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Oxfordshire County Council

ANNUAL REPORTS

OF THE

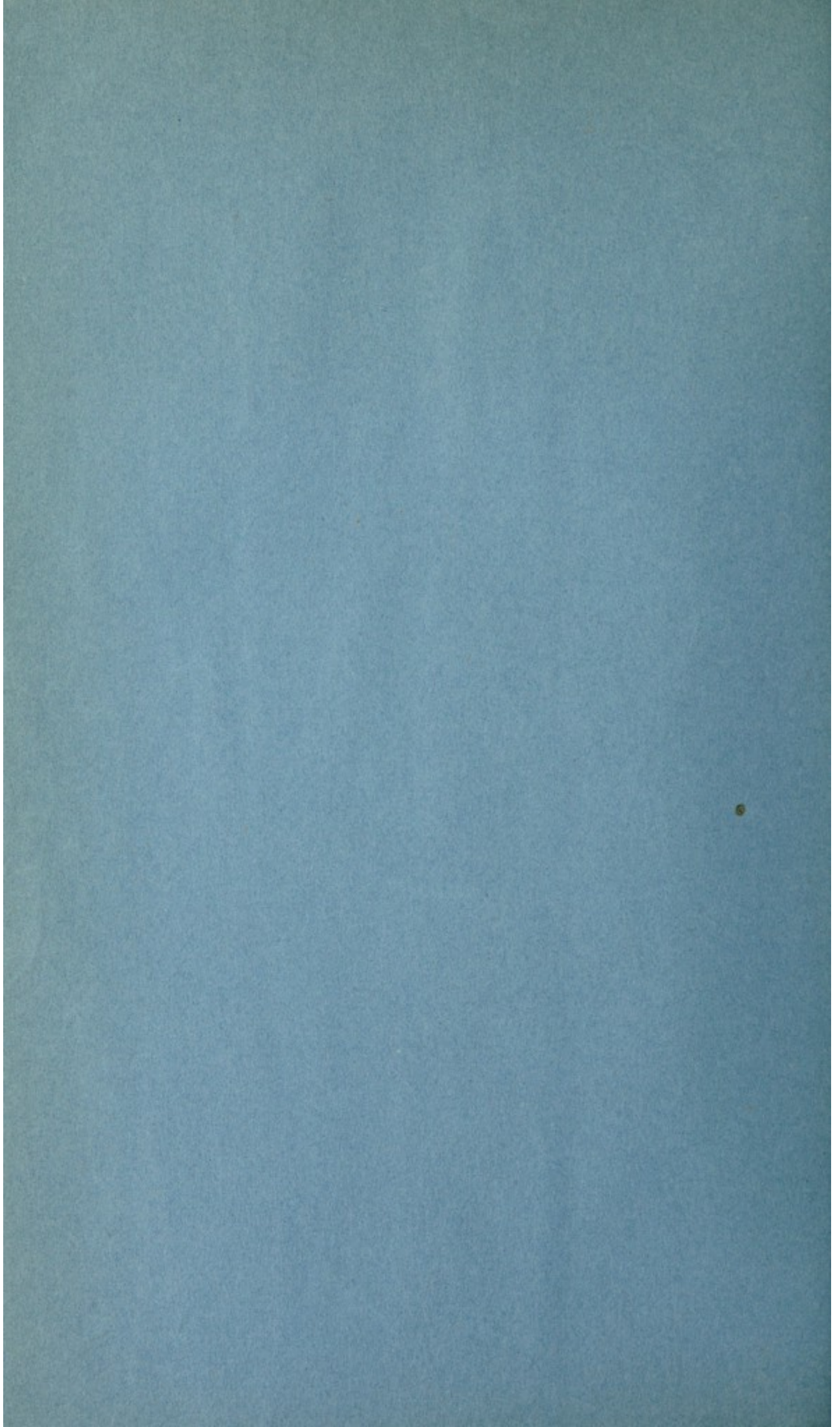
COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1958



OXFORDSHIRE COUNTY COUNCIL

ANNUAL REPORT
ON
COUNTY HEALTH
SERVICES

At the beginning of the year the Health Department and Education Committee...
The appointment of a Special Health Officer for the County...
The successful cooperation of the General Practitioners and Health Visitors and the...
At the end of the year the number of registrations was 36,120...
In the year 1958 the number of registrations was 36,120...
Infantile Paralysis...
Offering facilities for vaccination...
Diphtheria, Whooping Cough and Tetanus...
Swallowing...
Diphtheria, Whooping Cough and Tetanus...
Swallowing...
Diphtheria, Whooping Cough and Tetanus...
Swallowing...

Swallowing...
Diphtheria, Whooping Cough and Tetanus...
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Swallowing...
Diphtheria, Whooping Cough and Tetanus...
Swallowing...

In Oxfordshire, there was a considerable rise in the number of...
1956 1957 1958 1959

	1956	1957	1958	1959
No. vaccinated	1,371	1,307	1,155	1,405

These figures represent persons vaccinated against...
Diphtheria, Whooping Cough and Tetanus...
Triple Vaccine. The figures represent...
No. vaccinated against...
Diphtheria...
Whooping Cough...
Tetanus...

Report of the
COUNTY MEDICAL OFFICER
T. ANDERSON
M.B., Ch.B., D.P.H.

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

MY LORDS, LADIES AND GENTLEMEN,

Poliomyelitis Vaccination for all children and for adults between the ages of 15 and 25 years was the main preoccupation of the Department in 1958 and constituted the largest immediate administrative problem ever given to local health authorities.

Extension of the scheme, commenced in 1957, was made possible by the use of American Salk vaccine, in view of difficulties and delays in the supply of the British product. The appointment of a special Medical Officer for poliomyelitis vaccination clinics, the excellent co-operation of the General Practitioners and Health Visitors and the effective control system in the Central Department, using punched cards, all contributed to the excellent results obtained.

At the end of the year, in the 6 months to 15 years group approximately 80% of those eligible had been registered and 75% vaccinated with two injections. These percentages indicate a total of 36,130 registrations and 32,594 completed two injections. These are very satisfactory figures for a rural county. With third injections coming along, at the prescribed seven months to one year after the original two (by appointment in each case), a very high level of group immunity will have been achieved in the County for this age range.

In the age group 15 to 25 years, which became eligible in October, the response has not been so satisfactory. By the end of the year, less than 10% of those eligible had been registered. Perhaps there is still a tendency to think of Poliomyelitis as Infantile Paralysis instead of a disease where infection is often more severe in the adult than in the child. Works' managements have, however, proved universally helpful in offering facilities for vaccination in their Works. Evening sessions in Oxford have gradually become more popular until, now, a regular session takes place on Wednesday evenings at Gloucester Green and extension of such evening clinics is contemplated.

Immunising Procedures against Other Infections

Immunisation against Smallpox, Diphtheria, Whooping Cough and Tetanus constitutes one of the main purely preventive services carried out by local health authorities.

Smallpox, arising mainly in this country through 'imported' cases from abroad, is still a constant problem in many parts of the world. Smallpox vaccination is, therefore, probably more valuable in infants, in that it makes safer any reinforcing smallpox vaccination in later years. Travel abroad to most parts of Asia and the Americas, as well as the Antipodes, requires evidence of recent smallpox vaccination. Persons vaccinated for the first time in infancy are much less likely to suffer complications of vaccination than those vaccinated for the first time as adults.

In Oxfordshire, there was a considerable rise in the number of infants vaccinated in 1958. The picture for the past four years has been:

	1955	1956	1957	1958
No. vaccinated	1,371	1,510	1,753	1,869

These figures represent percentages known to be considerably higher than the national average.

Diphtheria, Whooping Cough and Tetanus immunisation continued to be given mainly by Triple Vaccine. The figures here were:

No. immunised against	1955	1956	1957	1958
Diphtheria	2,210	2,435	2,444	2,542
Whooping Cough	2,021	2,094	2,213	2,485
Tetanus	-	-	506	2,269

No cases of Diphtheria occurred in the County in 1958, but they did elsewhere in the country. Most parts of the country have immunity percentages well below the desirable 75% necessary for group immunity.

Whooping Cough is particularly dangerous to children under one year. It is obviously worth immunising against it and it is encouraging to report that 2,058 children under one year were so immunised in the year, a considerable increase over previous years.

The introduction of Tetanus immunisation has been welcomed by general practitioners and parents and Triple Vaccine containing the immunising agents against Diphtheria, Whooping Cough and Tetanus continued to be highly acceptable.

The general raising of immunisation levels would seem to depend on a number of things: viz.,

- (1) making immunisation procedures known to the public;
- (2) having as few injections as possible; hence, Triple Vaccine and, one hopes, Quadruple Vaccine with Poliomyelitis Vaccine soon;
- (3) offering parents an immunisation 'programme' for their children, including all these immunisations in a series.

Vaccination against Tuberculosis

Tuberculosis killed 24 persons and caused 105 new cases in 1958. All advances in its prevention should, therefore, be fully explored.

B.C.G. (Bacille Calmette Guerin) Vaccine against Tuberculosis is now well established in the County. Since the scheme began in 1955, 5,023 children have been protected under local health authority schemes. So far, only schoolchildren in their fourteenth year have been so vaccinated, for reasons of susceptibility and the nearness of school leaving age, rapid development and contact in work being important reasons for choosing the group.

This year, 1,249 children were vaccinated: i.e. 82% of those possible. The County Health Department took its part in the work of the B.C.G. Control Centre, as it has done in the past. Advances in manufacturing techniques in this country have resulted in a stable (Freeze-Dried) B.C.G. Vaccine being made available. This simplifies administrative problems.

The B.C.G. Control Centre (Director, Dr. K. Neville Irvine) is designed to assess the potency of varying batches of B.C.G. vaccine. The record system in use by Oxfordshire was adopted, with minor alterations, for the other seven participating authorities in the Control Centre. A small amount of research within, but additional to, the main Control Centre activities was undertaken in the Department, in connection with the Freeze-Dried Vaccine.

B.C.G. vaccination is also carried out for infant contacts and child and adult contacts of tuberculosis, at the Chest Clinic. 293 children and adults were so vaccinated in 1958.

Tuberculosis and Other Infections

Improved methods of treatment make tuberculosis no longer the menace it was, but the continuing reduction in tuberculosis deaths is not matched by reduction in cases. Improved diagnostic methods account for some of these extra cases. Mass Radiography Units are tending now to concentrate on susceptible groups in the population, rather than the unrestricted mass approach. This is still useful, even if new cases found are relatively few.

An example of this approach is seen in arrangements agreed to for school teachers in the County in 1959. Both the Education Committee and the National Union of Teachers for Oxfordshire have agreed to regular three-yearly X-rays of the chest being urged on teaching staff, as well as X-ray of the chest within twelve months prior to appointment or as soon after appointment as possible. Hopes have been expressed that 90% upwards of teachers will co-operate in this scheme. The susceptible child groups should gain protection from such a scheme, while the teachers will have the satisfaction of knowing they are healthy and cannot harm their charges.

In the application of Miniature Mass Radiography techniques to the population, the most obvious need is for simpler and more readily portable machines, of the 100 m.m. type, for use at the request of general practitioners. Present equipment is mobile but heavy and the size of the camera makes retakes often necessary, which is both consumptive of time and psychologically trying for the patient.

Other Infectious Diseases

There were no outbreaks of major infectious disease in the County.

Work continued, during the year, on Brucellosis in the County area. This disease of animals, transmissible to man, causes relatively small numbers of persons to fall ill each year. It is not known how many people are affected without developing serious symptoms, but it is likely that a number do have minor illness due to this cause. The importance of the condition, however, lies in the fact that it is such an 'unnecessary' disease, in that knowledge of how to eradicate it is comprehensive. A fairly simple push would get rid of this infection completely. The measures necessary for this involve mainly control of animal infection, although the public can be protected by pasteurising the affected milk supply. Work continued during the year to establish the level of infection in raw milk throughout the County and the level of infection in the blood sera of the population, as well as examination of the source of infection in human cases.

Community Care of the Mentally Subnormal

The Royal Commission on Mental Illness, reporting in 1957, recommended a shift of care from the hospital environment to the community, wherever possible. Such a transfer of responsibility for care means, in effect, a transfer of cost from Regional Hospital Boards to Local Authority Services. Insofar as this is a transfer from a centrally financed organisation to a 50% rateborne service, financial implementation will be difficult. It would have been easier to implement this, had the community care service and the hospital been financed in the same way: a criticism that has many parallels elsewhere in Public Health organisation.

The main tasks which will befall Local Authorities in caring for mental defectives (the new terminology being 'subnormal' - vide Royal Commission Report) are likely to be:

- 1) supervision in families;
- 2) supervision in hostels;
- 3) increased Occupation Centre provision;
- 4) increased Home Teaching facilities, to supplement Occupation Centre training.

What proportion of the mental defectives whose legal orders are being removed will be able to return to the community remains to be seen, but it is very desirable that, wherever possible, such community care should be arranged.

During the year, the Health Committee agreed to improve the Occupation Centre facilities in Witney. A new room in the joint Regional Hospital Board and Local Authority Clinic, in the old Methodist premises, is being converted for an Occupation Centre for mental defectives. It will also be useful as an additional clinic room for occupational therapy for elderly patients and can serve as an Infant Welfare Clinic room.

Community Care for the Mentally Ill

The main stumbling block to the rehabilitation of the mentally ill is the absence of the 'halfway house'. In such a halfway house, beyond the hospital environment, the patient has a haven from which to resume work and social contact. It is not clear why such centres should not be the responsibility of the Hospital Board, however, representing as they do continuation of care, even if it is rehabilitative care. The anomaly of the split Health Services again, therefore, arises.

Much work lies ahead of the Local Health Authorities, if they are to carry out the new responsibilities which the Royal Commission and subsequently proposed legislation have mapped out for them in mental after-care.

Prevention of Mental Ill Health

The Royal Commission has largely concerned itself with after-care. The aim of prevention is to stem the tide of cases and, in the present state of knowledge, clinical psychiatry and child guidance are the services through which the subject of prevention of mental ill health can be approached.

The Battle of the Divided Services is again likely to absorb much time before a modus vivendi is reached, since the Reports of the Ministry of Education Committee

(Underwood Committee) and of the Regional Hospital Board Working Party differ in the views they take of how Child Guidance should best be organised. The debate will centre around whether this service, covering, as it does, clinical psychiatric services and, as it should and will, educational knowledge of the origin of mental illness, will centre on the Hospital Consultant Department or the School Health Service. Both can play their part. It is, perhaps, a pity that persistence of split services should allow such a problem to arise. The Education Special Services Board, for its part, is providing extra staff, in the form of one part-time Educational Psychologist and one Psychiatric Social Worker, and plans are in hand for some improvements to premises. The location and function of the Residential Hostel of Bodicote Lawn is also being reviewed.

Prevention of Mental Defect

The barrier to prevention of mental defect, as with many other conditions, is the lack of knowledge about why it occurs. A contribution to increased knowledge was made when the Health Committee made facilities available for the Oxford University Department of Social Medicine to carry out a study of one group of mentally subnormal children (mongols) in the County.

Care of Mothers and Young Children and Families

The range of home services provided by medico-social workers is now wide. Health Visitors, District Nurse/Midwives, Occupational Therapists, Home Teachers for the Mentally Defective, Duty Authorised Officers and Mental Welfare Officers for the mentally ill, Speech Therapists and Physiotherapists are provided by the Health Department; Child Welfare Officers by the Children's Department; Welfare Officers by the Welfare Department, for old people and the adult handicapped. While the Health Visitors and Midwives deal with the legitimate baby, the Moral Welfare Worker deals with a proportion of the illegitimate.

It is more than ten years since Medical Officers began to cite the proliferation of these many and varied social workers and drew attention to the danger of multiple visiting, confusing and conflicting advice. The varieties of social worker have not been reduced in the interim: they have stood firmly to their territory and they have mostly developed strong self preservation instincts, with Associations and codes of practice.

Now it is a symptom of an organisation divided into many unnecessary parts that 'co-operation', 'liaison' and 'consultation' are recommended, to tie together the bits which have been split up. Sure enough, Ministerial Circulars contain directives on the merits of co-ordinating committees, to bring these various social agencies together.

The only thing that remains constant throughout all this is the need of a family for help in one of a variety of ways. Is it expecting too much to hope that these functions of care, which are presently spread over many people, could be channelled down into multi-purpose social workers? The Health Visitor and the Midwife have been rolled into one, with satisfactory results, in many areas. The Health Visitor used to do child care which is now done by the Children's Departments. Should it be beyond the capabilities of the District Nurse to carry out simple physiotherapy? Could the Health Visitor or the combined Health Visitor/District Nurse not deal with the birth and care of the child who has no legal father? Is the care of the aged, when they need to go into homes for old people, different from the care they need in their own homes when they need chiropody or a home help?

Creating multipurpose workers of this type would mean much reduced case loads for any individual. In this way, she would know her families better and could work more usefully with the general practitioners. A re-examination, at national level, of ways and means of achieving such multipurpose workers, and their appropriate training, is necessary.

Infant Welfare Clinics

Two new Infant Welfare Clinics were opened in 1958. These are local village clinics, staffed by the local general practitioners. Mainly, they were established as a result of local demand.

The role of the Infant Welfare Clinic in reducing infant mortality by improving maternal standards and improving feeding hygiene is well known. The persistence of the Infant Welfare Clinics on such a wide scale will, however, need careful scrutiny. The regular weighing of entirely healthy infants is probably more persistent than

useful and it is possible that the Health Visitor's time could more profitably be spent on selective home visiting of mothers who never bring their children to a clinic. An examination made of the weighing procedure carried out in one baby clinic in the County showed that it was very rare for the Health Visitor's attention to be directed to improper feeding or other conditions by the weighing. Weighing was a useful diagnostic weapon for some babies only. Such an outlook may require some reorientation of Health Visitors as well as parents.

The Infant Welfare Clinics did yeoman service during the year, as centres for poliomyelitis vaccination and distribution of welfare foods. One wonders, however, whether distribution of such foods might not be organised through shops.

Domiciliary and Institutional Care

73.2% of babies of County residents were born in hospitals in 1958 and 26.8% in their own homes; the tendency is obviously for hospital confinement to be considered most desirable by mothers. The pressure on hospital maternity beds is such that arrangements for ascertaining social need for confinement in hospital have become more than ever necessary.

While many mothers prefer hospitalisation for their confinements, there are many people who consider that home is the proper place in which to be born. Contact with the family and children and the personal general practitioner is not then lost. On the other hand, specialised assistance is not so readily available, even with a Flying Squad Maternity Emergency Unit, and many general practitioners would feel happier to be able to conduct their own cases at home antenatally and in a G.P. hospital bed if hospital care is necessary. More provision for such G.P. Maternity Units is very desirable. The division of the Health Services puts barriers in the way of such progress. The domiciliary midwife is not, by law, allowed to assist the general practitioner in a hospital confinement and the general practitioners are finding that it is extremely difficult to get provision for G.P. maternity beds in hospitals. This position is indeed an indictment of the present Health Service organisation.

During the year, the County Midwives co-operated in the Perinatal Mortality Survey. This was a national investigation, aimed at research into the more obscure but persistent causes of death at the time of birth.

Prevention of Accidents

The National Campaign for the Prevention of Burning and Scalding Accidents was supported by the Health Committee, which made £50 available for the carrying out of propaganda in the County. People find it difficult to realise that road and home accidents kill far more often than poliomyelitis or any infectious disease. Of the home accidents, burns and scalds are eminently preventable. It is sad that telling people about burns and scalds is not always successful. To see children with disfiguring burns is to believe in the great need for this kind of prevention. It is sad that most parents wait till they see their own child burned before they believe in the merits of prevention.

All fires need guards of the fixed type, whether they are coal, gas or electric. Children's clothing which will only burn slowly is dearer than normal cloth. It needs to be specially subsidised to make it cheaper than standard cloth and it is to be hoped that it will not take as many years to effect this as it did to remove purchase tax from that other protector of the person, the motor cycle crash helmet.

Road accidents killed 47 and injured 1,555 people in Oxfordshire during 1958. How many motor cyclists and car occupants would have been saved by well-known anti-crash fittings, the helmet and the safety belt? A large number, if the very extensive work in the United States on Automotive Crash Research is a guide, as it undoubtedly is.

Much real preventive medicine lies in the field of home and road accidents.

Water Boards for Oxfordshire

Towards the end of the year, progress in the formation of joint City and County Water Boards continued.

The Health Committee continued to support Rural District Water and Sewerage Schemes, of which seven were approved, at a total cost of £317,498, during the year.

Ambulance Service

It is pleasing to report that the measures outlined in the Report of 1956, which stemmed from a number of joint visits and consultation between the Medical Officers of the City and County, the Ambulance Controller and the Administrator of the United Oxford Hospitals, have now been implemented. The Health Committee and the Adhoc Ambulance Advisory Committee have constantly reminded the Hospital Authority of the need for these measures, including as they do a Group Transport Officer, who was appointed in October, 1958, to serve all the hospitals in the area. The possibility of block appointments and some grouping of Ambulance journeys now exists. Another year should show the benefits.

The Health Committee also adopted the recommendations of the Ambulance Sub-Committee in reviewing the location of its Ambulance Stations, their staffing and vehicle deployment, during the year. In general, when new Ambulance Stations are built they will be as joint endeavours with new Fire Service establishments. New Ambulance Station accommodation is to be provided in this way at Bicester, Witney, Woodstock and Kidlington, subject to the purchase of suitable sites.

A new Station was opened at Crownmarsh during the year, to take up some of the load on the south aspect of the City and to serve the Watlington, Benson and Dorchester areas. A new Station was opened at Chipping Norton, in replacement of the agency service existing there previously.

In the Hospital Car Service, where a unified call system came into operation in 1957, the next logical step has not yet proved acceptable to the W.V.S. This is the direct contact between the Ambulance Depot and the Hospital Car driver, which it is felt would be an advantage as it would eliminate a number of intermediate steps in obtaining transport.

Ambulance Equipment

During the year the Central Depot at Oxford was supplied with a Stephenson Minuteman Resuscitator for treatment of asphyxia cases. A number of bellows type inflators were supplied also for use in individual vehicles for such cases.

In the Central Department, some minor improvements were effected. The Poliomyelitis Section and the Mental Welfare Section were supplied with fluorescent lighting; a boxroom was converted to a waiting room; a Library, of the scattered books and periodicals in the Department, was set up and indexed.

Records

Simple marginal punched card systems were applied to the Poliomyelitis Vaccination Records, B.C.G. Records, Birth Notification Cards, Home Help Records and Mental Health Records, with consequent advantages to present routine and future research.

Link with Department of Social Medicine

Dr. Alice Stewart, of the Oxford University Department of Social Medicine, whose work on many aspects of social medicine is widely known, became a co-opted member of the Health Committee in 1958. This should prove of considerable value for the future of preventive medicine in the County, where the field is so wide, and I am pleased to have been personally associated with her co-option to the Committee.

SCHOOL HEALTH SERVICE

There were no exceptional findings in the reports of School Medical Officers in 1958. Visual, ear, nose and throat and orthopaedic defects continued to account for most of the defects found in schoolchildren. Infestation was exceptional and cases of inadequate clothing and footwear were not reported at all. There were some cases of Ringworm infestation (Audouini) but the cases were few indeed.

One of the more important events of the year, apart from arrangements for the prevention of tuberculosis in schoolchildren already referred to, was the setting up of a Partially Deaf Unit for such children. It has been increasingly apparent that the day

centre offers a more acceptable, useful and inexpensive mode of treatment for young children than the residential unit. The main credit for the Centre must go to Mr. Livingstone, of the United Oxford Hospitals, whose initiative made it possible. Four children under 5 years and one of 5-plus were being dealt with at the end of the year. An extension of the scheme will cover older age groups, but in their case the care will be in schools in the City.

The Ascertainment of the Deaf

During the year, arrangements were made for the training of Health Visitors and Speech Therapists in the screening of very young children for aural defects and in the use of the Pure Tone Audiometer, by the Manchester University Department of Education of the Deaf, so that this type of service can be utilised for the detection of unsuspected deafness.

Speech Therapy

Progress towards the unity of services was made in 1958, by a reciprocal arrangement between the County School Speech Therapists and the Central Speech Therapy Department of the United Oxford Hospitals. Difficulty has often been experienced in obtaining supervision for medical auxiliaries. In speech therapy, also, as in any other medical auxiliary or welfare function, continual contact with the whole 'picture' is desirable.

To obtain supervision, advice and contact with the Hospital Speech Therapy Department with a view to improving speech therapy services, the United Oxford Hospitals' Speech Therapy Department is to give consultation sessions to County Speech Therapists during the day, while the County Speech Therapists will give one session each, in the evening, to hospital patients. Everyone benefits by this: the Speech Therapist gets more experience and can treat her cases better, the Authority gets supervision, the hospital patient gets treatment - and the cost is no greater.

Handicapped Children

A total of 234 children were seen by Dr. Marshall, for various types of defect and appropriate care. The ascertainment and care of such children is an important part of the School Health Service and a Working Party to study the problems of handicapped school leavers has been set up by the British Council for Rehabilitation.

The numbers of children undergoing care for handicaps were as follows:-

Deaf	8
Partially Deaf	28
Blind and Partially Blind ..	28
Physically Handicapped.....	65
Cerebral Palsy.....	35
Delicate	83
Epileptics	3
Total	250

Educationally Subnormal Children

Arrangements for the tuition of educationally subnormal children in a day class at Witney were made, to supplement residential care, which is often unacceptable to parents. Difficulty in obtaining suitable teaching staff for this type of class has restricted the development of further centres.

Dentistry

The epidemic of dental caries in schoolchildren continues unabated. Many of the School Medical Officers comment on this problem in their reports. Fluorided water is not yet with us and the yearly national consumption of sugar rose between 1947 and 1957 from 83.8 ^{lb} to 110 ^{lb} per head of the population. The national shortage of dentists continues and Oxfordshire will soon be three down, out of an establishment of five, with no replacements available. The establishment of five dentists, moreover, was arranged in 1945, when the school population was just over 16,000, against the present estimated 27,500.

It is apparent, however, that people do not mind having rotten teeth, nor are they unduly worried about caries in their children. Nothing substantial has happened to change the present rate of deterioration.

Surely it must be clear now that one cannot run a School Dental Service as a poor relation of the National Health Service Dental Service. The preservation of teeth in the young is important enough to make it desirable to bring the School Dental Service into National Health Service Dentistry. Time off to attend the dentist for treatment in his surgery could take the place of the treatment in schools. Dentists in the National Health Service might come into schools to inspect and, with the progressive policy which the Special Services Board have adopted, of providing mobile clinics for dentistry, perhaps dentists from the National Health Service could be induced to labour therein. The barrier is inducement and the appropriate financial one will have to be made, so that National Health Service dentists do not get less money by caring for the teeth of the young than by fitting dentures to the aged.

Modernisation of School Sanitation Systems

Continued but slow progress was made in this field in 1958. The problems of the Church Controlled School are many, when it is faced with the considerable expenditure necessary for renovating sanitary arrangements. However, one still meets the view, even among School Managers, that the earth closet is as fine an example of sanitary architecture as one could wish for.

School Record Systems

The Special Services Board approved in principle, in 1958, the centralisation of School Medical Records. The practical implementation of this would mean greatly increased efficiency and control of the School Health Service.

Smoking and Lung Cancer

A survey of the smoking habits of 8,332 schoolchildren, from 11 to 18 years' old, was carried out at the end of 1957. It is only recently that the coding of the somewhat large number of questionnaires has been completed, owing to the pressures of short medical staffing and the Poliomyelitis Vaccination programme, and it should be possible to report on the survey very soon.

This Annual Report was compiled before the Registrar General's Vital Statistics Return, due in May. An Appendix containing Vital Statistics will be provided, for insertion in the Report, as soon as these corrected figures become available.

Statistical Tables covering the work of various sections in the Department are appended.

I would, finally, express gratitude to the staff of the Health Department for their loyalty, support and hard work during a very busy year.

P. W. BOTHWELL

*Acting County Medical Officer and
Acting Principal School
Medical Officer*

PART 1
COMMITTEES AND STAFF

MEMBERS OF HEALTH COMMITTEE

DR. F.N. WHITE *Chairman until 30th April*
BRIG. F.R.L. GOADBY *Chairman from 30th April*
MR. R.C. SURMAN *Vice-Chairman*

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MRS. M.H. HICHENS MR. J.W. SHILSON
MR. C.H. HUGHES x / MR. R.C. SURMAN
/ MRS. M.A. JOHNSON MR. R.E. TARRANT
MAJ. GEN. H.R. LAMBERT MRS. J.P. TILL (until April)
LORD MACCLESFIELD x DR. F.N. WHITE
MR. O.G. HARRISON (from Jan.) MR. W.P. GILKES (from May)

MR. F. WISE

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OXFORDSHIRE NURSING FEDERATION REPRESENTATIVES

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THE HON. MRS. D. FEILDEN (until April)

MRS. J.H. MORRELL

AREA EXECUTIVE COUNCIL REPRESENTATIVE

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OXFORD REGIONAL HOSPITAL BOARD REPRESENTATIVE

THE DUCHESS OF MARLBOROUGH

OXFORD UNIVERSITY DEPARTMENT OF SOCIAL MEDICINE

DR. ALICE STEWART (from September)

- x *Joint Ambulance Sub-Committee*
- / *Audit Sub-Committee*
- * *Standing Deputies, Audit Sub-Committee*

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MR. T.L. EASBY	MR. R.C. SURMAN
MRS. M.A. JOHNSON	MRS. J.P. TILL (<i>until April</i>)
MAJ. GEN. H.R. LAMBERT	DR. F.N. WHITE

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(*Until 8th September only*)

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MR. T.L. EASBY	MR. H. SANDERSON (<i>until April</i>)
BRIG. F.R.L. GOADBY	MR. R.C. SURMAN
MR. C.H. HUGHES	MR. F. WISE

AMBULANCE SUB-COMMITTEE
(*Until 8th September only*)

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MR. T.L. EASBY	MR. R.C. SURMAN
CAPT. G.E.F. GORING-THOMAS	MR. F. WISE

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(*Until 8th September only*)

DR. F.N. WHITE (<i>Chairman</i>)	MRS. M.A. JOHNSON
MRS. J.H. MORRELL	MR. R.C. SURMAN
BRIG. F.R.L. GOADBY	MR. F. WISE
CAPT. G.E.F. GORING-THOMAS	

GENERAL PURPOSES SUB-COMMITTEE
(*from 8th September*)

BRIG. F.R.L. GOADBY (<i>Chairman</i>)	LORD MACCLESFIELD
MR. W.G. BAYLEY	DUCHESS OF MARLBOROUGH
MRS. W.D. de PASS	THE VISCOUNTESS PARKER
MR. T.L. EASBY	MR. G.A. POTTS
CAPT. G.E.F. GORING-THOMAS	MR. J.W. SHILSON
MR. O.G. HARRISON	MR. R.C. SURMAN
MRS. M.H. HICHENS	MR. R.E. TARRANT
MR. C.H. HUGHES	DR. F.N. WHITE
MR. F. WISE	

DOMICILIARY SERVICES SUB-COMMITTEE
(*from 8th September*)

MR. R.C. SURMAN (<i>Chairman</i>)	MRS. J.H. MORRELL
BRIG. F.R.L. GOADBY	MR. G.A. POTTS
CAPT. G.E.F. GORING-THOMAS	DR. A. STEWART
MRS. M.A. JOHNSON	DR. F.N. WHITE
LORD MACCLESFIELD	DR. A.R.H. WILLIAMSON
LADY MACCLESFIELD	MR. W.P. GILKES
THE DUCHESS OF MARLBOROUGH	MR. F. WISE

(*from 13th October*)

BANBURY DAY NURSERY SUB-COMMITTEE

MRS. M.A. JOHNSON (<i>Chairman</i>)	MR. W.P. GILKES
MRS. E.L. WALKLETT (<i>representing Banbury Borough</i>)	

STAFF

COUNTY MEDICAL OFFICER OF HEALTH

T. ANDERSON, M.B., ChB., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER (ACTING COUNTY MEDICAL OFFICER)

P.W. BOTHWELL, M.B., Ch.B., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICER (part-time)

A.J. CAMPBELL, M.D., B.Sc., D.P.H. Barrister-at-Law

MEDICAL OFFICERS OF CHILD WELFARE CLINICS (part-time)

49 GENERAL PRACTITIONERS

CONSULTANT CHEST PHYSICIAN (part-time)

N.J. ENGLAND, M.D., D.P.H.

COUNTY HOUSING OFFICER

H.G. BARTRAM, M.I.S.E.

COUNTY SUPERINTENDENT NURSING OFFICER

SUPERINTENDENT OF HEALTH VISITORS

NON-MEDICAL SUPERVISOR OF MIDWIVES

MISS M. C. OWEN, S.R.N., S.C.M., H.V.Cert.

SUPERVISOR OF DISTRICT NURSES

(ASSISTANT TO COUNTY SUPERINTENDENT NURSING OFFICER)

MISS N.S. DOWN, S.R.N., S.C.M., Q.N.

DEPUTY SUPERINTENDENT OF HEALTH VISITORS

MISS C.E. HENRY, S.R.N., S.C.M., M.T.S., H.V. Cert.

RELIEF HEALTH VISITOR AND TUBERCULOSIS LIAISON OFFICER

MISS M.A. WILLIAMS, S.R.N., S.C.M. (Part 1), O.N.C., T.A., H.V. Cert.

HEALTH VISITOR TUTOR

MISS B. COX, S.R.N., S.C.M., H.V. Cert

HEALTH VISITORS/SCHOOL NURSES

31

DISTRICT NURSE/MIDWIVES

29 (including three vacancies)

DULY AUTHORISED OFFICER AND MENTAL WELFARE OFFICER

MR. H.S. HEADY

MENTAL WELFARE OFFICER

MISS M.A. PUDNEY, D.P.A. (Oxon)

(On one year's study leave from 1.10.58)

TEMPORARY MENTAL WELFARE OFFICER: (appointed for one year, 13.10.58)

MRS. J. SHEFF, B.A., Dip. Social Studies (Sheffield)

STAFF (Cont'd)

DULY AUTHORISED OFFICERS (part-time)

MR. N. F. SPATCHER	MR. R. C. A. CHARLETT
MR. A. J. POWELL (deceased 18.5.58)	MR. A. W. SHEPHERD (appointed 1.8.58)
MR. C. BRESLIN (deceased 3.11.58)	MR. W. J. R. BURROWS (re-instated on temporary basis, from retirement, 4.11.58)

HOME TEACHERS FOR MENTALLY DEFECTIVE CHILDREN

MRS. J. MULLEN, M.A.O.T. (resigned July, 1958)
MISS M. V. JAMES, N.D.M.H. (resigned July, 1958)
MRS. W. RAWSON (appointed August, 1958)
MRS. K. DOVE (appointed August, 1958)

OCCUPATIONAL THERAPISTS

MISS B. H. ROSTANCE, M.A.O.T.
MISS R. A. GARDINER, M.A.O.T.
MISS P. G. DIXON, M.A.O.T. (appointed 3.2.58)

CHIEF CLERK

MR. D. L. HOWELLS

PART III

INFECTIOUS DISEASES

Notifications of Infectious Diseases for the past five years

	1954	1955	1956	1957	1958
Smallpox	-	-	-	-	-
Typhoid Fever	-	-	-	1	-
Paratyphoid Fever	1	-	-	-	-
Scarlet Fever	125	100	71	62	90
Whooping Cough	434	257	124	416	35
Diphtheria	6	-	-	1	-
Erysipelas	16	14	10	12	9
Measles	52	3058	1130	3010	1447
Pneumonia	78	74	76	98	41
Puerperal Pyrexia	11	8	11	4	5
Dysentery	62	40	81	132	29
Cerebro-Spinal Fever	-	-	-	-	-
Poliomyelitis	6	22	14	12	14
Malaria	3	1	2	-	-
Food Poisoning	17	19	111	15	14
Meningococcal Infection	4	4	3	11	2
Encephalitis (post-infectious)	-	2	2	2	2
Ophthalmia Neonatorum	-	1	-	-	-
Tuberculosis - Pulmonary	124	108	144	112	84
- Non-Pulmonary	23	25	21	14	21

Poliomyelitis

CASES NOTIFIED DURING 1958

Age Group (years)	Sex		Type of Case	
	Male	Female	Paralytic	Non-Paralytic
0 - 2	-	1	1	-
2 - 5	-	1	1	-
5 - 15	2	-	2	-
15 - 25	2	1	2	1
Over 25	5	2	7	-
Total	9	5	13	1

CASES AND DEATHS SINCE 1945

Year	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
CASES	5	2	31	6	23	22	12	13	17	6	22	14	12	14
DEATHS	-	1	6	1	-	-	1	-	5	1	-	1	1	-

Tuberculosis

NEW CASES (NOTIFICATIONS) 1958

	PULMONARY		NON-PULMONARY	
	Male	Female	Male	Female
Under 1	-	-	-	-
1 +	-	-	1	-
2 - 4	-	1	1	1
5 - 9	3	6	1	1
10 - 14	1	-	-	2
15 - 19	-	1	2	-
20 - 24	1	7	1	-
25 - 34	3	11	-	6
35 - 44	11	8	1	-
45 - 54	7	3	2	1
55 - 64	8	2	1	-
65 - 74	4	3	-	-
75 +	3	1	-	-
Total	41	43	10	11

Vaccination and Immunisation

Vaccination

No. of children under 1 year vaccinated, 1958 - 1,869
1957 - 1,753

Diphtheria Immunisation

No. of children inoculated, 1958

Year of Birth	Years of Age	Primary Immunisation	Booster Doses
1958	0 - 1	706	
1957	1 - 2	1,559	
1956	2 - 3	106	
1955	3 - 4	44	
1954	4 - 5	32	16
1949-1953	5 - 9	90	1,041
1945-1948	10 - 14	5	19
Total, 1958		2,542	1,076
Total, 1957		2,444	1,634

Whooping Cough Immunisation

No. of children immunised in 1958 and the four previous years

Year	Years of Age 0 - 1	Years of Age 1 - 4	School Age
1954	1,491	1,001	168
1955	1,533	408	80
1956	1,625	417	52
1957	1,740	396	77
1958	2,058	370	57

Tetanus Immunisation

No. of children immunised in 1958, by triple vaccination

Year of Birth	Years of Age	No. immunised
1958	0 - 1	696
1957	1 - 2	1,329
1956	2 - 3	85
1955	3 - 4	46
1954	4 - 5	31
1949-1953	5 - 9	78
1945-1948	10 - 14	4
Total		2,269

PART IV

MIDWIFERY: MATERNITY AND CHILD WELFARE SERVICESBirths

Live Births	Male	Female	Total
Legitimate	1,796	1,671	3,467
Illegitimate	27	21	48
Total	1,823	1,692	3,515

Domiciliary Midwifery

NEW CASES				Cases del. in institution attended on discharge and before 14th day	TOTAL VISITS AS		BREAST FEEDING Cases wholly breast-fed 14th day	MEDICAL AID SUMMONED		ANTE-NATAL VISITS		POST-NATAL VISITS	
Dr. not booked		Dr. booked			Mid-wife	Mat. Nurse		Dr. engaged	Dr. not engaged	Dr. not booked	Dr. booked	Dr. not booked	Dr. booked
Dr. at del.	Dr. not at del.	Dr. at del.	Dr. not at del.										
27	474	90	374	292	19018	2741	763	96	102	8546	5923	355	472

Anaesthetics and Analgesia in Labour

	Where doctor was present at time of delivery	Where doctor was not present	Total
No. of cases receiving gas and air	89	728	817
No. of cases receiving pethidine	57	357	414

Dental Care

Expectant & Nursing Mothers

Examined	<u>12</u>
Needing Treatment	<u>12</u>
Treated	<u>11</u>
Made dentally fit	<u>10</u>

Forms of Treatment

Scaling	<u>-</u>
Fillings	<u>2</u>
Crowns or inlays	<u>-</u>
Extractions	<u>20</u>
N2O	<u>-</u>
Dentures	<u>-</u>
Full	<u>8</u>
Partial	<u>2</u>
X-ray	<u>Nil</u>

Children under five

Examined	<u>213</u>
Needing treatment	<u>102</u>
Treated	<u>90</u>
Made dentally fit	<u>90</u>

Treatment

Fillings	<u>18</u>
Extractions	<u>142</u>
Silver Nitride	<u>83</u>
N2O	<u>35</u>

Health Visiting

Visits paid by Health Visitors

	1955	1956	1957	1958
Ante-natal	1,290	875	1,192	1,564
Under 1 year	28,218	22,460	22,839	25,478
1 - 2 years	12,602	11,580	10,764	10,447
2 - 5 years	17,802	16,798	15,808	15,861
Hospital After-Care ...	1,219	1,143	1,261	1,341
Infectious Diseases ...	476	254	238	129
Tuberculosis	3,257	3,268	3,075	2,808
Old Persons... ..	6,980	6,684	7,052	7,282
Home Helps	7,660	7,603	9,139	8,589
Miscellaneous	10,114	9,365	11,595	5,971

Child Welfare Clinics

No. of Clinics held in County Council premises (Banbury, Bicester, Henley, Thame and Chipping Norton)	5
No. of Clinics held in suitable local premises (e.g. village halls, church halls), weekly, fortnightly or monthly ...	65
Clinics opened during the year	2
	(Bletchington, Forest Hill)
Clinics closed during the year	1
	(Chalgrove)

List of Clinics

Adderbury	Charlbury	Fritwell	Kidlington
Bampton	Checkendon	Garsington	Kingham
Banbury	Checkendon Polish Camp	Goring	Kirtlington
Benson	Chinnor	Great Milton	Leafield
Benson R.A.F.	Chipping Norton	Great Tew	Littlemore
Bicester	Clifton Hampden	Handborough	Lower Heyford
Bletchington	Deddington	Henley-on-Thames	Mapledurham
Bloxham	Dorchester (Field Farm)	Hethe	Middle Barton
Bunkers Hill	Enstone	Hook Norton	Milton-under-Wychwood
Burford	Eynsham	Horspath	Minster Lovell
Carterton	Filkins	Islip	Nettlebed
Chadlington	Finstock	Kelmscott	Northleigh
	Forest Hill		

/continued

Peppard	Stadhampton	Tackley	Wheatley
Rose Hill	Standlake	Tetsworth	Witney
Sandhills	Stanton Harcourt	Thame	Woodcote
Shilton	Stonesfield	Warborough	Woodstock
Shutford	Swalcliffe	Watlington	Wroxton

Yarnton

Age in Years	Total Attendances 1957	First Attendances
0 - 1	34,317	2,494
1 - 2	12,631	
2 - 5	13,314	

Supplementary Foods

Dried milk, cereals and dried vegetables are available at Child Welfare Clinics, at special prices.

Distribution of National Dried Milk, Orange Juice, Cod Liver Oil and Vitamin Tablets:-

	<u>Centres in operation during 1958</u>	<u>No. where distribution</u>	
		<u>(a) ceased</u>	<u>(b) started</u>
Clinics	59	-	1
Shops	36	4	3
Private Houses	24	2	-
W.V.S.	4	-	-
Church Halls	1	-	-
Schools	2	1	-
B.R.C.S.	1	-	-
Paid Distributor (Banbury)	1	-	-
	<u>Total</u>	7	4

<u>Sales</u>	<u>Dried Milk</u>	52,266 tins	Value £6,097. 9. 7½d
		705 tins	Free
		382 tins	Unsubsidised, @ 4/- tin - £76. 8. 0d
	<u>Cod Liver Oil</u>	11,093 bottles	Free
	<u>Vitamin Tablets</u>	7,309 packets	Free
	<u>Orange Juice</u>	84,982 bottles	Value £1,785. 9. 2d
		213 bottles	Free

PART V
SCHOOL HEALTH SERVICE

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SECTION 1

COMMITTEES AND STAFF

Special Services Board of the Education Committee

J. A. FENEMORE, ESQ. (Chairman)	C. J. PEERS, ESQ.
BRIG. R. J. BRETT, D.S.O.	LT.-COL. THE RT. HON. LORD SAYE & SELE, M.C.
E. CLOTHIER, ESQ., B.Sc.	THE REV. D. TOPPLASS
MRS. H. HICHENS, C.B.E.	MRS. P. MacDOUGALL
H. OSBORN, ESQ., M.B.E.	MRS. W. D. de PASS
C. HUNT, ESQ.	G. E. WOODWARD, ESQ.
BRIG. F. R. L. GOADBY, O.B.E.	W. G. BAYLEY, ESQ.

STAFF OF SCHOOL MEDICAL SERVICE: 1958

Principal School Medical Officer

T. ANDERSON, M.B., Ch.B., D.P.H.

Deputy Principal School Medical Officer

P. W. BOTHWELL, M.B., Ch.B., D.P.H. (Acting P.S.M.O. from 1/7/57)

Assistant School Medical Officer (Handicapped Pupils)

I. M. MARSHALL, M.B., Ch.B.

General Practitioners who act as School Medical Officers

DR. D. C. HARRIS, M.B., B.S., M.R.C.S., L.R.C.P.
DR. R. G. EAGER, B.M., B.Ch., M.R.C.S., L.R.C.P.
DR. F. J. S. CHAPMAN, B.M., B.Ch.
DR. M. B. NOBLE, B.Sc., M.B., Ch.B., M.R.C.O.G.
DR. J. BORRIE-HARRIS, L.R.C.P., L.R.C.S.
DR. H. F. McCABE, M.B., B.Ch.
DR. G. L. STROUD, M.R.C.S., L.R.C.P., D.P.H.
DR. J. F. MONK, B.M., B.Ch.
DR. F. A. BEVAN, M.B., B.S., M.R.C.S., L.R.C.P.
DR. ANNE DAVIES, M.R.C.S., L.R.C.P.
DR. J. C. RUSSELL, M.C., M.B., Ch.B. (Resigned 30/6/58)
DR. J. E. JAMES, B.M., B.Ch. (Appointed 1/7/58)
DR. A. SHARMAN BEER, F.R.C.S., M.B., Ch.B.
DR. R. G. P. ALMOND, B.A., B.M., B.Ch.
DR. M. K. ROBERTSON, M.R.C.P., M.B., B.Ch. (Resigned 30/9/58)
DR. D. RICHARDSON, M.B., Ch.B. (Appointed 1/10/58)
DR. J. W. BULLEN, M.R.C.S., L.R.C.P.
DR. M. A. SLEE, B.M., B.Ch., M.R.C.S., L.R.C.P.
DR. G. D. BOLSOVER, B.M., B.Ch.
DR. T. COCKS, M.B., B.S.
DR. C. E. SILVESTER, M.B., Ch.B. (Resigned 30/6/58)
DR. A. J. CAMPBELL, B.Sc., M.D., D.P.H., Barrister-at-Law
DR. A. R. H. WILLIAMSON, M.R.C.S., L.R.C.P.
DR. T. D. THORNE, M.B., Ch.B.
DR. N. J. P. HEWLINGS, B.A., M.B., M.R.C.S., L.R.C.P.
DR. L. J. TIMINGS, M.R.C.S., L.R.C.P.
DR. E. HERRIN, B.M., B.Ch., D.C.H.

DR. W. DICKSON, M.B., B.S. (Appointed 1/7/58)
DR. P.M.M. PRITCHARD, M.A., M.B., B.Ch. (Appointed 1/7/58)
DR. C.W. STRINGFELLOW, M.D., M.B., Ch.B. (Appointed 1/7/58)

School Dental Officers

W.J. COOK, L.D.S., R.C.S. - Principal School Dental Officer
MRS. L. STOLAROW, D.A.S. (Warsaw)
J.M. LUSZTIG-MARTINE, M.D., L.D.S. (Budapest)
W.G. GRIFFITH-WILLIAMS, L.D.S. (Liverpool)

Superintendent of School Nurses

MISS MARY C. OWEN, S.R.N., S.C.M., H.V. CERT.

Deputy Superintendent of School Nurses

MISS CLARA E. HENRY, S.R.N., S.C.M., M.T.S., H.V. CERT.

School Nurse/Health Visitors

31

Educational Psychologist

MISS M. MARKHAM, B.A.

Speech Therapists

MISS E.M. WHITE, L.C.S.T.

MISS B.M. THOMPSON, L.C.S.T.

Physiotherapists

MISS M.J. HALL, M.C.S.P.

MISS M. DUNFORD, M.S.C.P. (Part-time)

MISS M.J. BOUCH, M.C.S.P. (Part-time)

MISS. J. MILLS M.C.S.P. (Part-time)

(Started 15th September)

SECTION 2

STATISTICS

Return of Medical Examinations for the year ended 31st December, 1958
(including Banbury Borough)

ROUTINE MEDICAL EXAMINATIONS

Number of Code Group Examinations		1957	1958
Entrants		3594	3624
Second Age Group		2292	2491
Third Age Group		1789	1722
	Total	7675	7837
Number of other periodic Examinations		56	92
	Grand Total	7731	7929

OTHER EXAMINATIONS

Number of Special Examinations		618	803
Number of Re-Examinations ...		1295	1041
	Total	1913	1844

A - Return of Defects found by Medical Examination in the year ended 31st December, 1958

(1) DEFECT OR DISEASE	Periodic Examinations		Special Examinations	
	(2) Number requiring Treatment	(3) Number requiring to be kept under observation but not requir- ing Treatment	(4) Number requiring Treatment	(5) Number requiring to be kept under observation but not requir- ing Treatment
Skin	36	43	17	3
Eyes -				
Vision	373	270	133	41
Squint	41	55	4	2
Other conditions	23	41	2	2
Ears -				
Defective Hearing	27	37	11	12
Otitis Media	7	38	1	5
Other ear diseases	27	36	9	6
Nose and Throat	156	241	51	31
Speech	97	62	36	9
Lymphatic Glands	7	37	3	11
Heart and Circulation	19	36	3	1
Lungs	32	99	14	19
Developmental -				
Hernia	4	12	-	3
Other	10	39	4	15
Orthopaedic -				
Posture	92	102	21	15
Flat Foot	113	82	29	24
Other	101	106	17	21
Nervous System -				
Epilepsy	1	8	1	5
Other	7	15	2	7
Psychological -				
Development	13	19	7	11
Stability	4	24	4	5
Abdomen	5	13	-	3
Other	94	113	21	39

B - Classification of the Nutrition of Children Examined during the Year in the Routine Age Groups

Age Groups	Number of Children Inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
Entrants	3624	3556	98.1	68	1.9
Second Age group	2491	2460	98.8	31	1.24
Third Age group	1722	1700	98.7	22	1.28
Other Periodic Inspections	92	88	95.7	4	4.3
TOTAL	7929	7804	98.4	125	1.58

C - Number of Individual Children found at Routine Medical Examination to require Treatment (excluding Uncleanliness and Dental Diseases)

(1) GROUP	(2) For defective vision (excluding squint)	(3) For all other conditions recorded in Table A	(4) TOTAL
Prescribed Groups -			
Entrants	125	507	606
Second Age group	129	262	376
Third Age group	106	126	221
Total (Prescribed Groups)	360	895	1203
Other periodic examinations	13	21	30
	373	916	1233

Return of Defects treated during the year ended 31st December, 1958

TREATMENT TABLE

I - MINOR AILMENTS (excluding Uncleanliness)

DISEASE OR DEFECT	NUMBER OF DEFECTS
SKIN	
Ringworm - Scalp	5
Ringworm - Body	-
Scabies	6
Impetigo	94
Other skin diseases	52
MINOR EYE DEFECTS (External and other)	181
MINOR EAR DEFECTS	61
MISCELLANEOUS	1422
	<u>1821</u>

II DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments)

DISEASE OR DEFECT	NUMBER OF CASES TREATED	
	By the Authority	Otherwise
Errors of Refraction (including squint)	-	1124
Total number of children for whom spectacles were prescribed	--	824
Total number of children who obtained or received spectacles	-	796

TREATMENT OF DEFECTS OF EAR, NOSE AND THROAT

DEFECTS OR DISEASES	NUMBER OF CASES TREATED	
	By the Authority	Otherwise
Received Operative Treatment -		
(a) For Diseases of the Ear	-	6
(b) For Adenoids and Chronic Tonsillitis	-	348
(c) For Other Nose and Throat Conditions	-	46
Received other Forms of Treatment	-	<u>61</u>
	Total	461

UNCLEANLINESS AND VERMINOUS CONDITIONS

Total number of examinations in the Schools by School Nurses	54293
Number of children found unclean	203

BANBURY BOROUGH SCHOOL MEDICAL INSPECTION

School Medical Inspections

Entrants	401
Leavers (Primary) 367	
Entrants (Secondary) 133	500
Third age group	<u>349</u>
Total	1250

Special

Miscellaneous	163
Remedials	<u>210</u>
Total inspected	1623

School Clinic Minor Ailments

Number of new cases	106
Number of attendances	361

Eye Clinic

Number of new cases	106
Number of old cases	221
Total attendances	<u>327</u>

Immunisation

Combined Diphtheria & W. Cough	15
Combined Triple, Tetanus, Diphtheria & W. Cough	41
Diphtheria only	20
Re-inforcement doses	135

Poliomyelitis

Under 15 years	4,368
Expectant Mothers	111
Adults: 15 - 25 yrs.	18
Booster	519
Awaiting British vaccine	378

B.C.G.

Number in age group	450
Consented to vaccination	361
Positive to initial skin test	63
Converted after vaccination - not yet completed	

Handicapped children

Certified Educationally Subnormal (H.P.2)	4
Reported to Mental Deficiency Authority (Sec.57)	None

SECTION 3

HANDICAPPED PUPILSHANDICAPPED PUPILS IN SPECIAL SCHOOLS

Category	In special schools	Awaiting Vacancies	Home tuition and tuition in hospitals	In hospital schools	Total	Discharged	New cases ascertained in 1958
a) Blind	5	1	-	-	6	2	1
b) Partially sighted	3	1	1	-	5	1 left the county	1
c) Deaf	7	-	-	-	7	-	-
d) Partially Deaf	6 1 Day	-	2	-	8	1 left the county	8 1 transfer into County
e) Educationally subnormal	Wood Eaton Manor 67 Out County 50 Day Special 10	3 1 1	-	-	127	5	27
f) Epileptic	3	-	-	-	3	-	1
g) Maladjusted	Hostel 6 Schools 13 Day Special 4	- - -	- - -	- - -	20	-	-
h) Physically handicapped Cerebral Palsy	Day Special 3 12 Independent 1	1	3	3	12	1 1	5
i) Speech	-	-	1	-	1	-	-
j) Delicate	6 Independent 1 Day Special 2	1	1	-	11	1	5

CAUSES OF BLINDNESS AND PARTIAL SIGHT

Age Groups	Congenital Glaucoma		Congenital Cataract		Congenital Nystagmus		Myopia		Optic Atrophy		Retinitis Pigmentosa		Retrolental Fibroplasia		Meningitis		Iritis		Nystagmus and Myopia (Traumatic)		Total	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
2 - 5 years	-	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	1	2
5 - 11 years	-	1	-	1	3	1	1	1	3	-	1	-	1	1	-	1	-	1	1	-	10	7
11 - 16 years	-	-	1	2	1	-	-	1	1	1	-	-	-	-	1	-	-	-	-	-	4	4
Total	-	1	1	3	4	1	1	2	5	3	1	-	1	1	1	1	-	1	1	-	15	13

CAUSES OF DEAFNESS

Age Groups	Meningitis		Congenital		Total	
	B	G	B	G	B	G
2 - 5 years	-	-	1	1	1	1
5 - 11 years	-	1	-	-	-	1
11 - 16 years	-	-	2	3	2	3
Total	-	1	3	4	3	5

CAUSES OF PARTIAL DEAFNESS

Age Groups	Meningitis		Congenital		Measles		Otitis Media		Total	
	B	G	B	G	B	G	B	G	B	G
2 - 5 years	-	-	2	1	-	-	1	-	3	1
5 - 11 years	-	-	7	7	-	1	-	-	7	8
11 - 16 years	1	-	4	4	-	-	-	-	5	4
Total	1	-	13	12	-	1	1	-	15	13

PHYSICALLY HANDICAPPED PUPILS

Age Groups	Arthritis of Hip		T. B. Spine		T. B. Knee		T. B. Ankle		Bilateral Talipes Congenital		Spina Bifida Congenital		Paralysis following Acute Anterior Poliomyelitis		Congenital Heart Disease		Congenital Fragiliss Ossium		Congenital Deformities		Total	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
2 - 5 years	-	-	-	-	-	-	-	-	-	1	1	-	-	-	1	1	-	-	2	1	4	3
5 - 11 years	1	2	1	1	-	-	1	1	-	-	1	2	2	4	4	3	-	-	-	-	11	13
11 - 16 years	-	1	-	-	-	-	1	1	2	2	-	1	10	3	5	6	1	-	-	-	1	19
Total	1	3	1	1	1	1	1	2	3	3	2	3	12	7	10	10	1	-	2	2	34	31

TYPES OF CEREBRAL PALSY

Age Groups	Diplegia		Athetoid		Hemiplegia		Ataxia		Paraplegia		Total	
	B	G	B	G	B	G	B	G	B	G	B	G
2 - 5 years	2	-	1	-	-	1	-	-	2	-	5	1
5 - 11 years	3	2	1	2	5	2	-	-	1	2	10	8
11 - 16 years	2	2	-	2	1	1	1	-	2	-	6	5
Total	7	4	2	4	6	4	4	1	5	2	21	14

DELICATE PUPILS

Age Groups	Pulmonary Tuberculosis		Tuberculous Glands		Pleurisy		Asthma		Asthma and Bronchitis		Sinusitis and Bronchitis		Rheumatic Heart Disease		Rheumatoid Arthritis		Nervous Debility		Diabetes		Bronchiectasis		Total		
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	
2 - 5 years	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
5 - 11 years	5	8	-	3	-	-	4	2	5	2	1	2	1	-	1	2	1	1	-	2	3	1	2	1	21
11 - 16 years	2	2	-	2	-	-	7	2	3	3	1	-	2	3	-	-	3	1	-	1	2	3	2	3	20
Total	8	11	-	5	-	-	11	4	8	5	2	2	3	3	1	2	4	2	-	3	5	4	4	42	

Section 57 - Education Act 1944.

The number of children notified and referred to the Mental Health Committee was as follows:-

	M.	F.
Under Section 57 (3)	3	4
Under Section 57 (5)	3	1
	<u>6</u>	<u>5</u>
Total 11		

VISITS MADE IN CONNECTION WITH HANDICAPPED PUPILS

Handicapped pupils	234
Home Visits	567
Schools visited	66
Total number of school visits	136
Educationally Subnormal school visits	26
Special Medical Reports and Certificates	141
Employment Certificates	112
Mental Defectives not yet notified but under supervision	7
Intelligence tests	62
Children recommended for admission to Special Schools	
Consent given	17
Consent withheld	16

MEDICAL EXAMINATIONS 1958

For this Authority

Teachers	6
College Entrants	26
Clerks	3
Laboratory Steward	1
	<u>36</u>

For other Authorities

Teachers	<u>1</u>
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Total 37

Defective Speech

The Speech Therapist who covered the southern area of the county left in January 1958, and so little work was done there until her place was taken by Miss White in September.

It was found more convenient to work mainly in the schools, and because of this greater numbers of children are now receiving weekly or fortnightly treatment. Miss White carried out a survey in the south of the County in September, to ascertain any further Speech Defective children in primary and secondary schools. In addition to 56 children who remained on the registers she found 228 children to be in need of speech therapy, and they are now receiving treatment on a fortnightly basis. 101 children are receiving weekly treatment in the north of the county.

A weekly visit is now made to Woodeaton Manor E.S.N. School, where 14 children are receiving speech therapy, and a visit is made to Middlesex County Council's Park Place School, Henley, each week, where two boys are receiving speech therapy.

Statistics for the North of the County are as follows:-

Children who have received or who are receiving regular Speech Therapy during 1958 171
 Of these, new admittances were 112
 Numbers discharged during year 93
 Discharged with normal speech 78

Types of Speech Defect of the 171 children -

Dyslalia	102	Sigmatism	12
Stammer	22	Backward Speech ...	14
Dysarthria	9	Dysphonia	1
Excessive nasality ...	11		

Statistics for the South of the County:-

Table one: Boys receiving speech therapy160
 Girls receiving speech therapy 68
TOTAL 228

Table two: Types of Defect :-

	<u>BOYS</u>	<u>GIRLS</u>	<u>TOTAL</u>
Dyslalia	101	41	142
Sigmatism	25	16	41
Stammer	27	5	32
Backward speech	4	2	6
Excessive Nasality	2	3	5
Dysphonia	1	1	2

6 children were referred for intelligence assessment, in the North of the County.

4 children were referred for consultation at Churchill Hospital.

Maladjusted Pupils

Child Guidance Service.

Dr. R.G. McInnes reports as follows:

At the beginning of the year Dr. Christopher Ounsted took over the post of Medical Director, after being appointed as Consultant Psychiatrist by the Oxford Regional Hospital Board. Dr. Ounsted divides his time between the Park Hospital for Children, which is run by the Hospital Management Committee of the Warneford and Park Hospitals under the Oxford Regional Hospital Board, and the Child Guidance Clinics of Oxford City and Oxford County. He is assisted in his work in all these spheres of activity by a Senior Registrar, Dr. P.R. Doherty.

Dr. R.G. McInnes has continued to interest himself in the work of the County Child Guidance Clinic, mainly in an advisory capacity in matters of administration and policy.

Miss Boselli has continued throughout the year as Social Worker, and Miss Markham as Educational Psychologist. Play therapy has been carried out, as before, by Miss Harnett, who treats County children at the Northern House Clinic in Oxford.

At Bodicote Lawn Hostel, Banbury, Mr. and Mrs. Moor have continued in charge and have worked very successfully in close co-operation with the medical and other services of the Clinic.

Statistics

The following tables give an outline of the statistics for the year:

New cases:

<u>Oxford</u>	<u>Banbury</u>	<u>Witney</u>	<u>Henley</u>	<u>Bicester</u>	<u>Thame</u>
54	13	8	10	9	0

Total seen by Psychiatrist - 94

Children under active management on 1/1/58 67
" " " " " 31/12/58 76

(1) by Psychiatrist and Social Worker ...	12
(2) by Play Therapist and Social Worker...	6
(3) by Schools for Maladjusted Children...	12
(4) by Educational Psychologist ...	1
(5) Psychiatrist and Educational Psychologist ...	7
(6) by Psychiatrist and Educational Psychologist and Social Worker ...	38
	<u>76</u>

Cases closed during the year:

Improved ...	16
Advice only required...	21
Transferred to other agencies ...	8
Parents unco-operative	18
Left the district ...	2
Unchanged, no further treatment required	<u>1</u>
	<u>66</u>

Interviews held:

Psychiatrists	391
Social Workers	709
Educational Psychologists	80
Play Therapist	172

Sources of referral:

Head Teacher	20
Health Visitor	3
Parents	13
Children's Officers	15
Probation Officers	4
Family Doctor	25
School Doctor	2
Other sources (mostly parents)	12

Accommodation

The accommodation provided for the Child Guidance Clinics of Oxford County leaves room for considerable improvement and falls short of the standard advised in the Report of the Underwood Committee. The conditions under which some of the outlying clinics are held in the County are sufficiently unfavourable to constitute a substantial interference with the efficiency of the clinic and its acceptability to the public. The matter of accommodation is one which merits the most careful attention and the consideration of possible alternative means of organising the County Child Guidance Service.

General Comments

The year was one in which some reorientation in the field of child psychiatry was brought about by the opening of the Park Hospital for Children in February, and by the arrangement by which the medical staff of the Park Hospital is also responsible for the medical work of the Child Guidance Clinics.

The Park Hospital provides 30 beds for children whose condition requires in-patient treatment or investigation. There is also an associated Out-patient Department, to which general practitioners, paediatricians and other doctors can refer their patients. We think that a close integration of the two services - i.e., the Child Guidance Service and the Park Hospital Service, should be aimed at; and this has been achieved to some extent by the medical staff, which is common to both. There are many other measures, however, which could still be taken and which would promote greater efficiency and economy in the psychiatric care and treatment of children. It has been found, for example, during the past year that the hospital type of service is able to treat approximately three times as many children in the same period as does the Child Guidance Clinic Service. We believe that the reasons for this merit the closest examination by the authorities concerned. They are not to be found in the simplicity or abbreviation of the cases at the Park Hospital, because the children who come there generally present more complex problems than those who come to the Child Guidance Clinics. The reasons lie rather in the type of internal organisation in the clinics, which in the one case makes for unnecessary re-duplications of investigations and treatments, and in the other, tends towards a more clear-cut and economic distribution of the time of the various persons concerned.

It is hoped, therefore, that in the near future a fresh consideration of the Child Guidance position in the County will be undertaken, with a view to the achievement of greater economy and a better service to the patients. The medical staff who are responsible for the running of the clinics feel that they are now in a position to give advice, based upon factual experience, of two somewhat different systems operating side by side.

School Psychological Service

Five Remedial Teachers of Reading are still at work in the primary schools in the North, South, West and East of the County but the Central area is not yet covered by the Service.

The following table gives an account of the work done by the Educational Psychologist, and in addition eighty children were seen for the Child Guidance Clinic and one hundred and eleven school visits were paid.

Non-Clinic Cases - Sources of Referrals	Problem	Speech Defect	Physically Handicapped	Difficult Behaviour	Reading	Nervousness	General Backwardness	I. Q., School Placement, Vocational Guidance	I. Q. and Psychological Report	TOTALS
Headteachers	3		2	8	17	3	43	98	-	174
Advisory and Remedial Teachers	-		-	1	4	-	-	16	-	21
S. M. O.: Health Visitors: Speech Therapist	1		1	2	-	-	3	13	-	20
Hospitals and Private Doctors	-		-	-	-	-	-	2	-	2
Parents and Guardians	1		-	-	-	-	1	-	-	2
Other Agencies	-		-	-	-	-	-	1	-	1
Children's Officer	-		-	-	-	-	-	13	-	13
C. G. C. for Retest	-		-	-	-	-	-	15	-	15
Referred by Courts to Remand Home	-		-	-	-	-	-	-	107	107
TOTALS	5		3	11	21	3	47	158	107	355

I. Q. Range 50 - 135

Age Range 3 years 3 months - 16 years 11 months

Physiotherapy Clinics

The number of children treated in the physiotherapy clinics during 1958 was 1817. This showed an increase of 169 on last year's total. The School Medical Officers are using the service more and more, particularly in the small schools.

The greatest change during recent years is in the number of children receiving treatment for respiratory troubles; this has doubled in the last five years and is showing an increase of about twenty patients a year. These cases take time as they require a weekly treatment and every effort is made to give them this.

With the appointment of an additional part-time physiotherapist, who took up her duties in the autumn term, it has been possible to see regularly all recommended for treatment and to fulfil partially the hope of visiting the children requiring attention in the small village schools twice a term.

It is regretted that there is still no adequate system of home treatments for severely handicapped children. Voluntary visits are made by the physiotherapist out of school hours, but these are not sufficiently frequent, nor is the evening time suitable for treatment from the child's point of view. When the recently created post of part-time physiotherapist is increased to full-time as originally recommended, the position should be better. It is a tragedy that children who cannot attend normal school by reason of marked physical or mental handicap, and whose parents feel bound to take complete responsibility for their care at home, thereby relieving the Authority of the cost of providing institutional care, receive so little help. Regular massage and passive movement can lessen the development of gross deformities in severe cases, and this fact alone justified treatment however little hope there is of spectacular improvement.

The physiotherapists visited the new Respiratory Unit at the Churchill Hospital, early in the year, where great advances have been made in the treatment of severe cases of poliomyelitis and polyneuritis. Another continued contact with the United Oxford Hospitals has been the close liaison with Dr. Black of the Chest Unit. A number of our asthmatic children are seen regularly by him.

A visit was made to the Shoe and Allied Trades Research Association Establishment at Kettering. This was most interesting, and it may lead to some useful research into our methods of treating hallux valgus or the early bunion. No statistics have been compiled to date on the exercise treatment of this condition. The only ones available are on use of corrective footwear and surgical intervention.

A talk was given to Bodicote Parent-Teachers' Association in January, and later in the year the physiotherapy staff was represented at similar meetings at Kidlington and Banbury. A talk was also given to school leavers at St. John's school, Banbury. The usual lecture was given to Student Health Visitors, and this year a new and interesting feature was introduced in the form of a lecture demonstration by a shoe retailer.

Summary of Defects

Total number treated during the year	1817
Posture	458
Feet and knees	1158
Respiratory	173
Special difficulties	28
Parents who refused treatment	5
Children withdrawn before completion of treatment	1
Parents present at Clinics	664
Children discharged	527

SECTION 4

PREVALENCE AND CONTROL OF INFECTIOUS
DISEASES

Notifications of Infectious Diseases in Children

	Under 5 years	5 - 15 years	1958 Total	1957 Total
Scarlet Fever	33	52	85	60
Whooping Cough	16	17	33	411
Poliomyelitis				
Paralytic	2	2	4	5
Non-Paralytic	-	-	-	4
Diphtheria	-	-	-	1
Measles	527	894	1,421	2,960
Pneumonia	6	9	15	30
Meningococcal Infection	-	1	1	10
Acute Encephalitis (post- infectious)	-	2	2	1
Erysipelas	1	-	1	-
Dysentery	10	9	19	101
Food Poisoning	1	7	8	7
Tuberculosis				
Pulmonary	1	10	11	9
Non- Pulmonary	3	4	7	2

B.C.G. Vaccination

Vaccination of School Children in their 14th year

No. of Schools in Scheme	No. of Children Tested	Tuberculin Positive	Tuberculin Negative	Number Vaccinated
37	1,522	259	1,263	1,249 *

NOTE: * I.e., all of those children who were available for vaccination

SCHOOL DENTAL SERVICE

Mr. W.J. Cook, Senior Dental Officer, reports as follows:

The dental staff has remained under strength during the year. Three dentists made enquiries and were interviewed but unfortunately not one made a formal application to fill the vacancy on the staff.

Some of the schools which had not been inspected or treated for over two years were included in the areas covered by Mr. Cook and Dr. Lusztig-Martine.

In order to improve the School Dental Service in the rural areas where portable equipment has to be set up either in a classroom or village hall the Education Committee, after some members had viewed the Warwickshire Mobile Dental Clinic, decided to have a similar one for use in this County.

The Mobile Clinic is large and commodious with a small waiting room, a large surgery and a recovery room which can also be used as a workshop. The equipment is modern and gives children and parents a better conception of school dentistry.

Arrangements have been made for the County Fire Service to move the Clinic from school to school and to connect with the electricity and water supplies.

At inspections, teeth were found to be steadily deteriorating. In the first year old group only 4% at Eynsham and Woodstock had sound dentitions. At one of the secondary modern schools 8 children out of 237 inspected had natural sound dentitions. However, only one of them had had a natural sound mouth from infancy.

An increasing number of children are now having regular dental inspection and treatment from private dentists under the National Health Service. It shows that parents are taking a practical interest in dental hygiene. The majority of these children, however, take little interest in cleaning their teeth; they seem to think that because they go about three times a year for a check up of any treatment required, the dentist will put it all right.

In Banbury, where the clinic is open daily, there are fewer children being privately treated compared to other areas where the clinics are only used for short periods. This clinic is so popular with the parents and the requests for treatment have been so numerous, the dentist has been unable to carry on with his routine inspections.

Although the other clinics are not in continual use they are a welcome change for the dentist in the rural areas, having modern equipment even for a brief period is greatly appreciated after using portable equipment. Routine dental inspections are always carried out on the school premises. The consent forms, which are sent to the parents or guardians for signature, state whether extractions, fillings, partial dentures or orthodontic appliances are necessary. The form also gives the parents an opportunity of stating if they desire to be present when treatment is undertaken.

The Health Visitors are notified each week where the school dentist will be working, In this way it is possible to deal with any emergencies that may arise, either for school or pre-school children.

In conclusion I should like to thank the Health Visitors and Teachers for their constant help and co-operation.

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

1.	Number of pupils inspected by the Authority's Dental Officers:-		
	(a) At Periodic Inspections		19629
	(b) As Specials		954
		Total (1)	<u>20583</u>
2.	Number found to require treatment		10058
3.	Number offered treatment		10058
4.	Number actually treated		6138
5.	Number of attendances made by pupils for treatment, including those recorded at heading 11 (h)		7661
6.	Half days devoted to: Periodic (School) Inspection		200
	Treatment		1104
		Total (6)	<u>1304</u>
7.	Fillings: Permanent Teeth		6066
	Temporary Teeth		168
		Total (7)	<u>6234</u>
8.	Number of teeth filled: Permanent Teeth		5149
	Temporary Teeth		155
		Total (8)	<u>5304</u>
9.	Extractions: Permanent Teeth		1025
	Temporary Teeth		1794
		Total (9)	<u>2819</u>
10.	Administration of general anaesthetics for extraction		<u>359</u>
11.	Orthodontics:		
	(a) Cases commenced during the year		17
	(b) Cases carried forward from previous year		4
	(c) Cases completed during the year		9
	(d) Cases discontinued during the year		-
	(e) Pupils treated with appliances		-
	(f) Removable appliances fitted		18
	(g) Fixed appliances fitted		-
	(h) Total attendances		<u>71</u>
12.	Number of pupils supplied with artificial dentures		<u>17</u>
13.	Other operations:		
	Permanent Teeth		1222
	Temporary Teeth		2513
		Total (13)	<u>3735</u>

PART VI

CARE AND AFTER-CARE AND DOMESTIC HELP

Home Nursing

Establishment: 58 District Nurse/Midwives

No. employed at the end of 1958: 55

Work done by the Home Nurses in 1958

NO. OF NEW CASES ATTENDED							TOTAL NO. OF VISITS TO ALL CASES						
Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Total	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Total
3062	1252	82	85	131	1352	5964	72,295	25,861	102	9324	1094	10,610	120,286

Domestic Help

Total number of Cases provided with home help in 1957

Maternity	Tuber- culosis	Chronic Sick, Aged & infirm	Others	Total	No of cases receiving home help on 31st Dec. 1958
31	4	477	49	561	

Occupational Therapy

Analysis of patients treated over the year

Source of Referral	Treatment continuing from 1957	1958	Total	New Patients on Waiting list
Chest Clinics	50	35	85	3
Welfare Department	37	6	43	-
Assistant School				
Medical Officer	7	2	9	1
Mental Health Officer	5	2	7	1
General Practitioners and Hospitals:-	13	9	22	2
Cowley Road	5	7	12	
Radcliffe Infirmary	4	3	7	
Horton General	4	-	4	
Nuffield Orthopaedic	2	-	2	
Warneford	1	-	1	
Churchill	-	1	1	
Littlemore	1	4	5	1
Health Visitor	3	1	4	
Red Cross Society	4	4	8	
Occupational Therapists	-	2	2	1
	136	76	212	9

Main Illnesses and Disabilities

Tuberculosis	85
Heart and Chest diseases	25
Rheumatoid Arthritis	9
Disseminated Sclerosis	14
Poliomyelitis, paraplegias, etc.	15
Accident and Injuries	15
Cerebral palsy and mental defects	16
Psychological conditions	16
Epilepsy	5
Miscellaneous conditions	12
	<u>212</u>

Total number of visits made :- 2606

Patients being visited January 1959:- 138

Awaiting treatment 9

Supervision of Maternity and Nursing Homes

Homes Registered up to 1958 (under Public Health Act, 1936)

	No of Homes	No. of Beds Provided		
		Maternity	Other	Total
Homes first registered during the year	-	-	3	3
Homes on the Register at the end of the year	6	2	53	55

Convalescence

Cases sent to Convalescent Homes on medical recommendation

Men	Women	Women accompanied by fit babies or children	Boys	Girls	Total	Total No of Weeks involved (including accompanying children)
10	48	4	6	5	73	160

Medical Examinations

Examinations carried out by the Staff of the Health Department

	Number examined	Number X-rayed
1 Factory Acts ...	2	1
2 Superannuation ...	25	16
3 Ministry of Education prior to teaching (Form 28RQ) ...	21	15
4 Ministry of Education prior to entering Training College (Form 4RIC) ...	19	11
TOTALS	67	43

NOTE: The report of the Chief Welfare on Blindness will be issued with the Statistical Appendix

PART VII

AMBULANCE SERVICE

Administration

There were no changes in the Administrative Staff during the year although calls on the Service continue to increase.

The re-organisation of the Hospital Car Service whereby all journeys, whether for stretcher or sitting cases, are now booked through the Ambulance Service continues to work most satisfactorily. Full use is now made of the accommodation available on ambulances for sitting patients, which has enabled both the Hospital Car and Ambulance Services to accommodate the increased number of patients.

Stations

During the year a new full-time ambulance station was established at Crowmarsh. At Chipping Norton a full time station is in the process of establishment, following the termination of the agency service.

The Crowmarsh Ambulance Station which was opened on the 1st June 1958 is giving excellent service in that part of the County hitherto served by Oxford City. The cover afforded to the area has been so complete that it has been almost unnecessary to send City vehicles into that area. It is quite clear that an ambulance station at Crowmarsh was urgently required and that the residents of that area are now receiving the service which was so badly needed; similarly this need will be fulfilled at Chipping Norton when this station becomes fully operational.

Full-Time Stations

<u>Location</u>	<u>Personnel</u>
Banbury	10
Bicester	2
Henley	3
Thame	1
Witney	4
Woodstock	2
Chipping Norton	1
Crowmarsh	2

Part-Time Stations

<u>Location</u>	<u>Personnel</u>
Kidlington	6
Wychwoods	1

Vehicles

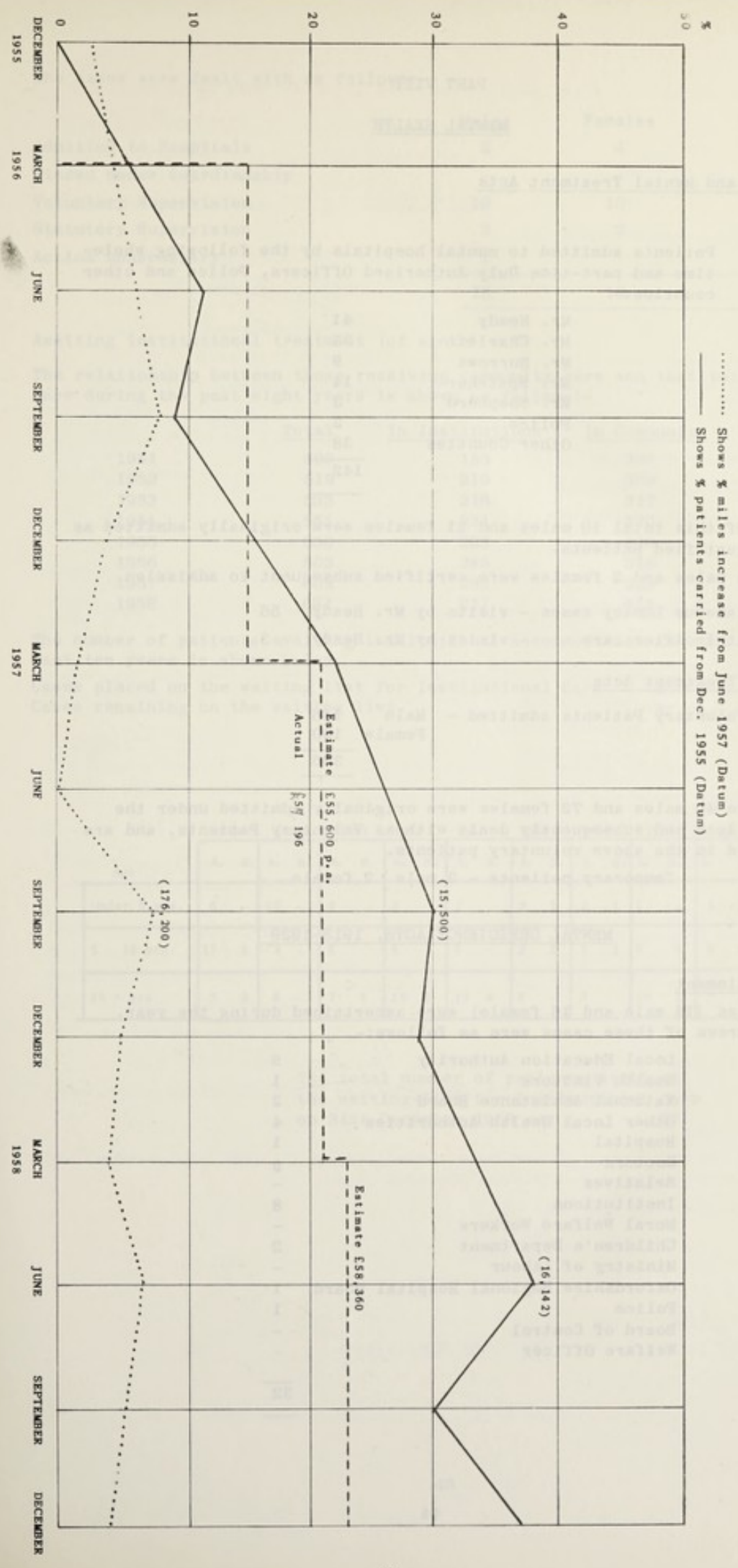
There are fifteen fully operational front line vehicles and two reserves stationed throughout the County.

Two new ambulances were purchased during the year under the replacement scheme. The design of these has been selected with a view to universal use whereby the maximum loading and comfort can be utilised for either stretcher or sitting cases, or a combination thereof, depending on the prevailing demand on the service.

Hospital Group Transport Officer

In the past each Hospital in the United Oxford Hospitals Group was responsible, through a transport clerk, for ordering ambulance transport requirements. It was evident, from the Ambulance Service point of view, that a more closely integrated scheme would have mutual advantages. To this end, after lengthy statistical discussions, the United Oxford Hospitals agreed to provide a Group Transport Officer. His appointment commenced on October 1st, 1958, and whilst the scheme is not fully operational the results so far promise a high degree of success in the future when he has had an opportunity to implement the proposals to their fullest.

AMBULANCE - GRAPH SHOWING PATIENTS CARRIED AND MILES
 RUN AS A PERCENTAGE



PART VIII

MENTAL HEALTH

Lunacy and Mental Treatment Acts

Lunacy

Patients admitted to mental hospitals by the following whole-time and part-time Duly Authorised Officers, Police and other counties:-

Mr. Heady	41
Mr. Charlett	35
Mr. Burrows	9
Mr. Spatcher	14
Mr. Shepherd	3
Police	2
Other Counties	38
	<hr/>
	142
	<hr/>

- (a) Of this total 10 males and 21 females were originally admitted as certified patients.
 (b) 4 males and 2 females were certified subsequent to admission.

Miscellaneous Lunacy cases - visits by Mr. Heady 56
 Psychiatric After-care - visits by Mr. Heady 3

Mental Treatment Acts

Voluntary Patients admitted - Male	146
Female	190
	<hr/>
	336
	<hr/>

Of these 40 males and 72 females were originally admitted under the Lunacy Acts and subsequently dealt with as Voluntary Patients, and are included in the above voluntary patients.

Temporary patients - 3 male 2 female

MENTAL DEFICIENCY ACTS, 1913-1938

Ascertainment

New cases (16 male and 16 female) were ascertained during the year. The Sources of these cases were as follows:-

Local Education Authority	9
Health Visitors	1
National Assistance Board	2
Other Local Health Authorities	4
Hospital	1
Doctors	3
Relatives	-
Institutions	8
Moral Welfare Workers	-
Children's Department	2
Ministry of Labour	-
Oxfordshire Regional Hospital Board	1
Police	1
Board of Control	-
Welfare Officer	-
	<hr/>
	32
	<hr/>

The cases were dealt with as follows:-

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Admitted to Hospitals	2	4	6
Placed under Guardianship	-	-	-
Voluntary Supervision	10	10	20
Statutory Supervision	3	2	5
Action unnecessary	1	-	1
	<u>16</u>	<u>16</u>	<u>32</u>

Awaiting institutional treatment (of above) - 7

The relationship between those receiving community care and institutional care during the past eight years is shown as follows:-

	<u>Total</u>	<u>In Institutions</u>	<u>In Community</u>
1951	492	185	307
1952	519	210	309
1953	533	216	317
1954	551	221	330
1955	598	268	330
1956	603	285	318
1957	609	283	326
1958	631	217	414

The number of patients awaiting institutional accommodation in each of the last ten years is shown below.

Cases placed on the waiting list for Institutional Care' - 'A'
Cases remaining on the waiting list 'B'

Age	1949		1950		1951		1952		1953		1954		1955		1956		1957		1958	
	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.
Under 5 yrs.	6	-	10	-	4	-	3	-	2	-	2	2	2	1	1	-	3	3	3	3
5 - 15 yrs.	17	1	3	-	5	-	5	-	8	-	2	2	1	1	9	4	8	7	5	4
15 + yrs.	7	2	8	-	7	1	19	3	13	4	5	-	3	-	10	2	7	2	7	3

The total number of patients still on the waiting-list for Institutional care on 31st December 1958 was 27

Patients on licence from Institutions, 31st December 1958 (excluding out-county)

	<u>Male</u>	<u>Female</u>
Borocourt	7	6
Pewsey	2	1
St. Francis School, Buntingford	-	-
St. Mary's, Alton	-	1
	<hr/>	<hr/>
	9	8

Approved Homes

There were also patients accommodated in Approved Homes:

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Mount Table, Wingrave	-	1	1
Purley Park, Nr. Reading	1	-	1
St. Agnes Home, Caversham	4	-	4
	<hr/>	<hr/>	<hr/>
	5	1	6

Under Circular 5/52 defectives may be given a temporary stay in hospital for a period of up to 8 weeks without certification.

Distribution of Short-term Care under Circular 5/52 in 1958:

Institutions	16
Approved Homes	-
Private Care	-

Orders made under the Mental Deficiency Acts.

Number of Orders made on Petition under the Mental Deficiency Acts ..	1
of whom (a) admitted to Institutions - male 1 female ..	1
(b) placed under guardianship ..	-
Cases admitted to Institutions by parents under Section 3 ..	4
Number of Varying Orders ..	-
Number of Orders by the Secretary of State under the Mental Deficiency Act, 1913 Section 9 ..	-
Number of Orders under Section 8 (1.B.) of the Mental Deficiency Act 1913 ..	1
Number of cases referred by the Courts, including those under S.8 ..	1
Number of urgent cases admitted temporarily to Place of Safety ..	-

Guardianship

No new cases were placed under Guardianship in 1958. 19 persons remained under Guardianship from previous years.

Guardians were as follows:

Relatives	-
Employers	7
Other persons	12

Statutory Supervision

Number of patients under Statutory Supervision 68

Voluntary Supervision

Number of patients under Voluntary Supervision 239

Visits paid by Mental Welfare Staff in 1958

	<u>Male</u>	<u>Female</u>
1) Visits in respect of mentally defective persons	-	-
a) Visits leading up to certification including removals to Institutions	25	21
b) Visits re Guardianship cases	17	4
c) Visits re Statutory Supervision cases	169	130
d) Visits re Voluntary Supervision cases	185	250
e) Visits re cases on licence	19	24
f) Visits re cases for re-certification	15	4
2) Other Visits	80	62
	<u>510</u>	<u>495</u>

Total: 1005

Medical Certificates by Health Department Staff

Medical certificates in respect of persons who were certified during the year given by medical staff of the Health Department:

Male 3 Female 1

Other medical certificates under the Mental Deficiency Acts given by medical staff of the Health Dept: in 1958 5 Male - Female

Occupation Centres

The County Council maintains children at the following Occupation Centres in the numbers shown:

Oxford 5
Brighton 5

17 patients from Oxfordshire were attending daily at Borocourt, Smith Hospital and Cumnor Rise on the 31st December 1958.

Home Teaching of Mentally Defective Children

The two Home Teachers gave regular instructions to approximately 44 mentally defective children in 1958, in the following categories:-

- (a) at home individually 22
- (b) at the Class in Banbury and Witney 35

The County is divided into two areas for this purpose.

ENVIRONMENTAL HYGIENE

Annual Report of County Housing Officer for the year 1958.

During the year under review, 637 visits were made in connection with the following:-

	No of Visits
Consultations with District Councils' Officers and others	55
Attendance at Ministry of Housing & Local Government Inquiries	2
Visits:	
(a) School and children's homes re water, sanitation, canteens, swimming baths etc.	26
(b) " " " " re milk supplies	54
(c) Milk retailers, in connection with school milk supplies	2
(d) Farms, biological milk sampling etc	95
(e) Specified Areas, sale of designated milks	33
(f) Pasteurising establishments	272
(g) Investigations into case of possible milk-borne infection	40
(h) Smallholdings, nurses and police houses re water supplies, drainage	23
(i) Miscellaneous visits	24
(j) Village Surveys, water schemes	8
" " sewerage "	1
TOTAL	637

Water samples obtained for

(a) full chemical analysis	1
(b) Fluoride content	1
(c) bacteriological examination, (schools, dairies, police houses, smallholdings etc.)	41

MILK

Milk Production

Licensed Pasteurising establishments ...	10
Licensed pasteurising establishments pasteurising plant installed, holder type	12
Licensed pasteurising establishments pasteurising plant installed, high temperature short time	5
Approximate quantity of milk heat treated daily	20,500 gallons
Number of milk samples obtained	
1. Pasteurised milk supplies	643
2. School milk supplies	57
3. Biological examination	204

Milk Sample Summary

	Submitted	Phosphatase Test \emptyset			Methylene Blue Test *		
		Passed	Failed	Void	Passed	Failed	Void
1. Pasteurised	296	292	3	1	211	-	85
Tuberculin Tested Milk, (pasteurised)	347	337	8	2	244	-	103
TOTAL	643	629	11	3	455	-	188
2. Pasteurised	53	53	-	-	23	1	28
Tuberculin Tested Milk, (Pasteurised)	4	4	-	-	2	-	2
TOTAL	57	57	-	-	26	1	30

	Submitted	Bovine Tuberculosis		Brucella abortus	
		Negative	Positive	Negative	Positive
3. Tuberculin Tested Herds					
TOTAL	204	203	1 γ	197	7 x

* Due to shade temperature exceeding 65°F

\emptyset All failures occurred with holder type pasteurising plant

γ From 10 gallon churn of T.T. milk prior to bottling for retail sale

x Obtained from 3 herds - milk from which was retailed bottled T.T. milk

Bacteriological examination of milk bottles, churns etc.

	Bottles	%	Churns	%	Churn Lids	%	Churns with Lids	%
Satisfactory	153	66	53	46	62	54	5	50
Fairly Satisfactory	6	3	2	2	9	8	-	-
Unsatisfactory	35	15	35	30	29	25	4	40
+ Void	38	16	26	22	15	13	1	10
TOTAL	232		116		115		10	

+ Due to spreader organisms obliterating plate count.

% are approximate

RURAL HOUSING SURVEY - CLASSIFICATION OF HOUSES

CLASSIFICATION	BANBURY		BULLINGDON		CHIPPING NORTON		HENLEY		PLOUGHLEY		WITNEY		TOTALS	
	+ 1951	1958	+ 1953	1958	+ 1947	1958	+ 1950	1958	+ 1949	1958	+ 1953	1958	+	1958
Group 1 - Satisfactory in all respects	609	929	2702	2827	762	1132	1349	1653	886	2353	1210	1621	7518	10515
Group 2 - With minor defects	688	569	1729	2250	1467	1391	1223	806	1315	903	891	855	7313	6774
Group 3 - Requiring repair, structural improvements or alteration	922	983	1780	1337	1282	1154	855	888	1113	220	2263	1895	8215	6477
Group 4 - Unfit for habitation and beyond repair at reasonable cost	827	464	534	164	400	152	55	33	453	119	300	243	2569	1175
	3046	2945	6745	6578	3911	3829	3482	3380	3767	3595	4664	4614	25615	24941

Note + Year survey completed

GENERAL RURAL HOUSING DATA, 1958

	BANBURY	BULLINGDON	CHIPPING NORTON	HENLEY	PLOUGHLEY	WITNEY	TOTALS
Applicants for council houses	215	1048	498	241	258	350	2610
Ex-Service hutments converted and in use as temporary housing	-	27	-	18	-	5	50
Ex-Service hutments not converted but inhabited	1	2	1	-	-	-	4
Cases of known overcrowding	-	2	3	1	-	-	6
Caravans used for housing							
(a) by Service personnel	-	19	-	-	2	280	301
(b) as permanent occupation	29	583	23	193	80	82	990
(c) for temporary occupation	1	22	-	58	16	13	110
TOTAL	30	624	23	251	98	375	1401
Houses within survey reconditioned or improved - informal action by owners	64	152	56	56	107	79	514
Houses within survey demolished - informal action by owners	-	-	-	-	-	3	3
FINANCIAL ASSISTANCE TOWARDS HOUSING							
Dwellings towards which advances for purchase have been made:-							
(a) under Small Dwellings Acquisition Acts	-	-	-	-	1	-	1
(b) under Housing Act 1949, Sec. 4	42	26	4	47	120	67	306
Improvement Grants, Housing Act, 1949 - Applications approved	26	54	26	65	41	83	305

	BANBURY	BULLINGTON	CHIPPING NORTON	HENLEY	PLOUGHLEY	WITNEY	TOTAL
ACTION UNDER HOUSING ACTS							
Demolition Orders served	4	1	-	10	2	8	25
Demolition Orders outstanding	17	25	-	14	83	47	216
(a) occupied premises	13	8	-	4	14	12	51
(b) unoccupied premises	34	17	-	10	69	35	165
Undertakings accepted to make fit	4	4	-	-	-	11	19
Undertakings accepted not to use for human habitation	2	1	68	9	1	3	84
Undertakings outstanding	24	29	140	25	36	42	296
Houses demolished	6	6	-	6	17	16	51
Houses made fit	10	5	9	3	94	14	135
Houses acquired by local authority	-	-	1	-	-	10	11
Closing Orders made	19	5	1	-	-	38	63
Closing Orders outstanding	63	13	-	7	-	90	173
Clearance Areas	-	-	-	-	-	-	-
Areas cleared	-	-	-	-	-	-	-

Provision of New Housing - Rural Areas

	BANDURY	BULLINGDON	CHIPPING NORTON	HENLEY	PLOUGHLEY	WITNEY	TOTAL
<u>By Local Authorities</u>							
New dwellings, tenders approved but not started	4	67	-	34	-	10	115
Under construction	2	42	15	-	12	8	79
Completed 1.4.45 - 31.12.58	542	1,378	621	649	1,138	1,049	5,377
Completed 1958	44	105	6	32	4	22	213
<u>By Private Enterprise</u>							
Under construction	29	158	16	108	251	89	651
Completed 1.4.45 - 31.12.58	237	946	223	782	1,165	327	3,680
Completed 1958	41	197	16	104	168	68	594

YEARLY SUMMARY

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Converted ex-military hutments		342	456	608	749	737	726	665	556	310	200	111	50
Unconverted ex-military hutments		181	192	196	155	121	81	90	28	21	15	15	4
TOTAL		523	648	804	904	858	807	755	584	331	215	126	54
New Council Houses	42	193	582	489	343	510	431	577	616	568	408	405	213
New private houses	89	111	109	108	82	68	112	356	505	507	115	554	594
TOTAL	131	304	691	597	425	578	543	933	1121	1075	893	959	807
Applications for Council Houses					4978	4507	4079	4048	3859	3313	2794	2518	2610
Caravans used for housing								1201	1265	1336	1415	1227	1401

RURAL WATER SUPPLIES AND SEWERAGE ACTS 1944-1955
PUBLIC HEALTH ACT 1936, SECTION 307

One main drainage scheme to the value of £44,774 and six water schemes to the value of £272,724 were submitted and approved.

Since 1944 the County Council has considered 73 main water schemes and 66 sewerage disposal schemes at an estimated cost of around £6,000,000.

OXFORDSHIRE COUNTY COUNCIL

APPENDIX

TO

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1 9 5 8

comprising

GENERAL STATISTICS (PART II)

REPORT ON BLINDNESS (ADDENDUM TO PART VI)

STATISTICAL COUNTY OFFICE

APPENDIX

TO

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICE OF HEALTH

FOR THE YEAR

1928

CONTENTS

REPORT ON MALARIA (PART I)
GENERAL STATISTICS (PART II)

I beg to present the Appendix to the Annual Report for 1958.

Vital Statistics

The vital statistics for Oxfordshire, in 1958, compare favourably with similar, provisional, figures for the country as a whole. Thus, the birth rate in Oxfordshire is higher than the national rate, the death rate is lower, and it is satisfactory to note that there were no maternal deaths.

The increasing number of deaths from cancer of the lung forms one of the most important features of the mortality figures.

TABLE I

Deaths from Lung Cancer in Oxfordshire, 1950-1958

Year	Deaths	Male	Female	Rate per 1,000 of Population	
				Urban	Rural
1950	42	34	8	0.3	0.2
1951	43	30	13	0.5	0.1
1952	45	40	5	0.2	0.2
1953	40	32	8	0.3	0.2
1954	51	44	7	0.3	0.2
1955	41	38	3	0.2	0.2
1956	69	59	10	0.4	0.3
1957	65	54	11	0.4	0.3
1958	83	75	8	0.5	0.4

Table I shows a steady rise in deaths from this disease during the present decade. Males are affected much more commonly than females. It is worth noting, also, the higher rates in the urban than in the rural districts. The increasing death rates among women, which have been noted in the national figures, are not yet shown in the County figures.

Cancer of the lung is unusual, in that it most commonly affects the middle-aged rather than the elderly. Thus it is estimated that in males the disease is responsible for one in every eighteen deaths; in males between the ages of 45 and 64, however, the proportion rises to one in every nine deaths. In 1957, the Medical Research Council published a report reviewing the increase in lung cancer and assessing the evidence relating to smoking and lung cancer. The Council concluded that the most reasonable explanation of the very great increase in lung cancer was that a major part of it was caused by tobacco smoking, particularly in the form of cigarettes.

The present propaganda policy of the County Council is aimed mainly at the prevention of smoking by children and young persons, but endeavours are being made to bring the subject to the notice of adults, where such an approach appears practicable. It is very necessary that everyone should know and understand the facts, so that each person can decide whether he or she considers it worthwhile to accept the risks which are inherent in smoking.

Domiciliary Health Services and Development of the National Health Service

This year, the Minister of Health has asked that the Annual Report should contain a review of the domiciliary health services and development

of the National Health Service over the past ten years. Since, however, I did not take up my appointment as Medical Officer for the County until the present year, it would be inopportune for me to attempt to comment upon, or review the development of the local authority health services. Nevertheless, the following brief resume may be of interest.

The domiciliary health services have been strengthened considerably since the introduction of the National Health Service Act, ten years ago. In 1949, there were 51 nurse/midwives in Oxfordshire: now there are 58. In 1949, there were 32 health visitors: now there are 34 on the establishment. In 1949, 60 infant welfare clinics were held in the County: today 70 clinics are maintained.

Although these figures are related to the increase in births and in the population, they reflect also the awareness of the need for preventive services and community care. The advantages of helping the elderly, the sick and the infirm at home, rather than by their admission to hospital, is shown by the increasing demand made on the home help service. In 1949, 157 persons were benefiting from the services of home helps: in 1958, the figure had increased to 561, including 477 chronic sick, aged and infirm persons. Health visitors visit the homes of elderly chronic sick patients who are awaiting admission to hospital and submit their reports to the hospitals concerned.

With the loss of hospital control in 1948, the functions of the local health authority have become concentrated mainly round preventive and after-care services. The multiplicity of prophylactic injections has already been commented upon; at times, the planning of the different immunising procedures presents considerable difficulties. In the past decade there has been an increase in the numbers and percentages of the population protected against diphtheria, whooping cough, smallpox and tetanus; while, in the latter years, protection against tuberculosis and poliomyelitis has become a reality.

The Ambulance Service has been subjected to repeated scrutiny and inquiry during the past decade. In 1949, the mileage undertaken by ambulances alone was 161,615. In 1958, this figure had risen to 276,987 - an increase of 71%. So many factors contribute to the increase that it is difficult to ascertain how much any one of them is responsible. The increasing ~~average age of the population~~ advances in medicine, the provision of new outpatient clinics, the inception of day-hospitals, the expansion of the mental health services - all play a considerable part. On the other hand, co-ordination of journeys, improved liaison resulting from the appointment of hospital transport officers, and repeated requests for economy in the service help to curb the inflationary mileage figures. But much of the increase is unavoidable, in that it is associated with the expansion of hospital facilities in a welfare state which is catering for the needs of increasing numbers, on the basis that outpatient clinics may prevent hospital admissions.

One of the greatest developments over the past ten years can be seen in the services provided for those suffering from mental disorder. In the forthcoming years, a reorientation away from large hospitals in remote rural areas to small homes which are easily accessible to relatives is envisaged. This change of policy will throw a great load of expense, as well as responsibility, on the shoulders of local health authorities.

M. J. PLEYDELL

County Medical Officer of Health

VITAL STATISTICS

(a) GENERAL STATISTICS

Area (acres) 470,392
 Population (Estimated mid-1958) - Total: 194,000
 Rateable Value for whole County: £2,256,895 (1st April, 1959)
 Estimated product of pennyrate for the whole County
 (1958-59) £8,450

(b) EXTRACTS FROM VITAL STATISTICS FOR THE YEAR

	M	F	Total	
Live births	1,812	1,690	3,502	
Live Birth Rate (per 1,000 of the estimated population):				18.0 Crude
(National Average - 16.4)				18.9 Corrected
Stillbirths	32	28	60	
Stillbirth Rate per 1,000 total (live and still) births				16.8
(National Average - 21.6)				
	M	F	Total	
Total Births (live and still):	1,844	1,718	3,562	
Infant Deaths	32	29	61	
Infant Mortality Rate per 1,000 live births:				17.4
(National Average - 22.5)				
Infant Mortality Rate per 1,000 live births - legitimate				17.8
" " " " 1,000 " " - illegitimate				7.5
Neo-natal Mortality Rate (first four weeks),				
per 1,000 live births:				12.0
Illegitimate Births per cent of total live births:				3.8%
Maternal Deaths (including abortion)				NIL
Maternal Mortality Rate				NIL

DEATHS

	M	F	Total	
Total Deaths	1,009	900	1,909	
Death Rate per 1,000 of estimated population				9.8 Crude
(National Average - 11.7)				10.1 Corrected

Death Rate

1,909 persons died in Oxfordshire in 1958, giving a corrected death rate of 10.09, comparing with a national rate of 11.7.

There were 83 deaths from cancer of the lung, 75 of these being males and 8 females, giving a death rate from this disease of 0.427 per 1,000 of the population.

13 persons died from tuberculosis, giving a T.B. death rate of 0.067.

The greatest fractions of the total deaths were accounted for by:-

Heart Disease	576
Cancer	339
Cerebral Vascular Disease	323
Infectious Diseases other than Tuberculosis	138
Other Circulatory Diseases	92
Motor Vehicle Accidents	32
All Other Accidents	43
Gastro-intestinal Diseases	24
Tuberculosis	13

Vital Statistics of whole County during 1958 and previous years

Year 1	Population estimated to middle of each year 2	BIRTHS		DEATHS				
		Number 3	Rate per 1,000 of population 4	Under 1 year of Age		At all ages		
				Number 5	Rate per 1,000 Nett Births 6	Number 7	Rate per 1,000 of population 8	
1949	163,500	3,021	18.4	76	25	1,781	Crude 10.9	Corrected *
1950	173,780	2,914	16.7	63	21.6	1,889	10.8	10.04
1951	172,060	2,937	16.24	52	17.7	1,958	10.8	10.15
1952	180,800	3,049	16.46	81	26.5	1,773	9.6	9.46
1953	185,200	3,131	16.56	74	23.6	1,680	8.8	8.71
1954	189,000	3,217	16.96	68	21.1	1,773	9.3	9.16
1955	189,600	3,179	16.8	72	22.6	1,934	10.09	10.09
1956	191,500	3,356	17.2	67	19.9	1,873	9.61	10.09
1957	194,600	3,580	18.35	75	20.9	1,766	9.05	9.50
1958	195,070	3,502	18	61	17.4	1,909	9.8	10.09

= Civilian population
 ♂ Resident population

* A corrected rate having been adjusted for age and sex distribution

RURAL DISTRICTS

	POPULATION ESTIMATED TO MIDDLE OF 1958	Nett Births		Nett Deaths				
		Number	Rates per 1000 population	Under 1 year of age		At all ages		
				Number	Rate per 1000 nett births	Number	Rates per 1000 population	
				Crude	Corrected*	Crude	Corrected*	
Banbury	15,070	239	15.8	7	29.2	148	9.8	8.7
Bullington	39,600	747	18.8	15	20	382	9.6	9.6
Chipping Norton	16,110	262	16.2	4	15.2	167	10.3	9.7
Henley	20,880	359	17.1	6	16.7	225	10.7	10.4
Ploughley	27,910	562	20.1	9	16	152	5.4	8.3
Witney	23,530	483	20.5	8	16.5	189	8	9.2

* A corrected rate having been adjusted for age and sex distribution

UPSEAN DISTRICTS

	POPULATION ESTIMATED TO MIDDLE OF 1958	Nett Births		Nett Deaths					
		Number	Rates per 1000 population		Under 1 year of age		At all ages		
			Crude	*Corrected	Number	Rate per 1000 nett births		Number	Crude
Beabury	19,580	338	17.1	17.1	4	11.8	262	13.3	12.9
Dicester	5,860	117	19.9	17.5	1	8.5	47	8	10.1
Chipping Norton	3,920	65	16.5	17.6	-	-	40	10.2	8
Henley	8,020	84	10.4	11	1	11.9	122	15.2	11.5
Thame	3,720	50	13.4	13.6	2	40	40	10.7	9.9
Witney	7,870	149	18.9	18.1	4	26.8	83	10.5	12
Woodstock	1,830	47	25.5	26.7	-	-	52	28.4	8.5

* A corrected rate having been adjusted for age and sex distribution

BLINDNESS

Mr. R.T. Barre, Chief Welfare Officer, has kindly contributed the following information:

During the year ended 31st December, 1958, 61 completed Forms B.D.8 were received, and 31 persons were admitted to the Blind Register and 30 to the Register of Partially Sighted Persons.

No cases of blindness due to Retrolental Fibroplasia were reported.

All except 18 persons recommended for treatment were dealt with during the year and received treatment recommended.

A. Follow-up of Registered Blind and Partially Sighted Persons

(i) Number of cases registered during the year in respect of which Forms B.D.8 recommend	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment ...	4	4	-	25
(b) Treatment (medical, surgical or optical) ...	6	5	-	17
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	-	5	-	5

B. Ophthalmia neonatorum

(i) Total number of cases notified during the year	Nil
(ii) Number of cases in which: (a) Vision lost (b) Vision impaired (c) Treatment continuing at end of year	Nil

During the year ended 31st December, 1958, seven persons who were previously on the Partially Sighted Register were re-examined and placed on the Register of Blind Persons.

Cases certified blind and placed on the Register of
Blind Persons for the County of Oxford during 1958

<u>Cause of Blindness</u>	<u>Age Group</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Iridocyclitis	70-79	-	1	1
Glaucoma	70-79	1	4	5
	80-84	2	-	2
Primary Optic Atrophy	3	1	-	1
	60-64	1	-	1
	80-84	1	-	1
Corneal Degeneration	85-89	-	1	1
Diabetic Retinopathy	50-59	1	1	2
	65-69	-	1	1
	70-79	-	1	1
Conical Cornea	80-84	1	-	1
High Myopia	60-64	-	1	1
	80-84	1	-	1
Massive Exudative Retinopathy	50-59	1	-	1
Cataract	40-49	1	-	1
	70-79	-	1	1
	85-89	-	1	1
Macula Degeneration	80-84	1	1	2
Keratitis	70-79	-	1	1
Retinitis Pigmentosa	60-64	-	1	1
Senile Retinopathy	85-89	-	1	1
Uvuetis	50-59	1	-	1
Choroidal Atrophy	85-89	-	1	1
Central retinal vein Thrombosis	85-89	-	1	1
		13	18	31

The degenerative conditions associated with increasing age account for the greatest proportion of new cases registered as blind during 1958.

The total number of cases on the Blind Register for the County of Oxford at 31st December, 1958, were

Male	Female	Total
166	207	373

Epilepsy

During 1958 there were 9 persons in the care of the Welfare Committee in Epileptic Colonies.

Handicapped Persons

The number of registered handicapped persons (deaf) was 72.

The number of registered handicapped persons (general classes) was 81.



STATE OF CALIFORNIA
DEPARTMENT OF REVENUE

Item	1917	1918	1919	1920
Income Tax	10,000,000	12,000,000	15,000,000	18,000,000
Excise Tax	5,000,000	6,000,000	7,000,000	8,000,000
License Tax	3,000,000	3,500,000	4,000,000	4,500,000
Transfer Tax	2,000,000	2,200,000	2,400,000	2,600,000
Other Taxes	1,000,000	1,100,000	1,200,000	1,300,000
Total	21,000,000	24,800,000	29,600,000	34,400,000

The following table shows the amount of tax collected in each year from 1917 to 1920. The total amount of tax collected in 1920 was \$34,400,000, an increase of \$4,800,000 over 1919.

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