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WILTSHIRE COUNTY COUNCIL



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*Annual Report*

OF THE

*Medical Officer of Health*

FOR THE YEAR

*1965*

Being the statutory report required to be made by the County Medical Officer of Health  
under the Public Health Officers Regulations, 1959

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LANSDOWNS, PRINTERS, TROWBRIDGE



WILTSHIRE COUNTY COUNCIL

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WILTSHIRE COUNTY COUNCIL

Annual Report

Medical Officer of Health

FOR THE YEAR

1965

Under the statutory report required to be made by the County Medical Officer of Health under the Public Health Act 1936 (Section 26)

# ASSESSMENT AND TRAINING OF CHILDREN WITH HEARING LOSS

All pictures except the first and last were taken in the homes of the children



*Screening tests by health visitors of, as far as possible all babies*



*Follow-up testing by Hearing Therapist*



*Distraction technique using calibrated sounds.*



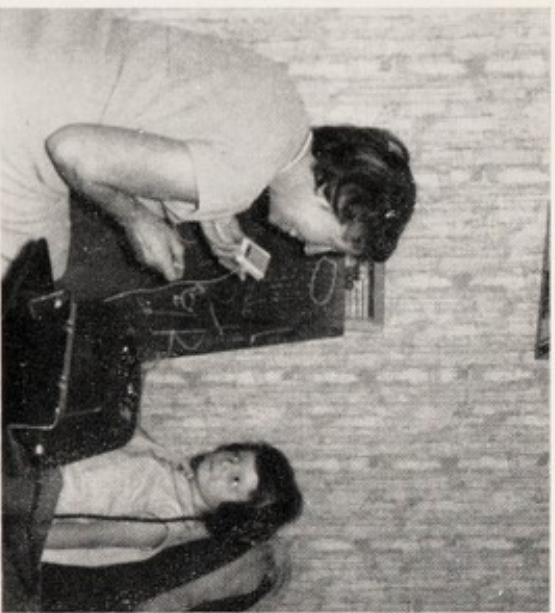
*Young children quickly enjoy using hearing aids*



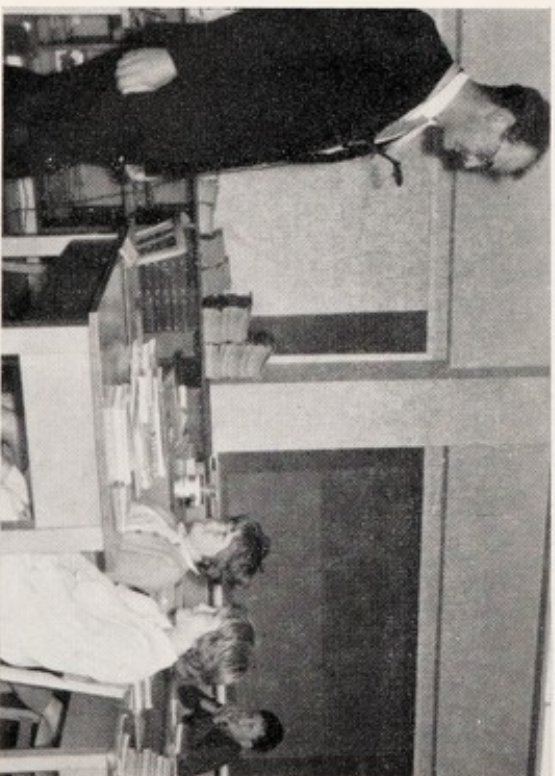
*Play with toys to condition a 2-year-old to assess his hearing level*



*Audiometry for a 3-year-old*



*A 3-year-old enjoys hearing parent's voice—use of an auditory training unit. This is on loan from the Local Health Authority to enable parents to carry on training between visits by the Hearing Therapist*




*A primary school teacher wearing a microphone on harness, uses the induction loop system for the benefit of two partially hearing children. Within the classroom fitted with a wired circuit they can move freely yet hear the teacher's voice. This method enables some children wearing hearing aids to be educated in the ordinary school*

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## *Foreword*

No unusual health problems occurred in Wiltshire in 1965 and the perinatal mortality rate, which in 1964 had risen unexpectedly, fell to a level lower than that of 1963 and was about the same as the national rate.

As regards the health services of the County Council the year was one of consolidation rather than progress though the new clinic at Warminster was opened in March and the Salisbury Mental Health Centre later in the year. In addition to providing new offices for the mental welfare officers serving Salisbury and South Wiltshire, the Centre is intended to provide social facilities for the mentally disordered and an information centre on mental health matters both general and specific.

Consideration was given during the year to the provision of buildings to accommodate both general practitioners and local health authority services and a number of schemes for possible health centres are in preparation. The increasing interest shown by general practitioners in projects of this kind and in the attachment of health visitors, as well as the general co-operation between local health authority staff and family doctors and hospitals, is most welcome.

At the end of the year ninety three authorities, covering almost half the population of England and Wales, had resolved in favour of fluoridation of water. At the time of writing, authorities covering over two thirds of the population have agreed. It is most unfortunate that Wiltshire should be among the authorities who have rejected it. On the average three year old children drinking unfluoridated water have three times as much dental decay, and five year olds have twice as much, as those in areas where the supply is fluoridated, apart from the lasting benefit of fluoridation to older persons. It is difficult to believe that this state of affairs can give much satisfaction to anyone.

This report speaks for itself on many aspects of public health in the County and on the services provided and there is no need to elaborate further in the Foreword. However, I wish to thank sincerely the very many who have assisted and supported the work of the Health Department including voluntary bodies and voluntary workers. As usual the staff of the Department, professional, administrative and clerical, have worked with consistent efficiency and keenness.

July saw the retirement of Mr. W. R. Brockway, who had over forty years' service with the County Council and since 1960 had been Chief Administrative Assistant in the Health Department. The valuable part that he played in the organisation of the health services exemplifies the importance of the administrative staff in the provision of services for the public.

C. D. L. LYCETT

County Hall,  
Trowbridge.  
August, 1966.

## *Committees*

The Committees of the County Council mainly concerned with public health during the year were:—

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

- Staff and General Purposes Sub-Committee,
- Maternity and Home Health Services Sub-Committee,
- Mental Health Sub-Committee,
- Ambulance and Public Health Services 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 of Health acts as adviser on health matters to all committees of the Council.

Under Section 46 of the Local Government Act, 1958, functions in respect of the following services are delegated to the Swindon Borough Council:—

- Health Centres
- Care of Mothers and Young Children
- Midwifery
- Health Visiting
- Home Nursing
- Vaccination and Immunisation
- Domestic Help
- Prevention of Illness, Care and After-Care

## 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 of Health and Deputy Principal School Medical Officer:—

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

Senior Medical Officers:—

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

S. W. W. Terry, M.B., B.S., D.P.H., D.T.M. and H.

Medical Officer of Health and Principal Borough School Medical Officer, Swindon:—

J. Urquhart, M.B., Ch.B., D.P.H.

Medical Officers:—

C. L. Broomhead, *T.D.*, 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. L. Davies, M.B., B.S., D.P.H. (also Medical Officer of Health, Trowbridge Urban District, and Bradford-on-Avon Urban District).

E. H. Lamb, M.B., Ch.B., D.P.H., D.I.H. (also Medical Officer of Health, Cricklade and Wootton Bassett Rural District).

A. H. Halstead, M.B., B.S., D.P.H. (also Medical Officer of Health, Devizes Borough and Devizes Rural District).

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

C. P. B. Parry, M.R.C.S., L.R.C.P., D.A., D.P.H. (also Medical Officer of Health, Highworth Rural District). (Commenced 1.6.65.)

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, Warminster and Westbury Rural District).

F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H. (also Medical Officer of Health, Marlborough Borough, Amesbury Rural District, Pewsey Rural District, Marlborough and Ramsbury Rural District).

G. Wolfenden, M.B., B.Ch., B.A.O., D.P.H. (also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District).

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

D. M. Blomfield, M.B., B.S., D.P.H. (Resigned 5.9.65.)

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

Angela M. Harris, M.B., Ch.B. (Commenced 13.12.65.)

Elizabeth Heathcote, M.B., Ch.B., D.A.

A. G. H. Mitchinson, M.B., Ch.B. (Commenced 12.7.65, Resigned 8.10.65.)

Delia F. Morris, M.B., B.S. (Commenced 1.7.65.)

Blaguigna Popham, M.R.C.S., L.R.C.P., D.P.H.

Ethel M. Voigt, M.B., B.Ch., B.A.O. (Retired 1.5.65.)

Psychiatrists (part-time):—

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

T. A. A. Hunter, B.A., M.B., B.Ch., M.R.C.P.

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:—

D. Middleton, L.D.S.

## Area Dental Officer:—

- K. V. M. Taylor-Milton, L.D.S. (Resigned 31.8.65.)  
W. A. Humpherson, L.D.S., B.D.S. (Commenced 16.12.65.)

## Assistant Dental Officers and School Dental Officers:—

- M. F. Ashby, L.D.S.  
P. M. H. Balfe, B.D.S.  
Joan C. Ellwood, L.D.S. (Resigned 11.5.65.)  
F. Lake, L.D.S. (Resigned 31.1.65.)  
E. G. H. Lightfoot, L.D.S.  
R. H. McGowan, L.D.S., B.D.S.  
R. S. McMinn, L.D.S.  
A. E. B. Noble, L.D.S.  
E. H. Randerson, L.D.S.  
D. F. Ridler, L.D.S. (Commenced 15.11.65.)

## Dental Auxiliaries:—

- Miss D. E. Biffin (Commenced 27.9.65.)  
Miss M. J. Drabble. (Resigned 9.5.65.)  
Miss S. Goddard  
Miss H. Hill  
Miss H. Rumford  
Miss S. V. Pierce. (Commenced 27.9.65.)

## Psychologist:—

C. S. Rushton, B.A.

## Chief Administrative Assistant:—

- W. R. Brockway. (Retired 19.7.65.)  
R. M. Bainton. (Commenced 20.7.65.)

## Superintendent Nursing Officer:—

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

## Superintendent Health Visitor:—

Miss E. 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.A.P.H.I.

## Mental Health Supervising Officer:—

K. W. Gibbs

## County Ambulance Officer:—

N. F. Russell

## Chiropodists:—

- Miss M. J. Read, M.Ch.S.  
E. W. Beattie, M.Ch.S.  
G. H. Gander, M.Ch.S.  
J. D. Pullen, M.Ch.S.  
L. E. Clubb, M.Ch.S.

## Hearing Therapist:—

D. W. Brown, B.A.

# Vital Statistics

## POPULATION

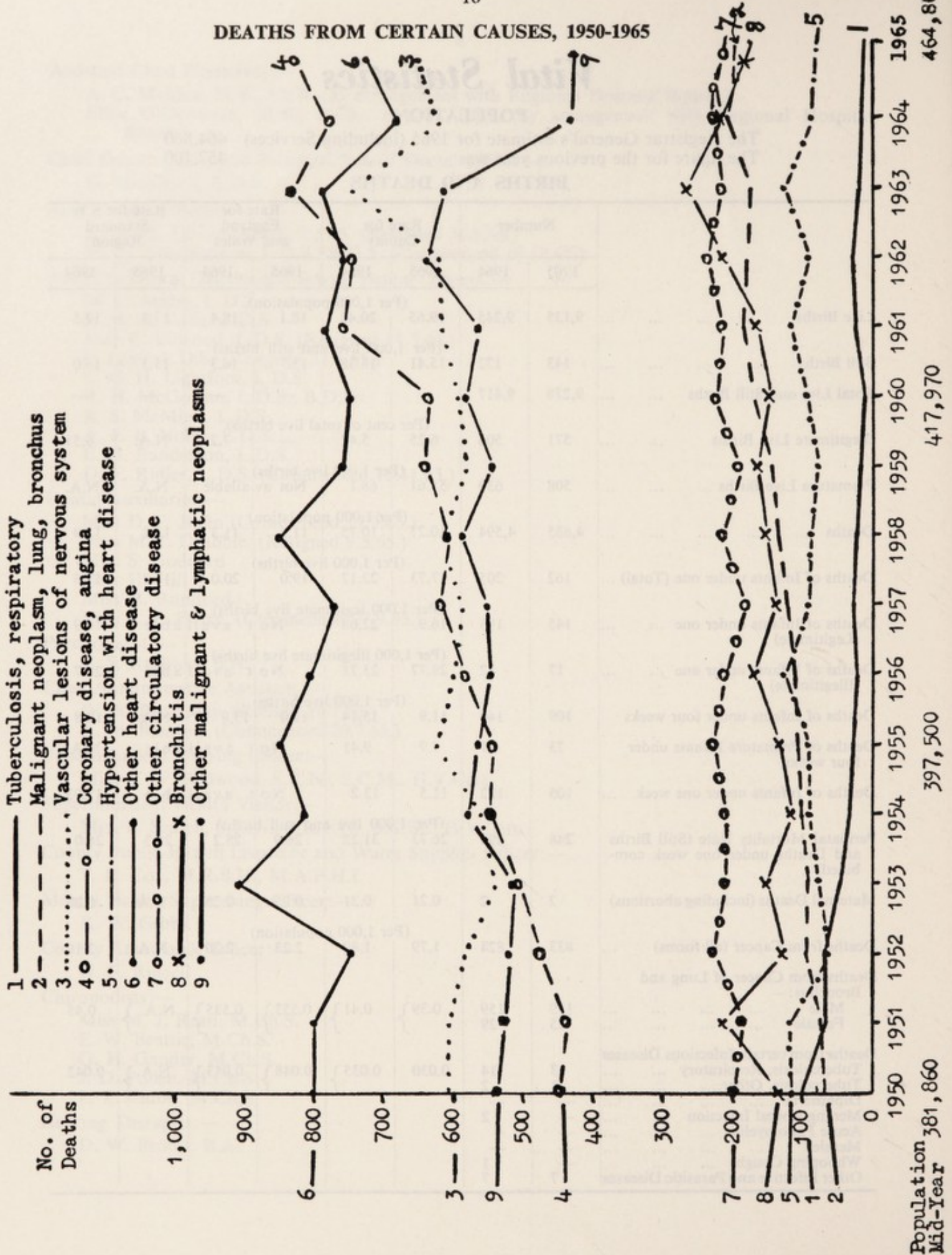
The Registrar General's estimate for 1965 (including Services) 464,860  
 The figure for the previous year was ... .. 457,100

## BIRTHS AND DEATHS

	Number		Rate for County		Rate for England and Wales		Rate for S.W. Standard Region			
	1965	1964	1965	1964	1965	1964	1965	1964		
Live Births ... ..	9,135	9,245	(Per 1,000 population)		19.65	20.42	18.1	18.4	17.3	17.5
Still Births ... ..	143	172	(Per 1,000 live and still births)		15.41	18.38	15.7	16.3	15.3	16.0
Total Live and Still Births ... ..	9,278	9,417	—	—	—	—	—	—	—	—
Illegitimate Live Births ... ..	571	506	(Per cent of total live births)		6.25	5.47	—	7.2	N.A.	6.51
Premature Live Births ... ..	508	630	(Per 1,000 live births)		55.61	68.1	Not available		N.A.	N.A.
Deaths ... ..	4,685	4,594	(Per 1,000 population)		10.27	10.75	11.5	11.3	12.2	11.9
Deaths of Infants under one (Total) ...	162	205	(Per 1,000 live births)		17.73	22.17	19.0	20.0	17.3	17.6
Deaths of Infants under one ... .. (Legitimate)	145	193	(Per 1,000 legitimate live births)		16.9	22.08	Not available		16.9	
Deaths of Infants under one ... .. (Illegitimate)	17	12	(Per 1,000 illegitimate live births)		29.77	23.71	Not available		26.7	
Deaths of Infants under four weeks	109	140	(Per 1,000 live births)		11.9	15.14	13.0	13.8	N.A.	13.8
Deaths of Premature Infants under four weeks	73	87			7.9	9.41	Not available		N.A.	
Deaths of Infants under one week ...	105	122			11.5	13.2	Not available		12.03	
Perinatal Mortality Rate (Still Births and Deaths under one week combined)	248	294	(Per 1,000 live and still births)		26.73	31.22	26.9	28.2	25.3	26.0
Maternal Deaths (including abortions)	2	2			0.21	0.21	0.25	0.25	N.A.	0.20
Deaths from Cancer (all forms) ...	833	824	(Per 1,000 population)		1.79	1.80	2.23	2.20	N.A.	2.19
Deaths from Cancer of Lung and Bronchus:—										
Male ... ..	159	159			0.39	0.41	0.553	0.535	N.A. }	0.45
Female ... ..	25	29								
Deaths from certain Infectious Diseases										
Tuberculosis, Respiratory ... ..	13	14			0.030	0.035	0.048	0.053	N.A. }	0.042
Tuberculosis, Other ... ..	1	2								
Diphtheria ... ..	—	—								
Meningococcal Infection ... ..	—	2								
Acute Poliomyelitis ... ..	—	—								
Measles ... ..	—	—								
Whooping Cough ... ..	—	1								
Other Infective and Parasitic Diseases	7	7								

DEATHS FROM CERTAIN CAUSES, 1950-1965

- 1 ————— Tuberculosis, respiratory
- 2 - - - - - Malignant neoplasm, lung, bronchus
- 3 ..... Vascular lesions of nervous system
- 4 ○ ——— Coronary disease, angina
- 5 . ——— Hypertension with heart disease
- 6 ● ——— Other heart disease
- 7 ○ ——— Other circulatory disease
- 8 X ——— Bronchitis
- 9 ● ——— Other malignant & lymphatic neoplasms



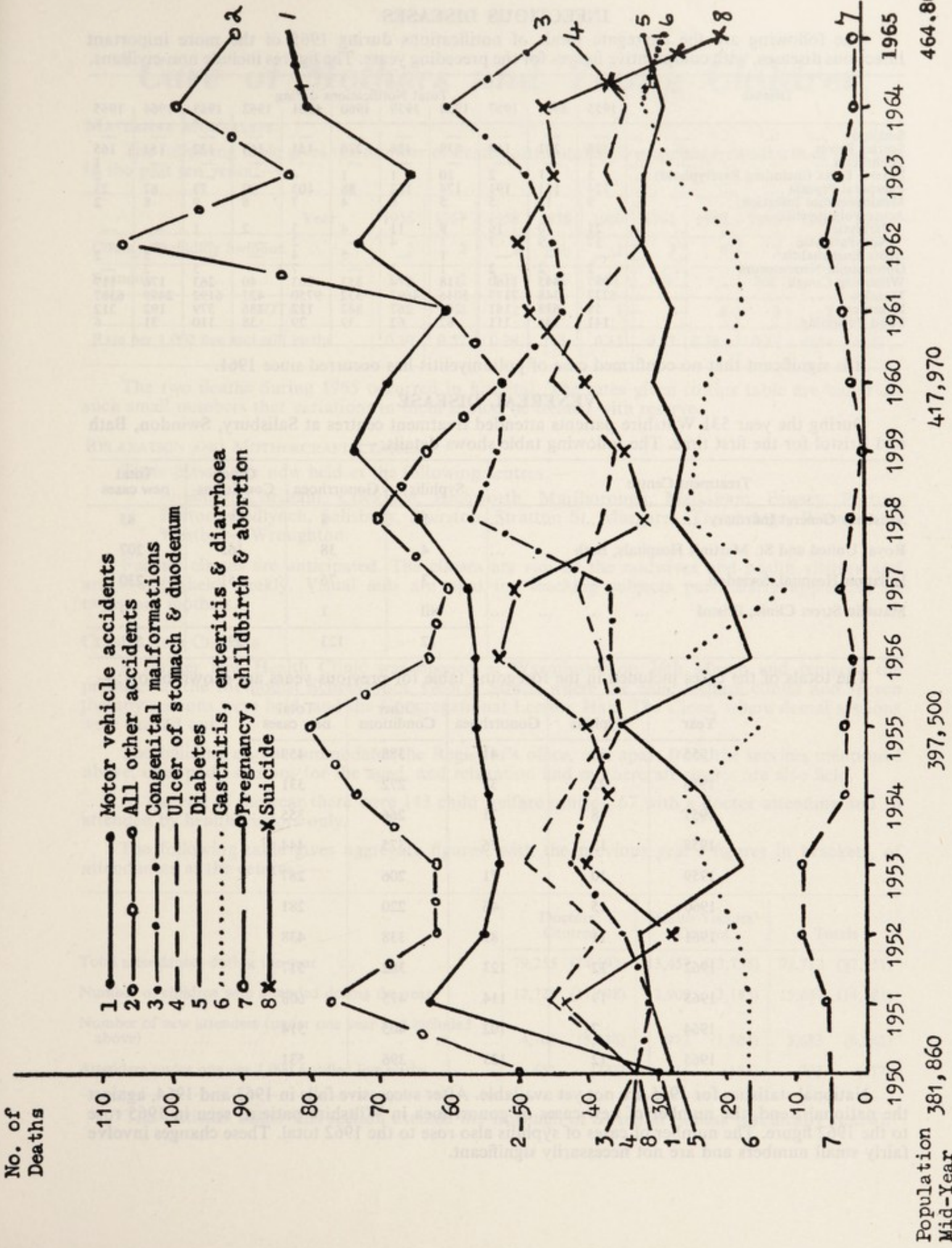
Population 381,860  
Mid-Year

397,500

417,970

464,860

DEATHS FROM CERTAIN CAUSES, 1950-1965





## INFECTIOUS DISEASES

The following are the aggregate totals of notifications during 1965 of the more important infectious diseases, with comparative figures for the preceding years. The figures include non-civilians.

Disease	Total Notifications during										
	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ... ..	198	221	154	539	426	276	151	163	132	153	165
Diphtheria ... ..	1	—	—	—	—	—	—	—	—	—	1
Enteric Fever (including Paratyphoid) ... ..	3	1	2	10	1	1	4	—	—	—	2
Puerperal Pyrexia ... ..	124	151	191	174	162	88	103	97	73	67	23
Meningococcal Infection ... ..	9	12	5	5	6	4	7	8	9	8	2
Acute Poliomyelitis—											
Paralytic ... ..	21	10	16	9	11	4	3	2	1	—	—
Non-Paralytic ... ..	17	9	7	1	4	—	2	—	—	—	—
Acute Encephalitis ... ..	—	—	—	1	—	5	4	—	—	5	2
Ophthalmia Neonatorum ... ..	2	2	2	1	3	—	7	—	5	2	—
Whooping Cough ... ..	987	445	1160	318	274	353	203	40	263	176	117
Measles ... ..	6227	348	7177	5046	4697	332	9750	427	6192	2499	6387
Dysentery ... ..	58	618	181	261	267	882	132	186	379	192	312
Food Poisoning ... ..	141	146	111	62	62	39	29	38	110	31	6

It is significant that no confirmed case of poliomyelitis has occurred since 1961.

## VENEREAL DISEASE

During the year 531 Wiltshire patients attended treatment centres at Salisbury, Swindon, Bath and Bristol for the first time. The following table shows details:—

Treatment Centre	Syphilis	Gonorrhoea	Other Conditions	Total new cases
Salisbury General Infirmary ... ..	5	8	72	85
Royal United and St. Martin's Hospitals, Bath ... ..	4	38	165	207
Isolation Hospital, Swindon ... ..	3	76	151	230
Maudlin Street Clinic, Bristol ... ..	Nil	1	8	9
	12	123	396	531

The totals of the cases included in the foregoing table for previous years are shown below:—

Year	Syphilis	Gonorrhoea	Other Conditions	Total new cases
1955	30	41	388	459
1956	22	37	272	331
1957	18	71	266	355
1958	13	56	375	444
1959	10	71	206	287
1960	15	46	220	281
1961	11	89	338	438
1962	12	123	382	517
1963	19	114	475	608
1964	7	102	405	514
1965	12	123	396	531

National statistics for 1965 are not yet available. After successive falls in 1963 and 1964, against the national trend, the number of new cases of gonorrhoea in Wiltshire patients seen in 1965 rose to the 1962 figure. The number of cases of syphilis also rose to the 1962 total. These changes involve fairly small numbers and are not necessarily significant.

## \* *Care of Mothers and Young Children*

### MATERNAL MORTALITY

The following table gives the number of deaths attributable to pregnancy, childbirth or abortion in the past ten years:—

Year	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
County, excluding Swindon ... ..	2	2	2	Nil	1	3	4	3	1	1
Swindon ... ..	Nil	2	Nil	Nil	Nil	Nil	1	Nil	1	1
<b>TOTAL</b> ... ..	<b>2</b>	<b>4</b>	<b>2</b>	<b>Nil</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>2</b>
Rate per 1,000 live and still births ...	0.30	0.57	0.28	Nil	0.13	0.37	0.58	0.33	0.21	0.21

The two deaths during 1965 occurred in hospital. The rates given in this table are based on such small numbers that variations in them should be treated with reserve.

### RELAXATION AND MOTHERCRAFT CLASSES

These classes are now held at the following centres:—

Avebury, Corsham, Cricklade, Highworth, Marlborough, Melksham, Pewsey, Porton, Purton, Redlynch, Salisbury, Sherston, Stratton St. Margaret, Trowbridge, Warminster, Westbury, Wroughton.

Further classes are anticipated. The classes are run by the midwives and health visitors and are usually held weekly. Visual aids are used for teaching subjects particularly applicable to expectant mothers.

### CLINICS AND CENTRES

A further new Health Clinic was opened at Warminster on 26th March and replaced the premises at the Methodist Schoolroom, George Street, where the child welfare clinics and speech therapy sessions were held, and the Congregational Lecture Hall, The Close, where dental sessions were carried out.

The building also accommodates the Registrar's office, and apart from the services mentioned above, chiropody sessions for the aged, and relaxation and mothercraft classes are also held.

At the end of the year there were 143 child welfare centres, 67 with a doctor attending and 76 attended by health visitors only.

The following table gives aggregate figures, with the previous year's figures in brackets, of attendances at the centres:—

	Doctors' Centres	Health Visitors' Centres	Totals
Total attendances during the year ... ..	79,255 (74,193)	13,457 (13,758)	92,712 (87,951)
Number of children who attended during the year ...	12,728 (11,698)	2,909 (3,183)	15,637 (14,881)
Number of new attenders (under one year and included above) ... ..	4,706 (5,138)	977 (1,104)	5,683 (6,242)
Attenders under one per 1,000 notified live births ...	657 (722)	136 (155)	793 (877)

\*The statistics under this section exclude the Borough of Swindon (unless specifically stated).

It will be seen that the number of children attending centres and the total number of attendances at centres have both risen. This is probably, to some extent, due to the opening of the new health clinics.

The use of the mobile child welfare centre has continued and it now serves 17 villages.

Voluntary work continues in many centres and relieves the health visitors for their essential personal contact with the mothers and children.

The volume of proprietary articles sold (or issued free where justified by financial circumstances) through child welfare centres continues to increase, and in the financial year 1965/66 reached a turnover of £25,425. A small handling charge is added to the cost price. The following table shows the increase in the scheme :—

Article	Basic unit of quantity	Supplies to Centres for issue			
		1962	1963	1964	1965
Infant Milk Foods ... ..	lb.	50,448	60,402	83,748	87,924
Baby Cereal ... ..	packets	9,174	12,600	15,708	16,456
Weaning Foods (Meat, Fruit, Vegetables, etc.) ... ..	tins	3,576	4,356	6,750	16,428
Nutrients (chiefly Marmite and Vitamin C Syrup or Juice)	containers	29,088	36,696	43,848	50,028
Baby Rusks ... ..	packets	6,444	10,872	16,352	18,972
Glucose ... ..	containers	828	1,164	780	516
Malted Milk ... ..	tins	3,384	5,244	6,792	6,000
Teats and Accessories ... ..		2,148	3,072	2,857	1,908
Medicaments ... ..		(Not available)	2,772	6,804	8,736

#### PREVENTIVE MENTAL HEALTH

Particulars of the work of the combined child guidance service for pre-school and school children appear in my annual report as Principal School Medical Officer.

#### DISTRIBUTION OF WELFARE FOODS

At the end of the year there were, excluding Swindon, 18 main centres open in the towns and 162 smaller centres.

The following amounts of food were issued in 1965 (figures for the previous five years have also been shown):—

	1960	1961	1962	1963	1964	1965
National dried milk (full cream and half cream) ... ..	63,683	52,790	50,702	42,026	33,761	31,820
Cod liver oil ... ..	16,899	12,080	8,683	5,143	4,821	4,514
Vitamins A and D tablets ... ..	14,526	11,022	6,836	5,217	5,043	4,789
Orange Juice ... ..	145,071	91,563	53,937	53,158	57,234	59,201

(These amounts do not include issues made in Swindon, although these were accounted for centrally in the County Health Department.)

Emergency needs continue to be met by transfers arranged within the County from headquarters.

There has been a continued reduction in issues of welfare foods except that of Orange Juice.

The distribution of welfare foods continues to be carried out mainly by voluntary helpers, whom I should like to thank for their valuable assistance. The total value of the money collected for foods issued during the year was £8,474 19s. 8d. Sums totalling only £18 9s. 8d. had to be written off, due mainly to insufficiently stamped coupons and to national dried milk out of date at centres; these losses represented 0.22% of the annual turnover.

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

The following table summarises the results of the investigations made at the request of the hospitals concerned during 1965:—

Maternity Hospital	No. of patients whose social conditions were investigated by County Council	No. recommended for priority of admission	No. not so recommended	Total No. of deliveries in Hospital (where known)
Bradford-on-Avon Maternity Hospital	1	1	—	938
Andover ... ..	14	12	2	—
Devizes Maternity Hospital ... ..	73	59	14	440
Greenways Maternity Hospital, Chippenham ... ..	21	14	7	575
Kingshill Maternity Hospital, Swindon	56	25	31	598 (Excluding births attributable to Swindon Boro')
Romsey Hospital ... ..	—	—	—	—
St. Martin's, Bath... ..	2	2	—	—
St. Peter's, Shepton Mallet ... ..	—	—	—	—
Southmead Hospital, Bristol ... ..	—	—	—	—
Malmesbury Hospital ... ..	11	11	—	174
Odstock Hospital, Salisbury ... ..	11	9	2	1,054 (From Wiltshire)
Savernake Hospital, Marlborough ...	1	1	—	312
Frome Hospital ... ..	5	4	1	—
	195	138	57	—

These figures show that 29.2 per cent of patients whose social circumstances were investigated were not recommended for priority of admission; this figure compares with 31.9 per cent in the previous year. 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.

The number of cases referred by hospitals for investigation of social circumstances can be only a small proportion of the total number of patients seeking admission to hospital on other than medical grounds, and this aspect of co-operation by hospitals with the local health authority services should be developed in more areas of the County.

## PERI-NATAL MORTALITY AND CARE OF PREMATURE BABIES

The peri-natal mortality rate (based on stillbirths and deaths of infants under one week) is beginning to replace the maternal mortality rate as an indicator of the effectiveness of ante-natal care and obstetrics, and the following table shows the situation in this County since 1960:—

Year		Total Births	No. of stillbirths	No. of Deaths of infants under 1 week	Total Deaths of Infants under 1 week and stillbirths combined	Peri-natal Mortality Rate per 1,000 total births
1960	County ... ..	7,982	150	106	256	32.07
	County, excluding Swindon ...	6,053	122	86	208	34.3
	Swindon ... ..	1,929	28	20	48	24.8
	England and Wales ... ..	798,407	15,734	10,475	26,209	32.8
1961	County ... ..	8,214	160	100	260	31.65
	County, excluding Swindon ...	6,173	113	74	187	30.2
	Swindon ... ..	2,041	47	26	73	35.7
	England and Wales ... ..	819,474	15,631	10,768	26,399	32.0
1962	County ... ..	8,667	154	98	252	29.07
	County, excluding Swindon ...	6,511	119	77	196	30.1
	Swindon ... ..	2,156	35	21	56	25.9
	England and Wales ... ..	856,070	15,487	10,888	26,375	30.8
1963	County ... ..	9,024	157	106	263	29.14
	County, excluding Swindon ...	6,934	113	79	192	27.6
	Swindon ... ..	2,090	44	27	71	33.9
	England and Wales ... ..	871,442	15,074	10,498	25,487	29.3
1964	County ... ..	9,417	172	122	294	31.22
	County, excluding Swindon ...	7,250	129	92	221	30.48
	Swindon ... ..	2,167	43	30	73	33.68
	England and Wales ... ..	888,499	14,509	10,573	25,082	28.25
1965	County ... ..	9,278	143	105	248	26.73
	County, excluding Swindon ...	7,208	110	83	193	26.77
	Swindon ... ..	2,070	33	22	55	26.57
	England and Wales ... ..	865,526	13,829	9,732	23,561	26.9

The following tables give information about premature births and the mortality rate up to 28 days:—

Year	Premature live births				Deaths of premature babies within 28 days, of whom the number shown in italics died within 24 hrs.	
	Swindon	Rate per 1,000 live births	Remainder of County	Rate per 1,000 live births	Swindon	Remainder of County
1956	105	77.5	293	57.7	7 <i>1</i>	42 <i>23</i>
1957	124	79.8	355	66.9	22 <i>11</i>	68 <i>40</i>
1958	135	84.3	295	53.8	30 <i>15</i>	45 <i>27</i>
1959	111	63.4	343	61.8	17 <i>9</i>	45 <i>25</i>
1960	139	73.1	385	64.9	12 <i>6</i>	69 <i>42</i>
1961	139	69.7	355	58.6	15 <i>10</i>	44 <i>30</i>
1962	132	62.2	373	58.3	13 <i>7</i>	39 <i>30</i>
1963	134	65.5	406	59.5	18 <i>8</i>	55 <i>19</i>
1964	162	76.1	468	65.7	21 <i>11</i>	66 <i>47</i>
1965	109	54.0	399	56.2	11 <i>9</i>	62 <i>28</i>

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

Year	Born at home or in a nursing home				Born in hospital	
	Total	Transferred to hospital	Died in hospital within 28 days	Died at home within 28 days	Total	Died within 28 days
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>
1958	100	31	8 <i>2</i>	3 <i>3</i>	330	64 <i>37</i>
1959	77	19	1 <i>1</i>	1 <i>1</i>	377	61 <i>32</i>
1960	87	23	3 <i>1</i>	7 <i>1</i>	437	71 <i>46</i>
1961	72	21	4 <i>3</i>	6 <i>6</i>	422	49 <i>31</i>
1962	75	19	2 <i>1</i>	2 <i>2</i>	430	48 <i>34</i>
1963	110	24	8 <i>3</i>	3 <i>1</i>	430	62 <i>23</i>
1964	90	25	2 <i>2</i>	4 <i>4</i>	540	81 <i>52</i>
1965	45	20	2 <i>1</i>	3 <i>2</i>	508	68 <i>34</i>

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

The following table gives information obtained on the causes of the deaths of premature babies occurring within 28 days.

1965					<i>Deaths of Premature Babies within 28 days</i>					
<i>Stated Causes of Deaths</i>					<i>County</i>		<i>County excl. Swindon</i>		<i>Swindon</i>	
Prematurity	...	...	...	...	26	(33)	23	(27)	3	(6)
Atelectasis and Anoxia	...	...	...	...	22	(26)	17	(18)	5	(8)
Cerebral Haemorrhage	...	...	...	...	12	(9)	11	(7)	1	(2)
Congenital Heart Disease	...	...	...	...	1	(1)	—	(1)	1	(—)
Congenital Defects Kidneys and Bladder	...	...	...	...	1	(1)	—	(1)	1	(—)
Anencephaly	...	...	...	...	2	(2)	2	(2)	—	(—)
Other Congenital Defects	...	...	...	...	3	(5)	3	(3)	—	(—)
Hyaline Membrane	...	...	...	...	2	(3)	2	(3)	—	(—)
Rhesus Incompatibility	...	...	...	...	1	(1)	1	(—)	—	(—)
Broncho-pneumonia	...	...	...	...	1	(2)	1	(1)	—	(1)
Meningitis	...	...	...	...	—	(3)	—	(2)	—	(1)
Gastro enteritis	...	...	...	...	—	(1)	—	(1)	—	(—)
Septicaemia	...	...	...	...	1	(—)	1	(—)	—	(—)
Toxoplasmosis	...	...	...	...	1	(—)	1	(—)	—	(—)
Totals ...					73	(87)	62	(66)	11	(21)

The figures for 1964 are shown in brackets.

1965					<i>Deaths of babies within one week excluding premature babies</i>					
<i>Stated Causes of Death</i>					<i>County</i>		<i>County excl. Swindon</i>		<i>Swindon</i>	
Atelectasis and Anoxia	...	...	...	...	12	(17)	8	(16)	4	(1)
Cerebral Haemorrhage	...	...	...	...	9	(7)	7	(4)	2	(3)
Congenital Heart Disease	...	...	...	...	9	(8)	4	(6)	5	(2)
Congenital Abnormalities of C.N.S.	...	...	...	...	1	(6)	1	(6)	—	(—)
Congenital Abnormalities of Alimentary tract	...	...	...	...	1	(1)	1	(1)	—	(—)
Other Congenital Abnormalities	...	...	...	...	1	(1)	1	(—)	—	(1)
Rhesus Incompatibility	...	...	...	...	1	(1)	1	(—)	—	(1)
Broncho-pneumonia	...	...	...	...	—	(1)	—	(1)	—	(—)
Rupture of liver	...	...	...	...	—	(1)	—	(1)	—	(—)
Totals ...					34	(44)	23	(36)	11	(8)

The figures for 1964 are shown in brackets.

Oxygen cots for conveyance of premature or other babies to hospital are kept at the Trowbridge, Chippenham, Salisbury and Swindon ambulance stations and were used on 13 occasions during 1965.

The following tables give the stated causes of still births, deaths of premature babies within twenty-eight days and deaths of infants under one week. With the exception of one, all the premature babies in fact died within seven days, and are, therefore, included in the perinatal mortality figures.

1965	Stated Causes	Stillbirths			
		County	County excl. Swindon	Swindon	
	Placental infarction and Toxaemia of Pregnancy	43 (29)	34 (20)	9	(9)
	Atelectasis and Asphyxia ... ..	15 (21)	12 (21)	3	(9)
	Antepartum haemorrhage without mention of Toxaemia or state of placenta ... ..	11 (18)	8 (13)	3	(5)
	Cord round neck, prolapse, other abnormalities of cord ... ..	10 (12)	10 (7)	—	(5)
	Malpresentation ... ..	— (3)	— (3)	—	(—)
	Lack of attention ... ..	— (2)	— (2)	—	(—)
	Cerebral Haemorrhage ... ..	5 (8)	4 (5)	1	(3)
	Anencephaly ... ..	12 (22)	10 (21)	2	(1)
	Other Congenital abnormalities of C.N.S. ...	10 (9)	7 (8)	3	(1)
	Congenital Heart Disease and other congenital abnormalities ... ..	1 (4)	1 (4)	—	(—)
	Prematurity ... ..	3 (2)	3 (1)	—	(1)
	Postmaturity ... ..	1 (3)	1 (3)	—	(—)
	Rhesus Incompatibility ... ..	3 (8)	2 (6)	1	(2)
	Haemorrhagic Disease ... ..	1 (—)	— (—)	1	(—)
	Undetermined ... ..	22 (33)	13 (26)	9	(7)
	Totals ... ..	137 (175)	105 (132)	32	(43)

The figures for 1964 are shown in brackets.

#### CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

The following figures show the number of births out of wedlock in the County, the number of women assisted by the Diocesan moral welfare workers under the arrangements for the care of unmarried mothers and their infants and the number admitted to mother and baby homes since 1950.

Year	No.	Illegitimate Live Births		Admitted to Mother and Baby Homes
		Percentage of Live Births	No. Assisted	
1950	293	4.88	211	94
1951	309	5.13	225	88
1952	310	5.24	239	70
1953	300	4.67	247	78
1954	271	4.33	227	72
1955	274	4.39	235	68
1956	238	3.70	211	76
1957	306	4.23	247	71
1958	295	4.16	278	63
1959	277	3.80	252	72
1960	295	3.77	297	74
1961	292	3.63	305	67
1962	407	4.78	279	73
1963	489	5.51	287	80
1964	506	5.47	369	89
1965	571	6.25	375	112



The County Council has continued to subsidise the Salisbury and Bristol Diocesan Associations for Moral Welfare, whose field workers provide the help for unmarried mothers and their children, the Superintendent Health Visitor acting as liaison officer with the Associations.

Despite continued staffing difficulties, particularly in some areas, the numbers helped have increased considerably.

The Salisbury Diocesan Association continues to run two mother and baby homes in the County, one at Devizes and one at Beckingsale House, Salisbury. The former is in premises provided by the County Council but staffed by the Association.

The following table shows the number of births out of wedlock to women under 21 years of age assisted by moral welfare workers.

	1951	1956	1961	1962*	1963	1964	1965
Under 16 years of age ...	4	6	10	21	22	11	19
16 to 18 years of age ...	18	26	43	64	75	80	81
18 to 21 years of age ...	40	60	94	90	93	126	162

\*These figures are a slight underestimate as the particulars were not available in respect of one part of the County.

During the year there were 95 admissions to the Devizes Hostel, for 48 of which the Health Committee was financially responsible, and 28 admissions to other homes at the Council's expense, including 11 to Beckingsale House, Salisbury.

#### REPORT OF THE CHIEF DENTAL OFFICER, MR. D. MIDDLETON, L.D.S.

I am sorry that the County Council has not approved the public health measure of water fluoridation as a preventive method for fighting dental decay, as a distressingly high proportion of pre-school children suffer from this disease.

Although there is a slight increase in the number of children examined during the year it is still far too low. Among other efforts to stimulate parents to bring their children for regular examinations is the opening of a "Toddlers Good Dental Health Clinic" at Chippenham early in the new year. Mothers will be invited to bring their three year old children to these clinics at which dental health matters will be discussed and examinations arranged. A paragraph has also been inserted in the school dental treatment form telling parents that free examination and treatment is also available at the clinics for pre-school children.

The dental auxiliaries are proving helpful in relieving the dental officers of much of the training of the younger children to become good dental patients, and thus allowing them additional time for more advanced clinical work. The health education material produced by the auxiliaries is also proving very successful with the pre-school children.

#### 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	Commenced Treatment	Completed Treatment
Expectant and nursing mothers ... ..	237 (270)	169 (161)	101 (91)
Children aged under five years ... ..	1,004 (950)	648 (405)	428 (262)

## (b) Forms of dental treatment provided

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	76 (64)	339 (288)	4 (6)	1 (1)	130 (185)	8 (40)	14 (15)	16 (26)	16 (17)
Children aged under five years	11 (34)	779 (546)	422 (474)	— —	438 (425)	145 (155)	— (Nil)	— (Nil)	6 (Nil)

## \*Midwifery

### STAFF

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

Domiciliary midwives (a) employed by County Council ...	78	(73)		
(b) Hospital Management Committee	3	(2)		
Hospital Midwives ... ..	71	(68)		
Midwives in private practice (including those in nursing homes)	6	(5)		
	158	(148)		

(The figures in brackets are those for 1964)

### WORK UNDERTAKEN

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 Hospitals and Nursing Homes
	Doctor not booked		Doctor booked			
	Doctor present at delivery	Doctor not present	Doctor present at delivery	Doctor not present		
County Council Midwives	4 (1)	19 (27)	141 (230)	1,311 (1,341)	1,475 (1,599)	— —
Midwives employed by Hospital Management Committees ... ..	— (—)	— (—)	18 (28)	141 (150)	159 (178)	3,979 (3,860)
Private Midwives ... ..	— (—)	— (1)	— (—)	— (—)	— (1)	20 (14)
<b>TOTALS</b> ...	<b>4 (1)</b>	<b>19 (28)</b>	<b>159 (258)</b>	<b>1,452 (1,491)</b>	<b>1,634 (1,778)</b>	<b>3,999 (3,874)</b>
				<b>GRAND TOTALS</b> ...		<b>5,633 (5,652)</b>

(The figures in brackets are those for 1964)

In addition to the figures given in the above table, County Council midwives were asked to attend 1,619 women discharged from maternity hospitals before the tenth day, representing a further increase of 446 over the number attended in the previous year. Some of this was due to the increased pressure on maternity beds in Swindon, and to cover the additional work involved in this area it was necessary to continue to employ part-time staff to the equivalent of (half a full time nurse) for the area around Swindon and two full time staff within the borough.

\*The statistics in this section exclude the Borough of Swindon (unless specifically stated).

## \* *Health Visiting*

### STAFF

The following table shows the development of the service since 1953 and at the end of the year there were three vacancies.

Year	Establishment of qualified full-time staff at end of year (County area, excluding Swindon)	Number of dispensations held at end of year in respect of unqualified staff employed partly on infant visiting duties
1953	24	31
1958	37	3
1963	63	1
1964	65	1
1965	73	Nil

A further seven assistants to health visitors commenced duty during the year making a total of twelve employed at the end of the year. Five more appointments of this nature are planned for 1966.

These assistants have continued to prove valuable in carrying out duties not requiring the skill and training of a health visitor. During the year they undertook about 9,500 routine visits in connection with the home help service, about 4,800 of these being visits to households of patients receiving the service.

In addition 825 visits were paid to other homes regarding general care of the elderly, chiropody, schoolchildren, and mothers and young children. They also attended some 1,077 clinic sessions.

### WORK UNDERTAKEN

The following table gives a summary of the visits undertaken by the health visitors during 1965 with figures for 1964 in brackets.

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	Tuberculous households	Other cases	Grand Total of Domiciliary visits
	First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits	
21,240 (21,475)	1,614 (1,827)	3,253 (1,992)	7,209 (7,001)	45,894 (42,211)	20,560 (24,554)	32,248 (31,989)	763 (831)	35,222 (29,791)	137,940 (130,568)

The table excludes school nursing visits.

The number of live births (excluding Swindon) corrected according to domicile, was 7,098. The figure for 1964 was 7,124.

\*The statistics in this section exclude the Borough of Swindon (unless specifically stated).

## GENERAL

More visits were paid by the health visitors and at the same time development of relaxation and mothercraft classes and health education in schools and clinics has continued.

The following table shows the average population per health visitor, with figures for previous years:—

County (excluding Swindon)			
Year	Estimated Population, Mid Year	Establishment of Health Visitors	Average Population per Health Visitor
1957	327,400	31	10,561
1958	326,040	37	8,811
1959	329,340	48	6,861
1960	333,100	56	5,948
1961	338,690	61	5,552
1962	344,700	61	5,650
1963	351,110	63	5,573
1964	359,640	65	5,533
1965	366,420	73	5,019

In 1956 the Working Party on Health Visitors recommended an average population of 4,300 per health visitor, and although this figure possibly represented an ideal it is clear that increases in health visitor establishments are not much more than keeping pace with the increase in population.

Almost all school nursing duties are undertaken by qualified health visitors and the district nurses undertaking these duties now number three only.

By the end of the year thirty-four health visitors had been attached to the practices of general practitioners and health visitors' areas have been revised to coincide wherever possible with G.P.s practice areas. It is now clear that this arrangement is valuable both to general practices and to the health visiting service.

Health visitors continue to devote a considerable amount of time to the home help service, and during the year paid 11,421 visits, compared with 10,516 in the previous year.

## TRAINING SCHEME

Two students completed training and filled vacancies in the establishment in July and December. One student commenced training in October.

## SCREENING TESTS

(a) *for deafness*

Health visitors continue to undertake screening tests on babies at the age of three to four months, and when any hearing loss is suspected, further investigation is arranged. During the year 4,729 tests were made.

(b) *for phenylketonuria*

Routine tests are undertaken at four weeks for this rare condition, which leads to severe mental subnormality unless discovered and treated very early. 6,133 tests were made during the year. One positive case was detected.

### "AT RISK" REGISTER

At the end of the year 1,436 children were on the register of babies born on or after 1st January, 1962, who had been subjected to certain adverse influences in pre-natal, perinatal or post natal life. Particular attention is being paid to the follow-up of these children through the health visitors and child welfare centres with a view to the early detection of possible handicaps.

Four hundred and ninety-eight children were added to the register in 1965 and the following is an analysis of the children registered in each year into the various "at risk" categories.

		1962	1963	1964	1965
Prenatal	Family History of Deafness ... ..	2	8	1	9
	Rubella in early pregnancy ... ..	3	4	1	1
	Other virus infections in early pregnancy ... ..	—	—	3	—
	Parental diabetes ... ..	2	—	2	6
	Congenital Abnormality in parent or sibs ... ..	—	—	3	5
	Toxaemia in pregnancy ... ..	31	47	47	75
Perinatal	Prolonged or difficult labour ... ..	55	75	110	160
	Premature birth (birth weight under 5½lb.) ... ..	67	94	115	160
	Anoxia ... ..	5	14	10	15
	Neonatal jaundice ... ..	9	26	26	50
	Convulsions, cyanotic attacks ... ..	3	2	1	6
	Cerebral Palsy ... ..	2	4	—	—
	Presence of congenital abnormalities with possibility of others ... ..	1	21	24	29
Post Natal	Meningitis or encephalitis ... ..	2	1	—	1
	Otitis media ... ..	1	1	1	1
	Mental backwardness ... ..	1	2	—	1

These figures are larger than the number of children on the "at risk" register since some children fall into more than one category.

Below is an analysis of the number of children who were referred for investigation. This analysis has been done according to the year of birth and not the year of referral.

<i>Paediatric</i>				<i>Ophthalmic</i>			
1962	1963	1964	1965	1962	1963	1964	1965
6	18	16	20	5	3	3	4
<i>Orthopaedic</i>				<i>Heart Specialist</i>			
1962	1963	1964	1965	1962	1963	1964	1965
5	4	3	8	—	—	1	1
<i>Hearing Therapist</i>				<i>Total Referred</i>			
1962	1963	1964	1965	1962	1963	1964	1965
18	27	35	37	34	52	58	70

The keeping of "at risk" registers, which is now widely carried out in this country, requires a longer period to show its value and to enable the most appropriate methods of categorisation to be decided.

It is likely, however, to make a useful contribution to the early discovery and treatment of handicapped children.

The increase in the numbers of children placed on the register in 1965 probably reflects more efficient use of the scheme rather than an actual increase in the number of children suitable for inclusion.

### CONGENITAL MALFORMATIONS

As from the 1st January, 1964 a scheme was introduced nationally for the notification of children born with congenital malformations apparent at birth.

During the year 186 children with such malformations were reported and the following is an analysis of the total of 417 malformations notified:—

Central Nervous System	...	...	...	...	86
Eye and Ear	...	...	...	...	17
Alimentary System	...	...	...	...	45
Heart and Great Vessels	...	...	...	...	25
Respiratory System	...	...	...	...	8
Uro-genital System	...	...	...	...	35
Limbs	...	...	...	...	142
Other Skeletal	...	...	...	...	12
Other Systems	...	...	...	...	25
Other Malformations	...	...	...	...	22
					417

The notification scheme was introduced following the demonstration of the effects of the drug thalidomide and suspicions of other drugs which helped to demonstrate the need for a continued record of at least the major abnormalities detectable at birth.

### PROBLEM FAMILIES

The following table shows the volume of work undertaken during the year by the health visitors who continue to devote a considerable amount of time to helping families with seriously unsatisfactory conditions. The figures in brackets are those for 1964:—

Number of families on list at end of year	...	...	...	129	(123)
Number added to list during year	...	...	...	25	(20)
Number removed from list (improved) during year	...	...	...	14	(17)
Number removed from County during year	...	...	...	5	(16)

One special home help only has been employed during the year, in the Trowbridge area. Twelve families were assisted by the one whole-time special home help, and in addition specially selected part-time home helps assisted fourteen problem families. Since the service started in 1955, 105 families have been helped with 153 periods of service.

### HEALTH EDUCATION

Health visitors hold a key position in health education work and the subject is dealt with separately in the following section.

## Health Education

Health education has continued to take up an increased amount of time, especially of medical, dental and health visiting staff.

The purchase of a third sound film projector during the year enabled the visual aids programme to be expanded. One projector is based on the Health Clinic at Salisbury to serve the south of the County, another is based at County Hall, and the third at Stratton St. Margaret.

Considerable use has been made in the secondary schools of three films which are owned by the Health Department, on the dangers of smoking, entitled "Time Pulls the Trigger", "Smoking and You" and "This Is Your Lung", and anti-smoking filmstrips and flannelgraphs continued to be used widely.

Two other films owned by the Health Department, "The Shadow of Ignorance" and "The Innocent Party", have been used in connection with Health Education in inter-personal relationships, and "The Innocent Party" has been especially well received in secondary schools. Head teachers who showed an interest in the film were given a preview, and it is intended to develop this theme into a wider course on personal relationships using this film as a source of discussion.

### SMOKERS' HEALTH CLINICS

Since January 1963 Smokers' Health Clinics have been opened at Melksham, Trowbridge and Salisbury. A total of 177 persons have attended, of whom 89, or approximately 50 per cent, completed the course with the following results:—

Ceased smoking ... ..	43
Reduced to 5 cigarettes or less daily ...	12
Reduced to 10 cigarettes or less daily ...	22
Changed to pipe ... ..	3
	—
Benefitted from the course ... ..	80
Achieved no real reduction ... ..	9
	—
Completed the course ... ..	89
	—

Following the opening of each new Smokers' Health Clinic, including one at Warminster early in 1966, a similar pattern of attendances has emerged, beginning with a rush of applicants at the first few sessions and then a gradual decline of interest. Only at the Salisbury Clinic has there been a small but constant flow of new cases after the initial response. At this clinic, which was—opened in June, 1964, regular weekly sessions are being continued for as long as attendances are sustained, but at Melksham, Trowbridge and Warminster sessions are held only when sufficient applications for appointment are received.

All four clinics are advertised weekly in the press.

Health Visitors gave 556 talks during the year, 299 of which were in schools and the remainder in clinics and to local organisations. There were also many talks given by medical, dental and other staff.

It must be appreciated, however, that the largest amount of health education, and almost certainly the most effective, is carried out by personal contact of Health Visitors and other Health Department staff with mothers, children, the elderly and other members of the public.



## \* *Home Nursing*

At the end of the year there were 88 home nurses, 14 being engaged whole-time on this service.

The following table shows the work done during 1965, with figures for 1964 in brackets.

	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Totals
Number of Cases Attended	5,142 (4,896)	1,612 (1,710)	30 (41)	30 (64)	142 (141)	458 (817)	7,414 (7,669)
Number of Visits Paid	79,091 (78,657)	23,436 (22,853)	130 (220)	1,513 (1,916)	847 (1,075)	3,224 (6,842)	108,241 (111,523)

Of the total of 7,414 persons nursed, 456 were under the age of 5 and 3,313 were over the age of 65 at the time of the first visit in 1965.

The home nursing service continues to be valuable in helping to nurse at home all types of patients who are under the care of their family doctor, including a large number of patients discharged from hospitals continuing treatment following operations and a considerable number of patients who have had radiotherapy. The nursing of geriatric patients continues to play a large part in keeping them in their own homes.

The free issue of incontinence pads, which commenced in 1959, has increased steadily since this date and has been of great value and benefit to patients and those looking after them in reducing the amount of soiled bed-linen. There has also been an increase demand for pads for patients being nursed at home by their own relatives.

\*The statistics in this section exclude the Borough of Swindon (unless specifically stated).

## \* Immunisation

Following a report made by the Ministry of Health Sub-Committee on Poliomyelitis Immunisation amendments have been made in the County Council's immunisation procedures.

The recommendation that an interval of three weeks should be allowed after a dose of oral poliomyelitis vaccine before any other immunising procedure is undertaken has been withdrawn. Oral poliomyelitis vaccine can now be given at two, three and four months of age simultaneously with triple vaccine against diphtheria, whooping cough and tetanus.

The comprehensive system of individual letters to parents to remind them of the need for immunisation at particular times continues.

Supplies of all antigens, other than smallpox lymph, are available from the Health Department to general practitioners upon request. During the year anthrax vaccine was also made available to them.

The following paragraphs give more detailed information of the immunisation undertaken against the various diseases. As we no longer require smallpox vaccination records of persons over the age of 16 years the figures for 1965 refer only to children under 16 vaccinated or revaccinated during the year.

### VACCINATION AGAINST SMALLPOX

	1963	1964	1965
No. of primary vaccinations undertaken by general practitioners ...	1,394	2,984	4,043
No. of re-vaccinations ... ..	1,228	1,544	414
<b>TOTAL</b> ... ..	<b>2,622</b>	<b>4,528</b>	<b>4,457</b>
No. of primary vaccinations of children under age of 5 (also included above) ... ..	1,018	2,667	3,900
No. of children under 2 years vaccinated, expressed as percentage of registered live births ... ..	13.5	34.2	46.7

### IMMUNISATION AGAINST DIPHTHERIA

	PRIMARY		REINFORCING	
	1964	1965	1964	1965
No. of immunisations undertaken by— County Council Medical Officers ... ..	2,378	2,787	4,950	4,641
General Practitioners ... ..	4,007	4,370	2,877	3,361
<b>TOTALS</b> ... ..	<b>6,385</b>	<b>7,157</b>	<b>7,827</b>	<b>8,002</b>

No. of children born during period 1956-1960 (i.e. 5-9 years of age) and immunised against diphtheria during 1965 (expressed as a percentage of new school entrants) ... .. 76.02

Combined immunisation against diphtheria, whooping cough and tetanus was provided unless separate immunisation was desired by the parent or required for medical reasons.

### IMMUNISATION AGAINST WHOOPING COUGH

	PRIMARY		REINFORCING	
	1964	1965	1964	1965
No. of immunisations undertaken by— County Council Medical Officers ... ..	1,963	2,335	583	586
General Practitioners ... ..	3,932	4,274	1,926	2,151
<b>TOTALS</b> ... ..	<b>5,895</b>	<b>6,609</b>	<b>2,509</b>	<b>2,737</b>

\*Statistics in this section exclude the Borough of Swindon (unless specifically stated).

## IMMUNISATION AGAINST TETANUS

	PRIMARY		REINFORCING	
	1964	1965	1964	1965
No. of immunisations undertaken by— County Council Medical Officers ... ..	2,980	2,376	4,070	4,414
General Practitioners ... ..	5,152	5,414	3,817	4,463
<b>TOTALS</b> ... ..	<b>8,132</b>	<b>7,790</b>	<b>7,887</b>	<b>8,877</b>

The following table summarises the work of immunisation against diphtheria, whooping cough and tetanus undertaken during the year.

	Children born in years								Totals
	1965	1964	1963	1962	1961	1956-60	1950-55	Before 1950	
<b>PRIMARY</b>									
Diphtheria only ... ..	—	—	—	—	—	95	17	4	116
Whooping Cough only	—	—	—	—	—	—	—	—	—
Tetanus only ... ..	4	15	3	3	1	480	208	667	1,389
Diphtheria, Whooping Cough and Tetanus combined ... ..	2,773	3,202	202	99	37	47	3	4	6,367
Diphtheria, Whooping Cough, Tetanus and Poliomyelitis combined ... ..	97	140	8	—	—	—	1	—	246
Diphtheria and Tetanus combined ... ..	26	49	39	31	43	241	5	5	439
<b>TOTALS</b> ... ..	<b>2,900</b>	<b>3,406</b>	<b>252</b>	<b>133</b>	<b>89</b>	<b>863</b>	<b>234</b>	<b>680</b>	<b>8,557</b>
<b>REINFORCING</b>									
Diphtheria only ... ..	—	—	1	—	2	376	2	—	381
Whooping Cough only	—	—	—	—	—	—	—	—	—
Tetanus only ... ..	—	2	29	12	13	875	301	577	1,809
Diphtheria, Whooping Cough and Tetanus combined ... ..	—	507	1,269	192	78	582	28	2	2,658
Diphtheria, Whooping Cough, Tetanus and Poliomyelitis combined ... ..	—	11	63	5	—	2	—	—	81
Diphtheria and Tetanus combined ... ..	5	297	852	181	231	3,221	97	10	4,894
<b>TOTALS</b> ... ..	<b>5</b>	<b>817</b>	<b>2,214</b>	<b>390</b>	<b>324</b>	<b>5,056</b>	<b>428</b>	<b>589</b>	<b>9,823</b>

As a further guide to the immunisation state, by the end of 1965 immunisation against diphtheria (and this would in most cases have been combined with immunisation against whooping cough and tetanus) has been completed as follows:—

<i>Children born in</i>	<i>Immunised against diphtheria by 31.12.65</i>	<i>Registered live births</i>	<i>Percentage of live births</i>
1964 ...	5,792	7,117	81.4
1963 ...	5,613	6,821	82.3
1962 ...	5,074	6,392	79.4

#### IMMUNISATION AGAINST POLIOMYELITIS

The following tables give a general view of the work undertaken in 1965:—

#### PERSONS COMPLETING PRIMARY IMMUNISATION

Age Group	No. of persons who have received	
	2nd injection of Salk or 3rd injection of quadruple vaccine	3rd dose of oral vaccine
Children born in 1965 ... ..	98	1,135
Children born in 1964 ... ..	141	4,380
Children born in 1963 ... ..	11	756
Children born in 1962 ... ..	2	374
Children born in years 1958-1961 ...	5	1,337
Others under age 16 ... ..	5	311
<b>TOTALS</b> ... ..	<b>262</b>	<b>8,293</b>

#### PERSONS RECEIVING REINFORCING DOSES

No. of persons given 3rd injections of Salk vaccine or 4th injections of quadruple vaccine	117
No. of persons given a reinforcing dose of oral vaccine ... ..	4,692
<b>TOTAL</b> ... ..	<b>4,809</b>

The following table shows completed immunisation carried out by the end of 1965 in respect of children born in the particular years:—

<i>Children born in</i>	<i>Number immunised by 31st Dec., 1965</i>	<i>Number of registered live births</i>	<i>Percentage immunised</i>
1964 ...	5,349	7,117	75.2%
1963 ...	5,169	6,821	75.8%
1962 ...	4,674	6,392	73.1%

Records of immunisation of hospital staff and their families when performed by the hospital medical staff are not required by the local health authority. The Department supplied 440 units of oral vaccine to hospitals in 1965 for their staff.

## IMMUNISATION AGAINST TUBERCULOSIS

The following table shows the extent to which the programme was carried out. The number of children in maintained schools who were entitled to heaf testing given in the table includes 1,100 who could not be dealt with in 1964. The arrears were made good and the year's age group was tested apart from 237 who will be carried forward to 1966.

Type of School or College	Schools at which immunisation was carried out		Schools at which immunisation was not carried out	
	No. of Schools	No. of persons who were entitled to heaf testing	No. of Schools	No. of persons who were entitled to heaf testing
Maintained ... ..	43	4,810	4	237
Independent ... ..	12	266	4	Not known
Approved ... ..	2	69	—	—
Further Education ...	2	47	2	Not known

The percentage of those offered heaf testing who accepted has risen from 62.9 per cent in 1963 to 76.7 per cent in 1964 and 79.0 per cent in 1965. This increase has been largely brought about by following up with a further letter those who did not consent in the first place.

The results of the heaf testing in schools at which immunisation was carried out were as follows:

	Heaf Tested		Positive		Negative and Immunised
	No.	Percentage of those entitled to heaf testing	No.	Percentage of those tested	
Maintained ... ..	3,829	79.6	855	22.3	2,974
Independent ... ..	214	80.6	45	21.0	169
F.E. Colleges ... ..	17	36.1	3	17.9	14
Approved ... ..	44	63.8	8	18.1	36
TOTAL ... ..	4,104	79.0	911	22.1	3,193

Thirty-five children had unusually strong reactions to the heaf tests and were given appointments at the chest clinic for investigation. The results were as follows:—

Old contacts ... ..	2
Nothing abnormal discovered ... ..	28
Kept under observation at clinics ... ..	2
Appointments not kept ... ..	3
	—
	35
	—

In 1964 arrangements were continued to follow up children who were immunised five years before by offering them heaf tests. Forms of consent were sent to the last known addresses of 2,428 young people but only 511 were returned. Appointments were offered to these and 140 who were absent last year. Three hundred and forty-three appointments for heaf testing were kept and the remaining 308 were absent and will be given further appointments in 1965. Of the 343 who were heaf tested 47 or 13.7 per cent were negative and these were immunised again.

## Ambulance Service

The following table shows the number of patients carried and the mileage undertaken by the Ambulance Service in each area during the year. The figures for 1964 are shown in parenthesis.

AMBULANCE AREA	PATIENTS				MILES	
	ACCIDENT OR EMERGENCY		OTHER			
<b>TROWBRIDGE:</b>						
County Council Vehicles ... ..	1,509	(1,630)	38,554	(33,550)	264,704	(228,258)
Voluntary Organisation Vehicles ... ..	110	(131)	701	(532)	17,224	(18,160)
County Car Pool ... ..	—	(—)	18,042	(17,728)	221,972	(212,029)
Car Hire ... ..	—	(—)	1,388	(3,118)	5,977	(5,480)
	1,619	(1,761)	58,685	(54,928)	509,877	(463,927)
<b>CHIPPENHAM:</b>						
County Council Vehicles ... ..	617	(580)	20,140	(19,118)	175,039	(161,098)
Voluntary Organisation Vehicles ... ..	—	(—)	2,736	(2,668)	16,043	(18,930)
County Car Pool ... ..	—	(—)	7,598	(8,803)	114,363	(116,479)
	617	(580)	30,474	(30,589)	305,445	(296,507)
<b>SALISBURY:</b>						
County Council Vehicles ... ..	1,295	(1,316)	7,702	(7,344)	94,062	(86,906)
County Car Pool ... ..	—	(—)	29,473	(30,198)	364,578	(356,431)
	1,295	(1,316)	37,175	(37,542)	458,640	(443,337)
<b>SWINDON:</b>						
County Council Vehicles ... ..	2,787	(2,647)	36,028	(36,871)	196,654	(197,192)
Voluntary Organisation Vehicles ... ..	179	(207)	1,451	(1,963)	32,753	(38,877)
County Car Pool ... ..	—	(—)	24,438	(19,092)	286,703	(267,820)
	2,966	(2,854)	61,917	(57,926)	516,110	(503,889)
<b>GRAND TOTAL</b> ... ..	<b>6,497</b>	<b>(6,511)</b>	<b>188,251</b>	<b>(180,985)</b>	<b>1,790,072</b>	<b>(1,707,660)</b>

	Increase in Patients over 1964		Increase in Mileage over 1964	
<b>TOTAL</b> ... ..	7,252	3.9%	82,412	4.8%
County Council Vehicles ... ..	5,576	5.4%	57,005	8.5%
County Car Pool ... ..	3,730	4.9%	34,857	3.6%
Voluntary Ambulance Units ... ..	—324	—5.9%	—9,947	—13.1%
Car Hire ... ..	—1,730	—55.5%	497	9.0%

The major share of the sitting case car work was again undertaken by the County Car Pool and the Service is greatly indebted to these drivers. Units of the St. John Ambulance Brigade and British Red Cross Society also continued to give their valuable assistance and the Service is fortunate to have the support of these bodies.

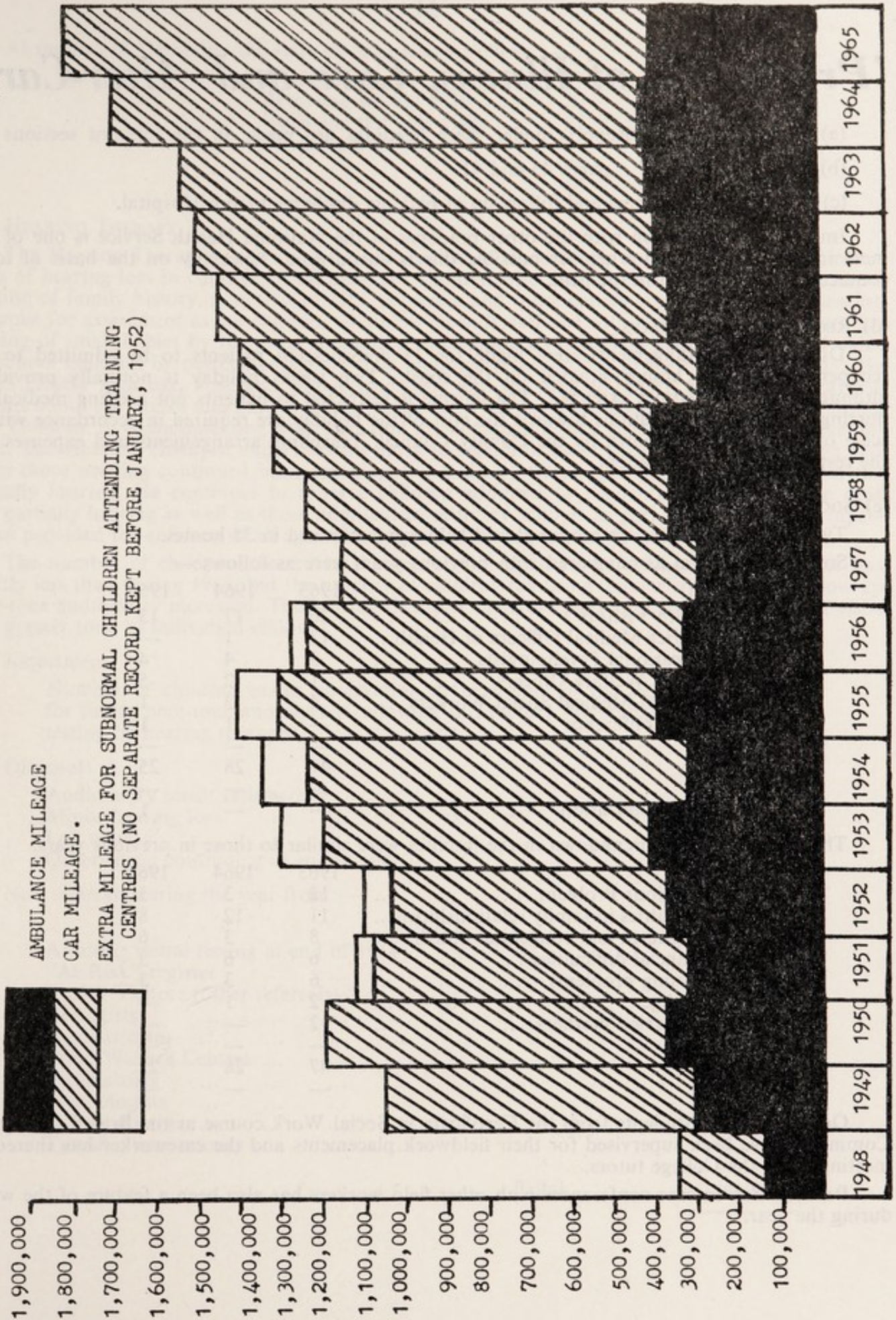
The need for more comprehensive training for Ambulance Service staff has been under review by a Working Party set up by the Ministry of Health. For some years it has been the practice in Wiltshire to arrange talks and demonstrations on special subjects for staff in addition to their

training for the first aid certificates of the voluntary aid societies. During 1965 a series of three day local training courses were held, covering medical and non-medical subjects, and we are indebted to the consultants of the Swindon and Salisbury Hospital Groups and to Dr. Mills of the British Red Cross Society and the Chief Constable for their help in making these courses a success.

The ability of the Service to help patients suffering from maxillo-facial and neck injuries was improved by equipping each ambulance with oro-suction apparatus.

For the first time a team was entered in the National Ambulance Service competition. A keen interest in this venture was shown by all the staff. A County competition was first held and a team from Swindon subsequently represented Wiltshire in the Regional competition held at Oxford in October. Although they did not win, they performed creditably and finished fourth.

THE FOLLOWING DIAGRAM SHOWS THE MILEAGE TRAVELLED SINCE THE INCEPTION OF THE SERVICE IN 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 43 and 41.  
 (c) Other types of illness and follow-up of patients discharged from Hospital.

Improved co-operation with the other branches of the National Health Service is one of the most important aims and wherever possible this is encouraged, especially on the basis of local contact between the staff in the field.

### (d) RECUPERATIVE HOLIDAYS

During 1965 arrangements were made for 11 convalescent patients to be admitted to six recuperative holiday homes situated on the coast. Two weeks holiday is normally provided, although this is sometimes extended. The scheme is restricted to patients not needing medical or nursing care, and contributions towards the cost of the holiday are required in accordance with a scale of assessment laid down by the County Council. Travelling arrangements and expenses are the responsibility of the patient.

### (e) SOCIAL CASE WORK

Twenty-five new cases were opened and help was continued in 35 homes.

Sources of referral as compared with previous years were as follows:—

From:	1963	1964	1965
Health Visitors ... ..	26	17	13
District Medical Officers of Health...	13	1	—
Educational Psychologists ... ..	3	4	4
Mental Welfare Officers ... ..	1	2	5
Hospital Medical Social Workers ...	4	3	1
Case Conference ... ..	—	1	1
	—	—	—
	47	28	25
	—	—	—
Own Application ... ..	—	—	1

The causes of social breakdown in the families were similar to those in previous years.

	1963	1964	1965
Behaviour Problem ... ..	12	3	5
Difficulties in family relationships ...	11	12	8
Long-term and congenital illness ...	8	3	6
Financial difficulties ... ..	6	6	3
Housing problems ... ..	6	3	3
Old Age ... ..	2	1	—
Unmarried mothers ... ..	2	—	—
	—	—	—
	47	28	25
	—	—	—

Once again two students from the Certificate in Social Work course at the Bristol College of Commerce have been supervised for their fieldwork placements and the caseworker has shared in meetings with the College tutors.

Participation in case conferences with other field workers has also been a feature of the work during the year.

At the end of December the state of cases was as follows:—

Work completed ... ..	17
Receiving weekly visits ... ..	20
Receiving monthly visits ... ..	23
Awaiting first visit ... ..	—
	—
	60
	—

(f) HEARING THERAPY

The Hearing Therapist—who is a trained teacher of the deaf—is concerned with the implications of hearing loss in children of all ages. All children who are “at risk” of congenital deafness because of family history, maternal rubella, toxæmia and other causes are referred to the hearing therapist for assessment as are children who have recently suffered with meningitis. He assesses the hearing of small babies by the more specialised screening tests (free-field distraction) and of older pre-school children by performance pure-tone audiometry according to their age and ability. He works closely with ear, nose and throat specialists and the School Health Service. He instructs parents about the causes and nature of hearing loss and advises them about the methods of training their children, in communicating with them and in encouraging their speech and language development. The Hearing Therapist supervises the entry to school of older partially hearing children and refers those needing continued basic teaching and auditory training to peripatetic teachers of the partially hearing. He continues to observe children admitted to residential schools for the deaf and partially hearing as well as those admitted to ordinary schools as part of the continued supervision provided for children of all ages with impaired hearing in this county.

The number of children referred to the hearing therapist for initial hearing assessment was slightly less than during 1964, but the number of children requiring regular training and follow-up pure-tone audiometry increased. The hearing therapist therefore paid an increased number of visits to a greater total of individual children.

Assessment:

Number of children under observation at beginning of the year for future pure-tone audiometry following satisfactory preliminary testing by hearing therapist ... ..	67	(45)
--	----	------

Disposal:

Audiometry result satisfactory ... ..	11	(13)
Minor hearing loss ... ..	—	(2)
Left county ... ..	—	(1)
Observation continuing at end of year ... ..	56	(29)

New referrals during the year from:—

	<i>Origin</i>	
Awaiting initial testing at end of 1964 ... ..	9	(16)
“At Risk” register ... ..	35	(37)
Health Visitors (other referrals) ... ..	40	(32)
Otologists ... ..	12	(18)
Paediatricians ... ..	7	(16)
Child Welfare Centres ... ..	13	(13)
Psychiatrists ... ..	2	(—)
Psychologists ... ..	2	(3)
Family doctors ... ..	10	(5)
Transfers into county ... ..	4	(1)
<b>Total ... ..</b>	<b>134</b>	<b>(141)</b>

*Results*

Satisfactory	...	...	...	...	...	...	...	...	39	(36)
Satisfactory for future pure-tone audiometry	...	...	...	...	...	...	...	...	45	(38)
Continuing free-field testing	...	...	...	...	...	...	...	...	10	(28)
Conditioning for pure-tone audiometry	...	...	...	...	...	...	...	...	1	(—)
Slightly deaf (not requiring hearing aids)	...	...	...	...	...	...	...	...	14	(18)
Severely deaf (requiring training)	...	...	...	...	...	...	...	...	8	(11)
Left county	...	...	...	...	...	...	...	...	5	(1)
Total tested									122	(132)
Awaiting assessment									11	(9)
Total									133	(141)

## Parent guidance and auditory training:

Receiving training at beginning of year	...	...	...	...	...	...	...	...	18	(12)
Training commenced during the year	...	...	...	...	...	...	...	...	12	(16)
Total children trained during 1965	...	...	...	...	...	...	...	...	30	(28)

## Disposal during 1965:

Entering schools for the deaf or partially hearing	...	...	...	...	...	...	...	...	—	(3)
Entered Partially Hearing Unit	...	...	...	...	...	...	...	...	1	(—)
Commenced at ordinary infants school	...	...	...	...	...	...	...	...	1	(4)
Commenced at private nursery/infant school	...	...	...	...	...	...	...	...	2	(—)
Died	...	...	...	...	...	...	...	...	—	(1)
Left the county	...	...	...	...	...	...	...	...	4	(2)
Hearing aid withdrawn after observation	...	...	...	...	...	...	...	...	3	(—)
Training continuing at end of year	...	...	...	...	...	...	...	...	19	(18)
Total									30	(28)

Total number of children visited for training and assessment	...	...	...	...	...	...	...	...	177	(166)
Total number of visits to homes	...	...	...	...	...	...	...	...	656	(569)
Hospital hearing aids issued	...	...	...	...	...	...	...	...	15	(8)
Commercial hearing aids purchased	...	...	...	...	...	...	...	...	6	(3)

Eight speech training units are available for loan to parents.

Television sets were adapted to drive induction loops for ten children.

## (g) CHIROPODY

The following tables, with the 1964 figures in brackets show how the service has been maintained during 1965.

## Conditions treated:—

Corns, callouses, etc., not complicated by other physical conditions	1,365	(1,324)
Severe nail conditions	157	(150)
Similar lesions complicated by other physical conditions:—		
Diabetes	68	(68)
Sepsis	19	(12)
Severe circulatory disorders	26	(31)
Gangrene	2	(2)

Total patients treated 1,637 (1,587)

Number of treatments given during year 8,164 (8,751)

The following shows patients who commenced treatment in 1965 classified by age groups:—

<i>Age Group</i>	<i>Domiciliary</i>	<i>Clinic</i>
Under 60	22 (45)	5 (1)
60—	25 (46)	6 (7)
65—	55 (93)	7 (9)
70—	75 (117)	11 (23)
75—	78 (155)	9 (15)
80—	79 (126)	6 (9)
85—	42 (67)	1 (8)
90 and over	9 (17)	—
TOTAL	385 (666)	45 (72)
	— —	— —

Although the establishment was increased to 9 on the 1st April, 1965, despite advertising it was impossible to augment the existing force of five. However, demand for treatment continued to increase and by 31st December a waiting list of 168 had developed.

As before, treatment continued to be given to the elderly, the physically handicapped and to expectant mothers, and domiciliary visits were made to patients unable to leave their own homes. For patients able to travel, clinics were arranged at the following centres:

County health clinics at Corsham, Melksham, Trowbridge, Chippenham, Warminster and Salisbury.

Eastcott Hill Clinic, Swindon (for patients living outside the Borough).

Bingham Hall, Box ...

Trinity Hall, Trowbridge

The Lecture Hall, Mere

Holton House, Corsham

Old People's Club, Codford

In addition, six voluntary organisations continue to provide valuable service, mainly to patients able to attend a centre, and during 1965 grants totalling over £1,300 were paid.

The increase in demand for treatment has led to the development of the service carried out under the County scheme by private chiropodists. During the year over 250 patients received treatment from private chiropodists directly employed, compared with 43 in 1964.

Because of the pressure of demand, it was not possible to develop the service at the County Council's Welfare Homes as much as was hoped, and at the end of the year three homes were receiving regular visits. Again, progress in this direction will largely depend on an increase in staff.

Although a third student was appointed for training at Salford School of Chiropody, he did not take up his post, and the number under training remained at two.

#### (h) PROVISION OF HOME NURSING EQUIPMENT

During 1965, 1,370 loans were made from the 27 local depots run by the British Red Cross Society and St. John Ambulance Brigade in connection with the County Council.

## \* Domestic Help

The following tables show the growth of the service and statistical information on the work done during 1965. Such additional funds as become available annually for expansion of the service are fully taken up by the demand, but the level of help given is still below the national average.

Persons in receipt of old age pensions without additional means, and those with old age and supplementary pensions or in receipt of national assistance, are not expected to make contributions.

Year	Number of Enrolled Part-time Home Helps at end of year	Full-time Equivalent (approx.)	Number of Cases attended during year		
			Maternity	Other	Total
1961	758	101.9	82	952	1,034
1962	1,001	114.0	73	1,119	1,192
1963	1,167	123.0	95	1,286	1,381
1964	1,102	140.0	93	1,394	1,487
1965	1,175	169.0	90	1,572	1,662

Comparative statistics for persons assisted in 1964 and 1965 are as follows:—

Year	Aged 65 years or over	Aged under 65 years				Total
		Chronic Sick and T.B.	Mentally Disordered	Maternity	Others	
1964	1,180	145	10	64	88	1,487
1965	1,326	152	12	90	82	1,662
INCREASE	+146	+7	+2	+26	—6	+175

### NIGHT ATTENDANT SERVICE

There was no demand for this service during the year, but two patients were assisted with evening service during the year.

\*The statistics in this section exclude the Borough of Swindon

## *Mental Health Services*

Only one new establishment was opened in 1965. This was the Mental Health Centre at Salisbury, in the Old Fire Station, conveniently situated in the centre of Salisbury. It was possible to move the mental welfare officers from cramped accommodation into new offices at the Mental Health Centre on 21st July, 1965, but the rest of the premises could not be adapted and furnished until the 17th December, 1965. In addition to housing the mental welfare officers it is intended that this shall be a centre where efforts can be made to promote mental health education and, in addition, that it shall be used as a social club for any group of mentally disordered persons who need it.

A meeting of voluntary organisations was held at the Mental Health Centre in December to put forward the idea of social clubs for the mentally disordered and to enlist voluntary help.

Development of the Information Centre was unfortunately delayed owing to the financial restrictions on the appointment of staff. It is the intention to appoint a receptionist/clerk who, working in conjunction with the mental welfare officers, could interview the public and direct them to the appropriate worker or service to help them with their problems. In addition, it is intended to provide general information on mental health matters.

By the end of the year, the use of Sarum House, the hostel for subnormal adults, and Rutland House, the hostel for subnormal young persons, had developed considerably. The help provided for residents at these hostels was becoming known to hospital consultants, and residents came from the community. At the end of the year the number of residents at Sarum House was 25 and at Rutland House 20. With the help of a local firm work had been found for several subnormal residents of Sarum House and of the 25 living at the hostel at the end of the year, nine were earning good working wages, whilst the remainder were attending daily at the Sarum Adult Training Centre. Employers showed consideration for the work of rehabilitation of the young people at Rutland House and at the end of the year 13 were in employment, the remaining seven attending the Trowbridge Adult Training Centre.

During the year it became evident that persons recovering from mental illness who could benefit from short stay help towards rehabilitation were not forthcoming in sufficient numbers to warrant the continued use of Redlands House Hostel for this purpose. After discussions with consultant psychiatrists, the Ministry of Health and the Regional Hospital Board, it was decided to start the admission of mentally subnormal women, with a view to its complete use for this purpose as soon as the few remaining mentally ill persons could be found suitable alternative accommodation.

Investigations were to be made to see whether a hostel for the short-stay rehabilitable mentally ill might provide a useful function if it were situated in another part of the County and, if so, what would be the optimum size of such a hostel.

Plans were well advanced by the end of the year towards developing a hostel for the elderly mentally ill in Devizes.

The number of junior and adult training centres remains the same, i.e. five junior training centres and four adult training centres. Towards the end of the year contracts had been completed for building a new junior training centre and nursery unit at Salisbury by utilising the garden of the existing centre and land freed by demolishing an adjoining property. Unfortunately it had still been impossible by the end of the year to acquire a suitable site in East Wilts for the erection of an adult training centre for that part of the County.

The numbers attending adult training centres have again increased. By the end of 1964 the number attending adult centres was 136, whereas at the end of 1965 this number had increased to 216. There is no doubt that these centres provide a much appreciated form of relief for the families

of the mentally subnormal and in view of the regularity of attendance, which is not compulsory, it is quite clear that the work and training provided at the centres is enjoyed by the mentally subnormal persons themselves.

We have been fortunate in increasing the variety of work during the year and this has given greater flexibility in finding work suitable to each trainee and in helping them to progress where possible from simple work with jigs to more advanced work where a certain degree of initiative and decision has been displayed. More work would be welcome from industry to give greater training scope, particularly in the more rural areas where there is little light industry. Emphasis is still placed on undertaking work for the County Council also.

In addition to training by means of work processes, training in domestic work has been continued and greater attention has been paid to training at the transition stage between junior and adult training centres, and some simple 3R instruction is continued for new entrants transferred from junior training centres.

The new premises for junior training centres have clearly demonstrated the great help which properly designed accommodation can give in the training of mentally subnormal children.

During the year two further trainee supervisors commenced their two year training course, making three trainees in all on courses at the moment. In addition to this, one established member of the staff returned from a year's training course and a further established member commenced a year's course in September.

The Salisbury and Swindon Societies for Mentally Handicapped Children organised holidays for the junior and adult training centres in Swindon and Salisbury. Supervision by the children and adults while on holiday was provided by the centres' staffs, helped by volunteers. In addition, for the first time, the Health Department directly organised holidays for the junior and adult training centres at Chippenham and the junior training centre at Trowbridge. Here also supervision was afforded by the centres' staffs, with voluntary help. Whilst these holidays provided enjoyment for the mentally subnormal persons and, in fact, for many were the first holidays they had taken away from their homes, they also enabled the centre staffs to gain a greater insight into the personalities of the children and adults and were undoubtedly a help with training. It is hoped that by encouraging the mentally subnormal, and particularly the children, to undertake more for themselves, parents can be helped to realise the potentialities for encouragement and social training at home.

The following tables show briefly the work undertaken by the mental health services during the year and it will be seen that in addition to the developments mentioned above, there was a continued increase in the important social work carried out by mental welfare officers and in co-operation with other services:—

RETURN OF WORK BY MENTAL WELFARE OFFICERS IN 1964 AND 1965

DURING OFFICE HOURS

OUTSIDE OFFICE HOURS

	DURING OFFICE HOURS								OUTSIDE OFFICE HOURS											
	Under 16				Over 16				Totals		Under 16				Over 16				Totals	
	Males		Females		Males		Females		1964	1965	Males		Females		Males		Females		1964	1965
	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965
1. Interviews at Mental Health Offices	41	46	10	7	411	396	501	541	963	990										
2. Attendances at Case Conferences, Clinics and Meetings (shown as cases discussed)	14	16	9	8	1416	1627	1887	1986	3326	3637										
3. Visits to Police, Probation Office, Ministry of Labour, N.A.B., etc. (shown as cases discussed)	35	25	19	17	513	461	550	442	1117	945										
4. Attendances at Courts					9	2	4	2	13	4										
5. Visits to Relatives only	49	74	23	45	472	563	446	467	990	1149										
6. Statutory Guardianship visits					32	11	10	10	42	21										
7. Home visits of friendly supervision preventive and after care visits	209	247	124	176	1689	1971	3316	3854	5338	6248										
8. Other home visits	13	3	5	3	93	74	127	103	238	183										
9. "No-access" visits (not included elsewhere)	34	50	17	36	390	397	705	686	1146	1169										
10. Visits to patients in hospital		1	5	1	88	102	190	168	283	272										
11. Visits to patients in hostels		2		4	36	67	17	54	53	127										
12. Admissions to hospital:—					12	6	17	22	29	28										
Compulsory Sec. 25					6	6	4	7	10	13										
Sec. 26					17	9	38	19	55	28										
Sec. 29																				
Sec. 60						1				1										
Sec. 65																				
Informal	1	2	1	1	123	115	195	164	320	282										
13. Assessment Clinic																				
14. Admission to hostels	1			1	7	10		3	8	14										
15. Patients absent without leave or escaping from custody, retaken and returned to hospital																				
									13931	15111									1540	1125

"CASEBOOK SUMMARY" OR STATE (i.e. NUMBER OF PATIENTS BY CATEGORIES)

	Mentally ill		Psycho-pathic		Subnormal		Severely subnormal		TOTAL	
	M	F	M	F	M	F	M	F	M	F
No. of Patients under Guardianship of the County Council					1				1	
No. of Patients under Guardianship of others						2	2	2	2	2
No. attending Junior Training Centres					21	14	48	24	69	38
No. awaiting training at Junior Training Centres										
No. attending Adult Training Centres	3				27	29	52	48	82	77
No. awaiting training at Adult Training Centres										
No. resident in County Council Hostels—										
(a) Sarum House					14		11		25	
(b) Rutland House					12	8			12	8
(c) Redlands House	9				5				9	5
No. resident at C.C. expense in private hostels and other establishments					1	1	2		3	1
No. boarded out at C.C. expense in private households							2		2	
No. under informal supervision by—										
(a) Mental Welfare Officers	216	287	10	4	207	174	159	114	592	579
(b) Health Visitors						1		1		2
(c) Voluntary Visitors					1	1	1	1	2	2
(d) Probation Officers					1				1	
(e) Children's Officers					2				2	
No. awaiting admission to hospital—										
(a) Urgent need					2		2	4	4	4
(b) Not urgent need						2	1	1	1	3





## *Tuberculosis*

### NOTIFICATIONS

Primary notifications of tuberculosis and corresponding incidence rates during the last three years, together with those for two previous years at five yearly intervals, and also those in 1944—the peak year—are shown in the following table:—

YEAR	Number of Primary Notifications			Incidence Rate per 1,000 of Population		
	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)
1944	423	122	545	1.23	0.35	1.58
1953	329	49	378	0.84	0.12	0.96
1958	162	41	203	0.4	0.10	0.50
1963	108	24	132	0.24	0.05	0.29
1964	109	41	150	0.24	0.09	0.33
1965	108	15	123	0.23	0.03	0.26

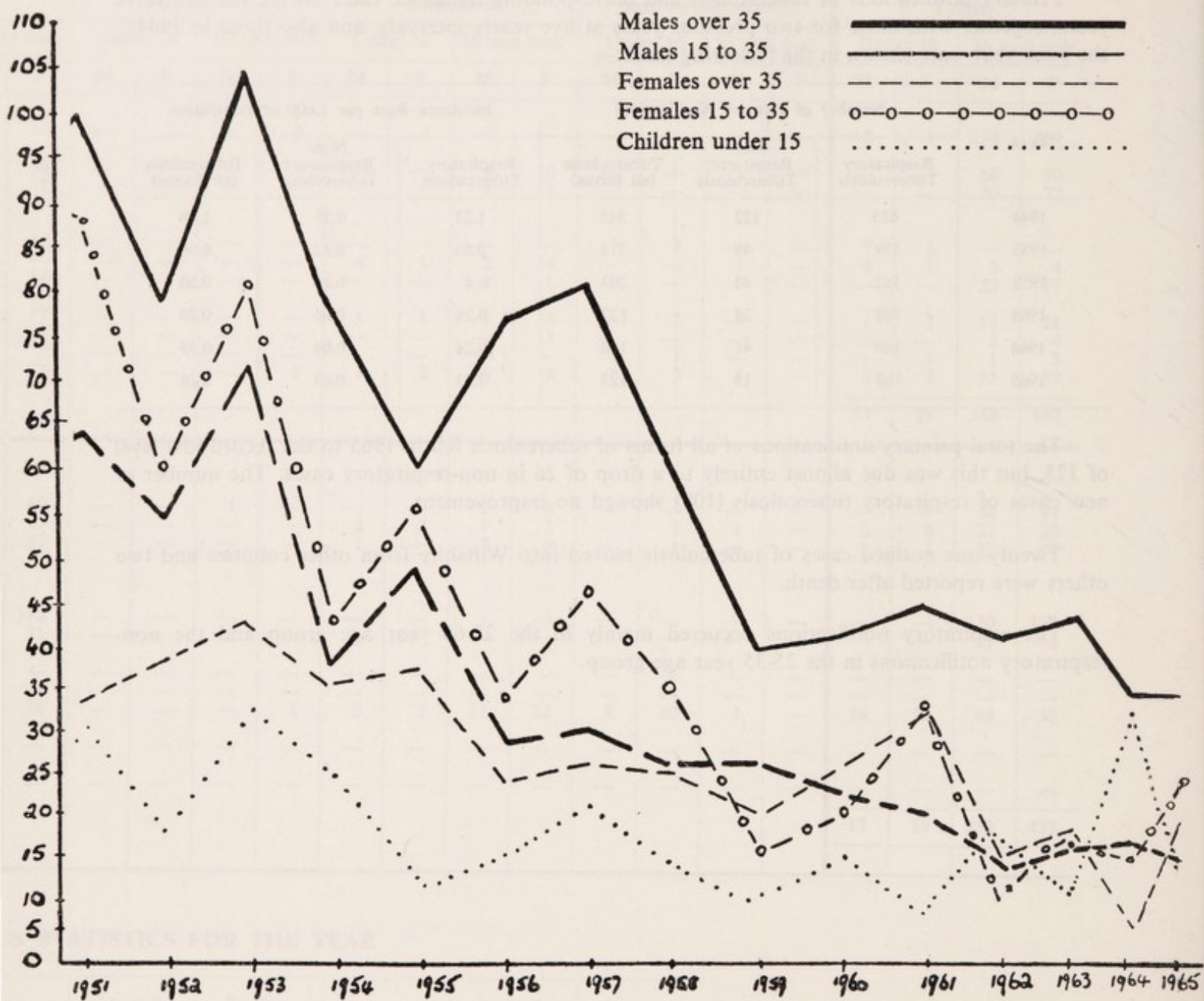
The total primary notifications of all forms of tuberculosis fell in 1965 to the record low level of 123, but this was due almost entirely to a drop of 26 in non-respiratory cases. The number of new cases of respiratory tuberculosis (108) showed no improvement.

Twenty-one notified cases of tuberculosis moved into Wiltshire from other counties and two others were reported after death.

The respiratory notifications occurred mainly in the 25-65 year age group and the non-respiratory notifications in the 25-35 year age group.

NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS SINCE 1951  
IN SELECTED AGE GROUPS

Number of  
Primary  
Notifications



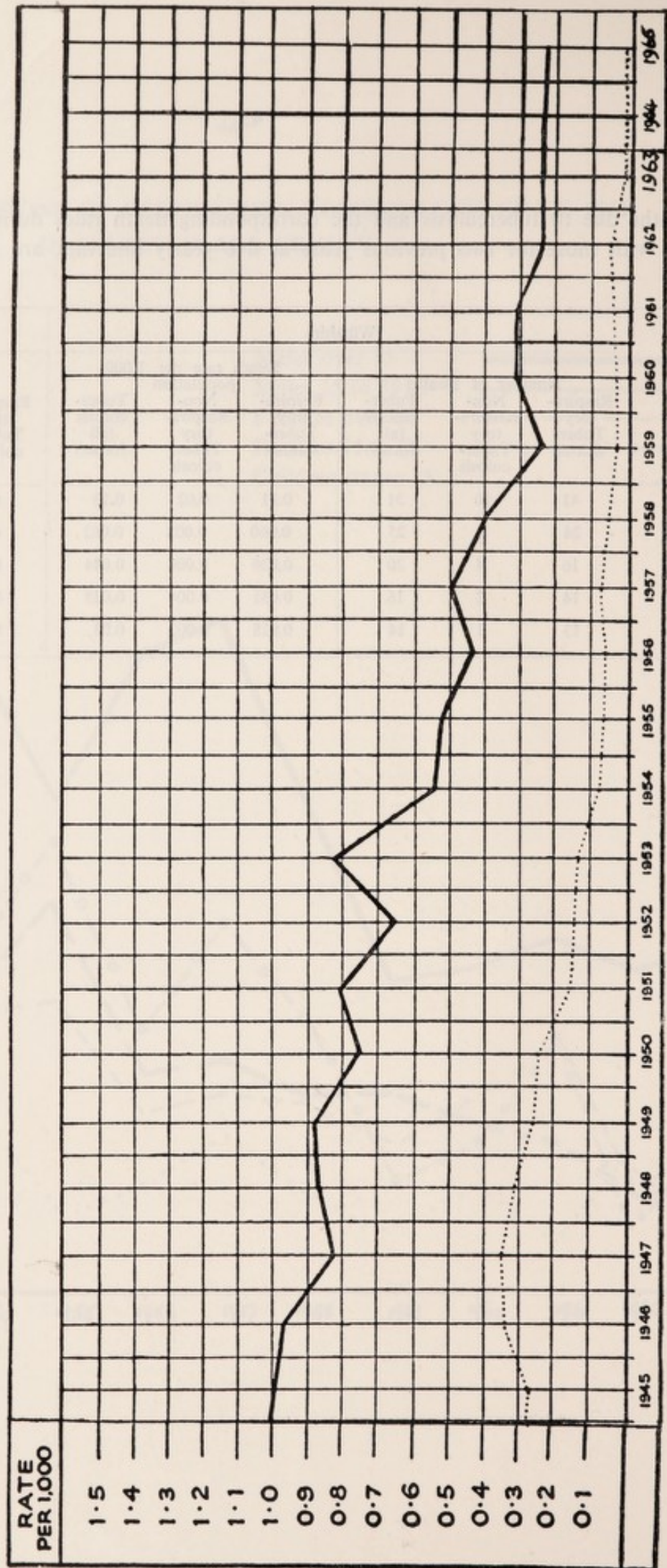
## DEATHS

Deaths due to tuberculosis and the corresponding death rates during the last three years, together with those for two previous years at five yearly intervals, are shown in the following table:—

Year	Wiltshire						England and Wales		
	Number of Deaths			Death rate per 1,000 population			Death rate per 1,000 population		
	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Tuberculosis (all forms)
1953	41	10	51	0.11	0.02	0.13	0.18	0.02	0.20
1958	24	1	25	0.060	0.002	0.062	0.09	0.01	0.10
1963	16	4	20	0.036	0.008	0.044	0.056	0.007	0.06
1964	14	2	16	0.031	0.004	0.035	0.047	0.006	0.053
1965	13	1	14	0.028	0.002	0.03	0.042	0.006	0.048

**RESPIRATORY TUBERCULOSIS**  
**NOTIFICATION AND DEATH RATES, 1945-1965**  
**WILTSHIRE**

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



## HEALTH VISITING AND EXAMINATION OF CONTACTS

In 1965 the health visitors made 922 visits to tuberculous households. In recent years the number of patients to be visited has been reduced intentionally. Many tuberculosis patients who have recovered from their illness but continue to attend at yearly intervals for routine check do not need to be visited. Many others who have reached the arrested stage but have not yet been taken off the registers as recovered do not require visiting, so that health visiting is now confined to selected patients. These are mainly the newer ones and older ones who remain under frequent active supervision, i.e. cases whom we know to be infectious or who could be.

The main purpose of the health visitor calling at the homes of tuberculosis patients nowadays is to check up on the contacts and to ensure that any who have escaped examination are referred to the chest physician.

The following table shows that, although the total number of primary notifications received in 1965 was the lowest on record, the number of contacts examined per notified case is the highest on record, reflecting the careful and intensive efforts now being made to follow up all contacts, the field known to be the most fruitful for case finding. The figures in the last column of the table show that in spite of the continued fall in total notifications the percentage of new cases found amongst contacts remains higher than it was 10-15 years ago.

## TUBERCULOSIS IN CONTACTS

Year	Primary Notifications (Respiratory and Non-Respiratory Tuberculosis)	Contacts examined for first time in the year	New Contacts examined per notified case	New Contacts diagnosed as suffering from tuberculosis (included in figures under column 2)	Percentage of new contacts examined found to be tuberculous	Contacts found to be tuberculous although under supervision in previous years	Total of new and old contacts found to be tuberculous	New and old contacts found to be tuberculous shown as percentage of Primary Notifications
1953	378	776	2.0	34	4.4	22	56	15%
1954	307	726	2.4	19	2.6	17	36	12%
1955	250	815	3.2	16	2.0	15	31	12%
1956	208	907	4.4	26	2.9	23	49	23%
1957	242	884	3.6	12	1.4	16	28	12%
1958	203	856	4.2	11	1.3	14	25	12%
1959	148	901	6.1	19	2.1	9	28	19%
1960	165	740	4.5	15	2.0	8	23	14%
1961	168	1,055	6.2	20	2.0	7	27	16%
1962	139	756	5.4	11	1.5	8	19	14%
1963	132	809	6.1	11	1.4	6	17	13%
1964	150	929	6.2	26	6.2	2	28	19%
1965	123	887	7.2	8	0.9	15	23	18%

## HOUSING

At the commencement of the year 23 tuberculous patients were on the waiting list for better housing accommodation. During the year 18 new applications were supported, making a total of 41 tuberculous patients needing help in this respect. During the year five applications were withdrawn and 14 were rehoused leaving 22 on the waiting lists at the end of the year.

Certificates issued since 1949	...	...	...	841
Applications withdrawn, etc.	...	...	...	222
				—
Requiring rehousing	...	...	...	619
Rehoused	...	...	...	597
				—
Remaining to be rehoused at the end of the year				22
				—

## DIVERSIONAL THERAPY AND FREE MILK

Handicraft work and other forms of diversional therapy were provided for 14 tuberculous patients by workers of the British Red Cross Society under an arrangement with the County Council.

Eleven tuberculous patients received supplies of milk at the expense of the County Council during the year. Arrangements were made for one patient, whose income was above the County Council scale, to be provided with a free daily supply of milk through a trust established with money bequeathed by a former health visitor for the benefit of tuberculosis patients.

## PROTECTION OF CHILDREN FROM TUBERCULOSIS

In accordance with the recommendations of the Joint Tuberculosis Council, entrants to the staff of the County Council, whose work will bring them in close contact with groups of children, are required to submit a satisfactory report on a recent chest x-ray before the appointment is confirmed. This has been made a requirement in the case of health visitors, district nurses, midwives, staff of children's homes, entrants to the teaching profession, and a few other posts.

A total of 172 were x-rayed before appointment during 1964 but none were found unsatisfactory. Annual follow up x-rays are offered.

Four hundred and ninety-two enquiries were received during the year from the Children's Officer in respect of applications to adopt children, or to act as foster parents.

The assistance of the Children's Department is most valuable on occasions when a mother who needs hospital treatment for tuberculosis has no-one to care for her children while she is in hospital. The Children's Officer is usually able to arrange care for such children.

## TUBERCULOSIS IN SCHOOLS

The number of Wiltshire children between the age of 5 and 15 years who were notified as suffering from tuberculosis in 1965 was 15 (11 respiratory and 4 non-respiratory) as compared with 18 in the previous year. In each of the respiratory cases the source of the infection was known and it was not considered necessary to investigate the school contacts, except in the case of one child of 13.

All the family contacts living in Wiltshire were invited to the chest clinic for examination. Nine adults attended. Three were found satisfactory but 6 are being kept under clinic observation. Three children attended, one of whom was found to have active respiratory tuberculosis requiring treatment and one had inactive tuberculosis but was given treatment to prevent activity.

Fifteen close friends of the family were invited to the clinic. Seven adults attended, 5 of whom were found satisfactory but 2 required further observation. Three children attended, one of whom was found to have active respiratory tuberculosis requiring treatment.

Forty-nine school contacts were tuberculin tested, 4 of whom had positive reactions and were referred to the chest clinic, but no case of tuberculosis was discovered.

The names and addresses of 52 of the family contacts living outside the County were referred to the respective chest physicians for follow up.

Routine tuberculin testing of 13 year old school children throughout the year revealed 22.4% who were positive as compared with 20.5% in 1964. The last known national rate was 16% (1962). In that year the Wiltshire rate was 23.8%. The strongly positive reactors were referred to the chest clinics for further examination but fortunately no case of tuberculosis was discovered in 1965.

Wherever the rate of positive reactors at any school is unusually high investigation as to the possible cause is made. A higher than usual rate of positives is usually found to be associated with a history of tuberculous infection in milk several years previously or where a fair number of positives come from farming or military and R.A.F. families who have been abroad and more exposed to the risk of infection.

Routine tuberculin testing of school entrants has been commenced but insufficient numbers have so far been done to justify presentation of results at this stage.

Since Wiltshire became a tuberculous free area as far as milk is concerned in 1958 there is an increased probability that children of 5 years now found to be tuberculin positive would have been infected from a human source. The majority of children at this age have relatively sheltered lives and any child infected would probably have incurred the infection within its own family circle. Under this scheme, therefore, the positive reactors and their family contacts are being invited to the chest clinic for examination with the object of tracing cases of tuberculosis among the household contacts.

#### B.C.G. IMMUNISATION

The following table shows the number of contacts and hospital staff immunised in Wiltshire, with the exception of school children who are reported upon separately on page 32

	1965	From commencement of scheme in 1950 to 31.12.65
Contacts ... ..	582	6,203
Hospital Staff ... ..	56	1,338
Totals ... ..	638	7,541

#### MASS RADIOGRAPHY

Every means of bringing to light undiscovered disseminators of tuberculosis is valuable and mass radiography continues to play its part in this as well as revealing other serious chest diseases.

##### 35m.m. Units

The total x-rayed at various places in the County by ordinary 35 m.m. mass radiography units, excluding a special intensive six month survey at Swindon—reported upon separately—was 11,082, 17 of whom were referred to the chest clinics with the following results:—

<i>Active Respiratory Tuberculosis</i> ...	1 (0.09 per thousand x-rayed)
Inactive respiratory tuberculosis ...	1 (0.09 ,, ,, ,, )
<i>Carcinoma of the Lung</i> ... ..	5 (0.45 ,, ,, ,, )
Other chest conditions ... ..	6
Observation ... ..	2
N.A.D. ... ..	—
Failed to attend ... ..	2
Total ... ..	17



## 100 m.m. Units

During the year 6,031 persons (75% more than in 1964) were x-rayed by the 100 m.m. units which attend at regular weekly or fortnightly intervals at Trowbridge, Westbury, Warminster, Melksham, Chippenham, Devizes, Salisbury, Highworth, Ludgershall, and Wootton Bassett for cases specially referred by general practitioners and medical officers.

Fifty-nine persons were referred to the chest clinics for further investigation with the following results:—

<i>Active Respiratory Tuberculosis</i>	...	3	(0.5 per thousand x-rayed)
Inactive respiratory tuberculosis	...	13	(1.8 " " " )
<i>Carcinoma of the Lung</i>	... ..	9	(1.5 " " " )
Other chest conditions	... ..	25	
Observation	... ..	5	
N.A.D.	... ..	3	
Failed to attend	... ..	1	
		—	
Total	... ..	59	
		—	

The discovery rates from the 100 m.m. units for cases referred by general practitioners in 1965 were lower than in 1964 but in the main demonstrate again that these units yield a higher incidence of active disease.

## SWINDON MASS RADIOGRAPHY SURVEY

An intensive community mass radiography survey by mobile chest x-ray units was held at Swindon between January and July 1965 when approximately 48.4% of the adult population attended for chest x-ray examination. The following is a statistical summary of the work done:—

	Total Number X-rayed	Referred to Chest Physician
Industrial Centres ... ..	21,516	} 556
General Public Sites ... ..	11,964	
Special Sites (Hospitals, Schools, etc.) ...	821	
Totals ... ..	34,301	556

## ANALYSIS OF CASES REFERRED TO THE CHEST PHYSICIAN

<i>Active Respiratory Tuberculosis</i>	... ..	19	(0.56 per thousand x-rayed)
Inactive Respiratory Tuberculosis	... ..	268	(7.2 per thousand x-rayed excluding 24 previously known to clinic)
<i>Carcinoma of Lung</i>	... ..	11	(0.32 per thousand x-rayed)
Other non-tuberculous chest conditions	... ..	87	
No disease discovered after further investigation	... ..	11	
Failed to attend (none of these appeared to have serious findings on the miniature x-rays)	... ..	20	
		—	
		416	

X-RAYS OF PATIENTS PREVIOUSLY KNOWN TO CHEST CLINICS SENT  
TO CHEST PHYSICIAN FOR COMPARISON WITH OLD X-RAYS

Cases of inactive respiratory tuberculosis—			
x-ray showed no change	...	...	116
Comparison with previous x-rays unsuccessful owing to loss or destruction, or patients failed to attend clinic			
	...	...	24
Total	...		<u>556</u>

The discovery rates of active respiratory tuberculosis at large mass radiography surveys at Swindon in previous years are shown in the following table:—

Year	Swindon Borough Discovery Rate of Active Tuberculosis per thousand X-rayed				
1949	...	...	...	...	3.37
1958	...	...	...	...	1.0
1961	...	...	...	...	0.97
1965	...	...	...	...	0.56

The discovery rate of inactive tuberculosis in the 1965 survey, however, shows a 67% increase as compared with the rate in 1961. The probable reason for this is that the mass radiography service are now referring persons with minimal lesions as part of the policy to follow up more vigorously cases with apparently inactive tuberculous lesions.

It is estimated by one mass radiography service serving Wiltshire that after five surveys of any given community, spread over at least twelve years, some 40% of the adult population remain unexamined at any time. At this rate it would be many decades before the whole population could be covered and, in view also of the greater yield of significant cases from the general practitioner units, expansion of this form of chest X-ray would appear to offer better returns in terms of speedier case finding and economy.

CASES OF TUBERCULOSIS REMAINING ON CLINIC REGISTERS

The number of new and old notified respiratory and non-respiratory tuberculosis patients remaining under active treatment and supervision at the end of selected years is shown in the following table:—

Year	Respiratory	Non-Respiratory	Total
1950	1,416	434	1,850
1955	1,755	283	2,038
1960	1,800	299	2,099
1964	1,550	220	1,770
1965	1,476	211	1,687

In addition to the 1,687 patients under active treatment and supervision in 1965, 1,360 persons, some of whom have reached the arrested stage of tuberculosis and are being kept under supervision in case of relapse, and some newer ones who have minimal lesions but require observation in case of activity, were under supervision at the clinics at the end of the year. The total number of persons with tuberculosis, whether or not notified, remaining under supervision at the end of the year was therefore 3,047.

## INFECTIOUS CASES OF TUBERCULOSIS AND DRUG RESISTANCE

During the year 28 new patients and 24 old ones had a positive sputum, making a total of 52 infectious cases compared with 43 in the previous year.

At the end of 1965 eleven Wiltshire patients were known to be drug resistant, one less than at the end of the previous year. Their names are also recorded in a national register held centrally at the Ministry of Health.

## CHEST CLINIC ATTENDANCES

With the exception of the year 1961, the number of new patients seen in 1965 was higher than in any previous year, namely 2,560, an indication of the sustained use which is being made by general practitioners, consultants and others of the facilities provided at the chest clinics. The total number of new patients in 1965 was 20% more than in 1955.

The total number of attendances of all patients at the clinics in 1965 was 16,508 as compared with 17,253 in the previous year. The drop was due in part to the closure for three months of the X-ray department of one of the larger clinics.

## HOSPITAL TREATMENT

Chemotherapy has provided the answer to the successful treatment and control of the majority of patients suffering from tuberculosis and has also shortened the period of hospitalisation and incapacity from work as compared with long-term inpatient treatment and long periods off work required before the anti-tuberculous drugs were discovered and brought into use about 1950. Admissions to hospital of patients from the chest clinic during 1965 were as follows:—

Tuberculosis and observation cases	...	...	...	...	217
Other non-tuberculous chest diseases (including cancer)	...	...	...	...	204
Non-chest cases	...	...	...	...	8
				Total	429

The three main centres in Wiltshire for the treatment of chest diseases are Harnwood Hospital, Salisbury, Winsley Chest Hospital and Swindon Isolation Hospital. In the early part of 1966, chest patients at Swindon Isolation Hospital are to be transferred to St. Margaret's Hospital, Stratton St. Margaret.

Surgical treatment is provided at Frenchay Hospital, Bristol, Churchill Hospital, Oxford, and Southampton Chest Hospital, and 92 admissions were arranged during the year. Of these, 63 were treated for cancer of the lung.

## GENERAL COMMENT

The incidence of known tuberculous infection, as manifested in the notification rate, continues to decline slowly.

The prevalence of tuberculous infection in the community, as revealed in the trend of the positive tuberculin rate in thirteen year old school children, is also carefully watched and, in view of the declining notification rate, a corresponding drop might be expected.

Over the last ten years the notification rate in Wiltshire has dropped approximately 50% but the tuberculin positive rate in thirteen year olds has dropped only 25% in the same period, suggesting the presence of more infection in the community than is represented by notifications.

The notification rate is based upon known cases of tuberculosis whereas the tuberculin positive rate in thirteen year olds is the result of infection by known and unknown cases in the community, and therefore is likely to fall less rapidly.

The tuberculin positive rate of the thirteen year olds may become a more accurate guide to tuberculous morbidity than the notification rate.

A fact also to be noted is that in 1965, after fifteen years use of the anti-tuberculous drugs, approximately one-fifth of the thirteen year old school children in Wiltshire had been infected by tubercle by the time they reached that age. If the 25% drop in the positive tuberculin rate over the last ten years continues at the same rate it is difficult to escape the conclusion that it will take another two or three decades before it falls below 1%, the point when tuberculosis can be considered to be eliminated as a public health problem, and it is folly to regard tuberculosis as finished yet.

One of the delegates at the Biennial Conference of the International Union against Tuberculosis, held in Munich in 1965 reports:—

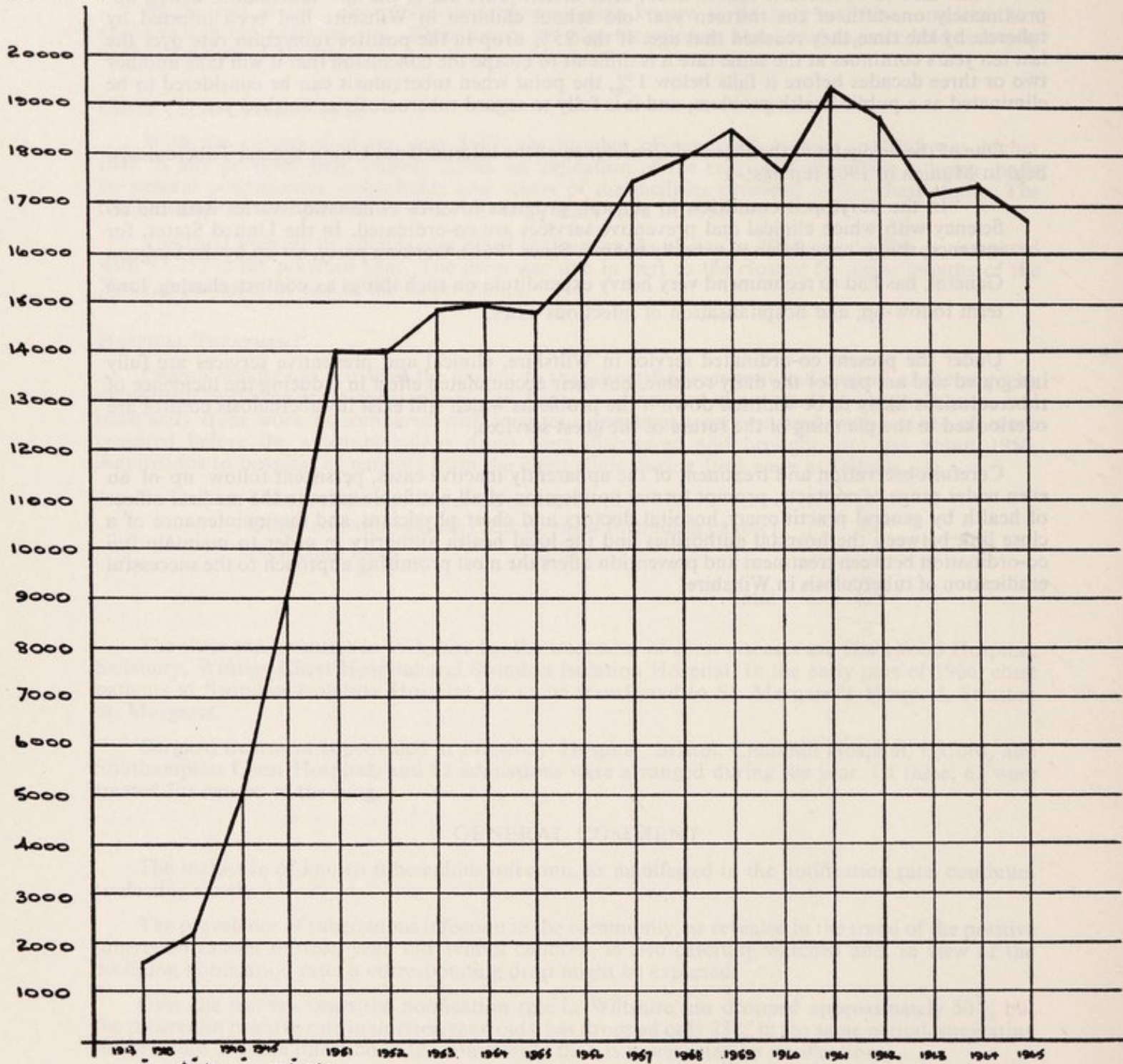
“In the developed countries, in general, progress towards elimination varies with the efficiency with which clinical and preventive services are co-ordinated. In the United States, for instance, things have fallen very badly behind. Since 1961 a working party, set up by the Surgeon General, has had to recommend very heavy expenditure on such things as contact chasing, long term follow-up, and hospitalisation of infectious cases.”

Under the present co-ordinated service in Wiltshire, clinical and preventive services are fully integrated and are part of the daily routine, but their accumulated effect in reducing the incidence of tuberculosis is likely to be whittled down if the problems which still exist in tuberculosis control are overlooked in the planning of the future of the chest services.

Careful observation and treatment of the apparently inactive cases, persistent follow up of an even wider range of contacts, prompt formal notification of all notifiable cases to the medical officer of health by general practitioners, hospital doctors and chest physicians, and the maintenance of a close link between the hospital authorities and the local health authority in order to maintain full co-ordination between treatment and prevention offers the most promising approach to the successful eradication of tuberculosis in Wiltshire.

WILTSHIRE CHEST CLINICS  
ANNUAL ATTENDANCES

Number  
of  
Attendances



(Yearly (Yearly (Yearly (Yearly  
Average) Average) Average) Average)

## \*Miscellaneous Services

### CHRONIC SICK BEDS

During the year the Salisbury Group Hospital Management Committee referred 78 cases for investigation. In 32 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

No new nursing home was registered during the year. At the end of the year there were on the register six homes, providing 4 maternity and 70 other beds.

### NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Seventeen nurseries are registered at present under this Act, providing for a total of 325 children. Forty eight daily minders are registered, taking a maximum of 446 children in all.

There continues to be a marked increase in the number of applications for registration under this Act, as the following table shows:—

Year	Nurseries		Child Minders	
	No. registered at end of year	No. of Children provided for	No. registered at end of year	No. of Children provided for
1960	—	—	11	90
1961	2	38	12	80
1962	2	38	22	178
1963	7	126	27	232
1964	13	236	33	277
1965	17	325	48	446

### \*REGISTRATION OF NURSING AGENCIES

One nursing agency was re-registered in December.

### REGISTRATION OF BLIND AND PARTIALLY SIGHTED PERSONS

The register of blind and partially sighted persons is maintained by the Welfare Department, but where necessary, arrangements for examinations by ophthalmologists continue to be made by the Health Department, to which reports in all cases are submitted. During the year reports were obtained on 157 persons. One hundred and eight were newly certified as blind and 36 as partially sighted.

### EXAMINATION OF MEDICAL REPORTS

The following table shows the number of medical examination reports received during 1965 (1964 figures shown in brackets):—

Number of medical examinations for entrants to Fire Service	...	...	58	(46)
Number of medical examinations for permanent posts in school meals service	...	...	193	(156)
Number of medical examinations for temporary posts in school meals service	...	...	22	(31)
Number of medical examinations for superannuable posts in school meals service	...	...	15	(15)
Number of medical examinations for other entrants to County service	...	...	606	(466)
Number of medical examinations for fitness to return to duty in school meals service	...	...	38	(29)
Number of cases dealt with in connection with prolonged illness and breakdown pensions	...	...	41	(19)
Number of cases dealt with regarding fitness to drive	...	...	33	(37)
Number of medical examinations carried out for other local authorities	...	...	49	(33)
Number of medical examinations carried out for West Wilts Water Board...	...	...	9	(11)
Total	...	...	1,064	(843)

Where necessary any points of doubt have been followed up with the doctor concerned and specialist examinations arranged.

#### ADOPTION ACT, 1958

Medical opinions are given on confidential medical reports received under this Act, 65 requests being received in 1965.

\*Statistics in this section exclude the Borough of Swindon, for which information will be found in the extract from the Borough Medical Officer for Health's Report.

## Sanitary Circumstances of the County

### WATER SUPPLY

I am indebted to the Director General of the Meteorological Office for the rainfall figures from seven selected rainfall stations in Wiltshire which are given in table 1.

The water supplies of the County were maintained with difficulty during the year due to the depletion of many borehole sources as the result of inadequate rainfall over the past three years. The sources of the North Wilts Water Board suffered the worse, particularly their Chippenham sources, but the Board were able to meet consumer demands by emergency works and by purchasing water from neighbouring water undertakings. During the year the Board completed the laying of their 21in. trunk main from Rodbourne to their Chippenham reservoir which will bring water from the new Malmesbury sources to relieve the depleted boreholes at Chippenham.

Good progress was also made during 1965 by the West Wilts Water Board with their northern comprehensive scheme to improve the supplies to Trowbridge and Melksham by the provision of a new reservoir at Upton Scudamore and the laying of a new trunk main from there to Semington which will connect with the Semington to Melksham trunk main.

Agreement has now been reached between Salisbury City, Wilton Borough and the rural districts of Amesbury, Pewsey and Salisbury and Wilton to form a Water Board which is expected to come into operation on 1st April, 1967, and which will complete the re-grouping of all public water undertakings in Wiltshire.

TABLE I

### METEOROLOGICAL OFFICE

Values of Monthly Rainfall in inches for 1965 at specified places

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Year
Swindon ...	2.34	0.20	1.84	1.24	1.90	2.60	2.25	1.60	3.54	0.40	2.28	4.73	24.82
Malmesbury ...	3.29	0.21	2.42	2.00	2.98	3.71	4.36	1.77	3.91	0.77	3.50	7.26	36.18
Aldbourne... ..	2.85	0.32	2.40	1.81	1.88	2.68	2.57	2.21	3.33	0.69	2.90	4.94	28.58
Trowbridge ...	2.45	0.14	2.16	1.41	1.44	2.49	5.86	2.54	4.07	1.15	3.16	5.13	32.03
Salisbury ...	3.38	0.10	3.04	1.30	1.91	1.85	4.09	2.39	3.75	0.97	4.18	4.55	31.51
Mere ...	4.24	0.34	3.25	1.66	2.06	2.81	5.21	3.60	3.92	1.11	4.28	7.16	39.64
Upavon ...	3.08	0.23	3.12	1.49	1.64	2.11	4.45	3.00	3.53	0.73	3.31	4.41	31.10

## SEWERAGE

Twelve proposed sewerage schemes were submitted by Rural District Councils to the County Council for observations during 1965 under the Water Supplies and Sewerage Acts, 1944-1961.

Five schemes were in progress and four others were completed during the year.

Rural sewerage schemes approved, in progress or completed are given in the following table:—

RURAL DISTRICT	SEWERAGE SCHEME	ESTIMATED COST		
		Approved during 1965	In Progress during 1965	Completed during 1965
		£	£	£
Bradford and Melksham ... ..	Shaw and Whitley ... ..	—	62,052	—
" " "	Melksham Without ... ..	41,500	—	—
" " "	Limpley Stoke ... ..	59,400	—	—
Calne and Chippenham ... ..	N.E. Area Scheme ... ..	—	207,750	—
	Corsham (Volley Hill Extension) ...	23,130	—	—
Cricklade and Wootton Bassett ...	Lyneham ... ..	—	—	63,100
Devizes ... ..	Poulshot, Worton and Marsden ...	—	94,150	—
Marlborough and Ramsbury ... ..	Broad Hinton ... ..	94,500	—	—
Malmesbury ... ..	N.E. Area Scheme ... ..	398,000	—	—
Mere and Tisbury ... ..	Mere (Bourton Extension) ... ..	—	12,480	—
Pewsey ... ..	Netheravon and Fittleton ... ..	—	135,395	—
"	Wootton Rivers ... ..	23,775	—	—
Salisbury and Wilton ... ..	Wishford and South Newton ...	—	—	93,000
" " "	Wylve, Steeple Langford and Stapleford ... ..	189,600	—	—
" " "	Dinton ... ..	86,000	—	—
" " "	Whiteparish ... ..	137,615	—	—
" " "	West Grimstead ... ..	41,600	—	—
" " "	Redlynch ... ..	104,092	—	—
Warminster and Westbury ... ..	Dilton Marsh ... ..	—	—	60,000
" " "	Southwick ... ..	—	—	75,000
" " "	North Bradley ... ..	99,500	—	—

## RURAL HOUSING

There were no significant changes in housing legislation during the year. Improvement grants and other housing statistics for 1965 are given in Appendix A.

## LAYBY SANITATION ON WILTSHIRE MAIN ROADS

The Committees mainly concerned have been considering the important problem of layby sanitation caused by the large number of travellers passing through the County. A scheme has been forwarded to the Ministry of Transport to provide, as a first step, two pairs of public conveniences on the A.303.



## SUPERVISION OF MILK AND FOOD

No. of Wiltshire Dairy Farms at 31.12.65 ... ..	2,213
No. of Wiltshire Non-Designated Farms at 31.12.65	2,143
No. of Wiltshire Designated Farms at 31.12.65 ... ..	70
No. of Wiltshire Producer Retailers at 31.12.65 ... ..	70
No. of Wiltshire Distributors of Milk at 31.12.65 ... ..	260
No. of Pasteurising Dairies at 31.12.65 ... ..	10

In October last the Milk (Special Designation) Amendment Regulations, 1965, came into operation which added a new designation to milk which may be sold under licence. "Ultra Heat Treated" milk is the title given to this new designation which requires such milk to be heated and retained at a temperature of 270 deg. F. for not less than one second. So far no applications for a licence dealing in this type of milk in Wiltshire have been received and the designations under which milk is sold in Wiltshire at present are confined to "Untreated" milk, "Pasteurised" milk and "Sterilized" milk.

Retail milk sales in Wiltshire were sampled and supervised adequately during 1965 by County and district council health departments with the object of ensuring a clean and wholesome milk supply to the public. Ninety-eight per cent of all retailed milk within Wiltshire is heat treated and fortnightly visits are made and samples taken at each plant by the County Health Inspector to check the efficiency of the heat treatment and dairy hygiene. Three-hundred-and-sixty-five samples of milk were taken, of which 362 or 99% passed the statutory test for pasteurised milk.

The number of milk samples taken by district councils from retailers during 1965 and the laboratory results of these samples are given in the following table. The figures for 1964 are given in parentheses.

TYPE OF MILK SAMPLE	Estimated Annual Sampling Target	No. of Samples Examined	LABORATORY RESULTS				% Sample Failures
			Pass		Fail		
Raw Milk Statutory Test ...	990 (1,104)	983 (1,353)	907 (1,213)	76 (140)	7.73 (10.34)		
Raw Milk Biological Test ...	340 (360)	1,133 (1,036)	1,089 (1,007)	44 (29)	3.88 (2.79)		
Heat Treated Statutory Test ...	1,780 (1,735)	2,309 (2,383)	2,246 (2,292)	63 (91)	2.78 (3.81)		
Total ... ..	3,110 (3,199)	4,425 (4,772)	4,242 (4,512)	183 (260)	4.31 (5.44)		

Raw milk samples which failed the statutory test for keeping quality were reported to the Ministry of Agriculture for investigation at the farm, and raw milk failing the biological test was diverted for pasteurisation. Heat-treated milk samples failing the statutory test were investigated by the County Health Inspector at the pasteurising dairy concerned if processed within Wiltshire. Failures of milk processed outside Wiltshire were reported to the County Medical Officer of Health of the county concerned.

I am indebted to the Chief Inspector of Weights and Measures for the following information concerning food and drugs administration during 1965.

**PARTICULARS OF PROSECUTIONS AND OTHER ACTION TAKEN IN RESPECT  
OF INFRINGEMENT**

**PROSECUTIONS**

<i>Trade</i>	<i>Offence</i>	<i>Act</i>	<i>Fine</i>	<i>Costs</i>	<i>Venue</i>
			£ s. d.	£ s. d.	
Milk Retailers ...	Selling Channel Islands milk containing less than 4% by weight of milk fat	Milk & Dairies (Channel Islands and South Devon Milk) Regulations, 1956	25 0 0	1 14 6	Devizes
Farmer ...	Selling milk containing added water (two charges)	Food and Drugs Act, Act, 1955, Sec. 2	80 0 0	6 18 0	Salisbury City
Farmer ...	Ditto (two charges)	Ditto	6 0 0	3 9 0	Wootton Bassett
Farmer ...	Possessing milk for sale to which an addition of water had been made	Food and Drugs Act, 1955, Sec. 32	10 0 0	6 18 0	Wootton Bassett
Dairymen ...	Selling to the prejudice of the purchaser* milk not of the nature demanded	Food and Drugs Act, 1955, Sec. 2	10 0 0	} 4 19 0	Pewsey
	Selling milk to a caterer* in a specified area without the use of a special designation (two charges) (*Wiltshire County Council)	Ditto (Sec. 38)	40 0 0		
Cafe Proprietors	Selling bread and margarine in response to a request for bread and butter (two charges)	Food and Drugs Act, 1955, Sec. 2	10 0 0	7 16 0	Salisbury and Amesbury
Cafe Proprietors	Ditto	Ditto	15 0 0	3 15 0	Marlborough
Cafe Proprietors	Ditto	Ditto	15 0 0	3 15 0	Marlborough
Brewers ...	Selling Orange Squash which was deficient in sugar	Soft Drinks Regulations, 1964, Reg. 5	5 0 0	} 11 14 0	Calne
	Ditto (Lemon Squash)	Ditto	5 0 0		
	Ditto (Lime Squash)	Ditto	5 0 0		
	Selling Lemon Squash in a container which did not bear a label on which the presence of artificial sweetener was declared	Ditto (Reg. 13)	5 0 0		
Butchers ...	Exposing for sale liver to which a false trade description was applied	Merchandise Marks Act, 1887, Sec. 2 (2)	10 0 0		
	Exposing imported sheep liver for sale not bearing an indication of origin	Merchandise Marks Act, 1926, Sec. 5	2 0 0		Malmesbury
	Selling liver not of the quality demanded	Food and Drugs Act, 1955, Sec. 2	10 0 0		

## OTHER ACTION

Nature of alleged offence	Written Caution	Attention drawn to irregularities, including verbal cautions	Referred to other Authority
Food—(including milk) substandard ...	15*	6	1
Food—incorrectly labelled or advertised ...	5	9	1
Food—alleged misleading dietary claim ...	—	2	—
Food—containing foreign body ...	1	—	—
Milk—special designation—unlicensed use ...	—	3	—

\*Includes 5 issued in respect of milk containing antibiotic residues

The County Council is the Food and Dugs Authority in all areas of the County outside the Borough of Swindon, and the undermentioned legislation is enforced by the County Council Weights and Measures Department with the object of ensuring that purchasers are supplied with pure and genuine foods and drugs:

- Food and Drugs Act, 1955.
- Pharmacy and Medicines Act, 1941.
- Sale of Milk Regulations, 1939.
- Milk (Special Designations) (Specified Areas) Orders, 1955-58.
- Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956.
- Labelling of Food Order, 1953.
- Labelling of Food (Amendment) Regulations, 1958-61.
- The Food Standards (General Provisions) Order, 1944.
- The Food Standards Orders and Regulations, 1944-62.
- The Bread and Flour Regulations, 1963.
- The Dried Milk Regulations, 1965.
- The Condensed Milk Regulations, 1959.
- The Skimmed Milk with Non-Milk Fat Regulations, 1960.
- The Preservatives in Food Regulations, 1962.
- The Milk and Dairies (Preservatives) Regulations, 1962.
- The Colouring Matter in Food Regulations, 1957.
- The Antioxidant in Food Regulations, 1958.
- The Arsenic in Food Regulations, 1959-60.
- The Fluorine in Food Regulations, 1959.
- The Lead in Food Regulations, 1961.
- The Mineral Hydrocarbons in Food Regulations, 1964.
- The Emulsifiers and Stabilisers in Food Regulations, 1962.
- The Milk and Dairies (Emulsifiers and Stabilisers) Regulations, 1962.
- The Soft Drinks Regulations, 1964.
- Merchandise Marks Act, 1926, and Orders made thereunder.

A total of 1,304 samples was purchased or taken in areas covering the whole County, steps being taken to obviate the duplication of samples to cover the greatest varieties of foods and to ensure compliance with the labelling and other requirements of the above-mentioned Orders and Regulations.

**APPENDIX A**  
**RURAL HOUSING STATISTICS FOR YEAR ENDING 31st DECEMBER, 1965**

	Amesbury R.D.	Bradford and Melksham R.D.	Calne and Chippenham R.D.	Cricklade and Wootton Bassett R.D.	Devizes R.D.	Highworth R.D.	Malmesbury R.D.	Marlborough and Ramsbury R.D.	Mere and Tisbury R.D.	Pewsey R.D.	Salisbury and Wilton R.D.	Warminster and Westbury R.D.	TOTALS
1. Number of permanent dwellings in district at end of year ... ..	4,952	4,020	7,890	6,129	4,320	11,287	3,414	3,527	4,016	4,805	6,808	5,102	66,270
2. Number of permanent dwellings in district owned by local authority ... ..	1,450	630	1,797	1,133	1,015	1,970	571	632	761	1,378	1,007	652	12,996
3. Number of temporary dwellings in district owned by local authority ... ..	—	112	378	—	—	196	—	—	—	—	—	—	686
4. Number of applications for Council houses at end of year ... ..	570	239	386	444	370	299	127	220	214	455	429	No list is kept	3,753
5. <i>Inspection of dwellings during year:</i>													
(i) Number of dwellings inspected under Public Health or Housing Acts ... ..	145	11	549	122	51	900	248	91	243	24	212	110	2,706
(ii) Number of dwellings found to be unfit ... ..	74	11	16	98	29	63	3	27	63	15	132	11	542
6. Number of dwellings rendered fit in consequence of informal action ... ..	46	7	13	59	27	40	48	31	38	7	61	59	436
7. <i>Action under Statutory Powers</i>													
A. <i>Proceedings under Sections 9, 10, 12, Housing Act, 1957</i>													
(i) Number of dwellings where notices were served requiring defects to be remedied ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Number of dwellings rendered fit after service of formal notices ... ..	—	—	1	—	—	—	—	—	—	—	—	43	44
(a) By owners ... ..	—	—	—	—	—	—	—	—	—	—	—	—	43
(b) By local authority in default of owners ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B. <i>Proceedings under Public Health Acts</i>													
(i) Number of dwellings where formal notices were served ... ..	—	—	3	3	1	15	—	—	—	1	—	2	25
(ii) Number of dwellings made fit as a result of formal notices ... ..	1	—	3	3	1	18	—	—	—	—	—	—	26
(a) By owners ... ..	—	—	—	2	1	18	—	—	—	1	—	—	22
(b) By local authority in default of owners ... ..	—	—	2	1	—	—	—	—	—	—	—	—	3
C. <i>Proceedings under Section 16, Housing Act, 1957</i>													
(i) Number of Demolition Orders made ... ..	8	14	5	6	8	5	—	3	—	1	23	1	74
(ii) Number of dwellings demolished as a result of Demolition Orders ... ..	12*	5	166†	9	7	2	4	4	7	4	25	9	254
(iii) Number of undertakings accepted to make fit or not to re-let ... ..	—	4	1	8	3	3	—	—	2	2	3	—	26
(iv) Number of dwellings made fit as a result of undertakings... ..	—	7	10	5	1	—	2	—	2	4	4	—	35
D. <i>Proceedings under Sections 42, 43, 46, 48, Housing Act, 1957</i>													
(i) Number of dwellings in clearance areas upon which Demolition Orders were made ... ..	—	—	—	—	11	—	—	—	—	—	—	—	11
(ii) Number of dwellings demolished as a result of Demolition Orders ... ..	7	—	—	—	—	—	—	—	—	—	—	—	7
(iii) Number of dwellings in clearance areas which have been retained as temporary accommodation ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
E. <i>Proceedings under Sections 17, 18, 27, Housing Act, 1947, and Section 26, Housing Act, 1961</i>													
(i) Number of dwellings where closing Orders were made ... ..	1	11	3	12	1	—	—	—	1	—	5	3	37
(ii) Number of dwellings closed as a result of closing Orders or undertakings by owners ... ..	1	11	7	1	1	6	—	—	—	11	8	2	48
F. <i>Proceedings under Section 76, Housing Act, 1957</i>													
(i) Number of cases of overcrowding at end of year ... ..	2	—	—	2	—	—	—	—	—	2	13	—	19
(ii) Number of cases of overcrowding discovered during year... ..	2	—	—	—	—	—	—	—	2	3	10	—	17
(iii) Number of cases of overcrowding abated during year ... ..	1	—	—	1	—	—	1	—	3	2	7	—	15
<i>Houses erected or converted during year</i>													
Houses erected during year: For slum clearance—Local Authority ... ..	21	40	95	—	—	106	—	—	—	8	64	—	124
For other purposes—Local Authority ... ..	63	—	27	—	52	—	21	10	19	37	—	6	235
Private Enterprise ... ..	159	153	134	235	80	866	53	57	40	44	331	130	2,282
Gained from conversion of large houses into Flats or Dwellings: Local Authority ... ..	—	—	4	—	—	—	—	—	—	—	—	—	4
Private Enterprise ... ..	—	—	6	8	7	—	—	1	—	2	5	3	32
Lost from conversion of two or more houses into one: Local Authority ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Private Enterprise ... ..	—	—	11	3	7	—	—	2	21	1	6	3	54
<i>Improvement Grants made under the Housing Acts, 1949-1961</i>													
Value of Grants made: Standard Grants ... ..	£3,103.2.6	£3,010	£5,848	£4,293	£9,517.10.0	£4,235	£3,051	£1,872	£3,364	£1,790	£4,591	£5,283.2.10	£49,957.15.4
Discretionary Grants ... ..	£3,901.11.3	£3,467	£13,910	£6,105	£3,506	—	£14,173	£3,381	£5,180	£12,159	£11,821	£9,804	£87,407.11.3
Number of houses improved as a result of: Standard Grants ... ..	20	14	40	25	57	30	16	6	20	11	28	34	301
Discretionary Grants ... ..	13	9	42	17	10	—	43	6	15	46	32	33	266

\*Including 2 properties demolished voluntarily by owners in anticipation of Demolition Orders  
†Includes 162 war-time bungalows demolished by Council















