodium hypochlorite. The results were generally good as where there is constant use, with classes more or less queuing to use the pool, if a spot test shows the residual chlorine level to be falling, a rapid boost can be given by adding more instantly soluble powder. The necessity for regular testing is now recognised at the schools and many of the teachers check the chlorine level before their class is allowed into the water.

### **Public Swimming Baths**

The District Public Health Inspectors carried out 251 inspections at the eight public swimming baths in the urban districts and took 202 samples of water for examination by the Public Health Laboratory. Of these, 15 were below the accepted standard and remedial action was taken in one case resulting in the overhaul of the chlorination plant.

### **Caravan Sites and Control of Development Act, 1960**

The number of site licences issued in respect of individual vans was 107 and 15 for more than two vans. Informal action resulted in a number of vans being removed from unlicensed sites and in one case formal action was necessary to prevent the continued use of land as a caravan site.

### **Gipsies and Itinerants**

The small site on part of the disused railway station at Castle Donington, referred to in last year's report, was developed and three vans, which had been stationed on a lay-by for several years, moved in after much persuasion. In spite of local fears, which were vigorously voiced in opposition to the establishment of the site, no complaints have been received since it was occupied. The facilities provided consist of hard standings for three vans, two W.C.'s, water supply and drainage within a fenced-off site. Scrap metal is collected and sorted on the site and does not accumulate to any great extent.

Protracted negotiations for purchasing about two acres of land at Aston Firs for development as a permanent gipsy site were continued and at one stage it appeared that a Compulsory Purchase Order might have to be sought to break a dead-lock. Further sites were examined for a like purpose and the usual local opposition was experienced as soon as the comments from the district councils were requested.



The police continued to co-operate in persuading itinerants to move from verges and lay-bys after a reasonable stay but the accumulation of rubbish strewn in ditches and hedgerows resulted in many complaints from farmers and local residents. It is a pity that the Gipsy Council cannot persuade members of the fraternity to be more tidy and not dump the unprofitable and unwanted scrap they collect.

### **Public Cleansing**

In all, 101 vehicles are used regularly by the district councils to collect refuse from premises within their areas. The refuse is incinerated in two rural districts, tipped at twenty-one controlled tips and four small crude tips in the other seventeen districts. A weekly collection is made in the majority of cases, but two districts can only maintain a regular service every eight days.

Co-operation in joint tipping schemes has progressed between various district councils as tipping space becomes used up and new sites more difficult to acquire. Agreement between the two Ashbys and Coalville was reached for a joint controlled tip to be brought into use during 1971. Billesdon R.D. and Oadby U.D. share a tip at East Norton in the former district. Lutterworth R.D. have agreed with the neighbouring Rugby R.D. for a joint tip in the latter district.

Progress on the joint incineration project, with the incinerator at Whetstone, for Blaby R.D., Wigston U.D. and part of Leicester City was temporarily held up whilst consideration was given to a proposal to establish transfer stations and transport crude refuse by rail to the Bedfordshire Brickworks area.

### **Animal Boarding Establishments**

Fifty-nine premises were licensed for the boarding of animals and 116 visits of inspection were made. No complaints were received in respect of the premises, which appear to be well managed.

### **Pet Animals Act, 1951**

All the 26 premises, licensed under the Act, continued to be satisfactorily maintained and 55 visits occasioned no adverse reports.

### **Rag Flock and other Filling Materials Order, 1951**

No premises are licensed for the manufacture of rag flock and no samples were taken of filling material for analysis. Thirteen premises were registered for upholstery and five licensed for the storage of rag flock.

### **Offices, Shops and Railway Premises Act, 1963**

The table on page 107 summarised the annual returns made by the county districts under the Act. The number of inspections carried out tends

to increase each year and the progress made is reflected in the number of outstanding contraventions, which were 261 as compared with 435 last year.

Thirty three accidents were reported and investigated, most being of a very minor nature. Worn cellar steps resulted in an employee slipping and injuring himself, but these were immediately remedied on the service of an informal notice. Some accidents are more or less "self-inflicted", as was the case where an employee climbed up some warehouse fixtures instead of using the ladder provided. He slipped and injured himself!

#### **Clean Air Act, 1960**

The Blaby Rural District Council is the only one in the County to have made Smoke Control Orders. Five are in operation and No. 6 (Braunstone part) has been confirmed by the Ministry to become operative on 1st October, 1971. Coalville Urban District Council has agreed a plan to make the whole town subject to orders over twenty five years and Hinckley Urban District again postponed action until the smokeless fuel situation is resolved to their satisfaction.



*Office, Shops and Railway Premises Act, 1963*

| DISTRICT                | Number Registered |              |                 |                  |                     | Number of Inspections |              |                 |                  |                     | Accidents Reported |              |                 |                  |                     | Contraventions |            |                      |
|-------------------------|-------------------|--------------|-----------------|------------------|---------------------|-----------------------|--------------|-----------------|------------------|---------------------|--------------------|--------------|-----------------|------------------|---------------------|----------------|------------|----------------------|
|                         | Offices           | Retail Shops | Wholesale Shops | Catering Estabs. | Fuel Storage Depots | Offices               | Retail Shops | Wholesale Shops | Catering Estabs. | Fuel Storage Depots | Offices            | Retail Shops | Wholesale Shops | Catering Estabs. | Fuel Storage Depots | Found          | Remedied   | Outstanding 31.12.70 |
| <b>Urban Districts:</b> |                   |              |                 |                  |                     |                       |              |                 |                  |                     |                    |              |                 |                  |                     |                |            |                      |
| Ashby-de-la-Zouch       | 29                | 50           | 1               | 8                | 1                   | 2                     | 3            |                 | 4                |                     |                    |              |                 |                  |                     |                |            |                      |
| Ashby Wolds             | 1                 | 9            | 1               |                  |                     | 1                     | 14           | 1               |                  |                     |                    |              |                 |                  |                     |                |            |                      |
| Coalville               | 42                | 163          | 8               | 25               | 1                   | 25                    | 32           | 6               | 7                |                     |                    |              |                 |                  |                     | 96             | 63         | 33                   |
| Hinckley                | 101               | 290          | 12              | 17               | 4                   | 68                    | 218          | 10              | 12               | 2                   |                    |              |                 |                  |                     | 314            | 205        | 109                  |
| Loughborough M.B.       | 173               | 265          | 15              | 46               | 12                  | 29                    | 96           | 12              | 2                |                     |                    |              |                 |                  |                     |                |            |                      |
| Market Harborough       | 55                | 120          | 5               | 21               | 2                   | 10                    | 39           | 2               | 6                | 2                   |                    |              |                 |                  |                     | 23             | 22         | 15                   |
| Melton Mowbray          | 53                | 125          | 8               | 22               | 2                   | 8                     | 29           | 1               | 8                | 2                   |                    |              |                 |                  |                     | 11             | 7          | 4                    |
| Oadby                   | 28                | 87           | 19              | 9                | 1                   | 28                    | 88           | 19              | 9                | 1                   |                    |              |                 |                  |                     | 23             | 19         | 4                    |
| Shepshed                | 11                | 31           | 2               | 3                |                     | 17                    | 73           | 4               | 4                |                     |                    |              |                 |                  |                     |                |            |                      |
| Wigston                 | 38                | 157          | 9               | 16               |                     | 6                     | 114          | 6               | 16               |                     |                    |              |                 |                  |                     | 104            | 139        | 26                   |
| <b>Rural Districts:</b> |                   |              |                 |                  |                     |                       |              |                 |                  |                     |                    |              |                 |                  |                     |                |            |                      |
| Ashby-de-la-Zouch       | 7                 | 36           |                 | 3                | 3                   | 13                    | 106          |                 | 17               | 6                   |                    |              |                 |                  |                     | 26             | 17         | 9                    |
| Barrow-upon-Soar        | 51                | 240          | 24              | 32               | 3                   | 11                    | 70           | 13              | 31               | 1                   |                    |              |                 |                  |                     | 25             | 21         | 10                   |
| Billesdon               | 4                 | 14           |                 | 8                |                     | 3                     | 11           |                 | 7                |                     |                    |              |                 |                  |                     | 13             | 13         |                      |
| Blaby                   | 15                | 144          | 8               | 25               | 1                   | 30                    | 166          | 19              | 25               | 1                   |                    |              |                 |                  |                     | 44             | 37         | 20                   |
| Castle Donington        | 1                 | 1            |                 |                  |                     | 20                    | 16           | 1               | 12               | 1                   |                    |              |                 |                  |                     | 5              | 5          |                      |
| Lutterworth             | 12                | 35           | 3               | 15               |                     | 3                     | 17           | 2               | 8                |                     |                    |              |                 |                  |                     |                |            |                      |
| Market Bosworth         | 21                | 66           | 1               | 15               | 3                   | 13                    | 38           | 1               | 13               | 2                   |                    |              |                 |                  |                     | 41             | 48         | 31                   |
| Market Harborough       | 4                 | 22           |                 | 14               | 2                   | 6                     | 20           |                 | 20               | 4                   |                    |              |                 |                  |                     | 1              | 1          |                      |
| Melton and Belvoir      | 8                 | 27           |                 | 10               | 2                   | 5                     | 29           |                 | 12               | 1                   |                    |              |                 |                  |                     | 4              | 4          |                      |
| <b>Totals</b>           | <b>654</b>        | <b>1,882</b> | <b>116</b>      | <b>289</b>       | <b>37</b>           | <b>298</b>            | <b>1,179</b> | <b>97</b>       | <b>213</b>       | <b>23</b>           | <b>4</b>           | <b>13</b>    | <b>8</b>        | <b>6</b>         | <b>2</b>            | <b>730</b>     | <b>601</b> | <b>261</b>           |

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## INSPECTION AND SUPERVISION OF FOOD

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### **Diseases of Animals (Waste Food) Order, 1957**

A number of the smaller pig breeders gave up collecting waste food for feeding purposes and intimated that they did not wish to retain their licences. This created difficulties with some of the small village schools, since it is not economical for collectors to go out of their way or extend their rounds to pick up small quantities of waste food.

At the end of the year, 43 licences were held in respect of boiling plants and 60 visits were made to ensure that the conditions applicable to licence holders were complied with.

### **Biological Milk Sampling**

One-hundred and fifty-three routine samples of milk were taken at the farms of producer/retailers at the time of milking and submitted to the Public Health Laboratory for biological examination. None of the samples showed evidence of infection with Myco-tuberculosis on guinea pig inoculation. All the samples are screened at the laboratory by the Milk Ring Test (ABR) and any positive or doubtful results are repeated, mainly by taking individual milk samples from all the cows in the herd. In all, 211 individual milk samples were taken and 20 cows were identified as giving milk infected with *Brucella abortus*, by the direct culture method. In addition, 4 cows gave repeated positive ABR results, which did not show infection by direct culture. All 24 cows were removed from the milking herd by the producers concerned and sold for slaughter.

Seven producer/retailers are now on the Ministry register for Brucellosis Accredited Herds and others are going through the preliminary tests.

### **Veterinary Examination of Cattle**

The following information has been summarised from the quarterly reports of the Divisional Veterinary Officer of the Ministry of Agriculture,



Fisheries and Food. I should like to acknowledge the help given by Mr. C.W.M. Walker, the officer concerned, whenever called upon for advice in the field of animal health and diseases communicable to man.

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*Clinic Examination of Dairy Cattle*

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|                             |        |
|-----------------------------|--------|
| Number of herd examinations | 653    |
| Number of cattle examined   | 32,084 |

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*Attested Herd Scheme*

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|                          |        |
|--------------------------|--------|
| Number of Animals Tested | 40,301 |
| Number of Reactors       | 4      |

Increasing use is being made of the facilities available at the Veterinary Investigation Centres and reports on specimens or animals (principally calves) submitted for examination, and found to be positive to Salmonella, are notified through the Divisional Veterinary Officers. Fifty-one positive notifications were received, twelve of Salmonella typhimurium and the remainder Salmonella dublin. The usual follow up action was taken at the farms to ensure that proper precautions were taken by the farmers and stock handlers.

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

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*Total Number of Licences in force on 31st December, 1970*

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|                                    |     |
|------------------------------------|-----|
| Dealers' (Pasteurisers) Licences   | 3   |
| Dealers' (Prepacked Milk) Licences | 455 |
| Dealers' (Untreated Milk) Licences | 7   |

**Milk Pasteurising Plants**

No change occurred during the year with processing plants within the County. Three dairies are licenced by the County Council and one by Hinckley Urban District Council, as Food and Drugs Authorities, for the pasteurising and bottling of milk.

Weekly inspections of the dairies are undertaken by the County Health Inspectors and, in addition to 364 samples of milk taken at the time of inspection, 55 samples were taken from dealers mainly on their delivery rounds. All the samples passed the statutory test for efficient heat treatment.

Samples of washed bottles and churn rinses were taken from the dairies to check the efficiency of bottle and churn washing plants. In all,

401 bottles were examined at the Public Health Laboratory and, of these, 87 were reported as being below the agreed standard. Of the 95 churn rinses submitted, 20 were not up to standard. Repeat bottle samples and churn rinses were taken and the dairy management where one bottle washing plant did not produce consistent results, placed an order for a new machine, which should be installed early in 1971.

### **Milk to School and County Council Establishments**

The milk supplies to all schools, residential schools, children's homes and County Homes are approved by the County Health Inspector and samples taken periodically by the Milk Sampling Officer. The only untreated milk received by schools is in isolated villages where no pasteurised supply is available and this milk is sampled more frequently at the school as well as at the farms under the Biological Milk sampling programme. One thousand and sixty samples of milk were taken at schools and submitted to the Public Health Laboratory for examination. All the pasteurised milk passed the phosphatase test for efficient heat treatment and no "Untreated Milk" showed infection by Myco-tuberculosis or Brucella abortus.

#### *The Designation of Milk Supplied to Schools*

| School      | Untreated | Pasteurised | Total |
|-------------|-----------|-------------|-------|
| Upper       | .         | 14          | 14    |
| High        | .         | 33          | 33    |
| Primary     | 3         | 250         | 253   |
| Residential | .         | 2           | 2     |
| Total       | 3         | 299         | 302   |

### **Food Hygiene (General) Regulations, 1960**

The Public Health Inspectors of the district councils carried out 6,754 inspections on 2,941 premises under the regulations. Minor contraventions resulted in 538 informal notices being served on the occupiers of the premises and 463 were complied with. With a carry over from the previous year, 212 were outstanding at the end of the year. No major complaints were reported and the general standard under the regulations appears to be improving. The only prosecutions taken were in respect of a bottle of milk containing a piece of glass and a loaf of bread with foreign matter. Fines of £10 and £20 were awarded by the courts.



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

Some problems arose when a privately-owned open market was set up in one of the urban districts but otherwise the standards under the regulations appear to be showing a steady improvement. No prosecutions were taken in respect of stalls or delivery vehicles. Under the regulations 206 stallholders complied and 35 were exempted; 232 vehicles complied and 12 were exempted.

### **Ice Cream**

No adverse comments were raised by the Public Health Inspectors of the county districts in respect of the handling and storage of ice-cream for retail sale. Selective sampling was carried out in most areas with the following classification of results.

#### *Classification of Ice-Cream Samples*

|         | 1969 | 1970 |
|---------|------|------|
| Grade 1 | 180  | 181  |
| Grade 2 | 37   | 37   |
| Grade 3 | 14   | 13   |
| Grade 4 | 7    | 7    |

(The similarity compared with the previous year is remarkable since the figures are summarised from the numbers submitted by the various districts taking the samples).

### **Meat Inspection**

A total of 10,213 visits were made to the 48 slaughter-houses which were in operation during the year and 204,811 animals were examined, mostly at the time of slaughter. This total consisted of 33,602 cattle, plus 672 cows, 445 calves, 97,683 sheep and lambs and 72,414 pigs. Apart from calves, the number of which slaughtered remained steady, a marked rise in the number of other classes of animals killed was noticeable over the previous year.

Tuberculosis amongst both cattle and pigs was found to be insignificant, at 0.01% in cattle and 0.24% in pigs respectively, and even this low rate was in parts or organs of pigs. One whole carcase of a beast was condemned when found to be affected with tuberculosis and this is most unusual in these days of attestation.

There is a poultry processing factory in the Melton & Belvoir Rural District and the following are details of the year's activities:—

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*Number of bird dealt with*

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|             |         |
|-------------|---------|
| Hybrid Hens | 300,441 |
| Capons      | 74,326  |
| Total       | 374,767 |

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*Number rejected as unfit for human consumption*

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|        |       |
|--------|-------|
| Hens   | 3,578 |
| Capons | 1,323 |
| Total  | 4,901 |

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As percentage of total killed 1.307%

Weight of condemned birds 8 tons 6 cwts. 2 qtrs. 24 lbs.



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## HOUSING

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The total number of houses demolished in the county districts following formal or informal action during the year was 262 and a further 78 were closed. As a result, 642 persons were displaced from the 340 houses involved and the figures are as follows:—

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*Houses demolished or closed and persons displaced*

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|                                      | 1969 | 1970 |
|--------------------------------------|------|------|
| Houses demolished in Clearance Areas | 91   | 65   |
| Persons displaced                    | 72   | 131  |
| Individual houses demolished         | 158  | 197  |
| Persons displaced                    | 190  | 384  |
| Unfit houses closed                  | 71   | 78   |
| Persons displaced                    | 134  | 127  |

Of the 5,985 houses inspected for defects under the Public Health and Housing Acts, 623 were found to be in a state so dangerous to health as to be unfit for human habitation. As a result of informal action, 852 houses were made fit or had defects remedied. Formal action under sections 9 and 16 of the Public Health Act, 1957 resulted in 27 houses being brought up to standard and a further 11 under Sections 24 and 27 of the Housing Act, 1957 were made fit for habitation.

More houses were improved with grant aid during the year than in 1969. The total was 846 as compared with 648 in the previous year.

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*Applications for grants received by District Councils*

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|                                  | 1968 | 1969 | 1970 |
|----------------------------------|------|------|------|
| Discretionary Grant applications | 172  | 263  | 406  |
| Discretionary Grants approved    | 162  | 249  | 399  |
| Standard Grant applications      | 848  | 640  | 916  |
| Standard Grants approved         | 816  | 617  | 865  |

As was expected from the number of houses in course of erection at the end of 1969, the number completed during the year by the district councils was 621 (394) and was a big improvement over the previous year. The number in course of erection at the end of the year, however, was only 352 (601). The comparative figures for private enterprise building followed the national trend and were lower at 3,466 (4,158) completed and 2,609 (3,043) under construction. (In each case the 1969 figures are given in parenthesis for comparison).

The number of applications for council houses received during 1970 was 2,582 and was almost 300 fewer than in the previous year. The total on the waiting list was 7,006 at the end of the year and, with priority to rehousing being given to those displaced from unfit houses, the waiting lists never seem to shrink. There is, however, a welcome tendency for the elderly to seek the comfortable and convenient old persons flats and bungalows that are being built in increasing numbers by the district councils. More often than not these are in groups with warden supervision and central heating.



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## FOOD AND DRUGS

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

The County Council is the Food and Drugs Authority for the whole of the Administrative County except for the Hinckley Urban District. The Department's Inspectors procure samples of food and drugs exposed for sale for the purpose of having them analysed by the Public Analysts. They also investigate complaints relating to the nature, substance and quality of food and drugs but, where possible, cases of foreign bodies, etc. in food are referred to the Public Health Inspectors of the local councils.

Of 502 samples submitted to the Public Analysts, 27 (5.4%) were the subject of adverse comment. Six were wrongly described or had faulty labelling. The remaining 21 infringed provisions relating to compositional quality. One successful prosecution was instituted for the sale of milk containing added water. Three further successful prosecutions were instituted in respect of substandard sausages. The provision of a statutory standard for sausage has been most welcome and has relieved the courts of the necessity to decide on a standard in each case with its consequent uncertainty.

The procedure whereby traders were invited to suggest food or drugs to be informally sampled was continued and served a useful purpose by removing doubts without risk to the vendor of legal proceedings.

Particular attention has been paid to food and drugs actually originating in the County. Not only have our samples been satisfactory but no complaints have been forthcoming from other Food and Drug Authorities.

The Labelling of Food Regulations, 1970 which become fully operative in 1973 are already beginning to have effect on the desirably accurate and informative labelling which they were designed to produce.

The sampling rate was 4.4 per thousand population.

Samples obtained during the year

| COMMODITY                                | NUMBER OBTAINED |          | UNSATISFACTORY |          | WHY UNSATISFACTORY                                                                                                                                                                         |
|------------------------------------------|-----------------|----------|----------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                          | Formal          | Informal | Formal         | Informal |                                                                                                                                                                                            |
| Milk                                     | 37              | 1,025    | 12             | 24       | 8 contained added water;<br>11 deficient in milk fat;<br>14 low in solids not fat;<br>3 deficient in both fat<br>and solids not fat.                                                       |
| Beer, Wines and Spirits<br>(8 varieties) | 2               | 201      | .              | .        |                                                                                                                                                                                            |
| Biscuits, cakes and<br>pastries          | .               | 14       | .              | .        |                                                                                                                                                                                            |
| Cheese & Cheese<br>Spreads               | .               | 13       | .              | 1        | Spread contained<br>insufficient fat to justify<br>description "Danish<br>Cream Cheese Spread".                                                                                            |
| Christmas Puddings                       | .               | 8        | .              | .        |                                                                                                                                                                                            |
| Fish and Fish Products                   | .               | 26       | .              | 2        | Fish Fingers –<br>misdescribed as Cod<br>Filletts.<br>Fried Plaice –<br>consisted of plaice and<br>haddock.                                                                                |
| Fruit and Fruit Products                 | .               | 13       | .              | 2        | Nuts – insufficiently<br>labelled.<br>Pineapple Pulp –<br>excessive iron content<br>and contamination by<br>can.                                                                           |
| Honey                                    | .               | 9        | .              | .        |                                                                                                                                                                                            |
| Ice Cream                                | .               | 127      | .              | .        |                                                                                                                                                                                            |
| Marzipan                                 | .               | 9        | .              | .        |                                                                                                                                                                                            |
| Meat Pies                                | .               | 69       | .              | 1        | Steak and Kidney Pie –<br>slightly deficient in<br>meat content.                                                                                                                           |
| Sausages, Beef                           | 26              | 9        | .              | .        |                                                                                                                                                                                            |
| Sausages, Pork                           | 54              | 5        | 3              | .        | 10% and 21% deficient<br>in meat content.<br>7% deficient in meat<br>content and also<br>excessive fat.                                                                                    |
| Sausage Meat/Rolls                       | 16              | 6        | .              | .        |                                                                                                                                                                                            |
| Other Meat Products                      | .               | 35       | .              | 4        | Beef Suet – contained<br>only 76.1% fat.<br>Beef and Vegetable<br>curry, only 16% meat.<br>Ham and Asparagus Roll<br>misdescribed as "Roll".<br>Pigeon Fillets contained<br>only 35% meat. |
| Preserves                                | .               | 10       | .              | .        |                                                                                                                                                                                            |
| Sauces/Sauce Mixes                       | .               | 18       | .              | 2        | Mint Jelly contained<br>undisclosed sulphur<br>dioxide.<br>Spaghetti Sauce Mix,<br>need for additional<br>ingredients not<br>disclosed on front label.                                     |
| Soft Drinks                              | .               | 9        | .              | .        |                                                                                                                                                                                            |
| Soups                                    | .               | 10       | .              | .        |                                                                                                                                                                                            |
| Miscellaneous Foods<br>(51 varieties)    | .               | 114      | .              | 1        | Beetroot contained<br>undisclosed acetic acid.                                                                                                                                             |
| Prepacked Medicines                      | .               | 50       | .              | .        |                                                                                                                                                                                            |
| TOTALS:                                  | 135             | 1,780    | 15             | 37       |                                                                                                                                                                                            |
| GRAND TOTALS:                            |                 | 1,915    |                | 52       |                                                                                                                                                                                            |





*Ash Field School – The Hydrotherapy Pool.*

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**PART VI:      SCHOOL HEALTH SERVICE**

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**GENERAL STATISTICAL INFORMATION**

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**School Population**

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*The average number of pupils on the register of maintained schools*

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|      |        |
|------|--------|
| 1967 | 72,195 |
| 1968 | 75,747 |
| 1969 | 79,174 |
| 1970 | 82,688 |

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*The number of schools maintained by this Authority*

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Number of Schools

|                          |     |
|--------------------------|-----|
| <i>Primary</i>           |     |
| Infant                   | 43  |
| Infant and Junior        | 168 |
| Junior                   | 39  |
| <i>Secondary</i>         |     |
| High                     | 31  |
| Upper                    | 14  |
| Comprehensive            | 1   |
| <i>Special</i>           |     |
| Educationally Sub-Normal | 2   |
| Physically Handicapped   | 1   |

### Medical Inspections

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

|                         | 1969   | 1970   |
|-------------------------|--------|--------|
| School Entrance         | 4,930  | 4,224  |
| School Leavers          | 639    | 5      |
| Intermediate Age Groups | 5,720  | 7,589  |
| Total                   | 11,289 | 11,818 |

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 401 special examinations at the request of a parent, teacher or school nurse. In addition there were 2,991 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 20 children (0.17%) of 11,818 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 677 medical examinations for other Departments.

### Examination of adults

|                       |     |
|-----------------------|-----|
| Students              | 429 |
| Teachers              | 85  |
| Highways Department   | 50  |
| Fire Service          | 35  |
| Staff Superannuation  | 36  |
| Ambulance Drivers     | 20  |
| Children's Department | 3   |
| Others                | 19  |
| Total                 | 677 |

### *Part-time Employment of School Children*

A total of 49 pupils were examined for juvenile employment in the period under review. In one case a medical certificate was 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 276 cases of defective vision discovered, 64 of squint and 10 of other eye conditions. The total number of children who required observation for the same defects was 408.

#### (b) Ear Diseases and Defective Hearing

The number of children found to require treatment under this category during 1970 totals 415. Of this number, 329 had defective hearing, 75 were referred for Otitis Media and 11 with other complaints. The number of children who required observation was 773.

#### (c) Nose and Throat

Of the children examined, 65 were either in need of treatment or were undergoing treatment for nose and throat conditions at the time of examination. A further 478 were noted for observation at future inspections.

#### (d) Defective Speech

In all, 204 children were referred during the year. Of these, 81 were for treatment and 123 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, 67 children were found to have defects under this heading. Of these, 2 were found to require treatment and 65 were noted for observation.

#### (f) Heart

During the year 17 children were found either to require treatment for heart condition or were already undergoing treatment at the time of examination. A further 158 were found to require observation.

#### (g) 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 302 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 19 cases of hernia referred for treatment and a further 59 for observation. A total of 29 other defects were referred for treatment and 223 for observation.



(h) Orthopaedic

The number of defects found which required treatment were posture 3, feet 60, and other defects 19. A further 246 children who also had orthopaedic defects were found not to require treatment but were placed on the list for observation.

(i) Nervous System

Only 2 children were found to require treatment for epilepsy and 6 to require treatment for other diseases of the nervous system. Also, 107 children were found to require observation.

(j) Psychological

The number of children requiring treatment for psychological development was 17, and for observation 106. There were 50 children requiring treatment for stability and 237 for observation.

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## MEDICAL TREATMENT AND SPECIAL CLINICS

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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 Clinic. 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 12,117 children at routine visits to schools during 1970. Of the children tested, a total of 2,451 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 624 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 up to a year to see the Consultant and even those referred by the Consultant as very urgent may wait for years 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.

With effect from June, 1970 the parents of children referred for eye treatment received a letter reminding them that most treatment is available through the School Eye Service, ophthalmic medical practitioners or ophthalmic opticians.

This has reduced the numbers referred to School Eye Clinics thus reducing waiting lists where parents have exercised their choice under the National Health Service. Orthoptic treatment is only available through the Hospital Eye Service and children requiring this form of treatment are asked to attend at the Leicester Royal Infirmary.

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#### *The number of children treated during the year*

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|                                       |       |
|---------------------------------------|-------|
| Seen and refracted                    | 2,823 |
| Glasses prescribed                    | 1,933 |
| Existing glasses found to be suitable | 786   |
| Found not to require glasses          | 515   |

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.

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



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*Treatment at Hinckley Clinic*

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|                                                        |       |
|--------------------------------------------------------|-------|
| Radiant Heat and Electricity                           | 678   |
| Muscle Re-education and Exercise                       | 1,786 |
| Massage and Manipulation                               | 835   |
| Fitting Appliances, Dressings & Application of Plaster | 30    |
| Number of sessions held                                | 110   |
| Total number of attendances                            | 2,477 |
| Number of children examined by the Orthopaedic Surgeon | 433   |
| Number of first examinations                           | 134   |

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*Treatment at Coalville Clinic*

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|                                                        |       |
|--------------------------------------------------------|-------|
| Radiant Heat and Electricity                           | 352   |
| Muscle Re-education and Exercise                       | 1,147 |
| Massage and Manipulation                               | 368   |
| Fitting Appliances, Dressings & Application of Plaster | 11    |
| Number of sessions held                                | 84    |
| Total number of attendances                            | 1,347 |
| Number of children examined by the Orthopaedic Surgeon | 298   |
| Number of first examinations                           | 46    |

**Enuresis Clinics**

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

The Enuretic Clinic continued throughout the year. The children who attended were encouraged to practise muscle control and in many cases it proved effective to loan an enuresis alarm to a child over a short period. The more sensitive transistorised alarms which are now available have proved very successful. In the main, children referred who are under the age of 6 years do not respond so well to treatment because they tend to be unco-operative. The best response to treatment is usually obtained with those children whose symptoms are due to a physical rather than an emotional cause.

'Dry bed charts' were introduced during the year. These cover a four week period and the child is asked to affix coloured paper stars to indicate 'dry' or 'wet' nights. Five consecutive dry nights are rewarded with a gold star. The system has proved useful in encouraging younger children to maintain control.

In some cases parents were encouraged to 'pay' on results, for example a penny for a dry night and a variation of this in which the child pays the parent for a wet night has also been tried successfully.

For older children (aged 9 plus) general practitioners have been asked to prescribe Tofranil (Geigy). This drug's anti-depressive properties have been most effective in restoring confidence and gradual control in many cases.

Of 411 offers of appointments, only 268 attendances were recorded at the clinic during the year. This indicates an unnecessary waste of medical staff time and often an apathetic response by parents. Approximately 28% 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. Martin's.

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*Clinics held during 1970*

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|                   | No. of Sessions |
|-------------------|-----------------|
| St. Martin's      | 20              |
| Coalville         | 16              |
| Hinckley          | 8               |
| Melton Mowbray    | 3               |
| Market Harborough | 3               |
| County Hall       | 4               |
| Oadby             | 4               |
| Total             | 58              |

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### **Obesity Clinics**

Dr. I.J. Meadows reports:—

As in previous years it has been very noticeable that the response has been much greater in primary schools. The children are seen in school and parents encouraged to attend.

Where parents have agreed, teachers have been encouraged to help children to co-operate. Only a very small percentage of parents refuse to have their children seen and in one school, where children have been regularly seen, it was particularly noticeable that the only truly obese child is in this category. She was, in fact, only mildly obese two years ago when she was examined and advised to cut down on carbohydrates.

Many children continue to consume very high carbohydrate diets and this is unfortunately very hard to control in schools with tuck shops selling pop, crisps, biscuits etc. In these cases the obese children have been advised to eat apples or even carrots.

Similarly, in secondary schools the pupils have been advised to eat cheese and biscuits and fruit whenever possible instead of the rather stodgy pudding often provided.

The primary school child rarely seems much concerned about overweight but in secondary schools the child has often been ridiculed, tries to avoid games and in many cases their work is also suffering.



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*The results of observation of children during 1970*

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|               |     |
|---------------|-----|
| Gained weight | 15  |
| Lost weight   | 50  |
| No change     | 39  |
| <hr/>         |     |
| Total         | 104 |

**Speech Therapy Service**

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

There was some improvement in the staffing situation during the year with the appointment of six Speech Therapists who undertook a varying number of hours per week. One Speech Therapist left the Section and one Senior Speech Therapist reduced her hours.

The Therapists attended a number of courses during the year which included:

1. "Reynell Development Language Scales", The Wolfson Centre, Institute of Child Health.
2. "Communication Problems", Castle Priory College.
3. "The Minimally Handicapped Child in School", Castle Priory College.
4. "Fifth National Conference of Speech Therapists", University of Manchester.

The Therapists assisted in the organisation of an exhibition and social event held at Leicester University on 2nd October, 1970, which was in support of the National Research Trust for Speech Therapy. For this event, Mrs. A. Turner, compiled an exhibition of speech therapy material for use at lectures and demonstrations.

Clinic conditions and equipment improved during the year and we hope that a structured service will encourage more stability in the staffing situation. There is an urgent need for intensive help for some patients which is impossible at the present time.

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*The Work of the Speech Therapy Service, 1970*

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|                                          |       |
|------------------------------------------|-------|
| The number of patients under treatment   | 491   |
| The number of patients under observation | 707   |
| The number of patients on waiting list   | 345   |
| The number of patients discharged        | 303   |
| <hr/>                                    |       |
| Total                                    | 1,846 |



### Child and Family Guidance Service

Dr. S.M.W. Pittock writes:—

It is a great pleasure to review the work of the clinic for 1970, the first full year with two Consultant Children's Psychiatrists. Nevertheless, it is impossible to pretend that there is adequate psychiatric time. Dr. Hopkirk has only one clinical session each week which is devoted to the Melton Mowbray area and his remaining half session is taken up by the weekly staff conference and discussion. Although theoretically my own clinical commitments remain unchanged, in practice the demands of Oakham House upon my own time effectively cut down the amount of administrative work it is possible to accomplish each week.

This was the first full year that Oakham House, the Regional Unit for Adolescent Girls, has been available and its existence has enlarged the scope of treatment available to teenage girls seen at the County Clinic. A number of girls were treated as in-patients or as day-patients at Oakham House during the year. The average length of stay or attendance is about four months, although one County girl spent almost a year as an in-patient at the Unit.

During the year there were few changes in the professional staff of the clinic, although a third Remedial Teacher, Mrs. Bridge, was appointed in August. Before the end of 1970 a fourth psychologist had been appointed to take up his duties in September 1971. I am delighted to record that in July 1970 Mrs. Sluckin and Miss Tauber were both upgraded from Psychiatric Social Worker to Senior Social Worker.

All professional staff of the clinic were involved in a variety of "external" visits and all attended conferences of one sort or another during the year. Dr. Hopkirk and three of the Psychiatric Social Worker staff, Miss Sutcliffe, Miss Tauber and Miss Rayward, attended the 26th Child Guidance Inter-Clinic Conference in the Spring. In the Autumn the Senior Psychologist, Mr. G.B. Todd, attended a short course for Psychologists at the Institute of Laryngology and Otology, London, on "Hearing and Mental Assessment of Deaf Children". Dr. Hopkirk addressed the Autumn Quarterly Meeting of the Royal Medico-Psychological Association which was held at the Towers Hospital in October, whilst I attended the Spring Quarterly Meeting of the Association held in Lincoln in May.

Much to our surprise, in the Spring of 1970 I received a request from the British Medical Students Association to take a Norwegian Medical Student with an interest in children's psychiatry for one month. Miss Hanssen joined us at the beginning of July and during her stay took part in a wide range of activities in this clinic, in Oakham House, and at Glenfrith Hospital. This proved to be a stimulating experience for all concerned.

Dr. Bakowski continued her training in children's psychiatry and helped to run a group of three young autistic children, on a weekly basis, in the hospital school. After Dr. Bakowski's resignation, this group



continued to function with the help of one of the teachers at the Glenfrith Hospital School.

By the end of 1970, the total number of County children diagnosed as autistic, and known to me, was 33, excluding an extra child previously resident in the County and now an in-patient at the Glenfrith Hospital. During the year Mr. Todd and I had some discussion with the Education Authority on educational provision for these children. I should like to take this opportunity of pointing out that although Leicestershire has no Unit specially labelled "Autistic", the Local Authority has a good record of flexible provision for such children. This year one non-speaking autistic girl, now in early adolescence, has received treatment from a Home Teacher and the experiment is being watched with considerable interest, because this is the first time that so old a child, and one without speech, has had such a special arrangement. A small number of young autistic children were treated very successfully in the Special Observation Class at the Glenfield Infant School together with other young children suffering from other kinds of handicap. It can be seen in Table IV in the statistics section that during 1970 six new cases of childhood psychosis/autism were diagnosed.

1970 was a year of interesting developments in The Homestead, the County's Child Guidance Hostel at Melton Mowbray. A new Deputy Warden, Mr. R. West, was appointed and took up his duties in February 1970. Two students from the University of Leicester, School of Social Work, were placed in The Homestead for six weeks and it was felt at the end of the placements that the students had learned a great deal and had also been able to contribute considerably to the life of The Homestead. We were made aware in 1970 of the difficulties posed by an unusually large number of hostel children of upper school age. For part of the year, 8 boys and girls at The Homestead were attending Melton Upper School and the proportion of junior school age children had dropped dramatically. The clinic and hostel staff felt that, once this group had been worked through, attempts should be made to restrict the total number of older children in the hostel at one time and ensure a more even age group distribution. The 1970 Homestead Fete was a particularly successful one and the proceeds enabled the Hostel to buy a really reliable vehicle for transporting larger groups of children on trips, short camping holidays and other visits. During the year the clinic staff continued to provide a rota for visiting The Homestead once a week, in addition to the monthly hostel conference held during term time. A development of the close co-operation between the hostel and the clinic staff has been the attendance of the Warden, Mr. P.F. Foster, at the clinic's Thursday afternoon staff conference once a month during term time.

In 1970 Miss Tauber became a member of the local Parole Review Committee for Gartree Prison and Mrs. Sluckin continued her work with a group of mothers.



In February 1970 the student accepted in September 1969 from the University of Leicester, School of Social Work, ended his placement with the clinic and two more students were accepted in the autumn. Mrs. Sluckin supervised one student and Miss Tauber the other.

Table 1 shows that the number of cases referred to the Child Guidance Clinic increased very considerably from 1969, from 340 to 423. It seems likely this trend will continue.

It must be our first concern to ensure as good a service from the whole clinic as possible and it is worth emphasising once more that the clinic functions as a whole, not as two separate compartmentalised units labelled Child Guidance and Schools Psychological Service. In this particular field there is great scope for the interchanging of roles, for example, in the treatment of parents as well as in the treatment of children.

In conclusion, I should like to express my thanks to my professional colleagues and the office staff at the clinic; to the Consultant Paediatricians, Dr. W. Matheson and Dr. K. Simpson, for their interest and help; my colleagues at the Glenfrith Hospital; and my colleagues at the Towers Hospital for their invaluable professional support.

### *Statistics*

This year Table II shows that the age distribution of children referred to the Child Guidance Clinic has been broken down into the numbers of girls and of boys. There were, in fact, two peak age groups amongst the boys — 7 and 8 years and again at 13 years, whilst for 1970 the girls showed a peak on referral at age group 14.

Table III, indicating the source of referrals, reveals the largest source to be the Schools Psychological Service half of the clinic and the second largest source to be from Family Doctors. This year referrals from schools total 61 as compared with 9 for 1969 because where a school refers a problem, and it is felt to lie primarily within the home, the Psychiatric Social Worker will undertake the preliminary investigation and this may be followed up by psychiatric involvement. The total number of referrals from parents was 40 in 1970, 32 in 1969.

Table IV as expected reveals the largest diagnostic category to be reactive problems. Once more it must be emphasised that more than one diagnosis may be made in any case so that the total numbers in Table IV do not match the total number of children seen.

Table V reveals that the numbers seen in all clinics except the central clinic were greatly increased in 1970 and this is especially true of the Melton clinic which had its first full year with Dr. Hopkirk seeing new and old cases on a weekly basis. Of the outlying clinics, Melton can only be compared with Loughborough, which also takes place on a weekly basis, whilst the Hinckley and Coalville clinics occur fortnightly.

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*I Cases referred during the year*

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|                                                                                | 1969         | 1970 |
|--------------------------------------------------------------------------------|--------------|------|
| No. referred to the Schools Psychological Service<br>and Child Guidance Clinic | 894          | 916  |
| No. referred to the Child Guidance Clinic                                      | 340          | 423  |
| No. of cases seen at the Child Guidance Clinic                                 | <i>m</i> 228 | 263  |
|                                                                                | <i>f</i> 112 | 160  |

---

*II Referrals to the Child Guidance Clinic – by age group*

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|               |              |
|---------------|--------------|
| Aged 1 to 4   | <i>m</i> 17  |
|               | <i>f</i> 11  |
| Aged 5 to 10  | <i>m</i> 153 |
|               | <i>f</i> 171 |
| Aged 11 to 18 | <i>m</i> 93  |
|               | <i>f</i> 78  |
| Total         | 423          |

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*III Sources of referral of cases*

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|                               |     |
|-------------------------------|-----|
| Schools Psychological Service | 154 |
| General Practitioners         | 102 |
| Parents                       | 40  |
| School Medical Officer        | 5   |
| Hospitals                     | 27  |
| Health Visitors               | 17  |
| Children's Officer            | 2   |
| Other Authorities             | 4   |
| Children's Department         | 2   |
| Court                         | 4   |
| Probation Officer             | 3   |
| Schools                       | 61  |
| School Welfare                | 2   |
| Total                         | 423 |



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*IV Type of Problem Referred*

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(a) Diagnosis

|                         |     |
|-------------------------|-----|
| Neurotic                | 34  |
| Reactive                | 165 |
| Social                  | 13  |
| School Phobia           | 29  |
| Organic                 | 7   |
| Psychotic               |     |
| (a) Childhood Psychosis | 6   |
| (b) Early Schizophrenia | .   |
| Attempted Suicide       | 9   |
| Psychosomatic           | 4   |
| Court Report            | 8   |
| Subnormality            | 5   |
| Educational             | 2   |

(b) Action to be taken

|                                        |     |
|----------------------------------------|-----|
| Treatment                              | 150 |
| Observation and Survey                 | 64  |
| Transfer to hostel                     | 15  |
| Transfer to hospital                   | 4   |
| Advice given                           | 21  |
| Refer to Schools Psychological Service | 18  |
| Refer to C.G.C.                        | 154 |
| Remedial Teaching                      | 1   |
| Remedial Teaching Survey               | 3   |
| Refer to other Agencies                | 3   |
| E.S.N. School                          | 1   |
| Special Class                          | 1   |

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*V Psychiatrist*

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|                                  | Upper<br>New<br>Walk | Lough-<br>borough | Hin-<br>ckley | Coal-<br>ville | Melton |
|----------------------------------|----------------------|-------------------|---------------|----------------|--------|
| No. of diagnostic interviews     | 131                  | 78                | 27            | 19             | 59     |
| Total attendances at each Clinic | 320                  | 213               | 120           | 71             | 155    |
| No. of sessions at each Clinic   | 138                  | 38                | 21            | 13             | 41     |

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## SCHOOL DENTAL SERVICE

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

### **Staffing**

During the year the staffing position fluctuated a little, but overall there was a slight decline in staff. However, a further whole time dental officer commenced duty on 1st January, 1970, which resulted in a staff of 6.2 whole time equivalent dental officers. This level of staffing is the highest achieved by this Authority for a period of almost 20 years, but in this same period the school population has increased from approximately 50,000 children to almost 80,000.

As foreshadowed last year, the delivery of a further mobile dental unit for use in the Ashby/Coalville area gave rise to the possibility of the employment of further staff, and this materialised for part of the year. Mr. S. Terry was employed half-time for approximately six months of the year and, after an interval following his resignation, it was possible to obtain a whole time replacement. This appointment enabled the service to be extended in the Ashby area.

The other resignation during the year was that of Mrs. H. Cowe, who had been working part-time in the Melton area for a few years. The staff was temporarily depleted by the serious illness of Mr. W.G. Campbell, but fortunately he returned to duty early in 1971.

Three further Area Dental Officer posts were approved during the year, to take effect from 1st April, 1971. This means that the County will be divided into five areas, each locally controlled by an Area Dental Officer. The filling of the new posts is dependent upon accommodation becoming available, but it is hoped that it will be possible to make these appointments over a period of 3/4 years.

### **Accommodation**

The only increase in accommodation during the year was the delivery of a further mobile dental unit for use in the Loughborough area. This will



enable a more efficient service to be provided for those schools which are situated at some distance from the Loughborough Clinic.

As stressed in previous years, the lack of accommodation is the limiting factor in the expansion of the service. However, a ten year building programme has been prepared to provide school clinic accommodation on school campuses, which will go some way to meeting this problem of lack of accommodation. Accommodation is being provided also in a number of Health Centres and the first of these to include accommodation for the dental service, at Lutterworth, is due for completion during 1971. As Health Centres are constructed to meet community needs, it often means that they are situated at some considerable distance from the schools of the area, and thus provision of accommodation for the school dental service is not always justified.

### **Treatment**

Despite the fluctuation in staffing, the number of children inspected at routine school inspections rose during the year to 34,462, compared to 30,090 in 1969. A further 534 children were inspected at a clinic. Of the total number inspected, 18,522 were found to require treatment and 15,124 of this number were offered treatment.

The number of attendances made by children for treatment showed a slight increase to 11,566 from 11,427 in 1969. The average amount of treatment provided for each child attending for treatment during the year was:— 1.5 (1.8) fillings inserted in permanent teeth, 0.8 (0.8) fillings inserted in deciduous teeth, 0.2 (0.2) permanent teeth extracted and 0.7 (0.7) deciduous teeth extracted. The corresponding figures for 1969 are shown in brackets.

These figures would seem to indicate the static nature of the service in some areas, because the regular annual visitation of schools over a period of years will produce a decline in the amount of treatment required by each child annually.

### **Staff Refresher Course**

The second staff refresher course was held during the year, on this occasion it was organised by the City of Leicester Dental Service and held at the Post Graduate Medical Centre, Leicester Royal Infirmary. The course was conducted by Professor D.C.A. Picton, of University College Hospital Dental School, and the theme was "Preventive Dentistry". The morning session consisted of two papers, covering the principles of caries prevention and an evaluation of the various methods of caries prevention. The afternoon session was devoted to the showing of a recently released film by the Oral Hygiene Service, followed by a symposium on "Dental Health Education".

We are most grateful to the City of Leicester Dental Service for organising this course, which was found to be most stimulating by all who attended.

Many people in the County help the dental staff in the course of the year and it is with pleasure that I record my thanks to all who have helped in any way to assist the smooth running of the service.

## Statistics

### 1. Attendances & Treatment

|                                           | Ages<br>5-9 | Ages<br>10-14 | Ages 15<br>and over |
|-------------------------------------------|-------------|---------------|---------------------|
| First Visit                               | 2,963       | 1,891         | 276                 |
| Subsequent Visits                         | 2,899       | 2,961         | 576                 |
| Total Visits                              | 5,862       | 4,852         | 852                 |
| Additional courses of treatment commenced | 69          | 51            | 8                   |
| Fillings in permanent teeth               | 2,689       | 4,187         | 895                 |
| Fillings in deciduous teeth               | 3,600       | 298           | .                   |
| Permanent teeth filled                    | 2,178       | 3,600         | 792                 |
| Deciduous teeth filled                    | 3,420       | 291           | .                   |
| Permanent teeth extracted                 | 149         | 749           | 171                 |
| Deciduous teeth extracted                 | 2,758       | 900           | .                   |
| General anaesthetics                      | 283         | 99            | 11                  |
| Emergencies                               | 136         | 40            | 6                   |
| Number of Pupils X-rayed                  |             | 198           |                     |
| Prophylaxis                               |             | 745           |                     |
| Teeth otherwise conserved                 |             | 566           |                     |
| Number of teeth root filled               |             | 16            |                     |
| Inlays                                    |             | 3             |                     |
| Crowns                                    |             | 30            |                     |
| Courses of treatment completed            |             | 4,522         |                     |

### 2. Orthodontics

|                                        |     |
|----------------------------------------|-----|
| New cases commenced during year        | 47  |
| Cases completed during year            | 39  |
| Cases discontinued during year         | 3   |
| No. of removable appliances fitted     | 116 |
| No. of fixed appliances fitted         | .   |
| Pupils referred to Hospital Consultant | 54  |



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### 3. *Prosthetics*

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|                                                     | 5-9 | 10-14 | 15 and over |
|-----------------------------------------------------|-----|-------|-------------|
| Pupils supplied with F.U. or F.L.<br>(first time)   | .   | .     | 1           |
| Pupils supplied with other dentures<br>(first time) | 3   | 15    | 5           |
| No. of dentures supplied                            | 3   | 18    | 7           |

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### 4. *Inspections*

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|                                               |        |
|-----------------------------------------------|--------|
| (a) First inspection at school. No. of pupils | 34,462 |
| (b) First inspection at clinic. No. of pupils | 534    |
| Number of (a) found to require treatment      | 18,522 |
| Number of (a) offered treatment               | 15,124 |
| (c) Pupils re-inspected at school or clinic   | 971    |
| Number of (c) found to require treatment      | 421    |

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### 5. *Sessions*

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|                                             |       |
|---------------------------------------------|-------|
| Sessions devoted to treatment               | 1,782 |
| Sessions devoted to inspection              | 292   |
| Sessions devoted to Dental Health Education | 4     |

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## HANDICAPPED PUPILS

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### **Blind and Partially Sighted Children**

The City Education Authority are able to offer day placements at South Lodge School. The nearest residential special school for partially sighted 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 – 13 at special schools; 3 on waiting list.

Partially Sighted – 15 at special schools; 7 on waiting list.

### **Partially Hearing Children**

1970 started with a full complement of four Peripatetic Teachers of the Deaf and Partially Hearing, each teacher serving the needs of all pre-school and school aged children within one section of the County.

At Easter Mr. R.T. Goldsmith left the County to take up a post as Peripatetic Teacher for the Deaf in Guernsey, Channel Isles. With effect from 1st April a new post of Senior Peripatetic Teacher was established and Mr. D.R. Harrison of the County staff appointed. Mr. I.R. Jones was appointed as Peripatetic Teacher and took up his post in August. A difficult period was experienced between April and August while urgent work in the vacant sector of the County was being carried out by the remaining teachers.

The work of the Peripatetic Teachers remains broadly based and covers a wide range of needs, from the intensive support and guidance to families following diagnosis of a severe handicap in a young child, to supervision and remedial teaching with partially hearing children in normal schools. The teachers also attend diagnostic clinics for the pre-school child and liaise with many other agencies and services including special schools for the deaf and the partially hearing and the Leicester and County Mission for the Deaf. The continuing existence in the County of long



waiting periods for surgical treatment for middle ear conditions results in a very heavy case-load of temporarily hearing impaired children requiring the support of the Peripatetic Service. This situation seems unlikely to improve in the foreseeable future and it is essential that this large addition to the hearing impaired population of the normal schools should be taken into account in the future planning of the service.

During the Autumn two courses were organised. A one day course, on the management of the hearing impaired child in the normal school, was held at County Hall and attended by 78 teachers. A course of evening lectures was arranged for the parents of deaf and partially hearing children at the Leicester and County Mission for the Deaf, Welford Road, Leicester, and this too was well attended.

### **Educationally Subnormal Pupils**

#### *(a) Craven Lodge School*

Dr. R.W. Kind reports:—

At the moment of writing this report Craven Lodge has four vacancies for boys and no waiting list for either sex — a situation similar to this has persisted for more than a year and does not appear to accord with findings in the employment field that increasing numbers of school leavers experience problems on account of multiple deficits!

Much discussion has taken place at Craven Lodge about this problem and it is felt that the changing emphasis in day schools allows easier containment of the child with handicaps. At the same time it is questionable to what extent teachers may see such children in terms of potential employment and to what extent for these children school is not a situation in continuity with life outside and after it.

A progressively increasing problem has been that of children going home at weekends. A random 30 children were involved and the reason most commonly cited is that this is the general practice at Maplewell. The consequences for the school community are serious and there is little evidence to suggest that the practice is in the individual child's interests. Craven Lodge has established a system within which the child's leaving during the week has been re-inforced by practical experience at the weekend. The rapidity of social learning of its pupils has been frequently commented on. Not only is this system now threatened, but sleep deprivation of these children who go home brings its own problems. Many children are so tired on return to school that Monday and Tuesday are characterised by a serious reduction in their ability to concentrate. The recognition of this problem and the attempts to remedy it lead to a new area of conflict between staff and pupils. Children who have stayed up at the weekend to watch late night television programmes do not respond readily to necessary bedtimes on return to school and it would seem that the practice of unrestricted viewing is common among the families of Craven Lodge pupils.



Increased home visiting also results in an increased occurrence of infestations and skin and upper respiratory tract infections. These present increased burdens to the child care staff and are difficult to clear up because of interruptions to treatment.

*(b) Maplewell Hall Residential Special School*

Dr. R.C. Holderness reports:—

The health of the boys was generally good during the year and no outbreaks of infectious disease occurred.

Reference was made last year to the needs of these boys for a stimulating environment. So many of them do not have the instinctive inner drive of their better endowed fellows and every means has to be taken to develop this. Poor physical tone and co-ordination is a noticeable feature and the improvement of this has an important bearing on the development of confidence and alertness in boys whose attainments will always be much more noticeable on the physical than the academic side.

Facilities for physical education therefore are of particular importance in a school of this sort. While a new swimming pool is being constructed the opportunities offered for the use of gymnastic apparatus are at the present time very limited, and all physical activities are subject to the vagaries of the weather. The provision of a gymnasium is a much needed facility which would produce dividends.

*(c) Ash Field School*

Dr. R.W. Kind reports:—

Ash Field School for physically handicapped pupils opened on April 20th, 1970, with Mr. V. Parfitt as Head Teacher.

The new buildings offer accommodation for 90 day or boarding children. There is residential accommodation for a maximum of 20 weekly boarders.

The children taken live in the County or City of Leicester and Rutland.

The first children to be admitted were selected from a list of 86; 17 of whom were under five years of age. Selection was carried out according to criteria which embraced the social and educational needs of the child and the ability of the school to cope with the multiple problems presented. It was clearly apparent that, in the first instance, the number admitted would need to be arbitrarily limited in order to permit staff a period of reduced demands. For this reason the admission of children of pre-school age was severely restricted.

From the list of 86, were selected 22 boys and 16 girls whose ages ranged from five to fifteen years. Subsequently in the school year, further children were admitted bringing the total to 74, i.e. 40 boys and 34 girls, of whom 30 are resident within Leicestershire and 44 within Leicester City.



Ash Field enjoys excellent support from local medical and surgical facilities and is already clearly making a valuable contribution to local needs.

A detailed report on its first full year's work will be made in 1972.

### **Employment of Handicapped Young Persons**

During the year ending September 1970, the cases of 124 handicapped school leavers were considered in isolation by the Special Welfare Committee which met three times prior to entry into employment. The constitution of the Special Committee includes the Deputy Principal School Medical Officer and the Specialist Careers Officer for Handicapped Pupils. Recommendations upon future employment were made by the Committee in the light of specific disabilities and submitted to the Careers Officer in the home area of the handicapped young person in question. Discussions were then held between the Specialist Careers Officer for Handicapped Young persons and the local Careers Officer to ascertain the degree of help required in placement.

Placing handicapped young people into employment proved extremely difficult throughout the year, particularly those who were dull and backward. Even where employers appear sympathetic there was a reluctance to engage these educationally less able boys and girls. Leavers from the Maplewell Hall Special School also provided a challenge in placement and occupational adjustment. Within our innovative and highly industrialised society many of the occupations historically carried out by physically and mentally handicapped young persons are being rapidly absorbed by automatic machinery. Clearly, an evaluation of all occupations carried out by young people is overdue to ascertain their skill content. These occupations can then be better matched against the physical and mental ability levels of handicapped young persons. Such an evaluation would, to a great extent, obviate over creaming academic requirements for school leavers.

A total of 83 boys and 41 girls received consideration during the year. Of these, 45 boys and 40 girls were placed into employment.

The most prevalent disabilities encountered were in Eye Defects (20), Backwardness (18), Asthma (13) and Ear Defects (12).

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## SCHOOL ENVIRONMENT

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### 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 taking advantage of the service. Last year's figures are shown for comparison.

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#### *Children using School Meals and Milk Services*

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|                    | Primary |        | Secondary |        |
|--------------------|---------|--------|-----------|--------|
|                    | 1969    | 1970   | 1969      | 1970   |
| Pupils on register | 44,125  | 47,521 | 30,170    | 29,963 |
| No. taking meals   | 29,993  | 31,047 | 21,760    | 22,400 |
| No. taking milk    | 39,623  | 40,304 | .         | * 289  |

\* Ten year olds.

It will be interesting to see the effect on these statistics of the substantial price increases proposed for 1971.

### 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.

Towards the end of 1970 reports indicated that head lice had developed resistance to the shampoos originally supplied. To overcome this an additional supply of 'Esodern' was issued for use with 'Lorexane'.

Of 26,320 children inspected in 1970, some 843 (3.2%) 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 February, all children who had attained 11 years in August, 1969 and those who had missed previous offers were offered B.C.G. vaccination.

A total of 7,022 children were eligible and 6,868 of these returned signed parental consent forms.

In all, 6,828 were skin tested and 5,994 of these were vaccinated.

As a further precaution a chest X-ray examination was offered to 205 children showing a strong positive reaction to the skin test.

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

In some schools, vaccination was again 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. This year the Heaf testing was carried out by nursing staff (S.E.N.'s) leaving the School Medical Officers to read the reactions and to vaccinate when necessary. This halved the amount of medical officers' time necessary.

No cases of tuberculosis were discovered.

## **Road Safety**

I am grateful to the Chief Constable for the following information:—

Overall casualties in 1970 rose by approximately 17% and from Table 1 it will be seen that the greatest increase is in the category of the child pedestrian, an increase of approximately 34%. This is the reason for a continual concerted effort by the police, of educating children in road safety. The inter-schools quiz was continued during 1970 and was highly successful. A team of school children from the Melton Mowbray area, after competing against two other teams in north Leicestershire and Leicester City, were finalists and, through Radio Leicester, were successful in winning a quiz against a team in Cyprus.

In all, 1,940 children entered RoSPA's National Cycling Proficiency Test after training and 1,711 were successful.

Thirty-six site meetings were held during the year to assess the need for provision of school crossing patrols. The authorised strength of school crossing patrols in Leicestershire is now 158.

1. A comparison of accidents to children under 15

|                                     | 1969 | 1970 |
|-------------------------------------|------|------|
| <i>Fatals:</i>                      |      |      |
| Pedestrians                         | 3    | 3    |
| Pedal Cyclists                      | 1    | .    |
| Others                              | .    | .    |
| Total                               | 4    | 3    |
| <i>Serious and Slight Injuries:</i> |      |      |
| Pedestrians                         | 158  | 212  |
| Pedal Cyclists                      | 90   | 86   |
| Others                              | 110  | 123  |
| Total                               | 358  | 421  |

2. Child casualties, in ages

| Age    | Fatal | Serious | Slight | Total |
|--------|-------|---------|--------|-------|
| 1      | .     | 1       | 5      | 6     |
| 2      | .     | 3       | 14     | 17    |
| 3      | .     | 6       | 26     | 32    |
| 4      | .     | 7       | 21     | 28    |
| 5      | .     | 8       | 20     | 28    |
| 6      | 2     | 5       | 27     | 34    |
| 7      | 1     | 10      | 29     | 40    |
| 8      | .     | 7       | 31     | 38    |
| 9      | .     | 6       | 21     | 27    |
| 10     | .     | 6       | 27     | 33    |
| 11     | .     | 9       | 27     | 36    |
| 12     | .     | 8       | 29     | 37    |
| 13     | .     | 11      | 29     | 40    |
| 14/15  | .     | 3       | 25     | 28    |
| Totals | 3     | 90      | 331    | 424   |



# Mortality

## Deaths in the 5 to 14 age group

|                                      |          |    |
|--------------------------------------|----------|----|
| Meningococcal Infection              | <i>m</i> | 1  |
|                                      | <i>f</i> | 1  |
| Leukaemia                            | <i>m</i> | 1  |
|                                      | <i>f</i> | 1  |
| Other Malignant Neoplasms            | <i>m</i> | 4  |
|                                      | <i>f</i> | 2  |
| Other Endocrine ect. Diseases        | <i>m</i> | 1  |
|                                      | <i>f</i> | .  |
| Multiple Sclerosis                   | <i>m</i> | 1  |
|                                      | <i>f</i> | .  |
| Ischaemic Heart Disease              | <i>m</i> | 1  |
|                                      | <i>f</i> | .  |
| Other forms of Heart Disease         | <i>m</i> | .  |
|                                      | <i>f</i> | 1  |
| Influenza                            | <i>m</i> | 2  |
|                                      | <i>f</i> | .  |
| Pneumonia                            | <i>m</i> | 3  |
|                                      | <i>f</i> | 1  |
| Asthma                               | <i>m</i> | 1  |
|                                      | <i>f</i> | 1  |
| Other diseases of Respiratory System | <i>m</i> | 1  |
|                                      | <i>f</i> | .  |
| Intestinal Obstruction and Hernia    | <i>m</i> | 1  |
|                                      | <i>f</i> | .  |
| Other Diseases of Digestive System   | <i>m</i> | 2  |
|                                      | <i>f</i> | 1  |
| Congenital Anomalies                 | <i>m</i> | 2  |
|                                      | <i>f</i> | .  |
| Motor Vehicle Accidents              | <i>m</i> | 15 |
|                                      | <i>f</i> | 2  |
| All Other Accidents                  | <i>m</i> | 3  |
|                                      | <i>f</i> | 4  |
| Suicide and Self-Inflicted Injuries  | <i>m</i> | 1  |
|                                      | <i>f</i> | .  |
| All other External Causes            | <i>m</i> | 2  |
|                                      | <i>f</i> | .  |
|                                      | <i>m</i> | 42 |
|                                      | <i>f</i> | 14 |
| Total                                |          | 56 |

## Health Education in Schools and Colleges

Many schools provide health education for pupils, but a number of teachers have said that, before they can tackle certain aspects of a health education programme, they would need to take part in such a programme themselves to ensure competence in dealing with the many questions which would arise.

The Health Education Section has helped to increase the teachers' knowledge by encouraging the class teachers to be present throughout a complete programme. The number of requests were beyond the resources of a depleted Health Education Section which had one member away receiving further training. However, this work was successfully undertaken by Miss S. Brady, the remaining Health Visitor for Health Education who, together with the assistance of some Health Visitors with a degree of specialist health education training, provided first class courses of instruction.

The length of the courses provided was as varied as the topics covered ranging from 'mini-courses' on specialist topics such as smoking, venereal disease, family planning, and infectious diseases; to one to three term courses provided to give information for examination material and also helping the child to bridge the gap in understanding personal relationships prior to leaving school. The section is indeed grateful for the co-operation from schools with provision of time for demonstrations, which is not easy in the tight academic curricula of the school today, and the provision of display material.

Although this method of presenting health education is not ideal, the future programmes, it is hoped, will be designed to begin on entry to school and programme guides be provided in booklet form for the teachers.

The Health Education Section also provided an Advisory Service for the school or school pupil engaged on project work. Throughout the year the section provided no fewer than 60 pupils with materials, posters and visual aids on health subjects. Many pupils visited local authority Child Health Centres. Voluntary workers from the fifth and sixth form age group increased, following lectures on the needs of the aged.

The future hope of the Health Education Section is to have more specialist help available to encourage and guide the teacher to become an opportunist, using every moment to promote health education in the most natural way.



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## STATISTICS

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

### 1. Medical Inspections

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#### *(a) Periodic Medical Inspections*

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| Year of birth    | No. of Examinations | Satisfactory | Unsatisfactory |
|------------------|---------------------|--------------|----------------|
| 1966 and later   | 195                 | 195          | .              |
| 1965             | 4,029               | 4,027        | 2              |
| 1964             | 3,455               | 3,449        | 6              |
| 1963             | 1,503               | 1,498        | 5              |
| 1962             | 850                 | 846          | 4              |
| 1961             | 603                 | 601          | 2              |
| 1960             | 514                 | 513          | 1              |
| 1959             | 374                 | 374          | .              |
| 1958             | 185                 | 185          | .              |
| 1957             | 77                  | 77           | .              |
| 1956             | 28                  | 28           | .              |
| 1955 and earlier | 5                   | 5            | .              |
| Total            | 11,818              | 11,798       | 20             |

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

| Year of birth    | Defective vision<br>(excluding squint) | Other conditions | Total pupils |
|------------------|----------------------------------------|------------------|--------------|
| 1966 and later   | .                                      | 8                | 8            |
| 1965             | 45                                     | 203              | 244          |
| 1964             | 55                                     | 224              | 271          |
| 1963             | 17                                     | 67               | 78           |
| 1962             | 13                                     | 48               | 59           |
| 1961             | 9                                      | 38               | 46           |
| 1960             | 12                                     | 38               | 48           |
| 1959             | 8                                      | 36               | 42           |
| 1958             | 3                                      | 11               | 14           |
| 1957             | 2                                      | 1                | 2            |
| 1956             | 3                                      | 1                | 3            |
| 1955 and earlier | .                                      | .                | .            |
| Total            | 167                                    | 675              | 815          |

*(c) Other Inspections*

|                            |       |
|----------------------------|-------|
| No. of Special inspections | 401   |
| No. of Re-inspections      | 2,991 |
| Total                      | 3,392 |

*(d) Inspections concerning Infestation with Vermin*

|                             |        |
|-----------------------------|--------|
| Pupils examined             | 26,320 |
| Pupils found to be Infested | 843    |
| Cleansing Notices issued    | 7      |
| Cleansing Orders issued     | 1      |



## 2. Defects Detected as a result of inspections

*Defects found by periodic and Special medical inspections*

| Defect or Disease         |                  | Periodic Inspections |        | Special Inspection |
|---------------------------|------------------|----------------------|--------|--------------------|
|                           |                  | Entrants             | Others |                    |
| Eyes —                    | Skin             | <i>t</i> 29          | 8      | 2                  |
|                           |                  | <i>o</i> 119         | 17     | .                  |
|                           | Vision           | <i>t</i> 142         | 44     | 15                 |
|                           |                  | <i>o</i> 284         | 28     | 1                  |
|                           | Squint           | <i>t</i> 55          | 6      | 3                  |
|                           |                  | <i>o</i> 53          | 8      | .                  |
|                           | Other            | <i>t</i> 9           | 1      | .                  |
|                           |                  | <i>o</i> 30          | 4      | .                  |
| Ears—                     | Hearing          | <i>t</i> 267         | 48     | 14                 |
|                           |                  | <i>o</i> 401         | 73     | 4                  |
|                           | Otitis Media     | <i>t</i> 69          | 4      | 2                  |
|                           |                  | <i>o</i> 248         | 31     | .                  |
|                           | Other            | <i>t</i> 9           | 2      | .                  |
|                           |                  | <i>o</i> 10          | 6      | .                  |
|                           | Nose and Throat  | <i>t</i> 53          | 10     | 2                  |
|                           |                  | <i>o</i> 415         | 62     | 1                  |
|                           | Speech           | <i>t</i> 76          | 4      | 1                  |
|                           |                  | <i>o</i> 114         | 9      | .                  |
|                           | Lymphatic Glands | <i>t</i> 2           | .      | .                  |
|                           |                  | <i>o</i> 57          | 8      | .                  |
|                           | Heart            | <i>t</i> 13          | 4      | .                  |
|                           |                  | <i>o</i> 136         | 21     | 1                  |
|                           | Lungs            | <i>t</i> 17          | 3      | .                  |
|                           |                  | <i>o</i> 264         | 38     | .                  |
| Developmental —           | Hernia           | <i>t</i> 18          | 1      | .                  |
|                           |                  | <i>o</i> 53          | 6      | .                  |
|                           | Other            | <i>t</i> 21          | 5      | 3                  |
|                           |                  | <i>o</i> 207         | 15     | 1                  |
| Orthopaedic —             | Posture          | <i>t</i> 2           | 1      | .                  |
|                           |                  | <i>o</i> 32          | 9      | 1                  |
|                           | Feet             | <i>t</i> 50          | 9      | 1                  |
|                           |                  | <i>o</i> 122         | 21     | .                  |
|                           | Other            | <i>t</i> 16          | 3      | .                  |
|                           |                  | <i>o</i> 69          | 11     | 1                  |
| Nervous System —          | Epilepsy         | <i>t</i> 2           | .      | .                  |
|                           |                  | <i>o</i> 41          | 9      | .                  |
|                           | Other            | <i>t</i> 4           | 2      | .                  |
|                           |                  | <i>o</i> 47          | 10     | .                  |
| Psychological—Development |                  | <i>t</i> 13          | 3      | 1                  |
|                           |                  | <i>o</i> 79          | 24     | 3                  |
|                           | Stability        | <i>t</i> 38          | 8      | 4                  |
|                           |                  | <i>o</i> 207         | 28     | 2                  |
|                           | Abdomen          | <i>t</i> 3           | .      | 2                  |
|                           |                  | <i>o</i> 86          | 8      | .                  |
|                           | Other            | <i>t</i> 6           | 4      | .                  |
|                           |                  | <i>o</i> 113         | 45     | 1                  |

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<br>and squint | 44    |
| Errors of refraction (including squint)                          | 2,625 |
| Total                                                            | 2,669 |
| Number of pupils for whom spectacles were prescribed             | 1,876 |

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

|                                     |     |
|-------------------------------------|-----|
| Received operative treatment for:—  |     |
| diseases of the ear                 | 49  |
| adenoids and chronic tonsilitis     | 301 |
| other nose and throat conditions    | 44  |
| Received other forms of treatment   | 5   |
| Total                               | 399 |
| Pupils with hearing aids provided:— |     |
| during 1970                         | 37  |
| in previous years                   | 300 |

#### *(c) Cases of orthopaedic and postural defects*

|                                                       |     |
|-------------------------------------------------------|-----|
| Pupils treated at clinics or out-patients departments | 597 |
| Pupils treated at school                              | .   |
| Total                                                 | 597 |

#### *(d) Cases of diseases of the skin*

|                     |     |
|---------------------|-----|
| Ringworm of: Scalp  | 7   |
| Body                | 3   |
| Scabies             | 49  |
| Impetigo            | 37  |
| Other skin diseases | 249 |
| Total               | 345 |



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*(e) Cases of other disorders*

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|                                                   |       |
|---------------------------------------------------|-------|
| Pupils treated at Child Guidance Clinics          | 423   |
| Pupils treated by Speech Therapists               | 787   |
| Pupils with minor ailments                        | 234   |
| Pupils who received S.H.S. convalescent treatment | 1     |
| Pupils treated at Enuresis Clinic                 | 195   |
| Pupils who received B.C.G. vaccination            | 5,994 |
| Pupils treated at Obesity Clinic                  | 104   |

*Mobile Dental Clinic – Interior and Exterior. (See Appendix A). Opposite:*





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## APPENDICES

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The following article, which was written by Mr. D.M. Hobbs, B.D.S., the Principal School Dental Officer, appeared in the British Dental Journal of 6th October, 1970.

### **A Transportable Dental Clinic**

The clinic to be described was designed to provide increased surgery accommodation speedily and at low cost. It is intended that it will be used in different areas, pending the erection of permanent accommodation when finance permits.

The clinic is completely self contained, comprising dental surgery, waiting room, recovery room, dark-room/store and toilet, and is connected directly to mains water, electricity and drainage. Being transportable, the clinic is mounted on a chassis skid-frame of all steel construction, with winching points at each end to allow it to be winched on to a low-loading vehicle for movement from one site to another. A chassis skid-frame is preferred to a chassis with wheels and undergear which would inevitably deteriorate during long periods of standing on one site, whereas a skid-frame requires no maintenance and will show virtually no deterioration.

The body of the clinic is constructed from aluminium 'I' beam frame panelled with 18 swg stucco aluminium panels flanged on two edges slotted into special extruded aluminium pillar sections and riveted together. The cavity roof is made up from 6in deep fabricated beam sections panelled on the exterior with 20 swg aluminium sheets, all panels being sealed and overlapped with a final joint cover moulding. The external walls are finished in synthetic enamel of a suitable colour, and the roof is painted white with a plastic sealer paint. The cavity of the walls is insulated with expanded polystyrene. It was felt desirable to have a metal framed body since this would be less liable to settlement and distortion, from standing in one position for a considerable time, than a wooden framed body. The floor is constructed of  $\frac{3}{4}$ in thick marine plywood with aluminium panelling fixed beneath, leaving a cavity of 1½in depth which is insulated with fibreglass blanket.



The overall size of the clinic is 30ft x 10ft and a layout drawing shows the accommodation available: surgery, 10ft x 11ft at one end, waiting room, 10ft x 6ft at the opposite end, linked by a corridor on one side of the clinic. Two exterior doors lead into the corridor which also offers access to the dark-room, 7ft x 3ft 9in, toilet and recovery room, 7ft x 5ft 6in, the latter also having access from the surgery by way of a sliding door.

The dental surgery has a built-in dental cabinet to the right side of the chair, with wash-hand basin alongside and, on the left of the chair, a working surface with stainless steel sink set in, cupboard below and a steriliser cowl, with extractor fan, over one end. A knee-hole desk with plinth of drawers is provided on the internal wall at the rear of the surgery. The dental equipment used comprises, a Castellini Export Unit with electric engine and air turbine, together with unit mounted radiographic apparatus and operating light. The air compressor is housed in a built-in cupboard at the front of the surgery and to the left of the chair.

The recovery room, with sliding door from the surgery has a built-in recovery couch, with detachable mattress, and record card storage drawers beneath. Two spittoon basins are provided on the external wall.

The waiting room has a fully upholstered seat and backrest along two walls with storage space beneath. A sliding door cupboard, with notice board above, is fitted on the internal wall.

The dark room has a Formica top workbench on two sides with sliding door cupboards below, and a stainless steel sink fitted into the bench top. X-ray safe lights, together with 'in-use' indicator, adjacent to the door in the corridor, are fitted and also a dark-room ventilator.

The overall ceiling height throughout is 7ft and with the extensive use of built-in fittings together with large windows an appearance of increased space is created. To assist this the internal walls are finished in light silver grey synthetic enamelled pre-finished board in all rooms except the waiting room, which is a textured finish to match the tan upholstery. All woodwork is finished in sapele and the working surfaces are of white Formica. There are curtains in a bright orange material to all windows, except the toilet, and in the surgery net curtains are also provided. The flooring throughout is in dark grey inlaid linoleum tiles.

Heating is provided by means of radiant panel electric heaters in all rooms, two being fitted in the surgery. Hot water is provided by electric storage heaters to both basins in the surgery and also in the dark-room.

A suitable concrete base of 30ft 6in x 11ft is required, together with connexions for the mains services at appropriate points. The cost of site work will vary with the accessibility of the main services at each particular site. It is essential that the site should be readily accessible for a low loading vehicle to facilitate movement when required.

The clinic was constructed by Coventry Steel Caravans Limited, Newport Pagnell, Bucks, who also gave advice on the design. The cost of the clinic, excluding dental equipment, is approximately one quarter that of a permanent building, and just less than double that of a mobile unit.

In recent years local education authorities have been compelled to erect temporary classrooms because of the limits placed on their expenditure on new school buildings. The clinic described represents an adaptation of this idea to suit the particular needs of the local authority dental service.

#### *Acknowledgements*

I would like to thank Dr. A.R. Buchan, County Medical Officer, for permission to publish this article, Mr. K. Schofield for the preparation of the outline drawing and Coventry Steel Caravans Ltd. for permission to reproduce the photographs.



**Re-Organisation of the Structure of the Health Department**

As a result of the transfer of the Welfare Services to the new Social Services Department, it has been found necessary to review the administrative structure of the Health Department. The recommendations of a working party, set up for this purpose, were adopted. As a result, the Services were re-grouped into a number of sections together with a re-organisation of the staff and office accommodation.

A table outlining the new structure appears on the opposite page.

At that time it was also decided that the Health Committee should meet at six-weekly intervals.

**COUNTY MEDICAL OFFICER  
DEPUTY COUNTY MEDICAL OFFICER  
PRINCIPAL ADMINISTRATIVE ASSISTANT**

| <b>AMBULANCE</b>        | <b>CHILD HEALTH</b>        | <b>GENERAL SERVICES</b>                                    | <b>NURSING</b>                           | <b>PUBLIC HEALTH</b>      |
|-------------------------|----------------------------|------------------------------------------------------------|------------------------------------------|---------------------------|
| (County Amb. Officer)   | (Prin. Medical Officer)    | (Deputy Principal Admin. Asst.)                            | (Principal Nursing Off.)                 | (County Health Inspector) |
| Services                | Child Health               | Accounts and Supplies                                      | Health Visitors                          | Inspection                |
| Training School         | School Health              | Finance                                                    | District Nurses                          | Milk Sampling             |
| Pool Cars - Maintenance | Dentistry                  | Buildings, Furniture & Equipment                           | Midwifery                                | Fluoridation              |
|                         | Child Guidance             | Establishment/Training                                     | Registration Nursing Homes               | Gipsy Sites               |
|                         | Vaccination & Immunisation | Communications/Publications                                | Registration Nursing Services            | Caravans                  |
|                         | Handicapped Children       | Statistics/Research                                        | Diabetic Clinic                          | Swimming Pools            |
|                         |                            | Electronic Data Processing                                 | V.D. Clinic                              | Home Adaptations          |
|                         |                            | Filing/Library                                             | Pool Cars - administration               | Sewage/Water Schemes      |
|                         |                            | Welfare Foods                                              |                                          |                           |
|                         |                            | Incontinence Pads                                          |                                          |                           |
|                         |                            | Occupational Health                                        |                                          |                           |
|                         |                            | Epidemiology and Infectious Diseases                       |                                          |                           |
|                         |                            | Health Education                                           |                                          |                           |
|                         |                            | Health Centres                                             |                                          |                           |
|                         |                            | Chiropody                                                  |                                          |                           |
|                         |                            | Screening - Mass Miniature Radiography : Cervical Cytology |                                          |                           |
|                         |                            | Civil Defence                                              |                                          |                           |
|                         |                            | Convalescent Home Treatment                                |                                          |                           |
|                         |                            |                                                            | Home Nursing Loan Equipment (B.R. Cross) |                           |



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