

[Report 1957] / Medical Officer of Health, Wiltshire County Council.

Contributors

Wiltshire (England). County Council.

Publication/Creation

1957

Persistent URL

<https://wellcomecollection.org/works/aaqvynr>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

0.44 2/

WILTSHIRE COUNTY COUNCIL

Annual Report


OF THE

Medical Officer of Health

FOR THE YEAR

1957

Being the statutory report required to be made by the County Medical Officer of Health under the Sanitary Officers (Outside London) Regulations, 1935.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30280242>

WILTSHIRE COUNTY COUNCIL

1957
Foreword

Annual Report

OF THE

Medical Officer of Health

FOR THE YEAR

1957

Being the statutory report required to be made by the County Medical Officer of Health under the Sanitary Officers (Outside London) Regulations, 1935.

2
Index

	PAGE
AMBULANCE SERVICE	21
CARE OF MOTHERS AND YOUNG CHILDREN	9
COMMITTEES	4
DOMESTIC HELP	25
FOREWORD	3
HEALTH VISITING	18
HOME NURSING	19
HOUSING	61
MENTAL HEALTH SERVICES	36
MIDWIFERY	16
MILK AND FOOD	59
MISCELLANEOUS SERVICES	54
PREVENTION OF ILLNESS, CARE AND AFTER-CARE	23
SANITARY CIRCUMSTANCES OF THE COUNTY	56
STAFF	5
SWINDON, REPORT OF THE AREA MEDICAL OFFICER	26
TUBERCULOSIS	44
VACCINATION AND IMMUNISATION	20
VITAL STATISTICS	7

Foreword

THE personal health services of the County Council continued in 1957 to play their part in protecting the health of the public in co-operation with the general practitioners and the hospital and specialist services. There was evidence, as the National Health Service approached the end of its tenth year, of increasingly effective collaboration between its three branches.

As an example, it is encouraging to have been able to arrange training for all the health visitors in the detection of suspected hearing defects in young babies as part of a more comprehensive attempt to diagnose and treat partially deaf children early, to teach them to speak normally and to minimise the social and educational difficulties arising from their handicap.

The general pressure on the health visitors continued and again there was a decrease in the total number of home visits made. This was due particularly to the very large amount of work in connection with poliomyelitis vaccination which increases still further as more vaccine becomes available. Fortunately, some reinforcement of the health visitors is to be expected in 1958 as a result of the County Council's training scheme.

There was a drop in the acceptance rate for diphtheria immunisation and it is necessary again to emphasise the importance of maintaining and increasing this form of protection whatever other kinds of immunisation are made available.

In the field of mental illness and mental deficiency, 1957 will be remembered as the year of the report of the Royal Commission on the law on this subject. We are at the beginning of a new stage in the treatment and social integration of the mentally ill and those of limited intelligence in which local authorities are likely to have a greater part to play in providing care, training and accommodation in the community. In Wiltshire, the ground has been partly prepared for this by the close working relationships which exist with the mental and mental deficiency hospitals.

This report includes an account of the first year's work of the scheme for providing early help for emotional difficulties of pre-school children which made a promising start as a measure of preventive mental health.

In relation to environmental public health, milk is particularly important in this County. Soon, Wiltshire will be declared an "attested area" in which only cattle believed after testing to be free from tuberculosis may be kept. It is important to appreciate both the health advantages and the limitations of this scheme. The chance of the spread of bovine tuberculosis to human beings will be greatly decreased but, as was demonstrated in Wiltshire a few years ago, infection with tuberculosis from attested herds is not unknown and the scheme will not prevent the spread of other diseases. In other words, pasteurisation will still be needed to protect the consumer against such diseases as brucellosis and against human infections spread by milk, apart from the possibility of bovine tuberculosis.

Of the value of milk as a food, there has been much public advertisement recently, not all of it well grounded. The usefulness of milk in proper quantities in the diet is not in doubt and the provision of milk in schools has proved its value but the suggestion that the larger the quantity of milk taken the healthier, happier and more handsome the individual will be has no scientific justification.

I wish to express to the staff of the health department my appreciation of their enthusiasm and hard work during the year.

C. D. L. LYCETT.

County Hall,

Trowbridge.

15th AUGUST, 1958.

Committees

The Committees of the County Council mainly concerned with public health are:—

Health Committee, the Sub-Committees of which are as follows:—

Staff and General Purposes Sub-Committee,
Maternity and Child Welfare Sub-Committee,
Mental Health Sub-Committee,
Ambulance Service and Health Centres Sub-Committee,
Swindon Area Sub-Committee.

Water Supplies and Sewerage Schemes Committee.

Education Committee (school health service and hygiene in schools).

Close liaison is also maintained with other Committees, such as the Welfare Committee and the Children's Committee, and the County Medical Officer acts as adviser on health matters to all Committees of the Council.

Staff

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

C. D. L. Lycett, M.D., B.S., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:—

J. H. Whittles, M.D., B.S., B.Sc., D.P.H.

Senior Medical Officer:—

E. Hazel Williams, M.B., B.S., D.P.H., D.C.H.

Area Medical Officer:—

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

Assistant County Medical Officers (also School Medical Officers):—

K. J. Adams, M.R.C.S., L.R.C.P., D.P.H. (also Medical Officer of Health, Devizes Borough and Devizes Rural District).

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).

J. B. Kershaw, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (also Medical Officer of Health, Cricklade and Wootton Bassett Rural District and Highworth Rural 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).

F. J. G. Lishman, M.D., B.S., D.P.H. (also Medical Officer of Health, Wilton Borough, Salisbury and Wilton Rural District, and Mere and Tisbury Rural District).

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

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).

Anita J. Jenkins, M.R.C.S., L.R.C.P., M.B., B.S., D.C.H., M.D., D.P.H. (also Assistant Medical Officer of Health and School Medical Officer, Swindon) (commenced 19/8/57).

R. S. Male, M.B., Ch.B., M.R.C.P., D.C.H., D.P.H. (also Deputy Medical Officer of Health and School Medical Officer, Swindon) (resigned 31/3/57).

A. McGregor, B.A., M.B., B.Ch. D.P.H. (also Deputy Medical Officer of Health and School Medical Officer, Swindon) (commenced 15/4/57).

S. B. S. Smith, L.M.S.S.A., D.T.M. & H. (also Assistant Medical Officer of Health and School Medical Officer, Swindon).

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

Ethel M. Voigt, M.B., B.Ch., B.A.O.

E. Kinnear, M.B., Ch.B. (commenced 13/5/57).

Mary W. Sturges, M.B., B.S., D.R.C.O.G. (commenced 1/8/57).

Psychiatrist (part-time):—

K. C. P. Smith, M.R.C.S., L.R.C.P., D.P.M.

Chest Physician:—

J. S. Harper, M.B., Ch.B., M.R.C.P., D.P.H. (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 and Principal School Dental Officer:—

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

Assistant Dental Officers and School Dental Officers:—

S. H. Brenan, L.D.S.

A. T. Craig, L.D.S.

F. H. R. Davey, *O.B.E.*, L.D.S.

A. O. Ejide, B.D.S. (commenced 21/1/57; resigned 31/5/57).

H. H. Greenhalgh, L.D.S.

J. J. Hall, B.D.S. (commenced 1/10/57).

J. M. Hanley, L.D.S. (resigned 31/5/57).

E. C. Humphreys, L.D.S.

F. Lake, L.D.S.

J. S. MacLachlan, L.D.S.

R. S. McMinn, L.D.S.

E. H. Randerson, L.D.S.

Psychologist:—

Mrs. E. D. F. Garvie, M.A., B.Ed.

Lay Administrative Assistant:—

C. A. Horton.

Superintendent Nursing Officer:—

Eleanor W. Redwood, S.R.N., S.C.M., H.V. Cert.

Superintendent Health Visitor:—

Eileen Search, S.R.N., S.R.F.N., S.C.M., H.V. Cert.

County Public Health Inspector and Water Supplies Officer:—

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

Mental Health Supervising Officer:—

W. R. Hudd.

County Ambulance Officer:—

T. Bullock.

Vital Statistics

POPULATION

The Registrar-General's estimate for 1957 (including Services) ... 405,300

The figure for the previous year was 402,800.

BIRTHS AND DEATHS

	NUMBER.		RATE FOR COUNTY.		RATE FOR ENGLAND AND WALES	
	1957	1956	1957	1956	1957	1956
Live Births	6862	6433	18.28	(Per 1,000 Population) 17.41	16.1	15.7
Still Births	138	142	21.29	(Per 1,000 Births) 23.54	22.4	23.0
Premature Live Births	479	398	69.80	(Per 1,000 Live Births) 61.87	Not available.	
Deaths	4135	4228	9.69	(Per 1,000 Population) 9.77	11.5	11.7
Deaths from Pregnancy, Childbirth, Abortion ...	4	2	0.57	(Per 1,000 Births) 0.30	0.47	0.56
Deaths of Premature Babies under four weeks of age	90	49	13.12	(Per 1,000 Live Births) 7.62	Not available	
Deaths of all Infants under four weeks of age ...	123	87	17.92	13.52	16.5	16.9
Deaths of Infants under one year of age ...	157	119	22.88	18.50	23.0	23.8
Deaths from Cancer (all forms)	708	693	1.75	(Per 1,000 Population) 1.72	2.094	2.075
Deaths from Cancer of Lung and Bronchus—						
Male	101	101	0.28	0.28	0.426	0.407
Female	11	12				
Deaths from certain Infectious Diseases—						
Tuberculosis, Respiratory	36	23	0.101	0.064	0.107	0.121
Tuberculosis, Other	5	3				
Diphtheria	—	—				
Meningococcal Infections	1	—				
Acute Poliomyelitis	1	—				
Measles	3	—				
Whooping Cough	—	—				
Other Infective and Parasitic Diseases	9	7				

INFECTIOUS DISEASES

The following are the aggregate totals of notifications during 1957 of the more important infectious diseases, with comparative figures for the preceding ten years. The figures for 1950 onward include non-civilians.

Disease.	Total Notifications during											
	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	
Smallpox	—	—	—	—	—	—	—	—	—	—	—	
Scarlet Fever	311	455	269	564	607	407	282	208	198	221	154	
Diphtheria	16	6	2	—	3	1	1	3	1	—	—	
Enteric Fever (including Paratyphoid)	1	2	1	4	1	1	—	5	3	1	2	
Puerperal Pyrexia	34	35	36	24	52	113	142	93	124	151	191	
Meningococcal Infection	13	3	8	6	3	11	8	1	9	12	5	
Acute Poliomyelitis—												
Paralytic	51	30	67	50	16	28	57	20	21	10	16	
Non-Paralytic	—	—	—	18	16	18	45	3	17	9	7	
Acute Encephalitis	—	—	—	3	1	—	2	1	—	—	—	
Ophthalmia Neonatorum	19	7	3	20	4	5	6	3	2	2	2	
Whooping Cough	Figures for these years are not available.			822	1398	1544	1129	1012	1208	987	445	1160
Measles	Figures for these years are not available.			1279	6721	1541	7225	334	6227	348	7177	
Dysentery	Figures for these years are not available.							77	58	618	181	
Food Poisoning	Figures for these years are not available.							71	141	146	111	

The total number of cases of poliomyelitis in which the diagnosis was finally confirmed was 19, of which 6 were non-paralytic.

* *Care of Mothers and Young Children*

ANTE-NATAL CARE.

Arrangements are being made to start relaxation and mothercraft classes in Westbury in co-operation with Bradford-on-Avon Maternity Hospital.

Ante-natal care provided through the Council's service is mainly given by the midwifery staff in the course of their domiciliary work, and there are now, except in Swindon, only three ante-natal clinics separate from the hospital service, those at Bulford, Corsham and Wilton. The total attendance in 1957 was 930, compared with 783 in the previous year.

Wiltshire took part in the pilot survey in the autumn of 1957 which preceded the general Perinatal Mortality Survey to be carried out in 1958 under arrangements planned by the National Birthday Trust Fund.

MATERNAL MORTALITY.

There was only one maternal death outside Swindon.

INFANT WELFARE CENTRES AND HEALTH VISITORS' CENTRES.

A detailed survey of all centres was completed in 1957 and individual reports made to the Health Committee on the improvements required in many. It is clear that new County Council clinic buildings are needed both in Salisbury and Chippenham, and the Health Committee has already approved the provision of centres in these places, as well as in Devizes, Warminster and Melksham, when opportunity occurs. Many minor improvements in village halls and other buildings used as local centres are also needed. Financial provision for the acquisition of one site and the commencement of building a clinic in 1958-9 has been made and negotiations are in progress at the time of writing with local lessors of halls for their improvement in a variety of ways, ranging from water heating to drainage.

At the end of the year there were 59 infant welfare centres attended by a doctor, compared with 57 in 1956, the two additional centres being opened at Blunsdon (previously a health visitor's centre) and Yatesbury.

In the County, excluding Swindon, there was a total of 39,419 attendances, compared with 37,276 last year. The total attendances have been increasing steadily for several years.

Taking into account the change mentioned above and the opening of some new centres, at the end of the year 46 health visitors' centres were open. There were 10,426 attendances.

Two thousand seven hundred and three children attending infant welfare centres were under one year of age. This represents almost exactly one-half of the live births.

The following quantities of proprietary articles were supplied to infant welfare centres for sale or free issue (the 1956 figures are in brackets):—

Infant Milk Foods	...	...	...	...	...	...	...	9,576 lb.	(12,090)
Baby Cereal	...	...	...	...	...	...	...	4,692 packets	(5,076)
Weaning Foods (Meat, Fruit, Vegetables, etc.)	...	...	...	...	...	...	...	1,920 tins	(1,956)
Nutrients (chiefly Malt and Oil preparations and Vitamin C Syrup)	...	...	...	...	...	...	...	14,388 containers	(12,234)
Baby Rusks	...	...	...	...	...	...	...	2,868 packets	(2,280)
Glucose	...	...	...	...	...	...	...	2,208 containers	(1,680)
Malted Milk	...	...	...	...	...	...	...	1,032 tins	(1,764)
Teats and Accessories	...	...	...	...	...	...	...	1,368	(1,164)

[*Statistics in this section exclude the Borough of Swindon, for which information will be found in the Area Medical Officer's Report.]

CARE OF PREMATURE BABIES.

In 1957 there was an increase in the number of infants reported as weighing 5½lbs. or less at birth and therefore classed as premature and this was accompanied by an increase in the deaths of premature babies under four weeks of age.

The following table gives the figures for the last three years.

Year.	Premature live births.		Deaths of premature babies within 28 days, of whom the number shown in italics died within 24 hours.			
	Swindon.	Remainder of County.	Swindon.		Remainder of County.	
1955	91	304	11	<i>8</i>	35	<i>23</i>
1956	105	293	7	<i>1</i>	42	<i>23</i>
1957	124	355	22	<i>11</i>	68	<i>40</i>

The following analysis refers to babies in the whole County who were prematurely born at home or in hospital.

Year.	Born at home.				Born in hospital or nursing home.				
	Total	Transferred to hospital	Died in hospital within 28 days.		Total.	Died within 28 days.			
1955 ...	97	15	1	<i>1</i>	4	<i>3</i>	298	41	<i>27</i>
1956 ...	92	20	6	<i>1</i>	1	<i>1</i>	306	42	<i>22</i>
1957 ...	118	37	13	<i>6</i>	5	<i>4</i>	361	72	<i>41</i>

The figures in italics show the deaths of premature babies within 24 hours which are included.

The increase calls for further investigation which is being carried out though the causes of prematurity are not always easy to influence.

Premature babies receive special attention from midwives and health visitors and during the year 10 midwives were sent to the Southmead Hospital, Bristol for a special course of training in their care. One incubator was also provided for the transport to hospital of premature babies and a second will be provided in 1958.

DAY NURSERY PROVISION

The attendance at the Trowbridge Nursery (25 places) fell to a low level in 1956 and early in 1957. The Health Committee decided to reduce the standard maximum charge to parents from 45s. 0d. to 25s. 0d. per week per child from the 29th January, 1957, and the daily attendance rose from nine in January, 1957, to 17 in December, 1957.

The Salisbury Day Nursery, with 35 places, maintained a reasonable level of attendance, with a tendency to increase, but the Salisbury City Council decided to terminate the County Council's lease of the site on which the Day Nursery stands from the 5th July, 1958. The Health Committee have therefore had to terminate the agreement on which the County Council holds the buildings on licence from the Ministry of Health and arrangements were made for the closure of the Nursery in 1958.

PREVENTIVE MENTAL HEALTH FOR PRE-SCHOOL CHILDREN.

For very many years it has been the duty of doctors at maternity and child welfare centres and of health visitors to give advice designed to help the mother to establish a normal emotional relationship with her baby or pre-school child and to deal with the more common specific problems. However, it has been customary to provide the services of a team specially trained in mental health only for "child guidance" for school children. It appeared that a more truly preventive service might be established by making the advice of a child psychiatrist and a psychologist available from birth and by establishing a close connection between this special mental health team and the child welfare centres and the work of the health visitor in the home.

The scheme was started in January, 1957, with Dr. K. C. P. Smith giving eight sessions per month at four centres, while Mrs. E. D. F. Garvie, the Psychologist, in addition to attending sessions with Dr. Smith at Trowbridge, Corsham, Salisbury and Swindon, visited smaller clinics throughout the County. Health visitors acted as social workers, visiting the homes and providing information about the home background. The health visitors and medical officers, however, expressed a wish for Mrs. Garvie to visit the homes where necessary and 44 such visits were paid.

Fifty-nine mothers of first babies were interviewed where there was as yet no specific problem, but where it was felt some "anticipatory guidance" would be helpful. Twenty-two mothers of first babies were interviewed at Dr. Smith's sessions.

In all, 228 children have had attention, many of them being seen informally at the usual infant welfare clinic. At the special sessions 60 cases have attended. Some, for example, first babies, attended only once. Of cases which attended more than once 14 were discharged after improvement, 12 cases continued, and two were discharged since the parents did not keep appointments.

Many of the cases referred as "behaviour problems" were problems only in so far as the inconvenient but otherwise normal behaviour of the child was misunderstood, and, therefore, mishandled by the parents. The teaching of the norms of child development has been a specific part of parent interviews.

In 18 cases relationships within the family were known to be strained. Parental anomalies (illegitimacy, separation, one parent dead, child fostered or adopted) existed in 15 cases. Of three E.E.G. examinations, one record was reported as abnormal; five children were found to be markedly backward, the I.Q. being below 60; eight mothers were thought to be excessively apprehensive, and ten parents were known to have had, or to be at present undergoing, psychiatric treatment.

Below is a list of the frequency of the incidence of emotional symptoms in the children referred. In many cases children revealed more than one symptom so that it would appear that the exhibiting of one or more emotional symptoms in the early years is part of the normal development of children.

Weaning difficulties	...	...	...	...	...	3
Poor appetite	...	...	...	...	...	20
Excessive fears	...	...	...	...	...	4
Nervous habits, tics, etc.	...	...	...	...	...	3
Extreme withdrawal	...	...	...	...	...	2
Erratic sleep habits	...	...	...	...	...	31
Poor bladder control	...	...	...	...	...	20
Tendency to constipation, soiling, stomach-ache, headache	...	...	...	...	...	12
Aggressive behaviour	...	...	...	...	...	17
Sibling jealousy	...	...	...	...	...	11
Masturbation	...	...	...	...	...	4
Overactivity	...	...	...	...	...	17
Speech difficulties	...	...	...	...	...	15
Excessive temper tantrums	...	...	...	...	...	6

In the early stages, a scheme of this kind is bound to be somewhat exploratory and fluid in its objectives. There seems no doubt of its usefulness both in giving direct help to parents and children and in making available to doctors and health visitors in the maternity and child welfare service the stimulation of working in association with a mental health team. It is in no way the intention to diminish the responsibility of medical officers and health visitors. The good relationship which developed between the Psychologist and health visitors was particularly encouraging and should help health visitors to bring additional understanding of emotional problems to the work which they do by themselves.

DISTRIBUTION OF WELFARE FOODS

At the end of the year there were, excluding Swindon, 18 main centres open in the towns, and 188 smaller centres. Staffing continues to be by volunteers, with excellent results.

The following amounts of food were issued in 1957:—

National dried milk (full cream and half cream)	100,046 tins	(132,080)
Cod liver oil	28,338 bottles	(33,979)
Vitamins A and D tablets	13,746 packets	(13,680)
Orange juice	239,076 bottles	(226,458)

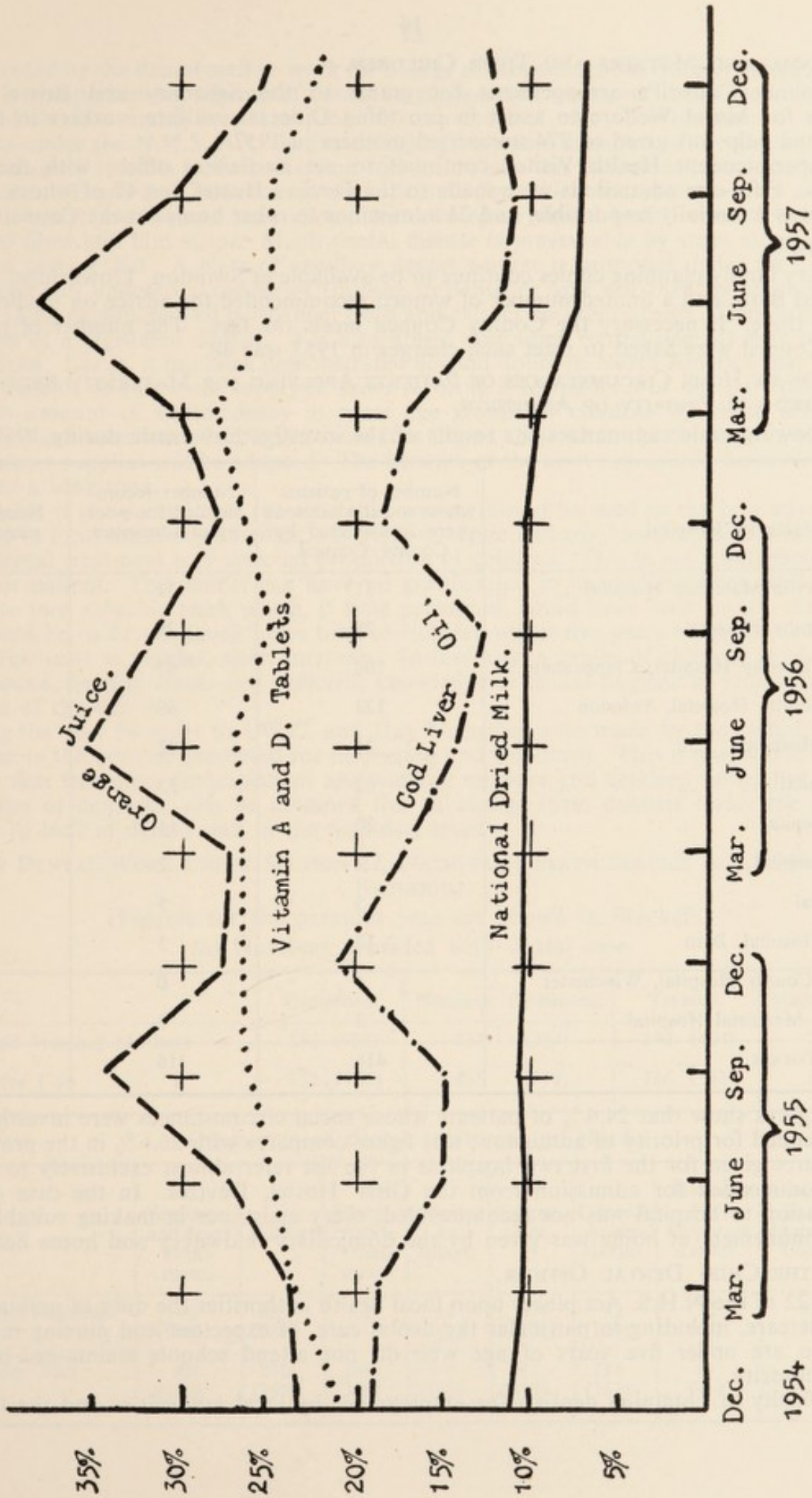
(These amounts do not include issues made in Swindon, although these are accounted for centrally in the County Health Department. Emergency needs throughout the County are met by transfers arranged within the County from headquarters.)

The graph shows the general level of uptake of these foods since the County Council took over the distribution scheme in 1954. Comparable information for preceding years, when the County Council were not responsible for distribution, is not available.

The main and local distribution centres have continued to assist in health education by the exhibition of posters and the distribution of leaflets during the year.

GOVERNMENT WELFARE FOODS

Amounts distributed each quarter shown as percentages of the aggregate entitlement, to December, 1957.



NOTE: The percentage figures used to depict the uptake of National Dried Milk are not absolute, in that they make no allowance for the number of beneficiaries taking their entitlement as liquid milk, or for supplementary allowances made for babies fed entirely on National Dried Milk.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.

The County Council's arrangements for grants to the Salisbury and Bristol Diocesan Associations for Moral Welfare to assist in providing Diocesan welfare workers in this service continued, and help was given to 274 unmarried mothers in 1957.

The Superintendent Health Visitor continues to act as liaison officer with the Diocesan Associations. Fifty-one admissions were made to the Devizes Hostel, for 47 of whom the Health Committee was financially responsible, and 24 admissions to other homes at the Council's expense.

BIRTH CONTROL.

Voluntary family planning clinics continue to be available at Swindon, Trowbridge, Amesbury, Salisbury and Bath, and a limited number of women recommended for advice on medical grounds are referred there. If necessary the County Council meets the fees. The number of patients for whom the Council were asked to meet such charges in 1957 was 48.

INVESTIGATION OF HOME CIRCUMSTANCES OF PATIENTS APPLYING FOR MATERNITY BEDS TO DETERMINE NEED FOR PRIORITY OF ADMISSION.

The following table summarizes the results of the investigations made during 1957:—

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	31	31	0
Devizes Maternity Hospital	29	29	0
Greenways Maternity Hospital, Chippenham ...	106	67	39
Kingshill Maternity Hospital, Swindon	123	89	34
Malmesbury Hospital	24	22	2
Odstock Hospital	62	52	10
Savernake Hospital	20	11	9
Cirencester Hospital	2	2	0
Frome Hospital	5	5	0
St. Martin's Hospital, Bath	12	5	7
Royal Hants County Hospital, Winchester ...	1	0	1
Andover War Memorial Hospital	3	3	0
TOTALS	418	316	102

These figures show that 24.4% of patients whose social circumstances were investigated were not recommended for priority of admission; this figure compares with 26.6% in the previous year.

The figures given for the first two hospitals in the list refer almost exclusively to unmarried mothers recommended for admission from the Girls' Hostel, Devizes. In the case of patients whose admission to hospital was not recommended, every assistance in making suitable arrangements for confinement at home was given by the domiciliary midwifery and home help services.

REPORT OF THE CHIEF DENTAL OFFICER.

Section 22 of the N.H.S. Act places upon local health authorities the duty of making arrangements for the care, including in particular the dental care, of expectant and nursing mothers and children who are under five years of age who do not attend schools maintained by the local education authority.

The difficulty in obtaining dentists for employment by local authorities and the time which

must be devoted by the dental staff to work for a large number of school children make it impossible to provide a comprehensive scheme of dental inspection and treatment for expectant and nursing mothers and children under five. The probable retirement of many dentists who are now eligible for pensions under the N.H.S. Act, the increasing age of some members of the County dental staff and the shortage of recruits to the profession will ensure that this unfortunate position will continue for some time. There are, however, several methods by which the position may eventually be improved. Firstly, much more time should be devoted to dental health education by means of talks, sound films and film strips. Much dental disease is preventable by strict attention to dental hygiene and correct diet. A class of ancillary dental worker is proposed under the Dentists Act. These women will undergo a course of training in dentistry and will then be employed by local authorities to fill deciduous and permanent teeth and extract deciduous teeth. They will work under the direction of a registered dentist. It is also hoped that some retired dentists may provide part-time assistance. Lastly, it has been demonstrated beyond doubt in North America that the addition of sodium fluoride to the water supply in order to bring it to the level of one part per million has reduced the amount of dental decay in some age groups of children by about sixty per cent. Experiments have been started in Britain and it is hoped that, when the findings have been established, all water supplies will be adapted. The benefits of the above measures, however, will not be apparent for a long time.

At present it is essential that the available service should be used to the best advantage. The usual policy in local authority schemes is to remove septic and troublesome teeth and then confine complete dental treatment to a selected proportion of children. This is not a satisfactory solution to dentist or patient. The dentist can have no gratification in incomplete work while the patient may have to lose valuable teeth which, if time permitted, could have been saved. An alternative scheme would be to devote much more time to children under five years of age in order to ensure complete treatment at regular, short intervals. In this way, a group of children would be created who had sound, healthy teeth, and sufficient knowledge of dental hygiene to retain this condition and no fear of the dentist.

During the year 84 visits to I.W.C. and Day Nurseries were made by the dental staff. There is a decrease in the number presented for inspection and treatment. This is partly due to the better knowledge that treatment for expectant and nursing mothers and children under five, apart from the provision of dentures, can be obtained free of charge from dentists under the N.H.S. Act, and partly to lack of dental staff in the Swindon area.

RECORD OF DENTAL WORK UNDER SECTION 22, NATIONAL HEALTH SERVICE ACT, 1946 (INCLUDING SWINDON).

(Figures for the previous year are shown in brackets.)

(a) Numbers provided with dental care.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	586 (634)	531 (584)	392 (404)	244 (280)
Children under Five	852 (1106)	495 (719)	386 (553)	373 (533)

(b) Forms of dental treatment provided.

	Scalings and Gum Treatment.	Fillings	Silver Nitrate Treatment.	Crowns or Inlays.	Extractions.	General Anaesthetics.	Dentures Provided. Full Upper or Lower.	Partial Upper or Lower.	Radio-graphs.
Expectant and Nursing Mothers	746 (904)	620 (580)	3 (—)	1 (1)	977 (1251)	92 (106)	72 (67)	95 (148)	27 (26)
Children under Five	89 (128)	250 (369)	288 (359)	— (—)	612 (915)	215 (332)	— (—)	— (—)	10 (1)

* *Midwifery*

The number of practising midwives in the area at the end of the year was as follows:—

Domiciliary midwives (a) employed by County Council ...	76
(b) Hospital Management Committee ...	2
Hospital midwives	65
Midwives in private practice (including those in nursing homes) ...	7
Total ...	150

GENERAL.

The following table gives a summary of the work done during the year by all midwives in the County, excluding Swindon:—

Category.	Domiciliary Cases.				Totals.	Cases in Institutions.
	Doctor not booked.		Doctor booked.			
	Doctor present at delivery.	Doctor not present.	Doctor present at delivery.	Doctor not present.		
County Council Midwives ...	8 (5)	30 (62)	139 (162)	1462 (1379)	1639 (1608)	— (—)
Midwives employed by Hospital Management Committees ...	— (—)	— (—)	3 (7)	180 (167)	183 (174)	2838 (2757)
Private Midwives ...	— (—)	— (—)	17 (4)	3 (4)	20 (8)	49 (38)
TOTALS ...	8 (5)	30 (62)	159 (173)	1645 (1550)	1842 (1790)	2887 (2795)
GRAND TOTAL ...						4729 (4585)

The figures in brackets are those for 1956.

The difference between the total number of births attended by midwives and the total number of registered births is mainly accounted for by the considerable number of births which occurred in the U.S. Air Force Hospital, Burderop Park, attended by U.S. personnel, 659.

County midwives were asked during the year to attend 285 women discharged from maternity hospitals before the fourteenth day.

ANALGESIA AND DISTRICT MIDWIFERY.

Trichloroethylene.—Since 1955 all district midwives and district nurse midwives have been equipped with apparatus for administration of trichloroethylene analgesia. Its use is increasing as the figures below indicate.

Gas and Air.—All domiciliary midwives are trained in gas and air analgesia and all are equipped with the necessary apparatus.

Pethidine.—Pethidine remains a most useful analgesic in district midwifery.

[*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]

The following figures show the extent of use in domiciliary work of all these analgesics.

	Trichloroethylene Only.	Gas and Air Only.	Trichloroethylene and Gas and Air.	Total.
Number of cases in which inhalation analgesics were used by domiciliary midwives employed by the Council, and by the Salisbury Group Hospital Management Committee as the agent of the Council	1181	197	92	1470

Also pethidine was used in 996 cases.

HOUSING ACCOMMODATION FOR MIDWIVES.

Housing remains a necessity if vacancies in the district nursing staff are to be filled. Many district councils are most helpful in providing council houses when available, but such houses are by no means always available where and when required. A further difficulty is that some councils are unwilling to let their houses directly to the County Council and will consent only to let them to the nurse, thus making the nurse legally liable for such matters as redecorations, and at the same time giving the County Council no security of tenure should the nurse leave and a successor be appointed.

No new County Council house was built in 1957 owing to restrictions on capital expenditure.

The following analysis of the ages and housing of the nursing staff, both midwives and district nurses, apart from the peripatetic relief nurses, shows the considerable number of elderly nurses living in their own accommodation whose successors may well need accommodation provided for them.

Age Group of Nurses.	Living in:—		
	Own Housing.	County Council.	
		Owned Property.	Rented Property.
20—30	—	—	1
—40	5	2	4
—50	17	7	9
—60	19	3	9
—65	5	—	1
—70	1	—	2
TOTALS	47	12	26

It will be seen from the above that there is a potential problem likely to arise as the more elderly nurses retire.

MIDWIVES ACT, 1918.

Medical aid was summoned by midwives in 274 domiciliary cases attended by them in the capacity of midwives during 1957, but in only 7 instances did the doctor concerned claim his fee from the Council under the Midwives Act, 1918. The inference is, of course, that in the remaining cases he was already booked by the patient under the maternity medical services scheme.

* *Health Visiting*

The planned expansion of the health visiting staff in Wiltshire recommended in the special report to the Health Committee in November, 1956, mentioned in my last Report, which would raise the staff from 39 to 75 in either five or seven years as the Council might decide, has led to provision being made for the training of a second batch of nine health visitors in 1958/9. As mentioned in my last Report, nine are under training already and should qualify in 1958.

The urgent need for more health visitors is increased by the new duties falling on them. Some are temporary such as the large number of special poliomyelitis vaccination clinics needed during the peak period of vaccination, each of which needs a health visitor in attendance. Most of the new duties are, however, permanent, examples being the special home visiting entailed for the new preventive mental health service for pre-school children, the recruitment and use of night attendants for the sick, and special screening tests for babies to detect suspected hearing defects at a very early age.

Two special courses in screening tests were held at County Hall for health visitors in October by a team from the Audiology Unit of the Royal National Throat, Nose and Ear Hospital. Half of the staff attended each course.

The object is to screen the hearing of each baby born in Wiltshire by simple tests and by trained observation from about three months of age onwards and to refer the child at once to an otologist if a defect of hearing is suspected. This enables an exact diagnosis to be made by the otologist and treatment to be started at a very much earlier age.

It is now possible to provide very young children with hearing aids and in many cases this enables speech to be acquired naturally at the period when the child is physiologically best able to learn to speak. It should be possible to avoid many of the more difficult medical and educational problems which occur later with partially deaf children who do not possess normal speech because diagnosis and treatment have been delayed. It is hoped to appoint a hearing therapist in 1958 to assist the domiciliary side of this work.

Infant visiting has been almost entirely transferred to health visitors, but the case load in many areas is much too high, and there is also much school nursing which should be transferred from district nurses to health visitors.

The health visitors devote a considerable amount of time to visiting the elderly, particularly in connection with the provision of domestic help. Requests are frequently received from hospital almoners and others for a health visitor to call on the discharge of an elderly patient and, although the most frequent need is for domestic help, the opportunity is taken to ensure that any other facilities which may be needed are provided, if available.

Health visitors are also concerned with advice for the prevention of home accidents.

The following table gives a summary of the visits undertaken by the health visitors during 1957 with figures for 1956 in brackets (excluding Swindon, the statistics for which are given on page 26):—

Number of Children under 5 years of age visited during year.	Expectant Mothers.		Children under 1 year of age.		Children age 1 but under 2 years.	Children age 2 but under 5 years.	Tuber- culous house- holds.	Other cases.	Total number of families or households visited by health visitor.
	First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.	Total visits.	Total visits.	
18,907 (19,328)	816 (794)	1,140 (1,049)	5,130 (5,073)	22,281 (22,971)	11,643 (12,157)	22,619 (21,663)	1,631 (1,408)	16,507 (15,049)	16,756 (17,364)

[*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]

The number of live births (excluding Swindon) during the year, corrected according to domicile, was 5,355 and there were also 111 stillbirths. The figures for 1956 were 5,081 and 109 respectively.

The special list of families with seriously unsatisfactory home conditions, and neglect of children, requiring particularly constant supervision by health visitors, included 88 families at the end of the year. During the year 24 families were added to the list and 10 were removed. The employment of a whole-time special domestic help for work with these families continued, and there was substantial improvement in six of the ten families assisted; in only one was there complete failure. In the families concerned there were 29 children aged five years and under and the provision of special home help undoubtedly prevented some of these children from being taken into care. The work was restricted to the Salisbury area, and it was hoped to extend the scheme to the County generally by employing part-time special helps of a similar kind but it was found almost impossible to recruit suitable women prepared to work part time in this type of household.

* *Home Nursing*

At the end of the year there were 86 home nurses, 11 being whole-time. The others were engaged in combined duties, principally with district midwifery, undertaken by 71 of the 75.

The following table shows the types of cases attended by the home nurses and visits paid during 1957. The figures in brackets are those for 1956.

	Medical.	Surgical.	Infectious Diseases.	Tuberculosis.	Maternal Complications.	Others.	Totals.
Number of Cases Attended ...	6,739 (6,882)	2,487 (2,438)	239 (60)	59 (54)	167 (128)	977 (1,499)	10,668 (11,061)
Number of Visits Paid ...	90,088 (86,847)	26,940 (25,814)	762 (504)	2,247 (1,982)	1,157 (900)	5,673 (6,081)	126,867 (122,128)

A table in Appendix A gives the districts with particulars of the work undertaken, including midwifery where the work of home nursing and midwifery is combined; the figures for the previous year are shown in brackets.

Home nursing relieves hospital beds and the patients remaining at home frequently use the home help service and are lent equipment and aids from the medical loan depots.

It is also the policy of the County Council to provide domiciliary nursing care for patients in welfare homes needing the type of nursing which would be provided for the patients were they to remain in their own homes.

[*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]

* *Vaccination and Immunisation*

SMALLPOX VACCINATION.

During the year records were received from general practitioners of 3,607 primary vaccinations and 1,262 re-vaccinations. The figures for 1956 were 3,148 and 1,006 respectively. Of the total of 3,607 primary vaccinations 2,815 were of infants, compared with 2,448 in 1956.

DIPHTHERIA IMMUNISATION.

During the year 4,281 primary immunisations and 3,156 reinforcing injections were carried out by County Council staff and general practitioners, compared with 4,679 and 4,489 in 1956. Of the total of 7,437 primary immunisations and reinforcing injections 3,965 were undertaken by general practitioners. Circular 8/57 of the Ministry of Health regarding the risk of certain prophylactics used against diphtheria and whooping cough provoking paralysis due to poliomyelitis received careful consideration. It was, however, decided to continue in general to provide combined immunisation, unless separate immunisation was desired by the parent. The chief reason for the fall in the number of reinforcing injections is that before mid 1956 it was the practice to provide a secondary reinforcing injection to children at about 10 years of age.

The following table shows the number of children under the age of 15 immunised during the years 1953-1957:—

Number of Children who had completed a course of Immunisation (Primary or Reinforcing) in the period 1st January, 1953, to 31st December, 1957:—

Age at December 31st, 1957, i.e., Born in Year.	Under 1 1957.	1—4 1956—53.	5—9 1952—48.	10—14 1947—43.	Total Under 15.
Number immunised with diphtheria or diphtheria pertussis antigens	790	14,088	17,910	7,921	40,709

The more recently introduced attraction of poliomyelitis vaccination seems to have made some parents postpone diphtheria immunisation and this may account to some extent for the fall in the number of primary immunisations undertaken.

WHOOPING COUGH IMMUNISATION.

Supplies of the approved antigens are available to practitioners and the service is provided in all infant welfare centres in the County. The primary course of three injections is commenced at approximately four months of age, and reinforcing injections are provided at about two years of age. During the year 3,736 primary immunisations and 766 reinforcing injections were undertaken by County Council medical officers and by general practitioners, compared with 3,708 and 283 respectively in 1956. General practitioners received fees of 7s. 6d. for records of combined immunisation, and 5s. 0d. for records of whooping cough immunisation only.

Information of the scheme for combined immunisation is sent to the parents of every child by the fourth month, and is followed by another communication if the first is ignored. Health visitors also undertake personal propaganda both in homes and clinics.

B.C.G. VACCINATION.

An account will be found on page 24.

POLIOMYELITIS VACCINATION.

A vigorous campaign of vaccination continued in 1957 following its resumption in December, 1956, after suspension during the poliomyelitis season, and the vaccination of the original group of 16,059 children, together with others in age groups added in 1957, was nearing completion, when in November, 1957, the scheme was widely extended to all children from six months of age to 15 years, expectant mothers and certain other groups, including general practitioners, likely to come into contact with cases of poliomyelitis in the acute stage. This extension did not greatly affect the number of vaccinations in 1957 which totalled 12,376. Salk vaccine as an alternative to the limited supplies of British, has been widely accepted.

[*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]

Ambulance Service

In 1957 there was again a slight reduction in the total mileage travelled by the ambulance service as compared with the previous year. The following table gives details (the figures in brackets relate to the year 1956).

	PATIENTS				MILEAGE	
	Accident or Emergency		Other			
AMBULANCES:						
County Council Ambulances	4,534	(4,787)	24,650	(24,735)	292,090	(297,889)
Other Voluntary Ambulances	299	(257)	271	(449)	19,349	(25,228)
Total Ambulance Work	4,833	(5,044)	24,921	(25,184)	311,439	(323,117)
SITTING CASE CARS:						
County Council Cars (includes taxis) ...	576	(655)	12,150	(16,862)	76,233	(116,418)
County Council Cars (dual purpose vehicles) ...	712	(655)	30,777	(26,415)	217,667	(190,287)
County Car Pool	180	(103)	49,036	(55,668)	583,550	(606,840)
Other Voluntary Units	30	(15)	1,853	(2,615)	10,410	(11,343)
Car Hire	2	(—)	17	(5,012)	2,573	(22,053)
Total Sitting Case Car Work	1,500	(1,428)	93,833	(106,572)	890,433	(946,941)
RAIL TRANSPORT			271	(226)		

The 1956 figures included about 40,000 miles travelled in taking subnormal children to occupation centres, so that the actual decrease in the total mileage is only some 15,000 miles. This does, however, tend to confirm the belief that the demand on the service has stabilised.

Further progress has been made in replacing ambulances on commercial chassis by vehicles which give a much more comfortable ride to patients. Our fleet of 25 ambulances now contains nine of these vehicles and orders were expected to be placed for the purchase of five more during the next financial year.

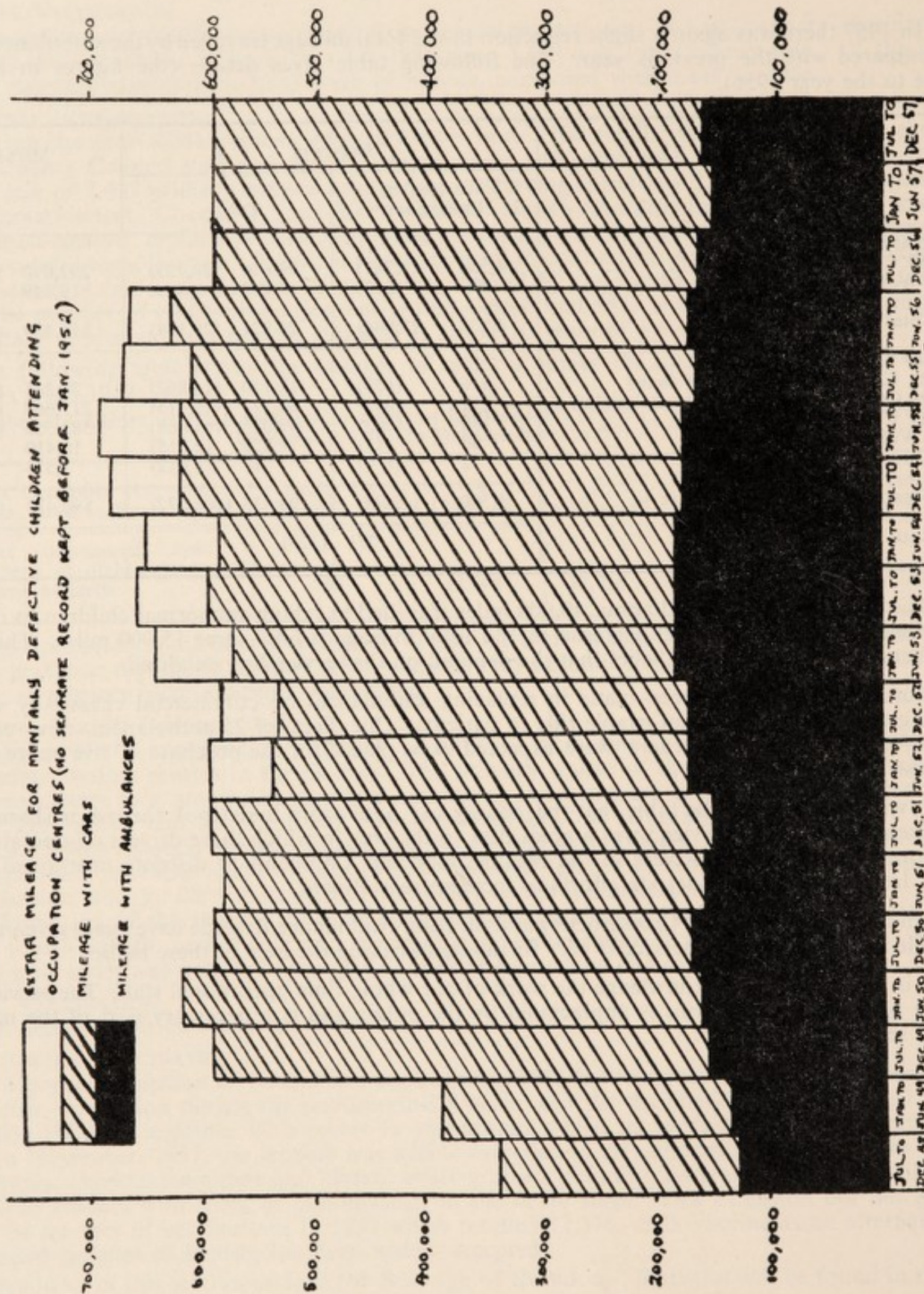
It will be seen from the table that the county car pool again undertook the major share of the sitting case work. The service owes a great deal to the way in which these drivers co-operate. It is unfortunate that lack of drivers in the Malmesbury and Chippenham districts mentioned in my report last year continues despite efforts to increase recruitment.

Units of the British Red Cross Society and St. John Ambulance Brigade have again given us their valuable assistance and the service is very fortunate in having the help of these bodies.

It is appropriate to acknowledge the work of our whole-time operational staff. The service they give in all weather conditions is appreciated by the public and is a necessary part of the national health service.

The following diagram shows the mileage travelled since 1948.

AMBULANCE SERVICE MILEAGE SINCE 1948.



* *Prevention of Illness, Care and After-Care*

- (a) TUBERCULOSIS. } Reports under these headings are made in the relevant sections on
 (b) MENTAL HEALTH. } pages 36 and 44.
- (c) OTHER TYPES OF ILLNESS.

In September, 1957, the Health Committee considered my report on tobacco smoking and cancer of the lung. It was resolved that all available means of health education should be employed to discourage smoking and the co-operation of the Education Committee was sought and obtained in discouraging smoking amongst young people. In particular the Committee decided to refrain from smoking during its future meetings and meetings of Sub-Committees and recommended the County Council to ask other Committees to consider similar action. This, however, the Council did not decide to do. Consideration was also given to the question of prohibiting smoking in places of public entertainment. Propaganda continues by means of posters and leaflets, and also talks to groups interested.

Hospital discharge reports on children are made the starting point for after-care visits by health visitors and for particular attention by the medical officer of the local infant welfare centre if the child is in attendance. Copies of notifications of the common infectious diseases received from district medical officers of health under the National Health Service Act are used to provide information of such cases to the health visitors, although it is obviously impracticable, particularly in epidemics, for all to be visited by the comparatively small staff of health visitors available. However, by this system the health visitor is enabled to visit those who, from her knowledge of the home conditions, are most likely to need visiting and can most readily be fitted in with her other journeys. The visits undertaken are included in the main total of visits given in the section relating to health visiting on page 18.

(d) CONVALESCENT TREATMENT.

Twenty convalescent patients were sent to five convalescent homes, mostly on the coast. In all cases two weeks' convalescent treatment is provided, but, if advised by the medical officer of the home, this is extended. The scheme is restricted to patients not needing medical or nursing care, and contributions towards the cost are required in accordance with a scale set by the County Council.

(e) HEALTH EDUCATION.

A film strip projector, capable of giving satisfactory results under semi-daylight conditions, was purchased for the use of health visitors in infant welfare and health visitors' centres and for talks to Women's Institutes, parent-teacher associations, and similar organisations by members of the medical staff and health visitors. It is hoped to purchase a second projector to meet the increasing demand.

A large range of posters, pamphlets, and other publications on health subjects, constantly added to as new ones are published, is available in the Health Department for distribution to the public, principally by health visitors. Stocks are kept at all infant welfare centres and even in local halls hired for a few hours monthly, arrangements are gradually being made for permanent poster panels to be provided.

(f) PROVISION OF HOME NURSING EQUIPMENT.

In Appendix B is a list of the medical loan depots 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 foam rubber mattresses, spinal carriages, wheel chairs, etc.

[*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]

During 1957 1,757 loans were made from the loan depots and 87 from County Hall. Charges varying from 1d. to 1s. 0d. per week are made according to the value of the article, although these are remitted in necessitous cases.

A satisfactory and easily transportable nursing hoist would be of great advantage in some district nursing cases, but none of the hoists yet considered has proved satisfactory.

(g) B.C.G. VACCINATION.

Up to the end of 1956 the arrangements for B.C.G. vaccination of thirteen year old school children were confined to the City of Salisbury, the Borough of Wilton, the Salisbury and Wilton Rural District, the Mere and Tisbury Rural District and the Amesbury Rural District, in addition to the Borough of Swindon. During 1957, however, the arrangements were extended to the following areas:—

Trowbridge Urban District.
Bradford-on-Avon Urban District.
Melksham Urban District.
Bradford-on-Avon and Melksham Rural District.
Borough of Chippenham.
Borough of Calne.
Calne and Chippenham Rural District.
Borough of Devizes.
Devizes Rural District.
Cricklade and Wootton Bassett Rural District.

Vaccination was offered for 2,365 children, including 91 at four private schools, and parental consent was received in respect of 1,739 or 73.5% compared with 67.6% in 1956 and 58.5% in 1955. Influenza during the autumn interfered with B.C.G. vaccination arrangements.

The statistics for the year are given below with comparative figures for 1956 in brackets:—

No. of children who had preliminary Heaf test	...	1,454	(472)
Results of Heaf tests:			
Positive and B.C.G. vaccination not indicated	...	421	(151)
Percentage positive	... ..	28.9	(31.9)
Negative (four children absent and two left the County and results of Heaf test not known)	... ..	1,027	(321)
No. of children vaccinated	... ..	1,027	(320)

Recent research by the Tuberculosis Vaccines Clinical Trials Committee of the Medical Research Council has shown that children who were strongly positive to the tuberculin test (Mantoux) had a special risk of developing tuberculosis at a later date. Therefore, Wiltshire children found to be strongly positive to the Heaf test (a multiple puncture tuberculin test also favoured by the Ministry of Health) are referred to the chest clinics for further investigation. During 1957 77 children with third degree reactions (a plateau of induration over the area of the Heaf test) and 21 with fourth degree reactions (having the appearance of a blister) were followed up in this way.

Children who have been vaccinated are seen again a year later and given a further Heaf test to ascertain whether the conversion has been maintained. The number tested was 239 and it is satisfactory that all the results were positive. Because of the cancellation of the arrangements at eight schools because of influenza, 160 children were not re-tested, but arrangements will be made for this in 1958 if they are still at school.

It was expected that early in 1958 the arrangements for B.C.G. vaccination would be extended to the Borough of Malmesbury, the Malmesbury Rural District and the Westbury Urban District, and later in year to the remaining areas of the County, i.e. Warminster Urban District, Warminster and Westbury Rural District, Pewsey Rural District, Marlborough and Ramsbury Rural District and the Borough of Marlborough. The programme is, however, slowed down to some extent by the need to provide poliomyelitis vaccination, and to preserve an interval of four weeks, as is considered necessary, between the two procedures.

* *Domestic Help*

During the year help was provided in 598 households and on the 31st December 387 persons were being assisted. Of these 320 current cases had received help for periods exceeding three months. Apart from confinement cases almost all the resources are devoted to the care in their homes of the chronic sick and aged and thereby admission to hospital or welfare home is often made unnecessary or is delayed.

Persons in receipt of old age pensions without any additional means, and those with old age and supplementary pensions or in receipt of national assistance, are not expected to make contributions. Appendix C to this report analyses in more detail the growth of the service and its use in 1957. The need and the demand for the service is such as to enable considerable expansion to take place if the financial situation were considered to allow it.

NIGHT ATTENDANT SERVICE.

There was no great demand during 1957 for this new service which has objects of providing care at night for those who are ill and live alone or with someone who is unable to care for them and of providing an evening service to prepare a meal or hot drink and help the patient to bed. Four patients were assisted during the year, three with short periods of nightly service prior to the patient's death or admission to hospital and one with evening service.

The service provided valuable help in the few cases where it was used.

[*Statistics in this section exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]

Report of the Area Medical Officer

I have pleasure in submitting the report of the Area Medical Officer for Swindon for the Year 1957.

This report deals only with the Services provided under Part III of the National Health Service Act, 1946, which have been delegated to the Swindon Area Sub-Committee.

Expansion of the town under the Town Development Act continued steadily during the year. At 31st December, 1957, the total number of council houses occupied in the new housing estates was as follows:—

Penhill	...	...	...	...	2078
Walcot	...	...	...	...	2066

Since its inception a total of 2,533 families have been brought to the town under the expansion scheme. The average size of these families is 3.8 persons, which means that the Council Estates have housed, besides Swindon residents, an increased population of 9,625.

Private development of housing has in the same period been very active and at 31st December, 1957, there was a total of 762 new private houses occupied.

Naturally this increasing population requires additional provision of all the Services under Part III of the National Health Service Act and during the year the establishment of medical officers, midwives, health visitors, district nurses and domestic helps was increased to provide these services.

We were able to recruit all the additional staff with the exception of the health visitors, where throughout the year we were one below establishment. The health visitors act as school nurses for half their time, so with an effective strength of 4½ health visitors it was impossible to maintain a satisfactory standard of home visiting to infants and young children.

In the coming year it is likely that owing to the "credit squeeze" the rate of town expansion will be slower than in the past three years. However, the size of the population makes it necessary to budget for an increase in the establishment of nursing staff if the Services are to be maintained at an adequate level.

The proposed new clinic for Walcot Estate was given ministerial approval during the year and it is hoped it will be ready for use towards the end of 1958.

In the meantime a child welfare clinic was started in a temporary wooden hut on the Estate. Although the hut was not at all adequate for the purpose it did supply a makeshift service for most of the year. In November, 1957, the old Upper Walcot Farmhouse which had been altered to provide a temporary Community Centre became available for clinic purposes. These premises, while much preferable to the previous hut, are not suitable for a permanent clinic.

Even when the new central clinic is available, the size of this Estate will necessitate the provision of subsidiary clinics, probably in the Community Centres, which are being established there.

CARE OF OLD PEOPLE

As each year passes an ever increasing proportion of the time of the department is spent on the care of old people.

It has been shewn that not only is the number of old people in the Country increasing but the proportion they constitute of the whole population is also increasing, in 1901, 4.7% of the population of the country were over 65 years of age, while in 1951, 10.9% were over 65 years old. It is predicted by the Government Actuary that "the proportion of old people will continue to increase for about the next 25 years but thereafter will tend to remain more or less at the level then reached."

Thus increasing provision for the welfare of old people will have to be made to keep pace with their increasing numbers.

As far as the local health authority is concerned, one of the major needs is for the domestic help service and reference to the increased provision in this respect is made later in this report. As in previous years all old people who call upon us for domestic help or other services are regularly visited by health visitors.

The Night Attendant Service run by the Old People's Welfare Committee did not have as many calls made upon it as was expected. In all, night attendants were supplied on some 117 occasions.

The Swindon Old People's Welfare Committee continue to do valuable service and frequently through their street visitors bring to our notice old people who require help from the statutory authority.

During the year the W.V.S. opened a new kitchen and were able to extend their meals-on-wheels service, providing 869 such meals.

The concessionary laundry service for old people provided by a local laundry continued as in previous years and on an average some 35 cases are benefited by it. The more active old people receive concessionary rates from the launderettes.

A chiropody service for old people is run by the Old People's Welfare Committee, but its scope is limited to the most urgent cases. I am convinced that a chiropody service provided through the National Health Service would do much to relieve suffering in old people and by helping to keep them active would considerably reduce the burden of the local health authority and hospital services.

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

At the beginning of 1957 we had the services of one whole time and one part time dentist. The part time dentist resigned on 2/3/57 and the whole time dentist only worked part time from 31/5/57 to 30/11/57 when he finally resigned. This left us with no dental service except three sessions per week supplied by one of the assistant county dental officers. Repeated advertisements with the offer of housing accommodation failed to produce a single application for any of the vacant posts.

Unless dental officers can be recruited one is faced with the fact that in Swindon there will be virtually no local health authority dental service for the priority classes.

The following summarises the dental treatment afforded by the school dental services to expectant and nursing mothers and to children under school age:—

			<i>Examined.</i>	<i>Treated.</i>
Expectant and Nursing Mothers	...	...	69	58
Children under school age	...	...	157	150

CARE OF PREMATURE INFANTS

Number of premature babies born:—

			1956	1957
(i) At home	...	...	28	32
(ii) In hospital or nursing home	...	...	77	92

Number who died during the first 24 hours:—

(i) Born at home	...	...	—	1
(ii) Born in hospital or nursing home	...	...	1	10

Number who survived at end of one month:—

(i) Born at home	...	...	26	28
(ii) Born in hospital or nursing home	...	...	72	74

WELFARE FOODS AND THE SUPPLY OF PROPRIETARY DRIED MILKS, ETC.

Welfare foods are distributed at all child welfare clinics and at the Health Centre. Proprietary foods are available at all such child welfare clinics but not at the Health Centre.

The clinic at Eastcott Hill is open each day for the distribution of these foods but at other clinics distribution only takes place during the child welfare session. It will be seen from the following table that there were during the year quite substantial increases in the quantities of foods issued:—

<i>Welfare Foods.</i>	<i>Health Centre Issues.</i>	<i>Clinic Issues.</i>
National Dried Milk ...	26,651 tins (33,727)	24,191 tins (25,992)
Cod Liver Oil ...	3,063 bottles (4,030)	4,560 bottles (4,927)
Vitamin Tablets ...	2,679 packets (2,591)	2,236 packets (1,891)
Orange Juice ...	35,503 bottles (34,047)	40,134 bottles (29,896)

Figures for 1956 are shown in brackets.

Proprietary Dried Milks, etc.

12,120 sales realising £1,626 1s. 10½d.
1956— 8,068 sales realising £1,042 10s. 11d.

HEALTH VISITORS

The Borough establishment of Health Visitors is one Senior Health Visitor and nine others. During the year we were one short of this establishment and even with the offer of housing accommodation we were unable to fill the vacancy. The health visitors are also school nurses for half their time so the effective strength for health visiting purposes is 4½.

As most families coming into the town have young children, the increasing population outruns our staff of health visitors and with the present establishment it is impossible to maintain a satisfactory standard of home visiting. We have therefore to be rather selective in this respect and concentrate on the families who need most help. We strive to maintain regular supervision of invalid old people, problem families and homes where there are special difficulties.

The advent of poliomyelitis vaccination has necessitated special clinics being held, and this again has limited the health visitor's time available for home visiting.

As in the past two years home accidents attending at the orthopaedic accident hospital are notified to us and the health visitors visit selected homes to ensure that similar accidents, or the cause of them are eliminated. Accidents to children and old people receive special attention, especially burning and scalding incidents. A report on the findings of these investigations is included elsewhere in this report.

The following table shows the number of visits paid by the health visitors in respect of expectant mothers and young children.

Number of visits paid by health visitors (figures for 1956 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.
307 (324)	315 (345)	1,533 (1,403)	3,900 (3,405)	3,593 (3,052)	2,266 (1,241)

Included in "Other Classes" in this table are 1,300 visits to cases of infectious diseases and 407 visits to cases of tuberculosis.

During the year the health visitors paid 315 visits to expectant mothers to investigate their home circumstances.

ACCIDENTS IN THE HOME

The names of all persons attending the Great Western Hospital who are found to have received an injury through an accident in their home are notified to the Medical Officer of Health and a Health Visitor visits selected ones to ascertain how the accident occurred, and to demonstrate how to prevent further accidents.

The table below shows details of the 250 persons in Swindon who sustained accidents in their homes between 1st January and 29th November, 1957.

Age in Years.	Under 1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	Over 65	Not Known
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
Lacerations	— —	11 14	7 6	1 6	1 3	1 2	1 9	— 6	— 2	— 1
Sprains and Bruises ...	1 —	8 11	7 3	1 7	1 7	1 7	2 6	2 17	2 12	— 2
Scalds	— —	10 7	3 5	— 2	— 2	1 2	1 1	— —	2 4	1 3
Burns	1 1	5 12	1 1	— 1	— 3	— 3	— —	— 1	— —	— 1
Other Injuries	— —	— 3	1 —	— —	— —	— —	1 —	— 1	— —	2 —
TOTALS	2 1	34 47	19 15	2 16	2 15	3 14	5 16	2 25	4 18	3 7

It is noteworthy that 84 or one-third of the accidents occurred to children less than 5 years old, and a further 34 to schoolchildren. 49 accidents occurred to adults over 55 years old. As might be expected 174 of the injured were female and only 76 male.

The health visitors' reports show that nearly all these accidents could have been avoided, thoughtlessness and carelessness being the main factors concerned.

The lacerations mainly resulted from careless use of a kitchen knife, opening tins, or breaking glass in the hands. The sprains and bruises were nearly all due to falls, mostly on polished floors.

Half of the burns and scalds occurred in toddlers and school children, the child usually knocking over a cup of tea or pulling a saucepan or kettle off a stove.

MIDWIFERY

During the year the staff of midwives was increased to ten of whom seven were approved as teachers of pupil midwives. Eighteen pupil midwives from the Swindon Maternity Hospital and Bradford on Avon Maternity Hospital received training during the year.

There were no private domiciliary midwives in practice in Swindon.

Domiciliary midwives hold booking clinics as follows:—

81 Bath Road—2nd and 4th Wednesdays in the month at 6 p.m.

Pinehurst Clinic—1st and 3rd Thursdays in the month at 2 p.m.

Penhill Farmhouse—1st and 3rd Tuesdays in the month at 2 p.m.

In addition they attend the local health authority ante-natal clinics at Pinehurst on Fridays and the hospital clinic at Bath Road on Mondays.

If the numbers warrant it, a booking clinic may be required on Walcot Estate during the coming year.

All expectant mothers applying for admission to the Maternity Hospital on social grounds are investigated by the health visitors and their findings are passed to the Consultant Obstetrician. The close co-operation between the hospital and domiciliary midwifery services continues to function most happily.

During 1957 there was a total of 1,826 live births and 45 still births in Swindon. When allowance is made for transfers in and out of the Borough the total births attributable to Swindon was 1,508 live births and 30 still births and of this number domiciliary births totalled 779 live births and four still births. This means that there were 28 more Swindon babies born at home than in institutions—rather a surprising fact in these days when the general tendency is towards institutional births.

ADMINISTRATION OF ANALGESIA

All the midwives employed by the local health authority in Swindon are qualified to administer gas and air and trilene analgesia, and all are equipped with the necessary apparatus.

Trilene analgesia has almost completely replaced gas and air analgesia and it is the impression of the midwives that trilene is simpler to administer and more acceptable to the patients.

The following table gives the number of occasions on which analgesia was employed:—

	<i>Acting as Midwives.</i>		<i>Acting as Maternity Nurses.</i>	
Gas and Air	19	...	9
Trilene	507	...	89
Total	526	...	98

This means that of the total of 783 domiciliary births, analgesia was employed in 624 cases.

	NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR.					
	Domiciliary Cases.					Cases in Institutions.
	Doctor not booked.		Doctor booked.		Totals	
Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either the booked doctor or another).	Doctor not present at time of delivery of child.			
(a) Midwives employed by the Authority	1	4	120	658	783	—
(b) Midwives employed by voluntary organisations:—						
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—	—	—	—
(ii) Otherwise (including hospitals not transferred to the Minister under the National Health Service Act) ...	—	—	—	—	—	—
(c) Midwives employed by hospital management committees or Boards of Governors under the National Health Service Act ...	—	—	—	—	—	944
(d) Midwives in private practice (including midwives employed in nursing homes)	—	—	—	—	—	144

During 1956 there was a total of 695 domiciliary confinements as compared with 532 during 1955. It is anticipated that with the continuing expansion of the town the number will be exceeded during the coming year and will necessitate an increase in the number of midwives employed by the Local Health Authority.

MIDWIVES ACT 1951

In accordance with the provision of the Midwives Act 1951, medical aid was summoned in 131 instances during the year.

VACCINATION AND IMMUNISATION

Facilities for diphtheria and whooping cough immunisation, and vaccination against smallpox, are available for children attending all child welfare clinics. In addition special clinics for this purpose are held at Eastcott Hill and Pinehurst Clinic as required. Parents have the option of having the immunisation done by their family doctor and it would appear that an increasing number are taking advantage of this.

Although these procedures are now generally accepted by the majority of the population it still requires a steady stream of propaganda to ensure a reasonably high level of immunity. It is a regrettable fact that many people think immunisation is no longer necessary because diphtheria and smallpox are so rare. It is only by continuing to have children immunised that this happy state of affairs can exist.

The following table summarises the immunisation and vaccination during the year:—

VACCINATION

	Under 1 year.	1 to 4 years.	5 to 14 years.	15 years and over.	Total.
Primary Vaccination	698	126	74	36	934
Re-Vaccination	—	—	20	151	171
TOTALS	698	126	94	187	1105

IMMUNISATION

Local Health Authority. General Practitioner.

Diphtheria alone:

Number of children who have completed course ...	143	21
Number of children given boosters	414	131

Whooping cough alone:

Number of children who have completed course ...	—	3
--	---	---

Diphtheria and Whooping cough combined

Number of children who have completed course ...	472	566
--	-----	-----

B.C.G. VACCINATION

Vaccination against tuberculosis by B.C.G. vaccine is offered to 13 year old school children, by the Local Health Authority.

This year the acceptance rate to the offer of this vaccination was approximately the same as last year, namely 55%. This is a disappointingly low acceptance rate and even this is only achieved through quite vigorous persuasion on the part of our school medical officers and health visitors.

The following table summarises the position during the year:—

Number of children given initial tuberculin test ...	527	
" " positive reactors	185	35.2%
" " negative reactors	342	
" " children vaccinated	340	64.5%

POLIOMYELITIS VACCINATION

The scheme for the vaccination of children in specified age groups against poliomyelitis was started in 1956, but only very limited quantities of vaccine became available that year.

During the present year vaccine supplies became regular and allowed considerable progress in vaccinating the registered children.

Towards the end of the year, in anticipation of much larger quantities of vaccine becoming available, the Ministry of Health extended the range of people to whom vaccination could be offered and we were asked to accept registration for children born between 1943 and 1957. Expectant mothers, doctors and their families, and ambulance drivers and their families, also became eligible for vaccination.

In Swindon all general practitioners were given the opportunity of vaccinating the patients on their lists who had registered. The response in this respect was most gratifying and in addition several have offered their services on a sessional basis.

The position at 31st December, 1957, was as follows:—

Period 1st January—31st December, 1957

	Number Vaccinated with two injections.	Awaiting Vaccination 31/12/57.
Children born in the years 1943-1946	—	467
Children born in the years 1947-1957	931	2005
Expectant mothers	—	35
General Practitioners	—	52
Ambulance Staff	—	45
TOTALS	931	2604

No. of persons (all groups) who had received one injection only on 31st December, 1957—344.

DAY NURSERY

The only day nursery in Swindon is housed at the Gorse Hill Community Centre. As has been reported previously these premises are unsatisfactory on many counts and could not be made really satisfactory at any cost. A constant watch is being kept for more suitable premises but so far none have been found.

The maximum cost to the parent of maintaining a child in the nursery was during the year reduced from £2 5s. 0d. to £1 5s. 0d. This did lead to an increased demand for places and we were able to accommodate all the "priority cases" who applied and keep the nursery almost up to full capacity with other cases. At times there was a considerable waiting list for places but this tended to fluctuate from month to month.

Meals for the children continued to be prepared at the nursery at a cost substantially below what used to be paid for meals provided by the School Meals Service.

A medical officer visits the nursery weekly to inspect the children and to advise on their health and welfare problems.

The future of the day nursery is at present receiving active consideration by the Committee.

	Number of Nurseries.	Number of Approved Places.	Number of Children on the register at the end of the year.		Average Daily Attendance.	
			0—2	2—5	0—2	2—5
Nurseries maintained by the Council ...	1	25	5	19	4	13

DOMESTIC HELP SERVICE

During the year there was an additional sum of £2,020 provided in estimates for the domestic help service. This is the equivalent of six additional whole time home helps. It has been our policy to employ part time home helps so the number working at any particular time depends on the demands made on the service. We have experienced no difficulty in recruiting home helps and there is usually a substantial waiting list of women desirous of employment as such.

As will be seen from the table given below there was a considerable increase during the year of the number of households given help but the number of hours lost through sickness rose alarmingly. This was due in a large measure to the epidemic of influenza which struck the town during September and October.

In spite of the high sickness rate we were able to supply help to every household needing it although in many instances the number of hours worked had to be curtailed.

Requests for the domestic help service come from many sources and in every instance the house is visited by the Domestic Help Supervisor who assesses the amount of help needed and assists the householder in completing the necessary forms. In many instances it is found that domestic help is not the answer to the problem especially where a person living alone is sick and requires constant nursing and there are no relatives or friends to provide this. In such instances hospital is the only solution and it must be realised that delay in admission may not only add to the patient's suffering but may prejudice recovery.

PROBLEM FAMILIES

The scheme for providing special domestic help services for problem families was employed in two households during the year.

A summary of the work of the domestic help service during the year is given below:—

	1957	1956
Number of domestic helps on books at the end of the year	63	(56)
Number of householders helped during the year:—		
(a) Maternity cases	137	(122)
(b) Other cases	330	(283)
Number of hours of assistance provided during the year:—		
(a) Maternity cases	9,935	(9,701)
(b) Other cases	61,835	(61,747)
Total	71,770	(71,448)
Number of cases in which full fee was not charged	448	(386)
Number of hours lost during year through sickness	15,115	(9,585)

FAMILY PLANNING ASSOCIATION

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

TREATMENT OF INFANTS FOR ORTHOPAEDIC AND OPHTHALMIC DEFECTS

13 children were referred to the Orthopaedic clinic.

83 children were seen by the Ophthalmologist, making 124 attendances.

PREVENTION, CARE AND AFTER CARE

The scheme for prevention, care and after care in Swindon is similar to that for the county as a whole.

During the year convalescent or recuperative holidays were provided for 11 as compared with 13 in 1956.

Other provisions under this heading are referred to in other parts of the report.

INFANT WELFARE CLINICS

A new central clinic is to be built on the Walcot Estate in the coming year and it is hoped it will be ready for use towards the end of the year. As there was urgent need for a clinic on this estate it was decided to hold one session per week in a temporary wooden hut which became available early in the year. Although this hut was small and in bad repair it did provide a make-shift service for most of the year. In November the clinic was moved to Upper Walcot farmhouse which had been altered to provide a temporary Community Centre. Although the premises are not suitable for a permanent clinic they are certainly a great improvement on the wooden hut.

Other clinics remained as before but the Penhill Farmhouse clinic still continues to give rise to complaints because of inaccessibility and inadequate accommodation.

When the additional assistant medical officer took up duties on 19th August, 1957, we were able to dispense with the services of the part time medical officers and were able to have a doctor in attendance at all child welfare clinics.

The table below gives a list of the clinics held and the attendances made:—

Centre.	Day and Time, 2—4 p.m.	Number of Consultations with Doctor.	Number of Attendances.
61, Eastcott Hill	Wednesday and Friday ...	1,634	4,390
Beech Avenue, Pinehurst	Tuesday	863	2,315
Gorse Hill	Wednesday	568	2,248
Rodbourne Cheney	Monday	553	1,961
Bath Road	Friday	533	1,780
Penhill	Tuesday and Thursday ...	1,098	3,833
Walcot	Thursday	113	1,277

HEALTH CENTRE

DENTAL DEPARTMENT

Dental Surgeons	2	Dental Receptionists	1
Dental Technicians	3	Dental Attendants	2

During the year there were 11,073 attendances for treatment and the following work was carried out:—

Scalings and Gum Treatments.	Fillings.		Extractions.	X-rays.	Dentures.	
	Amalgams.	Plastic.			Repairs.	Manufactured.
498	2,491	515	4,092	532	885	780

PHARMACY

The Pharmacy dealt with 102,758 prescriptions during the year.

CARE OF EXPECTANT AND NURSING MOTHERS

ANTE AND POST NATAL CLINICS

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

Beech Avenue	Fridays	1.30 to 4 p.m.
Bath Road	Mondays	1.30 to 4 p.m.

	1956	1957
Number of women who attended these clinics during the period ...	557	566
Number of attendances made during the period	2,633	2,353

HOME NURSING

During the year the establishment of domiciliary nurses was increased to 8 and the table below summarises the work carried out by them:—

	<i>No. of Cases.</i>
Respiratory diseases (excluding tuberculosis)	188
Digestive diseases	87
Heart and Arteries	132
Veins and other circulatory diseases	22
Genito-urinary	39
Skin	102
Ear, Eye and other sense organs	25
Cancer (and other neoplasms)	30
Cerebral lesions of vascular origin	37
Infectious and parasitic diseases	147
Diabetes	33
Injuries	13
Tuberculosis	9
Bones and organs of movement (mainly rheumatism)	33
Pregnancy	41
Mental and other nervous diseases	11
Other diseases or ill defined	494
Preparation for x-ray examination	52
Total number of cases	1,495

in respect of which 24,182 visits were made.

PROVISION OF NURSING EQUIPMENT AND APPARATUS

The medical loan depot housed at the Health Centre continues to have regular demands made on it for nursing equipment and apparatus.

A summary of the equipment issued is given below:—

<i>Appliance.</i>	<i>No. Issued on Payment.</i>		<i>No. Issued on Free Loan</i>	
	<i>(New Issues).</i>		<i>(New Issues).</i>	
	1957	1956	1957	1956
Bed Pans (including 5 rubber pans)	566	483	—	1
Waterproof Sheets	519	448	1	2
Bed Slippers	13	10	—	—
Bed Rests	47	60	1	3
Crutches (pairs)	11	11	—	3½
Air Beds	4	3	—	—
Diabetic Spring Balances	2	—	1	1
Urinals	25	46	1	—
Bed Cradles	16	17	3	1
Hot Water Bottles	2	1	—	—
Sick Feeders	3	4	—	—
Air Rings	86	86	1	—
Steam Kettles	—	2	—	—
Invalid Chairs	53	37	—	—
Walking Sticks	—	3	—	—
Bed Tables	1	3	1	1
Commodos	4	1	—	—
Dunlopillo Mattresses	1	1	—	—
Inhalers	—	—	—	—
Electric Blankets	—	—	—	—
Guthrie Smith Chair	—	—	—	—

Hire payments received on appliances during the year ended 31/12/56	£	s.	d.
Hire payments received on appliances during the year ended 31/12/57	82	16	11
	89	6	4

JAMES URQUHART.

Mental Health Services

(1) ADMINISTRATION.

(a) *Staff.*

The medical officers have carried out numerous examinations, including those for the initial ascertainment of mental defectives and the completion of application forms for vacancies in mental deficiency hospitals, medical certificates required when patients' orders are due for reconsideration and annual reports on mental defectives under guardianship.

The Mental Health Supervising Officer and the mental health officers are all duly authorised to take proceedings under the Lunacy, Mental Treatment and Mental Deficiency Acts.

Appendix D shows the mental health officers and the areas for which they are responsible.

If the officer or deputy of a particular area is not available, contact is made with the officer in the adjoining area and there is little delay in visiting mentally ill patients. During evenings, week-ends and holidays mental health officers are available in the Salisbury and Swindon districts, and are contacted through the appropriate Ambulance Station (Telephones: Salisbury 2488 and Swindon 3436). The Trowbridge-Devizes, etc., and Chippenham, etc., areas are combined—a rota of officers on duty being given to the Superintendent of the Bradford on Avon Ambulance Station (Tel.: Bradford on Avon 2271), to whom all initial enquiries should be made. This means that a doctor wishing to arrange the urgent admission of a patient to a mental hospital has no difficulty in contacting a mental health officer and prompt action can be taken at any time. The police are always helpful and ready to assist with difficult patients.

The following table shows the ratio between cases dealt with during and after normal office hours by the mental health officers and their deputies:—

	<i>During office hours.</i>	<i>After office hours.</i>	<i>Total.</i>
Admitted to hospital	546	220	766
Other visits paid (including after care) ...	1,557	182	1,739
	—	—	—
	2,103	402	2,505
	—	—	—

The staff of the four occupation centres for mental defectives are also given at Appendix D.

(b) *Co-ordination with Regional Hospital Boards.*

During the year 253 patients residing within the Wiltshire catchment area of the Old Manor Hospital, Salisbury, were admitted to that hospital, 806 patients from other parts of the County to Roundway Hospital, Devizes, and 39 patients to other hospitals.

The catchment area of the Old Manor Hospital now includes part of Hampshire. Admissions from this area and the County Borough of Bournemouth totalled 92, of whom 3 died and 31 were discharged. The following summary shows the further action taken by the mental health officers at Salisbury in respect of the remaining 58 patients:—

	Certified.		Temporary.		Voluntary.		Total.
	M.	F.	M.	F.	M.	F.	
Transferred to—							
Park Prewett Hospital, Basingstoke	8	9	1	3	1	10	32
St. Andrew's Hospital, Northampton	1	—	—	—	—	—	1
Banstead Hospital, Surrey	1	—	—	—	—	—	1
Raunceby Hospital, Lincolnshire	—	1	—	—	—	—	1
Hollymoor Hospital, Birmingham	1	—	—	—	—	—	1
Horton Hospital, Epsom	1	—	—	—	—	—	1
Menston Hospital, Leeds	—	1	—	—	—	—	1
Holloway Sanatorium, Virginia Water	—	1	—	—	—	—	1
Herrison Hospital, Dorchester	—	1	—	—	—	—	1
Shenley Hospital, St. Albans	—	1	—	—	—	—	1
Remained at—							
The Old Manor Hospital, Salisbury	—	2	1	—	5	9	17
	12	16	2	3	6	19	58

Psychiatric out-patient clinics attended by the members of the staff of Roundway Hospital are held at Devizes, Swindon, Trowbridge, and on the 6th December, 1957, a clinic was opened at Chippenham. Similar clinics attended by the staff of the Knowle Mental Hospital Group are held at the Old Manor Hospital, Odstock Hospital and Salisbury General Infirmary.

Psychiatric social workers employed by the hospital management committees supervise patients on trial or boarded out from mental hospitals and give after-care to discharged patients on behalf of the local health authority.

Selected patients discharged from the Old Manor Hospital, Salisbury, have been referred to the mental health officers in the Salisbury area since 1954 and thirteen new patients were referred during 1957. In this area eighty-one after-care visits were made during the year.

This referral of selected patients has now been extended to patients discharged from Roundway Hospital and ten were referred during the year.

I should like to emphasise the good relationships with the hospitals serving Wiltshire in the Oxford, South Western and South West Metropolitan Regions. As well as with the mentally ill, there is excellent co-operation in the care of the mentally sub-normal. Psychiatric social workers from Pewsey Hospital make enquiries before patients are placed on prolonged licence. Some of these patients are thereafter visited by the mental health officers, who also make periodic reports on patients living in Wiltshire who are on licence from other mental deficiency hospitals. They have also made many reports on the home conditions of defectives in hospital:—

- (1) when holidays or prolonged licence are being considered,
- (2) in respect of applications for the discharge of patients' orders under the Mental Deficiency acts, and
- (3) when the renewal of orders is due for consideration by the Visitors under Section 11 of the Mental Deficiency Act, 1913.

(c) *Voluntary Visitors.*

Reports on 35 mentally sub-normal patients under supervision have been received at half-yearly intervals from 23 voluntary visitors who acted for the Wiltshire Voluntary Association for Mental Welfare until the implementation of the National Health Service Act, 1946.

(d) *Training of Staff.*

One of the Occupation Centre supervisors and one of the assistant supervisors continued with

the "In-Service" Diploma Course for Teachers of the Mentally Handicapped (in occupation centres and mental deficiency hospitals or in their own homes) at Bristol, which they commenced in October, 1956.

(2) WORK UNDERTAKEN IN THE COMMUNITY.

(a) *Section 28—National Health Service Act, 1946.*

Of the discharged service patients referred to the Local Health Authority in accordance with Ministry of Health Circular 146/48, only the three cases reported during the year remained current.

(b) *Lunacy and Mental Treatment Acts, 1890-1930.*

For the last five years the total number of cases dealt with by the duly authorised mental health officers was:—

1953	1954	1955	1956	1957
481	552	613	639	766

In view of the steady increase in the number of admissions to hospitals by the mental health officers, particularly in the Swindon area (281 in 1956, 340 in 1957), and the number of visits from ex-patients to the Swindon office, provision was made in the estimates for an additional deputy mental health officer for the Swindon area. Provision has also been made in the estimates for 1958/59 for the appointment of a mental health worker for the Trowbridge area to assist in the social work in connection with mental deficiency and after care of persons suffering from mental illness.

The following is a summary of cases dealt with during 1957:—

Area	Certified			Temporary			Voluntary			Sections 20 and 21			Totals		Grand Totals.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	
Trowbridge, Devizes, etc. Warminster	6	4	10	—	—	—	25	47	72	22	37	59	53	88	141
Salisbury...	—	2	2	—	—	—	19	23	42	32	41	73	51	66	117
Swindon ...	2	2	4	1	—	1	96	176	272	22	41	63	121	219	340
Chippenham ...	—	4	4	—	—	—	28	38	66	12	34	46	40	76	116
AREA TOTALS ...	8	12	20	1	—	1	168	284	452	88	153	241	265	449	714
Certified at Roundway Hospital	11	11	22										11	11	22
Certified at The Old Manor Hospital	12	10	22										12	10	22
Made Temporary Patients at the Old Manor Hospital				2	6	8							2	6	8
GRAND TOTALS	31	33	64	3	6	9	168	284	452	88	153	241	290	476	766

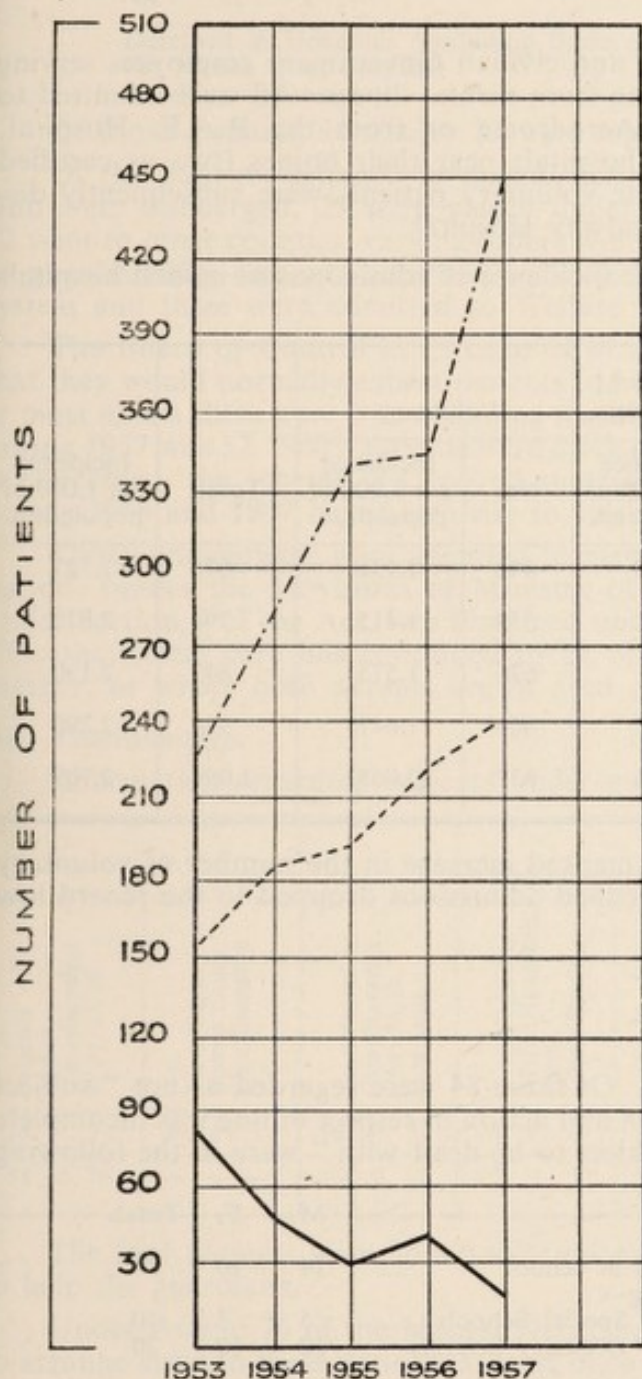
Of the 241 cases admitted under Sections 20 and 21, 200 were extended under Section 21a.

The following is a summary of the further disposal of patients admitted to Hospitals under Section 20 or Section 21:—

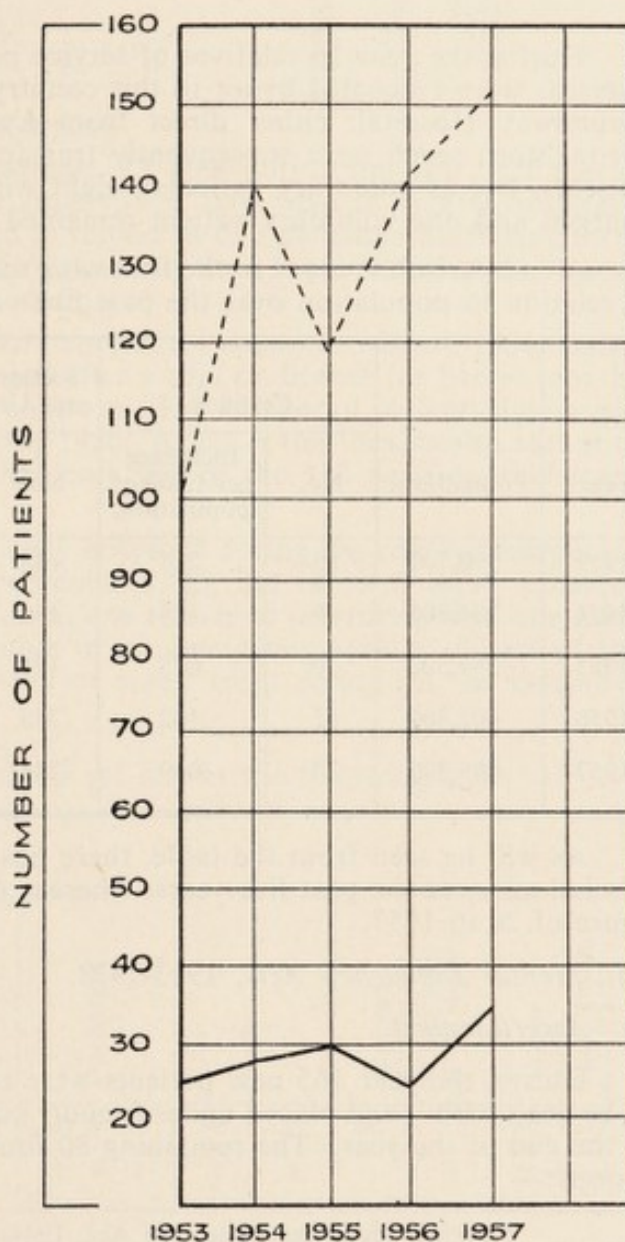
	M.	F.	Total.	Percentage.
Certified	17	17	34	14.10
Temporary patients	2	6	8	3.32
Voluntary patients	48	104	152	63.07
Discharged	17	16	33	13.70
Died	4	10	14	5.81
	88	153	241	

The following Graph (A) shows the types of hospital admission arranged by the mental health officers over the past five years. The next Graph (B) shows Section 20 patients during the last five years who were subsequently certified or became voluntary patients:—

GRAPH 'A'



GRAPH 'B'



SECTION 20 PATIENTS
CERTIFIED

SECTION 20 PATIENTS
BECOMING VOLUNTARY

CERTIFIED

SECTION 20

VOLUNTARY

TRANSFERS.

The following is a summary of the patients transferred by mental health officers:—

	M.	F.	Total.
From private mental hospitals to health service mental hospitals ...	3	10	13
From health service mental hospitals to health service mental hospitals	4	13	17
	7	23	30

During the year 16 relatives of service personnel and civilian Government employees serving overseas were evacuated by air to this country suffering from mental illness. All were admitted to Roundway Hospital, either direct from Lyneham Aerodrome or from the R.A.F. Hospital, Wroughton; seven were subsequently transferred to hospitals near their homes (two as certified patients, five as voluntary patients), eight who became voluntary patients were subsequently discharged and one voluntary patient remained at Roundway Hospital.

A comparison is made in the following table of the incidence of admissions to mental hospitals in relation to population over the past five years.

Year.	Population.	Certified.		Sections 20 and 21 and Urgency orders.		Voluntary.		Total.	Incidence per 1,000 of population.
		No.	Incidence per 1,000 of population.	No.	Incidence per 1,000 of population.	No.	Incidence per 1,000 of population.		
1953	390,700	85	.218	148	.378	442	1.131	675	1.727
1954	394,800	49	.124	186	.471	559	1.415	794	2.010
1955	397,500	30	.075	191	.48	626	1.575	847	2.130
1956	402,800	41	.102	218	.541	664	1.647	923	2.290
1957	405,300	20	.049	241	.594	837	2.065	1,098	2.709

As will be seen from the table, there has been a marked increase in the number of voluntary admissions over the past five years, whereas direct certified admissions dropped to the record low figure of 20 in 1957.

(c) *Mental Deficiency Acts, 1913-1938.*(i) *Ascertainment.*

During the year 165 new patients were reported. Of these 84 were regarded as not "subject to be dealt with" and placed under friendly supervision and action in respect of one was incomplete at the end of the year. The remaining 80 found "subject to be dealt with" were in the following groups:—

	M.	F.	Total.
Notified under the Education Act, 1944.			
Section 57 (3)—Incapable of receiving education at school ...	14	10	24
Section 57 (5)—Requiring supervision on leaving—			
Special Schools ...	5	5	10
Ordinary Schools	10	10	20
Reported from Other sources:			
(a) Transferred from other counties ...	4	2	6
(b) Representation from parent or guardian ...	6	10	16
(c) Police and Courts ...	2	2	4
	41	39	80

Of the above, three cases were notified under Section 57 (3) and three under Section 57 (5) of the Education Act, 1944, by the Borough of Swindon Excepted District.

Thirty persons were admitted to mental deficiency hospitals during the year, ten at the instance of their parents under Section 3 of the principal Act, four by the Courts under Section 8 (1) (b) of the Act, and 14 petitions were presented in accordance with Section 6, two were admitted by varying order from guardianship.

The following is a summary of Wiltshire patients detained in mental deficiency hospitals, on licence therefrom or who were awaiting admission at the end of the year:—

	M.	F.	Total.
Detained in Hospitals (excluding those on licence)	343	336	679
On licence from hospitals	22	26	48
Awaiting vacancies	18	18	36

Of those awaiting admission 22 were regarded as urgent.

Of the patients detained in mental deficiency hospitals, 13 died during the year. Of the 52 who were discharged, 29 were placed under friendly supervision, two were in mental hospitals, 12 went to other counties, varying orders were obtained in respect of two patients transferring them to guardianship, one was admitted to West Stowell House, three were re-admitted to the school system and three were admitted to Welfare accommodation.

The Board of Control in Circular H.M. (56) 25 and enclosures issued in March, 1956, stated that they would normally expect patients to be discharged after a trial on licence for twelve months at most unless there were overwhelming reasons to the contrary. The number of patients discharged during 1957 was 52. Sixty patients were discharged during 1956. As far as this local health authority is concerned, the scheme has proved successful, in that only five of the 112 patients discharged during 1956 and 1957 have given rise to any anxiety.

Thirty-one patients were admitted to mental deficiency hospitals during the year for temporary periods (under the provisions of Ministry of Health Circular 5/52), but three of these remained under Section 3 of the Act, two remained under Section 6, one remained informally and one died. This short-term care has continued to be of great value in an emergency such as illness of the mother, or where both parents are in need of a holiday or a rest from caring for the defective.

(ii) *Guardianship.*

Information regarding patients under guardianship is set out in the following table:—

Patients under Guardianship at 31/12/56	New Cases placed under Guardianship	Varying Orders			Discharged	Deaths	Admitted temporarily on licence to M.D. Hospitals	Patients under Guardianship at 31/12/57
		Transferred to Guardianship from M.D. Hospitals	Transferred to M.D. Hospitals from Guardianship	Transferred to new Guardian				
M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
31 45 76	— — —	— 2 2	1 1 2	1 1 2	1 6 7	1 0 1	1 3 4	28 40 68

The four patients were admitted temporarily on licence to mental deficiency hospitals mainly to help the guardians.

Under Article 76 of the Mental Deficiency Regulations, 1948, the local health authority have to arrange visits to these patients at least once in each year by one of the medical officers, a medical practitioner with experience in mental deficiency, and at intervals of not more than six months by one of the mental health officers. The medical officers have seen these patients during 1957 and have entered in the guardianship book kept by each guardian particulars of each patient's mental and physical condition, with any other observations thought necessary. The mental health officers have seen these patients where possible at about three monthly intervals and more frequently where it has been desirable for any particular reason, and on each visit have entered in the guardianship book particulars of the patient's progress, circumstances and care.

The Wiltshire cases under guardianship outside the County have been visited for these purposes on our behalf by officers for the area in which they live and we have reciprocated by visiting other authorities' cases living in Wiltshire.

The majority of the patients under guardianship receive financial assistance from the National Assistance Board, although additional help has been given for some by the local health authority making grants towards clothing.

(iii) *Supervision.*

At the end of the year 544 patients were under statutory supervision. During the year 153 were subject to the biennial review instituted six years ago and, as a result of this review, 12 were transferred to friendly supervision and three were removed completely from the supervision list. Five other patients were transferred to friendly supervision and one removed from the list, although not actually due for review. Five patients died and 22 removed from the area. Four patients were admitted to mental hospitals, and three of the patients who were admitted in 1956 are still there.

There were 365 patients under friendly supervision at the end of the year and during the year 20 were removed from supervision and five removed from the area. Three patients married during the year.

These patients have been visited at six-monthly intervals as far as possible, or more frequently if necessary.

(iv) *Training.*

At the end of the year 128 persons were attending the four occupation centres in the County.

The Centre at Chippenham is held daily at the Liberal Hall, Station Hill, from 9.30 a.m. to 3.30 p.m., and there were 10 males and 16 females on the register at the end of the year. Open days were held in March, July and December, and the annual outing in June was to the Bristol Zoo. There was also the usual Christmas Party.

Swindon Centre continues at 81, Bath Road, and is open from 9.30 a.m. to 3.30 p.m. There were 15 males and 20 females on the register at the end of the year. As stated in the 1956 report, the present accommodation is most inadequate and the waiting list is increasing as the population of Swindon grows. A site has been obtained and it is hoped that sanction will be obtained soon for the building of this new Centre. The Swindon branches of the W.V.S. and Townswomen's Guild continue to take an active interest in this Centre. The W.V.S. provide escorts for the vehicles bringing the children to the Centre and some of the members assist during emergencies and on special occasions. Two outings took place to Clevedon and Castle Combe. An open day was held in November and visits were paid to the Centre by the Townswomen's Guild's Social Services Group and St. Barnabas Young Wives Group. Two Christmas parties were held in December.

Seven children under statutory supervision, for whom there is no room at the occupation centre, are attending a small voluntary centre on two days a week.

The Centre at Salisbury is held daily at Exeter House, Exeter Street, from 9.30 a.m. to 3.30 p.m. There were 12 males and 16 females on the register at the end of the year. The annual outing was arranged to Sandbanks and in June, 12 of the senior children went to London by train and then by boat to Greenwich. In December a parents' day was held and the usual Christmas party.

The Centre at Trowbridge is held at the Zion Baptist Chapel Schoolroom from 9.30 a.m. to 3.30 p.m., and there were 28 males and 10 females on the register at the end of the year. Outings to Sandbanks and Bristol Zoo were arranged in July and a Harvest Festival was held in September. In December a concert and Nativity play was presented to about 60 parents and friends and the Christmas party was held at the end of the term.

Arrangements are in hand to obtain a site in Trowbridge already in the possession of the County Council, on which it is hoped to build a new occupation centre in the near future.

At each centre milk is supplied to those under 16 years of age, in accordance with the milk in schools scheme. By arrangement with the school meals service, hot midday meals are provided at a cost of 1/- a meal, the balance being paid by the Local Health Authority. In certain cases of hardship defectives are provided with meals free or at half the normal rate.

Routine medical and dental inspections have been carried out at each centre.

The cost of transport continues to be one of the main problems in getting defectives into occupation centres and amounted to £5,525 in 1957.

(v) *Home Teaching.*

The home teaching scheme in the North of the County has now become established. Miss Bannister's centre remains at Chippenham and 33 mentally sub-normal persons are receiving weekly lessons and three fortnightly lessons. These include speech training, sense training, musical movement with the aid of gramophone records, handwork in the form of stool weaving, embroidery, rug-making, etc. During the year, group training has been increased and groups are held at Corsham, Chippenham, Malmesbury and Swindon, which has enabled more children to have the benefit of the home teaching scheme. Eight of these children in the Chippenham area accompanied the children from the Chippenham Occupation Centre to the Bristol Zoo in June and thoroughly enjoyed themselves.

The Malmesbury Group were entertained to tea by the members of the Malmesbury Youth Centre on the 19th December and in addition each child received a present. Our thanks are due to Mr. Cartmell for making the excellent arrangements.

The mothers of the children in the Swindon group also made it possible for this group to have a party on the 20th December and in addition each child received a present. The party was thoroughly enjoyed and the children were delighted with their presents. Apart from these events, the home teaching scheme has continued to serve a very useful purpose in training children who are unable to attend an occupation centre.

In addition, the Deputy Mental Health Officer at Pewsey gives home teaching to seven patients. This is not a very satisfactory arrangement, as often home teaching appointments have to be cancelled owing to the need to deal with urgent cases of mental illness.

In addition to the mentally sub-normal attending occupation centres and receiving home teaching, there are still a number living in the community who, although suitable for attendance at an occupation centre or for home teaching, are not within reach of either.

ROYAL COMMISSION ON THE LAW RELATING TO MENTAL ILLNESS AND MENTAL DEFICIENCY,
1954-1957.

On the 20th February, 1954, the Government appointed a Royal Commission to enquire into the law governing the certification, detention, care, absence on trial or licence, discharge and supervision of persons suffering from mental illness or mental deficiency. Their report was published and presented to Parliament in May, 1957; it is of outstanding social significance.

The Royal Commission saw its main problem as a fourfold one:—

- (1) What kind of care ought to be provided for people who are suffering, temporarily or permanently, from various forms of mental illness or disability?
- (2) Who should be responsible for carrying it out?
- (3) Are there some cases in which patients ought to be compelled to accept care, or be subject to detention while under care, either for their own good or other people's?
- (4) If there are, to ensure that the necessary powers are not misused.

The Royal Commission recommend that local authorities should be responsible for preventive services and for all kinds of community care for patients not in hospital. This involves the provision of day-time or residential training centres and social centres, accommodation in private homes, or places run by voluntary societies, for many types of patients—including old people with mild mental infirmity; and the provision of general social help and advice to patients of all types and all ages, and to their relatives.

For hospital care the Royal Commission advocate voluntary admission to greatest extent possible and the avoidance of watertight compartments between different kinds of patient.

It is considered essential that medical officers of health should take a personal interest in this work and have suitably experienced medical officers and social workers on their staff. In developing these services the local authorities have a major part to play in the prevention and relief of all forms of mental disorder.

The Royal Commission's proposals for a new classification of the mentally ill and new procedure for compulsory admission to hospital would necessitate new legislation, the total repeal of the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts and the amendment of other Acts.

Tuberculosis

The responsibility of the County Council with regard to tuberculosis relates to prevention and after-care. Diagnosis and treatment is the responsibility of the three regional hospital boards covering the county.

NOTIFICATIONS AND DEATHS

The following table shows the number of primary notifications of pulmonary and non-pulmonary tuberculosis and the number of deaths from pulmonary and non-pulmonary tuberculosis from 1948 to 1957:—

Year	Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis		Totals		Population
	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	
1948	299	108	105	23	404	131	347,400
1949	315	91	111	12	426	103	350,600
1950	288	94	68	8	356	102	381,860
1951	316	68	87	10	403	78	392,400
1952	250	63	65	12	315	75	388,500
1953	329	41	49	10	378	51	390,700
1954	223	35	79	14	302	49	394,800
1955	212	31	38	1	250	32	397,500
1956	176	23	32	3	208	26	402,800
1957	203	36	39	5	242	41	405,300

From 1950 the population figure includes both civilians and members of the armed forces stationed in the area.

Notifications.

The 1957 notifications are analysed in the following table:—

	Age Groups													TOTAL
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
Pulmonary Males	—	—	2	1	2	2	6	22	20	17	22	18	3	115
Pulmonary Females	—	1	1	5	9	10	9	27	13	5	3	5	—	88
Non-Pulmonary Males	1	—	—	3	—	1	2	4	1	—	1	—	1	14
Non-Pulmonary Females	—	—	4	2	1	1	5	4	1	3	—	—	4	25
TOTALS ...	1	1	7	11	12	14	22	57	35	25	26	23	8	242

Most pulmonary cases occurred in the age groups 25-65 and the disease occurred most frequently in persons between 25-35.

Again in 1957 pulmonary tuberculosis was more predominant in males than females, although not to the same extent as in 1956.

In addition to the primary notifications information was received of 87 other cases of tuberculosis, representing 78 transfers in from other counties, 7 cases which were not notified during life but were discovered from the death returns, and 2 cases notified posthumously. In the case of the non-notified deaths and posthumous notifications special attention was paid to the examination of the contacts.

No outbreak of tuberculosis occurred through infected milk.

Deaths.

During 1957 there were 41 deaths from tuberculosis, 36 pulmonary and 5 non-pulmonary, compared with 26 in 1956.

Although this increase in the number of deaths from tuberculosis is contrary to the general decline in recent years, the number is lower than in any year before 1955. The increase of 15 deaths in 1957 was spread over the age groups 25-75. The main increase occurred between the ages of 25-45, the figure in this age group being double that of the previous year. The following table shows, however, that nearly one-third of the deaths occurred in persons aged 65 or over and a little more than one-third in persons between 45-65.

Age Group	Number of deaths from—		Total Deaths
	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	
1— 5	—	1	1
25—45	11	2	13
45—65	15	—	15
65—75	9	1	10
75—	1	1	2
TOTALS ...	36	5	41

The corrected death rate from all forms of tuberculosis for 1957 was 0.101 per thousand of the population compared with 0.064 in 1956. The pulmonary death rate was 0.089 per thousand of the population and the non-pulmonary death rate was 0.012.

The provisional death rate for England and Wales from all forms of tuberculosis in 1957 was 0.107 per thousand of the population as compared with 0.121 in 1956.

The tuberculosis death rate in Wiltshire is therefore still below the national rate in spite of the increase in the number of deaths in 1957.

Notification and Death Rates.

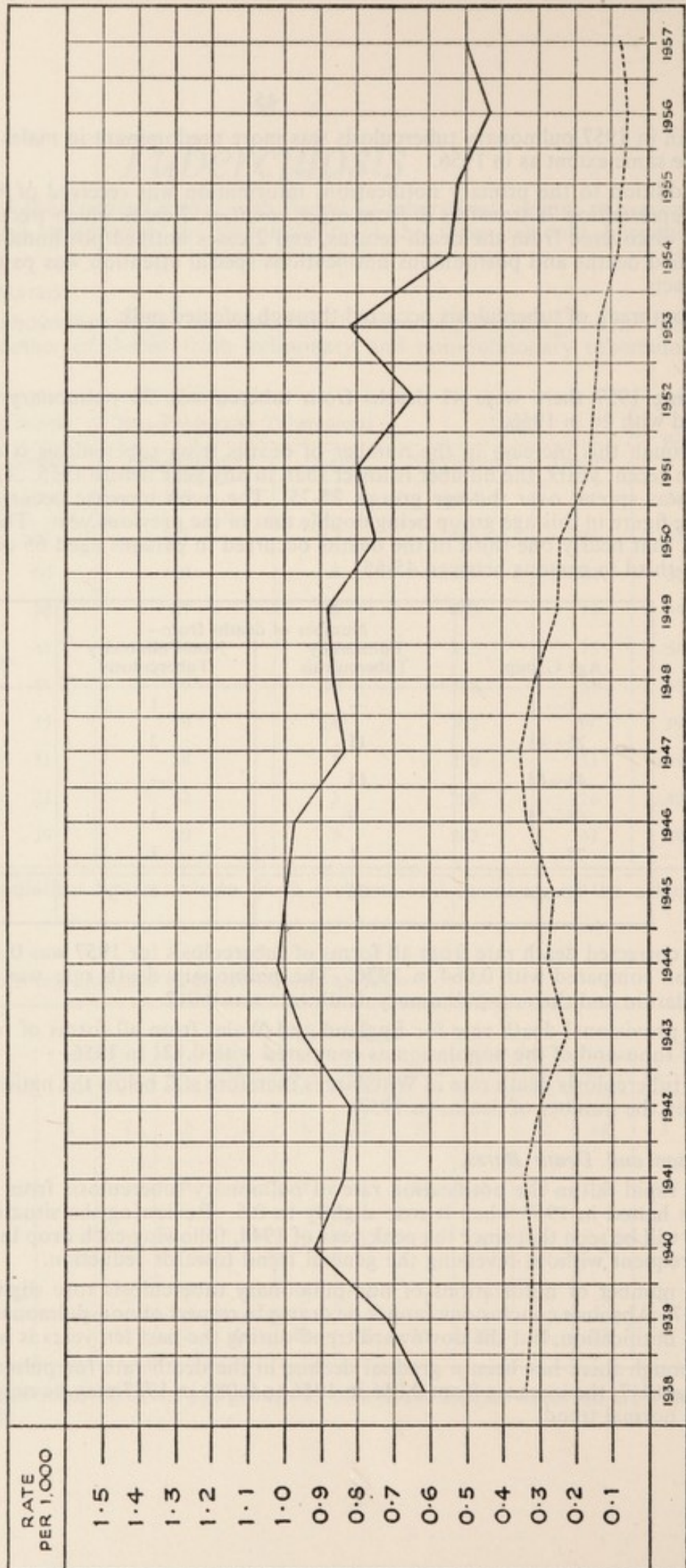
The rapid fall in the notification rate of pulmonary tuberculosis from 0.83 in 1953 to 0.42 in 1956 was halted in 1957 when it rose slightly to 0.5. Reviewing the situation as illustrated in the graph, it will be seen that since the peak year of 1944, following each drop in the rate, a rise has not been infrequent without reversing the general trend towards reduction.

The number of notifications of non-pulmonary tuberculosis rose slightly from 32 in 1956 to 39 in 1957. Absolute conclusions cannot be drawn in respect of non-pulmonary tuberculosis owing to defective notification, but the downward trend during the past ten years is not in doubt.

Although there has been a gradual decline in the death rate for pulmonary tuberculosis each year since 1947, the increase from 0.056 in 1956 to 0.089 in 1957 may be only a temporary deviation from the normal trend.

PULMONARY TUBERCULOSIS
NOTIFICATION AND DEATH RATES, 1938—1957
WILTSHIRE

— Notification rate per 1,000 population.
 Death rate per 1,000 population.



CASES OF TUBERCULOSIS REMAINING ON THE CLINIC REGISTERS.

It will be seen from the following table that the total number of cases of tuberculosis remaining on the clinic registers continues to increase. This is the logical outcome of the successful use of modern drugs. Patients who, before the introduction of these measures, would have died earlier, now live longer and require continued clinic supervision. It will be noticed that since 1950 the number of pulmonary cases remaining on the clinic registers has increased by 500 which represents approximately the number of lives saved in the last 7 years. It will be seen also that while the number of pulmonary cases remaining on the clinic registers has increased, the number of non-pulmonary cases has decreased. The reduction of infection by drug treatment of patients and the control of milk supplies probably accounts for this.

The percentage of pulmonary patients with positive sputum in 1957 was 3.3 per cent. compared with 3 per cent. in 1956.

Year	Cases remaining on Register			Number of patients sputum positive (last 6/12 of year)	Visits paid by health visitors
	Pulmonary	Non-Pulmonary	Total		
1949	1,300	410	1,710	129	1,077
1950	1,416	434	1,850	132	1,091
1951	1,494	418	1,912	128	2,000
1952	1,481	320	1,801	98	1,350
1953	1,618	297	1,915	101	1,214
1954	1,687	302	1,989	88	1,270
1955	1,755	283	2,038	76	1,713
1956	1,882	280	2,162	57	1,738
1957	1,951	288	2,239	64	2,488

HOME VISITING.

The chest physicians paid many visits throughout the year to the homes of tuberculous patients who were unfit to attend the clinics and were also called in by general practitioners and hospital consultants for an opinion on cases with non-tuberculous chest conditions including carcinoma of the lung.

Tuberculous patients on the clinic registers are visited by the health visitors at approximately yearly intervals mainly to ensure that contacts attend regularly and that the advice given at the chest clinic is followed especially in the prevention of infection. Sputum positive patients receive more frequent visits.

EXAMINATION OF CONTACTS.

The number of contacts of tuberculous patients seen for the first time in 1957 was 884, 23 fewer than in the previous year, even though the number of new cases of tuberculosis notified in 1957 was higher than in 1956. The analysis of those contacts examined at the clinics in 1957 is shown in the following table:—

	M.	W.	C.	Total	Percentage
Diagnosed as tuberculous	1	4	7	12	1.3
Non Tuberculous	166	191	425	782	88.5
Diagnosis not completed by 31/12/57	27	25	38	90	10.2
TOTALS	194	220	470	884	100.0

At the request of the Ministry of Health the following table is given showing the number of contacts examined per notified case of tuberculosis in recent years:—

Year	Number of Notifications	Number of Contacts examined	Number of Contacts examined per notified case
1949	426	547	1.3
1950	356	635	1.8
1951	403	735	1.8
1952	315	781	2.5
1953	378	776	2.0
1954	307	726	2.4
1955	250	815	3.2
1956	208	907	4.4
1957	242	884	3.6

HOUSING.

The provision of satisfactory housing is an important measure in the control of tuberculosis and the co-operation of the district councils and their medical officers in this matter is greatly valued. Tuberculous patients who apply to their local council for housing accommodation can obtain a certificate according to the severity of their illness from the chest physicians in support of their application, and during the year 55 applications were supported in this way. The following is a summary of the position since 1949:—

Certificates issued since 1949	...	612	
Number of patients rehoused	...	383	(63%)
Number of applications withdrawn	...	175	(28%)
Number remaining to be rehoused at the end of 1957	...	54	(9%)
Total	...	612	

GENERAL AFTER-CARE WORK

Free milk was supplied to necessitous patients and sputum flasks were provided in certain cases.

The British Red Cross Society have continued to help the tuberculous patient whenever possible; for instance, they provided an escort at very short notice for a child of eleven who had to be transferred by train to a hospital at Liverpool.

DIVERSIONAL THERAPY.

Since the start of this scheme for the supply of handicraft materials and instruction to tuberculous patients in their homes 192 patients have been referred by the chest physicians to the British Red Cross Society who organise the scheme on behalf of the County Council. Twelve new cases were added during the year and at the end of the year 38 patients were participating.

CO-OPERATION WITH CHILDREN'S OFFICER

Close co-operation continues in connection with persons who apply for legal adoption and boarding-out of children. In cases which are known to the chest physicians, appropriate advice as to whether or not the applicants are medically fit to have the care of children is given.

EMPLOYMENT OF TUBERCULOUS PATIENTS

Many enquiries are received from employers about patients' working capacity and, with the patient's consent, co-operation is maintained with employers including the Civil Service, the Forces and the Ministry of Labour. The family doctor is kept informed of any opinion which is given to an employer regarding a patient's capacity for work.

TUBERCULOSIS IN SCHOOLS.

During the year pulmonary tuberculosis was reported in a member of the staff of a Wiltshire school, and in two pupils at two other Wiltshire schools.

Arrangements were made in conjunction with the chest physician for investigation at the schools concerned with a view to tracing the possible source of infection, or other infected cases.

Case No. 1.

While investigating the source of tuberculous infection in a boy aged 3, the chest physician discovered that a cousin, aged 13, was suffering from active and open pulmonary tuberculosis and this child was admitted to a sanatorium.

Her contacts at school were tuberculin tested. In 9 of these the test was positive and the x-rays of 3 showed slight lung involvement for which they received home treatment. A child from another class in the same school who was a friend of the infected case was also tested and found to require home treatment. The 4 cases who received home treatment were non-infectious.

Case No. 2.

The child concerned was discovered by mass radiography to have pulmonary tuberculosis and was admitted to hospital.

Thirty-two contacts in her class were tuberculin tested, 11 of whom had positive reactions. Ten of these were examined at the chest clinic but no evidence of tuberculosis was found.

Case No. 3.

The teacher concerned gave up teaching to undergo treatment, and 157 contacts at school were tuberculin tested. Forty-five had a positive reaction and were offered x-ray. The x-rays of two of the children were not satisfactory. One attended the chest clinic; the other was already under investigation at a Bristol hospital. No evidence of tuberculosis was found in either case.

PROTECTION OF CHILDREN FROM TUBERCULOSIS.

Entrants to the staff of the County Council whose work will bring them in close contact with groups of children are required to have a chest x-ray besides medical examination before their appointment is confirmed. In 1957 no applicants for such posts were rejected owing to an unsatisfactory chest x-ray. Appointments for chest x-ray were offered to staffs at schools in the areas visited by the mass radiography units.

Chest x-ray examination by mass radiography was also offered to existing staff at 7 out of 13 children's homes and day nurseries. Those homes which were missed in 1956 were covered in 1957, apart from those in the Swindon area which was not visited by the mass radiography service during the year.

SPECIAL CASE FINDING SURVEY IN WHOLE OR PART OF THE AREA.

Apart from the routine surveys by the mass radiography units and investigations at schools, which are reported separately, no special case finding surveys were arranged.

REHABILITATION.

Rehabilitation in its widest sense includes all work undertaken to render patients useful members of the community within the limits of their disability, and much work in this direction is undertaken by the chest physicians concurrently with the treatment of the patients at the clinics. Most patients are able to find work on their own account, but a few, especially infectious cases, are recommended for admission to special centres where treatment is combined with occupational training.

At the end of 1957 there were 4 Wiltshire patients undergoing treatment combined with training at Enham Alamein Rehabilitation Centre in Hampshire.

Two of these cases had not reached 5 hours a day working capacity and the County Council were not financially responsible for them.

One patient completed his training towards the end of the year and was offered a house in the Village Settlement under the "colonisation" scheme, which he accepted. The County Council are not now responsible for this patient.

The other patient, a single man, who is employed at Enham-Alamein under the colonisation scheme continued to live in the Settlement hostel, and the County Council contributed towards his maintenance.

Patients requiring training for employment without treatment are provided for at industrial rehabilitation units organised by the Ministry of Labour who pay allowances to those who attend. Liaison is maintained with the chest physician as to the suitability of selected patients for such training.

FINANCIAL ASSISTANCE TO TUBERCULOUS PATIENTS.

Tuberculous patients who give up work to undergo treatment are able to obtain special rates of financial assistance from the National Assistance Board and numerous certificates supporting such applications were issued by the chest physicians.

B.C.G. VACCINATION.

The scheme for the vaccination of 13-year-old school children is reported separately (page 24)

B.C.G. vaccination is offered to contacts of tuberculous patients and to nursing and other hospital staff. The following table shows the number of vaccinations performed during 1957, and from the commencement of the scheme to the end of 1957:—

	Number Vaccinated		Number who refused Vaccination	
	1957	From commencement of scheme	1957	From commencement of scheme
(a) Contacts	385	1,692	65	96
(b) Hospital staffs	151	690	8	50
TOTALS	536	2,382	73	146

FOLLOW UP AFTER B.C.G. VACCINATION.

(a) *Contacts.*

In the South Western and South West Metropolitan Regional Hospital Boards' areas of the County contacts are re-tested during the third and fifth years to ensure that the vaccination is still effective.

In the Oxford Region of the county every effort was made during 1957 to arrange for an annual re-test in accordance with the special scheme in that area under the direction of Dr. K. Neville Irvine, Advisor to the Oxford Regional Hospital Board.

(b) *Nursing Staff.*

All hospital staff vaccinated are re-tested annually as far as practicable for a period of 5 years. Efforts are also made to continue the re-testing of those who leave the hospital service but remain in the county.

MASS RADIOGRAPHY.

The places visited and numbers x-rayed by the mass radiography units in 1957 were as follows:—

Area Served	Number previously X-rayed	Number X-rayed for first time	Total	Number referred to Chest Physicians
Westwood	Nil	92	92	4
Hawthorn	487	135	622	Nil
Corsham	534	870	1,404	16
Westbury	862	394	1,256	8
Salisbury	4,851	6,484	11,335	36
Melksham	1,808	575	2,383	9
Calne	756	663	1,419	12
Trowbridge	2,203	960	3,163	18
Amesbury	240	891	1,131	4
Bulford	206	235	441	Nil
Larkhill	168	128	296	Nil
Wilton	265	425	690	Nil
Tidworth	501	356	857	Nil
Tisbury	358	374	732	2
Mere	365	383	748	2
Chilmark	208	111	319	1
Chippenham	3,539	281	3,820	15
Malmesbury	924	460	1,384	1
Bradford-on-Avon	745	165	910	5
Devizes	1,404	581	1,985	8
TOTALS	20,424	14,563	34,987	141

Nearly 35,000 persons were mass x-rayed during the year which was double the total x-rayed in 1956. Swindon was not visited in 1957, but a survey was arranged to commence there early in 1958.

The following is an analysis of the 141 cases referred to the chest clinics:—

Active Pulmonary Tuberculosis	32
Inactive Pulmonary Tuberculosis	41
Carcinoma of Bronchus	4
Other non-tuberculous chest conditions	22
Diagnosis not yet determined	10
Nothing abnormal detected	13
Failed to attend	16
Invitation to Clinic not considered necessary	3
Total	141

In 1957 the ascertainment rate of persons with active pulmonary tuberculosis was 0.91 per thousand x-rayed. In 1955 and 1956 it was 1.33 and 0.83 respectively.

CHEST CLINIC ATTENDANCES.

Attendances at the six chest clinics during the year were as follows:—

Clinic	Men	Women	Children	Total
Salisbury	2,071	1,965	877	4,913
Trowbridge	915	787	511	2,213
Swindon	3,179	2,467	1,746	7,392
Chippenham	1,047	722	475	2,244
Devizes	254	246	97	597
Savernake	92	138	70	300
TOTALS	7,558	6,325	3,776	17,659

The total attendance of 17,659 exceeds attendances in all previous years and was more than double the number for 1947, when the total was 8,097.

This increase is mainly due to the larger number of tuberculous patients remaining alive as a result of modern methods of treatment, the greater number of non-tuberculous chest conditions, e.g. bronchitis, bronchiectasis, asthma, emphysema, etc., which are now being referred to the clinics, and the B.C.G. Vaccination work.

HOSPITAL TREATMENT.

On the 1st January, 1957 there were 140 patients under treatment in hospital. Three hundred and sixty one were admitted during the year, 354 discharged, leaving 147 under treatment on 31st December, 1957.

Following re-organisation in the Salisbury Group of hospitals the two tuberculosis wards for males at Odstock Hospital were closed early in the year and the patients transferred to Harnwood Hospital which now has accommodation for male and female patients.

The main centres for adult cases of pulmonary tuberculous in Wiltshire are Harnwood Hospital, Salisbury, Winsley Chest Hospital, Swindon Isolation Hospital, and St. John's Hospital, Trowbridge. Children are admitted to Frenchay Children's Hospital, the White House Sanatorium, Milford-on-Sea, Hants., and Peppard Chest Hospital, Oxon.

The majority of patients with non-pulmonary tuberculous conditions are treated at the Bath Orthopaedic Hospital, Savernake Hospital, the Wingfield Morris Orthopaedic Hospital, Lord Mayor Treloar Orthopaedic Hospital, Alton, Hants., the Henry Gauvain Hospital, Alton, and at the various general and district hospitals in the county.

During the year there has been no difficulty in obtaining vacancies in hospitals. Urgent cases have been admitted immediately and others within a few days of recommendation, so that the position regarding beds for the treatment of tuberculosis and other chest conditions is satisfactory.

ADMINISTRATION.

Medical. No change occurred in the medical staff. The chest physicians continued to serve the regional hospital boards in respect of treatment, and the County Council in respect of prevention and after-care.

Clerical. The clerical work connected with both sides of the service is undertaken by one section in the Health Department and the salaries are paid by the County Council and Regional Boards in equal proportions.

General. Close co-operation between the authorities responsible for the service was maintained and such co-operation is greatly helped by the arrangement made by the County Council and the regional hospital boards whereby the chest service in Wiltshire continues to work as one whole under the direction of the Consultant Chest Physician with his central office at County Hall, instead of its division into three separate parts.

Without this arrangement it would also be extremely difficult to present this overall account of the tuberculosis and other chest diseases service in Wiltshire and I am grateful to Dr. Harper for his help.

CONCLUSION.

Because of the rapid decline in mortality and progressive reduction in notification rates in recent years it has been concluded by many that the tuberculosis problem is solved. Much has been done and many lives have been saved but constant awareness of the present problems will be necessary to maintain the progress made. The decline in mortality means prolongation of life and a greater number of tuberculous patients remaining on the clinic registers to be cared for, including infectious sputum positive cases, some of whom are resistant to modern remedies. The control of infection is therefore still a serious problem.

The preventive work in the follow-up of contacts and the work connected with B.C.G. vaccination grows, and many more non-tuberculous chest conditions including carcinoma of the lung are now dealt with at the clinics. The increasing work involved is reflected in the record number of attendances at the chest clinics during 1957.

Miscellaneous Services

*CHRONIC SICK BEDS.

During the year the Salisbury Group Hospital Management Committee referred 66 cases for investigation. In 37 priority of admission was recommended and in many of the remainder the patient was assisted with domestic help or home nursing.

*REGISTRATION OF NURSING HOMES.

During 1957 no new application for registration was received. At the end of the year there were on the register 7 homes in active use, providing 12 maternity and 89 other beds.

*NURSERIES AND CHILD MINDERS ACT, 1948.

There is one nursery registered under this Act providing for 14 children. Four daily minders are registered, taking a maximum of 30 children in all.

REGISTRATION OF NURSING CO-OPERATIONS.

No new application for registration was received during the year. The registration of one co-operation was renewed.

REGISTRATION OF BLIND AND PARTIALLY-SIGHTED.

During the year 157 reports were obtained. These related to patients:—

Newly certified as blind	...	...	...	...	...	...	...	122
Newly certified as partially-sighted	...	...	...	...	...	...	...	21
Removed from Blind Register	...	...	...	...	...	...	...	2
Removed from Partially-Sighted Register (including certified as blind)								12

Of the 122 persons newly certified as blind, 63 were recommended treatment and, by the end of the year, 33 had received it. Of the remainder, four had died before treatment, two had refused it, and 24 were awaiting treatment.

Of the 21 patients newly certified as partially-sighted, 9 were recommended treatment, and by the end of the year five had received it. The remainder were awaiting treatment.

[*Statistics in these sections exclude the Borough of Swindon. Statistics will be found in the Area Medical Officer's Report.]

The following table summarises the position in the form requested by the Ministry:—

A. *Registered Blind and Partially-Sighted Persons.*

(i) Number of persons registered during the year in respect of which Para. 7 (c) of Forms B.D. 8 recommends:—	Cause of Disability.			
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Other
(a) No treatment	14	6	—	51
(b) Treatment (medical, surgical or optical) ...	26	14	—	32
(ii) Number of persons at (i) (b) above who on follow-up are found to have received treatment	3	13	—	22

*B. *Ophthalmia Neonatorum.*

Two notifications were made; vision was unimpaired in both instances.

EXAMINATION OF MEDICAL REPORTS ON ENTRANTS TO THE COUNTY STAFF

During the year medical reports on 300 entrants to the County staff were considered. Of these 296 were passed as fit for permanent employment.

One certificate was issued in connection with the award of a breakdown pension.

In addition, as a result of the Education Committee's decision to exercise closer control over the state of health of entrants to posts in the school meals service 81 medical certificates were considered, one candidate not being approved as suitable for employment. Further to this 41 certificates were considered in connection with the return of food handlers to work following sickness.

The amount of work in this connection has practically doubled since 1954.

Sanitary Circumstances of the County

WATER SUPPLY.

THE RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944-1955.

During 1957, 16 water schemes were submitted by rural authorities under Section 2 of the Rural Water Supplies and Sewerage Act. Steady progress was maintained during the year in implementing regional water schemes and the extension of piped supplies throughout the County and the position in each of the twelve rural districts is briefly as follows:—

AMESBURY RURAL DISTRICT.

The Newton Toney and Shrewton borehole sources for the regional scheme have been developed and tenders accepted for pumping plant. Work was commenced during the year on construction of the million gallon reservoir at Earls Farm Down and the distribution mains along the Bourne Valley.

BRADFORD AND MELKSHAM RURAL DISTRICT.

The regional scheme was virtually completed during the year. The remaining section, the Winsley Farm area to be supplied by the Bath Corporation, was well in hand at the end of 1957.

CALNE AND CHIPPENHAM RURAL DISTRICT.

Both the eastern and western area regional schemes have been implemented and a piped supply provided for 90% of the population. The remaining work consists of augmentation schemes to improve supplies at Corsham, Box and Grittleton.

CRICKLADE AND WOOTTON BASSETT RURAL DISTRICT.

No further progress was made during the year in implementing the regional scheme but tenders were accepted for the new trunk main from the Ashton Keynes borehole to Purton, and the additional reservoir at Flaxford. Work should commence early in 1958.

DEVIZES RURAL DISTRICT.

Excellent progress was made during the year with the completion of the S.E. area scheme and a piped supply now covers almost the whole of the rural district. There remains only the S.W. area scheme which will augment the Cheverell source by acquiring the War Department undertaking at Erlestoke and adding a new borehole and reservoir.

HIGHWORTH RURAL DISTRICT.

Little progress was made in this district beyond minor extensions of mains. The original joint scheme with Cricklade and Wootton Bassett has now been abandoned in favour of a bulk supply from Swindon Borough.

MALMESBURY RURAL DISTRICT.

The regional scheme based on Corston and Charlton sources was completed during the year. There remain to be carried out only minor extensions of mains and replacements.

MARLBOROUGH AND RAMSBURY RURAL DISTRICT.

The northern area scheme has been completed and work was commenced during the year on the construction of the reservoir and mains of the Bedwyn and Shalbourne scheme which will provide a piped supply from the Bedwyn source to the southern parishes.

MERE AND TISBURY RURAL DISTRICT.

Good progress was made in this district. Three stages of the regional scheme have been completed and about half the district now receives a piped supply from public mains. Work is now in progress on the final stages.

PEWSEY RURAL DISTRICT.

The regional scheme proposals are based on borehole sources at Collingbourne Kingston and Enford. Both these sources have been developed and so far the Collingbourne scheme has been completed providing piped supplies to the Collingbournes, Burbage, Easton, Milton and a link-up with Pewsey. The next stage is the implementation of the Avon Valley scheme based on the Enford borehole, and which should be commenced in 1958.

SALISBURY AND WILTON RURAL DISTRICT.

Good progress has been made in implementing the regional scheme based mainly on boreholes at Wylde and Fovant and bulk supplies from the West Hants Water Company and Salisbury City. About 80% of the population now receive public piped supplies. The final stage is the Chalke Valley scheme which will supply the remainder from the Fovant source and for which Ministry approval is still awaited.

WARMINSTER AND WESTBURY RURAL DISTRICT.

No further progress made during the year beyond the acquisition of the War Department supply at Longbridge Deverill. About 60% of the district is so far provided with public supplies mainly from the Bratton source. An alternative source for the polluted Codford well which was intended to serve the southern area has not yet been decided and will probably be left for the consideration of the proposed water board for this area.

REGROUPING OF WILTSHIRE WATER UNDERTAKINGS

Considerable progress was made during the year in connection with regrouping of water undertakings as requested by Circular 52/56 issued by the Ministry of Housing and Local Government in September, 1956.

The main object of regrouping is to secure the best use of the water resources of the county and to provide a reliable service supplying economically the quantity and quality of water that consumers need. It is considered that this object can only be achieved if water undertakings are large enough to carry out major capital works and to employ a full-time expert staff of engineers, accountants and chemists.

In Wiltshire there are at present 25 public water undertakings using a multiplicity of sources. There are also a number of private estate supplies with doubtful sources which should be abandoned, or at least brought under public control. The protection of headworks and gathering grounds of some existing supplies needs extension to eliminate potential pollution. There is a need in many instances for more effective waste detection, for improved bacteriological control by more frequent sampling before and after treatment, and for water softening. These are some of the specialist matters which could be better managed by amalgamation of water undertakings into larger bodies with the technical and financial resources to ensure an efficient service to the consumer.

In July, 1957, representatives of the Ministry of Housing and Local Government and the County Council met to discuss the implications of regrouping in Wiltshire. It was clear that the Minister intended that regrouping should take place and the County Council were asked to endeavour to help the existing water undertakings to reach agreement on suitable groupings. This by no means easy role was accepted by the Water Supplies and Sewerage Schemes Committee who formulated in October, 1957, their provisional proposals for regrouping the 25 Wiltshire undertakings into four. The preparation of these proposals involved careful public health and engineering investigation, in which the Consulting Engineer played a large part, as well as legal and financial consideration. They were submitted to the existing water undertakings for their consideration and observations.

SEWERAGE

Forty-one of the 269 parishes in rural districts have public sewerage schemes. Progress in the implementation of schemes already sanctioned under the Water Supplies and Sewerage Act has been at about the usual rate. Two further schemes were approved in principle by the County Council during the year. It is probable that financial restrictions discouraged some district councils from submitting schemes. Schemes approved, commenced or completed during 1957, are shown in the following table:—

Rural District.	Sewerage Scheme.	Approx. Cost £.		
		Approved.	Commenced.	Completed.
Calne and Chippenham ...	Yatton Keynell		23,900	
Devizes	Rowde			26,219
	Easterton and Market Lavington		80,527	
	Stanton St. Bernard		11,615	
	Wedhampton		10,009	
Highworth	Sevenhampton		7,000	
Marlborough and Ramsbury	Aldbourne			81,000
Malmesbury	Sherston (outfall sewer)			12,397
Mere and Tisbury	Tisbury		93,000	
Pewsey	Avon Valley Sewerage Scheme ...	203,730		
Salisbury and Wilton ...	Barford St. Martin	41,567		
		245,297	226,051	119,606

Inspection of Milk and Food

Number of Wiltshire Dairy Farms	3,061
Number of Non-designated Farms	763
Number of T.T. Farms	2,298
Production of T.T. Milk	85.3%
Production of Non-designated Milk	14.7%
Number of Producer/retailers	197
Number of Distributors	140

During the year steady progress was made under the Government's free tuberculin testing scheme which is the first step in a plan aimed at ridding the County of tuberculous cattle. The free testing scheme began in 1956 (it will end in 1958) with the object of encouraging farmers to attain attested status for their herds by having their stock tested free of charge, and by the removal of reactors to qualify for a milk bonus of 2d. a gallon for four years and a 1d. a gallon for two years. The second step in the scheme will be to declare the County an "eradication area" when all remaining untested herds will be compulsorily tested by the Ministry of Agriculture and the reactors slaughtered but no bonus will be payable. When compulsory testing has been completed, the County will be declared an "attested area" in which it is hoped that all herds would be virtually free of tuberculosis.

It does not follow even in an attested area, however, that the raw milk from the attested cows will be free from other bovine diseases, such as brucellosis, mastitis, and other udder or teat infections. Such bovine infection and infection of the milk by the milkers themselves or by polluted water supplies can only be destroyed by pasteurisation after the raw milk leaves the farm.

During the year a further part of the County was "specified" as an area where only designated milk may be retailed, namely, the Boroughs of Devizes, Malmesbury, Marlborough and Swindon, and the Rural Districts of Cricklade and Wootton Bassett, Devizes, Highworth, Malmesbury, Marlborough and Ramsbury and Pewsey. The remaining districts not yet "specified" are the City of Salisbury, Borough of Wilton and the Rural Districts of Salisbury and Wilton, Amesbury, and Mere and Tisbury.

The supervision of milk production on the farm is the responsibility of the Ministry of Agriculture, Fisheries and Food and the supervision of milk distribution is the duty of county and district councils. The main function of the County Council is the enforcement of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, relating to the structural and sanitary conditions of licensed pasteurising dairies, and the efficient operation of the processing plants. There are now twelve pasteurising plants licensed by the County Council and supervised by the County Health Inspector. The regulations are rigidly enforced by at least fortnightly inspections and sampling. Generally speaking, every effort is made by the dairies concerned to observe the conditions of licence. During the year 348 samples of pasteurised milk were taken for examination by the phosphatase and methylene blue test, and of these samples 341 or 98% were up to the statutory standard.

Frequent checks were also made of bottleshawing efficiency, the cleanliness of bottle filling plant, and the method of dairy operatives, which are all complementary to the pasteurising treatment.

Number of pasteurising plants licensed	12
Number of pasteurised milk samples taken	348
Number of pasteurised milk samples satisfactory	341
Number of pasteurised milk samples unsatisfactory	7

BIOLOGICAL SAMPLES.

During 1957, 69 biological samples were taken by the County Health Inspector, and all were found to be free from tubercle.

COMPOSITION AND LABELLING FOOD.

I am indebted to the Chief Inspector of Weights and Measures for the following information

on the chemical qualities of the food checked by his Department during the year ended 31st March, 1958.

A total of 1,368 samples were purchased or taken in areas covering the whole County, steps being taken to obviate the duplication of sampling to cover the greatest variety of food and to ensure compliance with the requirements of the Food & Drugs Act and allied legislation.

The 1,114 milk samples obtained included 302 from milk supplied to schools.

Seven hundred and twenty-five of these were examined for dirt content and the test pads submitted to the Health Department.

Unsatisfactory milk samples numbered forty-three but all of these were not originals, some being those obtained by the department in an endeavour to ascertain the origin of the fault. In four instances this proved to be the cow and the facts were reported to the Agricultural Adviser whose officers assist the farmer to improve the quality of the milk.

There were four prosecutions in respect of milk failing to comply with the Regulations. Three concerned churns of watered milk being sold to the Milk Marketing Board and the fourth was based on a deficiency in the milk fat content of pasteurised milk supplied to two County Council schools. Cautions were issued to five sellers of slightly sub-standard milk and to two retailers who were found to be selling bottled milk incorrectly labelled. A number of cases of overcharging for milk on retail sale were reported to the Ministry of Agriculture Fisheries & Food.

Certain farmers whose Tuberculin Tested licences had been suspended were warned not to apply that description to their milk during the period of suspension, and ten dairymen were cautioned for using Special Designations, viz:—Tuberculin Tested, Pasteurised and Sterilised, when not in possession of the necessary licences. For the first time a dealer was prosecuted for selling undesignated milk in a Specified Area and the same Company was also charged under the Merchandise Marks Act with applying the false description "Tuberculin Tested" to undesignated Channel Islands milk which had been pasteurised.

Sellers of milk from Guernsey or Jersey cows are permitted to charge an enhanced price but the milk so described must contain at least 4% by weight of milk fat. One sample which had a milk fat content of 2.90% (a deficiency of 27%) was the subject of legal proceedings in which the retailer concerned unsuccessfully charged his farmer supplier as the actual offender. Two samples of milk were submitted for examination following a complaint that the milk had an unusual taint and it was suggested that this taint might possibly be due to the presence of hypochlorite. Sodium hypochlorite is a chemical closely akin to bleaching powder and is now permitted for use in washing out dairy utensils, its principle virtue being that in dilute solution in water it yields free chlorine which acts as a sterilising agent. The County Analyst found no evidence of the presence of hypochlorite but as one sample contained 0.5% lactic acid instead of the usual 0.18% he expressed the opinion that in all probability this unduly high acid content was the cause of the complaint.

Complaints from three consumers concerning respectively a cake containing a bunch of wires, sausages containing pieces of fabric and a pint bottle of milk containing a maggot, were considered sufficiently serious to warrant legal proceedings. In the latter instance the foreign body was identified as a rat-tailed maggot which is the larvae of the drone fly. It is usually found about rotting carcasses, privies and foul areas generally.

During the period 15th to 28th January a number of samples of Lebanon and Italian apples were obtained from various retailers throughout the County and the Public Analyst was asked to examine them particularly for arsenical and lead contamination. When he confirmed that an unusually large quantity of these minerals was present in some of the samples and our enquiries indicated that similarly contaminated apples might be on sale in many parts of the country, all the facts in our possession were placed before the County Medical Officer who immediately brought the matter to the attention of other Public Health Departments and their subsequent sampling located a number of similarly unsatisfactory consignments. It appears to be generally accepted that such arsenical and lead contamination is introduced by the spraying of the fruit while growing with strong lead and arsenical compounds to destroy such injurious insects as the codling moth. It was considered no blame could reasonably be attached to the retailers, wholesalers, or importers of the contaminated fruit and accordingly no further action was taken.

SCHOOL MILK.

The County Medical Officer approves sources of supply for school milk. The County Health Inspector continued to check on the purity of milk supplied to schools including submission of samples for laboratory tests. Most of the milk supplied comes from pasteurising plants within the County whose production methods are regularly supervised by the County Health Inspector, and where this is not the case supervision is exercised by the authority in whose area the pasteurising plant is situated.

Housing

Two further housing enactments were placed in the Statute book during the year, the Rent Act, 1957, and the Housing Act, 1957.

The Rent Act which came into force on the 6th July, 1957, was designed to arrest the deterioration of houses by bringing rents more into line with the ever increasing cost of repairs, and also to allow owners a financial return commensurate with the market value of the house. The new Act frees from control nearly a million houses in Britain and sets a rent limit on nearly five million remaining under control. For rent control purposes the Act applies to houses below a rateable value of £40 in London and £30 elsewhere. Briefly, the rent limit is normally twice the 1956 gross value where the owner is responsible for all repairs, but the limit is subject to various adjustments where the tenant is responsible for some or all of the repairs. Rent increases may be resisted if the house is not in good repair by the tenant obtaining a certificate of disrepair from his local authority.

The Housing Act, 1957, came into operation on 1st September, 1957, and amends and consolidates previous housing enactments with the exception of certain financial provisions. The principle of Section 88 of the Housing Act, 1936, which required County Councils to have regard to rural housing conditions remains unaffected and is now embodied in Section 116 of the new Act, which also requires Rural District Councils to make housing returns to County Councils if requested.

Appendices E—J give information concerning housing in the twelve Rural Districts for 1957.

APPENDIX A

NURSING DISTRICTS

Nursing Districts.	General Nursing.		Midwifery and Maternity. Total Cases Attended. (Average Case has 25-30 Visits.)	
	Cases Attended.	Visits Paid.		
Alderbury and Longford	170 (197)	541 (671)	25	(14)
Amesbury	32 (40)	630 (624)	43	(55)
Ashton Keynes	133 (122)	1149 (1108)	13	(20)
Bedwyn, Shalbourne, etc.	70 (111)	1052 (1327)	12	(9)
Blunsdon	208 (173)	727 (668)	22	(30)
Bourne Valley	88 (82)	1100 (1189)	27	(21)
Box	216 (267)	3177 (3310)	15	(11)
Bradford-on-Avon—Nurse I	69 (59)	1176 (973)	10	(9)
Nurse II	61 (60)	863 (804)	10	(7)
Bratton	91 (101)	1376 (1317)	11	(14)
Bromham	88 (75)	1325 (1037)	9	(6)
Bulford	134 (215)	1619 (1342)	—	(—)
Burbage and Easton	180 (198)	1864 (2523)	7	(14)
Calne Town—Nurse I	216 (199)	3928 (3201)	19	(12)
Nurse II	166 (238)	2129 (1318)	24	(28)
Calne Country	104 (84)	1921 (2127)	28	(13)
Castle Combe	145 (111)	1362 (1190)	9	(13)
Chalke Valley	87 (94)	1557 (988)	17	(18)
Chippenham—Midwifery	— (—)	— (—)	77	(80)
General	217 (155)	3551 (2970)	—	(—)
Chisledon	66 (72)	716 (577)	20	(21)
Codford	143 (96)	948 (949)	22	(27)
Colerne	177 (120)	1160 (1286)	11	(14)
Collingbourne—Nurse I	140 (99)	1516 (561)	41	(25)
Nurse II	91 (84)	842 (905)	26	(20)
Corsham—Midwifery	— (—)	— (—)	57	(48)
General—Nurse I	93 (101)	2522 (2757)	—	(—)
Nurse II	79 (90)	1911 (1877)	—	(—)
Cricklade	93 (59)	655 (364)	23	(20)
Devizes—Midwifery	89 (84)	706 (642)	47	(43)
General	88 (99)	4002 (4169)	—	(—)
Dilton Marsh	139 (136)	1390 (1365)	8	(7)
Donhead	44 (77)	501 (471)	10	(3)
Downton	355 (148)	1008 (884)	19	(21)
Durrington	— (—)	— (—)	65	(50)
Fonthill	181 (211)	1222 (1660)	19	(20)
Harnham	48 (78)	712 (1747)	44	(40)
Heytesbury	173 (209)	1242 (1885)	20	(16)
Highworth	89 (122)	2790 (2124)	38	(38)
Holt	69 (98)	528 (713)	8	(9)
Kilmington	207 (506)	1753 (2067)	7	(20)
Langley Burrell	158 (33)	577 (577)	10	(9)
Larkhill	172 (154)	1301 (1561)	—	(—)
Lyneham and Clyffe Pypard	125 (125)	1078 (1033)	39	(37)
Malmesbury and Hullavington—Nurse I	143 (102)	4071 (2989)	23	(20)
Nurse II	285 (238)	3067 (2924)	26	(35)
Marlborough and Overton—Nurse I	222 (227)	3213 (3159)	9	(10)
Nurse II	86 (107)	2152 (940)	7	(8)
Melksham—Nurse I	18 (25)	217 (127)	30	(22)
Nurse II	43 (36)	743 (709)	15	(25)
Mere	44 (149)	862 (1417)	7	(15)
Netheravon	52 (42)	468 (382)	27	(24)
North Bradley	72 (68)	1223 (1507)	6	(9)
Pewsey	102 (89)	1136 (1122)	15	(17)
Pewsey Vale—Nurse I	33 (17)	503 (231)	16	(9)
Nurse II	164 (204)	1254 (1672)	13	(9)
Potterne	104 (107)	1494 (1485)	9	(15)
Purton—Nurse I	88 (73)	418 (441)	36	(31)
Nurse II	24 (24)	346 (242)	18	(14)

Nursing Districts.	General Nursing.		Midwifery and Maternity.	
	Cases Attended.	Visits Paid.	Total Cases Attended.	(Average Case has 25-30 Visits.)
Ramsbury	143 (139)	1562 (1427)	11 (17)	
Salisbury—				
Midwifery (Infirmary Staff: 2 Midwives ...	— (—)	— (—)	183 (174)	
St. Martin's (General)	94 (73)	1945 (1359)	— (—)	
Fisherton (General)	127 (111)	1374 (1159)	— (—)	
St. Michael's (General)	99 (94)	1694 (1662)	— (—)	
St. Edmund's and St. Thomas's	141 (96)	1824 (1772)	— (—)	
St. Mark's	347 (299)	1162 (1258)	— (—)	
Bemerton	152 (143)	1564 (1269)	— (—)	
Seend	32 (*)	780 (*)	9 (6)	
Sherston	84 (144)	1142 (1265)	6 (7)	
Shrewton	64 (77)	916 (991)	17 (13)	
Somerford	88 (319)	1013 (1282)	14 (18)	
Stratton St. Margaret—Nurse I	282 (68)	1623 (1885)	48 (34)	
Nurse II	61 (75)	990 (868)	29 (22)	
Sutton Veny	86 (88)	502 (611)	11 (17)	
Tidworth and Perham Down	141 (112)	782 (630)	— (—)	
Tisbury	88 (131)	882 (962)	21 (21)	
Trowbridge—Midwifery	— (—)	— (—)	60 (41)	
General—Nurse I	157 (145)	3599 (3743)	— (—)	
Nurse II	204 (239)	4573 (4185)	— (—)	
Urchfont	174 (129)	1890 (1142)	9 (11)	
Wanborough	88 (179)	536 (1006)	11 (21)	
Warminster—Nurse I	98 (176)	1498 (2187)	22 (28)	
Nurse II	96 (83)	1857 (2262)	22 (21)	
Westbury	66 (230)	556 (871)	23 (16)	
Whiteparish	26 (33)	523 (472)	14 (16)	
Wilton and Wishford	102 (121)	1363 (1206)	39 (41)	
Winsley	101 (80)	1514 (875)	10 (2)	
Winterbourne Valley	49 (61)	1070 (1410)	5 (23)	
Winterslow	270 (307)	1176 (1245)	12 (14)	
Woodford	76 (93)	2036 (1739)	6 (7)	
Wootton Bassett	131 (120)	2060 (1523)	43 (43)	
Wroughton	162 (226)	1300 (1488)	25 (44)	
TOTALS	10668 (11061)	126867 (122128)	1822 (1782)	

*Not separately available for this district, the appointment of district nurse midwife was vacant for most of the year.

APPENDIX B

MEDICAL LOAN DEPOTS

Address of Depot.	Name and Address of Officer-in-Charge, and Telephone No., if any.
AMESBURY. Red House Farm.	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 Road.	Mrs. Holbrook, 33, Winsley Road, Bradford on Avon.
CALNE. Kingsbury Hall.	Mrs. E. M. Cousins, 93 Oxford Road, Calne.
CHIPPENHAM. Watchfield, Rowden Hill.	Mrs. G. E. Moss, Watchfield, Rowden Hill, Chippenham. (Chippenham 2265.)
COLLINGBOURNE. Chapel Hall, Collingbourne Kingston.	Mrs. Fribbance, Mayzells, Collingbourne Kingston. (Collingbourne Ducis 67.)
CORSHAM (1). St. John Ambulance Brigade Headquarters, Cricket Pavilion.	Mrs. Harris, The Limes, Station Road, Corsham.
CORSHAM (2). Red Cross Centre, Pound Pill.	Mrs. Joy, 17 The Tynings, Corsham. (Corsham 2205.)
CRICKLADE. 78 High Street, Cricklade.	Miss O. Holloway, 78 High Street, Cricklade.
DEVIZES. Red Cross Hut, The Brittox, and Brighstone, The Breach.	Mrs. G. R. Child, Brighstone, The Breach, Devizes. (Devizes 402.)
DONHEAD. The Firs, Donhead St. Andrew.	Mrs. H. Baddeley, Ice Close, Donhead St. Andrew.
LAVINGTON. Southview Farm, Little Cheverell.	Miss M. Jones, Little Cheverell.
LUDGERSHALL. 10 Short Street.	Mrs. F. C. Neve, 10 Short Street, Ludgershall. (Ludgershall 246).
MALMESBURY. The Silk Mill, Malmesbury.	Mrs. J. H. Humphreys, Milbourne Cottage, Malmesbury. (Malmesbury 3105).
MARLBOROUGH. 35A High Street.	Mrs. R. J. Cook, The White House, Cardogan Road, Marlborough.
MELKSHAM. Place House, Place Road.	Mrs. W. J. Stratton, Place House, Place Road, Melksham. (Melksham 2285.)
MERE. Tudor Tea Rooms.	Mrs. P. Cross, Glebe Cottage, Church Street, Mere. (Mere 367.)
PEWSEY. The Girl Guide Hut.	Mrs. D. Rankin, Stable End, Pewsey.
PURTON. 20 Witts Lane.	Mrs. Bartlett, 20 Witts Lane, Purton.

Address of Depot.	Name and Address of Officer-in-Charge, and Telephone No. if any.
RAMSBURY. 27 Council Houses.	Miss A. Edwards, 27 Council Houses, Ramsbury.
SALISBURY. St. John Ambulance Brigade Headquarters, 72 Fisherton Street.	The Officer-in-Charge, Medical Loan Depot, 72 Fisherton Street, Salisbury (Salisbury 4810.)
STRATTON ST. MARGARET. 216 Ermin Street.	Mrs. Frith, 216 Ermin Street, Stratton St. Margaret.
TISBURY. Red Cross Centre.	Miss B. Burt, Prospect House, Tisbury.
TROWBRIDGE. Courtfield House.	Mrs. Mackay, Courtfield House, Trowbridge. (Trowbridge 2048.)
WARMINSTER. St. Andrew's, Boreham Road.	Mrs. G. Nicholls, St. Andrew's, Boreham Road, Warminster.
WILTON. Westminster Lodge, The Hollows.	Mrs. N. Sharman, Westminster Lodge, The Hollows, Wilton.
WOOTTON BASSETT. Adjoining Red Lion Hotel.	Mrs. L. Dixon, 29 Coxstalls, Wootton Bassett.

APPENDIX C

DOMESTIC HELP SERVICE

A. The following table shows the growth of the service since 1948:—

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
1953	285	118	386	504
1954	320	47	342	389
1955	400	72	444	516
1956	398	83	544	627
1957	359	73	525	598

B. SUMMARY OF CURRENT CASES WHO ON 31ST DECEMBER, 1957, HAD RECEIVED HELP FOR THE PERIODS SHOWN:—

For comparative purposes the figures for the previous year analysed are shown in brackets.

Type of Case.	PERIOD OF SERVICE.					TOTALS.
	3 months and under.	Exceeding 3 months.	Exceeding 6 months.	Exceeding 9 months.	Exceeding 12 months.	
Maternity	2 (2)	— (—)	— (—)	— (—)	— (—)	2 (2)
Ante-Natal and Post-Natal ...	1 (2)	— (—)	— (—)	— (—)	— (—)	1 (2)
Tuberculosis	— (1)	— (—)	— (—)	— (—)	1 (1)	1 (2)
Acute Illness	6 (3)	— (2)	1 (1)	— (—)	— (—)	7 (6)
Convalescence following hospital treatment	5 (2)	— (1)	1 (—)	— (2)	— (—)	6 (5)
Chronic illness or disability ...	13 (8)	8 (12)	8 (11)	9 (8)	62 (40)	100 (79)
Aged and infirm	40 (36)	23 (27)	24 (24)	17 (15)	166 (121)	270 (223)
Care of Children (mother in hospital, etc.)	— (—)	— (1)	— (1)	— (—)	— (—)	— (2)
TOTALS	67 (54)	31 (43)	34 (37)	26 (25)	229 (162)	387 (321)

C. SUMMARY OF CASES WHO DURING THE YEAR 1957 HAD RECEIVED HELP BUT SERVICE CEASED BEFORE THE END OF THE YEAR.

Type of Case.	PERIOD OF SERVICE.					TOTALS.
	3 months and under.	Exceeding 3 months.	Exceeding 6 months.	Exceeding 9 months.	Exceeding 12 months.	
Maternity	67 (70)	— (—)	— (—)	— (—)	— (—)	67 (70)
Ante-Natal and Post-Natal ...	3 (13)	— (1)	— (1)	— (—)	— (—)	3 (15)
Tuberculosis	— (1)	2 (1)	— (—)	— (3)	— (—)	2 (5)
Acute Illness	4 (8)	— (1)	1 (1)	— (—)	— (—)	5 (10)
Convalescence following hospital treatment	7 (17)	2 (5)	2 (1)	1 (1)	2 (—)	14 (24)
Chronic illness or disability ...	17 (21)	9 (7)	7 (2)	4 (2)	6 (14)	43 (46)
Aged and Infirm	24 (34)	7 (11)	9 (17)	3 (11)	15 (42)	58 (115)
Care of Children (mother in hospital, etc.)	7 (2)	— (1)	— (—)	— (—)	— (—)	7 (3)
TOTALS	129 (166)	20 (27)	19 (22)	8 (17)	23 (56)	199 (288)

D. ANALYSIS OF CURRENT CASES WHO RECEIVED HELP FOR PERIODS EXCEEDING THREE MONTHS.

Type.	AGE GROUP.					TOTALS.
	Under 60	Over 60	Over 70	Over 80	Over 90	
Aged and infirm person living alone ...	1	6	78	83	8	176
Aged and infirm couple living alone ...	—	5	35	22	—	62
Aged and infirm person with resident son or daughter in employment ...	—	5	7	6	1	19
Aged and infirm person with resident relative incapacitated	1	1	5	5	2	14
Housewife suffering from tuberculosis ...	—	1	—	—	—	1
Housewife suffering from chronic cardiac condition	2	3	5	2	—	12
Housewife suffering from chronic rheumatic condition	6	6	8	1	—	21
Housewife suffering from other chronic condition	9	2	4	—	—	15
TOTALS	19	29	142	119	11	320

APPENDIX D

MENTAL HEALTH AREAS AND OFFICERS RESPONSIBLE

Salisbury City, Wilton Borough, Salisbury and Wilton Rural District, Amesbury Rural District, Mere and Tisbury Rural District.	Mr. R. H. G. Moore, 9 a.m.—5.15 p.m., 50 Bedwin Street, Salisbury (Tel.: Salisbury 5349). Deputy: Mr. R. A. Lawton. Outside office hours: Mr. Moore: 56 Mill Road (Tel.: Salisbury 4973). Mr. Lawton: Treetops, White Hill, Pitton (Tel.: Farley 286). Officer on duty available through Ambulance Station (Tel.: Salisbury 2488).
Swindon Borough, Highworth Rural District, Cricklade and Wootton Bassett Rural District.	Miss S. Ponting, Mr. L. Fry: 9 a.m.—5.15 p.m., 36 Milton Road, Swindon (Tel.: Swindon 4102/3). Deputy: Mr. P. J. McDonnell (Commenced 17/2/58). Outside office hours: Miss Ponting: 212 Shrivenham Road, Swindon (Tel.: Swindon 4381). Mr. Fry: 53 Bryans Close Road, Calne. By message through Calne or Chippenham Police—Calne 2106; Chippenham 2222. Mr. McDonnell, 23 Cromwell Road, Devizes. By message through Devizes Police—Tel.: Devizes 98. Officer on duty available through Ambulance Station (Tel.: Swindon 3436).
Chippenham Borough, Calne Borough, Calne and Chippenham Rural District, Malmesbury Borough, Malmesbury Rural District, Bradford and Melksham Rural District.	Mr. R. A. Shadwell, 9 a.m.—5.15 p.m., County Hall, Trowbridge (Tel.: Trowbridge 3641). Deputy: Mr. F. Garnett. Outside office hours: Mr. Shadwell: 18 Marshmead, Hilperton (Tel.: Trowbridge 2300). Mr. Garnett: 1 Clarendon Gardens, Trowbridge (Tel.: Trowbridge 2785). Officer on duty available through Ambulance Station (Tel.: Bradford on Avon 2271).
Trowbridge Urban District, Bradford on Avon Urban District, Melksham Urban 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.	Mr. C. J. Lewis, 9 a.m.—5.15 p.m., County Hall, Trowbridge (Tel.: Trowbridge 3641). Deputy: Miss B. A. Bezzant, 9 a.m.—5.15 p.m., 3 Church Street, Pewsey (Tel.: Pewsey 3259). Outside office hours: Mr. Lewis: 40 Westbourne Road, Trowbridge (Tel.: Trow- bridge 2696). Miss Bezzant: 20 Wilcot, Pewsey (Tel.: Pewsey 2243). Officer on duty available through Ambulance Station (Tel.: Bradford on Avon 2271).

OCCUPATION CENTRES

ADDRESS	OCCUPATION CENTRES STAFF
CHIPPENHAM Liberal Hall, Station Hill, Chippenham.	SUPERVISOR: Mrs. A. Webb. ASSISTANT: Miss C. Anderson. PART-TIME MEALS ASSISTANT: Mrs. E. Blanchard.
SALISBURY 113 Exeter Street, Salisbury.	SUPERVISOR: Miss M. E. Hammond. ASSISTANTS: Miss D. Porter (Resigned 2/5/57). Miss E. Macey. Mrs. J. Bescoby (Commenced 9/9/57).
SWINDON 81 Bath Road, Swindon.	SUPERVISOR: Miss I. L. Piper. ASSISTANT: Mrs. I. F. Caton. PART-TIME MEALS ASSISTANT: Mrs. F. L. Weare.
TROWBRIDGE Zion Baptist Chapel, Union Street, Trowbridge.	SUPERVISOR: Mrs. E. K. Urwin. ASSISTANTS: Mrs. E. O. M. Bodmin. Mrs. M. V. G. Mitchell. PART-TIME MEALS ASSISTANT: Mrs. G. E. Hillier.

APPENDIX E

IMPROVEMENT GRANTS MADE UNDER THE HOUSING ACT, 1949—54

Number of applications and houses dealt with by Local Authority:—

Rural District 1/1/57 to 31/12/57	(1) Received		(2) Approved		(3) Rejected		(4) Under consideration		(5) Withdrawn	
	Aps.	No. of houses	Aps.	No. of houses	Aps.	No. of houses	Aps.	No. of houses	Aps.	No. of houses
Amesbury	26	33	21	28	3	3	—	—	2	2
Bradford and Melksham	Information not available									
Calne and Chippenham	55	67	42	51	2	2	15	16	7	14
Cricklade and Wootton Bassett	16	22	13	19	—	—	3	3	—	—
Devizes	30	42	30	42	—	—	—	—	—	—
Highworth	29	40	30	41	—	—	2	3	3	3
Malmesbury	23	23	23	23	—	—	—	—	—	—
Marlborough and Ramsbury	39	46	37	44	—	—	—	—	2	2
Mere and Tisbury ...	54	54	50	50	2	2	—	—	2	2
Pewsey	33	40	29	34	—	—	8	10	2	3
Salisbury and Wilton	40	63	44	70	2	2	4	9	—	—
Warminster and Westbury	Information not available									

Number of houses improved as result of grants:—

Rural Districts

Amesbury	Information not available
Bradford and Melksham	Information not available
Calne and Chippenham	57
Cricklade and Wootton Bassett	10
Devizes	23
Highworth	42
Malmesbury	28
Marlborough and Ramsbury	Information not available
Mere and Tisbury	50
Pewsey	53
Salisbury and Wilton	Information not available
Warminster and Westbury	Information not available

APPENDIX F

RURAL DISTRICT.	No. of Grants made by Local Authority.	Cost of Grants Made.	No. of Houses Completed including new houses brought into use by Conversion.
Amesbury	28	£ 8,391 s. 5 d. 0	31
Bradford and Melksham		Information not available	
Calne and Chippenham	51	1,576 0 0	59* (*includes applications from previous years)
Cricklade and Wootton Bassett	19	5,471 0 0	10
Devizes	42	13,676 0 0	23 (of which 15 were approved in 1956)
Highworth	30	11,214 0 0	42
Malmesbury	28	9,300 0 0	28
Marlborough and Ramsbury	37	13,999 0 0	46
Mere and Tisbury	50	15,990 0 0	50
Pewsey	33	12,281 0 0	53
Salisbury and Wilton	70	23,033 0 0	68
Warminster and Westbury		Information not available	

APPENDIX G

RURAL DISTRICT.	Number of applications in respect of owner-occupiers.	Average cost per dwellings approved.	Average weekly rent fixed.	Average amount of grant payable by Local Authority (stated as %).
Amesbury	12	£ 299 s. 13 d. 9	Not applicable	50%
Bradford and Melksham		Information not available		
Calne and Chippenham	30	309 0 0	Not applicable	50%
Cricklade and Wootton Bassett	8	288 0 0	Information not available	50%
Devizes	8	827 0 0	Not applicable	39% of approved expenditure
Highworth	11	1,109 0 0	1 11 2	50%
Malmesbury	14	332 0 0	Information not available	50% subject to maximum of £400
Marlborough and Ramsbury	11	378 0 0	In accordance with Sec. 20 of Rent Act, 1957.	50%
Mere and Tisbury	17	787 0 0	1 5 0	41%
Pewsey	16	673 0 0	Not applicable	34.2%
Salisbury and Wilton	9	322 0 0	Not applicable	50%
Warminster and Westbury		Information not available		

APPENDIX H

Houses erected or converted during year:—

RURAL DISTRICT.	Houses erected during year.				Houses in course of erection.				Gained from conversion of large houses into flats or dwellings.		Lost from conversion of two or more houses into one.	
	For slum clearance.		For other purposes.		For slum clearance.		For other purposes.		Local Authority	Private Enterprise	Local Authority	Private Enterprise
	Local Authority	Private Enterprise	Local Authority	Private Enterprise	Local Authority	Private Enterprise	Local Authority	Private Enterprise				
Amesbury	9	—	18	54	—	—	*64	38	—	—	—	—
Bradford and Melksham	Information not available											
Calne and Chippenham	4	—	14	54	—	—	20	53	—	9	—	—
Cricklade and Wootton Bassett	15	—	43	38	4	—	10	81	—	1	—	1
Devizes	10	—	4	10	†15	—	†40	5	—	2	—	1
Highworth	—	—	38	196	—	—	—	—	—	—	—	—
Malmesbury	8	—	24	13	45	—	10	15	—	—	—	—
Marlborough and Ramsbury	10	—	5	23	8	—	—	15	—	2	—	3
Mere and Tisbury	5	—	20	15	34	—	38	4	—	—	—	2
Pewsey	4	—	10	19	23	—	19	14	2	2	—	2
Salisbury and Wilton	27	—	—	86	33	—	—	47	—	—	—	—
Warminster and Westbury	Information not available											

* It is quite possible that some of these houses will be used for slum clearance purposes.

† Provisional.

APPENDIX I

Proceedings under Section 57, Housing Act, 1936, Section 76, Housing Act, 1957.

RURAL DISTRICT.	Amesbury	Bradford and Melksham	Calne and Chippenham	Cricklade and Wootton Bassett	Devizes	Highworth	Malmesbury	Marlborough and Ramsbury	Mere and Tisbury	Pewsey	Salisbury and Wilton	Warminster and Westbury
1. Number of cases of overcrowding at end of year	Information not available	Information not available	Information not available	2	Information not available	9	Information not available	—	1	4	—	Information not available
2. Number of cases of overcrowding discovered during year	10	—	2	—	2	7	4	—	2	6	—	—
3. Number of cases of overcrowding abated during year	6	—	1	1	1	9	4	—	1	2	—	—

APPENDIX J

Rural Housing Statistics for Year Ending 31st December, 1957

RURAL DISTRICT	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
1. Number of permanent dwellings in district at end of year	3,803	Information not available	(Approx.) 7,718	4,639	3,948	6,694	2,933	3,330	3,713	5,309	5,613	4,197
2. Number of permanent dwellings in district owned by local authority	1,065	Information not available	978	1,021	811	2,006	476	569	537	980	712	550
3. Number of applications for Council houses at end of year	434	Information not available	350	301	233	237	199	140	216	325	367	Information not available
4. Inspection of dwellings during year:												
(i) Inspected for housing defects under Public Health Acts	9	12	11	21	379	132	403	—	21	30	80	15
(ii) Inspected for housing defects under Housing Acts	135	24	38	32		133		—	53	139	110	80
(iii) Number of dwellings so dangerous or injurious to health as to be unfit for habitation	15	18	1	19	38	47	—	—	4	7	70	12
(iv) Number of dwellings found not to be in all respects reasonably fit for habitation	122	6	10	17	181	157	—	—	69	19	40	80
5. Number of dwellings rendered fit in consequence of informal action	56	12	4	7	73	157	62	73	59	21	47	73
6. Action under Statutory Powers:												
A. Proceedings under Sections 9, 10, 16 Housing Act, 1936, and Sections 9, 10, 12 Housing Act, 1957—												
(i) Number of dwellings where notices were served requiring defects to be remedied	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Number of dwellings rendered fit after service of formal notices—												
(a) By owners	—	2	—	—	—	4	—	—	—	—	—	—
(b) By local authority in default of owners	—	—	—	—	—	—	—	—	—	—	—	—
B. Proceedings under Public Health Acts:												
(i) Number of dwellings where formal notices were served	4	—	—	5	—	1	—	—	—	2	2	—
(ii) Number of dwellings made fit as result of formal notices—												
(a) By owners	8	—	—	2	—	1	—	—	—	—	2	—
(b) By local authority in default of owners	—	—	—	—	—	1	—	—	—	—	—	—
C. Proceedings under Section 11, Housing Act, 1936, and Section 16, Housing Act, 1957:												
(i) Number of demolition orders made	3	12	1	8	24	31	—	18	6	—	36	—
(ii) Number of houses demolished as result of demolition orders	*18	2	1	5	5	21	—	4	13	—	15	—
(iii) Number of undertakings accepted	1	10	3	6	1	27	—	3	6	8	8	1
(iv) Number of undertakings completed	1	1	—	5	1	4	—	—	—	2	6	—
D. Proceedings under Section 25 Housing Act, 1936, Sections 42, 43, 46, 48, Housing Act, 1957:												
(i) Number of houses in clearance areas upon which demolition orders were made	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Number of houses demolished as result of demolition orders	—	—	—	—	18	—	—	—	—	—	—	—
(iii) Number of houses in clearance areas which have been retained as temporary accommodation	—	—	—	—	—	—	—	—	—	—	—	—
E. Proceedings under Section 12, Housing Act, 1936; Section 3, Housing Act, 1949; Section 10 Local Government (Miscellaneous Provisions) Act, 1953; Sections 17, 18, 27, Housing Act, 1957:												
(i) Number of dwellings where closing orders were made	1	1	3	3	5	4	—	—	1	6	1	—
(ii) Number of dwellings closed as result of closing orders or undertakings by owners	1	1	—	7	7	13	—	—	2	12	1	—
(iii) Number of dwellings where closing orders were cancelled in consequence of premises being made fit	—	—	—	1	—	4	—	—	—	—	—	—

*Includes 11 houses demolished voluntarily or in anticipation of demolition orders.

