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WILTSHIRE COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1952

"WILTSHIRE TIMES," TROWBRIDGE


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WILSON COUNTY COUNCIL

ANNUAL REPORT

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WILTSHIRE COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

for the Year 1952

FOREWORD

THE Health Department in this county has been developed in such a way that it is a closely integrated whole. While naturally the larger part of the output of work done by the Department comes before the Health Committee and its Sub-Committees for consideration and, therefore, is mostly in relation to the National Health Service Act, Part III, the appointed day for which was in 1948, a considerable section relates to matters arising from the Education Act which became operative in 1945.

At the same time the Health Department as a whole is accustomed to work in liaison with the County Welfare Committee and its officers, the Children's Committee, and the Water Supplies Committee. Moreover, it not infrequently provides advice to all the other Committees when medical problems occur in respect of the staffs employed by them—for example—the Roads and Bridges Committee and the Standing Joint Committee.

Many individuals at one time and another come under the different sections of both the Acts mentioned above at one and the same time, but the close integration which has been achieved prevents independent action by one section taking place without first finding out if the patient to be assisted is, on account of some other defect or set of circumstances, about to be assisted or dealt with by one of the other sections. It is our aim that the individual should be looked upon and dealt with as a whole and not as a "jigsaw puzzle" composed of various defects and troubles.

After many years of concern over the incidence of tuberculosis, and the disappointing effects of such treatment by sanatorium or otherwise, it is most encouraging to be able to strike an optimistic note. The modern clinician has now powerful weapons which are having their effect in lessening mortality and shortening periods of incapacity. The work of the Mass X-Ray Units and of our Chest Physicians when making examinations of contacts is discovering and eliminating previously unknown sources of infection all the time. So far to my knowledge no individual inoculated with B.C.G. has yet developed tuberculosis. Whatever calls there are for economy, not to press forward as and when modern knowledge calls for an advance in this direction, would be wasteful and short-sighted.

In conclusion I wish to thank all members of County Council Committees and of the Health Department itself for the frequent and repeated occasions on which I have received from them help and sound advice.

J. BURMAN LOWE.

County Hall,
Trowbridge.

MAY, 1953.

STAFF

County Medical Officer of Health and County School Medical Officer:—

J. Burman Lowe, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer:—

Agnes L. Semple, M.B., Ch.B., D.P.H.

Senior Assistant County Medical Officer:—

D. L. Johnson, M.R.C.S., L.R.C.P., D.P.H.

Area Medical Officer:—

J. Urquhart, M.B., Ch.B., D.P.H. (Also Medical Officer of Health, Swindon Borough, and Borough School Medical Officer for Swindon.)

Assistant County Medical Officers:—

C. L. Broomhead, M.D., B.Ch., B.A.O., D.P.H. (Also Medical Officer of Health, Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, and Malmesbury Rural District.)

H. Margaret Hammond, M.B., Ch.B.

R. Mackay, M.D., M.B., Ch.B., D.P.H. (Also Medical Officer of Health, Marlborough Borough, Marlborough and Ramsbury Rural District, Pewsey Rural District and Amesbury Rural District.)

R. S. McElroy, B.A., M.B., B.Ch., B.A.O., D.P.H., D.T.M. (Also Medical Officer of Health, Cricklade and Wootton Bassett Rural District and Highworth Rural District.)

Jean Murray, M.B., Ch.B., D.P.H. (Also Medical Officer of Health, Trowbridge Urban District, and Bradford-on-Avon Urban District.)

R. Bruce Killoh, M.B., Ch.B., D.P.H. (Also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District.)

J. Reynolds, M.C., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (Also Medical Officer of Health, Warminster Urban District, Westbury Urban District, and Warminster and Westbury Rural District.)

E. M. Wright, M.A., B.M., B.Ch., D.P.H. (Also Medical Officer of Health, Salisbury City.)

Assistance in respect of immunisation, infant welfare and school medical inspection has also been given from time to time by the following:—

Drs. Isabel M. Scott, Katherine M. Kelly and Sheila M. Godfrey.

Chest Physician:—

J. S. Harper, M.B., Ch.B., D.P.H., M.R.C.P. (By arrangement with Regional Hospital Boards.)

Assistant Chest Physicians:—

A. C. Molden, M.B., Ch.B. (By arrangement with Regional Hospital Boards.)

Ellen O'Donovan, M.B., B.Ch., B.A.O., L.M. (By arrangement with Regional Hospital Boards.)

Chief Dental Officer:—

W. H. Liebow, L.D.S.

Assistant Dental Officers:—

- J. M. Benson, L.D.S. (Commenced 1/9/52; Resigned 31/3/53.)
 S. H. Brenan, L.D.S. (Resigned 9/7/52.)
 A. T. Craig, L.D.S. (Commenced 1/12/52.)
 H. H. Greenhalgh, L.D.S.
 E. C. Humphreys, L.D.S.
 F. Lake, L.D.S.
 J. S. MacLachlan, L.D.S. (Commenced 2/1/52.)
 R. S. McMinn, L.D.S.
 E. H. Randerson L.D.S.
 A. Webber, L.D.S. (Commenced 24/3/52; Resigned 23/12/52.)

Lay Administrative Assistant:—

C. A. Horton.

Superintendent Nursing Officer:—

Eleanor W. Redwood, S.R.N., S.C.M., H.V.'s Cert., Midwives' Analgesic Cert.

Deputy Superintendent of Home Nursing Service:—

Gladys M. Bell, S.R.N., S.R.F.N., S.C.M., Midwives Analgesic Cert.

County Sanitary Inspector and Water Supplies Officer:—

T. R. Cox, M.R.S.I., M.S.I.A.

Mental Health Supervising Officer:—

W. R. Hudd.

County Ambulance Officer:—

T. Bullock.

POPULATION

The Registrar-General's estimate for 1952 (including Services) 388,500
 The figure for the previous year was 392,400.

BIRTHS AND DEATHS

	TOTAL.		RATE.	
	1952.	1951.	1952.	1951.
Live Births	5919	6024	15.24	15.35
Still Births	107	132	.28	.34
Deaths	3954	4328	10.18	11.03
Deaths from Pregnancy, Childbirth, Abortion	9	6	1.49	.97
Deaths of Infants under one year of age	129	141	21.79	23.41
Deaths from Cancer (all ages)	647	632		
Deaths from certain Infectious Diseases—				
Tuberculosis, Respiratory	63	68		
Tuberculosis, Other	12	10		
Diphtheria	—	—		
Meningococcal Infections	—	—		
Acute Poliomyelitis	4	1		
Other Infective and Parasitic Diseases	8	15		

The live birth rate of 15.24 when adjusted by the use of the Registrar-General's Area Comparability Factor to allow for the particular age and sex distribution of Wiltshire's population becomes 16.76 and this figure may then be compared with the national rate of 15.3.

The still birth rate of .28 when similarly adjusted becomes .31 compared with a national rate of .35.

The death rate of 10.18 when adjusted becomes 9.98, compared with a national rate of 11.3.

No such adjustments are possible in respect of the maternal mortality and infant mortality rates, but the crude county maternal mortality rate of 1.49 compares with a national rate of .72 and the crude infant mortality rate of 21.79 with a national rate of 27.6. It should be remembered in connection with the maternal mortality rate that, as the numbers involved are very small, differences in the rate have much less significance than would at first appear.

The following table gives the number of deaths during the past 13 years resulting from the more significant of the infectious diseases in the above table:—

Disease.	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Deaths from Tuberculosis—													
Respiratory ...	109	134	107	95	99	92	110	103	108	91	94	68	63
Other ...	28	49	34	24	26	34	16	19	23	12	8	10	12
Diphtheria ...	37	19	2	2	5	1	2	2	—	1	—	—	—
Acute Poliomyelitis ...	1	3	—	1	2	3	1	5	1	13	10	1	4

The continued drop in the total deaths from phthisis is worthy of note, especially having regard to the much higher totals regularly recorded a few years ago.

ACUTE INFECTIOUS DISEASES

The following are the aggregate totals of notifications during 1952 of the more important infectious diseases, together with comparative figures for ten preceding years.

It should be noted that the figures for 1950 onward include non-civilians as the statistics furnished by District Medical Officers of Health in the Registrar-General's Return Forms now include all cases without distinction. Figures for previous years exclude service cases.

Disease.	Total Notifications during												
	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952		
Smallpox ...	3	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	543	658	640	541	355	311	455	269	564	607	407		
Diphtheria ...	70	74	105	17	14	16	6	2	—	3	1		
Enteric Fever (including Paratyphoid) ...	5	6	—	2	1	1	2	1	4	1	1		
Puerperal Pyrexia ...	98	67	64	41	50	34	35	36	24	52	113		
Meningococcal Infection ...	60	28	22	16	15	13	3	8	6	3	11		
Acute Poliomyelitis ...	9	9	1	5	13	51	30	67	68	32	46		
Acute Encephalitis ...	6	2	—	—	1	—	—	—	3	1	—		
Ophthalmia Neonatorum ...	25	20	22	24	27	19	7	3	20	4	5		

SMALLPOX.

No case occurred in Wiltshire during the year. Responsibility for action should a case occur remains divided between County District Councils, the three Regional Hospital Boards and the County Council.

SCARLET FEVER.

The number of notifications, 407, has fallen considerably, as the table shows.

DIPHTHERIA.

The one case notified was confirmed. The patient was a man of 22 years who had received immunisation at the age of 10 and again at 18 when entering the army. He made a good recovery.

PUERPERAL PYREXIA.

The very large number of notifications, 113, undoubtedly resulted from the new statutory definition under which many cases of no real significance are notified. No serious outbreaks of infection occurred but a long series of notifications from one maternity hospital gave rise to anxiety. This series has culminated lately in the finding this year of a source of infection in the staff and the temporary closure of the hospital whilst this was eliminated.

MENINGOCOCCAL INFECTION.

The number of notifications has risen considerably totalling 11, but it is difficult to assign any cause to this.

ACUTE POLIOMYELITIS.

The number of cases notified in 1952, 46, was considerably higher than in the preceding year, but included a number of mild cases, many of which had no residual paralysis. The notification of every case including doubtful ones is most desirable, but it must be borne in mind that the present improved level of notification does not necessarily mean a fully corresponding increase in prevalence of the disease.

ENQUIRY INTO VIRUS INFECTION IN PREGNANCY.

As I mentioned in my last Annual Report, the County Health Service has been co-operating in this Enquiry, instituted by the Ministry of Health in July, 1950, by selecting as subjects for investigation women suffering from certain virus infections in pregnancy, together with a larger number of control cases, and by arranging the medical follow up of the infants resulting from the pregnancies so registered. The Ministry of Health notified that sufficient cases for the Enquiry had been found throughout the Country and the selection of cases, therefore, was discontinued on 31st December, 1952. By that date eleven cases of infection and fifty-three control cases had been registered from the County Area, and the arrangements for the medical examination of the children concerned will be completed when the final examination of the last infant registered is made in 1955.

INFLUENZA

The November bulletin of the Ministry of Health and the Public Health Laboratory Service directed by the Medical Research Council again referred to suggestions regarding the ascertainment and investigation of outbreaks of influenza.

Amongst the suggestions were the following:—

1. To make arrangements with certain practitioners to act as "spotters" and furnish the M.O.H. with reports when the occasion arises.
2. To arrange to receive reports from medical officers to industrial firms when a marked increase in sickness or absence from work takes place.
3. To arrange with local officers of the Ministry of National Insurance for immediate intimation of any sharp local rise in sickness claims.
4. To discuss with the directors of public health laboratories serving the district how general practitioners acting as "spotters" may be brought into touch with them and whether the laboratory service should supply these practitioners with collecting outfits.

The majority of District Medical Officers of Health in Wiltshire took the necessary steps in this matter, but in a few areas, for various reasons, I was asked to initiate the proceedings.

I am glad to report that considerable co-operation was forthcoming from the general practitioners and others concerned.

SERVICES PROVIDED UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946

In accordance with the request of the Ministry of Health, a Special Survey of the Local Health Services provided under the National Health Service Acts was prepared in February, 1953, and submitted to the Ministry. This Survey was drawn up on the lines requested by the Ministry, and, as suggested by them, is included, below, in this Report. The other statistics and details usually given in my Annual Report are printed afterward, under the respective sections of the Act of 1946 to which they relate.

SURVEY IN ACCORDANCE WITH MINISTRY OF HEALTH CIRCULAR 29/52 LOCAL HEALTH SERVICES PROVIDED BY THE WILTSHIRE COUNTY COUNCIL. GENERAL.

1. ADMINISTRATION.

The administration of the Health Services as they affect the County Council is the responsibility of the Health Committee, which has appointed Sub-Committees to deal with the following sections:

- (a) Maternity and Child Welfare Sub-Committee,—
Sections 22, 23, 24, 25, 26, 28 and 29.
- (b) Ambulance Service and Health Centres Sub-Committee,—
Sections 21 and 27.
- (c) Mental Health Sub-Committee,—
Sections 49 and 51.
- (d) Swindon Area Sub-Committee—
All the above sections, with the exception of 27, 49 and 51 and the supervision of midwives.
- (e) Staff Sub-Committee—dealing with Staff appointments.

The organisation and control of all sections of the work is the responsibility of the County Medical Officer, and under his direction the Deputy County Medical Officer attends to the detail of the work of the Maternity and Child Welfare Sub-Committee with the assistance of the two Nursing Officers. The Chief Nursing Officer attends that Sub-Committee's meetings.

The Ambulance Sub-Committee's detailed work is supervised by the Ambulance Officer who attends that Sub-Committee.

The Mental Health Supervising Officer is responsible under the Senior Assistant County Medical Officer for the day to day work and attends the Sub-Committee meetings.

For the Borough of Swindon an Area Sub-Committee has been set up with the Area Medical Officer responsible for the day to day administration under the County Medical Officer of Health. The meetings of this Sub-Committee are held at Swindon and the County Medical Officer of Health and Clerk of the County Council attend from Trowbridge with any other officials who may be required. The Area Sub-Committee consists of five members of the Health Committee, nine members nominated by the Swindon Borough Council, and three co-opted members, being persons with special local knowledge or experience. There is no other decentralisation in the County area, and no joint arrangements for administration with other Local Authorities.

The Health Committee has delegated to the Sub-Committees named certain of its functions, largely day to day matters relating to repairs and maintenance of premises and provision of furniture equipment, etc., in connection with the respective services, with a general financial limit of £100 expenditure on any one item. The Sub-Committees, of course, report to the main Committee all action taken, and also make recommendations in matters beyond the scope of their delegated powers. The Staff Sub-Committee's functions are limited to appointments and matters appertaining thereto. Certain other matters are delegated to Chairmen and to Chief Officers. The delegation to the Swindon Area Sub-Committee includes important powers in connexion with the appointment of staff necessary for carrying out delegated functions.

2. CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

(i) Committee Members:—

(a) Care of Patients in Hospital.

REGIONAL HOSPITAL BOARDS: Members nominated by the Health Committee serve on each of the three Regional Hospital Boards—South Western, South West Metropolitan, and Oxford, which function in the County.

MANAGEMENT COMMITTEES: Representatives have been nominated by the Health Committee from time to time and several members of that Committee are in fact members of Hospital Management Committees, including the Chronic Sick Sub-Committee of the Swindon and District Hospital Management Committee.

(b) Care of Patients by General Practitioners.

EXECUTIVE COUNCIL: Seven members of the Health Committee are also members of the Executive Council.

(ii) Officers:—

(a) Care of Patients under treatment at Hospitals.

THE COUNTY MEDICAL OFFICER OF HEALTH is a member of the Bath Clinical Area Medical Advisory Committee, and the Chronic Sick Sub-Committee of the Swindon and District Hospital Management Committee.

THE DEPUTY COUNTY MEDICAL OFFICER OF HEALTH is a member of Bath Clinical Area Maternity Sub-Committee, Maternity Hospital Committee of the Mid-Wilts Hospital Management Committee, and the Maternity Advisory Committee of the District Maternity Unit, Salisbury.

NURSING OFFICERS: One of the Nursing Officers was until recently a member of the Nurses and Midwives Advisory Sub-Committee of the Oxford Regional Hospital Board.

SPECIALIST CHEST PHYSICIAN AND HIS TWO ASSISTANTS are on the staff of the three Regional Hospital Boards and also of the Health Committee, and make a half-yearly report to the Health Committee on all matters affecting the prevention of tuberculosis and after-care, e.g., arrangements for cases to be sent to a Rehabilitation Centre.

The County Council co-operates extensively with the Regional Hospital Boards in providing premises and nursing staff for the specialist out-patient clinics of the Boards provided for the treatment of orthopaedic, ear, nose and throat, ophthalmic, and cardiac defects, and also for carcinoma and venereal disease.

(b) Care of Patients under treatment by General Practitioners.

THE COUNTY MEDICAL OFFICER OF HEALTH is a member of
Local Medical Advisory Committee,
Local Obstetric Committee.

The Health Committee and its Officers are by the above representations on Committees kept informed of the various hospital services and general practitioner work in the County. As regards the officers, however, the main co-ordination is in the Maternity Services and there is little representation on the general side of the Hospital Service.

The services of the Health Visitors are used by the South West Metropolitan Hospital Board to an increasing extent in connection with visits to the homes of elderly patients awaiting hospital admission in order to make a report as to the priority for the admission of the patient on social grounds. The South Western Board and the Oxford Regional Hospital Board do not call upon this service to any great extent. Most of the Maternity Units use the service of domiciliary visits by Health Visitors for the decision of priority of admission to maternity beds.

The Health Visitor with her wide knowledge of the family and the living conditions of the household is in a position to make a very helpful contribution to the hospitals by way of report, and more use should be made of this service. As expansions occur, the appointment of further Health Visitors would be essential.

A booklet was circulated in 1948 giving full details of the Local Authority Services, with addresses and telephone numbers of officers. This was circulated to all hospitals, general practitioners and nurses in the area. A revision is under consideration.

3. JOINT USE OF STAFF.

Doctors in general practice attend 18 Infant Welfare Clinics and are paid by the Local Health Authority on a sessional basis.

Specialists in maternity service are in charge of two ante-natal clinics for the Local Health Authority, and one is staffed by a general practitioner on a sessional basis.

Immunisations and vaccinations are carried out by general practitioners and the appropriate fee paid for the report. This is of course in addition to the work carried out by our own staff to which reference is made later in the Report.

There are no arrangements for the Local Health Authority's officers or other staff to work in the Hospital or Specialist Services or vice versa, apart from the above. Assistant County Medical Officers of Health have been invited to attend for observation at clinical rounds of wards made by the Paediatrician at Bath and Chippenham, and two members of the Local Health Authority staff have generally attended.

4. VOLUNTARY ORGANISATIONS.

SECTION 22: CLINICS.

Help is given at practically all the Infant Welfare Centres in the County by either the St. John Ambulance Brigade, the British Red Cross Society or Voluntary Committees specially formed in connection with the Centres.

CARE OF UNMARRIED MOTHERS.

The County Council makes grants to the Salisbury and Bristol Diocesan Associations for Moral Welfare and their officers visit all cases referred to them. The Salisbury Diocesan Association runs on behalf of the County Council a Mother and Baby Home at Devizes.

BIRTH CONTROL.

Clinics are maintained by the Family Planning Association at Swindon, Trowbridge and Salisbury, with assistance from the County Council.

SECTIONS 23, 24 and 25.

A number of Nursing Associations still function and continue to take local interest in the work of the midwives and district nurses, although they are now employed by the Local Health Authority.

SECTION 27.

In the Salisbury Ambulance Area (comprising the City of Salisbury, Borough of Wilton, Amesbury, Mere and Tisbury and Salisbury and Wilton Rural Districts the provision of ambulances is undertaken by St. John Ambulance Brigade on a whole-time agency basis, working under the control of a County Council Officer.

In addition St. John Ambulance Brigade and British Red Cross Society have staffed ambulances stationed in various parts of the County which are called in when the need arises to assist the County Ambulance Service.

There are also the many volunteer drivers in the County Car Pool. These people, who use their own cars to carry patients for treatment, can all be contacted directly by Station Superintendents. At the time of writing there are approximately 160 members of the County Car Pool, and their assistance is extremely valuable to the smooth operation of the Ambulance Service.

SECTION 28.

The British Red Cross Society co-operates with the County Council by providing diversional therapy for tuberculous patients. The County Council makes a grant towards this work.

PROVISION OF NURSING EQUIPMENT.

This is chiefly covered by the Medical Loan Depots run by the St. John Ambulance Brigade or British Red Cross Society acting for the County Council. The County Council pays for any new equipment which is needed.

SECTIONS 49/51.

Although the Wiltshire Voluntary Association for Mental Welfare has been disbanded, many of its former members continue to visit cases for the Local Health Authority.

PARTICULAR SERVICES.

(The following details refer to the County Area except the Borough of Swindon; details of the service under the Swindon Area Sub-Committee are given separately at the end of the Report).

5. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

Owing to the serious decrease in attendance at L.H.A. Ante-Natal Clinics held at Devizes, Trowbridge and Wootton Bassett, these had to be closed in 1951, and there are now clinics at Corsham, Cricklade and Wilton. The two former are mainly attended by patients booked for neighbouring Maternity Hospitals and are a convenience to these patients by saving much travelling.

Specialist Clinics for ante and post-natal care are held at Swindon and Salisbury Maternity Units, at the latter of which a number of domiciliary cases are seen for routine examination, although not referred for specialist care.

Many district midwives now arrange to see their cases with the general practitioner at his surgery for ante-natal care and in the populous areas a session for this work is held. Midwives are encouraged to help in this way.

Special arrangements also exist for payment of fees to practitioners for ante- and post-natal examinations of midwifery cases booked by midwives as such and not booked by practitioners under Maternity Medical Service.

Facilities for blood testing are available through the clinics and the General Practitioner Service direct with the Laboratory Services at Salisbury, Bath and Swindon.

There are no Mother and Baby Homes in the County where confinements take place, but all cases admitted to the Mother and Baby Hostels have arrangements made by the County Council for ante-natal care, both by the domiciliary midwife where necessary, and at the hospital where the confinement is to take place.

Except in the Hostels for unmarried mothers, the Infant Welfare Clinics and Health Visitors' Centres and in the domiciliary work of Health Visitors, no special facilities for mothercraft training exist.

All patients having a domiciliary confinement may have through the midwife or doctor attending, a free maternity pack with the following contents:—

- 12 Extra large Maternity Pads, all wool, separately wrapped.
- 12 Large Maternity Pads, all wool, separately wrapped.
- 1 Sheet Tarred Paper, 30" x 36".
- 1 Accouchement Sheet, 24" x 24".
- 2 8oz. rolls Cotton Wool.
- 3 1 yd. Linen Thread.
- 6 5 x 5 Cord Dressings, Lint.
- 6 ½oz. packets sterilised Cord Powder.
- 12 Sterilised Sanitary Towels, size 2, packed in one package.

These packs are drawn by the midwife from depots established throughout the County or sent to her directly from the supplying firm.

CHILD WELFARE.

There are 57 Infant Welfare Clinics in the County area, at which the Health Visitor for the area is in charge with the help, usually, of a Voluntary Committee. At all, a doctor from the County

Staff, a general practitioner or a Military Medical Officer is available; in 29 a Medical Officer from the County Staff, in 24 a general practitioner, and in 4 an Army Medical Officer attends.

Cases requiring consultant examination are referred with the consent of the child's own doctor to Salisbury, Bath or Swindon paediatricians.

One clinic only is held at the premises of a general practitioner, attended by the Health Visitor. The district nurse is also present when free.

CARE OF PREMATURE INFANTS.

There are 12 complete sets of equipment for the care of premature infants held at Centres throughout the County. The sets comprise:—

- 1 Canvas Cot on Stand.
- 2 Small blankets.
- 3 Rubber Hot Water Bottles and Covers.
- 1 Room thermometer.
- 1 Lotion thermometer.
- 1 Clinical thermometer.
- 1 Belcroy feeder.
- 1 Nasal feeding tube and small glass funnel.
- 1 Pint Olive Oil.
- 2 Gamgee Premature Sets.

No arrangements are made by the County Council with hospitals, all premature infants being under the care of the general practitioner, but all premature infants born in hospital and whose discharge is notified to the Council are immediately followed up at home by the Health Visitor.

SUPPLY OF DRIED MILKS, ETC.

Forty of the Infant Welfare Clinics handle National Dried Milk and Orange Juice and Cod Liver Oil by arrangement with the Food Offices in their area. The Food Office arranges for the bulk delivery of the foods to certain specified addresses, and, in the case of County Council-owned premises, directly to the Clinic. Forty-three of the Infant Welfare Centres and three of the Infant Weighing Centres also stock proprietary brands of dried milk, weaning cereals, nutrients, etc. In addition eight Infant Welfare Centres and four Infant Weighing Centres sell weaning cereals, nutrients, etc., but not dried milk.

All clinics have available nutrients, such as Virol, Roboleine, Adexolin and simple tonics free if ordered by the Medical Officer.

DENTAL CARE.

The County Dental Staff visit most Infant Welfare Clinics at about six-monthly intervals and see all children over 18 months. Treatment there or at a fixed clinic is offered to all who require it. Most I.W. Clinics, however, are held in halls, etc., unsuitable for carrying out dental treatment.

Midwives and Health Visitors are instructed to inform all expectant and nursing mothers in the area that they should attend at the inspection clinic and, if their teeth are then in need of treatment, they are given a date on which to attend.

All expectant mothers attending ante-natal clinics are offered an appointment at a fixed Dental Clinic for inspection and treatment if required.

Details of the work done in 1952 are shown in the following statistics:—

(a) Numbers provided with dental care:—

	Examined.	Needing Treatment.	Treated.	Made Dentally fit.
Expectant and Nursing Mothers	642	620	598	317
Children under five	1,059	617	534	371

(b) Forms of dental treatment provided:—

	Extractions.		Fillings.	Silver Nitrate Treatment.	Dressings, Scalings, etc.	Radio-graphs.	Dentures Provided.	
	Local Anaesthetics.	General Anaesthetics.					Complete.	Partial.
Expectant and Nursing Mothers	466	181	882	6	671	54	47	95
Children under five ...	99	456	325	611	105	—	—	—

Other Provisions:**WEIGHING CENTRES.**

In the thinly populated areas the Health Visitors have 44 Infant Weighing Centres where no doctor is in attendance but where the mothers may come for advice and obtain the welfare foods, as well as to have their children weighed.

DAY NURSERIES.

A 40-place Day Nursery is maintained at Salisbury, and a 25-place Day Nursery at Trowbridge. Accommodation is normally always available for cases of social need, and others are admitted if vacancies are available.

BIRTH CONTROL.

The County Council has arrangements with Voluntary Family Planning Clinics at Salisbury, Swindon and Trowbridge, and with the Bath City Council, for patients recommended on medical grounds to attend clinics in these Centres, and, if in necessitous circumstances, for the Council to meet the cost, except travelling expenses.

CARE OF UNMARRIED MOTHERS AND THEIR INFANTS.

Special facilities are available, with Hostels at Devizes and Salisbury run by the Salisbury and Bristol Diocesan Associations co-operating with the Council. Six Welfare Workers are employed by the Associations and their work is co-ordinated with the County service generally by a Health Visitor on the administrative staff. Grants representing approximately the cost of three of the workers are paid by the Council, which also subsidizes the work of the Hostels at Devizes and Salisbury, the former in County Council premises. In addition young girls requiring special training are sent to Homes outside the County, as required.

TREATMENT OF INFANTS.

The Council co-operate extensively with Hospital Boards in providing premises, nursing attendance, and clerical work for out-patient clinics for treatment of ophthalmic, ear, nose and throat, orthopaedic and cardiac cases.

6. DOMICILIARY MIDWIFERY.

The County is divided into areas, mainly served by a district midwife in urban areas or district nurse midwife in rural areas, and largely corresponding with the original areas of Nursing Associations existing before the National Health Service Act was introduced. A considerable number of amalgamations, have, however, been made in the rural areas and the areas reduced in number from 76 to 66; in addition three districts have been reduced from double to single-nurse areas.

Medical supervision is undertaken by the Deputy County Medical Officer. Non-medical supervision is undertaken by the Superintendent Nursing Officer and the Supervisor of Midwives, who is also Deputy Superintendent of the Home Nursing Service. These two Nursing Officers divide the County geographically between them.

Midwives not employed by the Local Health Authority but employed by Regional Hospital Boards, or in private practice, are visited at regular intervals.

All County midwives, except one, due to retire shortly, are trained in the administration of analgesics and provided with gas and air apparatus.

Each midwife undertakes the ante-natal care of her own patients, and co-operates with General Practitioners by notifying them of any patients on their lists who book for confinement with the midwife.

The selection of women whose confinement in hospital is recommended on social grounds is not undertaken by the Midwifery staff, but by the Health Visiting staff, who make reports to the County Medical Officer on the need for priority on social grounds.

Three midwives are sent to Post-Certificate courses each year.

Pupils from two Part II training schools in the County are trained by arrangement in County districts.

7. HEALTH VISITING.

There are now 22 Health Visitors on County Staff. In addition to the usual duties in visiting mothers and young children, and T.B. patients, all the Health Visitors make many visits during the year to other households in following up for the purpose of giving advice where infectious disease notifications have been received.

Visits are paid at the request of hospital staffs, to give a report on the home conditions of patients in hospital, and also before discharge, in addition to those already referred to in connection with the geriatric scheme at Salisbury.

Follow-up visits are paid to all children discharged from hospital after T. and A. operations.

The Domestic Help Scheme is operated in their own districts by the Health Visitors and has proved very helpful in their co-operation with general practitioners who most frequently draw attention to the need. The Health Visitor is in this way intimately drawn into contact with the family in need of help, and can assist by advice in other ways as well as arranging to provide for the domestic needs. Particular attention is paid to the needs of old people and the chronic sick.

At the request of the Welfare Committee, arrangements have been made in several parts of the County for County Health Visitors to call frequently at Welfare Homes where temporary accommodation is provided in order to assist in the rehabilitation of families admitted. The type of family most frequently admitted to temporary accommodation is obviously one likely to present problems, both in regard to their use of the accommodation and general care of their children, and the Health Visitor is particularly well fitted to advise and help. The arrangements so far made, which cover the accommodation provided at Stratton, Chippenham and Salisbury, have worked well and proved, I think, to be of real use, both from the point of view of the families themselves and that of the Institutions.

All district nurses of suitable age had their attention drawn to the County Scheme for training suitable candidates for the H.V. certificate. None availed themselves of it. Two vacancies are secured yearly at Southampton University and suitable candidates were secured by advertisement both last year and for the present academic year. The first two pupils have secured their certificates and are working in areas of the County as full-time Health Visitors.

Three Health Visitors annually are sent to Refresher Courses at the Council's expense.

8. HOME NURSING.

The County is divided in areas as explained under heading 6 above. In urban areas the service is provided by district nurses.

Close co-operation with General Practitioners is achieved by direct local contact. They are kept fully informed of all changes in nursing districts affecting the area of their practice, and a very satisfactory degree of co-operation has been secured.

With regard to co-operation with hospitals, lists of the district nurses available, with the areas served, were sent to all hospitals concerned when the Act was introduced and have been supplemented by up-to-date lists since. Hospitals notify the nurses directly of nursing care required for patients on the districts. In many instances this has, in the past, been done verbally, although in one large area the hospital concerned has sent its notifications to the nurses on an agreed form, subsequently transmitted by the nurse to the County Medical Officer. This has proved a most satisfactory arrangement, and is being extended to other districts as opportunities occur with the Hospital Authorities concerned.

The cases attended fall mainly within the following classification:—

- i. Injection therapy for variety of infections.
- ii. Chronic Sick.
- iii. Cerebral lesions.
- iv. Carcinoma.
- v. Rheumatic conditions.
- vi. Diseases of central nervous system.
- vii. Preparation for x-ray treatment.
- viii. Diabetics.
- ix. Injuries.

It is impossible at present to state the proportion of cases coming within the individual headings, but it is hoped that statistics on these lines will be available when future reports are made.

No night service is provided.

There are no arrangements for Refresher Courses for district nurses, but there is a scheme in existence for district training. There are no trainees taking the course at the moment, but two nurses have been given district training since the scheme was introduced.

9. VACCINATION AND IMMUNISATION.

Active propaganda, both by posters and leaflets, has been undertaken for a long time past through clinics and centres, and also by personal contact of Health Visitors in homes and schools. In 1951 this was supplemented by a scheme for individual propaganda whereby the parents of every child born are approached at the proper time, firstly by postal communications and, if necessary, by subsequent visits of the Health Visitor. The result has been an increase in the percentage of infants vaccinated to approximately 40% of the annual births, and a considerable increase also in those immunised before the age of 12 months.

With regard to boosting injections for diphtheria immunisation, records of the child population extend from infancy to school-leaving age. As boosting injections become due, the parents' consent is asked and the injection is carried out at the local school, clinic, or by their own doctor.

No arrangements for immunisation against whooping cough have been made, although this is undertaken by some general practitioners who co-operate in the County scheme by forwarding records of work undertaken.

More than half of the immunisation carried out in the County is undertaken by the County Medical Staff but all vaccinations, except in Swindon, are at present undertaken by general practitioners.

10. AMBULANCE SERVICE.

During the year 1952, 41,818 journeys were undertaken by the County Ambulance Service in carrying 122,729 patients a total of 1,177,106 miles. These figures include the conveyance of mentally defective children to Occupation Centres, and this accounts for approximately 104,500 miles of the total figure.

Generally speaking the demand on the Service seems to be steady, and in the light of experience the number of patients carried per journey is now higher than at the inception of the Service, although it is difficult to assess this accurately as our original statistics were not prepared on the same lines as those now required by the Ministry of Health for their annual returns.

Looking back over the workings of the Ambulance Service since 1948 it does seem that the system adopted in this County has proved very satisfactory. This system meant that the County was divided roughly into four, and each quarter of the County had its Main Station with Sub-Stations attached to the Main Station if population or other circumstances made this desirable. These Main Stations, under the control of their Superintendents, have complete day-to-day operational control of the Ambulance Service, subject, of course, to any specific direction which may be given to them by the County Ambulance Officer.

Administrative work is dealt with centrally at County Hall. This means that the Station Superintendents are relieved of all unnecessary clerical work and can concentrate their whole efforts on the planning of journeys and the maintenance of vehicles. By undertaking the clerical and administrative work centrally it has been possible to dispense with any non-operational staff at our Main Stations. All driver/attendants are trained to take their turn on the telephone and to make the simple recording of journeys in order that all statistics and reports can be prepared centrally.

All requests for transport must be made to the Main Ambulance Station for the area concerned. By this means the Superintendent or his senior drivers are in fairly constant touch with hospitals and doctors, and this does help over the discussion of cases. As the Ambulance Superintendents became known to the persons requesting transport, it was possible to discuss journeys, and with co-operation on both sides, to co-ordinate appointment times, etc., to the great advantage of the Service in the reduction of mileage.

Generally speaking the amount of abuse of the Service has not been great in this County. As outlined above the Superintendents discuss cases with the person requesting transport and this is a very effective sieve. Where, however, abuses appear to have occurred, the Superintendents draw the attention of central office to these cases when they are taken up direct with the hospital or doctor calling for the transport.

During the second half of the year radio control was installed at two of our Main Stations, and was in process of being installed at a third. It is difficult at this stage to estimate the economies which radio control will bring about from the financial aspect, although orders for two new ambulance vehicles have actually been postponed, while it is anticipated that other economies will be effected. There is no doubt that the Superintendents have found this means of communication a great advantage from the efficiency point of view. It does give that security at times of extra stress to know that a vehicle can always be recalled from non-emergency work and directed to an emergency.

II. PREVENTION, CARE AND AFTER-CARE.

(i) Tuberculosis.

There is complete co-ordination of the arrangements for prevention, care and after-care, with that of the diagnostic and treatment services. This co-ordination in Wilts results from the wise decision of the three Regional Hospital Boards concerned, and the Wilts County Council, that the administrative staff at the County Hall, Trowbridge, undertake the clerical work, both on behalf of the Regional Hospital Boards as regards treatment, and of the County Council as regards prevention and after-care. Were it not for this decision the necessary co-ordination would have been impossible to achieve.

As mentioned in the foregoing, the Chest Physicians are Officers of the three Regional Hospital Boards covering the County, but by agreement undertake duties for 3/11 of their time on behalf of the County Council in connection with the prevention of tuberculosis and after-care.

The Consulting Chest Physician also attends the meetings of the Sub-Committee of the County Health Committee dealing with matters concerning prevention and after-care, and with the County Medical Officer presents periodical reports to the Sub-Committee on the working of these aspects of the tuberculosis service.

The County Council Health Visitors attend the Chest Clinics and work as regards tuberculosis under the direct supervision of the Chest Physician, both at the clinics and in connection with the follow-up of patients in their own homes.

The prevention and after-care work covers the follow-up of all notifications of tuberculosis, the examination of contacts, the health visiting of patients in their own homes, recommendations for housing, the supply of extra nourishment, beds, bedding, etc., the provision of home helps and shelters, the scheme for Diversional Therapy, Rehabilitation, Protection of Children (at Day Nurseries, Children's Homes, Schools, etc.), and B.C.G. Vaccination of contacts.

(ii) ILLNESS GENERALLY.

Through the Health Visitors, as outlined above, much work is being done in visits to cases notified by Hospital Authorities and through their operating the Domestic Help Service.

Convalescent cases are sent to some ten Convalescent Homes, mostly at the sea. Patients are sent in the first instance for two weeks, but on a request from the Medical Officer of the Home, showing the need for one or two weeks' extension, this is usually arranged.

12. DOMESTIC HELP.

The service is provided by part-time Domestic Helps, numbering 250 at the time of writing.

Local organisation of their work is divided between the whole-time Health Visitors, and no organisers have been appointed. The system has worked very satisfactorily and there has been a steady growth in the service, now dealing with approximately 400 cases annually. Payment is required in accordance with a set scale.

No facilities for training have been arranged, as these would seem more appropriate to a whole-time staff than the existing large and constantly varying part-time staff, which has proved the most economical way of providing service in this rural County.

13. HEALTH EDUCATION.

This side of the work is stressed to the full-time Health Visiting staff at quarterly meetings held by the Deputy County Medical Officer at County Hall. Leaflets and posters are made available and special ones on request for use in the Infant Welfare Clinics, Dental Clinics, and in home visiting.

An annual subscription is made to the Central Council for Health Education, and its propaganda and leaflets extensively used.

14. MENTAL HEALTH.

(1) ADMINISTRATION.

(a) MENTAL HEALTH SUB-COMMITTEE.

This is a Sub-Committee composed entirely of members of the Health Committee. It has continued to be responsible for the administration of the Mental Health Services generally, throughout the County and including the Borough of Swindon.

(b) STAFF.

There are no medical staff who devote the whole of their time to Mental Health work but numerous examinations have been carried out in this connection by Dr. D. L. Johnson, my Senior Assistant, and myself. The other Assistant County Medical Officers, all of whom have been approved for the purpose, have carried out numerous examinations, completed Medical Certificates and given advice in connection with the ascertainment of mental defectives and their subsequent certification under the Mental Deficiency Acts.

The Mental Health Supervising Officer has continued to co-ordinate the workings of the Mental Health Officers stationed at County Hall and in other parts of the County, thus providing an efficient 24-hour service. In addition to the Mental Health Supervising Officer there are three full-time Mental Health Officers, three Deputies and two part-time Mental Health Officers responsible for taking proceedings under the Lunacy, Mental Treatment and Mental Deficiency Acts.

The County is divided into the following areas:—

Chippenham Borough,
Calne Borough,
Calne and Chippenham Rural District,
Malmesbury Borough,
Malmesbury Rural District.

Swindon Borough,
Highworth Rural District,
Cricklade and Wootton Bassett Rural District.

Trowbridge Urban District,
Bradford-on-Avon Urban District,
Melksham Urban District,
Bradford and Melksham Rural District,
Devizes Borough,
Devizes Rural District,
Pewsey Rural District,
Marlborough Borough,
Marlborough and Ramsbury Rural District.

Warminster Urban District,
Westbury Urban District,
Warminster and Westbury Rural District,
Mere and Tisbury Rural District.

Salisbury City,
Wilton Borough,
Salisbury and Wilton Rural District,
Amesbury Rural District.

Mr. R. A. Shadwell, 9 a.m.—5.15 p.m., County Hall, Trowbridge (Telephone: Trowbridge 3641).
Outside Office hours: 21 Manor Road, Trowbridge (Telephone: Trowbridge 2300).

Miss S. Ponting, 9 a.m.—5 p.m., 36 Milton Road, Swindon (Telephone: Swindon 4102/3).
Outside Office hours: 212 Shrivenham Road, Swindon (Telephone: Swindon 4381).
Mr. G. Ainsworth, Deputy.
Outside Office hours: 2 Carlisle Avenue, Swindon (Telephone: Swindon 5166).

Mr. C. J. Lewis, 9 a.m.—5.15 p.m., County Hall, Trowbridge (Telephone: Trowbridge 3641).
Outside Office hours: 40, Westbourne Road, Trowbridge (Telephone: Trowbridge 2696).
Miss B. A. Bezzant, Deputy, 9 a.m.—5 p.m., 33, St. John's Street, Devizes (Telephone: Devizes 358).
Outside Office hours: 20, Wilcot, Pewsey (Telephone: Pewsey 2243).

Mr. R. H. G. Moore, 9 a.m.—5.15 p.m., County Hall, Trowbridge (Telephone: Trowbridge 3641).
Outside Office hours: 1, Polebarn Gardens, Trowbridge (Telephone: Trowbridge 2735).

Mr. K. R. R. Dick, 9 a.m.—5 p.m., 48, Blue Boar Row Salisbury (Telephone: Salisbury 4355).
Outside Office hours: 5, Western Way, Bemerton Heath, Salisbury (Telephone: Salisbury 4973).
Miss J. E. Pearce, Deputy.
Outside Office hours: 24, Mill Road, Salisbury (Telephone: Salisbury 2979).

When the Officer or Deputy of a particular area is not available an Officer in the adjoining area is usually contacted and thus little delay is caused in the removal of patients to Mental Hospitals.

During "after-office" hours and at week-ends and holiday periods a duty rota has been established by the officers in the Trowbridge-Devizes, etc., Chippenham, etc., and Warminster, etc., areas and in this respect I would like to make mention of the help and co-operation received from the Superintendent of the Bradford-on-Avon Ambulance Station. The Superintendent is regularly informed of the Officer on duty and any doctor who has a patient for removal to a Mental Hospital has only to 'phone the Bradford-on-Avon Ambulance Station and give the details and the duty Officer is contacted from there. This means that prompt attention is given to a case whatever the time of day and obviates the possibility of a doctor having to make several 'phone calls if the appropriate Officer is not available. The Officers are also able to plan their free time without fear of being asked to carry out a removal at a moment's notice, necessitating the cancellation of a private engagement.

The co-operation of the officers of the Wilts County Constabulary is also appreciated and their help in assisting with difficult cases has always been available on request.

As there are no female staff employed at the Bradford-on-Avon or Chippenham Ambulance Stations, the services of a Trowbridge resident have been used when effecting the removal of female patients from these localities. She has made herself available at all times and has proved a great help. Although there is no mention made in the Lunacy Act about providing a female escort when removing female patients of unsound mind, this is considered advisable and carried out whenever possible.

The Supervising Officer, Mental Health Officers and Deputies are all duly authorised to take proceedings under the Lunacy, Mental Treatment and Mental Deficiency Acts and have all been to special Courses on Mental Health following previous experience, either as a Relieving Officer, or as a clerk in the Mental Health Section, or at an Occupation Centre, except one of the Deputies who has had social work experience.

The Supervisors and Assistants of our four Occupation Centres are as follows:—

Chippenham ...	Supervisor: Miss I. L. Piper. Assistant: Mrs. A. Webb.
Salisbury ...	Supervisor: Miss M. E. Hammond. Assistants: Miss E. Macey (commenced 12/5/52). Miss R. V. Besent and Miss D. Porter (part-time).
Swindon ...	Supervisor: Mrs. A. Ponting (resigned 20/8/52). Assistants: Miss C. Huck (resigned 28/3/52). Mrs. I. F. Caton (commenced 28/4/52).
Trowbridge ...	Supervisor: Mrs. E. K. Urwin. Assistant: Mrs. E. O. M. Bodmin.

Voluntary Helpers also assist at Chippenham and Salisbury.

During the year we unfortunately lost the services of Miss H. L. Wellington, Deputy Mental Health Officer at Swindon, Mrs. A. Ponting and Miss C. Huck, the Supervisor and Assistant Supervisor respectively at the Swindon Occupation Centre and two junior members of the office staff.

Mrs. I. F. Caton was appointed as Assistant Supervisor at the Swindon Occupation Centre on the 28th April, Miss E. Macey as Assistant Supervisor at the Salisbury Occupation Centre on the 12th May and Mr. G. Ainsworth as Deputy Mental Officer at Swindon on the 16th June.

Owing to the resignation of Mrs. A. Ponting, difficulty has been experienced in appointing a suitable successor as Supervisor of the Swindon Occupation Centre. In order to keep this Centre open, Miss I. L. Piper, the Supervisor of the Chippenham Centre, kindly agreed to be seconded to Swindon leaving Mrs. A. Webb, the Assistant, in charge with the temporary help of Mrs. K. M. Marsh thus enabling both Centres to continue in the normal way and this has proved a most satisfactory arrangement.

Mrs. M. Mitchell, a member of the central office staff, has continued to assist when needed at the Trowbridge Centre and has also acted daily as escort to the group of children brought by the County Ambulance Service from an outlying rural part of the County district.

(c) CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS.

The services of Dr. J. M. C. Speer, M.D., B.Ch., B.A.O., D.P.M., and Dr. W. M. Pinkerton, M.B., B.Ch., B.A.O., D.P.H., D.P.M., the Medical Superintendent and Deputy, respectively, of the Roundway Hospital, Devizes, and Dr. J. B. Methven, M.B., Ch.B., Dipl. Psych., the Physician Superintendent of the Pewsey Hospital, have been made available by arrangement with the Regional Hospital Boards where a specialist's opinion has been required.

The Psychiatric Out-Patient Clinics of the Regional Hospital Boards are as follows:—

DEVIZES ...	Devizes and District Hospital, Devizes. Psychiatrist in charge: J. M. C. Speer, M.D., B.Ch., D.P.M. Adults and Children: Tuesdays weekly from 2.30 p.m.
ODSTOCK ...	Odstock General Hospital, near Salisbury. Psychiatrist in charge: J. M. C. Speer, M.D., B.Ch., D.P.M. Adults and Children: Fridays weekly from 2 p.m.
SWINDON ...	Victoria Hospital, Swindon. Psychiatrist in charge: J. M. C. Speer, M.D., B.Ch., D.P.M. Adults and Children: Mondays weekly from 2.30 p.m.
TROWBRIDGE ...	Trowbridge and District Hospital, Trowbridge. Psychiatrist in charge: W. M. Pinkerton, M.B., B.Ch., D.P.H., D.P.M. Adults and Children: Tuesdays weekly from 2.30 p.m.

The Clinics held at Salisbury and Swindon are also attended by Dr. J. B. Methven.

Psychiatric Social Workers employed by the Roundway Hospital Management Committee supervise patients on trial or boarded out from Mental Hospitals and under a delegated arrangement give after-care to patients discharged.

Close co-ordination with the Regional Hospital Boards has been maintained especially with regard to the difficult task of allotting vacancies to mental defectives who are in urgent need of hospitalisation. The Medical Superintendent of the Roundway Hospital has continued to accept cases of mental illness from all parts of the County although in the Salisbury area the majority of the patients are admitted to the Park Prewett Hospital at Basingstoke or its ancillary premises.

Periodic visits have continued to be paid to defectives on licence from mental deficiency institutions, by the Mental Health Officers and their Deputies. At the end of the year there were 84 such cases, 32 male and 52 female on licence in the County—11 of these were the initial responsibility of other Authorities. Two male patients in daily situations from the St. James's Hospital, Devizes, were also supervised.

With the appointment of a Psychiatric Social Worker to the staff of the Pewsey Hospital, it has been possible for her to make initial enquiries for that Hospital's patients with regard to the home circumstances to which it has been proposed to send a mental defective on licence (or concerning one who is being considered for licence) and to obtain suitable employment wherever possible. After these preliminary arrangements have been made the routine supervision is continued by the Mental Health Officer for the area. This has proved to be most satisfactory and close contact between the Psychiatric Social Worker and members of my staff has done much to alleviate certain difficulties which arise from time to time with regard to the placing of defectives in the community.

Numerous enquiries have also been made by the Mental Health Officers and their Deputies concerning the home conditions of defectives in institutions:—

1. In respect of holidays or prolonged licence.
2. In respect of applications for the discharge of patients' Orders under the Mental Deficiency Acts, and
3. When the renewal of Orders are due for consideration by the Visitors in accordance with Section 11 of the Mental Deficiency Act, 1913.

(d) VOLUNTARY ASSOCIATIONS.

Reports on certain mental defectives under supervision have been made at half-yearly intervals by 35 Voluntary Visitors, who formerly acted in this capacity for the Wilts Voluntary Association for Mental Welfare. This help is naturally appreciated by myself and the members of my staff.

(e) TRAINING OF STAFF.

During the year two members of the Occupation Centre staff attended a Refresher Course for Staffs of Occupation Centres and Children's Departments of Institutions and Home Teachers from the 24th July to the 1st August at the expense of the County Council and two members also attended at their own expense.

(2) ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946.

In accordance with the Ministry of Health Circular 146/48 visits have been paid and help and advice given where necessary to cases referred to the Local Health Authority who had been discharged from the Armed Forces and required psychiatric after-care. During the year three new cases were reported.

(b) LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

The following is a summary of cases dealt with by the duly authorised Mental Health Officers and their Deputies during the year:—

Area.	Certified.			Temporary.			Voluntary.			Section 20 and Urgency Orders.			Totals.		Grand Total
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	
TROWBRIDGE and DEVIZES ...	7	21	28	—	—	—	9	14	23	10	11	21	26	46	72
SALISBURY ...	4	10	14	—	—	—	25	29	54	15	20	35	44	59	103
SWINDON ...	19	18	37	—	—	—	13	17	30	13	28	41	45	63	108
CHIPPENHAM ...	—	6	6	—	—	—	8	5	13	7	7	14	15	18	33
WARMINSTER ...	—	4	4	—	—	—	6	8	14	3	2	5	9	14	23
AREA TOTALS ...	30	59	89	—	—	—	61	73	134	48	68	116	139	200	339
Certified at ROUNDWAY HOSPITAL ...	13	9	22	—	—	—	—	—	—	—	—	—	13	9	22
GRAND TOTALS	43	68	111	—	—	—	61	73	134	48	68	116	152	209	361
LAST YEAR'S TOTALS ...	47	88	135	1	1	2	60	57	117	37	53	90	145	199	344

Of the cases admitted under Section 20, 84 were extended under Section 21 A. Of the 116 cases admitted under either Section 20 or on Urgency Orders, 19 were certified, 77 became Voluntary patients, five were discharged, one died, five became Temporary patients and three were still awaiting further action at the end of the year.

TRANSFERS.

The following is a summary of patients transferred from Private Mental Hospitals to Health Service Hospitals:—

<i>From</i>	<i>To</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
The Old Manor, Salisbury ...	Park Prewett Hospital, Basingstoke ...	1	3	4
Do. ...	Herrison Hospital, Dorchester ...	—	3	3
Do. ...	Littlemore Hospital, Oxford ...	—	1	1
Do. ...	St. James' Hospital, Portsmouth ...	—	1	1
Do. ...	Tone Vale Hospital, Taunton ...	—	1	1
Do. ...	Roundway Hospital, Devizes ...	—	1	1
Do. ...	Mendip Hospital, Wells ...	1	—	1
Totals ...		2	10	12

The following Health Service patients were also transferred:—

<i>From</i>	<i>To</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Roundway Hospital, Devizes	Stubhill Hospital, Glasgow ...	—	1	1
Do. ...	Central Hospital, Warwick ...	1	—	1
Do. ...	Hellingly Hospital, Sussex ...	—	1	1
Do. ...	Oakwood Hospital, Maidstone ...	—	1	1
Do. ...	St. George's Hospital, Stafford ...	—	1	1
Do. ...	Herrison Hospital, Dorchester ...	—	1	1
Do. ...	Banstead Hospital, Surrey ...	1	—	1
Do. ...	Sheffield ...	—	1	1
Totals ...		2	6	8

The following Health Service patients were transferred to Private Mental Hospitals:—

<i>From</i>	<i>To</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Roundway Hospital, Devizes	Bailbrook House, Bath	—	1	1
Do.	Holloway Sanatorium, Surrey	1	—	1
	Totals	1	1	2

It is perhaps worthy of note that, of the 361 cases dealt with by the Mental Health Officers and their Deputies, 184 were admitted or investigated either at night or on Saturdays or Sundays.

The evacuation of mental patients by air to this County from Germany, etc., has now become a regular occurrence and during the year 11 such cases were admitted in the first instance to Roundway Hospital either direct from the Lyneham Aerodrome or from the Wroughton Hospital. Eight of these cases were transferred to Hospitals nearer their homes—in one instance to Glasgow. Two cases were discharged from Roundway Hospital and one case is still there pending a vacancy being found nearer the patient's home.

(c) MENTAL DEFICIENCY ACTS, 1913-1938.

(1) ASCERTAINMENT.

During the year 112 cases were reported to the Local Health Authority as being subject to be dealt with under the Mental Deficiency Acts. These fall into the following groups:—

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Notified under Education Act, 1944—			
By Local Education Authority—			
Section 57 (3)	19	6	25
Section 57 (5)—			
On leaving ordinary school	10	8	18
On leaving special school	3	—	3
By Borough of Swindon Education Authority—			
Section 57 (3)	1	6	7
Section 57 (5)—			
On leaving ordinary school	1	1	2
On leaving special school	1	2	3
Police	8	3	11
From other sources	21	22	43
Totals	64	48	112

The number of new cases placed under Friendly supervision during the year was 20 male and 6 females, giving a grand total of new cases reported of 138.

Orders for the detention of patients in Mental Deficiency Institutions were signed in respect of 56 Wiltshire cases, 30 males and 26 females. Of these, five males and one female were dealt with by the Courts under Section 8 of the principal Act, and one female admitted under Section 9 of the principal Act by the Secretary of State.

Petitions prepared under Section 6 of the Act were presented by officers of other Authorities in respect of seven cases who had, in the first instance, been admitted to hospitals outside the County as in "Places of Safety" in accordance with Section 15 of the Mental Deficiency Act, 1913. Nine petitions were presented by this Authority on behalf of other Authorities in respect of cases who had been admitted to the Pewsey Hospital as in "Places of Safety." In two instances petitions were dismissed by the Judicial Authorities.

At the end of the year three cases were detained in institutions as in "Places of Safety" awaiting subsequent certification under the Mental Deficiency Acts.

The Senior Assistant County Medical Officer has co-operated with the Pewsey Hospital staff in giving medical certificates in respect of various cases dealt with at the Hospital by the parents under Section 3 of the Act—most of these were not normally resident in the County.

On the 31st December, 1952, 14 males and 22 females were still awaiting admission to suitable accommodation. Eight Wiltshire cases detained in institutions died during the year, 24 were discharged and, of these, 16 were placed under Friendly supervision.

In accordance with Circular 5/52 issued by the Minister of Health on the 21st January, 1952, five male and nine female cases have been admitted to hospitals during the year and of these three males and four females were discharged to their homes, one female was subsequently dealt with under Section 6 of the principal Act and two males and four females were still in the hospitals under this Circular.

(2) GUARDIANSHIP.

During the year three males and one female were placed under Guardianship, one male by petition and the other three cases by order of Court under Section 8 (1) (b) of the principal Act. Four males and one female who became unsuitable for guardianship for various reasons were transferred by Varying Order to institutions and two males and two females were transferred from Institutions to Guardianship. Two Varying Orders were obtained transferring defectives to new Guardians. Four were discharged from their Orders and placed under Friendly supervision.

No guardianship cases died during 1952.

At the end of the year there were 96 cases under Guardianship Orders, viz., 42 males and 54 females. Regular visits have been paid to these defectives by the Mental Health Officers and their Deputies and also by the medical staff in accordance with Article 76 of the Mental Deficiency Regulations, 1948. Where appropriate, financial responsibility has been taken over by the National Assistance Board although in certain instances the Local Health Authority continues to make grants towards clothing.

(3) SUPERVISION.

At the end of the year, 680 cases, 365 males and 315 females, were under supervision and, of these, 266 males and 216 females were under Statutory supervision. Twenty cases were withdrawn from supervision during the year—11 males and nine females; two males and five females died and eight males and ten females removed from the area or were lost trace of. Two males and three females who were under Friendly supervision were reported to have married and, of these, one male and two females were removed from the supervision list.

During the year a scheme to review the need for continuing Statutory supervision in respect of the adult cases over the age of 21 years was instituted by arranging to consider each case every two years during the month of their birth dates. Sixty-nine such Statutory cases were reviewed and, of these, ten were withdrawn from supervision, it being felt that Friendly observation would satisfy their needs.

(4) TRAINING.

Defectives have continued to derive much benefit and pleasure from attendances at the Occupation Centres and in a number of instances relief has been given particularly to the mothers of children whose names are on the waiting list for institutional care, but for whom vacancies have not been available.

The Centre at Chippenham is held daily at the Liberal Hall, Station Hill, Chippenham, from 9.30 a.m. to 3.30 p.m. and there were six males and ten females mostly of imbecile grade on the register at the end of the year, one female being on licence from the Coldeast Hospital, Southampton. It is hoped to increase the numbers in the near future if the necessary transport is made available. The parents and friends of the defectives were invited to the annual Christmas party this year and the programme presented, which included a nativity tableau, was much enjoyed by all those in attendance. Since the 22nd September, 1952, Miss I. L. Piper, the Supervisor, has been in charge of the Swindon Centre and this Centre has been staffed by Mrs. A. Webb and Mrs. E. O. M. Bodmin in the first instance and on the 10th November, 1952, by Mrs. Webb with the full time temporary assistance of Mrs. K. M. Marsh.

At Salisbury great progress has been made since the new premises at Exeter House, 113 Exeter Street, Salisbury, have been occupied. The Centre is open daily from 9.30 a.m. to 3.30 p.m. and there were nine males and 21 females of feeble-minded and imbecile grades on the register at the end of the year. Four of these cases are resident in Hampshire. The work carried out at this Centre includes gardening, cleaning and a variety of handwork and is generally of a most satisfactory standard. During the summer an outing to the sea was arranged and a sports day combined with an open day was held in the Centre grounds. Parents and friends attended the annual Christmas party and the programme, including a nativity tableau, was much enjoyed by all.

The Trowbridge Centre is still held at the Emmanuel Chapel Schoolroom, Duke Street, Trowbridge, and is open daily from 9.30 a.m. to 3.30 p.m. There were 17 males and nine females mostly active imbeciles on the register at the end of the year. Despite the overcrowding at this Centre, there is a happy atmosphere and steady progress is being made particularly with the handwork. After many enquiries, more suitable accommodation has been found at the Zion Chapel, Union Street, Trowbridge, and it is hoped to transfer to this accommodation in June 1953. The new accommodation consists of one large room, three small rooms, kitchen and the usual offices. With more accommodation and additional transport it will be possible to admit quite a number of defectives who are at present on the waiting list. During the summer a visit was paid to the Bristol Zoo and this proved to be a great success. The annual Christmas party was thoroughly enjoyed by the defectives, but owing to the lack of accommodation it was not possible to invite parents and friends.

The Swindon Centre at 81 Bath Road, Swindon, with ten males and 21 females (chiefly active imbeciles) on the register at the end of the year is also held daily from 9.30 a.m. to 3.30 p.m. As mentioned previously in this report we were unfortunate to lose the services of the Supervisor and the Assistant Supervisor during the year, but with the co-operation of Miss Piper of the Chippenham Centre it was possible to reopen the Centre after an extended summer holiday and the work continues to be of a most satisfactory standard. Parents and friends attended the Christmas party which was held this year and the programme was thoroughly enjoyed by all.

At each Centre free milk is supplied to those under 16 years of age in accordance with the Milk in Schools Scheme and by arrangement with the Schools Meals Service hot midday meals are provided at a cost of 7d. a meal to each defective, the balance being paid by the Local Health Authority. When possible routine medical and dental inspections have been carried out at each Centre and Dr. Urquhart, the Medical Officer of Health at Swindon, has been helpful in arranging the examinations at the Swindon Centre.

The Ambulance Service has continued to provide transport for the conveyance of many of the children to and from the Centres.

(5) HOME TEACHING.

The Deputy Mental Health Officers at Devizes, Salisbury and Swindon have visited defectives for the purpose of providing home teaching in instances where, for various reasons, it has not been possible to arrange their attendance at an Occupation Centre. Nine defectives were receiving visits at the end of the year.

J. BURMAN LOWE,

County Medical Officer of Health.

FURTHER DETAILS OF THE WORK CARRIED OUT DURING 1952 UNDER PART III (excluding the Borough of Swindon; particulars of the work there are given in the Report of the Area Medical Officer printed at the end of this Report.)

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

ANTE-NATAL AND POST-NATAL CLINICS.

The following table gives details of the Ante-natal Clinics which remain open. The figures in brackets refer to 1951.

Clinic.	Sessions.	Obstetrician Attending.	Number of Attendances, 1952.
Bulford (Ante-natal cases only). Welfare Centre, Horn Road, Bulford.	Every Monday, 2 p.m. ...	Medical Officer from staff of Tidworth Military Families Hospital	710 (1011)
Corsham. County Council Clinic, Fuller Avenue.	1st and 3rd Fridays, 2 p.m. ...	Dr. I. F. MacMath ...	433 (285)
Cricklade. Red Cross Hut, High Street ...	3rd Monday, 2.30 p.m. ...	Mr. G. Roworth ...	151 (154)
Salisbury. General Infirmary ...	Ante-natal: Every Tuesday, Thursday and Friday, at 9.30 a.m. Post-Natal: Every Thursday and Friday, at 11.30 a.m.	Dr. J. C. Gordon ... Mr. G. J. Reynolds ...	333 (491) domiciliary cases
Wilton. West Lodge, West Street ...	3rd Thursday, 2 p.m. ...	Dr. S. C. H. Lane ...	20 (35)

MEDICAL ANTE-NATAL AND POST-NATAL EXAMINATION OF DOMICILIARY MIDWIFERY CASES BY GENERAL PRACTITIONER OBSTETRICIANS.

The number of examinations undertaken under our scheme for midwives' cases continued to be very small, as naturally the vast majority of confinement cases are booked by practitioners under the Maternity Medical Services Scheme. The figures for 1952 were 32 ante-natal examinations and 25 post-natal, compared with 25 and 21 respectively in 1951.

MATERNAL MORTALITY.

Under the Ministry's scheme for the investigation of maternal deaths described in my last report, investigation was initiated in five instances during the year, and reports from Consultant Obstetricians concerned obtained and forwarded with any necessary comment on the case, from the point of view of the domiciliary service, to the Regional Assessor appointed by the Ministry of Health. Three of these deaths occurred in hospital and two at home. Both of the cases which occurred at home were due to acute medical emergencies with no implications on the ante-natal care afforded by the midwifery service.

INFANT WELFARE AND HEALTH VISITORS' WEIGHING CENTRES.

Two Health Visitors' Centres were opened during the year and there are at the time of writing 58 Infant Welfare and 39 Health Visitors' Centres open in the County area.

The County is well served with Infant Welfare Centres and attendances totalled 39,115 in 1952.

Weighing machines throughout the County are regularly inspected by the Weights and Measures Department and repairs and replacements made as necessary. Steel filing cabinets for the medical records have been provided in considerable numbers and all of the larger Centres are now equipped in this way. An encouraging amount of voluntary work continues to be done at the Centres and greatly facilitates the work of the staff, especially of the Health Visitor in charge.

It was found necessary to make some modification of the scheme for 6-monthly visits by the County Dental Staff to all Infant Welfare Centres in order to economize in mileage and time. By careful arrangements it has been found possible to pair neighbouring Centres in a number of instances so that the children of two Centres may be dentally inspected during the same afternoon session and not one as hitherto. In addition regular visits to some of the smaller Centres have been dropped and instead the Medical Officers have been asked to watch for children needing dental treatment and refer them directly to Treatment Centres.

The following table gives particulars of the Infant Welfare Centres which are now open, and attendances thereat in 1952.

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances, 1952.
ALDBOURNE. The Rest Room.	3rd Thursday, 2.30—4 p.m.	Dr. Varvill, ‡Miss Wookey.	M.O. attends every session.	82
ALDERBURY. The Chapel Room.	3rd Wednesday, 3—4.30 p.m.	Dr. Masson and ‡Mrs. Jarvis.	M.O. attends every session.	241
AMESBURY. Youth and Community Centre, Kitchener Rd.	1st and 3rd Tuesdays, 2.30—4 p.m.	†Dr. Hammond and ‡Miss Faulkner.	M.O. attends 3rd Tuesday.	549
ASHTON KEYNES & LEIGH. Parish Hall.	1st Wednesday, 3 p.m.	Dr. Thomson and District Nurse.	M.O. attends every session.	55
AVEBURY. The Club Room. (Became Weighing Centre, without County Medical or Nursing Staff, March, 1953.)	1st Thursday, 2—4 p.m.	†Dr. Mackay and ‡Miss Lake.	M.O. attends every session.	229
BOX. Bingham Hall.	2nd and 4th Fridays, 2—4 p.m.	Dr. Scott and District Nurse.	M.O. attends 2nd Friday.	796
BOXFIELD. Community Centre.	1st and 3rd Fridays, 2—4 p.m.	Dr. Scott and ‡Miss Slade.	M.O. attends 1st Friday.	481
BRADFORD-ON-AVON. Church House, Church Street.	2nd and 4th Tuesdays, 2.15 p.m.	†Dr. Semple and ‡Miss Francis.	M.O. attends every session.	850
BROADCHALKE. The Village Hall.	2nd Wednesday, 2 p.m.	Dr. Brown and ‡Mrs. Jarvis.	M.O. attends every session.	294
BROMHAM. The Village Hall.	2nd and 4th Wednesdays, 2.30—4 p.m.	†Dr. Bruce Killoh and ‡Mrs. Fielding.	M.O. attends 4th Wednesday.	379
BULFORD. The Infant Welfare Centre, Horne Road.	2nd and 4th Tuesdays, 2—4.30 p.m.	†Dr. Hammond and District Nurse.	M.O. attends every session.	802
CALNE. Youth Centre, Recreation Ground.	1st and 3rd Wednesdays, 2—4 p.m.	†Dr. Johnson, ‡Mrs. Ladd.	M.O. attends every session.	296
CHIPPENHAM. St. Andrew's Church Hall.	Every Tuesday, 2—4 p.m.	†Dr. Broomhead, ‡Miss MacNeil and ‡Mrs. Pilch.	M.O. attends every session.	2,262
Methodist Schoolroom, Sheldon Road.	1st and 3rd Wednesdays, 2 p.m.	†Dr. Broomhead and ‡Mrs. Pilch.	M.O. attends 1st Wednesday.	522
CHISELDON. The Calley Memorial Hall.	2nd and 4th Thursdays, 2—4 p.m.	Dr. Borrelli, District Nurse.	M.O. attends 4th Thursday.	409
CORSHAM. County Council Clinic.	Every Thursday, 2—4 p.m.	†Dr. Broomhead and ‡Mrs. Ferman.	M.O. attends every session.	1,644

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances, 1952.
CRICKLADE. Town Hall.	2nd and 4th Tuesdays, 2—4 p.m.	†Dr. McElroy and ‡Mrs. Lumley.	M.O. and Health Visitor attend 4th Tuesday. (2nd Tues- day open for Vitamins etc., distribution only)	191
DEVIZES. Sheep Street Schools.	2nd and 4th Tuesdays, 2.15—4 p.m.	†Dr. Bruce Killoh and ‡Miss Lake.	M.O. attends every session.	893
DEVIZES (Military families) Prince Maurice Barracks.	1st Wednesday, 2—4 p.m.	Military Medical Officer and ‡Miss Lake.	M.O. attends every session.	170
DOWNTON. Memorial Hall.	4th Friday, 2.30—3.45 p.m.	Dr. Whitehead, jun., and ‡Mrs. Jarvis.	M.O. attends every session.	678
DURRINGTON. Memorial Hall.	†County Medical Staff. Every Thursday except first, 2.30—4 p.m.	†Dr. Semple and ‡Miss Faulkner.	‡Whole-time Health Visitor. M.O. attends 2nd and 4th Thursday.	755
EAST KNOYLE. Village Hall.	1st Wednesday, 2.30 p.m.	†Dr. Semple and District Nurse.	M.O. attends every session.	218
GREAT BEDWYN. The Challoner-Ellis Hall.	2nd Wednesday, 2—4 p.m.	Dr. Fenn and District Nurse.	M.O. attends every session.	375
HIGHWORTH. The Rifle Range.	Every Tuesday, 2—4 p.m.	Dr. Kelly and ‡Mrs. Lumley.	M.O. attends 1st Tues- day. 2nd and 4th Tues- days for vitamins, etc., distribution only.	938
LANDFORD. Women's Institute Hut.	3rd Thursday, 2.30 p.m.	Dr. Whitehead, jun., and ‡Mrs. Jarvis.	M.O. attends alternate months.	163
LARKHILL. Welfare Building, The Packway.	Alternate Tuesdays, 2—4 p.m.	Military Medical Officer and District Nurse.	M.O. attends every session.	1,245
LAVERSTOCK. Hill Hall, Church Road.	1st Wednesday, 2.30—4 p.m.	Dr. Masson and ‡Miss Norman.	M.O. attends every session.	154
LAVINGTON. Wesleyan Schoolroom, Littleton Panell.	1st Friday, 2.30—3.30 p.m.	Dr. Skene and District Nurse.	M.O. attends every session.	10 Ceased Jan., 1952.
LUDGERSHALL. The Sports Club, Tidworth Road.	Last Wednesday, 1.45 p.m.	Dr. Drake and District Nurse.	M.O. attends every session.	553
LYDIARD PARK. Community and Youth Hut, Lydiard Park Estate	1st and 3rd Mondays, 2.30 p.m.	†Dr. McElroy and District Nurses.	M.O. attends 1st Monday.	Commenced Feb., 1953.
LYNEHAM. Village Hall.	3rd Thursdays, 2—4 p.m.	†Dr. McElroy and District Nurse.	M.O. attends every session.	440
LYPPIATT CAMP. No. 23 Military Families Camp.	1st and 3rd Mondays, 2 p.m.	†Dr. Broomhead and ‡Mrs. Ferman.	M.O. attends 3rd Monday.	585
MALMESBURY. The Moravian Church Hall, Oxford Street.	1st and 3rd Wednesdays, 2.30 p.m.	Dr. Hodge and Dr. Winch or Dr. Clarke (in annual rotation), and ‡Miss Jackson.	M.O. attends first Wednesday.	619
MARLBOROUGH. Congregational School- room, The Parade.	1st Friday, 2.30—4 p.m.	†Dr. Mackay and District Nurses.	M.O. attends every session.	190
MELKSHAM. Old Bank House.	Alternate Thursdays, 2—4.30 p.m.	Dr. Schofield and ‡Miss Cross.	M.O. attends every session at 3 p.m.	1,000

†County Medical Staff.

‡Whole-time Health Visitor.

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances, 1952.
MERE. Lecture Hall, Salisbury Street.	1st and 3rd Tuesdays, 2.30—4 p.m.	Dr. Morse and Dr. Alexander (in four- monthly rotation) and District Nurse.	M.O. attends 1st Tuesday.	467
NETHERAVON. Parish Hall.	2nd and 4th Wednesdays, 2.30—4 p.m.	†Dr. Hammond and District Nurse.	M.O. attends 4th Wednesday.	274
NOMANSLAND. The Chapel Schoolroom.	2nd Thursday, 3 p.m.	Dr. Whitehead, jun., and ‡Mrs. Jarvis.	Alternate (odd) months.	171
NORTH BRADLEY. Progressive Hall.	2nd and 4th Wednesdays, 2.30—4 p.m.	†Dr. Semple and ‡Miss Slade.	M.O. attends 4th Wednesday.	558
PERHAM DOWN. The Medical Hut.	Alternate Tuesdays, 2—4 p.m.	Military Medical Officer and District Nurse	M.O. attends every session.	311
PEWSEY. The Foresters Hall.	1st Thursday 2.30 p.m.	Dr. M. Hynes and District Nurse.	M.O. attends every session.	165
PURTON. Red House.	2nd and 4th Tuesdays, 2.30—4.30 p.m.	†Dr. McElroy and District Nurses.	M.O. attends 2nd Tuesday.	770
RAMSBURY. The Memorial Hall, High Street.	1st Thursday, 2.15—3.30 p.m.	Dr. Mills and ‡Miss Wookey.	M.O. attends every session.	375
REDLYNCH. St. Birinus Hall, Morgans Vale.	2nd Friday, 2.30 p.m.	Dr. Whitehead, jun., and ‡Mrs. Jarvis.	M.O. attends every session.	Commenced Mar., 1953.
SALISBURY. Hulse Clinic, General Infirmary.	Every Tuesday and Friday, 2—3.30 p.m.	†Dr. Wright, ‡Miss Williams and other Salisbury Health Visitors as available.	M.O. attends every session.	3,883
St. Michael's Parish Hall, St. Michael's Road.	Every Thursday, 2—3.45 p.m.	†Dr. Hammond, ‡Miss Morris and other Salisbury Health Visitors as available.	M.O. attends every session.	2,316
STRATTON ST. MARGARET. Methodist Schoolroom, Lower Stratton.	2nd and 4th Thursdays, 2—4 p.m.	†Dr. McElroy, ‡Mrs. Lumley and District Nurses.	M.O. and Health Visitor attend 4th Thursday. 2nd Thurs- day for vitamins etc., distribution only.	313
TIDWORTH. St. Patrick's Road.	Alternate Tuesdays, 2—4 p.m.	Military Medical Officer and District Nurse.	M.O. attends every session.	932
TISBURY. Red Cross Hut, New Rd.	2nd Tuesday, 3 p.m.	Dr. Brown and District Nurse.	M.O. attends every session.	380
TROWBRIDGE. County Council Clinic, The Halve.	Every Tuesday and Thursday, 2—4 p.m.	†Dr. Murray, ‡Mrs. Fielding, and ‡Miss Slade or Miss Cross†	M.O. attends every Tuesday.	3,127
UPPER STRATTON. St. Philip's Church Hall.	1st and 3rd Fridays, 2—4 p.m.	†Dr. McElroy and ‡Mrs. Lumley.	M.O. attends 1st Friday.	728
WANBOROUGH. St. Andrew's Church Hall, High Street.	2nd and 4th Mondays, 2—4 p.m.	†Dr. McElroy and District Nurse.	M.O. attends 2nd Monday.	505
WARMINSTER. Methodist Schoolroom, George Street.	1st and 3rd Fridays, 2—4 p.m.	†Dr. Reynolds and ‡Miss Hills.	M.O. attends 3rd Fri- day, and occasionally 1st Friday.	884
WESTBURY. Methodist Schoolroom, Station Road.	1st and 3rd Thursdays, 2—4 p.m.	†Dr. Reynolds and local District Nurses.	M.O. attends every session.	666

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances 1952.
WEST HARNHAM. The Old School.	1st and 3rd Mondays, 2 p.m.	†Dr. Semple, ‡Miss Rahilly and other Salisbury Health Visitors as available.	M.O. attends every session.	605
WHITEPARISH. The Melchett Hall.	Last Tuesday, 2.30 p.m.	Dr. Jepson and ‡Mrs. Jarvis.	Alternate (odd) months.	253
WILTON. Dr. Lane's Surgery, West Lodge.	1st and 3rd Thursdays, 2—4 p.m.	Dr. Lane and ‡Miss Norman.	M.O. attends every session.	413
WINTERSLOW. Parish Hall.	1st and 3rd Fridays, 2.30 p.m.	Dr. Masson and local Health Visitor.	M.O. attends 3rd Friday.	725
WOOTTON BASSETT. Memorial Institute.	1st and 3rd Tuesdays, 2—4 p.m.	†Dr. McElroy and ‡Miss Kay.	M.O. attends 1st Tuesday.	650
WROUGHTON. Ellandune Hall.	Every Thursday, 2.30—4 p.m.	Dr. Calnan and ‡Miss Kay.	M.O. attends 1st Thurs- day; Health Visitor attends 1st and 3rd Thursdays; remain- ing days for vitamins distribution only.	576

†County Medical Staff.

‡Whole-time Health Visitor.

CARE OF PREMATURE INFANTS.

Sixty-two live births of 5½lbs. or less in weight occurred at home and 6 similar stillbirths. Forty-seven survived the first difficult month of life, 12 being removed to hospital.

DENTAL CARE.

Particulars of the work undertaken during 1952 will be found in the Chief Dental Officer's Report given in the General Survey printed earlier in this Report.

SUPPLY OF INFANT FOODS.

The following is a summary of the main preparations purchased during 1952 for sale at the various centres under the County scheme:—

Infant Milk Foods	...	...	...	...	...	7,656 lbs.
Baby Cereal	...	...	...	...	...	3,624 packets.
Strained Baby Foods (Meat, Fruit, Vegetables, etc.)	...	...	...	...	...	1,086 tins.
Nutrients (chiefly malt and oil preparations)	...	...	...	...	...	4,968 containers.
Baby Rusks	...	...	...	...	...	2,028 packets.
Glucose	...	...	...	...	...	3,864 cartons.
Malted Milk	...	...	...	...	...	1,080 lbs.
Teats	...	...	...	...	...	1,500

PROVISION OF MATERNITY OUTFITS.

The number of Maternity Outfits supplied during 1952 was 1,742.

DAY NURSERY PROVISION.

The Health Committee decided to increase the charges made to mothers, previously based on the cost of meals alone, and fixed a scale for the assessment of contributions which was put into force in January, 1953. Whilst priority of admission is given to cases of social need, any remaining vacant places are made available to other cases in order to maintain a reasonable level of attendance and therefore economy of working. Naturally the introduction of increased charges resulted in a certain number of withdrawals of children but the numbers on the register have been made up to a reasonable level by new applicants. The position continues to be carefully watched.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.

Central records of the cases dealt with under this scheme (described in the Survey Report printed earlier in this Report) are kept by a Senior Health Visitor on the administrative staff, who maintains constant touch with the welfare workers and their Associations, the Mother and Baby Homes, and to some extent the cases themselves.

The total number of cases dealt with under the scheme during 1952 was 239.

In the course of visits to Wiltshire by officials of the Ministry considerable interest has been displayed in our system of co-ordinating and reinforcing the work of the Voluntary Associations concerned in the care of unmarried mothers. At the Ministry's suggestion a certain number of cases have been selected for follow-up for a number of years to gain greater knowledge of the problems which subsequently present themselves to unmarried mothers and their children, and particularly to throw further light on the question of whether it is, or is not, ultimately to the benefit of the child to be kept by the mother or put for adoption.

MOTHER AND BABY HOMES.

Fifty-nine cases were admitted to Mother and Baby Homes in the County, principally the Girls' Hostel at Devizes, and 11 to Homes outside the County. Most of these latter admissions were of young girls sent to a Home especially intended for the very young mother where training is given for a considerable period and very good results have been achieved. There were a number of girls of approximately school-leaving age who required such care, and the facilities offered are of very real help in what are often very difficult circumstances. A few of the cases sent out of the County had to be so sent owing to shortage of accommodation in the County Homes.

BIRTH CONTROL CLINICS.

A considerable number of cases recommended for advice on medical grounds have been referred to the clinics at Swindon, Trowbridge and Salisbury. Of these 79 were found to be in necessitous circumstances and the County Council met the cost of consultation and equipment. Twelve cases were also referred to a City Council clinic in Bath at County Council expense from an area of the County from which it is difficult to reach the other Centres.

CO-OPERATION WITH THE SPECIALIST CLINICS PROVIDED BY REGIONAL HOSPITAL BOARDS FOR ORTHOPAEDIC, OPHTHALMIC AND EAR, NOSE AND THROAT DEFECTS.

Our arrangements for co-operation with the Hospital Boards in this connection have continued unchanged, the Boards contributing to the administrative costs involved where these are not strictly within the province of the County Council. The following are a few brief details to show the extent of the work.

ORTHOPAEDIC CLINICS.

Records are maintained for 774 children under school age attending these clinics and the hospitals concerned. These records are co-ordinated with those of the Infant Welfare Centres, particularly from the point of view of keeping Medical Officers of the latter informed of the results of cases referred by them to Orthopaedic Clinics. The necessary arrangements for all new attendances at Orthopaedic Clinics referred through this office, and for in-patient treatment at Bath, and elsewhere, are made, and any old cases referred for laxity of attendance are followed up by our domiciliary nursing staff.

OPHTHALMIC CLINICS.

A similar position obtains here, except that all invitations are arranged through this Department, together with any necessary follow-up. The number of individual records held at the moment is 278.

EAR, NOSE AND THROAT CLINICS.

The position is similar to that with eye cases and the number of current records for children under five is 133. More operative work is involved in this type of case and the hospitals mainly make arrangements with parents for admission, but a certain amount of this work is still arranged here.

SECTION 23—MIDWIFERY SERVICE.

ARRANGEMENTS FOR SUPERVISION OF MIDWIVES.

These arrangements are described in the Survey Report but it seems desirable here to make some mention of the difficulty in carrying out effective supervision of midwives in hospital when the County Council is not the controlling body, and has in fact no other right of entry to the hospital than for occasional supervisory visits. There is, however, much goodwill between Hospital Authorities and the Council, but the position is not satisfactory in view of the divided responsibility, especially in the event of puerperal infection arising in the Hospital.

ANALGESIA.

Gas and air analgesia was used by midwives in 1,079 domiciliary cases during the year. In addition pethidine was administered by midwives in 674 domiciliary cases during the year. The supply of this drug is, of course, strictly controlled.

HOUSING ACCOMMODATION FOR MIDWIVES.

Considerable progress has been made during the year with new building. Houses have been completed for midwives at North Bradley and Bromham, a pair of new houses finished at Calne, and a new bungalow at Highworth has just been completed at the time of writing. Some difficulty has been experienced in obtaining a satisfactory site at Chisledon but one is now under consideration and a site is also being considered at Winterslow. It is becoming increasingly difficult to secure the tenancy of additional Council Houses for midwives. More houses are continually required owing to the retirement of midwives living in their own homes, and building by the County Council is likely to continue for some time.

The very low rate of payment for County accommodation, namely 10/- per week for an unfurnished house or rooms, was fixed nationally some time ago by the appropriate Whitley Council and has not yet been revised. Such accommodation is naturally attractive to intending applicants for posts and tends to make advertisement without an offer of accommodation practically useless. This false position should be remedied and a realistic rental settled but the new conditions of service for nurses are still delayed.

TRANSPORT.

With very few exceptions midwives in the County service possess cars and are paid mileage allowances on the national scale. A few use cars provided and maintained by the County Council.

GENERAL.

The following table gives particulars of the work done during the year by all the midwives in the County area.

CATEGORY.	DOMICILIARY CASES.		CASES IN INSTITUTIONS.		Totals.
	Midwifery.	Maternity Nurse.	Midwifery.	Maternity Nurse.	
County Council Midwives	1342	270	—	—	1612
Midwives employed by Hospital Management Committees	160	6	2157	397	2720
Private Midwives	7	5	66	35	113
TOTALS	1509	281	2223	432	4445

County Council midwives were asked during the year to attend 132 cases discharged from Maternity Homes before the fourteenth day.

At the time of writing the Ministry's new Circular 5/53 on co-operation between hospital and domiciliary nursing staffs with regard to continuity of care for the patient is under active consideration, with a view to the improvement of existing arrangements, although in some areas these are

already excellent. It is important that direct contact between hospital and domiciliary nurse should always be the primary object of any scheme in this connection, and that this principle should not be sacrificed to any central system which is bound to be slower and more cumbersome, although lending itself more readily to a constantly up-to-date central record of work undertaken.

ARTIFICIAL FEEDING OF INFANTS.

The following is a statement of the number of notifications of artificial feeding received from midwives during the past 5 years:—

1948	...	156
1949	...	158
1950	...	173
1951	...	186
1952	...	233
Total	...	906

It will be seen that there has been a constant increase which is much more marked in the last year. The vast majority of notifications are received from hospitals. Whilst it must be borne in mind that the increased numbers are probably partly attributable to greater attention being given to the need for notification in accordance with the Midwives' Rules as a result of the attention of the staffs concerned being frequently drawn to this, the numbers undoubtedly reflect a most undesirable tendency for infants to be sent out from Maternity Hospitals not wholly breast-fed.

MIDWIVES ACT, 1918.

Medical aid was summoned by midwives in domiciliary cases totalling 299 during the year, compared with 301 in the previous year. The corresponding number of claims by doctors was 53, so that it may be assumed that in some 246 of these cases the patients were already booked by the doctors under the Maternity Medical Services.

MATERNITY MEDICAL SERVICES—OBSTETRIC LIST.

During the year the local Obstetric Committee, of which I am a member, considered 13 applications of which 10 were approved. In the preceding year there were also 13 applications, and 11 were approved. I have always considered the best criterion for addition to the list to be a post-graduate appointment in an Obstetric Unit or prolonged experience in general practice.

SECTION 24—HEALTH VISITING.

In addition to the staff of 22 Health Visitors, 43 District Nurse Midwives undertake part-time infant visiting. Two only of these hold the Health Visitor's Certificate and the remainder act as infant visitors by virtue of special dispensation by the Minister of Health. It is, however, our constant endeavour to reduce this number by the appointment of qualified staff and the number has in fact been reduced by 15 during 1952.

The work of the unqualified staff is limited to infant visiting, and all other duties normally falling to a Health Visitor, such as visits to tuberculous patients, after-care of infectious diseases, local control of Home Helps, etc., are carried out by the qualified staff.

The arrangement for the whole-time health visiting staff to act on behalf of the Children's Department as Child Life Protection Visitors for children under the age of two was continued during the year, but has since been terminated in 1953 at the request of the Children's Officer, who is bringing all the Child Life Protection work under her officers. The health visiting staff will, of course, continue to visit in their own capacity, as to all other infants in the area.

An important duty carried out throughout the whole of the County by the qualified Health Visiting staff is the special supervision of all families where outstanding neglect of children has been found. Periodical reports on all such cases are submitted to the Children's Officer, through whom action with the N.S.P.C.C. is taken where necessary. The total number of families on our special register is 90.

The number of live births notified in the County area during the year, corrected according to domicile, was 4,897, and there were also 72 stillbirths. The corresponding figures for 1951 were 5,018 and 69 respectively. The following table gives details of the work undertaken by the health visiting staff and for comparison the figures for last year are given in brackets:—

	Whole-time Health Visitors.	Part-time Health Visitors.	Totals.
Visits to children under 1	17,380 (17,121)	13,986 (19,297)	31,366 (36,418)
Visits to children between 1 and 5	24,988 (23,007)	18,327 (24,645)	43,315 (47,652)
Visits to Expectant Mothers	823 (567)	— (—)	823 (567)
Visits to other cases	8,571 (9,612)	— (—)	8,571 (9,612)
TOTALS	51,762 (50,307)	32,313 (43,942)	84,075 (94,249)

SECTION 25—HOME NURSING.

At the end of the year there were 12 nurses working in a whole-time capacity as Home Nurses and 77 as part-time Home Nurses. The following table gives a list of the districts with particulars of the work undertaken, including midwifery where the work of home nursing and midwifery is combined. For purposes of comparison the figures for the previous year are shown in brackets:—

Nursing District.	General Nursing.		Midwifery and Maternity. Total Cases Attended. (Average Case has 25-30 Visits).
	Cases Attended.	Visits Paid.	
Alderbury and Longford	113 (90)	455 (363)	19 (20)
Amesbury	45 (55)	698 (686)	32 (21)
Ashton Keynes	56 (115)	485 (1491)	12 (17)
Bedwyn, Shalbourne, etc.	37 (71)	504 (361)	22 (19)
Blunsdon	165 (186)	674 (737)	24 (25)
Bourne Valley	134 (309)	1500 (1406)	22 (14)
Box	321 (336)	4919 (4254)	11 (5)
Bradford-on-Avon—Nurse I	325 (292)	2306 (2071)	11 (15)
Nurse II	188 (118)	2489 (2257)	16 (12)
Bratton	110 (98)	1024 (605)	12 (11)
Brinkworth (amalgamated with Somerford, April, 1952)	— (46)	— (961)	— (8)
Bromham	221 (195)	2767 (1575)	11 (11)
Bulford	477 (340)	1489 (1447)	—
Burbage	133 (55)	2686 (2477)	5 (7)
Calne Town—Nurse I	210 (220)	2778 (3181)	8 (10)
Nurse II	92 (94)	1430 (1302)	21 (14)
Calne Country	147 (75)	1243 (531)	18 (12)
Castle Combe	216 (117)	1527 (1430)	10 (7)
Chalke Valley	69 (66)	966 (1112)	23 (23)
Chippenham—Midwifery	—	—	58 (45)
General	255 (256)	3299 (2974)	—
Chisledon	136 (125)	739 (819)	17 (26)
Codford	88 (81)	562 (548)	21 (26)
Colerne	71 (104)	1075 (723)	11 (3)
Collingbourne—Nurse I	45 (68)	554 (681)	33 (33)
Nurse II	49 (72)	321 (356)	31 (15)
Corsham—Midwifery	—	—	44 (51)
General—Nurse I	84 (125)	1956 (1473)	—
Nurse II	104 (97)	2459 (2157)	—
Cricklade	56 (91)	369 (332)	37 (29)
Derry Hill (amalgamated with neighbouring Districts, February, 1952)	— (80)	— (486)	— (12)
Devizes—Midwifery	106 (48)	851 (321)	41 (48)
General	93 (102)	3722 (4267)	—
Dilton Marsh	102 (98)	1096 (894)	7 (2)
Donhead	72 (41)	626 (459)	14 (9)
Downton—Nurse I*	84 (67)	915 (559)	19 (15)
Nurse II	— (82)	— (530)	— (9)

Nursing District.	General Nursing.				Midwifery and Maternity. Total Cases Attended. (Average Case has 25-30 Visits).	
	Cases Attended.		Visits Paid.			
Durrington	95	(115)	600	(665)	62	(45)
Fonthill	148	(119)	1247	(1107)	10	(16)
Harnham	68	(80)	1503	(1157)	47	(45)
Heytesbury	253	(268)	1610	(1567)	12	(19)
Highworth	56	(21)	931	(306)	26	(33)
Holt	91	(132)	1138	(776)	10	(11)
Kilmington	66	(101)	1414	(1188)	16	(14)
Knogle (East), Sedgell and Semley	86	(48)	986	(560)	5	(12)
Langley Burrell	75	(63)	1189	(1077)	14	(14)
Larkhill	301	(351)	1422	(1807)	—	—
Lavington (amalgamated with neighbouring Districts, December, 1952)	33	(50)	185	(315)	11	(13)
Lynham and Clyffe Pypard	62	(72)	474	(425)	28	(26)
Malmesbury and Hullavington—Nurse I	69	(73)	1029	(967)	18	(16)
Nurse II	234	(304)	2596	(3239)	24	(12)
Marlborough and Overton—Nurse I	191	(195)	1432	(1676)	21	(22)
Nurse II	125	(93)	992	(720)	11	(16)
Melksham—Nurse I	43	(35)	307	(394)	21	(24)
Nurse II	25	(41)	538	(494)	26	(28)
Mere	85	(51)	1199	(1221)	11	(14)
Milton Lilbourne	30	(111)	145	(1483)	5	(8)
Netheravon	75	(101)	423	(369)	23	(25)
North Bradley	97	(103)	1306	(1533)	7	(10)
Pewsey	63	(73)	868	(861)	7	(7)
Pewsey Vale—Nurse I	60	(58)	717	(597)	10	(14)
Nurse II	120	(94)	982	(408)	5	(18)
Potterne	103	(90)	893	(830)	6	(5)
Purton—Nurse I	37	(43)	379	(119)	32	(36)
Nurse II	34	(27)	200	(114)	19	(18)
Ramsbury	230	(320)	1324	(2381)	19	(19)
Salisbury—Midwifery (Inf'y Staff: 2 Midwives)	—	—	—	—	166	(186)
General—St. Martin's	110	(127)	1283	(1574)	—	—
Fisherton	108	(142)	1383	(1768)	—	—
St. Michael's	138	(116)	1926	(1485)	—	—
St. Edmund's & St. Thomas's	203	(102)	1529	(1874)	—	—
St. Mark's	130	(113)	1013	(1149)	—	—
Bemerton	108	(126)	1476	(1448)	—	—
Seend	182	(58)	1014	(962)	10	(11)
Sherston	256	(141)	1621	(1980)	8	(7)
Shrewton	88	(113)	860	(963)	14	(8)
Somerford	90	(76)	498	(1015)	21	(7)
Stratton St. Margaret—Nurse I	76	(58)	1280	(1084)	44	(35)
Nurse II	54	(58)	739	(782)	36	(24)
Sutton Veny	44	(54)	2214	(2723)	25	(10)
Tidworth and Perham Down	153	(202)	582	(766)	—	—
Tisbury	138	(141)	820	(834)	15	(16)
Tollard Royal	32	(36)	220	(164)	—	—
Trowbridge—Midwifery	—	—	—	—	51	(31)
General—Nurse I	244	(179)	2024	(1679)	—	—
Nurse II	288	(213)	2477	(1652)	—	—
Urchfont	40	(68)	472	(678)	15	(17)
Wanborough	11	(41)	77	(611)	19	(17)
Warminster—Nurse I	151	(185)	2162	(2530)	25	(24)
Nurse II	244	(359)	1954	(2258)	10	(16)
Westbury	115	(70)	1394	(627)	15	(31)
Whiteparish	34	(49)	687	(503)	11	(18)
Wilton and Wishford	118	(121)	1533	(1771)	27	(39)
Winsley	184	(170)	1446	(1524)	6	(7)
Winterbourne Valley	128	(101)	2044	(1466)	16	(13)
Winterslow	409	(411)	1260	(1502)	19	(13)
Woodford	88	(86)	2094	(2186)	9	(11)
Wootton Bassett	136	(125)	1101	(399)	43	(39)
Wroughton	168	(95)	870	(582)	37	(25)
TOTAL;	11627	(11547)	116566	(114557)	1758	(1719)

*Single nurse district only from 1/12/52.

In the interests of economy possibilities of amalgamation due to diminution in numbers of cases or other causes are constantly kept under review and, during 1952, three areas have been amalgamated with surrounding districts. Since the end of the year two more have been similarly amalgamated.

SECTION 26.

VACCINATION.

During the year 2,491 primary vaccinations and 935 re-vaccinations were undertaken by general practitioners, who were paid the agreed fee of 5/- for records received. The figures for 1951 were 2,962 and 1,793 respectively.

Of this total of 2,491 primary vaccinations, 1,780 related to infants and this represents a percentage of 36.6 of those born, compared with a figure of 40.0 for 1951. As explained in the Survey Report we supplement our propaganda through Health Visitors and Infant Welfare Centres by individual communications at the appropriate age and special follow-up visits by the Health Visitor, if necessary.

DIPHTHERIA IMMUNISATION.

The diphtheria immunisation campaign is pursued mainly on lines of individual propaganda similar to the above, but continues to be interrupted during the summer and autumn months by the necessity, as a precautionary measure, to cease immunisation in districts where poliomyelitis becomes prevalent. Comparison of the number of immunisations undertaken in the age group 0-2 with the number of children who attained the age of 2 in 1952 shows, however, over 60% immunised by the age of 2. The remainder are persistently followed up in the course of health visiting and later in school. A proportion of parents, who have refused consent earlier, agree to immunisation at school age. Some 4,440 primary immunisations and 6,847 reinforcing injections (compared with 4,993 and 6,786 in 1951) were carried out by County Council staff and general practitioners, who continue to co-operate in this work, in connection with which fees, on the same basis as for records of vaccination, are payable. During the year 2,189 records of primary immunisation were received from them. In this connection supplies of prophylactic, which in 1952 totalled 1,400 c.c., are dispatched as required to practitioners, who can of course also obtain supplies through trade channels.

I am very pleased with the co-operation in our scheme given by the general practitioner, as it is most desirable that complete records should be held of immunisations undertaken by them, for the purpose of co-ordination with our records and also in order that the necessary reinforcing injections may be arranged when they are due.

The following table shows the number of children under the age of fifteen who were protected at 31st December, 1952:—

Number of Children who had completed a full course of Immunisation at any time up to 31st December, 1952:—								
Age at Dec. 31st, 1952, i.e., Born in Year.	Under 1 1952	1 1951	2 1950	3 1949	4 1948	5-9 1943-1947	10-14 1938-1942	Total under 15.
Number Immunised	220	2716	3339	3385	3672	21,049	18,981	53,362

SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

A. TUBERCULOSIS.

B. MENTAL ILLNESS AND DEFECTIVENESS.

{ Reports under these headings are made in the sections dealing with Tuberculosis generally on Page 38 and Mental Health on Page 15.

C. OTHER TYPES OF ILLNESS.

VENEREAL DISEASE.

Any cases referred from V.D. Clinics for following up by Health Visitors to ensure attendance are immediately visited. Very few cases, however, are referred to the County Council.

CONVALESCENT TREATMENT FOR PATIENTS NOT IN NEED OF MEDICAL OR NURSING CARE.

During the year 23 cases were sent to eight Homes, the majority of the cases going to the nearer parts of the South Coast. The period of convalescence was usually 14 days, but in a few cases this was extended on medical recommendation from the Home concerned.

D. HEALTH EDUCATION.

Educational posters are used in all the County Council Clinic premises and leaflets and pamphlets in a wide variety of health subjects are distributed. Exhibition Stands obtained from the Central Council for Health Education are used and also the Display Sets supplied by the Ministry of Health.

One of the primary functions of Infant Welfare Centres is, of course, the improvement of health education, and it is through this agency that a large number of leaflets and booklets are distributed to the public. The accommodation normally available for Infant Welfare Centres in a rural community does not readily lend itself to the giving of lectures by the Medical Officer or Health Visitor at the time the Centre is held, but these officers do, of course, get many opportunities to disseminate useful advice on health education on a more individual basis.

E. PROVISION OF HOME NURSING EQUIPMENT.

The following is a list of the Medical Loan Depots in the County which are run by the Red Cross and St. John Ambulance Brigade in conjunction with the County Council. In addition there is a Central Medical Loan Depot at County Hall for larger articles of equipment, such as Dunlopillo Mattresses, Spinal Carriages, Wheel Chairs, etc.

Address of Depot.	Name and Address of Officer-in-Charge, and Telephone No., if any.
AMESBURY. Red House Farm (opened April, 1953).	Mrs. I. Muggleton, Red House Farm, Amesbury. (Amesbury 2123).
BOWERCHALKE. Sunningdale.	Mrs. M. Goodfellow, Sunningdale, Bowerchalke. (Broadchalke 251).
BRADFORD-ON-AVON. Red Cross Hut, Trowbridge Rd., Bradford-on-Avon	Miss Thomas, 49L, Trowbridge Rd., Bradford-on-Avon.
CALNE. Kingsbury Hall.	The Hon. Mrs. H. Allsopp, Vern Leaze, Calne (Calne 3229).
CHARLTON. Red Cross Centre, Donhead.	Mrs. D. Dineley, The Priory, Berwick St. John. (Donhead 217).
CHIPPENHAM. St. John Ambulance Brigade Headquarters, 1A, Market Place, Chippenham.	Mrs. G. E. Moss, Watchfield, Rowden Hill, Chippenham. (Chippenham 2265).
COLLINGBOURNE. Chapel Hall, Collingbourne Kingston.	Mrs. Fribbance, Mayzells, Collingbourne Kingston. (Collingbourne Ducis 67).

Address of Depot.	Name and Address of Officer-in-Charge and Telephone No., if any.
CORSHAM (1). St. John Ambulance Brigade Headquarters, Cricket Pavilion, Corsham.	Mrs. D. Peters, 8, Paul Street, Corsham (Corsham 3361).
CORSHAM (2). Red Cross Centre, Pound Pill, Corsham.	Mrs. Joy, 17, The Tynings, Corsham (Corsham 2205).
CRICKLADE. Red Cross Room, next to Town Hall, Cricklade.	Miss O. Holloway, 79, High Street, Cricklade.
DEVIZES. Red Cross Hut, The Brittox, and Brighstone, The Breach, Devizes.	Mrs. G. R. Child, Brighstone, The Breach, Devizes. (Devizes 402).
LAVINGTON. "Homeleigh," High Street, Littleton Panell.	Miss N. Raine, "Homeleigh," High St., Littleton Panell.
LUDGERSHALL. Ingelow.	Mrs. H. Panell, Ingelow, Ludgershall (Ludgershall 312).
MALMESBURY. The Clinic Room, Malmesbury & District Hospital.	Mrs. J. H. Humphreys, Milbourne Cottage, Malmesbury. (Malmesbury 3105).
MARLBOROUGH. 135, High Street.	Miss W. M. Swatton, "Glenbevan," Forestdale Road, Marlborough.
MELKSHAM. Place House, Place Road.	Mrs. W. J. Stratton, Place House, Place Road. (Melksham 2285).
MERE. Tudor Tea Rooms, Mere.	Mrs. P. Cross, Glebe Cottage, Church Street, Mere. (Mere 367).
PEWSEY. The Girl Guide Hut, Pewsey.	Mrs. H. Snow, Old Swan Cottage, Wilton, Marlborough. (Great Bedwyn 252).
RAMSBURY. Atherton Cottages, Burdett Street.	Mrs. E. R. Greene, Atherton Cottages, Burdett St., Rams- bury.
SALISBURY. St. John Ambulance Brigade Headquarters, 72, Fisherton Street, Salisbury.	Mr. T. H. Gray, Honorary Secretary, 72 Fisherton Street, Salisbury (Salisbury 4810).
STRATTON ST. MARGARET. Bramville, Highworth Rd., Stratton St. Margaret.	Mrs. A. C. Shaw, Bramville, Highworth Rd., Stratton St. Margaret.
TISBURY. Red Cross Centre, Tisbury.	Mrs. D. Dineley, The Priory, Berwick St. John. (Donhead 217).
TROWBRIDGE. Courtfield House, Trowbridge.	Mrs. Mackay, Courtfield House, Trowbridge. (Trowbridge 2048).
WARMINSTER. 26, Market Place.	Mrs. M. J. Spire, 26, Market Place (Warminster 212).
WILTON. Westminster Lodge, The Hollows, Wilton.	Mrs. N. Sharman, Westminster Lodge, The Hollows, Wilton.
WOOTTON BASSETT. Adjoining Red Lion Hotel, Wootton Bassett.	Mrs. Hunt, 165, High Street, Wootton Bassett.

It will be seen that an additional depot has been opened at Amesbury. This should prove very useful.

During 1952, 1350 loans were made from the Loan Depots and 60 from County Hall. Charges varying from 1d. to 1s. 0d. per week are made according to the value of the article, although these can be remitted in genuinely necessitous cases.

SECTION 29—DOMESTIC HELP.

At the end of the year there were in the County area 277 part-time Home Helps, representing a further steady growth in the service as shown in the following table:—

Year.	Number of Enrolled Home Helps at end of year.	Number of Cases attended during year.		
		Maternity.	Other.	Total.
1948	11	50	7	57
1949	69	57	50	107
1950	147	136	182	318
1951	195	99	275	374
1952	277	106	301	407

At the time of writing the number of enrolled Home Helps has risen to 312.

A recent survey showed that there were 132 current cases in which continuous service had been given for over three months. Naturally most of these were old people living alone, and many of them had had service for much longer periods. Although few are in a position to contribute to the cost of providing help, this service is naturally much more economical than admission to a welfare institution. Similarly, help in cases where otherwise children would have to be removed to Children's Homes is obviously an economy where the father is available to look after the children outside working hours.

Persons in receipt of Old Age Pensions, without any additional means, those with Old Age and Supplementary Pension, or in receipt of National Assistance, are not expected to make contributions.

In a County such as Wiltshire the part-time Home Help Service seems to give the best value for the money expended. During the year the wages paid to 277 part-time home helps would have maintained 33 full-time helps who obviously could not have given service to the 407 households helped during the year. Also, by engaging part-time workers more households can be assisted during the morning when help is most valuable.

OTHER SERVICES

NOTIFICATION AND TREATMENT OF OPHTHALMIA NEONATORUM AND PUERPERAL PYREXIA.

Cases of ophthalmia neonatorum, notifiable directly to the County Council, numbered five during the year, one being born at home and four in institutions. The domiciliary case was treated at home, and in all cases there was no impairment of vision.

Sixty-two cases of puerperal pyrexia were notified during the year, five domiciliary and 57 institutional.

As the County Council remains responsible for the supervision of midwives working in hospital, inquiries are made when infectious conditions are notified in Maternity Wards to ensure that every precaution is taken by midwives against the risk of conveyance of infection. The position is, however, a most unsatisfactory one as the County Council has no other control whatsoever in these Wards.

INVESTIGATION OF HOME CIRCUMSTANCES OF PATIENTS APPLYING FOR HOSPITAL BEDS.

The County Council has always been willing and anxious to co-operate with Hospital Management Committees by investigating the home circumstances of patients applying for maternity beds, with a view to determining those who need priority of admission, and an arrangement exists with the Salisbury Hospitals Group Management Committee for the Council also, so far as their area is concerned, to advise on the order of admission of cases to chronic sick wards.

(a) MATERNITY BEDS.

The following table shows the investigations made during the year.

Maternity Hospital.	Number of patients whose social conditions were investigated by County Council.	Number recommended for priority of admission.	Number not so recommended.
Bradford-on-Avon Maternity Hospital	10*	9	1
Greenways Maternity Hospital, Chippenham ...	97	62	35
Chipping Sodbury Cottage Hospital	2	1	1
Devizes Maternity Hospital	84	72	12
Malmesbury Maternity Home	—	—	—
Salisbury General Infirmary	150	120	30
Savernake Hospital	43	33	10
Swindon Maternity Home	189	151	38
Trowbridge and District Hospital	4*	4	—
Cirencester Memorial Hospital	2	2	—
Frome Hospital	6	2	4
Fordingbridge Cottage Hospital	1	1	—
Cotswold Nursing Home, Tetbury	1	—	1
Westminster Memorial Hospital, Shaftesbury ...	1	1	—
TOTAL	590	458	132

*These cases were not referred to the County Council from the hospital, but investigated following the receipt of applications from the patients themselves.

In the case of patients whose admission to hospital was not recommended, every assistance in arrangement of confinement at home was given, both from the domiciliary Midwifery Service and the Home Help Service.

(b) CHRONIC SICK BEDS.

During the year the Salisbury Group Hospitals Management Committee referred 84 cases for investigation. In 47 priority of admission was recommended after careful investigation, and in the remainder no special need for priority was found, but frequently it was possible to be of help to the patient by providing home help, or the services of the District Nurse if not already in attendance.

REGISTRATION OF NURSING HOMES.

During 1951 one new application for registration was received and granted. It related to the removal of a Home to larger premises.

At the end of the year there were nine Homes in active use on the register, providing 27 maternity and 74 other beds.

Regular inspection of the active Homes continued to be carried out by the Deputy County Medical Officer and the Nursing Officers.

NURSERIES AND CHILD MINDERS ACT, 1948.

There are now no Nurseries registered under this Act. Four daily minders are registered, taking a maximum of 33 children in all.

REGISTRATION OF NURSING CO-OPERATIONS.

No application for registration was received during the year. One co-operation previously registered remained in operation.

BLIND.

The registration of blind has remained a function of the Health Department and during the year 97 cases were newly certified as blind, the total on the register at the end of the year being 742. In addition, 39 persons were registered as partially sighted. A considerable number of persons formerly on the observation list are gradually being examined or re-examined with a view to being added to the Partially-Sighted Register. Each must first be certified by an Ophthalmic Surgeon at County expense, but, when added to the register, is entitled to similar benefits under the County Welfare Committee's Scheme as are accorded by that Committee to the blind, but not, of course, to the statutory financial benefits to which the blind are entitled.

EXAMINATION OF MEDICAL REPORTS FOR SUPERANNUATION PURPOSES.

During the year 166 medical reports were considered in respect of the admission of County staff to the Superannuation Scheme. Of this number four were not approved, but 22 were passed for temporary appointments for review later as to fitness for entry to superannuation. The remaining 140 were passed as fit for permanent superannuable posts.

Two certificates were issued in connection with the award of breakdown pensions in respect of staff who were found on investigation to be incapable of discharging efficiently the duties of their employment by reason of permanent ill-health.

TUBERCULOSIS

The responsibility of the Wilts County Council in regard to tuberculosis relates to prevention and after-care. Treatment is undertaken by the various Regional Hospital Boards covering the County.

The following report is confined mainly to statistical and other information concerning those sections of tuberculosis work still within the jurisdiction of the County Council.

NOTIFICATIONS.

The following table gives information of the number of primary notifications, pulmonary and non-pulmonary, received during the year 1952:—

Age Periods.	Number of Primary Notifications of New Cases of Tuberculosis, 1952.													TOTAL.
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
Pulmonary- Males ...	—	—	2	2	1	8	17	30	25	27	17	8	2	139
Pulmonary: Females ...	—	1	1	9	2	14	19	27	15	9	7	4	3	111
Non-Pulmonary: Males ...	—	2	5	6	5	2	2	5	2	1	—	1	—	31
Non-Pulmonary: Females ...	1	—	6	8	2	2	3	5	3	4	—	—	—	34

It will be noted that the figures show a considerable decrease in the number of cases of pulmonary tuberculosis reported, 250 compared with 316 in the year 1951.

The figures for non-pulmonary tuberculosis also show a decrease, 65 compared with 87 in the previous year.

As regards the notifications of pulmonary tuberculosis, the decrease is not easy to explain. Whilst it may be said that the incidence of tuberculosis is declining, it is possible that the sharp fall in the number of notifications (250 compared with 316) may not be a true guide to the actual extent of the decline as far as Wiltshire is concerned, and that the number of notifications may increase again in some degree in subsequent years.

The notification figure is dependent upon several causes, not the least of which is the amount of Mass Radiography carried out.

It can be said that the increase in tuberculosis noted during the war years has now ceased but whether a period of stability will follow or a continuous reduction in notifications take place, remains to be seen. In Wiltshire, it appears that we are approaching a standard mid-way between pre-war and post-war incidence. In 1938, for example, pulmonary notifications totalled 188 compared with 250 in 1952, but in that year Mass Radiography was not in operation.

As regards notifications of non-pulmonary tuberculosis, there was a reduction of 22 compared with the previous year. As most of these cases are those relating to minor glandular conditions amongst children, numbers of whom receive treatment in hospitals without coming to the notice of the Chest Physician (at least until their discharge home), the notification figures are largely dependent upon the extent to which medical staffs at hospitals carry out the provisions of the Public Health (Tuberculosis) Regulations, 1952. Whilst there has been some improvement in this respect it is doubtful whether the notification figures are a guide to the real position. It is probable, however, that the legislation with regard to milk supplies has resulted in a fall over a period of years in this type of tuberculosis.

The tendency for the notification of male patients to increase was not apparent in 1952, there being 39 fewer such notifications. As regards women, there was a drop of 27 notifications. The higher incidence in the later age groups of males from 45-75 years was also checked, the figures being 54 in 1952, compared with 70 in the previous year.

In addition to the primary notifications shown in the foregoing table, 100 other notifications were received, 84 being transfers from other areas, 14 were non-notified cases discovered from the death returns received from the District Registrars, and the remaining 2 related to persons usually resident in Wiltshire, but who died elsewhere, and had not been known to suffer from tuberculosis whilst living in Wilts.

Twelve of the non-notified cases died in general or mental hospitals, having been admitted for some other complaint, and the diagnosis discovered after admission or by post-mortem examination. One of these deaths in hospital was due to tuberculous meningitis, a child of two years of age.

Unless there is good reason to the contrary, all cases notified are followed up by the Health Visitor, who stresses the necessity of the patient co-operating with the Chest Physician's instructions, and advises regarding hygiene in the home, prevention of the spread of infection, examination of contacts, and general social welfare.

The following table shows the number of primary cases of tuberculosis, pulmonary and non-pulmonary, notified in the post-war years 1946-1952:—

Year.	Pulmonary.	Non-Pulmonary.	Total.
1946	255	96	351
1947	281	92	373
1948	299	105	404
1949	315	111	426
1950	288	68	356
1951	316	87	403
1952	250	65	315

Records were again kept showing the prevalence of tuberculosis in different areas of the County, and amongst the various occupations of persons resident therein. As noted previously, the greater number of cases occurred in the urban areas, where the population covered is larger and more concentrated than in the majority of the rural areas, but the notification rate showed little change in any area, usually varying between 1 to 2 notifications per 1,000 of the population.

Occupations show a great diversity, there being approximately 60 different occupations amongst the 139 pulmonary male persons notified, and about 12 amongst the 111 pulmonary females. In the latter group the housewife showed nearly 50% of the notifications, but obviously this occupation would cover a large part of the population of any area, and the rate probably is no higher proportionately to that in any other occupation.

EXAMINATION OF CONTACTS.

The number of contacts of tuberculous patients first seen during 1952 was 781, compared with 735 in the previous year, and 635 in 1950.

The following table shows the results of investigation of these cases:—

	Pulmonary.			Non-Pulmonary.			Totals.			Grand Totals
	M.	W.	C.	M.	W.	C.	M.	W.	C.	
Diagnosed as Tuberculous ...	9	11	6	—	—	5	—	—	—	31
Non-Tuberculous ...	—	—	—	—	—	—	128	243	343	714
Diagnosis not completed by 31/12/52 ...	—	—	—	—	—	—	6	12	18	36
										781

It will be noted that there was a small increase in the number of contacts examined during the year. From a reference to the notification table it will be seen that about 2.5 contacts are examined for every case notified, and that of these contacts 31 were discovered to be suffering from tuberculosis.

Everything possible is done to increase the number of contacts examined, but as there is no compulsion about this matter, despite every effort that is made, in some instances the persons concerned cannot be persuaded to attend for examination. The position has slowly improved in recent years, and great attention has been and is being paid to this question, with a view to probing to the utmost the source of infection in all notified cases.

DEATHS.

During the year 1952 there were 75 deaths from tuberculosis, 63 pulmonary and 12 non-pulmonary. This compared with 78 deaths in 1951.

The death rate from all forms of tuberculosis for the year 1952 was 0.19 per 1,000 of the population, compared with 0.20 in 1951. The pulmonary death rate was 0.16 per 1,000 of the population, and for non-pulmonary 0.03 per 1,000.

The death rate for England and Wales from all forms of tuberculosis was 0.24 per 1,000 of the population, compared with 0.31 in the previous year. The tuberculosis death rate in Wiltshire thus still remains considerably below the national rate, as might be expected having regard to its largely rural nature.

The following table shows the deaths from tuberculosis registered in the County from 1946-1952:—

Year.	DEATHS.		Total.
	Pulmonary.	Non-Pulmonary.	
1946	110	16	126
1947	102	19	121
1948	108	23	131
1949	91	12	103
1950	94	8	102
1951	68	10	78
1952	63	12	75

Owing to the introduction of the newer methods of chemotherapy many tuberculous patients are living longer and at times this will indicate a fall in the annual number of deaths, but it is to be feared that sooner or later the figures for a particular year may show a considerable increase. It seems equally fallacious to suggest that a fall in the death rate, any more than a drop in notifications, indicates a large reduction in the incidence of tuberculosis, as so many factors need consideration. Statistics can give quite erroneous impressions during any particular year, and must be based over a period of several years to give any reliable information on the points concerned. As previously stated, the incidence of tuberculosis does appear to be declining, but at what rate is extremely difficult to judge.

HOUSING.

The responsibility for the provision of housing rests with the various District Councils, but during the year 70 tuberculous cases were referred by the Chest Physicians to these authorities, recommending the provision of better housing accommodation, according to the degree of infectivity of the persons concerned.

As noted in previous reports three different types of certificates are issued: No. 1 in sputum positive cases as an urgent measure for the prevention of infection; No. 2 where the case is not sputum positive, but better housing would be desirable in order to improve and maintain the patient's health, and No. 3 where improved housing would be beneficial, but is not an urgent matter.

The 70 cases which were referred in 1952 were classified as follows:—

No. of Cases referred, and Certificate issued.	No. of Houses provided.	Other satisfactory arrangements made.	Died, Left County or Withdrawn.	Houses not yet provided.
Certificate No. 1 31	12	1	1	17
Certificate No. 2 35	11	2	6	16
Certificate No. 3 3	—	—	—	3
Referred without a certificate 1	—	—	—	1
TOTALS 70	23	3	7	37

Since 1949, when the issue of these certificates to housing authorities was commenced, 337 cases have been referred to the local authorities. It is known that in 188 cases the patients have been re-housed, in 6 instances other satisfactory arrangements have been made, and in 4 cases building licences have been granted. In 59 cases the patients have died, left the County, or withdrawn their applications. There remain some 80 cases where re-housing has not so far been found possible or essential.

The District Medical Officers of Health have shown great interest in this matter, and their respective Councils have given much help in this vital problem, one of the most important in connection with tuberculosis.

From the figures given above it will be seen that satisfactory arrangements for re-housing have been made in roughly 57% of the cases referred, whilst applications have been withdrawn in 18%. The number remaining is less than 25% of the total cases referred to the District Councils, and this record stands to the credit of the Local Authorities in the County.

HEALTH VISITING OF PATIENTS.

In addition to the numerous visits made to the homes by the Chest Physicians, the County Health Visitors paid nearly 1,350 visits to patients during the year. The number is less than in the previous year, but this is accounted for by the fact that the duties of Health Visitors steadily increase, and by changes in the staff.

GENERAL AFTER-CARE WORK.

Under this heading extra nourishment in the form of free grants of milk, beds and bedding, were supplied to a number of patients whose financial circumstances justified such action, sputum flasks were issued, Home Helps arranged where available, and shelters erected where conditions were suitable.

The County Branch of the British Red Cross Society has given great assistance in many ways in the care of the tuberculous patient, more particularly for ex-Service men.

DIVERSIONAL THERAPY.

This scheme was continued whereby the County Council makes a grant to the Wiltshire Branch of the British Red Cross Society to enable them to provide materials for suitable tuberculous patients to undertake diversional therapy in their own homes. By the end of the year 132 cases had been referred to the Red Cross Society since the inception of the scheme, and were engaged in rug making, toy making, leather work and weaving, etc. Library fees in respect of reading facilities for certain patients were also paid to the Hospital Librarian of the Red Cross Society.

Many patients find this scheme of great benefit in providing occupation during the time they are forced to remain confined to their homes whilst awaiting Sanatorium treatment, or after such treatment has been received, and until they are fit to resume work.

The scheme is run very efficiently and economically by the Welfare Officer of the Wiltshire Branch of the British Red Cross Society and her Visitors, to whom suitable cases are referred by the Chest Physicians.

ADOPTION OF CHILDREN ACT, 1926.

Co-operation has been maintained with the Children's Department of the Council, and the Chest Physician is asked by the Children's Officer whether persons wishing to adopt children are known to be suffering from tuberculosis before their applications for legal adoption are considered.

The Children's Officer is requested by the Chest Physician to arrange for the removal of children of infected parents to Children's Homes or elsewhere under certain circumstances, particularly where such action is necessary to enable the mothers to receive Sanatorium treatment, which they would otherwise be unable to undergo, where the children could not properly be looked after at home upon the discharge of a patient from Sanatorium or other cause, or where it is necessary to segregate children whilst they receive B.C.G. Vaccination.

EMPLOYMENT OF TUBERCULOUS PATIENTS.

Liaison with the Disablement Resettlement Officers of the Ministry of Labour in regard to the employment of tuberculous patients has been satisfactory.

REHABILITATION.

During 1952 the County Council was responsible for the charges for 5 tuberculous patients receiving treatment combined with training in rehabilitation centres. Two patients were at Enham Alamein Village Settlement, Nr. Andover, 2 at Mount Industries, Eastleigh, Hants, and 1 at Preston Hall, Maidstone, Kent. It is hoped that as a result of the training they are receiving these patients will be enabled to undertake useful work in the future.

FINANCIAL ASSISTANCE TO TUBERCULOUS PATIENTS.

The Chest Physicians have continued to issue certificates for the use of National Assistance Boards to enable patients to receive extra financial help to which they may be entitled during the course of their illness.

PROTECTION OF CHILDREN FROM TUBERCULOSIS.

Arrangements were continued for the protection of organised groups of children against the risk of infection from adults suffering from tuberculosis.

As regards the Health Committee the staffs at the various Day Nurseries were medically examined and x-rayed, and for the Children's Committee the staffs at Children's Homes.

Little difficulty was experienced in regard to the examination and x-ray of new applicants to staffs, but the annual chest x-ray examinations by the Mass Radiography Units could only be undertaken in those areas where the Units functioned.

No evidence of active tuberculosis was discovered in any new applicant to the staffs.

B.C.G. VACCINATION.

This scheme is divided into two sections. The first relates to work undertaken on behalf of the County Council in regard to prevention, e.g. contacts of actual cases of tuberculosis. The second section is that undertaken on behalf of Regional Hospital Boards in connection with the nursing and other staffs at hospitals.

Both clinically and administratively the work is intricate in character, and involves much preliminary investigation on the medical side before vaccination can be undertaken, whilst from the administrative standpoint the timing of the vaccination depends upon the arrival of the vaccine from Denmark, which must be used within 14 days of manufacture.

The following statistics show the work carried out in the two sections from the commencement of the scheme until 31st December, 1952:—

	No. Vaccinated.	No. who Refused Vaccination.
(a) Contacts	282	3
(b) Hospital Staffs	171	19
TOTALS	453	22

It is not possible to give the actual number of contacts who received preliminary tests, as this work is done at the Clinics as a routine measure. In regard to the hospital staffs 726 positive reactions were obtained to the preliminary tests and vaccination was, therefore, unnecessary. Taking the total number of hospital staffs tested this means that about 80% showed a positive reaction.

The Ministry of Health require that all hospital staff vaccinated should be followed up for re-testing once a year for a period of 5 years. The follow up of contacts is left to the discretion of the Chest Physicians, but in these cases also an annual re-testing is arranged as far as is practicable.

Up to the 31st December, 1952, 43 hospital staff had been re-tested. In 41 of these cases the vaccination appeared to have taken satisfactorily. In 2 cases the re-test proved that the vaccination had not taken, and re-vaccination is being or has been carried out.

As regards contacts, 120 have been followed up, in 118 of which the re-test was satisfactory. In the remaining two instances re-vaccination was carried out.

The following sections of the tuberculosis work are the responsibility of the Regional Hospital Boards, but short summaries are given as a matter of general interest. Three Regional Hospital Boards serve Wiltshire, the Oxford Board for the northern area, the South Western Board the western and central area, and the South West Metropolitan Board the southern area. The figures are combined for the County as a whole, and for the purpose of this report are not given in Board areas.

MASS RADIOGRAPHY.

The Mass Radiography Units are operated by the Regional Hospital Boards. During the year 1952 these units functioned in various places in the County, the following table giving particulars of the work undertaken:—

Area Served.	Persons Examined.	Persons Referred to Chest Physicians.
Melksham, Bradford-on-Avon, Warminster and Westbury	3,584	22
Salisbury	7,016	44
Corsham and Chippenham	2,898	10
Trowbridge	1,735	8
Devizes	824	4
Malmesbury	920	2
Bulford	391	4
TOTALS	17,368	94

The number of persons examined was about 4,000 more than in the previous year, but the cases referred to the Chest Physicians dropped by 30 despite the greater number examined.

The classification of the results of the examinations of the 94 cases referred to the Chest Physicians is as follows:—

Active Pulmonary Tuberculosis	...	...	40
Inactive Pulmonary Tuberculosis	...	...	20
Observation cases	...	...	4
Non-tuberculous chest conditions	...	...	20
Non-tuberculous	...	...	10
			—
			94
			—

Of the 40 active cases of Pulmonary Tuberculosis discovered, 27 were recommended for Sanatorium treatment.

During the current year (1953) an intensive Mass Radiography programme is being carried out in the Borough of Swindon, amongst other places, and it seems likely that the figures of cases seen and cases referred to the Chest Physicians will show a considerable increase over those for 1952.

CHEST CLINIC ATTENDANCES.

The attendances at the various Chest Clinics during the year were as follows:—

Clinic.	Men.	Women.	Children.	Total.
Salisbury	1,519	1,603	956	4,078
Trowbridge	702	713	520	1,935
Swindon	2,403	2,056	1,164	5,623
Corsham	289	292	296	877
Chippenham	169	172	204	545
Devizes	263	228	158	649
Savernake	73	95	71	239
TOTALS	5,418	5,159	3,369	13,946

The total attendances of patients of 13,946 compared with 13,998 in the previous year, and remained practically unchanged.

A new Chest Clinic was opened in April, 1952, at the Chippenham District Hospital, and has proved of great use to Doctors and patients in that district. It is well equipped and x-ray facilities are available at the Hospital.

The opening of this Clinic will not result in any large increase in the total attendances, as the patients in this area were seen formerly at the Corsham or Trowbridge Clinics as a general rule. They are now saved considerable travelling both for clinical and x-ray examination. The work at the Chest Clinics continued to be very heavy during the year.

INSTITUTIONAL TREATMENT.

On the 1st January, 1952, there were 246 patients under treatment in Institutions. 501 were admitted during the year, 504 were discharged, leaving 243 cases still under treatment on the 31st December, 1952. Some of these patients were admitted from areas outside the County of Wilts, such as Southampton, Portsmouth, Hampshire and Dorset.

As mentioned in the last report, in addition to beds at Harnwood Hospital, Odstock Hospital, The Manor Hospital, Bath, and Winsley Chest Hospital, accommodation for the institutional treatment of pulmonary tuberculosis patients is now available at the Swindon Isolation Hospital, and the Trowbridge and Chippenham Isolation Hospitals.

Six beds are in use at the Chippenham Isolation Hospital for female patients only, and first came into occupation in Midsummer.

Cases of Non-Pulmonary Tuberculosis are admitted to Savernake Hospital, The Bath Orthopaedic Hospital, and the Morland Clinics, Alton.

Isolated cases, both pulmonary and non-pulmonary, are admitted to other Hospitals outside the County in certain circumstances.

Between 190 and 200 beds are available for pulmonary cases, an average roughly of 1 for every 2,000 of the population.

The waiting list is less than formerly, and patients as a general rule are admitted within 1 to 2 months of recommendation, and urgent cases can be admitted without waiting.

The facilities for thoracic surgery, both as regards the surgical treatment of pulmonary tuberculosis and non-tuberculous chest conditions, are now widely used. The principal Hospitals concerned are Frenchay Hospital, Bristol, Peppard Chest Hospital, Henley-on-Thames, The Churchill Hospital, Oxford, and Southampton Chest Hospital. All these Hospitals have considerable waiting lists and patients have to wait some time before admission.

GENERAL.

MEDICAL STAFF.

The Chest Physicians are Officers of the Regional Hospital Boards, but by agreement undertake duties on behalf of the County Council in connection with the prevention of tuberculosis. For financial purposes 3/11th of their salaries and other expenses are chargeable to the County Council.

There was no change in the Medical Staff during the year, the Chest Physicians serving the County area remaining as follows:—

Dr. J. S. Harper ...	Consultant Chest Physician.
Dr. A. C. Molden ...	Senior Hospital Medical Officer.
Dr. E. O'Donovan	Senior Hospital Medical Officer.

CLERICAL STAFF.

The clerical work in connection with the tuberculosis scheme is undertaken by the administrative staff at County Hall, Trowbridge, who serve both the County Council and the Regional Hospital Boards on an equal basis, 50% of the salaries being paid by the County Council and the remaining 50% by the Boards.

This arrangement as regards both medical and clerical staff has worked well, ensuring that both the prevention and after-care work, and the treatment work, is fully integrated.

In an area such as Wilts, covered as it is by one authority, The Wilts County Council, for prevention and after-care, and by three Regional Hospital Boards for treatment purposes, it is difficult to see how this integration could have been effected satisfactorily under any other system. There is little doubt that it is the most efficient and also the most economical solution of a difficult problem.

SANITARY CIRCUMSTANCES OF THE COUNTY

WATER SUPPLY

The monthly and annual general rainfall over Wiltshire as a whole during 1952 was as follows:

January ...	2.9 inches	July ...	.5 inches
February ...	.6 "	August ...	5.2 "
March ...	3.2 "	September ...	3.0 "
April ...	2.3 "	October ...	4.9 "
May ...	4.5 "	November ...	4.2 "
June ...	1.8 "	December ...	3.3 "

Total for the year—36.4 inches.

Of the 264 parishes in the twelve rural districts in the County, 193 or 73% have piped water supplies, the remaining 27% relying on wells.

The progress of post-war water schemes under the Rural Water Supplies and Sewerage Act, 1944, has been reasonably satisfactory having regard to the continued shortage of materials. Since the war, 15 new sources of water supply have been developed, 11 reservoirs constructed, and 170 miles of mains laid providing new piped supplies to 57 parishes.

The following is a brief description of the present position in each of the twelve rural districts in the County:—

AMESBURY R.D.

The original post-war proposals which provided for a joint regional water scheme with the Salisbury and Wilton Rural District have now been amended, and the schemes within the two rural districts will be independent. The two main sources of the Amesbury regional scheme which are boreholes at Newton Tony and Shrewton have been satisfactorily developed and Ministry approval is awaited to proceed with the rest of the scheme.

BRADFORD AND MELKSHAM R.D.

Post-war proposals provide for covering the whole of the district from Trowbridge Water Board and Chippenham Borough sources. The first stage of the scheme, namely the trunk main from the Chippenham reservoir at Hawthorn, has already been carried out and piped supplies given to Atworth and South Wraxall. The next stage from Atworth to Broughton Gifford will be carried out during 1953.

CALNE AND CHIPPENHAM R.D.

Post-war proposals consist of extending existing supplies in the Western Area and providing a new scheme for the Eastern Area from a new borehole at Queensbridge, Chippenham, which will also afford bulk augmentation supplies to Calne Borough and Devizes R.D.C. Since the war, existing supplies have been extended to North Wraxall, Ford, Leigh Delamere, Stanton St. Quintin, Seagry, Goatacre, Wadswick and Stockley.

CRICKLADE AND WOOTTON BASSETT R.D.

Post-war proposals involve augmenting the existing source at Ashton Keynes and laying a rising main from Ashton Keynes to a new reservoir at Blunsdon to afford a bulk supply to Highworth R.D. northern area. Progress so far has been limited to the development of the Ashton Keynes source.

DEVIZES R.D.

Post-war proposals involve augmenting existing sources with bulk supplies from Devizes Borough and Calne and Chippenham R.D.C., and the installation of two regional schemes from new borings at Chirton and West Lavington. Apart from minor main extensions to Roundway, Nursted and Erlestoke, post-war progress has been limited to the development of the Chirton source.

HIGHWORTH R.D.

Post-war proposals provide for a joint scheme with Cricklade and Wootton Bassett R.D. for the northern area, and for the southern area, either a new source or bulk supplies from Swindon Corporation. So far minor extensions have been carried out at South Marston, Hannington, Blunsdon, Highworth and Bishopstone.

MALMESBURY R.D.

Good progress has already been made in implementing the post-war proposals which provide for regional schemes from the two sources at Charlton and Corston, and extensions from the West Gloucestershire Water Company's mains. The Corston scheme is already well advanced and serving the villages of Corston, Rodbourne and the Somerfords, and may possibly render development of the Charlton source unnecessary. Piped supplies have also been extended to Sherston, Norton, Alderton, and Luckington from the West Gloucestershire mains.

MARLBOROUGH AND RAMSBURY R.D.

Excellent progress has been made in this rural district and piped supplies provided to the parishes of Fyfield, West Overton, Preshute, East Kennett Avebury, Winterbournes, Berwick Bassett and Broad Hinton from a new borehole at Clatford. The Ogbournes too have also been served from the Swindon Borough source at Ogbourne St. George.

MERE AND TISBURY R.D.

Post-war proposals involve a large regional scheme for the whole of the area from the Mere boreholes. Progress so far has been limited to the development of the source, construction of an additional reservoir at Mere, and extension to existing mains at Donhead and Swallowcliffe.

PEWSEY R.D.

Post-war proposals provide for two regional schemes with sources from Collingbourne Kingston and Enford. Both boreholes have been sunk and tested. From the Collingbourne borehole a

supply has been given to the Collingbournes which will later extend to Burbage, Milton and Easton Royal. Piped supplies have also been extended to Chute and Chute Forest from Ludgershall, and to Wootton Rivers from an estate main extension.

SALISBURY AND WILTON R.D.

Post-war proposals originally included a joint regional scheme with Amesbury R.D., but the two Councils have now decided to proceed independently. Piped supplies to the whole of the area will be provided by the development of existing sources, and bulk supplies from Salisbury City and the West Hampshire Water Company. Since the war piped supplies have been extended to Fovant, Wyllye, Steeple Langford, Britford, Whiteparish and Landford.

WARMINSTER AND WESTBURY R.D.

Two regional schemes are proposed here, one for the Northern Area served by the Luccombe Springs at Bratton, and the other for the South and Western Area from a borehole at Codford. The Northern scheme has been completed, serving the parishes of Bratton, Edington, East Coulston, Steeple Ashton, Great Hinton, West Ashton, Keevil and Bulkington. The South and West scheme has so far provided piped supplies to Codford, Corton and Upton Lovell, and will later be extended to the Deverills, Horningsham, Corsley and Chapmanslade, and possibly Dilton Marsh.

The following table shows work contemplated or in progress or completed in the various rural districts up to the end of 1952.

TABLE I.

<i>Authority.</i>	<i>County Council approval to scheme in principle.</i>	<i>Ministry approval.</i>	<i>Estimated Cost.</i>	<i>Exchequer Grant.</i>	<i>Remarks.</i>
AMESBURY R.D.					
Regional Scheme	5/6/45	27/11/50	£235,000		Boreholes sunk at Shrewton and Newton Tony Completed
Amesbury-Durrington Link ...	20/7/48	16/2/49	£3,289	Deferred	
Amesbury Riverside Avenue Extension	24/1/51	3/1/51	£590	£150	Awaiting pipes
Figheledean	25/10/49	3/4/50	£2,002	Deferred	Completed
Shrewton Rolleston Road Extension	25/6/49	21/11/50	£740	Nil	Completed
Tilshead	20/4/50	28/4/49	£3,136	Deferred	Completed
BRADFORD & MELKSHAM R.D.					
Outline Schemes	9/7/47	23/4/48	£83,644		
<i>Section 1</i>					
Atworth & South Wraxall ...	9/7/47	23/4/48	£23,815	£4,500	Completed
<i>Section 2</i>					
Farleigh Wick	9/7/47	22/11/50	£3,430	£1,275	Completed
Turleigh	29/4/48	28/7/48	£403	None	Completed
Beanacre	27/8/46	27/3/47	£2,956	£200	Completed
<i>Section 6</i>					
Broughton Gifford	9/7/47	21/12/52	£6,100		
CALNE & CHIPPENHAM R.D.					
Eastern Area	19/7/50		£120,300		

<i>Authority.</i>	<i>County Council approval to scheme in principle.</i>	<i>Ministry approval.</i>	<i>Estimated cost.</i>	<i>Exchequer grant.</i>	<i>Remarks.</i>
CALNE & CHIPPENHAM R.D. (Continued).					
Western Area	15/10/47	14/9/47	£31,662	Deferred	80% completed
North Wraxall	15/10/47	14/9/47	£11,140	Deferred	60% completed
West Kington	15/10/47	14/9/47	£1,250	Deferred	
Ford	15/10/47	14/9/47	£3,760	Deferred	Completed
Allington	15/10/47	14/9/47	£1,120	Deferred	
Leigh Delamere	15/10/47	14/9/47	£1,650	Deferred	Completed
Stanton St. Quintin	15/10/47	14/9/47	£1,420	Deferred	Completed
Langley Burrell to West Tytherton	15/10/47	14/9/47	£6,120	Deferred	Completed
Lower Seagry	15/10/47	14/9/47	£1,830	Deferred	Completed
Upper Seagry	4/4/52	17/11/48	£2,202	Deferred	Completed
Goatacre and New Zealand ...	15/10/47	14/9/47	£4,650	Deferred	Completed
Wadswick	15/10/47	14/9/47	£2,860	Deferred	Completed
Goodshill Pumping Plant ...	5/10/51	14/9/51	£3,200	Deferred	Awaiting pumping plant delivery
Stockley	5/10/51	15/5/52	£4,300	£1,250	80% completed
Avon	5/10/51	19/5/52	£2,000	Deferred	Contract signed
Slaughterford	5/10/51	19/5/52	£4,450	Deferred	Contract signed
Goatacre	5/10/51	19/5/52	£1,760	Deferred	Contract signed
Broomfield	5/10/51	19/5/52	£360	Deferred	Contract signed
Long Dean	5/10/51	19/5/52	£1,220	Deferred	Contract signed
Ditteridge	5/10/51	19/5/52	£1,230	Deferred	Contract signed
Calne Without (Mile Elm) ...	24/10/50	19/5/52	£3,112		80% completed
Rudloe Tanks	4/4/52	12/4/49	£2,368	Deferred	Completed
Stanton St. Quintin (Married Quarters)	4/7/52	12/4/49	£1,200		Completed
Seagry 3in. link with Malmesbury R.D.	4/4/52		£955		Abandoned
CRICKLADE & W. BASSETT R.D.					
Regional Scheme	24/7/51	14/10/52	£114,950		Boreholes completed
Bradenstoke	12/2/48	3/1/47	£3,950		Completed
Chaddington	17/1/51	18/11/50	£3,730	Min. of Ag. £1,000	Completed
Additional main—Flaxlands to Wootton Bassett	14/7/52	25/6/52	£11,150		

<i>Authority.</i>	<i>County Council approval to scheme in principle.</i>	<i>Ministry approval.</i>	<i>Estimated cost.</i>	<i>Exchequer grant.</i>	<i>Remarks.</i>
DEVIZES R.D.					
Potterne Link	20/7/48	20/7/48	£1,314	None	Completed
Nursteed	12/2/48	9/11/48	£1,461	Deferred	Completed
Defective mains relaid ...	27/7/48	16/2/48	£6,200		Completed
S. Eastern Scheme Chirton Borehole	21/6/46	22/1/49	£1,871	Deferred	Completed
S. Eastern Scheme mains and reservoir	1/11/51	7/10/52	£85,140		Estimates being obtained for pipes
Erlestoke	12/2/48	20/7/49	£3,775	Deferred	Completed
Great Cheverell Borehole and Plant	17/10/50	9/1/51	£4,430	None	Completed
N. Eastern Scheme	21/4/52	14/5/52	£48,900		Awaiting pipes
Roundway	29/6/49	26/2/52	£3,400		Completed
N. Western Area Scheme ...	17/10/52		£40,000		
HIGHWORTH R.D.					
South Marston	4/12/47	8/5/48	£4,005	Deferred	Completed
Badbury	4/12/47	6/5/48	£3,225	Deferred	Completed
Hannington	15/5/51	5/3/47	£5,537	Deferred	Completed
Blunsdon & Crouch Lane, Highworth	4/4/45	6/2/46	£2,421	Deferred	Completed
Little Hinton	8/4/49	18/2/49	£5,051	Deferred	Completed
Little Hinton (Extension) ...	14/4/50	23/9/50	£500	Deferred	Completed
Blunsdon (Hyde Road) ...	16/6/48	7/2/49	£4,800	Deferred	Completed
Northern Area Scheme ...	1/11/51		£26,600		
MALMESBURY R.D.					
Regional Scheme Developments 1, 2, 3, 3A, 6	21/5/46		£130,813	£20,000	
<i>Development No. 1</i> Hill House to Lea, Dauntsey to Great Somerford	15/10/47	11/2/48	£10,053		Completed
<i>Development No. 2</i> Corsham Spring, main and pumping plant	30/4/48	14/12/48	£17,960		Main laying complete ^d
<i>Development No. 3</i> Somerfords	1/7/49	1/4/50	£19,350		50% completed
<i>Development No. 3A</i> Rodbourne Tower	3/4/48	21/9/50	£16,770		Completed

<i>Authority.</i>	<i>County Council approval to scheme in principle.</i>	<i>Ministry approval.</i>	<i>Estimated cost.</i>	<i>Exchequer grant.</i>	<i>Remarks.</i>
MALMESBURY R.D. (continued).					
<i>Development No. 4</i> Sherston & Pinkney ...	25/10/49	14/9/49	£4,688		Completed
<i>Development No. 5</i> Luckington	24/7/51	11/4/51	£1,414	£500	60% completed
<i>Development No. 6</i> Charlton & Garsdon	1/7/49	23/4/51	£66,680		Pipes part delivered
<i>Development No. 7</i> Alderton	30/4/48	7/3/51	£1,151	£350	Completed
<i>Development No. 8</i> Norton	24/7/51	6/4/51	£1,033	£400	80% completed
<i>Development No. 9</i> Brokenborough	24/7/51	26/4/49	£4,120	£1,350	Completed
<i>Development No. 10</i> Hullavington (Bradfield Farm Area)	24/7/51	6/7/51	£1,044	Included in Dev. 9 above	Completed
MALMESBURY BOROUGH Improvement Scheme ...	16/1/51	6/7/51	£24,300	£8,000	
MARLBORO' & RAMSBURY R.D.					
Avebury Scheme	11/5/46	28/5/48	£130,000	£32,000	Completed
Ogbournes	6/2/47	26/3/47	£18,000	£6,000	Completed
Bedwyn Extension. Stokke & Warren	30/4/48	26/1/49	£3,978	£1,000	Completed
Bedwyn & Shalbourne ...	6/2/47		£90,000		
Savernake Hospital Area ...	2/5/51	9/4/51	£4,582	£600	Awaiting booster plant
MERE & TISBURY R.D.					
Mere Reservoir	12/2/48	6/8/48	£9,119	Deferred	Completed
Knoyles, Mere, Donheads, Swallowcliffe, Sutton Mandeville	10/4/51	23/2/51	£31,081		60% completed
Zeals, Kilmington, Stourton ...	4/10/51		£42,305		
Mere pumping station and plant	21/5/46	16/3/51	£21,265		Tenders invited
PEWSEY R.D.					
Wootton Rivers	9/7/47	13/10/48	£2,638	£1,250	Completed
Chute & Chute Forest... ..	9/7/47	13/10/48	£14,865	£5,000	Completed
Collingbournes	9/7/47	15/2/50	£32,225	£7,000	Completed
Compton Borehole	5/1/51	7/5/52	£2,098		Completed
Burbage	24/7/51	7/5/52	£29,300		

<i>Authority.</i>	<i>County Council approval to scheme in principle.</i>	<i>Ministry approval.</i>	<i>Estimated cost.</i>	<i>Exchequer grant.</i>	<i>Remarks.</i>
PEWSEY R.D. Everleigh	4/1/52	12/5/52	£2,069	£1,000	
Milton & Easton Royal ...	15/7/52	7/5/52	£32,000		
SALISBURY & WILTON R.D. Ebbesbourne Wake	30/4/48	7/3/46	£2,073		
Fovant (Mains)... ..	30/4/48	6/9/49	£10,630	£650	Completed
Wylve & Steeple Langford ...	9/7/49	19/7/49	£16,154	£150	Completed
Britford	20/7/48	26/9/50	£3,464	£750	Completed
Downton & Redlynch ...	4/1/52	7/5/52	£23,190	£3,000	60% completed
Landford	4/1/52	7/7/52	£30,480	£8,000	Mains completed. Reservoir 50% completed
Quidhampton & Netherhampton	25/10/49	27/1/51	£5,300	£650	
Farley & East Grimstead ...	25/10/49	13/2/50	£12,586	£2,250	Completed
Laverstock	3/5/51		£6,650		
S. West Area. Dinton, Compton, Barford and Burcombe	3/5/51		£48,000		
Stapleford	6/5/52		£14,300		
Fovant Augmentation Borehole	14/7/52		£1,629		Completed
Wishford & S. Newton ...	17/10/52		£16,000		
TROWBRIDGE & DISTRICT WATER BOARD Trunk Main—Melksham to to Corsham	1/7/49	4/11/49	£18,000	None	Completed
Sandridge	3/2/50	23/1/51	£4,614		Starting date 15/2/53
Semington	3/2/50	15/11/50	£2,996	Min. of Ag. £1,000	Completed
Southwick	3/2/50	24/7/50	£2,232	Min. of Ag. £1,000	Completed
Brokerswood	10/11/50	22/1/51	£6,240	Min. of Ag. £3,000	
WARMINSTER & WESTBURY R.D. N. East Regional Scheme ...	2/11/45	23/4/48	£85,715	£11,000	Completed
Boyton & Fonthill	6/4/51	6/3/48	£7,183		Completed
Upton Lovell	25/10/49	24/11/49	£2,115		Completed
Corton	25/10/49	17/11/48	£6,200		Completed
Codford (mains)	25/10/49	8/9/50	£5,015		Completed
Codford Pumping Station ...	7/7/50	23/9/50	£11,325		

SEWERAGE

Only 34 or 12% of the 264 rural parishes in the County are provided with sewerage schemes and 10 of these since the war.

Sewerage is a problem which will need facing more and more as piped water reaches the villages, although owing to the Government restriction of capital expenditure, there seems little prospect for some time of ever carrying out those sewerage schemes already approved by the Ministry.

Since the war the following parishes have been sewered: Bulford, Durrington, Winsley, Hilper-ton, Colerne, Potterne (Part), Erlestoke, Sherston (Part), Ramsbury and Ludgershall.

I should like to draw particular attention to the sewerage scheme for the Borough of Malmes-bury. As has been mentioned in previous reports, this is the only case in the County of an urban district discharging the sewage untreated into a river and continuously harming one of the im-portant amenities of the western side of the County.

The scheme received the approval of the Ministry of Health on the 30th June, 1952, and an Exchequer Grant of £20,000 has been promised. The Water Supplies and Sewerage Schemes Committee by their Minute of the 2nd January, 1953, have also promised a contribution.

The following table reviews the position regarding proposed sewerage schemes approved by the County Council since the passing of the 1944 Act up to the end of 1952.

TABLE 2

<i>Authority.</i>	<i>County Council approval to scheme in principle.</i>	<i>Ministry approval.</i>	<i>Estimated Cost.</i>	<i>Exchequer Grant.</i>	<i>Remarks.</i>
AMESBURY R.D.					
Amesbury Extension	1/11/50	29/8/51	£34,380	Deferred	By-pass sewer completed
Bulford & Durrington... ..	7/4/49	18/11/50	£132,889	£39,000	80% completed
Shrewton	20/7/48	21/5/51	£46,000	£16,000	Postponed by Ministry for time being
BRADFORD & MELKSHAM R.D.					
Hilper-ton	11/5/46	3/4/47	£20,280	£6,000	Completed
Winsley	11/5/46	9/7/47	£24,801	£5,500	Completed
CALNE & CHIPPENHAM R.D.					
Burton	30/6/50		£6,050		
West Kington	30/6/50		£7,200		
North Wraxall	30/6/50		£12,100		
Littleton Drew	30/6/50		£3,700		
Grittleton	16/7/51		£4,980		Preparing detailed scheme
Castle Combe	20/7/50	6/7/51	£15,750		Contract signed
Yatton Keynell	20/7/50		£11,950		Postponed
Stanton St. Quintin	17/10/52		£3,630		Scheme deferred
Kington St. Michael, Kington Langley, Sutton Benger	30/6/50		£72,000		

<i>Authority.</i>	<i>County Council approval to scheme in principle.</i>	<i>Ministry approval.</i>	<i>Estimated Cost.</i>	<i>Exchequer Grant.</i>	<i>Remarks.</i>
CALNE & CHIPPENHAM R.D.					
Foxham	30/6/50		£9,900		
East Tytherton	30/6/50		£6,500		
Bremhill	30/6/50		£3,000		
Hilmarton	30/6/50		£6,000		
Goatacre & New Zealand ...	30/6/50		£7,400		
Yatesbury	30/6/50		£3,400		
Compton Bassett	30/6/50		£9,300		
Cherhill	30/6/50		£12,500		
Upper Derry Hill	30/6/50		£6,900		
Langley Burrell	30/6/50		£6,500		
Biddestone	20/7/50	6/7/51	£11,400		Deferred by Ministry
Ford	30/6/50		£6,500		
Colerne	9/7/47	10/12/47	£11,100	Deferred	Completed
Box	30/6/50		£31,750		Preparing detailed scheme
Calne Without-Blacklands ...	9/10/50	5/10/51	£2,630	Deferred	
Notton	3/5/51	1/10/51	£3,130		
Corsham—Providence Lane ...	11/10/51	26/10/51	£405	Deferred	
Corsham—Elley Green ...	11/10/51	26/10/51	£245	Deferred	
CRICKLADE & WOOTTON BASSETT R.D.					
Cricklade & Latton	11/1/49		£43,250		
Marston Meysey	20/7/48		£9,650		
Broad Town	21/5/46		£11,430		
Bushton & Clyffe ¹ Pypard ...	21/5/46		£14,130		
Lydiard Millicent	21/5/46		£23,840		
Lyneham & Tockenham	21/5/46		£28,520		
Purton Stoke Extension	21/5/46		£5,930		
Wootton Bassett Extension ...	21/5/46		£74,140		
DEVIZES R.D.					
Bromham & Rowde	1/11/51		£38,987		Ministry approval refused on account of restriction of capital expenditure
Cheverells	16/12/46		£9,000		

<i>Authority.</i>	<i>County Council approval to scheme in principle.</i>	<i>Ministry approval.</i>	<i>Estimated Cost.</i>	<i>Exchequer Grant.</i>	<i>Remarks.</i>
Potterne (Part)	15/10/47	5/5/49	£10,223	Deferred	Completed
Poulshot... ..	16/12/46		£12,120		
Urchfont	16/12/46		£18,500		
Erlestoke	9/10/50	9/1/51	£2,800	Deferred	Completed
HIGHWORTH R.D.					
Chisledon	25/1/50		£16,700	Deferred	
Highworth	12/2/48	8/8/50	£53,000	Deferred	Eastrop & Westrop completed
Stratton	17/10/52		£117,770		
MALMESBURY R.D.					
Corston	16/7/51		£18,000		
Hullavington	16/7/51		£21,800		
Sherston (Part I)	16/7/51	5/3/52	£4,593	£1,700	Completed
MALMESBURY BOROUGH					
Borough Sewerage	9/8/51	30/6/52	£46,600	£20,000	
MARLBOROUGH & RAMSBURY R.D.					
Ramsbury	21/3/45	9/8/48	£61,842	£18,500	Completed
Aldbourne	21/3/45	6/3/50	£69,000		Postponed
MERE & TISBURY R.D.					
Hindon	14/2/49	23/4/51	£15,093	£5,000	
Tisbury	16/6/48	2/4/51	£37,165	£14,500	
Mere	3/5/51		£36,675		
Zeals	24/7/51	2/10/52	£6,687	£4,000	
PEWSEY R.D.					
Ludgershall	24/3/47	9/11/48	£42,290	£11,000	Completed
SALISBURY & WILTON R.D.					
Downton & Redlynch	21/6/46		£77,000		
Barford St. Martin	1/11/51		£21,720		
Berwick St. James	17/7/51		£7,700		
Fovant	24/7/51		£33,000		Scheme under revision
WARMINSTER & WESTBURY R.D.					
Outline Schemes	2/11/45		£104,000		No developments

MILK SUPPLY

No. of registered T.T. Milk Producers in Wiltshire	...	...	...	1,373
No. of registered Accredited Milk Producers in Wiltshire	...	...	...	508
No. of registered Non-Designated Milk Producers in Wiltshire	...	...	...	1,452

Generally speaking the Ministry of Agriculture is responsible for the supervision of milk production on the farm, while County and District Councils are the responsible authorities for supervising the quality and safety of milk between the farm and the consumer.

One of the County Council's *main* statutory functions is the enforcement of the Pasteurised and Sterilised Milk Regulations 1949, relating to the structural and sanitary condition of Licensed Pasteurising establishments and the efficient operation of the treatment plants. The purpose of pasteurising milk is to ensure that *all* pathogenic organisms are destroyed by the heat treatment, and in consequence this is a much safer milk than raw Tuberculin Tested milk for which the tests recommended only ensure that tubercle organisms and those interfering with the keeping qualities are absent. There are 13 pasteurising establishments in the County. Eight of these are large concerns owned by important milk distributing firms, while the other five are the smaller one-man businesses with immediate local trade.

Two legal methods of pasteurising milk are permitted under the Regulations as follows:—

1. The High Temperature Short Time (HTST) method is practised by the larger creameries. This method consists of heating the milk to not less than 161deg.F., holding it at this temperature for 15 seconds and then immediately cooling it to at least 50deg.F. before bottling. HTST pasteurising plants are required by law to be provided with a flow diversion device which automatically diverts the flow of under-heated milk for retreatment. Indicating and recording thermometers are also a legal requirement, while the temperature charts must be retained for a month for official inspection in checking the day-by-day operation of the plant.

2. The other method of pasteurising milk known as the Holder method is used by the smaller dairies. This type of plant consists of a 50-200 gallon stainless steel tank surrounded by a water jacket which is steam heated. Here the milk is heated to a temperature between 145deg.F.—150deg.F., and held for at least 30 minutes before cooling to 50deg.F.

This type of plant requires more frequent inspection particularly as temperature control is hand operated, although the Regulations provide for automatic control from a future date to be appointed by the Minister of Food. The provision of efficient thermometers, recorders, and chart retention applies also to this type of pasteurising plant. The official inspection and sampling of all the pasteurising plants licensed by the County Council is carried out by the County Sanitary Officer at fortnightly intervals.

During 1952, 257 samples were examined by the Phosphatase test for efficient heat treatment, and 194 by the Methylene Blue test for cleanliness. Of the 451 samples taken 441 samples or 97.78 were satisfactory.

A check is also made of bottle washing efficiency, cleanliness of Bottling Plant and methods of the dairy operatives, which is complementary to the actual process of pasteurising.

TUBERCULOUS MILK.

During the year 2 cases of Tuberculous milk produced in Wiltshire were referred to us by the London County Council.

The Ministry of Agriculture were asked to investigate and in one case a cow was slaughtered as a result of a microscopical examination of its milk, and bulk samples taken from the herd subsequently showed that the herd was free from Tuberculosis. In the second case an emaciated cow had been killed the day before the Veterinary Inspector investigated and a bulk sample of milk he took from the herd proved negative to Tuberculosis.

There was one further case of Tuberculous milk in the County with which we were concerned. This was brought to light by a sample of milk taken by a Borough Sanitary Inspector. At our request the Veterinary Division of the Ministry of Agriculture investigated the herd and a cow was subsequently slaughtered under the Tuberculosis Order. Samples of milk taken since have proved the milk from the herd to be free from Tuberculosis. In this case arrangements were made for all of the milk to be pasteurised until the milk could be free from the infection.

RURAL HOUSING

Section 88 of the Housing Act, 1936-1949, places a statutory obligation on County Councils to have constant regard to housing conditions in rural districts and to the sufficiency of steps taken by District Councils to remedy any unsatisfactory housing conditions, and the provision of sufficient housing accommodation.

The Act also requires District Councils to maintain a survey of all the houses in their districts and to serve notices on owners to carry out any repairs necessary to make houses fit for habitation. The Act stipulates that the work must be done at reasonable cost and in default the Local Authority may carry out the work and recover the cost. If an unfit house is irreparable at reasonable cost, and the owner is not prepared to give an undertaking to repair at unreasonable cost the Local Authority must serve a demolition order.

Since the war District Councils have been loth to serve repair notices and demolition orders in view of the very high repair costs and shortage of housing accommodation and the emphasis has therefore been on the provision of new Council Houses. As a result a large number of houses have fallen into disrepair and unfit for habitation.

RURAL HOUSING SURVEY (MINISTRY OF HEALTH CIRCULAR 64/44).

The progress of the Rural Housing Survey is shown in Table I, and the results so far classified indicate the alarming number of unfit houses in the County.

TABLE I

RURAL DISTRICT.	Total Houses to be surveyed.	Total Surveyed up to 31/12/52	CLASSIFICATION.					Total Classified.
			1	2	3	4	5	
Amesbury	1,696	1,696	713	493	277	110	103	1,696
Bradford and Melksham	2,700	729	81	150	127	140	231	729
Calne and Chippenham	5,395	3,404	221	858	1,774	146	405	3,404
Cricklade and Wootton Bassett	3,255	2,603	679	568	900	209	247	2,603
Devizes	2,538	2,538	55	518	842	860	263	2,538
Highworth	5,933	1,965	821	292	369	135	348	1,965
Malmesbury	1,485	1,485	334	289	459	233	170	1,485
Marlborough and Ramsbury	3,096	308	32	140	113	—	23	308
Mere and Tisbury	2,643	2,643	279	1,072	895	273	124	2,643
Pewsey	2,901	955	760	29	50	21	95	955
Salisbury and Wilton	3,109	2,489	151	342	1,652	24	320	2,489
Warminster and Westbury	3,197	697	135	197	257	36	72	697
TOTALS	37,948	21,512	4,261	4,948	7,715	2,187	2,401	21,512

Classification.	Condition of Dwelling.	Normal Action.
1.	Satisfactory in all respects.	No action.
2.	Minor defects.	Informal action or Public Health Acts.
3.	Require repair, structural alteration or improvement.	Sec. 9 or Sec. 11, Housing Act, 1936.
4.	Appropriate for improvement and reconditioning under Housing Act, 1949.	Sec. 11 Housing Act, 1936; Housing Act, 1949.
5.	Unfit for habitation and beyond repair at reasonable cost.	Sec. 11 and Sec. 25 Housing Act, 1936.

HOUSING ACT, 1949. (IMPROVEMENT GRANTS).

Applications from property owners for financial assistance up to half the cost of the work involved have again been few. This is probably due to the fact that essential repairs do not qualify for grant, financial assistance being given only for actual improvements to the property such as the addition of a bathroom, or other amenity, and the fact that the rent may only be increased by 6% on the cost of the work borne by the owner. The following Table II indicates the number of applications for grants and the number approved during 1952 in rural districts.

TABLE II

Rural District.	Applications dealt with by R.D.C.				Submitted to Regional Office of Ministry.			
	Received	Approved	Rejected	Under consideration	Number Sent	Approved	Rejected	Under consideration
Amesbury	7	5	2	—	5	2	3	—
Bradford & Melksham	3	—	1	2	3	—	1	2
Calne & Chippenham	4	2	2	—	2	1	—	(1 withdrawn)
Cricklade & Wootton Bassett	—	—	—	—	—	—	—	—
Devizes	3	1	—	2	1	1	—	—
Highworth	—	—	—	—	—	—	—	—
Malmesbury	7	6	1	—	6	4	2	—
Marlborough & Ramsbury	—	—	—	—	—	—	—	—
Mere & Tisbury	—	—	—	—	—	—	—	—
Pewsey	1	—	—	1	1	—	—	1
Salisbury & Wilton	1	—	—	(withdrawn)	—	—	—	—
Warminster & Westbury	—	—	—	—	—	—	—	—
TOTALS	26	14	6	5	18	8	6	3

RURAL DISTRICT HOUSING STATISTICS FOR 1952.

	Amesbury	Bradford and Melksham	Calne and Chippenham	Cricklade and Wootton Bassett	Devizes	High-worth	Malmesbury.	Marlborough and Ramsbury	Mere and Tisbury	Pewsey	Salisbury and Wilton	Warminster and Westbury	Total.
1. Number of New Houses and Flats erected during the year—													
(a) By Local Authority	80	54	87	23	63	117	18	16	38	60	69	34	659
(b) Private Enterprise	29	7	23	18	12	23	16	10	9	20	34	4	205
2. Inspection of Dwellings during the year—													
(i) Inspected for housing defects under Public Health Acts	39	78	54	21	12	291	142	27	26	1206	65	17	1978
(ii) Inspected for housing defects under Housing Acts	52	6	240	4	76	118	100	6	4	326	10	—	942
(iii) Number of dwellings found so dangerous or injurious to health as to be unfit for habitation	8	32	29	4	32	8	—	1	1	95	5	—	215
(iv) Number of dwellings found not to be in all respects reasonably fit for habitation	68	32	77	21	56	363	57	31	22	100	70	11	908
3. Remedy of Defects by Informal Action—													
Number of dwellings rendered fit in consequence of informal action	32	40	16	15	52	217	24	40	21	28	71	8	564
4. Action under Statutory Powers (Public Health and Housing Acts)—													
(A) Proceedings under Sections 9, 10 and 16 of Housing Acts, 1936:													
(i) Number of dwellings in respect of which notices were served requiring defects to be remedied	—	—	2	—	—	1	—	—	—	—	—	—	3
(ii) Number of dwellings rendered fit after service of formal notice:—													
(a) By Owners	—	—	1	—	—	—	—	—	—	—	—	—	1
(b) By Local Authority in default of Owners	—	—	—	—	—	—	—	—	—	—	—	—	—
(B) Proceedings under Public Health Acts:													
(i) Number of dwellings in respect of which formal notices were served	—	—	—	6	—	2	1	—	—	13	1	—	23
(ii) Number of dwellings rendered fit after service of formal notice:—													
(a) By Owners	1	1	—	2	—	2	—	—	—	10	1	—	17
(b) By Local Authority in default of Owners	—	—	—	—	—	—	—	—	—	—	—	—	—
(C) Proceedings under Sections 11 and 13 of Housing Act, 1936:													
(i) Number of Demolition Orders made	7	—	—	4	2	3	—	1	—	2	2	—	21
(ii) Number of houses demolished as result of Demolition Orders	6	—	—	—	7	3	1	4	—	7	1	—	29
(iii) Number of undertakings accepted	—	—	3	1	1	1	—	—	—	2	2	—	10
(iv) Number of undertakings completed	—	—	—	—	—	—	2	—	—	1	—	—	3
(D) Proceedings under Sections 25 and 26 of Housing Act, 1936:													
(i) Number of houses upon which Demolition Orders were made	—	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Number of houses demolished in pursuance of Demolition Orders	—	—	—	—	—	—	—	—	—	—	—	—	—
(E) Proceedings under Section 12 of Housing Act, 1936:													
(i) Number of separate tenements or underground rooms in respect of which closing orders were made	—	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Number of separate tenements or underground rooms in respect of which closing orders were cancelled, as result of premises having been made fit	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Housing Act, 1936, Part IV. Overcrowding:													
(i) Number of cases of overcrowded dwellings at end of year	15	—	—	15	—	—	—	—	—	—	—	—	15
(ii) Number of cases discovered during year	15	—	6	8	2	3	1	1	3	7	—	—	46
(iii) Number of cases abated during year	7	—	4	3	1	3	12	1	2	21	—	—	54

* Not known.

Date	Particulars	Debit	Credit	Balance	Total	Remarks
1918	Jan 1					Balance forward
1918	Jan 15					...
1918	Jan 31					...
1918	Feb 1					...
1918	Feb 15					...
1918	Feb 28					...
1918	Mar 1					...
1918	Mar 15					...
1918	Mar 31					...
1918	Apr 1					...
1918	Apr 15					...
1918	Apr 30					...
1918	May 1					...
1918	May 15					...
1918	May 31					...
1918	Jun 1					...
1918	Jun 15					...
1918	Jun 30					...
1918	Jul 1					...
1918	Jul 15					...
1918	Jul 31					...
1918	Aug 1					...
1918	Aug 15					...
1918	Aug 31					...
1918	Sep 1					...
1918	Sep 15					...
1918	Sep 30					...
1918	Oct 1					...
1918	Oct 15					...
1918	Oct 31					...
1918	Nov 1					...
1918	Nov 15					...
1918	Nov 30					...
1918	Dec 1					...
1918	Dec 15					...
1918	Dec 31					...

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PEST CONTROL

The control of rodents and insect pests in County Council premises is carried out by the County Sanitary Inspector. For rodent disinfection the new anti blood-coagulant poison was used during 1952 with complete clearance in every case, while for insects experience has shown that DDT smoke disinfection where the premises can be evacuated for a few hours is far superior to powder and liquid insecticides. The advantage of smoke insecticides is that they penetrate inaccessible cracks and crevices and also leave a DDT residual to destroy insects which emerge from newly hatched eggs and which would normally require several follow-up treatments to ensure complete eradication.

REPORT OF THE AREA MEDICAL OFFICER FOR THE YEAR 1952

I have pleasure in submitting the Report of the Area Medical Officer of Swindon for the year 1952.

As previously, the report deals exclusively with the services provided under Part III of the National Health Service Act, 1946, which have been delegated to the Area Sub-Committee, i.e., excluding the Ambulance Service and the Mental Health Service.

Circular 29/52 of the Ministry of Health, dated 19th August, 1952, requested Medical Officers of Health of Local Health Authorities to provide a special survey of local Health Services provided under the National Health Service Acts. At the request of the County Medical Officer of Health, a report on the working of these services as far as they concerned the Swindon Area was submitted, and as this report gives a precise review of the position here, I am quoting it in full.

Where I have thought it advisable to enlarge on any sections of the above survey, I have done so in conjunction with the various statistical tables.

MEDICAL STAFF.

Medical Officer of Health	...	...	James Urquhart, M.B., Ch.B., D.P.H.
Deputy Medical Officer of Health	...	...	W. B. A. Smyth, M.B., Ch.B., D.P.H.
Assistant Medical Officer of Health	...	...	S. B. S. Smith, L.M.S.S.A., D.T.M. & H.

SURVEY IN ACCORDANCE WITH MINISTRY OF HEALTH CIRCULAR 29/52 SWINDON AREA

GENERAL.

1. ADMINISTRATION.

Comments under this heading are given in the County Medical Officer's report.

2. CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

In Swindon the Medical Officer of Health is a member of the Hospital Management Committee and through the various sub-committees he is able to achieve a measure of contact and liaison with the Hospital Services and Specialist Services.

The only method of liaison with general practitioners is by personal contact.

It is suggested that closer liaison between the Local Authority Services and the practitioners could be achieved through the Executive Council and the Medical Practices Committee.

Health Visitors are in direct liaison with the Hospital Almoner and indirectly with general practitioners through the Area Medical Officer. While it is thought that closer co-operation between hospitals, general practitioners and health visitors could be achieved, the shortage of health visiting staff makes any new call on their services impracticable at the present time.

District Nurses are in direct contact with general practitioners and hospitals and this arrangement works satisfactorily. It is felt, however, that some practitioners and the hospitals do put an undue burden of work on the nurses which is, strictly speaking, outside their province.

Circular letters on such matters are from time to time sent to all general practitioners in the town.

3. JOINT USE OF STAFF.

On two sessions each week ante-natal clinics are held at which general practitioners attend.

The only specialist hospital clinics now held in Swindon for the Local Health Authority are the Specialist Eye Clinics, one for premature infants and one for children up to school leaving age.

4. VOLUNTARY ORGANISATIONS.

In Swindon the Old People's Welfare Committee is now functioning and the Health Department is now calling for their services in certain cases.

Similarly with other voluntary organisations calls for their help are not infrequently made in special circumstances.

PARTICULAR SERVICES.

5. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

EXPECTANT AND NURSING MOTHERS.—In Swindon ante-natal and post-natal clinics are conducted in conjunction with the local hospital maternity organisation. Premises owned by the Local Health Authority have been fully equipped and are staffed by medical officers on the staff of the Maternity Hospital and each district midwife renders general assistance. The clinical arrangements are under the guidance of the Consultant Obstetrician and Gynaecologist. The consultant holds one session weekly for obstetrical purposes. In addition, on two sessions each week ante-natal clinics are held at which a general practitioner is in attendance.

I have no knowledge of any special clinics existing in general practitioners' own premises.

At each of the clinics held full facilities exist for blood testing, and in this matter the local Pathological Laboratory is also involved.

The procedure regarding unmarried mothers can be said to be in line with that existing in the rest of the County.

Maternity outfits are stocked at the central office and no difficulties have been experienced in the issue of these, and, from the statistics available, it is clear that most mothers take advantage of this facility.

CHILD WELFARE.—Child Welfare Clinics, staffed by a doctor, are held on four sessions per week in three premises in the town.

Until recent years a Paediatric Consultant Clinic was held at the Central Clinic and this proved to be very valuable to us. Unfortunately all such clinics have been withdrawn to hospital premises in the town, and as a result the information passing between Hospital Authority and Local Health Authority is not as adequate as it might be, and, by virtue of the correspondence involved, somewhat laborious.

From time to time a medical officer holding an appointment at the hospital "sits in" at Infant Welfare sessions.

Attendances at the Infant Welfare Clinics in the town continue to be high and recently have shown a tendency to increase.

As far as is known no special clinics for child welfare are held by practitioners on their own premises.

CARE OF PREMATURE INFANTS.—Generally, it can be said a premature infant born at home is transferred to the local Maternity Hospital which possesses a premature infant unit. Any liaison with the hospital for this purpose, and also for the purpose of ascertaining adequacy and suitability of the home when the time for discharge arises, is completely satisfactory.

SUPPLY OF DRIED MILKS, ETC.—A representative of the local office of the Ministry of Food attends at all Infant Welfare Clinics for the purpose of distributing welfare foods, and I understand that there is no diminution in the demand for these products. Similarly, the sale of the Local Health Authority's dried milks and nutrients is carried out at each of these clinics and no difficulties have been experienced in this connection.

DENTAL CARE.—When the dental staff is complete the arrangements made for the dental care of expectant and nursing mothers and young children are comparatively simple as it has always been the practice in Swindon for the staff at ante-natal clinics to refer cases directly to the dental surgeons. The same can be said in the case of young children, and the fact that the Dental Clinics are established in the same premises as those used for Infant Welfare Clinics is an added advantage. The difficulty in obtaining Dental Officers to work in the Local Authority Service makes it impossible to maintain an adequate dental service.

6. DOMICILIARY MIDWIFERY.

The arrangements which have been worked out for this area concerning the supervision of the Domiciliary Midwives continue to be very satisfactory. The non-medical supervision is carried out by the staff of the County Medical Officer and this interest also extends to midwives not employed by the Local Health Authority. Each of the six domiciliary midwives is trained in analgesics, and all midwives are in possession of gas and air outfits.

The domiciliary midwives hold booking clinics in two centres in the town and carry out ante-natal supervision at these clinics in addition to domiciliary visiting. Each midwife is well versed in the arrangements laid down for assistance in the case of emergencies; in particular, requests for the "Flying Squad" maintained by the Maternity Hospital continue to result in complete co-operation. No major difficulties occur in the association between the Authority's midwives and the general practitioners, although minor difficulties are experienced from time to time.

Generally speaking, the most frequent difficulty that arises is where a general practitioner books a case for a home confinement in home circumstances which the Local Health Authority's officers do not consider adequate. If the practitioner refuses to yield to persuasion in such a case it is considered that the midwife and the Local Health Authority should have the right to appeal to a referee whose decision is binding on the practitioner and the Local Health Authority.

In Swindon all cases making application for admission to the Maternity Hospital for whom there are no medical indications are visited by the Health Visitors, who report to me upon the home and general conditions. After consideration of these reports recommendations are made to the Consultant Obstetrician and, generally speaking, this system is working very satisfactorily.

Of the six Domiciliary Midwives, five are approved Midwifery teachers, and as the local Maternity Hospital is a Part II Training School it is customary for these Midwives to take under their care pupils for domiciliary training. In addition, an arrangement has been in force whereby pupils from another hospital in the County are similarly accommodated. These arrangements have been worked out in a very satisfactory manner, and owing to the number of midwifery cases in the area no difficulties are experienced in obtaining sufficient cases for the pupils.

7. HEALTH VISITING.

Until the past year the establishment of Health Visitors in Swindon has been maintained. Since the advent of the National Health Service Act the Health Visitors' duties have been extended to all classes in the community. Great use is made of the service in the care of chronic sick and aged, and much of the Health Visitors' time is taken up in investigating cases brought to our notice.

The health visitors attend all Infant Welfare Clinics and in two instances conduct Baby Clinics at which no doctor is present.

The local general practitioners are acquainted with the service which can be provided by Health Visitors and on many occasions take advantage of this, particularly regarding the care of infants and young children.

Facilities are provided for the attendance of Health Visitors at refresher courses under the policy laid down by the County Council, and this generally extends to one health visitor each year.

8. HOME NURSING.

The complement of Home Nurses in Swindon is, at the present time, five, but this number will be increased to seven during the next two months, the County Council having given approval

for the additional appointments during the next financial year. The Home Nurses are controlled directly by the Area Medical Officer and adequate arrangements exist for the transmission of calls from hospitals and general practitioners for the services of nurses. Each general practitioner in the town is in possession of a street list giving the name of the home nurse concerned and no difficulties are experienced in this connection.

During times of sickness, particularly the winter months, considerable difficulty has been experienced in maintaining these services with the low number of staff available. In view of the expansion already mentioned some relief is anticipated.

The main types of cases attended by Home Nurses are:—

- (1) General nursing of chronic invalids.
- (2) Injections—penicillin, etc.
- (3) Preparation of cases for X-ray examinations (high colonic washouts, etc.).

Whilst there are no arrangements made for a night service, all district nurses are on call at any time of the day and, in fact, calls during the late evening and night are fairly frequent.

Up to the present time no District Nurses have been sent on refresher courses and no training facilities exist in Swindon.

9. VACCINATION AND IMMUNISATION.

Immunisation and Vaccination Clinics are held in Swindon as follows:—

Immunisation—weekly.
Vaccination—fortnightly.

In regard to whooping cough, no organised immunisation clinics are held, but on the request of parents any child attending an Infant Welfare Clinic is immunised. The immunisation is normally carried out at the time of the request—preferably before the age of six months but frequently after diphtheria immunisation at eight months.

When a child is aged three months the parents are sent a letter advising vaccination, if this has not already been carried out. If there is no response this is followed up at three monthly intervals with further reminders and a list of those who do not respond is passed to the health visitors for home visiting.

Posters and propaganda materials are available at all clinics and the Health Visitors are continually urging parents to consent to these procedures. Public notices and posters are also used in this campaign.

A similar scheme is in force with regard to diphtheria immunisation, but the first letter is sent out just before the child is aged eight months. Another communication regarding booster injection is given to each child on starting school.

11. PREVENTION, CARE AND AFTER-CARE.

This service in Swindon follows the County Council Scheme.

12. DOMESTIC HELP.

The Staff at present employed in Swindon is as follows:—

Whole-time Domestic Helps—17.
Part-time Domestic Helps—6.

The demands for this service are continually greater than we are able to supply. During epidemic times this establishment of Domestic Helps is quite inadequate to give even minimum help to all who call for it.

There are no facilities in Swindon for training domestic helps.

13. HEALTH EDUCATION.

The Borough Council pays annual subscriptions to British Council for Health Education, the Accident Prevention Council, and the Medical Officer of Health and Chairman of the Health Committee are members of the Council of the National Baby Welfare Society. Literature and health education pamphlets and posters are obtained from these bodies and distributed and exhibited in the Clinics and on notice boards.

The health visitors give talks on health education to the mothers attending Child Welfare Clinics and regular cinema shows were held in the larger clinics.

Health talks are willingly given to various groups of people such as Townswomen's Guild, Business and Professional Women's Association, etc.

Clean food campaigns have been held and talks on this subject have been given by the Medical Officer of Health and his staff to various groups of food handlers in the town.

It is hoped that a booklet on this subject (with a foreword by the Medical Officer of Health) will shortly be available for distribution throughout the town.

Cinemas in the town have shown films on health subjects and have co-operated in propaganda generally.

The subject of accidents in the home is at present under discussion and with the co-operation of the Accident Surgeon it is hoped to produce a report on such accidents and their prevention.

Recently, as a result of representations made to the Borough Architect, it has been agreed to equip all Council houses with fire-guard fixtures. Plans for new houses and especially old people's bungalows are discussed between the officers concerned with a view to eliminating structural accident hazards and incorporating devices which will make the houses as far as possible accident-proof.

It is realised that in the above paragraph mention has been made of some of the activities in health education of the Borough Council in addition to those of the Area Committee. This has been done with the object of giving a complete picture of the health education going on in the locality of the Area Committee.

FURTHER DETAILS OF THE WORK CARRIED OUT DURING 1952 UNDER PART III HEALTH CENTRE.

DENTAL DEPARTMENT.

Dental Surgeons ...	2	Dental Attendants ...	2
Dental Technicians ...	4	Dental Receptionist ...	1

During the year there were 10,218 attendances for treatment, and the following work was carried out:—

SCALINGS	FILLINGS.		EXTRACTIONS	X-RAYS.	DENTURES.		TREATMENTS.
	Amalgams	Synthetic			Repairs.	Manufactured	
382	1,832	293	2,330	428	577	746	4,778

PHARMACY.

The Pharmacy dealt with 125,490 prescriptions during the year.

CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL AND POST-NATAL CLINICS.

Clinics at which a doctor is in attendance are held weekly as follows:—

37 Milton Road (until 31st March)	Tuesdays Thursdays	} 1.30 to 4 p.m.
Beech Avenue	Mondays Fridays		} 1.30 to 4 p.m.
Bath Road (until 25th April)	Wednesday Friday	} 10.30 a.m. to 12.30 p.m.
Bath Road (from 28th April)	Monday		1.30 to 4 p.m.

	1952	1951	1950
Number of women who attended these clinics during the period	731	794	924
Number of attendances made during the period	3,078	3,786	4,199

Two general practitioners are employed on a sessional basis at Pinehurst clinic.

From these figures, it will be seen that the number of women attending these general practitioners' clinics has continued to fall. The majority of patients now book a doctor as well as a midwife. The practitioner booked is paid his fee on condition that he carries out ante-natal care and a post-natal examination. One assumes then that all the ante-natal care necessary is being carried out by the doctor in question, so that there is no need for his patients to attend at a clinic run by another doctor. These clinics then serve a much smaller clientele, namely those mothers booked for a midwife only and some hospital patients who find it more convenient to attend our clinics rather than those run by the Hospital Services. On the other hand, a practitioner might find it useful to send his patients to the clinic for such procedures as venupuncture and urine testing while he undertakes the purely physical examination of his patients. From both the patients' and the doctors' point of view, this might be a more efficient method of procedure, but one must consider whether the expenditure of public money to maintain clinics for this purpose is justifiable. In Swindon a patient can, with little inconvenience, attend at the pathological laboratory at Gorse Hill to have her blood samples taken or any other laboratory tests performed.

I feel, therefore, that the present attendances at our clinics will have to be carefully watched, and if they continue to fall, the number of clinics held will have to be reduced.

In addition to the above clinics, the arrangements whereby the Regional Hospital Board Obstetrical and Gynaecological clinics are held on County Council premises continue.

On 25th April, the clinics at Milton Road were transferred to the new clinic at 81 Bath Road. Until Dr. Griffith left on 31st January, he conducted one of the ante-natal clinics at Bath Road. Since then, this clinic has been staffed by the Resident Medical Officer of the Maternity Hospital.

The Local Authority clinics are staffed by the district midwives on a rota system.

INFANT WELFARE CLINICS, 1952.

Centre.	Day (2—4 p.m.)	Number of Consultations with Doctor.	Number of Attendances.
61, Eastcott Hill	Wednesday and Friday	1,695	4,434
Beech Avenue, Pinehurst ...	Tuesday and Wednesday	788	3,590
Gorse Hill	Wednesday*	11	515
Rodbourne	Thursday**	51	224
Moredon	Monday	45	1,565
Bath Road	Friday	597	1,552

*Discontinued 26th March, 1952 ; recommenced 3rd December, 1952.

**Discontinued 27th March, 1952.

CARE OF PREMATURE INFANTS.

Number of premature babies born:—

- (i) At Home 26
(ii) In Hospital or Nursing Home 8

Number who died during the first 24 hours:—

- (i) Born at Home —
(ii) Born in Hospital or Nursing Home —

Number who survived at end of one month:—

- (i) Born at Home 26
(ii) Born in Hospital or Nursing Home 7

DENTAL CARE.

CLASS.	Numbers provided with Dental Care.				Forms of Dental Treatment provided.							
	Examined.	Needing Treatment.	Treated.	Extractions.	Anaesthetics.		Fillings.	Scalings or Scaling and Gum Treatment.	Silver Nitrate Treatment.	Dressings.	Dentures.	
					Local.	General.					Partial.	Complete.
Expectant and Nursing Mothers	28	28	28	76	26	11	6	10	—	20	6	4
Children under five ...	154	123	115	142	3	73	15	7	29	178	—	—
TOTALS	182	151	143	218	29	84	21	17	29	198	6	4

Patients for X-rays are referred to the Victoria Hospital.
Dentures are sent to an outside mechanic.

SUPPLY OF WELFARE FOODS.

During the year 3,588 packets of infant foods were sold for which £477 3s. 4d. was received. This shows a marked increase from the amount sold last year, when 2,872 packets were sold and £354 3s. 4d. received.

PROVISION OF MATERNITY OUTFITS.

During the year 526 maternity outfits were supplied from this office as compared with 567 during 1951.

DAY NURSERIES.

	Number of Nurseries.	No. of Approved Places.		No. of Children on the Register at the end of the year.		Average daily Attendance.	
		0—2	2—5	0—2	2—5	0—2	2—5
Nurseries maintained by the Council	2	20	45	6	32	3	28

The two Day Nurseries in Swindon provided for 65 children and at the beginning of the year the average number of daily attendances was 45.

FAMILY PLANNING ASSOCIATION.

The Family Planning Association continues to hold clinics at Eastcott Hill Clinic weekly.

TREATMENT OF INFANTS FOR ORTHOPAEDIC AND OPHTHALMIC DEFECTS.

46 children were referred to the Orthopaedic Clinic at St. Margaret's Hospital.

40 cases attended the Surgeons' Sessions and made 112 attendances.

16 cases attended the Sisters' Sessions and made 76 attendances.

52 children were seen by the Ophthalmologist, making 118 attendances.

20 cases attended the Premature Baby Eye Clinic, and made 67 attendances.

MIDWIFERY SERVICE.

The following is an analysis of the midwifery carried out in the area during the year:—

Category.	Domiciliary Cases.		Cases in Institutions.		Total.	
	As Midwives.	As Maternity Nurses.	As Midwives.	As Maternity Nurses.	As Midwives.	As Maternity Nurses.
(1) Midwives employed by the Authority	437	49	—	—	437	49
(2) Midwives employed by Hospital Management Committee	—	—	610	119	610	119
(3) Midwives in Private Practice	1	1	—	168	1	169
TOTAL	438	50	610	287	1,048	337

ADMINISTRATION OF GAS AND AIR ANALGESIA.

All six of the midwives are qualified to administer gas and air analgesia.

Analgesia was administered in 407 cases where the midwife acted as such and in 41 cases where the midwife acted as maternity nurse, making a total of 448 administrations in 486 cases.

MIDWIVES ACT, 1951.

Medical Aid was summoned in 36 domiciliary cases during the year.

HEALTH VISITING.

Number of visits paid by Health Visitors (figures for 1951 in brackets):—

Expectant Mothers.		Children under 1 year of age.		Children between the ages of 1 and 5.	Other Classes.
First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.
46 (77)	63 (89)	1,038 (1,021)	4,314 (4,568)	5,067 (5,384)	1,927 (2,821)

Number of live births notified during the year 1,376 (1,427)

Number of stillbirths during the year 33 (35)

Included in "Other Classes" in this Table are 290 (1,306) visits to cases of infectious diseases and 509 (669) visits to cases of tuberculosis.

HOME NURSING.

DETAILS OF WORK CARRIED OUT BY HOME NURSES.

	<i>No. of Cases</i>
Respiratory diseases (excluding tuberculosis)	162
Digestive diseases	43
Heart and Arteries	110
Veins and other circulatory diseases	85
Genito-urinary	53
Skin	181
Ear, Eye and other sense organs	116
Cancer (and other neoplasms)	64
Cerebral lesions of vascular origin	21
Infectious and parasite diseases	74
Diabetes	20
Injuries	35
Tuberculosis	18
Bones and organs of movement (mainly rheumatism)	30
Pregnancy	19
Mental and other nervous diseases	14
Other diseases or ill defined	161
Preparation for X-ray examinations	29
Total number of cases	1,235

VACCINATION AND IMMUNISATION.

During the year 205 vaccinations were carried out at the clinics and the total vaccinations performed by clinics and private doctors is summarised in the following table:—

	Under 1 year.	1 to 4 years.	5 to 14 years.	15 years and over.	Total.
Primary Vaccination	235	30	14	36	296
Re-vaccination	—	6	3	58	86
TOTAL	235	36	17	94	382

<i>Immunisation.</i>	1952	1951
Number of clinics held	76	92
Number of Attendances	1,210	1,419
Number of children who have completed course	587	620
Number of children immunised by general practitioners	140	175
Total number immunised	727	795
Re-inforcing injections, including general practitioners	121	118

PREVENTION OF ILLNESS, CARE AND AFTER CARE.

PROVISION OF NURSING EQUIPMENT AND APPARATUS.

<i>Appliance.</i>	<i>On Payment.</i>	<i>On Free Loan.</i>
Invalid Chairs	67	1
Air Rings	153	—
Waterproof Sheets	127	3
Bed Pans	158	1
Bed Rests	110	1
Bed Slippers	50	—
Crutches	10	—
Urinals	52	1
Air Beds	5	1
Bed Cradles	9	—
Bed Tables	—	—
Mattresses	3	—
Inhalers	—	—
Walking Sticks	1	—
Feeding Cups	19	—
Diabetic Spring Balances	—	—

DOMESTIC HELP.

Number of full-time domestic helps on books at the end of the year 17

Number of part-time domestic helps on books at the end of the year 6

Number of householders helped during the year:—

(a) Maternity cases	84		
(b) Other cases	155	Total	239

Number of hours of assistance provided during the year:—

(a) Maternity cases	6,723		
(b) Other cases	28,557	Total	35,280

Number of domestic help hours available 37,352

Number of cases in which full fee was not charged 218

JAMES URQUHART,
Area Medical Officer.

Investigation

Number of cases... Number of attendances... Number of children who have completed course... Number of children transferred by general practitioners... Total number... Remaining...

PARTITION OF (LARGE CASES AND OTHER CASES)

Provisional Report and Analysis

Table with multiple columns and rows, likely containing statistical data related to the cases mentioned in the section header.

DOMESTIC HELP

Number of part-time domestic help on foot at the end of the year... Number of part-time domestic help on foot at the end of the year... Number of part-time help during the year... Number of hours of assistance provided during the year... Total...

Table with columns and rows, possibly titled 'JAMES PROBERT' as seen in the header, containing numerical data.

