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CITY & COUNTY BOROUGH OF BATH

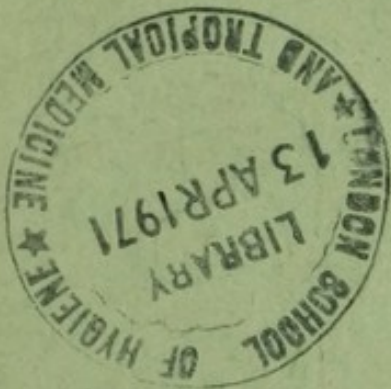
REPORT

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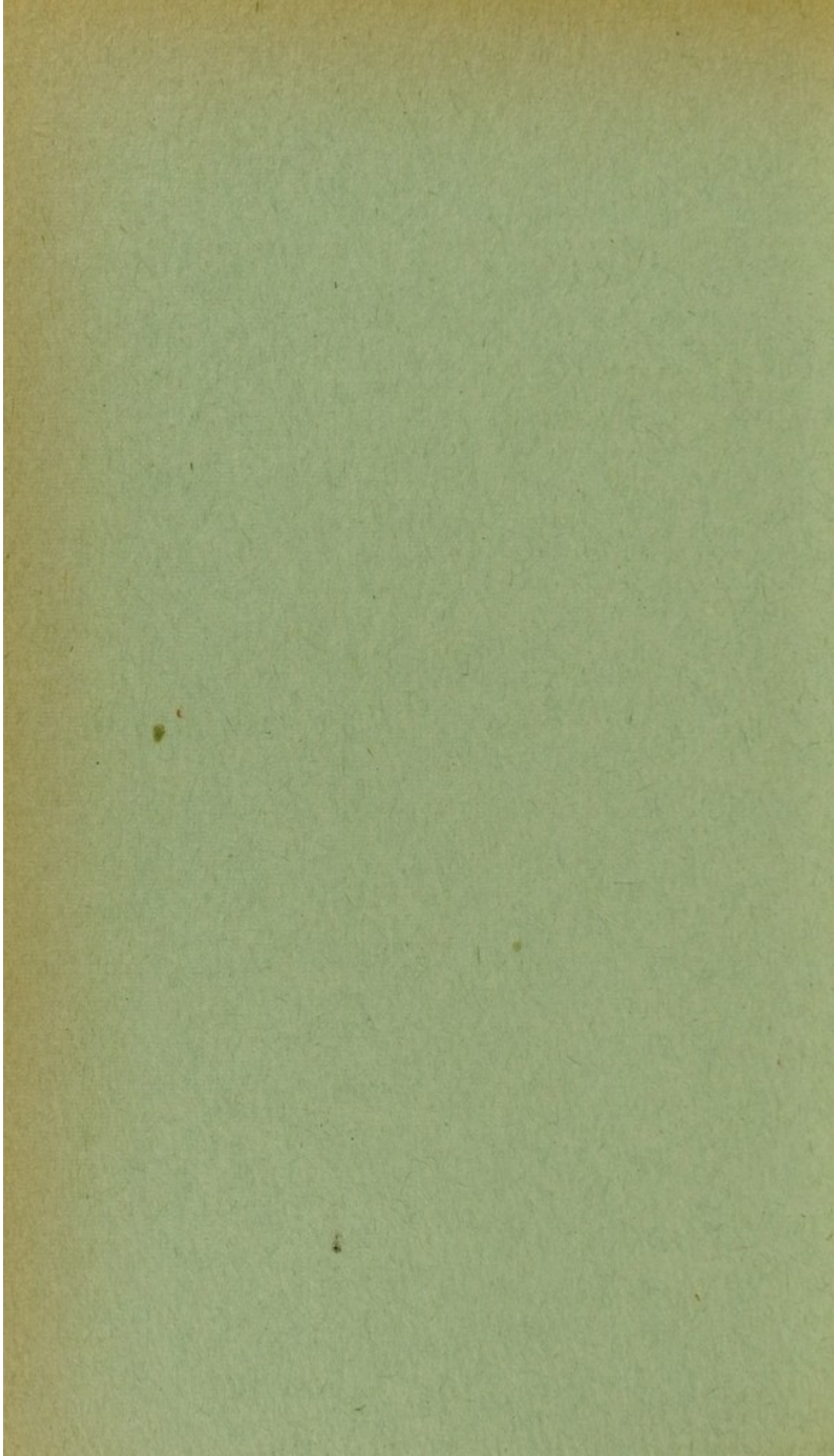
**PUBLIC
HEALTH**

AND

**SCHOOL
HEALTH
SERVICES**



1967





CITY & COUNTY BOROUGH OF BATH

REPORT

ON

PUBLIC
HEALTH

AND

SCHOOL
HEALTH
SERVICES

1967

REPORT OF THE BOARD OF HEALTH

1908

PUBLIC
HEALTH

SCHOOL
HEALTH
SERVICES

INDEX

	<i>page</i>		<i>page</i>
Ambulance Service	19	Medical Inspections	73, 88
Ante-natal Clinics	8	Mental Health Service	23-29
Audiometry	74, 76	Midwifery	9
B.C.G. Vaccination	19	Milk Supply.....	58
Bacteriology.....	32, 61	Millbrook Training Centre	26
Births and Birth Rates	6, 7	Minor Ailments	82
Boarding Out Examinations	84	National Assistance Act	32
Caravans	50	New Legislation	70
Care of Mothers and Young Children	8-15	Noise Abatement	50
Cervical Cytology	22	Nurseries and Child Minders	15
Chest Clinic	30	Nursing Equipment	17, 23
Chest and Heart Association	30	Nursing Homes Registration	32
Child and Family Guidance	79	Ophthalmic Clinic	89
Child Welfare Centres	12	Orthopaedics	14, 83, 90
Chiropody	22	Pathology	32
Clean Air	44	Poliomyelitis Vaccination	19
Clinics	34	Post-Natal Clinic	8
Congenital Malformations	9	Prevention of Illness	21
Convalescence	23	Problem Families	15
Crematorium	32	Prosecutions	69
Day Nursery	14	Public Conveniences	68
Deaths and Death Rates	6, 35	Relaxation Clinic	8
Dental Service	13, 85	Residential Nurseries	15
Diphtheria Immunisation	19	Rodent and Pest Control	67
Diseases of Animals Act	55	School Meals	87
Disinfestation	68	School Nursing	74
Domestic Help	17	School Welfare	86
Ear, Nose and Throat Defects	83	Screening Tests	74
Employment of Children	86	Slaughterhouses	54
Enuretic Clinic	82	Smallpox Vaccination	19
Environmental Hygiene	44-51	Speech Therapy	82, 90
Factories, Shops and Offices	62-66	Springfield House	28
Family Planning Association	14	Staff	36, 91
Fluoridation	23	Stillbirths	7
Food Hygiene	52	Superannuation	32
Food Poisoning	52	Tetanus Immunisation	19
Food Supply	51-58	Tuberculosis	30
Gallaway House	24	Vaccination and Immunisation	18
Handicapped Pupils	75	Venereal Diseases	31
Health Education	11, 21, 70, 75	Vision Defects	14, 76, 83
Health Visiting	10	Vital Statistics	6, 7, 8
Home Nursing	15	Voluntary Organisations	17
Housing	32, 40-43	Water Supply	59
Ice Cream	59	Welfare Foods	12
Illegitimacy	6, 7	Whooping Cough Vaccination	19
Infant Mortality	6, 7		
Infectious Diseases	7, 30, 34, 84		
Mass Radiography	30		
Maternal Mortality	7		
Meat	54		

See also Tables pages 6, 7, 34, 35, 88, 89

CITY OF BATH

December, 1967

Mayor: Alderman Ronald Fred Emmerson

HEALTH COMMITTEE

Chairman: Councillor T. J. Cornish

The Mayor; Aldermen T. Jones, W. H. Rossiter, Councillors—Mrs. L. Ashman, H. P. Crallan, J. F. Edwin, Mrs. M. M. Grosvenor, E. A. Hobbs, F. W. Hobbs, F. T. Ingram, E. S. Jenkins, J. H. Lawson, G. P. T. Mower, A. S. Polson, R. W. Stevens, E. A. Tiley

Co-opted Members:

Mrs. Y. Arnold, Mrs. M. W. Horsell, Mrs. I. M. Jones, Dr. R. Lynn, Mrs. R. L. Osmaston, Mr. W. E. Sheppard, Mrs. J. Wesley Whimster, Mrs. M. B. White

Sub-Committees:

HEALTH SERVICES:

The Mayor

Alderman T. Jones, Councillors—Mrs. L. Ashman, T. J. Cornish, Mrs. M. M. Grosvenor, E. A. Hobbs, E. S. Jenkins, J. H. Lawson, G. P. T. Mower, E. A. Tiley

Mrs. Y. Arnold, Mrs. M. W. Horsell, Mrs. I. M. Jones, Dr. R. Lynn, Mrs. M. B. White

MENTAL HEALTH SERVICES:

The Mayor; Alderman W. H. Rossiter

Councillors—Mrs. L. Ashman, T. J. Cornish, Mrs. M. M. Grosvenor, R. W. Stevens, E. A. Tiley

Mrs. I. M. Jones, Mrs. J. Wesley Whimster, Mrs. M. B. White

ENVIRONMENTAL SERVICES:

The Mayor

Councillors—T. J. Cornish, H. P. Crallan, J. F. Edwin, Mrs. M. M. Grosvenor, F. T. Ingram, E. S. Jenkins, A. S. Polson, R. W. Stevens, Mr. W. E. Sheppard

HOUSING COMMITTEE

Chairman: Mrs. Councillor A. E. M. Hanna

The Mayor

Alderman S. A. Smith, Councillors M. Affleck, H. Bradley, H. T. Caden, Miss C. M. Edmunds, M. L. Giles, Mrs. M. M. Grosvenor, B. J. Hamlen, A. C. Hanham, R. G. H. Hiscocks, F. T. Ingram, W. P. Johns, R. W. Stevens

Co-opted Members:

Mr. R. V. Brown, Mrs. F. E. Coltart

TO HIS WORSHIP THE MAYOR, THE ALDERMEN AND
COUNCILLORS OF THE CITY OF BATH

MR. MAYOR, LADIES and GENTLEMEN,

In terms of the usual indices the general state of health in Bath continued at a reasonably satisfactory level, with no undue incidence of serious infectious disease. The modest extensions of the city's boundaries somewhat increased the Department's responsibilities; in the absence of complaints, one assumes that the Committee's services have been found acceptable to those involved.

Of recent years, training has been occupying an increasingly important place in the activities of all sections. This applies not only to in-service training of our own staff, but even more to placements and visits from a great variety of outside schools, too many to enumerate. This increasing use by outside training bodies may, perhaps, be taken to indicate a favourable assessment of the standards of our services. It is certainly an invaluable stimulus to senior members of the staff and a guarantee that they keep abreast of the latest developments in their subjects.

Significant developments during 1967 included discussions with local General Practitioners with a view to an even closer co-ordination of their activities with those of our Nursing Staffs. After many frustrating delays, Springfield House, for elderly mentally infirm, was on the verge of opening by the end of the year, heralding, we hope, further residential provision for other types of mentally handicapped.

In conclusion I must express my thanks to members of the Council and in particular of the Health Committee and its Sub-Committees, with their co-opted colleagues, for their unfailing consideration and encouragement; for the whole-hearted and efficient efforts of all the Public Health Department staff; to the Chief Officers and staff of the other departments for their courtesy and co-operation; and to the general practitioners, hospital staffs, voluntary bodies, and the Press, on all of whose collaboration the Health Department relies so heavily for its effective functioning.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

R. M. ROSS

*Medical Officer of Health and
Principal School Medical Officer*

July, 1968

SUMMARY OF STATISTICS

City and County Borough of Bath

Area of the Borough, 7,092 Statute acres.

Situation—Latitude 51° 23 'N., Longitude 2° 21 'W.

Elevation—Varies from 50 feet above sea level on the lower banks of the Bath Avon to about 550 feet on the South and 700 feet on the North.

Mean elevation—269 feet above sea level.

Geological Formation—Oolitic Clays, Limestones and Sands; Lias and Gravel.

Water—Constant service of moderately hard spring water. Corporation Reservoirs have a total capacity of 61,790,000 gallons, use is made of supplementary supplies from Bristol Waterworks Company's Chew Valley source. Average daily consumption, 1967, 43.98 gallons per head; 1962-66, 42.15 gallons.

Sewage disposal almost exclusively by water carriage. Treated at Saltford.

Population—80,856 (1961 Census). 85,870 (estimate mid-1967).

Number of inhabited houses, Census 1961, 26,653 (*i.e.* structurally separate dwellings occupied by private families). Estimate for 1967, 27,600.

Years ..	1967	1966	Mean of 1961-65	Mean of 1956-60
Population	85,870	82,570	82,360	80,548
Rateable Value, 1st April, 1968 .. £	3,684,895	3,435,658	—	—
General Rate, 1st April, 1968	13/7	13/2	—	—
One penny General Rate produced .. £	14,030	13,850	—	—
MARRIAGES—Number Registered ..	696	639	607	592
Rate per 1,000 population, Bath ..	16.2	15.5	14.7	14.7
Ditto England and Wales	15.9	16.0	15.1	15.3
BIRTHS—Number Bath	1,188	1,181	1,314	1,167
Rate per 1,000 population (corr.) ..	14.6	14.9	16.3	14.4
Ditto England and Wales	17.2	17.7	18.0	16.4
Illegitimate births per 1,000 infants born Bath	85	79	76	50
DEATHS—Number—Civilian Bath				
residents	1,090	1,097	1,101	1,029
Crude rate per 1,000 population, Bath	12.8	13.3	13.4	12.8
Standardised rate for age and sex, Bath	10.0	10.4	10.1	10.2
England and Wales, Death-rate ..	11.2	11.7	11.8	11.5
INFANT MORTALITY— Bath	21.0	19.5	20.6	20.4
England and Wales	18.3	19.0	20.6	22.7
Illegitimate Infants Bath	20.0	53.8	28.0	30.6
PRINCIPAL CAUSES OF DEATH—				
Pulmonary Tuberculosis	3	2	3	8
“Other” Tuberculosis	1	2	—	—
Influenza	1	7	8	6
Pneumonia	97	130	82	67
Bronchitis	51	31	50	36
Cancer	212	194	187	188

SUMMARY OF STATISTICS—*continued*

Years ..	1967	1966	<i>Mean of</i> 1961-65	<i>Mean of</i> 1956-60
Cerebral Haemorrhage, etc. ..				
Heart Disease and other Circulatory diseases	564	555	577	535
Nephritis	6	6	5	6
Violence	50	41	49	46
INFECTIOUS DISEASES—Cases notified				
Scarlet Fever	30	23	28	51
Dysentery	72	39	33	127
Food Poisoning	12	6	31	10
Erysipelas	2	5	4	7
Puerperal Pyrexia	1	2	13	24
Measles	951	845	926	448
Whooping Cough	53	42	46	89
Pulmonary Tuberculosis	9	6	20	37
"Other" Tuberculosis	3	4	4	4
<i>See also pages 30 and 34</i>				

The Ministry of Health requires the following more detailed analysis of infant loss.

	<i>Bath</i>	<i>England and Wales</i>	
	1967	1966	1967
Live Births:			
Number	1,188	1,181	—
Net rate per 1,000 population (corrected)	14.6	14.9	17.2
Illegitimate Live Births (per cent of total live births)	8.5	7.9	8.4
Stillbirths:			
Number:	28	24	—
Rate per 1,000 total live and stillbirths	23.0	19.9	14.8
Total Live and Stillbirths	1,216	1,205	—
Infant Deaths (deaths under one year) ..	25	23	—
Infant Mortality Rates:			
Total infant deaths per 1,000 total live births	21.0	19.5	18.3
Legitimate infant deaths per 1,000 legitimate live births	21.2	16.5	—
Illegitimate infant deaths per 1,000 illegitimate live births	20.0	53.8	—
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births) ..	15.2	15.2	12.5
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births) ..	10.9	10.2	10.8
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths) ..	35.4	29.9	25.4
Maternal Mortality (including abortion):			
Number of deaths	1	—	—
Rate per 1,000 live and still births ..	0.82	0.0	0.20

SECTION A.

Vital Statistics:

1967 saw the addition of 815 acres and 3,300 population to the City as a result of acquisitions from Somerset at Combe Down, and, to a slight extent, at the North East corner of the City. Although adding appreciably to the work load in these areas, this modest increase of population did not justify an application for increased staff. The birth rate, as usual, was well below the national average. Bath was thus the less able to afford the considerable excess over the national experience of Perinatal Mortality (stillbirths and deaths in first week of life) of 35.4 compared with 25.4 per 1,000 births. Again the main contribution to this was the excess of stillbirths; deaths after the first week of life were also unduly high. Clearly a concerted effort by all three branches of the maternity service is called for. Too many mothers of large families are still confined at home, very often at their own insistence. Provision of a Delivery Unit at Combe Park where a patient can be cared for by her Domiciliary Midwife and return home in a matter of hours seems the only hopeful approach to this group.

SECTION B.

PERSONAL HEALTH SERVICES—NATIONAL HEALTH SERVICE ACT 1946

CARE OF MOTHERS AND YOUNG CHILDREN

Expectant Mothers—Ante-Natal Care:

In 1967, 86.4 per cent of confinements took place in hospital. Dr. Blake, of this Department, conducts one of the ante-natal clinics at St. Martin's Hospital. Some 40 places per month are available to General Practitioners at Combe Park. These arrangements, and the low proportion of domiciliary births, account for the relatively small attendance at the Local Authority Ante-Natal Clinic at Rivers Street. By arrangement with the hospital department concerned, blood examinations and chest X-rays are available to the patients attending. Midwives supply reports on the home circumstances of applicants when so requested by hospitals. The Local Authority's Relaxation Clinic, under the supervision of a Physiotherapist, attracts a wider group, as many General Practitioners appreciate the value of this supplement to their own ante-natal care.

POST Natal examinations of midwives' booked cases are carried out at the same sessions.

Attendances were as follows. Figures in brackets are those for 1966.

Ante and Post Natal Clinic:

Number of sessions	48	(49)
Patients:		
Ante-natal	28	(40)
Post-natal	9	(17)
Total Attendances	121	(228)

Relaxation Clinic:

Number of sessions	103	(105)
Number attending	256	(252)
Total attendances	1,996	(1,945)

Notification of Congenital Malformations:

At the request of the Ministry of Health, midwives are obliged to notify all infants showing abnormalities at birth. Such notification is necessarily incomplete since a significant proportion of defects do not become evident for months or even years. As against this, anxiety not to miss anything of consequence leads sometimes to the notification of marginal or doubtful cases. As the great majority of handicapped infants are born in hospital, the Paediatricians have very helpfully agreed to check such notifications, which are followed up by the Superintendent Health Visitor on discharge from hospital. In all, 27 of the 1,216 infants born in 1967 were notified. The main types of defect were: of the central nervous system, 7; of the limbs 13; hearing 2. Five cases, including 4 where the nervous system was mainly affected, had other deformities as well.

MIDWIFERY

There were 1,188 live births in 1967, seven more than in the previous year. This represented a net Birth rate of 14.6 per 1,000 population. In England and Wales the rate was 17.2. Only 13.6 per cent of births occurred at home.

Miss D. S. Norman, Superintendent Nursing Officer, reports:

"Our present staff for this service is three full-time midwives, and one part-time midwife. Two live in housing provided by the Health Committee and two in their own homes. With the decreasing number of home confinements, (13.6% of the total), we have been able to arrange for the midwives to have their full quota of off duty.

We have had some staff changes; during the year Miss J. A. Young retired in October after 21 years' loyal service, and is greatly missed by the mothers she has tended over the years. At the time of writing her post has not been filled. Mrs. A. A. Davies left in September as she and her husband were leaving the district. Her post has been ably filled by Mrs. M. G. Davis.

During the year we have taken thirteen pupil midwives from St. Martin's Hospital for their district midwifery training in accordance with the Central Midwives' Board requirements for Part II of the examination. All the midwives are now recognised by the Central Midwives' Board as Training Midwives. This is necessary due to the decline in home confinements, and the difficulty in booking enough patients for delivery by the pupil midwives, therefore they have to cover the whole of Bath to get their required number of cases.

Early discharge from Hospital, (131 cases), is becoming the accepted routine and many mothers leave 48 hours after delivery. These patients are visited by the district midwife in the ante natal period, and all arrangements are made for her care at home, which may include the services of a Home Help.

The Mothercraft Classes run by the midwives are well supported, and the midwives are becoming more aware of the need for Health Education in the ante natal period. The midwives also give talks to women's organisations on their work.

The Relaxation Classes taken by Mrs. Underhay, M.R.S.P., are greatly appreciated by expectant mothers having their first baby, proving most helpful to them when they are in labour. Some of the expectant mothers are sent by their family doctors and some are recommended to come by their friends.

269 women made 2,336 attendances at the Mothercraft and Relaxation Classes.

I am most grateful to St. Martin's Hospital for the five week refresher course they provided for Miss A. J. Shackell, Deputy Home Nursing Superintendent, on her return to Midwifery Practice.

The Bath Maternity Society continues to help our needy expectant and nursing mothers by supplying grocery vouchers or napkins".

The Council's responsibilities towards unmarried mothers continued to be discharged, on an agency basis, by the Bath and Keynsham Area Committee of the Somerset Churches Family Welfare Association, whose Worker, Miss Green, continued assiduously to watch the interests of her cases, and those of Bath City finances, as is illustrated by the fact that grants were called for in only fifteen cases. At the end of the year the Health Committee agreed to increase its grant to this organisation as an, inadequate, token of their appreciation of the work done in discharging one of the Committee's responsibilities.

During 1967, sixty-three Midwives notified their intention to practise in the City, of whom fifty-four were on the staff of the Hospital Management Committee and nine employed by the Local Authority. Twenty midwives attended forty or more cases each, and twenty-one less than ten each. The number of births (including stillbirths) attended by all midwives was 1,956, as compared with 1,920 in 1966.

The following table gives the place of confinement of the registered live births in Bath.

		<i>Royal United and Forbes Fraser Hospitals</i>	<i>St. Martin's Hospital</i>	<i>Private Houses</i>
Bath mothers	..	545	450	156
Non-residents	..	331	406	—
		876	856	156
PERCENTAGE:				
Bath mothers	..	47.3% (47.4%)	39.1% (39.9%)	13.6% (12.7%)

(Figures for 1966 are shown in brackets)

HEALTH VISITING

Miss S. E. Jones, Superintendent Health Visitor, reports as follows: "During the year, Health Visitors, in their combined role of Health Visitor and School Nurse, have met parents and children at home, at child care clinics, and at school, and have continued their service of advice and support. Visiting is done on a selective basis, and efficient selection is aided by the keeping of a risk register of children in whom certain recognised factors may cause some deviation from normal development. This register, together with routine Phenylketonuria testing and hearing tests in young children, aids in the early detection of handicaps. Congenital defects reported by midwives are checked, and notified to the Ministry of Health, through the Registrar General, and a register of handicapped children is kept.

In family visiting, health visitors are aware of the possibility of stress at certain times in any family, at the birth of a baby, during adolescence, or through the conflicting needs and interests of three generations in one household, and they endeavour to recognise such stress early, and help the family resolve its difficulties, when necessary calling upon other social agencies for help.

Children's wards and maternity wards in the local hospitals are visited weekly, and these visits give a valuable opportunity for meeting with the Ward Sisters and Medical Social Workers.

Co-operation with General Practitioners

Liaison schemes with general practices in the City continued, and there is co-operation with other practices in the care of their patients. At the end of the year preliminary discussions were taking place with interested practices with a view to some of the health visitors being re-deployed on a practice, rather than a district, basis.

Intending Child Minders and Play Groups are inspected by the Superintendent Health Visitor before registration, and receive regular visits from the area health visitor once registered, so that a close link is maintained with the Department.

During the year several staff changes took place. Three health visitors are now based at the Twerton Clinic in Newton Road. This makes them more readily accessible to their areas, and cuts down travelling time. Miss Rafferty and Miss McCormack left in January, and Miss Orfeur in June. New members of staff were Miss Bell, who joined us in January, and was married, becoming Mrs. Jepson, in April; Miss Fry who joined in January; Miss Tyley in June, and Mrs. Dennis in September; Mrs. Neate completed her training in Bristol and joined the staff in October.

Mrs. Ayling, Field Work Instructor, has supervised the practical field work training of two students from the Bristol University Health Visitor Training Course; and many students from other disciplines, including final year student nurses, and nurses seconded for paediatric nursing experience, have spent some time with Health Visitors.

Health Visitors carried out a busy programme of Health Education, and two regular groups meet at child care clinics. For these we are indebted to voluntary workers, some from local schools and colleges, who care for the children while mothers attend talks. Contact with the Play Groups' Movement has given the opportunity to meet groups of leaders, and mothers, to discuss with them many aspects of child care. In schools, health visitors have helped with courses for G.C.E. and C.S.E., and have given other talks. A continued effort was made particularly to encourage attendance at Cervical Cytology Clinics, and to keep up a satisfactory level of protection against infant diseases at child care clinics and at school medical inspections.

The special family planning clinic has functioned successfully through the year, and Health Visitors use their good relationships with mothers to encourage their attendance".

The following visits were made by Health Visitor/School Nurses in the course of the year.

<i>To children under 5 in their own homes</i>	<i>School Children*</i>		<i>Expectant Mothers</i>	<i>Other Visits</i>
	<i>At School</i>	<i>Follow-up</i>		
16,017	1,326	981	242	970

(*Figures include work of whole-time School Nurses)

Child Welfare Clinics:

The Superintendent Health Visitor reports:

"Infant Welfare Clinics continued to thrive, with good attendances, 15,995 consultations being given. The Medical Officer and Health Visitor are there to discuss any questions with the mother, and regular medical checks are carried out.

Protection is offered against Whooping Cough, Tetanus, Poliomyelitis, Diphtheria and Smallpox, and every effort is made to encourage parents to take advantage of this. The social side of clinic afternoon has its own value, and the part played by voluntary workers in giving a friendly welcome to mothers and children alike, and looking after them during their visit, cannot be over stressed, and is greatly valued by the Department.

With the extension of the City boundary, Combe Down clinic joined us in April, and is held weekly, with a Medical Officer in attendance for two sessions a month. We were given a friendly welcome by workers at the clinic, and are grateful to them for their continuing help.

Welfare Foods, and some proprietary foods, are on sale at all the clinics, for the convenience of mothers who live at a distance from the main supply office at Sawclose".

CHILD WELFARE CENTRES—ATTENDANCES

<i>Clinic</i>	<i>Sessions</i>	<i>Seen by Doctor</i>	<i>Not seen by Doctor</i>
Blue Coat House	100	1,210	2,260
Walcot	52	395	586
Oldfield Park	52	875	1,741
Southdown	49	377	692
Odd Down	51	439	1,523
Weston	49	665	1,042
Twerton	51	496	602
St. Saviour's	99	885	1,317
Combe Down	39	310	580
Total	542	5,652	10,343

(In 1966 there were 5,904 consultations and 9,025 other attendances.)

The following table shows the number of children who attended according to age groups.

<i>Age</i>	1963	1964	1965	1966	1967
0 - 1 year	830	779	1,158	1,083	918
1 - 2 years	659	823	845	998	777
2 - 5 years	510	651	635	805	810

(For days and times see page 34)

DISTRIBUTION OF WELFARE FOODS, 1963-1967

	1963	1964	1965	1966	1967
National Dried Milk (Tins) ..	7,655	5,776	4,710	3,703	3,194
Cod Liver Oil (Bottles)	1,566	1,295	1,272	1,171	1,139
Orange Juice (Bottles)	17,083	18,403	21,361	22,404	23,486
Vitamins (Packets)	1,596	1,807	1,926	1,658	1,730

Dental Care:

The small number of expectant mothers and young children attending the Council's clinic reflect Bath's relatively lavish provision of private dentists. Every effort is made both at the Ante-natal and Child Welfare Clinics to impress the need for dental care, and similar dental education is carried out by the Health Visitors and Midwives in the homes.

Expectant mothers and young children are referred to the School Dental Service by Midwives, the Ante-natal Clinic and by Health Visitors. Two dentists work in well-equipped surgeries. One-eleventh of the time of one dentist is given to the Health Authority.

The Dental Clinic has its own X-ray apparatus and dentures are made by arrangement with a private technician.

The following is a summary of the work carried out during 1967:

Part A. Attendances and Treatment

	<i>Children 0-4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
NUMBER OF VISITS FOR TREATMENT DURING YEAR:		
First Visit	13	2
Subsequent Visits	9	3
Total Visits	22	5
Number of Additional Courses of Treatment other than the First Course commenced during year	2	—
TREATMENT PROVIDED DURING THE YEAR:		
Number of Fillings	3	1
Teeth Filled	3	1
Teeth Extracted	7	—
General Anaesthetics given	6	—
Emergency Visits by Patients	15	—
Patients X-rayed	—	—
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	—	—
Teeth Otherwise Conserved	—	—
Teeth Root Filled	—	—
Inlays	—	—
Crowns	—	—
Number of Courses of Treatment Completed during the Year	9	2

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	—
Patients Supplied with Other Dentures	1
Number of Dentures Supplied	1

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers	—
--	---

Part D. Inspections

	<i>Children 0-4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
Number of Patients given First Inspections During Year ..	17	5
Number of Patients in A and D above who required Treatment	13	3
Number of Patients in B and E above who were Offered Treatment	13	2

Orthopaedic Treatment:

By arrangement with the Bath Hospital Management Committee, regular sessions are held by an Orthopaedic Surgeon in the Health Department, with weekly sessions by the After-Care Sister for physiotherapy recommended by the Surgeon. Patients are referred for Hot Pool Treatment to the City Bathing Establishment. During the year, 156 children under school age, including 75 new cases, made 171 attendances to the Surgeon's and 144 to the After-Care Sister's Clinics. Twenty-eight children made 211 attendances at Physiotherapy Clinics.

Eye Treatment:

Eleven children under school age made 16 attendances at the Eye Clinic held at the Bath Eye Infirmary.

Family Planning Association:

Mrs. M. Winnall, Clinic Secretary, reports that the activities of the Bath Branch continue to expand; 2,713 women were dealt with compared with 2,617 in the previous year. In addition, 270 cervical smears were taken, none of which were positive.

The Health Committee provided accommodation at Sawclose on three evenings per week. The Public Health and other Council departments are especially grateful to Dr. Davey and the Branch Officers and Helpers for their co-operation in dealing with cases, 43 in all, where inability to cope adequately with increasing family responsibilities made, or threatened to make, heavy demands on these departments and other agencies. During the year the Health Committee also accepted financial responsibility for 41 strictly 'medical' cases. The Committee, however, decided not to accept any financial responsibility for those cases attending for more general reasons.

Day Nursery:

The accommodation at the Riverside Day Nursery (55 places) was used to capacity during the year. The daily average attendance was 45 and there were 61 children on the register at the end of the year.

Priority is given to children, (a) in homes where the mother is compelled to work because she is unmarried, or because of the death of the father, or separation of the parents; (b) where home conditions are unhealthy or unsuitable; or (c) where the mother is in essential employment; (d) on medical grounds where attendance is necessary or highly desirable for the child's physical or mental health and normal development. Every application is considered by a Medical Officer, Dr. Mack, who visits the Nursery weekly and periodically examines all the children attending.

The Nursery is approved for student training, and at the end of the year, 9 students were being trained for the National Nursery Nurse's Certificate. These students spent a proportion of their time in theoretical training at the Bath Technical College or the Bristol Nursery Nurses' Training College, and have practical training at the Nursery.

Residential Nurseries:

Residential Nursery provision is made by the Children's Committee in one of that Committee's homes. The Church of England Children's Society also have residential homes at Savile House, Bath, and at Sunnyside, Box.

Our Medical Officers carry out the necessary medical examinations on admission and discharge, and periodically while the child is in the Children's Committee Homes. General Medical advice is always available on her regular visits from Dr. Mack. Any child requiring treatment at any time comes under the care of the general practitioner attached to that home.

Nurseries and Child Minders Regulation Act, 1948:

Four private day nurseries, providing accommodation for 112 children, and nine Child Minders, caring for 91 children, were registered by the end of the year.

The inadequate number of Day Nursery places and of Registered Child Minders; the lack of Nursery Classes and Schools; and the increasing awareness of the social needs of young children, have stimulated intense interest, both local and national, in the formation of Pre-School Play Groups. The Education Committee appointed a full-time Advisor to co-ordinate, and encourage the development of, such Groups. The Technical College initiated Training Courses, both short introductory, and a part-time one of one year's duration, for the benefit of those wishing to participate in this form of social service. Members of the Public Health Department were actively involved, both in preliminary discussions, and in the content of the Courses.

Child Neglect and Break-up of Families:

The special Co-ordinating Committee, comprising Officers from various Government and Local Authority Departments as well as Voluntary bodies, continued to meet monthly during the year under the Chairmanship of the Children's Officer. This Committee is concerned mainly with the so-called "problem families" in the City. This regular interchange of views continues to be helpful to all concerned, and ensures that available resources are as efficiently and economically deployed as possible. Some overlap is inevitable, as in the case of many families, more than one agency has a statutory obligation to visit, and in any case an overlap is always preferable to a gap where the health and happiness of children are at stake.

HOME NURSING SERVICE

Miss Norman, Superintendent Nursing Officer, reports:

"We have had several staff changes during the year. Miss C. I. Lewis, Deputy Home Nursing Superintendent, left for health reasons on 30th April, 1967 being replaced by Miss A. J. Shackell who was already on the

staff. Two Queen's Nursing Sisters left, one emigrating and the other for domestic reasons. We were very fortunate to fill these vacancies quickly with well trained staff. In January our first Male Nurse commenced duties, this being an increase in our establishment. The appointment has proved to be a popular one, both with the family doctors and their patients.

Queen's District Nurse Training was undertaken by three of the staff, all being successful in their examination. In connection with our practical training scheme, Miss A. Buttermore, District Nursing Officer from the Queen's Institute of District Nursing paid us a visit, spending some of her time with the Queen's District Nursing Sisters on their districts. As a result of this visit, approval was continued for the Practical Training of Student District Nurses, the students going to Bristol Health Department for Theoretical Training.

Three members of the staff attended Post Graduate Courses arranged by the Queen's Institute of District Nursing, in addition to attending Study Days at St. Martin's and The Royal United Hospitals. We in turn show many students the work we do in the community.

In June a new grade of staff was appointed—two Bath Attendants, one being from the Home Help Service. These women have no professional training, being sound housewives who have had experience in nursing, probably of their relatives. These Bath Attendants undertake the straightforward bathing of some of our elderly patients, doing an average of twenty/twenty-five baths per week. This saves valuable trained nursing time, relieving the Trained District Sister for visits really needing her skills, although she will still pay monthly visits to patients being bathed by the Bath Attendants. This again has been a good appointment, being very acceptable to the patients, as Bath Attendants can spend longer with them, and staff are pleased to have some of their repetitive work being taken off their often very heavy case loads.

The Night Sitter Service has been used more this year, helping three families for several months, enabling patients to remain in their own homes to die rather than being admitted to hospital. It is not easy to recruit women for this job as we cannot guarantee them a certain number of hours of work per week.

Our visits to the elderly continue to increase. Also the number of patients on the books at a given time, 517 on the 1st January, and 586 on 31st December, some of this increase of course being due to the boundary extension.

The Home Nurses provide a service from 8 a.m. - 9 p.m. when late night sedation may be ordered by the family doctors for the very ill patients. These patients will probably necessitate three visits a day. Protective waterproof garments are now supplied from Rivers Street, in addition to the Incontinent Pads, to all patients needing them. They are a boon to all households using them and it also saves the Home Help Service valuable time. I am most grateful to the City Engineer's Department for the help they give us regarding their disposal.

A telephone answering machine was installed in June, and is proving to be most useful to the administrative staff, mainly at week-ends and at holiday time.

The staff flats at Rivers Street have been fairly well occupied during the year, but there is one vacant at the time of writing, due to Miss Young's retirement.

The Administrative and Nursing Staff give lectures on Home Nursing to many voluntary organisations, and help with examinations.

The Medical Loans Store is very well used. 442 articles were issued in 1967, and 278 were out on loan at the end of the year. We constantly build up our supplies but the demand always seems to be the greater. Now that the chronic sick no longer stay in bed, but are encouraged to get up, we must have a good supply of walking aids, wheel chairs, and commodes.

Voluntary Organisations:

Once again I would like to thank all the organisations who help us to care for patients in the community. Without their help many patients would have to be admitted to an Old People's Home, or Hospital.

The Women's Royal Voluntary Service continue to provide a first class Meals on Wheels service four days a week, their members bringing cheer as well as meals to the elderly. The Women's Royal Voluntary Service have also helped us by providing clothing and bedding for some of our needy patients.

The British Red Cross Society Library Service for the housebound is greatly enjoyed by many of our patients. British Red Cross Society members have helped staff the Cervical Cytology evening Clinic which is held monthly. Some members have helped the nurses by bed bathing patients.

The Bath Council of Social Service 'Quebec' Day Centre for the housebound is thoroughly enjoyed by our patients who attend. It is the highlight of their week, and it gives them something to look forward to, and we are always pleased to provide a nurse to accompany them on their annual summer outing.

During the year, organisations and individuals have given us clothing, bedding, food, fruit, and flowers for distribution to our patients. It is so much appreciated by the recipients".

Home Nursing—Statistics

	1967	1966
No. of persons nursed at home during year	1,596	1,548
No. of visits to these persons	51,247	49,184
No. of persons being nursed at home at end of year ..	586	519
No. of persons aged 65 or over at first visit	1,104	1,057
No. of visits to persons aged 65 or over	41,558	39,986
Children aged under 5 nursed at home	9	14

DOMESTIC HELP

Mrs. E. M. Reeves, Home Help Organiser, reports:

"The Home Helps as usual have worked hard throughout the year. They go quietly on with their various duties, meeting and dealing with emergencies in a most responsible manner.

Employment of Home Helps has been a little easier in that more women, perhaps due to the Selective Employment Tax, have applied for work. We are thus better able to attempt the high standard essential to the well-being of the service. At the end of 1967, 65 Home Helps were in post compared with 57 at the end of 1966. Eight of these were full time.

During the year, thirty-one Home Helps were appointed, but twenty-five left the service, some after a very short time, finding the work too arduous. Although there has been a steady increase in the number of Home Helps employed, the demand always outweighs the supply. During the year 707 households were helped (631 in the previous year). This service will continue to deal with the increasing number of old people in the population, and more people having to be cared for in the community. Without the backing of the Home Helps many of the other Statutory Services would find it difficult to function.

Working from the same building as the Nursing Service makes for a greater knowledge of the changing requirements of common patients.

Home Helps take advantage of the Mass Radiography Service and they each make an annual visit.

In October, Miss B. G. Evans resigned from the clerical staff, and was replaced by Miss E. A. M. Coates on the 9th October.

From the 1st October a new table of assessment charges was brought into use, being the same as used by the Ministry of Social Security. This ensures that no one in receipt of Social Security benefits is asked to pay for the services of a Home Help. At the end of 1967, three hundred families were receiving the services of a Home Help free of charge, and forty-seven were paying the maximum amount of 6/- per hour.

Miss A. J. Shackell, Deputy Home Nursing Superintendent, has been able to help with the visiting of new patients and also the long term patients. Many had to be visited in relation to the new scale of assessments which came into operation. The Home Helps appreciate these visits from the Nursing Administrative Staff, as it makes them feel part of a team, and not just working on their own".

Number of Households Helped								1967	(1966)
Tuberculosis	..	..	..	..	..	..	..	1	(1)
Maternity	..	..	..	..	..	..	..	35	(37)
Family Support	..	..	..	..	..	..	..	2	(4)
Chronic illness aged 65 and over				..	..	..	..	60	(56)
Chronic illness aged under 65	..	..	..	..	..	..	..	44	(44)
Acute illness aged 65 and over	..	..	..	..	..	..	..	198	(165)
Acute illness aged under 65	..	..	..	..	..	..	..	48	(43)
Aged and infirm	..	..	..	..	..	..	..	317	(281)
Mentally disordered	..	..	..	..	..	..	..	2	—
								<hr/>	<hr/>
								707	(631)
								<hr/>	<hr/>
Visits by Home Help Organisers and Deputy Home Nursing Superintendent	..	..	..	..	..	..	..	2,143	(1,580)

VACCINATION AND IMMUNISATION

Protection is offered against Smallpox, Diphtheria, Whooping Cough, Poliomyelitis and Tetanus, either through the family doctor or at Infant Welfare Centres and schools. Every effort is made by the health visitors in the homes, at school, and at the Child Welfare clinics, to impress on parents the need to protect their children. Combined whooping cough, diphtheria, and tetanus antigen was used for the majority of children immunised at the Authority's Child Welfare clinics, and most of the general practitioners taking part in the Council's scheme adopt a similar

procedure. Vaccination against tuberculosis was also available to 13 year old children whose parents wished for this protection, if a preliminary skin test showed no evidence of previous contact with the disease.

Diphtheria Immunisation:

The number of children under 16 years of age immunised for the first time was 1,149 (1,142 in 1966). The number who received reinforcing injections was 2,142 as compared with 2,029 for the previous year. In view of the unsatisfactory immunisation state of older children, special attention is being given to reinforcing doses at 5 and 10 years of age, and the co-operation of the family doctors has been sought in this matter.

Whooping Cough Vaccination:

During 1967, 930 children under 16 years of age were immunised against whooping cough, either with pertussis vaccine singly or almost invariably in combination with other prophylactics, and 365 children received reinforcing injections.

Tetanus Immunisation:

1,646 (1966, 1,561) children under 16 years received this protection either singly or in combination with other vaccines, and 2,196 had reinforcing doses.

Poliomyelitis Vaccination:

Vaccination against poliomyelitis continued as a routine measure throughout the year. 1,221 children under 16 years of age were vaccinated. Booster doses were given to 1,781 children. Almost all persons now vaccinated against poliomyelitis have Oral (Sabin) vaccine.

Smallpox Vaccination:

The number of children under 16 years of age vaccinated against smallpox for the first time in 1967 was 572, compared with 610 in 1966. Re-vaccinations for the same age group were 75 compared with 48 in 1966.

B.C.G. Vaccination:

B.C.G. vaccination was available to all children at 13 years of age, as well as through the Chest Clinic to contacts of known cases. A preliminary skin test to detect if there had been previous exposure to infection was applied, with parental consent, to 1,292 children. Of these 489 gave a positive reaction, 285 having had B.C.G. vaccination at an earlier date, and 719 went on to receive the vaccination. In addition, 106 contacts of tuberculous cases were vaccinated.

AMBULANCE SERVICE

Mr. S. C. Hazell, Chief Officer of the Fire Brigade and Ambulance Service reports as follows:—

“During the year the personnel establishment of the service was increased by one to a total of 30. The ambulance fleet now consists of eight ambulances, three sitting-case cars and one long distance ambulance. I recommended to the Health Committee that all ambulance vehicles purchased in future should be painted off-white, as being a more suitable

colour than the present green, especially when attending road accidents at night when the vehicle could be more clearly seen by other road users. I also recommended that over a phased period all the existing vehicles should be resprayed the same colour and I am pleased to report that this programme has almost been completed.

One of the sitting-case cars was due for replacement during the year and the Committee accepted my recommendation that this should be replaced by one with a greater seating capacity and the vehicle selected was a Ford Transit Coach-built vehicle to accommodate twelve persons. Orders were placed for this vehicle and a Karrier/Dennis ambulance earlier in the year but it is regretted that delivery has not been made at the time of this report. Delivery has, however, been accepted of the Humber Hawk long distance ambulance mentioned in my last report. This vehicle has proved a great asset to the fleet from the point of view of patients' comfort on long journeys.

During the year the number of "Minuteman" resuscitation sets was increased by two and the Service now has a total of seven making it possible to carry sets on all but one of the ambulances, which is a reserve vehicle.

The Statistics for the year show a slight upward trend in the use of the Service, but taking into consideration that there has been an increase in the number of patients travelling to the Bristol and Frenchay hospitals I am pleased that the improvement mentioned in my last report has been maintained. Achieved no doubt with continued co-operation of the hospitals and local practitioners, and it is hoped that we may continue to maintain the co-ordination of journeys to obviate wasted mileage.

I am also pleased to say that there has been a reduction in the number of accidents resulting from late night hooliganism. Attendance has been made by the Fire Brigade at serious road accidents and both services have continued to work well together.

The drivers of the Hospital Car Service have proved invaluable to the Ambulance Service especially at peak periods when the demand has been great, and to the voluntary escorts who have given great assistance in escorting patients on long rail journeys, a very tedious and exacting pastime.

The British Red Cross and St. John Ambulance Brigade by their attendance at sports meetings, entertainment halls and large public gatherings has again proved the public spirit of its members.

In conclusion I would like to record my appreciation of my own staff who have worked well throughout the year maintaining the high standard of service of which the city can be proud".

TABLE OF AMBULANCE JOURNEYS, MILEAGE, ETC.

1967 Compared with previous years

		(1) <i>Total Journeys</i>	(2) <i>Patients Carried</i>	(3) <i>Accidents (included in 1)</i>	(4) <i>Total Mileage</i>
City Ambulances and Cars	1950	14,882	15,697	1,021	127,755
	1955	23,644	27,765	1,287	133,741
	1960	20,791	29,194	1,472	127,368
	1965	21,744	31,362	1,619	137,602
	1966	21,255	30,063	1,760	137,816
	1967	21,369	29,983	1,775	139,411
Hospital Car Service	1950	4,139	4,523	—	45,144
	1955	562	948	—	13,136
	1960	586	1,915	—	17,703
	1965	1,752	3,252	—	17,591
	1966	1,893	3,919	—	21,121
	1967	1,200	5,082	—	23,823

PREVENTION OF ILLNESS, CARE AND AFTER CARE

This function of the Local Health Authority is capable of many definitions, and can provide a variety of services, independent of, or closely related to, other activities of the Authority, or to those of general practice, hospital services and other statutory and voluntary organisations.

Health Education in the community plays a great part, and is the concern of all those whose work leads them into close contact with the public, and whose training and subsequent position in society enables them to exercise some influence upon that society. G.P.s, teachers, public health department staff, and hospital staff, are some of those who share the responsibility and who continue education in all their contacts with individuals and with groups. An informed public, aware of services available and their function, is in the best position to use them to its own benefit, and to the advantage of those involved in running the services.

Of great concern is the continuing practice of cigarette smoking, and particular efforts are made to inform young people of the hazards and to help them withstand the pressures of example of their elders, and advertising, so as to prevent their starting a habit difficult to break. Educational media, including films, filmstrips, literature and posters are available to schools, clubs, and factories.

Health Education goes on throughout the year, and as well as the constant teaching on general health and wellbeing, stress is placed on matters of particular interest at any given time. The persistence of gastro intestinal infections requires continuing emphasis on food and personal hygiene, while the holiday season brings the need for attention to water safety and possible dangers of outdoor activities.

Parentcraft classes and groups for mothers at clinics continue to be well attended, and at the latter, the provision of a play room, with supervision, for babies and toddlers is much appreciated. Co-operation with schools and colleges gives the opportunity to meet younger groups for teaching and discussion on a wide range of subjects.

G.P. Attachment

As in the past, Health Visitors have attended mother and baby sessions at G.P.'s surgeries, and this, with continuing consultation between G.P.s and H.V.s, has led to good co-operation between them. During the year the question of a closer link has been discussed, and plans are progressing well towards a pilot scheme of a trial one year attachment of three full-time Health Visitors to general practices. It is hoped that two H.V.s may be attached to joint practices, while the third is attached to a number of single practices, so that experience of both types of attachment may be gained.

With the continuing attendance of Health Visitors at the paediatric and maternity wards of local hospitals, this should add a valuable contribution to the working together of the three services.

The Chiropody Service:

Shortage of chiropodists prevented the local authority developing its own service, and reliance continued to be placed on the valuable service provided by the Bath Council of Social Service and subsidised by the Health Committee.

The Secretary of the Bath Council of Social Service reports that towards the end of 1967 there were 450 chiropody patients on the list for sessional treatments, and 325 domiciliary. The re-organisation which was suggested by the Bath Council of Social Service in the summer was put into practice in the autumn and seems to be working well. The waiting list now is only 18 ordinary patients, and no domiciliary.

"The chiropodists have been most helpful in spacing the appointments as we asked, and we have also asked them as from the beginning of the financial year (April 1968) to keep as much record of handicapped people treated by them as possible. Each chiropodist now has a few, including some who are not old age pensioners".

Cervical Cytology

This useful service, by which the earliest signs of malignancy can be detected, is carried out at hospitals, by G.P.s, the Family Planning Association and the Local Authority Clinic. The value of the very simple procedure is brought to the notice of women in the relevant age groups, (25 years and over), at every opportunity, and now that laboratory resources have expanded, there is very little waiting for an appointment. The rather slow response, now that the first rush of informed and interested women has been dealt with, demonstrates the need for skilful education to break down apathy and resistance to such screening techniques.

These clinics are held on Wednesday mornings, three times per month, at Rivers Street; the fourth clinic, on the Wednesday evening, for the convenience of women who cannot attend at other times, at Sawclose, where the assistance of voluntary helpers from the British Red Cross Society and of a retired midwife is much appreciated. Women are screened by appointment only; this minimises waiting and controls the flow of specimens to the Laboratory.

In the course of the year, 1,031 attended the Local Authority Clinics and 45 special sessions were held. Six were found to be positive, and seven required further observation. Both these categories are, of course, referred to the care of their family doctors. A very minor operation suffices to eliminate the risk in positive cases.

Fluoridation:

The Ministry of Health has asked for a report on the response to its further reminder, in the course of the year, of the desirability of fluoridating the water supply. The Health Committee's previous decision against this stands.

Care and After Care:

Activities are many and varied. The tendency to early discharge of patients, and to nursing more serious cases entirely at home, calls for an expansion not only of public health personnel, but of the arrangements for loan of nursing equipment, in which the Department has the valuable support of a similar service run by the British Red Cross Society. The management of patients entirely in their own homes will also mean that family doctors will look more frequently than in the past to the Local Health Authority for the provision of recuperative holidays, since the hospitals' convalescent arrangements will not be available to such patients. A charge is of course made for this service proportionate to the means of the patient and his family. The traditional supply of extra nourishment in the form of free milk continued, though an increased proportion can nowadays go to cases other than the diminishing number of tuberculous patients.

The following provision was made in the course of the year; 1966 figures shown in brackets.

Nursing requisites	442	(360)
Cases receiving free milk	21	(23)
Recuperative holidays	3	(4)

SECTION C

MENTAL HEALTH SERVICES

Mr. A. Austin reports as follows:

General Comment

"I regard an annual report as providing more than an opportunity for recording the year's events: it also allows one to assess what has been achieved against what needed to be done, as well as to assess how effectively resources have been utilised: it provides, too, an opportunity to look to new horizons and admit fresh priorities.

For some time I have been concerned by the way our social services have been developed on the basis of symptom orientation; the nature of this development has resulted in the general attitude that, every problem or need a psychiatric patient has, should be met by the Mental Health Service. This attitude has done as much to prejudice the status of the mentally ill as the stigma that used to operate to their detriment.

I am convinced that our starting point in future plans for services to assist people suffering from mental disorder should not be based on the assumption that psychiatric patients must be helped only by a psychiatrically orientated service. Both mental illness and mental subnormality are often of significance in relation only to a specific period of life, or to specific circumstances, and they should not automatically preclude an individual from participating in services provided for other members of the community.

When we are planning for the future we need to ensure, if we have any confidence in the recovery and rehabilitation processes to which we are committed, that our wholly psychiatrically orientated provision caters only for those who are unacceptable to participants in the normal services or those whose condition at a certain time prevents them using the normal services. We should not encourage any development that is likely to perpetuate unhelpful or unnecessary distinctions between the needs of the psychiatric patients and the community at large.

It is possible that the two categories just mentioned would benefit from some service less organised and activity committed than Gallaway House, which has proved its capacity to contribute to the rehabilitation of a good cross-section of the mentally ill. As part of a programme to encourage positive mental health a case could be made out for broadening the intake to Gallaway House to include non psychiatric cases, and to make other provisions for those requiring a very permissive regime.

The broadening of intake need not be confined to Gallaway House alone. When the Adult Training Centre at Millbrook acquires more space as the juniors move out to their new building it is possible that we might admit other adults who, whilst not being truly subnormal, have such low work potential as to be virtually unemployable in normal work situations.

Evidence of the necessity to respond to changing needs surrounds us and as some of the Social Services become integrated it is inevitable that they will operate more dynamically and create a demand for rapid adjustments to changing situations and concepts. If ever the administrator's task was an easy one, it ceases to be so now, for the days when we could create something and then sit back and let it tick over for a quarter of a century are over.

A simple example of the need for constant reappraisal can be found in our early experience at Springfield House. Having extracted from psychiatric hospitals a few women who needed the type of residential care we were offering, but not hospital treatment, we quickly discovered that some had a potential to relate effectively to each other and that there was every prospect of a small group being able to co-operate and live together in ordinary housing accommodation. The Health Committee has therefore agreed in co-operation with the Housing Department to provide an ordinary house in which they can live. This may well be followed by other group living arrangements.

Mental Illness: Occupational and Social Therapy

From a statistical point of view 1967 was a disappointing year. A comparison of figures shows that the total number of people attending Gallaway House was 60 in 1966 and 47 in 1967. New referrals for the same years were 55 and 22 respectively: the total number of client sessions in the same period rose from 3,838 to 4,084. The increase in the total of client sessions coupled with the decrease in individual clients indicates that there has been a considerable swing to the more long-term problems being referred to the service, necessitating a greater proportion of clients on a full-time basis.

This swing to predominantly long term cases has produced problems in that the preponderance of particular types of patient renders it difficult to undertake group work with a cross section of patients. Naturally one

is reluctant to introduce a recovering patient with a very good prognosis into a group of disturbed, retarded or lethargic people, for such an experience would be unlikely to offer any help at all. If the number of long-term patients was permitted to predominate it would be very difficult for us to return to a state where service could be offered to a much wider, less handicapped and numerically superior, clientele. Toward the end of the year and early in 1968 there was evidence that efforts to redress the balance were proving successful.

One of the results of having a larger proportion of patients attending on a full-time basis meant that in some instances, particularly in activities for men, there has been a shortage of work space due to the layout of the building and the size of the rooms which do not really allow for a high ratio of long-term full-time patients.

The work undertaken has followed a similar pattern to previous years, but the volume has been greater in the woodwork and metalwork sections. The domiciliary service offered from Gallaway House continued but on a more limited scale, the bulk of the service being given to one elderly lady who was having a great deal of difficulty in coping with her domestic activities.

Several outings were arranged during the year. An Occupational Therapy student took one of the ladies to the Bath and West Show and it later transpired that she had not been to a show since the Wembley Exhibition! In August a party went on a tour of the Wye Valley, and during October a group visited the Royal Wilton Carpet Factory, which proved a very interesting experience. On the return journey from Wilton the party drove through the Longleat Lion Reserve. The Christmas party took place on the Wednesday before Christmas and was attended by 25 people; games and carol singing formed a greater part of the entertainment.

Student training has continued and is now an established activity. One Occupational Therapy student at a time attends for an eight week period throughout the year, and as Gallaway House is the only Local Authority psychiatric placement for students from the Welsh School of Occupational Therapy, it forms an important part of their training.

There has been one staff change in the year. Mrs. A. D. Portlock resigned from the part-time appointment in May to take up a senior full-time post at St. Martin's Hospital and she was succeeded in June by Mrs. W. M. Heavers. During her year with us Mrs. Portlock contributed greatly to the O.T. service, particularly the development of the domiciliary side.

Statistics

Number of people attended Gallaway House during the year	..	47
Number of Client sessions	.. .. .	4,084
Number of attended sessions	.. .. .	450
Average attendance per session	.. .. .	9
Returned to paid employment	.. .. .	5
Number re-admitted to hospital	.. .. .	14
Re-referrals	.. .. .	17
New referrals	.. .. .	22
Number of domiciliary cases visited	.. .. .	14
Number of domiciliary visits	.. .. .	101
Attending Gallaway House December, 1967	.. .. .	20

Subnormality - teaching and training

Millbrook Training Centre began the year with 25 children and 35 adults on the register and by December the numbers had increased to 27 and 41 respectively. These numbers represent an increase of 38% over the past five years and just about the maximum we can accommodate in the present building. To achieve the present capacity it was necessary to move the Head Teacher into a portable hut in the playground so that her room could be given over to further education activities for some of the adults. It is possible that we shall be unable to offer many vacancies over the next eighteen months; they are likely to arise only as any of the present attenders leave.

The year ended in an atmosphere of hope that the new Junior Training Centre was no longer merely a distant hope. The plans for the new building had been agreed and tenders were about to be invited. We hope that the new building on the Lime Grove allotments site will come into use in 1969. It will then be possible to make the necessary special provisions for the various groups of children; there will be a day unit for children with special difficulties, and classes for pre-school, nursery, junior, senior, and transition children—the latter group will comprise those who are being prepared for entry to the adult stream. Within the next ten years or so we expect our junior pupils to approach 50 and we are building for this number, with room to expand if necessary. The increased loading will be largely due to the move away from hospital admission in favour of community care.

The same influences will also be responsible for the continued rise in the number of adults who will require training and occupation and for whom hostels will also be needed to replace hospital admission. Our adult trainees numbered 29 at the end of 1962 and had increased to 41 at the end of the year under review: a projection based on our present junior stream indicates an adult loading of at least 53 by 1975 rising to 79 by 1985: the number will continue to increase for some time.

The present building will be able to cope with the first stages of the expansion after the juniors have moved to their new building, but when the lease expires in the mid 70's we shall need to provide a new adult centre capable of absorbing the ever increasing members.

During 1967 four juniors moved into the adult section, one child and one adult were admitted to hospital for long term care and treatment, and two commenced employment. Twelve adults and three children now arrive unescorted using public transport, and five who live within walking distance arrive without escort. This is a good indication of the success of the present teaching and training programme.

Emphasizing my point that some of "our" people can and should use facilities available to the general population, six girls from Millbrook attend a weekly cookery class at the Technical College, one attends twice weekly for typewriting and two attend regularly for hairdressing.

The teaching equipment at the Centre has been augmented by two language learning machines, the first presented by the Bath and District Society for Mentally Handicapped Children and the second purchased from a donation from the Bath Round Table Ladies' Group; and in addition a tape recorder was acquired for speech therapy purposes and

has subsequently proved an invaluable teaching aid. The year's work has clearly demonstrated that many subnormal children are able to use these electronic teaching aids profitably; one advantage is that the brightest children do not need to be held to the pace of the group.

Work in the adult section became scarce during the year when our main supplier had to withdraw, but subsequently two other contracts were obtained. In addition firewood sales improved and the Centre now regularly supplies a school and a shop. Further education and social training continues to be an important part of the adults' programme.

There were outings to Southampton to tour the Queen Mary (adults and transition group) and Bristol Zoo (juniors), and all attended a Christmas Party given by the 'Bus Station Staff.

The Social Club, organised by the local Society and held fortnightly at Millbrook, was reformed within the Bath Central Youth Club and is now held every Tuesday evening; we are grateful to Mrs. Chapman and her Committee for their co-operation in this matter as well as for agreeing to allow the use of the club flat for training some subnormal women in housecraft. Unfortunately we have so far been unable to avail ourselves of this facility because our staff are already fully committed.

With the appointment of Mrs. Whitehead in June the number of staff rose to nine, though it was not until Mr. Gray returned from his one-year course in July that the staff was at full strength.

Among the visitors during the year were some German Social Science students, the Staff of St. Christopher's School, Bristol, the Bath Round Table Ladies' Group, pre-nursing students, College of Home Economics Students and Health Visitors. Six students from the N.A.M.H. teachers' course spent periods of up to five weeks at the Centre and twelve other students from various courses attended on observation visits.

Social Work Service

In a previous report we looked forward to the time when we had an established social work link with the psychiatric unit at the Manor Hospital. In July 1967 Miss A. Tanner, A.A.P.S.W. was appointed to the joint appointment post between the Corporation and the Hospital Management Committee. For the Corporation Miss Tanner concerns herself with the social needs of Bath residents admitted to the Hospital, whilst her H.M.C. function is to undertake social work for the non-city cases admitted from the hospital's catchment area. Where other social workers are already involved she liaises with them and when appropriate hands the case over.

Joint appointments are attractive theoretically, but often produce problems in practice, particularly when the demands of the two employers compete, and the worker can then be under some strain. This appointment seems to be working satisfactorily and Miss Tanner's contribution has been welcomed by our Mental Welfare Officers who continue to carry a heavy load—particularly with one of their number absent on training.

It is not generally realised that Mental Welfare Officers are obliged to provide a continuous service day and night throughout the year. This means, that when there is a team of four, one quarter of a worker's leisure time has to be spent at the end of a telephone and ready to go out at short notice. This constant requirement to participate in an out-of-office-hours duty rota is proving a disincentive to qualified people remaining in the

service. So far we have been fortunate in retaining our staff, but there have been instances in neighbouring authorities of Mental Welfare Officers who are qualified social workers transferring to the Welfare departments of their authorities. Whilst such a development is to be welcomed in terms of promoting a positive mental health approach in welfare departments, the loss of trained staff within the mental health service is disquieting. The County Service is attempting to improve their Mental Welfare Officers' conditions by uniting neighbouring area teams in a single "on call" rota, thus reducing the out-of-hours demands on their workers. For Bath, with only one team of four workers—reduced to three by the necessary training programme, no similar solution is practicable.

The Social Work service continues to be so loaded with day-to-day problems that there is no time left to spend on the vital area of prevention where there is a need to identify sections of the population at risk and devise effective countermeasures. One important group I have commented upon in a previous report are handicapped children and their families, and in my opinion this area remains a priority; if we are to continue to dwell in the twilight of economic uncertainty we shall be forced to consider what aspect of our service we can scale down in order to introduce a much more systematic service to these people.

During the year three social work students, one from Bath University and two from the Bristol College of Commerce, passed through the social work section.

Hostel

By the end of the year it was certain that Springfield Hostel for the elderly mentally infirm would receive its first residents before the end of January, 1968. The Superintendent and Matron, Mr. and Mrs. Mills commenced their duties in the autumn and spent the remainder of the year building up the equipment and assisting the Chief Welfare Officer in the selection of the other staff. As this report is written in 1968 it is possible to confirm that the Hostel received its first residents on the 29th January and that the first few months of its functioning have been notably free from complications. Much of the credit for this smooth innovation must go to Mr. and Mrs. Mills and the Chief Welfare Officer and his staff. I think we can also claim that professional support from our own department has contributed significantly.

It was agreed that the final decisions to admit to the hostel should rest with the Medical Officer of Health or his Deputy but his decision depends on a consensus of medical or psychiatric opinion, social worker recommendation and, most important, the view of the Superintendent or Matron. The first residents were Bath people who were suitable for discharge from psychiatric hospital, but who had nowhere suitable to live. Others subsequently came direct from the community.

Staff Development

This has nothing to do with the increasing numbers of staff but relates to our efforts to improve the effectiveness of the staff we have. Mr. Bute, Mental Welfare Officer commenced a two-year full-time course at Bristol College of Commerce in September, and during the year some other members of staff attended short courses and conferences that had particular relevance to this work. Two of us accepted an invitation from Bristol University to attend a series of seminars where a small but representative group of social workers met University staff. A great deal of discussion

centred around the relationship between social workers, their clients, employers and society, and an attempt was made to identify the different pressures that influence the practice of social work. The outcome of this series of meetings is likely to be a paper dealing with responsibility and the social worker. This on-going intake of fresh information and opportunity to evaluate one's work is vital to any service that hopes to avoid imposing yesterday's solutions on tomorrow's problems".

Tables

Table 1 gives an account of the cases referred to the service either for the first time or re-referred after previous help had ceased.

Table 2 shows the number of patients admitted to hospital or afforded community care. Other outcomes of referral, e.g. passed to other agencies or given advice after investigation, are not included.

Table 3 shows the number receiving active community care in one form or another.

Table 1

	<i>Number of patients referred during the Year</i>				<i>Totals</i>
	<i>Mentally Ill</i>	<i>Psychopathic</i>	<i>Subnormal</i>	<i>Severely Subnormal</i>	
REFERRED BY:—					
G.P.'s	76	—	—	2	78
Hospitals on discharge from in-patient treatment	110	1	—	3	114
Hospitals after or during O.P. or Day Treatment	52	—	—	—	52
Local Education Authorities	—	—	2	3	5
Police and Courts	16	1	5	—	22
Other Sources	109	1	11	11	132
Totals:	363	3	18	19	403

Table 2

	<i>Male</i>	<i>Female</i>	<i>Totals</i>
DISPOSITION OF CASES:			
Hospital Admissions:			
Informal	55	59	114
Observation (Sec. 25)	10	26	36
Observation (Sec. 29)			
Emergency	1	3	4
Treatment (Sec. 26) ..	3	4	7
Through Courts (Sec. 60) (Sec. 68)	2	—	2
Renewal of Authority for Detention ..	—	1	1
Community Care:	57	74	131
Totals:	128	167	295

Table 3

	<i>Mentally Ill</i>	<i>Psychopathic</i>	<i>Subnormal</i>	<i>Severely Subnormal</i>	<i>Totals</i>
(1) Attending Day Training Centres ..	18	—	20	50	88
(2) Not attending Centres but in receipt of home visits by social workers	90	2	22	6	120
Totals:	108	2	42	56	208

SECTION D.

INFECTIOUS DISEASE

The table on page 34 sets forth the notifications for 1967, which continued at a reasonably low level. The following cases were admitted to hospital:

Whooping Cough 1; Measles 8; Erysipelas 1.

For the fourteenth successive year there was no case of diphtheria, nor was a case of poliomyelitis notified. There were probably many more cases of Sonne Dysentery in young children than the 72 notified; in the great majority of cases the disease is so mild, merely a transient diarrhoea, that medical aid is not sought.

The normal biennial visitation of measles appears to have been replaced by an equal incidence in 1965, 1966 and 1967. In the last there were 951 cases, compared with 845 in 1966, and 968 in 1965. The occurrence of a third successive annual, if partial, epidemic should mean that the great majority of susceptible children over 5 years of age have experienced an attack, leaving the Measles Vaccination campaign in 1968 to concentrate largely on the lower age groups.

Tuberculosis:

The nine new cases of pulmonary tuberculosis amounted to a fraction of the figure prevailing only 2/3 years before; equally encouraging was the fact that four of these were from the main latent pool of infection in the community—males of middle and later ages. In spite of the referral of suspected cases by family doctors, only three active cases were discovered by the Mass Radiography Unit. It seems clear that we are in sight of complete control of this disease, provided efforts at its elimination are not prematurely relaxed.

A Health Visitor, who made 849 domiciliary visits to 238 households in the course of the year, is employed full-time on chest work, attending Chest Clinics, following up contacts, supervising home treatment, dealing with the many social and financial problems of patients and their families, and arranging diversionary occupation for those unable to work. She also helps co-ordinate the many valuable activities, recognised by a grant from the Bath City Council, of the voluntary After Care Committee, which is now associated with the Chest and Heart Association. These include the provision of a caravan at Weston-super-Mare, in which ten families enjoyed a holiday in 1967, and a weekly Social Club.

By arrangement with the Regional Hospital Board, a Chest Physician gives one session per week to guiding and advising the L.H.A. staff, and carrying out B.C.G. vaccination of contacts. 106 were vaccinated.

Patients referred to Chest Clinic for examination	..	..	..	2,023
Found tuberculous	..	..	..	12
Contacts examined	..	..	..	206
Found tuberculous (included above)	..	..	..	1

Throughout 1967, the Mass X-ray Unit made regular visits to Bath (Seven Dials Car Park, Fridays 1.30 - 3 p.m.). This facility is very convenient for local family doctors, and for the Health Department,

allowing X-ray of all Council employees who are in professional contact with children. The general public are also free to attend these sessions without an appointment. Such a selective use of Mass X-ray is likely to yield more cases than the traditional annual visits to factories where, for the most part, the more healthy individuals return year after year.

In all, the Unit X-rayed 5,859 in the course of the year, yielding only three active cases of tuberculosis requiring close clinical supervision. A further 18 healed cases were found, as were 72 non-tuberculous conditions.

Hospital accommodation is available at Winsley Chest Hospital, and cases requiring operative treatment are admitted to Frenchay Hospital, Bristol. Most patients spend a relatively short time in hospital and continue treatment at home. They are supervised at the Chest Clinic with the provision of district nursing, if necessary. Domestic help can also be made available, and 21 cases received free milk.

Venereal Disease:

Arrangements for investigation and treatment continued unchanged; details of clinics are appended on page 34.

The following table shows the number of Bath residents attending clinics in the course of the year. For this and the other statistical information I am indebted to Dr. Cree, Regional Hospital Board Consultant, who is responsible for this service. The table indicates the number of attendances of Bath residents at the local clinics in recent years, and the number of new cases recorded:

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
1962	4	41	97
1963	6	21	119
1964	8	43	110
1965	5	19	134
1966	3	41	108
1967	2	23	152

In general, the clinic, which of course, serves the Clinical Area around Bath as well, found that little over one-third of those attending were actually suffering from venereal disease, and nearly a half require reassurance, and appropriate advice, only.

Prevention: The problem is essentially a social one, with implications far wider than the purely medical. Relevant information is made available in senior schools and in youth clubs by members of the staff. It was evident that a uniform policy of instruction is impracticable since the individual approach of head teachers to this aspect of health education is so very varied. Although naturally all are agreed that the primary responsibility rests on parents, many of the latter are unable or unwilling to fulfil it, and others responsible for the instruction and well being of the young have an important part to play.

Full use was made of various types of propaganda available from central sources. Control of this social evil involves altered attitudes and behaviour on the part of a much wider section of the population than the adolescent group alone.

LABORATORY WORK

The work of the Health Department is greatly assisted by the facilities offered by the laboratories at the Manor and St. Martin's Hospitals and the Public Health Laboratory at the Manor Hospital, the guidance of whose Director is in frequent and much appreciated demand.

For details of analyses of food and drugs, milk, ice cream and water carried out by the City Analyst and the Public Health Laboratory, see pages 51-61.

MISCELLANEOUS

Re-housing:

Adequate housing and relief of overcrowding still remain of leading importance in securing the conditions of healthy family life, and mitigating the consequences of illness and disability. It is therefore with the greatest appreciation that the Public Health Department wishes to acknowledge the consideration, sympathy, and help given to cases put forward. Many hundreds of such recommendations have been submitted by family doctors and hospitals, and investigation and assessment involve a very heavy load of work for both Public Health Inspectors and the Deputy Medical Officer of Health.

National Assistance Act:

Elderly, infirm, and isolated individuals, often living in insanitary conditions, are not infrequently notified to the Public Health Department from a variety of sources, mainly family doctors and the Welfare Department. In the great majority persuasion only is required, and it was not necessary to use the powers of removal under the National Assistance Acts.

Nursing Homes:

These are visited by the Superintendent Nursing Officer and a member of the medical staff. The six registered nursing homes had provision for 141 patients.

Superannuation Examinations:

Since such examinations involve a complete medical examination, comparable to that for ordinary insurance purposes, this little known responsibility of the Health Department demands a significant part of the medical staff's time, and examination of new appointments to the staff frequently involves urgent calls on the medical officers which are extremely difficult to reconcile with their other obligations in clinics and schools.

The number of examinations of Council employees carried out by our Medical staff for superannuation and other purposes, during 1967, was 418, this included 37 staff medical examinations for the new University. In addition, 21 examinations were carried out for other authorities, and 116 candidates for Training College were examined. An X-ray examination of the chest is now obligatory for candidates in contact with children.

Haycombe Crematorium:

The considerable demands made on medical and clerical time by the responsibilities of the Medical Officer of Health and Deputy Medical Officer of Health as Referees to the Crematorium, continued. Each case requires the scrutiny of four documents, including two medical certificates, which not infrequently involve time consuming enquiries.

Particularly in cases from rural areas, the time available for such investigations is often very short indeed, as every effort is made to avoid embarrassment to relatives, such as would arise from the postponement of the service. There is often, consequently, considerable difficulty in reconciling these demands with other urgent requirements which fall to the lot of all public health staff.

The number of certificates dealt with were as follows:

1961	549 (from 7.4.1961)
1962	1,051
1963	1,379
1964	1,355
1965	1,466
1966	1,694
1967	1,762

CLINICS AND TREATMENT CENTRES

DAYS AND TIMES OF ATTENDANCE, DEC. 1967

	<i>See also page</i>	<i>Mon.</i>	<i>Tues.</i>	<i>Wed.</i>	<i>Thurs.</i>	<i>Fri.</i>
Infant Welfare Centres:						
Blue Coat House ..	12		2.30-4			2.30-4
Walcot	"			2.30-4		
Oldfield Park	"			2.30-4		
Southdown	"	2.30-4				
Odd Down	"		2.30-4			
Weston	"	2.30-4				
Twerton	"				2.30-4	
St. Saviour's	"	2.30-4	2.30-4			
Combe Down	"				2.30-4	
Ante-Natal and Post Natal Clinic:						
45 Rivers Street ..				10.30-12		
Maternity and Child Welfare Dental Clinic:						
Blue Coat House ..		By appointment				
Tuberculosis:						
Chest Clinic, Manor Hospital		2-4			2-4	2-4
Venereal Diseases:						
Men (R.U.H.)			5-6.30			5-6.30
Women (R.U.H.)			5-6.30			2.30-4

CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1967

<i>Cases Notified</i>	<i>Total</i>		<i>Under 1</i>		<i>1 - 4</i>		<i>5 - 14</i>		<i>15 - 44</i>		<i>45 & over</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
Scarlet Fever	20	10	—	—	6	2	14	8	—	—	—	—
Pneumonia	2	—	—	—	—	—	—	—	—	—	2	—
Erysipelas	1	1	—	—	—	—	—	—	1	—	—	1
Puerperal Pyrexia	—	1	—	—	—	—	—	—	—	1	—	—
Dysentery	40	32	1	2	10	7	19	7	9	13	1	3
Food Poisoning	5	7	—	—	1	1	—	1	1	4	3	1
Measles	485	466	15	11	276	250	186	194	7	10	1	1
Whooping Cough	26	27	2	1	13	18	10	8	—	—	1	—
Pulmonary Tuberculosis	5	4	—	—	—	—	—	—	4	—	1	4
Other Tuberculosis	2	1	—	—	—	—	—	—	2	—	—	1

CITY OF BATH—Causes of, and Ages at, Death during 1967 (Compiled by the Registrar General)

Causes	Per- sons	All ages		Under 4 weeks		4 Weeks & under 1 year		1-5		15-25		25-35		35-45		45-55		55-65		65-75 and over			
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1. Tuberculosis, Respiratory	3	3	1																				
2. Tuberculosis, Other	1	1																					
3. Syphilitic Disease	1	1																					
4. Diphtheria																							
5. Whooping Cough																							
6. Meningococcal Infections																							
7. Acute Poliomyelitis																							
8. Measles	2		2																				
9. Other Infective & Parasitic Diseases	23	13	10																				
10. Cancer of Stomach	60	51	9																				
11. Cancer of Lung, Bronchus	17	17																					
12. Cancer of Breast	13	13																					
13. Cancer of Uterus	99	43	56																				
14. Cancer, other Sites	3	2	1																				
15. Leukaemia, Aleukaemia	5	2	3																				
16. Diabetes	165	54	111																				
17. Vascular Lesions Nervous System	237	145	92																				
18. Coronary Disease, etc.	14	6	8																				
19. Heart Disease with Hypertension	101	36	65																				
20. Other Heart Disease	47	16	31																				
21. Other Circulatory Diseases	1		1																				
22. Influenza	97	45	52																				
23. Pneumonia	51	44	7																				
24. Bronchitis	14	10	4																				
25. Other Respiratory Diseases	6	3	3																				
26. Ulcer Stomach and Duodenum	3	1	2																				
27. Gastritis, Enteritis and Diarrhoea	6	6																					
28. Nephritis and Nephrosis	3	3																					
29. Hyperplasia of Prostate	1		1																				
30. Pregnancy, Childbirth, Abortion	11	8	3																				
31. Congenital Malformations	56	28	28																				
32. Other Diseases	11	5	6																				
33. Motor Vehicle Accidents	33	13	20																				
34. All other accidents	6	3	3																				
35. Suicide																							
36. Homicide, etc.																							
TOTAL	1090	541	549	12	6	4	3	1	1	1	2	3	2	10	8	30	30	112	50	155	120	212	327

PUBLIC HEALTH DEPARTMENT

Address: The Public Health Department, Sawclose, Bath
Tel.: Bath 5411 or 60491

Medical Officer of Health and Principal School Medical Officer:
R. M. Ross, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:
A. H. Halstead, M.B., B.S., D.P.H.

Medical Officers:
Helen M. H. Mack, M.B., Ch.B.
E. A. Lois Blake, B.A., M.B., B.Ch., B.A.O., D.Obst.R.C.O.G.
D. J. Stewart, M.B., Ch.B.

Consultant Psychiatrist:
Harry Neubaur, M.B., B.S., D.P.M. (Part time)

City Analyst:
G. V. James, M.B.E., M.Sc., Ph.D., F.R.I.C.

Chief Public Health Inspector:
R. V. Redston, D.P.A., F.R.S.H., F.A.P.H.I.

Deputy Chief Public Health Inspector:
G. W. Dhenin, F.R.S.H., F.A.P.H.I.

District Public Health Inspectors:
R. J. Pendlebury, D.P.A., M.A.P.H.I.
D. G. I. Smith, D.P.A., M.A.P.H.I.
R. E. Adams, M.A.P.H.I.
T. Hemmings, M.A.P.H.I.
W. J. Pearce, M.A.P.H.I.
R. J. Hill, M.A.P.H.I.
A. J. Pentecost, M.A.P.H.I.

Pupil Inspectors:
A. H. Ridge
R. W. Pitman (from 4.9.67)

Technical Assistant (Rodent Control):
R. E. Hanham

Superintendent Nursing Officer:
Miss D. S. Norman, S.R.N., S.C.M., H.V. Cert., Queen's Nurse

Superintendent Health Visitor:
Miss S. E. Jones, S.R.N., S.C.M., H.V. Cert.

Health Visitors (and School Nurses):

- Miss E. J. Osborne, S.R.N., S.C.M., H.V. Cert.
Mrs. B. D. Watts, S.R.N., S.C.M., H.V. Cert.
Miss Y. M. Clarabut, S.R.N., S.C.M., H.V. Cert.
Mrs. E. Longstone, S.R.N., S.C.M., H.V. Cert., H.V. Tutor (Cert.)
Mrs. M. J. Ayling, S.R.N., S.C.M., H.V. Cert.
Miss R. M. Purnell, S.R.N., S.C.M., H.V. Cert.
Miss M. E. Bodys, S.R.N., S.C.M., H.V. Cert.
Miss P. M. McCormack, S.R.N., S.C.M., H.V. Cert. (to 31.1.67)
Miss M. Orfeur, S.R.N., S.C.M., H.V. Cert. (to 30.6.67)
Mrs. M. E. S. Tredinnick, R.G.N., S.C.M., H.V. Cert.
Mrs. M. J. Jepson, S.R.N., S.C.M., H.V. Cert., T.A. (Cert.) (from 2.1.67)
Miss B. M. Fry, S.R.N., S.C.M., H.V. Cert., Queen's Nurse, (from 9.1.67)
Miss G. R. Tyley, S.R.N., S.C.M., H.V. Cert. (from 1.6.67)
Mrs. T. D. Neate, S.R.N., S.C.M., H.V. Cert. (from 1.10.67)
Mrs. W. M. Dennis, S.R.N., S.C.M., H.V. Cert., Queen's Nurse, (from 18.9.67)

Tuberculosis Health Visitor:

- Miss J. E. Bailey, S.R.N., S.C.M., H.V. Cert., T.A. (Cert.)

Clinic Nurses (Part-time):

- Mrs. M. Wray, S.R.N., S.C.M.
Mrs. A. Toogood, S.R.N.

Matron, Riverside Day Nursery:

- Miss C. E. Plowright, S.R.N.

Deputy Superintendent, Home Nursing Service:

- Miss C. I. Lewis, S.R.N., S.C.M., Queen's Nurse (to 30.4.67)
Miss A. J. Shackell, S.R.N., S.C.M., Queen's Nurse (from 1.6.67)

Council Midwives:

- Miss J. A. Young, S.C.M. (to 25.10.67)
Miss I. M. M. Ward, S.R.N., S.C.M.
Miss I. A. Trueman, S.R.N., S.C.M.
Miss E. E. Loynes, S.R.N., S.C.M., H.V. Cert. (Part-time)
Mrs. A. A. Davies, S.R.N., S.C.M. (to 31.8.67)
Mrs. M. G. Davis, S.R.N., S.C.M. (from 1.10.67)

Home Nurses:

- Mrs. T. Allen, S.E.N.; Mrs. E. Chapman, S.R.N.; Mrs. M. Bray, S.R.N. (Part-time) (from 18.12.67); Mr. R. E. Coxall, S.R.N. (from 9.1.67); Miss M. Davis, S.E.N.; Miss I. E. Davison, S.R.N.; Queen's Nurse, Miss J. M. T. Draisey, S.R.N.; S.C.M., Queen's Nurse, Miss H. B. Duckett, S.R.N., S.C.M., Ranyard's Nurse; Mrs. E. L. Dunn, S.R.N., Queen's Nurse; Mrs. M. Harvey, S.R.N.; Mrs. M. E. Indoe, S.R.N., Queen's Nurse; Mrs. E. Leadbeater, S.R.N., S.C.M. (Part-time); Mrs. E. Love, S.R.N., Queen's Nurse (Part-time); Mrs. M. A. Luscombe, S.R.N.; Miss G. P. Preston-Thomas, S.R.N., Queen's Nurse; Mrs. H. K. Prutton, S.R.N. (Part-time); Miss J. Scott, S.R.N., S.C.M. (from 20.11.67); Mrs. D. M. Stevens, S.R.N., Queen's Nurse (Part-time); Mrs. A. E. Toogood, S.R.N.; Miss M. O. Usher, S.R.N., S.C.M., Queen's Nurse (from 10.7.67); Mrs. M. D. Walker, S.R.N. (Part-time); Mrs. S. Yarrow, S.R.N., S.C.M., Queen's Nurse.

Superintendent of Mental Health Services:

A. Austin, M.S.M.W.O.

Senior Social Worker:

Miss A. C. Tanner, Dip. Soc. Studies (Part-time) (from 17.7.67)

Mental Welfare Officers:

J. G. McLeod, S.R.N., R.M.N., C.S.W. (Senior)

Miss M. P. Prior, C.S.W.

S. F. Bute, S.R.N., R.M.N.

R. C. Reynolds, S.R.N., R.M.N.

Occupational Therapists:

Miss S. M. Jenkins, M.A.O.T., S.R.O.T. (Senior),

Mrs. A. P. Cummins, M.A.O.T. S.R.O.T.

Mrs. W. M. Heavers, M.A.O.T., S.R.O.T. (Part-time) (from 6.6.67)

Mrs. A. D. Portlock, M.A.O.T., S.R.O.T. (to 5.5.56)

Male Technical Instructor:

P. Simmons, C.G.L.I., O.N.C.

Head Supervisor, Millbrook Training Centre:

Miss I. L. Wills, N.A.M.H. Diploma

Supervisor Teachers, Millbrook Training Centre:

Mrs. D. M. Clark, N.A.M.H. Diploma

Mrs. B. M. Parker, N.A.M.H. Diploma

Miss C. M. Hopton, N.A.M.H. Diploma

Handicraft Instructors, Millbrook Training Centre:

S. J. Gray

F. G. Hawkins

General Assistants, Millbrook Training Centre:

Mrs. G. I. Taylor

Mrs. E. M. Hubbard

General Duties Assistant, Millbrook Training Centre:

Mrs. C. Whitehead (from 5.6.67)

Springfield Hostel, Superintendent:

Mr. A. Mills, S.E.N. (from 30.10.67)

Springfield Hostel, Matron:

Mrs. M. Mills, R.M.N. (from 30.10.67)

Home Help Organiser:

Mrs. E. M. Reeves

Clerical Staff:

C. J. Taylor, D.P.A. (Chief Clerk), R. G. Lavis, D.P.A., Mrs. B. M. Read, A. Ashman, Miss E. N. White (deceased 5.6.67), Mrs. P. Little (to 26.2.67), Mrs. M. Hurd, Mrs. B. O'Neill, Miss M. M. Webley (deceased 26.11.67), Mrs. A. F. Hughes, Mrs. D. M. Breyley, Mrs. E. L. Dodd, Miss B. G. Evans (to 9.10.67), Mrs. J. A. Peters, Mrs. G. Reed, Miss J. Sawyer, Miss P. J. Heal, Miss M. A. Maddox (transferred from School Health Service 2.1.67), Miss S. Bowles (from 14.8.67), Miss J. Slater (from 4.9.67), Mrs. J. Gear (from 11.9.67), Miss E. Coates (from 9.10.67).

Annual Report of the Chief Public Health Inspector
(and Chief Housing Inspector)
for the year 1967

MR. MAYOR, LADIES AND GENTLEMEN,

This, my seventh Annual Report, marks a year of change with chequered progress.

In April the city boundary was extended to include Combe Down, Bailbrook and land at Weston, adding over three thousand to the population. These areas are being surveyed to assess the sanitary and housing problems involved.

At about the same time administration of the Local Authority's duties under the Diseases of Animals Act were transferred from the police to ourselves following the amalgamation of the City and Somerset Constabulary. I little realised at the time the work this would bring before the year was out.

As the impending report of the Royal Commission on local Government loomed larger, the City began quietly to overhaul its own administration. Health and Housing Sub-Committee dwindled away and a number of functions were delegated, either to any two members of Health Committee, e.g. to ensure prompt application of sections of the Public Health Act, 1961, or to myself. At the same time closer collaboration between departments with related functions was promoted by regular meetings of officers concerned immediately prior to the now twice-monthly Housing Committee.

A particular object for inter-departmental collaboration was the East Twerton Improvement Area, about which more later.

Before its demise the Environmental Services Sub-Committee considered a report on the condition of the public conveniences and formulated a policy for the replacement or improvement of those least satisfactory.

In June an outbreak of food poisoning traced to a meal at the Pump Room involved a great deal of painstaking investigation and the laying off of a number of food handlers found to be symptomless excretors of the causal organism. The work involved was out of all proportion to the illness caused, but had to be undertaken to ensure that there were no other cases. As a result, a major reconstruction of the Pump Room kitchens, which had been long urged, became top priority and is now well in hand.

In February, Mrs. P. J. Little left to found a family after eight years' loyal service as a shorthand-typist. She was replaced by Mrs. M. L. Bedding who resigned at the end of July. Thanks to help from Mrs. Little we managed until joined by Miss J. A. W. Slater in September.

Mrs. G. H. Reed transferred to clerical duties in the Maternity and Child Welfare Section in October and was replaced by Mrs. J. C. Gear.

In June, Mr. E. J. Mealing, Rodent Operative, left after twenty-one years' service and was replaced by Mr. H. J. Pierce.

Mr. R. W. Pitman became a Pupil Public Health Inspector in September.

My thanks are due to the Chairmen and members of both the Health and Housing Committees, and especially to the Chairman and members of the Environmental Health Sub-Committee, and to all my colleagues for their continued support during the year.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

R. V. REDSTON
Chief Public Health Inspector,
Chief Housing Inspector.

The report is set out as follows:

	<i>Pages</i>
SECTION I Housing	
SECTION II Environmental Hygiene	40-43
SECTION III Inspection and Sampling of Food	44-51
(a) Inspection and Registration of Food Premises	51-53
(b) Food and Drugs Sampling	53-54
(c) Inspection of Meat and other Foods	54-58
(d) Milk and Dairies	58-59
(e) Ice-cream	59
(f) Water Sampling	59-60
(g) Public Health Laboratory Service	61
SECTION IV Infectious Diseases	61
SECTION V Factories, Shops and Offices, etc.	62-66
SECTION VI Rodent and Pest Control	67-68
SECTION VII Public Conveniences	68-69
SECTION VIII Notices Served, Prosecutions, New Legislation and Public Relations	69-70

SECTION I

HOUSING

New dwellings completed by the Corporation	166
New dwellings completed by private enterprise	146
	<hr style="width: 100%;"/>
	312

Clearance Areas:

(a) Clearance of the five void houses remaining from pre-war schemes awaited a decision on the future of Widcombe shopping area for which there are new planning proposals.

(b) The 4 void houses in Northampton Cottages Compulsory Purchase Order and the 4 in Prospect Cottages C.P.O. still await re-development of the site by the Education Committee.

(c) More houses had to be closed in the area originally represented as the Ballance Street Clearance Area and now forming part of the Lansdown Comprehensive Development Area.

(d) Rehousing proceeded from Claremont Buildings, following confirmation of compulsory purchase orders in 1966.

(e) A public enquiry was held on 14th March on Eldon Place, Larkhall, and the Compulsory Purchase Order confirmed, several of the 48 houses being included as fit houses.

A. Houses Demolished:

In Clearance Areas:	<i>Houses demolished</i>	<i>Displaced Persons Families</i>	
(1) Houses unfit for human habitation	3	36	10
(2) Houses included by reason of bad arrangement, etc.	—	—	—
(3) Houses on land acquired under Sec. 43(2) Housing Act, 1957	—	—	—

Not in Clearance Areas:

(4) As a result of a formal or informal procedure under Housing Acts ..	34	33	14
(5) Local Authority owned houses certified unfit by the Medical Officer of Health	29	22	7
(6) Houses unfit for human habitation where action has been taken under local Acts	—	—	—
(7) Unfit houses included in unfitness orders	—	—	—

The houses demolished, to which the above figures refer, were as follows:

1-3 Ivy Cottages; 18a Monmouth Place; 5-7 Kirkhams Buildings; 1 Mount Beacon Row; 1 River Terrace; 30 Monmouth Street; Rose Hill Cottage, Larkhall; 83, 83b, 83c, 138 and 139 Calton Road; 1-6, 6a Cottage Place; 56, 60, 62, 64 Holloway; 10 Beechen Cliff Place; 31a, 32, 33, 35 Locksbrook Road; 11-14 Whiteway Road; 31 Primrose Hill.

The Local Authority owned houses certified as unfit and demolished during the year, were as follows:

East View, Trafalgar Place; 29, 30 Claverton Street; 7a, 8, 12-16 Rose Hill; 13 Roseberry Place; Albert Cottage; 83a, 139 and 141 Calton Road; 66 Holloway; 9, 11 Beechen Cliff Place; 27, 36-43 Locksbrook Road; Whitewells Cottage; 18 Monmouth Place.

B. Unfit Houses closed:

	<i>No. of Houses</i>	<i>Displaced Persons Families</i>	
(8) Under Section 16(4) and 17(1) Housing Act, 1957	48	54	24
(9) Under Sections 17(3) and 26 Housing Act, 1957	—	—	—
(10) Parts of buildings closed under Section 18, Housing Act, 1957 ..	28	6	3

The houses closed to which the above figures refer, are as follows:—

13, 19, 20, 41, 42 Ballance Street; 109 Broadmoor Lane; 12 Brookleaze Place; 10 Cork Street; 2 High Street, Lansdown; 23 Lampards Buildings; 1 Alfred Street; 2, 4 King Edward Cottages; 4-6 Bedford Street; 5 Gloucester Street; 4-6 Hopmead Buildings; 1, 2, 5 Northampton Buildings; 7 Little Stanhope Street; 31 Bailbrook Lane; 15 Prospect Buildings, Twerton; 1-3 Chatham Row; 5 Manor Road, Weston; 6 Church Road, Weston; 1a Walcot Parade; 80, 116 and 124 High Street, Weston; 3 Greendown Place; 2, 5 Mount Beacon Row; 27 Worcester Buildings; 1 Rock Cottages; 2 Combe Road; 11 Lambridge Street; 3 Monmouth Place; 19 Calton Road; 178 Bradford Road, 6 and 7 St. Annes Place.

The houses containing the parts of buildings closed, i.e. basements, etc. and to which the above figures refer are as follows:

7, 8, 9, 13, 35 Belvedere; 19 Circus; 4 Alfred Street; 13 Camden Crescent; 41 Newbridge Road; 19 Burlington Street; Russell House, 8, 12, 13, 14 Russell Street; 23 Bennett Street; 23 Great Stanhope Street; 33 Brock Street; 8 Charlotte Street; 21 St. James Square; 46 Lyncombe Hill; 20 Grosvenor Place; 14 Rivers Street; 12 Beaufort West; 11 Southcot Place; 6 Sydney Place; 8 Park Street; 27 Daniel Street.

C. Unfit Houses made fit and Houses in which defects were remedied:

	<i>By Owner</i>	<i>By Local Authority</i>
(11) After informal action by Local Authority	103	—
(12) After formal notice under:		
(a) Public Health Acts	5	—
(b) Sections 9 and 16, Housing Act, 1957 ..	—	—
(13) Under Section 24, Housing Act, 1957	—	—

HOUSING PROGRESS:

(a) Clearance:

In January and February, Mr. D. G. I. Smith was loaned to the Ministry of Housing and Local Government to take part in a national sample survey of houses to assess the number unfit in England and Wales. This revealed that, of 15.7 million permanent dwellings, 9.2 million are satisfactory, 1.8 million unfit and the remaining 4.7 million unsatisfactory in some degree.

The Minister has expressed great appreciation of the work done by the inspectors who carried out the survey.

As the Second Five Year Clearance Programme, 1963-7, entered its final year proposals for a Third Five Year Programme for the years 1968-73 were presented and approved by Housing Committee affecting 453 houses.

Progress in dealing with unfit dwellings was slowed toward the end of the year to match a cut back in building. Nevertheless, 66 houses were demolished and 48 closed during the year.

(b) Maintenance and Improvement:

In spite of every effort to encourage owners to improve their houses with the aid of grants, the number applied for nationally has tended to decline. Our efforts in Bath, however, resulted in continued increase in applications from 115 in 1965 and 123 in 1966 to 128 in 1967, with the emphasis increasingly on the more ambitious discretionary grants rather than on the standard amenities.

The number of houses repaired as a result of action under the Public Health Acts continued to decline. This largely reflects increased owner occupation and a better standard of maintenance by both owners and occupiers, the tenants often doing a great deal themselves.

The survey of houses in the lower Lansdown area was brought to a halt by pressure of other work. Largely as a result of this, fewer basements were closed, i.e. 28 compared with 37 in 1966.

(c) Overcrowding:

This is mainly found in individual lettings in houses in multiple occupation and mostly occurs by natural increase.

It is hoped that the law governing overcrowding in such houses will shortly be strengthened.

Inspections	6
New Cases found	23
Cases abated	51
Cases still existing on 31st December, 1967	36

Inspections and re-inspections in connection with housing:

Acquisition of dwelling houses by Corporation	163
Applications for Council Houses	1022
Applications for Grants under Housing Acts	266
Applications for Loans under Housing Acts	292
Conditions in Corporation houses	—
Housing conditions—Housing Acts, 1936-57	2513
Housing conditions—Public Health Act, 1936	816
Houses in multiple occupation	124
Permitted number of occupants in dwelling houses	13
Property Enquiries: Information regarding Orders, Notices, etc. in respect of 1980 premises.	

Works carried out, etc.:

Dampness remedied	53
Dustbins provided	2
Lighting and ventilation provided	4
Paving repaired	8
Roofs, gutters, etc. repaired	69
Sanitary accommodation provided and improved	6
Sinks renewed	2
General repairs	124

HOUSING ACTS, 1949-64:

Improvement Grants:

(Figures in brackets relate to 1966)

	<i>Discretionary</i>	<i>Standard</i>
Applications received	80 (69)	48 (54)
Brought forward from 1966	5 (2)	2 (5)
Approved	77 (58)	46 (50)
Withdrawn	3 (—)	1 (3)
Refused	5 (10)	3 (2)
Carried over to 1968	— (3)	— (4)
Inspections and re-inspections for the purpose—266 (284)		
Number of additional units of accommodation provided—9 (21)		

Applications for grant continued to be received from the various informal Improvement Areas in Lower Weston, Fairfield Park and Larkhall.

Progress was also made with a more ambitious scheme to rehabilitate an area in East Twerton.

The area was first defined on a map, on which was marked all the houses with an insufficient 'life' to enable improvement grants to be given. Using this information, the City Architect and Planning Officer's Department considered how the road pattern and amenities of the area could best be improved. These proposals have since been exhibited and are being costed.

Housing Committee decided to continue to rely on persuasion rather than compulsion, in improving the houses in the area. This is, I feel, a tribute to the way Mr. G. W. Dhenin has coped with previous improvement areas.

Advances under the Housing (Financial Provisions) Acts:

Applications for advances to purchase received	135 (118)
Applications for advances to repair or improve	18 (22)
Applications withdrawn or refused	19 (4)
Loans granted	116 (136)
Houses rendered fit or provided with standard amenities	43 (87)
Inspections and re-inspections	292 (305)

The number of advances made was adversely affected by the financial situation.

SECTION II

ENVIRONMENTAL HYGIENE

Complaints:

These were:

Unsound food	54
Nuisances or contraventions	330
Nuisances from noise	16
Rodent infestation	689
Pests (other than rodents) (Wasps 315)	446
	<hr/>
	1535
	<hr/>

Clean Air:

The daily readings of smoke and sulphur dioxide in the atmosphere at the four recording stations in Bath are averaged for each winter and summer of the five years the scheme has been in operation in the graphs shown overleaf.

These readings depend on the amount of coal and oil burnt in the city, the efficiency of combustion (in the case of smoke) and the natural dispersal of smoke and sulphur dioxide by wind and weather. It can thus be expected to fluctuate according to temperature and climate generally.

At both the stations in residential areas the downward trend of winter smoke and sulphur dioxide continued. This is in line with the trend nationally resulting from the more efficient use of fuel, the conversion of rail traffic from coal to oil, and the increasing use of smokeless fuels for domestic heating.

It is a welcome trend but not as marked as that achieved as a result of smoke control areas in many cities. The change in London is particularly striking.

In July at the request of Health Committee, I reported on the cost of carrying out smoke control areas in Bath as follows:

“On the 10th April, 1964, you received a report on the measure of pollution in Bath and the means of reducing it. The four air pollution recording stations had been operating for over a year and had shown that, largely because of inefficient combustion of coal on domestic open fires, the level of pollution was up to ten times as high in winter as in summer. Readings were broadly comparable with those in towns such as Bristol, Oxford, Reading and Southampton, though less than that of some large industrial towns in the north.

In the report the Beaver Committee's estimate that the cost of damage from air pollution in Great Britain was £5 per person a year, was mentioned; the already established trend toward the use of non-solid fuels illustrated, and assurances quoted from the National Coal Board, the South West Gas Board and the South West Electricity Board that adequate smokeless fuels would be available should Bath embark on a policy of smoke control.

It was explained that if the Council agrees to carry out a policy of smoke control the need is greater in the low-lying parts of the city, where smoke is least readily dispersed, but it would be wasting time and money to deal with areas likely to be redeveloped in the foreseeable future, except as part of that development. The Ministry of Housing and Local Government must be consulted beforehand and will only agree to the making of such an Area if satisfied that it is advisable and that the necessary smokeless fuels are available.

Within such an area only approved appliances may be used though there is provision for exemptions in special cases. The Local Authority may be required to repay seven-tenths of the expenditure necessarily incurred in any private dwelling and may give other financial assistance in special cases. Four of the seven tenths is recoverable in Exchequer Grants from the Ministry. In general, grant is only payable on fixed appliances. The grant may be put toward the cost of a more expensive type of appliance, such as central heating, but is based on the cost of the least expensive appliance appropriate.

You then instructed me to carry out a survey to ascertain the probable cost of making Smoke Control Areas. It was impossible to do this at once because of the work of initial inspections under the Offices, Shops and Railway Premises Act. Further delay was occasioned by the realisation that obtaining gas from oil and from the North Sea meant that we could not assume the continued availability of coke.

Mr. T. A. Hemmings, the public health inspector whose district includes Oldfield Park, has now completed a survey of every fourth house in an area containing 817 houses to ascertain whether they already comply with the requirements of a smoke control area and, if not, what cost would be involved to the Corporation in conversion. To a great extent this depends on the personal preference of the occupier for a particular type of heating. Here he has been guided by the proportion opting for each type in recent areas in other towns.

The figures quoted as "notional costs" are those laid down in Ministry of Housing and Local Government Circular No. 25/26 as being reasonable costs for each appliance, to which has been added fixing costs obtained locally.

ESTIMATED COST OF CONVERSION OF POTENTIAL SMOKE CONTROL AREA

	No.	Notional Costs			Fixing Costs, etc.			Total			Approx. cost per Appliance		
		£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
INSET FIRES													
(a) Approved Open Type	183	6	0	0	3	10	0	9	10	0	1738	10	0
(b) Room Heaters	176	26	0	0	10	0	0	36	0	0	6336	0	0
(c) Free-standing Room Heaters	4	26	0	0	5	0	0	31	0	0	124	0	0
(d) Approved Open Type + boiler	4	17	0	0	33	0	0	50	0	0	200	0	0
(e) Improved Firebars	32		12	6	—				12	6	20	0	0
(f) Underfloor draught ('Baxi' type)	70	17	0	0	23	0	0	40	0	0	2800	0	0
(g) New tiled surround, etc.	164	20	0	0	10	0	0	30	0	0	4920	0	0
GAS FIRE*	205	24	0	0	4	10	0	28	10	0	5842	10	0
ELECTRIC NIGHT STORAGE HEATERS	70	29	0	0	7	0	0	36	0	0	2500	0	0
Electric Kindlers	200	8	0	0	6	0	0	14	0	0	2800	0	0
Gas Kindlers	269	2	0	0	2	10	0	4	10	0	1210	10	0

TOTAL: 28491 10 0

*Cost if gas point already available.

	£	s.	d.
CORPORATION	8547	9	0
GOVERNMENT	11396	12	0
OCCUPIERS	8547	9	0
	<u>£28491</u>	<u>10</u>	<u>0</u>

SUMMARY OF FINDINGS OF SURVEY

1. Average cost per modification on renewal of fireplace is £37 approximately.
2. Total number of houses in area 817
3. Total number of fireplaces requiring modification 744
4. Houses having only one fireplace to adapt 392
 Houses having two fireplaces to adapt 176
 Houses affected (i.e. 69.5%) 568
5. Estimated number of houses to be dealt with each year once scheme approved would probably be 1000
 - (a) Cost per annum £37,000
 - (b) Cost to rates per annum £11,100

From this survey it appears that a penny rate would meet the local authority's liability for an area of close on a thousand houses of the Oldfield Park type.

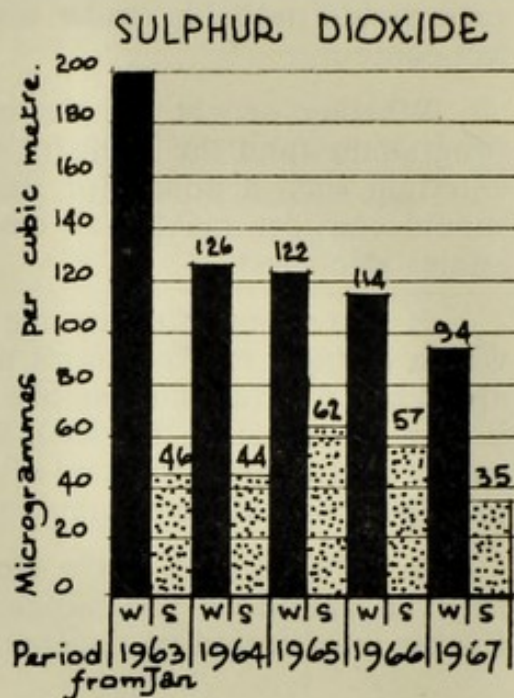
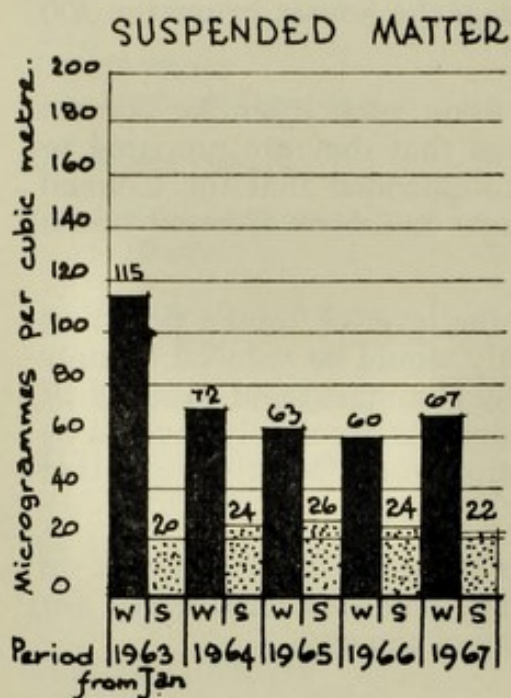
While Georgian houses would probably cost more, the newer houses should cost very little, so that the figure is probably about average for the city as a whole at this time. Spending the product of a penny rate for ten years would probably render smokeless most of the houses below the 300 feet contour.

Whether or not the Council embark upon such a smoke control programme (and the Ministry have intimated that they are prepared to entertain such a policy for Bath), it is recommended that the Council should consider making all development areas and new Council house estates smokeless.

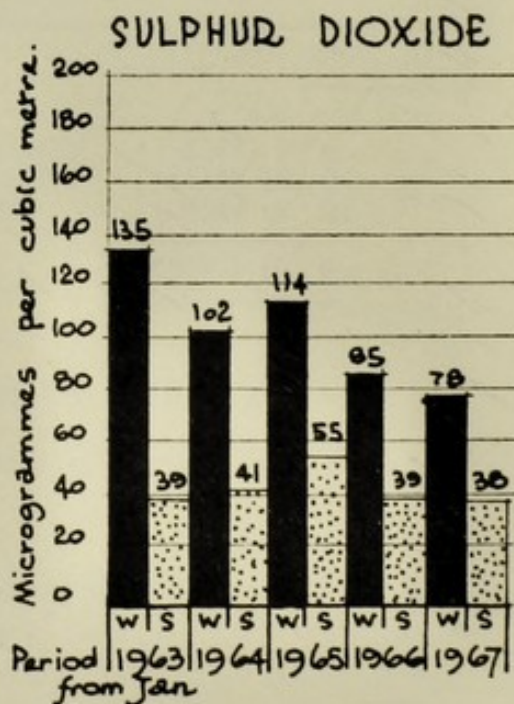
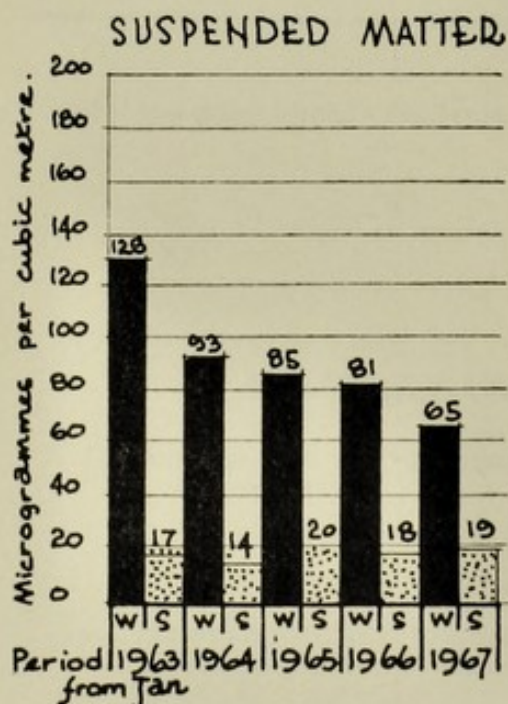
It is reasonable to assume that, while the level of smoke pollution within a single smoke control area in the city would be reduced by only about one quarter (since smoke is not entirely eliminated and would drift in from surrounding districts), if the whole city was eventually covered by smoke control areas the level of smoke pollution would be halved and that of sulphur dioxide appreciably reduced".

In the then state of the economy it was impracticable to embark on such an ambitious programme but Health Committee have asked for further information on the cost in other parts of the city.

MIDLAND YARD (N° 1.)



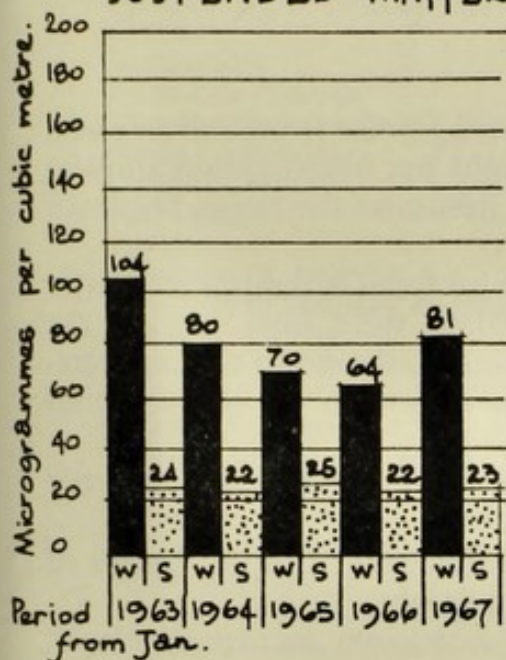
SHAFTESBURY ROAD (N° 2.)



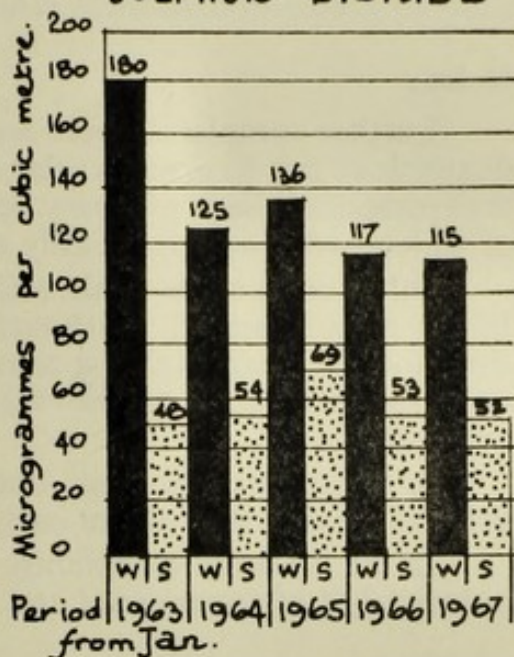
S - SUMMER (April to September).
 W - WINTER (October to March).

BLUECOAT HOUSE (N° 3.)

SUSPENDED MATTER.

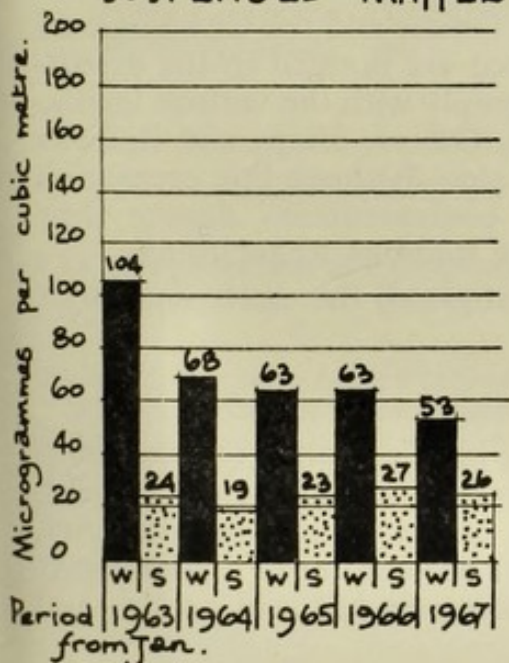


SULPHUR DIOXIDE

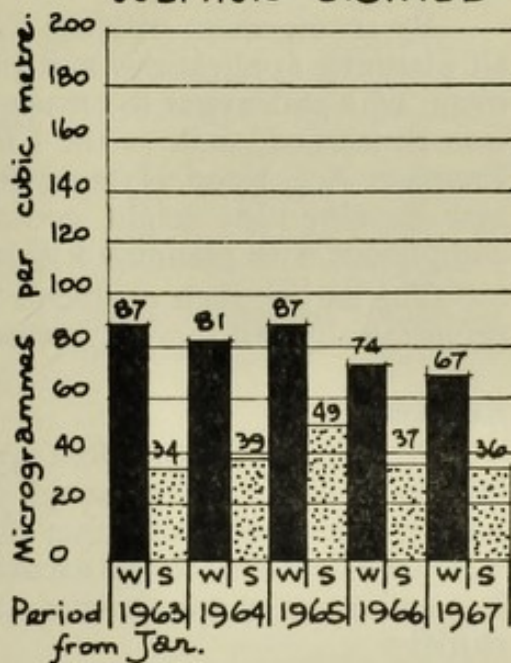


FIRE STATION (N° 4.)

SUSPENDED MATTER



SULPHUR DIOXIDE



S - SUMMER (April to September)
 W - WINTER (October to March).

Caravans:

With the extension of the city boundary we took over a caravan site, licensed for 14 caravans, in a disused quarry at Stonehouse Lane, Combe Down. The owner was requested to bring it up to the standard specified in the licence conditions.

Planning permission and licence for the Ashman's Yard site expired at the end of 1967, by which time only four families remained. It is hoped soon to accommodate these elsewhere.

Noise:

Further complaints were received concerning noise from delivery and dispatch of fish to a wholesaler during the night but investigation showed that reasonable care was now being taken to minimise the noise, the level of which had been appreciably reduced.

Other complaints dealt with included noise from a temporary boiler house at a hospital. Although readings taken were only just at the threshold of what might be considered a nuisance, the noise was appreciably reduced through the very helpful co-operation of the hospital authorities.

A reduction was also obtained in the noise from milk delivery vehicles leaving their depot early in the morning.

In all, 16 noise complaints were investigated and of these, 7 were of industrial, 4 of commercial and 5 of domestic origin.

Common Lodging House:

The Salvation Army continue to run Hamilton House with their usual kindly efficiency.

Plans:

By arrangement with the City Planning Officer and the City Engineer all planning applications and plans submitted are notified to the department, who endeavour to ensure that they comply with the various legislation concerned, such as the Clean Air Act, Offices, Shops and Railway Premises Act, Food Hygiene Regulations, etc. Without this precaution new development might contain built-in contraventions despite their compliance with planning legislation and the Building Regulations.

The earlier such problems can be investigated, the easier and more economically can they be overcome.

Rubbish:

As the department often appealed to for help in dealing with accumulations of refuse, even though they may present no actual public health hazard, we greatly welcome the provision of the Civic Amenities Act, which will leave much less excuse for what has become one of this country's less endearing characteristics—as British, someone has said, as fish and chips!

Sewerage and Sewage Disposal:

The City Engineer reports that work is proceeding on extensive reconstruction of the City's sewage treatment works and the main interception sewers to make good any deficiencies and to provide additional capacity for future increases in water consumption and population.

Inspections and Re-inspections re:

Accumulations of offensive materials and other nuisances	..	..	621
Animal boarding establishments	..	..	5
Atmospheric pollution recording	..	..	988
Common Lodging Houses	..	..	1
Controlled Tipping	..	..	11
Drainage Inspections	..	..	607
Drain Testing (Smoke 48, Colour 76)	..	..	124
Fireguards and Heating Appliances	..	..	—
Flooding	..	..	12
Immigrants	..	..	15
Infectious diseases	..	..	288
Keeping of Animals and Poultry	..	..	39
Noise Complaints	..	..	137
Offensive Trades	..	..	—
Pest Control	..	..	87
Pet Shops	..	..	8
Provision of dustbins	..	..	52
Provision of Sanitary Accommodation	..	..	18
Public Conveniences	..	..	196
Rivers, Canal, Brooks, pollution of	..	..	4
Rodent Control (including 3421 by Rodent Operators)	..	..	3539
Schools, Cinemas	..	..	29
Smoke Control area survey	..	..	69
Smoke Nuisance	..	..	129
Swimming Baths	..	..	59
Tents, Vans, Sheds and Caravans	..	..	53
Water Supplies	..	..	46

Works completed, Nuisances Abated, etc.:

Accumulations removed	..	..	33
Defective sewers repaired	..	..	1
Drains repaired	..	..	36
Drains unstopped	..	..	53
Drains reconstructed	..	..	13
Pests (See Section VI)			
Public Conveniences (See Section VII)			
Smoke Nuisances—Industrial 4, Domestic 2	..	..	6

SECTION III

INSPECTION AND SAMPLING OF FOOD

(A) Registration and Inspection of Premises:

	<i>Newly Registered</i>	<i>Discontinued</i>	<i>Total now Registered</i>
Preparation or manufacture of sausages or potted, pressed, pickled or preserved food	1	—	75
Manufacture and sale of ice-cream	—	—	5
Storage of ice-cream intended for sale	—	—	2
Sale of ice-cream	21	2	394

Inspection:

Bakehouses	..	..	24
Butcher's shops	..	..	87
Canteens and Kitchens (including cafes, hotels and restaurants)	..	..	247
Cattle Market	..	..	40
Chemists	..	..	1
Confectioners	..	..	80
Dairies, Pasteurising Plant	..	..	27
Examination of foodstuffs	..	..	226
Fishmongers and poulterers	..	..	15
Food poisoning investigations	..	..	535

Inspection continued

FOOD SAMPLING:

Food and Drugs Act samples	..	..	..	..	..	63
Ice-cream	..	..	..	..	..	32
Milk for bacteriological examination	..	..	..	..	..	238
Milk for biological examination	..	..	..	..	..	54
Food for bacteriological examination	..	..	..	..	..	36
Food vehicles	..	..	..	..	..	134
Fried Fish shops	..	..	..	..	..	19
Fruiterers and Greengrocers	..	..	..	..	..	63
Grocers and Provision Merchants	..	..	..	..	..	162
Ice-cream vendors' premises	..	..	..	..	..	70
Licensed premises	..	..	..	..	..	78
Meat and Food Depots	..	..	..	..	..	72
Merchandise Marks Act	..	..	..	..	..	129
Milk distribution	..	..	..	..	..	46
Other food premises	..	..	..	..	..	24
Slaughterhouses	..	..	..	..	..	1132
Water sampling	..	..	..	..	..	172

4282

Food Hygiene:

The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations came into force on 1st January, 1967. These amplified the rather sketchy requirements for stalls (a term which legally included mobile shops) in the General Regulations of 1962.

Hygiene, like charity, begins at home. With the co-operation of the Markets Committee the retail market was made to comply with the regulations and the various mobile shops and food delivery vehicles plying in the city have been brought up to standard.

A small but significant improvement in the hygiene of slaughterhouses was achieved by the Slaughterhouses (Hygiene) (Amendment) Regulations, 1966, which came into force on 1st February, 1967.

These limited the time an animal can be kept in a slaughterhouse before slaughter to 72 hours and required the lairage to be kept clean, thus reducing the risk of cross infection, particularly by food poisoning organisms. The regulations also required wiping cloths to be sterilised before use on each carcase as a temporary measure pending their prohibition on 1st November, 1968. This, too, is to prevent the spread of infection.

Food Poisoning:

Having taken the precautions described above to reduce the risk of such food poisoning incidents as were experienced in 1965, it was humiliating to find Salmonella food poisoning arising from one of the Council's own establishments.

How the infection was introduced we still do not know. It could have been in some quite innocent looking food or on the hands of a symptomless carrier. As usual in these cases by the time the alarm has been raised, any remains of the food in question have been consigned to the dustbin and the evidence available does not distinguish cause from effect.

One is reminded of T. S. Eliot's cat:—

“Macavity's a Mystery Cat: he's called the Hidden Paw—

For he's the master criminal who can defy the Law.

He's the bafflement of Scotland Yard, the Flying Squad's despair:

For when they reach the scene of crime—Macavity's not there!”

The outbreak entailed 535 visits to obtain information and faecal specimens from people involved, representing roughly the time of two inspectors working for over a month.

Food Complaints:

The reduction in the number of food complaints from 67 in 1966 to 54 in 1967, suggests that our campaign against the sale of mouldy and unsound food and food containing foreign bodies is having some success.

This is encouraging because the care that ensures that food is fresh helps to reduce the risk of food poisoning, though poisoning is rarely caused by obviously unsound food.

Twelve complaints were reported to Committee, who authorised prosecution in some cases and the issue of warning letters in the remainder.

All the complaints were fully investigated. They constitute a useful probe into the methods of food traders.

Food Premises:

The number and categories of food premises subject to the Food Hygiene (General) Regulations, 1960, are as follows:—

	<i>No. of premises</i>	<i>No. complying with Reg. 16</i>	<i>No. to which Reg. 19 applies</i>	<i>No. complying with Reg. 19</i>
Grocers and Provisions	136	136	136	135
Green Grocers	56	56	56	55
Fish Friers' premises	17	17	17	17
Cafes and Restaurants	84	84	84	84
Fishmongers	14	14	14	14
Butchers	75	75	75	75
Bakers	26	26	26	26
Licensed Premises	129	129	129	127
Hotels and Boarding Houses ..	46	46	46	46
Total:	583	583	583	579

(B) Food and Drugs Sampling:

One hundred and sixty-one samples were submitted to the Public Analyst comprising:

Informal routine samples under Food and Drugs Act, 1955	137
Formal samples under Food and Drugs Act, 1955	1
Water for Chemical examination	3
Miscellaneous investigations	20
	<u>161</u>

The average fat and non-fatty solids contents of Channel Island milk was 4.78 and 9.21 per cent respectively. (The legal minimum fat content is 4.00 per cent). The corresponding averages for other milk samples was 3.53 and 8.82 per cent respectively. (Presumptive standards 3.00 per cent fat and 8.50 per cent non-fatty solids). Both sets of figures are very satisfactory and show an all round increase on 1966. In all, 33 informal samples of milk were submitted. All samples of untreated milk were free from antibiotics with the exception of one sample wherein the level of Penicillin was only 0.01 p.p.m. International Units.

Five samples of frozen whole hen eggs were taken and these had all been satisfactorily pasteurised.

The Department participated in a Regional Scheme for the purpose of ascertaining whether residual pesticides could be detected in certain foodstuffs. The allocation of samples to the City was four and the range of foods was Beef, Bread, Milk and Potatoes. All the samples were satisfactory, although three of the samples contained minute quantities of Gammexane, Aldrin and D.D.T. respectively.

The nine samples of sausages and sausage meat were generally satisfactory. Fourteen samples of medicines were genuine, with the exception of two samples of Ammoniated Tincture of Quinine. A formal sample was satisfactory.

Mr. R. J. Pendlebury carried out this sampling programme.

In this, as with all the other matters on which they were consulted, Dr. James and his Public Analyst staff were most helpful.

FORMAL AND INFORMAL SAMPLES TAKEN FOR ANALYSIS

<i>Nature of Sample</i>	<i>Formal</i>	<i>Informal</i>
Wines, Spirits	—	1
Confectionery, Sweets, etc. .. .	—	1
Meat, Meat Products, Pastes, etc. .. .	—	27
Eggs	—	5
Sausages	—	9
Groceries—miscellaneous .. .	—	21
Milk	—	33
Fruit—fresh, preserved and canned .. .	—	9
Milk Foods and Cream .. .	—	7
Fruit Drinks, Non-Alcoholic Wines .. .	—	1
Fish, Fishpastes, etc. .. .	—	4
Jam	—	3
Medicines	1	13
Lard and Cooking Fats .. .	—	1
Vegetables—Fresh and Canned .. .	—	2
Totals:	1	137

(C) Meat Inspection:

The number of animals slaughtered and inspected at the two private slaughterhouses again increased, the totals being 8,418 in 1964, 8,986 in 1965, 12,210 in 1966 and 13,980 in 1967.

Inspection is carried out by the inspectors on a weekly rota and now takes up a very appreciable part of the time of the inspector on that duty.

While the incidence of tuberculosis has been reduced almost to vanishing point, showing only occasionally in pigs, that of other diseases again increased, i.e. from 13.33 to 14.35% of animals inspected in spite of the fact that most of the cattle were young steers and heifers.

There was, however, a further welcome decrease in bovines affected with *cysticercus bovis*, cystic stage of tapeworm in man, the figures for the past five years being 1.56, 1.36, 1.0, 0.74 and now 0.42%.

<i>Type of Animal</i>	<i>Location of Cysts</i>			<i>Viable</i>	<i>Caseous</i>
	<i>Heart</i>	<i>Masseter Muscle</i>	<i>Diaphragm</i>		
Cows ..	—	—	—	—	—
Heifers ..	1	2	1	2	2
Steers ..	2	3	—	3	2
Total:	3	5	1	5	4

The Diseases of Animals Act and Orders:

When the City and County Police amalgamated, their duties under the Diseases of Animals Act were handed over to the public health inspectors.

The many Orders made under the Act are designed to prevent the spread of infection among animals and to trace the movement of animals when this occurs.

The movement of all pigs sold at Bath Market has to be licensed, as have all movements of Irish cattle for special sales.

In the event of suspect disease, the infected place must be isolated and the Ministry of Agriculture notified at once. This was done in the case of a cow suspected of having died of anthrax. Fortunately anthrax was not confirmed.

On 17th November, following a series of outbreaks of foot and mouth disease spreading from the Cheshire area initially, the whole of England was designated a Controlled Area. This meant that cattle, sheep and pigs could only be moved under licence and for specified purposes, i.e. for slaughter, to market for slaughter, for breeding, or from one part of a farm to another.

For several weekends the office was specially manned for issue of these licences and movement in and out of the cattle market and to the slaughterhouses was strictly controlled. Special precautions were taken to minimise the risk of spread of infection at the market.

By the time the emergency ended, nearly a thousand movement licences had been issued by the department.

My thanks are due to my colleagues for giving up much of their own time to this work.

**CARCASES AND OFFAL INSPECTED AND CONDEMNED IN
WHOLE OR IN PART**

	<i>Cattle Exclgd. Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	TOTAL
Number killed (if known)	3263	27	292	6858	3540	13980
Number inspected ..	3263	27	292	6858	3540	13980
All diseases except tuber- culosis and Cysticerci						
Whole carcasses condemned	2	—	3	1	5	11
Carcasses of which some part or organ was con- demned	744	10	5	547	690	1996
Percentage of the number inspected affected with dis- ease other than tuberculosis and cysticerci	22.86	37.03	2.73	7.99	19.63	14.35
Tuberculosis only:						
Whole carcasses condemned	—	—	—	—	—	—
Carcasses of which some part or organ was con- demned	—	—	—	—	17	17
Percentage of the number inspected affected with tuberculosis	—	—	—	—	.48	.12
Cysticercosis:						
Carcasses of which some part or organ was con- demned	14	—	—	—	—	14
Carcasses submitted to treat- ment by refrigeration ..	9	—	—	—	—	9
Generalised and totally condemned	—	—	—	—	—	—

Visits to examine meat 1040
 Weight of meat rejected as unfit for human consumption 13499 lbs.

CONDITIONS RENDERING CARCASE MEAT AND ORGANS UNFIT FOR HUMAN CONSUMPTION

	<i>Cattle lbs.</i>	<i>Cows lbs.</i>	<i>Calves lbs.</i>	<i>Sheep lbs.</i>	<i>Pigs lbs.</i>
Abscessed	2132 (192)	36 (2)	9 (2)	10 $\frac{3}{4}$ (4)	146 (6)
Actinobacillosis	4 (1)	—	—	—	—
Actinomycosis	24 (1)	—	—	—	—
Angioma	408 (35)	70 (4)	—	—	—
Arthritis	—	—	—	—	35 (2)
Bruising	359 (3)	—	—	—	57 (2)
C. Bovis	216 $\frac{1}{2}$ (14)	—	—	—	—
C. Ovis	—	—	—	1 $\frac{1}{2}$ (3)	—
Cirrhosis	377 $\frac{1}{2}$ (60)	14 (1)	—	$\frac{1}{2}$ (1)	146 (38)
Congestion	7 (2)	—	—	—	15 (15)
Cystic	24 (3)	—	—	17 $\frac{1}{2}$ (12)	5 (16)
Distomatosis	3146 $\frac{1}{2}$ (392)	8 (1)	—	150 (62)	—
Hydronephrosis	—	—	—	—	1 $\frac{1}{2}$ (3)
Inflammation	123 (9)	—	—	2 (1)	199 $\frac{3}{4}$ (30)
Injury	—	—	—	60 (3)	18 (2)
Necrosis (Fat)	8 (1)	—	—	—	—
Nephritis	12 (1)	—	—	—	2 (3)
Parasitical	1529 (52)	—	—	877 (408)	1510 (429)
Pericarditis	24 $\frac{1}{2}$ (4)	—	6 (1)	4 (4)	93 $\frac{3}{4}$ (43)
Peritonitis	48 $\frac{1}{2}$ (11)	—	67 (1)	$\frac{1}{2}$ (1)	166 (44)
Pleurisy	78 $\frac{1}{2}$ (13)	—	66 (1)	3 $\frac{1}{2}$ (3)	118 $\frac{1}{2}$ (23)
Pneumonia	236 (5)	—	57 (4)	64 $\frac{1}{2}$ (21)	226 (93)
Pneumonia (Septic)	—	—	—	—	—
Pyelonephritis	5 (1)	—	—	—	—
Pyrexia	—	—	67 (1)	95 (2)	56 (1)
Stronglyosis	—	—	—	8 (7)	—
Telangiectosis	26 (2)	12 (1)	—	—	—
Tuberculosis	—	—	—	—	154 (16)
	8789	140	272	1294 $\frac{3}{4}$	2953 $\frac{1}{4}$

Total: 13,449 lbs. 6 tons 0 cwts. 0 qrs. 9 lbs.

(Figures in brackets indicate the number of animals affected)

UN SOUND FOOD

Foodstuffs in tins, packets, etc. condemned or surrendered:

	<i>Tins or Pkts.</i>	<i>lbs.</i>
Cereals	13	17 $\frac{1}{2}$
Fish	47	154 $\frac{1}{2}$
Fruit	166	230 $\frac{1}{2}$
Jam	27	25 $\frac{3}{4}$
Meats, Sausages	66	183 $\frac{3}{4}$
Milk and Milk Products	209	40
Miscellaneous	38	136 $\frac{1}{4}$
Soup	5	3
Vegetables	111	242 $\frac{1}{2}$
		<u>1,033$\frac{3}{4}$</u>

Other Foodstuffs condemned:

	<i>lbs.</i>
Bacon	112
Beef	296½
Fruit	315
Frozen Foods	469¼
Lamb	154¾
Lard	44
Livers and kidneys	159
Ox Tongue	12
Poultry, pigeons	117½
Pork and Ham	138¾
Rabbits and Hares	39
Sausages	12
Tomato paste	30
	<hr/>
	1,899¾

Meat, etc. condemned or surrendered on retailers' premises and used for processing into inedible by-products:

	<i>lbs.</i>
Beef	114
Fish	361
Fruit	13
Lamb	10
Pork	72
Veal	16
	<hr/>
	586

Unsound Food sterilised for animal feeding:

	<i>lbs.</i>
Beef	14
Cream	43
Offal	68
Rabbits	70
Sausages	79
	<hr/>
	274

(D) MILK AND DAIRIES

Registration:

Registered Dairies: 9 Registered Distributors: 88

5 Licences were granted as follows:—

"Pasteurised" and "Sterilised"	2
"Pasteurised"	2
"Untreated", "Pasteurised" and "Sterilised"	1
	<hr/>
	5

Examination of Designated Milk:

The proportion of milk samples failing the methylene blue test for keeping quality is inflated by the need to take repeat samples where a supply proves unsatisfactory.

Most of the failures were Untreated milks, which have a poorer keeping quality in warm weather.

	<i>Samples obtained</i>	<i>Failed Meth. Blue Test</i>	<i>Failed Phospha- tase Test</i>	<i>Failed Turbity Test</i>	<i>Void</i>
Untreated	37	4	*	*	—
Untreated (Channel Is.)	29	5	*	*	—
Pasteurised	64	1	—	*	—
Pasteurised (Channel Is.)	50	—	—	*	—
Sterilised	3	*	*	—	—
	183	10	—	—	—

**Tests not applicable*

(E) ICE-CREAM

37 samples of ice-cream were satisfactory as shown by the following results of examination.

Provisional Grade 1	36 or 97.3%	} Satisfactory
Provisional Grade 2	1 or 2.7%	
Provisional Grade 3	Nil	} Unsatisfactory
Provisional Grade 4	Nil	

(F) WATER SUPPLIES AND SAMPLING

The City and Waterworks Engineer reports that the water supply has continued satisfactorily in both quality and quantity, rainfall having been above average during the year, and no contamination troubles being experienced.

The approximate population supplied (including boundary extension) was 85,750.

The number of properties supplies is as follows:—

(1) Purely domestic	27853
(2) Businesses with living accommodation	445
(3) Public Houses with living accommodation	130
(4) Hotels and Boarding Houses	59
	28487

Four separate tests for fluoride content were carried out as shown below:—

<i>Source</i>	6.2.67	8.5.67	1.8.67	14.11.67
Batheaston	0.10	0.13	0.09	0.08
Langridge	0.10	0.08	0.09	0.09
Midford	0.10	0.10	0.09	0.09
Monkswood	0.08	0.13	0.11	0.08
Tucking Mill	0.10	0.11	0.10	0.09
Weston	0.10	0.10	0.09	0.08

393 bacteriological tests were carried out, 233 on raw water and 160 on treated water going into supply. Ten treated samples proved unsatisfactory but re-sampling showed satisfactory results in each case. 24 chemical analyses of raw water were carried out. Details of typical analyses, one for each source, are as follows:

**ANALYSIS OF WATER SAMPLES TAKEN ON 14th NOVEMBER,
1967**

CHEMICAL	<i>Monks- wood</i>	<i>Lang- ridge</i>	<i>Weston</i>	<i>Bath- easton</i>	<i>Mid- ford</i>	<i>Tucking Mill</i>
(Results expressed in part per million)						
Appearance	clear	clear	clear	clear	clear	clear
Taste and Odour	normal	normal	normal	normal	normal	normal
Colour	nil	nil	nil	nil	nil	nil
pH Value	7.8	7.6	7.4	7.8	7.5	7.2
Free Chlorine	0.25	0.25	0.30	0.3	0.25	0.15
Total Solid Residue	415	435	450	405	475	490
Suspended Matter	nil	nil	nil	nil	nil	nil
Chlorine as chloride	16	16	16	16	19	27
Ammoniacal Nitrogen	Less than 0.01	Less than 0.01	Less than 0.01	Less than 0.01	Less than 0.01	Less than 0.01
Albuminoid Nitrogen	0.04	0.02	0.02	0.03	0.02	0.10
Nitrate Nitrogen	4.4	4.7	3.2	5.1	4.1	5.6
Nitrite Nitrogen	Less than 0.01	Less than 0.01	Less than 0.01	Less than 0.01	Less than 0.01	Less than 0.01
Total Alkinity	230	240	270	240	270	250
Hardness:						
Temporary	230	240	270	240	270	250
Permanent	60	65	60	50	70	80
Total	290	305	330	290	340	330
Magnesium	25	20	25	20	35	25
Calcium	265	285	305	270	305	305
Copper	Less than 0.04	Less than 0.04	Less than 0.04	Less than 0.04	Less than 0.04	Less than 0.04
Permanganate figure	0.25	0.15	0.10	0.15	0.05	0.25
Fluoride	0.08	0.09	0.085	0.085	0.09	0.09

Water samples taken by Mr. Pendlebury and submitted to the Public Health Laboratory and Public Analyst for examination were as follows:—

SOURCE OF SUPPLY	<i>Number obtained</i>	<i>Number unsatisfactory</i>
Mineral Springs	53	5
Other Springs	18	4
City Mains	1	0
Swimming Baths	68	13
Miscellaneous	3	0
	<hr style="width: 50px; margin: 0 auto;"/> 143	<hr style="width: 50px; margin: 0 auto;"/> 22

Generally satisfactory results were obtained of samples taken at the covered swimming baths but the results of samples taken at the open air swimming baths were often unsatisfactory. However, results of samples taken at the lesser used Cross Bath showed improvement.

Samples taken at the several points where the thermo-mineral springs are available to the public were, with few exceptions, satisfactory.

The number of unsatisfactory samples of 'other springs' are of less significance than the results would suggest. This is due to the fact that a sample of raw water is usually also taken where in fact filtered water is used.

(G) BACTERIOLOGICAL SAMPLES SUBMITTED TO THE PUBLIC HEALTH LABORATORY

Five hundred and twenty-two samples were submitted to the Public Health Laboratory, Manor Hospital, Bath. They comprised:—

Milk	..	..	..	..	..	..	..	..	..	183
Milk (for biological examination)				..	..	..	..	..	..	86
Ice-cream	..	..	..	..	..	..	..	..	..	37
Water	..	..	..	..	..	..	..	..	..	140
Miscellaneous	..	..	..	..	..	..	..	..	..	76
										522

The miscellaneous samples included a number of samples of a wide range of cooked meats and other cooked meat products, thus continuing a special programme of sampling. They were primarily intended for the purpose of obtaining factual information from a bacterial standpoint expressed in the number of colonies per gramme and the presence or absence of specific harmful bacteria. Several samples were very satisfactory but a number of samples were most unsatisfactory. Colony counts in excess of 50 million per gramme were sometimes reported although food poisoning organisms were absent. The results continue to underline the urgent need for meticulous attention to hygiene in production, distribution and handling before sale of cooked meats and other meat products. Care in meat handling and meat products, fish and fish products and milk and milk products cannot be over-emphasised.

One sample of pork sausages manufactured locally was positive to *Salmonella brandenburg*. A large number of samples of pork sausages were thereafter taken, together with samples of meat used. Seven swabs were also taken from the drainage system. All such samples and swabs were negative to *Salmonella*. Sausages should not be regarded as a food which presents a greater hazard from the consumer's standpoint but it should be remembered that they should be thoroughly cooked.

Eighty-six samples of untreated milk were submitted for biological examination. All such samples were negative for Tuberculosis and only one sample was positive on animal inoculation for Brucellosis. This sample was produced outside the city and the matter was dealt with by the District Council. A follow up sample was negative. A close check was maintained of all milk produced in the city and sold as untreated. It is pleasing to note that all the samples were negative.

I am most grateful to Dr. P. Mann, Director of the Public Health Laboratory Service, and the staff of the laboratory for their ready co-operation and advice. My thanks are also due to Mr. R. J. Pendlebury who carried out the field work.

SECTION IV

Infectious Diseases and Disinfection:

Visits of enquiry in connection with infectious and other diseases numbered 288 and disinfection was carried out in 30 cases, viz.:

Scabies	..	..	..	..	..	..	..	..	..	16
Tuberculosis	..	..	..	..	..	..	..	..	..	11
Other diseases, etc.	..	..	..	..	..	..	..	..	..	3
										30

SECTION V

FACTORIES, SHOPS, OFFICES, ETC.

Factories Act, 1937 to 1961 (Part I):

Inspections for purposes of provisions as to health:

	<i>Number on Register</i>	<i>Number of Inspections</i>	<i>Written Notices</i>
Factories without Mechanical Power	119	4	1
Factories with Mechanical Power	370	80	4
Other Premises	1	1	—
	480	85	5

	<i>Defects Found</i>		<i>Defects to H.M. Insp.</i>	
	<i>Remedied</i>	<i>by H.M. Insp.</i>	<i>by H.M. Insp.</i>	
Want of cleanliness	5	4	—	—
Overcrowding	—	—	—	—
Unreasonable temperature	—	—	—	—
Inadequate ventilation	—	—	—	—
Ineffective drainage of floors	—	—	—	—
Sanitary Conveniences:				
(a) Insufficient	2	1	—	—
(b) Unsuitable or defective	15	—	—	6
(c) Not separate for sexes	—	—	—	—
Other offences	1	—	—	1

Outworkers:

Notifications were received in respect of 5 outworkers all concerned with wearing apparel. The premises in which the work was carried on were inspected and found to be satisfactory.

Shops Act, 1950:

Inspections and re-inspections	248
Contraventions dealt with:	
Forms and Notices	—
Hours of closing	1

Offices, Shops and Railway Premises Act, 1963

The Act has now been in force for three and a half years. It covers all shops and railway premises where persons other than the employers' relatives are employed for more than 21 man-hours weekly.

The City Council are responsible for enforcement at offices and shops, except those of central and local authorities and at factories, mines and railway establishments. The Chief Fire Officer deals with fire precautions and myself with Welfare.

Registration:

Eighty-two premises were newly registered in 1967 compared with 75 in 1966. The number registered at the end of 1967 was 1130 (1048 in 1966). Twenty premises were found unregistered in the course of routine inspections.

The number of persons known to be employed on registered premises increased from 9,306 to 9,716. Of these, 3,991 were male and 5,725 female.

The average number employed in each type of registered premises was:

Offices	..	..	..	..	..	..	..	..	..	12.4
Retail Shops	..	..	..	..	..	..	..	..	..	6.2
Wholesale and Warehouses	..	..	..	..	..	..	..	..	..	13.8
Catering Establishments	..	..	..	..	..	..	..	..	..	11.2
Fuel Storage Depots	..	..	..	..	..	..	..	..	..	4.7

Inspection:

One hundred and seventy-seven premises received one or more general inspections during the year, the total number of visits being 451. As the survey has progressed, the proportion of re-visits to ensure that contraventions have been remedied has necessarily increased from 30% in 1965 to 61% in 1967.

Nearly all offices and shops in the outlying areas have now been inspected, but not all in the central area where the greater problems exist because of the age and condition of many properties.

Administration:

In the latter half of the year administration of the Act was hampered by sick leave and pressure of other work.

There have been no applications for exemptions from any part of the Act.

No prosecutions were found necessary, but a strong warning was sent to one firm following an accident to an employee.

Accidents:

Of the 40 notices of accidents causing more than 3 days absence from work, 28 were considered to need investigation. The following analysis illustrates how much higher the risk of accidents is in shops and catering establishments than in offices.

For comparison, the number of such accidents notified in 1966 was 44 and in 1965, 47.

Generally employers were advised verbally at the time of inspection and received confirmation by letter. Follow-up visits were then made to ensure compliance.

While some of these matters may seem minor, others are much more serious. Many stem from the fact that, in Georgian buildings, sanitation was something of an afterthought. Sanitary accommodation, for example, has been provided in dark, damp compartments under pavement arches, in one case approached only via a trap-door in the shop floor and a ladder.

Twenty-seven premises were lacking in elementary cleanliness. There is still far too much indifference about conditions out of sight of the customer.

In my annual letter to all food traders in the city, I urged the larger firms to appoint one of their staff as Hygiene Officer. "He, or she, might also help with quality control, accident prevention and first aid".

The need for greater attention to the safety of floors, passages and stairs was illustrated by several accidents reported where this was a factor.

While recognising that it is difficult to apply rigid standards on lighting because of varying circumstances, we have set the recommendations of the Illuminating Engineering Society's Code as a reasonable objective. Good lighting is relatively cheap and is necessary for hygiene and efficiency.

Sufficient progress has now been made in enforcing the Act to enable its provisions to be reviewed and extended to places of employment not already covered by either the Factories or Offices, Shops and Railway Premises Acts.

ANALYSIS OF REPORTED ACCIDENTS

	<i>Offices</i>	<i>Retail Shops</i>	<i>Wholesale Warehouses</i>	<i>Catering establishments open to public, canteens</i>	<i>Fuel Storage Depots</i>
Machinery		4			
Transport			1		
Falls of persons	1	15		3	
Stepping on or striking against object or person	1	2			
Handling goods		7		4	
Struck by falling object ..		1			
Fires and explosions ..					
Electricity					
Use of hand tools					
Not otherwise specified ..		1			

Examples of injuries investigated were:

- (a) A chef, slipping on a lino-covered floor, put out his hand to save himself and upset hot fat from a grill pan on it.
- (b) While baling rubbish, a warehouseman had the flap of the baler fall on his right hand, fracturing a finger.
- (c) A kitchen assistant placed her hand in a food mixer sustaining compound fracture and cuts of right hand.
- (d) A shop assistant, wearing high heeled shoes, slipped on stairs injuring her knees.
- (e) Loading wooden boxes, a porter stepped on a nail protruding from an empty box.
- (f) Climbing on shelves to reach for goods instead of using the portable steps provided, a sales assistant fell, injuring her shoulder.
- (g) A large parcel being passed down a staircase was dropped, knocking down a warehouseman. A goods lift was provided and should have been used.
- (h) A sales assistant pricked her finger on a rose tree and developed a whitlow on her thumb. Protective gloves were available.
- (i) A sixteen year old shop assistant used a meat slicer without training, supervision or a guard on the blade, losing the top of her right thumb. This was the subject of the warning letter referred to above.

While some of these accidents could be prevented by proper maintenance of premises and equipment, others were due to carelessness by employees, not always the sufferers.

Contraventions:

An analysis of the 285 contraventions found during the year is as follows:

<i>Section</i>	<i>Number of Contraventions found</i>	<i>Section</i>	<i>Number of Contraventions found</i>
4	Cleanliness 27	14	Seats (Sedentary Workers) —
5	Overcrowding 4	15	Eating facilities —
6	Temperature 28	16	Floors, passage & stairs 31
7	Ventilation 11	17	Fencing exposed parts machinery —
8	Lighting 16	18	Protection of young per- sons from dangerous machinery 4
9	Sanitary conveniences .. 22	19	Training of young per- sons working at dang- erous machinery .. —
10	Washing facilities .. 38	23	Prohibition of heavy work —
11	Supply of drinking water 1	24	First Aid—General pro- visions 31
12	Clothing accommodation 2	49	Notification of persons employed 20
13	Sitting facilities 1	50	Information for employees 49
			TOTAL 285

Table 'A' Registration and General Inspection:

<i>CLASS OF PREMISES</i>	<i>No. of premises registered during year</i>	<i>Total No. of registered premises at end of year</i>	<i>No. of registered premises receiving a general inspection during the year</i>
Offices	23	311	53
Retail shops	50	680	92
Wholesale shops, warehouses	1	37	7
Catering establishments open to the public, canteens ..	8	99	23
Fuel Storage depots	—	3	2
TOTALS:	82	1130	177

Table 'B'

Number of visits of all kinds by inspectors to registered premises .. 451

Table 'C' Analysis of Persons employed in Registered Premises by Workplace:

CLASS OF WORKPLACE	<i>Number of persons employed</i>
Offices	3847
Retail Shops	4233
Wholesale Departments, Warehouses	511
Catering Establishments open to the public	1034
Canteens	77
Fuel Storage Depots	14
Total	9716
Total Males	3991
Total Females	5725

Bakehouses:

There were fourteen bakehouses in use (including one basement bakehouse)—to which a total of 24 visits were made.

Rag Flock and other Filling Materials Act, 1951:

Three premises are registered as required by the Act.

Pet Animals Act, 1951:

Licences were issued in respect of 5 pet shops to which 8 visits of inspection were made from time to time. No contraventions were found.

Animal Boarding Establishments Act, 1963:

Five visits of inspection were made to two premises within the provisions of the Act.

SECTION VI

RODENT AND PEST CONTROL

The work of rodent control (excluding sewer treatments) for the year is summarised below.

	TYPE OF BUSINESS				
	<i>Business</i>	<i>Dwelling Houses</i>	<i>L.A.</i>	<i>Others</i>	<i>Total</i>
No. of first complaints received:	1 Ag.				1 Ag.
Rats	89	323	11	41	464
Mice	39	164	8	6	217
Rats and Mice	3	3	1	1	8
Total ..	1 Ag. 131	490	20	48	1 Ag. 689
No. of premises found to be infested:					
On notification by Occupier:					
Rats	1 Ag. 60	191	8	18	1 Ag. 277
Mice	38	156	8	4	206
Rats and Mice	3	3	1	1	8
By inspection:					
Rats	2	4	1	2	9
Mice	3	5	3	—	11
Rats and Mice	—	—	—	—	Nil
Total ..	1 Ag. 106	359	21	25	1 Ag. 511
No. of properties treated by Corporation	2 Ag. 106	359	21	25	2 Ag. 511
No. of properties treated by Occupier	—	—	—	—	Nil
No. of first inspections	3 Ag. 205	901	77	96	3 Ag. 1279
No. of re-inspections, visits for treatment, etc.	2 Ag. 789	911	335	107	2 Ag. 2142
Total visits ..	5 Ag. 994	1812	412	203	5 Ag. 3421
No. of baits laid:					
Prebait	—	—	—	—	Nil
Poison baits Warfarin	—	—	—	—	2751
Arsenious Oxide	—	—	—	—	Nil
Zinc Phosphide	—	—	—	—	Nil
Others (specify)	—	—	—	—	Nil
No. of "block" control schemes carried out:	—	—	—	—	7
No. of serious infestations by M.M. ..	—	—	—	—	Nil
No. of major infestations by R.N. ..	—	—	—	—	Nil
These figures are included in the number of infested premises above.					
No. of re-inspections	1 Ag. 401	12	233	30	1 Ag. 676
No. of re-infestations	20	11	18	2	51
No. of test baitings	31	81	21	10	143

Note: Agriculture=Ag. figures, although marked separately are included in the business figures.

Rodent and Pest Control:

The number of complaints concerning rats and mice and of premises found infested was roughly comparable to those for 1966.

Routine inspection of Council property and other premises where this has been arranged with the owners, or where particular hazards existed, continued. This, together with 7 surveys carried out as block controls, undoubtedly helped to ensure that no major infestation occurred.

286 sewer manholes scattered all over the City were baited in April, but at only one was there any take of poison. Bearing in mind the age of some of the sewers this is particularly satisfactory.

315 wasp nests were destroyed, a charge of ten shillings normally being made for this service.

32 people were cleansed and treated for scabies and 7 filthy and verminous persons were dealt with in co-operation with the public health inspectors and the Mental and other Welfare Services.

Mr. Spanswick and Mr. Dyer attended a short course on rodent control arranged by the Ministry of Agriculture at Taunton in October.

Supervision of cleansing and the disinfection of cattle trucks was yet another job undertaken by Mr. Hanham's men when the foot and mouth disease restrictions were in operation.

The number of infestations of pests, other than rodents, dealt with totalled 446.

Ants	37
Bees	1
Beetles	6
Bugs	7
Cockroaches	37
Earwigs	2
Fleas	14
Flies	15
Insects	6
Lice	4
Cricketts	2
Wasps	315
	<hr/>
	446
	<hr/>

SECTION VII

Public Conveniences:

Following a report to Health Committee in April on adequacy of the 31 public conveniences in the City, the Environmental Sub-Committee inspected a number of sites and a programme of building was established. This involves provision of new conveniences:

- (1) with 'bus shelter on the Midsomer buildings site in Fairfield Park;
- (2) by the shops and lay-by in Bradford Road, Combe Down;
- (3) as replacements for those at Sawclose and James Street West in the Sawclose;
- (4) at the entrance to Charlotte Street car park in place of the existing badly sited premises;
- (5) in West Twerton village;
- (6) on the Lower Bristol Road between the City boundary and the Skew Bridge;
- (7) to replace the underground convenience at Bear Flat;
- (8) to replace the underground convenience at Cleveland Bridge;

As there seems little hope of building these premises at a rate of more than one a year, it was decided to renovate the convenience at Monksdale, which is the subject of persistent vandalism.

Renovation, including wash-hand basins with a warm water supply, were provided at Marlborough Lane convenience and basins with cold water at the convenience at the foot of Lansdown.

A number of signposts of an internationally agreed pattern were provided by the City Engineer to direct the public to conveniences.

To assist in the maintenance of conveniences, it was agreed to employ a painter in addition to the handyman but this had to be deferred until the financial year 1968/69.

In the Autumn the cleaning and maintenance service was reviewed by the Management Services Section.

Water Consumption:

Total quantity used— 1966 - 3,923,000 gallons
1967 - 3,458,000 gallons

Baths, Washes and use of Cloakrooms (Terrace Walk):

	<i>Men</i>		<i>Women</i>	
	1966	1967	1966	1967
Baths	4,980	5,282	1,491	1,685
Washes	9,536	8,190	2,215	1,323
Cloakrooms	1,485	1,514	675	781

SECTION VIII

NOTICES SERVED

Section I - Housing:

Housing Act, 1957—	Section 9	(Repairs) .. .. .	..	..	—
	.. 16	(Demolition or Closure)	..	..	69
	.. 17	(Closing or Demolition Order)	..	..	114
	.. 18	(Closure of part of building)	..	..	103
	.. 28	(Substitution of Demolition Order for Closing Order)	..	..	6
	.. 170	(Ownership, etc.)	..	..	63

Section II - Sanitation:

		<i>Informal</i>	<i>Formal</i>
Public Health Act, 1936—	Section 93 (Nuisances, etc.)	102	11
	.. 39	—	1
	.. 45	—	—
	.. 277	—	16
	.. 287	—	1
Public Health Act, 1961—	.. 17	—	1
	.. 26	—	—

PROSECUTIONS 1967

Of the seven prosecutions authorised, five were for the sale of food in mouldy condition and the remaining two for extraneous matter in food. All were successful. Details are:—

- (1) Bottle of milk containing cigarette end — fine £25
- (2) Mouldy steak and kidney pie — fine £15
- (3) Mouldy pork pie — fine £10 plus costs
- (4) Mouldy sliced wrapped loaf — fine £10
- (5) Mouldy sausage rolls — fine £20
- (6) Scraps of cardboard in a loaf — fine £10
- (7) Mouldy bread — fine £15

NEW LEGISLATION

The Slaughter of Poultry Act, 1967, requires that poultry shall be slaughtered humanely.

The Sausage and Other Meat Products Regulations, 1967, prescribes the minimum meat content of various kinds of sausages and meat products and their description on labels.

The Meat Pie and Sausage Roll Regulations, 1967, similarly deal with with the composition and labelling of these products.

The Artificial Sweeteners in Food Regulation, 1967, specifies which artificial sweeteners may be sold for human consumption or used in food, and how tablets shall be labelled.

The Solvents in Food Regulation, 1967, prohibits the importation advertisement or sale for use in food of any solvent not being a natural food which is not a permitted solvent.

The Margarine Regulations, 1967, specify the minimum fat, waste and vitamin content of margarine, its labelling and advertisement.

The Ice Cream Regulations, 1967, specify compositional requirements for various kinds of ice cream and their labelling and advertisement.

The Coffee and Coffee Product Regulations, 1967, specify compositional requirements for coffee, decaffeinated coffee and coffee products, their designation, labelling and advertisement.

The Labelling of Food Regulations, 1967, amend the provision relating to the advertisement and labelling of prepacked food and impose requirements as to advertising food for sale from vending machines and tenderised meat. A schedule lists appropriate designations for fish.

HEALTH EDUCATION AND PUBLIC RELATIONS

Messrs. Dhenin, Pendlebury, Hanham and myself hope that West Twerton Girls, Oldfield Girls, Oldfield Boys and Technical College students enjoy our talks to them on Food, Housing, Pest Control, etc. as much as we do.

During the year we also gave talks to various organisations and gave a number of students practical insight into our work.

It was a particular pleasure to welcome to Bath Mr. C. J. Vermeulen, Veterinary Officer of Public Health for the Dutch Government, who made Bath his headquarters for a month while studying the epidemiology of zoonoses in the United Kingdom on a World Health Organisation scholarship.

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

R. M. ROSS, M.B., Ch.B., D.P.H.

FOR THE YEAR 1967

CITY OF BATH EDUCATION COMMITTEE

Chairman: Mr. Councillor R. G. H. HISCOCKS

Deputy Chairman: Mrs. Councillor K. M. COATES

His Worship the Mayor, Alderman R. F. EMMERSON

Aldermen:

W. H. GALLOP, R. H. PURDIE, A. L. RICKETTS, W. H. ROSSITER

Councillors:

MRS. L. ASHMAN, MISS J. ATTWOOD, H. T. CADEN, MRS. K. M. COATES,
G. M. COMER, L. J. H. COOMBS, T. DOLAN, M. L. GILES, MRS. A. E. M.
HANNA, E. S. JENKINS, B. S. P. JONES, MISS M. E. RAWLINGS, L. A. W. RIDD

Co-opted Members:

MISS V. D. ALDERWICK, MR. R. O. H. DANN, MR. R. J. C. FELLOWS,
THE VEN. A. HOPLEY, MR. D. W. HUMPHREYS, THE VERY REV. CANON
J. J. KELLY, MR. A. G. C. KING, MR. F. A. C. LANGFORD, THE REV.
B. G. MEDD, MR. D. H. NEWBLE

SPECIAL SERVICES SUB-COMMITTEE

His Worship the Mayor, Alderman R. F. EMMERSON

Chairman: Councillor MRS. K. M. COATES

Alderman: W. H. ROSSITER

Councillors: T. DOLAN, MRS. A. E. M. HANNA, R. G. H. HISCOCKS,
MISS M. E. RAWLINGS

Non members of City Council:

MR. R. O. H. DANN, MR. D. W. HUMPHREYS, MR. A. G. C. KING

Advisory Non-Members of the Education Committee:

MISS E. B. HALL, MRS. E. M. RIDLEY, MRS. J. WESLEY WHIMSTER

TO HIS WORSHIP THE MAYOR, THE ALDERMEN AND COUNCILLORS OF
THE CITY OF BATH

MR. MAYOR, LADIES AND GENTLEMEN,

This report is an account of work of the School Health Service during 1967, it shows that the health of the schoolchildren of Bath remains at a satisfactory standard.

As a result of boundary changes which came into force on April 1st, 1967 the school population has risen to almost 12,000 and the Authority is now responsible for two additional schools; The Combe Down Infants' and Junior Schools.

The school population has been little affected by notifiable infectious disease. A small outbreak of infective hepatitis occurred at one primary school but fortunately, this involved no more than 23 children in the separate Infants' and Junior Schools. The excellent co-operation of Head Teachers and staff helped in no small way to control the outbreak, and they ensured that the children maintained high standards of hygiene throughout. The outbreak showed the characteristic pattern of family spread which seems to be impossible to prevent with our existing knowledge of the infection and control measures.

During the year, the Partial Hearing Unit attached to Moorlands Infants' school was opened, and the Day Maladjusted Unit moved from Newbridge to Wansdyke school. The Speech Therapy Service was assisted during the Autumn Term by the return of Mrs. Sansbury to part-time work, though with the resignation in December of Mrs. Pemberton, our full-time Therapist, a temporary setback seemed inevitable.

Miss Rafferty resigned in January after 13 years' service with the department as full-time school nurse, we all wish her well in her retirement. Following accepted policy, her post was filled by the appointment of an additional Health Visitor/School Nurse.

The successful working of this Service is dependent on, and is the result of, the combined efforts of the whole staff at Sawclose but also we must acknowledge the help and co-operation of our numerous colleagues in other departments, especially the Director of Education and his staff. Our thanks are also due to the General Practitioners and Hospital Staff and not least, to members of the Special Services Sub-Committee.

I am indebted to the Deputy Principal School Medical Officer, Dr. A. H. Halstead, for this report; for the administration of the School Health Service, and, with the school children of Bath, and their parents, for the knowledge, encouragement, and support he unstintingly places at their service.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

R. M. ROSS

*Medical Officer of Health
and Principal School Medical Officer*

L.E.A. Maintained Schools	..	..	..	..	..	..	..	38 + 1 unit
L.E.A. Maintained School Population	..	..	..	..	..	..	..	11,997
Secondary Grammar	..	..	..	..	..	..	..	1,253
Secondary Technical	..	..	..	..	..	..	..	468
Secondary Modern	..	..	..	..	..	..	..	3,018
Primary Junior	..	..	..	..	..	..	..	3,998
Primary Infants'	..	..	..	..	..	..	..	3,084
Day Special E.S.N.	..	..	..	..	..	..	..	164
Wansdyke Unit	..	..	..	..	..	..	..	12
								<hr/> 11,997
Average percentage attendance	..	..	..	..	..	..	..	92.4

Some indication of the mobility of the school population and "turn-over" during the year may be gained from the figures given below:—

Records transferred out	..	..	..	..	..	..	..	464
Records requested from other Authorities	..	..	..	..	..	..	..	446
Records received	..	..	..	..	..	..	..	417

Medical Inspection

Medical Officers visit the Schools regularly during each term, usually on a fortnightly or monthly basis. During the year 327 visits were made involving 4,709 inspections. 1,004 treatable defects were discovered and 2,097 were referred for further observation. For the fourth successive year no children were found to be in unsatisfactory physical condition.

Details of periodic Medical Inspections are to be found in Tables 1 and 2 at the rear of the report, but below is shown a breakdown of Inspections conducted during the year.

(a) Routine Inspections:

Entrants	..	..	..	..	..	..	..	1,159
Second Age Group	..	..	..	..	..	..	..	919
Third Age Group	..	..	..	..	..	..	..	972
								<hr/> Total: 3,050
Other periodic examinations	..	..	..	..	..	..	..	400
								<hr/> Grand Total: 3,450

(b) Other Inspections:

Specials	..	..	..	..	..	..	..	134
Re-examinations	..	..	..	..	..	..	..	1,125
								<hr/> Total: 1,259
Fitness for Employment	..	..	..	..	..	..	..	282
Handicapped Pupils prior to return to schools	..	..	..	..	..	..	..	119
Ascertainment of Handicapped Pupils	..	..	..	..	..	..	..	28

No change has been made from the traditional procedure of comprehensive medical inspection during the first and last years in Primary School, and again during the last year in Secondary School.

Children are seen on school entry during the first or second terms, parents are encouraged to attend and in practice a very high proportion do so, especially at the first inspections. The parent has an important part to play by providing a more full picture of the child's medical history than can be obtained from a questionnaire, she gives help, comfort and re-

assurance, and her presence allows discussions on management or an opportunity to impart a little health education. Vision testing is carried out at the inspection and the Teacher of the Deaf aims to test all children during their first year at school using the Sweep Test technique. If a child fails on the Sweep Test then pure tone audiometry is carried out by either the Teacher of the Deaf or the School Medical Officer. Medical Officers carried out pure tone audiometry on 88 pupils either as a result of failure on sweep testing or following specific requests from parents or teachers. Of this number a second test was given to 16 and a third test to 6, in most instances this being due to catarrhal conditions.

Routine Screening Tests:

Routine Screening procedures are carried out at regular periods during the child's school life. Vision is tested when children reach their 7th, 9th and 11th years, and yearly thereafter. Colour vision is tested using Ishihara plates on each boy when he has his intermediate medical inspection during his 11th year and repeat tests are performed on any boy who fails.

Inspection by School Nurses:

This work, once undertaken by full-time school nurses, is now carried out by the 12 Health Visitors/School Nurses, only one full-time school nurse remains on the Department Staff. The combined Health Visitor/School Nurse works in those schools which come within her district and she visits weekly. She sees, therefore, many children in the school setting whom she has known from birth and observed in the family environment. This allows for greater insight into any likely difficulties and provides most valuable background information for the School Medical Officer who in most cases does not have such a close association or knowledge of individual families. The Health Visitor/School Nurse is also in a unique position to act in a liaison capacity between school, Medical Officer and home and can carry her Health Education duties beyond the school boundary.

Routine Inspections. 1,326 school visits and 981 home visits were made by School Nurses. During regular school visits the following examinations are carried out:—

- (a) Eye Testing is performed every two years in the Primary Schools and annually in the Secondary Schools.
- (b) Foot Inspections are held in Junior and Secondary Schools every term.
- (c) Head Inspection and Cleanliness. This duty has in the past been carried out every term in Primary Schools, this being official policy. It is now felt that supervision when requested by the Head Teacher allows more flexibility into an Inspection still needed in a minority of cases. Again I am able to report that there has been no need to issue Cleansing Notices. In connection with cleanliness inspection 269 school visits and 108 home visits have been made involving 20,632 examinations of individual children from which 74 new cases of scalp infestation have been discovered.

Health Education:

This Department does not regard Health Education as justifying a specialised division of labour and furthermore regards the message of Health Education as being a progressive and continual effort by all members of the School Health Team. This does not preclude any organised intensive campaign or projects, these have taken place in previous years and will do so again. We feel, however, that a satisfactory project must embrace all concerned and prefer to work side by side with our Educationalist colleagues rather than as an independent group.

All matters concerning Health Education are co-ordinated by the Superintendent Health Visitor, Miss Susan Jones who acts as Health Education Officer to the Authority. A supply of film strips, posters, leaflets and other material is kept in the Department and is available for use by staff. Health Visitors have carried out courses at a number of schools either as separate talks or part of the syllabus for G.C.E. and C.S.E. examinations.

HANDICAPPED PUPILS

The Local Education Authority have the duty of ascertaining those children in their area who will require special education and of providing this. This education may take place in practice either in their own schools or those of other Authorities or recognised bodies. It may be of normal or special type, this depending on the nature, severity and type of handicap.

The duty of ascertainment commences when the child is two years old and the earlier this can take place the better, especially so in those cases where early provision is indicated. Normally, all Handicapped Children are known to the Health Department from birth and are regularly seen by Health Visitors, and by Medical Officers when necessary. Some examples still occur of cases which are only brought to light on school entry, though here the defect is usually of minor degree.

Ascertainment is a team process involving different disciplines. Careful consideration is essential; each child is a unique and separate problem and must be so considered, generalisation and dogma are dangerous, as is any bias towards one particular type of education. A recommendation as to the most suitable type of schooling can only be made once the basic needs of each child are understood, the value of the School Medical Officer in his co-ordinating capacity is considerable. Many different sources of advice are often required, both from within the medical and associated professional spheres and from the educational sector.

Whenever possible, children are encouraged to take their place in the normal school system, and extra provision may need to be made, for example, concerning transport facilities, educational aids or assistance within the school or class environment. Children with the more severe handicaps will usually require placing in a Special School since their special requirements would divert an excessive amount of staff time at the expense of other children. Furthermore, the belief that Handicapped Children are less conscious of their disabilities if placed in an "ordinary" school really only applies to those with light handicaps, the severely handicapped are shown up to their disadvantage.

Residential placement remains indispensable where a child's special needs cannot be met locally or where social or domestic factors have an important bearing on the problem.

In previous years we have benefitted by the proximity of the Bristol Authority Schools for spastic, partially hearing, delicate or partially sighted children. Unfortunately, new cases are no longer so easy to place in these schools due to the numbers of Bristol children who naturally have prior claim. This means that new severely handicapped cases may have to be placed in Residential Schools.

Blind and Partially Sighted Pupils

There are no blind pupils in Bath at present but five partially sighted children being unable to follow the normal methods of teaching in an ordinary school, require to attend schools where they are taught by special methods involving the use of sight. A place was obtained at the South Bristol School for one partially sighted boy, another boy already a pupil at the school moved into Bath to live.

Residential:	Exhall Grange School, Coventry	..	..	1
Day:	South Bristol Open Air School	..	..	4

Deaf Pupils

Two children received education by special methods not involving the use of naturally acquired speech or language. Both attend as day pupils at Elmfield School, Bristol.

Elmfield School, Bristol	2
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Partially Hearing Pupils

There are twelve children with sufficient hearing impairment to warrant special teaching. Two now attend Residential schools, one girl having succeeded in obtaining a place at the Mary Hare Grammar School during the year. Five children attend the South Twerton Partially Hearing Unit and four attend at the new Moorlands Infants' School Partially Hearing Unit which opened on 10th April, 1967. One child under formal school age has been receiving help from the Teacher of the Deaf while still in the Day Nursery. Four schoolchildren have been supplied with hearing aids during the year making a total of 39 in Bath Schools now known to be wearing aids.

Special School Places:

Residential	Mary Hare Grammar School, Newbury, Berks.	1
	Royal West of England School for the Deaf, Exeter	1
Partially Hearing Units:		
	South Twerton School, Bath	5
	Moorlands Infants' School, Bath	4

Miss Fish, Teacher of the Deaf reports as follows:—

“The service of educational provision for the deaf and partially hearing children has continued to progress in the City. The testing of children's hearing at as early an age as possible where doubt or risk is evident, has proved its advisability. The rubella epidemic of 1963 and its consequent effects on babies born between August and the following April has caused no small problem with handicapped children. The number of children with impaired hearing resulting largely from this wave of the disease appeared to treble in certain areas. Bath certainly has shown an

increase in deaf children of 3 - 4 years of age. Following parental guidance and pre-school training, these children were ready for full-time education in a group under a teacher of the deaf whilst remaining in as normal a situation as possible with their contemporaries.

Moorlands Infants' Partially-Hearing Unit. This Unit was opened for the first children to start in April, 1967. Miss A. M. Long was appointed full-time teacher of the deaf for the Unit and became a member of Moorlands Infants' School staff. Before the opening, Mrs. Groves, the Head Teacher, attended a short course at Manchester University for Head Teachers in schools containing Units, which provided a good insight into the needs of hearing impaired children within normal schools.

At Moorlands a medical room plus waiting room was converted into one large classroom and fitted with the necessary amplifying and sound-proofing equipment. The Unit can cater for ten partially-hearing pupils and functions on a diagnostic teaching basis. Children of ages between four and seven attend initially for a trial period to determine whether or not they are suited to the type of education provided. It is hoped that each child will integrate with normally hearing schoolmates as much as possible whilst the intensive speech and language work will be done in the Unit.

This system enables a child to gain the full benefit of special education whilst remaining within the hearing-talking environment and maintaining the security of home and family each day. The benefits of the latter are essential to a young child's well-being especially when his hearing is impaired.

South Twerton Junior Partially-Hearing Unit has continued to function to full capacity under the expert leadership of Mrs. Thorn. The children who were admitted at its start in 1964 have now moved on to the secondary stage. One girl, Mary Horwood, who had been severely deafened at five years of age, gained a place at the Mary Hare Grammar School for the Deaf and is progressing extremely well. She will continue integrating with the normal grammar and Technical College pupils and take G.C.E. examinations etc. alongside them. Two other pupils have left the Unit to take a place in the Diocesan Girls' School and it is hoped that the specialised help given to these girls will decrease as they gradually adjust to the pace of a wide range of subjects.

Mrs. June Garthwaite. I feel that tribute must be paid at this stage to Mrs. June Garthwaite whose sudden and untimely death by accident in July, 1967 was a great shock to all who were privileged to work or even be acquainted with her. Her conscientious and devoted service to hearing impaired children in this City was exemplary. An enormous amount of pioneering work for and on behalf of deaf children was done by Mrs. Garthwaite. She began the development of up-to-date ideas and policies on their education in Bath and opened the Junior Partially Hearing Unit at South Twerton School. It was here that she taught for a time after handing on the well established peripatetic work to me. She became not only a valued colleague but a most trusted friend. The sorrow of her absence is shared by many children, parents and others amongst whom she worked".

Delicate Pupils

This category covers a wide variety of chronic ailments but in the main relates to those children not falling in any other category and who because of impaired physical condition need a change of environment and who cannot, without risk to their health or educational development, be educated under the normal school regime. Two Bath children continue to receive this form of special education at residential schools.

Residential: St. Patrick's Open Air School, Hayling Island ..	1
Laleham Boarding School, Margate	1

Educationally Sub-Normal Pupils

The policy of admitting educationally sub-normal children to Penn Hill on an informal basis continues wherever circumstances allow, though for a small number of cases formal ascertainment is carried out in the child's best interest and to secure the appropriate form of education. In those cases where difficulties exist in the home background or where the necessary stimulus is not available, then Residential schooling is considered. The informal system works well in most cases and allows children of higher potential who for some reason have fallen behind in school work to be admitted for short booster periods with the agreement and co-operation of parents, teachers, Psychologist and Medical Officer.

Much thought is given to the problems of the educationally retarded school leaver, the Head Teacher's "trial employment scheme" offered to suitable pupils during their final year has proved worthwhile and we are grateful to those employers who have co-operated in the scheme. Supervision of E.S.N. school leavers continues during their difficult early stages and help is offered by the Social Worker.

Mr. L. Howitt joined the Authority in September taking up the appointment of Senior Educational Psychologist.

Residential: Croydon Hall School, Minehead, Somerset ..	1
Besford Court School, Worcester	2
Day: Penn Hill School, Bath	157

Penn Hill:

During the year 34 cases were admitted, 24 of these being on an informal basis. Six cases were County children admitted at the request of other Local Education Authorities.

Children known to be on Register 31.12.67.

	<i>Formal</i>	<i>Informal</i>	<i>Total</i>
BATH	39	97	136
COUNTY	21	—	21
Total	60	97	157

Transfers:

	<i>Bath</i>	<i>County</i>
Left school to employment	14	2
Left area	3	1
Transfer to Secondary Modern	2	2
Transfer to Private School	1	—
Transfer to Junior School	1	—
Transfer to Westhaven School, Weston-super-Mare ..	—	1
Transfer to Besford Court School, Worcester	1	—

Epileptic Pupils

Only one child is registered under this category and she continues schooling at Lingfield School, Surrey, and has also been seen by the Consultant Paediatrician when home on leave.

Maladjusted Pupils

It is pleasing to report continued progress towards achieving improved and more comprehensive local facilities for children in this category.

The Barn, the Education Authority's day unit for Maladjusted children continued to serve a pressing need. The maximum number of 12 pupils was reached early in the year. In September the Unit moved to occupy the former Wansdyke Infants' School premises in the grounds of the Fosseyway Infants' School. The new premises were a great improvement and appreciated by both staff and pupils. Eight pupils were placed in the unit during the year and the waiting list continues to build up. Seven children were ascertained as Maladjusted during the year.

Fifteen Maladjusted children are now attending Residential schools, in one or two cases local day education would have been suitable if it had been available. One pupil was withdrawn from Residential school and was placed in a Secondary Modern school in December.

Special School Places:

Residential:	St. Joseph's School, London, N.2	..	..	2
	Sutcliffe School, Winsley, Nr. Bath	..	..	1
	Heathercombe Brake School, Newton Abbot	..	..	1
	Burnt Norton School, Chipping Camden	..	..	1
	Redhill School, East Sutton	..	..	1
	St. Columba's, Co. Dublin	..	..	1
	Horncastle School, East Grinstead	..	..	2
	Fortescue House School, Twickenham	..	..	2
	Swalcliffe Park School, Swalcliffe	..	..	2
	Park School, Yeovil	..	..	1
	Stonar, Atworth, Melksham	..	..	1
Day:	St. Christopher's School, Bristol	..	..	3
	La Sainte Union Convent, Bath	..	..	1
	Maladjusted Unit, Wansdyke School, Bath	..	..	12

CHILD AND FAMILY GUIDANCE SERVICE

Child and Family Guidance Service:

Report of Director, Dr. A. C. Fairburn:

"During 1967 the emphasis of the Child and Family Guidance team has increasingly moved towards preventive work, including the diagnosis and early treatment of pre-school children and their families.

Our Diagnostic Play Therapist, Mrs. Hosie, left in September, after pioneering this post in Bath and developing the smallest children's play-therapy groups—both at the City clinic and the Royal United Hospital. Her work also included a morning a week at the Day Nursery by the kindness of the Matron and the Health Department.

The trend towards referral of the most *behaviourally* disturbed children to the City clinic, including those with totally disturbed family situations, has continued. By contrast, referrals to the Royal United Hospital include more neurotic children and those with personality problems among the diagnostic categories.

We were very glad indeed to be joined in September 1967 by Mr. Lewis Howitt, Senior Educational Psychologist, both psychologist posts having been vacant for 12 months.

Casework with the families of children attending Wansdyke School (Day Maladjusted Special School) has extended as this unit expands. It has been possible to achieve a continuity of treatment which would have been lost had these children not remained in their family situation but been sent away to Residential schools. Despite the more peripheral site of the school, the clinic team has established regular review conferences with Mr. W. K. Hatton either at the school or on clinic premises.

Co-operation with, and consultative and case work for the other social agencies dealing with disturbed children and families has continued"

During the year ending December 1967, 326 children were dealt with as follows:—

Continuing cases	214
Referrals during the year	112
	<hr/>
Total ..	326
	<hr/>

Sessions held by Psychiatrists	207
Total attendance at Psychiatrists' Clinics	712
Diagnostic interviews	149
Treatment Appointments	700

Referred by:

Family Doctor	21
Hospitals and Paediatricians	6
School Medical Officers	41
Health Visitors	1
Educational Psychologists	6
School Welfare Officers	2
Head Teachers	11
Juvenile Courts and Probation Service	11
Children's Department	2
Parents directly	11
	<hr/>
Total ..	112
	<hr/>

Reasons for Referral:

Nervous disorders	18
Habit disorders	12
Behaviour difficulties	41
Organic disorders	1
Educational and Vocational difficulties	35
Childhood Autism	3
Mental Retardation	3
	<hr/>
Total ..	112
	<hr/>

How Old and New Cases in the year have been dealt with:

Under treatment by Psychiatrists	118
Casework by P.S.W's (including those waiting for diagnostic appointments)	45
Under treatment by Play Therapist (until September)	16
At Boarding Schools for Maladjusted Children	17
At Day Class for Maladjusted children	12
Committed to Approved School	2
Transferred to Hospital Child Psychiatric Clinic	3
Transferred to supervision of Mental Health Department	1
Seen once for Diagnosis only	12
Transferred to School Psychological Service	2
Withdrawn before completion	10
Cases closed in 1967	88
Total ..	326

Psychiatric Social Workers:

Clinic Interviews	593
Home and other visits	516
School visits	66
Total ..	1,175

Analysis of Closures:

Improved	41
Left school and some improvement	2
Left area	11
Withdrawn or failed appointments before completion	20
Admitted to an Approved school	5
No improvement	1
Transferred to R.U.H.	5
Seen once for Diagnosis only	3

Physically Handicapped Pupils

Ten children are placed in Special Schools because the nature or extent of their handicap prevents attendance at normal school. Seven require residential placement but three are at present attending Bristol Special Schools and can travel to and from school daily by special transport. One child continues to receive Home Tuition.

Residential:	Westwing School, Glos.	1
	St. Dominic's Open Air School, Godalming	1
	Princess Margaret School, Taunton	2
	Dame Hannah Rogers School, Ivybridge	1
	St. Loyes College, Exeter	2
Day:	South Bristol Open Air School, Bristol	2
	Claremont School, Bristol	1
Home Tuition:	.. .. .	1

One Physically Handicapped girl who had been receiving continuous Home Tuition reached school leaving age. One boy transferred in from Somerset on 'change of boundaries' continued at St. Loyes College, Exeter, and one boy also transferred in from Somerset who was on the waiting list for St. Loyes College, Exeter, was admitted in May, 1967.

One boy at Claremont Day School, Bristol, was transferred to the Princess Margaret Residential School, Taunton.

Speech Defects

Mrs. Pemberton, Speech Therapist reports as follows:

"To improve the efficiency of the service, one speech therapy session per week has been held at the Twerton Clinic since so many cases come from that area. Parents can bring their children to that local clinic more easily than to the central clinic at Sawclose.

Because the part-time post vacated by Mrs. Sansbury earlier this year has not yet been filled, it has not been possible to reap the benefit of both the full and part-time Therapists working together. Treatment is therefore, being concentrated on the more severe cases. Other cases are under continuous review and advice is given both in homes and schools. Because of numerous enquiries from anxious parents of pre-school children with speech difficulties, some parent guidance has also been given. The speech of most of these children had improved when reviewed later in the year.

The co-operation of the Health Visitor, especially in these cases is much appreciated.

Mrs. Sansbury was able to return for one term for two sessions per week only. During this period she helped the more handicapped children at Penn Hill School".

Enuretic Cases

There are now eight Enuretic alarms for issue on loan, and during 1967, thirty-two issues were made to children for the normal loan period of two months commencing with the oldest children first.

In six cases a satisfactory result was obtained with no further enuresis, four were partially successful, three did not bother to use the alarms and fourteen had no success at all. In some cases this was through non-co-operation or difficulty in learning to use and maintain the apparatus. "It wakes the other children", "it fails to wake the child", "he doesn't like the noise" being typical comments given to explain the failure to persevere.

If the trial is found to be unsuccessful the pupil is seen again after a period of six months, and if the parents wish to try again, the bell apparatus is issued for a further loan period subject to the availability of the alarm.

Before any outfits are issued the family doctor is always contacted, and in only one instance has a request been made to defer the loan.

Parents of children with enuresis problems may discuss their difficulties with Medical Officers at school medical inspections. If medical investigation or referral for psychiatric assistance is indicated, this can be arranged.

Minor Ailments

The need for regular clinics staffed by a Doctor has steadily declined; a specific Minor Ailment Clinic is no longer held at Bluecoat House though usually a Nurse is available to give assistance with treatment if requested. Almost all the work in this field now takes place in the schools and the school Nurses undertake advice and treatment on their routine visits. Skin troubles and minor injuries continue to form the bulk of this work as the following table shows:

Miscellaneous injuries	740
Other skin lesions, vast majority warts	333
Impetigo	—
Scabies	—
Number of treatments carried out at schools by School Nurses	2,066
Number of follow-up treatments	1,332

Referral for Consultant Advice

By the end of the year a total of sixteen defects had been notified to General Practitioners because in the opinion of the inspecting School Medical Officer the defect warranted specialist clinical analysis. It is significant to note that in all but one case the family doctors wished the school service to organise the relevant referrals.

The table below classifies lesion type and states referral venue.

Referred for hearing assessment to R.H.B. E.N.T. Surgeon	6
Referred for other E.N.T. problems	5
Referred for cardio/respiratory difficulties to R.H.B. Paediatrician	—
Referred for postural/foot problems to Orthopaedic Surgeon	1
Referred for undescended testicles to R.H.B. Surgeon ..	1
Referred for analysis of heart lesion to R.H.B. Physician ..	1
Mental background	1
	—
Total:	15
	—

Specialist Clinics

(a) Ophthalmic referrals

Children with ophthalmic problems are referred to the Eye Clinic at Bath Eye Infirmary. Two clinics are held each week permitting six new cases and six continuing cases to be seen. Problems related to defective visual acuity form the bulk of new referrals, 132 new cases of refractive error being seen in 1967. Fifteen children of primary school age referred with suspected squints were referred on for orthoptic treatment.

Defective Vision 5 - 15 years

New cases referred	132
Old cases continuing	187

Squint suspected 5 - 15 years

New cases referred	24
Old cases continuing	14

(b) Orthopaedic

This service is provided in collaboration with the Bath Hospital Management Committee. Mr. Kirkup, the Orthopaedic Surgeon, attends at the Bluecoat Clinic on one or two half sessions per month, the Orthopaedic Sister also sees patients on two or three half day sessions per month. These arrangements are greatly appreciated both by parents and School Health Service staff. Forty-nine new cases were seen during the year, more detailed information will be found in Table 4 at the end of this report.

(c) E.N.T.

Children suffering from defects of ear, nose or throat, are seen at the Hospital out-patient department after reference to the family doctor. Regular monthly meetings of School Medical Officer, Teacher of the Deaf and E.N.T. Consultant, continue at the Manor Hospital and this affords an opportunity for discussing specific cases and issues concerned with the management of children with hearing loss in the area.

Boarding Out Examinations

Twice weekly visits to the Children's Home at Three Ways continued as before and during the year 166 children were examined by the School Medical Officers. In addition 44 children were seen at Belle Vue House and Rosemary Lodge. These Children's Homes are visited each quarter.

The annual boarding out examinations were carried out on 38 children during the summer holidays.

Medical Examinations in respect of children boarded out or being taken into care are frequently given at short notice at the Homes, at Infant Welfare Clinics or in the Health Department.

School Journeys and travel fitness

Forty-four Junior schoolchildren were seen prior to their annual school outing to Guernsey. Six Senior school pupils were seen before undertaking a canoe exercise.

Advice is always available to Head Teachers on matters relating to journeys by school parties.

Infectious Disease

Notifications of infectious disease occurring in Bath schoolchildren are set out in the table below. Once again the figures reflect a low level of notifiable disease and there has been no necessity to close school or class during the year.

Measles notifications remain at a similar level to the last two years, the expected pattern of epidemic numbers every two years has not yet returned.

Sonne Dysentery notifications were more numerous during the year but this was the result of investigation of isolated instances in different areas of the city, often affecting more than one member of a family. No particular school was affected by an outbreak. Scarlet Fever and Whooping Cough cases were notified in similar small numbers to previous years.

Two notifications of Pulmonary T.B. were received during the year. These related to two boys over 15 years of age in different secondary schools. Extensive investigations were carried out, tuberculin skin testing of all schoolboy contacts was arranged with X-ray for any strong reactor. Staff were also encouraged to make use of the X-ray facilities. In one of the schools the opportunity was taken to carry out a survey with skin testing of all pupils over 13 years of age and offering B.C.G. Vaccination to any boy who did not react. 227 boys were tested in this survey, 179 had received previous B.C.G. and were still positive.

Between February and May, 19 cases of infective hepatitis occurred in Moorlands Infants' School. This small outbreak was largely confined to one class, three children in other classes were also involved though these were either siblings or friends. Classes in this school are self contained and measures designed to improve hygiene and control spread during school hours were introduced with little difficulty.

TABLE: Notifiable disease occurring in schoolchildren 1963-67:

<i>Disease</i>	1967	1966	1965	1964	1963
Measles	380	297	367	97	590
Scarlet Fever	22	11	10	26	10
Whooping Cough	18	15	8	26	7
Dysentery	29	7	7	11	24
Food Poisoning	1	2	—	—	2
T.B. (Non-pulmonary)	—	1	1	—	1
T.B. (Pulmonary)	2	—	—	4	—
Poliomyelitis	—	—	—	—	—
Diphtheria	—	—	—	—	—

Immunisation

Arrangements for the immunisation of children in the 5 - 15 year age-group continued as before. The immunisation state of each child is reviewed on admission to school and booster doses offered or a primary course arranged if required and accepted by the parents. Booster doses are again offered at 10 years approximately. Considerable activity in this section has resulted in a satisfactory acceptance of tetanus toxoid immunisation. Figures for immunisation are given in the Medical Officer of Health's Report.

B.C.G. Vaccination has been offered to all 13 year old Bath children who showed no evidence of previous exposure to infection.

The preliminary tuberculin test was accepted by 1,051 pupils in this age-group. Of these, 269 were positive (105 being positive as a result of previous B.C.G. Vaccination). 688 were found to be negative, of these 663 came forward for vaccination.

In addition to those in the 13 year age-group, a further 271 schoolchildren of other age-groups were tested during the year. 227 children in the 15 - 17 year age range were tested as part of a survey in one school. 206 proved to be positive, 179 having had previous B.C.G. and only two of these were tuberculin negative.

TABLE: Number of schoolchildren immunised 1967:

	<i>Primary</i>	<i>Booster</i>
Diphtheria	136	1,660
Pertussis	6	55
Tetanus	633	1,714
Polio	163	1,697
Smallpox	32	66

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER, 1967

During the year the staffing position remained as before, two Dental Surgeons and two Dental Nurses. The two Consultant Anaesthetists averaged a little over one session per week.

The schools are inspected once a year and those regularly attending for treatment are recalled for inspection and treatment at six-monthly intervals or even more frequently if it is thought necessary.

We are fortunate in having not only a Consultant Orthodontist based at the hospital but also a team of Orthodontists who practice in the City centre, therefore, treatment of children with malocclusion presents no problems.

The proportion of permanent teeth filled to permanent teeth extracted is in the ratio of 10 to 1. This compares with a national average of less than half of this. Bearing also in mind that quite a lot of the extractions were for orthodontic reasons, these figures are very heartening.

The general standard of oral hygiene remains high.

The following are the figures relating to the work done during the year.

1.	Number of pupils inspected by the Authority's Dental Officers:					
	(a) First Inspection at school	..	..	..	..	9,772
	(b) First Inspection at clinic	..	..	..	..	1,087
					Total (1)	10,859
2.	Number found to require treatment	..	..	..	..	3,815
3.	Number offered treatment	..	..	..	..	2,030
4.	Number of attendances made by pupils for treatment	..	..	..	..	3,141
5.	Half days devoted to:					
	Periodic Inspections	..	..	..	..	92
	Treatment	..	..	..	..	872
					Total (5)	964
6.	Fillings:					
	Permanent Teeth	..	..	..	..	2,375
	Temporary Teeth	..	..	..	..	215
					Total (6)	2,590
7.	Extractions:					
	Permanent Teeth	..	..	..	..	225
	Temporary Teeth	..	..	..	..	679
					Total (7)	904
8.	Administration of General Anaesthetic for extraction	..	..	..	..	535
9.	Number of pupils supplied with artificial dentures	..	..	..	..	7
10.	Cases referred to and treated by Hospital Orthodontist	..	..	..	..	12

SCHOOL WELFARE

I thank Mr. G. Fear, Chief School Welfare Officer for the following information:

Employment of Children:

Number of pupils employed in:						
	Delivery of newspapers	..	..	..	..	220
	Other employment	..	..	..	..	86

A constant check is kept by the School Welfare Department to ensure that the employment byelaws are observed, and should any pupils fail to attend for Medical Examination immediate cancellation of permission to be employed is made.

Occasionally it is found necessary to arrange for a medical re-check after a short period if a boy or girl has been under treatment at Hospital or where other factors necessitate a close watch on the health of the child.

Provision of Transport

Special transport for conveying children to and from school continues subject to regular investigation as to the need of this facility. A number of pupils require transportation at short notice after accidents because of legs being in plaster or as requested by the Consultants after hospital treatment.

The following is the position at the end of the year:—

Transport provided (new cases) during the year	..	..	52
Transport discontinued during the year	..	..	30
Transport continuing at 31.12.67	..	..	63

Of the fifty-two children who were newly provided with transport to school during the year, five cases came to the City from other Authorities and one child became the responsibility of the Bath Authority on the change of the City boundaries. (Three to Special Schools in Bristol—Two to South Twerton Partially Hearing Unit—One to Penn Hill School.)

The sixty-three children receiving transport at the end of the year were conveyed as follows:—

To Special Schools in Bristol	..	..	..	..	12
To Penn Hill Day School	..	..	..	..	31
To Moorlands Partially Hearing Unit	..	..	..	..	2
To South Twerton Partially Hearing Unit	..	..	..	..	5
To Wansdyke Maladjusted Unit	..	..	..	..	6
To other Junior and Senior schools	..	..	..	..	7

Three pupils are provided with transport mornings only to Penn Hill school and another child has special transport provided when he has to attend the children's Orthopaedic Clinic at the Health Department.

Home Tuition:

This service is provided by seven part-time teachers. Four children continued to receive Home Tuition and seven new cases commenced during the year. As previously, Physical Handicap and Maladjustment are the usual reasons for the provision of Home Tuition and temporary acceptance of Home Tuition is agreed on a short-term basis where an accident prevents the child from normal conveyance to and from school.

School Premises:

The Surveyor to the Education Department is responsible for inspection of school premises and for advising the Committee on environmental matters relating to school buildings. Medical Officers and Public Health Inspectors are encouraged to maintain an interest in the physical environment of their schools and from time to time, Head Teachers raise issues on which we can advise or reassure. Often sanitary facilities, ventilation and heating are the most frequent matters for discussion.

SCHOOL MEALS SERVICE

Mrs. E. A. Delaney, School Meals Organiser, has kindly reported as follows:—

“(a) Meals:—

The charge for school dinners is still 1s. per head, but arrangements can be made for waiving or reducing this in certain circumstances.

Thirty-one of the maintained schools in the City now have self-contained kitchen/dining rooms. Meals are sent from certain of these to the remaining 10 schools which have dining facilities only. Over the 195 school days, a total of 1,794,000 dinners were served (193 days 1,652,893 dinners in 1965/66. The average daily number of meals served was 9,430 (8,564 in 1965/66). In addition to meals served to pupils in maintained schools, a total of 113,000 meals were supplied to five non-maintained schools making a daily average of 10,040.

(b) **Milk:—**

Under the milk in schools scheme an average of 77.6 per cent of the school population on registers took milk daily”.

STATISTICAL TABLES

TABLE 1

FINDINGS AND TREATMENT

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1967

Defect Code No.	Defect or Disease	Periodic Examinations							
		Entrants		Leavers		Others		Total	
		T	O	T	O	T	O	T	O
4.	Skin	9	33	13	26	17	21	39	80
5.	Eyes (a) Vision	56	178	169	38	189	109	414	325
	(b) Squint	22	9	2	—	11	2	35	11
	(c) Other	2	3	1	8	1	9	4	20
6.	Ears (a) Hearing	6	44	3	2	6	38	15	84
	(b) Otitis Media	10	25	5	4	3	9	18	38
	(c) Other	4	4	2	4	2	7	8	15
7.	Nose and Throat	20	100	6	14	8	41	34	155
8.	Speech	13	50	3	1	9	10	25	61
9.	Lymphatic Glands	—	17	1	—	2	5	3	22
10.	Heart	1	27	3	11	2	16	6	54
11.	Lungs	7	23	1	8	6	11	14	42
12.	Developmental:								
	(a) Hernia	2	15	—	2	—	1	2	18
	(b) Other	3	47	—	6	3	65	6	118
13.	Orthopaedic:								
	(a) Posture	—	6	2	10	2	7	4	23
	(b) Feet	12	20	7	16	12	32	31	68
	(c) Other	7	22	—	6	12	18	19	46
14.	Nervous System:								
	(a) Epilepsy	4	6	1	1	—	2	5	9
	(b) Other	—	10	—	2	1	4	1	16
15.	Psychological:								
	(a) Development	—	21	10	5	11	13	21	39
	(b) Stability	2	64	3	19	13	57	18	140
16.	Abdomen	1	3	1	2	1	5	3	10
17.	Other	23	25	29	29	57	70	109	124

N.B. T—Requiring Treatment
O—Requiring Observation

TABLE 2

FINDINGS AND TREATMENT
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN
THE YEAR ENDED 31st DECEMBER, 1967

Defect No. Code	Defect or Disease	Special Examinations	
		T	O
4.	Skin	3	3
5.	Eyes (a) Vision	111	242
	(b) Squint	3	3
	(c) Other	—	1
6.	Ears (a) Hearing	2	39
	(b) Otitis Media	—	2
	(c) Other	—	—
7.	Nose and Throat	5	15
8.	Speech	8	17
9.	Lymphatic Glands	—	2
10.	Heart	3	8
11.	Lungs	1	6
12.	Developmental:		
	(a) Hernia	—	—
	(b) Other	9	45
13.	Orthopaedic:		
	(a) Posture	1	4
	(b) Feet	3	5
	(c) Other	2	7
14.	Nervous System:		
	(a) Epilepsy	2	5
	(b) Other	2	14
15.	Psychological:		
	(a) Development	8	30
	(b) Stability	3	46
16.	Abdomen	—	1
17.	Other	4	84

N.B. T—Requiring Treatment
O—Requiring Observation

TABLE 3

L.E.A. SPECIALIST OPHTHALMIC CLINIC

Total number of Eye Clinics held at Bath Eye Infirmary ..	92
Total attendances	410
Total number with refractive error (<i>New Cases</i>)	132
Total number with suspected squint (<i>New Cases</i>)	24
Total number of external and other cases (<i>New</i>)	2
Spectacles prescribed for schoolchildren	427
Spectacles known to have been provided by the Hospital ..	419

TABLE 4

L.E.A. SPECIALIST ORTHOPAEDIC CLINIC

Surgeon's Sessions	22
After-care Sessions	43
No. of new cases (excluding infants)	49
No. of old cases (continuing)	140
Total attendances	409
Cases treated by Physiotherapist	14
Attendance for Physiotherapy	20
Admitted to Hospital	46
Discharged from Hospital	40
Admitted to Orthopaedic Hospital:	
Anterior Poliomyelitis-Chronic (for Surgery)	1
Congenital deformities	3
Fractures and Injuries (except burns)	13
Hip conditions	5
Foot deformities (excluding talipes)	8
Osteomyelitis	2
Other conditions	9
Spastic	—
Postural condition	—
Stills disease	—
	<hr/>
Total:	41
	<hr/>
No. of cases Re-admitted	6

TABLE 5

L.E.A. SPEECH CLINIC

Total attendances	1,792		
Total individuals: Boys	93		
Girls	58		
Discharged	82		
New Cases	46		
Ceased Attendance	1		
Seen at school	392		
For review	118		
Speech Therapy not necessary	3		
Defects:			
Stammer	12	5	17
Stammer plus articulatory deviation	4	1	5
Cleft Palate	2	1	3
Articulatory deviation	38	26	64
Language deviation	6	4	10
Voice deviation	1	3	4
Language plus articulatory deviation	31	18	49
	<hr/>	<hr/>	<hr/>
Totals:	93	58	153

STAFF OF THE SCHOOL HEALTH SERVICE, 1967

MEDICAL

Principal School Medical Officer and Medical Officer of Health:

*R. M. ROSS, M.B., Ch.B., D.P.H.

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

*A. H. HALSTEAD, M.B., B.S., D.P.H.

School Medical Officers:

*HELEN M. H. MACK, M.B., Ch.B.

*E. A. LOIS BLAKE, B.A., M.B., Ch.B., D.R.C.O.G.

*D. J. STEWART, M.B., Ch.B.

SPECIAL DEPARTMENTS

Child Guidance:

Medical Director: A. C. FAIRBURN, M.R.C.P., D.C.H., D.P.M.

Consultant Psychiatrists: A. GUIRDHAM, M.A., D.M., B.Ch., D.P.M.
K. REEVES, M.D. (Vienna).

Senior Educational Psychologist: L. HOWITT, M.A., M.Ed., A.B.Ps.S.

Senior Psychiatric Social Worker: MISS J. W. HASLER, B.Sc. (Econ.),
A.A.P.S.W.

Psychiatric Social Worker: MRS. H. WHITTAM, B.A., A.A.P.S.W.,
(Part-time).

Clerical Staff: MRS. B. S. PRUTTON (Part-time).

Play Therapist: MRS. J. M. HOSIE, S.R.O.T. (until 15th September,
1967).

Speech Therapist:

MRS. Z. D. PEMBERTON, L.C.S.T. (until 27.12.67).

MRS. G. S. SANSBURY, L.C.S.T. (Part-time) (until 20.12.67).

Dental:

G. G. DAVIS, L.D.S. (Principal School Dental Officer).

MISS E. R. SHINKWIN, B.D.S. (School Dental Officer).

Nursing Service:

*Superintendent Health Visitor: MISS S. E. JONES, S.R.N., S.C.M.,
H.V. Cert.

*Health Visitors/School Nurses:

MISS E. J. OSBORNE, S.R.N., S.C.M., H.V. Cert.

MRS. B. D. WATTS, S.R.N., S.C.M., H.V. Cert.

MISS Y. M. CLARABUTT, S.R.N., S.C.M., H.V. Cert.

MRS. E. LONGSTONE, S.R.N., S.C.M., H.V. Cert., H.V. Tutor (Cert.).

MRS. M. J. AYLING, S.R.N., S.C.M., H.V. Cert.

MISS R. M. PURNELL, S.R.N., S.C.M., H.V. Cert.

MISS M. E. BODYS, S.R.N., S.C.M., H.V. Cert.

MISS P. M. McCORMACK, S.R.N., S.C.M., H.V. Cert. (until 31.1.67).

MISS M. ORFEUR, S.R.N., S.C.M., H.V. Cert. (until 30.6.67).

MRS. M. E. S. TREDINNICK, S.R.N., S.C.M., H.V. Cert.

MRS. M. J. JEPSON, S.R.N., S.C.M., H.V. Cert., T.A. (Cert.) (from 2.1.67).

MISS B. M. FRY, S.R.N., S.C.M., H.V. Cert., Queen's Nurse (from 9.1.67).

MISS G. R. TYLEY, S.R.N., S.C.M., H.V. Cert. (from 1.6.67).

MRS. W. M. DENNIS, S.R.N., S.C.M., H.V. Cert., Queen's Nurse (from 18.9.67).

MRS. T. D. NEATE, S.R.N., S.C.M., H.V. Cert. (from 1.10.67).

School Nurses (Full-time):

MRS. E. M. MILSOM, S.R.N.

MISS M. J. RAFFERTY, S.R.N., S.C.M., H.V. Cert. until 31.1.67.

Dental Attendants:

MRS. E. DAUNCEY

MRS. L. D. A. MAHONY.

Clerical Staff:

*Chief Clerk:

MR. C. J. TAYLOR, D.P.A.

Senior Clerk:

MR. D. C. CLARK

Clerks:

MRS. G. V. NUTTALL

MISS P. V. NEWMAN

MISS A. E. BEEHO (until 27.10.67)

MISS M. MADDOX (from 2.1.67)

MISS E. EVES (from 4.12.67)

Others who have contributed to this report:

MISS J. FISH (University of Manchester Certificate), Peripatetic Teacher of the Deaf.

MRS. E. A. DELANEY, School Meals Organiser.

MR. G. FEAR, Chief School Welfare Officer.

**Whole-time Officers of the City Council, but part-time only for the Education Committee.*

School Clinics:

The following are the particulars of the principal school clinics which are normally held as follows:—

Blue Coat House, Sawclose, Bath (Minor Ailments Clinic)

9.30 - 12.0 Fridays

City of Bath Boys' School, Beechen Cliff, Bath

9.30 - 12.0 3rd and 4th Wednesday.

City of Bath Girls' School, Upper Oldfield Park, Bath

9.30 - 12.0 2nd and 3rd Wednesday.

City of Bath Technical School, Brougham Hayes, Bath

9.30 - 12.0 1st and 3rd Tuesday.

Fosseway Infants' School, Frome Road, Odd Down, Bath

9.30 - 12.0 1st Thursday.

Moorlands Infants' School, Moorfields Road, Bath

9.30 - 12.0 1st Tuesday.

Oldfield Secondary Modern Boys' School, Wells Road, Bath

9.30 - 12.0 2nd and 4th Thursday.

Southdown Junior School, Mount Road, Bath

9.30 - 12.0 2nd Tuesday.

Westhill Secondary Modern Boys' School, Rush Hill, Bath

9.30 - 12.0 2nd and 4th Friday.

West Twerton Secondary Modern Girls' School, The Hollow, Bath

9.30 - 12.0 1st and 3rd Thursday.

Special Clinics:

Dental Clinic, Blue Coat House, Sawclose, Bath	9.30 - 5.0 Monday - Friday.
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Eye Infirmary, Belvedere, Bath	2.0 Monday and Friday (<i>by appointment</i>).
..	
Orthopaedic After-care Clinic, Blue Coat House, Sawclose, Bath	10.0 - 12.0 Wednesday and
..	2.0 - 4.0 (<i>by appointment</i>)
..	
Ultra Violet Rays	(<i>by appointment</i>).

