

[Report 1968] / Medical Officer of Health, Belfast County Borough.

Contributors

Belfast (Northern Ireland). County Borough Council.

Publication/Creation

1968

Persistent URL

<https://wellcomecollection.org/works/ctp5p2gn>

License and attribution

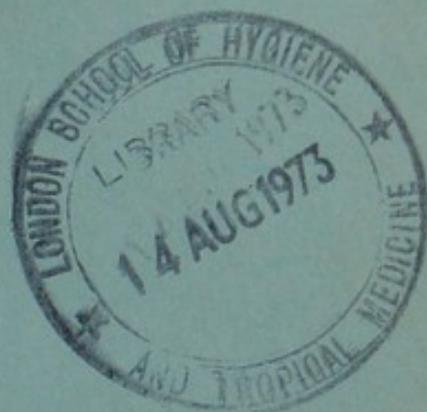
You have permission to make copies of this work under a Creative Commons, Attribution license.

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

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



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

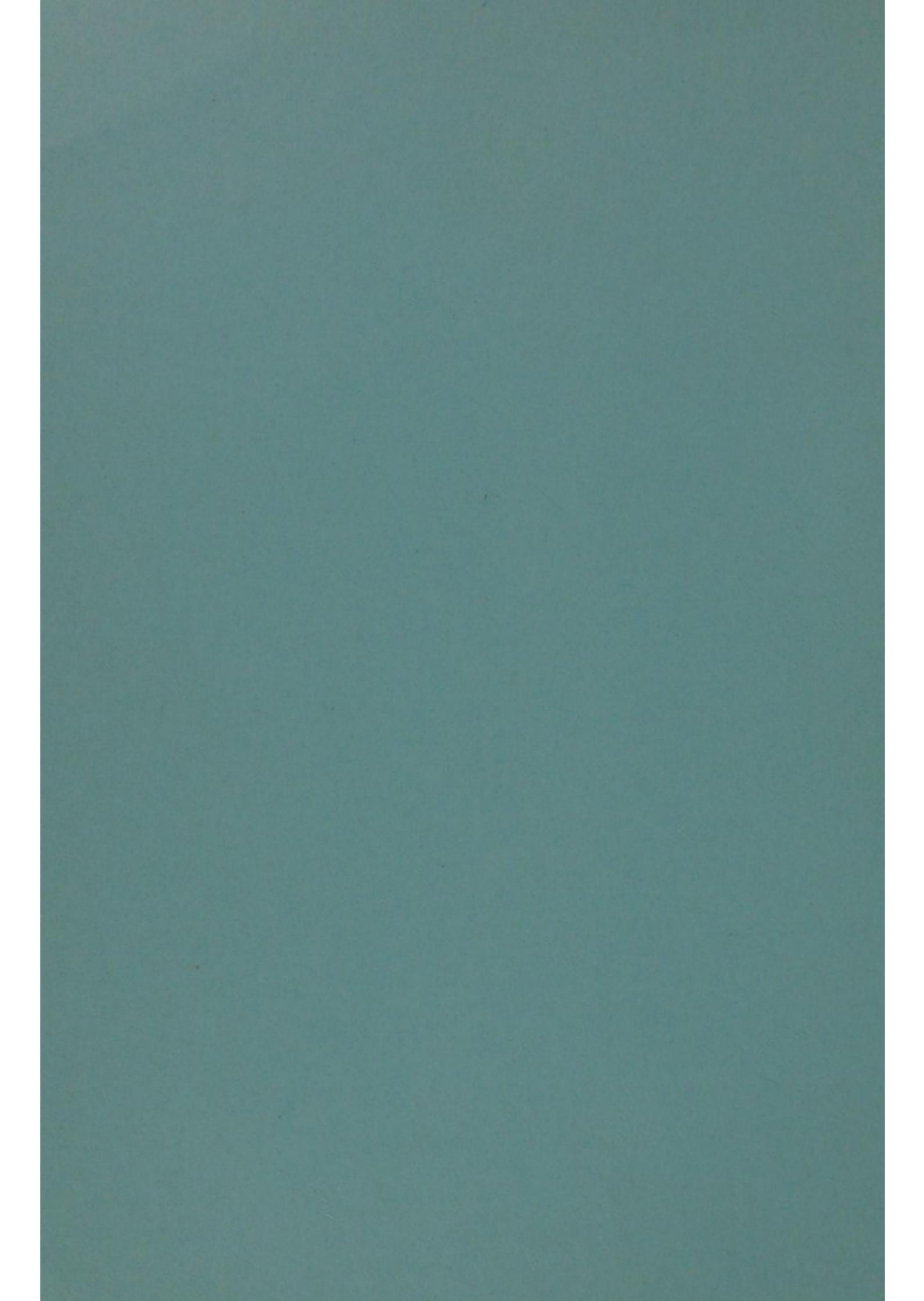


REPORT

ON THE

Health of the County Borough of Belfast for the Year 1968

Dr. JAMES McA. TAGGART
Medical Officer of Health





REPORT

ON THE

Health of the County Borough of Belfast

FOR THE YEAR 1968

Dr. JAMES McA. TAGGART

Medical Officer of Health



REPORT

ON THE

Health of the County Borough of Belfast

FOR THE YEAR 1968

BY JAMES H. FAHNEY

Medical Officer of Health

Health Committee

1968

Chairman:

Councillor JOHN SAMUEL ROLSTON HARCOURT

Deputy Chairman:

Councillor CAPTAIN WALTER SHANNON, J.P.

Aldermen:

WILLIAM BOUCHER, J.P.

WILLIAM ROBINSON BOYD

Councillors:

JOHN SAMUEL ROLSTON HARCOURT

Miss IRENE MARGARET ELIZABETH McALERY

HUGH ROBERT BROWN, M.Com.Sc.

JOHN WESLEY CAMPBELL

JOHN WILLIAM KENNEDY, O.B.E., J.P., M.P.

JOHN GERARD O'HARE

JOHN GIBSON ARMSTRONG

WILLIAM CHRISTIE, J.P.

THOMAS FITZPATRICK

NATHAN JOSEPH, J.P. (died 7th Jan., 1969)

JOHN LAVELLE

FRANCIS WILLS WATSON, O.B.E., M.C., J.P.

HEALTH DEPARTMENT
STAFF AS AT 1st JULY, 1968

Medical Officer of Health and Port Medical Officer:—
J. McA. Taggart, M.B., B.Ch., D.P.H., D.P.A., F.R.S.H.
Deputy Medical Officer of Health and Deputy Port Medical Officer:—
W. J. McLeod, M.D., D.P.H., D.P.A., Ph.C.

HEADQUARTERS:—

Administrative Officer:— S. N. Smith, B.Com.Sc.

Administrative Branch:—

3 Receptionist/Operators.

Accounts Branch:—

1 Executive Officer; 1 Senior Clerical Officer, 2 Clerical Officers, 1 Clerical Assistant.

Stores Branch:—

1 Executive Assistant; 3 Clerical Assistants; 1 Storekeeper; 2 Storemen.

Registration Branch:—

Superintendent Registrar of Births, Deaths and Marriages — T. S. McMonagle.
1 Deputy Supt. Registrar; 8 Registrars; 3 Deputy Registrars; 2 Typists.

Typing Branch:—

1 Supervisor of Typists; 6 Shorthand Typists; 1 Copy Typist.

ENVIRONMENTAL HEALTH DIVISION:—

Senior Medical Officer—vacant.

Administrative Assistant—G. H. Davis, E.R.D.

Infectious Diseases Branch:—

Medical Officer—J. A. Gilmore, M.B., D.P.H.

1 Executive Assistant; 1 Clerical Officer; 6 Clerical Assistants.

Sanitary Branch:—

Chief Public Health Inspector	—W. Jenkins.
Senior Food Inspector	—R. J. Coulter
Senior Pests and Disinfecting Officer	—T. Taylor
Senior Inspector of Factories and Shops	—P. J. McMahon
Senior Smoke Officer	—C. Ellison.
Senior Port Public Health Inspector	—W. A. McBride
Senior Housing Inspector	—A. Bunting
Divisional Public Health Inspector, South	—R. J. Maguire
Divisional Public Health Inspector, West	—J. G. Butler
Divisional Public Health Inspector, East	—T. F. Mills
Divisional Public Health Inspector, North	—J. Thompson

6 Food and Drugs Inspectors; 2 Port Public Health Inspectors; 4 Factory and Shops Inspectors; 2 Smoke Inspectors; 2 Housing Inspectors; 20 Public Health Inspectors; 5 Pests Officers; 14 Pupil Public Health Inspectors.

1 Executive Officer; 2 Executive Assistants; 1 Senior Clerical Officer; 5 Clerical Officers; 8 Clerical Assistants; 1 Notice Server; 4 Drivers; 1 Attendant (Disinfecting Station); 1 Labourer.

Meat Inspection Branch:—

City Veterinarian—J. F. Gracey, Ph.D., B.Agr., M.R.C.V.S., D.V.S.M.

Asst. City Veterinarian—W. T. Morrow, B.V.M.S., M.R.C.V.S.

Senior Meat Inspector—S. J. C. Boyd.

5 Meat Inspectors; 1 Clerical Assistant; 1 Copy Typist.

COMMUNITY HEALTH DIVISION:—

- Senior Medical Officer — K. M. Corbett, M.D., B.Sc., D.P.H., D.C.H.
 Clinic Medical Officer — M. S. Lyons, M.B., D.R.C.O.G.
 18 Part-time Medical Officers
 Chief Nursing Officer — Vacant
 Deputy Superintendent Nursing Officer — Miss J. Stirling, S.R.N., S.C.M., H.V.Cert.
 Superintendent of District Nurses — Miss H. A. Harris, S.R.N., S.C.M., H.V.Cert., Q.N.
 Supervisor of Midwives — Mrs. M. A. Whinnery, S.R.N., R.S.C.N., S.C.M.
 Area Superintendent Health Visitors — Miss K. Smyth, S.R.N., S.C.M., H.V.Cert., T.A.Cert.
 — Miss D. E. McFarland, S.R.N., S.C.M., H.V.Cert.
 First Assistant Superintendent of District Nurses:—
 Miss M. L. Lester, S.R.N., S.C.M., H.V. Cert., Q.N.
 55 Health Visitors; 14 Trainee Health Visitors; 58 District Nurses; 4 Student District Nurses; 3 Staff Nurses; 5 Enrolled Nurses; 5 Part-time Nurses; 2 Senior Midwives; 20 Midwives; 7 Part-time Midwives.
 Chiropodists : 6 full-time, 5 part-time.
 Administrative Assistant — A. Watson, A.C.I.S.
 2 Executive Assistants; 2 Clerical Officers; 1 Shorthand Typist; 3 Copy Typists; 14 Clerical Assistants; 14 Clinic Clerks (part-time); 1 Cook-Housekeeper; 4 Clinic Caretakers.

SCHOOL HEALTH DIVISION:—

- Senior Medical Officer — A. L. Walby, M.B., D.P.H.
 Clinic Medical Officers:— A. D. Campbell, M.B., D.P.H.
 E. A. M. McMordie, M.B., D.P.H.
 P. S. Kerr, M.B., D.P.H.
 K. McKee, M.D., D.P.H., D.C.H.
 Medical Officers: — E. E. Mercer, M.B., D.P.H.
 D. B. Keith, M.B., D.P.H.
 S. G. Gordon, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H., D.T.M.H.
 F. L. O'Rourke, M.B., D.P.H. (seconded)
 D. C. Oswald, M.B., D.P.H.
 R. M. Meyers, M.B., D.P.H.
 4 Part-time Medical Officers
 Chief Dental Officer: — S. R. Sheane, L.D.S.
 Clinic Dental Officers: — T. S. Brannigan, L.D.S.
 H. C. Thornberry, L.D.S.
 P. J. R. Griffith, M.B., L.D.S.
 J. R. Faulkner, L.D.S.
 Dental Officers: — W. J. Hutchinson, L.D.S.
 W. J. C. Davidson, L.D.S.
 Mrs. D. Bolton, L.D.S.
 J. A. Gow, L.D.S.
 C. A. Fetherston, L.D.S.
 W. M. Thomas, B.D.S.

3 Part-time Medical Officers (Anaesthetists); 7 Part-time Dental Officers.

4 Senior School Nurses; 23 Health Visitors; 1 Trainee Health Visitor; 5 Clinic Nurses; 1 Speech Therapist; 4 Speech Therapists (part-time); 2 Physiotherapists; 1 Chief Dental Clerk; 3 Senior Dental Surgery Assistants; 24 Dental Surgery Assistants.

Executive Officer — W. W. Magowan, J.P.

1 Executive Assistant; 1 Clerical Officer; 4 Shorthand Typists; 3 Typists; 4 Senior Clerical Assistants; 8 Clerical Assistants; 2 Clinic Caretakers; 1 Clinic Attendant.

CITY AND COUNTY BOROUGH OF BELFAST

SUMMARY OF STATISTICS, 1968

LATITUDE 54° 35" N.: LONGITUDE 5° 55" W.

AREA (Census 1966: excluding 2,237 acres tidal and inland water): 15,815 acres (24.7 sq. miles)

POPULATION (Estimate of Registrar-General, 30th June, 1967: } 390,700
(Census, October 1966 — 398,405) } (Males 183,900)
(Females 206,800)

POPULATION per acre: 25; per square mile: 15,859.

INHABITED BUILDINGS (Census 1966): 115,435.

RATEABLE VALUATION (1968/69) £5,408,447.

PRODUCT OF A PENNY RATE (1968/69): £21,620.

MARRIAGES: 3,545; MARRIAGE RATE: 9.1

	1968	1967	Average 1958/67
Live Births (M. 3,998; F. 3,632) ..	7,630	7,997	8,512
Rate	19.5	20.1	20.5
Still Births (M. 76; F. 84)	160	156	196
Rate (per 1,000 total births)	21	19	22.5
Illegitimate live births (M. 217; F. 169) ..	386	352	252
Per cent of live births	5.1	4.4	3.0
Deaths (M. 2,340; F. 2,471)	4,811	4,345	4,791
Rate	12.3	10.9	11.5
Infant Deaths (M. 142; F. 92)	234	226	255
Rate (per 1,000 live births)	31	28	30
Neo-natal Deaths (M. 93; F. 48)	141	138	167
Rate (per 1,000 live births)	18	17	19.6
Peri-natal Deaths (M. 158; F. 120)	268	275	342
Rate (per 1,000 total births)	36	34	39.4
Maternal Deaths	1	1	3
Rate (per 1,000 total births)	0.1	0.1	0.3

	Deaths	Death Rate
Measles	1	0.0
Diphtheria	Nil	—
Whooping Cough	2	0.0
Poliomyelitis	Nil	—
Influenza	18	0.05
Tuberculosis (respiratory)	24	0.06
Tuberculosis (other forms)	4	0.01

To: **The Right Honourable The Lord Mayor, Aldermen and Councillors of the Belfast County Borough Council acting as the Belfast Health Authority and the Belfast Port Health Authority.**

My Lord Mayor, Ladies and Gentlemen,

I have pleasure in presenting my report on the work of the Health Department and the health of the City for the year 1968.

Population:

The Registrar-General estimates the population in June, 1968 as 390,700 (males 183,900; females 206,800) a reduction of 7,800 compared with 1967. The population figure at the October 1966 census was 398,405.

Births and Deaths:

There was a reduction in the number of live births registered - 7,630 (males 3,998; females 3,632) giving a birth rate of 19.5 as compared with 7,997 (birth rate 20.1) in 1967. Infant mortality showed an increase, the rate being 31 per 1,000 live births. Deaths occurring during the first month of life numbered 141 giving a neo-natal rate of 18. The peri-natal rate (stillbirths and deaths during the first week) was 36.

The total number of notified births occurring in Belfast institutions was 10,042 as against 10,119 in 1967. The number of domiciliary confinements attended by midwives during the year dropped to 526 (808 in 1967) but the changing pattern of midwifery is evidenced by the facts that 6,190 mothers were attended by midwives following discharge from hospital (5,146 in 1967). The high proportion of confinements now taking place in hospitals and in general practitioner maternity units is to some extent made possible by the earlier discharge of mothers and babies to their own homes. In these cases there is close liaison between hospital and local health authority staff to ensure that the patient's home conditions are suitable for early discharge and that continuity of care for mother and baby is immediately available.

Maternal Mortality:

During the year there was one death attributable to pregnancy and childbirth.

Tuberculosis:

Deaths from all forms of tuberculosis, 28 (24 respiratory), showed a slight increase of 2 from the figure for 1967. Although there has been an encouraging drop in the incidence of this disease in recent years (137 new cases were notified in 1968) active tuberculosis is still abroad in the community and active steps must still continue to be taken to eradicate it completely. Close liaison between our four health visitors who are engaged exclusively on this work and chest physicians ensures prompt surveillance of active cases and their family contacts.

Cancer:

Deaths from all forms of cancer, which is the second most important cause of death, numbered 920 as against 796 in 1967. Cancer of the lung and respiratory system caused 227 deaths (15 more than in 1967), mostly among men in their middle years. The impact of mortality of the breadwinner does not end at death. It creates lasting social upheaval through the bereavement of his dependants. The most important causes of death in middle aged men are coronary heart disease and lung cancer. There is tremendous scope for improvement through research into the cause of these diseases, but of all the major underlying causes of morbidity and mortality in middle age the one that predominates is cigarette smoking. It has been estimated that in 1966 in Great Britain over 50,000 deaths at all ages from lung cancer, bronchitis and heart disease could be fairly attributed to cigarette smoking. Considering also the vast amount of disability associated with these diseases, a reduction in cigarette smoking would bring about a considerable improvement in the health of the nation. However, the changing of a habit formed over a lifetime and the development of new attitudes will necessarily be a long and uphill task for those engaged in the field of health education. Perhaps the most fruitful field will lie in the promotion of healthy patterns of behaviour of the young and this battle must be engaged by parents, teachers and health workers in all realms of health education. The benefits of this exercise will only become apparent in the long term but, if realized, the children of today will enjoy a much healthier middle age than that of their parents.

Infectious Disease:

With the exception of gastro-enteritis and infective hepatitis both of which showed an increased incidence there was no undue prevalence of serious infectious disease throughout the year. Six cases

of poliomyelitis were notified; three were of the paralytic type, Type 1 virus being isolated from these and from a number of non-paralytic infections. None of the paralytic cases had been fully immunised.

Co-operation with Hospital and General Practitioner Services:

The close links between the health committee and hospital services in the fields of child health, mental health, venereal diseases, tuberculosis and geriatrics were strengthened further throughout the year. This is especially important in view of the possible reorganisation of the health services in the future. In hospital clinics and out-patient departments our health visitors now work in close association with consultants and other medical workers. The value of this arrangement is seen to good advantage in the after-care service when continuity of care of the patient is ensured when he is discharged from hospital. One health visitor specially trained in venereal diseases health education and social work attends at the Venereal Diseases Department of the Royal Victoria and Ulster Hospitals to assist consultants on the social aspects and "follow-up" of patients in the community.

Attachment of health visitors to family doctor practices has been again extended throughout the year and further co-operation on these lines is under way with an increase in the number of whole-time attachments. Attachment of district nurses to group practices has also commenced and this arrangement will be further developed as more staff become available. There is no doubt that many family doctors now appreciate the value of having fully trained health visitors, midwives and district nursing staff to assist them in the day to day care of their patients. Working closely with the family doctor, health visitors can also exercise great influence in the field of preventive and social medicine in which they are highly trained.

Health Education:

A large part of the time of health department staff is spent on health education work. This is especially so in the case of health visitors in the Community and School Health Services. This work has expanded considerably in recent years, e.g., group teaching at clinics covering such subjects as mothercraft, nutrition, food hygiene, prevention of accidents, care of the aged, foot care, personal hygiene, dental care, etc. There has also been a considerable increase in the number of health education programmes undertaken, including evening classes for mothers based on our four main clinic centres. Lectures, discussions and demonstrations have been conducted by our health visitors, making much use of visual aids, films, filmstrips, tape recordings, etc. School health visitors are now engaging in scheduled programmes of health education in seventeen city schools, working in close association with domestic science and biology teachers.

Health department staff are also much involved in the training programmes of public health inspectors, health visitors, pupil midwives, home nurses, medical students, welfare students and doctors studying for the Diploma in Public Health. In addition, faculties of Queen's University often use the resources of the department in research programmes and in individual investigations by students into problems of health, housing, environment, statistical analysis, etc.

Cervical Cytology and Cancer Education:

Four cervical cytology sessions continued at three centres throughout the year. At these centres women have an opportunity to discuss all aspects of cancer prevention with women doctors and health visitors. In addition to taking the cervical smear for the early detection of cancer of the cervix a full gynaecological examination is carried out with breast examination and urine testing. Women are instructed in the early detection of cancer symptoms and any abnormalities detected on examination are referred to the family doctor. During the year 2,027 women were examined, 3 positive smears and 3 early breast cancers were detected and 1,822 women with other abnormalities were referred for appropriate treatment to family doctors. Cancer of the breast is the most common form of cancer in women being responsible for 85 deaths in Belfast in 1968.

Family Planning:

During the year in response to a request from the Ministry of Health and Social Services the committee agreed to assume responsibility for the provision of Family Planning Services. In the first instance it was agreed that the Northern Ireland Family Planning Association should conduct clinics and provide for appropriate advice and treatment in local health authority premises acting as agents for the health committee. Two clinic sessions were held weekly by the Family Planning Association and a further two sessions weekly conducted by health committee staff will be commenced at an early date. In addition, the committee contributes to the cost of a Family Planning clinic at the Royal Maternity Hospital where more specialised treatment is provided and a similar arrangement will apply at the Ulster Hospital during the coming year. At all clinics advice is given on the use of the "rhythm method" of family planning to those who prefer to use this method.

There can be no doubt that a generally available and efficient family planning service promotes stable family life and helps to relieve financial burdens falling on other services through the physical and mental ill-health arising from lack of advice and knowledge of this subject.

General Sanitary Services:

The sanitary staff under the Chief Public Health Inspector continued their wide range of duties described in detail in the body of the report. In common with other health departments in the United Kingdom the shortage of public health inspectors continues to hamper the work of the various sections. This is especially so in the case of the Food and Drugs Section where frequent inspection of premises where food is manufactured, stored, prepared or sold is essential if high standards of hygiene are to be maintained. It is intended to increase the numbers of officers engaged on this work as soon as more trained staff become available and to include a greater content of positive health education and instruction in the day to day work of these officers.

Port Health:

On the recommendation of the Association of Sea and Airport Health Authorities, I was awarded a travelling fellowship by the Wolfson Foundation to enable me to visit India in January-February, 1968, to study infectious diseases, especially smallpox. Arrangements for the programme of visits were made with the Medical Adviser to the High Commissioner of India in London. When in India I saw many cases of smallpox of different types and in different stages of development. In addition I was able to study cases of other infectious diseases such as Diphtheria, Typhoid, Rabies, Tetanus, Cholera, Leprosy, etc., which although rare in the United Kingdom are nevertheless potentially dangerous in immigrants arriving in this country. The itinerary included visits to hospitals and institutions in Bombay, Madras, Calcutta and Delhi, and in addition I visited port medical officers in the major seaports. My visit to the Port of Bombay was of particular interest and I was much impressed there by the work being done in connection with the health and welfare of seamen and their families and also the strict health checks imposed on outward bound passengers, in particular on Moslem pilgrims bound for Mecca. In Delhi I was privileged to take part in a conference of medical officers from all over India discussing the Smallpox Eradication Programme. I also had a most useful meeting there with the Assistant Director General (International Health) who is in charge of Sea and Airport Health Services throughout India. With such a wealth of clinical cases of smallpox and other infectious diseases in all the areas visited the experience gained was of the greatest possible value and I would like to thank the members of the Health Committee for kindly granting me leave of absence to take full advantage of this Fellowship.

This report contains statistical information as required by the Ministry of Health and Social Services and the officers in charge of each section give a detailed account of the various duties carried out by each division.

I would like to thank the Chairman and Members of the Health Committee for their consideration and support in furthering the cause of health in the City, the Town Clerk, the heads and other officers of Corporation Departments with whom my work is closely associated and finally the members of staff of the Health Department for their conscientious service and for their loyalty, co-operation and support throughout the year.

I have the honour to be

My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

J. McA. TAGGART,

Medical Officer of Health and Port Medical Officer.

CAUSES OF DEATH AT DIFFERENT AGE PERIODS, 1968

TABLE 1

Abbreviated List Nos. *	Causes of Death	Total Deaths	MALES											FEMALES													
			All Ages	AGED						Total Under 1 year	All Ages	AGED						Total Under 1 year									
				75 & over	65-74	45-64	25-44	15-24	5-14			1-4	75 & over	65-74	45-64	25-44	15-24		5-14	1-4							
	All Causes	4,811	2,340	93	36	13	142	17	10	17	90	671	706	687	2,471	48	33	11	92	14	10	6	72	451	649	1,177	
B1	Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B2	Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B3	Bacillary dysentery and Amebiasis	2	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B4	Enteritis and Other Diarrhoeal Diseases	13	8	—	5	2	7	1	—	—	—	—	—	—	—	—	—	—	3	1	—	—	—	—	—	—	—
B5	Tuberculosis of Respiratory System	24	16	—	—	—	—	—	—	1	8	7	7	—	—	—	—	—	—	—	—	1	1	—	—	—	—
B6	Other Tuberculosis	4	2	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B7	Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B8	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B9	Whooping Cough	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B10	Streptococcal Sore Throat and Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B11	Meningococcal Infection	3	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B12	Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B13	Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B14	Measles	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B15	Typhus and Other Rickettsioses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B16	Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B17	Syphilis and its sequelae	7	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B18	Other Infective and Parasitic Diseases	21	10	1	1	—	1	1	—	1	15	206	172	108	415	—	—	—	—	1	1	1	3	2	3	2	—
B19 a-f	Cancer	920	505	—	—	—	1	—	—	2	15	2	1	1	11	—	—	—	—	—	—	25	128	129	130	130	
B19 g	Hodgkin's Disease and Leukaemia	26	9	—	—	—	—	—	1	—	—	4	4	—	17	—	—	—	1	—	—	2	5	5	4	—	
B20	Benign and Unspecified Neoplasms	11	7	—	—	—	—	—	—	1	—	4	2	4	4	—	—	—	—	—	—	—	—	—	—	—	
B21	Diabetes Mellitus	36	11	—	—	—	—	—	—	2	4	4	1	4	25	—	—	—	—	—	—	1	5	8	11	—	
B22	Avitaminoses and Other Nutritional Deficiency	5	2	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	
B23	Anaemias	22	6	—	—	—	—	—	—	—	—	2	1	3	3	—	—	—	—	—	—	—	—	—	—	—	
B24	Meningitis	5	2	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	
B25	Active Rheumatic Heart Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

Number of deaths, death rates and percentages of total deaths by age groups

TABLE 2

Age Group (Years)	Deaths			Rate per 1,000 of population of age group (based on 1966 Census figures)	Percentage of total deaths
	Male	Female	Total		1968
Under 1 year	142	92	234	29.4	4.9
1-4	17	14	31	1.0	0.6
5-14	10	10	20	0.3	0.4
15-24	17	6	23	0.3	0.5
25-44	90	72	162	1.9	3.4
45-64	671	451	1,122	12.1	23.3
65-74	706	649	1,355	43.9	28.2
75 and over	687	1,177	1,864	126.1	38.7

Principal causes of death in order of importance

TABLE 3

1.	Heart disease	1,205
2.	Cancer	920
3.	Vascular lesions affecting the central nervous system	722
4.	Bronchitis	331
5.	Pneumonia	237
6.	Violent and accidental deaths	166
7.	Chronic rheumatic heart disease	90
8.	Hypertension	71
9.	Congenital anomalies	65

Comparative Statistics for Counties and County Boroughs

TABLE 4

Area	Rate per 1,000 population				Rate per 1,000 births		Still-birth rate per 1,000 total births	Accidental deaths
	Marriage	Birth	Death	Death rate from tuber- culosis	Infant mortality (1,000 live)	Maternal mortality (1,000 total)		
Northern Ireland	7.5	22.1	10.6	0.04	24	0.27	16	520
Belfast C.B.	9.1	19.5	12.3	0.07	31	0.13	21	123
Londonderry C.B.	8.5	27.1	9.9	0.02	30	0.07	15	20
Co. Antrim	7.0	23.5	8.9	0.02	21	0.13	14	99
Co. Armagh	6.7	23.5	10.2	0.02	18	0	13	47
Co. Down	6.8	20.2	10.6	0.04	22	0.66	17	114
Co. Fermanagh	6.4	20.2	12.9	0.06	25	1.0	12	22
Co. Londonderry	6.5	25.5	9.3	0.02	22	0.32	13	40
Co. Tyrone	7.1	24.2	10.8	0.01	25	0	16	55

Trend of mortality from certain principal causes of death from 1910

TABLE 5

Year	Heart disease (B26, 27A, 28, 29)		Cancer		Respiratory tuberculosis		Bronchitis, Influenza and Pneumonia	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
1910	—	—	—	—	825	2.1	1,538	3.9
1915	—	—	—	—	813	2.0	1,667	4.1
1920	—	—	—	—	762	1.8	1,566	3.8
1925	—	—	—	—	575	1.3	1,163	2.7
1930	852	2.0	466	1.12	346	1.0	839	2.0
1935	935	2.0	463	0.99	389	0.89	1,042	2.23
1940	1,387	3.1	576	1.29	412	0.93	1,001	2.25
1945	1,130	2.59	664	1.52	326	0.75	533	1.22
1950	1,500	3.33	717	1.59	225	0.5	565	1.26
1955	1,365	3.0	741	1.6	76	0.17	597	1.3
1956	1,297	2.9	840	1.89	74	0.16	471	1.06
1957	1,383	3.14	844	1.9	60	0.13	592	1.34
1958	1,493	3.42	822	1.88	56	0.13	549	1.25
1959	1,443	3.33	802	1.85	62	0.16	657	1.51
1960	1,476	3.4	793	1.84	28	0.07	546	1.25
1961	1,425	3.4	763	1.83	35	0.08	876	2.1
1962	1,428	3.45	777	1.87	39	0.09	520	1.25
1963	1,616	3.92	788	1.91	52	0.13	672	1.63
1964	1,433	3.5	794	1.94	34	0.08	580	1.41
1965	1,495	3.67	810	1.99	27	0.07	633	1.55
1966	1,442	3.58	844	2.09	22	0.05	900	2.24
1967	1,431	3.84	796	1.99	22	0.06	512	1.28
1968	1,540	3.94	920	2.35	24	0.06	586	1.5

— Signifies information not available

Comparative Statistics: Belfast, Northern Ireland, England and Wales,
Scotland and Irish Republic, 1968

TABLE 6

	Belfast	Northern Ireland	England and Wales	Scotland	Irish Republic
1. Rates per 1,000 population:					
Marriage	9.1	7.5	8.4	8.4	6.4
Birth	19.5	22.1	16.8	18.2	20.9
Death	12.3	10.6	11.8	12.1	11.3
2. Death rate per 1,000 births:					
Maternal	0.1	0.3	0.24	0.1	0.3
Infant	31	24	18.3	21	21
3. Death rates per 100,000 population:					
Tuberculosis	7.1	3.9	4.1	5.3	9.9
Cancer	235	165	221	240	181
Heart diseases (B26, 27A, 28, 29)	394	380	384	413	356
Coronary disease (B28)	300	282	285	330	246
Diphtheria	Nil	Nil	0.0	0.04	Nil
4. Still-birth rate per 1,000 total births	21	16	14	15	—

Population, births, birth rate per 1,000, deaths, death rate per 1,000 and natural increase from 1890

TABLE 7

Year	Population	Births		Deaths		Natural increase
		Number	Rate	Number	Rate	
1890	232,222	8,250	35.5	6,861	29.5	1,389
1895	295,000	9,772	33.1	7,168	24.3	2,604
1900	359,000	11,192	31.2	7,642	21.3	3,550
1905	360,000	11,395	31.8	7,178	20.0	4,217
1910	391,167	10,888	27.8	7,284	18.6	3,604
1915	403,000	10,196	25.3	7,220	17.9	2,976
1920	413,000	12,144	29.4	7,234	17.5	4,910
1925	438,000	10,234	23.4	6,131	14.0	4,103
1930	415,151	9,558	22.7	5,451	12.9	4,107
1935	415,151	8,848	21.3	6,238	15.0	2,610
1940	444,500	8,704	19.6	6,583	14.8	2,121
1945	435,900	9,853	22.6	5,069	11.6	4,784
1950	450,000	8,834	19.6	5,082	11.3	3,752
1955	453,900	8,100	17.8	4,752	10.5	3,348
1956	444,800	8,212	18.5	4,632	10.4	3,580
1957	440,100	8,459	19.2	4,899	11.1	3,560
1958	436,200	8,263	18.9	4,818	11.0	3,445
1959	433,800	8,365	19.3	4,821	11.1	3,544
1960	433,900	8,736	20.1	4,737	10.9	3,999
1961	416,500	8,806	21.1	4,989	12.0	3,817
1962	413,900	8,636	20.9	4,594	11.1	4,042
1963	412,000	8,839	21.5	5,046	12.2	3,793
1964	410,300	8,719	21.3	4,717	11.5	4,002
1965	406,800	8,447	20.8	4,745	11.7	3,702
1966	402,900	8,316	20.6	5,083	12.6	3,233
1967	398,500	7,997	20.1	4,345	10.9	3,652
1968	390,700	7,630	19.5	4,811	12.3	2,819

TABLE 8

Detailed List Nos.	Sites	Males	Females
Buccal Cavity and Pharynx			
140	Lip	—	1
141	Tongue	1	2
142	Salivary gland	1	1
143	Gum	—	—
144-145	Mouth	1	2
146-149	Pharynx	3	7
Digestive Organs and Peritoneum			
150	Oesophagus	17	9
151	Stomach	62	49
152-153	Intestines	46	59
154	Rectum	20	19
155-156	Biliary Passages and liver	5	9
157	Pancreas	26	19
158	Peritoneum	—	3
159	Other digestive organs	2	—
Respiratory System			
160	Nose, nasal cavities, etc.	—	—
161	Larynx	2	1
162	Trachea, bronchus and lungs	196	27
163	Other respiratory organs	1	—
Bone, Connective Tissue, Skin and Breast			
170	Bone	1	3
171	Connective and other soft tissue	4	—
172-173	Skin	5	12
174	Breast	1	85
Genito-Urinary Organs			
180-182	Uterus	—	30
183	Ovary, Fallopian tube and broad ligament	—	21
184	Other female genital organs	—	6
185	Prostate	31	—
186	Testis	—	—
187	Other male genital organs	—	—
188	Bladder	16	10
189	Other urinary organs	10	5
Other and Unspecified Sites			
190	Eye	1	—
191	Brain	9	4
192	Other parts of nervous system	3	1
193	Thyroid gland	2	3
194	Other endocrine glands	1	—
195-199	Other Sites	23	18
200, 202, 203, 208, 209	Neoplasms of lymphatic and haematopoietic tissues (exclusive of Hodgkin's Disease, and leukaemia, etc.) (201, 204-207)	15	9
Total		505	415

Deaths from certain communicable diseases from 1890

TABLE 9

Year	Meningo-coccal infections	Diphtheria	Dysentery	*Gastro-Enteritis	Measles	Polio-myelitis	Scarlet fever	Typhoid fever	Whooping cough	Influenza
1890	—	37	—	247	378	—	41	177	292	—
1895	—	34	—	325	197	—	88	184	109	—
1900	—	54	—	241	42	—	14	261	115	—
1905	—	32	—	295	227	—	35	128	24	—
1910	3	27	—	241	504	—	18	18	259	—
1915	39	27	—	240	177	0	107	10	134	—
1920	4	45	1	223	132	0	94	34	84	243
1925	0	38	0	203	167	0	49	18	99	84
1930	—	22	0	116	6	—	7	2	65	38
1935	0	55	0	249	251	2	37	11	22	65
1940	22	85	0	316	150	1	10	1	54	161
1945	2	7	1	188	10	4	2	1	26	16
1950	5	3	0	37*	5	11	2	1	16	32
1955	5	0	3	31	2	0	0	0	10	34
1956	10	0	1	8	0	1	0	0	6	27
1957	0	0	0	12	2	2	0	0	1	63
1958	1	0	1	13	0	0	0	0	5	13
1959	3	0	3	12	1	0	0	0	7	40
1960	0	0	2	10	0	1	0	0	0	8
1961	0	0	0	13	2	3	0	0	0	124
1962	2	0	1	16	0	0	0	0	3	16
1963	1	0	0	5	0	1	0	0	0	20
1964	1	0	0	12	0	1	0	0	1	5
1965	2	0	0	7	2	0	0	0	0	4
1966	2	0	0	19	1	0	0	0	1	106
1967	2	0	2	3	2	0	0	0	4	8
1968	3	0	2	13	1	0	0	0	2	18
Average Annual Deaths 1958-67	1.4	0	0.9	11.0	0.8	0.6	0	0	2.1	34.4

* From 1950 onwards, deaths of those under 2 years of age only.

Notifications of certain communicable diseases from 1900

TABLE 10

Year	Diphtheria	Dysentery	Food poisoning	Gastro-enteritis	Infective hepatitis	Measles	Polio-myelitis	Puer-peral pyrexia*	Scarlet fever	Ty-phoid fever	Whooping cough
1900	407	—	—	—	—	—	—	44	658	1,777	—
1905	234	—	—	—	—	—	—	19	650	631	—
1910	238	—	—	—	—	—	—	16	734	95	—
1915	179	—	—	—	—	—	1	6	1,994	49	—
1920	300	—	—	—	—	—	1	48	1,939	210	—
1925	423	—	—	—	—	—	0	5	1,657	143	—
1930	118	—	—	—	—	—	9	20	1,132	32	—
1935	1,201	—	—	—	—	6,203	22	31	3,394	117	337
1940	1,165	—	—	—	—	5,062	2	9	1,266	17	701
1945	213	—	—	—	—	1,702	20	1	768	14	603
1950	45	35	55	377	28	4,209	109	4	1,668	5	1,078
1955	0	401	29	689	65	4,328	1	46	791	23	1,460
1956	0	198	31	412	166	1,797	9	37	540	8	790
1957	0	269	18	410	112	4,109	141	50	492	4	119
1958	0	310	24	430	83	280	11	29	384	2	1,132
1959	0	278	27	450	179	4,731	11	18	506	10	721
1960	0	276	58	455	296	487	3	36	519	0	88
1961	0	232	40	420	132	3,976	13	23	306	0	74
1962	0	326	35	401	71	1,535	5	17	194	0	635
1963	0	199	42	324	155	2,989	0	29	193	0	95
1964	0	183	10	411	265	1,904	0	16	402	0	223
1965	0	378	10	343	224	1,678	3	11	374	2	321
1966	0	300	10	475	71	1,422	1	3	186	0	221
1967	0	134	6	602	142	2,096	0	6	276	0	135
1968	0	279	17	634	426	1,243	6	4	424	1	301
Average Annual Notification 1958-67	0	261	26	431	151	2,109	4	18	334	1	364

NOTES:—

Puerperal Pyrexia — figures up to 1951 for puerperal fever only.

Measles — up to 30th June, 1968, notifiable only as the first case occurring in a household within a period of two months.

Whooping Cough — up to 30th June, 1968, notifiable only as the first case occurring in a household within a period of three months.

— means not available or not then notifiable.

RAINFALL IN MILLIMETRES

TABLE 11

Month	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
January	64.0	95.2	111.8	93.2	46.0	51.1	137.9	84.6	113.0	149.8
February	35.6	64.3	102.4	52.3	73.9	17.0	19.0	178.1	82.3	58.1
March	73.4	64.8	35.6	51.3	91.7	98.6	116.8	121.2	72.4	98.7
April	69.1	74.4	113.3	56.6	64.5	46.5	94.0	114.3	79.8	49.4
May	49.3	55.6	99.1	56.9	85.6	57.2	82.6	87.6	107.2	79.2
June	67.1	64.8	51.8	40.4	110.2	70.9	107.4	114.0	46.2	57.4
July	110.7	134.9	47.7	57.2	76.5	42.9	88.6	48.5	91.4	61.5
August	22.1	184.9	79.2	135.1	95.3	92.7	107.4	88.4	119.4	72.0
September	38.9	71.5	110.2	154.8	62.5	105.7	81.3	94.5	142.0	126.1
October	83.3	136.7	108.7	56.9	120.9	142.5	95.0	139.4	157.0	139.3
November	87.1	128.0	70.1	105.7	187.5	88.9	148.6	129.8	119.1	108.5
December	154.2	59.9	89.7	101.6	21.8	143.5	169.2	192.3	113.5	76.3
	854.8	1135.0	1019.6	962.0	1036.4	957.5	1247.8	1392.7	1243.3	1076.3

COMMUNICABLE DISEASES

The Public Health Act (N.I.) 1967 introduced a revised list of notifiable diseases which came into operation on 1st July, 1968. This was followed by an upwards revision of the fee paid to medical practitioners. The changes produced only a few alterations in the statistical pattern of notifications.

Acute Meningitis

This new term is so vague that statistics compiled under this heading are meaningless. Up to the end of June, 9 cases of cerebrospinal fever were notified; after that date 48 cases of acute meningitis notified. The great majority of these cases were benign infections of virus origin, mainly in school children and young adults.

Gastro Enteritis

The terminology here remains unchanged but notifications reached a high total of 634. Most of these were mild intestinal upsets with complete recovery but there is still a group which can only be described as classical green diarrhoea accompanied by a fundamental disturbance of metabolism difficult to correct: these resulted in 13 deaths.

Measles

It is now 5 years since the last epidemic of measles (1963) and there is no indication that its biennial periodicity will return. The 1,243 notifications were from all parts of the city and the cases were mainly children under 5 years of age. Immunisation has not yet become a factor in the change in the epidemiology of measles.

Whooping Cough

This disease remains endemic at a low prevalence. Most cases are mild; many are not diagnosed in the absence of a typical "whoop." Still, the unfortunate infant under 1 year of age is at some risk as it is left partially unprotected by the present schedules of immunisation. There were two deaths in this age group.

Infective Hepatitis

Notifications reached a high level of 426 cases, mainly in school children and in most cases only a mild illness. The cases were scattered over the city and throughout the year, with some excess during the winter months. The epidemiology is that of an air-borne infection: there is no evidence of water or food borne spread - although this is the academic teaching, based presumably on the finding of the virus in the gut and excreta.

Food Poisoning

A total of 17 notifications included a group of 4 cases due to infected pork luncheon meat. However, food poisoning organisms were not isolated from the infected persons. Bacterial isolations were made from 9 sporadic cases: 7 were *S. typhimurim*, 1 *S. stanley* and 1 *S. dublin*. There was no common factor beyond noting that the patients were young children or over 70 years of age.

Typhoid Fever

The one notification was that of a young boy who consistently played near and had fallen into a stream which receives many sewage overflows. A case of the same phage type occurred in the same vicinity some years ago. Moore swabs placed in the stream were negative.

Poliomyelitis

Poliomyelitis infection returned to Belfast in the form of a small outbreak of 3 paralytic and 3 non-paralytic cases occurred. The paralytic cases included a boy of 4 years with extensive trunk and leg paralysis, also two girls of 6 years, one with right arm paralysis and one with right leg paralysis. None of these children were immunised. Three boys, two aged 4 years and one aged 12 years had non-paralytic attacks. Only one of these patients had been immunised. Type I virus was isolated from the 5 non-immunised patients and Type 3 virus from the immunised patient. Action taken was the administration of live triple polio vaccine to all contacts, in the home, in the adjoining houses and in schools. No cases occurred among these freshly immunised contacts.

Press Publicity

It is important to express the Department's appreciation of the co-operation of the Press in the reporting of outbreaks of infectious diseases, particularly as stress is laid on the preventive measures which can be taken. Regrettably one local newspaper published a "scandal" headline over a report that certain people has been immunised early in the autumn against influenza so that those who belatedly in the winter sought immunisation found that vaccine was not available. It is difficult to understand why the precaution of early immunisation should be referred to as "a scandal."

Immunisation

The usual facilities for immunisation against smallpox, diphtheria, whooping cough, tetanus, poliomyelitis, measles and tuberculosis were available at child health centres, at schools and by general practitioners. The revised fees for immunisation given by general practitioners, together with health visitor attachment to group practices, has resulted in a greater proportion of immunisations being performed by general practitioners.

The occurrence of cases of poliomyelitis in the city was followed by the usual great rush for immunisation. Parents had been warned by circulars and by word of mouth that outbreaks would occur if immunisation was neglected but many parents will not take action until cases of paralytic poliomyelitis occur in children.

Measles immunisation was offered but met with a poor reception. Efforts to encourage its use were not supported by some general practitioners and paediatricians: indeed, there was some active opposition.

Medical Examinations, Parking Meter Scheme

101 disabled persons made application for parking meter exemption certificates. These applicants were examined to see if their disability affected their mobility. The great majority of these applicants had substantial handicaps: the main categories were:-

Injury to legs	24
Arthritis to leg joints	24
Poliomyelitis	15
Congenital defects	6
Circulatory defects of legs	6

From the safety aspect, one notes with concern the ages of some applicants: for example one over 80 years and five over 70 years of age: they could, however, prove to be very safe drivers.

W. J. McLEOD, M.D., D.P.H., D.P.A., Ph.C.,
Deputy Medical Officer of Health.

Smallpox Vaccination

TABLE 12

	Under 2 years	2 and under 5 years	5 and under 15 years
Primary	1,068	263	46
Revaccination	—	—	266

Immunisation against other diseases

(completed primary courses - under 19 years of age)

TABLE 13(a)

Disease	Year of Birth					Others under age 19	Total
	1968	1967	1966	1965	1961/64		
Diphtheria	263	2,691	675	190	685	173	4,677
Whooping cough	257	2,660	650	180	189	10	3,946
Tetanus	263	2,691	677	191	693	245	4,760
Polio	292	2,523	643	201	797	152	4,608

(Reinforcing doses)

TABLE 13(b)

Disease	Year of birth					Others under age 19	Total
	1968	1967	1966	1965	1961/64		
Diphtheria	2	231	260	103	3,243	816	4,655
Whooping cough	2	224	228	78	590	145	1,267
Tetanus	2	233	266	116	3,316	998	4,931
Polio	29	290	648	311	5,123	3,955	10,356

Staff Matters and Pupil Training

Four of our long-serving officers retired on superannuation during the year after many years of faithful service to the Corporation and City generally. Two were Divisional Public Health Inspectors and one of them, Mr. Fred Hill, acted as my Deputy for several years and was of great assistance and help during that time (although never officially appointed to the post). With the retirement of these four officers and the resignation of two junior officers on appointment elsewhere, we did not gain anything in numerical strength from the successes of our six final year students in passing their examinations. However, we were able to appoint two newly qualified inspectors from an adjoining County Health Authority and one previously qualified inspector. Although these three inspectors and our own successful students meant nine new appointments the Inspectorate was still twelve below establishment at the end of the year. The understrength of the Inspectorate is a great handicap with the Clean Air programme gaining momentum, the acceleration of slum clearance and redevelopment and the implementation of the new and important Office and Shop Premises Act. Again, with much pleasure, reference can be made to the high pass rate of our Northern Ireland students. A pass figure of over 90%, as against a little over 60% for the United Kingdom as a whole, with our six students maintaining the Belfast record of 100% over the past two years, is a remarkable achievement. Six new pupils were appointed to maintain a pupil strength of 14, at which rate we shall have to continue for some years before all vacancies are filled.

General

The following paragraphs serve to highlight certain matters contained in the detailed reports submitted by the various sections of the Sanitary Branch.

Slum Clearance and Redevelopment

Surveys of Areas F2, F3 and F4 were completed and the Areas officially represented and declared Redevelopment Areas during the year. These areas comprise 2,625 houses bounded by Falls Road, Grosvenor Road and Cullingtree Road. The inspectors in the Housing Section were also engaged in a survey of houses in multiple occupation in the City, which will be the subject of a special report to the appropriate committee.

Food Inspection and Food Hygiene

Although much valuable work is carried out by this Section, there is a need for constant thorough surveillance of all food premises and it is hoped to increase the number of inspectors engaged in this work as soon as more become available. Officers of the Department have been giving lectures and demonstrations to students in food hygiene courses which were organised by the Catering Industry Training Board and the City's Education Department.

Meat and Poultry Inspection

Regular inspection of poultry killed for retail sale appears to be producing results and the tables given elsewhere in the report show a reduction in the number of birds condemned as unfit for human consumption. It is believed that breeders are much more selective in the birds they send to the killing stations, because they are now subject to rigorous inspection. Close liaison is maintained with the meat inspection staff in the Abattoir and careful watch is kept for the presence of unstamped meat in the butchers' shops in order to prevent meat which has not been properly inspected being sold in the City.

Air Pollution

The No. 2 Smoke Control Order was made during the year but because of impending legal changes the date of coming into operation of the No. 1 Order was delayed until 1969. We are still keeping to our five-year programme of a new Order each year and, in addition, intend to make Orders to cover new housing developments. Increased use of approved smokeless fuels for domestic heating and in the new commercial developments, with the modernisation of industrial plant, will contribute to a cleaner atmosphere in the City.

Office and Shop Premises Act

The report required by the Ministry of Health and Social Services on the implementation of the provisions of the Act, covering the period since it came into operation on the 1st July, 1967, until

the 31st December, 1968, is included in this section of the Annual Health Report. This report is self-explanatory and sets out in detail the results of a survey of several thousand premises in the City, to ascertain the extent of compliance with the provisions of the Act. The report makes interesting reading in regard to the application of an Act which has been described as legislation of major social importance, covering provisions for the health, safety and welfare of persons employed in offices and shops. Many of the contraventions reported deal with matters for which no legislation previously existed. Our officers responsible for the enforcement of the Act have reported ready willingness on the part of employers to comply with its provisions.

Port Health

An apt description of the changing conditions in transportation of goods is that the docks area now resembles a railway goods yard. Containers are everywhere and with the new Public Health (Imported Food) Regulations permitting deferment of inspections until destination centres, all inland local authorities can become, in practice, if not in name, Port Health Authorities.

Acknowledgments

Our officers maintain excellent liaison with officers of other departments closely related to our work and we are most grateful for all the help and co-operation received, particularly from the staff of the City Surveyor, the City Architect, the City Planning Officer, the Estates Superintendent, the Town Solicitor and Belfast Water Commissioners. Advice and guidance from officers of the Ministry of Health and Social Services and much practical help from the Public Health Laboratory staff is gratefully acknowledged. Appreciation is also recorded for the help given in the compilation of this section of the Report by the senior officers of the Atmospheric Pollution, Housing, Port Health, Factories and Shops, Food and Drugs and Pests Control Sections and the clerical staff of the Sanitary Branch.

Sewerage, Sewage Disposal, Land Drainage and River Works

This information is supplied by the City Engineer and Surveyor and the extract quoted below is taken from his Annual Report for 1968 on the work of his Department. The extract refers to works in which the Health Department has an interest.

The construction of the concrete lining of the 1½ mile long 7 ft. 6 in. internal diameter high level intercepting sewer between Mervue Street and the intersection of Argyle Street and Ashmore Street has been completed. This sewer, which was constructed entirely in tunnel, will be in operation early in the New Year. Plans are in preparation for the continuation of this sewer to Falls Road near Broadway, also for the provision of sewage pumping at Glenmachan Street pumping station and a pumping main connecting the station with the extended high level intercepting sewer at Falls Road. The relaying of the Springfield Road sewer between West Circular Road and Springfield Park will be completed in the New Year.

Schemes for the culverting of the Farset River at Bombay Street, the Brianville Stream and the Ballymurphy Stream between Whiterock Road and Springfield Park have been submitted to the Ministry of Agriculture for approval as urban drainage schemes.

Work has commenced on three site investigation contracts in connection with the third section of the high level intercepting sewer, Kinnegar sewage disposal works, a new bridge over the River Lagan at Stranmillis, the development of the Balmoral industrial estate and also the Bog Meadows. Contract documents are being prepared for the second stage of the development of the Bog Meadows which includes the provision of sewers, construction of an access road to Stockman's Lane and the piping and diversion of streams. Plans have been prepared for the provision of roads and sewers, including necessary earthworks, in connection with the development of Balmoral Industrial estate on the lands of the former Malone Training School. It is expected that tenders will be invited for this scheme at an early date.

Refuse Collection and Disposal

Because of the nearness of the opening date of the new City Meat Plant concern has been expressed as to the possibility of rodent and fly infestation. Officers of the Cleansing Department are co-operating with our staff to arrange that tipping will take place at the point as far as possible from the Meat Plant during the fly breeding season. It is expected also that increased supplies of "blinding" material will reduce breeding places. Rodent control measures are carried out by our staff and the area is sprayed during the fly breeding season.

Water Supplies

Samples are collected weekly by our officers for bacteriological examination by the Public Health Laboratory Service. The aim is to cover all supplies to all areas of the City. The results of the examination are sent to the Water Commissioners who in turn send us the results of their sampling for chemical analysis and bacteriological examination. Our officers co-operate with the Commissioners in reporting burst pipes and wastes of water.

Water Samples collected by Health Department staff from consumers' taps

During the year the total number of samples taken was 303. Of this number 248 were reported as highly satisfactory and the remaining 55 samples were unsatisfactory. The results of the unsatisfactory samples were as follows:—

TABLE B 1

Coliform organisms (per 100 ml.)	Samples	Coliform organisms of faecal origin (per 100 ml.)	Samples
1 - 3	40	1 - 3	9
4 - 10	8	4 - 10	1
Greater than 10	7	Greater than 10	—

10 samples contained both faecal and non-faecal coli.

4 samples were taken for chemical analysis to determine the lead content.

Water Samples collected by the Health Department staff from consumers' taps in tenements

In all 227 samples were taken for bacteriological examination and of these 189 were reported as highly satisfactory: 38 were unsatisfactory because of the presence of coliform organisms.

Samples of water from mineral water manufacturers

111 samples of mains water were taken for bacteriological examination and of these 88 were returned as highly satisfactory. 23 were classified as unsatisfactory due to the presence of coliform organisms. 31 samples of private supplies in use for manufacturing purposes were taken and the Bacteriologist reported 26 of them as highly satisfactory. The remaining 5 were classified as unsatisfactory due to the presence of coliform organisms of faecal and non-faecal origin.

Domestic supplies from wells and springs

Of 20 samples taken only 4 were reported as satisfactory. The remaining 16 samples were shown to have coliform organisms of faecal and non-faecal origin. 11 of these samples had more than 10 organisms per 100 ml. of water.

Swimming Baths

Enclosed swimming baths

During the year the one approved school in the City was closed (the new premises are outside Belfast). There are now three enclosed pools at Royal Belfast Academical Institution, Methodist College and Fleming Fulton Special School, in addition to the four owned by the Corporation.

630 inspections were carried out and 1,012 tests made for pH and chlorine residual. In 73 instances the water was above or below the agreed standards and remedial measures were instituted. Out of a total of 262 samples taken for bacteriological examination 3 were unsatisfactory and those having control of the relevant ponds were advised of these adverse reports.

Open-air swimming ponds

The Corporation own two of these pools in the City and there are two at public schools. One of the school ponds is not in use at the moment and may not be put back into operation, as a new indoor pool has been built outside the City boundary. There were 51 inspections carried out at these pools and 68 tests for pH and chlorine residual. In 3 instances the results showed the water to be above or

below agreed standards. Of the 34 samples taken for bacteriological examinations 2 were unsatisfactory, and those responsible for the pools were informed of the unsatisfactory results.

Housing Acts (N.I.) 1890-1967

Slum Clearance and Redevelopment

During the year the Housing Section completed the survey of Area 24 which is bounded by Newtownards Road, Church Street East, Island Street and Lackagh Street. In April a sample survey was carried out of houses in multiple occupation in the City as to compliance with the provisions of the Housing Act (N.I.) 1963. The survey revealed that in a number of these houses a Management Order could be usefully applied to ensure proper conduct and maintenance. From our officers' observations it would appear that certain owners of this type of property are interested only in the amount of income derived from rents rather than in the provision of amenities and proper maintenance. Many of the tenants are problem families and our officers found it difficult to get information as to who owned the houses and what rents were being paid. It was often found that no rent book was provided and many of the tenants seemed to be in fear of their landlord because of lack of security of tenancy. The function of the Department under this Act will be to have proper facilities provided such as lighting, ventilation, water supply, washing facilities, drainage, facilities for the cooking, storage and preparation of food and proper standards of heating.

In May areas F2, F3 and F4 were represented to the Housing (Clearance and Redevelopment) Committee to be declared Redevelopment Areas. In June, following an application by the Belfast Corporation for a Vesting Order for Area C (Malvern Street area), the Ministry of Development caused a public inquiry to be held and in October, following the making of a Declaration of Unfitness Order, a public inquiry was held to deal with objections received to the making of that Order. The Public Health Inspectors were engaged in giving evidence as to the unfitness or otherwise of the houses. A survey was also carried out of Area 6 which is bounded by North Queen Street, Spamount Street, Trainfield Street and New Lodge Road and also of Area 8 which is bounded by Sussex Street, Dale Street, Earl Street and Cross Street.

Following surveys carried out by our officers, twenty-nine houses were recommended to the Housing Committee for Closing Orders to be made. These houses are usually ones which are situated outside the designated Areas and because of special social or medical circumstances Closing Orders are the only suitable means for dealing with them. During 1968 the first new dwellings inside Redevelopment Area F1 (Cullingtree Road Area) were completed and in the foreground of the twenty storey block (which was completed first) we saw the first introduction of the landscaped open space with the planting of silver birch trees. At the end of the year two blocks of medium-rise deck-access types of buildings were completed.

New Houses Completed

(i) Private	...	...	...	...	...	...	368
(ii) Corporation:							
Houses	...	...	...	...	...	...	231
Flats or maisonettes			...	...	...	...	621
Old peoples' dwellings			...	...	...	...	170
							<hr/>
					Total	...	1,390

Conversion/Improvement Schemes

Reports re standard grants	...	...	...	...	...	...	330
Reports re improvement grants			...	...	...	...	344
							<hr/>
					Total	...	674

Discretionary points system for allocation of houses on medical grounds

Applications received...	19
--------------------------	-----	-----	-----	-----	-----	-----	----

All were assessed by the Medical Officer of Health.

Individual unfit houses

Closing Orders	...	...	...	...	...	...	29
Demolition Orders	...	...	...	...	...	...	Nil

The tables below show the use made by tenants and owners of the provisions of these Acts. Where statutory nuisances are discovered at the time of inspections, notices under the Public Health Acts are served requiring their abatement.

(a) During 1968:—

Certificates and reports outstanding at 1.1.68	...	...	...	1
Applications for certificates and reports...	...	...	...	124
Certificates issued to tenants	...	...	...	69
Reports issued to landlords	...	...	...	23
Certificates refused	...	...	...	4
Reports refused	...	...	...	23
Applications for certificates and reports cancelled	...	...	...	3
Certificates and reports outstanding at 31.12.68	...	...	...	3

(b) Totals from 1st September, 1951 until 31st December, 1968:—

Applications for certificates and reports...	...	...	...	43,820
Certificates issued to tenants	...	...	...	30,249
Reports issued to landlords	...	...	...	7,515
Certificates refused	...	...	...	528
Reports refused	...	...	...	5,173
Applications for certificates and reports cancelled	...	...	...	352

Public Health Nuisances

There was an 8% increase in the number of nuisances complained of and discovered compared with the previous year. Although the Re-development programme and the demolition of the pre-fabricated bungalows has removed many potential sources of complaints, there are many houses in the 'twilight' and unfit categories still occupied and any inclement weather produces a harvest of complaints from these. The tables below show the types of nuisances complained of and discovered and the action taken by our officers to have them abated.

Nuisances complained of and discovered

TABLE B 2

Nuisance	Totals
Drains, traps, etc., foul or defective	3,102
Tiling, paving or flooring defective	1,692
Sinks defective or want of; wastepipes foul or defective	275
Water closets foul or defective; no water closet accommodation; soil or ventilation pipes defective or want of	2,681
Dustbins defective or want of	219
Roofs defective	7,225
Spouting defective or want of	5,717
Damp state	12,176
Plaster on walls or ceiling defective	2,157
Domestic water supply, want of or unsuitable	37
Lighting or ventilation insufficient or want of	415
Schools overcrowded	—
Dwelling houses overcrowded	47
Accumulation of manure and offensive matter; offensive smells; premises or passages dirty	1,536
Fowl or animal kept so as to be a nuisance	30
Schools dirty or defective	—
Miscellaneous	6,374
Total	43,683

TABLE B 3

Nuisances abated	Nuisances				Totals
	North	South	East	West	
House drains cleansed	559	474	348	713	2,094
House drains repaired and relaid	92	69	107	151	419
Houses had tiling, paving or flooring repaired	245	346	502	356	1,449
Waterclosets cleansed or repaired	494	472	589	708	2,263
Dustbins provided	23	38	39	62	162
Houses provided with new sinks	—	—	—	—	—
Houses had roofs repaired	1,333	1,425	1,732	2,039	6,529
Houses had spouting repaired	1,008	1,101	1,426	1,955	5,490
Passages cleansed	23	30	49	23	125
Houses cleansed	20	41	29	45	135
Houses had minor repairs carried out	994	1,329	1,571	1,924	5,818
Houses had miscellaneous nuisances abated	71	84	126	136	417
	4,862	5,409	6,518	8,112	24,901

Summary for 1968 in connection with defects in dwelling houses

Nuisances complained of and discovered	...	...	...	43,683
Inspections	...	...	...	80,435
Statutory notices issued	...	...	...	16,368
Sanitary improvements carried out	...	...	...	24,901
Summonses for non-compliance with notices	...	...	...	1,211
Magistrates' Abatement Orders obtained	...	...	...	230
Summonses for disobedience of Magistrates' Orders	...	...	...	42
Fines imposed	...	...	...	£662. 8.0
Costs awarded	...	...	...	£109.11.0

Memoranda to other Departments, etc., in connection with complaints

Estates Department	...	...	...	583
City Surveyor's Department...	...	...	...	1,002
Water Commissioners	...	...	...	535

Bye-Laws relating to keeping water closets supplied with sufficient water for flushing

Inspections during the year	...	...	...	1,292
Notices issued	...	...	...	600
Summonses	...	...	...	46
Fines imposed	...	...	...	£159.0.0
Costs awarded	...	...	...	£16.2.0
Continuing offences	...	...	...	Nil
Fines in respect of continuing offences	...	...	...	Nil
Costs in respect of continuing offences	...	...	...	Nil

Belfast Corporation Act 1930, Section 44 (provision of dust-bins)

Notices requiring provision of dust-bins	...	...	...	42
Summonses for non-compliance with notices	...	...	...	Nil
Dust-bins provided following complaint to the Department	...	...	...	162

Buildings used for public entertainment

The inspection of buildings used for public entertainment continued during the year, and, in addition to the tests carried out in cinemas, theatres and dance halls to check on the ventilating and heating systems, the premises were also inspected under the Food Hygiene Regulations, the Office and Shop Premises Act and the Public Health Acts for general hygiene, the welfare of the persons employed and general sanitation throughout.

Cinemas and Theatres:—

Number in the City	...	...	...	...	...	...	23
Inspections	...	...	...	...	...	...	27
Tests carried out	...	...	...	...	...	...	24
Kata thermometer readings	...	...	...	...	...	...	120

Dance Halls:—

Premises licensed for public dancing	...	...	...	...	...	...	35
Inspections	...	...	...	...	...	...	17
Tests carried out	...	...	...	...	...	...	7
Kata thermometer readings	...	...	...	...	...	...	35

Drain testing

Testing of drains by various methods is carried out when investigating complaints of rat infestations, offensive smells, seepages of liquid matter, etc., and details are given below of the number of complaints received and the types of tests carried out:—

Tests on complaints of rats	...	...	...	...	...	...	580
Tests on other complaints	...	...	...	...	...	...	270
Defects found by colour tests	...	...	...	...	...	...	35
Defects found by smoke tests	...	...	...	...	...	...	283
Defects found by water tests	...	...	...	...	...	...	—
Length in feet of drain pipes laid in relaying drains	...	...	...	...	...	...	289
Other sanitary fittings provided (gully traps, etc.)	...	...	...	...	...	...	11

School buildings

Schools and school meals kitchens are inspected as to sanitary and hygienic conditions and complaints of unsatisfactory conditions received from the School Health Service are investigated by the Public Health Inspectors. Food supplied on contract to the kitchens is subjected to periodic examination by the Food Inspectors and samples are taken for bacteriological examination and chemical analysis.

Inspections of schools, etc.	...	...	...	...	...	...	176
Complaints received from School Health Division	...	...	...	...	...	...	3
Intimation notices concerning defects sent to:—							
(a) Director of Education	...	...	...	...	...	...	9
(b) Managers of voluntary schools	...	...	...	...	...	...	4
Sanitary improvements carried out	...	...	...	...	...	...	12
Samples of contract milk taken	...	...	...	...	...	...	78

Other premises and locations

Routine inspections are carried out at the undernoted premises for the detection of public health nuisances and appropriate action is taken where necessary.

Stabling yards (28 on register at 31.12.68)							
Inspections	...	...	...	...	...	...	121
Anti-fly treatments...	...	...	...	...	...	...	141
Burial grounds							
Inspections	...	...	...	...	...	...	11
Public sanitary conveniences							
Number in City	...	...	...	...	...	...	78
Inspections	...	...	...	...	...	...	829
Offensive trades (hide merchants, etc.)							
Number in City	...	...	...	...	...	...	7
Inspections	...	...	...	...	...	...	9
Hairdressers							
Registered at 1st January, 1968	...	...	...	...	...	...	527
Registered during the year	...	...	...	...	...	...	29
Deleted during the year	...	...	...	...	...	...	23
Registered at 31st December, 1968	...	...	...	...	...	...	533
Inspections	...	...	...	...	...	...	950
Common lodging houses							
Inspections	...	...	...	...	...	...	1
Tipping grounds							
Inspections	...	...	...	...	...	...	20
Rivers and streams							
Inspections	...	...	...	...	...	...	418
Samples of water collected	...	...	...	...	...	...	126
Infectious diseases							
Visits following	...	...	...	...	...	...	1,559

ATMOSPHERIC POLLUTION

In last year's Report it was mentioned that the programme of Smoke Control Areas had been started on the West side of the City. The No. 1 Smoke Control Area - bounded by the City boundary, Ballygomartin Road, West Circular Road and Springfield - was surveyed and the Order submitted for the approval of the Ministry of Health and Social Services. As objections were received, a public inquiry was held, at which individuals and tenant associations, as well as Corporation officers, gave evidence. The Ministry ultimately approved the Order and, in March, 1968, notice was given that No. 1 Smoke Control Area would come into operation on 1st October, 1968.

The tenants of 1,483 Corporation-owned dwellings were given freedom of choice on the type of heating required. Contracts were placed through the City Architect's Department for solid fuel room heaters and the Gas and Electricity Departments carried out installations using their respective fuels. Most of the installation was carried out in the summer months so as to reduce inconvenience to householders. Most tenants and occupiers responded well to the need to change from the traditional coal fire.

As a result of the public inquiry the Ministry considered, at the request of the Belfast Health Committee, the difficult position raised by 265 new dwellings (i.e. dwellings started after 9th June,

1964) in No. 1 Smoke Control Area which would not have qualified for grant under the legislation as it stood. The date on which the No. 1 Smoke Control Order would come into operation was eventually deferred until 1st April, 1969.

It would appear, from three months' experience with their smokeless appliances, that most tenants are satisfied, but a number of complaints of lack of room heat have been made by tenants who had one particular type of solid fuel room heater installed. Tests made in conjunction with the Coal Advisory Service have shown that a defect causes the convected air to leak into the combustion chamber, thus being drawn up the chimney. This problem has been referred to the manufacturers of the appliance and it is hoped to find a remedy before the tenants lose faith in the merits of room heaters.

No. 2 Smoke Control Area, bounded by West Circular Road, Ballygomartin Road, Woodvale Road, Ainsworth Avenue and Springfield Road, comprising 1,341 acres adjoining No. 1 Smoke Control Area, has been surveyed. This area contains 1,347 dwellings (1,200 privately-owned: 147 Corporation-owned) 40 shops, 10 factories and 10 schools, churches, halls, etc. No objections were received subsequent to the making of the order and it has since been confirmed by the Ministry. It is hoped that the proposed operative date (1st October, 1969) can still be kept.

It is proposed to make Smoke Control Orders in respect of (a) the recently developed Glencairn Estate, which has a small number of solid fuel improved grates and the masionette blocks are heated by gas. This area, which is being developed by the Belfast Corporation, is phased in three stages, the first of which is now completed and work is about to start on stage two; (b) Redevelopment Area "A" (Upper Library Street) which is already occupied by dwellings with smokeless appliances. This area could be extended as far as Royal Avenue in the City Centre at very little expense.

Work on the Smoke Control Areas has reduced the time available for inspection of industrial premises, but inspections have been maintained particularly in relation to those boiler plants which are known to emit smoke and, where necessary, statutory notices have been issued. The number of industrial plants habitually emitting dark smoke has greatly declined in recent years, mainly due to the need for efficient burning of fuel, the modernisation of plant and greater awareness of the importance of clean air.

During the year 43 plans were submitted for approval in respect of boiler plant and these were considered in relation to type of boiler, type of fuel and the height and location of chimneys in relation to surrounding areas. In recent years, a high percentage of new boiler plant is oil fired and generally, after initial adjustments, these emit little smoke. The problem of emission of sulphur dioxide still remains and it is therefore necessary to ensure that chimney heights are sufficient to reduce the ground level concentration of sulphur dioxide to a minimum. Local architects and consulting engineers are aware of the provisions of the Memorandum on chimney heights and have co-operated very fully in ensuring that they are designed to the satisfaction of all concerned.

Smoke, sulphur dioxide and solid deposited matter are still recorded by the Department on a daily and monthly basis. Daily volumetric recording sites have been increased from 10 to 11 by the addition of a new station at St. Aidan's School, Springfield Road. The instrument previously located at Falls Road Transport Depot has been transferred to the clinic at Ballymurphy. These two new sites are within No. 1 Smoke Control Area and it was hoped that, by obtaining records from these points for a few months before the area became smokeless, a comparison could be made to show the value of Smoke Control Areas.

Current reports from the Atmospheric Pollution Research Laboratory appear to indicate that monthly instruments for recording sulphur trioxide and solid matter are of doubtful accuracy: unless recordings are required for some specific source of pollution, the daily volumetric instrument is believed to give more accurate results for the area in which it is located and it is also easier and cheaper to operate and maintain.

Work done in connection with air pollution in 1968

Timed observations	...	...	...	...	...	325
Minutes of dark and black smoke emitted	...	...	...	...	...	303
Average minutes of dark and black smoke emitted per observation						0.9
Verbal notices given	...	...	...	...	...	36
Statutory notices served	...	...	...	...	...	7
Plant inspections and advisory visits	...	...	...	...	...	832
Complaints investigated	...	...	...	...	...	86
Number of inspections re smoke control areas	...	...	...	...	...	3,676
Number of factory chimneys	...	...	...	...	...	400

Location of atmospheric pollution recording sites

(a) Health Department

- | | |
|------------------------|-----------------------------------|
| 1. Ormeau Avenue | 10. North Road |
| 2. York Road | 11. Balmoral Avenue |
| 3. Station Street | 12. Ballymurphy |
| 4. Forfar Street No. 1 | 13. Mountcollyer Street |
| 5. Forfar Street No. 2 | 14. Lowwood Park |
| 6. Northern Road | 15. Queen's Bridge |
| 7. Grove | 16. Dufferin Road |
| 8. College Street | 17. Forfar Street |
| 9. Templemore Avenue | 18. St. Aidan's, Springfield Road |

(b) Queen's University, Belfast

19. Royal Victoria Hospital

(c) Belfast Corporation Electricity Department

- | | |
|--------------------------|----------------------------------|
| 20. Sydenham Airport | 25. Madrid Street |
| 21. Duncrue Street | 26. East Bridge Street |
| 22. Great Patrick Street | 27. Victoria Works, Queen's Road |
| 23. Skegoneill Street | 28. Thompson Dock, Queen's Road |
| 24. Park Avenue | |

Solid matter deposited (tons per square mile) at collecting stations in 1968

TABLE B 4

Month	Station					Totals	Monthly Averages
	1	2	3	4	5		
January	29.42	35.42	21.21	25.97	63.36	175.38	35.08
February	17.23	15.27	12.92	20.78	23.06	89.26	17.85
March	35.84	40.22	30.24	24.87	48.83	180.00	36.00
April	26.45	20.44	19.16	24.93	15.14	106.12	21.22
May	26.28	21.31	22.22	23.32	18.35	111.48	22.30
June	16.76	24.91	21.68	15.91	17.75	97.01	19.40
July	19.35	13.97	12.85	14.03	18.12	78.32	15.66
August	32.46	21.97	26.68	40.41	29.19	150.71	30.14
September	22.02	17.84	16.08	18.63	9.26	83.83	16.77
October	19.66	19.21	15.37	22.22	63.76	140.22	28.04
November	28.30	27.48	25.07	22.42	58.29	161.56	32.31
December	23.55	18.08	19.13	22.08	22.99	105.83	21.17
Totals	297.32	276.12	242.61	275.57	388.10		
Averages	24.78	23.01	20.22	22.96	32.34		

Sulphur determination by lead-peroxide method (SO₃ per 100 sq. cm.)

(a) Stations maintained by Health Department

TABLE B 5

Month	Station				Totals	Monthly Averages
	4	5	6	7		
January	2.10	1.10	2.30	1.60	7.10	1.77
February	3.40	1.35	2.90	1.40	9.05	2.26
March	1.90	1.18	1.50	1.41	5.99	1.50
April	1.07	1.84	3.40	1.36	7.67	1.92
May	1.75	1.04	2.84	1.00	6.63	1.66
June	0.94	0.56	2.10	0.47	4.07	1.02
July	0.95	0.42	1.91	0.37	3.65	0.91
August	1.12	0.42	3.33	0.65	5.52	1.38
September	1.36	0.80	4.20	1.45	7.81	1.95
October	1.95	1.20	7.10	1.60	11.85	2.96
November	2.53	2.15	4.10	2.25	11.03	2.76
December	2.40	1.75	5.40	2.40	11.95	2.99
Totals	21.47	13.81	41.08	15.96		
Averages	1.79	1.15	3.42	1.33		

(b) Stations maintained by Belfast Corporation Electricity Department

TABLE B 6

Month	Station									Totals	Monthly averages
	20	21	22	23	24	25	26	27	28		
January	6.40	2.21	1.92	1.75	1.54	2.64	—*	3.84	3.43	23.73	2.97
February	3.67	2.25	2.40	1.81	1.51	2.01	—*	2.19	2.83	18.67	2.33
March	5.35	1.46	1.83	1.25	1.38	2.20	1.45	3.94	2.33	21.19	2.35
April	2.76	1.90	1.61	1.58	1.22	1.78	0.88	1.51	1.89	15.13	1.68
May	4.08	2.24	1.27	1.39	1.17	1.55	0.76	1.40	1.63	15.49	1.72
June	2.06	0.92	0.52	0.80	0.50	0.82	0.74	0.75	0.86	7.97	0.89
July	1.49	0.75	0.83	0.54	0.63	0.90	0.50	0.71	1.10	7.45	0.83
August	1.44	1.19	0.97	0.64	0.56	0.92	1.89	0.78	1.17	9.56	1.06
September	2.56	1.53	1.08	1.00	0.73	1.10	0.69	1.03	1.55	11.27	1.25
October	2.39	1.60	1.30	1.23	0.77	1.35	0.85	1.94	1.99	13.42	1.49
November	3.62	4.17	1.92	2.71	1.23	1.89	1.13	1.65	2.80	21.12	2.34
December	3.46	2.84	2.03	1.93	1.48	2.49	1.33	2.14	3.66	21.36	2.37
Totals	39.28	23.06	17.68	16.63	12.72	19.65	10.22	21.88	25.24		
Averages	3.27	1.92	1.47	1.39	1.06	1.64	1.02	1.82	2.10		

* Instrument damaged: no recordings

Rainfall in mm. at 5 deposit gauge stations, 1968

TABLE B 7

Month	Station					Monthly Averages
	1	2	3	4	5	
January	119.1	119.1	118.1	129.0	122.2	121.5
February	42.2	37.3	41.1	47.0	47.0	42.9
March	90.2	78.0	87.1	83.1	66.0	80.9
April	41.9	35.1	36.1	39.1	37.1	37.9
May	77.0	64.0	74.2	79.0	75.9	74.0
June	41.1	25.1	39.1	41.1	41.9	37.7
July	59.9	54.1	49.0	40.1	58.2	52.5
August	73.2	68.1	72.1	33.0	70.1	63.3
September	89.2	86.1	89.2	90.2	34.0	77.7
October	111.0	119.1	108.2	109.0	132.1	115.9
November	77.0	98.0	91.9	95.0	96.0	91.6
December	66.0	65.0	61.0	57.2	61.0	62.0

Daily volumetric instrument (station 19) maintained by Queen's University, Belfast

(Concentration in ug. per cu.m.)

TABLE B 8

Month	Smoke		SO ₂	
	M.A.	H.D.A.	M.A.	H.D.A.
January	150	480	150	403
February	250	725	264	466
March	110	368	145	318
April	101	301	173	369
May	107	224	164	308
June	37	82	102	209
July	45	104	76	130
August	43	127	79	136
September	65	231	124	215
October	77	204	107	222
November	146	528	173	385
December	200	692	199	452

Daily volumetric instruments maintained by Health Department
(Concentration of Smoke and Sulphur Dioxide in ug. per cu.m.)

TABLE B 9

Month	STATIONS																																											
	8			9			10			11			12			13			14			15			16			17			18													
	Smoke	SO ₂	ma	hdr	ma	hdr	ma	hdr																																				
January	127	698	175	400	250	602	170	380	125	358	100	220	89	356	71	164	125	282	58	158	237	440	186	358	128	310	115	223	144	360	143	258	148	300	144	271	252	698	176	400				
February	180	672	267	540	329	726	207	515	177	641	139	445	191	461	125	251	193	457	139	354	267	903	237	696	139	548	133	459	210	583	180	436	195	655	176	400	261	640	211	374	134	473	157	318
March	60	129	121	238	77	389	89	279	51	228	52	88	38	102	44	201	93	148	90	206	91	171	151	238	40	81	42	101	74	324	80	308	85	88	58	136	88	163	104	231	64	176	93	209
April	60	121	190	389	101	168	163	298	40	75	87	155	40	105	73	168	91	282	69	180	149	168	89	118	91	160	158	375	74	126	132	241	57	150	118	207	94	189	149	268	62	151	91	250
May	63	118	116	240	78	148	101	220	36	58	58	117	33	67	50	112	89	261	66	168	78	285	121	314	48	106	79	221	79	168	80	209	61	98	90	198	86	161	109	198	58	148	88	198
June	51	82	105	237	63	108	92	189	31	52	52	84	141	92	51	103	88	96	64	231	85	105	83	161	35	52	62	120	56	140	72	261	57	72	82	146	78	104	106	228	58	82	82	250
July	31	81	75	119	40	65	49	81	20	34	29	40	21	44	33	57	76	82	58	138	55	76	56	97	23	50	34	56	36	64	63	106	36	60	47	78	50	63	65	120	55	76	71	186
August	43	86	83	141	52	106	67	120	27	52	33	56	28	61	36	91	45	116	50	91	61	171	72	176	30	100	45	92	59	130	78	147	45	124	61	107	65	124	82	131	60	78	68	172
September	85	261	115	218	104	178	90	169	58	121	59	121	26	59	32	74	81	157	61	138	100	198	103	164	61	117	67	121	95	179	100	161	76	181	83	176	100	151	119	158	89	187	67	159
October	120	231	200	318	171	342	167	310	82	159	86	174	74	240	72	182	148	527	82	171	91	161	148	459	74	176	74	178	131	210	131	210	102	184	120	231	151	281	171	250	97	192	75	174
November	162	601	161	398	268	761	164	401	138	488	116	310	118	241	75	172	142	512	73	165	299	888	198	361	178	843	110	461	175	459	132	251	183	542	134	310	232	664	158	333	98	591	172	439
December	151	645	172	529	217	988	168	588	126	486	104	334	113	490	91	327	196	589	164	305	240	620	172	520	132	1018	101	586	143	589	130	339	167	442	129	353	181	704	140	481	127	276	193	465

ma—Monthly Average. hdr—Highest Daily Reading.

Heaviest Pollution—

Smoke—Lowwood Park, 12th December: 1,018 ug. per cu. m.

SO₂—Templemore Avenue, 17th December: 588 ug. per cu. m.

Lightest Pollution—

Smoke—Balmoral Avenue, 1st August: 5 ug. per cu. m.

SO₂—Queen's Bridge, 28th June: 11 ug. per cu. m.

PORT HEALTH

The Belfast Port Sanitary Authority was created by the Local Government Board (Ireland) Provisional Orders Confirmation (No. 4) Act, 1900. Under Section 26 (4) of the Public Health Act (N.I.) 1967, the former Act ceased to have effect as from 1st April, 1968 and the other parts of Section 26 of the latter Act had the effect of making the Port of Belfast part of the area of the County Borough of Belfast. Any functions under any enactment exercisable by a health authority as respects any waters forming part of a port may be undertaken by the Health Authority of the County or County Borough. In exercising such functions, the Health Authority for the County Borough of Belfast may be known as the Belfast Port Health Authority. The Port of Belfast is defined by Schedule 5 of the Public Health and Local Government (Administrative Provisions) Act (N.I.) 1946 (as amended) as "the part of the port of Belfast established for the purposes of the enactments relating to the customs of the United Kingdom which lies on the landward side of a straight line drawn from Blackhead in the Larne Rural District to Orlock Point in the North Down Rural District including (a) the waters of that port within such limits and (b) all harbours, docks, basins, wharves, bays, creeks, channels, rivers, weirs and streams which abut on or flow into those waters." This includes the harbours of Bangor and Carrickfergus and the jetty at Kilroot, at which some foreign-going and coastal ships arrive.

A further change in the legislation affecting Port Health was the Imported Food (Northern Ireland) Regulations, 1968 which replaced the Public Health (Imported Food) Regulations 1937-1948. Much of the substance of the 1937-1948 Regulations pertaining to the entry into Northern Ireland of unsound food or that of doubtful quality, composition or preparation has been retained in the new regulations, but additional provisions have become necessary because of the revolutionary changes in land/sea carriage of goods generally and foodstuffs in particular, especially methods of packaging necessary for containers and pallets to ensure protection against damage, pilferage or deterioration of goods in transit.

Conveyance of foodstuffs to Northern Ireland by container is as yet limited to cross-channel passage between Preston, Garston or Liverpool and Belfast, augmented by the carriage of loaded and secured vehicles and trailers, (including insulated or refrigerated vehicles and containers) in special coastal vessels and the express passenger car ferries and steamers engaged in the normal cross-channel services.

The bulk of imported foodstuffs from foreign sources arrives as loose cargo, mainly consigned direct from European ports, cartoned (preserved or canned goods) or in bags or nets (fruit, vegetables, pulses, etc.). Canned meat products and butter arrive from Scandinavian, Dutch and German ports in cartons secured to pallets for easy handling. Considerable quantities of canned goods arrive from Canadian, Australian and African ports, together with preserved and dried fruits. The packaging of these consignments is sufficiently strong to withstand the rigour of long sea voyages. On these occasions the entire content of the consignment is available for inspection whilst on board, during discharge or setting down in shed, whereas in the case of containers, vehicles or trailers (many of which are secured to final destination) inspection has to be deferred until unpacking takes place at depots, consignees' premises or stores inland at some distance from the port. Thus close liaison is necessary between importers, H.M. Customs, local authorities and the Port Health service, so that the inspection of imported food, previously carried out by the Port Health staff at landing of cargoes, may be done elsewhere by inspectors of the health authority in the area of final destination. This is particularly necessary where Customs clearance has been deferred until arrival at final destination.

The prohibition of entry of imported unsound food has been extended to include food not satisfying the requirements of regulations made under the Food and Drugs Act (Northern Ireland) 1958. The definition of meat has been amended to include the flesh, etc., of all mammals other than rabbits and hares and the permitted period of detention of foodstuffs has been increased from 48 hours to 6 days (including Saturdays and Sundays) in order to enable additional measures such as bacteriological examination and analysis to be completed where necessary. The requirement of the attachment of official certificates to all imported meat or meat products has been extended to include similar imports which have been landed at ports in the Republic of Ireland and the Channel Islands and (whether or not they have been subjected to any process or treatment) have been re-exported to Northern Ireland. Where, due to a bona fide mistake or mishap, an official certificate is absent or not of required conformity, acceptance of the consignment for distribution is subject to enquiry and consultation between the British Ministry of Agriculture, Fisheries and Food and the Northern Ireland Ministry of Health and Social Services. All specified notices, certificates and undertakings have been produced in uniform manner acceptable to all Port Health Authorities and others concerned.

Examination and sampling for physico/chemical analysis was done on all consignments of groundnuts in shell imported from abroad. In no case was aflatoxin found to be present. Similar

action was taken in respect of desiccated coconut imported from Ceylon: in no case were intestinal pathogens isolated on bacteriological examination.

The M/V *Dorset* arrived at the port direct from Australia with three large containers of canned fruit. This is the first direct importation of such goods by container direct from manufacturer to importer. Handling of the 86,400 cans was confined to the manufacturer's and importer's premises, this obviating pilferage and damage. 10 pallets of cans were packed into each container and the cans were enshrouded by shrink-wrapping in clear plastic, instead of in cartons. This experiment has been so successful that at least half of next year's Australian canned fruit will be imported in this manner.

The refrigerated cargo vessel *Tekoa* arrived on 20th January from South Island, New Zealand, with a consignment of approximately 20,000 frozen lamb carcasses, cartons of offals and tierces of sausage casings. The utmost care was taken to ensure hygienic handling of the cargo both at discharge and in loading into containers for delivery to local cold stores. The dockers and loaders were provided with white protective clothing and head covering also clean burlap wrapping for legs and those dockers working in the holds, with a "clean" area created on the weather deck for the donning and removal of protective foot and leg covering. Clean wooden walk-boards were laid upon carcasses in the holds, where unloading involved walking over them. Special metal trays were used in the landing of cargo on to elevated platforms erected on the quayside, from which loading into meat containers took place. The interiors of the containers were inspected before loading was permitted and any which were considered unsuitable were rejected. The inspection of the cargo, with particular attention to official certificates, was continuous during discharge. A further 20,000 mutton and lamb carcasses arrived from the same source by the M/V *Westmoreland* on 27th March. Similar conditions of cargo discharge were applied and supervision and inspection of the consignment was maintained until discharge was completed.

Exported foodstuffs included frequent consignments of large quantities of whelks to London, Le Havre and Rotterdam. In addition to the continuous export of fresh pork to North American, Canadian and cross-channel ports, a 200 ton consignment of boneless beef was shipped by the M/V *Arctic* to North America for canning and manufacturing purposes. The arrival of the new drive-through car ferry M/V *Lion* on 3rd January commenced the daily Belfast/Ardrossan daylight service which, since the termination of nightly sailings to Glasgow, has become the sole passenger service direct from Belfast to Scotland. A considerable quantity of foodstuffs in vehicles, trailers and containers is conveyed on this vessel, as both outward and inward traffic.

The 100-year old direct freight service with Cardiff has been discontinued and replaced by a unit load container service through English North-Western ports. Most of the cross-channel cargo, which in the past was discharged into dockside sheds throughout the harbour estate and there sorted for distribution, is now in containers and is despatched intact to local depots or consignee's premises by a daily (instead of, as previously, a weekly) service.

Enlargement of existing container berths, installation of cargo handling equipment and improvement of container bays and parking areas continues. On the east side of the river the new drydock, 1,100 feet long and 165 feet wide, although not yet fully operational, received the new 100,000 d.w. tons bulk carrier *Skaufast* for completion of hull painting. The new building dock at present under construction at the Musgrave Channel will occupy a large section of the Channel, at which in the past vessels undergoing refit or completion were moored. A 75-acre area of foreshore adjoining Airport Road West and Musgrave Channel, extending seaward to the Oil Refinery Wharf, is in the process of reclamation.

At the Richardson Wharf plant has been installed to expedite the discharge of bulk cargoes of potash, phosphate, sulphur, etc., for use in the manufacture of chemical fertilizers at the nearby factory. A further crane, equipped with special tight-closing grabs to minimise spillage and resultant dust dissemination, together with a hopper, have also been provided on the jetty. To prevent leakage at the point of hopper discharge onto the belt conveyor, screens have been fitted and the entire conveyor from jetty to factory is enclosed in an elevated structure.

The previous method of cargo discharge was by crane and hopper into open trucks which conveyed the chemicals to the factory by road, creating hazard and annoyance from chemical dust, not only to people in the vicinity, but to canteens and foodstuffs in dockside sheds.

In at least 10 instances early detection followed by removal or turning over of harbourage, prior to Warfarin baiting, prevented rodent infestation becoming established in a number of dockside sheds and provender stores.

Instances of dark smoke emission from ships funnels have continued to decrease and any such emissions were reduced or stopped on complaint to Masters or Chief Engineers.

Regular contact was maintained with the officers of the Landing, Shipping and Waterguard branches of H.M. Customs and Excise, the Home Office Immigration Branch, the Marine Survey Branch of the Board of Trade, the Portal Inspection Branch of the Ministry of Agriculture, the Belfast Harbour Commissioners, the Belfast and District Water Commissioners and the Harbour Masters of Bangor and Carrickfergus, all of whom have been most helpful and co-operative.

Vessels launched by Harland and Wolff Ltd. in 1968

		Gross Tons
<i>Thara</i>	Bulk Carrier	41,089
<i>Skaufast</i>	Bulk Carrier	57,204
Naval Craft		2,650
Small Craft		241

Vessels inspected during refit

Cargo vessels:-	Aulica, Brookmount, Container Enterprise, Container Venturer, Empire Star, Essequibo, Fylrax, Gunvar Stormer, Hayclon Wave, Hamilton Sleigh, Hemisinus, Italia Martelle Fassio, King Jaja, Knud Sif, Magdalena, Mayfair Sapphire, Onitsha, Opportunity, Pacific Coast, Persic, Platidia, Pointer, Roelaf Buisman, Santona, Sheraton, Slieve Bearnagh, Sugar Crystal, Surrey Trader, Talisker, Thessaly, Trangermania, Venana, Vinland.
Tankers:-	British Sovereign, British Talent, Ezzo Mercia, George Peacock, Methane Progress.
Cross-channel cargo/passenger vessels:-	Duke of Argyll, Duke of Lancaster, Duke of Rothesay, Hibernia, Leinster, Scottish Coast, Ulster Prince, Ulster Queen.
Naval:-	4 vessels.
Tugs:-	Meadow, Piper.

Amount of shipping entering the port in 1968

TABLE B 10

From	Number	Tonnage	Number inspected		Number recorded as defective	Ships on which defects have been remedied	Ships reported as having had infectious disease on board during the voyage
			By Medical Officer	By Port Public Health Inspector			
FOREIGN: Steam } Motor }	1,325	2,027,688	6	1,265	68	60	7
COASTWISE: Steam } Motor }	5,930	4,908,351	26	1,275	70	65	1
TOTALS	7,255	6,936,039	32	2,540	138	125	8

Included in the above table are arrivals at Bangor, Carrickfergus and Kilroot.

Character of trade of port

(a) *Passenger traffic (other than coastwise) during the year:-*

TABLE B 11

Passengers	Aliens		British and Commonwealth		Total		Refused leave to land/embark
	Forces	Civilian	Forces	Civilian	Forces	Civilian	
Inwards by ship	20	562	—	867	20	1,429	12
Inwards by aircraft	50	1,062	918	7,797	968	8,859	—
TOTAL	70	1,624	918	8,864	988	10,288	12
Outwards by ship	16	226	—	694	16	920	—
Outwards by aircraft	2	1,703	895	8,137	897	9,840	—
TOTAL	18	1,929	895	8,831	913	10,760	—

(b) *Cargo traffic:-*

Principal Imports:—Maize; wheat; barley; oats; flour; butter; fresh, dried and canned fruits; meat and meat products; tea; sugar; fish; vegetables; eggs (frozen and powder); confectionery; chocolate; desiccated coconut; wines; ales; cordials; carobs; grain offals; cattle, pig and poultry fodder; hides (cured); timber; wood-pulp; paper; flax; hemp; coir; sisal; rayon fibre; soap; chemicals; drugs; fertilisers and ancillary materials; crude and industrial oils; coal; coke; duralium; tin plate; iron; steel; brass; copper and alloys; machinery; hardware; cement; building materials; vehicles; tar; asphalt; rubber; tobacco (leaf and manufactured); cigarettes; potash; phosphate rock; sulphur.

Principal Exports:—Confectionery; chocolate; milk (preserved and condensed); eggs; bacon; pork; beef; poultry; rabbits; hares; fresh fish; shellfish; potatoes; apples; pears; grass-seed; live cattle; sheep and pigs; hides (wet); feeding stuffs; machinery; rope; twine; felt; linen; scrap metal; oil; motor spirit; tobacco; cigarettes; whiskey.

(c) Foreign ports from which ships arrived:-

TABLE B 12

Aarhus	10	Eidjhavn	1	Leningrad	2	Puerto La Cruz	2
Abidjan	1	Eskifjordur	1	Les Sables D'olonne	2	Quayaquil	1
Abo	3	Famagusta	15	Le Treport	20	Quebec	8
Adelaide	1	Fecamp	7	Libourne	2	Raufarhofn	2
Ahus	4	Fort Lauderdale	1	Lidkoping	1	Rauma	3
Ala	2	Forteliberte	1	Limasol	11	Reykjavik	2
Algiers	1	Fortwilliam	1	Lisbon	4	Riga	10
Allepy	1	Frederica	1	L'Orient	2	Rio de Janeiro	1
Almeria	3	Frederikshund	1	Lourenco Marques	3	Ronneby	1
Amsterdam	52	Freetown	3	Luderitz	1	Ronnebyhamn	2
Annaba	1	Fremantle	1	Lysetsil	1	Rotterdam	194
Antwerp	45	Fuglefjord	2	Madras	1	Rouen	52
Archangel	10	Gdansk	2	Malmo	2	St. John, N.B.	8
Arendal	2	Genoa	4	Maloy	1	St. Malo	4
Ashdod	15	Ghent	48	Malta	1	Salvador	1
Bainbeuf	1	Gibraltar	1	Mantyluoto	2	San Antonio	1
Baltimore	2	Gluckstadt	1	Marans	1	Sandarne	1
Baranquilla	1	Gold River	1	Marin	3	San Francisco de Pao	1
Bayonne	18	Gothenburg	30	Marmagoa	1	San Lorenzo	1
Bedi Bunder	2	Groningen	3	Marseilles	1	Santos	1
Beira	9	Gruvon	2	Martinniem	1	Sapele	1
Beaumont	1	Haifa	4	Matarani	1	Sarpsborg	4
Bergen	2	Haiti	1	Melbourne	1	Sas Van Ghent	1
Bilbao	1	Halden	1	Mena-al-Ahmadi	9	Savannah	1
Boca Grandee	1	Halifax	4	Middelharnis	1	Shanghai	1
Bombay	4	Halmstad	11	Millazzo	1	Siglufjord	1
Bordeaux	8	Halsa	1	Mombasa	8	Singapore	1
Brake	1	Hamburg	25	Montevideo	1	Skagen	3
Bremen	10	Hamilton, Ontario	2	Montreal	23	Steinhamn	1
Breskens	3	Hamina	13	Moss	1	Stockvik	1
Bridgewater, N.S.	1	Hango	1	Mostaganem	1	Svartvik	2
Brighton (Trinidad)	1	Haugesund	2	Namsos	1	Swijndrecht	1
Brisbane	1	Harbour Breton	2	Nantes	1	Swinoujscie	3
Brussels	10	Harbour Grace	1	Napier	1	Szczecin	6
Beunaventura	1	Helsingborg	1	Naples	5	Takoradi	2
Buenos Aires	3	Hirtshals	6	Neuss	2	Tanga	1
Caen	4	Honfleur	32	Neuvas	1	Tema	1
Calcutta	3	Hong Kong	2	New Orleans	4	Terneuzen	12
Callao	2	Hsinkingang	1	Newport News	8	Three Rivers	4
Capelle-des-Bois	1	Husnes	2	New Westminster	2	Timaru	1
Capetown	10	Igarka	1	New York	1	Toledo	2
Cartagena	6	Ijmuiden	6	Norfolk, Va.	7	Topilla	1
Chalna	1	Kalamata	1	Norrkoping	4	Toronto	1
Chicago	2	Kalingrad	2	Odde	1	Trelleborg	1
Chimbote	1	Kalmar	2	Odense	1	Trinidad	1
Chittagong	2	Kandla	1	On	1	Treraa	1
Cleveland	1	Karachi	3	Oran	4	Tromso	3
Coatzacoalco	4	Karlshamn	2	Oslo	20	Trondhiem	1
Cochin	4	Karlskrona	4	Ostend	2	Tyboron	1
Constanza	2	Karlstad	6	Paimpol	2	Uddevalle	2
Copenhagen	22	Katwijk-an-zee	1	Parrsboro	1	Vadhiem	1
Cristobel	3	Kharg Island	13	Pasajes	5	Vadso	1
Dakar	14	Kitimat	1	Pastelillo	1	Valencia	5
Dalhousie	2	Klaipeda	2	Penang	2	Valetta	1
Dar-es-Salaam	2	Koping	7	Pensacola	1	Vancouver	2
Detroit	1	Kotka	16	Philadelphia	6	Ventspils	8
Dieppe	1	Kristiansund	1	Pornic	1	Viarreggio	2
Donsto	1	La Ciotati	1	Port Alfred	2	Vizakapatnam	1
Dordrecht	1	Lagos	8	Port Arthur	6	Walvis Bay	6
Douarnenez	1	Landskrona	1	Port Elizabeth	1	Wemeldinge	1
Drammen	3	La Pallice	2	Porto Alegre	2	Weymouth, N.S.	2
Dunkirk	7	Larvik	3	Port St. Joe	1	Wilhelmshavn	3
Durban	10	Le Havre	2	Port Sulphur	1	Wilmington	1
Dusseldorf	1	Le Leque	1	Port Sweetenham	1	Yokohama	2
East London	2	Le Lulea	4	Possoli	1	Zanzibar	1

The nationalities of vessels which were inspected on arrival at the port were as follows:—

TABLE B 13

American	1	Finnish	13	Italian	6	Republic of Ireland	36
Belgian	4	French	36	Lebanese	1	Rumanian	2
British	1,180	German (E)	4	Liberian	25	Russian	32
Canadian	1	German (W)	349	Maltese	1	South African	6
Colombian	1	Ghanaian	1	Monegasque	1	Spanish	10
Cypriot	8	Greek	17	Nigerian	3	Swedish	17
Danish	90	Hungarian	1	Norwegian	62	Swiss	3
Dutch	585	Icelandic	4	Panamanian	7	Uruguayan	1
Faroese	3	Indian	11	Polish	15	Yugoslavian	3

The Aliens Order 1953 (S.I. 1671/1953)

Under Articles 30 and 33 of the above Order, Dr. J. McA. Taggart, Dr. W. J. McLeod, Dr. A. L. Walby and Dr. J. A. Gilmore have been appointed by the Ministry of Health and Social Services as Medical Inspectors for the Port of Belfast for the purposes of the Order.

Ships carrying aliens (including those granted temporary shore leave)	172 inwards; 75 outwards
Aircraft carrying aliens	105 inwards; 114 outwards
Granted temporary shore leave	90

Water supply

(a) and (b) for the port and shipping:—

The port fresh water supply is obtained from the Belfast City and District Water Commissioners' mains which feed the Belfast Harbour Commissioners' quayside mains and hydrants. Vessels are supplied from quayside hydrants by the use of meter/standpipes and hoses under the control of the Water Commissioners.

(c) *Water boats*:—

There are no water boats at the port. Local tugs supply fresh water on the rare occasions when ships are anchored off-shore.

Water Sampling

53 samples of drinking water were taken on board vessels and submitted to the Central Laboratory for bacteriological examination. 52 of these samples were found to be highly satisfactory: one was unsatisfactory due to the presence of coliform organisms. Where examination revealed contamination the ship's water tanks, pumps and systems were thoroughly flushed and chlorinated with effective results.

Public Health (Ships) Regulations (Northern Ireland) 1954-1964:—

Arrangements for dealing with Declaration of Health forms:—

Declaration of Health forms as recommended by the Association of Sea and Air Port Health Authorities of the British Isles are in use at the port. Special instructions relative to the Port of Belfast are given on the fourth page and a supply of these forms is distributed to H.M. Customs Officers and to the Belfast Harbour Commissioners for the use of the Pilotage service.

A Declaration of Health form signed by the master and countersigned by the Ship's surgeon (where one is carried) is received from each ship arriving at the port from a foreign port. The Declaration of Health form is received by the Customs Officer or the Port Public Health Inspector on the arrival of the ship. The answers to the questions contained in the Declaration are scrutinised and supplementary questions asked. In cases where the Customs Officer first boards the ship and the Declaration of Health is satisfactory, pratique is granted. If the Declaration of Health is not satisfactory, the circumstances are immediately reported to the Port Medical Officer, who makes investigations before

passengers or crew are allowed to land. Ships arriving at the port are required to display the appropriate quarantine signals as laid down in the regulations. 629 completed Declaration of Health forms were received from vessels arriving at the port from foreign ports other than "excepted ports."

Boarding of ships on arrival:—

All ships arriving from a foreign port are boarded on arrival by an officer of H.M. Customs and an officer of the Port Health Authority.

Notification to the Authority of inward ships requiring special attention (wireless messages, land signal stations, information from pilots, Customs officers, etc.):—

Arrangements for the transmission of wireless messages from inward bound ships requiring special attention under the Regulations have been made with the various shipping companies and agents in Belfast. Under the arrangements the shipping companies receive the wireless message required under Regulation 13 and forward the information to the Port Medical Officer. Alternatively, or in addition, wireless messages are received direct by the Port Health Authority, the telegraphic address "Portelth, Belfast" having been registered for this purpose. (Regulation 14 (1) and (2)). No land signalling system is in operation. Close co-operation exists between the Port Health Authority and the Officers of H.M. Customs and notifications of ships requiring special attention are received from the latter

Mooring stations designated under Regulations 22 to 30:—

With the concurrence of H.M. Customs and the Belfast Harbour Commissioners, the ordinary places of mooring, discharge or loading have been designated mooring stations in relation to inward ships from foreign ports.

Experience of working of Regulation 18: restriction on boarding or leaving ships:—

In carrying out the provisions of this Regulation during the year no difficulty arose and it was not necessary to require passengers to furnish names and destinations, etc., as there was no case of infectious disease on board any ship arriving at the port which required this procedure.

Arrangements made for:—

Regulation 5 (c) (i): Premises or waiting rooms for medical inspection—

There are at present no premises set apart as a Customs examination hall, waiting rooms or rooms for medical inspection of passengers, as there are no direct passenger sailings between this port and foreign ports. Passengers who arrive by direct cargo ships from foreign ports are examined, if necessary, on board the particular ship.

Regulation 5 (c) (ii): Premises for temporary isolation of persons as required by the regulations:—

None provided.

Regulation 5 (c) (iii): Cleansing, disinfecting or disinfestation of ships, persons or clothing:—

After the removal of a case or cases of infectious disease, disinfection of the ships is carried out by the Port Public Health Inspectors. Clothing and other effects are removed to the Health Committee's Disinfecting Station, Laganbank Road, where they are subjected to steam pressure disinfection. The cleansing of persons is also carried out at this station at which suitable facilities have been provided for this purpose.

Regulation 5 (d): Arrangements for reception into hospital of persons as required by the regulations:—

The N.I. Hospitals Authority make provision for the reception of cases of infectious diseases at the Northern Ireland Fever Hospital at Purdysburn. Separate premises situated in the hospital grounds, but self contained and isolated from the other hospital buildings, are available for the reception of cases of smallpox.

Regulation 5 (e): Ambulance transport:— The port makes use of the facilities provided for ambulance transport in the City by the N.I. Hospitals Authority.

Regulation 5 (f): Supervision of contacts:— No notifications regarding contacts of infectious diseases were received from other Sea and Airport Health Authorities during the year.

Regulation 9: Arrangement for the diagnosis and treatment of venereal diseases among seamen under international agreement:—

Upon the arrival of a ship in the port, the Master is informed of arrangements for the diagnosis and treatment of venereal disease amongst the seamen. Pamphlets are left which give the location and time of V.D. Clinics and warning of the danger of venereal disease. If continuation of treatment at another port is necessary, the seaman's V44 is completed by the Medical Officer of the V.D. Clinic with particulars of treatment given. The Belfast Harbour Commissioners have permitted the display in the port area of Health Department notices warning of the necessity for diagnosis and information on treatment centres.

Arrangements for interment of the dead:—

These are dealt with by the shipping companies or their agents.

Cases of notifiable and other communicable diseases landed from ships (including coastwise ships)

TABLE B 14

Diseases	Cases		Ships concerned	Average cases for previous five years
	Passengers	Crew		
Dysentery	—	2	2	1
Gastro-enteritis	—	1	1	—
Influenza	—	2	2	9
Mumps	—	1	1	1

Cases of notifiable and other communicable diseases occurring in vessels during voyage but disposed of prior to arrival

TABLE B 15

Diseases	Cases		Ships concerned	Average cases for previous five years
	Passengers	Crew		
Chickenpox	—	1	1	2
Malaria	—	1	1	—

No cases of cholera, plague, relapsing fever, smallpox, typhus fever or yellow fever occurred and no plague infected rats were discovered during the year.

Other illnesses which occurred in vessels during voyage or present on arrival

TABLE B 16

Illness	Foreign-going	Coastwise
Appendicitis	1	—
Dental	6	3
Eye inflammation	1	—
Gastritis	12	4
Hepatitis	1	—
Injury	15	7
Kidney trouble	1	—
Laryngitis	1	—
Nephritis	1	—
Pleurisy	1	—
Rheumatism	1	—
Sinusitis	1	—
Synovitis	1	—
Venereal disease	17	3

Measures against rodents

Steps taken for detection of rodent plague:—

On ships in port:—All ships arriving from ports where plague is endemic are boarded by the Port Public Health Inspector as soon as possible after berthing. Enquiries are made as to the prevalence of rats on board, and as to whether any sick or dead rats were found during the voyage. The ships are then inspected to ascertain the degree of rat infestation, and are periodically inspected during the time they remain in port in order to ascertain if any dead rats have been found in the cargo.

Measures taken to prevent the passage of rats between ship and shore:—

If a vessel shows evidence of rat infestation or has come from a suspected port, rat guards have to be fixed and maintained fixed to all mooring lines during the time the vessel is in port. Other measures to prevent passage of rats over gangways, etc., may be required. Particular attention is paid to accumulations of materials likely to attract rats, such as galley swill deposited on decks or jetties and not contained in tightly-covered metal receptacles.

Methods of deratting:—

(a) On ships:—Eradication measures in a vessel are influenced by the extent and location of the infestation. Where it is slight and confined, trapping and warfarin baiting will suffice. In other cases fumigation with hydrogen cyanide is carried out by authorised contractors in accordance with the provisions of the Hydrogen Cyanide (Fumigation of Ships) Regulations (Northern Ireland) 1952 under the supervision of the Port Public Health Inspectors.

(b) Premises in the vicinity of docks, quays, etc.:—Sheds, wharves, roads and open spaces in the Belfast Harbour Commissioners' Estate receive routine warfarin baiting. Occupiers of premises within the Estate readily accede to requests for provision of rodent repressive treatment at their premises. When necessary a written notice under the Rats and Mice (Destruction) Act, 1919 is served on the occupiers of the premises concerned.

Measures taken for detection of rats:—

(a) On ships:—Vessels arriving in the port are inspected by the Port Public Health Inspectors and Pests Officer to ascertain the presence and extent of rodent infestation or any condition which would encourage infestation.

(b) On shore:—Sheds, stores, other buildings and structures also timber stacks and open spaces receive continual inspection.

Inspections made by Pests Officer:—

Vessels	909
Vessels - for issue of deratting exemption certificates	146
Dockside premises, sheds, stores, timber-stacks, building and fitting-out berths, yards and lands	856

Ratproofing:—

(a) Extent to which docks, wharves, warehouses, etc., are ratproof:—

The quaysides of docks and basins in the port are mainly of solid granite construction with ferro-concrete or granite sett surfacing. In the case of jetties, wharves and quay extensions, some rat harbourage does exist in the under-jetty piling and frame work also in the stone facing of the river bank but rat passage from one to the other is restricted by the sound construction of quayside surfacing. The use of concrete and/or granite setts laid on concrete in the construction of roads and shed floors ensures effective ratproofing in sheds and other dockside buildings.

(b) Action to extend ratproofing:—

(1) In ships:—Efforts are directed towards restricting free movement in vessels and preventing access to such attractive spaces as bilges for water, under ceilings, sheathing or casing for nesting and food stores. The use of tight fitting steel doors, sheet metal and expanded fine-mesh metal assures perfect protection.

(2) On Shore:—Dock-side premises are inspected to ensure that they are maintained in sound condition against the entry and harbourage of rodents and that material favourable to harbourage and feeding is not permitted to accumulate. Most owners and occupiers of premises in the port area are fully aware of the damage to merchandise caused by rodents and adopt all practicable measures to prevent their entry.

On 19 occasions accumulations of material offering rodent harbourage were turned over, restacked or removed and ratproofing was made good in 7 cases.

Number of rats destroyed during year

(1) On ships:—

TABLE B 17

Species	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Black	—	1	7	2	2	1	—	—	—	4	4	—	21
Brown	—	—	—	—	—	—	—	—	—	—	—	—	—

In addition to the above, 14 mice were destroyed.

(2) In docks, quays, wharves, warehouses etc.:—

TABLE B 18

Species	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Black	8	3	6	3	3	2	2	1	3	—	—	—	31
Brown	—	2	—	2	—	—	2	2	3	—	3	—	14

In addition to the above, 22 mice were destroyed.

The number of rats destroyed in the above table were those reported to the Port Public Health Inspectors and Pests Officer, following enquiry from sweepers, storemen, pests eradicating operators, etc.

*Measures of rat destruction on plague "infected" or "suspected" ships or ships from plague infected ports which arrived at the port during the year:—*No plague infected or suspected ships arrived at the port during the year.

Deratting Certificates and Deratting Exemption Certificates issued during the year

TABLE B 19

Net tonnage	Ships	Deratting certificates issued					Total	De- ratting ex- emption cer- ti- ficates issued	Total cer- ti- ficates issued
		After fumigation with			After trap- ping, poison- ing, etc.				
		HCN	Sulphur	HCN and sulphur					
Under 300 tons	37	—	—	—	—	—	37	37	
From 301 tons to 1,000 tons	35	—	—	—	—	—	35	35	
From 1,001 tons to 3,000 tons	10	—	—	—	—	—	10	10	
From 3,001 tons to 10,000 tons	34	—	—	—	—	—	34	34	
Over 10,000 tons	11	—	—	—	—	—	11	11	
TOTALS	127	—	—	—	—	—	127	127	

Vessels where rodent infestation was slight were serviced by trapping and baiting and, where deemed necessary, notification of extent of infestation was given to the Port Health Authority of the port of final discharge.

Hygiene of crews' spaces:

Classification of nuisances:—

TABLE B 20

Nationality of ships	Inspected	Defects of original construction	Structural defects through wear and tear	Dirt, vermin, and other conditions prejudicial to health
British	1,180	7	96	131
Other nationalities	1,360	—	6	32

The defects found consisted of:—

TABLE B 21

	British	Other Nationalities
Defects due to wear and tear of the following:		
Bilge limbers and suctions	2	—
Bulkheads, shell and deck plating	4	—
Chopping blocks	1	—
Coffee, milk and tea boilers	1	—
Deckhead and bulkhead insulation	5	—
Decks	8	—
Doors	2	—
Drinking water filters	2	—
Flue pipes	2	—
Flushing valves	3	—
Fresh water systems	2	—
Fresh water tanks	1	—
Galley refuse shutes	1	—
Galley stoves	11	1
Heating systems	2	—
Port lights and windows	7	—
Refrigerators	9	1
Scupper pipes and fittings	4	—
Soil discharges	1	—
Tiling	7	2
Urinal discharges and stalls	1	—
Ventilation systems	3	—
Ventilators	2	—
Wash-basins	4	—
Waste discharges	6	1
W.C. basins	2	—
W.C. seats	1	1
Other condition remedied:		
Bilges cleansed and painted	6	—
Crew and passenger accommodation cleansed	18	4
Crew and passenger accommodation painted	15	3
Dockside nuisances	12	9
Domestic refrigerators painted	9	—
Drinking water systems chlorinated	4	—
Drinking water tanks cleansed and cement washed	19	—
Lockers painted	2	—
Refuse on deck	3	2
Scuppers cleansed	9	1
Serviced for insects	12	10
Serviced for rodents	4	3
Sullage tanks cleansed	3	—
Swill bins provided	2	—
W.C. basins and compartments cleansed	3	—
Totals	219	38

Action taken following discovery of nuisances or other defects in vessels:—

It was not necessary to issue formal written notices on any occasion as in every case of verbal notice to Masters, Duty Officers, Owners, or Shipping Agents (and, where vessels were undergoing refit, Marine Superintendents and Shipyard Managers) of nuisances and other defects, remedial action followed. Nuisances and other defects arising from defects in original construction of vessels and any contraventions of the Merchant Shipping (Crew Accommodation) Regulations, 1953, were notified to the Nautical Officers of the Board of Trade, Marine Survey Branch. Berths occupied by vessels (particularly the adjoining jetty surfaces) were kept under close observation to prevent soiling of dockside surfaces and contamination of water hydrants by overside discharge of soil and waste water. The berthing masters of the Harbour Commissioners give notice to masters of incoming vessels that discharges on to quayside surfaces are prohibited and that, where accidental discharges occur, immediate cleansing and hosing down of the dockside surface is required so as to avoid contamination being carried into adjoining sheds in which foodstuffs may be stored.

Food Inspection

Action taken under the Food and Drugs Act (N.I.) 1958 and Regulations made thereunder:—

The following samples of food were taken and submitted to

(a) the Central Laboratory, for bacteriological examination:—

Luncheon Meat 1; Mussels (preserved) 1; Desiccated coconut 28; Egg noodle (Chinese) 1; Chopped ham 1.

(b) the Public Analyst for chemical analysis:—

Pears 24; Oranges 10.

and for physico/chemical analysis:— Groundnuts in shell, 5.

All cargoes of foodstuffs on board vessels, in containers or stored in dockside sheds and warehouses were kept under continuous observation and inspected regularly for the detection of unsound food or infringements of the Regulations made under the Food and Drugs Act (N.I.) 1958.

*Shellfish:—Information respecting any shellfish beds or layings within the area under the jurisdiction of the Port Health Authority, stating whether they are, in the opinion of the Port Medical Officer, liable to pollution:—*There are no layings of shellfish within the area.

*Report of any action under the Public Health Shellfish (N.I.) Regulations 1936 or the Food and Drugs Act (N.I.) 1958:—*None taken. Under the Belfast Corporation Act 1930, it is an offence to gather shellfish within the area of the Belfast Port Health Authority. Posters are exhibited in the vicinity of the Port area, warning the public against the gathering of shellfish.

Unsound food seized or surrendered

TABLE B 22

	Tons	Cwts.	Lbs.
Biscuits	1	1	22
Butter		1	0
Canned diced peaches and pears in syrup			36
Canned pear pieces in syrup			39
Canned fruit cocktail in syrup		4	68
Cooking fat			12
Desiccated coconut		4	0
Ginger cake mix			56
Glace cherries		2	30
Onions	3	5	0
Pears		4	0
Pine crush			40
Wine	5 gallons		

Dark Smoke (Permitted Periods) (Vessels) Regulations (N.I.) 1965: Smoke observations of ships' funnels—

Number of observations (each of 30 minutes' duration) made during the year	...	...	...	...	...	...	5
Number observed discharging black smoke over three minutes in a continuous period of 30 minutes	...	...	...	...	...	...	2
Number observed discharging dark smoke continuously for periods longer than those permitted in the Schedule to the Regulations, during a continuous period of 30 minutes	...	...	...	...	...	...	3

Verbal notice was given by the Port Public Health Inspectors to Masters, Chief Engineers, and Ships' Managers on 5 occasions regarding the volume and duration of emission of dark and black smoke from ships' funnels. In every case immediate remedy was effected. Opportunity is taken, especially when visiting vessels which use steam in heating or propulsion, to contact Chief Engineers with a view to preventing emission of dark smoke from funnels while vessels are in the port.

Routine and other inspections, additional to those tabulated elsewhere in the Report:—

- 832 visits to cross-channel passenger vessels
- 1,299 re-inspections regarding defects, etc.
- 304 inspections regarding issue of deratting and deratting exemption certificates.

FACTORIES AND SHOPS

Plans received from the City Surveyor's Department concerning alterations to existing buildings and erection of new buildings were examined and reported on as follows:—

Bakeries	...	...	...	...	...	...	3
Bookmakers' offices	...	...	...	...	...	...	6
Car showrooms	...	...	...	...	...	...	2
Multi-storey car parks	...	...	...	...	...	...	2
Bread shops	...	...	...	...	...	...	3
Church buildings	...	...	...	...	...	...	2
Clubs	...	...	...	...	...	...	3
Dance halls	...	...	...	...	...	...	1
Dental surgeries	...	...	...	...	...	...	1
Factories	...	...	...	...	...	...	12
Hairdressers	...	...	...	...	...	...	3
Health studios	...	...	...	...	...	...	2
Hospitals	...	...	...	...	...	...	2
Hostels	...	...	...	...	...	...	2
Launderettes and dry cleaners	...	...	...	...	...	...	11
Mixed shops (non-food)	...	...	...	...	...	...	19
Office buildings	...	...	...	...	...	...	38
Schools	...	...	...	...	...	...	17
Sports pavilions	...	...	...	...	...	...	3
Warehouses and workplaces	...	...	...	...	...	...	12

In addition to the above there were 21 reports made to the City Planning Officer on applications under the Planning Acts (N.I.) 1931 and 1944.

The following tables give details of the work carried out during the year in connection with the enforcement of the Factories Acts:—

Number of factories (power) on register	...	...	...	2,665
Number of factories (non-power)	...	...	...	238
Other premises	...	...	...	68

Inspections for purposes of provisions as to health

TABLE B 23

Premises	Inspections	Notices issued	Occupiers prosecuted
Factories with mechanical power	2,707	77	—
Factories without mechanical power	82	4	—
*Other premises under the Act (including works of building and engineering construction, but not including outworkers' premises)	221	6	—
Totals	3,011	87	—

* Electrical stations reckoned as factories

TABLE B 24

Particulars	Instances	Remedied	Referred to Chief Factory Inspector	Prosecutions
Want of cleanliness (Sect. 1)	97	91	6	—
Overcrowding (Sect. 2)	—	—	—	—
Unreasonable temperature (Sect. 3)	2	—	2	—
Inadequate ventilation (Sect. 4)	2	1	1	—
Ineffective drainage of floors (Sect. 6)	1	—	1	—
Sanitary conveniences (Sect. 7)	—	—	—	—
Insufficient	4	4	—	—
Unsuitable or defective	179	158	—	—
Not separate for the sexes	2	3	—	—
Other offences (excluding offences relating to homework, which are reported in Table B 25)	13	4	9	—
Totals	305	*241	19	—

* Defects remedied include defects outstanding from last year

Factory Outworkers (Homework)

TABLE B 25

Nature of Work	Inspections	Outwork in unwholesome premises (Section 115)			Outwork in infected premises (Sections 116/117)		
		Instances	Statutory notices served	Prosecutions	Instances	Orders made	Prosecutions
1. Making, cleaning, washing, altering, ornamenting, finishing and repairing of wearing apparel	5	—	—	—	—	—	—
2. Making-up, ornamenting, finishing and repairing of table linen (including in the term "linen" articles of cotton and linen mixture)	164	2	2	—	3	—	—
3. Textile weaving and any process incidental thereto	Nil	—	—	—	—	—	—
Totals	169	2	2	—	3	—	—

Outworkers premises within the City, notified during the year	...	225
Notices sent to factories employing outworkers	...	30
Notices for failing to keep or send lists of outworkers	...	9
Outworkers notified from other districts	...	Nil
Outworkers notified to districts outside the City	...	194

In addition to the provisions of the Factories Acts relating to Local Authority responsibilities, factories are also subject to the provisions of the Public Health Acts in so far as public health nuisances are concerned. Consequently, during visits to factories, such nuisances as damp conditions, structural defects, discharge of fumes, etc., are actioned under the Public Health Acts. Details are as follows:-

Inspection of factories and workplaces under the Public Health Acts (N.I.) 1878 to 1926 and the Belfast Corporation Acts 1845 to 1961:-

Nuisances discovered	...	...	...	...	...	128
Statutory notices issued	...	...	...	...	...	105
Nuisances abated	...	...	...	...	...	101
Dangerous structures, risk of fire, etc., reported to the City Surveyor						23

Bakehouses

There were 193 bakehouses on the Department's register at the end of 1968, three fewer than in 1967. Eight of the smaller type bakeries ceased using the premises for baking purposes and five new bakeries were established. 1,200 visits were made on connection with the Food Hygiene (General) Regulations (N.I.) 1964, the investigation of foreign matter in foodstuffs and inspections during the course of alterations and improvements to existing and new bakeries.

TABLE B 26

Defects	Instances	Notices	Remedied
Want of cleanliness in food rooms	15	10	14
Food rooms required decoration	68	24	57
Ceilings, walls, floors, doors, etc., in disrepair	13	13	6
Equipment worn or defective, required repair or renewal	2	2	2
Cleanliness of machinery, tables, benches, utensils not observed	4	4	4
Sanitary conveniences so placed that offensive odours could penetrate food room	4	3	3
Unsuitable refuse containers or disposal	5	5	4
Unsuitable washing facilities for personal hygiene	9	9	7
Hygiene notices not exhibited	3	3	3
Unsuitable washing facilities for equipment and machinery	7	7	5
Suitable and sufficient ventilation of food rooms not provided or maintained	2	2	2
Walls and ceilings of cooking and food preparation rooms not capable of being readily cleansed	17	14	15
Drain inlets in food rooms	—	—	—
Suitable precautions not taken to prevent contamination of food by insects, dirt, animals or otherwise	23	21	20
Unsuitable first aid equipment	5	5	5
Other defects	16	12	13
Totals	193	134	*160

* Defects remedied include defects outstanding from the previous year

The following foodstuffs examined in bakehouses were found to be unfit for human consumption and were surrendered and destroyed:-

2 x 70 lb. bags flour; 22 lbs. dates; 14 lbs. margarine; 4 doz. pastry; 7 lbs. currants.

Bread Shops

Breadshops on register at 1st January, 1968	...	...	...	360
Deletions	...	...	...	15
Additions (new premises)	...	...	...	20
Bread shops on register at 31st December, 1968	...	...	...	365
Inspections during the year	...	...	...	1,879

TABLE B 27

Defects	Instances	Notices	Remedied
Want of cleanliness in food rooms	1	1	1
Ventilation inadequate or not maintained	1	1	1
Ceilings, walls, windows, doors, in disrepair	10	9	7
Ceilings, walls, windows, doors, etc., required cleansing	2	2	2
Suitable and sufficient washing facilities not provided	23	22	17
Food rooms required redecoration	4	1	4
No first aid equipment	3	2	3
Adequate precautions not taken to prevent contamination of food	16	16	9
Unsuitable refuse containers and disposal	2	2	—
Other defects	13	8	12
Totals	75	64	*56

* Defects remedied include defects outstanding from the previous year

Bread Vans

The inspection of bread vans with regard to hygiene and the provision of suitable and sufficient washing facilities under the Food Hygiene (General) Regulations (N.I.) 1964 continued throughout the year. 129 inspections of bread vans were made during the course of delivery of bread to houses and retail shops, with the following results:—

Unsatisfactory personal cleanliness	...	...	...	...	2
Uncleanliness of vehicles	...	...	...	...	7
Unsatisfactory handwashing facilities	...	...	...	...	8

In all cases verbal and written notices were issued and the conditions remedied. There were two cases of unsuitable bread vans and on representation the vehicles were immediately withdrawn from service.

Three inspections of flour mills were carried out during the year; apart from a few minor contraventions of the Food Hygiene Regulations a good standard of hygiene was maintained in these mills.

Betting and Lotteries Act (N.I.) 1957

Number of bookmakers' offices operating in the City	...	...	...	111
Applications made to the Courts for certificates of suitability	...	...	...	121
Number of certificates granted by the Courts	...	...	...	114
Objections made on health grounds	...	...	...	7
Applications refused by the Courts	...	...	...	2

During the year five bookmakers' offices closed down and four new offices were established; this was partly due to housing re-development schemes in the City. One new application for a licence is still pending at the Courts. Of the seven objections by the Department to the granting of Certificates of Suitability on the grounds that the premises did not comply with the Office and Shop Premises Act and the Public Health Acts, four of the applicants were granted Certificates after they had given the Courts undertakings that the work required by the Department would be carried out before the premises were opened for business. One is still awaiting a decision by the Courts and the other two applications were not proceeded with. Six plans in connection with bookmakers' offices were received during the year involving structural alterations and improvements.

OFFICE AND SHOP PREMISES ACT (N.I.) 1966

(Annual Report for the period 1st July, 1967 to 31st December, 1968)

This is the first report under Section 57 (1) of the Office and Shop Premises Act (N.I.) 1966 (which requires Health Authorities to submit annual reports to the Ministry of Health and Social Services on the enforcement of their duties under the Act) and covers the period from 1st July, 1967 to 31st December, 1968.

The Act repeals those sections of the Shops Act (N.I.) 1946 which dealt with the health and comfort of persons employed in shops, and makes more comprehensive provision for their health,

welfare and safety. The definition of shops covers a wider field of employment and, for the first time in Northern Ireland, lays down similar health provisions for the persons employed in office premises, which were not covered in previous enactments.

The Act came into force on 1st July, 1967 and for the first few months the Department was busy in making preparations to meet the problems of enforcement, compiling a register, training personnel who would be involved in enforcement, and setting up a small information centre within the department to deal with the expected flood of enquiries and to give advice to employers, employees and trade organisations throughout the City. At this stage, valuable assistance was received from the Ministry of Health and Social Services with their series of circulars containing information, advice and guidance on the provisions of the Act and from the Factory Inspectorate of the same Ministry, who arranged joint meetings to sort out problems, discuss uniformity of procedure and give advice on technical matters.

In accordance with Section 51 (1) of the Act the Health Committee approved the use of two Public Health Inspectors on a full-time basis and the part-time use of the Food and Drugs Staff during their normal visits to food premises, for enforcement of the Act. The full-time Inspectors were to be responsible for office premises and non-food shops, so as to avoid as far as possible unnecessary duplication of inspection.

Registration: (Section 48)

The obligation under Section 48 on employers of persons coming within the scope of the Act to register with their local Health Authority had a disappointing response as far as Belfast was concerned: there were periods in the early months when applications and completed O.S.P.1 forms came in large numbers but this soon tapered off to a trickle, in spite of continued widespread publicity by means of advertisements, the display of posters, etc. The Department found it necessary to carry out a house to house canvass of premises likely to come within the Act who had not yet made a return; this took the form of a crash effort by existing staff and Pupil Public Health Inspectors in conjunction with their normal duties and resulted in a steady flow of registrations, the awakening of employers to the fact that the Act was now in force and that they had new responsibilities with regard to the health and welfare of their staff. We have found quite a percentage of employers who have shown little interest in registering, under one excuse or another and, indeed, not a few who resented the request to register.

Other points observed under the heading of registration were the number of mistakes found in completed O.S.P.1's, particularly in the classification of employees: some firms forgot to include employees in an attached warehouse and girls employed in the canteen; others forgot employees out ill and on leave and some thought unstaffed employees – such as message boys and temporary staff – were not to be included. These discrepancies are only found out and corrected during a general inspection.

On the 31st December, 1968 a total of 4,071 registrations has been received by the Department, of which 133 related to premises outside the scope of Belfast Health Authority and these were forwarded to the Factory Inspectorate of the Ministry of Health and Social Services, leaving a total of 3,938 with the Department.

Inspection

Our Inspectors have reported that the provisions of the Act were in general well received and welcomed by employers and employees alike. Apart from a few exceptions, Inspectors were treated with courtesy and given every assistance during their visits. There were only four occasions when inspection was resented and two when admission was refused, but after further verbal representations and warning letters, the objections were withdrawn. It was found generally that employers had a genuine sense of responsibility towards their employees and were anxious to effect improvements. Indeed the Department received more requests from employers for an inspection to be carried out of their premises in order to comply with the provisions of the Act than we had from employees about non-compliance. It was also interesting to note the number of complaints we received from the general public, who phoned or called personally about insufficient heating or poor ventilation in shops they had visited. The Department gave priority to those premises newly coming under the Act which had not received attention under other enactments, such as office buildings, warehouses, wholesalers and non-food shops.

At the end of December, 1968, the first general survey of all premises coming within the scope of the Act had not been completed, but we are well advanced and it is thought that in mid-1969 the general survey should be completed. Special attention is being given to plans for alterations and the

rebuilding of premises coming within the Act so that the new provisions are incorporated as far as possible. Close liaison is maintained at all levels with the Factory Inspectorate of the Ministry and co-operation has been excellent.

Cleanliness: (Section 4)

During the period from 1st July, 1967 to 31st December, 1968 there were 382 instances of uncleanliness discovered which were actionable under the provisions of this Section. While the figure may appear high for this particular type of contravention, the actual percentage of gross uncleanliness found was comparatively small; the greater proportion were of a less serious nature such as variants of failures to secure the proper cleansing of walls, ceilings, windows, fittings, etc. Some doubts have been expressed as to whether the cleanliness provisions of this Section can include redecoration and enforcing Inspectors are concerned at the many instances of faded, discoloured and cracked paintwork, stained and discoloured wallpaper and flaking distemper which cannot be cleansed effectively otherwise than by redecoration. Up to the moment there have been no disputes on this question and possibly only a court case could decide the issue. Nevertheless, if redecoration was included in the provisions, a high degree of hygiene would result.

In office buildings, the worst conditions of uncleanliness were found in the common parts, particularly in the small buildings let out to several tenants, and where no-one seems to have any responsibility for even normal brushing (never mind regular cleansing). In the larger multi-occupied office buildings, cleanliness was indifferent. It was also observed that where the common parts of office buildings were ill-kept, there was a correspondingly lower standard of cleanliness in the occupied offices. The storage of ashbins, bundles of wastepaper, old disused furniture, etc., on landings and stairways is a common practice found in shared office buildings. In shops, the store rooms, stairways, passages not in view of the public and the sanitary conveniences were the places in which cleanliness was lacking.

Overcrowding: (Section 5)

There were 33 instances of overcrowding under Section 5, but only in a few of these could it be said that the contravention was gross. Overcrowding is a new provision in Northern Ireland as far as office and shop premises are concerned and the Section lays down a minimum of 40 sq. feet (where the ceiling of the room is at least 10 ft. high) for each person employed (400 cubic feet per person where the ceiling height is less than 10 ft.). It was anticipated that this provision might cause hardship, expense and perhaps inconvenience to firms in their having to seek larger premises or having to make extensions or structural alterations to existing properties, so a proviso was inserted in the Section that these space requirements would not apply for a period of three years after the coming into operation of the Section (except in the case of rooms so overcrowded as to cause risk of injury to the health of the persons employed therein). Only in about a dozen of the 33 instances of overcrowding will structural alterations be necessary and these will not be of major consequence, as the firms concerned in two of the three bad cases have already moved to larger premises and one is in the process of negotiating an extension. The Department is of the opinion that the space standards in this Section will not present a great problem in the City and that by 1970, when the provisions come fully into force, there will be few contraventions. As the space standards do not apply to rooms to which members of the public are invited to resort, nearly all the contraventions were confined to office accommodation.

Temperature: (Section 6)

There were 2,203 contraventions actionable under the temperature section of the Act, but 1,959 concerned simple failure to provide or maintain thermometers, leaving some 244 contraventions of a more serious nature, consisting of failures to provide or maintain such heating facilities as to secure the minimum temperature prescribed under the Act, or the use of unsuitable heating apparatus giving off fumes likely to be injurious or offensive to the persons employed. In this connection it was surprising to find such a large number (137) of unsuitable appliances being used for heating purposes, particularly in offices, ranging from gas stoves without flues (in some cases the existing flues had been deliberately blocked up), to free-standing paraffin heaters without flues and requiring attention. Many of the unsuitable and dangerous heating appliances were found in small offices where one or two persons were employed and where the ventilation was poor or not being maintained. In one case of a small office where one female was employed and where the temperature of the office was reasonable, it was found that the oven of a gas cooking stove was being used for heating purposes, the door of the oven being left open to let out the heat and the stove not provided with a flue for the removal of fumes. The employee said that when the place got too warm she turned the oven off or opened the door a bit!

There were 36 instances of a reasonable temperature not being maintained; 57 cases where no heating facilities had been provided and 14 instances where facilities for warming had not been provided. The most numerous complaints received by the Department referred to inadequate heating in one form or another and, in those cases where the complaints were justified, most managements took immediate steps to remedy the conditions on our representations. We experienced some difficulty with a certain number of shops in the City who insist on keeping the entrance doors open during working hours, stating that their business would otherwise be affected. In such instances problems arise during a spell of cold weather, particularly when the heating facilities provided are adequate under normal circumstances.

Lighting: (Section 8)

In general survey we found 818 contraventions of the lighting provisions of Section 8 of the Act, mostly due to insufficient artificial and natural lighting in offices where persons were employed and absence of, or insufficient lighting on, stairways, landings, passages, storerooms, etc. The lighting provisions were also found interesting from the enforcement aspect in that, apart from the more modern buildings and the progressive employers who have realized the importance of good balanced lighting, the majority of employers and employees alike appeared to have given little or no thought to the subject and accepted what was really poor lighting as a matter of fact. This unawareness is borne out by the comparatively large number of contraventions found on inspection and yet not one complaint regarding lighting was received by the Department since the Act came into operation. Genuine surprise and interest was shown in many cases by employers and employees when informed of sub-standard lighting and when shown the recordings on light meters. Again, in the majority of instances, promises were given to have improvements carried out as soon as possible without the inspectors having to exert any marked persuasion. It was also gratifying to hear the many satisfied comments when good balanced lighting was provided.

We had one case of a single employee in an office where 5 lumens were recorded, who pleaded not to have improvements carried out as she thought it would have a bad effect on her eyes and another case of an employee who carried a 100 watt electric lamp in his pocket which he substituted for the existing 40 watt lamp when he found he couldn't see too well! We had cases in offices where the glare was very bad and other cases where the electric lighting gave readings of over 50 lumens in offices and the passages leading to and from the offices gave readings as low as 4 lumens. Buildings in multiple occupation had poor records for lighting to stairways, landings, passages and sanitary conveniences.

Section 8 (sub-section (1)) calls for effective provision to be made for securing and maintaining, in every part of premises in which persons are working or passing, sufficient and suitable lighting and sub-section (2) empowers the Ministry to make regulations prescribing standards of lighting, conformity with which shall be obligatory and sufficient to comply with sub-section (1).

Regulations prescribing standards have not yet been made under the Northern Ireland Act nor under the corresponding Act in Great Britain (which is two years longer in existence). Some enforcing authorities are critical of this lack and have expressed disappointment that standards of lighting have not been defined by regulations, so as to ensure uniformity of enforcement throughout the service. From our experience during practical survey of the lighting provisions to date, the Ministry's reluctance to make regulations may well be justified, having regard to the large number of premises covered by the Act, the varying conditions that may be found in them and the different attitudes adopted by employers from the very good to the very bad. It is also felt that the Ministry would have to take into consideration the prevailing conditions and available facilities in remote parts of the Province and, to meet all the problems that could arise, the standards might have to be set too low, which would be detrimental to the majority of the persons employed and out of step with the spirit of the Section.

Uniformity of enforcement could be achieved without regulations and the Ministry's letter in April 1967, proposing recommended standards of lighting and advice on the subject, is to be commended and may well be the most practical approach to the matter. The recommended standards are reasonably high but they can be enforced without undue hardship; not being legal they can be applied with flexibility to meet the few instances where special circumstances prevail. Indeed, up to the present, we have found no difficulty in applying the recommended standards provided they are applied with commonsense, but it cannot be too strongly stressed that enforcing authorities should get together to attain uniformity of approach and action, based on the Ministry's recommendations.

Sanitary Conveniences: (Section 9)

Contraventions under Section 9 of the Act and the Regulations made thereunder totalled 1,520, which was higher than expected, because of the fact that nearly all the shops in the City had received

attention in this respect under the old Shops Act (N.I.) 1946. It follows that most of the contraventions were found in office premises. The contraventions fell into the following categories:-

- (a) 96 unsuitable sanitary conveniences; i.e., absence of intervening ventilated spaces between the water-closet apartments and the workrooms where persons were employed and unsuitable sanitary conveniences because of their type, position and accessibility;
- (b) 116 instances of insufficient sanitary conveniences, either through absence of sanitary accommodation or less accommodation available to the persons employed than is required under the Regulations;
- (c) 365 instances of sanitary conveniences not being maintained; i.e., defective basins and drainage; want of sufficient supply of water for flushing purposes; want of or defective seats; defective joints, etc.;
- (d) 417 instances of uncleanliness, such as dirty basins; unclean floors, walls, ceilings, windows, etc.;
- (e) 320 instances of inadequate lighting; absence of electric lighting, defective fittings; missing lamps and blacked out windows;
- (f) 8 instances where the accessibility of the sanitary conveniences was unsuitable for various reasons;
- (g) 198 instances where suitable provision had not been made for the disposal of sanitary dressings.

In only a small number of cases will there be difficulty in complying with the requirements. Mechanical ventilation had to be accepted in a few instances because of the situation of the sanitary conveniences and insufficient space for the provision of suitable intervening ventilated spaces. It was found that shared sanitary accommodation was the worst kept and the most difficult to keep clean and maintain in efficient order. The removal of fittings and the soiling of floors and walls were common features.

Washing Facilities: (Section 10)

There were 1,838 contraventions under Section 10 of the Act and the Regulations made thereunder (relating to the provision of suitable and sufficient washing facilities). The requirements are comprehensive and specific in their coverage, prescribing a supply of clean, running hot and cold or warm water with soap and clean towels or other suitable means of cleansing or drying. The place where the washing facilities are provided must be under cover, unclosed and reasonably accessible to the persons employed. The place and the facilities must be effectively lighted and ventilated, maintained in a clean condition and all the apparatus kept in good working order. The Regulations also specify the number of wash-basins to be provided for the number of persons employed and require the provision of separate facilities for each sex.

Of the 1,838 contraventions there were:-

- (a) 1,387 straightforward cases of the absence of hot and cold or warm water laid on to the wash-basins;
- (b) 178 instances of unsuitability or insufficiency for reasons of situation; unsatisfactory basins; sharing of facilities under unsuitable conditions; accessibility; not available at all times during working hours, etc., or insufficient facilities for the number of persons employed;
- (c) 160 instances of unclean conditions relating to the wash-basins and apparatus and the apartment where the facilities were provided;
- (d) 57 instances of inadequate lighting;
- (e) 56 cases where soap and drying facilities were not provided.

There were very few instances where no washing facilities at all were available to the persons employed and little trouble is expected in this direction. The cleanliness and maintenance provisions present (and will present) problems in the many cases where shared washing facilities only are available and no-one appears to be responsible for their maintenance. Section 42 buildings have already shown this, where hot water apparatus has been removed, broken or put out of order within a short time

after installation; electric lamps removed; wash-basins abused and newly decorated walls defaced. There are no easy solutions in such cases except by trying to get co-operation by discussion with the sharing parties.

Supply of Drinking Water: (Section 11)

126 contraventions were recorded under this section concerning the provision and maintenance, at suitable places conveniently accessible to the persons employed, of an adequate supply of wholesome drinking water. This figure could very well be considerably increased when the full circumstances of the difficulties found during the initial survey are analysed. It can be appreciated that, during inspections, it is difficult to determine readily whether a drinking supply from a tap is direct from the mains or from a cold water storage tank somewhere in the roof of the building. This is especially the case in old buildings, where branches have been taken off over the years from whatever pipe is most convenient. There are other problems to be ironed out; for example, when the drinking supplies are found in water closet cubicles and are not accessible by other employees when the water closets are in use.

Further investigations are necessary, supported by samples of water submitted for bacteriological examination.

Accommodation for Clothing: (Section 12)

No difficulties were experienced under this Section, which requires the provision of accommodation for the external clothing of the persons employed not worn by them during working hours and for facilities for drying such clothing. As the requirements are so easy to comply with (ranging from a heated room specially provided for that purpose to cupboards or lockers and even nails in the wall in a heated atmosphere), the 65 contraventions recorded were mostly found in non-food shops where space was restricted and clothing was being accommodated in the water closet apartment or the wash-up room. The Section empowers the Ministry to make regulations determining what are suitable and sufficient facilities and prescribing a standard of arrangements for drying clothing but these have not yet been made.

Sitting Facilities and Eating Facilities: (Section 13)

The provision contained in Section 13 concerning opportunities for employees to use sitting facilities without detriment to the business and Section 15, requiring that persons who eat meals on the premises are to be provided with suitable and sufficient facilities, refer to shop premises only and are similar to the provisions of the old Shops Act (N.I.) 1946; consequently, only 39 contraventions were found. We did receive several complaints and enquiries about eating facilities in office premises but as they are **not** covered by the Act no action could be taken.

Floors, Passages and Stairs: (Section 16)

The large number of 718 contraventions discovered under this Section relating to defective construction of, and proper maintenance of, stairways, gangways, floors in workrooms, passages, landings, etc., keeping them free from obstruction and from any substance likely to cause persons to trip or slip, the absence of handrails or handholds, the absence of suitable guards to open sided stairways and gangways to prevent persons accidentally falling through the open spaces and the absence of guards or fencings to openings in floors, etc., shows the necessity for the provisions of the Section. It is one of the most important in the Act, requiring commonsense measures of safety to be applied to premises which were not covered specifically by previous legislation and which are responsible for the highest proportion of accidents. The enforcement of the provisions is not without problems and Inspectors often find they are the most difficult to put across. Both employers and employees may have grown up with conditions contrary to the provisions of the Section and are inclined to scoff at the requirements, often pointing out the number of years they have carried on business without anything happening. One employer who was persuaded to provide a handrail to a stairway which was used to convey large cartons of goods to and from a store above, phoned to say the handrail we made him provide was the cause of the first accident he had from he started business (his employee who had become so used to the stairway over the years forgot about the new handrail and struck it with a carton in his arms, fell, and sprained his back). The fencing of openings in floors where goods are lowered and sometimes thrown to floors below for storage or loading purposes and the protection of an area below the opening to prevent persons being struck, is objected to because it would slow down or interfere with normal practices.

Enforcing Inspectors have to be aware of the best methods to effect improvements without hampering trade and have to approach the matter with care and respect for the other person's point of view.

Fencing of Exposed Parts of Machinery: (Section 17 to 19)

There were 162 instances where it was considered that the exposed parts of machines and equipment were not adequately protected against the possible risk of injury to operators or to other persons employed in the premises and where it was necessary that fencing or guards or other safety devices be fitted. It is possible that the number of contraventions may be on the low side because of our lack of experience. It is a new field of operation for Public Health Inspectors. The Factory Inspectorate of the Ministry of Health and Social Services gave us great help to get off the ground with their lectures and discussions on safety precautions and the issue of Circulars and Supplements giving details and technical advice on dangerous machinery likely to be encountered. Two of our Inspectors attended a course of lectures and practical demonstrations giving by practising safety officers, which proved very beneficial and well worth the effort.

Under Sections 17 to 19 every dangerous part of machinery must be fenced unless the machine is so placed or so constructed as to be considered safe to the persons operating it and to the other persons working on the premises. Where fixed guards or fencing cannot be achieved without impairing the nature of the work of the machine, the fitting of an automatic device, which will stop the machine or prevent the operator coming into contact with the dangerous part, can be accepted in lieu. It is an offence under the Sections not to maintain in good working order or to keep in position any safety fencing or safety devices except when they need to be removed for examination, lubrication or adjustment of the machine (and then only by experienced persons over the age of 18). No young person under 18 years of age is allowed to clean dangerous machines or equipment if by so doing there is the risk of injury and no person of any age shall operate a dangerous machine unless he has been fully instructed as to the dangers and the safety precautions to be observed and has had sufficient training to operate the machine, or is under the supervision of a competent person who has thorough knowledge of the machine.

In the early stages of our survey of premises the Department decided to concentrate on office premises, wholesale shops and warehouses, which had received little prior attention under other enactments, with the result that the instances of machinery and equipment in offices, non-food shops, etc., are reflected in our returns on contraventions discovered. It was found that hand-operated guillotines without guards accounted for a large proportion of the contraventions. Guillotines are very common equipment in offices and departmental stores and are usually operated by junior staff and there were few instances of guards being fitted, either because they were old models manufactured without guards, or the original guards had been removed to accommodate larger operations than the machine was designed for. We made a point of discussing guillotines with insurance officials during our visits to their premises under the Act. They are considered the most dangerous items of office equipment and, over the years, have resulted in a startling number of claims. One official believes the number of minor injuries caused by unguarded guillotines and not reported would go into hundreds per year.

It was not unusual to find small circular saws, band saws and electric drill type saws in the "do it yourself" shops, warehouses and other premises coming under the Act, where the guards were absent or had been removed and where they were being operated under the most unsatisfactory conditions, such as overcrowded rooms with piles of timber and hardboard all over the place and under the feet of the operators. The sawing of butchers' meat with band saws is becoming more common and, because of the large opening required to carry out this operation, the resultant long length of exposed blade, together with the weight and bulk and the slippery conditions, make this machine extremely difficult to guard effectively and it presents grave hazards to the operator and to the other employees in close proximity. Another machine which is becoming increasingly common is the waste disposal unit at sinks. These have circular openings up to 5 inches in diameter to receive the waste materials and metal objects, such as spoons, forks, knives and even bones, which may accidentally fall into the opening during the emptying of plates and containers, have the effect of jamming the grinding blades. Apparently the only way to remove an obstruction is to put the hand down and pull it out. As these machines are usually operated by an ordinary wall switch it is an insufficient safeguard merely to ensure that the switch is off before removing an obstruction by hand. Some other - and automatic - safety device is required.

Other dangerous practices found were: open motor rooms to lifts and these rooms sometimes being used for storage purposes; unprotected vee-belt drives to compressors; paper bursting machines; rollers of conveyor belt systems; duplicating machines and food slicing machines.

We received 3 complaints of alleged dangerous machinery and surprisingly enough these were all in coin-operated laundrettes. One of these was a spin dryer which had broken loose from its mountings during operation. No one was hurt but customers had been frightened. The offending spin dryer had been removed before we arrived and the only information available was that it was due to defective assembly. The second was on a similar machine where a child had received a severe fright and had to be taken to hospital with a twisted hand and wrist after attempting to remove clothing from a spin dryer. On examination it was found that the dryer, after automatically switching itself off, continued to revolve at high speed for 10 seconds with the lid open. We followed the investigation up with the other laundrettes in the city and found quite a number which acted in the same way. We discussed the matter with the local distributors of the machine, who stated a braking device which operated with the opening of the lid and stopped the drum almost immediately was now a standard fitting to the newer models but it would be a major operation, involving removal and sending to England, to have the device fitted to existing models. Meanwhile the supervisors have promised not to allow children to use the offending spin dryers and to warn other users of the danger. The third complaint was of excessive fumes from a coin-operated dry cleaner; this was found to be a combination of a badly fitted flue, a clogged exhaust fan which was not working effectively and an uncleaned sludge box.

Notification of Accidents: (Section 47)

Under this section, where an accident occurs in any premises to which this Act applies and results in the death of a person employed, or disables any such person from doing his usual work for a period of more than three days, notice of the accident must be forthwith sent in a prescribed manner to the appropriate authority. In the case of an occupier of premises who is not the actual employer of the person killed or injured, the actual employer is subject to a penalty of ten pounds if he fails to report the accident to the occupier of the premises where the accident took place; for example if a lorry driver delivering goods to premises is involved in an accident such as falling down stairs and is off work for more than three days, the employer of the lorry driver must immediately inform the occupier of the premises where the accident took place and the occupier in turn must notify the appropriate authority for enforcing the Act. Under this Section we received only 54 notifications of accidents over the period and it is highly probable that, by comparing returns of other similar cities in England, where the same provisions are in operation, we are receiving only a small proportion of the actual number of notifiable accidents which occur in the City. It may be that the Act is not long enough in operation for employers to become familiar with their obligation to report accidents, but there is no doubt that strong action needs to be taken to focus attention on this important duty of employers.

The causes of the reported accidents were as follows:-

Falls on the same level	...	...	...	...	...	11
Handling goods	...	...	...	...	...	9
Falls on or from fixed stairs	...	...	...	...	...	6
Struck by falling objects	...	...	...	...	...	6
Power driven machinery in motion	...	...	...	...	...	5
Falls from ladders or step ladders	...	...	...	...	...	2
Hand tools	...	...	...	...	...	2
Falls from one level to another	...	...	...	...	...	2
Non power driven machinery in motion	...	...	...	...	...	1
Vehicle in motion not moved by power	...	...	...	...	...	2
Stepping on or striking object or person	...	...	...	...	...	2
Machine or relevant part at rest	...	...	...	...	...	1
Vehicle in motion moved by power	...	...	...	...	...	1
Causes not otherwise specified	...	...	...	...	...	4

The nature of injuries were:-

Bruising, crushing and concussion	...	...	...	...	...	19
Sprains and strains...	...	...	...	...	...	10
Fractures and dislocations	...	...	...	...	...	9
Open wound and surface injury	...	...	...	...	...	9
Burns	...	...	...	...	...	4
Internal injury	...	...	...	...	...	1
Amputation	...	...	...	...	...	1
Other injuries	...	...	...	...	...	1

A large number of the accidents were caused by falls and the handling of goods and in most cases there were no breaches of the provisions, but in a number of instances the firms were given advice regarding the storage of goods on inaccessible shelves and on stairways, etc. There were two cases of accidents caused by the removal by employees of guards to machines and as there were doubts of the employers' knowledge of the deliberate breach, warning letters were issued. There were four instances in which we sought the advice of the Factory Inspector: one of an operator of an off-set printing machine being injured and additional protection was recommended and provided; in the other three cases valuable information was given to employers and employees and additional safeguards suggested to prevent recurrence.

There was one fatal accident during the period: this occurred at a warehouse, the person involved being crushed between two trailers which were loading goods at the premises. The accident was notified to this Department by the Chief Inspector of Factories who had already investigated it. The Ministry's Factory Inspector also attended at the Coroner's inquest.

No prosecutions were instituted under any of the provisions of the Act. In all instances where contraventions were discovered, verbal notices were given to the employers and, where conditions were bad or really hazardous, employers were required by letter to take action quickly.

The following tables summarise the work carried out by the Department and the conditions found under the various provisions of the Act.

TABLE B 28

Particulars	Contraventions
Cleanliness	382
Overcrowding	33
Temperature:	
Insufficient heating provided	36
Thermometers not provided	1,959
No heating facilities provided	57
Facilities for warming not provided	14
Facilities giving off noxious fumes	137
Ventilation	329
Lighting	818
Seating facilities	17
Drinking water	126
Outdoor clothing	65
Eating facilities	22
Sanitary accommodation:	
Unsuitable	96
Insufficient	116
Not maintained	365
Cleanliness	417
Lighting	320
Accessibility	8
Unsuitable facilities for sanitary dressings	198
Washing facilities:	
Unsuitable or insufficient	172
Accessibility	6
Soap, towels, etc., not provided	56
Hot and cold or warm water not provided	1,387
Unclean conditions	160
Unsuitable lighting	57
First Aid facilities not provided	2,146
Dangerous machinery	162
Dangerous floors, stairways, etc.	718
Dangerous fittings	39
Abstract of the Act not provided	2,751
Excessive weights and loads	5
Total	13,174

TABLE B 29

Class of Premises	Premises registered during the year	Registered premises at end of year	Registered premises receiving a general inspection during the year
Offices	1,981	1,946	1,639
Retail shops	2,370	2,338	1,748
Wholesale shops, warehouses	352	347	284
Catering establishments open to the public, canteens	330	326	151
Fuel storage depots	1	1	1
Total	5,034	4,958	3,823

Visits of all kinds by inspectors to registered premises - 7,464

Analysis of recorded particulars of persons employed in registered premises by workplace

TABLE B 30

Class of workplace	Persons employed
Offices	20,792
Retail shops	12,439
Wholesale departments, warehouses	4,115
Catering establishments open to the public	2,775
Canteens	261
Fuel storage depots	1
Total	40,383
Total Males	18,654
Total Females	21,729

Exemptions

TABLE B 31

Class of Premises	Exemptions current at 31st Dec.	Exemptions granted or extended during year	Applications refused or exemptions withdrawn during year	Cases in cols. (3) and (4) where employees opposed application	Appeals to Courts in connection with exemptions	
					Decided during the year	Allowed
Part I Space (Sec. 5(2)) Part III Sanitary conveniences (Sec. 9)						
Part II Temperature (Sec. 6) Part IV Washing facilities (Sec. 10)						
Offices Retail shops Wholesale shops, warehouses Catering estab. open to the public Canteens Fuel storage depots	NIL	NIL	NIL	NIL	NIL	NIL

Prosecutions	..	..	..	..	..	..	..	Nil
Complaints made under Section 22	...	...	...	...	...	...	...	Nil
Interim orders granted	...	...	...	...	...	...	...	Nil

Inspectors appointed under section 51 (1) of the Act - 2 full-time inspectors and 7 part-time.
Other staff employed for most of their time on work in connection with the Act - 2.

Pharmacy and Poisons Act (N.I.) 1955

Poisons Regulations (N.I.) 1956

The following is a summary of the work carried out under the above Act and Regulations:-

Inspections	...	...	...	...	...	...	...	267
Premises on register at 1st January, 1968	...	...	...	...	...	...	...	243
Deletions from the register during the year	...	...	...	...	...	...	...	13
Additions (new registrations)	...	...	...	...	...	...	...	7
Premises on register at 31st December, 1968	...	...	...	...	...	...	...	237
Contraventions discovered	...	...	...	...	...	...	...	19

Rag Flock Act, 1911 and Rag Flock Regulations, 1912

In connection with the above Act and Regulations the following work was carried out during the year:-

Inspections of premises	...	...	...	...	...	...	...	47
Premises where rag flock is used	...	...	...	...	...	...	...	35
Samples of rag flock submitted for analysis	...	...	...	...	...	...	...	33
Samples of rag flock in compliance with regulations	...	...	...	...	...	...	...	31

Two of the samples submitted for analysis did not meet the requirements of the Rag Flock Regulations, 1912 with respect to cleanliness and, as the contraventions were of a gross nature, prosecutions were instituted, resulting in fines being imposed in each case.

Fabrics (Misdescription) Act, 1913

Fabrics (Misdescription) Regulations (N.I.), 1959

The Fabrics (Misdescription) Act is designed to protect the public against the sale of clothing or fabrics falsely described as flame or fireproof or fire resistant. The Act makes it unlawful for any person to sell or expose for sale or have in his possession for sale any textile fabric, either in the piece or made up into garments, or in any other form, to which is attributed the quality of non-inflammability or safety from fire, either by markings, labelling or by verbal representation at the time of sale, unless such clothing or fabrics conform with the standards of non-inflammability prescribed by the Regulations. Two samples of fabrics described as low flammability and one sample of a child's nightdress also labelled as of low flammability were procured under the Act during the year and submitted to the prescribed tests: all three samples were in compliance.

Toys (Safety) Regulations (N.I.), 1967

The Toys (Safety) Regulations made under the Consumer Protection Act (N.I.) 1965 came into operation on the 1st April, 1968, to provide safeguards against the sale of certain children's toys which might be dangerous or injurious to health. The Regulations prohibit the use of celluloid in children's toys (except table tennis balls) and impose restrictions on the amount of dangerous substances which may be contained in paint used on children's toys. In connection with the Regulations, four samples of toys were procured and were all found to be in compliance.

Inspections of Shops under the Public Health Acts (N.I.) 1878 to 1967

Public Health nuisances discovered	211
Notices issued	122
Nuisances abated	120
Reports of contraventions of bye-laws	15
Reports of dangerous conditions	12

FOOD AND DRUGS

The following regulations relating to food were made during the year:—

The Labelling of Food Regulations (N.I.) 1968 (operative part 4.1.68; remainder 4.1.71):—

These regulations supersede certain provisions of the Labelling of Food Regulations (N.I.) 1961 relating to the labelling and description of food, to the extent that they apply to any food (other than a soft drink) containing cyclamate. The regulations in this respect came into operation on 4th January, 1968; in all other respects they come into operation on 4th January, 1971. The regulations:—

- (a) amend the provisions relating to the labelling of pre-packed food for sale by retail and the list of foods to which they apply;
- (b) similarly amend the provisions relating to the labelling of pre-packed food sold otherwise than by retail and the list of foods to which they apply;
- (c) impose requirements as to the advertisement of certain foods for sale by retail which are not pre-packed;
- (d) impose requirements as to the advertisement of food for sale from vending machines;
- (e) provide for the labelling and advertisement of tenderised meat;
- (f) impose restrictions on the use of the word "milk" on labels or advertisements; and
- (g) amend the Meat Pie and Sausage Roll Regulations (N.I.) 1967, the Canned Meat Product Regulations (N.I.) 1967 and the Sausage and Other Meat Product Regulations (N.I.) 1967 so that the provisions of these regulations relating to the manner of marking or labelling apply to descriptions or names used in accordance with those regulations. The regulations also contain provisions as to the labelling and advertisement of intoxicating liquors, processed peas and acetic acid.

The Margarine Regulations (N.I.) 1968 (operative 4.1.71):—

These regulations supersede the Food Standards (Butter and Margarine) Regulations (N.I.) 1960 (insofar as they relate to margarine) and —

- (a) specify requirements as to the fat, water and vitamin content of margarine;
- (b) specify requirements as to the wording of labels, tickets and notices displayed with margarine and in advertisements for margarine;
- (c) restrict the use of the words "butter," "cream" and "milk" on labels, tickets, notices and advertisements relating to the sale of margarine; and
- (d) specify requirements as to the use of the word "margarine" in advertisements for margarine.

The Coffee and Coffee Products Regulations (N.I.) 1968 (operative 4.1.71):—

These regulations supersede the provisions for liquid coffee essence or extract, liquid coffee and chicory essence or extract and coffee mixtures in the Food Standards (Miscellaneous Foods) Regulations (N.I.) 1960 and Regulation 9 of the Labelling of Food Regulations (N.I.) 1961 and —

- (a) specify compositional requirements for coffee, decaffeinated coffee and coffee products;
- (b) prescribe appropriate designations for decaffeinated coffee and coffee products;
- (c) specify general requirements as to the composition, description, labelling and advertisement of coffee, decaffeinated coffee and coffee products and
- (d) place restrictions on the words "french coffee" and "viennese coffee".

The Ice-Cream and Other Frozen Confections (N.I.) 1968 (operative 4.1.71):-

These regulations supersede (with amendments) the Ice-Cream (Composition Heat Treatment, Labelling, etc.) Regulations (N.I.) 1961 and 1963 and:-

- (a) specify compositional requirements for ice-cream and parev ice, including any ice-cream and any parev ice present as an ingredient of any composite article of food;
- (b) specify requirements as to the labelling and advertisement of ice-cream and parev ice; and
- (c) specify heat treatment requirements for ice-cream, parev ice and similar frozen confections.

The Fish and Meat Spreadable Products Regulations (N.I.) 1968 (operative 15.3.71):-

These regulations supersede the provisions for fish paste and meat paste in the Food Standards (Miscellaneous Foods) Regulations (N.I.) 1960. They specify requirements for the description, composition, labelling and advertisement of meat paste and fish paste.

The Skimmed Milk with Non-Milk Fat (Amendment) Regulations (N.I.) 1968, (operative 26.9.68):-

These amending regulations further extend the Second Schedule to the Skimmed Milk with Non-Milk Fat Regulations (Northern Ireland) 1961 to exempt the foods S-M-A/S-26 Trufood V. Formula, Enfamil and a new form of the food S-M-A- from the requirements to bear on the label the declaration "Unfit for Babies" (or the permitted alternatives).

The Sausage and Other Meat Product Regulations (N.I.) (operative 31.5.69):-

These regulations amend the Sausage and Other Meat Product Regulations (N.I.) 1967 (operative 31.5.69) and:-

- (a) provide that the principal regulations do not apply to a canned meat product after removal from its container; and
- (b) restrict the use of the expression "ready meal" in relation to a meat product.

The Canned Meat Product (Amendment) Regulations (N.I.) 1968 (operative 31.5.69):-

These regulations amend the Canned Meat Product Regulations (N.I.) 1967 (operative 31.5.69) by -

- (a) exempting canned sliced bacon from any requirements as to lean meat content;
- (b) setting a separate standard for the meat content of chopped or minced meat which is suitable for slicing;
- (c) restricting the use of the expression "ready meal" on the label of a canned meat product; and
- (d) applying labelling requirements to canned meat products only when such products are in containers.

The Trade Description Act, 1968, replaces the Merchandise Marks Acts, 1887 to 1953, by fresh provisions prohibiting misdescription of goods, etc. Provision is made for a continuation for three years of Orders in Council requiring indication of origin, to enable the Parliament of Northern Ireland to make laws relating to merchandise marks.

Food and Drugs Sampling

1,061 samples of food and drugs were submitted to the Public Analyst for chemical analysis; 38 of these were found to be adulterated, the majority of the adulterations being due to the excessive use of sulphur dioxide in meat products.

TABLE B 32

Year	Number			Adulterated			Percentage adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
1964	1,044	31	1,075	22	3	25	2.10	9.67	2.32
1965	1,014	69	1,083	52	5	57	5.13	7.25	5.26
1966	1,018	52	1,070	34	6	40	3.34	11.54	3.74
1967	1,013	51	1,064	44	7	51	4.34	13.72	4.8
1968	1,000	61	1,061	27	11	38	2.7	18.04	3.68

TABLE B 33

Article	Number	Article	Number
Ale	2	Ham, chopped and pork	1
Almonds, ground	2	Honey	1
Baconburgers	1	Honey, liqueur	1
Bananas (Informal)	1	Hydrogen peroxide	1
Beans, baked (Informal)	1	Ice-cream	58
Beans, baked and frankfurters (Informal)	1	Ice-cream Sundae	1
Beefburgers	2	Iodine, tincture of	1
Beef, corned	3	Jelly, table	4
Beef, minced	22	Juice, fruit	4
Beef, minced (Informal)	1	Ketchup, tomato	2
Beer	5	Lard	2
Brandy	6	Lemons (Informal)	1
Brawn	1	Lentils	1
Bread, brown	1	Liver, pigs	1
Bread, milk	2	Loaf, corned beef	1
Bread, plain	1	Lollipops, iced	6
Butter	6	Margarine	3
Butter, peanut	2	Mayonnaise	2
Buttermilk	8	Meat, canned (Informal)	1
Cakes, chocolate	1	Meat, pork luncheon	4
Cakes, cream	2	Milk, condensed full cream unsweetened	3
Cakes, fresh cream	2	Milk, condensed skimmed sweetened	1
Cakes, fish	2	Milk, dried	1
Cakes, imitation cream	1	Milk, dried non-fat	1
Cereal (Informal)	1	Milk, evaporated full cream	2
Cheese, cheddar	2	Milk, instant non-fat	1
Cheese, full fat soft	1	Milk, substitute	1
Cheese, medium fat smoked	1	Mint, dried	1
Cherries, glace	2	Mix, iced lemon tea	1
Chocolate, instant drinking	1	Mixture, dried fruit	1
Cider (Informal)	1	Mixture, soup	1
Cinnamon, ground	1	Mustard, french	1
Coconut, desiccated	2	Nitre, sweet spirits of	1
Coffee, ground	2	Oil, camphorated	1
Coffee, instant	2	Oil, corn	1
Concentrate, fruit	1	Oil, olive	1
Condiment, non-brewed	3	Ointment, medicated	1
Condiment, salt-free	1	Ointment, zinc	1
Confectionery	2	Ointment, zinc and castor oil	1
Cream, double	5	Onions, instant	1
Cream, salad	4	Onions, pickled (Informal)	1
Cream, sterilized chocolate	1	Oranges (Informal)	1
Cream, whipping	3	Paraffin, liquid	1
Crumbs, cooking	1	Paraffin, liquid, BP	2
Crystals, table jelly	1	Paste, chicken	1
Custard	1	Pasties, cornish	2
Dessert, instant	2	Pastry, fresh cream	2
Doughnuts, fresh cream	1	Pate, chicken with wine	1
Dripping, beef	1	Pate de foie truffe	1
Eggs, pasteurised frozen (Informal)	36	Pate, duck liver	1
Essence, coffee and chicory	3	Pate, liver	1
Eucalyptus, oil of	1	Peanuts	1
Fat, cooking	1	Peanuts, salted	1
Flavouring, milk shake	1	Peas	1
Flavouring, rum	1	Peas, yellow split	1
Flour, plain	1	Pepper	1
Flour, self-raising	2	Pies, cornish	1
Fruit, canned	2	Pies, meat	1
Fruit, dried	3	Pies, pork	1
Fudge, buttered	1	Pies, steak and kidney	3
Gelatine	1	Pork, chopped (Informal)	1
Gelatine, powdered	1	Pork, picnic	1
Gin	4	Porter	1
Glycerine, BP	1	Potatoes (Informal)	1
Grapefruit (Informal)	1	Potato-bleach	1
Gum, chewing	3	Powder, baking	2
Hamburgers	1	Powder, boracic acid	1
		Powder, borax, BP	1

TABLE B 33 (contd.)

Article	Number	Article	Number
Powder, curry	1	Sherbet	1
Powder, custard (1 Informal)	3	Sherry	4
Powder, Seidlitz	1	Soda, baking	1
Powder, skimmed milk	1	Soft drinks (6 Informal)	15
Preserves:—		Spread, crab with butter	1
Curd, lemon	2	Spread, pork meat	1
Jam, apple and black-currant	1	Spread, salmon	2
Jam, apple and strawberry	2	Spread, tomato and sardine	1
Jam, peach	1	Steakburgers	1
Jam, raspberry, home made	2	Steakettes	2
Jam, rhubarb and ginger, home made	1	Steak, minced	172
Jam, strawberry, home made	1	Suet, beef	1
Jelly, apple	1	Suet, shredded	1
Marmalade	1	Suet, shredded beef	1
Mincemeat	2	Sweetmilk (2 Informal)	125
Spread, jelly	1	Sweetener, artificial	1
Quinine, ammoniated tincture of	1	Syrup, blackcurrant	1
Relish, hot dog	1	Syrup, milk shake	1
Rice, creamed (Informal)	2	Tablets, aspirin	3
Rice, ground	2	Tablets, saccharin	2
Rolls, sausage	13	Tablets, saccharin, BPC	1
Salad, paprika	1	Tablets, yeast, BPC	1
Salts, health	1	Tartar, cream of	1
Sal Volatile, spirits of	1	Tea	3
Sauce	2	Tea, instant	1
Sauce, apple	1	Tenderiser, meat	1
Sauce, tomato	1	Topping, dessert	1
Sausages and sausage meat	291	Trifle (Informal)	1
Scones, buttered	9	Vinegar, pure malt	4
Scones, milk	1	Vodka	5
Semolina	1	Whiskey	16
		Wholemeal	1
		Wine	2
		Wine, cherry	1
		Total	1,061

Legal proceedings in respect of adulterated foods

TABLE B 34

Sample	Number taken	Adulterations	Prosecutions	Convictions	Fines	Costs
Beans, baked and frankfurters	1	1	—	—	—	—
Beef, minced	22	3	3	3	£12	£7.4.7
Beef, prime minced	1	1	—	—	—	—
Cereal	1	1	—	—	—	—
Cider	1	1	—	—	—	—
Eggs, pasteurised frozen	36	1	—	—	—	—
Ice-cream	58	1	1	1	£5	£2.7.6
Nitre, sweet spirits of	1	1	—	—	—	—
Pork, chopped	1	1	—	—	—	—
Potatoes	1	1	1	1	£2	7.0
Preserves	15	2	—	—	—	—
Sausages and sausage meat	291	7	7	7	£28	£16.12.7
Scones, buttered	9	1	1	1	£2	£2.8.6
Soft drinks	15	4	1	1	£1	7.0
Steak, minced	172	10	10	10	£30	£24.6.1
Sweetmilk	125	1	—	—	—	—
Whiskey	16	1	1	1	—	£10.16.0
Totals	766	38	25	25	£80	£64.9.3

In the case of the following samples no legal proceedings were instituted:— baked beans and frankfurters 1; prime minced beef 1; cereal 1; cider 1; pasteurised frozen eggs 1; sweet spirits of nitre 1; chopped pork 1; preserves 2; soft drinks 3; sweetmilk 1.

Particulars of samples specially reported by the Public Analyst:—

Baked beans. A sample of baked beans, alleged to have a bitter taste, was found to be more acidic than normal and was returned as inferior.

Baked beans and frankfurters. A sample of baked beans and frankfurters contained 59½ per cent of meat and no baked beans.

Buttered scones. The fat spread on a sample of buttered scones contained only 15 per cent of butter, the remaining 85 per cent having the composition of margarine, and it was returned as adulterated.

Canned meat. A sample of canned meat consisted of finely ground meat containing 38 per cent of total meat.

Canned minced beef. One sample of canned minced beef in gravy was contaminated by numerous small hairs of bovine origin and was returned as adulterated.

Cereal. A sample of breakfast cereal contained solid pieces of a translucent gum-like adhesive and was returned as adulterated.

Chicken pate with wine. Attention was drawn to the labelling of this sample. In the list of ingredients declared to be present, which are required by the Labelling of Food (N.I.) Regulations to be placed in quantitative order, 'Wine' was omitted. The sample was found to be genuine.

Chopped pork. A sample of chopped pork in an open can was found to be soiled by an encrustation of ferruginous matter admixed with a few vegetable fibres; it was returned as adulterated.

Cider. One sample of cider was found to be contaminated by black coloured carbonaceous material, possibly derived from the use of a bottle previously having held oily matter. The sample was returned as adulterated.

Creamed rice. Two samples of creamed rice were examined. In both cases the contents of the tins were found to be free from metallic impurity and they were returned as genuine.

Double thick cream. Exception was taken to the description of a cream sample as "Double Thick Cream." The product contained 51 per cent of fat, 3 per cent more fat than the amount required for "Double Cream," namely 48 per cent. The sample was returned as genuine.

Ice-cream. One sample of ice-cream was deficient in content of fat, containing only 3.4 per cent against the 5 per cent minimum required by the Ice-Cream (N.I.) Regulations. The sample was returned as adulterated.

Milk substitute of vegetable origin. While the sample was reasonably well compounded for the purpose for which it was intended, the description on the label was not looked on with favour. The sample was returned as genuine.

Minced beef. Three samples of minced beef contained sulphur dioxide in amounts of 100, 140 and 270 parts per million. (The addition of sulphur dioxide to minced beef is prohibited).

Minced steak. Ten samples of minced steak contained sulphur dioxide in amounts ranging from 120 to 1,000 parts per million. (The use of sulphur dioxide in minced steak is prohibited).

Pasteurised eggs. One sample of liquid egg was ineffectively pasteurised and failed to pass the alpha-amylase test. The sample was returned as adulterated.

Potatoes. One sample of whole potatoes was heavily contaminated by colouring matter — methyl violet — and was returned as adulterated. Methyl violet is not a permitted colouring matter.

Preserves. Two samples of home-made raspberry jam were deficient in soluble solids. Both contained only 65 per cent whereas a minimum of 68½ per cent fruit content is prescribed by the Preserves (N.I.) Regulations. Both samples were returned as adulterated.

Sausage and sausage meat. Six samples contained sulphur dioxide in amounts ranging from 650 to 2,200 parts per million. One sample had the composition of minced beef with sulphur dioxide present. (Sausage meat may contain a maximum of 450 parts per million when declared).

Soft drinks. One sample of cream soda consisted virtually of carbonated water and was contaminated by suspended matter containing mould and other matter of vegetable origin. One sample of orange drink contained copper much above the recommended limit, while a sample of concentrated orange drink showed a copper content well within the recommended limit. A sample of kali water was contaminated by traces of a petroleum product, presumably through the use of a contaminated bottle. A sample in an unopened polythene satchel was contaminated with objectionable gelatinous mould growths. Objection was taken to the use of the term "Whole Orange Drink" as a description for a comminuted orange drink.

Sweet spirit of nitre. A sample of sweet spirit of nitre contained only 0.08 per cent w/v of Ethyl Nitrite. The required amount is between 1.25 and 2.5 per cent. The sample was returned as adulterated.

Sweetmilk. One sample of sweetmilk was contaminated by the presence on the inner surfaces of the bottle of organic debris, vegetable fibres and mineral matter. This sample was returned as adulterated. A sample consisting of 2 separate pint bottles was returned as inferior due to the presence of a small amount of foreign matter adhering to the inner surface of the glass.

Trifle and custard powder. A sample of each commodity examined as the result of a complaint was found to be normal and returned as genuine.

Whiskey. One sample of whiskey was 39.97 degrees under proof and therefore below the strength required, which is 35 degrees under proof. The sample was returned as adulterated.

MILK CONTROL

The following tables indicate the control exercised over milk sold within the city.

Dairies where milk is pasteurised	...	...	...	...	2
Gallons of milk pasteurised per day (average)	...	...	...	...	37,000
Retail distributors of milk	...	...	...	...	1,330
Inspections of milk shops	...	...	...	...	1,053
Samples of sweetmilk taken for chemical analysis	...	...	...	...	125
Samples of sweetmilk taken for bacteriological examination	...	...	...	...	900
Samples of sweetmilk taken for culture examination	...	...	...	...	150

Particulars of sweetmilk samples procured for chemical analysis during five years 1964-1968

TABLE B 35

Year	Number	Adulterated	Percentage adulterated
1964	161	—	—
1965	164	4	2.4
1966	141	1	0.7
1967	136	—	—
1968	125	1	0.8

Average monthly composition of milk samples examined by Public Analyst

TABLE B 36

Month	Number	Total solids per cent	Fat per cent	Solids not fat per cent
January	—	—	—	—
February	15	12.1	3.5	8.6
March	3	12.2	3.7	8.5
April	—	—	—	—
May	10	12.2	3.6	8.6
June	23	12.1	3.4	8.7
July	—	—	—	—
August	8	12.3	3.7	8.6
September	9	12.5	3.8	8.7
October	24	12.5	3.9	8.6
November	28	12.5	3.9	8.6
December	5	12.4	3.9	8.5

Particulars of bacteriological examination of milk

TABLE B 37

Test	Grade	Samples examined	Satisfactory		Unsatisfactory	
			Number	Per cent	Number	Per cent
Plate Count	Farm bottled	144	109	75.7	35	24.3
Coliform	Farm bottled	144	144	100	—	—
	Pasteurised	756	692	91.5	64	8.5
Phosphatase	Pasteurised	756	756	100	—	—
Culture	Farm bottled	150	150	100	—	—
Viable organisms	Farm bottled	150	92	61.3	58	38.7

Bacteriological examination of milk supplied to schools

TABLE B 38

Test	Grade	Samples examined	Satisfactory		Unsatisfactory	
			Number	Per cent	Number	Per cent
Coliform	Pasteurised	78	57	73	21	27
Phosphatase	Pasteurised	78	78	100	—	—

Mineral waters

There were no adverse reports on the 181 samples of mineral waters submitted for bacteriological examination.

Frozen confectionery

375 samples were examined: 119 of these were found to be unsatisfactory due to the presence of coliform organisms. These adverse results were reported to the Health Authority in whose area the confectionery was manufactured.

Bacteriological examination of eggs

Samples taken for examination:—

Frozen liquid eggs 46

No salmonella organisms were isolated in any of these samples.

Pasteurisation of liquid eggs

36 samples were procured from bakeries and bakery sundriesmen and submitted to the Public Analyst for the Alpha-Amylase test. One sample did not comply with this test and, as it had been pasteurised outside the City, the Health Authority concerned was notified.

Desiccated coconut

52 samples were taken during the year for bacteriological examination. All were found to be satisfactory.

Imported fruits

Samples of citrus fruit and bananas were submitted for examination for the presence of colouring matter and antibiotics. All complied with the relevant Regulations.

Verbal warnings were given to vendors whose labels on imported foods did not comply with the Marking Orders made under the above Acts. On subsequent inspections their labels were found to be in compliance.

The control of food unfit for human consumption

The following tables show the varied selection of unfit foodstuffs examined by the Food Inspection staff and destroyed under their supervision. Fire damage in 3 food premises and the residue stock from 2 bankrupt firms accounted for a large amount of the food which had to be destroyed. 5,787 certificates were issued to traders in connection with unfit food surrendered.

Poultry inspection

There are three poultry killing premises within the City. It would appear that poultry are now being culled on the farms, thus reducing the percentage of unfit carcasses slaughtered, as will be seen from the following table:—

TABLE B 39

	Poultry examined	Number condemned
1965 (part)	20,551	237
1966	37,339	592
1967	40,927	457
1968	50,931	320

Poultry examined during the year

TABLE B 40

	Examined	Condemned	%
Bowling Fowl	48,149	320	0.66
Roasting fowl	1,171	—	—
Ducks	294	—	—
Turkeys	1,251	—	—
Geese	66	—	—
Totals	50,931	320	0.63

Conditions and diseases for which seized

TABLE B 41

Diseases	Bowling fowl
Leucosis	34
Tumours	32
Ascites	133
Injuries	54
Abscesses	2
Decomposition	3
Emaciation	25
Moribund	37
Totals	320

Unfit foodstuffs surrendered by traders after inspection and destroyed

TABLE B 42 (a)

Articles	Containers	Articles	Containers
Baby food	621	Milk	1,313
Beans	5,043	Miscellaneous	1,153
Beetroot	253	Peas	4,414
Biscuits	1,225	Pickles	317
Carrots	876	Pie filling	283
Cereal	485	Preserves	787
Cheese	646	Puddings	771
Confectionery	9,131	Ravioli	144
Corn	232	Rice	2,971
Cream	292	Sauce, ketchup and salad cream	437
Curry	56	Soup	7,628
Fish	1,493	Spaghetti	780
Frozen food	8,229	Stew	109
Fruit	13,165	Tomatoes	1,769
Fruit juice	329	Tomato juice	363
Ham	1,345	Vegetables	777
Macaroni	103	Vegetable juice	76
Meat	4,107		

TABLE B 42 (b)

Articles	Tons	Cwts.	Lbs.	Articles	Tons	Cwts.	Lbs.
Beans	—	3	88	Lard	—	—	32
Butter	—	1	64	Meat	6	14	53
Carrots	—	3	53	Onions	12	5	84
Cheese	—	7	67	Peas	1	10	75
Confectionery	—	2	79	Rice	—	10	92
Cooking fat	—	6	59	Sugar	—	4	18
Fish	—	4	24	Tea	—	5	70
Flour	—	6	43	Tomatoes	1	1	64
Fruit	14	1	34	Tomato puree	—	1	56
Fruit (dried)	—	—	1	Vegetables	—	12	6
Ham	19	7	6				

Unsound food seized and destroyed in pursuance of Magistrates' Orders

2 chickens; 3 boxes of chocolate; 2 chocolate biscuits; 1 packet of baby food; 1 fruit cake; 3 jars of jelly; 1 Cornish pasty; 28 cwts. of potatoes; 2 tins of corned beef; 5 carcasses of mutton; 1 carcase of veal; 1 apple pie; 3 meat pies; 1 tin of pineapple pieces; 2 bottles of sweetmilk; 2 salad sandwiches; 1 tin of chopped pork; quantity of assorted groceries and confectionery; 2 sausage rolls; 10 packets of breakfast rusks; 2 lollipops; 2 packets of dried milk; quantity of tinned foods; 1 packet of oat flakes; 1 packet of cereal; portion of roast meat; 9 packets of bacon; 1½ cwts. of flour; 7 lb. of jam; 14 lb. of raisins; 3 gallons of buttermilk; 10 lbs. of cooking fat; 22 lbs. of dates.

Foreign matter in food

- Moth larva in box of chocolates
- Insect in tin of fruit (2 instances)
- Mould on box of chocolates
- Maggot in packet of milk food
- Taint of oil in tin of orange juice
- Maggot in chocolate biscuit (2 instances)
- *Metal bolt in fruit cake
- Piece of woven material in tin of corned beef
- *Mould on jars of jelly (2 instances)
- *Mould in apple pie

Foil wrapper of chocolate biscuit in bottle of sweetmilk
 Carbonaceous material in bottle of cider
 Mould on meat pie (3 instances)
 Maggots and mites in boxes of dates
 Slugs in salad sandwich
 Insect in tin of pineapple pieces
 Taint of oil in bottle of kali water
 *Insect in meat pie
 *Mould on sauasage rolls
 Foreign matter in tin of chopped pork
 Foreign matter in bottle of sweetmilk (2 instances)
 Piece of hide in tin of corned beef
 Hairs in tin of minced beef
 Maggots in 11 packets of breakfast rusks
 Adhesive materials in packet of breakfast cereal
 *Foreign matter in fruit drinks
 Piece of polystyrene in bottle of sweetmilk
 Cork in bottle of beer
 Portion of nut shell in bar of nut chocolate
 Insect in packet of dried milk
 Maggot in packet of oat flakes
 Piece of hide in meat pie
 *Maggot in packet of cereal
 Insect and particles of glass in bottle of sweetmilk
 *Insect in salad sandwich
 Slug in tin of salmon
 Insect in rolled breast of lamb
 Fragments of plastic in salad sandwich
 Insect in tin of corned beef
 Foreign matter in fried fish
 Foreign matter in tin of corned beef
 Drawing pin in bottle of sweetmilk
 Insects in 2 boxes of chocolates
 Animal tooth in tin of chopped ham
 *Mould on 9 packets of bacon
 Sandwich cake with piece of wire adhering
 *Loaf of bread containing piece of metal
 Wasp in loaf of bread
 Wasp in apple square
 *Portion of rubber glove in plain scone
 Fly in a pie
 Fly in a scone
 Mould in a Swiss apple pastry
 Mineral crystals in plain loaf
 Insect in soda farl
 Mould on plain loaf (2 instances)
 Stone in a scone
 *Fly in a savoury pie

*Denotes legal proceedings taken.

ICE-CREAM

58 formal samples of ice-cream were purchased for chemical analysis: one was found to contain 3.4 per cent fat, 5.0 per cent being the statutory minimum. Legal proceedings were instituted and a fine of £5 plus £2 7s. 6d. extra costs was imposed. Soft ice-cream continues to be popular: a large percentage of mobile traders have their vehicles fitted with machines for the sale of this product.

Particulars of premises registered for the manufacture and sale of ice-cream

TABLE B 43

	Manufacture	Manufacture and sale	Manufacture and sale of soft ice-cream	Sale only	Vending machines	Storage	Total
Premises registered at 1st January, 1968	3	37	14	1,013	—	3	1,070
Deletions	—	3	2	175	—	—	180
Registrations	—	1	4	136	—	—	141
Premises on register at 31st December, 1968	3	35	16	974	—	3	1,031

Inspections	...	...	...	...	...	...	1,291
Summonses for selling ice-cream in unregistered premises						...	1
Samples submitted for bacteriological examination						...	730
Samples submitted for chemical analysis				...	...	...	58
Cautionary letters sent		...	...	...	...	...	78

Particulars of ice-cream samples taken during the year for chemical analysis

TABLE B 44

Complied with standards		Did not comply with standards	
No.	%	Fat	Total solids
57	98.3	1	—

The Ice-cream (Heat Treatment, etc.) Regulations (N.I.) 1961

Methylene Blue Tests (730 samples)

TABLE B 45

Grade	Number	Percentage
1	573	78.5
2	79	10.8
3	44	6.0
4	34	4.7

Conditions discovered on inspection of ice-cream premises

TABLE B 46

Conditions	Instances	Remedied	In progress	Out-standing
Unsuitable cloakroom accommodation	—	1	—	—
First-aid materials not provided	1	1	—	—
Preparation room: walls, ceilings, floors, windows, etc., in disrepair	1	1	—	—
Wash-up room: walls, ceilings, floors, windows, etc., in disrepair	1	1	—	—
lighting and ventilation not provided and maintained	1	1	—	—
Totals	4	*5	—	—

* Defects remedied include one outstanding defect from the previous year

FOOD HYGIENE

There are approximately 7,000 food premises within the City. Regular visits are made to these establishments to ensure that all relevant legislation is complied with. During the year a Chinese translation of the Food Hygiene (General) Regulations was distributed to the proprietors of Chinese restaurants to enable them and their employees to understand in Chinese the general purport of the Regulations.

In conjunction with the Public Health Laboratory, the bacteriological sampling of foods has been increased to include cooked and uncooked foods, prepared open pack meat products and ingredients. Where unsatisfactory results are reported the Food Inspectors advise the management and staff on the cleansing of utensils and equipment. These results are being used for advisory purposes until a working bacteriological standard is established.

Details of plans showing proposed alterations to food premises

110 plans were submitted to the Department to ensure that the premises classified as follows complied or would comply with the relevant legislation.

Bottling premises	...	...	...	...	...	...	4
Cafes	...	...	...	...	...	...	7
Catering college	...	...	...	...	...	...	1
Chemists	...	...	...	...	...	...	4
Confectionery	...	...	...	...	...	...	3
Fish and chip shops	...	...	...	...	...	...	2
Fruit and vegetables	...	...	...	...	...	...	5
Grocers	...	...	...	...	...	...	10
Hostels	...	...	...	...	...	...	4
Hotels	...	...	...	...	...	...	9
Ice-cream factory	...	...	...	...	...	...	1
Licensed premises	...	...	...	...	...	...	31
Meat factory	...	...	...	...	...	...	1
Restaurants	...	...	...	...	...	...	13
School meals kitchens	...	...	...	...	...	...	6
Supermarkets	...	...	...	...	...	...	4
Works canteens	...	...	...	...	...	...	5

The City Planning Officer requested our comments on 2 cases of proposed conversion of existing property into the following types of food premises:—

Meat factory	...	...	...	...	...	...	1
Fried fish shop	...	...	...	...	...	...	1

Inspection of food premises

TABLE B 47

Trade or business	Inspections	Trade or business	Inspections
Bacon curing stores	28	Institutional kitchens	38
Bakeries	144	Licensed clubs	29
Bottling stores	21	Markets	573
Butchers	1,486	Meat factories	55
Cafes and restaurants	1,046	Milk retailers	1,053
Chemists	107	Mineral water factories	109
Cold stores	56	Mobile vans	22
Confectionery	2,249	Pastry shops	17
Fish	503	Pet food manufacturers	104
Fish and chip shops	540	Pet food shops	4
Food manufacture	52	Poultry	752
Fruiterers	1,194	Provisions	661
Grocers	3,437	Public houses	590
Hawkers carts	66	School meals kitchens	84
Hotels and guest houses	159	Shellfish on foreshore	38
Ice-cream	1,291	Supermarkets	758
Industrial canteens	87	Wholesale stores	818
Total		18,171	

Butchers' premises

Premises registered at 1st January 1968	...	...	...	365
Deletions ...	...	...	...	26
Registrations	...	...	...	29
Premises registered at 31st December 1968	...	...	...	368
Inspections	...	...	...	1,486

Defective conditions discovered on inspection of butchers' premises

TABLE B 48

Conditions	Instances	Remedied	In progress	Out-standing
Unsuitable cloakroom accommodation	1	—	1	1
Proper bins not provided for storage of bones and refuse	1	—	—	2
Foodstore: walls, floors, ceilings, windows, etc., required cleansing	1	—	—	1
Foodstore: walls, floors, ceilings, windows, etc., in disrepair	4	3	—	2
Foodstore: lighting and ventilation not provided and maintained	1	1	—	—
Preparation room: walls, floors, ceilings, windows, etc., required cleansing	1	1	—	—
Preparation room: walls, floors, ceilings, windows, etc., in disrepair	2	1	1	1
First-aid materials not provided	2	1	1	2
Suitable and sufficient personal washing facilities not provided	14	8	1	5
Supply of soap and towels not provided or not sufficient	8	4	—	4
No wash hand basin for personal washing facilities	8	3	1	4
Utensils: unsatisfactory method of cleansing	4	4	—	—
Wash-hand basin and sink: hot and cold water not provided or insufficient	14	11	1	4
No sink for utensil washing	2	2	—	1
Other defects	11	12	—	—
<i>Sanitary accommodation:</i>				
Floors, basins, seats, walls, etc., required cleansing	1	1	—	—
Floors, basins, seats, walls, etc., in disrepair	1	—	1	1
Flush to water-closet defective or inadequate	1	—	—	—
Totals	77	*52	7	28

* Defects remedied include outstanding defects from the previous year

Defective conditions discovered in food premises (excluding butchers, ice-cream, fish and chip shops, restaurants, cafes, snack-bars, canteens and licensed premises)

TABLE B 49

Conditions	Instances	Remedied	In progress	Out-standing
Unsuitable cloakroom accommodation	12	7	—	7
Sanitary conveniences within or communicating direct with food room	15	8	—	9
Suitable and sufficient personal washing facilities not provided	56	34	1	29
Supply of soap and towels not sufficient or not provided	47	25	1	29
Drain inlets within, or communicating direct with food room	2	—	—	2
Kitchen: walls, ceilings, floors, windows, etc., required cleansing	1	2	—	1
Kitchen: walls, ceilings, floors, windows, etc., in disrepair	1	1	—	1
Foodstore: walls, ceilings, floors, windows, etc., required cleansing	22	12	—	11
Foodstore: walls, ceilings, floors, windows, etc., in disrepair	44	24	1	23
Foodstore: lighting and ventilation not provided and maintained	17	7	—	11
First-aid materials not provided	40	21	—	19
Utensils and glasses: unsatisfactory method of cleansing	24	8	—	18
Sink: wastepipe untrapped or connected direct to drain	1	1	—	—
No wash hand basin for personal washing facilities	42	24	1	22
No sink for washing utensils	15	3	—	15
Wash hand basin and sink: hot and cold water not provided or insufficient	76	38	1	44
Other defects	51	52	—	5
<i>Sanitary accommodation:</i>				
Floors, basins, seats, walls, etc., dirty or defective	11	6	—	6
Flush to water-closets defective or inadequate	8	7	—	1
Light and ventilation not provided or insufficient	1	—	—	1
Totals	486	*280	5	254

* Defects remedied include outstanding defects from the previous year

Note.—The number of outstanding defects is large because it would be unreasonable to enforce extensive alterations in premises now scheduled for demolition in slum clearance areas and road widening schemes.

Defective conditions discovered in restaurants, cafes, snack-bars and industrial canteens

TABLE B 50

Conditions	Instances	Remedied	Work in progress	Out-standing
Proper bins not provided for storage of bones and refuse	1	1	—	—
Suitable and sufficient personal washing facilities not provided	2	1	—	1
Supply of soap and towels not sufficient or not provided	1	1	—	—
No wash hand basin provided for personal washing facilities	1	1	—	—
No sink for washing utensils	1	1	—	—
Wash hand basin and sink: hot and cold water not provided or insufficient	3	3	—	—
Utensils: unsatisfactory method of cleansing	1	1	—	—
Preparation room: lighting and ventilation not provided and maintained	1	1	—	—
Other defects	5	5	—	1
<i>Sanitary accommodation:</i>				
Sanitary accommodation not provided or insufficient for both sexes	2	—	—	2
Flush to water-closet defective or inadequate	1	—	—	1
Totals	19	*15	—	5

* Defects remedied include outstanding defects from the previous year

TABLE B 51

Conditions	Instances	Remedied	In progress	Out-standing
Unsuitable cloakroom accommodation	4	1	—	3
Sanitary conveniences within, or communicating direct with foodroom	9	8	1	1
Suitable and sufficient personal washing facilities not provided	22	8	1	14
Supply of soap and towels not sufficient or not provided	13	4	1	8
Drain inlets within, or communicating direct with foodroom	1	1	—	—
Kitchen: walls, floors, ceilings, windows, etc., required cleansing	1	—	—	1
Foodstore: walls, floors, ceilings, windows, etc., required cleansing	2	1	—	2
Foodstore: walls, floors, ceilings, windows, etc., in disrepair	2	2	—	—
Bar: walls, floors, ceilings, windows, etc., required cleansing	2	—	—	—
Bar: walls, floors, ceilings, windows, etc., in disrepair	8	8	—	—
Bar: lighting and ventilation not provided and maintained	2	1	—	1
Beer cellar: walls, floors, ceilings, windows, etc., required cleansing	2	2	—	—
Beer cellar: walls, floors, ceilings, windows, etc., in disrepair	2	2	—	—
Bottling store: walls, floors, ceilings, windows, etc., required cleansing	8	—	1	7
Bottling store: walls, floors, ceilings, windows, etc., in disrepair	5	1	—	4
Fixtures and fittings in a state of disrepair	1	—	—	1
First-aid materials not provided	17	6	—	11
Improper receptacles for storage of refuse	1	—	—	1
Glasses: unsatisfactory method of cleansing	10	6	1	3
No sink for utensil (glasses) washing	1	1	—	—
Wash hand basin and sink: hot and cold water not provided or insufficient	31	15	2	14
No wash hand basin for personal washing facilities	16	4	1	12
Other defects	12	8	—	4
<i>Sanitary accommodation:</i>				
Floors, basins, seats, walls, etc., dirty or defective	7	1	1	6
Urinals: defective or insanitary	2	2	—	—
Light and ventilation not provided and maintained	1	2	—	—
Totals	182	*84	9	95

* Defects remedied include outstanding defects from the previous year

Fish and chip premises

Premises registered at 1st January 1968	...	...	...	192
Deletions ...	...	...	...	22
Registrations	...	...	...	25
Premises registered at 31st December 1968	...	...	...	195
Inspections	...	...	...	540

Defective conditions discovered in fish and chip premises

TABLE B 52

Conditions	Instances	Remedied	In progress	Out-standing
Sanitary conveniences within or communicating direct with foodroom	—	1	—	—
Suitable and sufficient personal washing facilities not provided	2	4	—	—
Supply of soap and towels not sufficient or not provided	1	3	—	—
Drain inlets within, or communicating direct with foodroom	—	1	—	—
Foodstore: walls, floors, ceilings, windows, etc., required cleansing	2	2	—	—
Foodstore: walls, floors, ceilings, windows, etc., in disrepair	2	2	—	—
Preparation room: walls, floors, ceilings, windows, etc., in disrepair	1	2	—	2
No proper potato store	1	—	—	1
No wash hand basin for personal washing facilities	1	3	—	—
Wash hand basin and sink: hot and cold water not provided or insufficient	2	4	—	—
Unsuitable cloakroom accommodation	2	—	—	2
Other defects	3	4	—	—
Totals	17	*26	—	5

* Defects remedied include outstanding defects from the previous year

Summary of legislation under which action was taken to bring food premises into compliance

TABLE B 52

Type of Business	Food Hygiene General Regulations (N.I.) 1964	Public Health Acts (N.I.) 1878-1967	Belfast Corporation Acts	Bye-Laws	Totals
Butchers	16	11	1	1	29
Cafes, restaurants, milk bars	2	3	2	1	8
Chemists	7	2	—	—	9
Confectioners	16	9	—	—	25
Fish	2	1	—	—	3
Fish and chips	5	2	—	—	7
Food manufacturers	3	—	—	—	3
Fruiterers	7	5	—	2	14
Grocers	60	30	—	5	95
Hotels and guest houses	—	1	—	—	1
Ice-cream	2	—	—	—	2
Licensed clubs	3	2	—	—	5
Public houses	34	11	1	—	46
Wholesale stores	3	—	—	—	3
Totals	160	77	4	9	250

RODENT CONTROL

During 1968 the Pests Control Officer of the Health Department carried out 287 campaigns for the destruction of rodents, and 262 campaigns were also carried out in the sewerage system of the City. Many of the infestations dealt with were discovered during systematic surveys of premises, whilst others were brought to the attention of the Department by occupiers of premises who had asked for assistance in the work of disinfection. Infestations of rats occurred on sites where pre-fabricated bungalows were being demolished, the drains not having been effectively sealed. Infestations also occurred in the refuse chutes of blocks of flats, where containers were of insufficient capacity to cope with the volume of refuse being sent down the chutes, resulting in scraps of food, etc., being scattered on the floors at the bottom of chutes. Representations were made to the Estates Department to have the containers emptied more frequently. Rat infestations in two schools were found to have arisen through defective drains on the premises and these were repaired.

Details of the work of the Pests Control Section are as follows:—

<i>Statistical table</i>						
Surveys of land and premises	...	...	...	...	...	17,489
Lands and premises found infested	...	...	...	...	...	500
Rat infestation:—						
Food premises	...	...	...	...	...	38
Non-food premises	...	...	...	...	...	315
Mouse infestation:—						
Food premises	...	...	...	...	...	54
Non-food premises	...	...	...	...	...	93
Poison campaigns carried out for occupiers:—						
For rats	...	...	...	...	...	206
For mice	...	...	...	...	...	81
School buildings and school meals kitchen treated for Education Department:—						
For rats	...	...	...	...	...	22
For mice	...	...	...	...	...	17
Premises cleared of rats and mice by rodent control staff	...	...	...	...	...	225
Premises where the clearing process was not complete at the end of the year	...	...	...	...	...	62
Premises test-baited	...	...	...	...	...	5,539
Premises where the occupier undertook to eliminate rats and mice on statutory or verbal notice under the Rats and Mice (Destruction) Act, 1919:—						
For rats	...	...	...	...	...	19
For mice	...	...	...	...	...	50
Premises having no evidence of rodents at the time of survey, but with rodent destruction firms on contract:—						
...	...	...	...	...	...	157
Premises where rat-proofing and other work was done to prevent re-infestation	...	...	...	...	...	19
Notices issued under the Rats and Mice (Destruction) Act, 1919	...	...	...	...	...	10
Rat destruction campaigns at Corporation tipping grounds	...	...	...	...	...	8

Sewer Treatment

Systematic campaigns to control the numbers of rats in the sewers of the city continued during the year. This plays a most important part in the rodent control effort, as the sewers form the main reservoir from which surface infestations may arise. The assistance and co-operation of the City Surveyor in providing the labour force to carry out these measures are gratefully acknowledged.

Rate destruction campaigns carried out in the sewerage system	262
Sewer manholes treated	6,156
Pre-baits laid	17,420
Pre-baits taken	8,886
Poison baits laid	11,236
Poison baits taken	8,156

Insect Pests

Complaints of infestations of bed bugs, cockroaches, steamflies, fleas, flies, wood lice, and spider beetles were investigated. The persons concerned were advised on methods of disinfection. Treatments were carried out free of charge in special circumstances in the homes of the aged and infirm. In other instances, treatments were carried out in catering establishments and in premises belonging to the Hospitals Authority and other Corporation departments, charges being made for such services.

Inspections of premises on complaints of insects	...	...	2,614
Premises found to be infested:—			
Bed bugs	...	...	39
Cockroaches and steamflies	...	...	158
Fleas	...	...	201
Flies	...	...	158
Other insects	...	...	41
			597
Premises treated with insecticide	...	...	583
Stables and cattle-yards	...	...	142
Rag stores	...	...	125
Corporation tipping grounds...	...	...	13
Visits to food shops, etc.	...	...	957

Mosquito control

From April until September, 1968, potential mosquito breeding areas were examined and treated. The following inspections were made, treatments carried out and materials used:—

Surveys of mosquito areas	...	...	87
Areas treated with larvicide	...	...	74
Miles run by vehicles	...	...	316
Gallons of waste transformer oil used	...	...	495
Gallons of larvicide used	...	...	30
Gallons of paraffin used	...	...	24
Gallons of petrol used by vehicle and Tifa machine	...	...	38

Methyl Bromide fumigations

Number of notifications of fumigations of tobacco leaf with methyl bromide	10
--	-----	-----	----

Disinfection and Disinfestation

At the Cleansing Clinic, Laganbank Road, more than twice the number of persons were treated for scabies during 1968 than during the previous year.

Other work done by the Pests and Disinfecting Section included the investigation of cases of infectious disease; disinfection of infectious premises; disinfestation of verminous premises; disinfestation and disinfestation station; delivery, collection, and cleansing of home nursing equipment; transport for Food and Drugs Inspectors; attendance on volumetric instruments for air pollution; miscellaneous transport services for stores, clinics and schools; and the testing of drains and sewers for Public Health Inspectors.

Infectious premises disinfected	...	...	146
Verminous premises disinfected	...	...	240

During the year the Disinfecting and Cleansing Station dealt with the following items:-

Infectious articles disinfected by steam	...	...	...	791
Articles disinfected by formalin	...	...	...	391
Infectious articles destroyed on request	...	...	...	111
Public library books withdrawn from circulation	...	...	...	199
Articles of home nursing equipment cleansed and disinfected	...	...	...	3,789

The Cleansing Clinic did the following work:-

Verminous persons cleansed	...	...	...	...	107
Treatment for scabies:-					
First treatments	...	...	...	...	677
Subsequent treatments	...	...	...	...	476
Articles disinfected and disinfested	...	...	...	...	6,983

Persons treated for scabies at the Cleansing Clinic over the past five years:-

TABLE B 54

Year	First treatments	Subsequent treatments	Total
1964	182	213	395
1965	66	60	126
1966	104	88	192
1967	290	257	547
1968	677	476	1,153

Four motor vehicles (excluding a Land Rover) are engaged in the work of the Department. During the year these vehicles covered 37,155 miles and used 1,873 gallons of petrol.

Details of legal proceedings and fines, etc., imposed

TABLE B 55

Act	Offence	Summonses	Orders	Fines			Costs		
				£	s.	d.	£	s.	d.
Public Health Acts (N.I.) 1878 to 1967	Failed to abate public health nuisances	1,180	230	248	11	0	80	3	0
	Disobedience of Magistrate's Orders to abate public health nuisances	42	—	260	11	0	14	14	0
	Water closets not provided with sufficient water for flushing	46	—	159	0	0	16	2	0
Ice-Cream Regulations (N.I.) 1961	Sold ice-cream certified by the Public Analyst to be deficient in fat	1	—	5	0	0	2	7	6
Rats and Mice (Destruction) Act 1919	Failed to take steps necessary and reasonable for the destruction of mice	1	—	5	0	0	0	7	0
Rag Flock Acts 1911 and 1928	Flock which failed to conform to the standards of cleanliness prescribed by the Rag Flock (Ireland) Regulations 1912	2	—	4	0	0	0	14	0
Belfast Corporation (General Powers) Act (N.I.) 1948- (Regulations re Fish Frying Premises)	1. Failed to keep surfaces finished with hard, smooth and durable material	1	—	2	0	0	0	7	0
	2. Failed to protect drains from entry of solid matter	2	—	7	0	0	0	14	0
	3. Failed to keep premises clean	2	—	7	0	0	0	14	0
	4. Failed to place refuse in proper receptacles	2	—	7	0	0	0	14	0

TABLE B 54 (contd.)

Act	Offence	Summonses	Orders	Fines	Costs
The Preservatives in Food Regulations (N.I.) 1962	Sold food containing preservative in excess of the permitted amount:-			£ s. d.	£ s. d.
	Sausage meat roll containing excess sulphur dioxide	2	—	9 0 0	4 13 6
	Beef sausages containing excess sulphur dioxide	4	—	10 0 0	9 9 6
	Steak sausages containing excess sulphur dioxide	1	—	2 0 0	0 7 0
	Sold food containing prohibited preservative:-				
	Minced beef containing sulphur dioxide	4	—	15 0 0	9 13 10
	Minced steak containing sulphur dioxide	10	—	30 0 0	24 4 6
Food Hygiene (General) Regulations (N.I.) 1964	Failed to keep equipment clean (Reg. 5)	3	—	12 0 0	1 1 0
	Failed to protect food from contamination (Reg. 7)	4	—	10 0 0	1 8 0
	Used tobacco where there was open food (Reg. 8)	2	—	4 0 0	0 14 0
	Food room communicating directly with a sanitary convenience (Reg. 13)	1	—	3 0 0	0 7 0
	Failed to keep clean the walls and floors of sanitary convenience, etc. (Reg. 13)	1	—	5 0 0	0 7 0
	Failed to provide wash-hand basins, hot water, soap, towels, etc. (Reg. 15)	4	—	13 0 0	1 8 0
	Failed to provide first aid materials (Reg. 16)	2	—	4 0 0	0 14 0
	Failed to provide accommodation for clothing (Reg. 17)	2	—	4 0 0	0 14 0
	Failed to provide and maintain sinks, hot water, etc., for washing food and equipment (Reg. 18)	3	—	7 0 0	1 1 0
	Used a food room as a living room (Reg. 20)	3	—	6 0 0	1 1 0
	Failed to maintain the cleanliness and repair of food room (Reg. 21)	6	—	16 0 0	2 2 0
	Failed to observe the requirements relating to stalls and vehicles (Reg. 24)	14	—	25 10 0	6 13 0
	Failed to suitably cover stalls (Reg. 25)	2	—	10 0 0	0 14 0
	Failed to provide water, etc., for use in stalls (Reg. 26)	10	—	22 10 0	2 15 0
	Transported unwrapped meat on a motor vehicle other than in a meat compartment or a meat container (Reg. 28)	14	—	33 10 0	6 3 0
	Transported meat in an unsuitable compartment or container (Reg. 33)	3	—	9 0 0	1 1 0
Food and Drugs Act (N.I.) 1958	Obstructed an officer	1	—	5 0 0	0 7 0
	In possession of unfit food for the purpose of sale	3	—	9 0 0	1 1 0
	Sold food unfit for human consumption	12	—	34 0 0	4 4 0
	Exposed for sale food unfit for human consumption	4	—	19 0 0	1 8 0
	Sold food not of the substance demanded by the purchaser	4	—	24 0 0	5 19 8
	Sold butter containing less than 80% milk fat	3	—	7 0 0	7 7 8
Sold ice-cream in unregistered premises	1	—	10 0 0	0 7 0	

Conclusion

This section of the Report, dealing with the work of the Sanitary Branch of the Environmental Division of the Department, is a record of the excellent team-work of both the technical and clerical staff in carrying out the statutory duties of the Department relating to sanitary matters and for this I am truly grateful.

W. JENKINS, M.R.S.H., M.A.P.H.I.,
Chief Public Health Inspector.

REPORT OF THE CITY VETERINARIAN FOR THE YEAR 1968

Total Slaughter

The total number of animals (181,906) slaughtered at the Belfast Abattoir in 1968 showed a decrease of 19,452; sheep and lambs a decrease of 52,083; pigs a decrease of 688 and goats a decrease of 150.

Number and description of animals slaughtered each month

TABLE C 1

Month	Cows	Heifers	Bulls	Bullocks	Calves	Sheep	Goats	Pigs
January	56	128	1	708	12	3,346	3	88
February	—	—	—	40	—	—	—	—
March	101	138	14	1,620	9	3,233	4	143
April	141	347	13	3,893	34	9,469	5	287
May	226	450	29	3,441	16	12,794	20	236
June	182	387	11	2,956	9	13,155	3	195
July	171	612	2	3,631	4	16,247	1	203
August	56	584	2	3,840	9	14,488	12	197
September	62	677	4	4,154	5	16,369	11	281
October	58	623	3	4,374	188	15,451	2	284
November	71	834	2	4,178	52	14,521	6	232
December	99	873	—	4,321	20	15,886	5	258
Totals	1,223	5,653	81	37,156	358	134,959	72	2,404
Total Cattle	44,471							

Grand total - 181,906

Carcase condemnation

The number of carcasses totally condemned in 1968 was 503 compared with 631 in 1967, a decrease of 128. Total condemnations represented 0.28% of the total slaughter. 387 sheep carcasses were seized, representing 0.29% of the total sheep kill and 46 pig carcasses, representing 1.91% of the total pig kill.

Total seizure from all causes

TABLE C 2

Class	1968	1967	Percentage of total kill
Cattle	71	59	0.15
Sheep and lambs	386	496	0.29
Pigs	46	62	1.91
Goats	—	14	—
Totals	503	631	0.28

As far as individual disease conditions are concerned, the greatest losses were due to generalised oedema, emaciation, decomposition, pyaemia, septic pleurisy and septicaemia. Oedema and emaciation were most common in sheep and pyaemia in pigs. Total and partial seizure of carcass meat in all species amounted to 65,509 lbs.

Reasons for total seizure

TABLE C 3

Cause	Cattle	Sheep	Pigs	Goats	Total
Abscesses	2	4	—	—	6
Anaemia	1	3	—	—	4
Arthritis	2	1	—	—	3
Bruising	4	3	1	—	8
Cysticercus Bovis	1	—	—	—	1
Contamination	—	1	—	—	1
Decomposition	—	17	—	—	17
Emaciation	7	136	—	—	143
Enteritis	1	3	—	—	4
Fatty changes	—	4	—	—	4
Fever	3	4	1	—	8
Fibrosis	1	2	—	—	3
Gangrene	—	2	1	—	3
Immaturity	6	—	—	—	6
Leukaemia	1	3	—	—	4
Melanosis	—	1	—	—	1
Meningitis	1	—	—	—	1
Navel ill	3	—	—	—	3
Necrosis	—	1	—	—	1
Neoplasms	2	3	1	—	6
Nephritis	1	—	1	—	2
Odour (abnormal)	—	1	—	—	1
Oedema	10	135	1	—	146
Pericarditis	2	1	1	—	4
Peritonitis	2	9	2	—	13
Pigmentation	1	—	—	—	1
Putrefaction	—	2	1	—	3
Pyæmia	2	6	27	—	35
Septic mastitis	4	3	—	—	7
Septic metritis	2	5	—	—	7
Septic pleurisy	—	23	3	—	26
Septic pneumonia	1	2	—	—	3
Septicaemia	6	10	5	—	21
Strongylosis	—	1	—	—	1
Toxaemia	4	—	—	—	4
Tuberculosis	1	—	1	—	2
Totals	71	386	46	—	503

Bovine Cysticercosis

TABLE C 4

Month	Cases detected	Total slaughter (Cattle)	Percentage incidence
January	63	905	6.96
February	7	40	17.5
March	127	1,882	6.75
April	271	4,428	6.12
May	305	4,162	7.33
June	322	3,545	9.08
July	420	4,420	9.50
August	459	4,491	10.22
September	498	4,902	10.16
October	378	5,246	7.2
November	454	5,137	8.84
December	426	5,313	8.02
Totals	3,730	44,471	8.39%

The percentage incidence of 8.39% shows an increase of 1.73% compared with 1967.

Slaughterhouses (Hygiene) Regulations (N.I.) 1964

Infringements of these regulations regrettably continue to occur on occasions and during 1968 proceedings were taken against eight persons for unsatisfactory protective clothing. Convictions were obtained in all cases.

Mass X-Ray Radiography

A visit was made to the Municipal Abattoir on 20th December, 1968 by the mobile unit and some 250 workers from all sections of the premises presented themselves for examination. This figure represented approximately 75% of the total employees and is considered highly satisfactory. The examinations were organised in such a way that there was no reduction of slaughtering throughput.

Health Education

In addition to the provision of X-ray examinations, steps were taken to improve hygiene standards by the use of posters and other notices. A booklet on hygiene is being prepared and each Meat Plant employee will be provided with one. While noticeable improvements in personal hygiene have been achieved there is still a great need for a much higher standard. Health education at primary school level is an urgent necessity if high standards of hygiene in the meat industry are to be achieved.

Transport of Meat

Criticism has already been made of the intermediate size of vehicle in the transportation of meat and offal in that this type of vehicle necessitates men walking in and out for loading and off-loading purposes. Not only does this risk contamination of the meat but the meat quality is reduced due to stacking. It is considered that carcase meat in sides and quarters should be transported in two types of vehicle only, viz., large vehicles fitted with rails for bulk transport or small vans for individual retailer use. Consideration should also be given to the use of polythene sheeting, etc., for carrying offal.

Meat Inspection

Fascioliasis continues to be a serious cause of liver loss in cattle and sheep, some 400 tons of both types being condemned annually in Northern Ireland abattoirs. In order that the seriousness of this situation might be fully brought home to livestock producers, a system of notifying owners of the incidence of fascioliasis in animals presented under the Fatstock Guarantee Scheme has been developed and has been widely welcomed.

Laboratory Examinations of Meat and Meat Products

The routine bacteriological examination of samples from emergency slaughter animals and other doubtful cases and from various sites and persons in the abattoir serves the important function of assisting the assessment of meat fitness for human consumption, as well as determining the general standard of cleanliness and promoting employee interest in hygiene.

Use of Detergents and Bactericidal Agents

The opportunity to test various cleansing agents is taken when new types become available on the market. The application of these is a difficult matter under present conditions which will be obviated with the use of in-place cleansing systems in the new Meat Plant.

Industrial Training Act (Northern Ireland) 1964

The Ministry of Health and Social Services intends to set up an Industrial Training Board for the Food and Drink Industry in the near future. Consultations have already taken place between the Ministry and the employers' and workers' organisations in the meat industry. Such a proposal will be welcomed by all concerned with the Province's important livestock and meat industry. The City of Belfast with its new Meat Trades Training School, Meat Plant and College of Technology will undoubtedly play a major part in training of the various personnel engaged in the trade.

Presentation of Stock for Slaughter

The attention of livestock producers has been drawn both by the Ministry of Agriculture and the Northern Ireland Livestock Marketing Commission to the all too frequent dirty state of cattle and sheep entering abattoirs. Besides lowering the value of hides because of damaged grain, extra freight,

labour costs, etc., this unsatisfactory situation makes for extreme difficulty in dressing. Some contamination of carcasses is inevitable: indeed, it is amazing that more contamination does not occur and this is to the credit of the meat operatives. In spite of the publicity given and the warning that dirty animals may not be accepted under the Fatstock Guarantee Scheme, the situation has not improved. It would appear that stronger action by Ministry of Agriculture Grading staff at livestock certification centres is necessary.

Meat Inspection and Meat Technology Lectures

It is hoped that photographic equipment will be available in the near future in order that full use be made of the valuable pathological material encountered on meat inspection for educational purposes.

City of Belfast Meat Plant - Duncrue Pass

The construction of the new Meat Plant is now well advanced and it is hoped to commence operations in the autumn of 1969. The completion of the wholesale meat and by-products premises adjoining the Meat Plant will not be effected until February, 1970.

J. F. GRACEY, Ph.D., B.Agr., M.R.C.V.S., D.V.S.M.,
City Veterinarian.

**REPORT OF SENIOR MEDICAL OFFICER, COMMUNITY HEALTH DIVISION,
FOR THE YEAR 1968**

Notification of Births

The total number of births notified as occurring in Belfast during the year was 10,568. Of these 5,432 were males and 5,115 were females. Included in this total were 192 stillbirths.

TABLE D 1

Births occurring in:-	
Hospitals	9,920
Private nursing homes	80
Other institutions	42
Home	486
Home (Hosp. district cases)	40

Infant Mortality

During the year, 234 children died under the age of 12 months giving an infant mortality rate of 31. The rate for the previous year was 28.

Neonatal and Perinatal Mortality

Deaths occurring during the first month of life numbered 141, giving a neonatal mortality rate for the year of 18. The rate for the previous year was 17. The perinatal rate, i.e., stillbirths and deaths during the first week per 1,000 total births (live and still), was 36 against 34 in the previous year.

Maternal Mortality

There was 1 death during the year attributable to pregnancy, childbirth and the puerperal state, (1 last year).

Health Visiting

60 Health Visitors were employed at the end of the year. In continuing the process of decentralisation of staff begun last year by the transfer of Health Visitors working in North district to Lincoln Avenue Clinic, Health Visitors working in West were transferred to Cupar Street Clinic and those working in the East District to 195 Templemore Avenue. Health Visitors working in South district remain at 16 College Street. Throughout the year a comprehensive follow-up of all children under five was maintained. Routine screening of all babies for phenylketonuria and for defects of hearing was continued and special attention was given to children in problem families, those on the "at risk" register and children suffering from handicapping conditions. The care of the elderly in the community makes constantly increasing demands on the Health Visitors' time, as does the after-care of patients discharged from hospital, the supervision of patients on special diets and cases in which medical equipment has been issued.

Several of the Health Visitors are specially allocated to the visitation of patients suffering from tuberculosis and other chest diseases and the follow-up of contacts. This work is done in co-operation with the Central Chest Clinic. A number having special training in mental illness devote part of their time to the after-care of psychiatric cases. They visit mental hospitals, attend sessions at day hospitals and work closely with the psychiatrists and psychiatric social workers.

In May, one of our Health Visitors attended a special courses on venereal diseases at a London hospital. She is now attached to the V.D. department at the Royal Victoria Hospital, where she attends once each week, and also visits the V.D. department at the Ulster Hospital as required. She undertakes follow-up visits to the homes of patients and helps in the tracing of contacts of known cases. Two of our staff devote a proportion of their time to diabetic cases; they attend the Metabolic Unit at the Royal Victoria Hospital and visit patients in their homes. Nine others visit different hospitals and institutions and continue the long-established health visitor/hospital liaison which has proved so satisfactory and helps to resolve many problems.

During the year one Health Visitor has continued to work in full-time attachment with a group medical practice, and twenty-three others have had liaison attachments with medical practices. There is increasing appreciation of the value of this link-up between Health Visitors and general practitioners.

The Health Visitors also work closely with the Welfare Department in the administration of the Home Helps Scheme with regard to expectant mothers and mothers of young children and in various other aspects of district work.

Health Education

A large part of the Health Visitors' time is spent on domiciliary health education and group teaching at clinics, covering such subjects as mothercraft, nutrition and food hygiene, prevention of home accidents, care of the aged at home, care of the feet, dental care, etc. There was considerable extension of the health education programme during the year. Evening classes for mothers were held in all four divisions of the city and the series included talks and discussions, the showing of films and filmstrips, also demonstrations, including cookery. St. John Ambulance child care courses were organized for mothers at Spier's Place, Highfield and Ballymurphy Clinics and following a series of weekly lectures an examination was held in which all the entrants were successful. A programme for Mental Health Week was organized and carried out at all the clinics in the city in June. Talks were given at different hospitals to student nurses on the Community Health Services and the work of the Health Visitor. Talks were also given by members of the staff to Youth Organizations, Parents' Associations, British Red Cross, St. John Ambulance Brigade and various other groups.

The work of the senior staff included lectures to fifth year medical students and student district nurses on their training course, also the examination in child care of nursery nurse students at the Rupert Stanley College of Further Education. Educational programmes were prepared during the year for students to see something of the work carried out in the different community health departments. Those who attended included 18 medical students, 15 student health visitors, 21 student district nurses, 8 welfare students and 117 student nurses in training at the Royal Victoria, City and Mater Infirmorum hospitals. Groups of secondary school pupils attended Child Health clinics and were given talks on the Community Health Services and members of staff gave advice and guidance in the setting up and equipping of play groups.

Research projects carried out by Health Visitors during the year included subjects such as the assessment of the needs of the elderly for chiropody treatment and investigation into cytology testing in the various age groups.

Visits by Health Visitors during the year

TABLE D 2

Expectant mothers	4,671
Nursing mothers	41,905
Other mothers	32,750
Children under 1 year of age	50,841
Children 1-4 years	72,048
Children 5-14 years	424
Mentally disordered persons	2,864
Tuberculous patients and contacts	4,352
Old people	9,068
Other persons	21,093
Total visits	240,016

Antenatal Clinics

There has been a continued increase in the number of institutional confinements with an associated change in the pattern of antenatal care. This is now largely carried out at the hospitals and by general practitioners at their own surgeries. The resulting decline in numbers attending local authority antenatal clinics led to the closure, in April, 1968, of the session held weekly at Mountcollyer Street and at the end of the year, of those held at Cupar Street and Spier's Place.

TABLE D 3

	1st visit	Re-visit
Mountcollyer Street	5	60
Spiers Place	46	375
Cupar Street	67	403
Totals	118	838

1,295 blood tests were carried out during the year.

Cervical Cytology

Cytology examinations were carried out at three centres throughout the year. In addition to taking the cervical smear for the early detection of cancer, a full gynaecological examination was carried out, with breast examination and urine testing for diabetes and kidney disease, so that the clinics tend to be more the "well woman" type. The women are instructed in self-examination of the breasts for early detection of abnormality. In all cases a report is sent from the clinic to the patient's own doctor.

There were three positive cervical smears during the year and three early breast cancers were detected. In addition a considerable number of other abnormalities requiring treatment were discovered.

Summary of cases

Women examined ...	...	...	...	...	...	2,027
Positive cervical smears ...	...	...	...	...	...	3
Patients with abnormalities ...	...	...	...	...	...	1,822

Family Planning

As a result of the recommendation from the Ministry of Health and Social Services in December, 1967, arrangements were made for the Family Planning Association, as agents of the Health Committee, to start a clinic at Lincoln Avenue. One session per week was undertaken from March, 1968 and the demand for appointments necessitated a second session which commenced in June.

TABLE D 4

Sessions held	65
1st visits	332
Revisits	337
Total attendances	669
Appliances issues free or under-cost:	
(1) On medical grounds	81
(2) Para 4+	241
Cervical smears	170

Child Health Centres

The number of sessions provided at the end of the year remained at 41 per week. Of these, 17 were in buildings owned by the Health Authority, one was held in Ormeau Road Health Centre and the other 23 in halls, etc., rented on a sessional basis. A new centre was opened at Brookeborough Hall, Sandown Road, and the attendances have been encouraging. Decreased attendances at Cupar Street Clinic led to a reduction to three weekly sessions instead of four, by closing the Friday clinic at the end of the year. As there is no alternative accommodation available in some areas a number of

sessions continue to be held in very unsuitable premises. A prominent part of the work was the educational aspect already mentioned. The members of the Voluntary Workers' Association continued to help in weighing the babies and arranging social functions for the mothers: we again thank them for their continued interest in our work.

Child Health Centre attendances

TABLE D 5

		Under 2 years	Over 2 years
Monday	Highfield	1,351	204
	York Street	408	172
	Ariel Street	1,556	320
	Bloomfield	4,297	1,237
	Cupar Street	1,924	685
	Donegall Road	2,267	556
	Knock	1,778	344
	Ormeau Road	1,694	566
Ballymurphy	950	313	
Tuesday	Glenard	2,605	1,057
	Havelock Place	1,109	501
	Donegall Road	1,941	607
	Cupar Street	1,387	417
	Mount Street	2,252	817
	Ariel Street	1,758	311
	Ballymurphy	720	259
	Lincoln Avenue	2,161	790
Wednesday	Avoca Street	1,698	503
	Cupar Street	1,554	744
	Ligoniel	2,955	1,221
	Seaview	2,367	1,054
	Windsor	1,330	516
	Mount Street	2,969	349
	Palmerston Road	1,609	317
	Susan Street	2,634	342
Sandown Road*	1,148	135	
Thursday	Avoca Street	1,351	530
	Kimberley Street	2,160	582
	Greencastle	1,796	764
	Mountcollyer	1,941	779
	Spier's Place	2,386	446
	Stranmillis	1,617	785
	Susan Street	1,991	387
	Mount Street	2,309	957
Friday	Malone	697	554
	Ariel Street	2,543	708
	Cupar Street†	1,203	640
	Joanmount	2,177	858
	Spier's Place	1,651	377
	Strandtown	2,449	1,168
	Mount Street	987	480
	Ballymurphy	1,513	475
	Total attendances	78,243	25,327

* Opened April, 1968

† Closed December, 1968

Mother and Baby Homes
(*Ante and post-natal Hostels*)

TABLE D 6

Name and address of Hostel	BEDS						Average length of stay	
	Ante-natal	Post-natal	Labour	Isolation	Maternity (excluding labour and isolation)	Cots	Ante-natal	Post-natal
(a) Hopedene	11	3	—	—	—	11	11 weeks	3 weeks
(b) Thorndale	12	16	2	1	17	17	6 weeks	6-8 weeks

The total number of City cases admitted during the year was 21.
These hostels receive a grant from the Health Committee.

Residential Nurseries

TABLE D 7

Name and address of Nursery		Beds provided at the end of year				
		0-9 mths.	10 mths-2 years	2-5 years	Girls over 5	Boys over 5
Glendhu Hostel, Hollywood Road (A voluntary Hostel; receives a grant from the Health Committee).	Short stay	1	—	6	4	4

61 children resident in Belfast were admitted to the Hostel during the year.

Communicable Diseases

TABLE D 8

	Ophthalmia Neonatorum		Pemphigus Neonatorum		Puerperal pyrexia	
	Dom. confinements	Instit. confinements	Dom. confinements	Instit. confinements	Dom. confinements	Instit. confinements
Cases notified during year	—	—	—	—	—	4
Cases visited	—	—	—	—	—	4
Cases in which home nursing provided	—	—	—	—	—	—
Cases removed to hospital	—	—	—	—	—	—

Midwives

During the year 22 midwives were employed on a full-time salaried basis and 6 on a part-time basis. Two hostels are in operation, one at Springfield Road (where there is accommodation for student midwives) and the other at Templemore Avenue. One midwife is resident in a self-contained flat at the Ballymurphy Child Health Clinic, where there is also accommodation for a student midwife.

In January, 1968, the organisation of training of student midwives for Part 2 (domiciliary confinements) was completely undertaken by this department. Approved midwives on our staff take students from both Jubilee and Royal Maternity Hospitals and 134 were given training during the year.

Towards the end of the year we were asked to take part in a pilot scheme in preparation for the introduction of the Guthrie test for phenylketonuria throughout the Province in 1969. All our midwives were trained in the technique of obtaining blood samples from babies and took part in the scheme during November and December. This test ensures much earlier diagnosis and treatment of phenylketonuria, which, if unrecognised, can lead to severe mental handicap in children.

The majority of the midwives attend general practitioners' antenatal clinics and amongst other duties take blood samples from patients who were formerly sent to our antenatal clinics and assist with antenatal and postnatal examinations.

Midwives receive allowances to cover uniform, laundry and travelling expenses, the uniform being that prescribed by the Joint Nursing and Midwives Council. Equipment is issued on loan and all drugs, dressings, etc., in use are supplied to the midwives. Special cots, etc., for the care of premature babies are available, but the trend is for these babies to be admitted to special units attached to the two large maternity hospitals in the City. Refresher courses for midwives are arranged from time to time, each midwife attending a course every seven years.

The number of domiciliary confinements attended by midwives during the year dropped to 577, but there was an increase to 6,190 in the number of cases attended after discharge from hospital. It was not found necessary to suspend any midwife from practice during the year to prevent possible spread of infection.

Notification of intention of midwives to practice

TABLE D 9

	Domiciliary	Institutions other than hospitals	Hospitals	Nursing homes	Total
Midwives notifying their intention to practice during the year	42	21	264	7	334

Number of cases in which medical aid was summoned by a midwife during the year under Section 34 of the Nurses and Midwives Act (Northern Ireland), 1959 — Nil.

Maternity Medical Services

General medical practitioners agreeing to provide maternity medical services in domiciliary cases are enrolled on the Obstetric List maintained in the department and are paid on a fee-per-case basis. Both the doctor and the midwife are paid by the Health Committee.

The following is a summary of the work carried out under the scheme by medical practitioners during the year:—

TABLE D 10

Domiciliary confinements at which General Practitioner attended	481
G.P. Maternity Hospital confinements at which General Practitioner attended	1,947
Women confined at home who were examined ante-natally	478
Ante-natal examinations made of women confined at home	3,681
Women referred to institutions for confinement who were examined ante-natally	2,334
Ante-natal examinations made of women confined in institutions	15,443
Final pelvic examinations made of women confined at home	402
Final pelvic examinations made of women confined in institutions	1,202
Cases of abortion attended	602
Anaesthetics given by second practitioner	5

Registration of Nursing Homes

TABLE D 11

	Number	Beds provided for:-		
		Maternity	Other purposes	Total
Homes first registered during the year	2	—	18	18
Homes on register at end of the year	10	26	84	110

Action during 1968 :

Number of applications for registration refused	..	..	..	..	—
Number of exemptions granted	..	..	..	..	—
Number of exemptions withdrawn	..	..	..	..	—
Number of registrations cancelled	..	..	..	..	—
Number of appeals by aggrieved persons to a Court of Summary Jurisdiction	..	..	..	..	—
Number of cases in which fines were imposed	..	..	..	..	—
Number of inspections	..	..	..	..	16
Number of registered homes not inspected	..	..	..	..	—

The inspections during the year were made by the Clinic Medical Officer, the Superintendent Nursing Officer, and the Area Superintendent Health Visitors.

Infant Mortality and Rates per live 1,000 births by cause and sex, 1968

TABLE D 12

Causes of death	Under 1 month				1-11 months			Total under 1 year	
	M	F	Total	Rate	M	F	Total	No.	Rate
Typhoid fever	—	—	—	—	—	—	—	—	—
Bacillary dysentery and amoebiasis	1	—	1	0.1	—	—	—	1	0.1
Enteritis and other diarrhoeal diseases	—	1	1	0.1	7	2	9	10	1.3
Tuberculosis of respiratory system	—	—	—	—	—	—	—	—	—
Other tuberculosis	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—
Whooping cough	—	—	—	—	—	2	2	2	0.3
Streptococcal sore throat and scarlet fever	—	—	—	—	—	—	—	—	—
Meningococcal infection	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—
Syphilis	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	1	—	1	0.1	—	—	—	1	0.1
Cancer	—	—	—	—	1	—	1	1	0.1
Hodgkin's disease	—	—	—	—	—	1	1	1	0.1
Benign and unspecified neoplasms	—	—	—	—	—	—	—	—	—
Diabetes mellitus	—	—	—	—	—	—	—	—	—
Meningitis	—	—	—	—	—	1	1	1	0.1
Cerebrovascular disease without hypertension	—	—	—	—	1	—	1	1	0.1
Other diseases of circulatory system	—	1	1	0.1	—	—	—	1	0.1
Influenza	—	—	—	—	1	—	1	1	0.1
Pneumonia	3	1	4	0.5	25	20	45	49	6.4
Bronchitis, emphysema and asthma	—	—	—	—	1	—	1	1	0.1
Other diseases of respiratory system	—	—	—	—	1	1	2	2	0.3
Intestinal obstruction and hernia	—	—	—	—	1	—	1	1	0.1
Congenital anomalies	17	18	35	4.6	7	12	19	54	7.1
Birth injury, etc.	41	14	55	7.2	—	—	—	55	7.2
Other causes of peri-natal mortality	29	12	41	—	—	—	—	41	5.4
Symptoms and ill-defined conditions	—	1	1	0.1	1	2	3	4	0.5
All other diseases	—	—	—	—	2	1	3	3	0.4
Motor vehicle accidents	—	—	—	—	—	—	—	—	—
All other accidents	1	—	1	0.1	1	2	3	4	0.5
All other external causes	—	—	—	—	—	—	—	—	—
Totals	93	48	141	—	49	44	93	234	—

Infant Mortality (by age groups)

TABLE D 13

	Under 1 day	1-6 days	1-3 weeks	1 month	2 months	3-5 months	6-11 months	Total	Deaths of illegitimate children
Males	44	38	11	9	4	23	13	142	10
Females	21	15	12	11	7	15	11	92	3
Total	65	53	23	20	11	38	24	234	13

Infant and Neo-Natal Mortality Rates, 1885-1968

TABLE D 14

Year	Rate per 1,000 births		Year	Rate per 1,000 births	
	Infant	Neo-natal		Infant	Neo-natal
1885	170	—	1955	37	21
1890	162	—	1956	29	18
1895	169	—	1957	33	22
1900	152	—	1958	30	19
1905	136	—	1959	33	22
1910	143	—	1960	28	20
1915	137	—	1961	33	23
1920	132	—	1962	29	20
1925	104	—	1963	29	19
1930	78	—	1964	31	20
1935	112	—	1965	27	18
1940	122	40	1966	32	19
1945	84	40	1967	28	17
1950	49	25	1968	31	18

— indicates information not available

Stillbirth and Perinatal Mortality Rates 1936-1968

TABLE D 15

Year	Registered live births	*Stillbirths	Total births	Registered deaths during 1st week	Perinatal deaths	Stillbirth rate	Perinatal mortality rate
1936	9,242	452	9,694	263	715	46.6	73.8
1940	8,704	355	9,059	236	591	39.2	65.2
1945	9,853	303	10,156	225	528	29.8	52.0
1950	8,834	237	9,071	183	420	26.1	46.3
1955	8,100	236	8,336	138	374	28.3	44.9
1956	8,212	248	8,460	121	369	29.3	43.6
1957	8,459	219	8,678	159	378	25.2	43.6
1958	8,263	242	8,505	128	370	28.5	43.5
1959	8,365	183	8,548	160	343	21.4	40.1
1960	8,736	222	8,958	150	372	24.8	41.5
1961	8,806	231	9,037	163	394	25.6	43.6
1962	8,636	225	8,861	141	366	25.4	41.3
1963	8,839	173	9,012	150	323	19.2	35.8
1964	8,719	212	8,931	159	371	23.7	41.5
1965	8,447	150	8,597	137	287	17.5	33.4
1966	8,316	164	8,480	132	296	19.3	34.9
1967	7,997	156	8,153	119	275	19.1	33.7
1968	7,630	160	7,790	118	278	20.5	35.7

* Notified (Belfast addresses) prior to 1961; registered cases since 1961

Births and Birth rates, Deaths and Death rates per 1,000 births
for certain age periods under one year, 1936-1968

TABLE D 16

Year	Live births	Birth rate	Under one day		One day and less than 7 days		Under one week		Under four weeks		Under one year	
			Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
1936	9,242	21.2	133	14	130	14	263	28	407	44	933	101
1940	8,704	19.6	115	13	121	14	236	27	350	40	1,065	122
1945	9,853	22.6	92	9	133	13	225	23	391	40	828	84
1950	8,834	19.6	98	11	85	10	183	21	224	25	431	49
1955	8,100	17.8	79	10	59	7	138	17	171	21	300	37
1956	8,212	18.5	62	8	59	7	121	15	146	18	240	29
1957	8,459	19.2	92	11	67	8	159	19	186	22	275	33
1958	8,263	18.9	89	11	39	5	128	15	154	19	251	30
1959	8,365	19.3	103	12	57	7	160	19	182	22	274	33
1960	8,736	20.1	93	11	57	7	150	17	173	20	243	28
1961	8,806	21.1	107	12	56	6	163	19	199	23	287	33
1962	8,636	20.9	90	10	51	6	141	16	172	20	252	29
1963	8,839	21.5	90	10	60	7	150	17	168	19	259	29
1964	8,719	21.3	107	12	52	6	159	18	175	20	266	31
1965	8,447	20.8	83	10	54	6	137	16	152	18	232	27
1966	8,316	20.6	79	9	53	6	132	16	155	19	264	32
1967	7,997	20.1	70	9	49	6	119	15	138	17	226	28
1968	7,630	19.5	65	9	53	7	118	15	141	18	234	31

(Full figures for each year from 1936 in Tables D15 and D16 were published in the Annual Report for 1967)

After Care

During the year Health Visitors continued to supervise cases where cash supplements to cover special dietary requirements are paid to patients by the Supplementary Benefits Commission of the Ministry of Health and Social Services. This work is time consuming but often gives new and valuable contacts with persons who are in need of help and advice and who would otherwise not be known to the Department.

A wide range of equipment is supplied by the Medical Comforts scheme on the recommendation of district nurses, health visitors, hospitals and general practitioners. This includes items such as ripple beds, dunlopillo mattresses, air cushions, bed rests, rubber sheeting, bedpans and commodes, urinals, walking aids, etc., which are available on loan. A large number of incontinence pads are also supplied. During the year 2,055 such issues were made. In addition, there were 4,399 extensions to existing loans (mostly incontinence pads). 1,794 persons returned equipment which they had on loan. The number holding equipment at the end of the year was 2,057. This service does much to facilitate the care of patients in their own homes.

Home Nursing Service

The Home Nursing staff consists of 1 Superintendent, 1 Assistant Superintendent, 59 Queen's Nurses, 3 State Registered Nurses and 4 State Enrolled Nurses. 15 nurses gained the Queen's Certificate during the year; 8 were Belfast candidates and 7 were county candidates.

The Queen's Institute of District Nursing decided to cease the award of the Queen's Certificate after May, 1968 and so it was necessary to introduce a new scheme of training. A non-residential course, comprising one month's block study at the District Nurse Training Centre, followed by two months' practical experience and assessment in the nurse's own area, was organized to conform with the requirements of the National Certificate in District Nursing. The first course under the new scheme was started in September, 1968, in preparation for the examination to be held in January, 1969 and 15 nurses were enrolled for training. We continue to undertake district nurse training for the other Health Committees in Northern Ireland.

Reference to Table D17 shows that the work done by the Home Nursing Service is still increasing rapidly. Extensive use was made of the facilities provided by the Medical Comforts section and the Marie Curie Fund was used for obtaining extra facilities for cancer patients, such as bedding, clothing, extra nourishment, night sitters, etc.

TABLE D 17

A. Number of Cases:-		
(i)	Brought forward from 1967	9,510
(ii)	New cases taken on during 1968	4,601
Analysis of new cases:-		
	Tuberculosis	42
	Cancer	286
	Diabetes	104
	Gynaecological	119
	Pneumonia	7
	Surgical	1,040
	General medical	3,003
(iii)	Removed during 1968	
Causes of removal:-		
	Convalescent	1,587
	Died	426
	To hospital	716
	Other causes	322
	Remaining on books at end of 1968	11,060
B. Analysis of visits to all cases in 1968:-		
	Tuberculosis	2,408
	Cancer	16,505
	Diabetes	28,754
	Gynaecological	1,893
	Pneumonia	38
	Surgical	42,448
	General medical	131,036
	Total visits	273,132

Chiropody

This scheme provides for treatment of the aged, handicapped persons and expectant and nursing mothers. During the year 3,354 sessions were held, 5,269 persons received treatment and the total number of treatments carried out was 18,343 - 13,666 at clinics and 4,677 at patients' homes. The work of this service is still severely limited by the difficulty in recruiting chiropodists. Three students sponsored by the Health Committee are at present in training, but there seems little prospect of being able to provide a service adequate to the needs of the community in the near future.

I wish in conclusion to express my appreciation of the loyal and efficient service given by all the members of staff throughout a year of considerable difficulty, since, in addition to the changes already mentioned, Dr. H. A. Warnock and Dr. K. M. Cathcart both retired after long and devoted service and were replaced by Medical Officers new to the Division.

KATHLEEN M. CORBETT, M.D., B.Sc., D.P.H., D.C.H.,
Senior Medical Officer,
Community Health Division.

Belfast Grant-Aided Schools

Section 42 of the Education Act (N.I.), 1947, as amended by the Education (Amendment) Act (N.I.), 1956, lays on the local authority's health committee the duties of providing for medical and dental inspection and treatment of all pupils attending grant-aided schools in their area; these duties are carried out by the School Health Service except at the three non-participating schools, which conduct their own schemes of inspection and treatment as provided in Section 62 (6) of the Education (Amendment) Act (N.I.), 1956. Five independent schools with a total enrolment of 324 pupils remain outside the scope of the School Health Service and do not have school medical inspections. Table E1 shows the various types of grant-aided schools in the County Borough of Belfast at 31st December, 1968 and the numbers of pupils attending them.

The school population at the end of the year was 82,621, a decrease of 349 compared with the previous year. Two new nursery schools were opened in 1968; New Lodge at Lepper Street in January, and Shaftesbury at Percy Street in November. Two Roman Catholic primary schools were closed in June; St. John's Boys' in Colinward Street, whose pupils were transferred to St. Paul's Boys' enlarged by additional premises at Mica Drive, and Lagan Village whose pupils were transferred to St. Anthony's in Willowfield Drive. The total number of the City's grant-aided schools thus remains unchanged at 191.

Staff

Near the end of the year one of our lady medical officers was given leave of absence to serve a period of two years overseas under a scheme sponsored by the Ministry of Overseas Development to provide doctors for underdeveloped countries. In her absence we appointed two part-time doctors both of whom have had considerable experience of school medical work. The Northern Ireland Hospitals Authority made their usual arrangements for secondment of ophthalmic, paediatric and orthopaedic specialists throughout the year to work in our clinics and special schools; ophthalmic specialists continue to be scarce and our waiting-list of children needing eye tests is too long.

For the first time in many years the School Health Division had no trainee health visitors for secondment to the health visitors' training course; four nurses who had been seconded in 1967 returned to duty in September 1968 as trained health visitors. We continued to employ several state registered nurses to deal with various duties such as minor ailments, hygiene inspections and sunray therapy in order to relieve the health visitors of these fairly routine tasks.

In addition to the therapists on the staff of the School Health Division, the Northern Ireland Council for Orthopaedic Development continued to second 6 or 7 physiotherapists and 5 or 6 occupational therapists for work with physically handicapped children. These therapists work mainly in the special schools and the Education Committee pays to the Orthopaedic Council approximately 80% of their salaries. In 1968 our speech therapy staff remained at one full-time and five part-time therapists and, although the part-timers worked an increased number of sessions, this is not sufficient to deal with the many children with speech problems. Training for a career in speech therapy lasts for three years and the student must live in Great Britain to attend one of the eight training centres. The Health Committee offers to suitable candidates a grant equivalent to a Major Award Scholarship covering tuition fees, examination fees, books, maintenance and travelling expenses; the student enters into an agreement to work for at least two years as a speech therapist in the School Health Division. This scheme has been widely publicised and officers of the Youth Employment Service have tried to find candidates but without success. The educational qualifications demanded by the speech therapy colleges are high enough to gain university entrance; this narrows the field of candidates, but we think that it is mainly the necessity to study outside Northern Ireland for three years which causes school-leavers to choose other careers and if training were available locally suitable students could be found.

The number of housemothers employed by the Education Committee was increased in 1968, mainly for work at Fleming Fulton School. These can be girls who have successfully taken the child care course at Rupert Stanley College, or suitable girls may be employed and seconded to the course after a period of work in the special schools, where they deal with the domestic problems of handicapped children such as incontinence. The course of training occupies an academic year and some students return for a further year to do an advanced course.

For the first time all the partially hearing units were staffed in 1968 by trained teachers-of-the-deaf and another teacher was at Manchester for training. No teachers-of-the-deaf could be found for peripatetic work, but the more urgent of our pre-school deaf and partially hearing children were dealt

with at the audiology clinic at Royal Belfast Hospital for Sick Children by a teacher who will take up duty at the St. Francis de Sales nursery school for deaf children when it opens in 1969; this teacher will work full-time in the clinic until her new school is ready.

In September 1967 a medical officer was seconded to the Department of Social and Preventive Medicine of Queen's University to study for the Diploma in Public Health. This officer returned to duty at Cupar Street Clinic in July 1968 having taken first place in the diploma examination and having been awarded the Carnwath Medal and Book Prize. Again this year medical officers attended courses of instruction organised by the Post-Graduate Medical Education Department of Queen's University and other scientific and clinical meetings arranged by the Paediatric Society, the Medical Women's Federation, the Society of Medical Officers of Health and others. A medical officer attended a six weeks' course in London on educationally subnormal and mentally retarded children organised by the National Association for Mental Health at University of London. Attendance at a course of this type is necessary before a doctor may be recognised by the Ministry of Education for certain duties under Sections 30 and 53 of the Education Act relating to handicapped pupils. The present rapid changes in medical knowledge and practice make it essential to keep our staff up to date and to keep all the activities of our department under continuous review; we are grateful for the Health Committee's recognition of this as shown by their readiness to approve attendance by our officers at these various meetings and courses. The staff of doctors, nurses and therapists must also do regular private study and are provided for this purpose with a regular supply of journals and other literature; staff meetings are held in the clinics at which talks are given, films are shown and discussion takes place on all aspects of our work.

School Medical Inspections

After a period of several years in which trial was given to different methods of finding and examining children with health problems, this year's medical inspection scheme remained as in 1967. Entrants and ten-year-olds received a detailed examination by the doctor and health visitor including audiometry and tests of visual acuity; the ten-year-olds were also tuberculin tested and given B.C.G. vaccination if necessary. Leavers were given a vision test and interviewed about their health as related to their future careers. This interview might lead to a full or partial examination, or the past history might show the need for examination. At all other ages the children were selected for examination only where this was found necessary as a result of information from parents, teachers, health visitors, welfare officers, and others. All children listed as having defects at previous examinations were re-examined to ensure that their defects had received all necessary attention.

Table E2 shows the numbers of children examined in the various age groups; together with the re-examinations shown in Table E12 these total nearly 42,000, or about half the school population. The numbers of parents who attended these school medical inspections is shown in Table E3.

History of Infectious Disease in Schoolchildren

Before a school medical inspection the parent is asked to complete a questionnaire about the child's past and present health. Table E5 shows the numbers and percentages at various ages giving a history of having had certain infectious diseases. The older the child, the longer has been his exposure to risk of infection and, as expected, the percentage said to have had each disease rises from entrants to leavers. Over 90% have had measles by the age of eight years (Group II); of leavers 66% have had chickenpox, 54% mumps and 46% whooping cough. German measles or rubella has reached 35% by eight years and only 36% by leaving age. This may be lower than the true rate because the disease is easily confused with measles or other diseases with a rash and because rubella is often mild and may pass unnoticed or be forgotten. The practical importance of this is, of course, that it is desirable for girls reaching child-bearing age to have had rubella and thus be immune to further attacks, because of the high risk of damage to the unborn child of a mother who contracts the disease during pregnancy. Scarlet fever is now much less common - 9% in leavers - and it is usually mild. Chorea and rheumatism are now fairly rare, in leavers 0.2% and 0.6%, but still of great importance owing to their potential for damaging the young growing heart. A history of diphtheria is given for 24 children of various ages, but most of these parents must be mistaken, for this disease is now very rare and we had not had nearly that number of cases here during the relevant period.

Defects Discovered at Medical Inspections

The defects found at routine medical inspections in 1968 are shown in Table E7, with the numbers and rates per thousand having the various defects. These rates show only minor changes in comparison with 1967. When a mother is present during a child's examination the doctor and health visitor will

discuss with her any defects noted and any problems she may raise about health, behaviour, or educational progress and the teaching staff will be involved in these discussions where necessary. Table E4 shows the action found necessary as a result of 1968's routine medical inspections and this includes reference to the family doctor for his advice and treatment, visits to the home by the health visitor and further investigation at the school clinic or elsewhere.

Heights and Weights

Table E6 shows the mean heights and weights of the children given full routine inspection in 1968. The standard error of the mean, the standard deviation, the co-efficient of variation, the median and the first and ninth deciles are also given.

Vision

Table E8 shows the visual acuity in right and left eyes of the children tested at medical inspections; it does not include the 6,097 children whose visual acuity was screened by the health visitors at school. Part (a) of the table shows the acuity without glasses and part (b) the corrected acuity of those children who had glasses at the time of the test. The proportion of glasses-wearers is somewhat greater than the 1,827 out of 20,698 shown in the table, because inevitably some children's glasses were lost, broken, or under repair at the time of the test. The visual acuity of 112 children could not be accurately assessed because of immaturity or unco-operation. Children with defective or doubtful vision are followed up and given appropriate treatment.

The growing eyes of all children need to be checked at intervals to look for refractive errors and if glasses are worn an annual retest is desirable. Visual defects usually develop gradually and children rarely complain about difficulty in seeing even when the defect has become very marked. At the school clinics this year, 6,584 children had the refraction of their eyes tested under a mydriatic to determine the need for glasses or a change of lenses; 3,541 of these had a second test after the effects of the mydriatic had worn off. The use of a mydriatic is necessary in children to enable the eye-specialist to measure accurately the refractive power of the lens system in the eyes when focused for distant vision. The muscle which alters the focus of the eyes is very strong in children and is constantly in action; the mydriatic puts this muscle out of action temporarily so that the eye is focused for distance and the pupil dilated, enabling the interior of the eye to be examined. Atropine ointment is used for this in younger children. The mother puts a small quantity in the child's eyes three times daily for three days before the test; the child's vision for near objects will be rather blurred by this, though his vision for more distant objects, say six feet away or more, will be unchanged and this blurring takes several days to wear off completely. In children over eight years and in some younger than this, we now use mydrilate which is put in the eyes by the clinic nurse about an hour before the refraction is done; this means an hour's wait for the test, but is preferable to the disturbance to school work caused by difficulty in reading and writing while the eyes are under the effects of atropine for some days before and after testing. The eyes have recovered from the influence of mydrilate after a few hours. The eye specialists also saw 853 children for eye trouble other than errors of refraction.

Squints are found in about 45 per thousand young Belfast children. This year 434 squinting children were referred to hospital for orthoptic treatment and in some cases operation to straighten the eye; before going to hospital they were refracted at the school clinic and provided with glasses. The great majority of these children were of pre-school age, for it is most important to have a squint corrected as early as possible if the squinting eye is not to become lazy and lose its visual acuity permanently. If treatment is not begun well before six or seven years of age binocular vision will not be established and though the appearance may be improved the child will remain effectively a one-eyed person for life. Therefore, one of the items particularly sought for by the health visitor is a recurrent or persistent squint in a baby aged more than about six months. Table E10 shows the prevalence of defective colour vision in schoolchildren. About one in twenty boys is found to have a gross defect of colour discrimination and this is one of the items that must be considered by the medical staff when advising about careers for schools leavers.

Children often break their glasses and a quick repair is important in the interests of educational progress; the normal process of approval for repair of spectacles under the national health service is modified by a procedure allowing the school medical officer to arrange repair of children's glasses by opticians at once, the approval procedure taking place in arrears. When glasses are lost or irretrievably smashed replacement can be made by the same procedure, though a child within a few months of his next refraction would be tested to see whether the prescription should be changed. Rapid repair or replacement of about 1,400 pairs of glasses was made in 1968.

Tuberculin Tests and B.C.G. Vaccination

Table E11 gives the results of tuberculin tests in children of sixteen years and under; 12.9% of children not previously vaccinated with B.C.G. and 97.0% of vaccinated children, gave positive reactions. The negative reactors of about ten years and over are offered B.C.G. vaccination and this year 3,509 children were vaccinated at school clinics and 1,881 at hospitals and other places.

Handicapped Pupils

The Education Act directs in Section 5 that there shall be "for all pupils opportunities for education offering such variety of instruction and training as may be desirable in view of their different ages, abilities and aptitudes." The same section also states, "In fulfilling their duties a local education authority shall, in particular, have regard to the need for securing that provision is made for pupils who suffer from any disability of mind or body by providing, either in special schools or otherwise, special educational treatment, that is to say, education by special methods appropriate for persons suffering from that disability." Section 29 directs the Ministry of Education to make regulations defining the several categories of pupils requiring special educational treatment and the latest version is The Handicapped Pupils and Special Schools Regulations (N.I.), 1957, defining ten different categories of educational handicap. Section 30 of the Act requires that all handicapped children over the age of two years shall be found and given suitable special educational treatment if any is required; Section 36 provides that the upper limit of compulsory school age of a registered pupil at a special school shall be sixteen years.

It is very important that handicapped children and their parents should be given suitable assistance as early as possible and it is part of the health visitor's duty to see that this is done, the mechanism being as follows: there is a statutory obligation on the part of persons present at the birth of a child to notify the Medical Officer of Health within 36 hours of a birth in his area and this is generally done by the midwife or doctor. Some notifications are received by Medical Officers of children born to mothers normally resident in another area; transfers of these notifications are made between Medical Officers daily. These notifications are checked with the Registrar General and errors and omissions are corrected. The midwife continues to supervise the health of mother and child until the tenth day after the birth when the health visitor takes over. She receives basic particulars about mother and child on a record card and she visits as soon after the tenth day as practicable and completes the card. The health visitor is responsible for satisfying herself that she is dealing with a normal child and is required to visit at certain intervals until the child goes to school. The visits are more frequent in the early years and where abnormality is suspected. Some parents do not wish to be visited, but although these are not unduly pressed the health visitor is expected to call at intervals even in these cases. Normally she should visit at least monthly during the first year, three-monthly during the second year and thereafter six-monthly until the child goes to school; more frequent visits are required in abnormal cases. Certain children can be recognised as being at a special risk of having a handicap because of unfavourable environment, family history, accident, or other circumstance before, during, or after birth and these are given special attention. In addition to supervising the general health and welfare of mother and child, the health visitor is expected to satisfy herself about the child's developmental progress, both physical and mental, and to assist her in this she has a set of criteria to look for at set ages. These criteria relate to posture, movement, behaviour, hearing, speech, eye and hand. Any failure to reach the expected developmental stage within a reasonable time is reported to the medical officer for further investigation and more detailed records are made.

All children if examined regularly will be found to have defects from time to time. These may be trivial or temporary and require no treatment, or they may be more serious and in need of treatment. When a defect is of sufficient severity and duration to interfere with the child's normal development and training it is classed as a handicap, but the border-line between defects and handicaps is not defined and a code of practice has developed among local authorities' staff which makes for reasonable uniformity of standards in different areas. When a health visitor notes a defect her action will depend on its nature and severity. Normally she will advise the mother to consult her family doctor and, if the defect is handicapping or potentially so, she will also report to the Health Department on a special defect card which must be revised at least six-monthly. The health visitor attached to a general practice will approach the family doctor direct and she may also get advice from medical officers at local authority clinics.

At the age of two years all those children with important defects are notified to the School Health Service, to assist the Education Authority in its duties under Section 30 and 53 of the Education Act to ascertain what children need special educational treatment. These children are then examined by a school medical officer, who may also be the clinic medical officer and in conjunction with the family

doctor any necessary specialist advice is obtained. The school medical officer makes repeated examinations over a period of months or years during which the child's development is watched and discussed with the parents. In the case of mental or behavioural defects an educational psychologist also examines as often as necessary. A report is made to the Education Authority who then provide any necessary special educational treatment from the age of two years until at least sixteen years. Not all handicapped children under five years need special educational treatment, but all those with serious defects of hearing or sight require it, as do many of those with crippling physical handicaps such as spasticity, athetosis, hydrocephalus or spina bifida. Re-assessment is made continually throughout the child's school life. Table E14 shows the numbers of educational handicaps affecting Belfast children over two years of age at 31st December, 1968. Many children are affected by several handicapping conditions simultaneously and this table refers to 5,250 handicaps in 4,482 children. Table E15 shows the numbers of children with a single handicap and Tables E16 and E17 show those with two or more.

Fleming Fulton School

The tendency for children to survive with handicaps of a severity that would have proved fatal in earlier years continues. A notable example of this trend is the congenital deformity spina bifida; at the end of 1968 we had 38 children with this disability attending Fleming Fulton School, although ten years ago when planning the school rebuilding we had expected to find only about six. These and other heavily handicapped children, apart from the education and therapy they require, pose great problems of hygiene and toileting. They may require to be taken by housemothers to be undressed and have leg and body splints removed as often as hourly for these purposes. This means that the school toilets are insufficient in number and size. A similar problem arises with the limbless children, who because of their diminished skin area are inclined to sweat more profusely than normal and need frequent bathing to keep from becoming offensive.

Table E19 shows the various disabilities affecting the Fleming Fulton children and it also shows that the numbers had risen to 164 by the end of the year. In spite of this increase we have a long waiting-list for admission and means to deal with this are being considered. The enlarged boarding accommodation was completed in 1968, including improved facilities for staff when off duty and accommodation for parents to make a short stay.

Cedar Lodge School

Table E20 shows the number of children admitted to Cedar Lodge School for delicate pupils in 1968 and the disabilities causing their admission. Financial stringency again this year prevented a start being made on the residential accommodation which is badly needed at this school, particularly for asthmatics.

Greenwood House Diagnostic Unit

It is well recognised that the younger the child the more difficult is the assessment of intellectual potential. When the child is handicapped in any way the difficulty is increased and, if more than one handicapping condition is present, prolonged and careful observation is likely to be the only method of accurate assessment. Greenwood House was opened by the Belfast Education Authority partly to facilitate this observation and partly to provide relief for harassed parents so that decision about future educational measures need not be hurried. The unit deals with about 40 children aged from about two to seven years, of whom six can be resident. The staff of trained nursery teachers and trained housemothers are experienced in handling retarded children, and regular supervision is given by a psychologist and a medical officer. A part-time speech therapist also attends. The children are in three groups, one of which allows for free play, another has children engaged in well organised activities and the third is intermediate. The unit provides generous play facilities and materials for nursery age children, both indoors and outdoors, in the charge of trained and sympathetic staff. The children are transported to and from the unit by three minibuses and the school day is from 10.00 a.m. to 2.30 p.m. Monday to Friday. The period spent at the unit varies from a few months to about two years. Some children pass on to special schools such as the junior school for the educationally subnormal at Harberton and a few to normal schools. If the child has a mental handicap so severe that he is unsuitable for education at school, the Education Authority notifies the management committee of the Special Care Service and reports of medical examinations and tests results are sent to their senior consultant. This year 50 children were notified to the Special Care Service under Section 53 of the Education Act and 11 under Section 32.

A. L. WALBY, M.B., D.P.H.,
*Senior Medical Officer,
School Health Division.*

Belfast Grant-Aided Schools

TABLE E 1

Type of School		Number	Pupils
Nursery schools and classes		14	554
Primary ‡	County Primary Schools	63	25,345
	Voluntary Primary Schools under Roman Catholic management	56	19,186
	Special Schools	9	1,082
	Day Instruction Centres	4	364
Secondary ‡	County Secondary Schools	19	15,310
	Voluntary Secondary Schools †(Participating)	23	18,318
	Voluntary Secondary Schools †(Non-participating) ‡‡	3	2,462
Total		191	82,621

‡ These groups of schools are considered separately where possible in the following tables.

‡‡ These schools conduct their own schemes of medical and dental inspection and treatment under the provision of Section 42 (6) of the Education (Amendment) Act (N.I.), 1956.

† Includes preparatory school in most cases.

School Medical Inspections

TABLE E 2

Type of school	Sex	System of examination	Age Groups							Re-examinations	Totals	
			Nursery	I	II	III	IV inter- view	IV exam- ination	V			Totals
Primary	Boys	Selective	47	3,760	1,112	2,266	—	1	—	7,186	6,341	13,527
	Girls		39	3,435	1,060	2,097	—	1	—	6,632	6,429	13,061
Secondary	Boys	Selective	—	107	57	206	1,922	1,742	15	4,049	4,170	8,219
	Girls		—	140	123	126	1,521	1,111	8	3,029	2,955	5,984
Special	Both	Routine	31	51	170	191	—	161	13	617	—	617
Nursery	Boys	Routine	154	—	—	—	—	—	—	154	—	154
	Girls		176	—	—	—	—	—	—	176	—	176
Totals	Both	Both	447	7,493	2,522	4,886	3,443	3,016	36	21,843	19,895	41,738

Attendance of Parents at Routine Medical Inspections

TABLE E 3

Age Group	Primary				Secondary			
	Boys		Girls		Boys		Girls	
	No.	%	No.	%	No.	%	No.	%
Entrants	2,599	69.1	2,471	71.9	43	40.2	74	52.9
II	461	41.5	511	48.2	9	15.8	23	18.7
III	747	33.0	883	42.1	15	7.3	23	18.3
IV	—	—	1	100.0	—	—	—	—
V	—	—	—	—	—	—	—	—
Totals	3,807	53.3	3,866	58.6	67	1.7	120	4.0
	7,673 (55.9)				187 (2.6)			
	7,860 (37.8)							

TABLE E 4

Action to be taken as a result of Routine Medical Inspection

Age Group	Home visits		To Family Doctor		To School Clinic		To Eye Specialist		To E.N.T. Specialist		To Hospital		To Physio-therapist		To Speech Therapist		To Audio-metrist		Other action	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Entrants	79	63	74	82	263	273	225	211	6	3	47	49	71	51	23	12	54	33	105	104
II	13	8	10	18	61	46	58	36	—	—	6	14	9	6	5	3	14	9	16	25
III	49	36	39	21	196	161	118	108	—	2	26	23	26	48	4	1	25	21	53	70
IV Interview	13	7	4	7	30	31	102	114	—	5	15	4	3	1	1	—	3	1	25	27
Examination	20	6	41	30	90	88	138	70	1	3	21	11	7	9	6	—	21	7	87	56
V	—	8	—	—	1	—	1	—	—	—	—	—	3	—	1	—	2	—	—	—
Totals	174	128	168	158	641	599	642	539	7	13	115	101	119	115	40	16	119	71	286	282
	302		326		1,240		1,181		20		216		234		56		190		568	

TABLE E 5

History of Infectious Diseases

Age group	Number examined	Number and percentage giving history of																	
		Measles		German measles		Chicken-pox		Scarlet fever		Diphtheria		Mumps		Whooping cough		Chorea		Rheumatic fever	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Entrants	7,442	5,635	75.7	1,295	17.4	2,617	35.2	361	4.9	7	0.1	1,927	25.9	1,778	23.9	3	0.04	3	0.04
II	2,352	2,156	91.7	828	35.2	1,499	63.7	196	8.3	1	0.04	1,144	48.6	672	28.6	1	0.04	7	0.3
III	4,695	4,338	92.4	1,660	35.4	2,946	62.7	355	7.6	5	0.1	2,413	51.4	1,688	36.0	7	0.1	9	0.2
IV	6,298	5,757	91.4	2,301	36.5	4,167	66.2	589	9.4	11	0.2	3,404	54.0	2,904	46.1	14	0.2	38	0.6
V	23	21	91.3	4	17.4	10	43.5	—	—	—	—	11	47.8	10	43.5	—	—	—	—
Totals	20,810	17,907	86.0	6,088	29.3	11,239	54.0	1,501	7.2	24	0.1	8,899	42.8	7,052	33.9	25	0.1	57	0.3

Estimates of Height (ins.) and Weight (lbs.) of Boys according to age from Routine Medical Inspections, Year 1968

TABLE E 6 (a)

Estimates, etc.	Age group in years										
	4-	5-	6-	7-	8-	9-	10-	11-	12-	13-	14-
Number of boys measured	313	2,536	1,018	127	68	974	2,059	405	6	1	—
	Height										
Mean	41.6	43.6	45.2	46.8	50.8	53.2	54.1	55.4	55.0	55.0	—
Standard error of mean	0.13	0.05	0.07	0.22	0.37	0.09	0.06	0.14	1.51	—	—
Standard deviation	2.24	2.24	2.29	2.47	3.08	2.73	2.62	2.85	3.69	—	—
First decile	38.8	40.9	42.4	43.8	47.7	49.9	50.8	52.1	—	—	—
Median	40.6	43.6	45.2	46.9	50.8	53.2	54.1	55.4	54.2	—	—
Ninth decile	44.3	46.3	48.1	49.9	54.4	56.3	57.5	60.0	—	—	—
Co-efficient of variation	5.38	5.14	5.06	5.28	6.06	5.14	4.83	5.15	6.70	—	—
	Weight										
Mean	40.1	43.2	45.5	48.7	59.2	67.6	70.2	74.4	74.0	66.0	—
Standard error of mean	0.28	0.11	0.19	0.63	0.99	0.36	0.26	0.67	3.80	—	—
Standard deviation	4.96	5.52	6.09	7.14	8.16	11.27	11.68	13.52	9.31	—	—
First decile	34.2	36.3	38.8	40.6	48.3	55.1	56.5	59.2	—	—	—
Median	39.4	41.9	44.0	48.6	59.0	65.5	68.7	71.2	69.8	—	—
Ninth decile	45.2	48.7	52.2	56.0	68.3	78.8	83.9	93.4	—	—	—
Co-efficient of variation	12.39	12.79	13.36	14.65	13.78	16.67	16.64	18.17	12.58	—	—

TABLE E 6 (b)
Estimates of Height (ins.) and Weight (lbs.) of Girls according to age from Routine Medical Inspections, Year 1968

Estimates, etc.	Age group in years										
	4-	5-	6-	7-	8-	9-	10-	11-	12-	13-	14-
Number of girls measured	281	2,578	716	74	60	1,049	1,918	300	3	1	1
	Height										
Mean	41.0	43.1	44.9	46.1	51.3	52.8	54.2	55.0	55.3	54.0	64.0
Standard error of mean	0.15	0.05	0.09	0.35	0.33	0.09	0.07	0.21	2.60	—	—
Standard deviation	2.52	2.46	2.52	3.04	2.54	2.88	3.06	3.56	4.51	—	—
First decile	37.9	40.2	42.0	42.6	48.3	49.4	50.5	50.8	—	—	—
Median	41.3	43.1	44.9	45.7	51.0	52.8	53.8	54.0	55.0	—	—
Ninth decile	43.8	45.9	47.8	49.4	54.4	56.2	57.5	59.2	—	—	—
Co-efficient of variation	6.15	5.71	5.62	6.60	4.95	5.46	5.65	6.48	8.15	—	—
	Weight										
Mean	38.5	41.4	43.4	52.8	61.1	65.9	68.5	76.9	68.7	78.0	120.0
Standard error of mean	0.32	0.11	0.24	1.16	1.57	0.35	0.29	0.86	4.92	—	—
Standard deviation	5.29	5.60	6.35	9.96	12.15	11.24	12.83	14.83	8.53	—	—
First decile	31.6	34.7	37.0	37.7	50.5	53.4	55.2	55.9	—	—	—
Median	37.8	38.6	42.8	44.1	56.8	63.5	66.6	70.0	63.5	—	—
Ninth decile	44.1	48.3	51.5	53.4	77.5	81.3	84.4	91.4	—	—	—
Co-efficient of variation	13.75	13.52	14.65	18.87	19.90	17.06	18.74	19.28	12.42	—	—

Defects Discovered at Routine Medical Inspection

TABLE E 7

Defect	Age Group	Defective for treatment	Per 1,000	Defective for observation	Per 1,000	Total defective	Per 1,000	
Skin	Entrants	96	12.9	194	26.1	290	39.0	
	Leavers	109	17.3	117	18.6	226	35.9	
	Other ages	110	15.6	166	23.4	276	39.0	
	Total	315	15.2	477	22.9	792	38.1	
Eyes	(a) vision	Entrants	498	66.9	1,626	218.5	2,124	285.4
		Leavers	623	98.9	1,544	245.2	2,167	344.1
		Other ages	518	73.3	1,885	266.6	2,403	339.9
		Total	1,639	78.8	5,055	242.9	6,694	321.7
	(b) squint	Entrants	110	14.8	223	29.9	333	44.7
		Leavers	27	4.3	115	18.3	142	22.6
		Other ages	28	4.0	209	29.6	237	33.6
		Total	165	7.9	547	26.3	712	34.2
	(c) other	Entrants	23	3.1	44	5.9	67	9.0
		Leavers	29	4.6	17	2.7	46	7.3
		Other ages	32	4.5	35	5.0	67	9.5
		Total	84	4.0	96	4.7	180	8.7
Ears	(a) hearing	Entrants	278	37.4	164	22.0	442	59.4
		Leavers	97	15.4	50	7.9	147	23.3
		Other ages	243	34.4	123	17.4	366	51.8
		Total	618	29.7	337	16.2	955	45.9
	(b) otitis media	Entrants	19	2.5	81	10.9	100	13.4
		Leavers	14	2.2	39	6.2	53	8.4
		Other ages	15	2.1	46	6.5	61	8.6
		Total	48	2.3	166	8.0	214	10.3
	(c) other	Entrants	98	13.2	72	9.6	170	22.8
		Leavers	44	7.0	26	4.1	70	11.1
		Other ages	123	17.4	34	4.8	157	22.2
		Total	265	12.7	132	6.3	397	19.0
Nose and throat	Entrants	113	15.2	1,042	140.0	1,155	155.2	
	Leavers	48	7.6	201	31.9	249	39.5	
	Other ages	73	10.3	431	61.0	504	71.3	
	Total	234	11.2	1,674	80.4	1,908	91.6	
Speech	Entrants	62	8.3	192	25.8	254	34.1	
	Leavers	18	2.9	35	5.6	53	8.5	
	Other ages	33	4.7	59	8.3	92	13.0	
	Total	113	5.4	286	13.8	399	19.2	
Cervical glands	Entrants	12	1.6	274	36.8	286	38.4	
	Leavers	4	0.6	14	2.2	18	2.8	
	Other ages	4	0.6	96	13.6	100	14.2	
	Total	20	1.0	384	18.4	404	19.4	
Heart and circulation	Entrants	90	12.1	210	28.2	300	40.3	
	Leavers	32	5.1	70	11.1	102	16.2	
	Other ages	65	9.2	152	21.5	217	30.7	
	Total	187	9.0	432	20.8	619	29.8	
Lungs	(a)	Entrants	171	23.0	338	45.4	509	68.4
		Leavers	24	3.8	144	22.9	168	26.7
		Other ages	55	7.8	177	25.0	232	32.8
		Total	250	12.0	659	31.7	909	43.7
	(b) pulmonary tuberculosis	Entrants	—	—	1	0.1	1	0.1
		Leavers	1	0.1	1	0.1	2	0.2
		Other ages	—	—	5	0.7	5	0.7
		Total	1	0.1	7	0.3	8	0.4
Development	Entrants	100	13.4	417	56.0	517	69.4	
	Leavers	57	9.1	58	9.2	115	18.3	
	Other ages	119	16.8	148	21.0	267	37.8	
	Total	276	13.3	623	29.9	899	43.2	

TABLE E 7 (continued)

Defect	Age Group	Defective for treatment	Per 1,000	Defective for observation	Per 1,000	Total defective	Per 1,000	
Orthopaedic	(a) posture	Entrants	18	2.4	8	1.1	26	3.5
		Leavers	24	3.8	10	1.6	34	5.4
		Other ages	45	6.4	13	1.8	58	8.2
		Total	87	4.2	31	1.5	118	5.7
	(b) feet	Entrants	155	20.8	125	16.8	280	37.6
		Leavers	48	7.6	51	8.1	99	15.7
		Other ages	138	19.5	105	14.9	243	34.4
		Total	341	16.4	281	13.5	622	29.9
	(c) other	Entrants	24	3.2	68	9.1	92	12.3
		Leavers	14	2.3	43	6.8	57	9.1
		Other ages	19	2.7	68	9.6	87	12.3
		Total	57	2.7	179	8.6	236	11.3
Nervous system	(a) epilepsy	Entrants	1	0.1	26	3.5	27	3.6
		Leavers	4	0.6	16	2.5	20	3.1
		Other ages	5	0.7	15	2.1	20	2.8
		Total	10	0.5	57	2.7	67	3.2
	(b) other	Entrants	5	0.6	28	3.8	33	4.4
		Leavers	4	0.6	19	3.0	23	3.7
		Other ages	6	0.9	15	2.1	21	3.0
		Total	15	0.7	62	3.0	77	3.7
Psychological	(a) development	Entrants	119	16.0	108	14.5	227	30.5
		Leavers	4	0.6	50	7.9	54	8.5
		Other ages	25	3.5	245	34.7	270	38.2
		Total	148	7.1	403	19.4	551	26.5
	(b) stability	Entrants	53	7.1	45	6.1	98	13.2
		Leavers	16	3.5	26	4.2	42	6.7
		Other ages	29	4.1	49	6.9	78	11.0
		Total	98	4.7	120	5.8	218	10.5
Tuberculosis—non-pulmonary	Entrants	—	—	2	0.3	2	0.3	
	Leavers	—	—	2	0.3	2	0.3	
	Other ages	—	—	3	0.4	3	0.4	
	Total	—	—	7	0.3	7	0.3	
Other defects	Entrants	76	10.2	98	13.2	174	23.4	
	Leavers	34	5.4	79	12.5	113	17.9	
	Other ages	56	7.9	87	12.3	143	20.2	
	Total	166	8.0	264	12.7	430	20.7	

The numbers of children seen were:—Entrants 7,442, Leavers 6,298, Other ages 7,070, Total 20,810.

The visual acuity could not be accurately assessed in 112 entrants; in this table these are included in "Eyes (a) vision" among the 1,626 defective for observation.

Visual Acuity

TABLE E 8

(a) schoolchildren without glasses

Right eye	Left eye										Right eye
	Visual acuity	6/6	6/9	6/12	6/18	6/24	6/36	6/60	<6/60	Totals	Totals
	6/6	14,530	818	181	97	60	48	28	9	15,771	
	6/9	639	1,509	209	89	31	15	7	1	2,500	
	6/12	147	216	404	125	35	26	6	—	959	
	6/18	87	84	113	226	55	19	7	2	593	
	6/24	45	23	38	64	128	40	5	—	343	
	6/36	44	18	19	19	43	130	18	6	297	
	6/60	22	12	12	8	11	19	93	6	183	
	<6/60	3	4	2	—	4	2	6	31	52	
Left eye	Totals	15,517	2,684	978	628	367	299	170	55	20,698	

(b) schoolchildren with glasses

Right eye	Left eye										Right eye
	Visual acuity	6/6	6/9	6/12	6/18	6/24	6/36	6/60	<6/60	Totals	Totals
	6/6	664	143	64	28	17	6	8	—	930	
	6/9	137	236	79	17	8	3	1	1	482	
	6/12	53	58	110	30	3	5	—	—	259	
	6/18	13	25	20	27	5	1	1	—	92	
	6/24	7	8	5	5	4	1	1	—	31	
	6/36	8	4	4	1	2	3	—	—	22	
	6/60	5	1	2	—	1	—	—	—	9	
	<6/60	1	—	1	—	—	—	—	—	2	
Left eye	Totals	888	475	285	108	40	19	11	1	1,827	

Nutrition

TABLE E 9

Age Group	NORMAL (A)				SUB-NORMAL (B)				BAD (C)			
	Boys		Girls		Boys		Girls		Boys		Girls	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Entrants	3,627	93.8	3,317	92.8	216	5.6	225	6.3	22	0.6	32	0.9
II	1,117	95.6	1,113	94.1	49	4.2	68	5.8	—	—	2	0.2
III	2,356	95.3	2,128	95.7	110	4.5	88	4.0	3	0.1	2	0.1
IV	1	0.03	1	0.04	—	—	—	—	1	0.03	—	—
V	—	—	—	—	—	—	—	—	—	—	—	—
Totals	7,101	94.7	6,559	94.0	375	5.0	381	5.5	26	0.4	36	0.5

Colour Vision

TABLE E 10

Colour Vision	Boys		Girls		Total	
Normal	6,353	(92.5%)	5,646	(99.5%)	11,999	(95.6%)
Defective—safe	215	(3.1%)	26	(0.4%)	241	(1.9%)
Defective—unsafe	303	(4.4%)	4	(0.1%)	307	(2.5%)
Totals	6,871		5,676		12,547	

Tuberculin Tests

TABLE E 11

Age	Unvaccinated persons					Vaccinated persons				
	Tested	Negative		Positive		Tested	Negative		Positive	
		No.	%	No.	%		No.	%	No.	%
0-4	259	217	83.8	42	16.2	169	3	1.8	166	98.2
5	2	2	100.0	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—	—	—
7	4	4	100.0	—	—	—	—	—	—	—
8	45	31	68.9	14	31.1	13	2	15.4	11	84.6
9	859	795	92.5	64	7.5	510	19	3.7	491	96.3
10	1,801	1,622	90.1	179	9.9	1,051	31	2.9	1,020	97.1
11	353	297	84.1	56	15.9	163	4	2.5	159	97.5
12	14	5	35.7	9	64.3	1	—	—	1	100.0
13	49	27	55.1	22	44.9	35	—	—	35	100.0
14	318	229	72.0	89	28.0	277	7	2.5	270	97.5
15	41	34	82.9	7	17.1	28	1	3.6	27	96.4
16	—	—	—	—	—	2	—	—	2	100.0
Totals	3,745	3,263	87.1	482	12.9	2,249	67	3.0	2,182	97.0

Re-examinations

TABLE E 12

Defects for which re-examined	For treatment	For observation	Cured	Totals
Skin	70	212	226	508
Eyes (a) vision	2,330	7,638	2,311	12,279
(b) squint	128	569	26	723
(c) other	48	66	132	246
Ears (a) hearing	829	646	573	2,048
(b) otitis media	67	104	72	243
(c) other	177	123	159	459
Nose and throat	282	1,373	1,127	2,782
Speech	175	413	338	926
Cervical glands	26	125	80	231
Heart and circulation	194	529	284	1,007
Lungs (a)	159	588	444	1,191
(b) pulmonary tuberculosis	—	1	—	1
Development	208	255	208	671
Orthopaedic (a) posture	16	27	63	106
(b) feet	120	282	253	655
(c) other	53	216	187	456
Nervous system (a) epilepsy	19	58	6	83
(b) other	31	118	45	194
Psychological (a) development	105	561	108	774
(b) stability	160	221	184	565
Tuberculosis—non-pulmonary	—	33	12	45
Other defects	270	417	335	1,022
Totals	5,467	14,575	7,173	27,215

27,215 defects in 19,895 children (primary 12,770 and secondary 7,125)

Clinic Examinations

TABLE E 13

Reason for examination	Number of examinations	Per cent
Skin	1,407	6.9
Eyes (a) vision	296	1.5
(b) squint	49	0.2
(c) other	94	0.5
Ears (a) hearing	1,635	8.1
(b) otitis media	152	0.7
(c) other	313	1.5
Nose and throat	569	2.8
Speech	197	1.0
Cervical glands	33	0.2
Heart and circulation	356	1.8
Lungs (a)	541	2.7
(b) pulmonary tuberculosis	1	0.004
Development	375	1.9
Orthopaedic (a) posture	12	0.06
(b) feet	151	0.7
(c) other	102	0.5
Nervous system (a) epilepsy	38	0.2
(b) other	67	0.3
Psychological (a) development	489	2.4
(b) stability	296	1.5
Tuberculosis—non-pulmonary	—	—
Other defects	607	3.0
B. C. G. vaccination	3,509	17.3
Tuberculin skin test	5,670	28.0
Pre-anaesthetic examination	3,309	16.3
Total	20,268	100.0

TABLE E 14

Special Educational Treatment

Handicap	At special day school		At special residential school		At normal school		At no school		At home tuition		Totals	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Blind	2	2	4	7	—	—	1	1	—	—	7	10
Partially sighted	20	14	2	2	27	22	2	3	—	1	51	42
Deaf	6	6	—	2	—	—	5	2	—	—	11	10
Partially deaf	23	32	3	2	216	189	6	3	—	1	248	227
Delicate	77	45	1	2	89	74	6	1	6	8	179	130
Educationally subnormal	389	239	22	7	761	440	36	19	—	2	1,208	707
Epileptic	30	18	—	3	76	61	7	2	—	1	113	85
Maladjusted	77	29	23	5	104	65	1	—	2	—	207	99
Physically handicapped	101	65	5	5	136	110	21	9	7	7	270	196
Speech defect	100	36	3	1	931	376	3	—	—	—	1,037	413
Total handicaps	825	486	63	36	2,340	1,337	88	40	15	20	3,331	1,919
		1,311		99		3,677		128		35		5,250
Total pupils	566	361	29	20	2,149	1,234	63	30	14	16	2,821	1,661
		927		49		3,383		93		30		4,482

5,250 handicaps in 4,482 pupils (2,821 boys; 1,661 girls). Of these 552 children have 2 handicaps, 99 have 3 handicaps, and 6 have 4 handicaps.

TABLE E 15

Single Handicaps

Number of children affected	Handicap
14	Blind
74	Partially sighted
17	Deaf
366	Partially hearing
256	Delicate
1,340	Educationally sub-normal
114	Epileptic
53	Maladjusted
347	Physically handicapped
1,244	Speech defect
3,825	Total

Dual Handicaps

TABLE E 16

Handicap	Blind	Partially sighted	Deaf	Partially deaf	Delicate	E.S.N.	Epileptic	Maladjusted	Physically handicapped	Speech defect
Speech defect	—	—	—	8	6	113	—	3	10	140
Physically handicapped	—	5	2	10	4	51	1	2	85	
Maladjusted	—	—	1	2	9	179	4	200		
Epileptic	—	1	—	—	4	51	61			
E. S. N.	2	8	2	56	14	476				
Delicate	—	1	—	2	40					
Partially deaf	—	1	—	79						
Deaf	—	—	5							
Partially sighted	—	16								
Blind	2									

Showing the distribution of 1,104 handicaps among the 552 children who have two handicaps.

Multiple Handicaps

TABLE E 17

Number of children affected	Categories of handicaps coinciding			
	First	Second	Third	
1	Blind	E.S.N.	P. handicapped	
1	P. sighted	E.S.N.	Maladjusted	
1	P. sighted	E.S.N.	P. handicapped	
1	P. sighted	E.S.N.	Speech defect	
3	P. deaf	Delicate	E.S.N.	
1	P. deaf	E.S.N.	Epileptic	
10	P. deaf	E.S.N.	Maladjusted	
2	P. deaf	E.S.N.	P. handicapped	
9	P. deaf	E.S.N.	Speech defect	
1	P. deaf	Maladjusted	Speech defect	
3	Delicate	E.S.N.	Maladjusted	
3	Delicate	E.S.N.	Speech defect	
1	Delicate	Epileptic	P. handicapped	
1	Delicate	P. handicapped	Speech defect	
4	E.S.N.	Epileptic	Maladjusted	
5	E.S.N.	Epileptic	P. handicapped	
9	E.S.N.	Epileptic	Speech defect	
4	E.S.N.	Maladjusted	P. handicapped	
26	E.S.N.	Maladjusted	Speech defect	
10	E.S.N.	P. handicapped	Speech defect	
1	Epileptic	Maladjusted	P. handicapped	
2	Epileptic	P. handicapped	Speech defect	
99	Total with triple handicaps			
	First	Second	Third	Fourth
1	P. deaf	E.S.N.	Maladjusted	P. handicapped
2	P. deaf	E.S.N.	P. handicapped	Speech defect
1	Delicate	E.S.N.	Maladjusted	Speech defect
1	Delicate	E.S.N.	P. handicapped	Speech defect
1	E.S.N.	Maladjusted	P. handicapped	Speech defect
6	Total with quadruple handicaps			

Intelligence Quotients of E.S.N. Pupils

TABLE E 18

I.Q.	<45	45-	50-	55-	60-	65-	70-	75-	80-	90-	100-	110-	120+	Totals
Boys	18	19	29	54	79	93	131	156	303	204	98	20	4	1,208
Girls	6	9	25	26	55	83	87	98	175	96	38	8	1	707
Both	24	28	54	80	134	176	218	254	478	300	136	28	5	1,915

Fleming Fulton School

TABLE E 19

Reasons for admission	Belfast pupils			Other pupils		
	Boys	Girls	Total	Boys	Girls	Total
Amyotonia congenita	—	—	—	1	—	1
Arthrogryposis	—	—	—	—	1	1
Ataxia	2	3	5	1	1	2
Brain tumour	—	1	1	—	—	—
Cerebral palsy	26	16	42	21	10	31
Cervical meningocele	2	1	3	—	1	1
Congenital deformities	4	2	6	3	2	5
Congenital dislocation of hip	—	1	1	—	—	—
Haemophilia	—	—	—	1	—	1
Hydrocephalus	2	2	4	1	1	2
Klippel-Feil syndrome	—	1	1	—	—	—
Megalocephalus	—	1	1	—	—	—
Muscular dystrophy	2	1	3	4	—	4
Myositis	—	—	—	—	1	1
Osteogenesis imperfecta	1	2	3	—	1	1
Perthes's disease	1	—	1	—	—	—
Poliomyelitis	1	1	2	—	2	2
Rheumatoid arthritis	1	—	1	—	—	—
Spina bifida	12	9	21	11	6	17
Total	54	41	95	43	26	69

Cedar Lodge School

TABLE E 20

Reasons for admission	Boys	Girls	Total
Asthma	17	9	26
Brain tumour	1	—	1
Congenital deformity of kidney	—	1	1
Congenital dislocation of hip	1	1	2
Congenital heart defect	3	1	4
Duodenal ulcer	1	—	1
Eczema	1	—	1
Epilepsy	1	2	3
Erb's palsy	1	—	1
Exomphalos	1	—	1
Fibrocystic disease	3	1	4
Maladjustment	1	—	1
Migraine	—	1	1
Nephrosis	—	1	1
Perthes's disease of hip	4	1	5
Rheumatic heart disease	1	—	1
Spastic paraplegia	1	—	1
Spina bifida	—	2	2
Number admitted during 1968	37	20	57
Number discharged during 1968	27	26	53
Average duration of stay in months	37	41	39
Total on roll at 31st December, 1968	92	69	161

TABLE E 21

Miscellaneous

Ultra-violet light treatment	2,005	
Physiotherapy:	985	
Children treated	10,979	
Total attendances	502	
Cases discharged	24	
Waiting list		
Speech therapy:	6,616	
Total attendances		
Audiometry:	13,871	
Children sweep tested at school	1,404	
Children failing sweep test	190	
Children referred to specialist		
Vision tests:	6,097	
Children tested by health visitors		
Cleanliness:	121,630	
Children inspected	8,017	(6.6%)
Children found to have nits	2,586	(2.1%)
Children found to have vermin	4,867	
Children cleansed at clinics		
B.C.G. vaccinations:	3,509	
Vaccinations at School Clinics	1,881	
Vaccinations by other authorities	4,065	
Children tuberculin tested	482	(11.9%)
Children showing positive reaction	3,583	(88.1%)
Children showing negative reaction	3,381	(97.1%)
Vaccinated children retested—positive	101	(2.9%)
Vaccinated children retested—negative		
Nurses' home visits	15,710	
Nurses' school visits (other than routine inspections)	1,629	
Medical Officers' visits	142	
Eye specialist:	6,584	
Children refracted	3,541	
Children given post-mydriatic examination	853	
Children examined for other eye conditions	434	
Children referred for orthoptic treatment		
Paediatrician:	208	
Children examined at special schools		
Psychiatrist:	—	
New cases	—	
Total attendances		
Surgeon:	208	
Children examined at special schools		
General anaesthetics	3,309	
Education Act Sections 32 and 53:		
Children reported to N.I. Hospitals Authority (Section 32 A)	11	
Children reported to Welfare Authority (Section 32 B)	74	
Children reported to N.I. Hospitals Authority (Section 53)	50	
Youth employment:		
Children examined under Employment Bye-Laws	243	
Children found unfit for employment	—	
Reports to Youth Employment Service on school-leavers	255	

REPORT OF THE CHIEF DENTAL OFFICER FOR THE YEAR 1968

During the year, the department fully discharged its obligations in regard to school dental inspection and the provision of dental care for school and pre-school children and, in addition, undertook a quinquennial survey of dental caries in children in age groups three, four, five, twelve, fourteen and fifteen.

Dental Inspections in Schools

Children in all age groups attending grant-aided schools were provided with annual dental inspection, except in the case of children attending nursery and special schools, where dental inspection was twice annually. Table F1 details the number of children examined, those found defective and those consenting to dental care. Compared with 1967, the defective rate in 1968 has risen from 53.3% to 57%. Too much significance should not be attached to this apparent set-back in view of the survey findings, which will be dealt with later.

In 1967 consent to dental care was given for 91.7% of those children in need of care, of which total 29.1% elected to attend school clinics. The figures for 1968 show a substantial drop in the overall consent rate to 70.5%, of which total 31.9% elected to attend school clinics. While it is gratifying to observe that the school dental service continues to retain its popularity and continues to remain stable in regard to the number of children under its care, it is hoped that the sudden fall in the consent rate, which is almost entirely due to the failure of pupils attending intermediate schools to return forms of consent, is not really an expression of lack of interest in dental health.

Attendances at Clinics

All requests for dental care at school clinics were fully met and a total of 10,344 children attended. This constitutes a 1½% increase over the 1967 total. Periodic check examinations in clinics totalled 10,938.

Treatments

The filling rate per child continues to remain at 2.3 and the extraction rate at 0.7. It is gratifying to note that Dental Officers continue to practise treatments outside the normal routine procedures and this reflects the value of the Post-Graduate Courses which the Health Committee has from time to time approved for attendance of its Dental Officers. The orthodontic section continues to function, though seriously handicapped by lack of staff. Table F2 gives full details of all treatments carried out during the year.

Child Health

For some years I have stressed the importance of securing a high standard of dental health in the pre-school child. Unless this can be achieved, there can be little hope of any reduction in the incidence of dental caries in the five year old schoolchild.

Although it is disappointing that the number of pre-school children now under dental supervision is not considerably larger, the department (in spite of the difficulties involved in making parental contact) has achieved much in having under its care slightly over 1,100 of these children in each of the past two years. The statistical evidence in the survey tables in respect of these children appears to indicate progress towards achieving a higher standard of dental health, but a substantially greater number of pre-school children will require to be brought under dental supervision before there is any significant reduction in the incidence of dental caries in the five year old schoolchild.

Survey of Dental Caries Prevalence

The previous survey of dental caries prevalence was undertaken in the year 1963 and it was anticipated at that time that there would be repeat surveys every fifth year. All the criteria and procedures adopted in 1963 were repeated in 1968 with the exception that, in the latter year, only the age groups three, four, five, twelve, fourteen and fifteen were selected. In the first three age groups, the survey was concerned with the deciduous dentition only, while in the last three, the permanent dentition only was involved. In considering the statistics of the 1968 survey, the information most

sought is the trend of dental caries involvement in the five years since 1963. The statistics for the years 1963 and 1968 have accordingly been tabulated for ease of comparison and it is these tables upon which comment is made.

Table S1 details dental caries in the year 1968 for boys and girls collectively in the City of Belfast and Tables S2 and S3 detail the same information for boys and girls separately. Tables S4 to S15 segregate the above information for each of the four geographical areas of the City and Tables S16 to S20 provide a comparison of statistics for the years 1963 and 1968 for the City as a whole and for each of the four areas. For the purpose of this report, it is intended only to deal with Tables S16 to S20.

Percentage Caries Free (Table S16)

Examination of this table will show that, compared with the year 1963, boys and girls both collectively and separately in 1968 contribute to an increased percentage free from dental caries. The improvement is most marked in the three youngest age groups and much less satisfactory in the three older age groups, where some increase in dental caries, mainly in respect of girls, has been recorded.

Average D.M.F. per child (Caries Index)

The extent of dental caries for both sexes, as expressed by the caries index, shows some reduction in the year 1968 except in age groups three, five, twelve and fourteen and, while boys show a reduction in all age groups except age five (where the increase is marginal) girls fare less favourably, showing a varying degree of increase in the caries index in all age groups except four and twelve. A breakdown of Table S16 into the four geographical areas of Belfast is provided in Tables S17 to S20 and upon which the following comments are proffered.

Percentage Caries Free

It is interesting to note that, in 1968, the trend in the three youngest age groups towards an increasing percentage free from dental caries is maintained in each of the areas except East Belfast, where the situation has deteriorated except in age group five (no survey of three and four year old children was possible in South Belfast). That the two areas of the City where the Pre-School Dental Service is most active happen to be the areas where improvement is most marked, would appear to be of some significance. If the trend towards a lower incidence of dental caries is encouraging in the three youngest age groups, the situation is less satisfactory in the three older groups. Age groups twelve and fifteen contribute to a situation which in the five years since 1963 has deteriorated and, if boys are more involved than girls in all areas except West Belfast at age twelve, the converse is the case at age fifteen in all areas except East Belfast. West Belfast, of all the areas, has been consistent in a modest reduction in dental caries, which is most marked in the youngest age groups.

Average D.M.F. per child (Caries Index)

It will be observed from further study of Tables S17 to S20 that the trend of the Dental Caries Index is less clearly defined compared with the trend in freedom from dental caries. In the three youngest age groups, the trend is toward an increase in the caries index, especially in East Belfast. Both sexes have contributed to this increase; girls more so than boys. The position of the three older age groups is more encouraging and, collectively, boys and girls have contributed to a reduction in the caries index in all areas except South Belfast. An all-round reduction in the caries index in these three age groups is recorded for West Belfast and, if North Belfast shows a marginal increase of the index in boys at age twelve, East Belfast shows a slightly greater increase for girls at age fourteen. Viewed overall in respect of the six age groups, West Belfast has clearly made the greatest contribution towards a reduction in the extent of dental caries.

Summary

Children's teeth in all age groups continue to suffer heavily from dental caries. Both boys and girls are involved, the latter perhaps more so than boys. In the five years since the first dental caries survey in 1963, the greatest reduction in the incidence of dental caries has taken place in West Belfast and to a slightly lesser extent in North Belfast, while the situation in East and South Belfast has deteriorated. It is clear however that, while some reductions in dental caries have taken place, such reductions, when viewed against the background of the present day incidence of caries, appear insignificant.

The concept held by many people that the retention of natural dentition is not really necessary, could well be a strong contributory factor to the apathy which abounds in respect of dental health and consequently to the failure to control the spread of dental disease. The dental profession must clearly give an urgent and convincing rebuttal of this concept: until this is done, dental health education must labour under serious handicap. In the meantime, withdrawal of present day cariogenic substances from human consumption, coupled with fluoridation of public water supplies, appear to be the only measures guaranteed to effect a substantial reduction in the incidence of dental disease in a comparatively short time.

My concluding remarks, at the end of a year which has made heavy demands upon the dental personnel, are in appreciation of the extensive co-operation extended by Principals and Teachers, Medical and Dental Staff and by the administrative and other staff at College Street Headquarters.

S. R. SHEANE, L.D.S.,

Chief Dental Officer.

Dental Inspection

TABLE F 1

	Participating schools	*Special	*Nursery	Non participating	Pre-school
Total on school rolls	80,159	1,082	554	2,462	—
Total inspected	75,482	1,639	722	2,259	1,119
Age groups 5 to 7	19,140	119	—	—	—
Other age groups	56,342	1,520	—	—	—
Total defective	43,050	69	266	616	643
Defective percentage	57.0	58.0	36.8	27.3	57.5
Consenting to treatment	32,358	706	244	—	643
By Health Department	10,334	392	91	—	643
By own dentist	22,024	314	153	—	—
Appointments issued	10,334	314	91	—	643
Inspection sessions	510	17	12	—	24
Clinic check inspections	10,938	—	—	—	475

* Special and Nursery Schools inspected twice annually. Figures extracted from participating schools totals.

Dental Treatment

TABLE F 2

	Participating schools	*Special	*Nursery	Pre-school	Totals
Extractions					
Temporary teeth	5,559	160	28	576	6,135
Permanent teeth	1,532	79	1	—	1,532
Total	7,091	239	29	576	7,667
Anaesthetics					
General	3,309	112	15	323	3,632
Local	2,695	46	1	7	2,702
Total	6,004	158	16	330	6,334
Fillings					
Temporary teeth	6,486	100	95	1,023	7,509
Permanent teeth	17,672	824	6	—	17,672
Total	24,158	924	101	1,023	25,181
Root canal therapy	27	1	—	—	27
Crowns	18	—	—	—	18
Gingivectomy	1	—	—	—	1
Scaling and polish	1,357	82	2	46	1,403
Dressings	1,248	30	8	66	1,314
Other operations	1,014	70	10	39	1,053
X-Ray films	619	17	—	2	621
Partial dentures provided	25	4	—	—	25
Total treatments	41,561	1,525	166	2,082	43,643
Individuals treated	10,344	356	40	582	10,926
Total treatment courses	11,292	335	43	520	11,812
Total treatment visits	24,674	971	95	2,136	26,810
Total treatment sessions	4,290	—	—	44	4,334
Orthodontics:					
Patients provided with appliances	178	2	—	—	178
Total appliances provided	249	2	—	—	249
Treatments completed	143	2	—	—	143
Treatments suspended	20	—	—	—	20
Total treatment visits	2,265	25	—	—	2,265
Total sessions	349	—	—	—	349

* Figures extracted from participating schools totals.

TABLE F 3

Clinic Accommodation	
North Belfast	{ Mountcollyer Street Lincoln Avenue
South Belfast	Academy Street
East Belfast	Cherryville Street
West Belfast	Cupar Street
Mobile clinics	Nil

TABLE F 4

Staff Complement	
Chief Dental Officer	1
Clinic Dental Officers	4
Dental Officers (full-time)	6
Dental Officers (part-time)	5
Total (expressed as full-time equivalent)	11.9
Anaesthetists	3

TABLE S 1

Combined Areas			Temporary Dentition				Permanent Dentition				Boys and Girls	
Age	Exa- mined	Caries free	d	m	f	c.i.	D	M	F	C.I.	% Caries free	Av. D.M.F. per child
3	405	163	763	51	73	887	—	—	—	—	40.2	3.7
4	353	65	945	136	111	1,192	—	—	—	—	18.4	4.1
5	961	178	2,532	885	437	3,854	—	—	—	—	18.5	4.9
12	985	23	—	—	—	—	1,653	632	2,948	5,233	2.5	5.7
14	931	10	—	—	—	—	2,102	1,059	4,680	7,841	1.1	8.5
15	549	5	—	—	—	—	898	707	3,902	5,507	0.9	10.1

TABLE S 2

Combined Areas			Temporary Dentition				Permanent Dentition				Boys	
Age	Exa- mined	Caries free	d	m	f	c.i.	D	M	F	C.I.	% Caries free	Av. D.M.F. per child
3	206	94	291	14	36	341	—	—	—	—	45.6	3.0
4	175	27	517	60	49	626	—	—	—	—	15.4	4.2
5	526	93	1,476	504	171	2,151	—	—	—	—	17.7	5.0
12	488	14	—	—	—	—	887	318	1,419	2,624	2.9	5.5
14	497	7	—	—	—	—	1,241	528	2,066	3,835	1.4	7.8
15	305	4	—	—	—	—	512	354	2,147	3,013	1.3	10.0

TABLE S 3

Combined Areas			Temporary Dentition				Permanent Dentition				Girls	
Age	Exa- mined	Caries free	d	m	f	c.i.	D	M	F	C.I.	% Caries free	Av. D.M.F. per child
3	199	69	472	37	37	546	—	—	—	—	34.7	4.2
4	178	38	428	76	62	566	—	—	—	—	21.3	4.0
5	435	85	1,056	381	266	1,703	—	—	—	—	19.5	4.9
12	447	9	—	—	—	—	766	314	1,529	2,609	2.0	6.0
14	434	3	—	—	—	—	861	531	2,614	4,006	0.7	9.3
15	244	1	—	—	—	—	386	353	1,755	2,494	0.4	12.2

TABLE S 4

Area 1 (South)			Temporary Dentition				Permanent Dentition				Boys and Girls	
Age	Exa- mined	Caries free	d	m	f	c.i.	D	M	F	C.I.	% Caries free	Av. D.M.F. per child
3	—	—	—	—	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—	—	—	—	—
5	194	41	498	154	65	717	—	—	—	—	21.1	4.7
12	198	2	—	—	—	—	313	118	752	1,183	1.0	6.0
14	158	2	—	—	—	—	271	148	988	1,407	1.3	9.0
15	146	0	—	—	—	—	143	173	1,341	1,657	0.0	11.3

TABLE S 5

Area 1 (South)			Temporary Dentition				Permanent Dentition				Boys	
Age	Exa- mined	Caries free	d	m	f	c.i.	D	M	F	C.I.	% Caries free	Av. D.M.F. per child
3	—	—	—	—	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—	—	—	—	—
5	104	20	288	86	24	398	—	—	—	—	19.2	4.7
12	95	1	—	—	—	—	149	72	337	558	1.1	5.9
14	83	2	—	—	—	—	146	66	451	663	2.4	8.2
15	74	0	—	—	—	—	75	80	688	843	0.0	11.4

TABLE S 6

Area 1 (South)			Temporary Dentition				Permanent Dentition				Girls	
Age	Exa- mined	Caries free	d	m	f	c.i.	D	M	F	C.I.	% Caries free	Av. D.M.F. per child
3	—	—	—	—	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—	—	—	—	—
5	90	21	210	68	41	319	—	—	—	—	23.3	4.6
12	103	1	—	—	—	—	164	46	415	625	1.0	6.1
14	75	0	—	—	—	—	125	82	537	744	0.0	9.9
15	72	0	—	—	—	—	68	93	653	814	0.0	11.3

TABLE S 7

Area 2 (North)			Temporary Dentition				Permanent Dentition				Boys and Girls	
Age	Exa- mined	Caries free	d	m	f	c.i.	D	M	F	C.I.	% Caries free	Av. D.M.F. per child
3	233	114	344	23	30	397	—	—	—	—	48.9	3.3
4	167	43	480	75	63	618	—	—	—	—	25.7	5.0
5	256	37	731	282	104	1,117	—	—	—	—	14.5	5.1
12	240	5	—	—	—	—	453	174	824	1,451	2.1	6.2
14	276	3	—	—	—	—	631	344	1,432	2,407	1.1	8.8
15	158	2	—	—	—	—	282	230	1,041	1,553	1.3	10.0

TABLE S 8

Area 2 (North)			Temporary Dentition				Permanent Dentition				Boys	
Age	Exa- mined	Caries free	d	m	f	c.i.	D	M	F	C.I.	% Caries free	Av. D.M.F. per child
3	115	67	146	6	19	171	—	—	—	—	58.3	3.6
4	74	16	231	31	28	290	—	—	—	—	21.6	5.0
5	142	19	432	155	38	625	—	—	—	—	13.4	5.1
12	140	4	—	—	—	—	250	89	498	837	2.9	6.2
14	156	2	—	—	—	—	422	174	690	1,286	1.3	8.4
15	106	2	—	—	—	—	199	148	740	1,087	1.9	10.5

TABLE S 9

Area 2 (North)			Temporary Dentition				Permanent Dentition				Girls	
Age	Exa- mined	Caries free	d	m	f	c.i.	D	M	F	C.I.	% Caries free	Av. D.M.F. per child
3	118	47	198	17	11	226	—	—	—	—	39.8	3.2
4	93	27	249	44	35	328	—	—	—	—	29.0	5.0
5	114	18	299	127	66	492	—	—	—	—	15.8	5.1
12	100	1	—	—	—	—	203	85	326	614	1.0	6.2
14	120	1	—	—	—	—	209	170	742	1,121	0.8	9.4
15	52	0	—	—	—	—	83	82	301	466	0.0	9.0

TABLE S 10

Area 3 (East)			Temporary Dentition				Permanent Dentition				Boys and Girls	
Age	Exa- mined	Caries free	d	m	f	c.i.	D	M	F	C.I.	% Caries free	Av. D.M.F. per child
3	43	13	118	17	27	162	—	—	—	—	30.2	5.4
4	44	1	222	41	31	294	—	—	—	—	2.3	6.8
5	212	43	544	163	142	849	—	—	—	—	20.3	5.0
12	271	6	—	—	—	—	478	158	826	1,462	2.2	5.5
14	230	1	—	—	—	—	523	209	1,226	1,958	0.4	8.6
15	146	2	—	—	—	—	277	184	951	1,412	1.4	9.8

TABLE S 11

Area 3 (East)			Temporary Dentition				Permanent Dentition				Boys	
Age	Exa- mined	Caries free	d	m	f	c.i.	D	M	F	C.I.	% Caries free	Av. D.M.F. per child
3	25	8	53	8	15	76	—	—	—	—	32.0	4.5
4	28	1	154	19	21	194	—	—	—	—	3.4	7.2
5	115	24	292	88	56	436	—	—	—	—	20.9	4.8
12	137	4	—	—	—	—	260	69	344	673	2.9	5.1
14	105	0	—	—	—	—	270	80	415	765	0.0	7.3
15	74	1	—	—	—	—	149	76	439	664	1.4	9.1

TABLE S 12

Area 3 (East)			Temporary Dentition				Permanent Dentition				Girls	
Age	Exa- mined	Caries free	d	m	f	c.i.	D	M	F	C.I.	% Caries free	Av. D.M.F. per child
3	18	5	65	9	12	86	—	—	—	—	27.8	6.6
4	16	0	68	22	10	100	—	—	—	—	0.0	6.3
5	97	19	252	75	86	413	—	—	—	—	19.6	5.3
12	134	2	—	—	—	—	218	89	482	789	1.5	6.0
14	125	1	—	—	—	—	253	129	811	1,193	0.8	9.6
15	72	1	—	—	—	—	128	108	512	748	1.4	10.5

TABLE S 13

Area 4 (West)			Temporary Dentition				Permanent Dentition				Boys and Girls	
Age	Exa- mined	Caries free	d	m	f	c.i.	D	M	F	C.I.	% Caries free	Av. D.M.F. per child
3	129	36	301	11	16	328	—	—	—	—	27.9	3.5
4	142	21	243	20	17	280	—	—	—	—	14.8	2.3
5	299	57	759	286	126	1,171	—	—	—	—	19.1	4.8
12	226	10	—	—	—	—	409	182	546	1,137	4.4	5.3
14	267	4	—	—	—	—	677	358	1,034	2,069	1.5	7.9
15	99	1	—	—	—	—	196	120	579	895	1.0	9.1

TABLE S 14

Area 4 (West)			Temporary Dentition				Permanent Dentition				Boys	
Age	Exa- mined	Caries free	d	m	f	c.i.	D	M	F	C.I.	% Caries free	Av. D.M.F. per child
3	66	19	92	0	2	94	—	—	—	—	28.8	2.0
4	73	10	132	10	0	142	—	—	—	—	13.7	2.3
5	165	30	464	175	53	692	—	—	—	—	18.2	5.1
12	116	5	—	—	—	—	228	88	240	556	4.3	5.0
14	153	3	—	—	—	—	403	208	510	1,121	2.0	7.5
15	51	1	—	—	—	—	89	50	290	429	2.0	8.6

TABLE S 15

Area 4 (West)			Temporary Dentition				Permanent Dentition				Girls	
Age	Exa- mined	Caries free	d	m	f	c.i.	D	M	F	C.I.	% Caries free	Av. D.M.F. per child
3	63	17	209	11	14	234	—	—	—	—	27.0	5.1
4	69	11	111	10	17	138	—	—	—	—	15.9	2.4
5	134	27	295	111	73	479	—	—	—	—	20.1	4.5
12	110	5	—	—	—	—	181	94	306	581	4.5	5.5
14	114	1	—	—	—	—	274	150	524	948	0.9	8.4
15	48	0	—	—	—	—	107	70	289	466	0.0	9.7

**Comparison of Statistical Information for Years 1963 and 1968
Combined Areas**

TABLE S 16

Sex	Age	No. Examined		% Caries free		Percentage		Av. D.M.F. per child		Percentage	
		1963	1968	1963	1968	Gain	Loss	1963	1968	Gain	Loss
Boys	3	65	206	32.3	45.6	41.2	—	4.1	3.0	26.9	—
Girls	3	60	199	33.3	34.7	4.2	—	3.0	4.2	—	40.0
Boys & Girls	3	125	405	32.8	40.2	22.6	—	3.4	3.7	—	8.8
Boys	4	62	175	9.7	15.4	58.8	—	5.0	4.2	16.0	—
Girls	4	71	178	11.3	21.3	88.5	—	4.9	4.0	18.4	—
Boys & Girls	4	133	353	10.5	18.4	75.2	—	4.9	4.1	16.3	—
Boys	5	543	526	9.4	17.7	88.3	—	4.9	5.0	—	2.0
Girls	5	504	435	11.3	19.5	72.6	—	4.7	4.9	—	4.3
Boys & Girls	5	1,047	961	10.3	18.5	79.6	—	4.8	4.9	—	2.1
Boys	12	659	488	4.1	2.9	—	29.3	5.8	5.5	5.2	—
Girls	12	506	447	0.8	2.0	150.0	—	6.5	6.0	7.7	—
Boys & Girls	12	1,165	935	2.7	2.5	—	7.4	6.1	5.7	6.6	—
Boys	14	553	497	1.1	1.4	27.3	—	8.5	7.8	8.0	—
Girls	14	517	434	1.0	0.7	—	30.0	9.1	9.3	—	2.2
Boys & Girls	14	1,070	931	1.0	1.1	10.0	—	8.8	8.5	3.4	—
Boys	15	266	305	1.1	1.3	18.2	—	10.4	10.0	3.8	—
Girls	15	239	244	1.3	0.4	—	69.2	10.9	12.2	—	11.9
Boys & Girls	15	505	549	1.2	0.9	—	25.0	10.6	10.1	4.7	—

**Comparison of Statistical Information for Years 1963 and 1968
South Belfast**

TABLE S 17

Sex	Age	No. Examined		% Caries free		Percentage		Av. D.M.F. per child		Percentage	
		1963	1968	1963	1968	Gain	Loss	1963	1968	Gain	Loss
Boys	3	—	—	—	—	—	—	—	—	—	—
Girls	3	—	—	—	—	—	—	—	—	—	—
Boys & Girls	3	—	—	—	—	—	—	—	—	—	—
Boys	4	—	—	—	—	—	—	—	—	—	—
Girls	4	—	—	—	—	—	—	—	—	—	—
Boys & Girls	4	—	—	—	—	—	—	—	—	—	—
Boys	5	94	104	9.6	19.2	100.0	—	4.9	4.7	4.1	—
Girls	5	107	90	9.4	23.3	147.9	—	5.1	4.6	9.8	—
Boys & Girls	5	201	194	9.5	21.1	111.6	—	5.0	4.7	6.0	—
Boys	12	154	95	4.6	1.1	—	76.1	5.1	5.9	—	7.8
Girls	12	87	103	1.2	1.0	—	16.7	6.5	6.1	15.7	—
Boys & Girls	12	241	198	3.3	1.0	—	69.7	5.6	6.0	—	7.1
Boys	14	134	83	2.2	2.4	9.1	—	8.6	8.2	4.7	—
Girls	14	101	75	2.0	0.0	—	100.0	8.9	9.9	—	11.2
Boys & Girls	14	235	158	2.1	1.3	—	38.1	8.7	9.0	—	3.4
Boys	15	96	74	1.0	0.0	—	100.0	9.8	11.4	—	16.3
Girls	15	77	72	1.3	0.0	—	100.0	11.0	11.3	—	2.7
Boys & Girls	15	173	146	1.2	0.0	—	100.0	10.3	11.3	—	9.7

**Comparison of Statistical Information for Years 1963 and 1968
North Belfast**

TABLE S 18

Sex	Age	No. Examined		% Caries free		Percentage		Av. D.M.F. per child		Percentage	
		1963	1968	1963	1968	Gain	Loss	1963	1968	Gain	Loss
Boys	3	23	115	26.1	58.3	123.4	—	4.8	3.6	25.0	—
Girls	3	19	118	26.3	39.8	51.3	—	3.2	3.2	—	—
Boys & Girls	3	42	233	26.3	48.9	85.9	—	4.1	3.3	19.5	—
Boys	4	25	74	8.0	21.6	170.0	—	5.1	5.0	2.0	—
Girls	4	31	93	22.6	29.0	28.3	—	4.7	5.0	—	6.4
Boys & Girls	4	56	167	16.1	25.7	59.6	—	4.9	5.0	—	2.0
Boys	5	209	142	10.1	13.4	32.7	—	4.9	5.1	—	4.1
Girls	5	148	114	10.8	15.8	46.3	—	5.0	5.1	—	2.0
Boys & Girls	5	357	256	10.4	14.5	39.4	—	4.9	5.1	—	4.1
Boys	12	217	140	4.2	2.9	—	31.0	6.1	6.2	—	1.6
Girls	12	146	100	1.4	1.0	—	28.6	7.0	6.2	11.4	—
Boys & Girls	12	363	240	3.0	2.1	—	30.0	6.4	6.2	3.1	—
Boys	14	167	156	0.6	1.3	116.7	—	8.6	8.4	2.3	—
Girls	14	158	120	0.6	0.8	33.3	—	9.6	9.4	2.1	—
Boys & Girls	14	325	276	0.6	1.1	83.3	—	9.1	8.8	3.3	—
Boys	15	121	106	1.7	1.9	11.8	—	10.8	10.5	2.8	—
Girls	15	62	52	1.6	0.0	—	100.0	11.0	9.0	18.2	—
Boys & Girls	15	183	158	1.6	1.3	—	18.8	10.8	10.0	18.8	—

**Comparison of Statistical Information for Years 1963 and 1968
East Belfast**

TABLE S 19

Sex	Age	No. Examined		% Caries free		Percentage		Av. D.M.F. per child		Percentage	
		1963	1968	1963	1968	Gain	Loss	1963	1968	Gain	Loss
Boys	3	18	25	61.1	32.0	—	47.6	1.7	4.5	—	164.7
Girls	3	29	18	51.7	27.8	—	46.2	1.7	6.6	—	288.2
Boys & Girls	3	47	43	55.3	30.2	—	45.4	1.6	5.4	—	237.5
Boys	4	24	28	12.5	3.4	—	72.8	3.8	7.2	—	89.5
Girls	4	24	16	4.2	0.0	—	100.0	5.1	6.3	—	23.5
Boys & Girls	4	48	44	8.3	2.3	—	72.3	4.5	6.8	—	51.1
Boys	5	93	115	8.6	20.9	143.0	—	5.3	4.8	9.4	—
Girls	5	116	97	9.5	19.6	106.3	—	5.1	5.3	—	3.9
Boys & Girls	5	209	212	9.0	20.3	125.6	—	5.2	5.0	3.8	—
Boys	12	137	137	3.6	2.9	—	19.4	6.0	5.1	15.0	—
Girls	12	131	134	0.0	1.5	+	—	6.2	6.0	3.2	—
Boys & Girls	12	268	271	1.9	2.2	15.8	—	6.1	5.5	9.8	—
Boys	14	128	105	0.0	0.0	—	—	8.4	7.3	13.1	—
Girls	14	136	125	0.7	0.8	14.3	—	9.1	9.6	—	5.5
Boys & Girls	14	264	230	0.4	0.4	—	—	8.7	8.6	1.1	—
Boys	15	19	74	0.0	1.4	+	—	11.3	9.1	19.5	—
Girls	15	69	72	0.0	1.4	+	—	10.7	10.5	1.9	—
Boys & Girls	15	88	146	0.0	1.4	+	—	10.8	9.8	9.3	—

**Comparison of Statistical Information for Years 1963 and 1968
West Belfast**

TABLE S 20

Sex	Age	No. Examined		% Caries free		Percentage		Av. D.M.F. per child		Percentage	
		1963	1968	1963	1968	Gain	Loss	1963	1968	Gain	Loss
Boys	3	24	66	16.7	28.8	72.5	—	5.2	2.0	61.5	—
Girls	3	12	63	0.0	27.0	+	—	6.0	5.1	15.0	—
Boys & Girls	3	36	129	11.1	27.9	151.4	—	5.5	3.5	36.4	—
Boys	4	13	73	7.7	13.7	77.9	—	6.8	2.3	66.2	—
Girls	4	16	69	0.0	15.9	+	—	5.1	2.4	52.9	—
Boys & Girls	4	29	142	3.5	14.8	322.9	—	5.9	2.3	61.0	—
Boys	5	147	165	8.8	18.2	106.8	—	4.8	5.1	—	6.3
Girls	5	133	134	15.0	20.1	34.0	—	4.3	4.5	—	4.7
Boys & Girls	5	280	299	11.8	19.1	61.9	—	4.5	4.8	—	6.7
Boys	12	151	116	4.0	4.3	7.5	—	5.7	5.0	12.3	—
Girls	12	142	110	0.7	4.5	542.9	—	6.3	5.5	12.7	—
Boys & Girls	12	293	226	2.4	4.4	83.3	—	6.0	5.3	11.7	—
Boys	14	124	153	1.6	2.0	25.0	—	8.5	7.5	11.8	—
Girls	14	122	114	0.8	0.9	12.5	—	8.8	8.4	4.5	—
Boys & Girls	14	246	267	1.2	1.5	25.0	—	8.6	7.9	8.1	—
Boys	15	30	51	0.0	2.0	+	—	10.3	8.6	16.5	—
Girls	15	31	48	3.2	0.0	—	100.0	10.5	9.7	7.6	—
Boys & Girls	15	61	99	1.6	1.0	—	37.5	10.5	9.1	13.3	—

INDEX

	<i>Page</i>
Abattoir: Report of City Veterinarian	81-84
After Care	93
Acute Meningitis	19
Air Pollution	22, 29-33, 47
Aliens, Medical Inspection of, at Port	40
Ante Natal Clinics and attendances at	87
Area of City	6
Audiometry, School Children	113
Bakehouses	49
B.C.G. Vaccination	98, 113
Betting and Lotteries Act (N.I.), 1957	50
Births	6, 93
— : and Birth Rate	14
— : Rates and natural increase, 1890-1968 (Table)	85
— : Notification	109-112
Blind Children	82
Bovine Cysticercosis	49, 50
Bread Shops and Vans	13
Bronchitis, Deaths from	29
Burial Grounds	73
Butchers' Shops, Registration of	74
Cafes; Conditions on inspection	15
Cancer; Deaths from; by sex and site	7, 8
Cancer; Prevention of	74
Canteens, non-industrial; Conditions on inspection	8, 87
Cervical Cytology	22-80
Chief Public Health Inspector's Report	87-88
Child Health Centres and attendances at	94
Chiropody Services	28
Cinemas and Theatres	29-34
Clean Air Act (N.I.), 1964	113
Cleanliness of School Children	63
Coconut, Dessicated	107
Colour Vision, School Children	6, 7, 16-17, 19
Communicable Diseases	6, 16
— : Deaths and Death Rate	17
— : Notifications 1900-1968 (Table)	85-94
Community Health Division: Report of Senior Medical Officer	67
Confectionery, frozen	25
Conversion Schemes	45
Crew's spaces, Hygiene of	28
Dance Halls	109-112
Deaf Children	6, 14
Deaths	15
— : and Death Rate	10, 11
— : Cancer, by sex and site (Table)	16-17, 19-20
— : Causes at different age periods (Table)	16
— : Communicable Diseases	12
— : Communicable Diseases, 1890-1968 (Table)	12
— : Principal causes in order of importance	12
— : Rates and percentage of total deaths by age groups (Table)	13
— : Trend of mortality from 1910 (Table)	85, 91
— : Infants under one year of age	91
— : Infants under one year of age from certain causes (Table)	96, 104, 105
Defects discovered at routine medical inspections	109-112
Delicate Children	114
Dental	114-116, 119-126
— : Attendances at clinics	114-116
— : Caries Survey	114-126
— : Chief Dental Officer's general remarks	114, 117
— : Chief Dental Officer's Report	117
— : Inspection in schools	118
— : Inspection in non-participating schools	114, 117
— : Staff complement and Clinic accommodation (Tables)	43
— : Treatment in clinics	6, 16
Deratting of Ships	20
Diphtheria	78, 79
— : Deaths from	28
— : Immunisation	23
Disinfection	
Drain Tests	
Dumping of Rubbish	

	<i>Page</i>
Dust bins, provision of	27
Dysentery	6, 16, 17
Educationally sub-normal children	109-111
Eggs, liquid	65, 67
Enteritis and Diarrhoea : Deaths from	16
Epileptic Children	109-111
Fabrics (Misdescription) Act, 1913	60
Factories Acts (N.I.) 1938 to 1959; Administration of	47-60
Food	
— : and Drugs; general	61-76
— : and Drugs; samples analysed	62-66
— : adulterated; legal proceedings	64
— : poisoning	17, 19
— : premises: Inspection of	71-76
— : unfit	68-69
Food Hygiene Regulations	72-76
Fried fish premises, Registration of	75
Frozen Confectionery	67
Fruit, Imported	67
Fumigation of Ships	43, 44
Gastro-enteritis	16, 19
General Observations by M.O.H.	7-9
General Practitioner Services, co-operation with	8
Hairdressers Act (N.I.), 1939	29
Handicaps, Multiple	110, 111
Handicapped Pupils	98, 99, 109-111
Head Cleansing; School children	13
Health Committee, 1968	3
Health Education	8, 86
Health Visiting; Community Health Division	85-86
Height of school children (Tables)	102, 103
Home Nursing Service	93, 94
Homes, Mother and baby (Table)	89
Hospital Services, co-operation with	8
Housing	25, 26
Ice-Cream,	70-72
Immunisation	20, 21
Improvement Grants	25
Infant Mortality	6, 12, 13, 91, 92
— : age groups (Table)	92
— : causes and sex (Table)	91
Infective Hepatitis	17, 19
Influenza, Deaths from	6, 16, 91
Insects other than Mosquitoes; Infestation by	78
Inspections	
— : Cleanliness of School Children	113
— : Routine Medical, of School Children	96, 100, 104, 105
Land Drainage	23
Legal Proceedings taken under various Acts, Analysis of (Table)	79, 80
Licensed Premises and Bottling Stores, conditions discovered	75
Lodging Houses: Common	29
Maladjusted Children	110-112
Marriages and Marriage Rate	6
Maternal Mortality	6, 7, 85
Maternity Medical Services	90
Measles	6, 17
Meat Inspection: City Veterinarian's Report	81-84
Meat: transport of	83
Merchandise Marks Acts 1887/1953	68
Methyl bromide fumigation	78
Midwives	89, 90
Milk Control	66, 67

	Page
Milk; Bacteriological examination of	66, 67
Mineral Waters	24, 67
Mosquito Control	78
Mother and baby homes (Table)	89
Neo-Natal Deaths (under one month)	6, 85, 92
Nurseries; Residential	89
Nuisances; under Public Health Acts	26-29
Nursing Homes; Registration of	91
Nursery Schools, Centres and Special Schools	112
Nutrition of School Children	107
Offensive Trades	29
Office & Shop Premises Act (N.I.) 1966	22, 23, 50-60
Outworkers Premises	48
Parents at Medical Inspections	100
Parking Meter Scheme—Exemptions	20
Partially deaf Children	109-111
Partially sighted Children	109-111
Perinatal Mortality	6, 85
Pests Control	76-79
Pharmacy and Poisons Act (N.I.) 1955	60
Physically Handicapped Children	98, 99, 109, 110
Physiotherapy, Schoolchildren	113
Poliomyelitis	6, 16, 17, 19
Poliomyelitis Immunisation	20
Population	6
Population; Table showing population from 1890-1968	14
Port: Amount of Shipping entering during the year	38
— : Character of Trade	38
— : Health Authority; Report	9, 35-46
Poultry Inspection	68
Public Health Inspectors; Staff position	22
Puerperal Pyrexia; Notification of	89
Pupils, Handicapped	109-112
Rag Flock Act, 1911	60
Rainfall	18
Re-examination of School Children	100
Refuse Collection and Disposal	23
Rents and Mortgage Interest (Restriction) Acts (N.I.), 1920-1961	26
Restaurants; Conditions on Inspection	74
Rivers	23, 29
Rodent Control	76, 77
Rodents, Measures against at Port	43, 44
Sanitary Section: Report of Chief Public Health Inspector	22-80
Sanitary Conveniences, Public	29
Scabies	79
Scarlet Fever : Deaths from	6
School	
— : Buildings; Sanitary Inspection of	28
School Health Division: Report of Senior Medical Officer	95-126
School Health Division; Staff position	95, 96
Schools;	
— : Grant-aided	95, 100
— : Special	99, 112
— : Average Heights and weights	102, 103
— : Clinic Examinations	108
— : Defects discovered at Medical Inspection	96, 97, 104, 105
— : Educationally Sub-normal	109-111
— : Nutrition	107
School Children:	
— : Infectious Diseases	96, 101
— : Re-examination group	68
— : Routine Medical Inspection	96, 104, 105
— : Vision	97, 106, 107, 113

	<i>Page</i>
Sewerage and Sewage Disposal	23
Shellfish	46
Slum Clearance and Redevelopment	22, 25
Smoke Abatement	22, 29-33, 47
Snack Bars; Conditions on Inspection	74
Speech Defects	109-111
Speech Therapy	113
Stables	29
Staff; At 1st July, 1968	4, 5
Statistics, Comparative:—for Certain Counties and County Boroughs	12
Statistics, Comparative: Belfast, N. Ireland, England, Wales, etc.	13
Statistics, Summary of, 1968	6
Stillbirths	6, 92
Sweetmilk Sampling; Particulars of	66, 67
Swimming Baths	24
Tipping Grounds	29
Toys (Safety) Regulations (N.I.), 1967	60
Training of Public Health Inspectors	22
Tuberculin Tests, School Children	98, 017
Tuberculosis, Respiratory System; Deaths and Death Rate	6, 7
Typhoid Fever	16, 17, 19
Ultra-violet light Therapy	113
Vaccination	21
Verminous Persons	79
Vision, Colour, in School Children	107
Visual Acuity, School Children	106, 107
Vital Statistics, Summary of	6
Water Closets; Flushing By-Laws	27
Water Supplies	24
Weights of School Children (Tables)	102, 103
Whooping Cough	6, 16, 19

