[Report 1952] / Medical Officer of Health, Bournemouth County Borough.

COUNTY BOROUGH OF BOURNEMOUTH

Annual Report

of the

Medical Officer of Health

and

School Medical Officer

for the Year 1952

PUBLIC HEALTH DEPARTMENT,
17 ST. STEPHEN'S ROAD,
BOURNEMOUTH.

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PUBLIC HEALTH DEPARTMENT,
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To the Mayor, Aldermen and Councillors of the County Borough of Bournemouth

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report on the health and sanitary conditions of the County Borough of Bournemouth. This is the seventy-fourth Annual Report in the series.

This report incorporates a general survey of the local health services provided under Part III of the National Health Service Act, in accordance with the request contained in the Ministry of Health Circular 29/52. An advance copy of this survey was sent to the Ministry of Health in February of this year.

The various statistical tables in the Report and the notifications of infectious diseases are a fair index of the state of health of

the town and are on the whole encouraging. The maternal mortalit rate is appreciably lower than ten years ago, though one would lik to see this figure even further reduced. The infant mortality rat for the town is 24.53, being the lowest recorded rate for ten years.

It is gratifying to note that there have been no deaths fro measles, whooping cough, or from enteritis of children under tw years of age, the three diseases which can be so dangerous to th life of the young child.

A further fall in the mortality figure of pulmonary tuberculosi is gratifying, but this disease still remains very much a majo public health problem in the country and requires the unstinte efforts of all concerned if we are speedily to conquer it. The car fully planned use of patch testing and B.C.G. vaccination must b developed as powerful weapons in our fight to eradicate th disease.

There is no doubt that mental ill health is a condition far mo common to-day than formerly, and here is a big challenge to thos interested in and concerned with preventive medicine. I feel tha more could be done by way of aftercare of patients returning fro mental hospitals, particularly by giving them encouragement an help in re-adjusting themselves to their environment. So frequentl one sees relapses in those patients who have received careful hospit treatment, and who return to face up once more to complex soci and domestic problems only to find that, after what may be a ver brief period, they are once again unable to grapple with the difficulties. Close co-operation between the Mental Hospitals an the Public Health Department is of great importance in assistin these patients and reducing their relapse rate. I hope it may b possible in the near future to appoint a Psychiatric Social Work to my staff, because there is much useful work to be done in th field.

In concluding this brief introduction to my report, I wou express very sincerely my thanks to the Chairman and Members the Health Committee for their support and encouragement throug

out the year. I should like also to record my grateful thanks to all members of the Public Health Department for loyal and conscientious work throughout the year.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

IVOR A. MacDOUGALL.

Health Committee and Staff

as at 31st December, 1952

HEALTH COMMITTEE

The Mayor (Alderman H. A. Benwell, M.C., B.E.M., J.P.)
Alderman J. H. Turner (*Chairman*)
Councillor A. H. Abbott (*Vice-Chairman*)

Council Members

Alderman	J. B. C. Beale, J.P.	Councillor	F. A. W. Purdy
,,	H. C. Brown, O.B.E.	,,	S. G. Quayle
,,	T. Peaty	,,	A. Scott
,,	A. J. Playdon	,,	V. T. Searle-Jordan
Councillor	Mrs. E. L. A. Hockey, J.P.	,,	C. E. Walker, M.B.E., M.A.
,,	J. G. Middleton	,,	Mrs. M. C. Wall

Other Members

F. S. Coleman, Esq., B.Sc., M.R.C.S., L.R.C.P.
The Rev. A. J. Elgar
A. A. F. Shepherd, Esq., L.R.C.P., L.R.C.S.
N. Ross Smith, Esq., F.R.C.S.
R. G. Torrens, Esq., B.A., B.D.Sc.

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health, School Medical Officer, and Medical Referee to Cremation Authority	Ivor Anderson MacDougall, M.B.E. M.R.C.S., L.R.C.P., D.P.H.
Deputy Medical Officer of Health, Deputy School Medical Officer, Deputy Medical Referee to Cremation Authority ...	Kenneth O. A. Vickery, M.D., B.S. M.R.C.S., L.R.C.P., D.P.H.
Assistant Medical Officer of Health, Assistant School Medical Officer	C. J. Sanderson, M.R.C.S., L.R.C.P. D.P.H.
Assistant Medical Officer of Health, Assistant School Medical Officer	F. A. Heimann, L.R.C.P., L.R.C.S. L.R.F.P.S., M.D.(Breslau)
Assistant Medical Officer of Health (Maternity and Child Welfare)	P. K. H. Keating, L.R.C.S.(I) L.R.C.P.(I), L.M., D.C.H.
Senior Dental Officer	A. A. Wood, L.D.S.
Dental Officers	F. E. Lockwood, L.D.S. R. McKechnie, L.D.S. J. M. Webb, L.D.S.

Chief Sanitary Inspector ...	William Riley, F.R.San.I. * † ° ‡
Deputy Chief Sanitary Inspector	Jack Randall, M.R.San.I. + † ‖ °
District Sanitary and Food Inspectors	H. R. Ambrose+† M. Guthrie, M.C.+† A. J. Mortimer+† ‖ O. Stewart* † R. C. Sweet+† S. Tweedie+†
District Sanitary Inspectors ...	W. Vincent Morris,* D. J. Mortimore,* S. Powell,* ‖
Superintendent Health Visitor ...	W. M. Melhuish
Health Visitors (and School Nurses)	L. M. Austin, E. I. Bartlett, C. V. Bailey, P. M. Carey, M. G. Cornish, E. M. Gibbs, E. Heber, A. M. Legg, G. E. Lewis, G. M. Lunn, M. K. Staines, E. M. Smith, E. Tonkin, E. Turner, J. Wilkinson, N. L. Wright
Municipal Midwives	L. Hawthorne, H. E. Holmes, B. McBride, M. H. Popham, E. M. Schoch, D. M. A. Sharp
Superintendent, Home Nursing Service	F. Grindrod
Senior Nurse, Home Nursing Service	E. Lane
Educational Psychologist ...	B. W. Foxley
Psychiatric Social Worker ...	M. R. Barnes
Duly Authorised Officers ...	F. H. Lewis, G. O. Willis, F. J. Goode (Part-time)
Dental Attendants	J. Blant, D. M. Cox, B. D. M. Read, N. Woods
Chief Administrative Assistant and Chief Clerk	A. W. Hurley
Senior Administrative Assistant	J. W. Roberts
Secretary to Medical Officer of Health	Mrs. M. Shipp
Section Clerks	G. O. Willis, F. J. Goode, G. A. Capes
Clerks	S. C. Banks, H. R. Bryan, K. F. Clarke, M. A. Cormack, E. H. Davis, G. A. Fox, I. B. Hopper (part-time), E. G. Payne, J. A. Perry, J. W. Peake, R. W. Rowe, R. Smith, E. Sweet, S. G. Tarrant, M. Watton
Home Help Organiser	Mrs. L. A. Horwood
Ambulance Depot Superintendent	F. A. Cutler
Supervisor, Occupation Centre ...	S. Nott
Assistant Supervisor (Temporary), Occupation Centre	K. E. Perry
Assistant (Temporary), Occupation Centre	C. A. M. Palmer
Superintendent of Public Conveniences and Mortuary ...	W. C. R. Jewell
Sanitary Inspectors' Assistants ...	A. E. Gerault, W. C. Hyde, M. C. Russell, H. E. Slocombe, J. Tyrell
Rodent Officer	F. Bennett
Rodent Operatives	A. G. T. Davis, J. T. Jones, G. Riley, R. E. Taylor, A. Thomas
Disinfector	G. Christy

PART-TIME OFFICERS

—Chest Physicians	W. H. Tattersall, M.A., M.D. O. D. Beresford, M.D., M.R.C.P., B.Sc. A. T. Hendry, M.B., M.R.F.P.S.
—Consultant Children's Psychiatrist	W. H. Whiles, M.R.C.S., L.R.C.P., D.P.M.
Public Analyst	G. V. James, M.B.E., M.Sc., Ph.D., F.R.I.C.
Meteorologist	D. B. Marsh, F.R.Met.Soc.

* Certificate of the R.San.I. for Sanitary Inspectors.
† Certificate of the R.San.I. for Inspectors of meat and other foods.
° Certificate of the R.San.I. for Smoke Inspectors.
+ Certificate of the R.San.I. and Sanitary Inspectors' Examination Joint Board.
‡ Certificate of the Examination Board of the Sanitary Inspectors Association (1921).
‖ Certificate of the R.San.I. for Sanitary Science
—Employed by South West Metropolitan Regional Hospital Board.

General Statistics

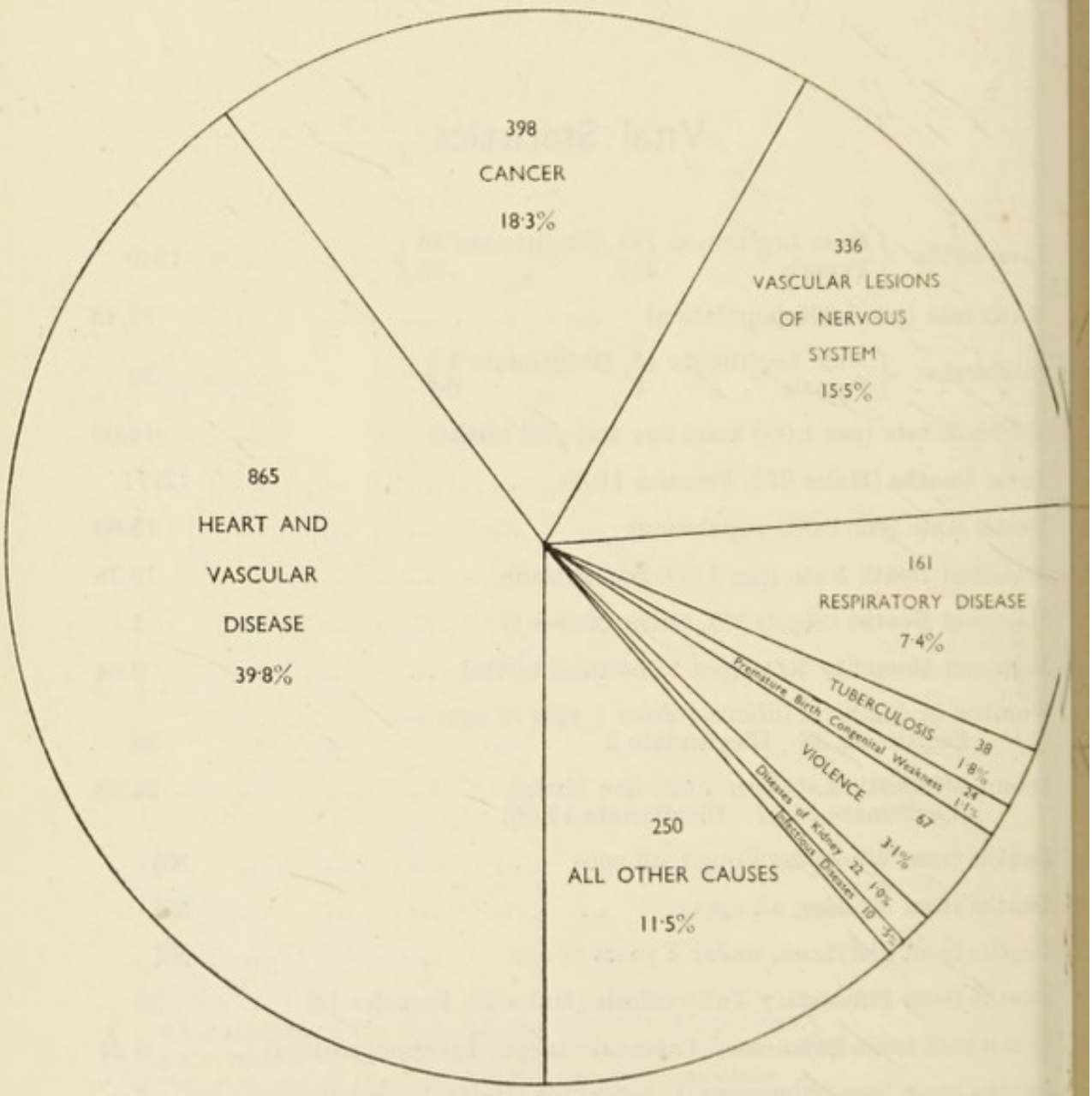
Area of the County Borough	...	11,627 acres
Estimated Civilian Population	...	138,900
Rateable Value	...	£2,046,143
Product of 1d. rate ...	...	£8,315

Vital Statistics

Live births { Male Legitimate 723, Illegitimate 55 / Female ,, 713, ,, 58 }	1549
Birth rate (per 1,000 population)	11.15
Stillbirths { Male Legitimate 15, Illegitimate 1 / Female ,, 6, ,, 0 }	22
Stillbirth rate (per 1,000 total live and still births)	14.00
Total Deaths (Males 975, Females 1196)	2171
Death Rate (per 1,000 population)	15.63
Adjusted Death Rate (per 1,000 population)	10.78
Maternal Deaths (Sepsis Nil, Other causes 1)	1
Maternal Mortality Rate (per 1,000 total births)	0.64
Number of deaths of infants (under 1 year of age) :— Legitimate 36 Illegitimate 2	38
Infant Mortality Rate (per 1,000 live births) (Legitimate 25.07 Illegitimate 17.69)	24.53
Deaths from Whooping Cough, all ages	Nil
Deaths from Measles, all ages...	Nil
Deaths from diarrhoea, under 2 years of age	Nil
Deaths from Pulmonary Tuberculosis (Males 20, Females 13) ...	33
Death rate from Pulmonary Tuberculosis (per 1,000 population)	0.24
Deaths from Non-pulmonary Tuberculosis (Males 2, Females 3)	5
Death rate from non-pulmonary Tuberculosis (per 1,000 population)	0.03
Deaths from cancer (Males 189, Females 209)	398
Death rate from cancer (per 1,000 population)	2.86

PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1952.

Total Deaths, 2171



CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING THE YEAR 1952

Causes of Death	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
All Causes	2171	38	3	8	13	55	406	599	1049
1—Tuberculosis, respiratory ...	33	...	...	...	1	11	14	4	3
2—Tuberculosis, other ...	5	...	...	...	1	...	1	3	...
3—Syphilitic disease	9	1	...	...	...	...	4	2	2
4—Diphtheria	...	...	...	...	...	...	...	...	...
5—Whooping Cough	...	...	...	...	...	...	...	...	...
6—Meningococcal infections ...	...	...	...	...	...	...	...	...	...
7—Acute poliomyelitis ...	1	...	...	1	...	...	...	...	...
8—Measles	...	...	...	...	...	...	...	...	...
9—Other infective and parasitic diseases	6	...	...	1	...	...	1	2	2
10—Malignant neoplasm stomach	49	...	...	...	...	1	15	14	19
11—Malignant neoplasm, lung, bronchus	64	...	...	...	1	1	30	21	11
12—Malignant neoplasm, breast	35	...	...	...	...	2	8	13	12
13—Malignant neoplasm, uterus	14	...	...	...	...	...	3	4	7
14—Other malignant and lymphatic neoplasms ...	236	...	...	...	1	7	58	91	79
15—Leukaemia, aleukaemia ...	12	...	1	...	...	1	3	2	5
16—Diabetes	22	...	...	...	...	1	4	9	8
17—Vascular lesions of nervous system	336	...	...	...	...	1	43	93	199
18—Coronary disease, angina ...	298	...	...	...	...	4	62	118	114
19—Hypertension with heart disease	46	...	...	...	...	1	3	17	25
20—Other heart disease ...	419	...	...	...	3	2	46	69	299
21—Other circulatory disease ...	102	...	...	...	...	...	13	23	66
22—Influenza	3	...	...	...	...	...	...	...	3
23—Pneumonia	66	10	1	...	...	2	7	11	35
24—Bronchitis	78	...	...	...	...	2	21	18	37
25—Other diseases of respiratory system	17	...	...	...	1	1	5	4	6
26—Ulcer of stomach and duodenum	28	...	...	...	...	2	10	9	7
27—Gastritis, enteritis and diarrhoea	10	...	...	...	...	...	4	1	5
28—Nephritis and nephrosis ...	22	...	...	...	...	1	5	8	8
29—Hyperplasia of prostate ...	27	...	...	...	...	...	...	5	22
30—Pregnancy, childbirth, abortion	1	...	...	...	...	1	...	...	...
31—Congenital malformations	6	4	...	1	...	...	1	...	...
32—Other defined and ill-defined diseases	159	22	1	3	3	7	29	39	55
33—Motor vehicle accidents ...	9	...	...	1	1	3	1	2	1
34—All other accidents ...	41	1	...	...	1	1	8	13	17
35—Suicide	16	...	...	...	...	3	7	4	2
36—Homicide and operations of war	1	...	...	1	...	...	...	...	...

NOTIFIABLE DISEASES OTHER THAN TUBERCULOSIS WHICH OCCURRED DURING THE YEAR 1952

Disease	Total of cases notified	Total deaths
Scarlet Fever	51	—
Whooping Cough ...	119	—
Acute Poliomyelitis—		
Paralytic	6 } 8	1
Non-Paralytic ...	2 }	
Measles	637	—
Diphtheria	—	—
Acute Pneumonia ...	80	66
Dysentery	21	—
Acute Encephalitis—Infective	— } 1	1
Post infectious	1 }	
Typhoid Fever	1	—
Paratyphoid Fever ...	1	—
Erysipelas	29	—
Meningococcal Infection ...	1	—
Food Poisoning	21	1
Puerperal Pyrexia ...	1	—
Ophthalmia Neonatorum ...	1	—
Scabies	14	—

CASES OF INFECTIOUS DISEASE WHICH OCCURRED DURING 1952

Notifiable Disease	Number of Cases Notified							
	At Ages—Years							
	At all ages	Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and upwards
Scarlet Fever	51	—	8	40	3	—	—	—
Whooping Cough...	119	9	53	54	2	—	1	—
Acute Poliomyelitis—Paralytic ...	6	—	1	3	1	1	—	—
Non-Paralytic	2	—	—	2	—	—	—	—
Measles	637	7	314	305	3	8	—	—
Diphtheria	—	—	—	—	—	—	—	—
Acute Pneumonia	80	—	9	14	3	8	17	29
Dysentery	21	—	5	10	2	3	—	1
Acute Encephalitis—Infective ...	—	—	—	—	—	—	—	—
Post infectious ...	1	—	—	1	—	—	—	—
Typhoid Fever	1	—	—	1	—	—	—	—
Paratyphoid Fever	1	—	—	1	—	—	—	—
Erysipelas	29	1	—	—	1	5	15	7
Meningococcal Infection	1	—	—	—	—	—	1	—
Food Poisoning	21	—	2	2	4	5	5	3
Puerperal Pyrexia	1	—	—	—	1	—	—	—
Ophthalmia Neonatorum	1	1	—	—	—	—	—	—
Scabies	14	—	4	7	—	1	1	1

SURVEY OF LOCAL HEALTH SERVICES

In accordance with instructions contained in the Ministry of Health Circular 29/52, dated 19th August, 1952, I set out herewith a survey of the Local Health Services, indicating their growth and trend since the National Health Service Act came into operation on July 5th, 1948.

General

Administration

These services are administered by the Health Committee of the Council, the various details being first considered by Sub-Committees, as follows :—

Health Centres Health Visiting Home Nursing Ambulance Services Prevention of Illness, Care and After Care	Medical and Mental Health Sub-Committee
Care of Mothers and Young Children Midwifery Vaccination and Immunisation Domestic Help	Maternity and Child Welfare Sub-Committee

Co-ordination and Co-operation with other parts of the National Health Service

Since the National Health Service Act came into operation, members of the Town Council serve on the Bournemouth and East Dorset Group Hospital Management Committee, the Bournemouth and Poole Sanatoria Group Hospital Management Committee, and the Bournemouth Executive Council.

As Medical Officer of Health, I am a member of the Executive Council, the Local Medical Committee and Local Obstetric Committee, the Bournemouth and Poole Sanatoria Group Hospital Management Committee, the Medical Advisory Committees of the two Hospital Management Committees, the Local Maternity Committee, the Alderney Infectious Diseases Hospital House

Committee and the Christchurch Hospital House Sub-Committee. There is no doubt I find my membership of these Committees of valuable assistance in my work and an aid in the co-operation of the three branches of the National Health Service Act.

Close and harmonious interchange of information exists between the Medical Officer of Health, the Secretaries of the two Hospital Management Committees and the Clerk to the Executive Council.

Information is received from hospitals on children of school age who have undergone treatment, and this allows follow-up by health visitor/school nurse, and if necessary by medical officers of the Department. There is no doubt that greater use of the Local Health Authority's services could and should be made by the hospitals in many other classes of patients prior to their discharge from hospital.

Cordial relations exist between the Department and the general medical practitioners. The family doctor is kept closely informed of any action taken or proposed by a doctor of the Local Authority, and in all cases he is consulted before his patient is referred to a specialist at the hospital. Copies of specialists' reports are always sent to him.

I send out a weekly bulletin to all practitioners in which information is given regarding the incidence of infectious diseases in the town. I take the opportunity in this bulletin of keeping practitioners informed about the Local Health Authority services available to them and how best to use them. The Public is kept informed of the health services provided through the staff of the Department, through general practitioners and hospital almoners.

Joint Use of Staff

No doctors in general practice work for the Local Health Authority on a part-time basis, but some use of practitioners is made on a sessional basis to attend clinics which cannot be covered by the three whole-time Assistant Medical Officers employed by the Authority.

No Medical Officers employed by the Authority work part-time in the Hospital and Specialist Services. One full-time and

one part-time health visitor work as tuberculosis nurses, carrying out the Authority's responsibilities under Section 28 of the National Health Service Act.

The following arrangements exist for medical staff employed by the South West Metropolitan Regional Hospital Board to work in the Authority's service :—

	No. of Sessions
3 Chest Physicians working between them	18 per week
1 Consultant Children's Psychiatrist working at the Child Guidance Centre	2 per week
2 Eye Specialists working between them	4 per week
1 Orthopaedic Specialist from the Lord Mayor Treloar Hospital, Alton	2 to 3 per month as required

Voluntary Organisations

Splendid assistance is rendered at Infant Welfare Centres by the ladies of the Bournemouth Infant Welfare Voluntary Association. The Moral Welfare Workers of the Bournemouth Deanery Moral Welfare Association, the Salisbury Diocesan Association for Moral Welfare, and the Bournemouth Free Church Council, do valuable work in connection with investigations into the problems relating to the unmarried mother. Individual problems are frequently referred to the many other voluntary and charitable organisations in the town. In connection with the Authority's responsibility under Section 28 of the National Health Service Act, invaluable assistance is rendered by the Bournemouth Voluntary Care Committee, a most active organisation which gives careful and generous consideration to all cases referred.

Particular Services

Care of Expectant and Nursing Mothers, and Children under School Age

Expectant and Nursing Mothers. Weekly combined sessions of Ante and Post Natal Clinics are conducted at two main centres by a lady Assistant Medical Officer who is a full-time member of the staff. Where specialist advice is considered necessary, reference is made to the appropriate hospital Out-patient Department.

Facilities are available for the collection of blood both from clinic cases, where this examination is performed as a routine, and also from general practitioner cases referred for this purpose.

Mothercraft training talks are conducted in the Centres by health visitors who also supervise relaxation classes for expectant mothers. Maternity outfits are held at all the infant welfare centres and are also available for supply by the municipal midwives.

Approximately one expectant mother in three has attended the Municipal Ante-Natal Clinics during recent years. Of these approximately 7 per cent only have attended the clinic for a post natal examination.

Child Welfare. Sessions are held at fourteen centres within the County Borough. Eleven of these are weekly sessions and three are twice weekly. These are staffed by three whole-time Assistant Medical Officers and two practitioners are engaged on a sessional basis. Health visitors and lady members of the Bournemouth Infant Welfare Voluntary Association are in attendance. Where specialist advice is required, reference is made after consultation with the family doctor, to the appropriate out-patient clinics at local hospitals.

A useful liaison with the local paediatric unit has been achieved during the year by the employment at an infant welfare session of the paediatric house physician. Local Authority Medical Officers and health visitors are also afforded frequent opportunities for visiting the children's wards and out-patient department of the hospital.

The extent to which child welfare centres are used may be seen from the following table :—

Year	Attendances		
	Under 1	1 to 5	Total
1948	29,838	23,549	53,387
1949	27,695	22,348	50,043
1950	25,685	22,615	48,300
1951	24,499	20,062	44,561
1952	**22,202**	**14,486**	**36,688**

Care of Premature Infants. Home supervision is carried out by the municipal midwives and health visitors in co-operation with the family doctor. Provision is made for the loan of premature baby outfits and weighing scales for domiciliary cases. A "Queen Charlotte" infant oxygen tent is available for ambulance transportation of premature infants and the facilities of a premature baby unit are available within the local Hospital Management Group.

An arrangement has been made with the hospital whereby the ward sister telephones the Superintendent Health Visitor upon the discharge of a premature infant, supplying all relevant details including particulars of feeding.

Supply of Dried Milks, etc. The supply of welfare foods in the clinics is welcomed by this Authority and this facility is available in the majority of the Municipal Clinics. The uptake of these commodities from the Clinics is less than it might be on account of the policy of the Ministry of Food in issuing them in the shops of local retail chemists.

It is felt that there is much in favour of making the clinic the focal point of such issue in that mothers and young children who might not otherwise attend, are brought within the precincts, thus affording the health visitor a valuable opportunity to further the object of the Centre.

Provision is also made at most of the centres for the sale of certain proprietary dried milks and nutrients. In cases of hardship where certified as being necessary on medical grounds, a free issue can be made.

Dental Care. During the year 1952, dental care was provided for mothers and young children at each of the four dental clinics maintained by the Bournemouth Local Health Authority. There were four dental surgeons employed, each with the assistance of a dental attendant.

The dental surgeons are engaged in the work of the School Dental Service as well as the Maternity and Child Welfare Dental Service.

Previous to 1952, the equivalent of three dental surgeons was employed, and during 1951 the total number of sessions devoted to the dental care of mothers and young children was 143. 1952 was the first year in which it became possible to expand the service, and as a result of having a fourth whole-time dentist the number of sessions was increased by 50 per cent to 222 during the year under review.

The increased staff also enabled dental inspections to be carried out not only at the Day Nurseries, as in previous years, but in addition to this the dentists commenced periodic visits to the Infant Welfare Centres.

Other provision. Three day nurseries are provided having accommodation for 50, 40 and 30 children respectively. Two of these are at present training nurseries and staffing is in accordance with Ministry of Health recommendations.

Priority of admission is given to the children of the widow, the unmarried mother, the mother who is ill or being confined and in other cases of hardship. A residue of places is filled by children with both parents at work.

The maximum charge for attendance has formerly been the cost of the food provided. The Council has recently resolved, in accordance with Circular 23/52, that the charge shall be related to the cost of the place provided. A maximum daily charge of 8/- has been approved, graded according to income after deduction of rent and rates. At the close of the year it is not yet possible to assess the effect of the increased charges.

There is no Mother and Baby Home provided by the Authority, but two local homes conducted by voluntary religious organisations with facilities for preventive training, receive a grant from the Authority. In addition, the Council subsidise the admission of individual cases of unmarried mothers to these and other similar homes elsewhere.

A Municipal Contraceptive Clinic providing one session each month was held for cases referred by doctors on medical grounds, in accordance with the Ministry of Health Memorandum 153/MCW. The Council resolved towards the end of the year that the work

should henceforth be undertaken by the local branch of the Family Planning Association, the latter body to receive a grant for approved cases on medical grounds. This arrangement has the advantage that use can now be made of the weekly session provided by this Association.

Statistical Details Relating to this Service

Births

The number of live births allocated to the area after adjustment for inward and outward transfers, was 1,549. This was 29 more than in 1951.

The following tables show the comparison with the previous seven years :—

Year	*No.*	*Rates per* 1000
1945	1895	14.96
1946	2161	16.03
1947	2189	15.86
1948	1904	13.88
1949	1692	12.18
1950	1654	11.85
1951	1520	10.94
1952	**1549**	**11.15**

Still-Births

Year	*No.*	*Rates per* 1000
1945	54	27.7
1946	67	30.0
1947	50	22.3
1948	35	18.0
1949	45	25.9
1950	33	19.56
1951	32	20.62
1952	**22**	**14.00**

Illegitimate Births

Year	*No.*	*Rates per* 1000
1945	307	158
1946	257	115
1947	189	84
1948	161	83
1949	137	79
1950	140	83
1951	111	72
1952	**114**	**73**

Births notified as occurring in Bournemouth during 1952 are as follows :—

Domiciliary births	436	Total 1861
Institutional births	1425	

The institutional births took place as follows :—

Royal Victoria Hospital, Shelley Road, Boscombe	630
Aston Grays Maternity Home	414
Free Church Council Maternity Home	35
Private Maternity Homes	346
	1425

Care of Premature Infants

(i.e. babies weighing 5½lbs. or less at birth, irrespective of period of gestation)

Number of premature infants notified during 1952 (including transferred notifications) whose mothers normally reside in the area :—

(i)	Born at Home	13
(ii)	Born in hospital or nursing home	73

Details of these are as follows :—

Birth Weight	Transferred to Hospital	Nursed entirely at home					Grand Total
		Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total	
2 lbs. 3 oz. or less	3	—	—	—	—	—	3
Over 2 lbs. 3 oz. up to and including 3 lbs. 4 oz.	1	—	—	—	1	1	2
Over 3 lbs. 4 oz. up to and including 4 lbs. 6 oz.	—	—	—	—	—	—	—
Over 4 lbs. 6 oz. up to and including 4 lbs. 15 oz.	—	—	—	—	1	1	1
Over 4 lbs. 15 oz. up to and including 5 lbs. 8 oz.	—	—	—	—	7	7	7
Total	4	—	—	—	9	9	13

BORN IN PRIVATE NURSING HOMES

Birth Weight	Transferred to Hospital	Nursed entirely in private nursing home					Grand Total
		Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total	
2 lbs. 3 oz. or less	—	—	—	—	—	—	—
Over 2 lbs. 3 oz. up to and including 3 lbs. 4 oz.	—	—	—	—	—	—	—
Over 3 lbs. 4 oz. up to and including 4 lbs. 6 oz.	—	—	—	—	2	2	2
Over 4 lbs. 6 oz. up to and including 4 lbs. 15 oz.	—	—	—	—	—	—	—
Over 4 lbs. 15 oz. up to and including 5 lbs. 8 oz.	—	—	1	—	4	5	5
Total	—	—	1	—	6	7	7

Infant Mortality

There were 38 recorded infant deaths during the year, of whom 28 were males and 10 females. Of the total, 25 occurred before the child was four weeks old.

The rate of infant mortality in Bournemouth compared with England and Wales during recent years was as follows :—

Year	*Bournemouth*	*England and Wales*
1941	42.6	60.04
1942	43.9	50.62
1943	47.0	49.12
1944	41.1	45.44
1945	48.0	46.00
1946	33.7	42.85
1947	35.1	41.37
1948	27.8	33.93
1949	31.9	32.0
1950	33.2	29.8
1951	25.0	29.6
1952	**24.5**	**27.6**

Infectious Diseases Associated with Childbirth

There was one case of Puerperal Pyrexia, and one case of Ophthalmia Neonatorum, both institutional.

Maternal Mortality

No death attributable to child birth occurred in the Borough during the year. One patient who was a Bournemouth resident, died elsewhere, the cause of death being acute cardiac failure ; shock and external haemorrhage due to incomplete abortion ($2\frac{1}{2}$ months). The patient was aged 39.

The maternal mortality rate was 0.64.

The maternal mortality rates in Bournemouth compared with England and Wales for the past 10 years were as follows :—

Year	*Bournemouth*	*England and Wales*
1943	2.30	2.29
1944	3.49	1.93
1945	4.10	1.79
1946	2.24	1.43
1947	1.33	1.17
1948	0.51	1.02
1949	2.30	0.98
1950	0.59	0.86
1951	0.64	0.79
1952	**0.64**	**0.72**

Ante Natal and Post Natal Sessions

157 combined sessions were held at Avebury and Pelhams Ante Natal Clinics.

554 patients attended. This was 22 fewer than last year. Attendances numbering 1456 showed a corresponding decrease of 104.

ATTENDANCES AT INFANT WELFARE CENTRES, 1952

Clinic	Infants under 1 year	Pre-school Children	Total	Sessional Average
Avebury	1433	748	2181	41
Boscombe	1902	913	2815	54
Castle Lane	1244	1187	2431	49
Charminster	1296	836	2132	40
East Howe (Tuesday) ...	1469	838	2307	43
(Friday) ...	670	254	924	26
Ensbury Park	1565	892	2457	49
Ilford	1235	540	1775	35
Malmesbury Park	1454	997	2451	48
Moordown	1013	935	1948	40
Pelhams	1456	662	2118	41
Pokesdown (Tuesday) ...	1156	937	2093	41
(Friday) ...	625	332	957	50
Strouden	956	1370	2326	46
West Cliff	1311	793	2104	43
Winton (a.m.)	1299	771	2070	41
Winton (p.m.)	2118	1481	3599	72
	22,202	14,486	36,688	45

Nurseries and Child-Minders (Regulation) Act, 1948

There are five premises registered under this Act, and between them they provide accommodation for 89 children.

Mother and Baby Homes

There are no municipal institutions but the following receive a grant from the Authority.

Name and Address of Home or Hostel	Number of beds				Average length of stay	
	Total beds (excluding maternity and labour and cots)	Maternity (excluding labour and isolation)	Labour beds	Cots	Ante-natal	Post natal
Free Church Council Maternity and Training Home, 11, St. Alban's Avenue ...	14	4	1	8	6 weeks	6 weeks
St. Thomas Lodge, 12, Charminster Road	14	Nil	Nil	7	7 weeks	4 weeks

The total number of women admitted during the year to the above was 65.

The number of admissions for which the authority was responsible was 8.

The number of cases sent to Mother and Baby Homes other than those mentioned above, payment being made on an ad hoc basis.

(a) Expectant Mothers 7

(b) Post-natal cases Nil

Dental Treatment for Mothers and Young Children, 1952

Report by Mr. A. A. Wood, L.D.S., Senior Dental Surgeon

During the year 1952 dental care was provided for mothers and young children at each of the four dental clinics maintained by the Bournemouth Local Authority. There were four dental surgeons employed each having the assistance of a dental attendant. The dental surgeons were also engaged in the School Dental Service.

Visits to Institutions

The three day nurseries were visited by the dental surgeons periodically throughout the year and the children's teeth examined. Treatment was offered where this was required. The findings at these inspections are detailed overleaf.

In previous years it was customary also to visit the Bournemouth Children's Home but this institution was closed early in the year, the children being boarded out with foster parents.

Expansion of the Service

Previous to 1952 the equivalent of three dental surgeons was employed and during the year 1951 the number of sessions devoted to the dental care of mothers and young children was one hundred and forty-three. 1952 was the first year during which we were able to expand the service, as a result of having a fourth dentist working at the East Howe Clinic, the number of sessions being increased by fifty per cent to two hundred and twenty-two during the year.

The increased staff enabled dental inspections to be carried out not only at the Day Nurseries as in previous years but in addition the dentists commenced periodic visits to the Infant Welfare Centres.

Nursing mothers and pre-school children were referred to the dental clinics by doctors and health visitors and all mothers attending the ante-natal clinics were given the opportunity of a dental inspection and treatment where and when necessary.

Facilities for X-Rays

Mothers and pre-school children requiring X-Rays were referred to the Radiologists at the Royal Victoria Hospital, Boscombe.

Provision of Dentures

Dentures were made by the technicians at the Royal Victoria Hospital, Boscombe and the work produced was of a very high standard.

Maternity and Child Welfare

(a) NUMBERS PROVIDED WITH DENTAL CARE

	Examined	Needing treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ...	109	101	87	65
Children under five	721	311	267	271

(b) FORMS OF DENTAL TREATMENT PROVIDED

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Dressings	Radio-graphs	Dentures provided	
		Local	General						Com-plete	Partial
Expectant and Nursing mothers	107	32	37	204	41	Nil	67	6	11	18
Children under five	258	4	137	621	Nil	101	121	2	Nil	Nil

TABLE SHOWING DENTAL CONDITION OF CHILDREN AT THE DAY NURSERIES AND BOURNEMOUTH CHILDREN'S HOME—Year 1952

31, Wellington Road

Age	Number Examined	Number Needing Treatment	Caries Free Teeth	Decayed Teeth	Filled Teeth	Missing Teeth	Total D.F.M.
2	9	2	159	9	–	4	13
3	21	1	414	2	–	–	2
4	17	10	280	49	7	4	60
Totals	47	13	853	60	7	8	75

East Howe Day Nursery

Age	Number Examined	Number Needing Treatment	Caries Free Teeth	Decayed Teeth	Filled Teeth	Missing Teeth	Total D.F.M.
2	12	–	188	–	–	–	–
3	14	–	280	–	–	–	–
4	19	12	339	34	–	7	41
Totals	45	12	807	34	–	7	41

Southbourne Day Nursery

Age	Number Examined	Number Needing Treatment	Caries Free Teeth	Decayed Teeth	Filled Teeth	Missing Teeth	Total D.F.M.
2	20	4	385	7	–	–	7
3	12	4	228	10	–	2	12
4	3	1	52	4	4	–	8
Totals	35	9	665	21	4	2	27

Domiciliary Midwifery

Six full-time midwives are employed. All are qualified for the administration of gas and air and pethidine, and possess the necessary apparatus. The Medical Officer of Health is Medical Supervisor of Midwives. It has not yet been possible to appoint a non-medical supervisor. A proposal to the Ministry of Health in this respect during the year proved unacceptable.

In spite of a falling birth rate, full use is made of the service ; approximately 25 per cent of Bournemouth maternity patients being delivered by municipal midwives. The number of cases attended still justifies the employment of six midwives, in accordance with the recommendation of the Rushcliffe Committee of 66 cases per midwife per annum. Midwives are responsible for the conduct of ante natal examinations on their own cases, which are carried out at least once a month.

It has been the custom of the Council to send one midwife each year on a refresher course arranged by the Royal College of Midwives.

No local arrangements have so far been made for the training of pupil midwives, but the local Hospital Management Committee is endeavouring to set up training facilities.

The demand for hospital beds for confinements continues to exceed the supply. The Public Health Department is the agency for selecting women whose confinement in hospital is recommended on social grounds. The actual home visit is made by a health visitor. The Bed Service Officer at the Royal Victoria Hospital, Shelley Road, Boscombe refers to this Department all applications for maternity beds on social grounds. A total of 605 cases were investigated and each received a special home call from the Health Visitor. On the strength of her report and any other information available a decision was made on each case by a medical officer of this Department acting as referee.

MATERNITY CASES ATTENDED

	Number of maternity cases in the area of the Local Supervising Authority attended by midwives during the year					
	Domiciliary Cases		Cases in Institutions		Total	
	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses
(i) Midwives employed by the Authority	282	131	—	—	282	131
(ii) Midwives employed by Voluntary Organisations :—						
(a) Under arrangements with the L.H.A. in pursuance of Section 23 of the National Health Service Act	—	—	—	—	—	—
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	33	2	33	2
(iii) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	244	786	244	786
(iv) Midwives in Private Practice (including Midwives employed in Nursing Homes) ...	2	2	11	114	13	116
TOTALS	284	133	288	902	572	1035

MEDICAL AID UNDER SECTION 14 (1) OF THE MIDWIVES' ACT, 1918

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1918, by a Midwife :—

(a) For Domiciliary cases :—	
(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service	—
(ii) Others	4
Total	4
(b) For cases in Institutions	6

Gas and Air Analgesia

The six Municipal Midwives are qualified to administer Gas and Air Analgesia and each has an apparatus for her use. During the year Gas and Air Analgesia was given by these midwives in 314 cases.

Health Visiting

In 1948 the number of health visitors employed by the Local Authority was 15. There are now, in addition to the Superintendent Health Visitor, sixteen health visitors who are also school nurses.

The extent to which visiting is undertaken beyond the visiting of expectant and nursing mothers and young children, can be seen from the following table :—

Year	Expectant Mothers		Children under 1 year of age		Children between the ages of 1 & 5		Other Cases	
	Visits		Visits		Visits		Visits	
	First	Total	First	Total	First	Total	First	Total
1949 ...	736	1,460	1,860	10,378	22	16,128	3,213	7,031
1950 ...	743	1,314	1,674	7,687	6	12,810	1,958	5,360
1951 ...	809	1,507	1,601	8,262	16	12,893	4,468	8,542
1952 ...	**858**	**1,457**	**1,598**	**8,357**	**10**	**11,350**	**1,507**	**6,190**

Despite efforts to link up the Health Visiting Service with the work of the local general practitioners, little use is made of the health visitor by local doctors. It is hoped that soon the practitioner may come to see the value of the health visitor and use her to the same extent as he does the municipal midwife, home nurse and home help.

The Council is a member of the Joint Board for the training of Health Visitors at Southampton University, and is allotted four places on each Course.

Facilities are made by the Council for health visitors to attend refresher courses and each year two health visitors attend courses organised by the Women Public Health Officers' Association.

Home Nursing

From the inception of the National Health Service Act to the 1st April, 1951, the Bournemouth Home Nursing Association, on an Agency basis, provided a home nursing service for the Authority. Since April, 1951, with the approval of the Ministry of Health, the Home Nursing Service came directly under the Health Committee and is administered as a section of the Public Health Department.

In addition to the Superintendent Home Nurse and one Senior Nurse, there is an establishment of 21 home nurses. Unfortunately, for the past many months, despite repeated and strenuous attempts, it has not proved possible to obtain full strength and as a result the service has been most strained, working sometimes for months on end with two or three nurses short of establishment.

Transport facilities for Home Nurses are as follows :—

12 Nurses have their own cars and are paid mileage allowances by the Council.

2 Nurses run autocycles and are paid mileage allowances by the Council.

9 Nurses have cycle allowances paid by the Council.

All members of the Home Nursing Service are on the telephone and the rental is paid by the Corporation.

Co-operation with general practitioners and liaison with the hospitals has been very good. Unfortunately owing to the shortage of hospital beds many cases are nursed at home who more properly should be in hospital.

No specific arrangements for a night service are in operation, but individual cases can always be dealt with.

No specific arrangements are in force for district nurses training.

So far, as the result of the heavy case load carried by the Home Nursing Service, it has not been possible to send nurses on a refresher course. The Nursing Superintendent is sent annually to attend a Study Course arranged by the Queens Institute of District Nursing.

The demands on the service steadily increase from year to year, as is shown in the following statistics. Nursing equipment is loaned to the patients.

THE YEAR'S WORK

	1950	1951	1952
Number of patients on the Register, 1st January ...	366	432	473
Number of new patients attended	2645	2748	2859
Total number of patients attended	3011	3180	3332
Number remaining on the Register on 31st December	432	473	523
Number of patients taken off the Register ...	2579	2707	2809
Total number of nursing visits	62,746	66,594	69,086

The illnesses of new patients were classified as follows :—

	1950	1951	1952
Tuberculosis	17	31	71
Pneumonia	70	84	108
Miscarriages, etc.	3	6	37
Surgical	363	328	456
Medical	2192	2284	2153
Infectious diseases	—	15	34
	2645	2748	2859

Domestic Help Service

The demands for the service during the year have continued unabated. The closer the co-ordination of the various services under the National Health Service Act, the more readily the service is sought and appeals are made regularly by home nurses, health visitors and municipal midwives, in addition to the Chest Clinic, Welfare Department and Almoners of the General Hospitals.

The Service has been able to give a measure of help in all needy cases and this was achieved to some extent by a policy of a little help to many people rather than much help to a few, and it does require not only that each application received a prompt initial visit by the Organiser to assess the need, but also a constant review of cases to determine whether alterations in the amount of service or the charge are warranted.

In 1948 there were employed three whole-time and 46 part-time workers, and by 1952 this number had increased to 3 full-time and 68 part-time workers. The policy of employing part-time

staff has been deliberately pursued because it is considered that the needs of the Service are more efficiently and economically met in this way. It avoids lost time during periods when whole-time staff cannot be employed and what is even more important, provides help to the greatest number at the time of greatest need, which is during the mornings.

In a similar manner the number of cases served has shown an increase over the past four years from 306 in 1948 to 843 in 1952. Maternity patients and cases of illness in mothers with young children have continued to receive first priority. Similarly, cases of tuberculosis nursed at home have been given every assistance, including an abatement of the assessed charge in cases approved by the Committee. The great demand, however, continued to be made by the aged and the chronic sick, where once help is commenced, it continues for a long time.

In 1950 there was established a panel of six home helps to work in homes where there were patients suffering from infectious illness, including tuberculosis. As such work demands a high standard of efficiency and strict compliance with the various precautionary measures prescribed, an additional 2d. per hour is paid to these workers while they are engaged on infectious disease cases. Only women over 40 years of age, without a family of young children are employed on this work, and arrangements are made for their medical supervision, including chest x-ray, every six months. During the year these helps have served 37 such cases.

During 1952 a further extension of the Service was made to enable night service to be provided in approved cases. Where help is required to stay at the house overnight but no assistance is needed, a payment of 3/- subsistence allowance is made. In cases where the help stays overnight and provides assistance, the ordinary rate of pay is increased by 3d. per hour.

During 1952 also the charge for the service was increased. Up to that time a charge of 1d. per hour had been made for each 5/- or part of 5/- of net income (arrived at by deducting from gross income an allowance for rent, rates, insurance and a personal allowance for each member of the family). The minimum charge was 2d. per hour and the maximum 2/- an hour. Because of repeated rises in the wages of the Home Helps and in the administrative costs,

these charges were increased to 1¼d. for each 5/- or part of 5/- of net income, with a minimum charge of 2½d. an hour, and a maximum charge of 2/9 an hour.

During 1952 a social club for Home Helps has been inaugurated and at the monthly meetings a talk is given by a member of the other services of the Public Health Department, followed by discussion and questions. These meetings have proved most successful and are of considerable value not only as they afford an opportunity of discussing problems arising within the Service, but also enable the Helps to appreciate the way in which their service is complementary to the other branches of the Department.

SUMMARY OF WORK FOR 1952

	Number of cases helped	*Number of hours*
Maternity	99	4,390
Acute Illness	317	27,795
Maternity and Child Welfare	59	3,224
Old Age	329	33,411
Tuberculosis	37	3,180
Mental Deficiency	2	402
	843	72,402

71 Home Helps were on the staff at December 31st 1952 of which 3 were full-time and the remainder part-time.

Ambulance Service

The Ambulance facilities consist of :—

(a) *Directly provided.*

8 ambulances and 2 sitting case cars operated from a centrally situated Depot.

(b) *By the St. John Ambulance Association, on an Agency basis.*

4 Ambulances operating from the Association's Depot.

(c) *The supplementary use of the Hospital Car Service.*

The trend as compared with previous years is indicated in the number of vehicle miles each year compared with the previous year :—

1948 (6 months' figures doubled)	183,780
1949	203,333, an increase of 10.6%
1950	214,390, an increase of 5.4%
1951	210,097, a decrease of 2.0%
1952	**203,240, a decrease of 3.2%**

The decrease in the mileage during the last two years is accounted for by the greater use of railway facilities. The number of rail journeys each year is as follows :—

1948	Nil
1949	16
1950	71
1951	128
1952	**225**

The greater use of railway facilities for long distance cases is largely the result of the excellent co-operation I have received from local medical practitioners in considering this method of transport for their patients. Since the publication of the Regional Hospital Board Circular (51) 68, Hospitals are now giving more careful consideration to this far more economical mode of long distance transport. Abuses of the service are now infrequent and are confined almost entirely to cases arranged by hospitals.

The following new types of equipment have recently been brought into service :—

Cylinders of the resuscitation apparatus carried on the Borough Ambulances have been converted from oxygen/carbon dioxide to oxygen, in accordance with recommendations contained in a circular received from the Medical Research Council.

A "Queen Charlotte" infant oxygen tent is held in readiness at the Ambulance Depot for the transportation of premature infants.

It is hoped in the early part of 1953 to install radio control on the ambulances.

THE WORK DONE BY THE SERVICE DURING 1952 IS SHOWN IN THE FOLLOWING TABLE

Service	Vehicles (Number at 31.12.52)	Patient Carrying Journeys	Patients Carried		Abortive and Service Journeys	Transport of Analgesia Apparatus, Midwives, etc.	Total Mileages	Transport by Rail		No. of Staff at 31.12.52
			Accident or Emergency	Other				No.	Rail Miles	
Directly provided	Ambulances (9)	3788	1461	6093	69	13	60887	108	14853	23
Ditto	Cars (2)	2315	193	7593	46	87	49537	117	14170	—
St. John Association	Ambulances (4)	2172	160	3000	9	—	21391	—	—	6
Hospital Car Service	Cars	5719	—	15639	104	—	71425	—	—	—
		13994	1814	32325	228	100	203240	225	29023	29

Vaccination and Immunisation

All the routine measures adopted by the Department to ensure that the maximum number possible of children receive protection, have been continued during the year.

Regarding vaccination, an enquiry is sent to the parent of every Bournemouth child who has not been vaccinated by the age of three and a half months, asking whether it is intended that the child shall be vaccinated by the private medical attendant or at a clinic, and offering facilities for treatment.

As regards immunisation, a written enquiry is sent to the parent of each Bournemouth child who has not been immunised by the time the first birthday is reached. Enquiries are also sent to all parents every four years asking for consent to booster doses, and these enquiries also make provision for the names and dates of birth of other un-immunised children to be given, if treatment is required. At the special four year inspection of the pre-school children facilities are offered for the booster doses to be given. In addition the health visitors give talks regularly at infant welfare centres, and posters and other literature are exhibited.

Coloured paper circles are affixed to both the health visiting and infant welfare centre records when a child has received protection, and any cards not bearing these symbols are kept constantly under review and the parents urged to consent to treatment.

Facilities are available in all infant welfare centres for immunisation against whooping cough. This is offered at the time of the primary diphtheria immunisation, in which case a combined vaccine is used. Parents are urged to bring infants for such immunisation as soon as possible after the age of six months.

Vaccination

The numbers dealt with were as follows :—

By General Practitioners 1062
By Local Health Authority's staff 430

	Under 1 Year	*Aged 1 Year*	*Aged 2—4*	*Aged 5—14*	*Aged 15 or over*	*Total*
Primary vaccinations	687	10	28	57	105	887
Re-vaccinations	—	3	23	61	518	605
TOTALS	687	13	51	118	623	1492

Diphtheria Immunisation

Number of children immunised by Public Health Department	901
Number of children immunised by Private doctors	329
Number of children who received re-inforcing doses by Public Health Department	1663
Number of children who received re-inforcing doses by Private doctors	164

The present position is that 65.08 per cent of children under 5 years of age and 86.32 per cent of children between the ages of 5 and 15 years, have been protected against Diphtheria.

Whooping Cough

During the year, 843 children completed full courses of protection against Whooping Cough at Infant Welfare Centres.

Prevention of Illness—Care and Aftercare

(i) Tuberculosis

A member of the health visiting staff has been seconded for full-time duty at the Chest Clinic and for the domiciliary visiting of tuberculous patients. A car is provided to enable her to carry out efficiently her home visits. In addition, a part-time nurse has been provided by the Health Department for work at the clinic (four sessions per week). It is considered that the time is rapidly coming when two whole-time health visitors will be required for work in this field.

During the year under review the Council has agreed to pay part of the salary of an almoner, to be appointed by the Sanatoria Hospital Management Committee for duty at certain of the Sanatoria in the area.

Facilities have been granted by the Council for the use by the Consultant Chest Physician of one of the Authority's clinic premises, for holding diagnostic fluoroscopy sessions.

Other facilities which are available to tuberculous patients and their families include :—

(a) Boarding out of child contacts.

(b) Assistance in securing adequate housing accommodation by representations to the Housing Committee.

(c) Provision of nursing requisites for domiciliary patients.

(d) A special panel of home helps is available for the assistance of the tuberculous patient, to whom a priority service is given.

(e) Responsibility is accepted by the Authority for patients undergoing rehabilitation at Papworth Hall, Enham-Alamein, or other approved Centre of this type.

During the year the Local Health Authority has accepted responsibility for patients undergoing rehabilitation as follows :—

Preston Hall, Aylesford	1
Enham-Alamein, Andover	10

(f) The Bournemouth Voluntary Tuberculosis Care Committee gives invaluable assistance by providing those extra comforts which can mean so much to the tuberculous patient and his family.

During 1952 this Committee gave the following assistance :—

Provision of Clothing	7
Provision of Coal	1
Provision of Groceries	1
Provision of Bedding and Furniture	4
Monetary Grants	13
Extra Nourishment (Milk)	13
School Dinners (5 children)	1
Advised only	4
TOTAL	44

(g) Arrangements have been made with the Sanatoria Hospital Management Committee for the use of one of their occupational therapists for domiciliary visits to patients.

(h) In 1951 the Consultant Chest Physician arranged to hold weekly Social Welfare Conferences at which chest physicians and the health visitor meet the Disablement Resettlement Officer, a representative of the National Assistance Board, the Group occupational therapist and the case secretary of the Bournemouth Tuberculosis

Voluntary Care Committee. This conference has proved a most successful one and patients have been given considerable help in their social and economic problems and in obtaining suitable employment after recovery.

(i) A Mass Radiography Unit has its headquarters in the town and close liaison is maintained with the Medical Director, from whom considerable assistance is received.

(ii) Illness Generally.

Provision is made for convalescence at rest homes of patients recommended by general practitioners or consultants at the hospital.

During the year 55 patients recommended by General Practitioners were sent to Rest Homes.

Articles of sick room equipment are issued on loan where required, and close liaison with the hospitals and general practitioners ensures that these facilities are available for patients as required.

During the year the following were issued on loan :—

	Number of Articles Loaned
Bed Cages	8
Bed Pans	105
Bed Rests	14
Bed Rings	131
Bedsteads	2
Blankets	2
Commode Chair	1
Crutches	1
Douche Apparatus	1
Dunlopillo Mattresses	1
Feeding Cups	1
Infra red lamps	4
Mackintosh sheets	168
Pillows	2
Pillow-cases	4
Push Chair (Child's)	1
Sheets	10
Sputum cups	6
Urinals	69
Walking Chairs	1
Wheel Chairs	11
	540

Health Education

It is felt that in general the value of leaflets and posters is limited and that health education is most effectively taught by word of mouth by doctors, health visitors, midwives, home nurses and sanitary inspectors in their day-to-day contacts with the public in their homes and places of employment, at clinics and in schools.

The health visitors are undoubtedly the most important members of the Department staff in the dissipation of Health Education and a brief account of their activities in welfare centres, ante natal clinics, in schools and in the homes is herewith briefly set out.

The theme of Health Education in Welfare Centres is directed to one subject at a time. All posters, leaflets, and other display material, show cases and blackboards are used to bring home to the mothers the main points of the subject chosen.

Important subjects, such as Prevention of Home Accidents, are dealt with frequently and every opportunity is taken to emphasise to the mothers the importance of this.

As members of the Royal Society for the Prevention of Accidents Home Safety Group, we receive bulletins, new posters and leaflets regularly. Copies of "Safety News" are placed in the Welfare Centres for use of the mothers.

Health visitors aim to give a few minutes talk to a group of mothers at the beginning or end of each Welfare session.

Owing to the demand on the health visitors' time, it is not possible to carry out a series of talks on Mothercraft and the hygiene of pregnancy in several Welfare Centres at the same time. We have, therefore, chosen the three most suitable clinics and give these talks in turn at each of these Welfare Centres. All talks are illustrated by up-to-date demonstration material, including films and the "Birth Atlas". All expectant mothers attending ante natal clinics are invited and those contacted by home visiting are also given programmes.

Health visitors emphasise an aspect of Health Education to mothers when paying routine home visits. The age of the child and the type of home is always taken into consideration.

Health visitors are aware of the new regulations for fire guards under the Children and Young Persons (Amendment) Act, 1952, and mothers are constantly reminded of their responsibility in this matter.

Where there is an elderly person in the home, advice is given on the case, especially if they have to be left alone for a long time.

Owing to shortage of staff in 1952, plans for Health Education in schools were held up. However in one Secondary Modern School two films were shown and talks given. This year a series of Mothercraft lectures have been given to 40 girls in a Secondary School who are taking the subject as part of their St. John's activities.

Talks are given by the medical members of the staff on health and allied subjects to many local organisations during the year. Great importance is placed on the value of health education to tuberculous persons and their contacts.

Mental Health

(i) Administration.

(a) The Medical and Mental Health Sub-Committee, which meets monthly, is now responsible to the full Health Committee for the Mental Health services. As mentioned above, there used to be a separate Sub-Committee to deal with this service, but for reasons of economy it was considered advisable to amalgamate the two sub-committees and in practice this has proved satisfactory. The Sub-Committee meets once a month and consists of nine elected members of the Health Committee and four non-Council members.

(b) The Medical Officer of Health is responsible for the direction of the services. The Deputy Medical Officer of Health and three Assistant Medical Officers are trained and experienced in the ascertainment of defectives. A psychiatric social worker and educational psychologist are employed whole-time for work at the Child Guidance Centre, working under the direction of the Consultant Children's Psychiatrist. The Occupation Centre has a staff of three, one of whom acts also as guide.

There are three duly authorised officers, the senior of whom is whole-time.

(c) There is a joint arrangement with the South West Metropolitan Regional Hospital Board for the services of the Consultant Children's Psychiatrist, who attends the Child Guidance Centre two sessions per week. In view of the increased work at the Centre, the Health Committee made recent application to the Regional Board for the Psychiatrist to be granted an additional weekly session, but so far this has not been allowed.

By arrangement with Mental Hospitals, patients on trial are supervised by the Health Department staff. Patients on licence from institutions, with the exception of Cold East Colony and Tatchbury Mount, are also visited by staff from the Health Department.

(d) Considerable assistance is received from the Brighton Guardianship Society in boarding out defectives.

(e) Local arrangements were made for the training of duly authorised officers when they were first appointed for duty.

(ii) Account of work undertaken in the Community.

(a) Health visitors act as social workers, visiting patients in their homes. A register of defectives is kept and all local cases are visited as a routine, once a quarter or oftener, as considered necessary.

No facilities exist at present for the care and after care of the mentally ill and it is hoped that during the coming year it will be possible to appoint a trained worker such as a Psychiatric Social Worker, to undertake this important work.

(b) With one full-time and two part-time duly authorised officers, it is possible to provide a 24-hour service and all calls for assistance can be promptly dealt with.

It is very much to be regretted that we are still without any local accommodation for mental cases requiring a period of observation (Section 20, Lunacy Act). Much concern is felt locally at the difficulty of securing adequate care for old people suffering from mental disturbance unless they are certified under the Lunacy

Acts. This might well be avoided in many cases if preliminary admission to an observation bed was possible, as within 17 days during which a patient can be held, he may well become reasonable enough to sign a voluntary form, if requiring subsequent admission to a mental hospital. On the other hand, quite a number of patients can be discharged home after a period of observation. The pressure on mental hospital beds serving this area has now become so severe that it is only possible to allow the immediate admission of the most acute type of voluntary patient. Less acute cases are now placed on a waiting list for admission when the bed state improves. There is no doubt that the provision locally of beds for the observation of mental patients will relieve quite considerably the pressure on the mental hospital bed and improve the prospect of quick admission of the acute early case of mental illness which, with hospital treatment, has a good chance of recovery.

(c) Under the Mental Deficiency Acts, 1913-38.

(i) The ascertainment of mentally defective children is done by medical officers of the Public Health Department, through the School Health Service. Happily the Medical Officer of Health is also School Medical Officer and the health visitors are jointly appointed school nurses, with the result that complete co-ordination of the two services is easily obtained. Supervision of defectives is carried out as described above by the health visitors and medical officers of the Department.

(ii) Cases placed under Guardianship apart from their parents are dealt with on behalf of the Authority by the Brighton Guardianship Society. This arrangement has worked satisfactorily for some years.

(iii) In 1951 an Occupation Centre for defectives was set up by the Council. Provision is made for 25 defectives and transport is provided for those who cannot be brought by their parents. Meals and refreshments are available. Very good work is carried out at this Centre and it has proved a considerable adjunct to the medical services of the town. There is no Industrial Centre for adults and no facilities for home teaching of individual or groups of defectives.

SUMMARY OF CASES ADMITTED INTO MENTAL HOSPITALS

MENTAL TREATMENT ACT

	1952		1951		1950	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*
Voluntary Patients	**52**	**69**	42	77	59	76
Temporary Patients	—	**5**	1	4	—	2
	52	**74**	43	81	59	78

LUNACY ACT

	1952		1951		1950	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*
Certified Patients ...	**20**	**71**	40	77	37	63

MENTAL DEFICIENCY ACTS, 1913-1938

	Over 16		*Under* 16		*Total*	*Total*	*Total*
	M.	*F.*	*M.*	*F.*	**1952**	1951	1950
In Institutions	56	50	10	6	**122**	118	108
On Licence	3	6	–	–	**9**	10	9
Guardianship	10	8	3	4	**25**	33	55
Supervision	36	32	5	4	**77**	62	69
Cases reported during the year.							
Admitted Institutions ...	3	–	–	2	**5**	–	3
Placed under Guardianship...	–	1	–	2	**3**	4	6
Removed to Place of Safety	–	–	–	–	–	1	1
Action not yet taken ...	–	–	–	–	–	1	7
Placed under Supervision ...	1	–	1	2	**4**	7	1

OCCUPATION CENTRE

Number on Register at **31.12.52**	2
Number on Register at 31.12.51	1

Mental Illness or Defectiveness

Domiciliary visits are paid by the Health Visiting staff and the number of visits made during the year as compared to the previous two years were :—

1952	1951	1950
423	332	338

Nursing Homes

There were 47 registered nursing homes in the Borough providing accommodation for 32 maternity and 517 medical, surgical, aged or convalescent patients.

The total number of homes is 13 fewer than last year.

In spite of rising costs and ever present staffing difficulties the standard of Bournemouth Nursing Homes has continued to be high. Regular inspections were made by a medical member of the staff.

	Number of Homes	*Number of beds provided for*		*Totals*
		Maternity	*Others*	
Homes first registered during 1952	Nil	Nil	Nil	Nil
Homes on the register at the end of 1952	47	32	517	549

National Assistance Act, 1948

Section 47

No action has been taken under this Section during the year.

Bournemouth Crematorium

The increase in the use of cremation as a means of disposal of the dead is shown by the annual figures given below :—

YEARLY TOTALS OF CREMATIONS HELD AT BOURNEMOUTH CREMATORIUM SINCE OPENING ON 31.3.38

1938	229
1939	384
1940	514
1941	557
1942	584
1943	693
1944	708
1945	742
1946	834
1947	1026
1948	1012
1949	1155
1950	1306
1951	1484
1952	**1472**

Public Health Laboratory Service

Report by Dr. G. J. G. King, Director of the Bournemouth Laboratory

NUMBER OF SPECIMENS RECEIVED FROM BOURNEMOUTH, 1952

Nose and throat swabs	290
Specimens of sputum	8122
Faeces and urine	537
Specimens of water	147
Specimens of milk	586
Specimens of ice cream	235
Specimens from miscellaneous sources	756
	10673

Tuberculosis

Report by Dr. J. Stuart Robertson, Medical Director, Mass Radiography Unit

The Mass Radiography Unit serves, in addition to the Borough, the County of Dorset and parts of Hampshire and Wiltshire.

During the year under review, 27 surveys were carried out throughout this area and a total of 46,725 persons were examined. This figure is exceedingly gratifying considering that the area is mainly rural with few large factories and with the exception of the Boroughs of Bournemouth and Poole, no large centres of population.

The organisation of the scheme has continued on similar lines as in previous years depending largely at each centre on open public sessions. During the year, under arrangements made with the Ministry of Labour and National Service, the examination of all potential recruits for the armed forces preparatory to call up was instituted. This scheme is extremely valuable both for the individual himself and in preventive medicine a safeguard that no incipient or infective case may be accepted into the forces and in the close association of service life disseminate the infection amongst his comrades.

Three surveys were carried out in the borough during the year and a total of 12,370 attended for examination. The surveys were undertaken from the following centres :—

1. T.A. Drill Hall Lansdowne—26th February to 24th March, 1952.

2. Base premises (Portchester Road)—5th May to 30th May, 1952.

3. Base premises—17th December to 31st December, 1952.

The attendance at the Lansdowne centre was the most successful, where in the four week period, 8,414 attended for examination and in addition 420 contacts were examined on behalf of the Bournemouth Chest Clinic for a special tuberculin test investigation being carried out.

Difficulty continues to be experienced in finding suitable accommodation readily and easily accessible to the public, as there is no doubt the response is in direct proportion to these factors.

Statistics

The following gives briefly the main results (the special contact examinations are not included except in Table III).

TABLE I

Number examined	11,950	
Number recalled for large film	360	(3.12%)
Number recalled for clinical examination	160	(1.29%)
Number referred to chest clinic	100	(0.84%)
Number referred to private doctor	54	

TABLE II (a)

Number referred to Chest Clinic as probably tuberculosis 89

		Male	*Female*	*Total*
(1)	Number of cases diagnosed as active P.T. :—			
	(a) unilateral disease	9	5	14
	(b) bilateral disease	5	4	9
(2)	Number classified as inactive P.T. but requiring further observation	25	26	51
(3)	No further action required	3	2	5
(4)	Diagnosed as non-tuberculous	6	4	10

TABLE II (b)

Non-tuberculous cases—Referred to Chest Clinic 11
Referred to Doctor or Hospital 54

		Male	*Female*	*Total*
(1)	Cardiovascular conditions	5	27	32
(2)	Pulmonary conditions	24	9	33

TABLE III

AGE GROUPS EXAMINED AND INCIDENCE OF ACTIVE PULMONARY TUBERCULOSIS

	Under 15		15–24		25–34		35–44		45–59		60 and over		TOTAL	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Number examined	205	233	1352	1676	1131	1173	1028	1270	1324	1616	616	746	5656	6714
Active cases	–	–	2	3	3	4	2	3	6	–	3	1	16	11
Rate per 1000 examined ...	–	–	1.48	1.79	2.65	3.41	1.95	2.36	4.53	–	4.87	1.34	2.84	1.64

Comment

Following the large film examination, 160 (1.29%) were recalled for clinical examination. Of this number 89 (0.74%) were advised further investigation for abnormalities probably tuberculous in origin and were referred to the appropriate chest clinic. 65 patients showed evidence of cardio-vascular or non-tuberculous disease of the lungs. 11 of these were referred to the chest clinic and 54 to their own private doctor or hospital for further investigation. The incidence of cancer of the lung has increased in recent years and it is interesting to note that 3 unsuspected cases (2 male, 1 female) were discovered in these surveys.

After the primary investigation at the chest clinic, 23 patients were found to be suffering from active pulmonary tuberculosis ; in 14 the disease was confined to one lung and in 9 both lungs were affected. In addition four active cases were found amongst the special contact examinations. 51 cases were classified as inactive pulmonary tuberculosis but further investigation and supervision was required ; it may however be presumed that a number of these will require treatment.

The incidence of unsuspected active disease noted was 2.84 per 1000 examinations in men, and 1.64 in women, with an overall incidence of 1.92. This figure is approximately only half that of the general findings in the country as a whole but is higher than the combined figures for the area, i.e. 1.43 per 1000 examined. Excluding the surveys in the borough, the incidence of active disease noted was 1.16 per 1000 examinations.

Analysis by age groups of the active cases shows that the highest incidence for men is still in the older age group ; women show the highest incidence in the 25 to 34 age group, whereas the findings in most units are that the highest incidence in females is from 15 to 24 years of age. The numbers examined were comparatively small and this finding cannot be regarded as of statistical significance.

Much has been done in recent years in the conquest of tuberculosis, both in the sphere of prevention and in treatment. Mortality figures are falling, morbidity figures less so, and these findings do stress that although there may be no reason for alarm, there are also no grounds for complacency.

Tuberculosis still remains in the forefront of our public health problems, and by every means and by every effort the campaign must be waged to a successful conclusion.

Report by Dr. W. H. Tattersall, Consultant Chest Physician. Tuberculosis in Bournemouth, 1952

1. Mortality.

Although the corrected figure is not yet available, it is almost certain that the mortality rate for all forms of tuberculosis in the County Borough during 1952 was lower than in any previous year.

2. Incidence.

TABLE I

SOURCE AND TYPE OF EACH NEW CASE OF TUBERCULOSIS DISCOVERED DURING THE YEAR

Type of Tuberculosis	General Practitioners	Contacts	Fluoroscopy	M.M.R.	Hospitals	School Medical Service	Removed from elsewhere	Readmissions	Other	Total
Healed disease	6	2	16	12	1	2	4	4	4	51
Primary infection	3	—	6	—	—	6	2	—	1	18
Pleural effusion	—	—	—	—	1	—	3	—	3	7
Non-pulmonary (including miliary)	5	—	2	1	9	1	5	—	—	23
Pulmonary sp. neg.	20	5	27	45	8	5	27	10	8	155
Pulmonary sp. pos.	14	1	18	12	6	2	38	5	6	102
Notified after death	—	—	—	—	2	—	—	—	—	2
Totals	48	8	69	70	27	16	79	19	22	358

Table I indicates the source and type of each new case diagnosed during the year. Of these, only 135 were newly discovered, notifiable cases, occurring in this town. This figure is comparable with 97 new notifiable cases in the previous year, an increase due probably to increased ascertainment of the disease rather than a significant increase in morbidity. This discovery of more new cases in 1952 compared with 1951 is due to the very useful mass radiography surveys in the town during the year which helped in the diagnosis of 57 new cases of significant disease as compared with 16 in the previous year.

The advantage taken of fluoroscopy clinics led to the examination of 1,634 people during the year, mainly at the request of general practitioners. Of this number 69 were found on fuller investigation to show evidence of some degree of tuberculous infection.

In 1951, 48% of the new significant cases diagnosed in the town were sputum positive at the time of diagnosis. In 1952, however, 35% of the cases diagnosed in the town were sputum positive at the time of diagnosis. These figures, which are comparable, suggest that a larger proportion of cases had been discovered earlier, and at a more treatable stage of the disease than previously. This is most satisfactory, and is due to the co-operation of the public in attending the mass radiography unit for examination, and the co-operation of the general practitioners in referring more patients to the clinic on the slightest suspicion of respiratory disease.

3. Clinical Sessions

At the beginning of the year, by arrangement with the Bournemouth and East Dorset Hospital Management Committee, one out-patient session weekly was made available for diagnostic purposes at the Royal Victoria Hospital, Boscombe. This facility soon became widely supported and is a particular convenience to patients and practitioners at that side of the town. This out-patient clinic for new patients, is held on Monday evenings, and is appreciated by people who do not wish to leave their work during day. The Thursday evening clinic for "old patients" became so well attended during the year that it has become necessary for two doctors to deal with the patients coming for examination on that evening.

During the summer, a further diagnostic fluoroscopy centre was established at the Corporation School clinic in Somerley Road, Winton. However, attendance there has not been popular, and its continuation will not be justified unless more persons choose to attend there during the next few months.

4.—Ancillary Investigations

During 1952, 3,658 X-ray films, 182 tomograms, and 14 bronchograms were carried out at the clinic. 1,924 specimens of sputum were examined by the Public Health Laboratory, 37 sputa were cultured, 59 gastric lavages were cultured or inoculated into guinea pigs, and 162 laryngeal swabs were cultured. The bacteriological examinations for tubercle bacilli are of even greater importance nowadays on account of the development of chemotherapy than was

the case previously. The successful culture of the tubercle bacillus has become a most important laboratory procedure. It is a cheaper investigation than guinea pig inoculation and laryngeal swabs are less inconvenient to patients. However, the culture of laryngeal swabs has been hampered by various technical difficulties which it is of some concern to overcome in the near future.

5. Discharges

TABLE II

Recovered	43
Removed elsewhere	36
Died	30
Other	22
TOTAL	131

6. Beds

30 beds have been available at the Herbert Sanatorium and 43 at Linford Sanatorium throughout the year. The delay before a patient could be admitted for medical treatment has usually been about a fortnight. The opening of the thoracic surgical unit at Southampton has begun to reduce the delay in obtaining surgical treatment, and now most of such cases do not have to wait more than six months before they can be transferred to either Southampton or the Boscombe Hospital thoracic surgical unit.

During the summer, owing to the illness of Sister A. Woolway at Linford Sanatorium, the Matron was the only full qualified nurse available there for a period of two months. It is proper to record that during the whole of this period Miss Monks never left the Sanatorium.

In the latter part of the year the nine available beds at the Firs Sanatorium had to be reduced owing to the shortage of nurses there. Fortunately, it was possible to accommodate a few Bournemouth patients in Stagsden Nursing Home, but only the continuation of the Home Treatment Scheme enabled the waiting list to be kept to a reasonable manageable level. The number of patients being treated at home during the year varied from time to time between five or six, to about twenty.

7. Rehousing

10 tuberculous families have been rehoused by the Corporation during the year.

8. Contact Supervision

During the year, 622 persons were examined for the first time as contacts of known tuberculous cases. This figure compares with 383 new contacts during the previous year. Of these 622 contacts, 6 were found to exhibit some evidence of tuberculous disease. This examination of contacts imposes a lot of work on all concerned, but a "yield" of 1 per cent of cases requiring treatment justifies the work.

TABLE III

To show type of exposure, tuberculin reaction, and acceptance of B.C.G. in 622 "new" contacts.

	Tuberculin reaction		Number of negative reactors who accepted B.C.G.
	Positive	Negative	
Exposed to a sputum positive patient :—			
CHILDREN	64	58	43
ADULTS	113	10	4
Exposed to a sputum negative patient :—			
CHILDREN	35	76	58
ADULTS	90	19	17

In addition to the above numbers, 104 contacts either were not tuberculin tested or failed to attend for the result to be read. A further 53 contacts were examined, the patient concerned not being resident in Bournemouth, and 18 of these were vaccinated with B.C.G.

In addition to the vaccination of contacts with B.C.G. as indicated, the vaccination of certain hospital staff has continued. The whole of the nursing staff of all branches of the Royal Victoria Hospital have continued to be offered B.C.G. vaccination, and refusal is very rare. This facility has been offered to the ancilliary hospital staff, almoners, radiographers, clerks, and various

technicians. After tuberculin testing, 15 such members of the staff were vaccinated, and new members are now being offered vaccination as well as nursing recruits.

It must be pointed out, that as yet the total number of people vaccinated with B.C.G. in Bournemouth, 286, is so small that this method cannot have played any significant part in the control of tuberculosis in the town.

9.—Tuberculin Testing of Infant School Children

In 1951 the entrants of infants schools were tuberculin tested with a view to discovering the infectious adult who had infected the child. This investigation was so successful that during the spring term of 1952, a further group of infant school children were also tuberculin tested, and their contacts examined by the Mass Radiography Unit by courtesy of Dr. J. Stuart Robertson. In these two surveys nearly 4,000 children were tuberculin tested, 177 of these were tuberculin positive and the X-ray examination of their household contacts disclosed 19 new, unsuspecting cases of adult tuberculosis, as well as two children who developed tuberculous meningitis. These important results have been published in the British Medical Journal.

This method of searching for pulmonary tuberculosis has not previously been carried out in Great Britain, though isolated surveys have been made in Norway and the United States.

It is therefore pertinent to consider whether this apparently valuable and cheap case-finding procedure can be further extended. There is reason to believe that it can, and it is hoped that it will be possible to do so in Bournemouth in the future.

10. Social Welfare Conference

The weekly meeting of the Chest Physicians with the Health Visitor, the Disabled Resettlement Officer, a representative from the National Assistance Board, the Group Occupational Therapist and the Hon. Case Secretary of the Voluntary Care Association, has continued throughout the year. It has proved of increasing value as the persons participating have learned increasingly what facilities and help were at one anothers disposal. It can now be said that

this weekly meeting has come to be the focal point of all the after-care work, and the rehabilitation of nearly every patient.

11. The Clinic Register

During 1951 a detailed scrutiny was begun of all the individual records of every patient who has attended the clinic at any time. This was completed in the autumn of 1952, and led to the removal of some names from the register, of persons who could no longer be traced ; other persons whose follow-up had been overlooked, were again enquired after. Thus a revision of the whole scheme of follow-up has been carried out. At the end of 1952, 824 people were under supervision as shown in the following table :—

TABLE IV

Cases on Clinic Register on **31.12.52** (excluding 358 cases analysed in Table I).

Source of Admission	Doctor	Screen	Contact	M.M.R.	Hospital	School	Services	Transfer	Re-admission	Other	Total
NOTIFIED CASES											
Old Inactive ...	3								1	1	5
Primary	1	1	3							1	6
Generalised... ...		1			1						2
Pleural effusion ...	5	1			4			3		2	15
R.A. 1, 2 and 3 ...	73	10	7	17	10		6	33	5	7	168
R.B. 1, 2 and 3 ...	179	12	6	10	13	3	11	104	6	19	363
Non-pulmonary ...	14	1	4		15	1		7	1	2	45
TOTALS	275	26	20	27	43	4	17	147	13	32	604
OBSERVATION CASES	42	14	16	15	6	9	1	15	2	4	124
NON-TUBERCULOUS CASES	51	22		2	2	1	1	2	11	4	96

12. Staff and Equipment

A new developing tank, and drying cabinet were installed during the year which has improved the standard of radiography. The paritioning of the office has provided a small separate room for the shorthand-typist, and one for the use of the Health Visitor.

The partitioning of one consulting room has made the fluoroscopy apparatus more accessible when two doctors are working at the same time.

In the early summer, Mrs. D. M. Stoodley, S.R.N., S.C.M. resigned and was succeeded by Miss E. Tonkin, S.R.N., S.C.M. as Tuberculosis Health Visitor. Miss A. Lane, S.R.N. was appointed as part-time assistant for clinic nursing duties.

At the beginning of the year Dr. D. J. ap Simon was on sick leave ; he resigned to take up the post of Medical Superintendent at Douglas House which duties he was happily able to assume during the summer. Dr. J. R. Mikhail was appointed as Assistant Chest Physician in his place. Dr. H. R. Paterson resigned in the spring to take up an appointment in New Zealand. Dr. Abul Wafa joined the staff as locum tenens throughout the summer, until Dr. O. D. Beresford took up his duties as Assistant Chest Physician in succession to Dr. Paterson in October. In November, Dr. Mikhail resigned to enter general practice, and was succeeded by Dr. A. T. Hendry. At the end of November, Dr. W. H. Tattersall went on sick leave, and Dr. H. J. Robinson was appointed as Acting Consultant Chest Physician during his absence.

The above changes in medical staff must necessarily have been inconvenient to a number of patients ; their patience during the difficulties occasioned by these changes is recorded with appreciation.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952

	Formal Notifications													
	Number of Primary Notifications of new cases of Tuberculosis													
Age periods (years)	0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 and upwards	Total (all ages)
Respiratory—														
Males ...	–	–	–	1	2	4	10	15	12	24	14	8	1	91
Females ...	–	1	2	1	–	3	5	13	11	5	3	6	–	50
Non-Respiratory—														
Males ...	–	–	–	1	1	1	2	1	1	1	1	–	–	9
Females ...	–	–	–	–	1	1	–	2	3	–	1	–	–	8

Particulars of new cases of Tuberculosis notified, and deaths from the disease of Bournemouth residents.

	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	—	—	—	—	—	—	—
1–5 years	—	3	—	—	—	—	—	—
5–15 ,,	3	1	2	1	—	—	—	—
15–25 ,,	14	8	3	1	1	—	1	—
25–45 ,,	27	24	2	5	4	7	—	—
45–65 ,,	38	8	2	1	10	4	—	1
65–75 ,,	8	6	—	—	3	1	1	2
75 and upwards	1	—	—	—	2	1	—	—
Totals	91	50	9	8	20	13	2	3

	New cases		Deaths	
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
1943	165	24	68	11
1944	124	32	54	5
1945	140	27	53	13
1946	113	27	57	10
1947	124	25	45	13
1948	118	16	67	6
1949	109	18	54	8
1950	80	11	46	1
1951	127	13	37	2
1952	**141**	**17**	**33**	**5**

Location of Non-Respiratory Tuberculosis in the patients of all ages who were notified :—

Location	Male	Female	Total
Bones and Joints	1	–	1
Genito-Urinary System	5	4	9
Abdomen	2	–	2
Glands	1	3	4
Other parts	–	1	1
Totals	9	8	17

PUBLIC HEALTH (Prevention of Tuberculosis) REGULATIONS, 1925—RELATING TO PERSONS SUFFERING FROM TUBERCULOSIS IN THE MILK TRADE

No action has been required.

SECTION 172 OF THE PUBLIC HEALTH ACT, 1936—RELATING TO THE COMPULSORY REMOVAL TO HOSPITAL OF PERSONS SUFFERING FROM TUBERCULOSIS

No action has been taken.

SANITARY CIRCUMSTANCES, HOUSING AND INSPECTION OF FOOD

The Chief Sanitary Inspector reports upon the activities of his Section during the year as follows :—

I. Housing

(HOUSING ACTS, 1936 TO 1949 AND PUBLIC HEALTH ACT, 1936)

(a) Repair.

Number of houses inspected for housing defects	782
Number of visits made for the above purpose	2,898
Houses found not to be in all respects reasonably fit for human habitation	434
Defective houses made fit following service of informal notices (including outstanding notices brought forward)	388
Defective houses made fit following service of formal notices :—	
(a) by owners	21
(b) by local authority in default of owners	1

The above-mentioned repairs to houses were achieved in all cases through the powers given in the Public Health Act, 1936.

(b) Closure and Demolition (*Housing Act*, 1936).

Section 11

Demolition Orders made in respect of unfit dwellings	3
Houses demolished as a result of procedure under Section 11	Nil

Section 12

Closing Orders made in respect of unfit dwellings	6
Unfit dwellings closed	3

(c) Overcrowding (*Housing Act*, 1936—*Part IV*).

Number of houses inspected re alleged overcrowding	242
Number of houses found to be overcrowded	80
Number of cases of overcrowding abated	52
Number of houses visited to ascertain "permitted number"	317
Number of rooms measured to ascertain "permitted number" ...	1,263

(d) **Movable Dwellings** (*Public Health Act*, 1936, *Sections* 268-26

Number of applications received during the year for licences to station and use individual caravans ... ...

Number granted ... ...

Number refused ... ...

Number terminated ... ...

Number of applications received during the year for licences to use land as camping sites ... ...

Number granted ... ...

Number of applications for the extension of such sites granted during the year ... ...

Total number of dwellings allowed to be stationed on the above land at December 31st, 1952 ... ...

Number of visits made to caravan sites during the year ... ...

(e) **Land Charges Enquiries.**

Number of Local Land Charges Enquiries received during the year regarding various properties 3,

II. Inspection of Food and Food Premises

The control of premises where food is prepared, handl stored or sold continues to be one of the most important aspe of public health administration, and in Bournemouth, wh catering is the main industry, this fact cannot be over-emphasiz

During the year your Sanitary Inspectors have devoted c siderable time to the supervision of food premises and the follow visits have been made to ensure that a high standard of hygien maintained :—

Bakehouses	236
Cafes and Restaurants	771
Confectioners' Shops	177
Cooked meat shops	1334
Fishmongers' and poulterers' shops ...	397
Fried fish shops	171
Greengrocers' shops	265
Grocers' shops	1490
Gut-scraping works	62
Hotel kitchens	447
Public Houses	11
School Feeding Centres	36
	5397

As a result of these visits and ensuing informal action, improvements were effected at 75 various premises.

In addition to the above, many inspections were made in connection with the supervision of meat, milk and ice cream supplies in the Borough and the following details of this work may be of interest.

(a) Meat Inspection.

Very few animals are now slaughtered for human consumption within the Borough, there being only one slaughter-house licensed for the purpose. These premises are used for the occasional slaughter of "cottager's pigs", the carcases and organs of which were inspected and found fit for human consumption.

766 routine visits were made to butchers' shops and
137 to wholesale meat markets.

(b) Milk Supplies.

The Milk (Special Designations) (Specified Areas) Order, 1952, came into operation on the 1st November, 1952. Under this Order, the provisions of sub-section (1) of Section 19 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950 apply to the County Borough of Bournemouth and to adjacent local authority areas.

This meant that on and after 1st November, 1952, all dairymen selling any milk in any part of the specified area were compelled to sell it under a special designation, such as "Pasteurised", "Sterilised", "Tuberculin Tested" or "Accredited".

This legislation does not materially affect the situation in Bournemouth where, for many years, most dairymen had already ceased to retail undesignated milk which had not been heat-treated, and where all milk, "Tuberculin tested" or otherwise, is pasteurised.

Milk is now processed and bottled at only four establishments in the Borough and frequent sampling and routine inspections at these premises has helped to ensure that the local milk supply has been closely supervised at the most important stage of its distribution.

No "sterilised" or "Accredited" milk is distributed in Bournemouth.

THE MILK AND DAIRIES REGULATIONS, 1949

	Number registered	*Number of inspections*
Dairies	12	318
Milkshops	77	182
Pasteurising Plants	4	269

THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949

THE MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949.

The following licences were in operation during the year :—

Tuberculin Tested Milk.

Bottlers' Licences	4
Dealers' Licences	20

Pasteurised Milk.

Dealers' (Pasteurisers') Licences	4
Dealers' Licences	66
Supplementary Licences	1

325 samples of Pasteurised Milk and 244 samples of Tuberculin Tested (Pasteurised) Milk were submitted to the Public Health Laboratory. All were found to comply with the prescribed standards, except five of Pasteurised and four of Tuberculin tested Pasteurised milk.

These unsatisfactory samples were obtained from a newly-established pasteurising plant and were due to "teething troubles". When the fault in the pasteurising process was located, the trouble was soon remedied and since then only satisfactory samples have been obtained from the plant in question.

(c) **Ice Cream.**

24 samples of ice cream were taken for chemical analysis during the year and all were found to conform to the compositional standard laid down. The two samples of ice "lollies" taken were also found to be satisfactory.

During the year 39 premises were registered for the sale of ice cream. There are now eight premises registered for the manufacture of this commodity ; 383 premises also are registered for its sale.

Although ice-cream is being sold from a rapidly increasing number of shops, the present trend is to sell it "pre-packed" in wrappers or tubs, instead of "loose" from bulk containers. The sale of this confection in pre-packed form has much to commend it for thereby the risk of its contamination between factory and consumer is, of course, greatly reduced. The sale of pre-packed rather than loose ice-cream is also a much more speedy and trouble-free business from the retailer's standpoint.

It is pleasing to record that the standard of bacteriological purity of ice-cream sold in the Borough remains high.

During the year 239 samples were obtained by the Sanitary Inspectors and subjected to the Methylene Blue test at the Public Health Laboratory, with the following results :—

Number of Samples	*Result (Provisional Grade)**
202	I
19	II
6	III
12	IV

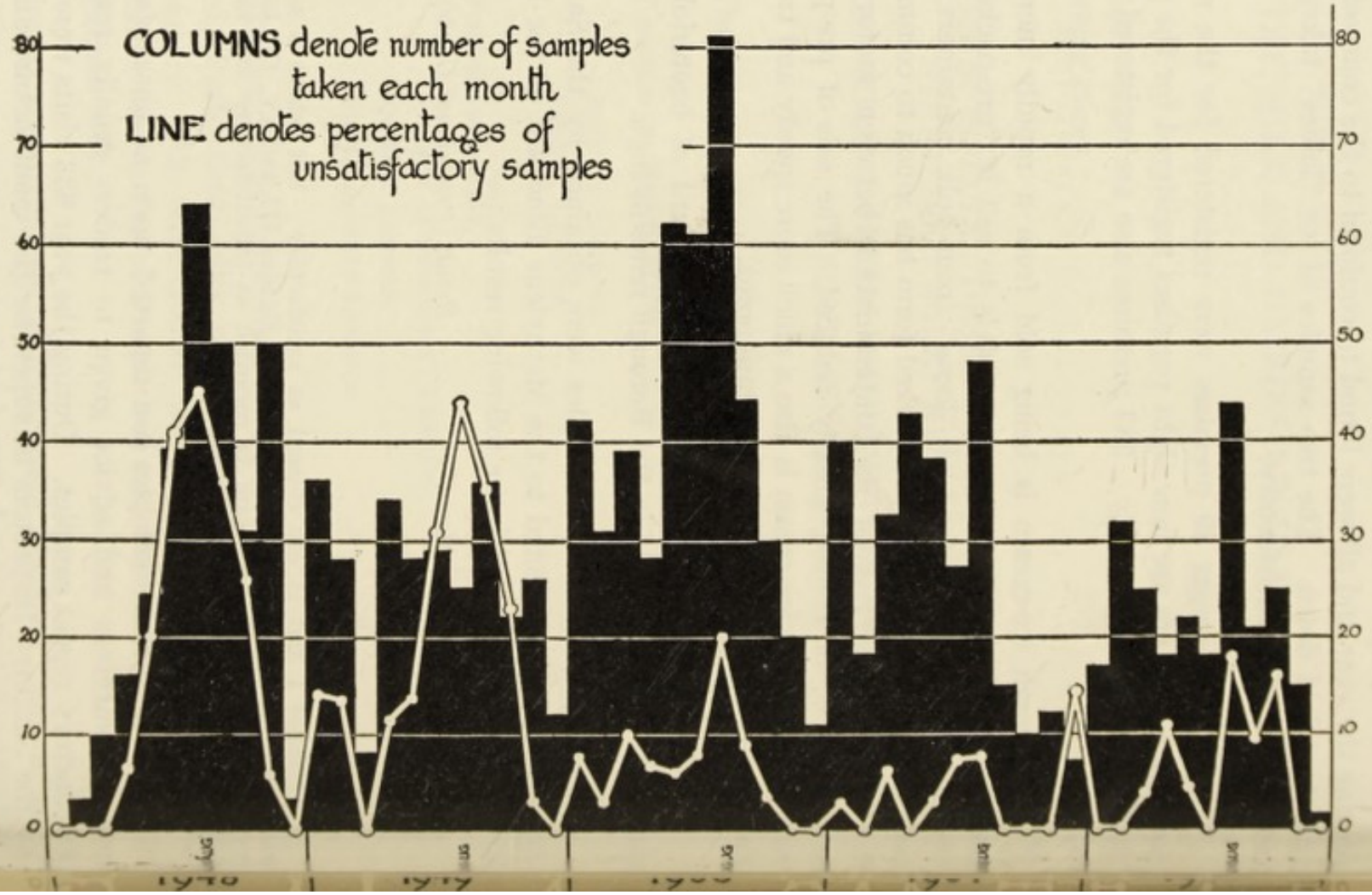
* Grades I and II are classed as satisfactory ; but where a series of samples from the same supply fall within Grades III and IV, the bacteriological purity of the ice-cream is regarded as unsatisfactory and indicates contamination in handling or manufacture.

In cases where samples are reported upon as unsatisfactory, prompt warnings and advice given to traders usually result in satisfactory repeat samples. During the year 633 visits were made by the Sanitary Inspectors to supervise the manufacture and sale of ice-cream.

The chart on page 66 shows the sampling results obtained during the past five years.

ICE CREAM SAMPLES

METHYLENE BLUE TEST RESULTS



(d) **Butter and Margarine Premises.**

There are no registered Butter Factories in the Borough; but 19 premises are registered for the business of Wholesale Dealer in Margarine.

(e) **Prepared Foods.**

Six premises were registered during the year for the manufacture of fish or meat products. There are now 81 of these registered premises in the Borough and during 1952, some 171 visits were made to them.

FOODSTUFFS CONDEMNED FOLLOWING INSPECTION

Commodity	*Tons*	*Cwts.*	*Qrs.*	*Lbs.*
Bacon			1	23
Beverages		1	3	14
Biscuits		11	–	9
Bottled fruit			1	2
Bread		10	1	25
Cakes			2	16
Cake and Pudding Mixture			3	16
Cereals		2	1	5
Cheese		1	–	21
Cooked Meats		8	–	24
Dessicated Coconut				27
Dried fruit		14	1	5
Eggs			2	1
Fats		1	–	7
Fish	5	6	–	13
Fish cakes			2	14
Flour		2	1	4
Fruit and Vegetables			1	15
Ice Cream				17
Junket Powder				20
Meat	3	9	3	13
Pickles, Sauces and Condiments				20
Poultry		1	2	3
Preserves				3
Rabbits		4	1	19
Sausages		1	1	24
Semolina and Sago				16
Sweets		4	–	24
Tinned Goods	11	17	1	13
Total	24	2	1	21

In connection with the above work the Inspectors issued no less than 4,627 Food Condemnation Certificates.

The amount of foodstuffs condemned in 1952 was 20 per cent less than in 1951, this being brought about chiefly by the reduction of 5½ tons in the amount of tinned foods found to be unsound.

Whenever possible, food condemned as unfit for human consumption is utilised for animal feeding.

III. General Sanitation, Shops and Factories—Inspections and other Duties

(a) Nuisances.

Complaints received and investigated	1242
Statutory Nuisances found	806
Statutory Nuisances abated	785
Total number of visits re above	5177

(b) Drainage Work.

Visits to Buildings in course of construction	2989
Tests applied to drainage at the above	2723
Defects found and remedied	435
Visits to existing buildings re drainage	1115
Tests applied to drainage at the above	345
Defects found and remedied	171
Cesspools built	5
Cesspools abolished and drains connected to sewer	7

*Private sanitary surveys made for prospective purchasers of property	29

* These are made on payment of a fee to the Corporation, the scale of charges being as follows :—

	£	s.	d.
Rateable value of the property under £50	1	11	6
Rateable value of the property over £50 but under £250	2	12	6
Rateable value of the property £250 or over	5	15	6

(c) Refuse Accommodation.

Number of dustbins provided following service of notices	76

(d) Disinfestation.

Number of premises treated with insecticides	87
Number of articles disinfested	612
Number of wasps' nests destroyed	163
Number of inspections of verminous premises	177

(e) Infectious Diseases and Disinfection.

Visits in connection with enquiries	206
Number of rooms disinfected :—	
(a) After notifiable disease	102
(b) After non-notifiable disease	190
(c) After tuberculosis	59
Number of articles disinfected	858

(f) Shops Act, 1950.

Number of inspections of shops	280
Number of contraventions found and dealt with	43

(g) **Factories.**

The following particulars are given in compliance with Section 128 of the Factories Act, 1937.

PART I OF THE ACT

1.—**INSPECTIONS** for purposes of provisions as to health.

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	185	247	3	Nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	571	566	9	Nil
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	Nil	Nil	Nil	Nil
TOTAL	756	813	12	Nil

2.—CASES IN WHICH **DEFECTS** WERE FOUND.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1)	11	7	—	1	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	1	—
(b) Unsuitable or defective	10	8	—	4	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	4	—	4	—	—
TOTAL	25	15	4	6	Nil

PART VIII OF THE ACT

OUTWORK

(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel (Making, etc.)	27	Nil	Nil	Nil	Nil	Nil

(h) Young Persons (Employment) Act, 1938.

20 visits were made to hotels, theatres, etc., regarding the employment of young persons at such premises. No contraventions were found.

(i) Rodent Control.

Complaints regarding rats or mice received and investigated	1384
Dwellinghouses surveyed	1516
Business premises surveyed	62
Land surveyed	29
Premises where poison baits were laid and taken	1485
Rats destroyed (bodies found)	1520
Estimated number of rats killed after baiting	6078

1401 dwellinghouses were treated, free of charge, for either rats or mice during the year and 92 business premises were treated at a nominal charge.

Corporation properties, including the refuse tips, foreshore, cliffs and pleasure gardens have also received systematic treatment during the year.

To many people rats are merely a natural phenomenon inclined to be a nuisance (like rainfall) but not inherently harmful. It is true that they are good scavengers ; they are also efficient damagers of property and, worse, contaminators of food and disseminators of disease.

It is also true to say that rats flourish only where insanitary conditions provide them with food and a home. Defective buildings, uncovered garbage receptacles, accumulations of refuse and lumber, waste food thrown into public parks, also pigs and poultry kept in unsuitable conditions, all tend to encourage rodents.

Rodent control is, therefore, a vital part of the public health service, and furthermore, complaints made regarding rats often lead to considerable sanitary improvements in addition to the mere destruction of these pests.

(j) Fertilisers and Feeding Stuffs Act, 1926.

Thirty-two informal samples and three formal ones of various types of fertilisers and feeding stuffs were purchased for analysis.

Most of these conformed to statutory requirements but there were a few instances where there were slight variations in the ingredients from the declared values. In these cases the matter was taken up with the firms concerned.

(k) Pharmacy and Poisons Act, 1933.

Shopkeepers, other than registered pharmacists, who sell certain scheduled poisonous substances are required by the provisions of the Pharmacy and Poisons Act, 1933, to have their names entered on the local authority's list of persons entitled to sell such poisons. They also have to conform to certain requirements regarding containers and the labelling, storage, transport and sale of such goods.

At the end of 1952 there were 279 "listed sellers" in the Borough. Visits are made from time to time to enforce the provisions of the Act. The 11 contraventions found were remedied following informal action.

(l) Rag Flock and Other Filling Materials Act, 1951.

At the end of 1952 there were twelve upholsterers' premises in the Borough registered under the above-named Act and during the year annual licences were granted for the storage of rag flock at three premises.

The four samples of filling materials taken during the year were all found upon analysis to be clean and satisfactory.

(m) Pet Animals Act, 1951.

Under the provisions of this Act, which came into force on the 1st April, 1952, no person is permitted to keep a Pet Shop except under a licence granted by the local authority.

Before granting such licences, the local authority has to be satisfied that suitable accommodation (as respects size, temperature, lighting, ventilation and cleanliness) and that adequate supplies of food and drink will be provided for the animals at all times; also that reasonable precautions will be taken to prevent the spread of infectious disease, and that adequate steps will be taken in case of fire or other emergency.

Licences were granted in respect of nine premises during the year, following satisfactory reports upon them from your Sanitary Inspectors.

(n) **Places of Entertainment.**

During the year 164 inspections were made of cinemas, theatres and other places of public entertainment. Although conditions generally throughout the town were found to be very good, minor improvements, redecorations and repairs were effected at several premises as a result of informal action.

(o) **Swimming Bath Water.**

Nineteen samples for chemical analysis and eighteen for bacteriological examination were taken from the three swimming baths open to the general public. These were found to be satisfactory.

(p) **Piggeries and Stables.**

131 inspections were made of piggeries and stables during the year. Although very few horses are now stabled within the district, the pig population has increased in recent years. Increasing numbers of householders in the outlying areas of the town are keeping pigs, and provided the site is sufficiently large and the byelaws relating to the keeping of animals are not contravened, there is little risk of nuisance being caused. It speaks well of the pig-keepers that very few complaints have been received during the year.

(q) **Atmospheric Pollution.**

Although frequent observations were made of industrial chimneys in the Borough, very few excessive emissions of smoke were noted.

During the year improvements were effected at three premises as a result of informal action.

Residents in the Wellington Road district, however, still suffer from smoke and grit nuisances from locomotives standing in the adjoining railway yards.

(r) Public Conveniences.

During the year £13,943 1s. 0d. was collected from the 155 Public Conveniences in the Borough by the Superintendent and his assistant. This amount shows a decrease of £68 on last year's receipts. Early in the year new conveniences were opened at Cemetery Junction, Wimborne Road, and the obsolete underground one there was then closed.

Several coin locks were damaged in the autumn and winter months, entailing expensive replacements and repairs. The thieves responsible gained only a few coppers for their trouble, however, as the locks are emptied frequently.

During the year 43 articles, including purses, umbrellas, clothing, watches and cameras, were left in the public conveniences. Most of this lost property was subsequently claimed by the owners.

LEGAL PROCEEDINGS

The following is a summary of the legal proceedings taken during the year under review.

Proceedings taken under	*Reason*	*Result*
Shops Act, 1950	Failure to close shop for the serving of customers on the weekly half-holiday	Defendant fined 5/-
Public Health Act, 1936	For failure to comply with an Abatement Notice in connection with repairs required at a dwellinghouse. For failure to comply with the said Abatement Order	Defendants fined £2 and an Abatement Order made. Defendants fined a daily penalty amounting to £109. An appeal is pending
Food and Drugs Act, 1938	For selling to the prejudice of the purchaser pork sausages which were deficient in meat	Defendants fined £10
Food and Drugs Act, 1938	For possessing meat intended for, but unfit for, human consumption	Defendant sentenced to three months' imprisonment, which was reduced, on appeal, to six weeks
Food and Drugs Act, 1938	For selling a tin of stewed rabbit which contained rabbit dung	Defendants fined £10
Food and Drugs Act, 1938	For selling pork sausages alleged to be deficient in meat	Case withdrawn. Action dismissed with £20 3s. 0d. costs awarded against the Authority
Food and Drugs Act, 1938	For selling a chocolate roll which contained a dead cockroach	Defendant discharged on payment of costs

WORK EXECUTED BY LOCAL AUTHORITY ON FAILURE OF OWNERS OF PROPERTY TO COMPLY WITH STATUTORY NOTICES

Notice served under	*Particulars of work executed*	*Cost involved which has been recovered*
Section 39, Public Health Act, 1936	Defective sink waste pipe repaired	£1 12s. 0d.
Ditto	Defective eaves gutters repaired	£13 10s. 0d.
Section 56, Public Health Act, 1936	Defective paving repaired	£14 12s. 0d.

Report of the Public Analyst

For the Year ended the 31st December, 1952

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in submitting for your consideration my Report on the samples of Foods and Drugs submitted for analysis during the year 1952.

The total number of samples submitted under the Foods and Drugs Act, 1938 was 540, of which 68 were formal samples and 472 were informal samples taken by your Food and Drugs Inspectors, and one sample was submitted privately.

The number of adulterated, or irregular, samples was 23 representing a percentage of 4.2 which is a decrease over 1951.

The various statistics are tabulated in Tables I to VII and the following points require comment.

The average percentage of fat in milk (Table VI) shows a decrease over the corresponding value for 1951, but the solids not fat show a slight increase. Only one fat deficient sample was found.

The results of examination of Channel Island milks, which have a separate fat standard, are shown in Table VII. On several occasions milk low in fat was found and appropriate enquiries made as a result of which it appeared that the deficiencies were due to natural causes. The average quality of these milks was slightly below the quality existing in 1951.

The tests for presence of chlorates in milk were continued during 1952 with negative results in all hundred milks so tested.

Five samples of dried fruits were examined and four samples (imported prunes) were found to contain sodium silicate. This is not a permitted preservative but no action could be taken as importation was through the Ministry of Food.

Eighteen samples of essences and flavourings were submitted and all found satisfactory.

Twenty samples of fish pastes and other fish products were satisfactory.

Seven samples of tinned fruit were examined and one sample was found to contain an excessive amount of iron.

Forty-five samples of meat products (pies, pastes, faggots, etc.) were examined and found satisfactory.

Twenty-four samples of Ice Cream were of satisfactory chemical composition.

Sixteen samples of spices and condiments were examined and found satisfactory.

During the year 1952, 23 samples of drugs were examined and with one exception were found to conform with the requirements of the 1948 British Pharmacopeia, or the Codex or to declared composition. The exception was an informal sample of glycerine, probably old stock, which showed a trace of moisture. A subsequent formal sample was quite satisfactory.

All other samples examined during the year were genuine and of good quality.

No samples were submitted under the Pharmacy and Poisons Act, 1941, nor under the Rag Flock Act of 1911 which has now been modified by a new Act.

Swimming Bath Water

Samples of water from Municipal and Private Swimming Baths are submitted to periodic chemical examinations and were found suitable for further use.

Water Supply

Regular samples of water from both sources of supply to the Borough are examined chemically and have all proved satisfactory.

Fertilisers and Feeding Stuffs Act, 1926

Thirty-five samples were submitted of which three were formal. Slight irregularities were found in some samples and subsequent formal samples were either satisfactory or, in one case, the Ministry was informed but no action was taken, as the active agent was in excess of the declared value.

Sewage Disposal

Samples of effluents from the Kinson Works have been regularly examined and having regard to the overloaded condition of the works, a fair quality effluent has been maintained but working difficulties have been incurred by the presence of copper in a discharge from a trade user.

TABLE I

68 Formal Samples

Nature of sample	Examined	Genuine	Harmful Colouring	Preservatives	Adulterated	Percentage Adulterated
Beer	3	3	–	–	–	–
Glycerine	1	1	–	–	–	–
Milk	49	49	–	–	–	–
Milk (Channel Island) ...	12	9	–	–	3	25
Sausage (Pork)	2	–	–	–	2	100
Sausage (Beef)	1	1	–	–	–	–

TABLE II

472 Informal Samples

Nature of sample	Examined	Genuine	Harmful Colouring	Preservatives	Adulterated	Percentage Adulterated
Foods						
Almonds, ground	1	1	–	–	–	–
Arrowroot	1	1	–	–	–	–
Baking Powder	7	7	–	–	–	–
Barley Flakes	1	1	–	–	–	–
Beer, Stout, etc.	4	4	–	–	–	–
Biscuits	1	1	–	–	–	–
Blancmange Powder ...	1	1	–	–	–	–
Cherries, Glace	2	2	–	–	–	–
Chocolates	1	1	–	–	–	–
Cocoa Powder	2	2	–	–	–	–
Coffee and Chicory Essence	7	7	–	–	–	–
Confectionery and Sweets ...	3	3	–	–	–	–
Custard Powder	3	3	–	–	–	–

TABLE II—*continued*

Nature of sample	Examined	Genuine	Harmful Colouring	Preservatives	Adulterated	Percentage Adulterated
Desiccated Coconut	2	2	–	–	–	–
Essences and Flavourings ...	18	18	–	–	–	–
Fish products and Pastes ...	20	20	–	–	–	–
Flour	1	1	–	–	–	–
Flour, Self-raising	9	9	–	–	–	–
Fruit, Tinned	7	6	–	–	1	14.5
Fruit, Dried	5	1	–	4	4	80
Fruit juices and drinks ...	5	5	–	–	–	–
Gelatine	1	1	–	–	–	–
Golden Raising Powder ...	2	2	–	–	–	–
Gravy Preparations	1	1	–	–	–	–
Horse Meat	1	1	–	–	–	–
Ice Cream	24	24	–	–	–	–
Ice Lolly and mixtures ...	2	2	–	–	–	–
Jellies	3	3	–	–	–	–
Lentils	1	1	–	–	–	–
Margarine	1	1	–	–	–	–
Marmalade	1	1	–	–	–	–
Meat products and pastes ...	45	45	–	–	–	–
Meringue maker	1	1	–	–	–	–
Milk	72	71	–	–	1	1.4
Milk (Channel Island) ...	33	25	–	–	8	24.2
Milk for chlorates	100	100	–	–	–	–
Milk, Condensed	1	1	–	–	–	–
Milk, Dried skimmed ...	1	1	–	–	–	–
Mincemeat	2	1	–	–	1	50
Nuts, Ground	2	2	–	–	–	–
Olives, Pickled	1	1	–	–	–	–
Pastry, Puff	1	1	–	–	–	–
Rennet essence	1	1	–	–	–	–
Rice, Ground	1	1	–	–	–	–
Rice	2	2	–	–	–	–
Salad cream	2	2	–	–	–	–
Sandwich and cheese spreads	3	3	–	–	–	–
Sausages, Liver	2	2	–	–	–	–
Sausages, Pork	6	4	–	–	2	33.3
Soup powder	1	1	–	–	–	–
Spaghetti	1	1	–	–	–	–
Spices	16	16	–	–	–	–
Sugar	1	1	–	–	–	–
Tapioca	1	1	–	–	–	–
Tea	4	4	–	–	–	–
Vegetables, Tinned	4	4	–	–	–	–
Vegetarian products ...	1	1	–	–	–	–
Vinegar	4	4	–	–	–	–
Welsh Rarebit	1	1	–	–	–	–
Whisky	1	1	–	–	–	–
Drugs						
Aspirin Tablets	2	2	–	–	–	–
Bicarbonate of Soda... ...	2	2	–	–	–	–
Boric Acid ointment ...	1	1	–	–	–	–

TABLE II—*continued*

Nature of sample	Examined	Genuine	Harmful Colouring	Preservatives	Adulterated	Percentage Adulterated
Camphorated oil	1	1	–	–	–	–
Castor oil	2	2	–	–	–	–
Eucalyptus oil	1	1	–	–	–	–
Friars balsam	3	3	–	–	–	–
Glauber salts	1	1	–	–	–	–
Glycerine	2	1	–	–	1	50
Glycerine, lemon and ipecac	1	1	–	–	–	–
Olive oil	1	1	–	–	–	–
Slippery elm tablets ...	1	1	–	–	–	–
Soothing powders	1	1	–	–	–	–
Sulphur ointment	1	1	–	–	–	–
Tincture of Iodine	1	1	–	–	–	–
Zinc Ointment	2	2	–	–	–	–

TABLE III

Private Sample

No.	*Nature*	*Nature of examination*
1	Dehydrated onion	Old stock, fitness for consumption

TABLE IV

Adulterated Formal Samples

No.	*Nature of sample*	*Nature of adulteration*
552	Milk, Channel Island	20 per cent fat deficiency
622	Sausage, Pork	11.5 per cent meat deficiency
564	Milk, Channel Island	2.5 per cent fat deficiency
569	Milk, Channel Island	6.2 per cent fat deficiency
351	Sausages, Pork	30 per cent meat deficiency

TABLE V

Adulterated Informal Samples

No.	*Nature of sample*	*Nature of adulteration*
21	Sausages, Pork	4.5 per cent meat deficiency
73	Sausages, Pork	25 per cent meat deficiency
68	Glycerine B.P.	Old stock which had probably absorbed moisture
36	Milk	6.7 per cent fat deficiency
74	Milk, Channel Island	2.5 per cent fat deficiency

TABLE V—*continued*

No.	*Nature of sample*	*Nature of adulteration*
85	Milk, Channel Island	5 per cent fat deficiency
86	Milk, Channel Island	5 per cent fat deficiency
87	Milk, Channel Island	7.5 per cent fat deficiency
73	Cherries, Tinned	174 p.p.m. iron
84	Prunes, Dried	Contained soluble silicates which are probably used as preservatives
88	Prunes, Dried	
89	Prunes, Dried	
90	Prunes, Dried	
86	Fruit mincemeat	Contained only 1.4 per cent fat
1	Milk, Channel Island	5 per cent fat deficiency
12	Milk, Channel Island	5 per cent fat deficiency
17	Milk, Channel Island	6.1 per cent fat deficiency
37	Milk, Channel Island	2.5 per cent fat deficiency

TABLE VI (Excluding Channel Island Milks)

Average proportion of fat and non-fatty solids

Quarter	*No. of Samples*	*Percentage Fat*	*Percentage of Non-fatty Solids*
1	34	3.35	8.82
2	28	3.31	8.85
3	21	3.33	8.76
4	38	3.51	8.90
Whole Year	121	3.38	8.84

TABLE VII (Channel Island Milks)

Average proportion of fat and non-fatty solids

Quarter	*No. of Samples*	*Percentage Fat*	*Percentage of Non-fatty Solids*
1	9	4.10	9.15
2	14	4.10	9.25
3	14	4.02	9.04
4	8	4.30	9.15
Whole Year	45	4.13	9.15

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

G. V. JAMES,

Public and Agricultural Analyst.

COUNTY BOROUGH OF BOURNEMOUTH

EDUCATION COMMITTEE

Annual Report

of the

School Medical Officer

Year 1952

To The Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit to you my third Annual Report as Medical Officer to the Education Committee. This report is the 45th of the series dealing with medical inspection, treatment and the general health of children in attendance at your schools.

As in previous years, medical inspections of school children were carried out in the prescribed age groups. These became somewhat in arrears during the year owing to a long period without the full establishment of school nurses.

We have been fortunate throughout the year in having four full time dental officers who have made very considerable progress in catching up with the arrears resulting from the lack of whole time staff during last year.

The general health of the school children has on the whole remained good throughout the year. A total of 5 cases of poliomyelitis were notified, of these four showed evidence of paralysis.

Another good year's work has been carried out by the Child Guidance Centre, though already it is apparent that the Consultant Psychiatrist should be permitted to work an additional session each week if a heavy waiting list is to be avoided. The South West Metropolitan Regional Hospital Board has been asked to grant an extra weekly consultant session, but so far this has not been allowed. I hope that continued representations will be made to the Regional Board, as it would be a pity for this work, so well begun, to fall behindhand.

In writing this brief introduction to my report, I would refer to the retirement of your Education Officer Mr. Childs during the year, and in doing so, express my sincere thanks to him for the helpful co-operation I have always received from him in carrying out my duties to the Education Committee. It is a great pleasure to me to know that this happy co-operation will continue under his successor, Mr. Smedley.

I am deeply grateful to the Chairman and Members of the Education Committee for the kind support and encouragement they have given me in carrying out the Tuberculin patch testing surveys, the result of which gave a clear indication of the value of introducing this test as part of the routine school medical inspection of school entrants.

Finally I take great pleasure in thanking my staff, medical, dental, nursing and clerical, for good and conscientious work throughout the year.

I am,

Yours faithfully,

IVOR A. MacDOUGALL.

SCHOOL HEALTH SERVICE STAFF.

(As at 31st December, 1952).

School Medical Officer:

IVOR ANDERSON MACDOUGALL, M.B.E., M.R.C.S., L.R.C.P., D.P.H.

Deputy School Medical Officer:

K. O. A. VICKERY, M.D.(Lond.), B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers :

CHARLES J. SANDERSON, M.R.C.S., L.R.C.P., D.P.H.

FRANZ A. HEIMANN, L.R.C.P., L.R.C.S., L.R.F.P.S., M.D.(Breslau)

P. K. KEATING, L.R.C.S.(I), L.R.C.P.(I), L.M., D.C.H.

Senior Dental Officer :

A. A. WOOD, L.D.S.

Assistant Dental Officers :

F. E. LOCKWOOD, L.D.S.

R. MCKECHNIE, L.D.S.

J. M. WEBB, L.D.S.

Dental Attendants :

J. BLANT, D. M. COX, B. M. READ, N. WOODS

Consultant Children's Psychiatrist (Part-time) :

*W. H. WHILES, M.R.C.S., L.R.C.P., D.P.M.

Educational Psychologist :

B. WORTHINGTON FOXLEY, B.SC.(Hons.), P.G.A.D.P.

Psychiatric Social Worker :

M. R. BARNES

Ophthalmic Surgeons (Part-time) :

*E. P. TULLOH, M.B., B.S., D.O.M.S.

*E. R. BOWES, M.D., B.S., D.O.M.S.

Orthoptist (Part-time) :

*P. FARIS, D.B.O.

* *Employed by South West Metropolitan Regional Hospital Board.*

Orthopaedic Surgeons (Part-time) :

Services provided by Surgeons from Lord Mayor Treloar Orthopaedic Hospital.

Physiotherapist (Part-time) :

*E. O. Joseph

Speech Therapist :

V. Abelson

Superintendent Health Visitor and School Nurse:

W. Melhuish

Health Visitors and School Nurses :

L. M. Austin
C. V. Bailey
E. I. Bartlett
P. M. Carey
M. G. Cornish
E. M. Gibbs
E. Heber
A. N. Legg
G. M. Lunn
G. E. Lewis
E. M. Smith
M. K. Staines
E. Turner
J. Wilkinson
N. L. Wright

Clerk in charge of School Health Service Section :

F. J. Goode

Clerks :

E. G. Payne, J. W. Peake, M. H. W. Watton

SCHOOLS AND SCHOLARS

Number of Primary Schools	33
Number of Secondary Modern Schools	7
Number of Secondary Grammar Schools	2
Average attendance	13,896
Average number on School Registers	15,121

CO-ORDINATION

The School Health Service whilst it is under the control of the Local Education Authority remains very properly an integral part of the Public Health Department with medical, dental and nursing staff actively engaged and interested in the health of the community of the town irrespective of age. In this way, complete health supervision is possible from infancy to adult life.

A TABLE SHOWING THE NUMBER AND NATURE OF THE DEFECTS FOUND DURING EXAMINATION OF CHILDREN IN THE PRESCRIBED AGE-GROUPS AND OF OTHERS "PERIODICALLY INSPECTED".

DEFECTS	Entrants 1,300		Children Aged 10 1,293		Children Aged 14 1,250		Secondary Gram. Pupils 1,132	
	Treatment	Observation	Treatment	Observation	Treatment	Observation	Treatment	Observation
Skin	15	12	10	6	24	4	14	4
Eyes :—								
Defective Vision ...	3	—	132	4	187	4	270	7
Squint	33	—	9	—	9	—	—	—
Other	7	1	3	2	11	3	6	—
Ears :—								
Defective hearing ...	3	7	—	3	1	—	1	—
Otitis Media	4	—	1	—	1	—	—	—
Other	—	—	1	—	2	—	2	—
Nose and Throat	39	123	5	133	6	81	1	47
Speech	2	2	6	4	1	—	1	—
Cervical glands	3	74	—	6	—	3	—	2
Heart and Circulation ...	3	7	1	4	2	2	2	5
Lungs	3	1	1	—	3	—	2	1
Developmental :—								
Hernia	—	—	2	—	—	—	—	—
Other	—	—	1	1	3	—	3	—
Orthopaedic :—								
Posture	14	10	13	15	11	18	28	18
Flat foot	33	11	13	4	11	2	11	18
Other	14	12	16	7	15	12	29	10
Nervous System :—								
Epilepsy	—	1	—	—	—	—	—	—
Other	—	2	—	—	—	—	—	—
Psychological :—								
Development	3	—	2	—	—	—	—	—
Stability	—	1	—	—	—	—	—	—
Other	—	—	—	—	—	—	—	—
	179	264	216	189	287	129	370	112

MEDICAL INSPECTION

No change has taken place in routine medical inspections during the year, and children have been inspected in the groups prescribed in the Education Act, 1944 :—

(a) Pupils admitted for the first time to a maintained school ;

(b) Pupils attending a maintained primary school during the last year of attendance ;

(c) Pupils attending a maintained secondary school during the last year of attendance.

Periodic examinations at various ages were also carried out in the Boys' and Girls' Secondary Grammar Schools. There were also re-examinations and special examinations for scholars at all ages who were found to have defects which required to be kept under observation.

FINDINGS OF MEDICAL INSPECTION

(a) *Uncleanliness.*

Periodic inspections by the School Nurses reveal that the standard of cleanliness amongst Bournemouth scholars is high, as will be seen from the following table :—

Infestation with Vermin

Examinations in Schools

Year	*Average No. on School Registers*	*No. of Examinations*	*No. of individual pupils found infested*	
1952	**15,121**	**38,773**	**218**	
1951	14,552	36,951	184	
1950	14,183	35,093	235	
1949	13,750	34,139	264	
1948	12,017	34,075	296	
1947	11,126	34,340	434	
1946	10,916	32,170	539	
1945	10,153	31,667	521	Includes Evacuees
1944	10,945	34,219	503	
1943	10,586	29,157	511	
1942	11,192	32,616	651	
1941	11,785	31,127	607	
1940	11,060	31,003	593	
1939	13,249	36,835	755	
1938	10,143	32,601	581	
1937	10,124	28,766	645	
1936	9,987	27,616	483	

(b) *General Condition.*

The classification of the general condition of school children as Good, Fair and Poor has again been applied. Whilst it is on the

whole a useful index of the general health and nutritional state of children there is no doubt that individual assessments vary quite a lot and therefore too much notice should not be paid to minor variations in findings. A comparison of percentages in each category for the years 1950, 1951 and 1952 is given below :—

Age Groups	A. (Good)			B. (Fair)			C. (Poor)		
	1950 ...	1951 ...	1952 ...	1950 ...	1951 ...	1952 ...	1950 ...	1951 ...	1952 ...
Entrants	28.75	30.41	15.85	69.28	67.15	83.00	1.97	2.44	1.15
Second Age Group ...	23.62	23.36	21.88	73.30	75.0	76.26	3.07	1.64	1.86
Third Age Group ...	27.63	25.24	25.36	71.20	73.18	73.75	1.17	1.58	0.89
Other Periodic Inspections	44.71	40.08	36.20	54.30	59.03	63.40	0.99	0.89	0.40

(c) *Minor Ailments.*

This year again no case of ringworm of the scalp has been found and only nine cases of ringworm of the body. Impetigo, once so common amongst scholars, is now a comparative rarity and only eight cases were found during the year.

(d) *Vision.*

Great attention is paid to the ascertainment of visual defects amongst the school children and during this year I have introduced an additional routine testing of vision at seven years of age.

Of the children aged seven years tested 80 were recommended to be seen by the Eye Specialists. Of these 61 were seen at the Clinics—glasses prescribed for 26. 5 other cases made their own arrangements. 1 case was already under treatment. The remainder are being kept under observation and will be followed up.

All those scholars with suspected defects are seen by the consultant ophthalmologists, who hold special sessions for school children at the school clinics.

(e) *Defects of the Nose and Throat.*

The number of children referred for the removal of tonsils and adenoids still remains high and the waiting list for admission to hospital is huge, approximately 1,300. However, where urgent operation is required, speedy admission to hospital can be obtained.

In 1952, 273 cases were operated upon as compared with 278 in the previous year.

(f) *Lung Disorders.*

Serious lung disorders in children are not numerous, although asthma and bronchitis are again conditions causing absence or irregular attendance at school during the year. Pulmonary tuberculosis is not a common disease in school life, but it is essential never to lose sight of the risk to a child through contact with an adult who has active disease.

It will be recalled that in my report for the year 1951, I advocated the tuberculin testing of school entrants as part of the routine school examination, and gave some brief preliminary details of a new investigation on this subject, which, with the help of the Senior Chest Physician, was being carried out in the schools.

I feel it would be of interest to members of the Education Committee to give now a detailed account of the investigation and this I do by setting out a report on the subject written by Dr. Tattersall, Dr. Mikhail and myself. (See Appendix at the end of this report). In doing so I gratefully acknowledge the help so generously given by these two Chest Physicians.

As the result of this survey, patch testing has now been introduced for the first time as a routine part of the medical inspection of school entrants, and by this measure I feel that your School Health Service has taken a big and important step towards assisting in the conquest of this disease.

My grateful thanks are due to the members of the Education Committee for the encouragement and keen support they have given me in cutting this new ground.

(g) *Treatment of Children in Hospital.*

The following information is given from hospital discharge reports received during the year :—

	Group of Diseases	*No. of Children*
1.	Infections or Parasitic Diseases	31
2.	Neoplasms (a) Benign	11
	(b) Malignant	1
3.	Allergic, Endocrine, Metabolic and Nutritional	3
4.	Diseases of blood and blood forming organs	3
5.	Mental, Psychoneurotic	—
6.	Diseases of Nervous System and Special Senses	*47
7.	Diseases of Circulatory System and Lymphatics	14
8.	Diseases of Respiratory System	†287
9.	Diseases of Digestive System	63
10.	Genito-Urinary System	18
11.	Skin and Cellular Tissues	10
12.	Bones, etc. (non-congenital)	57
13.	Congenital Malformations	2
14.	Accidents, Poisoning and Violence	37

* Includes 28 operations for "squint".
† Includes 273 cases for tonsillectomy.

LIST OF CLINICS HELD FOR SCHOOL CHILDREN

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Minor Ailments Clinics.					
Malmesbury Park : 70, Stewart Road	AFTERNOON	—	—	—	MORNING
Winton : Somerley Road	AFTERNOON	—	—	AFTERNOON	—
Pokesdown : 896, Christchurch Road	AFTERNOON	—	MORNING	—	—
East Howe : Moorlea, Caroline Road ...	MORNING	—	AFTERNOON	—	MORNING
Charminster : East Way	AFTERNOON	—	—	MORNING	—
Southbourne : Gospel Hall, Cranleigh Rd.	—	—	MORNING	—	AFTERNOON
Kinson : Pelhams, Millhams Road ...	—	—	—	MORNING	—
Dental Clinics.					
Central : 10, Madeira Road	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON
Pokesdown : 896, Christchurch Road	Do.	Do.	Do.	Do.	Do.
Winton : 19, Cranmer Road	Do.	Do.	Do.	Do.	Do.
East Howe : Moorlea, Caroline Road ...	Do.	Do.	Do.	Do.	Do.
Eye Clinics.					
Central : 10, Madeira Road	MORNING AND AFTERNOON	—	MORNING	—	—
Pokesdown : 896, Christchurch Road	—	—	—	MORNING	—
Child Guidance Centre.					
896, Christchurch Road, Pokesdown ...	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON	MORNING AND AFTERNOON

ATTENDANCES AT MINOR AILMENTS CLINICS

During the year a total of 6,988 attendances were made by children at the various Minor Ailments Clinics, as follows :—

	Primary	*Secondary*	*Totals*
Charminster ...	1268	46	1314
East Howe ...	1386	700	2086
Malmesbury Park	548	170	718
Pokesdown ...	516	89	605
Southbourne ...	594	346	940
Winton ...	899	25	924
Pelhams ...	401	—	401
			6,988

VISUAL DEFECTS

Two Ophthalmic Surgeons have undertaken refractions at the Avebury and Pokesdown Clinics ; the arrangement has worked very well, children have been promptly dealt with and there has been little waiting time for glasses for those found to be in need.

Number of children examined	1490
Number of attendances	1804
Number of children for whom glasses were prescribed :—	
New cases	278
Old cases	495

Orthoptic Clinic

230 Patients have received treatment, of these 59 were new cases referred by the Ophthalmic Surgeons.
86 children attended for regular treatment making a total of 1057 Treatments.
722 periodical tests were given to Patients who report at intervals of one to three months for check up.
28 children have received operative treatment.
25 children are awaiting operative treatment.
8 children were found to be unsuitable for orthoptic treatment.
44 children have been discharged (15 of these are cosmetically straight and 29 have single binocular vision).
2 children have left the district.
3 children have gone to private schools.
6 children have left school.
1 child failed to attend.

ORTHOPAEDICS

Up till the 1st September, 1952, the Specialist Orthopaedic Service for school children was carried out by the surgeons at the Orthopaedic Out-patient Department of the Royal Victoria Hospital, Shelley Road. As from the 1st of September, 1952, the Service was taken over by the surgeons of the Lord Mayor Treloar Orthopaedic Hospital, Alton. These surgeons come to Bournemouth for two regular sessions each month, but should the need arise they are able to come more frequently. In this way no waiting list is allowed to accumulate and prompt specialist attention is given to any child referred.

The consultant sessions are held in our own clinic at 70, Stewart Road. This new arrangement is working most satisfactorily.

Details of attendances for the past year are as follows :—

Number of scholars seen by the surgeons	358	(171)
Number of new cases	176	(100)

(Figures in brackets refer to 1951).

Defects found.

Genu Valgum/Genu Varum and other knee defects ...	81
Spastic conditions	6
Due to Anterior Poliomyelitis	19
Spinal Curvature and Poor Posture	33
Osteomyelitis	2
Congenital dislocation of the hip	7
Deformities of the foot	164
Other conditions	40
Defects not requiring treatment	6

A full-time physiotherapist attends the surgeons' sessions and beyond this, holds classes for remedial exercises. She also gives electrical and ultra violet light treatment.

22 children were received as in-patients at the Lord Mayor Treloar Orthopaedic Hospital and 29 at the Royal Victoria Hospital, Boscombe.

ULTRA VIOLET RAY CLINIC

This clinic has again been available throughout the year for children considered in need of such treatment. There is no doubt that in certain conditions of general debility particularly following some severe illness a course of Ultra Violet Light can act as a most useful tonic.

SPEECH THERAPY

As during last year, there is one whole time speech therapist who visits the various schools where Speech Classes are held. Children with defects are first examined by one of the Assistant Medical Officers and are periodically seen by him to decide how soon treatment may be discontinued. As mentioned previously in my Annual Report, I feel there is a definite need for a second speech therapist engaged on a part-time basis, as so much time is taken up travelling between classes by one speech therapist, that full justice cannot be given to the numbers of children requiring this special form of therapy.

94 scholars were treated by the speech therapist during the year.

CHILD GUIDANCE CENTRE

This has been the first complete year of the Child Guidance Service with a full team of Consultant Psychiatrist, Educational Psychologist, and Psychiatric Social Worker. The Service has now become well consolidated and is able to provide comprehensive diagnosis and treatment for pre and school age children. Since July 1952 we have moved into more commodious premises with adequate waiting and clinical rooms which has added greatly to the clinical facilities. When some modifications of these premises have been completed it would be possible to add group treatment for suitable children to the individual treatment now being conducted.

During the year 158 new children have been referred, which is an increase of 43, and 143 new children have been seen for diagnosis and full investigation, an increase of 50. 75 cases have been closed during the year and an analysis of the position on closure is below. We now have 161 children under active treatment, undergoing further investigation, or under regular review. The main source of referrals is still from School Medical Officers and General Practitioners. There has been an interesting substantial increase in the number of children referred direct by parents themselves. These are usually parents who have heard of the clinic work from neighbours whose children have previously been helped, and it is a sign of growing confidence in the Service by the community. Many of these are children who might otherwise have not been seen until the situation had got much worse as the parents feel too self-conscious about the problem to mention even to their doctor. Without exception these have been most important cases needing help. Almost a third of the new children seen have been under age 7

This is an encouraging sign as it means that children are being referred in the earliest stages of emotional disturbance when the most satisfactory treatment can be given in its simpler forms and when the work can be truly prophylactic, avoiding the establishment of more serious and fixed maladjustments.

It is still possible for new cases to be seen fairly promptly for the preliminary investigation by the Educational Psychologist and Psychiatric Social Worker, but with the large increase in referrals it often means a long wait before they can be seen for psychiatric examination. The preliminary investigation is able to sort out those for whom most urgent appointments are needed, but for the non-urgent cases the wait is now often up to three months. It is similarly difficult to keep up with the growing number on the treatment waiting list. At the end of the year there were 13 children waiting for intensive treatment. All available treatment time is taken up with relatively new cases so it will be some time before those on the treatment waiting list can be absorbed. This situation will become increasingly difficult until such time as more psychiatric sessions are available. The present two sessions are quite inadequate in view of the increasing rate of referral and treatment needs.

The link between the Child Guidance staff and other social agencies, school teachers and doctors has been developed and a number of lectures and discussions have been given by the clinic team during the year. We have had most encouraging support from all concerned in the welfare and development of children.

W. H. WHILES,
Consultant Children's Psychiatrist.

ANNUAL RETURNS FOR YEAR ENDING 31st DECEMBER, 1952

Carried over from 1951—Awaiting investigation	22
Total Open Cases	93
Total new cases referred during 1952	158
Total new cases seen (Boys 82 (57%) : Girls 61 (43%)) ...	143
Cases closed during 1952	75
Total open cases on 31st December, 1952	161
Awaiting investigation 31st December, 1952	24

Source of Referrals.	*No. of Cases*
The School Medical Officer	68
Hospitals and General Practitioners	41
The Children's Officer	3
Head Teachers (direct referrals)	9
Probation Officer and Juvenile Court	5
Other Sources	1
Parents	16
	143

Reasons for Referral.

Behaviour problems	62
Backwardness	25
Nervous Symptoms	29
Psychosomatic symptoms	13
Other problems	14
	143

Age Groups.

Pre-school age	12
Infants School age	34
Junior School age	52
Secondary Modern Schools 40 Grammar Schools 5	45
	143

Summary of Recommendations.

Diagnosis and Report only	33
Periodic survey and superficial treatment	49
Residential placement advised	8
Long term treatment by Psychiatrist	21
Treatment by Psychologist	20
Still under investigation	12
	143

Children under Treatment on 31*st December*, 1952.

Regular intensive treatment by Psychiatrist	13
Regular intensive treatment by Psychologist	24
Regular work with parents by Psychiatric Social Worker	35
Treatment waiting list for Psychiatrist	9
Treatment waiting list for Psychologist	4
Superficial treatment by Psychiatrist	27
Superficial treatment by Psychologist	35
Superficial work by Psychiatric Social Worker	55

Closures.

Advice only needed	40
Satisfactory adjustment after treatment	14
Transferred to other agencies	4
Removed from area	8
Unco-operative	9
	75

Interviews.

Psychiatric.

Diagnostic	113
Parents and others	170
Remedial Treatment	212
Survey	83
Total	—

Psychologist.

Diagnostic and Testing	308	
Parents and others	103	
Remedial Treatment	475	
Survey	46	
School and Hostel visits	92	
Total	—	1024

Psychiatric Social Worker.

New Cases	140	
Therapeutic Interviews	743	
Others concerned with children	90	
Home visits and Hostels	124	
Total	—	1091

W. H. WHILES,

Consultant Children's Psychiatrist.

IMMUNISATION AGAINST DIPHTHERIA

As in previous years facilities are available at all clinics for the immunisation of school children and no opportunity is lost by the Assistant School Medical Officers and school nurses to persuade parents of the importance of this prophylactic measure.

There is no doubt that there is a tendency amongst parents to become complacent in this matter as diphtheria no longer holds for them its previous horrors and it is whooping cough which now occupies first place in the mind of the parent as the most frightsome of the common infectious diseases. This complacency regarding immunisation should it become widespread could obviously bring about the re-introduction of diphtheria as a major killing disease amongst children and for this reason most energetic steps should be taken by doctors and school nurses to ensure a high percentage of protected children.

1677 scholars who received initial injections in infancy received a re-inforcing dose during the year.

52 others not previously treated received their first course of two injections.

NOTIFICATIONS OF INFECTIOUS DISEASES

The following relate to school children :—

Disease	*No. of cases*
Scarlet Fever	40
Measles	305
Whooping Cough	54
Pneumonia	14
Poliomyelitis—paralytic... ...	4
non-paralytic ...	1
Scabies	7
Dysentery	10
Food Poisoning	2
Acute Encephalitis—post-infectious	1
Para Typhoid B	1
	439

There were no notifications of respiratory tuberculosis or other forms of this disease.

It is gratifying to report that no case of diphtheria was notified during the year.

FOLLOWING UP

Most valuable work is done by the school nurses in the general follow-up of children found to have defects or who have recently been ill. By home visits the nurse is able to give helpful advice to the parent and can satisfy herself that treatment has been sought from the general practitioner and his advice carried out. In this connection I often feel it is a great pity the general practitioner does not make fuller use of the services of the school nurse who could assuredly by home visits and parental advice relieve him of considerable anxiety as to the care of the sick child and no doubt thereby save his valuable time for other pressing duties. This form of assistance of the Health Visitor/School Nurse is undoubtedly envisaged in the wording of Section 24 of the National Health Service Act.

Under the above heading, mention must be made of the valuable assistance given to the School Health Service by the N.S.P.C.C. Ready and willing help is always forthcoming from the local inspector, Mr. B. A. Ayling, in those cases which it is considered require his attention.

The School Nurses recorded the following reasons for home visits :—

	No.
Eye Defects	100
Ear, Nose and Throat conditions	184
Skin complaints	23
Uncleanliness	67
Patch Testing	141
Miscellaneous	476
	991

Exclusion from School

Scholars were excluded from school during 1952 for the following reasons :—

Chicken Pox	4
Ringworm (body)	1
Scabies	5
Other skin diseases	9
Tonsillitis	7
Uncleanliness	46
Mumps	9
Squint (post operative) ...	25
Miscellaneous	43
Total	149

Open-air Education

During the year 4 boys and 5 girls have been sent to residential open-air schools. The benefit derived by a debilitated child after a period at such a school is often most striking and the value of open-air education with good and regular meals is beyond doubt.

STAFF EXAMINATIONS

73 school teachers were examined by the medical staff, as a condition of appointment, also 31 applicants for entry to Training Colleges.

EMPLOYMENT OF SCHOOL CHILDREN

A total of 408 children aged 13 or more who wished to be employed outside school hours were medically examined by the Assistant School Medical Officers. All were found fit for the purpose. The occupations proposed were :—

Errand boys	55
News boys	263
News girls	49
Other	41

SCHOOL MEALS SERVICE

There is no doubt of the great value to the nutritional state and the general health of the scholars of the School Meals Service.

The standard of meals supplied and the care and proficiency with which they are prepared reflect great credit on the school meals organisers and staff under their direction.

The standard of hygiene maintained in school canteens and canteen workers continues to be high and the meals organisers are obviously ever conscious of the dangers inherent in mass produced meals.

27 Centres are utilised for the provision of meals, and the number of pupils partaking of meals and milk is illustrated by sample days on which statistics were collected.

Day in :	*Attendance*	*Meals Provided*	*Milk Supplied (bottles ⅓ pts.)*
February	13,639	6,787 (of which 576 were free)	11,030
June	13,904	6,794 (619 free)	11,376
October	14,471	7,239 (494 free)	12,071

HALIBUT LIVER OIL AND MALT

During the year 652 school children were recommended by the Assistant School Medical Officers to have Halibut Liver Oil and Malt. This was supplied free of cost.

HANDICAPPED PUPILS

Category	Ascertainment		Special Schools*				
	New Cases Ascertained During 1952	Number on Register, 31.12.52	Number Recommended During the Year for Admission	Number Admitted During the Year	Number Discharged During the Year	Number Attending on 31.12.52	Number Awaiting Placement on 31.12.52
Blind	3	7	3	2	—	5	3
Partially Sighted	2	2	2	1	—	—	1
Deaf	1	10	—	—	—	9	—
Partially Deaf	3	11	2	—	1	3	3
Delicate	14	27	9	9	7	7	3
Physically Handicapped ...	11	34	5	3	—	6	8
Educationally Sub-normal ...	42	164	28	23	13	41	24
Maladjusted	11	19	7	5	4	6	4
Epileptic	7	18	2	3	3	2	—
Diabetic	—	1	—	—	—	1	—
Speech Defective	21	60	—	—	—	—	—
Total	115	353	58	46	28	80	46

* Includes boarding houses or hostels : excludes Hospital Schools.

Number of Handicapped pupils being educated under arrangements made under Section 56 of the Education Act, 1944 16

Number of children reported during the year under Section 57 (3) of the Education Act, 1944 9

Annual Report on the School Dental Service, Year 1952

The year was one in which the School Dental Service made considerable progress. There were four dental surgeons employed by the Local Authority during the greater part of the year, each of the dental surgeons also devoting part of their time to the dental care of mothers and young children.

During ten months of the year there was a full establishment of dental officers each of whom was assisted by a very capable dental attendant. The arrears of work were in the process of being overtaken and the intervals of time between routine dental inspections at schools were reduced in all areas of Bournemouth.

Six per cent of the children inspected were taken by their parents to receive treatment by private dentists, in most cases under the General Dental Service.

Central Clinic

The two part-time dental officers, Mrs. M. Redfern and Mr. J. K. Donald, were replaced by a full-time dental officer, Mr. R. McKechnie, who commenced work on the 10th March.

The excellent work carried out by these two part-time dental surgeons was continued by Mr. McKechnie, who during his nine months of service throughout the year made considerable progress in shortening the intervals of time between routine school inspections, so reducing these intervals from about two and a half to two years.

Winton Clinic

All the schools served by this clinic were inspected during the year, with the exception of two schools which were transferred from the Central Clinic.

Inspections in the area took place at intervals of about fourteen months. Mrs. Webb, the dental officer at this clinic has been getting the work well under control, and expects to carry out annual inspections during this year and in future.

East Howe Clinic

Mr. N. J. Wood left on the 27th September in order to specialize in orthodontics. Mr. F. E. Lockwood was appointed and he commenced duty on 8th December.

Although the clinic at East Howe was completed in March, 1951 it was not until December of that year that we were able to obtain a dentist to work there, owing to this lapse of time the work fell badly into arrears.

Five of the nine schools in the area were inspected during the year 1952. Two of these schools had not received a dental inspection for three years. The remaining schools had been visited during the latter half of 1951.

Since we have had a full-time dentist working at East Howe the arrears of work have been rapidly overtaken and annual inspections will be practicable in 1953 and future years.

Pokesdown Clinic

Most of my time during the year was spent at the Pokesdown Clinic and the interval of time between routine school inspections was just under 14 months.

The clinic at East Howe was without a dentist for two months and during that time I worked there for 30 sessions, in order to provide a dental service in that area. This impeded progress a little at Pokesdown, but now that we have a full staff I expect to be able to carry out dental inspections at the schools annually.

Orthodontic Treatment

One hundred and twenty-three children were referred by the school dental officers to Mr. J. D. Hooper, Orthodontic Consultant at the Royal Victoria Hospital, Boscombe, for treatment.

One hundred and eighty-one children received orthodontic treatment at the school dental clinics.

Co-operation of Boscombe Hospital Staff

I would like to express my thanks to the dental surgeons on the staff of the Royal Victoria Hospital, Boscombe for their help during the year and I am also grateful to the Radiologists for kindly providing X-rays and reports.

Co-operation of Teachers

Head Masters, Head Mistresses and teachers were very helpful indeed and I thank them very much for their most valuable co-operation.

A. A. Wood,

Senior Dental Officer.

Medical Inspection Returns

Year Ended 31st December, 1952

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—	
Entrants	1300
Second Age Group	1293
Third Age Group	1250
Total ...	3843
Number of other Periodic Inspections	1132
Grand Total ...	4975

B.—OTHER INSPECTIONS.

Number of Special Inspections	3125
Number of Re-Inspections	1152
Total ...	4277

C—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with vermin).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	3	159	159
Second Age Group	132	80	207
Third Age Group	187	93	269
Total (prescribed groups) ...	322	332	635
Other Periodic Inspections ...	270	91	334
Grand Total	592	423	969

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		Number of defects		Number of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	63	26	—	—
5	Eyes— (a) Vision ...	592	15	1	—
	(b) Squint ...	51	—	—	—
	(c) Other ...	27	6	—	—
6	Ears—(a) Hearing ...	5	10	1	—
	(b) Otitis Media	5	—	—	—
	(c) Other ...	5	—	—	—
7	Nose or Throat ...	51	384	—	5
8	Speech	10	6	—	—
9	Cervical Glands ...	3	85	—	—
10	Heart and Circulation	8	18	—	—
11	Lungs	9	2	—	—
12	Developmental :—				
	(a) Hernia ...	2	—	1	—
	(b) Other... ...	7	1	1	—
13	Orthopaedic :—				
	(a) Posture ...	66	61	1	—
	(b) Flat foot ...	68	35	5	1
	(c) Other... ...	74	41	2	—
14	Nervous System :—				
	(a) Epilepsy ...	—	—	1	—
	(b) Other... ...	—	2	—	—
15	Psychological :—				
	(a) Development	5	—	—	—
	(b) Stability ...	—	1	—	—
16	Other	—	—	—	—

B.—Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1300	206	15.85	1079	83.00	15	1.15
Second Age Group ...	1293	283	21.88	986	76.26	24	1.86
Third Age Group ...	1250	317	25.36	922	73.75	11	0.89
Other Periodic Inspections...	1132	410	36.20	717	63.40	5	0.40
Total ...	4975	1216	24.44	3704	74.45	55	1.11

TABLE III.

INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	38,773
(ii)	Total number of individual pupils found to be infested ...	218
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...	NIL
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ...	NIL

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

Group I.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm—(i) Scalp	—	—
(ii) Body	9	—
Scabies	3	—
Impetigo	8	—
Other skin diseases	862	1
	—	—
Total	882	1
	—	—

Group 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with by the Authority	Number of cases dealt with otherwise
External and other, excluding errors of refraction and squint	142	5
Errors of Refraction (including squint)	—	1490
Total	142	1495
Number of pupils for whom spectacles were—		
(a) Prescribed	—	773
(b) Obtained	—	773

Group 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated by the Authority	Number of cases treated otherwise
Received operative treatment—		
(a) for diseases of the ear	—	15
(b) for adenoids and chronic tonsillitis...	—	273
(c) for other nose and throat conditions	—	2
Received other forms of treatment ...	86	9
Total	86	299

Group 4.—ORTHOPAEDIC AND POSTURAL DEFECTS

a) Number treated as in-patients in hospitals	51

	By the Authority	Otherwise
b) Number treated otherwise, *e.g.*, in clinics or out-patient departments...	—	314

Group 5.—CHILD GUIDANCE TREATMENT

	Number of cases treated In the Authority's Child Guidance Clinics	Number of cases treated Elsewhere
Number of pupils treated at Child Guidance Clinics	131	—

Group 6.—SPEECH THERAPY

	Number of cases treated By the Authority	Number of cases treated Otherwise
Number of pupils treated by Speech Therapists	94	—

Group 7.—OTHER TREATMENT GIVEN

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments ...	728	—
(b) Other than (a) above	—	172

TABLE V.

DENTAL INSPECTION AND TREATMENT

(1)	Number of pupils inspected by the Authority's Dental Officers :—					
	(a) Periodic age groups					9991
	(b) Specials					1079
	(c) TOTAL (Periodic and Specials)					11070
(2)	Number found to require treatment					7488
(3)	Number referred for treatment					7103
(4)	Number actually treated					4571
(5)	Attendances made by pupils for treatment					13036
(6)	Half days devoted to (a) Inspection					77
	(b) Treatment					1590
	Total (a) and (b) ...					1667
(7)	Fillings Permanent teeth					6942
	Temporary teeth					3302
	Total ...					10244
(8)	Number of teeth filled—Permanent Teeth					5862
	Temporary Teeth					3113
	Total ...					8975
(9)	Extractions Permanent teeth (a) Caries				566	
	(b) To relieve overcrowding ...				290	856
	Temporary teeth					4271
	Total ...					5127
(10)	Administration of general anaesthetics for extraction ...					1995
(11)	Other operations (a) Permanent teeth					1574
	(b) Temporary teeth					1268
	Total (a) and (b)					2842
(12)	Dentures and space retainers fitted					48

Orthodontics.

Cases treated during the year	181
New cases	78
Attendances	1073
Appliances provided	98
Cases completed during year	43

Tuberculosis Case-finding by the Tuberculin-testing of Infant-school Children

by

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"On numerous occasions, only the tuberculin reaction of a child or adult has revealed unsuspected infectious cases among his associates."—J. A. Myers, Minnesota.

Several years ago one of us (Tattersall, 1946) expressed the opinion that tuberculin-testing of young children should be more extensively used for case-finding in this country. Several interesting cases of tuberculosis had been discovered in this way. For example, the mother of two tuberculin-positive children was able to give a thorough account of the social contact of her daughters aged 5 and 3, which suggested that the only association they had had with anyone liable to cough was their father, who for the past year had been in Hong Kong. A message was sent advising that he should have his chest x-rayed, and he was invalided home with consumption.

This experience, after various trials and errors, led to the more extensive tuberculin survey of all the infant-school entrants in Bournemouth during the Michaelmas term of 1951, on which a preliminary report has been published (MacDougall, Mikhail, and Tattersall, 1951). Circumstances for this work had become propitious: the mortality rate from all forms of tuberculosis in Bournemouth during 1950 had fallen to 33 per 100,000 of population, the milk cleanliness in the town was known to have been good for a number of years, and the whole-hearted co-operation of all parties concerned could be anticipated. It was decided to test about 2,000 children over a period of about ten weeks which would cover almost all the children in the infant schools who had not yet reached their sixth birthday, including all the school entrants.

Since 1947 at least 97 per cent of the milk sold in this county borough has been heat-treated, pasteurized, or from tuberculin-tested herds, and by the end of 1951 100 per cent pasteurization had been attained. During the past five years all milk samples tested have complied with the current prescribed standards under the regulations of the Milk Special Designations Act, 1949; and under the Food and Drugs (Milk, Dairies, and Artificial Cream) Act, 1950, the town is shortly to become a "specified area" for the retail of "designated" milk. It therefore seemed reasonable to assume that a child beginning school and found to be tuberculin-positive would have been infected from a human source. The majority of such children would have led relatively sheltered lives, being too young to have had many casual stray and unknown contacts, so that any child thus infected would probably have incurred the infection within its own immediate family circle. The Michaelmas term survey was therefore designed to seek out and examine as exhaustively as possible all the relatives and friends (especially the adults) of tuberculin-positive school entrants.

A second survey during the Lent term was designed for comparison with the Michaelmas survey. A comparable number of infant-school children were tested, and their contacts examined, but by a slightly different procedure. This paper describes the methods and results of both surveys.

The Tuberculin Test

It was thought that the Mantoux test would require the positive written consent of a parent; so it was decided to proceed with the jelly test and advise parents that the test would be applied unless they objected. This was amply justified, since the success of the work depended on the co-operation of the family contacts of tuberculin-positive children. The technique used was that described by Dick (1950), and adopted for the Medical Research Council National Tuberculin Survey (1952), although later, suspecting the incidence of positive reactors might be unduly low, a slight modification recommended by Lendrum (personal communication) was adopted—namely, reading the results on the fourth day instead of the third day after application of the test. Flourpaper abrasion of the skin was not used on children under 6 years of age. In the Michaelmas survey whenever the result of the jelly test was doubtful a Mantoux test was performed, so that we always had a definite result; parental consent for this was obtained at the reading of the jelly test.

Organization of the Michaelmas Survey

1. The medical officer of health obtained the permission of the Education and the Health Committees for the investigation, and the scheme was explained to the head teachers of the schools involved.

2. The Public Health Department forwarded printed letters in stamped sealed envelopes to the school, from which they were addressed to the parents of the appropriate children and posted a week before the test was to be applied.

3. The following form of letter was evolved :

Dear Sir/Madam,

It is proposed to undertake the tuberculin-testing of the school children in the Borough who are attending infants' departments. The test will take place at ..... on .....

The action taken consists in placing a little special jelly on the child's back and strapping it in position for two days. It does not involve any injections and should not upset your child in any way.

Please remove the plaster on.....and attend at the school on.....for your child's back to be examined. Please do not allow the child to have a bath while the plaster is in position.

Unless I hear from you to the contrary, I will assume that you agree to this procedure. (Your child may already have been tested, but I hope you will be agreeable to a further test being carried out).

You are invited to be present on the..... morning, when the test is applied, and on the..... morning, when the result is read.

The result will be communicated to you, along with any observations, in due course.

If you desire any further information I suggest that you get in touch with me.

Yours faithfully,
I. A. MacDougall,
School Medical Officer.

4. At the same time the Public Health Department sent to the schools special tuberculin-test record cards which fit into the standard school health record card. Names and addresses were filled in on these cards by the school staff at the time of sending the initial letter to the parents.

5. Any objection to testing led to the removal of that child's tuberculin record card.

6. The schools were visited on Monday mornings by one of us (J. R. M.), accompanied by the school nurse for that school. It was found convenient to tuberculin-test about 200 children at

a session; this produced suitable numbers at each stage of the investigation. A ten-minute explanatory talk was given to the assembled parents, usually the mothers—generally about 80 per cent of the children were accompanied—pointing out that tuberculosis is spread by germs, explaining the significance of pasteurization of milk, and emphasizing the importance of finding any infectious cases. It was stressed that the duty of bringing all the contacts of a child with a positive reaction fell on the parents, and that only by their co-operation could the health of their child be protected. We believe that this brief address, by winning the co-operation of the family from the start, is the most important detail in successful case-finding.

7. Children were tested in alphabetical order by classes, the help of the class-mistress being invaluable in keeping the children in this order while the parents helped with the undressing and dressing of the children. Specially prepared small plasters—2 by 1½in. (5 by 3.8cm.)—with gauze backings were made for covering the jelly, and this additional facility in application amply justified the slight extra cost. Two hundred tests could be applied without undue haste in one and a half hours.

8. The school was revisited on the following Friday and the tests were read. In all cases where the parents were not present a printed letter giving the result was posted to them. It was found in practice, however, that nearly all the positive reactors were accompanied on the day the test was read. A further explanatory talk was then given, stressing the importance of the child being immediately x-rayed and the parents' responsibility for finding who might have infected their child. The importance of talking to the parents cannot be overemphasized; it was found that with their co-operation all the tuberculin-positive children and their family contacts, often neighbours as well, readily attended for fluoroscopy; thus the number of follow-up visits to be made by the health visitors became trifling.

9. Once the mothers' anxiety has been aroused it should be alleviated as soon as possible. Therefore, when a positive reactor was found, fluoroscopy appointments were given to the mother for each member of the household and any other friends or frequent visitors that the mother could name as seeming relevant. The health visitor listed all these persons, which information was kept on the child's tuberculin record card. If the mother was able to account for the child's infection by contact with a known case the alleged patient's name and address were taken for confirmation. Usually this proved correct.

10. After the tuberculin tests had been read at the school the record cards were returned to the Public Health Department.

11. Although several fluoroscopy sessions were available during the following week, it was found that 90 per cent of the contacts attended the session on the morning after the reading of the test. All the children and their contacts were screened, following the technique described by Hall and Tattersall (1950), and the results of that examination were told to the parents immediately. Only those exhibiting any fluoroscopic abnormality were filmed. The completed fluoroscopy reports were forwarded to the Public Health Department and entered on the tuberculin-test record cards. Letters were sent by the department informing each general practitioner concerned of the x-ray result.

12. All other children attending the clinic as contacts were tuberculin-tested, and this measure led to the discovery of two cases which developed tuberculous meningitis less than three months later.

Organization of the Lent Term Survey

The results of the Michaelmas investigation were considered successful enough to justify corroboration by a further survey. It was decided to tuberculin-test the remainder of the infant-school population, a comparable number of children, though on average slightly older. The whole of this second survey was carried out in a fortnight during the Lent term, and differed from the Michaelmas survey in two essential ways. First, all the tuberculin-testing was performed and read entirely by the school nurses, working in pairs. Having assisted in the Michaelmas survey, they were familiar with the procedure. Secondly, by courtesy of Dr. J. S. Robertson, the medical director, the tuberculin-positive children and their contacts were examined by the mass radiography unit.

The application and reading of the tuberculin tests were the same, but contacts were given appointments to attend the mass radiography unit and passed through their routine in the usual way. However, special sessions were arranged so that men, women, and children could attend as a family group, and they were photographed clothed. This arrangement did slightly slow down the ordinary rate at which examinees passed through. The x-ray appointment form was clipped to the mass radiography card, and when the miniatures were read the x-ray forms were completed by the medical director and returned to the Public Health Department. All abnormal films were dealt with by the usual mass radiography routine. A nurse attended these sessions to tuberculin-test any other children attending as contacts.

Results

The numbers of children eligible, tested, and tuberculin-positive are shown for both surveys in Table I.

TABLE I.—*Children Tuberculin-tested*

	Michaelmas Term	Lent Term
Eligible children	2,123	2,161
Refused	70 (3%)	79 (3.7%)
Absent	188 (8%)	149 (7%)
Number tested	1,865	1,933
Positive	42	135
Doubtful result ...	0	28

The number and percentage of positive results of the tuberculi tests are shown by age groups for the Michaelmas and Lent term in Table II.

TABLE II.—*Number and Percentage of Positive Results of Tuberculi Tests in Age Groups*

Age Groups	Michaelmas Term		Lent Term	
	Total No. Tested	Total Positive	Total No. Tested	Total Positive
3 years	99	0	18	1
4– ,, ...	589	14 (2.4%)	135	6 (4.4%)
5– ,, ...	1,177	28 (2.4%)	271	16 (5.8%)
6– ,, ...	—	—	558	46 (8.2%)
7– ,, ...	—	—	753	68 (9.0%)
8– ,, ...	—	—	182	23 (12.6%)
9– ,, ...	—	—	16	3

It will be noticed from these data that the incidence of positive reactors in each age group is rather low when compared with the findings of the National Tuberculin Survey in the urban areas o Southern England. However, on closer scrutiny of the available comparable data the findings are acceptable. Bournemouth is a well-housed seaside resort with very little industry, and in many ways more comparable to a rural area than an urban one. Table III gives the incidence of tuberculin-positive reactors in primary school children as reported in several recent investigations.

TABLE III.—*Percentage of Tuberculin-positive Reactors in Young School Children Found in Recent Surveys*

Place	Survey*	Method	Age Groups				
			4 yrs.–	5 yrs.–	6 yrs.–	7 yrs.–	8 yrs.–
Bournemouth ...	(1)	Jelly	2.7	3.0	8.2	9.0	12.6
Radnor	(2)	,,	—	3.5	2.9	5.0	5.4
Portsmouth ...	(3)	,,	—	5.1	8.7	10.7	15.2
Manchester ...	(4)	Mantoux 10 T.U.	—	4.3	14.1	20.6	16.3
Montgomery ...	(3)	Jelly	—	8.4	8.7	12.4	15.9

* (1) The present investigation.

(2) Jones Davies (1950), using Jensen's jelly preparation.

(3) Medical Research Council National Tuberculin Survey, 1949-50 (1952).

(4) Wolman (1952) using 1/1,000 Mantoux test on primary-school children in a working-class area of Manchester.

The origin of the tuberculous infection of the tuberculin-positive children is indicated in Table IV. This table also shows the number of contacts examined in each group of both the Michaelmas and the Lent term surveys, and suggests, what perhaps seems obvious, that the greater the number of contacts examined the greater the likelihood of case-finding success. Nevertheless, in 14 of the 17 new cases of adult disease the patient was a parent of the tuberculin-positive child.

TABLE IV.—*Sources of Infection of the Positive Reactors and the Numbers of Contacts Examined in Each Group of Children*

	Michaelmas Survey			Lent Survey		
	Positive Reactors	Contacts Examined	Average Child	Positive Reactors	Contacts Examined	Average Child
Traced to new cases	7	43	6.1	9*	49	5.4
Known cases not living in Bournemouth	9	50	5.5	48	129	3.0
Known cases in Bournemouth	17 already known			20 already known		
Untraced, but all available contacts examined	9	50	5.5	24	80	3.3
Untraced, but some children and contacts in this group never attended for mass radiography	—	—	—	34	—	—
Tuberculin reaction read as "doubtful"	0	—	—	28	—	—
Total ...	42	143	—	163	†	—

* One of these children led to the discovery of two new cases of adult tuberculosis.

† In the second survey, inevitably, there was some failure to obtain full particulars in every case, and some defection of the contacts regarding attendance for mass radiography. (This was eliminated in the first survey by persistent effort and domiciliary visiting). Altogether, 411 persons did attend the mass radiography unit, and 339 of these were the children and their contacts in the groups which were completely followed up. The remaining 72 persons were some of the tuberculin-positive children whose source of infection was not discovered and a few of their contacts. None of the children whose reaction was classed as "doubtful" was traced to a case of tuberculosis.

The following are particulars of the contacts of all positive reactors found in the Michaelmas survey, together with the new cases of adult tuberculosis found in the Lent term survey.

Traced to New Cases (Michaelmas Survey)

Case 1.—The child's x-ray film showed left hilar gland enlargement and collapse of the lingula. Mother and three lodgers normal. No other relations in Bournemouth. Father was a sergeant instructor in the Army. He was symptomless; but x-ray film revealed bilateral pulmonary tuberculosis, and he had a positive sputum.

Case 2.—The child had a primary lesion with atelectasis of left upper lobe. The mother's x-ray film showed a small cavity in the right upper lobe and she was sputum-positive. Six other contacts were normal.

Case 3.—Child and seven contacts normal. The father's x-ray film showed bilateral pulmonary tuberculosis and he was sputum-positive.

Case 4.—Child and five contacts normal. Mother had bilateral pulmonary tuberculosis and a positive sputum.

Case 5.—Child and four relatives in the house normal. A married sister in Reading was known to have pulmonary tuberculosis, and a friend of the family had been treated for pulmonary tuberculosis in a sanatorium. The father's x-ray film showed old-standing fibrotic disease in the left upper zone and mid-zone. Sputum and gastric lavage repeatedly negative.

Case 6.—Child and six contacts normal. Mother found to have a minimal lesion in the left upper lobe, sputum negative. Sister, a known case of pulmonary tuberculosis with a positive sputum, was living in the flat below in a converted house.

Case 7.—Child and four contacts normal. Father found to have a minimal lesion in his right upper lobe, sputum negative. A stepbrother, living in Blackpool, was a known case of open pulmonary tuberculosis; he had been in contact with the child prior to his diagnosis and treatment. The child stayed with him for holidays.

Traced to Known Cases (Michaelmas Survey)

Case 8.—Child and eight contacts normal. A known Bournemouth case of sputum-positive tuberculosis visited the house regularly.

Case 9.—Living in the same house with a known case of sputum-positive tuberculosis for three years. Two other children born in house after the man had died were both tuberculin-negative.

Case 10.—Child and five contacts normal. Mother a known case of sputum-positive tuberculosis, and a relation in the same house had recently had a pleural effusion.

Case 11.—Child and six contacts normal. Had previously been living with a known case of tuberculosis.

Case 12.—Lived with his aunt, who died three years ago of pulmonary tuberculosis. All contacts already examined.

Case 13.—Child and six contacts normal. A brother, with whom the child had been in contact, was in Manchester under treatment for tuberculosis.

Case 14.—Living in the same house as a known case of pulmonary tuberculosis. All contacts under supervision.

Case 15.—Child and four contacts normal. Two young people who previously lived in another flat in the same house were known to have had tuberculosis. One died a year ago of pulmonary tuberculosis, and another three years previously of tuberculous meningitis.

Case 16.—Child and four contacts normal. Father a known case of pulmonary tuberculosis under treatment in a sanatorium in America.

Case 17.—Child and four contacts normal. Close contact with a known case of pulmonary tuberculosis who died 18 months ago.

Case 18.—Child and five contacts normal. Recently moved to this country from China, where he was known to have been in contact with a case of tuberculosis.

In six other cases one of the parents had died of tuberculosis during the child's life, and all other contacts had been examined. In nine further cases the child had a tuberculous parent under supervision at the Bournemouth Chest Clinic, and all other contacts had been examined.

Source of Infection Untraced (Michaelmas Survey)

*Case A.**—This child's x-ray film showed a resolving primary lesion. Mother was normal. Four siblings were tuberculin-positive. One had segmental atelectasis, while another developed tuberculous meningitis 11 weeks after being tuberculin-tested. The father was dead, and, although several visitors to the household were examined, a lodger consistently refused examination.

Case B.—Child showed a primary lesion in the left lung. A like twin was found to be tuberculin-negative. The twin was observed over a period of four months and remained tuberculin-negative. Eight contacts were examined, all normal. They lived in a guest-house, and it seemed possible that they might have had unknown contact with a case of active tuberculosis.

Cases C and D.—Child and ten contacts normal.

Cases E and F.—Child and five contacts normal.

Case G.—Child and three contacts normal.

Cases H and I.*—Child and two contacts normal.

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* See Addendum.

Traced to New Cases (Lent Survey)

Case J.—Child normal. Sister showed thickening of right interlobar septum, enlargement of hilar glands and atelectasis of right upper lobe; admitted to sanatorium. Brother, x-ray film normal. Mother, calcified foci right upper lobe. Father, infiltration and cavitation left upper lobe; sputum-positive. Sister, aged 9 months, found to be patch-positive; maintained under weekly observation and two weeks later developed tuberculous meningitis.

Case K.—Child had a primary lesion in the left upper lobe. Four contacts normal. Father had infiltration in right upper lobe; sputum-positive.

Case L.—Child and four contacts normal. Father had infiltration and cavitation in right upper lobe, sputum-positive.

Cases M and N.—Child and five contacts normal. Aunt and uncle, both living in the same house, found to have pulmonary tuberculosis. Uncle had infiltration and cavitation in both upper lobes; sputum-positive. Aunt had minimal lesion in right upper lobe; sputum and gastric lavage negative.

Case O.—Child and five contacts normal; lodger in same house had fibrosis in right upper lobe.

Case P.—Child and three contacts normal. Sister, aged 20, had a minimal lesion in her first left interspace.

Case Q.—Child had collapsed right middle lobe; three contacts normal. Mother had minimal lesions in her second left interspace.

Case R.—Child and two contacts normal. Father had infiltration in right upper lobe; sputum-negative.

Case S.—Child and five contacts normal. Father had a minimal lesion in the right upper lobe; sputum-negative.

Discussion

This investigation was possible only through close co-operation between the chest physicians and the medical officer of health. Whether diagnostic or preventive, it illustrates the importance of such collaboration in anti-tuberculosis work.

The results show that for every 250 tuberculin tests applied in the schools a new case of adult tuberculosis was discovered among the contacts. As mass tuberculin-testing can be carried out cheaply, this case-finding method is relatively inexpensive.

Only 411 persons passed through the mass radiography unit in the Lent survey, yet 10 new cases of adult tuberculosis were found. Such a group is obviously eminently suitable for mass radiography examination. However, in order to make use of the mass radiography unit in this way, it is necessary to carry out a large number

of tuberculin tests in a relatively short time. In this particul investigation 411 examinees were easily dealt with by the unit in fortnight in addition to other work, but it involved considerab rearrangement of the school nurses' programmes to enable them apply and to read nearly 2,000 tuberculin tests during the sam period. On the other hand, when the survey was protracted ov a whole school term the tuberculin-testing was more easily arrange but the examination of the contacts at the chest clinic involv some adjustment of the weekly clinic sessions there. It wou seem that both procedures are equally satisfactory for finding cas and the choice should depend on local facilities.

The particular value of this case-finding technique is that "gets at" the unsuspected case by a "back-door" approach, a would seem to be especially suitable for an urban area where t milk has been extensively pasteurized during the past five years.

ADDENDUM.—Since this article was submitted for publicati two more untraced cases in the Michaelmas survey have been trac to a source case.

Case A.—After prolonged and persistent efforts by the hea visitor the lodger was persuaded to attend ; the x-ray examinati showed bilateral pulmonary tuberculosis, and he had a positi sputum.

Case H.—The mother of this child eventually attended, and t x-ray examination revealed a minimal lesion in the right upper lo Sputum was repeatedly negative.

This brings the total of new cases in the Michaelmas survey nine and the total number of new cases discovered to 19.

Summary

Two tuberculin surveys of infant-school children were conduc with the object of discovering adult tuberculosis among the hou hold contacts of the tuberculin-positive children.

In the Michaelmas survey, 1,865 children were tubercu tested by a chest physician and the contacts of positive react examined by fluoroscopy. In the Lent survey, 1,933 children w tuberculin-tested by school nurses and the contacts of posit reactors examined by mass radiography. In both surveys one case of adult tuberculosis was found among the contacts for ev 250 tuberculin tests applied in the schools. The co-operation the mothers of the children in persuading the contacts to atten regarded as a most important detail in the scheme.

This would appear to be a cheap and effective case-find method, especially suitable in an urban area where the mil pasteurized.

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Medical Officer of Health's Report

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