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WILTSHIRE COUNTY COUNCIL



Annual Report

OF THE

Medical Officer of Health

FOR THE YEAR

1968

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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**Dental Health Education
for the very young**





Foreword

The pages which follow show the increasing scope of the County Council's health services.

However, in the foreword to my last annual report I was able to refer to "steady progress" whereas unfortunately the best that can now be said in this connection is "patchy progress" because of the effect of the financial restrictions imposed nationally upon local authorities. These restrictions, continued over several years, will hamper the development of new community health services and cause existing services to stand still or even to be relatively reduced as the population expands.

Thus, in 1968, new commitments were taken on for measles immunisation and for the extended provision and control of day care for young children through child minders and day nurseries, resulting from the Health Services and Public Health Act, 1968, while some small initial provision was agreed for much-needed sites for wayfarers, but it was considered impracticable to implement the County Council's decision in principle to give full support to family planning or to include in the estimates the desirable provision for several other services.

The capital development plan is also delayed and this affects particularly the mental health service. In addition mention must be made of the large case load which is being carried by mental welfare officers in helping to provide a particularly important and well co-ordinated health service with hospital psychiatrists and social workers and with general practitioners.

The ambulance service deserves a special reference because of its increasing work and its success in vehicle maintenance.

While not carried out primarily as an economy measure, but rather in the interests of efficiency, regrouping of the district nurses and midwives is making it possible to work with somewhat fewer staff while at the same time changes are taking place in the emphasis of the work. The proportion of births taking place at home has continued to fall steeply, jeopardising for the future, in this mainly rural County, the provision of a domiciliary midwifery service and, incidentally, the training of midwives (including those who intend to work in hospital, for whom a period on the district is still required during the training course). At the same time the home nursing of patients who are ill or elderly is increasing steadily due largely to the ageing population but also to some greater willingness to discharge patients from hospital earlier or to avoid admission.

Of the newer services, chiropody has continued to demonstrate its effectiveness especially in helping to keep the elderly mobile and in their own homes.

Health in Wiltshire remains generally satisfactory but deaths from coronary heart disease show a steep rise. The causes have not yet been sufficiently elucidated but it is good advice, especially to middle-aged men, to eat moderately, walk gladly and smoke not at all.

The unnecessarily serious incidence of dental decay, with the consequent avoidable suffering and expense, is among the most remarkable features of the state of health of Wiltshire children. Fluoridation of the water supply would greatly improve this, with much benefit also to the adult population in due course. The Report on the Fluoridation Studies in the United Kingdom and the Results Achieved after Eleven Years (by the Committee on Research into Fluoridation), published in 1969, should remove any traces of doubt remaining in the imagination about the necessity for fluoridation.

Discussion continues nationally on the structure of the National Health Service. The death of the first Green Paper will presumably be followed by the birth of another with new proposals for unification.

In the meantime, as is customary but by no means a formality, I wish to thank all those in the other two parts of the present National Health Service for their co-operation. It is a pleasure to acknowledge the help of the chief officers and staff of the other departments of the County Council.

To the staff of the Health Department, professional, administrative and clerical, I place on record my sincere appreciation.

C. D. L. LYCETT.

County Hall,
Trowbridge.

August, 1969.

Committees

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

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

Maternity and Home Health Services Sub-Committee,

Mental Health Sub-Committee,

Ambulance and Public Health Services Sub-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 :—

P. C. Barry, L.R.C.P. & S., D.P.H. (also Medical Officer of Health, Devizes Borough and Devizes Rural District).

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) (Retired 18.10.68).

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

F. R. T. Hollins, B.A., M.B., B.Ch., B.A.O., D.P.H. (also Medical Officer of Health, Salisbury City).

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

F. J. G. Lishman, M.D., B.S., D.P.H., D.L.O., L.M.C.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).

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).

J. R. R. Wray, M.R.C.S., L.R.C.P., D.P.H. (also Medical Officer of Health, Calne Borough Council, Chippenham Borough Council, Malmesbury Borough Council, Calne and Chippenham Rural District and Malmesbury Rural District (Commenced 19.10.68).

A. F. Fowler, M.R.C.S., L.R.C.P., D.T.M. and H., D.P.H.

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

J. S. Harper, M.B., Ch.B., M.R.C.P., D.P.H.

Angela M. Harris, M.B., Ch.B.

Delia F. Morris, M.B., B.S., D.P.H.

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

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.

Assistant Chest Physicians :—

A. C. Molden, M.B., Ch.B. (by arrangement with Regional Hospital Boards) (Retired 31.12.68).

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 :—

W. A. Humpherson, L.D.S., B.D.S.

Assistant Dental Officers and School Dental Officers :—

M. F. Ashby, L.D.S.
D. M. H. Balfe, B.D.S.
Patricia Ensum, L.D.S.
A. E. Fisher, B.D.S.
C. A. J. Heath, L.D.S.
I. Hopes, B.D.S.
D. T. Lacey, B.D.S. (Commenced 1.7.68).
E. G. H. Lightfoot, L.D.S.
R. J. McFeat, L.D.S.
R. S. McMinn, L.D.S.
D. A. Newton, B.D.S.
E. H. Randerson, L.D.S.

Dental Auxiliaries :—

Miss J. M. F. Hadingham (Commenced 1.10.68).
Mrs. H. Meays
Miss S. V. Pierce (Commenced 4.6.68).
Miss H. Rumford (Resigned 17.3.68).
Miss D. R. Williams

Psychologists :—

C. S. Rushton, B.A.
R. C. S. Hamilton, M.A., Ed.B., B.Sc., B.Litt.

Chief Administrative Assistant :—

R. M. Bainton.

Superintendent Health Visitor :—

Miss E. Search, S.R.N., S.R.F.N., S.C.M., H.V.

Superintendent Nursing Officer :—

Miss M. J. K. Stephens, S.R.N., S.C.M., H.V., Q.N.

County Public Health Inspector and Water Supplies Officer :—

P. M. Ennis, 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.
J. Roche, M.Ch.S. (Resigned 31.3.68).
Mrs. J. Cheater, L.Ch.S.
Miss J. M. Russ, M.Ch.S.

Hearing Therapist :—

D. Wilton Brown, B.A.

Vital Statistics

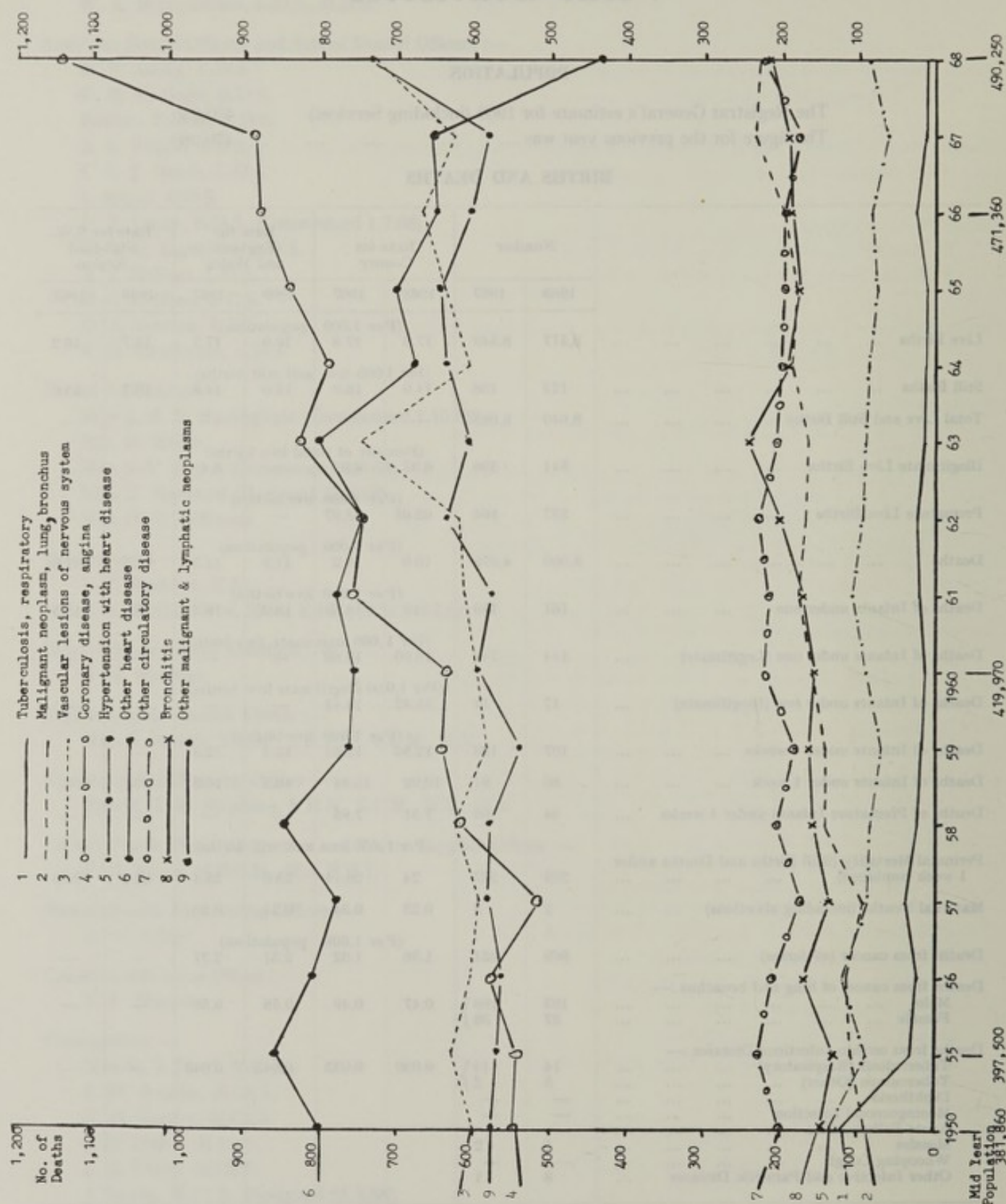
POPULATION

The Registrar General's estimate for 1968 (including Services) ...	490,250
The figure for the previous year was ...	479,080

BIRTHS AND DEATHS

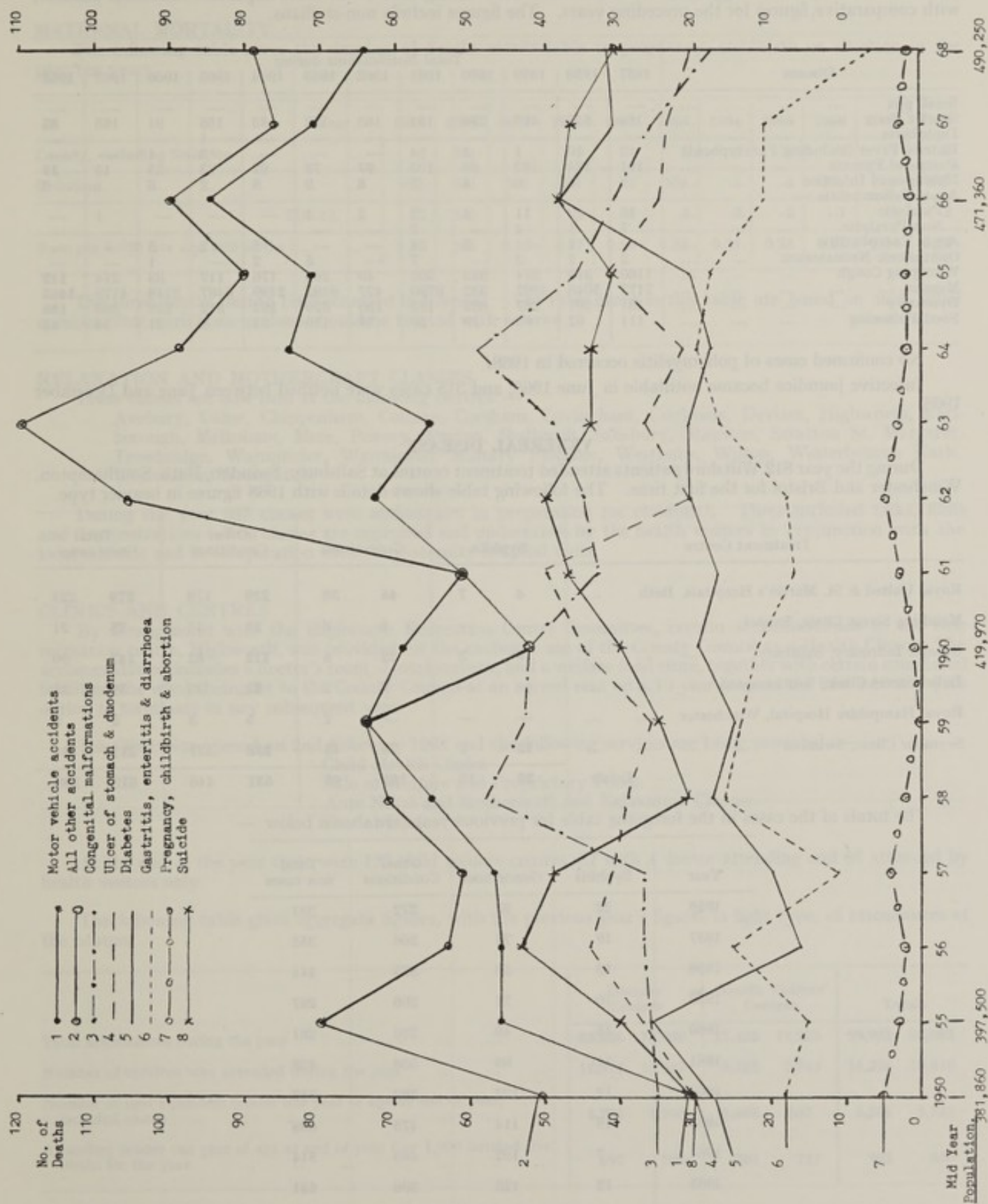
	Number		Rate for County		Rate for England and Wales		Rate for S.W. Standard Region	
	1968	1967	1968	1967	1968	1967	1968	1967
Live Births ...	8,517	8,549	(Per 1,000 population) 17.6	17.8	16.9	17.2	15.7	16.2
Still Births ...	123	136	(Per 1,000 live and still births) 14.0	16.0	14.0	14.8	13.7	13.9
Total Live and Still Births ...	8,640	8,685	—	—	—	—	—	—
Illegitimate Live Births ...	541	596	(Percent of total live births) 6.35	6.97	—	8.4	—	—
Premature Live Births ...	537	564	(Per 1,000 live births) 63.05	65.97	—	—	—	—
Deaths ...	5,090	4,678	(Per 1,000 population) 10.9	10.2	11.9	11.2	12.7	11.8
Deaths of Infants under one ...	161	159	(Per 1,000 live births) 19	18.59	18.0	18.3	15.4	15.5
Deaths of Infants under one (Legitimate) ...	144	148	(Per 1,000 legitimate live births) 16.90	18.60	—	—	—	—
Deaths of Infants under one (Illegitimate) ...	17	11	(Per 1,000 illegitimate live births) 31.42	18.45	—	—	—	—
Deaths of Infants under 4 weeks ...	107	108	(Per 1,000 live births) 12.56	12.63	12.3	12.5	—	—
Deaths of Infants under 1 week ...	86	91	10.02	10.64	10.5	10.8	—	—
Deaths of Premature Infants under 4 weeks ...	64	68	7.51	7.95	—	—	—	—
Perinatal Mortality (Still Births and Deaths under 1 week combined) ...	209	227	(Per 1,000 live and still births) 24	26.14	25.0	25.4	22.3	22.9
Maternal Deaths (including abortions) ...	2	3	0.23	0.34	0.24	0.20	—	—
Deaths from cancer (all forms) ...	969	921	(Per 1,000 population) 1.98	1.92	2.31	2.27	—	—
Deaths from cancer of lung and bronchus :— Male ...	193	199	0.47	0.49	0.59	0.58	—	—
Female ...	37	38						
Deaths from certain Infectious Diseases :— Tuberculosis (Respiratory) ...	14	14	0.039	0.033	0.043	0.042	—	—
Tuberculosis (Other) ...	5	2						
Diphtheria ...	—	—	—	—	—	—	—	—
Meningococcal Infection ...	—	—						
Acute Poliomyelitis ...	—	—						
Measles ...	1	2						
Whooping Cough ...	—	—						
Other Infective and Parasitic Diseases ...	8	1						

DEATHS FROM CERTAIN CAUSES, 1950-1968



Graph lines numbers 4 and 6 appear to show considerable increase and decrease respectively in "coronary disease, angina" and "other heart disease" in 1968. This is, however, due to a change in the list used by the Registrar General for the purpose (Eighth Revision of the International Classification of Diseases 1965). It should, therefore, be noted that from 1968 onwards graph line number 4 shows the wider definition of "ischaemic heart disease," which includes the former definition; graph line number 6, "other heart disease" is correspondingly reduced.

DEATHS FROM CERTAIN CAUSES, 1950-1968



INFECTIOUS DISEASES

The following are the aggregate totals of notifications during 1968 of the more important infectious diseases, with comparative figures for the preceding years. The figures include non-civilians.

Disease	Total Notifications during											
	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Small pox	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	154	539	426	276	151	163	132	153	165	91	155	85
Diphtheria	—	—	—	—	—	—	—	—	1	—	—	—
Enteric Fever (including Paratyphoid)	2	10	1	1	4	—	—	—	2	1	—	—
Puerperal Pyrexia	191	174	162	88	103	97	73	67	23	25	10	10
Meningococcal Infection	5	5	6	4	7	8	9	8	2	6	1	3
Acute Poliomyelitis :—												
Paralytic	16	9	11	4	3	2	1	—	—	—	1	—
Non-Paralytic	7	1	4	—	2	—	—	—	—	—	—	—
Acute Encephalitis	—	1	—	5	4	—	—	5	2	5	—	—
Ophthalmic Neonatorum	2	1	3	—	7	—	5	2	—	1	—	—
Whooping Cough	1160	318	274	353	203	40	263	176	117	83	214	142
Measles	7177	5046	4697	332	9750	427	6192	2499	6487	3248	4178	1465
Dysentery	181	261	267	882	132	186	379	192	312	222	399	198
Food Poisoning	111	62	62	39	29	38	110	31	6	21	54	45

No confirmed cases of poliomyelitis occurred in 1968.

Infective jaundice became notifiable in June 1968, and 315 cases were notified between June and December 1968.

VENEREAL DISEASE

During the year 812 Wiltshire patients attended treatment centres at Salisbury, Swindon, Bath, Southampton, Winchester and Bristol for the first time. The following table shows details with 1968 figures in heavier type.

Treatment Centre	Syphilis		Gonorrhoea		Other Conditions		Total new cases	
Royal United & St. Martin's Hospitals, Bath ...	4	7	46	38	229	178	279	223
Maudling Street Clinic, Bristol	—	—	4	6	21	15	25	21
General Infirmary, Salisbury	3	3	32	5	112	82	147	90
Buller Street Clinic, Southampton	—	—	7	2	32	33	39	35
Royal Hampshire Hospital, Winchester	—	—	—	2	5	3	5	5
Seymour Clinic, Swindon	13	2	72	45	232	137	317	184
Totals	20	12	161	98	631	448	812	588

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

Year	Syphilis	Gonorrhoea	Other Conditions	Total new cases
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
1966	9	93	406	508
1967	12	98	448	558
1968	20	161	631	812

**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	1958	1958	1960	1961	1962	1963	1964	1965	1966	1967	1968
County, excluding Swindon	2	Nil	1	3	4	3	1	1	1	2	2
Swindon	Nil	Nil	Nil	Nil	1	Nil	1	1	Nil	1	Nil
TOTAL ...	2	Nil	1	3	5	3	2	2	1	3	2
Rate per 1,000 live and still births	0.28	Nil	0.13	0.37	0.58	0.33	0.21	0.21	0.11	0.34	0.23

The three deaths during 1967 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, Calne, Chippenham, Colerne, Corsham, Covingham, Cricklade, Devizes, Highworth, Marlborough, Melksham, Mere, Pewsey, Purton, Redlynch, Salisbury, Sherston, Stratton St. Margaret, Trowbridge, Warminster, Warminster Military Families, Westbury, Wilton, Winterbourne Earls, Winterslow, Wroughton.

During the year 987 classes were undertaken in preparation for childbirth. These included talks, films and demonstrations. The classes are organised and undertaken by the health visitors in conjunction with the local midwife and in co-operation with the maternity hospital units.

CLINICS AND CENTRES

By arrangement with the Highworth Recreation Centre Committee, certain accommodation in the new recreation centre, Highworth, was provided for the exclusive use of the County Council as a Health Clinic. The accommodation includes a doctor's room, dental surgery, and a welfare food store, together with certain communal facilities, the whole being let to the County Council at an agreed rent on a 10 year lease in the first instance with option to terminate in any subsequent year.

The Clinic was opened on 2nd February 1968 and the following services are being provided :—

Child Health Clinics
Sale of Welfare and Proprietary Foods
Ante Natal and Mothercraft and Relaxation Classes
Dental Clinics

At the end of the year there were 133 child welfare centres, 67 with a doctor attending and 66 attended by health visitors only.

The following table gives aggregate figures, with the previous year's figures in light type, of attendances at the centres.

	Doctors' Centres		Health Visitors' Centres		Totals	
Total attendances during the year	82,556	78,859	17,425	13,223	99,981	92,082
Number of children who attended during the year	12,874	13,097	3,722	2,743	16,596	15,840
Number of new attenders (under one year of age at end of year) included above	4,798	4,905	1,408	837	6,206	5,742
Attenders (under one year of age at end of year (per 1,000 notified live births for the year	697	709	204	121	901	830

The use of the mobile centre has continued and it now serves 13 villages.

Voluntary work continues in many centres for the sale of welfare and proprietary foods and other purposes.

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

The following table shows the amounts of proprietary foods sold at clinics during the year :—

Articles	Basic Unit of Quantity	Supplies to Centres for issue				
		1964	1965	1966	1967	1968
Infant Welfare Foods	lb	83,748	87,924	92,424	94,974	88,788
Baby Cereal	packets	15,708	16,456	16,254	14,460	14,328
Weaning Foods (Meat, Fruit, Vegetables, etc.) ...	tins	6,750	16,428	20,652	22,944	23,244
Nutrients (chiefly Marmite and Vitamin C Syrup or Juice)	containers	43,848	50,028	53,184	50,124	43,152
Baby Rusks	packets	16,352	18,972	18,204	17,184	11,436
Glucose	containers	780	516	564	540	384
Malted Milk	tins	6,792	6,000	6,828	6,480	4,992
Teats and Accessories		2,957	1,908	1,368	948	744
Medicaments		6,804	8,736	10,164	10,020	9,768

DISTRIBUTION OF GOVERNMENT WELFARE FOODS

At the end of the year, excluding Swindon, Government Welfare Foods were being distributed from 113 Clinics and 40 other Centres e.g. W.R.V.S. Centres, Post Office Stores and private houses.

Issues of food for 1968 are shown in the following table together with those for the previous 5 years.

	1963	1964	1965	1966	1967	1968
National Dried Milk (full cream and half cream) ...	42,026	33,761	31,820	24,268	16,256	13,217
Cod Liver Oil	5,143	4,821	4,514	3,961	4,018	3,774
Vitamin A & D tablets	5,217	5,043	4,789	4,665	4,595	3,963
Orange Juice	53,234	57,234	59,201	47,480	65,389	64,611

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

Emergency needs are met by transfers arranged within the County from headquarters.

The continued reduction in issues of National Dried Milk is due to mothers preferring to buy proprietary milk foods and cheap liquid milk with their tokens. A slight drop occurred in the amount of cod liver oil and vitamin tablets issued in 1968, and the increased issues of orange juice noted in 1967 was slightly lower in 1968.

The distribution of welfare foods continues to be carried out mostly by voluntary helpers whom I should like to thank for their valuable assistance. The total value of money collected for foods issued during the year was £6,677 2s. 8d.

FAMILY PLANNING

The need to limit expenditure in accordance with national policy continued to prevent the extension, approved in principle by the Health Committee, of the family planning service on the lines of the National Health Service (Family Planning) Act, 1967, to provide free examination and advice, with free prescriptions or supplies in financially necessitous cases. Support for the Family Planning Association, who provide the clinics in Wiltshire, was continued, however, by assisting with the accommodation of the clinics in County Council premises, by meeting the cost to the Association of examination fees, treatment and supplies for women for whom pregnancy would be detrimental to health, as well as making, to the three branches of the Association covering Wiltshire, a limited grant of money to be devoted to free supplies in financially necessitous cases without medical need but where there were important social reasons.

The number of patients for whom responsibility for fees, treatment and supplies was accepted on account of medical need amounted to twenty-two.

It was unnecessary to use the Department's domiciliary family planning service during the year as those concerned, mostly mothers of problem families, were successfully persuaded to attend the clinic.

PERINATAL MORTALITY AND CARE OF PREMATURE BABIES

The perinatal mortality rate (based on still births and deaths of infants under one week) is an indicator of the effectiveness of ante-natal care and obstetrics, and the following table shows the situation in the County since 1962 :—

Year		Total Births	No. of still births	No. of Deaths of infants under 1 week	Total Deaths of Infants under 1 week and still births combined	Perinatal Mortality Rate per 1,000 total births
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
1966	County	8,990	132	105	237	26.36
	County, excluding Swindon	7,188	94	81	175	24.34
	Swindon	1,872	38	24	62	33.1
	England and Wales	862,163	13,206	9,447	22,653	26.3
1967	County	8,685	136	91	227	26.14
	County, excluding Swindon	7,018	100	67	167	23.7
	Swindon	1,667	36	24	60	35.9
	England and Wales	844,400	12,528	8,947	21,475	25.4
1968	County	8,640	123	86	209	24.2
	County, excluding Swindon	6,978	92	68	160	22.9
	Swindon	1,662	31	18	49	29.4
	England and Wales	822,000	12,000	8,600	20,600	25.0

The following table gives 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 five, all the deaths occurred within seven days, and are, therefore, included in the perinatal mortality figures.

Deaths of Premature Babies within 28 days

Stated Causes of Deaths	County		County excl. Swindon		Swindon	
	1968	1967	1968	1967	1968	1967
Congenital Hydrocephalus	1	1	1	—	—	—
Unspecified Congenital Abnormality	2	2	2	4	—	—
Immaturity	20	31	15	22	5	5
Birth Injury to brain or spinal cord	4	—	1	—	3	2
Asphyxia	14	—	7	—	7	—
Haemolytic disease	3	—	3	—	—	—
Rhesus Incompatibility	—	—	—	—	—	—
Hyaline Membrane	4	6	4	1	—	—
Pneumonia	1	5	1	4	—	1
Anencephalus	6	—	5	—	1	1
Anoxia	4	17	2	15	2	5
Difficult labour with birth injury to brain or spinal cord	1	8	1	—	—	—
Intra Uterine Anoxia	1	—	1	—	—	—
Placental Insufficiency	1	—	1	—	—	—
Congenital abnormalities of circulatory system	1	—	1	10	—	—
	63	70	45	56	18	14

Deaths of Babies within one week excluding premature babies

Stated Causes of Death	County		County excl. Swindon		Swindon	
	1968	1967	1968	1967	1968	1967
Difficult labour with other birth injury ...	1	—	1	1	—	—
Haemolytic disease, Rhesus Incompatibility ...	2	2	1	2	1	—
Congenital Hydrocephalus ...	1	5	1	—	—	1
Cystic Fibrosis ...	1	—	1	—	—	—
Asphyxia of Newborn ...	5	7	5	—	—	—
Birth injury to brain or spinal cord ...	4	5	3	2	1	3
Hyaline Membrane ...	3	—	3	—	—	—
Congenital abnormalities of digestive system ...	1	—	1	3	—	1
Congenital abnormalities of circulatory system ...	5	10	4	8	1	2
Spina Bifida ...	1	—	1	—	—	—
Anoxia ...	3	3	2	5	1	5
Intra Uterine Anoxia ...	1	1	1	1	—	—
Infective or parasitic disease ...	1	1	1	—	—	—
	29	34	25	22	4	12

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 which the number shown in italics occurred within 24 hrs.	
	Swindon	Rate per 1,000 live births	Remainder of County	Rate per 1,000 live births	Swindon	Remainder of County
1962	132	66.2	373	58.3	13 7	39 30
1963	134	65.5	406	59.5	18 8	55 19
1964	162	76.1	468	65.7	21 11	66 47
1965	109	54.0	399	56.2	11 9	62 28
1966	142	77.4	398	56.6	20 15	57 27
1967	126	77.2	438	63.3	16 12	52 27
1968	115	71.7	422	60.3	18 11	45 11

The following analysis refers to babies in the whole County who were prematurely born at home or in a 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
1962	75	19	2 1	2 2	430	48 34
1963	110	24	8 3	3 1	430	62 23
1964	90	25	2 9	4 4	540	81 52
1965	45	20	2 1	3 2	508	68 34
1966	27	14	3 1	Nil Nil	513	74 41
1967	32	3	Nil Nil	2 Nil	532	66 38
1968	23	5	1 Nil	Nil Nil	537	63 22

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

Oxygen cots for conveyance of premature or other babies to hospital are kept at the Trowbridge, Chippenham, Salisbury, Swindon and Warminster ambulance stations and were used on 44 occasions during 1968.

Stillbirths

Stated Causes	County		County excl. Swindon		Swindon	
	1968	1967	1968	1967	1968	1967
Placental infarction and toxæmia of pregnancy ...	31	23	20	14	11	9
Atelectasis and Asphyxia ...	9	11	8	9	1	2
Ante-partum hæmorrhage without mention of toxæmia or state of placenta ...	15	22	10	11	5	11
Cord round neck, prolapse, other abnormalities of cord ...	5	7	4	7	1	—
Malpresentation ...	1	2	1	2	—	—
Lack of attention—pregnancy concealed ...	—	—	—	—	—	—
Cerebral hæmorrhage ...	5	2	4	2	1	—
Anencaphaly ...	16	21	13	18	3	3
Other congenital abnormalities of C.N.S. ...	5	8	4	5	1	3
Congenital Heart Disease and other congenital abnormalities	4	2	2	2	2	—
Prematurity ...	6	7	6	7	—	—
Postmaturity ...	1	—	1	—	—	—
Rhesus Incompatibility ...	3	4	2	1	1	3
Haemorrhage Disease ...	—	—	—	—	—	—
Undetermined ...	22	27	17	22	5	5
	123	136	92	100	31	36

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 1962.

Year					Illegitimate Live Births		Admitted to Mother and Baby Homes	
					No.	Percentage of Live Births	No. Assisted	
1962	...	...	...	...	407	4.78	279	73
1963	...	...	...	...	489	5.51	287	80
1964	...	...	...	...	506	5.47	369	89
1965	...	...	...	...	571	6.25	375	112
1966	...	...	...	...	582	6.57	320	73
1967	...	...	...	...	596	6.97	376	104
1968	...	...	...	...	541	6.35	333	100

The County Council continued their financial assistance to the Salisbury Diocesan Association for Social Welfare and the Bristol Diocesan Association for Family Welfare. The two organisations' field workers provide the skilled help for unmarried mothers and their children; the Superintendent Health Visitor acts as liaison officer with the Association whose social workers co-operate closely with the health visitors and other social workers on the County staff.

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.

	1962	1963	1964	1965	1966	1967	1968
Under 16 years of age	21	22	11	19	22	23	22
16 to 18 years of age	64	75	80	81	58	95	109
18 to 21 years of age	90	93	126	162	137	151	112

During the year there were 71 admissions to the Devizes Hostel, for 33 of which the Health Committee was financially responsible, and 29 admissions to other homes at the Council's expense, including 18 to Beckingsale House, Salisbury.

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

The results achieved after eleven years of water fluoridation are now due to be published by the Department of Health and Social Security about the middle of next year. I hope the findings will enable the County Council to give approval to this valuable public health measure to reduce the amount of decay found in children's teeth.

The slight increase in the number of patients examined and treated is due to the better staffing position. It is very depressing to see from the statistics that over half the number of children examined (0—4 years inclusive) were found to require treatment and the very high proportion of teeth which it was found necessary to extract.

After twenty-one years of "free" dentistry being available to expectant and nursing mothers and pre-school children, and in spite of much time spent on health education, the number of patients still found to require treatment makes for depressing reading. It is difficult to see how any further improvement can be made without the aid of water fluoridation.

No new clinic was opened during the year, but dental treatment facilities for expectant and nursing mothers and pre-school children became available at Wroughton in September, with the opening of converted premises.

Once again I should like to thank the health visitors for their invaluable help with dental health education.

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

ATTENDANCES AND TREATMENT

<i>Number of Visits for Treatment during year</i>										<i>Children 0—4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
First Visit	...	...	...	...	...	...	...	...	...	757	182
Subsequent visits	...	...	...	...	...	...	...	...	...	1,579	399
Total visits	...	...	...	...	...	...	...	...	...	2,336	581
Number of additional courses of treatment other than the first course commenced during year										28	24
Treatment provided during year :—											
Number of fillings	...	...	...	...	...	...	...	...	...	1,556	405
Teeth filled	...	...	...	...	...	...	...	...	...	1,372	355
Teeth extracted	...	...	...	...	...	...	...	...	...	724	136
General anaesthetics given	...	...	...	...	...	...	...	...	...	241	17
Emergency visits by patients	...	...	...	...	...	...	...	...	...	117	23
Patients X-rayed	...	...	...	...	...	...	...	...	...	8	14
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)										150	166
Teeth otherwise conserved	...	...	...	...	...	...	...	...	...	628	—
Teeth root filled	...	...	...	...	...	...	...	...	...	—	1
Inlays	...	...	...	...	...	...	...	...	...	—	—
Crowns	...	...	...	...	...	...	...	...	...	—	2
Number of courses of treatment completed during the year										436	120
<i>Prosthetics</i>											
Patients supplied with full upper or full lower (first time)										...	6
Patients supplied with other dentures										...	12
Number of dentures supplied										...	24
<i>Anaesthetics</i>											
General Anaesthetics administered by Dental Officers										...	4
<i>Inspections</i>											
Number of patients given first inspections during year										1,250	197
Number of patients above who required treatment										646	178
Number of patients above who were offered treatment										630	178

*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	...	65	75
(b) Hospital Management Committee	...	3	3
Hospital Midwives	...	113	92
Midwives in private practice (including those in nursing homes)		4	4
		185	174

(The figures in light type are those for 1967)

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								Cases in Hospitals and Nursing Homes			
	Doctor not booked		Doctor booked		Totals							
	Doctor present at delivery	Doctor not present	Doctor present at delivery	Doctor not present								
County Council Midwives	7	7	48	40	140	211	567	772	762	1,030	—	—
Midwives employed by Hospital Management Committees ...	—	—	1	—	26	26	120	116	147	142	4,267	4,353
Private Midwives ...	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	7	7	49	40	166	237	687	888	909	1,172	4,267	4,353
	GRAND TOTAL ...										5,176	5,525

In addition to the figures given in the above table, County Council midwives were asked to attend 1,899 women discharged from maternity hospitals before the tenth day.

The total number of live births has risen slightly there having been 67 more live births in 1968 than in 1967.

The continued fall in home confinements is shown by the following figures :

Year	Home Confinements	% of total Confinements	Hospital Confinements	% of total Confinements	Total number of births
1965	1,634	29%	3,999	71%	5,633
1966	1,368	24%	4,296	76%	5,644
1967	1,172	22.5%	4,353	78.5%	5,525
1968	909	20%	4,667	80%	5,176

The number of home confinements in 1968 was only 909, a fall of 45% in the actual number of home confinements since 1965. Consequently, the number of cases being delivered by individual midwives is much lower, sixty of them delivering fewer than twelve cases in 1968. These small numbers of cases make it difficult to maintain the midwives' skill and interest, and are a matter for concern in organising and planning the future of the service to provide adequate cover for deliveries and care of mothers, both ante-natally and post-natally. The number of early discharges remains about the same ; 1,899, of which 446 (23.5%) were discharges before the third day ; they often require a considerable amount of care and attention from a midwife who must be available. The number of midwives is gradually being reduced. As posts become vacant where there are enough midwives in the area to provide adequate cover, another midwife is not appointed. Some vacancies must be filled by nurse/midwives, and it is proving difficult to obtain staff for these appointments because of the decline in domiciliary confinements. It is more difficult to make such re-adjustments in a largely rural County than in a large city where the remaining domiciliary cases can be concentrated in the hands of fewer midwives.

The training of Part II midwifery pupils continues, but with difficulty because of the small number of cases available in the district. The Central Midwives' Board has amended the training requirements and has introduced a course on social and welfare services, consisting of talks and visits which are carried out during the period that the pupils spend on the district, and these are operating throughout the County.

*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 no vacancies on the establishment for health visitors.

Year	Establishment of qualified full-time staff at end of year (County area, excluding Swindon)
1953	24
1958	37
1963	63
1965	73
1966	78
1967	80
1968	84

Three assistants to health visitors commenced duty during the year; a total of twenty being employed at the end of the year.

WORK UNDERTAKEN

The following table gives a summary of the visits undertaken by the health visitors during 1968 with figures for 1967 in lighter type.

Number of Children under 5 years of age visited during year	Expectant Mothers		Children under 1 years 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	
29,589	2,020	2,299	6,872	44,184	21,311	32,317	259	26,218	126,588
25,700	1,718	2,755	6,854	35,658	19,846	27,416	472	31,820	117,962

The table excludes school nursing visits.

The number of live births (excluding Swindon) corrected according to domicile, was 6,886. The figure for 1967 was 6,918.

Four health visitors regularly gave field-work instruction to trainees and students from colleges and authorities outside Wiltshire.

Health visitors attended refresher courses outside the County and also at resident courses arranged at the College of Further Education, Urchfont Manor.

The assistants during the year undertook about 29,300 routine visits in connection with the home help service, about 19,450 of these being visits to households of patients receiving the service. In addition 4,488 visits were paid to other homes regarding general care of the elderly, chiropody, school-children, and mothers and young children. They also attended some 1,700 clinic sessions.

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

GENERAL

The 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
1966	372,940	78	4,772
1967	381,160	80	4,764
1968	392,410	84	4,671

Almost all school nursing duties are undertaken by qualified health visitors, and only one district nurse is now undertaking these duties.

Attachment of health visitors to the practices of general practitioners is now nearly complete, and this has resulted in much more use of their services.

Health visitors continue to devote a considerable amount of time to the home help service, and during the year paid 3,745 visits, compared with 5,176 in the previous year.

TRAINING SCHEME

Two students completed training and filled vacancies in the establishment in July. Three trainee health visitors commenced qualification courses at Bristol University in the Autumn under the County scheme.

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 6,135 tests were made.

(b) for phenylketonuria

Routine tests were undertaken at four weeks for this rare condition, which leads to severe mental subnormality unless discovered and treated very early. 7,405 tests were made during the year. No positive case was detected during the year.

" AT RISK " REGISTER

At the end of the year, 5,954 children were on the register of children born on or after 1st January, 1962, who had been subject to certain adverse influences in pre-natal, perinatal or post-natal life. The children are visited by health visitors at 3 months, 6 months, 1 year, 1½ years, 2, 3 and 4 years. The last is the final visit before they start school.

One thousand, seven hundred and ninety-four (1,794) children were added to the register in 1968, and the following is an analysis of the children registered each year since 1962 and the categories into which they were placed:—

	1962	1963	1964	1965	1966	1967	1968
<i>Family History</i>							
Family history of deafness	2	3	1	9	16	53	44
Parental diabetes	2	—	2	6	13	52	30
Congenital abnormality in parents or siblings	—	—	3	5	12	77	77
<i>Pre-natal</i>							
Rubella in early pregnancy	3	4	1	1	3	17	13
Other virus infections in early pregnancy	—	—	3	—	2	10	7
Toxaemia in pregnancy	31	47	47	75	120	440	433

Perinatal

Premature birth—Birth weight 5½ lbs, or less, Gestation 36 weeks or less—Low birth weight (5½ lbs or less), Gestation more than 36 weeks ...	67	94	115	160	216	399	371
Postmature birth (i.e. 42 weeks or more) ...	—	—	—	—	—	219	171
Prolonged or difficult labour ...	55	75	110	160	302	587	566
Anoxia ...	5	14	10	15	37	216	221
Neonatal jaundice and rhesus incompatibility (including exchange transfusion) ...	9	22	26	50	86	79	34
Convulsions, cyanotic attacks ...	3	2	1	6	15	16	6
Cerebral palsy ...	2	4	—	—	3	—	—
Presence of congenital abnormalities, with possibility of others ...	1	21	24	29	53	100	110

Post natal

Meningitis or encephalitis ...	2	1	—	1	5	1	—
Otitis media ...	1	1	1	1	2	1	—
Mental backwardness ...	1	2	—	1	3	1	—

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

The larger number of children admitted to the register in 1967 and 1968 reflect the more accurate handling of data now that the computer is used for this register. They do not reflect an actual increase in the number of those who come within the definitions for the "At Risk" register but merely a fuller recording, which made it plain that the definitions themselves require revision so as to make them more exact and discriminating.

This revision has now been made, including the lowering to 4 lbs. 6 ozs. of the definition of "premature infant," and more precise terms for prolonged or difficult labour and for toxæmia. In addition, from the end of the year a firm decision will be made in every possible case at the age of two years whether the child should be either transferred to the Register of Handicapped Children, or regarded as no longer at risk.

These two measures should reduce the Register to more manageable proportions in 1969 and increase its usefulness.

CONGENITAL MALFORMATIONS

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

During the year 126 children with such malformations were reported and the following is an analysis of the total of 129 malformations notified (one child may have more than one defect) :—

	1964	1965	1966	1967	1968
Central Nervous System ...	52	34	48	40	33
Eye and Ear ...	13	4	4	5	1
Alimentary System ...	25	20	21	13	19
Heart and Great Vessels ...	14	11	1	8	5
Respiratory System ...	8	—	5	—	—
Uro-genital System ...	20	15	14	7	12
Limbs ...	67	75	69	57	43
Other Skeletal ...	7	5	2	3	1
Other Systems ...	15	10	3	11	9
Other Malformations ...	10	12	5	3	6
	231	186	172	147	129

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.

	1966	1967	1968
Number of families on list at end of year ...	123	110	125
Number added to list during year ...	13	23	26
Number removed from list (improved) during year ...	8	24	7
Number removed from County during year ...	8	11	4
Number removed from list (evicted and children to care) ...	3	1	—

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 six problem families. Since the service started in 1955, 137 families have been helped with 225 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

1968 saw a marked improvement in the number of secondary schools which were visited by a medical officer to show the sound film "Smoking and You" and to give a short talk to the pupils on the dangers of cigarette smoking.

About half of the schools had been visited by the end of the year and plans were in hand for the rest to be visited before the summer holidays of 1969.

Where requested, arrangements were made for a health education team (each of the teams comprises a medical officer and a health visitor with special interest in the subject) to visit the school to give lectures or hold discussions in personal relationships and to show the sound film "The Innocent Party" which is often used to form a talking point.

During the year health visitors gave 2,639 talks on subjects as follows :—

1. Parentcraft talks in schools	...	...	...	...	...	...	...	...	793
2. Health talks in schools	...	...	...	...	...	...	...	...	922
3. Parentcraft and Child Care talks in Colleges of Further Education	...	...	...	...	...	...	...	...	231
4. Discussion groups and films to Mothers' Clubs and Mother and Father Clubs held during afternoons or evenings	...	...	...	...	...	...	...	...	182
5. Health talks and group discussions at Child Welfare Centres	...	...	...	...	...	...	...	...	220
6. Health talks to other bodies, e.g. youth clubs, parent teacher associations and voluntary societies including Home Safety talks to Over 60s' Clubs etc.	...	...	...	...	...	...	...	...	191

Of the 922 health talks given in schools by health visitors 279 were given in primary schools which shows an encouraging increase over the 190 such talks which were given during 1967.

Talks were also given by medical, dental and other staff on various topics, including drugs, oral hygiene and home safety, to such bodies as staffs of secondary schools and colleges of further education, women's institutes, youth clubs, and clubs for the elderly.

Use of three sound film projectors and two slide or strip projectors which are available for use continued at the high level achieved in 1967.

No new sound films were added to the film library at County Hall during 1968 although a number of film strips on various health education topics were obtained. Many films were hired from film libraries in London and elsewhere, some being available on free loan.

Leaflets and posters continue to be a much used method for transmitting health education propaganda and information.

1968 saw the end of the Central Council for Health Education which was replaced by the Health Education Council. The new body been given rather more freedom than was afforded to the Central Council for Health Education. A grant was made by the County Council earlier in the year to the Central Council for Health Education but its remaining resources were transferred to the Health Education Council when it was set up.

DRUG ADDICTION

In 1967 the general public became more aware of the problems of drug-taking.

During that year requests came from the staffs of one or two of the Wiltshire colleges and secondary schools for instruction and guidance on this new problem. After careful consideration it was felt that it would be highly advantageous if the staffs of all the Wiltshire senior educational establishments received guidance systematically rather than being given merely to those who had requested it. Dr. J. H. Whittles, the Deputy County Medical Officer of Health, therefore, offered to address the staffs of all these establishments and his offer was enthusiastically taken up. By October 1968 he had lectured on the subject of addiction to the staffs of 51 senior educational establishments in the County.

These lectures were mainly given at the conclusion of the school day in the school staff rooms and they engendered gratifying enthusiasm on the part of the staff, leading to lengthy and full discussion periods.

The address itself dealt with the four major health hazards of today—over-eating, cigarette smoking, alcohol consumption and drug-taking and the first three of these subjects were introduced in order to put the current drug question in its proper perspective, to divest the drug problem of its emotional overtones and, in a general way, to damp down over-anxiety about drugs.

Concentration of this instruction into the hands of one lecturer had the advantage of providing consistent teaching throughout the County. During the subsequent discussions appropriate advice was given to the teachers as to the action they should take if they suspected their pupils of taking soft or hard drugs. In addition, specific advice was given about one or two cases of actual or suspected soft drug-taking.

The impression has been gained that drug-taking by school children and students is not a major problem in Wiltshire. Nevertheless, it must be appreciated that the extent of drug-taking cannot be known with accuracy either in Wiltshire or elsewhere.

SMOKERS' HEALTH CLINICS

Smokers' health clinics which were first opened in Wiltshire in 1963 continued at Melksham, Trowbridge, Salisbury and Warminster during the year as and when applications for appointments, resulting from local press advertisements, were received. Each patient receives a personal consultation with the doctor and advice is given according to the particular needs. Thirty-seven people completed the course and the results are outlined below :—

	1967	1968	1963-68
Ceased smoking	14	3	66
Reduced to five or less daily ...	—	2	18
Reduced to ten or less	24	24	91
Changed to pipe	5	1	11
Benefited from Course	43	30	186
Achieved no real reduction	11	7	41
Completed Course	54	37	227

Although the long term results are difficult to assess accurately, the relapse rate is probably at least 50%. As long as requests for appointments continue to be received in Wiltshire it is considered worth while keeping the clinics going so that assistance may be offered to those who desire to give up smoking, and for their health education value.

*Home Nursing

At the end of the year there were 95 home nurses, 15 being engaged whole-time on this service.

The following table shows work done during 1968 with figures for 1967 in lighter type.

	Medical	Surgical	Maternal Complications	Others	Totals
Number of Cases Attended	5,184	1,922	135	669	7,910
	5,155	1,584	113	844	7,696
Number of Visits Paid	92,065	25,695	843	2,574	121,177
	82,336	24,545	836	3,887	111,604

Of the total of 7,910 persons nursed, 359 were under the age of 5 and 3,785 were over the age of 65 at the time of the first visit in 1968.

GENERAL NURSING

The number of patients receiving care from the district nurses again rose and indicates an increasing demand for the service. Three nursing auxiliaries were employed during the year to assist the district nurses with the care of patients who need assistance with bathing and other procedures not requiring a trained nurse, but which are important to their health and continued care at home. The demand for auxiliary staff i.e. assistants to the district nurses and state enrolled nurses is likely to increase in the future and their employment enables the trained staff to spend more time on duties requiring their skills and experience.

The Health Committee's plan for the future of the Service envisages teams serving several districts with more flexibility of working than the traditional pattern of one nurse/midwife to a district.

The demand for incontinence pads continues as well as for pants and disposable linings for the ambulant incontinent patients, which can be of considerable assistance in maintaining their independence and well being.

*Statistics in this section exclude the Borough of Swindon.

*Immunisation

In May a measles immunisation scheme was introduced under the provisions of the National Health Service Act, 1946 for the immunisation of all susceptible children who had not reached their 16th birthday. Susceptible children were those who had not been immunised previously or had not had the disease naturally. By the end of the year 9,882 Wiltshire children had been immunised.

The pilot scheme commenced in 1967 for the arrangement by the County Council's computer of immunisation and vaccination sessions held by general practitioners was further extended, and at the end of the year 34 doctors were taking advantage of the facilities provided, with requests on hand from some 50 more.

Full information of the immunisation and vaccination of service families by service medical officers is not available and in consequence the details given below are an under-statement to some extent of the immunisation and vaccination undertaken in Wiltshire.

The following paragraphs give detailed information of the immunisation and vaccination undertaken by the County medical staff and by the general practitioners.

VACCINATION AGAINST SMALLPOX

	Children under 16 vaccinated in year		
	1966	1967	1968
No. of primary vaccinations undertaken by general practitioners	4,520	3,608	3,934
No. of re-vaccinations	915	626	565
TOTALS ...	5,435	4,234	4,499
No. of primary vaccinations of children under age 5 (also included above) ...	4,262	3,339	3,612
No. of children under 2 years vaccinated, expressed as percentage of live births ...	49.5	37.8	43.2

IMMUNISATION AGAINST DIPHTHERIA

	PRIMARY		REINFORCING	
	1967	1968	1967	1968
No. of immunisations undertaken by— County Council Medical Officers	2,930	2,786	5,200	4,969
General Practitioners	2,934	3,215	4,360	3,988
TOTALS ...	5,864	6,001	9,560	8,957

No. of children born during period 1959-63 (i.e. 5-9 years of age) immunised against diphtheria during 1968 (expressed as a percentage of new school entrants) 76.2%

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	
	1967	1968	1967	1968
No. of immunisations undertaken by— County Council Medical Officers	2,585	2,487	546	307
General Practitioners	2,866	3,088	2,690	2,013
TOTALS ...	5,451	5,575	3,236	2,320

*Statistics in this section exclude the Borough of Swindon.

IMMUNISATION AGAINST TETANUS

	PRIMARY		REINFORCING	
	1967	1968	1967	1968
No. of immunisations undertaken by— County Council Medical Officers	3,039	2,836	5,442	5,064
General Practitioners	4,440	4,886	5,858	5,791
TOTALS ...	7,479	7,722	11,300	10,855

IMMUNISATION AGAINST MEASLES

				1968
No. of immunisations undertaken by :—				
County Council medical officers				6,625
General practitioners				3,257
TOTAL ...				9,882

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

	Children born in years								Totals
	Before 1953	1953—1958	1959—1963	1964	1965	1966	1967	1968	
PRIMARY									
Diphtheria only	—	1	4	—	—	—	—	—	5
Diphtheria and Whooping Cough combined	—	—	—	—	—	—	—	—	—
Tetanus only	1,501	146	78	1	—	—	—	—	1,726
Diphtheria, Whooping Cough and Tetanus combined	—	2	15	14	13	15	2,700	2,816	5,575
Diphtheria and Tetanus combined	1	10	205	26	31	13	94	41	421
Measles	—	1,158	4,498	1,204	1,089	1,103	788	42	9,882
TOTALS ...	1,502	1,317	4,800	1,245	1,133	1,131	3,582	2,899	17,609
REINFORCING									
Diphtheria only	—	1	12	—	—	—	—	—	13
Diphtheria and Whooping Cough combined	—	—	—	—	—	—	—	—	—
Tetanus only	1,619	157	124	11	—	—	—	—	1,911
Diphtheria, Whooping Cough and Tetanus combined	—	18	671	81	45	1,033	472	—	2,320
Diphtheria and Tetanus combined	10	100	3,856	309	134	1,347	852	16	6,624
TOTALS ...	1,629	276	4,663	401	179	2,380	1,324	16	10,868

As a further guide to the immunisation state, by the end of 1968 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 31.12.68</i>	<i>Registered live births</i>	<i>Percentage immunised</i>
1965	6,276	7,098	88.4
1966	5,969	7,024	85.0
1967	5,536	6,918	80.0

IMMUNISATION AGAINST POLIOMYELITIS

The following table give a general view of the work undsrtaken in 1968 :—

Children completing primary immunisation

Age Group	No. of children who received 3rd dose of oral vaccine
Children born in 1968	2,746
Children born in 1967	2,894
Children born in 1966	37
Children born in 1965	32
Children born in years 1961-64	667
Others under age 16	76
TOTALS ...	6,452

Children receiving reinforcing doses

No. given 3rd injection of Salk vaccine	7,765
Number given reinforcing dose of oral vaccine	7,765
TOTAL ...	7,765

The following table shows completed immunisation carried out by the end of 1968 in respect of children born in the particular years :—

Children born in	Number immunised by 31st Dec., 1968	Number of registered live births	Percentage immunised
1965	6,490	7,098	91.4
1966	5,959	7,024	84.8
1967	5,511	6,918	79.7

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 200 units of oral vaccine to hospitals in 1968 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 242 who could not be dealt with in 1967. The table shows 203 children in maintained schools and a number in other schools who could not be offered heaf tests in the year. These will be carried forward to 1969.

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	Estimated No. of persons who were entitled to heaf testing
Maintained	46	4,733	3	203
Independent	7	387	6	Not known
Approved	1	29	1	Nil
F.E.	Nil	Not known	4	Not known

The results of 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	3,813	80.56	659	17.28	3,103
Independent	315	81.39	63	20.0	243
F.E. Colleges	—	—	—	—	—
Approved	14	48.27	Nil	Nil	14
Total	4,142	80.44	722	17.43	3,360

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

Nothing abnormal discovered and not to be seen again at clinic ...	16
Nothing abnormal discovered but to have follow-up appointments	14
Kept under observation at clinic ...	3
Left Wiltshire ...	1
Failed appointments ...	8
	—
	42

Ambulance Service

During the year, the last two ambulances built on the Vanden Plas Princess chassis entered service and several alternative types of vehicle have recently been tested in an endeavour to find a vehicle that offers to the patient a ride comparable with the Princess.

By the end of the year, ten staff had successfully completed a six week interim ambulance training course and one member had successfully attended the first course for Ambulance Service Instructors. To enable all staff to be trained to the standard recommended by the Working Party on Training and Equipment, much remains to be done, but progress to this standard requires the appointment of an Ambulance Training Officer and some easing of the present financial restrictions.

As in other years, the major share of the sitting case work was admirably carried out by the County Car Pool. Units of the St. John Ambulance Brigade and British Red Cross Society continued to give their valuable assistance.

The establishment of the County Ambulance Service is 112 staff, 30 ambulances, 18 dual purpose vehicles and 6 cars.

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 1968 are shown in heavy type.

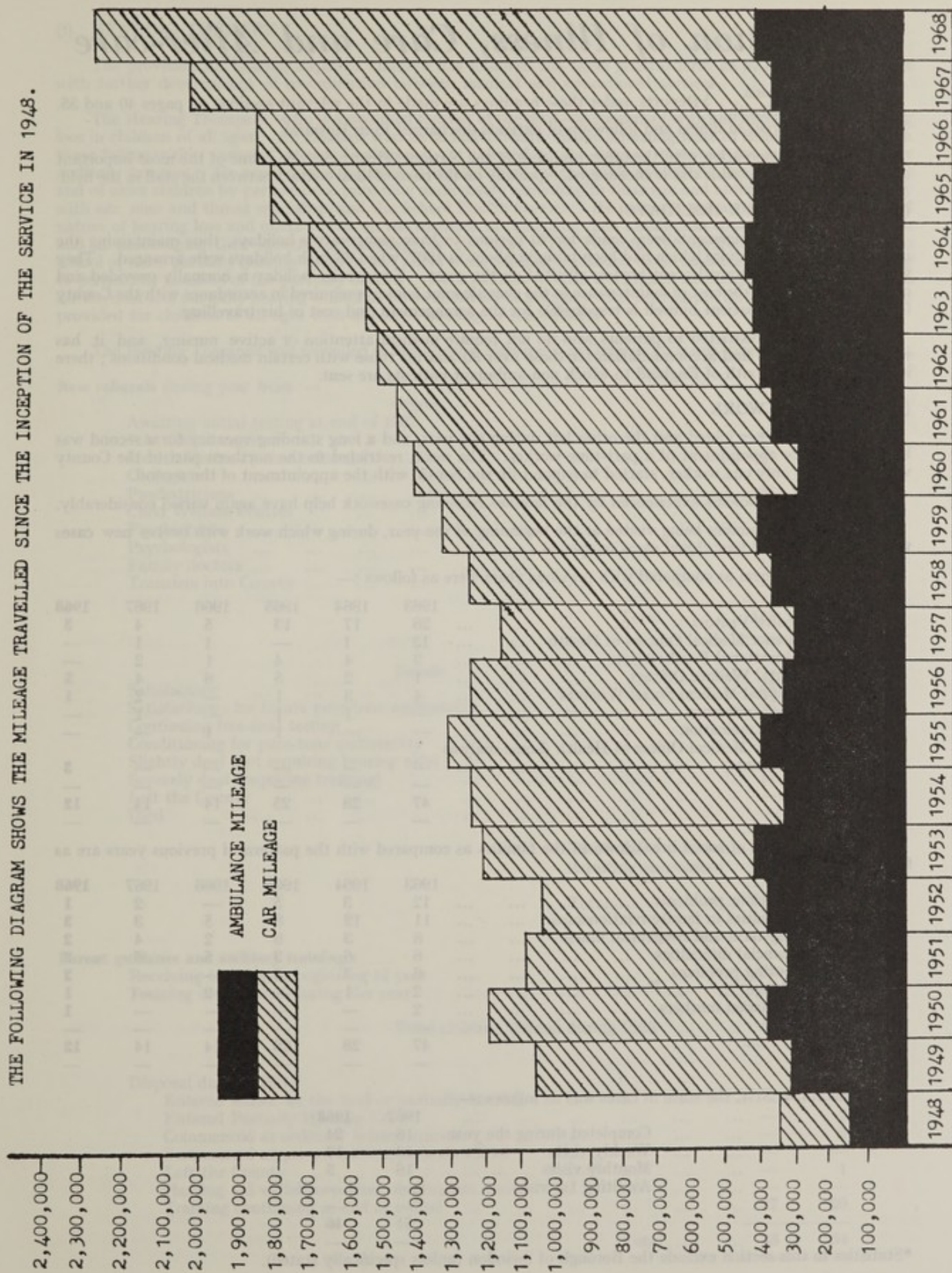
Ambulance Area	Population Mid-1967	Population Mid-1968	Area Acres	Patients		Miles	
				Accident or Emergency	Other		
TROWBRIDGE							
County Council Vehicles				1,935	2,036	45,960	39,386
Voluntary Organisation Vehicles				34	13	619	295
County Car Pool				—	—	16,441	29,330
Hire of Multi-Seat Transport				—	—	4,684	7,178
	103,440	106,370	192,758	1,969	2,049	67,704	76,189
						591,469	665,771
CHIPPENHAM							
County Council Vehicles				1,057	1,387	21,219	19,391
Voluntary Organisation Vehicles				—	—	3,013	2,458
County Car Pool				—	—	10,746	11,727
Hire of Multi-Seat Transport				—	—	788	2,839
	74,180	74,660	146,444	1,057	1,387	35,766	36,415
						365,126	364,264
SALISBURY							
County Council Vehicles				1,475	1,461	10,331	12,191
County Car Pool				—	—	34,023	36,589
	110,960	112,570	259,976	1,475	1,461	44,354	48,780
						506,077	570,556
SWINDON							
County Council Vehicles				2,810	2,853	45,627	53,571
Voluntary Organisation Vehicles				64	66	1,136	1,084
County Car Pool				—	—	33,775	38,200
	190,500	196,650	260,921	2,874	2,919	80,538	92,855
						599,729	662,352
GRAND TOTAL	479,080	490,250	860,099	7,375	7,816	228,362	254,239
						2,062,401	2,262,943

	Increase in Patients over 1967		Increase in Mileage over 1967	
TOTAL				
County Council Vehicles	1,862	1.43%	10,010	1.23%
County Car Pool	20,861	21.96%	198,435	17.23%
Voluntary Ambulance Units	950	19.52%	16,143	22.59%
Hire of Multi-Seat Transport	4,545	83.06%	28,260	127.03%

The following tables show the number of patients carried and mileage undertaken by the County Council (NOT Volunteer or County Car Pool) vehicles (Ambulances, dual purpose vehicles, cars).

	Patients		Miles	
	Accident or Emergency	Other		
County Council Ambulances	6,404	6,925	29,503	32,279
County Council Cars	501	486	12,986	13,369
County Council Cars (Dual Purpose)	372	326	80,648	78,891
	7,277	7,737	123,137	124,539
			816,782	806,772

THE FOLLOWING DIAGRAM SHOWS THE MILEAGE TRAVELLED SINCE THE INCEPTION OF THE SERVICE IN 1948.



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

- (a) Tuberculosis
(b) Mental Health
(c) Other types of illness and follow-up of patients discharged from Hospital

} Reports under these headings are made in the relevant sections on pages 40 and 35.

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 1968 arrangements were made for 40 persons to have recuperative holidays, thus maintaining the improved use of the service which had been brought about in 1967, when 38 such holidays were arranged. They were admitted to six convalescent homes, all sited on the coast. Two weeks' holiday is normally provided and contribution towards the cost of maintenance in the convalescent homes is required in accordance with the County Council scale. The patient himself is responsible for the arrangement and cost of his travelling.

The scheme is restricted to patients who do not require medical attention or active nursing, and it has remained difficult to find accommodation for those over 80 and for those with certain medical conditions; there is one home in the south of England to which non-ambulant patients are sent.

(e) SOCIAL CASEWORK

One social worker joined and the other left during the year, and a long standing vacancy for a second was half filled by the appointment of a part-time worker. The work, restricted to the northern part of the County when there was only one worker, started to expand (in the South) with the appointment of the second.

The types of problems experienced by the families receiving casework help have again varied considerably.

There were 35 families being visited at the beginning of the year, during which work with twelve new cases was commenced, and four closed cases re-opened.

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

From :	1963	1964	1965	1966	1967	1968
Health Visitors	26	17	13	5	4	3
District Medical Officers of Health	13	1	—	1	1	—
Educational Psychologists	3	4	4	1	2	—
Mental Welfare Officers	1	2	5	6	4	5
Hospital Medical Social Workers	4	3	1	—	2	1
Case Conference	—	1	1	—	1	—
Own Application	—	—	1	1	—	—
County Medical Officer of Health (home dialysis patients)	—	—	—	—	—	3
	47	28	25	14	14	12

The main causes of social breakdown in the families as compared with the pattern of previous years are as follows:—

	1963	1964	1965	1966	1967	1968
Behaviour problems	12	3	5	—	2	1
Difficulties in family relationships	11	12	8	5	3	3
Long-term and congenital illness	8	3	6	2	4	2
Financial difficulties	6	6	3	5	5	2
Housing problems	6	3	3	—	—	2
Old Age	2	1	—	2	—	1
Unmarried mothers	2	—	—	—	—	1
	47	28	25	14	14	12

At December 31st, the state of cases was as follows:—

	1967	1968
Completed during the year	16	24
Weekly visits	19	17
Monthly visits	16	5
Awaiting 1st visit	—	—
	51	46

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

(f) HEARING THERAPY

The provision for hearing impaired children has followed the same general form as in previous years, but with further development of co-ordination between medical and educational services.

The Hearing Therapist—who is a qualified teacher of the deaf—is concerned with the implications of hearing loss in children of all ages. All children who have failed health visitor screening tests of hearing, together with those falling within various “at risk” categories, are referred to the hearing therapist for assessment of their auditory function. He assesses the response of small babies by the more specialised free-field diagnostic tests and of older 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 offers advice on the methods of managing 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 language 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 Hearing Therapist was seconded to Manchester University in October for a one-year course in Audiology.

New referrals during year from :—

<i>Origin</i>									
Awaiting initial testing at end of 1967	...	...	...	...	...	...	...	4	16
“At Risk” register	...	...	...	...	...	...	...	22	41
Health Visitors (other referrals)	...	...	...	...	...	...	...	43	43
Otologists	...	...	...	...	...	...	...	9	8
Paediatricians	...	...	...	...	...	...	...	22	15
Child Welfare Centres	...	...	...	...	...	...	...	18	13
Psychiatrists	...	...	...	...	...	...	...	1	1
Psychologists	...	...	...	...	...	...	...	3	2
Family doctors	...	...	...	...	...	...	...	13	10
Transfers into County	...	...	...	...	...	...	...	10	6
Total								145	155

<i>Results</i>									
Satisfactory	...	...	...	...	...	...	...	83	84
Satisfactory : for future pure-tone audiometry	...	...	...	...	...	...	...	16	36
Continuing free-field testing	...	...	...	...	...	...	...	14	11
Conditioning for pure-tone audiometry	...	...	...	...	...	...	...	3	—
Slightly deaf (not requiring hearing aids)	...	...	...	...	...	...	...	13	10
Severely deaf (requiring training)	...	...	...	...	...	...	...	11	10
Left the County	...	...	...	...	...	...	...	—	2
Died	...	...	...	...	...	...	...	—	2
Total tested								141	155
Awaiting assessment								4	—
Total								145	155

Parent guidance and auditory training :

Receiving training at beginning of year	...	...	...	...	...	...	...	37	24
Training commenced during the year	...	...	...	...	...	...	...	11	10
Total children trained during 1968								48	34

Disposal during 1968 :

Entered school for the deaf or partially hearing	...	...	...	...	...	...	...	7	3
Entered Partially Hearing Unit	...	...	...	...	...	...	...	—	2
Commenced at ordinary infants school	...	...	...	...	...	...	...	—	2
Commenced at private nursery/infants school	...	...	...	...	...	...	...	—	—
Left the County	...	...	...	...	...	...	...	—	1
Hearing aid withdrawn after observation period	...	...	...	...	...	...	...	—	—
Training continuing at end of period	...	...	...	...	...	...	...	27	26
Total								35	34

Total number of children visited for training and assessment	...	...	...	...	...	...	...	207	219
Total number of visits to homes	...	...	...	...	...	...	...	627	661
Hospital hearing aids issued	...	...	...	...	...	...	...	13	5
Commercial hearing aids purchased	...	...	...	...	...	...	...	1	12

Twenty-six speech training units are available for loan to parents.

(g) CHIROPODY

The following tables, with the 1967 figures in lighter type, show that although the number of patients treated has increased during the year under review, the number of treatments given remains the same, (new patients continuing to be accepted despite two vacancies of chiropodists posts during most of the year).

	By County Council chiropodists		By private chiropodists working on behalf of the County Council		By Voluntary Organisations		Total numbers of persons treated	
Expectant Mothers	3	3	—	—	Nil	Nil	3	3
Physically handicapped	129	22	—	—	Nil	2	129	24
Persons of retirement age	4,308	3,109	257	300	822	1,566	5,387	4,975
	4,440	3,134	257	300	822	1,568	5,519	5,002

Treatment by	In patients' homes		In clinics or Club sessions		In Chiropodists' surgeries		In Welfare Homes		Total numbers of treatments	
County Council chiropodists	9,990	10,617	1,842	879	—	—	2,972	2,955	14,804	14,451
Private chiropodists working on behalf of the County Council	148	170	—	—	2,204	2,134	—	—	2,352	2,304
Voluntary organisations aided by County Council grant	993	982	923	967	1,327	2,178	—	—	3,243	4,127
Totals	11,131	11,769	2,765	1,846	3,531	4,312	2,972	2,955	20,399	20,882

The conditions treated by the County Council chiropodists were :—

Corns, callouses, etc. not complicated by other physical conditions	...	3,880	2,422
Severe nail conditions	...	444	491
Similar lesions complicated by other physical conditions :—			
Diabetes	...	115	126
Sepsis	...	45	50
Severe circulatory disorders	...	44	45
Gangrene	...	6	3
		4,534	3,137

The number of patients treated increased by 10% during 1968.

The following table shows patients who commenced treatment under County chiropodists during 1968, classified by age group :—

Age Group	Domiciliary		Clinic	
Under 60	24	41	—	5
60—	58	59	16	24
65—	116	138	26	24
70—	155	196	15	38
75—	175	207	9	12
80—	138	105	6	5
85—	72	101	1	—
90 and over	29	29	—	—
	767	876	73	108

At the end of 1968 the average time of waiting for a new patient to receive the first treatment had increased to five weeks. There were seven chiropodists employed at the end of the year. One of them had been trained under the County Council's training scheme at the School of Chiropody, Salford Technical College. During the year, one student took up training under the scheme, making three under training at Salford at the end of the year.

Chiropodists conduct treatment sessions at the County Council Homes for the Elderly, and at County Health Clinics at Corsham, Melksham, Salisbury, Trowbridge and Warminster, for those persons who are able to travel. Regular visits are made to six grouped dwellings in the County as well as to a Cheshire Home and two private Homes for the elderly. Visits for treatment were made by Over 60's clubs at Codford, Sherston and Wroughton, and also clinics held at Box and at Mere. Six voluntary organisations concerned with the welfare of the elderly arranged treatment by qualified chiropodists during the year, and grants totalling £1,426 were made to them.

The demand for the service increased during the year, due to the increasing proportion of elderly persons in the population. One private chiropodist was unable to continue his service for the County in the Malmesbury area and another in the Chippenham area curtailed her work for both the County and the local voluntary organisation: these events added to the case load of the County staff.

(i) CERVICAL CYTOLOGY

The nine cervical cytology clinics continued, each twice a month throughout the year.

In the year, 2,152 women mainly from 25 years of age upwards attended at the nine centres. Analysis of the social classes showed a similar pattern to the previous year—wives of men in the armed forces accounted for 13.7% attendance in 1968 and 11.4% in 1967, and social class III again predominated with 54.5%.

	Social Class I & II	Social Class IV & V	Social Class III
1968 of 2,152 women ...	14.4%	15.97%	54.5%
1967 of 2,285 women ...	15.2%	12.8%	58.5%

Since the incidence of carcinoma *in situ* and carcinoma of cervix is known to be highest in social classes IV and V, especially in association with certain other factors and the proportion of attenders from these social groups is relatively small, a small domiciliary cervical cytology service was commenced, additional reasons for which were isolation of some villages and lack of public transport.

Age distribution of attenders at Cytology Centres in Wiltshire

Age Group	1967	1968
Under 25 years	64	158
25—29	366	365
30—34	466	427
35—39	454	370
40—44	367	331
45—49	279	250
50—54	161	133
55—59	82	77
60—64	39	30
65+	39	11
	2,285	2,152
% below age 35 years	39.2%	44.14%

Of the 2,152 women who attended the clinics in 1968 or received home visits for cervical cytology, seven positive results were reported by the Laboratory.

Other conditions found at the time of attendance and requiring treatment were followed up and women referred to their doctors.

Examination of breasts is carried out at the same session as cervical cytology and in no case did this lead to detection of cancer.

(k) RENAL DIALYSIS AT HOME

In 1968 requests were received from renal units in hospitals for the adaptation of three patients' homes for artificial kidney machines to be installed, to enable the patients to undertake this process at home and resume life in the community. The adaptations were undertaken in all three cases. One of the patients is now at work.

* *Domestic Help*

The following tables show the growth of the service and statistical information on the work done during 1968.

Such additional funds as become available annually, for expansion of the service have hitherto been fully taken up by the demand. In 1967, however, stricter standards than were really desirable had to be adopted in assessing the help which could be permitted in order to make the widest use of the service with the funds available. The economies affected during 1967 were maintained during 1968, and it is possibly due to the stricter interpretation and application of the criteria of need that there has been the first decrease for many years in the number of persons assisted, 146 less than in 1967.

By the end of the year, the usual winter increase in the use of the service had not occurred, and the reason for this is not clear. (There has, however, been a slow but sustained increase since the beginning of 1969).

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
1962	1,001	114	73	1,119	1,192
1963	1,167	123	95	1,286	1,381
1964	1,102	140	93	1,394	1,487
1965	1,175	169	90	1,572	1,662
1966	4,335	178	74	2,229	2,303
1967	1,412	217	74	2,547	2,621
1968	1,344	192	60	2,415	2,475

Comparative statistics for persone assisted in 1967 and 1968 are as follows :—

Year	Aged 65 years or over	Aged under 65 years				Total
		Chronic Sick and T.B.	Mentally Disordered	Maternity	Others	
1967	2,057	233	27	74	230	2,621
1968	2,059	200	19	60	137	2,475
Increase/Decrease	+ 2	—33	—8	—14	—93	—146

NIGHT ATTENDANT SERVICE

There was a small demand for this service during the year ; four patients received help under this scheme and three patients were assisted with evening service.

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

**Mental Health Service*

The record of work undertaken by mental welfare officers again shows an increase over the preceding year, the number of visits, interviews etc. increasing by nearly 3,000. The need turns on the amount of preventive or after-care work required by each client which, of course, varies between individuals. As the mental health service expands and contacts with hospitals and particularly general practitioners develop, the mental welfare officers are being consulted over an increasing number of clients. Unfortunately our staff of these social workers is insufficient and we can often only accept clients where there is a degree of urgency; in many cases where social support would obviously be of benefit, particularly from the preventive angle, it is only possible to help then in a superficial manner. Apart from this, emergency work often prevents regular visiting of clients already on the case-list where intensive social support is obviously indicated.

During the year two mental welfare officers were successful in obtaining their certificate in social work and two trainee mental welfare officers obtained places on training courses. A further trainee mental welfare officer has been appointed.

At the end of the year Sarum House, Salisbury, the hostel for mentally subnormal men, was full. The number of women residents at Redlands House, Chippenham, was 23 but owing to staff shortages admissions, despite requests, had to be held at this level. This was particularly unfortunate and demonstrates once again the problem of attracting suitable people to hostel work. At Rutland House, Trowbridge, the hostel for subnormal young men and young women, eighteen beds were occupied. This is the hostel which shows the greatest movement and the occupancy figures vary considerably.

The need for further hostels, particularly for the adult mentally subnormal, becomes more and more apparent. It is important to avoid as far as possible the development of a long stay hospital population for the future. Moreover hospitals for the subnormal will no longer accept patients for purely social reasons as was the case some years ago and the pressure on accommodation and staff in such hospitals has become more obvious. It is difficult at present to secure hospital beds for those subnormal persons needing nursing care or psychiatric assessment. There are many mentally subnormal persons in the community at present supported by parents or relatives and also in many cases by attendance at junior or adult training centres, supplemented by short stay holiday care. Without this support they would be incapable of leading an independent community life and for these persons some alternative accommodation at some time usually becomes necessary. With the present availability of full-time and part-time employment it is becoming virtually impossible to find lodging of any description and certainly not for persons requiring the degree of help needed by the mentally subnormal. The hostel service may be economically rewarding as we have in our hostels many people who prior to admission have not worked or who have not been able to keep work for any length of time, where with the support of the hostel staff they have been able to earn standard wages with a reasonable degree of continuity.

Holidays for the mentally subnormal were again organised and trainees from all junior and adult centres in the County and each of the three hostels were accommodated. Arrangements for the two Salisbury training centres and Sarum House were made and sponsored by The South Wilts Society for Mentally Handicapped Children but for the rest of the County the arrangements were made by the Health Department. For the first time trainees from all our adult training centres and hostels were on holiday at the same time at a holiday camp in Newquay. The juniors from the Chippenham, Trowbridge and Salisbury centres went to Bournemouth for a week in May and from the Swindon and Pewsey centres to Exmouth in September. These holidays were generally very much enjoyed and in addition to the appreciation of the trainees it gave an opportunity for those of our whole-time staff who accompanied the parties, to gain a much closer insight into some of the problems of the individual trainees.

There was again an increase (twelve) in the number of trainees attending adult training centres, and eleven more attended junior centres. There has been a considerable increase in the number of children recommended for attendance at the Swindon Junior Training Centre and for the first time for many years there is a waiting list. Even if finance becomes available to increase the staff, the present accommodation is barely adequate for the existing numbers and a new centre, or as an interim measure temporary accommodation, has become a matter for urgent consideration.

During the year two trainee staff were accepted on diploma courses and another commenced her in-service training. One member of the established adult training centre staff obtained her diploma following a year's training course and a further craftsman instructor commenced a year's training course.

In January a week's residential course for junior training centre staff was arranged at Urchfont Manor. Emphasis was placed on art instructions, handicraft work and physical education and in addition to lectures, sessions were set aside for the staff to participate in art and craft work and movement. This practical participation proved very successful and has shown results in subsequent work at training centres.

Some paintings were submitted to the 1968 International Exhibition of Paintings by Mentally Handicapped Children and two paintings from the Swindon Junior Training Centre and one from the Trowbridge Junior Training Centre were amongst twenty selected in the south-west region to go forward to the national competition.

*The statistics in this section exclude the Borough of Swindon, except the figures relating to persons attending training centres.

We had hoped during the year to appoint at two of our adult training centres instructors who would concentrate on education of the late developer and on social training in such matters as simple reading, money concept, simple housecraft and personal hygiene. Unfortunately we were unable for various reasons to make appointments although it is hoped to do so in the ensuing year.

It was also hoped that 1968 would see the commencement of building of our fifth adult training centre to be sited in Marlborough. Unfortunately difficulties arose which delayed this development but it is hoped that work will definitely commence in 1969.

The mental health services have been playing a very active part in the training of social workers by providing placements for students undertaking training courses. In addition to short visits to training centres and area mental welfare offices by students and groups of persons interested in the work the following training work has been undertaken :—

Placement of Social Work Students

<i>Venue</i>	<i>Period</i>	<i>No. of Students</i>	<i>Name of College</i>
Mr. H. E. Causey, Deputy Supervising Field Mental Health Officer	January-July 1968 (2 days a week)	2	Bristol College of Commerce
Mr. R. H. G. Moore, Area Mental Welfare Officer, Salisbury	January-July 1968 (3 days a week)	1	Portsmouth College of Technology
	October-December 1968 (3 days a week)	1	do.
Mr. P. J. McDonnell, Area Mental Welfare Officer, Devizes	8th-19th July 1968 (full-time)	1	Bristol College of Commerce
	October-December 1968 (3 days a week)	1	Bristol University
Rutland House Hostel, Trowbridge	30th June-25th July 1968 (full-time)	1	Portsmouth College of Technology

Placement of Student Teachers/Instructors (full-time placements)

Salisbury Junior Training Centre	May 1968 (3 weeks)	1	London University
	27th-May-5th July 1968	1	NAMH Course, Bristol
	15th-26th July 1968	1	College of Sarum St. Michael, Salisbury
	11th-22nd November 1968	1	Bournemouth College of Technology
Sarum Adult Training Centre, Salisbury	11th-22nd November 1968	1	Bournemouth College of Technology
Pewsey Junior Training Centre	27th May-5th July 1968	1	NAMH Course, London
	15th-26th July 1968	1	College of Sarum St. Michael, Salisbury
Ashton Street Junior Training Centre, Trowbridge	9th January-16th February 1968	2	NAMH Course, Bristol
Upham Road Junior Training Centre, Swindon	do.	4	do.
do.	27th May-5th July 1968	1	do.

At the end of the year discussions were taking place with hospital authorities on arrangements for student nurses to work for short periods in the community services as part of their training.

There has been close co-operation between the staff of the mental health services and the staff of hospitals, and with general practitioners. In the Salisbury area where the Area Mental Health Office is in the same town as the Old Manor psychiatric hospital for the mentally ill, weekly case conferences are held at the Hospital. In the centre of the County, mental welfare officers are welcomed to case conferences at Roundway Hospital and attend as frequently as possible, although in a rural county distance of the area offices from the hospital presents problems. In the north of the County the mental welfare officers have offices in the same premises as the Seymour Clinic. At the Seymour Clinic consultant out-patient clinics are held and there is a day centre as well as a number of hospital beds. At the end of the year discussions were held with the consultant psychiatrists operating from the Seymour Clinic whereby for a year an experiment would be undertaken in which the mental welfare officers would be attached to a particular consultant's team and would as far as possible operate with the same team for emergency work outside normal working hours. This experiment relates, of course, to mentally ill persons referred to the consultant psychiatrists and the mental welfare officers still have to undertake their various additional community duties and also work with mentally subnormal persons. It will be interesting to see the results of such an experiment and particularly the effects on field officers working in a rural area with a low density of population. Owing to the number of mental welfare officers working in this rural County, with few large towns, it has not been possible to offer to attach individual mental welfare officers to specific general practitioners. As far as conditions of work permit, mental welfare officers make contact with general practitioners and this co-operation has been very helpful to the mental health service and it is hoped also to the general practitioners. The number of referrals to the service by medical practitioners increased by nearly one hundred during the year.

MISCELLANEOUS STATISTICS FOR THE YEAR

	Mentally ill		Psycho-pathic		Subnormal		Severely subnormal		TOTAL	
	M	F	M	F	M	F	M	F	M	F
GUARDIANSHIP										
No of Patients placed under guardianship of L.H.A.	—	—	—	—	—	—	—	—	—	—
No of Patients discharged from guardianship by Responsible Medical Officer	—	—	—	—	—	—	—	1	—	1
PATIENTS ADMITTED TO HOSPITALS FOR THE MENTALLY SUBNORMAL										
To permanent beds	—	—	—	—	6	2	8	4	14	6
For temporary care under Circular 5/52 to :—										
(a) N.H.S. Hospitals	—	—	—	—	2	—	19	10	21	10
(b) Other Hospitals	—	—	—	—	—	—	—	—	—	—

WORK OF MENTAL WELFARE OFFICERS IN 1967 AND 1968

DURING OFFICE HOURS

OUTSIDE OFFICE HOURS

	Totals			Totals	
	1967	1968		1967	1968
1. Interviews at Mental Health Offices ...	887	1254	1. Attendance at Case Conferences, clinics and meetings (shown as cases discussed) ...	45	23
2. Attendances at Case Conferences, Clinics and Meetings (shown as cases discussed)	6091	6523	2. Visits to Police, Probation office, M.o.L., M.o.S.S., etc. (shown as cases discussed)	24	44
3. Visits to Police, Probation Office, Ministry of Labour, M.o.S.S., etc. (shown as cases discussed)	956	928	3. Visits to relatives only	88	86
4. Attendances at Courts	5	18	4. Statutory Guardianship visits	—	—
5. Visits to Relatives only	1238	1408	5. Home visits of friendly supervision, preventive and after-care visits	508	508
6. Statutory Guardianship visits	25	4	6. Other home visits	39	57
7. Home visits of friendly supervision, preventive and after-care visits	6834	8236	7. No access visits (not included elsewhere) ...	26	38
8. Other home visits	144	94	8. Visits to patients in hospital	15	23
9. "No-access" visits (not included elsewhere)	1286	1673	9. Visits to patients in hostels	9	9
10. Visits to patients in hospital	292	397	10. Admission to hospitals :—		
11. Visits to patients in hostels	72	79	Compulsorily Sec. 25	22	21
12. Admission to hospital :—			Sec. 26	7	7
Compulsorily Sec. 25	58	67	Sec. 29	39	47
Sec. 26	27	21	Sec. 136	—	—
Sec. 29	23	28	Part V	10	3
Sec. 60	22	1	Informal	98	84
Sec. 65	—	—	11. Admission to hostels	—	4
Informal	300	399			
13. Admission to hostels	15	23			
	18275	21153		930	954

CASEBOOK SUMMARY (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	2	—	2	1
No. of Patients under Guardianship of others ...	—	—	—	—	—	—	1	1	1	1
No. attending Junior Training Centres	—	—	—	—	11	6	87	66	98	72
No. awaiting training at Junior Training Centres	—	—	—	—	—	—	—	3	—	3
No. attending Adult Training Centres	—	—	—	—	44	54	76	79	120	133
No. awaiting training at Adult Training Centres	—	—	—	—	—	—	—	—	—	—
No. resident in County Council Hostels :—										
(a) Sarum House	—	—	—	—	10	—	18	—	28	—
(b) Rutland House	—	—	—	—	8	6	2	2	10	8
(c) Redlands House	—	—	—	—	—	16	—	7	—	23
No. resident at C.C. expense in private hostels and other establishments	1	1	—	—	2	1	—	—	3	2
No. boarded out at C.C. expense in private households	—	—	—	—	—	1	—	—	—	1
No. under informal supervision by :—										
(a) Mental Welfare Officers	188	323	1	1	161	123	199	151	549	598
(b) Voluntary Visitors	—	—	—	—	—	1	—	—	—	1
(c) Probation Officers	—	—	—	—	1	—	—	—	1	—
(c) Children's Officers	—	—	—	—	—	1	—	—	—	1
No. awaiting admission to hospital :—										
(a) Urgent need	—	—	—	—	—	1	7	2	7	3
(b) Not urgent need	—	—	—	—	—	3	—	1	—	4

RECORD OF CASES REFERRED FOR ACTION DURING YEAR AND SUMMARY OF ACTION TAKEN

No. of persons referred who at the time of referral were not on the case list of Wiltshire or any other L.H.A.—837. Of the above, no. previously known to the service—237. REFERRED BY :— General Medical Practitioner Hospital and Specialist Service : (a) on discharge from in-patient treatment ... (b) after or during out-patient or day treatment ... Education Committee : (a) Section 57(3) (b) School leavers Police and Courts Other Sources : Relatives Ministry of Social Security Health Visitors Others Transferred from community care of other local health authorities HOW DEALT WITH :— Advice only to : (a) Patient (b) Relatives (c) Referring agency Added to case load and : (a) Admitted to hospital (i) Informally (ii) Compulsorily Placed under Guardianship of (i) Local Health Authority (ii) Person other than L.H.A. (c) Placed under friendly supervision (prevention, after-care, etc.) Removed or died before dealt with Not dealt with by the date of this statement	Mentally ill				Psychopathic				Subnormal				Severely subnormal				Totals							
	Under 16		16 and over		Under 16		16 and over		Under 16		16 and over		Under 16		16 and over		Under 16		16 and over		Under 16		16 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	1	134	286	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	1	12	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	1	36	64	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
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Tuberculosis

NOTIFICATIONS

Primary notifications of tuberculosis and corresponding incidence rates in 1944, the peak year, and at five yearly intervals since 1953, are shown in the following table :—

Year	Number of Primary Notifications			Incidence 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
1968	80	29	109	0.16	0.06	0.22

From 1944, the peak year, to 1953, incidence of new cases of tuberculosis fell 39%. In the next ten years from 1953, when the impact of modern drugs began to take effect, to 1963, the drop nearly doubled, reaching 70%, since when the decline has continued gradually, resulting in an overall fall of 86%.

Twelve notified cases of tuberculosis moved into Wiltshire from other counties during the year.

DEATHS

Deaths due to tuberculosis and the corresponding death rates at five yearly intervals since 1953 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
1968	14	5	19	0.029	0.01	0.039	0.030	0.013	0.043

Deaths from respiratory tuberculosis fell from 94 in 1950 to 14 in 1968, a drop of 85%. In the same period deaths from cancer of the lung rose from 69 to 230, a rise of approximately 233%.

HEALTH VISITING AND EXAMINATION OF CONTACTS

During the year 352 visits were made by health visitors to tuberculous households, mainly for the purpose of ensuring that all contacts attend chest clinics for examination. Continued careful follow up of contacts of tuberculosis is essential not only for the purpose of tracing other infected persons, but also to search for the primary source of infection, which is not necessarily the first case discovered in a household.

Evidence of the reward of careful contact tracing is seen in the following table which shows that although there has been an outstanding drop in notifications in the last fifteen years, the percentage of new and old contacts found amongst the primary notifications each year has remained consistently high and in no year has it fallen below the rate in 1954 when the anti-tuberculous drugs began to take effect.

Occasionally, when circumstances justify, special contact investigation is carried out, for example, as in the following case.

Information was received from the medical officer of health of a neighbouring authority regarding a patient who was discovered to have a large tuberculous cavity with a very positive sputum, and lived near the border of Wiltshire. The patient had been employed as a baker's roundsman, most of his rounds being in Wiltshire. It was considered that the patient could have been infectious for up to six months and it was reported that he had been in the habit of taking tea at four households. The help of the patient, as well as of the bakery, in following up the contacts was received together with a list of 235 names and addresses. Arrangements were made for them to be invited for chest X-ray at suitable centres and 153 attended. Fortunately, no case of tuberculosis was discovered amongst those who attended, although one X-ray showed healed tuberculosis. At the request of parents, eight children were seen at the chest clinic. All were tuberculin negative and were given B.C.G. immunisation.

TUBERCULOSIS IN CONTACTS

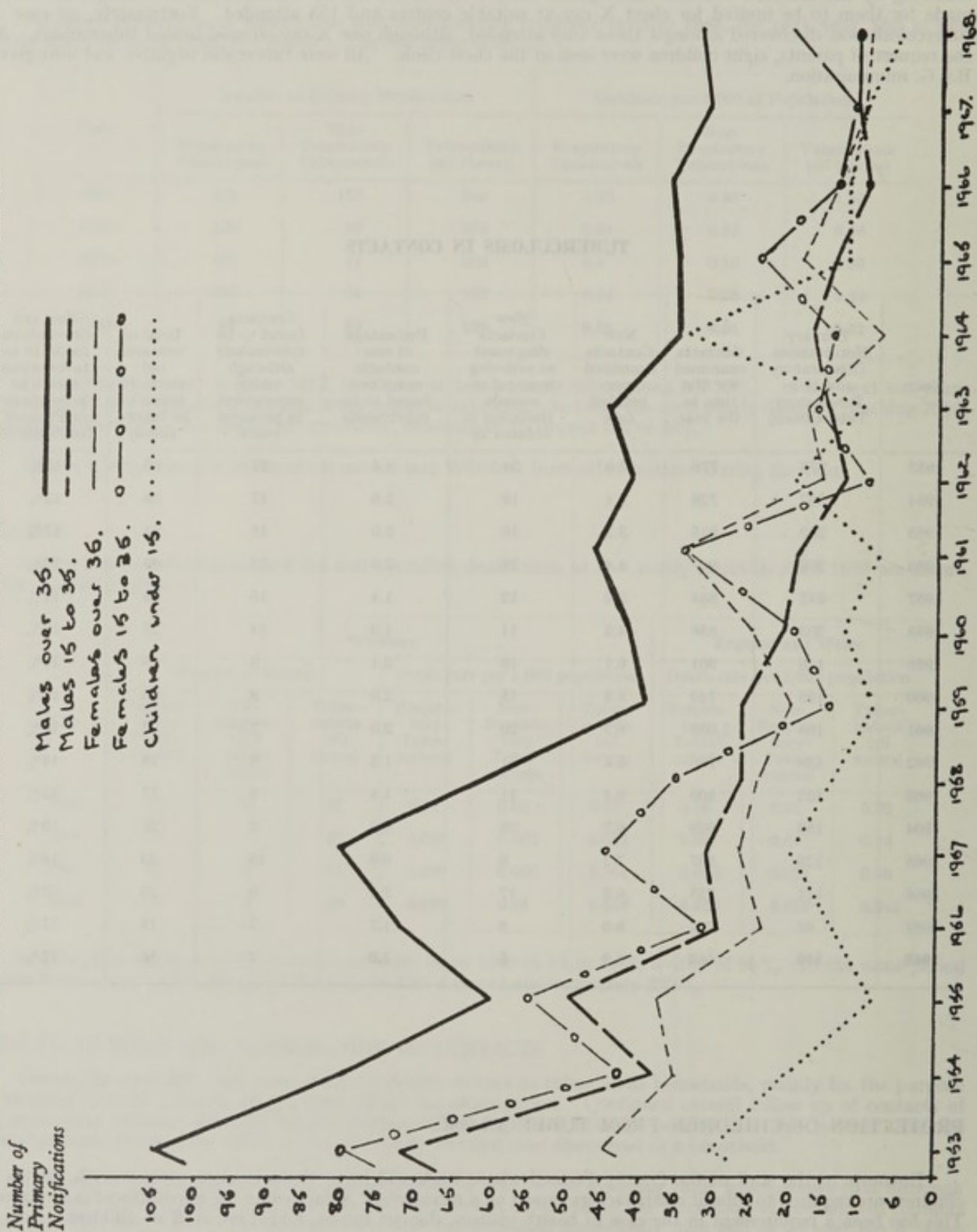
Year	Primary Notifications (Respiratory and Non-Respiratory Tuberculosis)	Contacts examined for first time in the year	New Contacts examined per notified case	New Contacts diagnosed as suffering from tuberculosis (included in column 2)	Percentage of new contacts examined found to be tuberculous	Contacts 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%
1966	111	755	6.8	17	2.2	9	26	23%
1967	88	707	8.0	8	1.1	7	15	17%
1968	109	660	6.0	6	1.0	7	13	12%

PROTECTION OF CHILDREN FROM TUBERCULOSIS

Entrants to the staff of the County Council whose work will bring them in close contact with groups of children, are required to submit a satisfactory report on a recent chest X-ray before the appointment is confirmed. This has been 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.

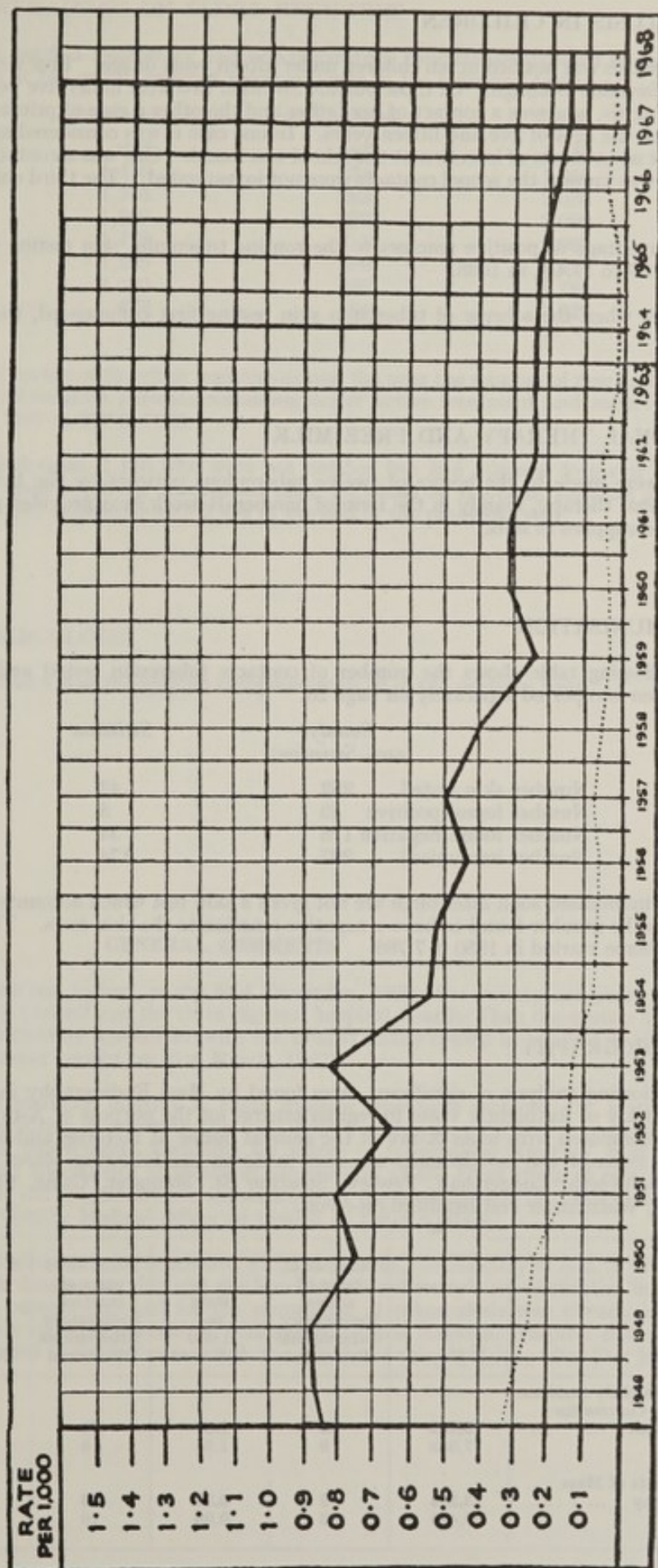
A total of 297 were X-rayed before appointment during 1968 but none was found unsatisfactory. Three-yearly follow up X-rays are offered.

PRIMARY NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS SINCE 1953 IN SELECTED AGE GROUPS



RESPIRATORY TUBERCULOSIS
NOTIFICATION AND DEATH RATES, 1948—1968
WILTSHIRE

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



TUBERCULOSIS IN CHILDREN

Tuberculosis was notified in ten children under fifteen years of age. Five were in the County outside Swindon and five in Swindon Borough. Of those outside Swindon two were under five years, one being a child with tuberculous meningitis, who was a contact of her father and the other a case of primary tuberculosis. The other three were between the ages of five and fifteen years. In one case it was considered advisable to investigate the school contacts but no evidence of infection at the school was found. One was a contact of her mother and as the source of infection was known, the school contacts were not investigated. The third child was a transfer in from another County.

The percentage of positive reactors to the routine tuberculin skin testing of 13 year old children fell from 19.5% in 1967 to 17.4% in 1968.

In 1955, when the scheme of tuberculin skin testing first commenced, the percentage of positive reactors was 36.8%.

DIVERSIONAL THERAPY AND FREE MILK

Visits were made to the homes of twelve tuberculous patients by the British Red Cross Society workers, and diversional therapy, mainly in the form of handicraft work, was provided where requested. Eight patients received free supplies of milk.

B.C.G. IMMUNISATION

The following table shows the number of contacts tuberculin tested and immunised. Immunisation of schoolchildren is reported separately on page 26.

	<i>County (excl. Swindon)</i>	<i>Swindon</i>	<i>Total</i>
Number skin tested	252	42	294
Number found positive	43	5	48
Number found negative	178	34	212
Number immunised	297	174	471

Babies immunised soon after birth are not given a skin test which accounts for the number immunised being greater than the number found to have a negative reaction to the skin tests. The number of contacts immunised since the scheme started in 1950 is 7,786.

MASS RADIOGRAPHY

The following analysis of significant cases found by Mass Radiography in 1969 again shows a higher yield from the weekly or fortnightly visits to regular centres for the purpose of X-raying persons specially referred by doctors, as compared with mass X-ray of the general public at factories and other centres. Regular weekly or fortnightly visits of the mobile units are now made to the following places: Amesbury, Salisbury, Wootton Bassett, Highworth, Ludgershall, Pewsey, Stratton St. Margaret, Calne, Chippenham, Devizes, Melksham, Trowbridge, Warminster and Bradford-on-Avon.

	X-Rayed	Number of cases of active Respiratory Tuberculosis discovered	Rate per 1,000 X-Rayed	Number of cases of inactive Respiratory Tuberculosis discovered	Rate per 1,000 X-Rayed	Carcinoma of lung	Rate per 1,000 X-Rayed
Weekly/Fortnightly Sessions at selected Centres for G.P. referrals	5,583 7,033	10 9	1.8 1.3	21 8	3.76 1.1	26 12	4.65 1.7
Ordinary Visits of Mass Radiography	13,204 25,474	5 2	0.37 0.08	28 16	2.12 0.6	7 5	0.53 0.2

(Figures shown in light type are those for 1967)

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 :—

<i>Year</i>	<i>Respiratory</i>	<i>Non-Respiratory</i>	<i>Total</i>
1945	974	181	1,155
1950	1,416	434	1,850
1955	1,755	283	2,038
1960	1,800	299	2,099
1965	1,476	211	1,687
1966	1,255	199	1,454
1967	1,020	166	1,186
1968	673	156	829

Resulting from the continued review of the clinic registers during the year the number of new and old notified respiratory and non-respiratory tuberculous patients remaining under active treatment and supervision at the end of the year fell from 1,186 in 1967 to 829 in 1968.

In addition to the 829 notified cases, 1,118 who were not notified but had minimal forms of tuberculosis or who had reached the arrested stage requiring observation only, remained on the clinic registers at the end of the year, thus making a total of 1,947 compared with 2,456 at the end of the previous year.

INFECTIOUS CASES OF TUBERCULOSIS

During the year, 44 patients had a positive sputum compared with 39 in the previous year.

GENERAL COMMENTS

Dr. A. C. Molden, Chest Physician, retired on the 31st December, 1968 after twenty-one years service in a joint appointment with the County Council and the three regional hospital boards. Thus the agency arrangement which had been in operation since 1948 by agreement with the Boards finally ceased at the end of 1968 with the retirement of Dr. Molden (Dr. Harper retired on 31st March, 1967).

The three general physicians maintain interest in chest diseases who have replaced Dr. Harper and Dr. Molden continue to have responsibilities in assisting the local health authority with the prevention, care and after care service, epidemiology of tuberculosis, searching for source of tuberculous infection, contact tracing, B.C.G. immunisation of contacts at special risk of infection, supervision at the chest clinic of positive reactors to the tuberculin testing of 13 year old schoolchildren, assistance with the investigation of tuberculosis occurring in schools etc. in liaison with the County Medical Officer of Health on these matters.

Shortly after the revised arrangements were concluded with the Boards, the Ministry of Health Circular 27/68 concerning the future of the chest diseases service and the local health authority's responsibilities in relation to tuberculosis was received. The pattern outlined for the prevention of tuberculosis was already in operation in Wiltshire, but in view of certain recommendations it was agreed by the Regional Hospital Boards that the County Council would not be expected to contribute towards the salaries of the physicians after 31st March, 1969.

* *Miscellaneous Services*

CHRONIC SICK BEDS

During the year the Salisbury Group Hospital Management Committee referred 95 cases for investigation. In 62, 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, but one home closed. At the end of the year there were on the register, five homes, providing 4 maternity and 75 other beds.

NURSERIES AND CHILD MINDERS REGULATION ACT 1948

The continued popularity of the pre-school playgroup, providing the social contacts and intercourse desirable for the child's development, accounts for most of each of the increases, shown in the following table, in registrations under the Act, whereunder the local health authority has the duty of inspection, registration and supervision of the premises and persons and their conduct of these activities.

<i>Year</i>	<i>Nurseries</i>		<i>Child Minders</i>	
	<i>No. registered at end of year</i>	<i>No. of children provided for</i>	<i>No. registered at end of year</i>	<i>No. of children provided for</i>
1950	1	25	—	—
1956	1	14	5	39
1958	—	—	7	58
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	466
1966	29	566	56	534
1967	52	1,196	61	649
1968	66	1,502	56	533

On the 1st November, 1968, however, Section 60 of the Health Services and Public Health Act, 1968, came into force, extending the scope of the 1948 Act by making stricter definitions (inter alia, substituting a period of two hours in the day or an aggregate of two hours in place of a "substantial part of the day" as the minimum period of care for which registration is required, and deleting the provision that an offence is committed only where the number of children taken exceeds two, and that the children come from more than one household), thus bringing many more premises and persons within the scope of the Act. By the end of the year applications had begun to be received from many such persons.

The amending Act also enabled more stringent rules and standards to be applied and required much more detailed investigation to be made of each application and of the background, character and health of child minders or nursery staff or other persons in the premises concerned who might come into contact with the children being minded. It substantially increased the maximum penalties for failure to register, and gives more specific and additional grounds for withholding or refusing registration, and also considerably extends the powers of the local health authority to make requirements about the numbers of children, qualifications and numbers of staff, the safety and maintenance of the premises and equipment, feeding and diet and record keeping.

During the year the County Council made it a condition of registration that staff and other adults at nurseries and in child minders' homes who could come into contact with the children being minded, should provide evidence of satisfactory chest X-ray examinations every three years.

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 140 persons. 118 were newly certified as blind and 22 as partially sighted.

EXAMINATION OF MEDICAL REPORTS

The following table shows the number of medical examination reports scrutinised during 1968 (1968 figures are shown in heavy type).

Number of medical examinations for entrants to the County Service	677	689
Number of medical examinations for entrants to the Fire Service	34	39
Number of medical examinations for entrants to permanent posts in the School Meals Service	239	268
Number of medical examinations for entrants to temporary posts in the School Meals Service	52	38
Number of medical examinations for fitness to return to duty in School Meals Service	55	47
Number of cases dealt with in connection with prolonged illness and breakdown pensions	48	33
Number of cases dealt with regarding fitness to drive	58	67
Number of examinations carried out for other authorities	53	52
Number of examinations carried out for the West Wilts Water Board	13	8
	1,229	1,241

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

ADOPTION ACT, 1958

Medical opinion was given on confidential medical reports on prospective adopters in 74 cases as well as advice on babies considered for adoption and individual cases.

MEDICAL ARRANGEMENTS FOR LONG-STAY IMMIGRANTS

Since January 1965, notices have been received from Port Medical Authorities in respect of 676 long-stay immigrants whose destination addresses were in Wiltshire. Arrangements have been made for these persons to be contacted by the health visitor for the purpose of explaining facilities available under the Health Service and of persuading them to register with a medical practitioner, with whom responsibility for a chest X-Ray rests.

	1965	1966	1967	1968
Notices received	227	149	136	164
Successfully contacted	190	140	116	136
Removed to known addresses in other areas and notices forwarded to appropriate Medical Officer	18	6	14	21
Untraceable	19	3	6	7
	227	149	136	164

None of the immigrants referred, who were successfully contacted after arrival in Wiltshire, have subsequently been notified as suffering from respiratory tuberculosis.

*Statistics in this section exclude the Borough of Swindon.

Sanitary Circumstances of the County

WATER SUPPLY

I am indebted to the Director General of the Meteorological office for the rainfall figures for 1968 from eight selected rainfall stations in Wiltshire which are given in the following table.

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Year
Swindon, Town Gardens N.G.R. 41-150834 476'	1.84	1.04	.79	2.15	2.22	3.05	4.65	2.94	3.94	3.15	2.22	3.14	31.13
Malmesbury, Shipton Moyne N.G.R. 31-899887 312'	2.78	1.82	1.12	3.09	2.81	3.24	5.09	2.62	4.44	3.08	2.93	3.64	36.66
Aldbourn N.G.R. 41-260756 460'	2.68	1.40	1.34	2.68	2.55	3.41	3.77	3.13	5.46	3.36	2.28	4.02	36.08
Trowbridge N.G.R. 31-858577 131'	2.15	1.80	1.26	1.80	2.53	2.50	3.35	2.97	3.42	2.56	2.42	2.80	29.56
Salisbury, Atherton House N.G.R. 41-150307 250'	2.12	1.85	1.34	2.74	2.27	2.64	1.56	1.95	6.02	3.50	1.56	3.64	31.19
Mere N.G.R. 31-820326 350'	3.01	2.07	1.62	2.49	3.35	4.83	2.64	1.75	5.81	3.21	2.55	3.24	36.57
Upavon N.G.R. 41-161548 578'	2.85	1.32	1.52	2.83	2.13	3.08	3.71	2.35	3.91	2.74	1.78	3.42	31.64
Stourhead N.G.R. 31-778341 600'	3.22	2.12	1.51	2.85	3.23	4.68	8.31	1.83	5.21	3.40	2.87	3.69	37.92

Average general rainfall for England and Wales for 1968—38.6 inches.

The average for the years 1916—1950 was 35.6 making the 1968 figure 108% of that figure.

During the year eight schemes for water supply were submitted by the water boards for approval as follows :—

<i>Authority</i>	<i>Scheme</i>	<i>Estimated Cost</i>
West Wilts Water Board	Northern Comprehensive Scheme Phase IVA—	£19,257
	Chitterne Scheme Phase II	
	Extensions to mains Littledown Reservoir/Hart Hill, Semley	£630
	Romsey Oak Farm, Southwick	£400
	Bradford Road, Trowle, Trowbridge	£350
North Wilts Water Board	Stanley Road, Chippenham	£7,453
South Wilts Water Board	Nunton/Odstock	£18,400
	"Walden" and neighbouring properties, West Grimstead	£1,800
Swindon Water Undertaking	Ashton Keynes to Cerney Wick	£5,300

LAY-BY SANITATION ON WILTSHIRE MAIN ROADS

The mobile public convenience was again stationed on TR.303 at Willoughby Hedge from the Spring Bank Holiday until the end of September. It was again managed by the Mere and Tisbury Rural District Council on behalf of the County Council.

Also on TR.303 a "Rollalong" convenience was provided on a permanent site at Zeals. From letters and observations it was again obvious that the facilities were appreciated by the travelling public.

CARAVAN SITES ACT 1968

At the request of the Health Committee, the Ambulance and Public Health Services Sub-Committee, in November 1967, considered the provisions of the Ministry of Housing and Local Government Circular 26/66 and reports by the County Medical Officer of Health, Clerk and County Planning Officer concerning the problem of gypsies in the area and asked the appropriate officers of the County Council to arrange meetings with officers of the district councils concerned.

At a meeting in January 1968, it was reported that the County Planning Committee had considered the matter on various occasions and that meetings had taken place both at member and officer level with authorities in the areas. However, it was considered that whereas in the past the matter had been looked at mainly from a "planning" angle (e.g. deposit of litter and scrap metal) it would be appropriate for fresh consideration to be given to the personal services and, in particular, the public health aspect in an endeavour to ascertain what action the County Council would take and assistance they could give in co-operation with the district councils concerned.

It had been the custom for gypsies to be moved on instead of assisting them to settle and thus denying them the normal health and social services. It was however accepted that the problem in Wiltshire was not large.

An analysis of a survey carried out for Planning Committee indicated that the gypsy population in the County could be divided into the following categories:

- Category A. Static and owning sites or settled on private land.
- Category B. Travellers who spend most of the year outside Wiltshire.
- Category C. Travellers who spend most of the year in Wiltshire.
- Category D. Static, but inappropriately settled (e.g. on roadside verges).

It was considered that, at least until some success could be achieved with categories A and C little could be done to overcome the problems presented by families in Category B, and the incidence in the County of Category D was minimal.

At a meeting at Salisbury in February 1968, between Officers of the County Council, Salisbury Borough, Salisbury & Wilton Rural District Council and the Police, it was agreed that efforts should be made to settle gypsies on permanent sites and that possible sites should be further investigated before any action was taken at Committee level.

After that meeting, enforcement action by landowners in Salisbury area resulted in an influx of gypsies in Mere and Tisbury Rural District thus creating a problem there.

A similar meeting was held in Swindon at the request of the Town Clerk in March, attended by officers of the County Council, Swindon Borough, Highworth, Cricklade & Wootton Bassett R.D.C. and the Police. Similar conclusions were reached as at Salisbury and a particular site suggested was made the subject of more detailed consideration.

Finance was not discussed at these meetings in any detail but at the time it was thought that costs might be divided between County Council and district councils where areas could be served by any permanent sites provided.

Since these meetings were held, however, the Caravan Sites Act, 1968, has been published, Part II of such Act dealing with gypsy encampments. This Part of the Act is not being brought into immediate operation "because the Ministers are reluctant in present circumstances to impose a fresh statutory burden on local authorities, but they have given an assurance that it will be implemented as soon as conditions permit." Under the provisions of this Part of the Act, County Councils will be required to provide sites for all gypsies residing in or resorting to their area. District councils will be required to provide services and facilities and to manage the sites but the running costs, in addition to the capital cost of the sites, will have to be met by county councils. Although, as stated above, Part II of the Act is not being brought into immediate operation, the Minister urges the local authorities who will be responsible for establishing sites under the Act immediately to undertake at the very least preparatory work, for instance the selection of appropriate sites, the obtaining of planning permission and the acquisition of land for which loan sanction will, as far as possible, be granted. The Act required County Councils to consult the appropriate district council(s) about any proposal to acquire or appropriate land for a gypsy site in their area.

The informal opinion of the County Planning Officer has already been obtained on the suitability of two suggested sites in the north and south of the County and the estimated capital and running cost of establishing these sites are as follows:—

	<i>Purchase of Site</i>	<i>Provision of basic facilities only</i>	<i>Additional provisions to comply with Model Standards</i>	<i>Running costs</i>
NORTH	£500 gross (loan charges £45)	£6,500 (loan charges £585)	£6,500 (loan charges £585)	£425 per annum Total £1,640

SOUTH £300 gross (loan charges say £30) £3,000 (loan charges £270) £5,500 (loan charges £495) £150 per annum Total £945

(Gypsies are prepared to pay rent for their pitches ; this would make a contribution towards running costs.)

The Health Committee at their meeting resolved to ask the County Council to delegate to them the Council's powers and duties under the Act, but decided to make no provision at that meeting in their estimates for 1969/70 for expenditure on the provision of sites in that year. Later however £800 was provided for the purchase of sites.

RURAL HOUSING

During the year the Minister of Housing and Local Government presented to Parliament a White Paper entitled " Old Houses into New Homes " in which it was stated that the government intended to devote a greater share of public investment to the improvement of older houses.

Improvement grants and other housing statistics for 1968 are shown in Appendix A.

SEWERAGE

Ten proposed sewerage schemes were submitted by rural districts to the County Council for observations and grant during 1968. Nine schemes were under construction 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 1968	In Progress during 1968	Completed during 1968
Amesbury	Bourne Valley	£	£	£
	Tilshead	28,678	320,900	
Bradford and Melksham	Staverton			312,000
	Melksham Without		59,400	
	Limpley Stoke			41,500
Calne and Chippenham	Hardenhuish		15,100	
	Corsham	130,500		
Cricklade and Wootton Bassett	Wootton Bassett		376,000	
Highworth	Badbury and Liddington			36,780
	South Marston	87,870		
Malmesbury	North Eastern		406,550	
Marlborough and Ramsbury	Mildenhall	71,000		
Mere and Tisbury	Boar Street Extension			2,550
	Maiden Bradley		21,772	
	Extension to Zeals	2,352	2,352	
	East Knoyle	90,000		
Pewsey	Collingbourne		126,000	
Salisbury and Wilton	Redlynch		104,092	
	Winterslow	482,360		
	Whiteparish Extension	6,300		
	Landford Extension	20,000		
	Wylve, Steeple Langford and Stapleford	245,295		
North Bradley				99,500

SUPERVISION OF MILK AND FOOD

Number of Registered Milk Producers in Wiltshire at end of 1968	... 1,974
Number of designated Producer/Retailers	... 42
Number of producer/wholesalers	... 1,932
Number of Milk Distributors	... 434
Number of Licensed Wiltshire Pasteurising Plants	... 8

The supervision of milk supplies in the County continued to operate along the lines described in previous reports with the aim of ensuring that all milk consumed in the County is free from disease producing organisms and is in a clean and wholesome condition.

During the year the County Public Health Inspector regularly inspected the eight pasteurising plants and took samples. Of the 377 samples taken 376 or 99.73% passed the phosphatase test and 375 or 99.47% passed the methylene blue test.

The phosphatase failure which occurred in a holder type plant was thoroughly investigated by the County Public Health Inspector and it was established that it was due to a worn valve seating and raw milk was passing to the filling machine.

Ultra heat treated milk which has a "shelf-life" of months is on sale in the County but the milk is processed outside Wiltshire. It is sampled regularly by district councils under the delegation scheme.

District councils continued to systematically take milk samples from all distributors and producer/retailers retailing milk within the County. The number of samples taken during 1968 and the laboratory results are given in the following tables. The 1967 figures are given in light type.

Type of Milk Sample	Estimated Annual Sampling Target	Number of Samples Examined	Laboratory Results				Percentage of Sample Failures	
			Pass		Fail			
Raw Milk Statutory Test ...	674 697	542 584	482 534	60 50	11.07 8.56			
Raw Milk Biological Test ...	674 696	555 749	538 720	17 29	3.06 4.17			
Heat Treated Statutory Test	2,744 1,713	2,246 2,333	2,166 2,300	80 33	3.51 1.41			
TOTAL	4,092 3,105	3,343 3,666	3,186 3,554	157 112	4.69 4.66			

FOOD AND DRUGS

I am indebted to the Chief Inspector of Weights and Measures for the following information concerning food and drugs administration during 1968.

The County Council is the Food and Drugs 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 & Drugs Act, 1955.

Pharmacy & Medicines Act, 1941.

Sale of Milk Regulations, 1939.

Milk & Dairies (Channel Islands and South Devon Milk) Regulations, 1956.

Labelling of Food Order, 1953 and Labelling of Food Regulations, 1967.

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, 1960-68.

The Preservatives in Food Regulations, 1962.

The Milk & Dairies (Preservatives) Regulations, 1962.

The Antioxidant in Food Regulations, 1966.

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, 1966.

The Emulsifiers & Stabilisers in Food Regulations, 1962.

The Milk & Dairies (Emulsifiers & Stabilisers) Regulations, 1962.

The Cheese Regulations, 1965-66.

The Salad Cream Regulations, 1966.

The Soft Drinks Regulations, 1964.

The Artificial Sweeteners in Food Regulations, 1967.

The Solvents in Food Regulations, 1967.

The Meat Pie & Sausage Roll Regulations, 1967.

The Colouring Matter in Food Regulations, 1966.

The Butter Regulations, 1966.

A total of 1,494 samples were 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.

PARTICULARS OF PROSECUTIONS AND OTHER ACTION TAKEN IN RESPECT OF INFRINGEMENTS

PROSECUTIONS

<i>Trade</i>	<i>Offence</i>	<i>Contrary to</i>	<i>Fine</i> £ s. d.	<i>Costs</i> £ s. d.	<i>Venue</i>
Farmer ...	Possessing milk for sale to which an addition of water had been made	Food & Drugs Act, 1955 Sec. 32	3 0 0	9 8 0	Lydiard Tregoze
Farmer ...	—do—	—do— —do—	15 0 0	9 8 0	Bromham
Dairymen ...	Selling milk deficient in milk fat	—do— Sec. 2	5 0 0	4 14 0	Stourton
Dairymen ...	Selling Channel Islands milk deficient in milk fat	Milk & Dairies (Channel Islands and South Devon Milk) Regs. 1956 and Food & Drugs Act, 1955 Sec. 113(3)	10 0 0	4 14 0	Redlynch
Baker ...	Selling a loaf of bread containing a hairgrip	Food & Drugs Act, 1955 Sec. 2 & 113	5 0 0	6 6 9	Warminster
Grocer ...	Selling a meat pie which was mouldy	—do— —Sec. 2	Conditional discharge	— — —	Westbury
Biscuit & Cake Manufacturer	Selling a biscuit containing a bristle	—do— —do—	Absolute discharge	— — —	Purton
Sweet Manufacturer ...	Exposing lollipops for sale incorrectly labelled as to Vitamin C content	—do— Sec. 6 and 113 (3)	20 0 0	4 14 0	Stratton St. Margaret
Baker Confectioner ...	Selling pre-packed Almond Cake Covering not labelled with a true statement of ingredients	Labelling of Food Order 1953, Art. 3 & 4(3)(b)	Conditional discharge	4 14 0	Calne
	Selling Almond Cake Covering not of the quality demanded	Food & Drugs Act 1955 Sec. 2	Withdrawn	— — —	
Farmers ...	Selling butter containing an excess of water	The Butter Regulations, 1966, and Food & Drugs Act 1955 Sec. 113(1)	30 0 0	6 6 0	Melksham
Supermarket Manager (as actual offender)	Exposing imported tomatoes for sale without an indication of origin.	Merchandise Marks Act, 1926, Sec. 5	2 0 0	— — —	Chippenham
Supermarket	Exposing imported sheep liver for sale under the description "Lambs" (2 charges)	Merchandise Marks Act, 1887 Sec. 2(2)	20 0 0	— — —	Bradford-on-Avon
	Exposing imported liver for sale without an indication of origin (3 charges)	Merchandise Marks Act 1926 Sec. 5	3 0 0	— — —	
Butchers' Shop Manager (as actual offender)	Selling liver not of the nature demanded	Food & Drugs Act, 1955, Sec. 2	Conditional discharge	— — —	Salisbury
	Selling imported liver without an indication of origin	Merchandise Marks Act, 1926, Sec. 5	—do—	— — —	
	Exposing for sale imported meat without an indication of origin	—do—	—do—	— — —	
	Exposing for sale imported liver without an indication of origin	—do—	—do—	— — —	
Butchers ...	Selling imported liver without an indication of origin	—do—	1 0 0	— — —	Warminster
	Exposing for sale imported liver without an indication of origin	—do—	1 0 0	— — —	
	Exposing cooked meat for sale falsely described as cooked ham	Merchandise Marks Act, 1887 Sec. 2(2)	1 0 0	— — —	
Butchers ...	Selling imported liver without an indication of origin	Merchandise Marks Act, 1926, Sec. 5(2)	1 0 0	— — —	Warminster
	Exposing cooked meat for sale falsely described as cooked ham	Merchandise Marks Act, 1887, Sec. 2(2)	— — —	— — —	
Butchers' Shop Manager ...	Offering to supply cooked meat falsely described as ham	Trade Descriptions Act, 1968 Sec. 1(1) (b) & 23	25 0 0	— — —	Devizes

OTHER ACTION

Nature of alleged offence	Written Caution	Attention drawn to irregularities	Referred to other Authority
Food—substandard	8	8	—
Drug—substandard	1	—	—
Food—incorrectly labelled or advertised	8	19	—
Food—containing unlawful additive	3	—	—
Food—containing foreign body	—	—	1

Swindon Borough

The following are the statistics relating to functions of the health services delegated to the Swindon Borough Council under Section 46 of the Local Government Act, 1958.

BIRTHS

	Adjusted live births	Adjusted still births	Total adjusted births
Domiciliary	280	—	280
Institutional	1,324	30	1,354
TOTAL	1,604	30	1,634

PREMATURE BIRTHS

Weight at birth	Premature live births												Premature still births	
	Born in hospital				Born at home or in a nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home
2 lb 3 oz or less ...	6	3	1	1	—	—	—	—	—	—	—	—	1	—
Over 2 lb 3 oz up to and including 3 lb 4 oz	7	3	1	—	—	—	—	—	—	—	—	—	5	—
Over 3 lb 4 oz up to and including 4 lb 6 oz	21	3	—	—	—	—	—	—	—	—	—	—	7	—
Over 4 lb 6 oz up to and including 4lb 15oz	25	—	1	1	—	—	—	—	—	—	—	—	1	—
Over 4 lb 15 oz up to and including 5 lb 8 oz	56	2	—	1	8	—	—	—	3	—	1	—	3	—
TOTAL ...	115	11	3	3	8	—	—	—	3	—	1	—	17	—

CLINIC SERVICES

ANTE-NATAL AND POST NATAL CLINIC—None

ANTE-NATAL, MOTHERCRAFT AND RELAXATION CLASSES

Number of women who attended during the year	Institutional booked	5
	Domiciliary booked	9
	Total	14
Total number of attendances during the year	...	70

CHILD WELFARE CENTRES

Number of children who attended during the year				Number of sessions held by				Total number of sessions	Number of children referred elsewhere	Number of children on "at risk" register end of year
Born in 1968	Born in 1967	Born in 1963 to 1966	Total	Medical Officers	Health Visitors	G.P's employed on a sessional basis	Hospital medical staff			
1,281	1,163	1,382	3,826	541	18	—	—	559	92	698

HEALTH VISITING

Cases visited by health visitors										Number of cases
Children born in 1968	...	...	...	...	...	...	...	...	...	1,569
Children born in 1967	...	...	...	...	...	...	...	...	...	1,050
Children born in 1963-66	...	...	...	...	...	...	...	...	...	2,255
Total	...	...	...	...	...	...	...	...	...	4,874
Persons aged 65 or over	...	...	...	...	...	...	...	...	...	78
Number included in line 5 who were visited at the special request of a G.P. or hospital	...	...	...	...	...	...	...	...	...	—
Mentally disordered persons	...	...	...	...	...	...	...	...	...	—
Number included in line 7 who were visited at the special request of a G.P. or hospital	...	...	...	...	...	...	...	...	...	—
Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	...	...	...	...	...	...	...	...	...	35
Number included in line 9 who were visited at the special request of a G.P. or hospital	...	...	...	...	...	...	...	...	...	35
Number of tuberculous households visited	...	...	...	...	...	...	...	...	...	52
Number of households visited on account of other infectious diseases	...	...	...	...	...	...	...	...	...	109
Number of tuberculous households visited by tuberculosis visitors	...	...	...	...	...	...	...	...	...	—

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1967

Number of domiciliary confinements attended by midwives under N.H.S. arrangements					Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day
Doctor not booked		Doctor booked		Total	
Dr. present	Dr. not present	Dr. present	Dr. not present		
3	5	90	182	280	413

This table relates to women delivered, and not, in the case of multiple births, to infants.

HOME NURSING

Total number of persons nursed during the year	...	...	...	...	...	...	...	...	1,205
Number of persons who were aged under 5 years at first visit during the year	...	...	...	...	...	...	...	...	14
Number of persons who were aged 65 or over at first visit during the year	...	...	...	...	...	...	...	...	531

HOME HELP SERVICE

	Home help to households for persons					
	aged 65 or over on first visit during the year	aged under 65 on first visit during the year				Total
		Chronic sick and tuberculous	Mentally disordered	Maternity	Others	
Number of cases	760	35	8	29	32	864

DAILY MINDERS AND REGISTERED NURSERIES

	Nurseries and Child Minders Regulation Act, 1948		
	Premises registered at end of year		Daily minders registered to end of year
	Factory	Other Nurseries	
Number	—	11	8
Number of places and number of children minded at end of year	—	361	138

REGISTRATION OF NURSING HOMES UNDER SECTIONS 187 TO 194 OF PUBLIC HEALTH ACT, 1936 AS AMENDED BY THE NURSING HOMES ACT, 1963

	Number of Homes	Number of beds provided		
		Maternity	Other	Total
Homes registered during year	—	—	—	—
Homes whose registrations were withdrawn during year	—	—	—	—
Homes on the register at end of year	1	—	33	33

IMMUNISATION AGAINST DIPHTHERIA, WHOOPING COUGH, TETANUS, POLIOMYELITIS AND MEASLES.

Completed Primary Courses—Number of persons under 16

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1961—1964	1965	1966	1967	1968		
Triple DTP	20	13	45	702	590	6	1,374
Diphtheria/Tetanus	23	7	7	9	2	4	52
Diphtheria	—	—	—	—	—	—	—
Tetanus	17	3	2	1	—	133	156
Measles	501	258	248	251	—	42	1,300
Sabin (Poliomyelitis)	66	27	57	728	583	21	1,482

Reinforcing Doses—Number of persons under 16

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1961—1964	1965	1966	1967	1968		
Triple DTP	93	39	564	217	—	1	914
Diphtheria/Tetanus	1,110	22	43	7	—	40	1,222
Diphtheria	1	2	—	—	—	—	3
Tetanus	23	—	1	—	—	158	182
Salk (Poliomyelitis)	1	—	—	—	—	—	1
Sabin (Poliomyelitis oral)	1,216	37	490	158	—	54	1,955

SMALLPOX VACCINATION. Persons aged under 16

Age at date of vaccination	Number of persons vaccinated (or re-vaccinated during period)		Number of cases specially reported during period		
	Number vaccinated	Number re-vaccinated	(a) Generalised Vaccinia	(b) Post-Vaccinal Encephalo- myelitis	(c) Death from complications of vaccination other than (a) and (b)
0—3 months	—	—	—	—	—
3—6 months	3	—	—	—	—
6—9 months	5	—	—	—	—
9—12 months	12	—	—	—	—
1 year	754	—	—	—	—
2—4 years	185	19	—	—	—
5—15 years	64	40	—	—	—
TOTAL	1,023	59	—	—	—

SHILLON VACCINATION - Persons aged under 16 years

Age in years (rounded down)	Number of persons vaccinated		Number of persons not vaccinated		Total
	1950	1951	1950	1951	
0-4 years	100	100	100	100	200
5-9 years	100	100	100	100	200
10-14 years	100	100	100	100	200
15 years and over	100	100	100	100	200
Total	400	400	400	400	800

SHILLON VACCINATION - Persons aged 16 years and over

Age in years (rounded down)	Number of persons vaccinated		Number of persons not vaccinated		Total
	1950	1951	1950	1951	
16-19 years	100	100	100	100	200
20-24 years	100	100	100	100	200
25-29 years	100	100	100	100	200
30-34 years	100	100	100	100	200
35-39 years	100	100	100	100	200
40-44 years	100	100	100	100	200
45-49 years	100	100	100	100	200
50-54 years	100	100	100	100	200
55-59 years	100	100	100	100	200
60-64 years	100	100	100	100	200
65-69 years	100	100	100	100	200
70-74 years	100	100	100	100	200
75-79 years	100	100	100	100	200
80-84 years	100	100	100	100	200
85-89 years	100	100	100	100	200
90-94 years	100	100	100	100	200
95 years and over	100	100	100	100	200
Total	1600	1600	1600	1600	3200

SHILLON VACCINATION - Persons aged 16 years and over

Age in years (rounded down)	Number of persons vaccinated		Number of persons not vaccinated		Total
	1950	1951	1950	1951	
16-19 years	100	100	100	100	200
20-24 years	100	100	100	100	200
25-29 years	100	100	100	100	200
30-34 years	100	100	100	100	200
35-39 years	100	100	100	100	200
40-44 years	100	100	100	100	200
45-49 years	100	100	100	100	200
50-54 years	100	100	100	100	200
55-59 years	100	100	100	100	200
60-64 years	100	100	100	100	200
65-69 years	100	100	100	100	200
70-74 years	100	100	100	100	200
75-79 years	100	100	100	100	200
80-84 years	100	100	100	100	200
85-89 years	100	100	100	100	200
90-94 years	100	100	100	100	200
95 years and over	100	100	100	100	200
Total	1600	1600	1600	1600	3200

APPENDIX A

RURAL HOUSING STATISTICS FOR THE YEAR ENDING 31st DECEMBER, 1968

	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	5,344	4,300	8,781	6,840	4,591	14,122	3,670	3,639	4,159	7,153	7,398	5,140	75,107
2. Number of permanent dwellings in district owned by local authority	1,586	750	2,001	1,296	1,152	2,434	635	670	763	1,541	1,097	683	14,608
3. Number of temporary dwellings in district owned by local authority	—	20	128	—	—	—	—	—	—	—	—	—	148
4. Number of applications for Council dwellings at end of year	437	230	321	421	386	376	220	174	272	470	331	No List Kept	3,638
5. <i>Inspection of dwellings during year :</i>													
(i) Number of dwellings inspected under Public Health or Housing Acts	152	7	44	291	123	10	256	593	129	24	1,055	210	2,894
(ii) Number of dwellings found to be unfit	92	7	27	172	17	—	12	65	79	21	204	11	707
6. Number of dwellings rendered fit in consequence of informal action	48	—	16	124	59	—	22	65	47	17	37	47	482
7. <i>Action under Statutory Powers</i>													
A. <i>Proceedings under Public Health Acts</i>													
(i) Number of dwellings where formal notices were served	1	—	—	2	7	1	—	—	—	4	2	5	22
(ii) Number of dwellings made fit as a result of formal notices	1	—	—	3	7	—	—	—	—	4	—	—	15
(a) By owners	1	—	—	3	7	—	—	—	—	4	2	—	17
(b) By local authority in default of owners	—	—	—	—	—	—	—	—	—	—	—	—	—
B. <i>Proceedings under Sections 9 and 16 Housing Act, 1957</i>													
(i) Number of dwellings where notices were served requiring defects to be remedied	—	7	—	—	—	—	—	—	—	—	3	—	10
(ii) Number of dwellings rendered fit after service of formal notices	—	7	2	—	—	—	—	—	—	—	—	4	13
(a) By owners	—	7	2	—	—	—	—	—	—	—	3	4	16
(b) By local authority in default of owners	—	—	—	—	—	—	—	—	—	—	—	—	—
C. <i>Proceedings under Sections 16 and 17 Housing Act, 1957</i>													
(i) Number of demolition Orders made	11	3	10	4	—	—	—	2	—	—	23	12	65
(ii) Number of dwellings demolished as result of demolition Orders	*17	6	10	11	5	3	5	1	—	5	17	4	84
(iii) Number of undertakings accepted to make fit or not to re-let	—	—	7	8	—	—	14	—	1	2	4	1	37
(iv) Number of dwellings made fit as result of undertakings	1	7	3	3	1	—	6	—	—	3	2	8	34
D. <i>Proceedings under Sections 16, 17, 18, 26 and 35 Housing Act, 1957, and Section 26 Housing Act, 1961.</i>													
(i) Number of dwellings where closing Orders were made	1	1	4	20	—	—	—	2	4	2	5	12	51
(ii) Number of dwellings closed as result of closing Orders or undertakings by owners	1	1	3	13	—	1	14	—	4	3	9	5	54
E. <i>Proceedings under Sections 17, 42, 43, 46 and 48 Housing Act, 1957</i>													
(i) Number of dwellings in clearance areas upon which demolition Orders were made	—	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Number of dwellings demolished as result of demolition Orders	—	—	—	—	—	—	—	—	—	—	—	3	3
(iii) Number of dwellings in clearance areas which have been retained as as temporary accommodation	—	—	—	—	—	—	—	—	—	—	—	—	—
F. <i>Proceedings under Section 76 Housing Act, 1957</i>													
(i) Number of cases of overcrowding at end of year	—	—	—	1	—	—	2	—	3	2	4	—	12
(ii) Number of cases of overcrowding discovered during year	—	—	—	—	—	—	1	—	4	—	6	—	11
(iii) Number of cases of overcrowding abated during year	—	—	—	2	—	—	—	—	3	2	2	—	9
<i>Houses erected or converted during year :</i>													
Houses erected during year : For slum clearance—Local Authority	—	—	—	13	—	—	—	—	—	—	—	—	13
For other purposes—Local Authority	6	39	34	109	44	110	64	8	—	71	21	—	506
—Private Enterprise	126	166	213	111	80	684	77	39	42	54	190	175	1,957
Gained from conversion of large houses into flats or dwellings—Local Authority	—	—	8	—	—	—	—	—	—	—	—	—	8
—Private Enterprise	—	—	—	—	—	—	—	1	—	1	2	10	14
Lost from conversion of two or more houses into one	—	—	10	—	—	—	—	—	—	—	—	—	10
—Private Enterprise	—	—	—	3	1	—	—	7	6	7	1	16	41
<i>Improvement Grants made under the Housing Acts 1949—1961</i>													
Value of Grants made (1) Standard Grants	£559 18s. 6d.	£3,893	£4,610	£3,885	£7,575.4.3	£7,039 19.1	£1,433 14.1	£2,268	£2,839	£2,924 0.6	£2,348	£7,130 8.9	£46,503 5.2
(2) Discretionary Grants	£1,111 5s. 0d.	£4,561	£20,615	£5,023 8.3	£1,138	£1,582	£5,049	£2,677	£2,695	£5,952	£7,512	£3,432 6.8	£81,347 19 11
No. of houses improved as a result of : (1) Standard Grants	3	21	27	17	38	38	8	16	14	21	13	34	250
(2) Discretionary Grants	4	11	54	13	3	4	13	8	7	29	19	10	175

*This includes 2 houses formerly the subject of undertakings not to let and 4 houses which were demolished by owners in anticipation of Demolition Orders.











