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WILTSHIRE
COUNTY
COUNCIL




Annual Report of the Medical Officer of Health for year 1969

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





A member of the District Nursing and Midwifery staff receiving a message by radio telephone in her car.



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WILTSHIRE COUNTY COUNCIL

Annual Report

OF THE

Medical Officer of Health

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

FOR THE YEAR

1969

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Foreword

There were no important or unexpected changes in health conditions in the County during 1969 and Wiltshire remains a relatively healthy place in which to live. It is well to remember the important part played by basic preventive health services, which have come to be taken for granted, such as the sanitary services at present provided mainly by district councils, the protection of food supplies, and the general work of medical officers of health and public health inspectors throughout the County in dealing with infectious disease, as well as immunisation in which, with the assistance of the County Council's computer, Wiltshire's record remains good.

It is also encouraging to see the progress made with rural sewerage schemes recently, the provision of rural water supplies having already achieved most of what could reasonably be expected for the time being under the Rural Water Supplies and Sewerage Acts.

As regards personal health services, prevention now enters into the work of all the three parts of the National Health Service. That this is now clearly recognised is a measure of progress and may be one of the considerations which will point the way to an integrated health service oriented more towards the community, with expensive and specialised hospital provision used only for diagnosis and treatment which cannot be done outside.

Unfortunately at the time of writing both the shape and the timing of National Health Service reorganisation appear even more uncertain than before, while in the meantime community health services provided by the local health authorities are to be divided. It is clear, however, that important developments need to be carried through by local health authorities which, while progressive in themselves, will also make a very important contribution to the effectiveness of any future unified service. These include the service for young children, developed out of traditional child welfare centres but directed more specifically towards the assessment of children's development and the early detection of children who are at risk from the health point of view or who are already handicapped; a useful start has been made with this in Wiltshire by the adoption of developmental paediatric methods, at least in the main child health clinics, and by the commencement of courses in developmental paediatrics at Urchfont Manor not only for doctors in the Health Department but for general practitioners who it is hoped will be able to play an increasing part especially in country districts. They also include the provision of new screening methods as these become practicable, the development of schemes of attachment of local health authority staff to general practices (Wiltshire, outside Swindon, has already virtually 100% attachment of health visitors as well as an increasing proportion of attached district nurses and midwives) and closer links with hospitals in order to encourage knowledge and understanding of the circumstances in the community of patients who may require treatment in hospital, with a view to more selective admission and to earlier discharge where this is practicable. The development of health education remains a most important responsibility, both through personal contact by field workers with members of the public and through more formal schemes.

Finally, although this is by no means a complete list of probable developments, I must again refer to the provision of health centres which is subject to far too many obstructions and delays at present. At the time of writing the Amesbury Health Centre is in use and it is hoped that the one at Calne will come into operation before the end of 1970. Others are in the capital programme but together form a small proportion of what could with advantage be done. Few would deny the advantages of general practitioners and the other community health services which largely support them working in the same building, but progress towards this objective needs to be made much simpler and less slow as regards finding sites, obtaining planning permission, committee procedure involving a number of different committees, and as regards central consideration of plans. It should also be made easier for general practitioners who wish to provide buildings themselves to include in them accommodation for the supportive community services on a scale which would make the resulting establishment the equivalent or almost the equivalent of a health centre; at the moment financial considerations make this unnecessarily difficult for the practitioners.

Also, as was mentioned in last year's Report, finance is proving increasingly restrictive upon the development of the local health authority services and even upon the maintenance of services already provided, having regard to the steadily increasing population of Wiltshire. A few examples of the latter aspect of the matter are the long period of waiting for chiropody treatment, the worsening in 1969 of the ratio of health visitors to population for the first time since 1962 and the fact that merely to budget out of revenue for the essential replacement of a suitable proportion of the ambulance service fleet of vehicles would absorb about one quarter of the allocation to the Health Committee for increased expenditure.

While basically the restriction on local authority expenditure is national, this is not a very satisfying explanation in a situation in which, even with careful selection of priorities and the elimination of many schemes which in less stringent times would readily be found practicable, community health services for the public, which have an important part to play in the National Health Service, have to be attenuated.

These conditions, especially in a time of actual and expected changes in organisation, also place a particular burden upon the staff of the Health Department and I wish to thank them most sincerely for their continued excellent performance.

It is a pleasure once more to acknowledge the help and co-operation not only of the chief officers and staff of other departments of the County Council but of all those who in general practice and in the hospital service have co-operated so readily with the Health Department.

C. D. L. LYCETT.

County Hall,
Trowbridge.

August, 1970.

Committees

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

Health 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., B.Sc., 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 School Medical Officer, Swindon :—

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

Medical Officers :—

W. E. Anwyl, M.R.C.S., L.R.C.P., D.P.H., D.I.H. (also Medical Officer of Health, Highworth Rural District) (Commenced 3.11.69).

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

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

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) (Resigned 23.2.69).

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).

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.

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

Angela M. Pickrell (née Harris), M.B., Ch.B.

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

Psychiatrists (part-time) :—

R. F. Barbour, M.A., F.R.C.P., D.P.M. (Commenced 12.11.69).

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

J. E. Oliver, M.B., B.S., D.P.M. (Commenced 25.12.69).

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

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. (Resigned 28.2.69).
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. R. Hanson, L.D.S. (Commenced 15.9.69).
D. T. Lacey, B.D.S.
E. G. H. Lightfoot, L.D.S. (Retired 17.3.69).
R. J. McFeat, L.D.S.
R. S. McMinn, L.D.S. (Retired 31.10.69).
Mrs. E. B. Medley, L.D.S., B.D.S. (Commenced 3.9.69).
C. J. Nash, L.D.S. (Commenced 8.9.69).
D. A. Newton, B.D.S.
E. H. Randerson, L.D.S. (Retired 31.3.69).
R. J. Ryder, B.D.S. (Commenced 14.7.69).

Dental Auxiliaries :—

Miss J. M. F. Hadingham
Mrs. H. Meays (Resigned 31.1.69).
Miss S. V. Pierce (Resigned 30.11.69).
Mrs. D. R. Stableforth (née 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 :—

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

Chief Chiropodist :—

C. L. R. Rees, S.R.Ch.

Senior Chiropodists :—

Mrs. R. Ayre, A.Ch.S., S.R.Ch. (Commenced 1.12.69).
E. W. Beattie, M.Ch.S., S.R.Ch.
Mrs. J. Cheater, L.Ch., S.R.Ch.
L. E. Clubb, M.Ch.S., S.R.Ch.
G. H. Gander, M.Ch.S., S.R.Ch.
J. D. Pullen, M.Ch.S., S.R.Ch.
Miss M. J. Read, M.Ch.S., S.R.Ch.
Miss J. M. Russ, M.Ch.S., S.R.Ch. (Resigned 31.10.69).

Hearing Therapists :—

D. Wilton Brown, B.A.
R. ap Harri (Commenced 31.3.69).

Vital Statistics

POPULATION

The Registrar General's estimate for 1969 (including Services) ... **496,930**

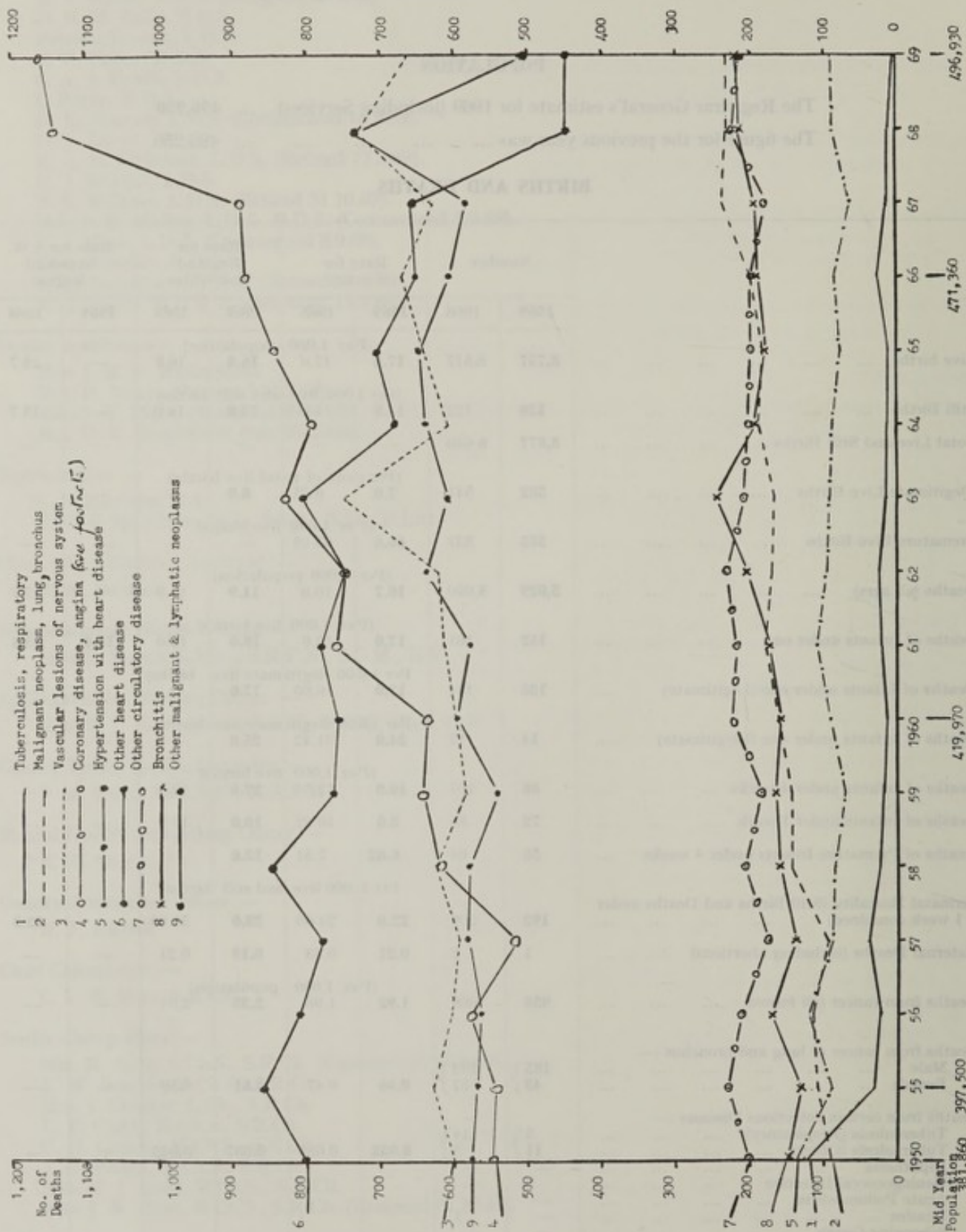
The figure for the previous year was 490,250

BIRTHS AND DEATHS

	Number		Rate for County		Rate for England and Wales		Rate for S.W. Standard Region	
	1969	1968	1969	1968	1969	1968	1969	1968
Live births	8,757	8,517	17.6	17.6	16.3	16.9	—	15.7
Still Births	120	123	14.0	14.0	13.0	14.0	—	13.7
Total Live and Still Births	8,877	8,640	—	—	—	—	—	—
Illegitimate Live Births	582	541	7.0	6.35	8.0	—	—	—
Premature Live Births	585	537	66.8	63.05	—	—	—	—
Deaths (all ages)	5,029	5,090	10.7	10.9	11.9	11.9	—	12.7
Deaths of Infants under one	152	161	17.0	19.0	18.0	18.0	15.8	15.4
Deaths of Infants under one (Legitimate)	138	144	17.0	16.90	17.0	—	—	—
Deaths of Infants under one (Illegitimate)	14	17	24.0	31.42	25.0	—	—	—
Deaths of Infants under 4 weeks	86	107	10.0	12.56	12.0	12.3	—	—
Deaths of Infants under 1 week	72	86	8.0	10.02	10.0	10.5	—	—
Deaths of Premature Infants under 4 weeks	58	64	6.62	7.51	12.0	—	—	—
Perinatal Mortality (Still Births and Deaths under 1 week combined)	192	209	22.0	24.00	23.0	25.00	—	22.3
Maternal Deaths (including abortions)	1	2	0.21	0.23	0.19	0.24	—	—
Deaths from cancer (all forms)	958	969	1.92	1.98	2.35	2.31	—	—
Deaths from cancer of lung and bronchus :—								
Male	185	193	0.46	0.47	0.61	0.59	—	—
Female	43	37						
Deaths from certain Infectious Diseases :—								
Tuberculosis (Respiratory)	5	14	0.032	0.039	0.037	0.043	—	—
Tuberculosis (Other)	11	5						
Diphtheria	—	—						
Meningococcal Infection	3	—						
Acute Poliomyelitis	—	—						
Measles	—	1						
Whooping Cough	—	—						
Other Infective and Parasitic Diseases	10	8						

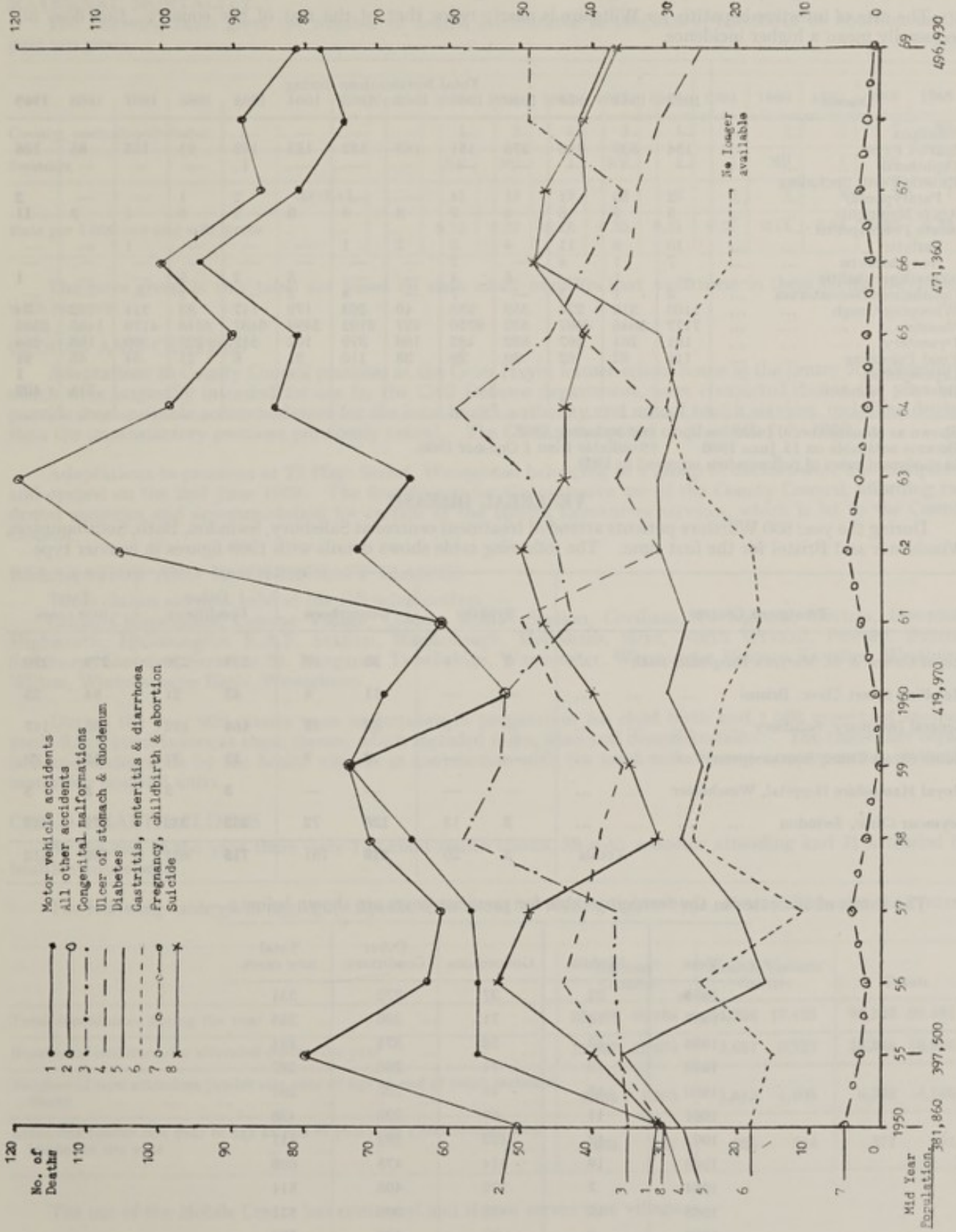
N.B. Throughout this report statistics for 1969 are shown in heavy type.

DEATHS FROM CERTAIN CAUSES, 1950-1969



Graph lines numbers 4 and 6 appear to show considerable increase and decrease respectively in "coronary disease, angina" and "other heart disease" from 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, 1950-1969



INFECTIOUS DISEASES

The following are the aggregate totals of notifications during 1969 of the more important infectious diseases, with comparative figures for the preceding years. The figures include non-civilians.

The rate of infective hepatitis for Wiltshire is nearly twice that of the rest of the country; this does not necessarily mean a higher incidence.

Disease	Total Notifications during												
	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	154	539	426	276	151	163	132	153	165	91	155	85	106
Diphtheria	—	—	—	—	—	—	—	—	1	—	—	—	—
Enteric Fever (including Paratyphoid)	2	10	1	1	4	—	—	—	2	1	—	—	2
*Acute Meningitis	5	5	6	4	7	8	9	8	2	6	1	3	11
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	—	—	1
Ophthalmia Neonatorum	2	1	3	—	7	—	5	2	—	1	—	—	—
Whooping Cough	1160	318	274	353	203	40	263	176	117	83	214	142	54
Measles	7177	5046	4697	332	9750	427	6192	2499	6487	3248	4178	1465	2386
Dysentery	181	261	267	882	132	186	379	192	312	222	399	198	266
Food Poisoning	111	62	62	39	29	38	110	31	6	21	54	45	91
†Leptospirosis	—	—	—	—	—	—	—	—	—	—	—	—	1
‡Infective Jaundice	—	—	—	—	—	—	—	—	—	—	—	315	402

*Shown as Meningococcal Infection up to and including 1968.

†Became notifiable on 15 June 1968. ‡Notifiable from 1 October 1968.

No confirmed cases of poliomyelitis occurred in 1969.

VENEREAL DISEASE

During the year 930 Wiltshire patients attended treatment centres at Salisbury, Swindon, Bath, Southampton, Winchester and Bristol for the first time. The following table shows details with 1969 figures in heavier type.

Treatment Centres	Syphilis		Gonorrhoea		Other Conditions		Total new cases	
Royal United & St. Martin's Hospitals, Bath ...	2	4	38	46	239	229	279	279
Maudling Street Clinic, Bristol	—	—	11	4	43	21	54	25
General Infirmary, Salisbury	—	3	38	32	166	112	205	147
Buller Street Clinic, Southampton	—	—	3	7	12	32	15	39
Royal Hampshire Hospital, Winchester	—	—	—	—	3	5	3	5
Seymour Clinic, Swindon	3	13	120	72	252	232	375	317
Totals	5	20	210	161	715	631	930	812

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
1969	5	210	715	930

*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	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
County, excluding Swindon	1	3	4	3	1	1	1	2	2	Nil
Swindon	Nil	Nil	1	Nil	1	1	Nil	1	Nil	1
TOTAL	1	3	5	3	2	2	1	3	2	1
Rate per 1,000 live and still births	0.13	0.37	0.58	0.33	0.21	0.21	0.11	0.34	0.23	0.21

The rates given in this table are based on such small numbers that variations in them should be treated with reserve.

CLINICS AND CENTRES

Adaptations to County Council premises at the Cross Hayes former school house in the centre of Malmesbury which were originally intended for use by the Civil Defence department, were completed during the year and provide more suitable accommodation for the local health authority and school health services, including dental, than the unsatisfactory premises previously rented. The Clinic was opened on the 16th July 1969.

Adaptations to premises at 77 High Street, Wroughton belonging to a group of doctors were also completed and opened on the 2nd June 1969. The first floor is for the exclusive use of the County Council, affording two dental surgeries and accommodation for certain of the Health Committee services, which is let to the County Council.

RELAXATION AND MOTHERCRAFT CLASSES

These classes are now held at the following centres :—

Calne, Chippenham, Colerne Village, Colerne R.A.F. Station, Corsham, Covingham, Devizes, Downton, Highworth, Hullavington R.A.F. Station, Marlborough, Melksham, Mere, North Wraxall, Pewsey, Purton, Salisbury, Sherston, Stratton St. Margaret, Trowbridge, Warminster, Warminster Military Families, Westbury, Wilton, Winterbourne Earls, Wroughton.

During the year 909 classes were undertaken in preparation for child birth and 1,088 expectant mothers made 5,920 attendances at these classes, which 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.

CHILD HEALTH CLINICS

At the end of the year there were 129 child health clinics, 58 with a doctor attending and 71 attended by health visitors only.

The following table gives aggregate figures, with those for 1968 in lighter type, of attendances at the centres.

	Doctors' Centres		Health Visitors' Centres		Totals	
Total attendances during the year	81,299	82,556	16,224	17,425	97,523	99,981
Number of children who attended during the year	12,687	12,874	3,657	3,722	16,344	16,596
Number of new attenders (under one year of age at end of year) included above	4,691	4,798	1,612	1,408	6,303	6,206
Attenders (under one year of age at end of year) per 1,000 notified live births for the year	653	697	224	204	877	901

The use of the Mobile Centre has continued and it now serves nine villages.

In many centres voluntary workers continue to give their services by helping with (among other things) the sale of proprietary foods.

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

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

Articles	Basic Unit of Quantity	Supplies to Centres for issue				
		1965	1966	1967	1968	1969
Infant Welfare Foods	lb.	83,924	92,424	94,974	88,788	75,576
Baby Cereal	packets	16,456	16,254	14,460	14,328	9,012
Weaning Foods (Meat, Fruit, Vegetables etc.) ...	tins	16,428	20,652	22,944	23,244	18,972
Nutrients (chiefly Marmite and Vitamin C syrup or juice)	containers	50,028	53,184	50,124	43,152	34,128
Baby Rusks	packets	18,972	18,204	17,184	11,436	9,984
Glucose	containers	516	564	540	384	480
Malted Milk	tins	6,000	6,828	6,480	4,992	*
Teats and Accessories		1,908	1,368	948	744	*
Medicaments		8,736	10,164	10,020	9,768	8,373

*Items discontinued.

The general decrease in the amount of proprietary foods sold during 1969 probably reflects a reduction made in the number of proprietary brands and types of commodity which are available. An experimental discontinuance of the sale of proprietary foods was made at one large Centre in the County; an assessment of the effect of this is to be made in 1970.

DISTRIBUTION OF GOVERNMENT WELFARE FOODS

At the end of the year, excluding Swindon, Government Welfare Foods were being distributed from 108 Clinics and 36 other centres (e.g. W.R.V.S. Centres, Post Office Stores, and private houses).

Issues of food for 1969 are shown in the following table together with those for the previous five years.

	1964	1965	1966	1967	1968	1969
National Dried Milk (full cream and half cream) ...	33,761	31,820	24,268	16,256	13,217	11,993
Cod Liver Oil	4,821	4,514	3,961	4,018	3,774	4,056
Vitamin A & D tablets	5,043	4,789	4,665	4,595	3,963	4,512
Orange Juice	57,234	59,201	47,480	65,389	64,611	86,220

(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 dried milk foods and use their welfare milk entitlement for liquid milk.

With the exception of National Dried Milk, however, 1969 saw an increase in the issue of Government welfare foods, thus changing the pattern over the previous few years.

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 £8,175 12s. 10d.

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 services 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 further 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 new patients for whom responsibility for fees, treatment and supplies was accepted on account of medical need amounted to 29, of a total of 45 such patients in attendance during the year.

It was again 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.

THE DAY CARE OF CHILDREN UNDER FIVE

During the year the County Council considered the provision available for the day care of children whose need for such care was great for one important priority reason or another. The direct provision by the County Council of day nurseries was found not to be required but financial provision was made to give help with the fees where necessary for children in the priority groups below to be placed in private day nurseries or with private child minders. Owing to the need for amendment of the Council's proposals under the National Health Service Act a full start could not be made by the end of the year, by which time three children had been placed under the Scheme.

The priority groups are defined as :—

1. Children with only one parent (e.g. the unsupported mother living with her child) who has no option but to go out to work and who cannot arrange for the child to be looked after satisfactorily.
2. Other children who may need day care, some for the whole day, others part-time, including those :—
 - (a) who need temporary day care on account of the mother's illness ;
 - (b) whose mothers are unable to look after them adequately because they are incapable of giving young children the care they need ;
 - (c) for whom day care might prevent the breakdown of the mother or the break-up of the family ;
 - (d) whose home conditions (e.g. because of gross overcrowding) constitute a hazard to their health and welfare ; and
 - (e) whose health and welfare are seriously affected by a lack of opportunity for playing with others.
3. Certain selected children, who are handicapped by some continuing disability of body, intellect or personality likely to interfere with their growth, development or capacity to learn (normally such children would be suitable for admission to local authority day nurseries rather than to private groups, and the latter would require to be of a high standard, as skilled observation would often be required).

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 1965 :—

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
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
1969					
County	8,877	120	72	192	22.0
County, excluding Swindon	7,281	97	59	156	21.0
Swindon	1,596	23	13	36	23.0
England and Wales	808,204	10,662	8,232	18,894	23.0

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
1969	133	84.5	452	62.9	13 8	47 5

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		Total	Died within 28 days		
1962	75	19	2	<i>1</i>	2	<i>2</i>	430	48 34
1963	110	24	8	<i>3</i>	3	<i>1</i>	430	62 23
1964	90	25	2	<i>9</i>	4	<i>4</i>	540	81 52
1965	45	20	2	<i>1</i>	3	<i>2</i>	508	68 34
1966	27	14	3	<i>1</i>	Nil	Nil	513	74 41
1967	32	3	Nil	Nil	<i>2</i>	Nil	532	66 38
1968	23	5	1	Nil	Nil	Nil	537	63 22
1969	20	2	1	Nil	2	Nil	585	57 13

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 46 occasions during 1969.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

The following figures show the number of births out of wedlock in the County including Swindon Borough, 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		Percentage of Live Births		No. Assisted	Admitted to Mother and Baby Homes
	No.	...	No.	...		
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
1969	582	...	6.64	...	277	51

The County Council continued their financial assistance to the Salisbury Diocesan Social Welfare Council 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 organisations whose social workers co-operate closely with the health visitors and other social workers on the County staff. There was a vacancy for a social worker in the Chippenham area from July to December 1969 and for one in the Salisbury area for the latter part of the year.

The Salisbury Diocesan Social Welfare Council continue 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 Social Welfare Council.

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	1969
Under 16 years of age	21	22	11	19	22	23	22	14
16 to 18 years of age	64	75	80	81	58	95	109	84
18 to 21 years of age	90	93	126	162	137	151	112	98

During the year there were 71 admissions to the Devizes Hostel, for 28 of which the Health Committee was financially responsible and Swindon Borough Health Committee 14; there were a further 24 admissions to other homes at the Council's expense, including 10 to Beckingsale House, Salisbury.

CHILDREN SUBJECTED TO VIOLENCE OR WITH UNEXPLAINED INJURIES

It is essential that once there is suspicion that a child is being subjected to violence in his own home or elsewhere that there is the closest possible co-operation between the family's medical advisers, the Health Department and the Children's Department and that communication should be speedy.

One of the difficulties in the discovery that a child is being assaulted is the lack of suspicion in those concerned with the family and only by better information can they be fully alerted to the possibility of a child with trauma having had this inflicted by the adults who care for him, whether the child is seen in the hospital casualty department, the surgery or at home. Here there is need for two-way communication and since all health visitors in the County are attached to general practices, information about the home and social background report should more easily be available to contribute to the total picture. Should a child be about to return home from hospital following an unexplained injury early alerting of the local authority services, prior to discharge, offers a better chance of safeguarding such a child, but if the child can be retained in hospital long enough to allow for further social investigation this is sometimes the greatest contribution which the hospital can make in these circumstances.

There was an increase in the number of children subjected to violence, or with unexplained injuries coming to notice during 1969, but this does not necessarily mean that more violence was occurring; it is more probably due to greater awareness of the problems.

In the last seven years there had been one, two or three in the course of a year, and in 1968, four such cases, but in 1969, eight children caused concern. Ages at the time of injury ranged from three weeks old to two years nine months and six of the children were taken to hospital, five being admitted. Five of the eight children are first born, which places them, the younger and subsequent children in the family at greater risk. Three of the eight were born out of wedlock. Injuries followed the previously described patterns, and included bruises, especially to the face, cigarette burns, old and recent fractures of skull. Two children had spent much of their lives in care and had only returned to their families four months and one month before injuries were noticed. Of the mothers and one stepmother, five were under the age of twenty-one years. Of the fathers or cohabiters, three were in the Services, one father had returned from a prison sentence and had difficulty obtaining employment, and two other men were on probation, one of these having a very poor work record.

The precipitating factors in the assaults on the children included mental distress of a young inadequate mother whose soldier husband had been posted away, obsession over toilet training in a mother with a perfectionist husband, a mother's fear of another pregnancy and family planning help needed for a very young couple, persisting unemployment and debts following a prison sentence, a parent being a psychopath and matrimonial strife both parents having mercurial tempers with frequent physical violence. These are some of the factors, together with others; there are possible remedial actions to be taken, but there remain situations for which there are no obvious remedies.

REPORT OF CHIEF DENTAL OFFICER, 1969
Mr. D. Middleton, L.D.S.

I regret to have to report that the Health Committee rejected the Medical Officer of Health's recommendation that, as a public health measure, the water supplies of the County should have their fluoride content adjusted to a level which is known to reduce the incidence of dental caries in pre-school children by 50%. Without this invaluable aid, it is difficult to foresee any reduction in the demands for treatment of the pre-school child. As patients they are very time consuming—time which is already in very short supply to a profession seriously short in numbers.

Although the dental officer strength for the first half of the year was less than the previous year, I am pleased to be able to report an increase in the number of children and mothers examined and the amount of treatment provided. It is also pleasing to be able to record the continuing upward trend in the number of teeth conserved to extracted in children.

During the year, dental clinics were opened at Wroughton and Malmesbury, where previously treatment was either given in a mobile clinic or the patients sent to our Chippenham, Calne or Swindon clinics for treatment.

The difficulty in recruiting dental auxiliaries, there is only one training school in the country qualifying a maximum of sixty girls per annum, is making it difficult to expand our scheme for toddlers' good dental health clinics. At these clinics, mothers are invited to bring their three year old children for instruction in good dental health habits and a gentle introduction to the dental scene.

In conclusion, I would like to thank the health visitors for their continued support in persuading the mothers to seek regular examinations for their children.

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	880	186
Subsequent visits	1,431	438
Total visits	2,311	624
Number of additional courses of treatment other than the first course commenced during year	72	13
Treatment provided during year :—		
Number of fillings	1,622	445
Teeth filled	1,477	401
Teeth extracted	504	188
General anaesthetics given	167	20
Emergency visits by patients	115	39
Patients X-rayed	5	24
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	163	105
Teeth otherwise conserved	375	—
Teeth root filled	—	1
Inlays	—	—
Crowns	—	1
Number of courses of treatment completed during year	494	100
<i>Prosthetics</i>		
Patients supplied with full upper or full lower (first time) ... ..	...	8
Patients supplied with other dentures ... ..	...	12
Number of dentures supplied ... ..	...	30
<i>Anaesthetics</i>		
General Anaesthetics administered by Dental Officers ... ..	...	1
<i>Inspections</i>		
Number of patients given first inspections during year	1,346	176
Number of patients above who required treatment	648	151
Number of patients above who were offered treatment	608	150

*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 ...	63	65		
(b) Hospital Management Committee ...	3	3		
Hospital Midwives ...	99	113		
Midwives in private practice (including those in nursing homes)	3	4		
	168	185		

(The figures in light type are those for 1968)

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							
	Doctor present at delivery		Doctor not present		Doctor present at delivery		Doctor not present				Totals	
County Council Midwives	10	7	42	48	106	140	369	567	527	762	—	—
Midwives employed by Hospital Management Committees ...	—	—	—	1	14	26	135	120	149	147	4,248	4,267
Private Midwives ...	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	10	7	42	49	120	166	504	687	676	909	4,248	4,267
	GRAND TOTAL ...										4,924	5,176

In addition to the figures given in the above table, County Council midwives were asked to attend 2,274 women discharged from maternity hospitals before the tenth day.

The total number of live births has risen there having been 240 more live births in 1969 than in 1968.

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

Year	<i>Home</i> Confinements	<i>% of total</i> Confinements	<i>Hospital</i> Confinements	<i>% of total</i> Confinements	<i>Total number</i> 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
1969	676	13.8%	4,248	86.2%	4,924

The fall in the percentage of patients delivered at home is the greatest there has ever been ; in 1968 20% were confined at home, in 1969 it fell by almost one third (6.2% to 13.8%). In some areas of the County as many as 95% of mothers are delivered in hospital.

The number of early discharges from hospital rose from 1,899 in 1968 to 2,274 in 1969 of which 344(15.1%) were discharged before 48 hours ; these mothers require as much care and attention from a midwife as the patients confined at home, but they do not provide the same job satisfaction to the midwife and it is a continuing problem to attract midwives to vacancies in rural areas where their skill is required, but they have insufficient cases to maintain this.

There are increasing difficulties in maintaining the Part II training of midwifery pupils as it is difficult to find areas with a sufficient concentration of cases where the midwives can teach.

During the year the first radio telephones were installed in nurses' cars and came into operation in September. Although the number of times radio has been used to answer calls from patients actually in labour is not high, it gives a sense of security to both patient and midwife as they know that contact is possible at very short notice and not only when the nurse returns home and is available on the telephone.

There has now been for over two years an arrangement (the first) for the attachment of district nurses and nurse midwives to the practices of family doctors in Salisbury. A geographical basis of work has always been more firmly the custom with the district nursing service than with health visitors but once the nursing staff at Salisbury were adjusted to the change the benefit of more efficient communication with the doctors and a generally improved working relationship became apparent to the staff, and an improved service for the patient resulted. In many areas, particularly rural areas, there has always been a close working relationship between the nurse and the doctor, but it now the intention to arrange further formal attachments to practices when possible in the towns, particularly those where new health centres are opened, although full attachments over the whole County are unlikely to prove practicable on account of the distances that would be involved for daily travel to the doctors' surgeries.

*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
1969	85

No additional health visitor assistant commenced duty during 1969; 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 1969 with figures for 1968 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 household	Other cases	Grand Total of Domiciliary visits
	First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits	
29,568	2,043	3,788	7,384	34,511	28,221	39,361	474	24,966	131,321
29,589	2,020	2,299	6,872	44,184	21,311	32,317	259	26,218	126,588

The table excludes school nursing visits.

The number of live births (excluding Swindon) corrected according to domicile, was 7,184. The figure for 1968 was 6,886.

Health visitors continue to devote a considerable amount of time to the home help service, and during the year paid 4,500 visits, compared with 3,745 in the previous year.

Six 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 29,751 routine visits in connection with the home help service, about 17,344 of these being visits to households of patients receiving the service. In addition 5,791 visits were paid to other homes regarding general care of the elderly, chiropody, school-children, and mothers and young children. They also attended some 1,686 clinic sessions.

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

GENERAL

The system of the attachment of health visitors to general medical practices was completed and health visitors' work is no longer based upon geographical areas, but upon the general practitioner's lists of patients. The closeness of the attachment varies between practices. In some practices the doctors are aware and fully appreciative of the extent of the help the health visitors, by their training, are qualified to give, and there is a good working relationship in which the health visitor has frequent and regular meetings with the doctor, with discussion of cases, and full use is made of the health visitor's services. Such a relationship brings the benefit not only of an improved service for the community but also more job satisfaction for the health visitor.

In some practices the attachment is less close, but generally there does appear to be an increasing realisation of the health visitor's potential, and she is ceasing to be regarded merely as someone to whom the doctor refers occasional cases of community health emergencies, but is being accepted as a part of the family doctor based health team.

Irrespective of the strength of the attachment, however, the health visitor undertakes the infant visiting of all those on the list of the family doctor concerned and, moreover, liaison with the doctor makes for economy of visiting by preventing unnecessary journeys and avoiding duplication of them.

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
1969	398,640	85	4,689

TRAINING SCHEME

Three 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 six to seven months, and when any hearing loss is suspected, further investigation is arranged. During the year 6,019 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. 6,651 tests were made during the year. No positive case was detected during the year.

During the year arrangements were negotiated with the hospital service for the testing method to be replaced by the Guthrie blood test; this was instituted in the southern part of the County and preparations made for its use to be extended to the rest of Wiltshire.

“ AT RISK ” REGISTER

At the end of the year 2,850 children were included in the register of children who had been subject to certain adverse influences in pre-natal, perinatal or post-natal life. From the beginning of the year two measures were brought about which have reduced the register to more manageable proportions and increased its usefulness. A firm decision is now made in every possible case at the age of 2 years, whether the child should be either transferred to the Register of Handicapped Children or regarded as no longer at risk. The second measure is a revision of the definitions of some of the at risk categories; these will be seen in the table below.

The children on the at risk register are visited by health visitors at 3 months, 6 months, 1 year, 1½ years and 2 years. One thousand eight hundred and twenty-nine children were added to the register in 1969, and the following is an analysis by categories of the children registered each year since 1962:—

Family History	1962	1963	1964	1965	1966	1967	1968	1969
Family history of deafness	2	3	1	9	16	53	44	32
Parental diabetes	2	—	2	6	13	52	30	30
Congenital abnormality in parents or siblings	—	—	3	5	12	77	77	86
<i>Pre-natal</i>								
Rubella in early pregnancy	3	4	1	1	3	17	13	9
Other virus infections in early pregnancy	—	—	3	—	2	10	7	1
Toxaemia in pregnancy of a degree necessitating hospital admission	31	47	47	75	120	440	433	376
Toxaemia in pregnancy of a degree necessitating induction of labour or caesarean section									179
<i>Perinatal</i>								
Premature birth—Birth weight 5½ lbs., or less, Gestation 36 weeks or less—birth weight (5½ lbs. or less), Gestation more than 36 weeks	67	94	115	160	216	399	371	X
Premature birth—Birth weight 4 lbs. 6 oz. or less, Gestation 36 weeks or less ...	X	X	X	X	X	X	X	244
Small weight relative to duration of pregnancy, Gestation more than 36 weeks ...	X	X	X	X	X	X	X	180
Postmature birth (i.e. 42 weeks or more) ...	—	—	—	—	—	219	171	229
Prolonged or difficult labour	55	75	110	160	302	587	566	X
Prolonged labour associated with foetal distress	X	X	X	X	X	X	X	304
Difficult labour — unplanned caesarean section, forceps delivery with foetal distress, etc.	X	X	X	X	X	X	X	252
Anoxia	5	14	10	15	37	216	221	187
Neonatal jaundice and rhesus incompatibility (including exchange transfusion) ...	9	22	26	50	86	79	34	46
Convulsions, cyanotic attacks	3	2	1	6	15	16	6	7
Cerebral palsy	2	4	—	—	3	—	—	2
Presence of congenital abnormalities, with possibility of others	1	21	24	29	53	100	110	112
<i>Post natal</i>								
Meningitis or encephalitis	2	1	—	1	5	1	—	—
Otitis media	1	2	—	1	3	1	—	—
Mental backwardness	1	2	—	1	3	1	—	—

X=revision of categories 1969

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

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 141 children with such malformations were reported and the following is an analysis of the total of 182 malformations notified (one child may have more than one defect) :—

	1964	1965	1966	1967	1968	1969
Central Nervous System ...	52	34	48	40	33	50
Eye and Ear ...	13	4	4	5	1	4
Alimentary System ...	25	20	21	13	19	13
Heart and Great Vessels ...	14	11	1	8	5	10
Respiratory System ...	8	—	5	—	—	2
Uro-genital System ...	20	15	14	7	12	17
Limbs ...	67	75	69	57	43	55
Other Skeletal ...	7	5	2	3	1	8
Other Systems ...	15	10	3	11	9	17
Other Malformations ...	10	12	5	3	6	6
	<u>231</u>	<u>186</u>	<u>172</u>	<u>147</u>	<u>129</u>	<u>182</u>

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 volums 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	1969
Number of families in list at end of year ...	123	110	125	111
Number added to list during year ...	13	23	26	18
Number removed from list (improved) during year ...	8	24	7	28
Number removed from County during year ...	8	11	4	4
Number removed from list (evicted and children in care) ...	3	1	—	—

One special home help only has been employed during the year, in the Trowbridge area. Ten families were assisted by the one whole-time special home help, and in addition specially selected part-time home helps assisted 7 problem families. Since the service started in 1955, 145 families have been helped with 238 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

By the summer of 1969 most of the secondary schools had been visited by a medical officer who had shown the sound film "Smoking and You" and given a short talk or held a discussion with the pupils on the dangers of cigarette smoking.

During recent years the progress made by health visitors in health education has been steady.

In 1969, there has been a demand for parentcraft classes for the expectant mother, 1,123 classes being held. During the year health visitors gave 3,988 talks on subjects as follows:—

1. Parentcraft talks in schools	930
2. Community health and personal relationship talks	316
3. Health talks in schools	544
4. Child care and community health talks to training and further education colleges ...	157
5. Health talks and group discussions in child welfare centres	482
6. Discussion groups and films to mothers' clubs and parent groups	150
7. Health talks to the branches of voluntary organisations and over 60's	169
8. Health talks to youth clubs and factories	102

Although the progress in health teaching in primary schools is slow, 930 health talks were given by health visitors in 313 primary schools.

More communication between teaching staff and health visitors in sharing the individual responsibilities in the educational personal relationships schemes was a feature in the year.

In-service training was given to medical officers, health visitors and district nurses at Urchfont Manor and the College of Further Education at Trowbridge. A week's in-service training was arranged for health visitor assistants, as well as a course of evening talks, related to their work, for 80 home helps at Salisbury.

The three medical officer and health visitor personal relationship teams concentrated mainly on schools in the Salisbury area.

Further filmstrips and two new 16 m.m. sound films entitled "Motherhood" and "The Health Visitor" were added to the library. Hiring of films and tapes from libraries in London and elsewhere continued. Some of these are available on free loan.

Posters and leaflets are still a source of communicating health teaching to the general public.

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. Forty-five people completed the course during the year and the results are outlined below:—

	1968	1969	1963-1969
Ceased smoking	3	10	76
Reduced to five or less daily	2	2	20
Reduced to 10 or less	24	24	115
Changed to pipe	1	2	13
—			
Benefited from Course	30	38	224
Achieved no real reduction	7	7	48
—			
Completed Course	37	45	272
—			

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 worthwhile 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 89 home nurses, 18 being engaged whole-time on this service, and six half-time nursing auxiliaries.

The following table shows work done during 1969 with figures for 1968 in lighter type.

	Medical	Surgical	Maternal Complications	Others	Totals
Number of Cases Attended	3,499	1,257	197	229	5,182
	5,184	1,922	135	669	7,910
Number of Visits Paid	83,621	21,946	1,238	7,082	113,887
	92,065	25,695	843	2,574	121,177

Of the total of 5,087 persons nursed, 185 were under the age of 5 and 2,990 were over the age of 65 at the time of the first visit in 1969.

Although there was a surprising fall in the number of patients attended in 1969, the number of visits did not fall as greatly. During the years 1965 to 1968, the average number of visits paid to each patient was 14.5 per annum. Last year this number rose to 22 visit per patient. An impression was gained from the nurses that the level of work was remaining even throughout the year instead of slackening in the summer and that some patients are being nursed for longer periods at home.

The work of nursing auxiliaries is proving very valuable in the care of the chronically ill and handicapped patients and in helping the nurses with the very ill patients.

During the year, two refresher courses were held at Urchfont Manor. Although short, they brought together nurses from all parts of the County and the opportunities to get to know colleagues and discuss matters were appreciated as well as the lecture programme.

I have made some comment in the section on midwifery about the attachment of district nurses to general medical practices.

*Statistics in this Section exclude the Borough of Swindon.

**Immunisation*

In March one of the two makes of measles vaccine available had to be withdrawn and we were obliged to suspend measles immunisation appointments for the time being. In May small quantities of vaccine became available, but only sufficient to offer computer appointments to children in the age range 22-24 months, and it became necessary at the end of June again to suspend the arrangements, until the beginning of October. In consequence the number of children immunised against measles during the year was less than half the total protected during 1968.

The scheme commenced in 1967 for the arrangement by the County Council's computer of immunisation and vaccination sessions held by general practitioners was still further extended, and at the end of the year 89 doctors were using the facilities provided.

Full information of the immunisation and vaccination of service families by service medical officers continued to be unavailable, and consequently the details which follow are an under-statement to some extent of the immunisation and vaccination undertaken in Wiltshire.

The following pages give detailed information of the immunisation and vaccination carried out by the County medical staff and the general practitioners.

VACCINATION AGAINST SMALLPOX

	Children under 16 vaccinated in year		
	1967	1968	1969
No. of primary vaccinations undertaken by general practitioners	3,608	3,934	3,965
No. of re-vaccinations	626	565	587
TOTALS	4,234	4,499	4,552
No. of primary vaccinations of children under age 5 (also included above)	3,339	3,612	3,638
No. of children under 2 years vaccinated, expressed as percentage of live births	37.8	43.2	46.7

IMMUNISATION AGAINST DIPHTHERIA

	PRIMARY		REINFORCING	
	1968	1969	1968	1969
No. of immunisations undertaken by :—				
County Council Medical Officers	2,786	2,628	4,969	5,985
General Practitioners	3,215	3,559	3,988	4,742
TOTALS	6,001	6,187	8,957	10,727

No. of children born during period 1960—64 (i.e. 5-9 years of age) immunised against diphtheria during 1969 (expressed as a percentage of new school entrants) 89.5

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	
	1968	1969	1968	1969
No. of immunisations undertaken by :—				
County Council Medical Officers	2,487	2,330	307	1,209
General Practitioners	3,088	3,430	2,013	2,018
TOTALS	5,575	5,760	2,320	3,227

*Statistics in this section exclude the Borough of Swindon.

IMMUNISATION AGAINST TETANUS

	PRIMARY		REINFORCING	
	1968	1969	1968	1969
No. of immunisations undertaken by :—				
County Council Medical Officers	2,836	2,637	5,064	5,983
General Practitioners	4,886	3,750	5,791	5,333
TOTALS	7,722	6,387	10,855	11,316

IMMUNISATION AGAINST MEASLES

	1968	1969
No. of immunisations undertaken by :—		
County Council medical officers	6,625	2,368
General practitioners	3,257	1,926
TOTAL	9,882	4,294

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 1954	1954—1959	1960—1964	1965	1966	1967	1968	1969	
PRIMARY									
Diphtheria only	—	—	—	—	—	—	—	—	—
Diphtheria and Whooping Cough combined	—	—	—	—	—	—	—	—	—
Tetanus only	150	16	31	2	1	—	—	—	200
Diphtheria, Whooping Cough and Tetanus combined	—	2	21	17	17	97	2,732	2,874	5,760
Diphtheria and Tetanus combined	1	11	204	14	37	78	44	38	427
Measles	1	231	738	285	695	1,623	714	7	4,294
TOTALS	152	260	994	318	750	1,798	3,490	2,919	10,681
REINFORCING									
Diphtheria only	—	4	10	—	—	—	—	—	14
Diphtheria and Whooping Cough combined	—	—	—	—	—	—	—	—	—
Tetanus only	399	82	121	—	1	—	—	—	603
Diphtheria, Whooping Cough and Tetanus combined	13	9	314	49	92	1,617	1,133	—	3,227
Diphtheria and Tetanus combined	11	122	5,166	720	91	1,046	316	14	7,486
TOTALS	423	217	5,611	769	184	2,663	1,449	14	11,330

As a further guide to the immunisation state, by the end of 1969 immunisations against diphtheria (and this would in most cases have been combined with immunisation against whooping cough and tetanus) has been completed as follows :—

Children born in	Immunised against diphtheria by 31.12.69	Registered live births	Percentage immunised
1966	6,023	7,024	85.7
1967	5,711	6,918	82.6
1968	5,633	6,886	81.8

IMMUNISATION AGAINST POLIOMYELITIS

The following table gives a general view of the work undertaken in 1969 :—

Children completing primary immunisation

Age Group	No. of children who received 3rd dose of oral vaccine
Children born in 1969	2,874
Children born in 1968	2,852
Children born in 1967	211
Children born in 1966	55
Children born in years 1962-65	538
Others under age 16	90
TOTALS	6,620

Children receiving reinforcing doses

No. given 3rd injection of Salk vaccine	—
Number given reinforcing dose of oral vaccine	9,243
TOTAL	9,243

The following table shows completed immunisation carried out by the end of 1969 in respect of children born in the particular years :—

Children born in	Number immunised by 31st Dec., 1969	Number of registered live births	Percentage immunised
1966	6,014	7,024	85.6
1967	5,722	6,918	82.7
1968	5,598	6,886	81.3

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 210 units of oral vaccine to hospitals in 1969 for their staffs.

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 203 who could not be dealt with in 1968.

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	47	5,387	1	Nil
Independent	8	375	4	Not known
Approved	1	44	1	Nil
F.E.	Nil	Nil	4	Nil

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	4,396	81.60	803	18.27	3,584
Independent	334	89.07	70	20.96	263
F.E. Colleges	—	—	—	—	—
Approved	34	77.29	11	32.36	23
Total	4,764	82.05	884	18.55	3,870

Forty-three 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 ...	27
Nothing abnormal discovered but to have follow-up appointments	12
Kept under observation at clinic	3
Left Wiltshire	—
Failed appointments	1

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Ambulance Service

The most important development for the ambulance service during the year was the opening of the new Main Station at Salisbury on the 11th March by the Chairman of the County Council, Sir Henry Langton. This new Station is the culmination of about twelve years of search for a suitable site during which time the staff have worked under considerable difficulty in maintaining an efficient service from very inadequate premises.

The new building provides good accommodation for ten vehicles, a modern workshop, good facilities for the cleaning of vehicles, better accommodation for the storage of medical and general equipment, good control and administrative offices and good staff duty room accommodation.

The equipping of all ambulances with stretcher trolleys was completed during the year which gives advantages in moving the patient outside the vehicle.

The service is again indebted to the St. John Ambulance Brigade, the British Red Cross Society and the members of the County Car Pool for their valuable assistance.

The establishment of the County Ambulance Service is now 112 staff, 30 ambulances, 18 dual purpose vehicles, 6 cars and 1 major accident vehicle.

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 1969 are shown in heavy type.

Ambulance Area	Population Mid-1968	Population Mid-1969	Area Acres	Patients		Miles			
				Accident or Emergency	Other				
TROWBRIDGE									
County Council Vehicles				2,036	1,983	39,386	28,288	281,307	257,143
Voluntary Organisation Vehicles				13	—	295	—	6,67	—
County Car Pool				—	—	29,330	40,000	341,248	383,263
Hire of Multi Seat Transport				—	—	7,178	8,351	36,599	41,475
	106,370	108,470	192,758	2,049	1,983	76,189	76,639	665,771	681,831
CHIPPENHAM									
County Council Vehicles				1,387	1,500	19,391	22,578	177,676	196,532
Voluntary Organisation Vehicles				—	—	2,458	2,465	20,594	15,159
County Car Pool				—	—	11,727	14,009	152,087	173,499
Hire of Multi Seat Transport				—	—	2,839	978	13,907	1,770
	74,660	75,180	146,444	1,387	1,500	36,415	40,030	364,264	386,960
SALISBURY									
County Council Vehicles				1,461	1,501	12,191	11,033	115,542	132,933
County Car Pool				—	—	36,589	37,341	455,014	456,993
	112,570	115,310	259,976	1,461	1,501	48,780	48,374	570,556	589,926
SWINDON									
County Council Vehicles				2,853	2,779	53,571	54,103	232,247	229,203
Voluntary Organisation Vehicles				66	84	1,084	909	28,118	28,163
County Car Pool				—	—	38,200	40,873	401,987	448,563
	196,650	197,970	260,921	2,919	2,863	92,855	95,885	662,352	705,929
GRAND TOTAL	490,250	496,930	860,099	7,816	7,847	254,239	260,928	2,262,943	2,364,696

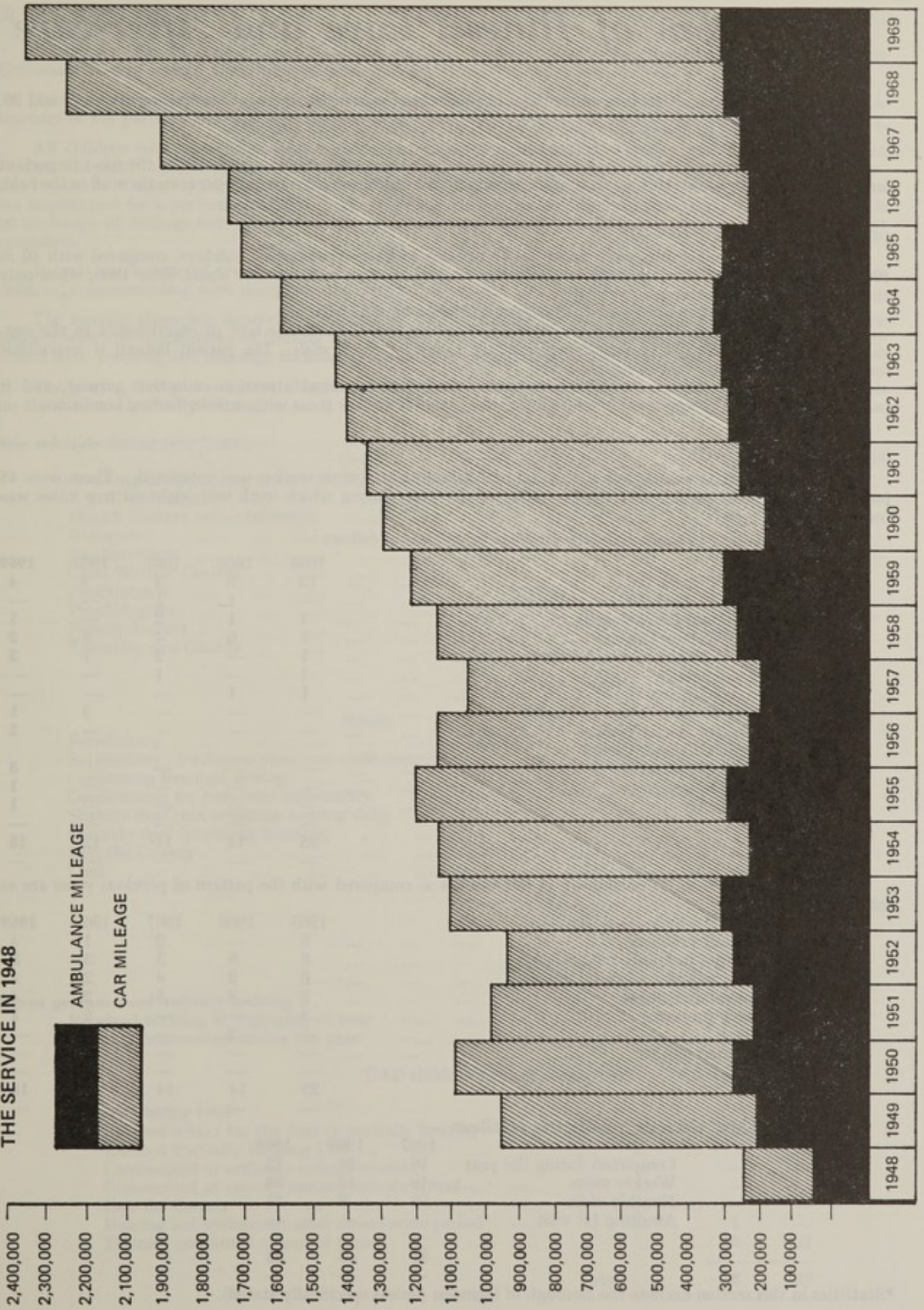
The following tables show the number of patients carried and mileage undertaken by the County Council

TOTAL	Increase in Patients over 1968		Increase in Mileage over 1968	
County Council Vehicles	8,511	-6.43%	9,039	1.12%
County Car Pool	16,377	14.14%	111,982	8.29%
Voluntary Ambulance Units	150	-4.16%	-5,390	-11.07%
Hire of Multi Seat Transport	688	-6.87%	-7,261	-14.38%

(NOT Volunteer or County Car Pool) vehicles (Ambulances, dual purpose vehicles, cars).

	Patients		Miles			
	Accident or Emergency	Other				
County Council Ambulances	6,925	6,873	32,279	29,387	376,623	399,789
County Council Cars	486	517	13,369	12,787	124,729	127,069
County Council Cars (Dual Purpose)	326	373	78,891	73,828	305,420	288,953
	7,737	7,763	124,539	116,002	806,772	815,811

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 41 and 36.

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 1969 arrangements were made for 47 persons to have recuperative holidays, compared with 40 in 1968, thus maintaining the improved use of the service, which had been brought about since 1966, when only 16 such holidays were arranged.

Six convalescent homes were used, all except one being 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.

(e) SOCIAL CASEWORK

One full-time social worker left at the end of 1969 and a part-time worker was appointed. There were 45 families being visited regularly at the beginning of the year, during which work with eighteen new cases was commenced.

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

From :	1965	1966	1967	1968	1969
Health Visitors	13	5	4	3	4
District Medical Officers of Health	—	1	1	—	—
Educational Psychologists	4	1	2	—	1
Mental Welfare Officers	5	6	4	5	2
Hospital Medical Social Workers	1	—	2	1	3
Case Conference	1	—	1	—	—
Own Application	1	1	—	—	—
County Medical Officer of Health	—	—	—	3	1
Psychiatric Social Worker (Child Guidance Clinic)	—	—	—	—	2
Welfare Department	—	—	—	—	3
General Practitioner	—	—	—	—	1
Head Master	—	—	—	—	1
	25	14	14	12	18

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

	1965	1966	1967	1968	1969
Behaviour problems	5	—	2	1	4
Difficulties in family relationships	8	5	3	3	5
Long-term and congenital illness	6	2	4	2	4
Financial difficulties	3	5	5	2	4
Housing problems	3	—	—	2	1
Old Age	—	2	—	1	—
Unmarried mothers	—	—	—	1	—
	25	14	14	12	18

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

	1967	1968	1969
Completed during the year	16	24	12
Weekly visits	19	17	30
Monthly visits	16	5	21
Awaiting 1st visit	—	—	—
	51	46	63

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

(f) HEARING THERAPY

During the year a second Hearing Therapist was appointed and Mr. Brown later returned from Manchester University having gained the Diploma in Audiology.

Arrangements continued as previously for co-operation between the hearing therapists and the peripatetic teachers of the partially hearing. The pattern of provision has followed the form established in previous years.

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 therapists for assessment of their auditory function. The responses of small children are assessed by free-field diagnostic and co-operative tests while older children are conditioned for a performance response to speech or pure-tones according to their age and ability. There is an exchange of findings between the hearing therapists, the School Health Service and ear, nose and throat specialists.

Parents are instructed about the causes and nature of hearing loss and on the methods of managing their children, communicating with them and developing their speech and language.

The hearing therapists supervise the entry to school of older partially hearing children as part of their concern with the implications of hearing loss in children of all ages. Where necessary children requiring continued basic teaching and language training are referred to peripatetic teachers of the deaf.

The hearing therapists continue observation of these children and of children admitted to residential schools for the deaf and partially hearing.

New referrals during year from :—

		<i>Origin</i>									
Awaiting initial testing at end of 1968	35	4		
" At Risk " register	42	22		
Health Visitors (other referrals)	80	43		
Otologists	30	9		
Paediatricians	16	22		
Child Welfare Centres	14	18		
Psychiatrists	3	1		
Psychologists	4	3		
Family doctors	20	13		
Transfers into County	3	10		
Total								236	145

		<i>Results</i>									
Satisfactory	133	83		
Satisfactory : for future pure-tone audiometry	30	16		
Continuing free-field testing	20	14		
Conditioning for pure-tone audiometry	5	3		
Slightly deaf (not requiring hearing aids)	22	13		
Severely deaf (requiring training)	17	11		
Left the County	8	—		
Died	1	—		
Total tested								236	141
Awaiting assessment								—	4
Total								236	145

Parent guidance and auditory training :

Received training at beginning of year	...	...	...	...	...	...	...	14	37
Training commenced during the year	...	...	...	...	...	...	...	14	11
Total children trained during 1969								28	48

Disposal during 1969 :

Entered school for the deaf or partially hearing	...	...	...	...	...	...	...	10	7
Entered Partially Hearing Unit	...	...	...	...	...	...	...	1	—
Commenced at ordinary infants school	...	...	...	...	...	...	...	—	—
Commenced at private nursery/infants school	...	...	...	...	...	...	...	—	—
Left the County	...	...	...	...	...	...	...	—	—
Hearing aid withdrawn after observation period	...	...	...	...	...	...	...	1	—
Training continued at end of period	...	...	...	...	...	...	...	16	27
Total								28	35

Total number of children visited for training and assessment	...	...	...	...	...	...	...	...	...	344	207
Total number of visits to homes	...	...	...	...	...	...	...	...	...	768	627
Hospital hearing aids issued	...	...	...	...	...	...	...	...	...	9	13
Commercial hearing aids purchased	...	...	...	...	...	...	...	...	...	2	1

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

(g) CHIROPODY

One of the posts of senior chiropodist was converted in 1969 to that of Chief Chiropodist, and Mr. C. L. R. Rees was appointed on August 1st. There were eight senior chiropodists employed at the end of the year, one of them a trainee who during the year had successfully completed her course at the Salford School of Chiropody under the County Council's training scheme. Two trainees were under training there under the scheme at the end of the year.

Treatment sessions were continued at the County Council homes of the elderly and, for those persons who were able to travel to them, at the County Health Clinics at Corsham, Melksham, Salisbury, Trowbridge, Warminster and Wroughton, as well as premises at Box and Mere. Regular visits were made to sixteen group dwellings in the County, as well as to a Cheshire home and three private homes for the elderly. Most of the treatment has however to be given in patients' own homes.

Six voluntary organisations concerned with the welfare of the elderly continue to arrange treatment by qualified chiropodists during the year, and grants totalling £1,407 were made to them.

The demand for the service continues to rise due to the increasing proportion of elderly persons in the population and appreciation of the benefits of chiropody treatment and of the availability of a county service.

The following tables compare the work done in 1969 (in heavier type) with that in 1968 (in lighter type). The number of patients treated was slightly less due to long vacancies in chiropodists' posts in one area. By the end of the year however, the average time between application for, and receipt of, the first treatment was reduced from five to four weeks.

	By County Council chiropodists		By private chiropodists working on behalf of the County Council		By Voluntary Organisations		Total numbers of persons treated	
Expectant Mothers	2	3	—	—	—	—	2	3
Physically handicapped	28	129	—	—	—	—	28	129
Persons of retirement age	4,245	4,308	133	257	583	822	4,961	5,387
	4,275	4,440	133	257	583	822	4,991	5,519

Treatment by	In patients' homes		In clinics or Club sessions		In Chiropodists' surgeries		In Welfare Homes		Total numbers of treatments	
County Council chiropodists	12,759	9,990	1,551	1,842	—	—	2,987	2,972	17,547	14,804
Private chiropodists working on behalf of the County Council	1,686	148	264	—	1,975	2,204	384	—	4,309	2,352
Voluntary organisations aided by County Council grant	1,110	993	470	923	2,030	1,327	—	—	3,610	3,243
Totals	15,545	11,131	2,285	2,765	4,005	3,531	1,371	2,972	25,466	20,399

The conditions treated by the County Council chiropodists were :—

Corns, callouses, etc. not complicated by other physical conditions	...	3,584	3,880
Severe nail conditions	...	383	444
Similar lesions complicated by other physical conditions :—			
Diabetes	...	169	115
Sepsis	...	58	45
Severe circulatory disorders	...	78	44
Gangrene	...	6	6
		4,278	4,534

The following table shows patients who commenced treatment by County chiropodists during 1969, classified by age group:—

Age Group	Domiciliary		Clinic	
Under 60	24	24	4	—
60—	52	58	15	16
65—	86	116	21	26
70—	134	155	18	15
75—	131	175	16	9
80—	120	138	7	6
85—	60	72	1	1
90 and over	27	29	—	—
	634	767	82	73

(h) PROVISION OF MEDICAL LOAN EQUIPMENT

There are 25 centres which maintain stocks of equipment which can be loaned to patients to assist in their nursing care by their relatives and the district nurse. All these are run by voluntary workers and their service is much appreciated. In 1969, 1,401 loans were made.

There is always a large and unsatisfied demand for a number of items particularly walking frames, commodes and wheelchairs. The first two items are usually issued to meet the need to rehabilitate patients to regain or maintain their independence. Like wheelchairs, they often remain on loan for long periods and it can be difficult to ask patients to give up something which is of service to them. Many of the patients borrowing these items are over 65 or chronically ill and the charges are usually remitted.

As more varied equipment is produced to help in the nursing care of patients and as patients are likely to be nursed at home more often in the future, the needs will inevitably increase.

(j) CERVICAL CYTOLOGY

There were 10 cervical cytology clinics open at the end of the year, an additional clinic being opened during the year at Bemerton Heath, Salisbury.

During the year 1,801 women, mainly from 25 years of age upwards, had cervical cytology tests. Analysis of the social classes showed the usual pattern, viz. a predominance of those in social class III:

	Social Class I & II	Social Class IV & V	Social Class III	Services and others
1968 of 2,152 women ...	14.4%	15.97%	54.5%	15.13%
1969 of 1,801 women ...	16.0%	18.3%	52.7%	13.0%

38 women received tests through the limited domiciliary service. Visits were made to two factories, where numbers of women are employed ; of 94 women tested, 42 were social class IV and V.

*Age distribution of attenders at Cytology Centres
in Wiltshire*

Age Group	1968	1969
Under 25 years	158	168
25—29	365	341
30—34	427	304
35—39	370	282
40—44	331	186
45—49	250	191
50—54	133	97
55—59	77	69
60—64	30	23
65+	11	8
	2,152	1,669
% below age 35 years	44.14%	47.6%

Of the above total of 1,801 examinations made, there were seven positive results reported by the laboratory. Other conditions found at the time of attendance and requiring treatment were followed up and women referred to their own doctor.

In no case did examination of breasts, which is carried out as a routine at cervical cytology sessions, lead to detection of cancer.

(k) RENAL DIALYSIS AT HOME

In 1969 requests were received from renal units for the adaptation of the homes of two patients for artificial kidney machines to be installed to enable them to undertake these procedures at home and resume life in the community. In neither case did the County Council actually carry out the adaptation. One patient accepted an interest-free short-term loan from the County Council towards the cost of the adaptation. The other patient died before the adaptations could be put in hand.

The husband of a third Wiltshire patient discharged for home dialysis made the necessary adaptation himself.

Two of the three persons discharged for home dialysis in 1968 are now working, one having had a kidney transplant. All patients receive supportive visits from a social worker of the Health Department, and a member of the County Nursing Staff maintains contact and is available for emergency help.

The need to obtain financial approvals and safeguards in arranging adaptations does, unfortunately, lead to delay in arranging adaptations.

(l) PROVISION OF AIDS FOR THE INCONTINENT PATIENT

During the year, the demand for incontinence pads for the use of the bedfast patient and of incontinence pants with disposable linings for the ambulant patient, increased. The demand is likely to rise steadily as this service becomes more widely known and as more patients are cared for in their own homes.

The ambulant patient benefits from a sense of security and the avoidance of embarrassment that comes with the use of incontinence pants and is enabled to go out and mix with others, with physical and psychological benefit. The relatives of the house-bound and incontinent patient appreciate the benefit of saving in soiling and in washing resulting in the use of these protective aids which often enables them to give the patient better and longer care at home.

*Domestic Help

The following tables show the growth of the service and statistical information on the work done in 1969.

The strict standards adopted in assessing the help which could be permitted, in order to make the widest use of the service with the funds available, were continued during 1969. A moderate expansion of the service took place during the year, however, and such additional funds as were available have been taken up by the demand. In contrast to the previous year when there was no major winter increase, the usual winter increase in the use of the service commenced in October and continued in November and December. The number of persons assisted increased by two hundred and twenty-nine over the previous year and by eighty-three over the 1967 total.

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	1,335	178	74	2,229	2,303
1967	1,412	217	74	2,547	2,621
1968	1,344	192	60	2,415	2,475
1969	1,449	207	132	2,572	2,704

Comparative statistics for persons assisted in 1968 and 1969 are as follows :—

Year	Aged 65 years or over	Aged under 65 years				Total
		Chronic Sick and T.B.	Mentally Disordered	Maternity	Others	
1968	2,059	200	19	60	137	2,475
1969	2,162	229	24	132	157	2,704
Increase	103	29	5	72	20	229

NIGHT ATTENDANT SERVICE

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

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

*Mental Health Service

The following tables give details of the work undertaken by the Mental Health Section during the year :—

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	—	—	—	1
No. of Patients under Guardianship of others ...	—	—	—	—	—	—	—	—	—	—
No. attending Junior Training Centres ...	—	—	—	—	6	2	91	67	97	69
No. awaiting training at Junior Training Centres ...	—	—	—	—	6	2	4	10	10	12
No. attending Adult Training Centres ...	1	—	—	—	57	62	78	78	136	140
No. awaiting training at Adult Training Centres ...	—	—	—	—	1	5	1	1	2	6
No. resident in County Council Hostels :—										
(a) Sarum House	—	—	—	—	16	—	13	—	29	—
(b) Rutland House	—	—	—	—	10	4	2	1	12	5
(c) Redlands House	—	—	—	—	—	17	—	10	—	27
(d) Anzac House	2	13	—	—	—	—	—	—	2	13
No. resident at C.C. expense in private hostels and other establishments	1	2	—	—	—	—	1	—	2	2
No. boarded out at C.C. expense in private households	2	—	—	—	—	—	—	1	2	1
No. under informal supervision by :—										
(a) Mental Welfare Officers	202	356	—	—	148	115	209	163	559	634
(b) Voluntary Visitors	—	—	—	—	—	1	—	—	—	1
(c) Probation Officers	—	—	—	—	—	—	—	—	—	—
(d) Children's Officers	—	—	—	—	1	2	—	—	1	2
No. awaiting admission to hospital :—										
(a) Urgent need	—	—	—	—	—	1	10	4	10	5
(b) Not urgent need	1	2	—	—	—	1	1	1	2	4

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	—	—	—	—	—	—	3	1	3	1
PATIENTS ADMITTED TO HOSPITALS FOR THE MENTALLY SUBNORMAL										
To permanent beds	—	—	—	—	4	1	7	5	11	6
For temporary care under Circular 5/52 to :—										
(a) N.H.S. Hospitals	—	—	—	—	3	2	20	9	23	11
(b) Other Hospitals	—	—	—	—	1	4	3	2	4	6

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

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

	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	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
No. of persons referred who at the time of referral were not on the case list of Wiltshire or any other L.H.A.—1,592.																
Of the above, No. previously known to the service—446.																
REFERRED BY :—																
General Medical Practitioner	2	—	217	384	—	—	1	2	—	—	—	—	2	3	—	—
Hospital and Specialist Service :																
(a) on discharge from in-patient treatment	—	1	70	117	—	—	—	—	—	—	—	—	1	5	—	—
(b) after or during out-patient or day treatment	1	—	57	93	—	—	—	—	—	—	—	—	1	1	—	—
Education Committee :																
(a) Section 57(3)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) School leavers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Police and Courts	1	1	32	49	—	—	—	—	—	—	—	—	—	—	—	—
Other Sources :																
Relatives	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dept. of Health and Social Security	—	1	24	43	—	—	—	—	—	—	—	—	—	—	—	—
Health Visitors	—	—	1	8	—	—	—	—	—	—	—	—	—	—	—	—
Others	1	—	2	8	—	—	—	—	—	—	—	—	—	—	—	—
Transferred from community care of other local health authorities	—	—	139	165	—	—	—	—	—	—	—	—	—	—	—	—
Transferred from community care of other local health authorities	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
HOW DEALT WITH :—																
Advice only to :																
(a) Patient	1	—	97	164	—	—	—	—	—	—	—	—	—	—	—	—
(b) Relatives	—	1	7	8	—	—	—	—	—	—	—	—	—	—	—	—
(c) Referring agency	2	1	124	188	—	—	—	—	—	—	—	—	—	—	—	—
Added to case load and :																
(a) Admitted to hospital																
(i) Informally	—	—	129	178	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Compulsorily	—	1	50	95	—	—	—	—	—	—	—	—	—	—	—	—
(b) Placed under Guardianship of																
(i) local Health Authority	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(ii) person other than L.H.A.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Placed under friendly supervision (prevention, after-care, etc.)	2	—	131	231	—	—	—	—	—	—	—	—	—	—	—	—
Removed or died before dealt with	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Not dealt with by the date of this statement	—	—	3	4	—	—	—	—	—	—	—	—	—	—	—	—
Totals																
	34	26	612	920	34	26	612	920	34	26	612	920	34	26	612	920

These figures, apart from those referring to training centres, exclude work undertaken under delegated powers within the Borough of Swindon. One interesting and encouraging feature of these figures is the increase over last year in the number of clients referred by general medical practitioners and the hospital and specialist service. The number of referrals by general medical practitioners this year amounted to 612 as compared with 422 last year, and by the hospital and specialist service 353 as compared with 143 last year. It is impossible to say whether this results from an increase in the incidence of mental disorder or an increase in confidence in the work of field officers by general medical practitioners and the hospital services.

Figures of referrals do not in themselves indicate the amount of field officers' time necessary, but there is no doubt of the increasing pressure on mental welfare officers and the resulting frustration in being unable to give the degree of help which they feel their clients need. More money is needed to speed up the rate of increase in the numbers of mental welfare officers urgently, as the continuation and development of good relations between family doctors and hospital staffs are likely to go on only if those referring clients are satisfied that the persons referred are able to receive the required help. Members of the public can be invited to see the work at training centres, to visit and become friends of hostel residents, but it is not possible to show the complex work of mental welfare officers, which can be extremely demanding outside normal office hours, as indicated in the following tables :—

WORK OF MENTAL WELFARE OFFICERS IN 1968 AND 1969

DURING OFFICE HOURS

OUTSIDE OFFICE HOURS

	Totals			Totals	
	1968	1969		1968	1969
1. Interviews at Mental Health Offices ...	1254	1133	1. Attendances at Case Conferences, Clinics and Meetings (shown as cases discussed)	23	45
2. Attendances at Case Conferences, Clinics and Meetings (shown as cases discussed)	6523	6409	2. Visits to Police, Probation Office, M.o.L., D.ofH.&S.S., etc. (shown as cases discussed)	44	34
3. Visits to Police, Probation Office, Ministry of Labour, D. of H.&S.S., etc. (shown as cases discussed)	928	748	3. Visits to relatives only	86	111
4. Attendances at Courts	18	18	4. Statutory Guardianship visits	—	—
5. Visits to Relatives only	1408	1579	5. Home visits of friendly supervision, preventative and after-care visits	508	590
6. Statutory Guardianship visits	4	3	6. Other home visits	57	64
7. Home visits of friendly supervision, preventative and after-care visits	8236	8416	7. No access visits (not included elsewhere)	38	35
8. Other home visits	94	99	8. Visits to patients in hospital	23	26
9. "No-access" visits (not included elsewhere)	1673	1669	9. Visits to patients in hostels	9	14
10. Visits to patients in hospital	397	552	10. Admission to hospitals :—		
11. Visits to patients in hostels	79	125	Compulsorily Sec. 25	21	26
12. Admission to hospital :—			Sec. 26	7	1
Compulsorily Sec. 25	67	64	Sec. 29	47	56
Sec. 26	21	14	Sec. 136	—	—
Sec. 29	28	37	Part V	3	2
Sec. 60	1	3	Informal	84	100
Sec. 65	—	—	11. Admission to hostels	4	3
Informal	399	299			
13. Admission to hostels	23	17			
	21153	21185		954	1107

However, mental welfare officers form the front line contact with members of the public requiring help, and the development of our present projects and those for the future depends to a great extent upon the keenness of their work.

JUNIOR TRAINING CENTRES

Attendance at junior training centres has remained constant. There is still a small waiting list for the Swindon Training Centre, and approval in principle has been given to the erection of two additional classrooms at this Centre and the appointment of two additional assistant supervisors. Plans for the new buildings are well under way and it is hoped that they will be erected and in operation during the ensuing year.

ADULT TRAINING CENTRES

There has been a continued increase in attendance at adult training centres (22 during the year) and this number is likely to increase at a fairly regular rate for many years to come. After much advertising we were able to appoint an instructor at one of the centres to deal entirely with simple reading, money concept, simple housewifery, personal hygiene, care of clothes, etc. It is hoped shortly to be able to make similar appointments at the remaining three adult training centres. There is considerable scope for this work, and it is thought that by appointing an instructor to deal solely with this type of training it will help to concentrate work with those trainees most likely to benefit.

It was disappointing that loan sanction was not forthcoming from the Department of Health and Social Security to the extension to the Chippenham Adult Training Centre. This Centre, designed as a 40 place centre, has become crowded, to such an extent as to hamper the work and seriously affect the possibility of admission of further trainees.

Delays have occurred also in the commencement of a fifth adult training centre in Marlborough, and by the end of the year no actual building work had commenced, although it is hoped that it will before the end of March, 1970, the end of the financial year.

HOSTELS

In September **Anzac House, Devizes**, for the elderly mentally ill, was opened. Considerable problems arose over the recruitment of staff, and we had still, by the end of the year, been unable to recruit our full establishment. Without the helpful co-operation of Roundway Hospital in preparing for us at their kitchens the main daily meal it is doubtful whether we could have opened as early as September. By the end of the year 15 residents had been admitted. All applications for admission were carefully examined by our own medical staff, mental welfare officers and hostel wardens, in co-operation with family doctors and consultant psychiatrists, to be sure not only that Anzac House would provide the facility they required but to ensure that all other means of community support had been examined.

Sarum House, Salisbury, the hostel for mentally sub-normal men, and **Redlands House, Chippenham**, the hostel for mentally sub-normal women, were both full at the end of the year. At **Rutland House, Trowbridge**, the hostel for mentally sub-normal young men and young women, only 17 beds were occupied. This is the hostel which shows most movement through, and in fact a certain variation in occupancy figures is bound to occur if we are to achieve any degree of re-habilitation to community life. Despite this, it was puzzling to understand why the figures had fallen so low at this particular stage, though there seems little doubt that the hostel will be fully occupied again next year. The following simplified statement of hostel admissions and discharges gives some indication of the flow through at the various hostels since their opening :—

HOSTELS

	Sarum House (Opened 1.10.63)	Redlands House (Opened for sub- normals 30.11.65)	Rutland House (Opened 8.12.64)	Anzac House (Opened 29.9.69)
Total number of admissions since opening including re-admissions*	75	52	112	16
No. of admissions for short term care including re-admissions	18	10	26	—
Numbers discharged other than S.T.C. :—				
Died	1	—	—	—
Residential Employment	3	1	3	—
Lodgings	11	3	8	—
Hospital	6	5	20	1
Home	4	6	33	—
To other L.A. accommodation	1	—	2	—
Prison	1	—	—	—
To an address not disclosed	1	—	3	—

* Where a person has been re-admitted this has been included as an additional admission and accordingly it affects discharges.

During the year it became increasingly difficult to suitably fill staff vacancies occurring at hostels, and particularly so as regards general assistants. This class of officer, under the direction of senior staff (wardens, matrons and their deputies) has an important role to play, not only on the domestic side, but in forming relationships with, and encouraging, the residents—and their efforts could easily make or mar the creation of a good home atmosphere. The hours of duty to be covered, early mornings until late nights including week-ends and

all public holidays, make considerable demands on the domestic life of non-resident, married staff, and since the inception of our hostel service we have failed to attract many applications from suitable persons prepared to be resident. It seems clear that if the hostel service is to continue to operate and expand it will be necessary to evolve a training scheme with career prospects of national scope sufficient to encourage the recruitment of younger staff prepared to make the hostel service their career. Such trainees would have to be sponsored on appropriate training courses, and a certain number recruited as supernumerary to established staffs.

During the year there was a change in the warden at each of the three hostels.

At Redlands House the Chippenham Young Farmers' Club financed the purchase of tennis equipment, including surround posts and netting, sufficient for us to lay down a tennis court. This gave considerable pleasure to the residents. Many other generous donations, both from individuals and organisations, were made to hostels and training centres during the year.

Holidays were arranged directly by the County Council—supported by a donation of £50 from the West Wilts Society for the Mentally Handicapped—for 63 mentally sub-normal adults and 24 sub-normal children from junior and adult training centres and hostels. The South Wilts Society for Mentally Handicapped Children and the Swindon and District Society themselves arranged holidays for both juniors and adults living within their respective areas. Staff from training centres and hostels and some volunteers accompanied these parties to supervise and organise, and tribute should be paid to their keenness and hard work—without which it is doubtful if the holidays could be arranged. There is no doubt that this week's holiday is much enjoyed by the mentally sub-normal persons, and it does give parents or other relatives some relief, and in many cases an opportunity to arrange independent holidays of their own.

The mental health services have again played a very active part in training schemes, both by accepting placements of social workers and for persons training in hostel and junior and adult training centre work. A scheme was also started, in conjunction with Roundway Hospital, Devizes, whereby student nurses spend three weeks with the local authority social services, mainly the mental health services, and this scheme seems likely to expand. I should also, at this stage, like to acknowledge the help given by hospitals and other Departments of the County Council in providing placements for our trainee mental welfare officers and trainee training centre supervisors.

There is one group of mentally sub-normal persons where help which can be offered is very restricted, comprised of those persons so severely handicapped that they are unsuitable for training at either the junior or adult training centres.

Many of these people require nursing care, but their families do not wish them admitted to hospitals. It is doubly unfortunate that so little help can at present be given to these families, who shoulder a tremendous burden in their effort to retain within their family the severely handicapped member.

To admit them to ordinary training centre groups can be extremely disruptive and lessen benefit to those able to profit from training. Our present centres are not big enough, neither are they designed or staffed, to take such severely handicapped persons in a separate group, added to which their comparatively small numbers are so sparsely distributed that it would be difficult to provide special care units in this rural County within the present financial restrictions.

I would like to express, once again, my appreciation of the co-operation received from general practitioners and the medical and nursing staffs of hospitals.

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
1969	65	20	85	0.13	0.04	0.17

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 continues gradually.

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

DEATHS

Deaths due to tuberculosis and the corresponding death rate 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
		Other Tuberculosis incl. late effects			Other Tuberculosis incl. late effects			Other Tuberculosis incl. late effects	
1968	14	5	19	0.029	0.01	0.039	0.030	0.013	0.043
1969	5	11	16	0.01	0.02	0.032	0.022	0.015	0.037

Deaths from respiratory tuberculosis fell from 94 in 1950 to 5 in 1969, a drop of 95%. In the same period deaths from cancer of the lung rose from 69 to 231, a rise of approximately 235%. What has been gained by the life saving anti-tuberculous drugs has been lost by the increasing mortality from lung cancer.

Since 1968, the terminology used by the Registrar General to show deaths from tuberculosis other than respiratory tuberculosis has been changed to "other tuberculosis, including late effects."

HEALTH VISITING AND EXAMINATION OF CONTACTS

During the year, 277 visits were made by health visitors to families with a tuberculous patient to ensure that all the contacts attend the chest clinic for examination. This has a two fold purpose, namely to trace other infected persons and to search for the primary source of infection which is not necessarily the first case discovered in a household.

The following table 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 remains consistently high.

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 tuberculous (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%
1969	85	859	10.0	4	0.5	5	9	11%

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 512 were X-rayed before appointment during 1969 but none was found unsatisfactory. Three-yearly follow up X-rays are offered.

TUBERCULOSIS IN CHILDREN

Ten children under 15 years of age were notified as suffering from tuberculosis. Seven of these were in the Borough of Swindon all of whom were cases of respiratory tuberculosis. Three were in the County outside Swindon (two respiratory and one non-respiratory).

In the case of a school teacher who was notified as suffering from respiratory tuberculosis, the home contacts were examined at the chest clinic. The school contacts were X-rayed by a visit to the school of the mobile mass radiography service. Thirty-nine children including members of the staff were X-rayed, but no evidence of tuberculosis was found.

The percentage of positive reactors to the routine tuberculin skin testing of 13 year old children rose slightly from 17.4% in 1968 to 18.5% in 1969.

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

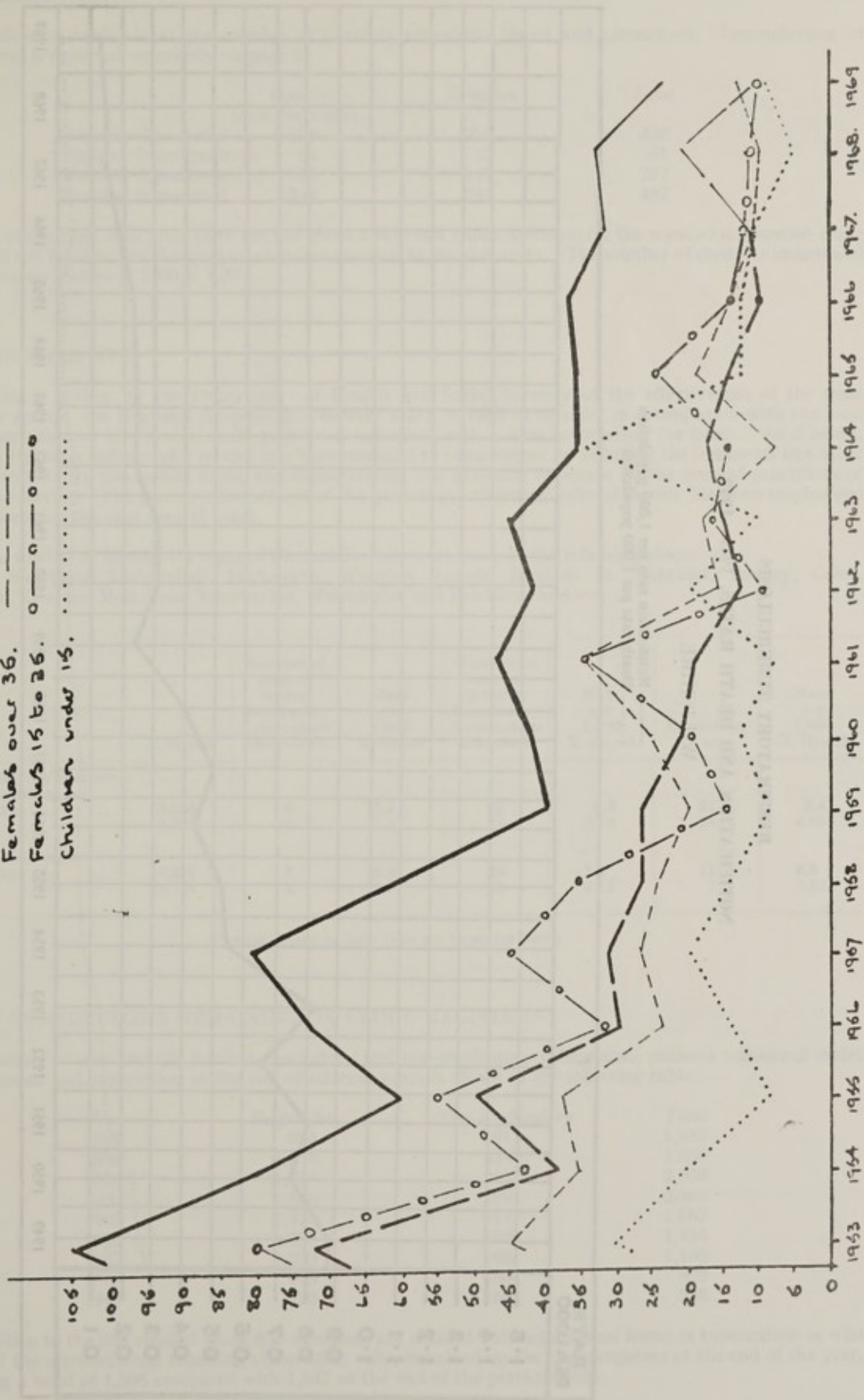
DIVERSIONAL THERAPY AND FREE MILK

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

PRIMARY NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS SINCE 1953 IN SELECTED AGE GROUPS

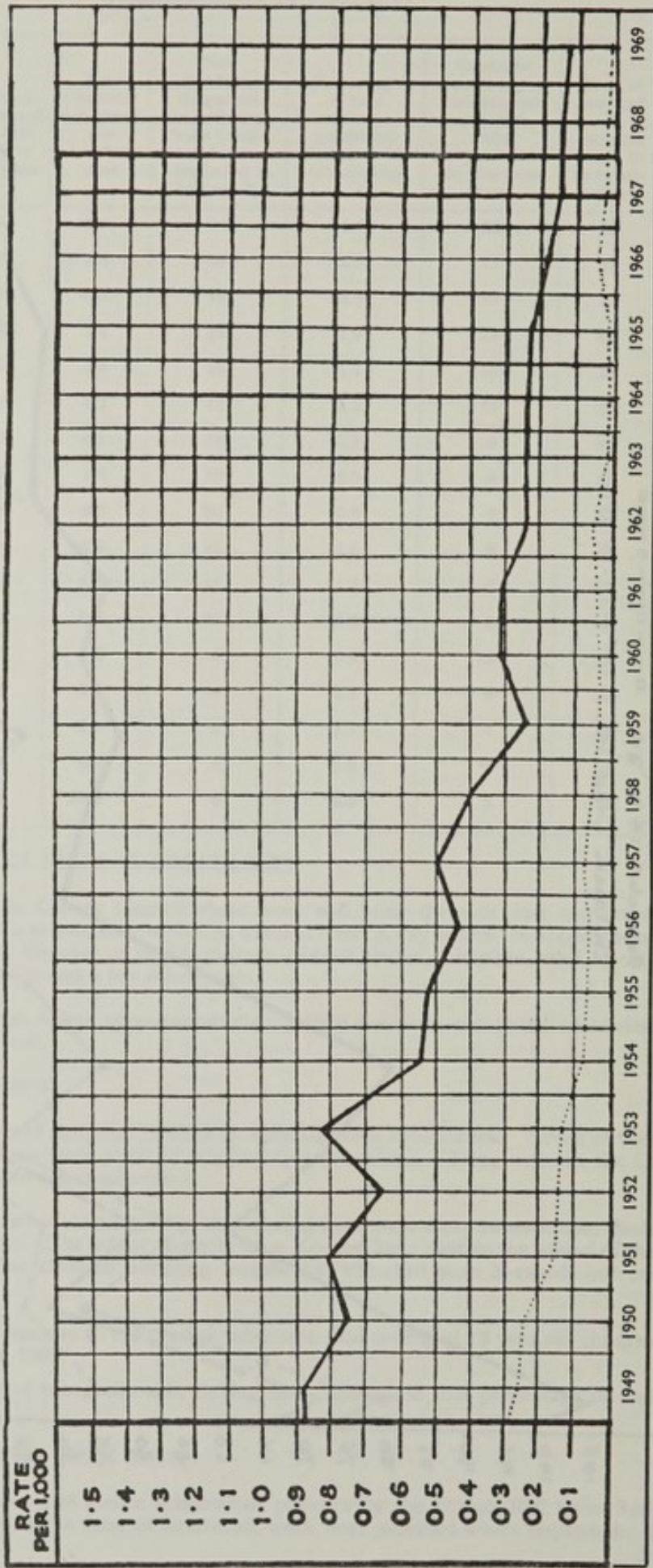
Number of
Primary
Notifications

- Males over 35.
- - - - Males 15 to 35.
- - - - Females over 35.
- o - - - o Females 15 to 35.
- Children under 15.



RESPIRATORY TUBERCULOSIS
NOTIFICATION AND DEATH RATES, 1949—1969
WILTSHIRE

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



B.C.G. IMMUNISATION

The following table shows the number of contacts tuberculin tested and immunised. Immunisation of schoolchildren is reported separately on page 24.

	County (<i>excl. Swindon</i>)	Swindon	Total
Number skin tested	221	215	436
Number found positive	64	27	91
Number found negative	150	147	297
Number immunised	244	243	487

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 8,273.

MASS RADIOGRAPHY

Following a review by the Department of Health and Social Security of the effectiveness of the mass radiography service, the Regional Hospital Boards were asked in 1969 to consider in consultation with the local health authorities how the service could best be re-organised with a view to meeting the needs. As a result, the work of the mass radiography service has been modified to some extent by reducing the industrial and other surveys performed by the mobile units, and concentrating the available resources on the general practitioners' aspect of the service. The greater effectiveness of the general practitioners' referral service has been emphasised in these reports for the past several years.

Regular weekly or fortnightly visits of the mobile units were made to the following places :—
Amesbury, Salisbury, Ludgershall, Highworth, Wootton Bassett, Stratton St. Margaret, Pewsey, 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	3,863 5,583	6 10	1.5 1.8	32 21	8.3 3.76	21 26	5.4 4.65
Ordinary Visits of Mass Radiography	13,631 13,204	3 5	0.2 0.37	25 28	1.8 2.12	11 7	0.8 0.53

(Figures shown in light type are those for 1968)

CASES OF TUBERCULOSIS REMAINING ON CLINIC REGISTERS

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

Year	Respiratory	Non-Respiratory	Total
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
1969	722	106	828

In addition to the 828 notified cases, 678 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 1,506 compared with 1,947 at the end of the previous year.

INFECTIOUS CASES OF TUBERCULOSIS

During the year, 47 patients (40 new 7 old) had a positive sputum compared with 44 in the previous year.

In 1953, the year when the modern drugs began to take effect, 101 persons in Wiltshire were known to have positive sputum. By 1963, the number had dropped to 50. Since 1963, the decline in the number of sputum positive cases has been much more gradual as the table below shows, corresponding to the pattern of decline in notifications over the same period.

Number of patients in Wiltshire whose sputum was positive

Year	Sputum positive
1953	101
1954	88
1955	76
1956	57
1957	64
1963	50
1964	42
1965	52
1966	53
1967	39
1968	44
1969	47

GENERAL COMMENTS

1969 was the first full year of operation of the revised administrative arrangements for the treatment, prevention and after-care of tuberculosis following the end of the agency arrangement with the Regional Hospital Boards.

Wiltshire is now covered by three general physicians with an interest in chest diseases who are employed by the Regional Hospital Board but whose terms of employment include, by arrangement with the Boards, responsibilities on behalf of the local health authority in connection with the prevention and after-care of tuberculosis.

1969 saw a further decline in the notification and death rates.

*Miscellaneous Services

CHRONIC SICK BEDS

During the year the Salisbury Group Hospital Management Committee referred 57 cases for investigation. In 47, 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, and none 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

As a result of the extension by the Health Services and Public Health Act 1968 of the scope of the 1948 Act, a large number of applications for registration were received from persons minding one or two children, who previously did not have to be registered as child minders. This, and the continued popularity of the pre-school play group is reflected in the number of child minders who were registered with the County Council at the end of the year.

Year	Nurseries		Child Minders	
	No. registered at end of year	No. of children provided for	No. registered at end of year	No. of children provided for
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
1969	84	2,144	104	723

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 130 persons. 98 were newly certified as blind and 22 as partially sighted.

ADOPTION ACT, 1958

Medical opinion was given on confidential reports on prospective adopters in 95 cases as well as advice on babies considered for adoption and general medical advice to social workers.

EXAMINATION OF MEDICAL REPORTS

The following table shows the number of medical examination reports scrutinised during 1969 (1968 figures are shown in light type).

Number of medical examinations for entrants to the County Service	757	677
Number of medical examinations for entrants to the Fire Service	54	34
Number of medical examinations for entrants to permanent posts in the School Meals Service	277	239
Number of medical examinations for entrants to temporary posts in the School Meals Service	50	52
Number of medical examinations for fitness to return to duty in School Meals Service ...	47	55
Number of medical examinations for foodhandlers in premises other than the School Meals Service	*60	
Number of medical examinations for fitness to return to work for foodhandling in County Council premises other than School Meals Service	*12	
Number of medical examinations for foodhandlers in County Hall Canteen	*10	
Number of cases dealt with in connection with prolonged illness and breakdown pensions	55	48
Number of cases dealt with regarding fitness to drive	88	58
Number of examinations carried out for other authorities	46	53
Number of examinations carried out for the West Wilts Water Board	18	13
	1,474	1,229

*In previous years these have been included in School Meals Service.

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

MEDICAL ARRANGEMENTS FOR LONG-STAY IMMIGRANTS

Since January 1965, notices have been received from Port Health Authorities in respect of 839 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	1969
Notices received	227	149	136	164	163
Successfully contacted	190	140	116	136	129
Removed to known addresses in other areas and notices forwarded to appropriate Medical Officer	18	6	14	21	24
Untraceable	19	3	6	7	10
	227	149	136	164	163

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

Sanitary Circumstances of the County

WATER SUPPLY

I am indebted to the Director General of the Meteorological office for the rainfall figures for 1969 from eight selected rainfall stations in Wiltshire which are given in the following table.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Year
Swindon													
Town Gardens	2.51	1.87	2.03	1.38	4.20	1.00	1.85	4.17	1.15	0.41	3.03	3.34	26.94 inches
Malmesbury (Shipton Moyne)	2.69	2.12	2.27	1.48	4.68	1.42	2.68	2.22	1.17	0.33	2.96	2.85	26.87 inches
Aldbourne	2.82	2.17	2.16	1.43	4.43	1.18	1.69	2.56	1.98	0.31	3.23	3.33	27.29 inches
Trowbridge	2.14	1.53	2.33	1.19	3.64	1.29	1.69	1.75	1.11	0.37	3.23	2.89	23.16 inches
Salisbury (Atherton House)	3.90	1.49	2.54	0.69	3.92	1.61	1.82	1.60	2.96	0.23	4.90	3.55	29.21 inches
Mere	2.96	1.83	3.10	1.64	4.08	2.12	1.65	1.99	2.33	0.40	5.27	3.38	30.75 inches
Upavon	2.85	2.02	2.30	1.09	3.70	1.15	1.65	1.57	1.24	0.24	4.14	3.33	25.28 inches
Stourhead	3.23	2.08	3.22	1.66	4.13	2.18	2.09	2.21	2.08	0.38	5.29	3.57	32.12 inches

During the year two water supply schemes were submitted to the County Council by the water boards for observations and grant. One scheme was under construction and five others were completed during the year. Schemes approved, in progress or completed during the year are given in the following table :—

Water Board	Scheme	Approved in 1969	In Progress 1969	Completed by 1969
NORTH WILTS	Stanley Road, Chippenham			£7,453
	Hilmarton and Clewancy			£11,135
SOUTH WILTS	Alton Barnes and Priors	£13,040		
	Walden and Neighbouring Properties, West Grinstead			£1,800
	Laverstock London Road			£640
WEST WILTS	Forest Lane Melksham	£330		£330
	Phase IVA, Northern Comprehensive Scheme, Chitterne Scheme, Phase II		£19,257	
	Extensions to mains Littledown Reservoir/Hart Hill, Semley			£630
	Romsey Oak Farm, Southwick			£400

LAY-BY SANITATION

Two public conveniences were sited on TR303 ; one at Zeals and the other at Willoughby Hedge. The latter replaced the mobile public convenience which had been situated there previously. A further Rollalong convenience came into operation in the Spring at Norridge Common on TR36.

These three have been extensively used. Although no survey has been conducted to show to what extent, observations indicated that these are used regularly by heavy transport drivers and are heavily used at peak holiday periods between Easter and September.

It was again obvious from letters received, that the provision of these facilities was very much appreciated, and an obvious reduction of " fouling " in fields and lay-bys was apparent.

CARAVAN SITES ACT, 1968

During the year officers of the County Council and district councils continued to look for and assess possible sites for permanent camps for gypsies.

RURAL HOUSING

During the year the Housing Act was placed on the Statute Book. It gave powers to district councils to make a considerable impact on the housing conditions in their areas by making further provision for grants by local authorities towards the cost of providing dwellings by conversion or by improving dwellings and houses. It also enables local authorities to secure better living conditions by improving the amenities of areas or of the houses therein.

I am sure district councils will welcome the opportunity to increase and improve on their previous efforts in respect of housing in this County.

Improvement grants and other housing statistics for 1969 are shown in Appendix 'A'.

SEWERAGE

Nine proposed schemes were submitted by rural districts to the County Council for observations during 1969. Ten schemes were under construction and six others were completed during the year.

Rural Sewerage schemes approved, in progress or completed in 1969 are given in the following table:—

Rural District	Scheme	Estimated Cost		
		Approved in 1969	In Progress 1969	Completed in 1969
		£	£	£
Amesbury	Bourne Valley		320,900	
Calne & Chippenham	South Eastern Hardenhuish Corsham Works etc.	260,863	79,000	15,000
Cricklade & Wootton Bassett	Hunts Mill Wootton Bassett	12,000	374,000	
Highworth & Devizes	Urchfont Works Bishops Cannings	73,000	180,000	
Highworth	Blunsdon Resewering Lechlade Road	10,000	10,000	14,000
Malmesbury	North Eastern Scheme		406,550	
Mere & Tisbury	Zeals, Extensions & Portnells Lane Maiden Bradley Extension to Zeals	1,282		1,282 21,772 2,352
Pewsey	Collingbourne		126,000	
Salisbury & Wilton	Landford Downton Works Redlynch Whiteparish Extension	320,000	112,300 6,300	104,092
Warminster & Westbury	Whorwellsdown Upton Scudamore	117,500 42,615		
West Wilts Water Board	Divers Bridge Corsley	8,295	8,295	

SUPERVISION OF MILK AND FOOD

Number of registered Milk Producers in Wiltshire at end of 1969	... 1,868
Number of designated Producer Retailers	... 32
Number of Producer/Wholesalers	... 1,836
Number of Milk Distributers	... 6

The supervision of milk supplies continued as in previous years with the object of ensuring that all milk consumed in the County is free from disease producing organisms and is clean and wholesome.

The County Council's public health inspectors regularly visited the six pasteurising plants now in operation, and took 686 samples. Of these, 685 passed the phosphatase test and 681 passed the methylene blue test. This compares with 377 samples taken in 1968.

The County Public Health Inspector thoroughly investigated the phosphatase failure. It was ascertained that the failure was due to a defect in the thermometer which brings into operation the return flow diversion valve. Immediate repairs were carried out and samples taken following the repairs passed the phosphatase test.

District councils continued to take milk samples from distributors and producing retailers retailing milk within the County. The number of samples taken and laboratory results are given in the following table. 1968 figures are given in light type.

Type of Milk Sample	Estimated Annual Sample Target		Number of Samples Examined		Laboratory Results				Percentages of Sample Failures	
					Pass		Fail			
Raw Statutory	656	674	433	542	387	482	46	60	10.62%	11.07
Raw Biological	656	674	496	555	473	538	23	17	4.63%	3.06
Heat Treated Statutory Test	3,548	2,744	2,112	2,246	2,055	2,166	57	80	2.69%	3.51
TOTALS	4,860	4,092	3,041	3,343	2,915	3,186	126	157	4.14%	4.69

FOOD AND DRUGS

The County Council is the Food and Drugs Authority in all areas of the County outside the Borough of Swindon, and the Food and Drugs Act 1955, together with its many supporting Orders and Regulations, is enforced by the County Council Weights and Measures Department.

A total of 1,335 samples were taken throughout the area controlled, steps being taken to cover the widest range of articles to ensure compliance with all the current legal requirements.

PARTICULARS OF PROSECUTIONS AND OTHER ACTION TAKEN IN RESPECT OF INFRINGEMENTS PROSECUTIONS

Trade	Offence	Contrary to	Fine £ s. d.	Costs £ s. d.	Venue
Bakers ...	Selling a loaf of bread containing the Tribolium Beetle	Fold & Drugs Act, 1955 Sec. 2	Absolute Discharge		Westbury
Farmer ...	Possessing milk for sale to which an addition of water had been made — Defendant brought herdsman before the Court as the actual offender	— " — Sec. 32 — " — Sec. 113(1)	20 0 0 Charge dismissed	9 8 0	Westwood
Farmer ...	Selling milk to which an addition of water had been made ... Possessing milk for sale to which an addition of water had been made	— " — Sec. 32 — " — "	20 0 0 5 0 0	20 9 6	Lydiard Millicent
Farmer ...	Possessing milk for sale to which an addition of water had been made	— " — "	10 0 0	9 8 0	Charlton

OTHER ACTION

Nature of alleged offence	Written Caution	Attention drawn to irregularities	Referred to other Authority
Food—substandard	10	6	—
Food—incorrectly labelled or advertised	9	—	1
Food—containing unlawful additive	2	—	—
Food—containing foreign body	1	2	—

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	180	—	180
Institutional	1,372	22	1,394
TOTAL	1,552	22	1,574

PREMATURE BIRTHS

During the year there were twenty-two deaths of premature babies of which nine were babies weighing 3 lbs. 4 ozs. or less at birth.

CLINIC SERVICES

ANTE-NATAL AND POST NATAL—None.

ANTE-NATAL, MOTHERCRAFT AND RELAXATION CLASSES

Number of women who attended during the year	Institutional booked	—
	Domiciliary booked	—
	Total	—
Total number of attendances during the year	... ..	Nil

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 1969	Born in 1968	Born in 1964 to 1967	Total	Medical Officers	Health Visitors	G.P.'s employed on a sessional basis	Hospital medical staff			
1,239	1,212	1,401	3,852	538	18	—	—	556	83	704

HEALTH VISITING

Cases visited by health visitors											Number of cases
Children born in 1969	...	...	...	...	...	...	...	...	...	...	1,458
Children born in 1968	...	...	...	...	...	...	...	...	...	...	1,159
Children born in 1964-67	...	...	...	...	...	...	...	...	...	...	2,657
Total	...	...	...	...	...	...	...	...	...	...	5,274
Persons aged 65 or over	...	...	...	...	...	...	...	...	...	...	55
Number included in line 5 who were visited at the special request of a G.P. or hospital	...	...	...	...	...	...	...	...	...	...	2
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)	...	...	...	...	...	...	...	...	...	...	14
Number included in line 9 who were visited at the special request of a G.P. or hospital	...	...	...	...	...	...	...	...	...	...	14
Number of tuberculous households visited	...	...	...	...	...	...	...	...	...	...	46
Number of households visited on account of other infectious diseases	...	...	...	...	...	...	...	...	...	...	138
Other cases	...	...	...	...	...	...	...	...	...	...	275

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1969

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		
—	2	69	113	184	633

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	...	...	...	...	...	...	...	...	...	...	1,296
Number of persons who were aged under 5 years at first visit during the year	...	...	...	...	...	...	...	...	...	...	22
Number of persons who were aged 65 or over at first visit during the year	...	...	...	...	...	...	...	...	...	...	552

HOME HELP SERVICE

	Home help to households for persons					Total
	aged 65 or over on first visit during the year	aged under 65 on first visit during the year			Others	
		Chronic sick and tuberculous	Mentally disordered	Maternity		
Number of cases	719	25	6	14	51	815

DAILY MINDERS AND REGISTERED NURSERIES

	Nurseries and Child Minders Regulation Act, 1948		
	Premises registered at end of year		Daily minders registered at end of year
	Factory	Other Nurseries	
Number of premises or persons	—	—	25
Number of children permitted	—	—	38

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					under age 16	Total
	1962—1965	1966	1967	1968	1969		
Triple DTP	4	8	21	363	162	—	558
Diphtheria/Tetanus	19	2	2	5	—	1	29
Diphtheria	—	—	—	—	—	1	1
Tetanus	21	3	4	2	1	141	172
Measles	182	149	223	181	1	17	753
Sabin (Poliomyelitis)	32	12	27	445	191	17	724

Reinforcing Doses—Number of persons under 16

Type of vaccine or dose	Year of Birth					Others Others age 16	Total
	1962—1965	1966	1967	1968	1969		
Triple DTP	21	4	33	83	1	1	143
Diphtheria/Tetanus	1,114	9	77	11	—	23	1,234
Diphtheria	3	—	—	—	—	1	4
Tetanus	20	2	1	2	—	108	133
Salk (Poliomyelitis)	—	—	—	—	—	—	—
Sabin (Poliomyelitis oral)	1,157	21	137	93	—	70	1,478

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	1	—	—	—	—
3—6 months	3	—	—	—	—
6—9 months	6	—	—	—	—
9—12 months	4	—	—	—	—
1 year	800	2	—	—	—
2—4 years	210	131	—	—	—
5—15 years	83	202	—	—	—
TOTAL	1,107	335	—	—	—

STATE OF CALIFORNIA - DEPARTMENT OF WATER RESOURCES - DIVISION OF WATER CONTROL

Name of Dam	Number of persons licensed (including permittees)		Number of persons licensed (excluding permittees)	
	1950	1951	1950	1951
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100.

Table with 8 columns: Name of Dam, 1950, 1951, 1952, 1953, 1954, 1955, Total. Rows include various dam names.

Table with 8 columns: Name of Dam, 1950, 1951, 1952, 1953, 1954, 1955, Total.

Table with 8 columns: Name of Dam, 1950, 1951, 1952, 1953, 1954, 1955, Total. Rows include various dam names.

APPENDIX 'A'

RURAL HOUSING STATISTICS FOR THE YEAR ENDING 31st DECEMBER, 1969

	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.	TOTAL
1. Number of permanent dwellings in district at end of year	5,400	4,632	6,800	6,998	4,714	14,548	3,760	3,692	4,209	7,333	7,497	5,250	74,833
2. Number of permanent dwellings in district owned by local authority	1,599	785	2,007	1,329	1,151	2,434	635	695	780	1,598	1,204	693	14,910
3. Number of temporary dwellings in district owned by local authority	—	—	128	—	—	—	—	—	—	—	—	—	128
4. Number of applications for Council dwellings at end of year	573	230	364	548	466	468	300	192	303	526	233	No List Maintained	4,203
5. <i>Inspection of dwellings during year:</i>													
(i) Number of dwellings inspected under Public Health or Housing Acts	116	4	102	223	116	1,200	280	753	220	14	521	188	3,737
(ii) Number of dwellings found to be unfit	64	4	4	134	19	2	30	37	43	14	105	7	463
6. Number of dwellings rendered fit in consequence of informal action	45	3	7	107	48	—	40	37	26	5	76	24	418
7. <i>Action under Statutory Powers</i>													
A. <i>Proceedings under Public Health Acts</i>													
(i) Number of dwellings where formal notices were served	—	—	—	2	—	1	—	—	—	2	1	4	10
(ii) Number of dwellings made fit as a result of formal notices													
(a) By owners	—	—	—	2	—	—	—	—	—	—	1	—	3
(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	—	—	1	2	—	—	—	—	—	—	—	5	8
(ii) Number of dwellings rendered fit after service of formal notices													
(a) By owners	—	—	7	—	—	—	—	—	—	—	6	3	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	8	—	—	2	—	2	—	3	—	2	8	1	26
(ii) Number of dwellings demolished as result of demolition Orders	25*	—	8	8	1	7	6†	—	2	—	13	3	73
(iii) Number of undertakings accepted to make fit or not to re-let	2‡	—	1	5	2	—	6	—	2	1	1	2	22
(iv) Number of dwellings made fit as result of undertakings	—	—	2	9	1	—	2	—	—	1	—	1	16
(v) Number of demolition Orders revoked	—	—	—	—	2	—	—	—	—	—	—	—	2
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	25	4	—	—	—	1	1	9	5	47
(ii) Number of dwellings closed as result of closing Orders or undertakings by owners	3	—	3	5	2	—	6	2	2	1	10	4	38
(iii) Number of dwellings demolished as a result of closing Orders	—	—	—	—	4	—	—	—	—	—	—	—	4
(iv) Number of closing Orders revoked	—	—	—	—	3	—	—	—	—	—	—	—	3
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	—	—	—	—	—	—	—	—	—	—	—	—	—
(iii) Number of dwellings in clearance areas which have been retained as temporary accommodation	—	—	—	—	—	—	—	2	—	—	—	—	2
F. <i>Proceedings under Section 76 Housing Act, 1957</i>													
(i) Number of cases of overcrowding at end of year	1	—	—	3	—	—	2	—	1	2	—	—	9
(ii) Number of cases of overcrowding discovered during year	1	—	—	2	—	1	—	—	5	3	2	3	17
(iii) Number of cases of overcrowding abated during year	—	—	—	—	—	1	—	—	5	3	2	3	14
<i>Houses erected or converted during year:</i>													
Houses erected during year: For slum clearance—Local Authority	6	—	—	2	—	—	—	—	—	—	—	—	8
For other purposes—Local Authority	7	65	22	31	24	15	—	25	14	57	101	10	371
—Private Enterprise	104	205	195	135	112	326	79	28	28	35	179	115	1,241
Gained from conversion of large houses into flats or dwellings—Local Authority	—	—	—	—	—	—	—	—	—	—	—	—	—
—Private Enterprise	—	—	—	—	3	—	—	9	2	—	3	3	20
Lost from conversion of two or more houses into one—Local Authority	—	—	—	—	—	—	—	—	—	—	—	—	—
—Private Enterprise	1	—	—	2	2	—	—	16	4	3	1	6	35
<i>Improvement Grants made under the Housing Acts 1949—1964</i>													
Value of Grants paid Discretionary	£3,419 15 0	£1,600	£12,792	£3,286 10 0	£400	—	£8,100	£2,730	£2,251	£6,201	£7,256	£5,670	£53,706 5 0
Standard	£1,765 13 4	£3,400	£4,639	£2,928 1 3	£5,075 11 6	£5,013 12 11	£2,570	£2,025	£2,436	£1,386 2 6	£1,677	£4,998 12 7	£37,912 14 1
No. of dwellings completed as a result of: Discretionary Grants	9	4	35	9	1	—	21	8	7	12	21	13	140
Standard Grants	11	20	30	13	26	26	16	11	13	6	8	22	202
<i>Housing Act, 1964, Part II</i>													
Number of Improvement areas declared under Section 13 (i)	—	—	—	—	—	—	—	—	—	—	—	—	—
Number of Improvement notices served either under Section 19 (iii) or Section 20 (i)	—	—	—	—	—	—	—	—	—	—	—	—	—

*Includes 12 properties demolished by M.O.D.(Army) in agreement with the Council and 2 by owners in anticipation of Demolition orders.
 †Undertakings not carried out, resulting in making of Demolition orders included in C (i).
 ‡Informal Action Demolition Orders.

RURAL BONDING STATISTICS FOR

Year	Number of bonds issued	Number of bonds cancelled	Number of bonds in force	Number of bonds in force at end of year	Number of bonds in force at beginning of year	Number of bonds in force at end of year
1900	1,000	500	500	500	500	500
1901	1,200	600	600	600	500	600
1902	1,500	750	750	750	600	750
1903	1,800	900	900	900	750	900
1904	2,000	1,000	1,000	1,000	900	1,000
1905	2,200	1,100	1,100	1,100	1,000	1,100
1906	2,500	1,250	1,250	1,250	1,100	1,250
1907	2,800	1,400	1,400	1,400	1,250	1,400
1908	3,000	1,500	1,500	1,500	1,400	1,500
1909	3,200	1,600	1,600	1,600	1,500	1,600
1910	3,500	1,750	1,750	1,750	1,600	1,750
1911	3,800	1,900	1,900	1,900	1,750	1,900
1912	4,000	2,000	2,000	2,000	1,900	2,000
1913	4,200	2,100	2,100	2,100	2,000	2,100
1914	4,500	2,250	2,250	2,250	2,100	2,250
1915	4,800	2,400	2,400	2,400	2,250	2,400
1916	5,000	2,500	2,500	2,500	2,400	2,500
1917	5,200	2,600	2,600	2,600	2,500	2,600
1918	5,500	2,750	2,750	2,750	2,600	2,750
1919	5,800	2,900	2,900	2,900	2,750	2,900
1920	6,000	3,000	3,000	3,000	2,900	3,000
1921	6,200	3,100	3,100	3,100	3,000	3,100
1922	6,500	3,250	3,250	3,250	3,100	3,250
1923	6,800	3,400	3,400	3,400	3,250	3,400
1924	7,000	3,500	3,500	3,500	3,400	3,500
1925	7,200	3,600	3,600	3,600	3,500	3,600
1926	7,500	3,750	3,750	3,750	3,600	3,750
1927	7,800	3,900	3,900	3,900	3,750	3,900
1928	8,000	4,000	4,000	4,000	3,900	4,000
1929	8,200	4,100	4,100	4,100	4,000	4,100
1930	8,500	4,250	4,250	4,250	4,100	4,250
1931	8,800	4,400	4,400	4,400	4,250	4,400
1932	9,000	4,500	4,500	4,500	4,400	4,500
1933	9,200	4,600	4,600	4,600	4,500	4,600
1934	9,500	4,750	4,750	4,750	4,600	4,750
1935	9,800	4,900	4,900	4,900	4,750	4,900
1936	10,000	5,000	5,000	5,000	4,900	5,000
1937	10,200	5,100	5,100	5,100	5,000	5,100
1938	10,500	5,250	5,250	5,250	5,100	5,250
1939	10,800	5,400	5,400	5,400	5,250	5,400
1940	11,000	5,500	5,500	5,500	5,400	5,500
1941	11,200	5,600	5,600	5,600	5,500	5,600
1942	11,500	5,750	5,750	5,750	5,600	5,750
1943	11,800	5,900	5,900	5,900	5,750	5,900
1944	12,000	6,000	6,000	6,000	5,900	6,000
1945	12,200	6,100	6,100	6,100	6,000	6,100
1946	12,500	6,250	6,250	6,250	6,100	6,250
1947	12,800	6,400	6,400	6,400	6,250	6,400
1948	13,000	6,500	6,500	6,500	6,400	6,500
1949	13,200	6,600	6,600	6,600	6,500	6,600
1950	13,500	6,750	6,750	6,750	6,600	6,750
1951	13,800	6,900	6,900	6,900	6,750	6,900
1952	14,000	7,000	7,000	7,000	6,900	7,000
1953	14,200	7,100	7,100	7,100	7,000	7,100
1954	14,500	7,250	7,250	7,250	7,100	7,250
1955	14,800	7,400	7,400	7,400	7,250	7,400
1956	15,000	7,500	7,500	7,500	7,400	7,500
1957	15,200	7,600	7,600	7,600	7,500	7,600
1958	15,500	7,750	7,750	7,750	7,600	7,750
1959	15,800	7,900	7,900	7,900	7,750	7,900
1960	16,000	8,000	8,000	8,000	7,900	8,000
1961	16,200	8,100	8,100	8,100	8,000	8,100
1962	16,500	8,250	8,250	8,250	8,100	8,250
1963	16,800	8,400	8,400	8,400	8,250	8,400
1964	17,000	8,500	8,500	8,500	8,400	8,500
1965	17,200	8,600	8,600	8,600	8,500	8,600
1966	17,500	8,750	8,750	8,750	8,600	8,750
1967	17,800	8,900	8,900	8,900	8,750	8,900
1968	18,000	9,000	9,000	9,000	8,900	9,000
1969	18,200	9,100	9,100	9,100	9,000	9,100
1970	18,500	9,250	9,250	9,250	9,100	9,250
1971	18,800	9,400	9,400	9,400	9,250	9,400
1972	19,000	9,500	9,500	9,500	9,400	9,500
1973	19,200	9,600	9,600	9,600	9,500	9,600
1974	19,500	9,750	9,750	9,750	9,600	9,750
1975	19,800	9,900	9,900	9,900	9,750	9,900
1976	20,000	10,000	10,000	10,000	9,900	10,000
1977	20,200	10,100	10,100	10,100	10,000	10,100
1978	20,500	10,250	10,250	10,250	10,100	10,250
1979	20,800	10,400	10,400	10,400	10,250	10,400
1980	21,000	10,500	10,500	10,500	10,400	10,500
1981	21,200	10,600	10,600	10,600	10,500	10,600
1982	21,500	10,750	10,750	10,750	10,600	10,750
1983	21,800	10,900	10,900	10,900	10,750	10,900
1984	22,000	11,000	11,000	11,000	10,900	11,000
1985	22,200	11,100	11,100	11,100	11,000	11,100
1986	22,500	11,250	11,250	11,250	11,100	11,250
1987	22,800	11,400	11,400	11,400	11,250	11,400
1988	23,000	11,500	11,500	11,500	11,400	11,500
1989	23,200	11,600	11,600	11,600	11,500	11,600
1990	23,500	11,750	11,750	11,750	11,600	11,750
1991	23,800	11,900	11,900	11,900	11,750	11,900
1992	24,000	12,000	12,000	12,000	11,900	12,000
1993	24,200	12,100	12,100	12,100	12,000	12,100
1994	24,500	12,250	12,250	12,250	12,100	12,250
1995	24,800	12,400	12,400	12,400	12,250	12,400
1996	25,000	12,500	12,500	12,500	12,400	12,500
1997	25,200	12,600	12,600	12,600	12,500	12,600
1998	25,500	12,750	12,750	12,750	12,600	12,750
1999	25,800	12,900	12,900	12,900	12,750	12,900
2000	26,000	13,000	13,000	13,000	12,900	13,000







