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COUNTY BOROUGH OF BOURNEMOUTH

Annual Report

of the

Medical Officer of Health

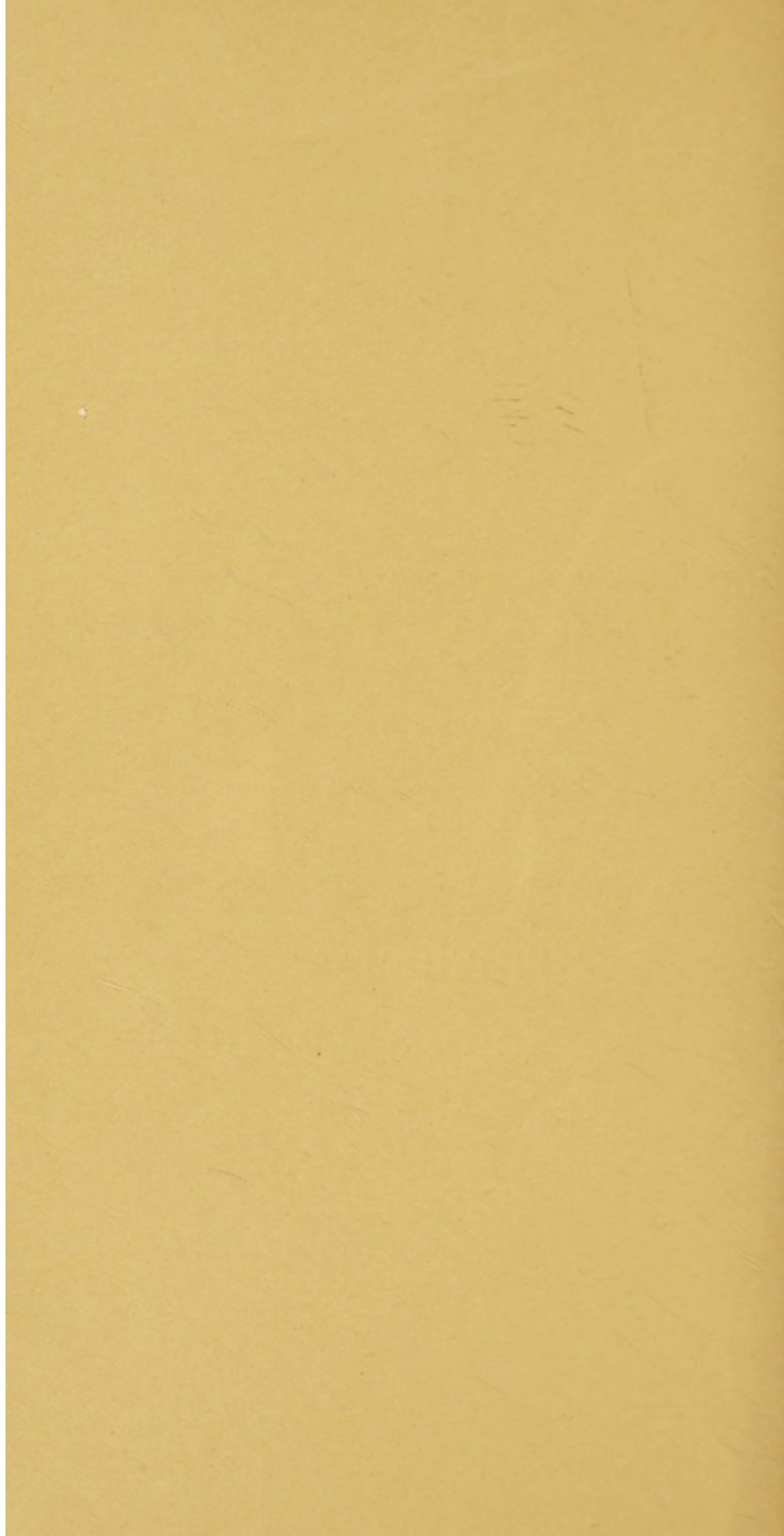
and

Principal

School Medical Officer

for the Year 1954

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





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COUNTY BOROUGH OF BOURNEMOUTH

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1954.

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

*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 for the year 1954, the seventy-sixth in the series. In doing so, I must acknowledge that during practically the whole of the year under review my predecessor, Dr. I. A. MacDougall, was in office, and that the achievements of the past year are almost entirely the result of his direction.

The birth rate of the Borough was 11.04 per 1,000 of the population compared with 11.52 per 1,000 during 1953. This is a low birth rate when compared with the rate for England and Wales (1954) of 15.2, and is explained by the relatively high proportion of elderly people in the population.

The general death rate was 15.36 per 1,000 of the population which when adjusted by the Registrar-General's comparability factor gave a corrected death rate of 9.83 per 1,000 of the population. Reference to the Table of the Causes of Death on page 15 shows that almost exactly 50 per cent. of the total deaths that occurred in Bournemouth during 1954 were in people over 75 years of age, and shows also the increasing mortality from degenerative Cardiovascular diseases and from Cancer. Perhaps the most tragic feature is the increasing mortality from Coronary Thrombosis and from Cancer of the lung, which so often affect persons in the very prime of life. Attention has been drawn in Parliament and in the medical and national press to the relationship between the smoking habit and the development of lung cancer, and Dr. W. H. Tattersall, Consultant Chest Physician to the Bournemouth Clinic, makes pertinent reference to this relationship in his report.

The Infant Mortality Rate, one of the most valuable guides to the health of a community, fell for the first time in the history of the Borough to below 20 per 1,000 live births, and the final figure of 19.26 per 1,000 compares with the average for England and Wales of 25.5 per 1,000 live births. This is a most gratifying result, and has only been achieved by the concerted efforts of the Maternity and Child Welfare Service, the General Practitioner Service and the Hospital Service. Of the total of 30 infants who died before their first birthday, no fewer than 26 died in the first four weeks of life, 25 of them from prematurity, congenital abnormalities or the hazards of birth. Deaths within the first four weeks of life, which form the hard core of infant mortality today, are extraordinarily difficult to prevent, for their causation is largely unknown. During the last few years there have been indications that the percentage of premature births has increased, and this problem is receiving active consideration.

In 1954 there were no maternal deaths, for the second year in succession.

The incidence of notifiable infectious disease remained relatively low during the year. Cases of Scarlet Fever and Whooping Cough showed an increase over 1953, but the incidence of Measles was much lower. There were no cases of Diphtheria, and no deaths

have occurred from this disease since 1948. Reference is made elsewhere in this Report to the difficulties in maintaining the immunisation rate of infants and young children. The virtual abolition of Diphtheria from the Borough during the last few years has led to a far too complacent attitude among parents, and it is our duty to warn them on every possible occasion that only a high immunisation rate can keep the disease in check permanently. Cases of Poliomyelitis during 1954 were 2 in number, compared with 55 cases in 1953. The incidence of Pneumonia was rather lower than in 1953, and the heavy death rate from this disease is due to the fact that in many cases it is a terminal condition complicating some other serious disease.

The death rate from Pulmonary Tuberculosis showed an increase, being 0.198 per 1,000 of the population, compared with 0.14 per 1,000 in 1953. The comprehensive report by Dr. W. H. Tattersall, given on page 57, shows that a quarter of the 1,200 cases of Tuberculosis attending the Bournemouth Clinic had been infected and diagnosed elsewhere, and were people who had come to live in Bournemouth for health reasons. Quite a proportion of these imported cases are, unfortunately, in an infectious stage of the disease, and although many of them can be rendered non-infectious by modern treatments, there is a constant danger to susceptible individuals. Efforts to detect unsuspected cases of Tuberculosis have continued through mass radiography, contact examination and the tuberculin testing of school-children, and the results have been described by Dr. Stuart Robertson and Dr. Tattersall in this Report.

During the year 1,507 persons were vaccinated or re-vaccinated against smallpox, an increase of 44 over the previous year, and it is encouraging to note that the numbers of infants vaccinated under one year of age increased from 753 to 837. As with Diphtheria, only a high immunity rate can keep this dreadful disease in check permanently.

During the year the Ambulance Service carried 38,304 patients a distance of over 200,000 miles, and with the help of the St. John Ambulance Association fleet, the Hospital Car Service, and the use of rail travel in selected cases, all calls on this service have been satisfactorily dealt with. The installation of the Radio-Telephone system has been of great value, not only in directing ambulances

quickly to the scene of accidents, but also in preventing unnecessary mileage being covered.

The Domiciliary Nursing Staff has been fully extended throughout the year, and the calls upon their services are increasing rapidly that they must inevitably require strengthening if the efficiency is to be maintained. Perhaps few County Boroughs present the same problems as Bournemouth, with its high proportion of elderly and invalid people, and for many of them the domiciliary services of the local authority offer the only hope of a peaceful and comfortable old age, within their own homes.

The Domiciliary Midwifery Service has had an exceptionally heavy year, and as it appears likely that in the future the majority of normal confinements will take place in the home rather than in hospital, this service also will require augmenting if it is to maintain its present high standards.

Calls on the services of Domestic Helps have shown an increase and will inevitably continue to do so. The ageing population, a present and future problem throughout the country, but particularly so in Bournemouth, has a great need of strong local authority domiciliary services, both of nurses and auxiliary helpers. Not only are these elderly people much happier spending their last years in their own homes, but to keep them at home is a much sounder economic proposition than the provision of hostels, "half-way houses" and chronic sick beds in hospital.

The Health Visitors, while continuing much of their traditional services to mothers and young children, have now become a powerful educative force directed towards the family as a unit, irrespective of the age of its members. Co-operation between the health visitors and the hospital and general practitioner services is still not as close as it should be in a unified National Health Service, and this must inevitably detract from the efficiency of the service as a whole.

The amount of mental ill-health within the community remains distressingly high, and its prevention offers a challenge to local authority services, which should be accepted as readily as was the challenge of excessive infant mortality, or tuberculosis, many years ago. The attitude of the public towards mental illness is changing also, and it is becoming increasingly realised that illness, whether mental or physical, can in many cases be treated with success, and the proportion of early cases of mental illness seeking treatment is

voluntary patients is evidence of this. There is still, unfortunately, a great deal of leeway to be made up in the training of mental defectives, and this group of handicapped persons—the least vocal of them all—should have far more consideration given to their needs following their exclusion from the educational system as “ineducable”.

The sanitary circumstances of the Borough have been described by Mr. W. Riley, Chief Sanitary Inspector, and one of the most striking features of the work of this section of the Public Health Department is its great responsibilities in connection with the well-being and enjoyment of the holidaymaker. The supervision of hotels and boarding-houses, catering and food preparation establishments, retail food shops, public conveniences and swimming baths—all come within the purview of the sanitary inspector, and the prevention of the spread of infectious disease among these temporary residents is in itself no mean task. Similarly, the growth of caravan camps, many for permanent habitation, but others for holiday use only, brings many problems.

The Public Analyst's report shows a disquietingly high proportion of adulterated samples—8.9 per cent. of the total, practically all of them being to the prejudice of the purchaser. In the case of milk samples, between 11 per cent. and 12 per cent. were found to be of inferior quality, although as all milk retailed in the Borough is heat treated, no danger of disease should arise.

This has been a year of many achievements, of which the Health Committee may well feel proud, but there is still much to be done, not only to consolidate those gains which have already been made, but to make further advances towards that goal of positive health which should be the birthright of every English man and woman.

It is my great pleasure to thank the Health Committee, and specially the Chairman, for the kindness they have shown me. Also, I should like to offer my thanks to my Deputy, Dr. J. H. Laughan, for his advice and help at all times, and to all other members of my staff, both medical and lay, for their willing co-operation, without which the achievements of the past year would have been impossible.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

WILLIAM FIELDING.

Health Committee and Staff

as at 31st December, 1954

HEALTH COMMITTEE

The Mayor (Councillor George Smith, B.Sc., J.P.).

Alderman J. H. Turner (*Chairman*)

Councillor A. H. Abbott (*Vice-Chairman*)

Council Members

Alderman	J. B. C. Beale, J.P.	Councillor	J. G. Middleton
"	H. C. Brown, O.B.E.	"	F. A. W. Purdy
"	T. Peaty	"	A. Scott
"	A. J. Playdon	"	C. E. Walker, M.B.E., M.A.
Councillor	Mrs. B. Bicknell, J.P.	"	Mrs. M. C. Wall
"	W. Collins	"	W. J. Whitelock
"	Mrs. E. L. A. Hockey, J.P.		

Other Members

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.
 C. Heygate Vernon, Esq., F.R.C.S.

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health, Principal School Medical Officer, and Medical Referee to Cremation Authority	William Fielding, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
Deputy Medical Officer of Health, Deputy Principal School Medical Officer, Deputy Medical Referee to Cremation Authority ...	John Harry Maughan, M.B., B.S., D.P.H.
Assistant Medical Officer of Health, School Medical Officer	C. J. Sanderson, M.R.C.S., L.R.C.P., D.P.H.
Assistant Medical Officer of Health, 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), School Medical Officer	P. K. H. Keating, L.R.C.S.(I), L.R.C.P.(I), L.M., D.C.H.
Principal Dental Officer	A. A. Wood, L.D.S., R.C.S.
Dental Officers	H. S. Hooper, B.D.S., L.D.S., R.C.S. F. E. Lockwood, B.D.S. (Univ. L'pool). W. J. Mackillop, L.D.S. (Hons.), R.F.P.S. (Glasgow).

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 + † W. G. Clarkson + † M. Guthrie, M.C. + † A. J. Mortimer + † ‡ 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, B. M. Davies-Brown, P. M. Carey, M. G. Cornish, F. Darlington, E. M. Gibbs, A. D. Lane, G. M. Lunn, E. M. Smith, E. Tonkin, B. D. Turner, E. Turner, J. Wilkinson, 2 vacancies.
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 Workers ...	M. R. Barnes, H. B. Hotson
Duly Authorised Officers ...	F. H. Lewis, G. A. Capes, R. Smith (Part-time)
Mental Health Worker ...	R. Smith
Dental Attendants ...	D. M. Cox, B. D. M. Read, D. W. Rose, 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, N. L. Hills, B. L. Johnson, E. M. Langridge, C. Lockett, E. G. Payne, J. W. Peake, R. W. Rowe, I. Sweet, S. G. Tarrant, B. Tyrer, M. Watton, D. Woodgate
Home Help Organiser ...	Mrs. L. A. Horwood
Ambulance Depot Superintendent	A. N. Platts
Supervisor, Occupation Centre ...	S. Nott
Assistant Supervisor, Occupation Centre ...	Mrs. J. C. Ellis
Assistant (Temporary), Occupation Centre ...	Mrs. G. M. Nott
Superintendent of Public Conveniences and Mortuary ...	W. C. R. Jewell
Sanitary Inspectors' Assistants ...	A. E. Gerault, W. C. Hyde, M. C. Russell, J. Smyth, J. Tyrell
Rodent Officer ...	F. Bennett
Rodent Operatives ...	A. G. T. Davis, J. T. Jones, G. Riley, R. E. Taylor, A. Thomas
Disinfectors ...	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	...	...	A. S. Carlos, B.Sc., F.R.I.C.
Meteorological Registrar		...	A. J. Mortimer (Part-Time)
Deputy Meteorological Registrars			R. C. Sweet, S. Tweedie (Part-Time)

* 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	...	141,100
Rateable Value	... ..	£2,109,721
Product of 1d. rate	... ..	£8,519

Vital Statistics

Live births	{ Male Legitimate 713, Illegitimate 60 Female „ 722, „ 63 }	...	...	1558
Birth rate (per 1,000 population)	...	...	...	11.04
Stillbirths	{ Male Legitimate 13, Illegitimate 2 Female „ 21, „ - }	...	...	36
Stillbirth rate (per 1,000 total live and still births)	...	...	...	22.58
Total Deaths (Males 975, Females 1193)	...	...	...	2168
Death Rate (per 1,000 population)	...	...	...	15.36
Adjusted Death Rate (per 1,000 population)	...	...	...	9.83
Maternal Deaths (Sepsis Nil, Other causes Nil)	...	...	...	Nil
Maternal Mortality Rate (per 1,000 total births)	...	...	...	—
Number of deaths of infants (under 1 year of age) :—				
Legitimate 30 Illegitimate Nil	...	...	...	30
Infant Mortality Rate (per 1,000 live births)	...	...	...	19.26
(Legitimate 20.9 Illegitimate—)				
Deaths from Whooping Cough, all ages	...	...	...	Nil
Deaths from Measles, all ages...	...	...	...	Nil
Deaths from Diarrhoea, under 2 years of age	...	...	...	3
Deaths from Pulmonary Tuberculosis (Males 20, Females 8)	...	...	...	28
Death rate from Pulmonary Tuberculosis (per 1,000 population)	...	...	...	0.198
Deaths from Non-pulmonary Tuberculosis (Males Nil, Females, Nil)	...	...	...	Nil
Death rate from Non-pulmonary Tuberculosis (per 1,000 population)	...	...	...	—
Deaths from Cancer (Males 211, Females 179)	...	...	...	390
Death rate from Cancer (per 1,000 population)	...	...	...	2.76

Births

The number of live births allocated to the area after adjustment for inward and outward transfers, was 1,558. This was 54 less than in 1953.

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

<i>Year</i>	<i>No.</i>	<i>Rates per 1,000</i>
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
1953	1612	11.52
1954	1558	11.04

Still-Births

<i>Year</i>	<i>No.</i>	<i>Rates per 1,000</i>
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
1953	41	24.80
1954	36	22.58

Illegitimate Births

<i>Year</i>	<i>No.</i>	<i>Rates per 1,000</i>
1945	307	158
1946	257	115
1947	189	84
1948	161	83
1949	137	79
1950	140	83
1951	111	72
1952	114	73
1953	122	74
1954	125	78

Prematurity.

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

The number of premature infants notified during 1954 (including transferred notifications) whose mothers normally reside in the area, is as follows :—

				<i>Live</i>	<i>Still</i>	<i>Total</i>
(i)	Born at home	...	...	27	4	31
(ii)	Born in hospital	...	...	64	8	72
(iii)	Born in nursing home	...	...	5	—	5

The total number of premature infants has thus increased to 108 compared with 103 last year, and 86 the year before.

The percentage of premature live births for the last six years is shown in the following Table :—

<i>Year</i>	<i>Total adjusted notified live births</i>	<i>Total adjusted live prematures (5½lbs. or less)</i>	<i>Percentage of notified live births</i>
1949	1734	96	5.5%
1950	1689	85	5.0%
1951	1555	64	4.1%
1952	1569	80	5.1%
1953	1643	88	5.3%
1954	1602	96	6.0%

Infant Mortality.

There were 30 recorded infant deaths during the year, of whom 19 were males and 11 females. Of the total, 26 occurred before the child was four weeks old, and 25 were due to prematurity, congenital abnormalities or the hazards of birth.

It is gratifying to note that the infant mortality rate has fallen to a new record low figure of 19.26 per 1,000 live births, and this rate is the lowest that has been recorded in the County Borough.

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

<i>Year</i>	<i>Bournemouth</i>	<i>England and Wales</i>
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
1953	21.7	26.8
1954	19.26	25.5

Maternal Mortality.

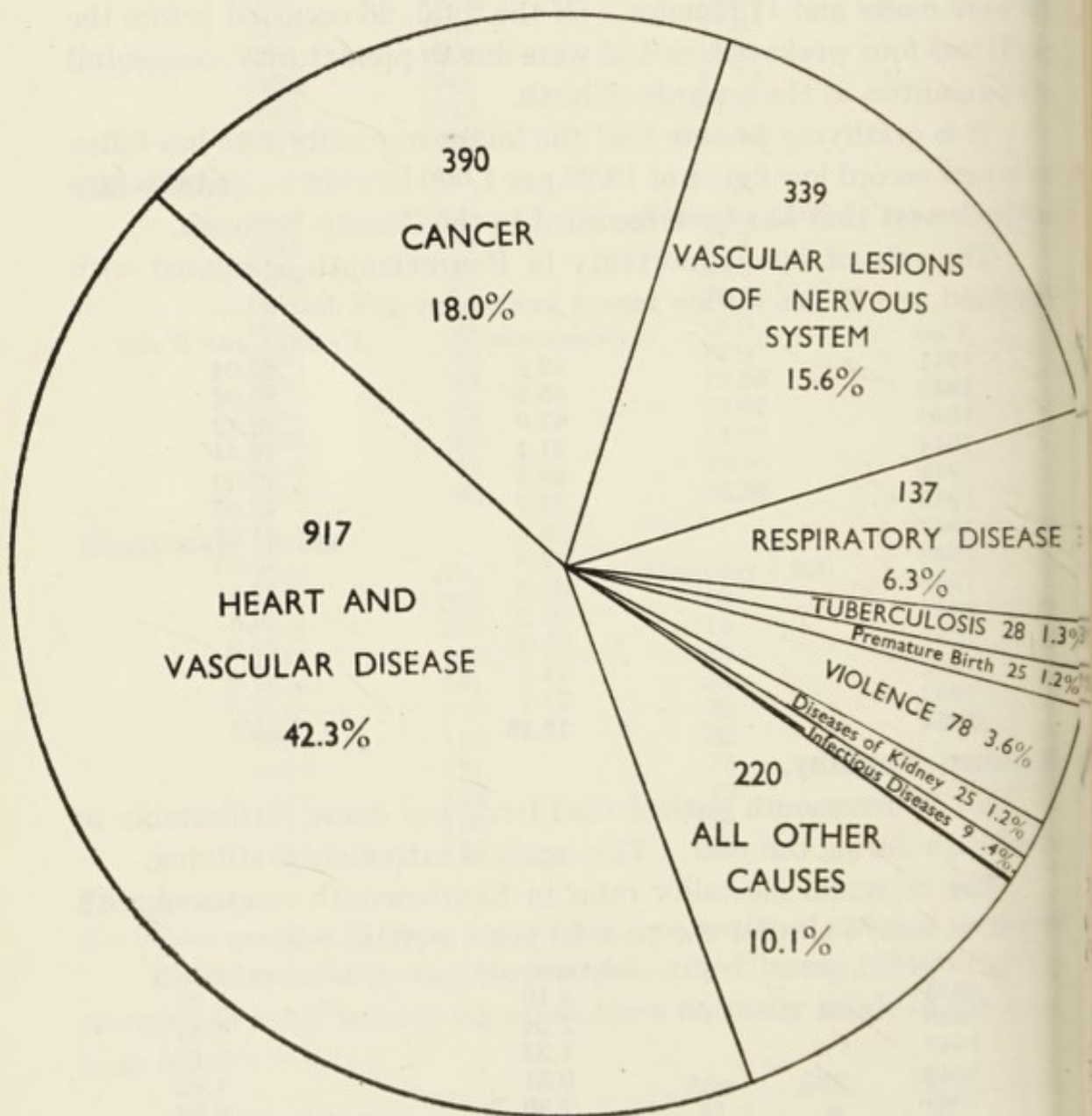
No Bournemouth patient died from any cause attributable to childbirth during the year. This again is extremely gratifying.

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

<i>Year</i>	<i>Bournemouth</i>	<i>England and Wales</i>
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
1953	—	0.76
1954	—	0.69

PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1954.

Total Deaths, 2168



**CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING
THE YEAR 1954**

Causes of Death	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
All Causes	2168	30	8	5	15	46	395	586	1083
1—Tuberculosis, respiratory ...	28	...	...	...	1	7	11	9	...
2—Tuberculosis, other ...	...	...	...	...	...	...	...	...	...
3—Syphilitic disease ...	6	...	...	...	...	...	2	3	1
4—Diphtheria ...	...	...	...	...	...	...	...	...	...
5—Whooping Cough ...	...	...	...	...	...	...	...	...	...
6—Meningococcal infections ...	...	...	...	...	...	...	...	...	...
7—Acute poliomyelitis ...	1	...	...	...	1	...	...	...	...
8—Measles ...	...	...	...	...	...	...	...	...	...
9—Other infective and parasitic diseases	2	...	...	...	...	1	...	1	...
0—Malignant neoplasm stomach	41	...	...	...	...	1	12	12	16
1—Malignant neoplasm, lung, bronchus	64	...	...	...	...	1	32	22	9
2—Malignant neoplasm, breast	53	...	...	...	...	4	20	16	13
3—Malignant neoplasm, uterus	23	...	...	...	...	...	14	5	4
4—Other malignant and lym- phatic neoplasms ...	209	...	1	...	2	2	48	69	87
5—Leukaemia, aleukaemia ...	10	...	...	1	...	1	1	4	3
6—Diabetes ...	15	...	...	...	...	...	2	6	7
7—Vascular lesions of nervous system	339	...	...	1	1	1	42	87	207
8—Coronary disease, angina ...	349	...	...	...	...	6	80	123	140
9—Hypertension with heart disease	61	...	...	...	...	...	5	12	44
0—Other heart disease ...	417	...	...	1	...	3	29	76	308
1—Other circulatory disease ...	90	...	...	...	...	...	8	23	59
2—Influenza ...	3	...	...	...	...	...	...	...	3
3—Pneumonia ...	54	3	1	...	...	...	7	14	29
4—Bronchitis ...	69	...	...	1	...	...	18	16	34
5—Other diseases of respiratory system	14	...	...	...	...	1	1	7	5
6—Ulcer of stomach and duodenum	23	...	...	...	...	1	2	8	12
7—Gastritis, enteritis and diarrhoea	14	1	2	...	...	1	3	2	5
8—Nephritis and nephrosis ...	25	...	1	...	...	...	11	7	6
9—Hyperplasia of prostate ...	18	...	...	...	...	...	...	3	15
0—Pregnancy, childbirth, abortion	...	...	...	...	...	...	...	...	...
1—Congenital malformations	16	9	1	...	2	1	1	1	1
2—Other defined and ill-defined diseases	146	16	1	1	1	5	30	41	51
3—Motor vehicle accidents ...	14	...	...	...	4	3	3	4	...
4—All other accidents ...	43	1	1	...	1	2	6	9	23
5—Suicide ...	18	...	...	...	2	5	6	4	1
6—Homicide and operations of war	3	...	...	...	...	...	1	2	...

**NOTIFIABLE DISEASES OTHER THAN TUBERCULOSIS WHICH
OCCURRED DURING THE YEAR 1954**

Disease	Total of cases notified	Total deaths
Scarlet Fever	104	—
Whooping Cough	338	—
Acute Poliomyelitis—		
Paralytic	2	1
Non-Paralytic	—	—
Measles	29	—
Diphtheria	—	—
Acute Pneumonia	57	54
Dysentery	6	—
Paratyphoid Fever	2	—
Erysipelas	18	—
Meningococcal Infection	1	—
Food Poisoning	81	—
Puerperal Pyrexia	43	—
Ophthalmia Neonatorum	2	—
Scabies	26	—
Malaria (Onset Overseas)	2	—

CASES OF INFECTIOUS DISEASE WHICH OCCURRED DURING 1954

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	104	—	22	79	2	1	—	—
Whooping Cough... ..	338	25	121	181	2	6	3	—
Acute Poliomyelitis—Paralytic	2	1	—	—	1	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—
Measles	29	5	12	9	1	1	1	—
Diphtheria	—	—	—	—	—	—	—	—
Acute Pneumonia	57	2	6	2	8	6	20	1
Dysentery	6	—	1	1	2	1	1	—
Paratyphoid Fever	2	—	—	2	—	—	—	—
Erysipelas	18	—	—	—	2	4	5	—
Meningococcal Infection	1	1	—	—	—	—	—	—
Food Poisoning	81	—	3	28	13	20	14	—
Puerperal Pyrexia	43	—	—	—	14	29	—	—
Ophthalmia Neonatorum	2	2	—	—	—	—	—	—
Scabies	26	—	4	11	5	2	4	—
Malaria	2	—	—	—	—	2	—	—

VITAL STATISTICS—SPECIAL FEATURES

The birth rate of 11.04 per 1,000 population compares with 11.52 per 1,000 during 1953, and an average for the last 5 years of 11.30. The comparable figure for England and Wales in 1954 was 15.2.

The death rate of 15.36 per 1,000 shows an increase over the rate of 14.57 per 1,000 in 1953, and compares with an average for the last 5 years of 15.73 per 1,000. The comparable figure for England and Wales in 1954 was 11.3 per 1,000, but when the Bournemouth death rate is adjusted to allow for the unbalanced age distribution of the population, an adjusted death rate of 9.83 per 1,000 is obtained.

The infant mortality rate of 19.26 per 1,000 live births compares with 21.71 during 1953, and an average for the last 5 years of 24.75 per 1,000 live births. The corresponding figure for England and Wales in 1954 was 25.5.

The death rate from Tuberculosis of the respiratory system was 0.198 per 1,000, an increase over the figure of 0.14 per 1,000 during 1953. The average for the last 5 years was 0.24 per 1,000. There were no deaths from other forms of Tuberculosis during 1954, compared with 2 deaths in 1953.

Two cases of Acute Poliomyelitis (paralytic) were notified, with 1 death. During 1953 there were 55 cases (30 paralytic ; 25 non-paralytic) with 4 deaths.

There was an increase in the attack rate of Scarlet Fever with 104 notified cases, compared with 70 cases in 1953.

There was an increase in Whooping Cough, with 338 notified cases, compared with 182 cases in 1953.

Measles showed a marked decline in 1954, only 29 cases being notified compared with 2,145 cases in 1953.

There were no cases of Diphtheria, and there has been no fatal case of this disease since 1948.

There were no maternal deaths, for the second year in succession.

Food poisoning cases notified during 1954 totalled 81, of which 50 cases occurred in Hotels and Boarding Houses during August, and 22 cases in a Girls' Boarding School in November. The remainder were isolated cases occurring mainly in private residences.

Large scale outbreaks of food poisoning, particularly in hotels and boarding houses during the peak of the summer season, can prove extremely harmful to the reputation of the hotel, and their control is made difficult by the constant changes in the hotel population and staff. The surest preventive measure is scrupulous attention to kitchen hygiene, and the maintenance of strict discipline amongst all concerned in the handling and preparation of food—this latter a difficult attainment in these days of staff shortages.

A summary of the cases is as follows :—

Cases occurred in	May	...	...	...	1
	July	...	...	...	5
	August	...	...	...	52
	October	...	...	...	1
	November	...	...	...	22
					—
					81
					—
Cases occurred in	Private Residences	...	...	...	8
	Hotels and Boarding Houses	...	...	...	51
	Boarding School	...	...	...	22
					—
					81
					—
Cases due to infection of food by	Gram. negative organisms	...	...	...	46
" " " " " " "	Cl. welchii...	...	...	...	22
" " " " " " "	Salmonella organisms	...	...	...	10
Cases due to unknown cause	...	...	...	...	3
					—
					81
					—

MATERNITY AND CHILD WELFARE

(Care of Mothers and Young Children)

At the end of 1954 there were 15 Infant Welfare Centres in the Borough, an additional Centre having been opened during the year at West Howe to cater for the needs of this rapidly growing area. Two of the Centres, at Avebury and Pelhams, provide Ante-natal and Post-natal services in addition to a complete range of Infant Welfare and Immunisation services, and in total 3 Ante-natal and 16 Infant Welfare sessions were held each week, attended by a Medical Officer and two Health Visitors. As far as possible, these Centres are located so that they provide a complete cover for the Borough.

The total number of attendances by children under 5 years of age at the various clinics during 1954 was 37,920, including 22,900 attendances by infants under one year. This compares with 36,951 and 21,897 attendances in these age groups during 1953, and during 1954 an average of 47 children under 5 years of age attended each session compared with 44 in 1953. Attendances at Ante-natal and Post-natal sessions, however, showed a slight recession, 1,311 attendances being made during 1954 as compared with 1,347 in 1953.

Ante-natal Clinics are also held at the Royal Victoria Hospital, Boscombe, and a number of the general practitioners conduct special Ante-natal sessions in their own surgeries.

During the last few years there has been a great demand for hospital confinement, largely owing to the facilities provided in hospital compared with the difficulties of having the confinement at home, and even though the Department provides Domestic Helps for those cases requiring the service, this does not completely compensate for the worries of the expectant mother who is living in rooms or under overcrowded conditions, or has no relatives or friends in the neighbourhood to supervise other children in the family. Hospital maternity beds are scarce, and are generally reserved for those cases requiring admission on medical or obstetrical grounds, or for the most unsatisfactory home conditions, and in addition to the shortage of hospital beds there is the ever-present shortage of trained staff to look after the patients. Another important factor is the increasing expense of confinement in private maternity homes.

Births occurring in Bournemouth

	1950		1951		1952		1953		1954	
	No.	%	No.	%	No.	%	No.	%	No.	%
Domiciliary births ...	465	20.5	433	21.2	436	23.4	502	26.8	571	31.2
Institutional births ...	1810	79.5	1556	78.8	1425	76.6	1366	73.2	1261	68.8
	2275	100	1989	100	1861	100	1868	100	1832	100

These figures show conclusively that in spite of the levelling off in the birth rate that has occurred since the peak post-war period in 1946-47, a greater number and a higher proportion of the births are taking place at home.

During 1954 the following births were notified as occurring within the Borough :—

Domiciliary births	...	...	571	
Institutional births	...	...	1,261	
				Royal Victoria Hospital ... 58
				Aston Grays Maternity Home 33
				Free Church Council
				Maternity Home
				Private Maternity Homes 33
				1,224
TOTAL	...		1,832	

This total is 36 less than last year, but there has been an increase of 69 in domiciliary births and a reduction of 105 in the institutional births.

Infectious Diseases Associated with Childbirth.

There were 43 cases of Puerperal Pyrexia, 41 institutional and 2 domiciliary. This is not a surprising figure, as regulations at present in force define Puerperal Pyrexia as "Any temperature of 100.4 Fahr. or more occurring within fourteen days after childbirth or miscarriage".

There were 2 cases of Ophthalmia Neonatorum, both institutional.

Ante-natal and Post-natal Clinics

Three combined ante-natal and post-natal clinics have been held each week throughout the year, two at Avebury and one at Pelhams. All clinics have been staffed by a Medical Officer and two Health Visitors.

It is disappointing to note the gradual decline in attendance at these clinics which has been evident since the inception of the National Health Service; particularly so as it has been to the very high standard of mother and child care by local health authorities in the past that the dramatic reductions in maternal and infant mortality can be attributed.

Ante and Post-natal Clinic attendances

		1950	1951	1952	1953	1954
Patients ...	...	667	576	554	556	540
Attendances ...	...	1961	1560	1456	1347	1311

It seems probable that the attendances at local authority ante-natal clinics will continue to decline, and providing expectant mothers are able to receive a comparable clinical service from the general practitioner of their choice, there need be no despondency. It seems doubtful, however, whether the busy general practitioner has the time available for the educative side of maternity and child welfare work which has always been a feature of clinic activities under the local health authority. For this reason, the courses of talks and demonstrations given by Health Visitors and Midwives in "Mothercraft" and extending over eight weeks, have been increased in number, with the full support of the family doctors, and if this partnership between the general practitioner as the clinician and the local health authority as the educator continues to thrive, the needs of the expectant mother should be amply covered.

Relaxation Classes

These special classes, which are based upon the teachings of Helen Heardman and are designed to give women painless childbirth by natural means, have become increasingly popular and requests for admission to these classes have had to be curtailed to some extent owing to the shortage of trained staff. The classes extend over ten weeks, and to be fully effective are commenced about the sixth month of pregnancy.

Laboratory Tests

It is part of the routine work of the ante-natal clinic to take samples of blood from expectant mothers for the Wassermann and Blood Group (including Rhesus) Tests. The object of these tests is to exclude physical conditions which might prove harmful to mother or baby during the confinement or subsequently, and cases which are admitted to hospital as emergencies take with them the results of these tests.

Family Planning

Since 1952 the Family Planning Association has continued the valuable work inaugurated by the former Municipal Contraceptive Clinic by means of weekly consultations held at Avebury Clinic. The Association receives a grant from the Council for cases approved on medical grounds.

The work of the Family Planning Association extends far beyond advice on contraceptive techniques in cases where further pregnancies might be harmful, and includes investigation of cases of infertility and sub-fertility and general advice to young married couples in the wise planning of their families.

During the year the Association dealt with 23 cases on behalf of the Council.

Infant Welfare Centres

Infant Welfare Centres continue to provide one of the most effective educative opportunities in the hands of the local health authority. It is at this period, when a mother has a young baby, that she is most receptive of new ideas for its well-being, and the Infant Welfare Centre provides facilities for the routine physical examination of young children up to five years of age which cannot readily be provided by the busy family doctor. The amount of "treatment" carried out by Infant Welfare Centres has now risen to negligible proportions, giving greater opportunity for individual and group teaching of the mother, and advice on all problems relating to the growing child. Each Clinic is staffed by a Medical Officer and two Health Visitors, assisted by the ladies of the Bournemouth Infant Welfare Voluntary Association, who undertake the keeping of records, the sale of welfare foods and clothing for the babies, and also the provision of light refreshments for the mothers. Ladies of the Women's Voluntary Service also give valuable assistance in the sale of welfare foods.

ATTENDANCES AT INFANT WELFARE CENTRES, 1954

Clinic	Infants under 1 year	Pre- school Children	Total	Sessional Average
Avebury	1043	614	1657	32
Boscombe	1699	772	2471	48
Castle Lane	1682	947	2629	51
Charminster	1373	676	2049	40
East Howe (Tuesday) ...	831	838	1669	32
(Friday) ...	6	6	12	12
Ensbury Park	1491	807	2298	45
Iford	1569	856	2425	47
Malmesbury Park	1618	1302	2920	57
Moordown	1500	978	2478	52
Pelhams	1613	957	2570	49
Pokesdown	2078	1030	3108	61
Strouden	1225	977	2202	43
West Cliff	1534	1021	2555	53
Winton (a.m.)	1132	922	2054	40
Winton (p.m.)	1406	1187	2593	51
West Howe	1100	1130	2230	45
	22900	15020	37920	47

Ultra-violet Light Clinics

Children in need of ultra-violet light treatment by reason of general debility, etc., are referred to the Clinic at Stewart Road, where facilities are provided by the Physiotherapists employed by the Regional Hospital Board. During 1954, 398 attendances were made by 24 children under the age of five years.

Welfare Foods.

At the end of June, 1954, the responsibility for the distribution of welfare foods (National Dried Milk, cod liver oil, vitamin tablets and orange juice) was transferred from the Ministry of Food to the local health authority. These preparations are on sale through all Infant Welfare Centres and the quantities distributed by the Local Health Authority during the last six months of the year amounted to :—

National Dried Milk (tins)	26,114
Cod Liver Oil (bottles)	7,342
Vitamin Tablets, A & D (packets)	2,244
Orange Juice (bottles)	34,145

Nursery and Child Minders (Regulation) Act, 1948

There are 6 premises registered under this Act, providing accommodation for 95 children.

Mother and Baby Homes

There is no directly provided Mother and Baby Home, but two local homes conducted by voluntary religious organisations receive a grant from this authority. Social rehabilitation is attempted in every case.

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

During the year 2 local girls were admitted to St. Thomas Lodge, and 11 to the Free Church Council Home.

DAY NURSERIES

The three Day Nurseries at Hadow Road, Wellington Road, and Castlemain Avenue continued to provide accommodation for 50, 40 and 30 children respectively at the end of the year, but owing to the increased charges made in accordance with Ministry of Health Circular 23/52 of 28th July, 1952 the daily attendance, particularly at Hadow Road Day Nursery, showed a marked decline. Priority of admission has continued to be given to those children whose mother is the sole wage-earner in the family, widows, unmarried mothers, women separated from their husbands, or where the father of the family is permanently incapacitated. Other children receiving priority attention have been those referred by doctors and health visitors owing to behaviour problems.

During the last six months of the year, the average attendances at each of the Day Nurseries were as follows :—

Nursery	Places provided	Average number on register	Maximum attendance at any session	Priority cases
HADOW ROAD	50	26	18	14
WELLINGTON RD.	40	27	22	16
CASTLEMAIN AVE.	30	27	27	22

It would appear, from a survey of the level of attendances during the last two years, that approximately 50 children in the Borough come within the true "priority" class and provision should continue to be made for this small number of children, either in Day Nurseries or by other means. Day Nurseries were originally established to meet a specific wartime need, and there is not by any means universal agreement on the wisdom of their continuance in peacetime. Wherever possible, the young child should be kept with his mother until starting school and only in exceptional circumstances should separation be considered at an early age.

During the year minor outbreaks of infectious disease have occurred in the Day Nurseries, and an Assistant Medical Officer of Health has made weekly visits to advise the Matron on a variety of problems.

Dental Treatment for Mothers and Young Children, 1954

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

General Remarks

During the year 1954 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 very capable dental attendant.

The dental surgeons were also engaged in the School Dental Service.

Dental Inspections

Periodic visits at intervals of four to six months were made by the dentists to all the Infant Welfare Centres and the three Day Nurseries in the Borough. Dental inspections were carried out and advice on the care of the teeth given to the mothers. The findings at the Day Nursery inspections are included in the statistical part of this report.

The visits by the dentists to the Infant Welfare Centres were of great value from an educational point of view, advice was given to parents at a most appropriate time, i.e. early in the lives of their children.

Co-operation of Other Services

As in previous years mothers and young children were referred to the dental surgeons by doctors and health visitors.

All mothers attending the Ante Natal Clinics were told by the doctor of the importance of their dental health and were invited to attend the dental clinics for inspection. Treatment was offered when required.

Provision of Dentures

Dentures were made by the skilled technicians at the Royal Victoria Hospital, Boscombe dental laboratory, a most satisfactory arrangement, the work being of a very high standard.

The central position of the laboratory enabled the dental surgeons to pay occasional visits in order to give personal directions regarding the work, when this was desirable.

Facilities for X-Rays

Mothers and pre-school children requiring dental X-rays were referred to the Radiologist at the Royal Victoria Hospital, Boscombe.

Maternity and Child Welfare

(a) NUMBERS PROVIDED WITH DENTAL CARE

	Examined	Needing treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ...	116	110	100	98
Children under five ...	575	280	265	273

(b) FORMS OF DENTAL TREATMENT PROVIDED

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Radio-graphs	Dentures provided	
		Local	General					Com-plete	Partial
Expectant and Nursing mothers	236	50	34	149	45	Nil	2	28	42
Children under five	224	14	117	485	Nil	50	1	Nil	Nil

TABLE SHOWING DENTAL CONDITION OF CHILDREN AT THE DAY NURSERIES—Year 1954

31, Wellington Road

Age	Number Examined	Number Needing Treatment	Caries Free Teeth	Decayed Teeth	Filled Teeth	Missing Teeth	Total D.F.M.
2	11	2	190	8	-	5	13
3	4	1	77	1	2	-	3
4	7	3	129	4	7	-	11
Totals	22	6	396	13	9	5	27

East Howe Day Nursery

Age	Number Examined	Number Needing Treatment	Caries Free Teeth	Decayed Teeth	Filled Teeth	Missing Teeth	Total D.F.M.
2	7	-	134	-	-	-	-
3	1	1	13	7	-	-	7
4	7	3	115	17	4	4	25
Totals	15	4	262	24	4	4	32

Southbourne Day Nursery

Age	Number Examined	Number Needing Treatment	Caries Free Teeth	Decayed Teeth	Filled Teeth	Missing Teeth	Total D.F.M.
2	14	1	263	1	-	-	1
3	7	2	128	7	1	4	12
4	6	4	115	12	-	3	15
Totals	27	7	506	20	1	7	28

DOMICILIARY MIDWIFERY SERVICE

At the end of 1954, there were six full-time midwives directly employed by the Council, who attended 553 domiciliary confinements during the year, 339 of these as midwives and 214 as maternity nurses. This was an increase of 67 confinements compared with 1953, and represented 30.2 per cent. of the total births occurring in Bournemouth.

On average, each domiciliary midwife attended 92 cases, an exceptionally heavy load when it is remembered that all cases receive full ante-natal treatment, and the midwife supervises mother and baby for 14 days following the confinement.

During the year, three private midwives notified their intention to practise in the Borough and attended a total of 9 confinements.

Full details of maternity cases attended follow :—

MATERNITY CASES ATTENDED

	Number of Deliveries attended by Midwives in the area during 1954.					
	Domiciliary Cases					Cases in Instit- utions
	Doctor not Booked		Doctor Booked		Totals	
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child either the booked doctor or another	Doctor not present at time of delivery of child		
Midwives employed by the Authority	2	59	212	280	553	Nil
) Midwives employed by Vol- untary Organisations :—						
(a) Under arrangements with the L.H.A. in pursuance of Section 23 of the National Health Service Act	Nil	Nil	Nil	Nil	Nil	Nil
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	Nil	Nil	Nil	Nil	Nil	32
i) Midwives employed by Hospital Management Com- mittees or Boards of Gover- nors under the National Health Service Act	Nil	Nil	Nil	Nil	Nil	905
r) Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	3	6	—	9	118
TOTALS	2	62	218	280	562	1055

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	4
(ii) Others	2
Total	6
(b) For cases in Institutions	14

The Relief of the Mother in Childbirth

All midwives directly employed by the Council are qualified to administer gas and air, and pethidine, and possess the necessary equipment. Of the 553 confinements attended by the domiciliary midwives, gas and air was administered in 468 cases and pethidine in 312 cases.

Maternity Outfits

Sterilised maternity outfits were available for use at all home confinements.

Domiciliary Care of Premature Infants

During the year a total of 96 premature livebirths occurred in the Borough, of which 27 occurred at home. Special equipment was available for nursing these very small babies and of the 20 babies who were nursed entirely at home, 19 were alive and well after the 28th day. Seven premature babies who were born at home were transferred to hospital, and of this number four died before the 28th day. A "Queen Charlotte" oxygen tent was available for carrying these premature infants to hospital by ambulance.

Post-Graduate Courses

One domiciliary midwife attended a residential Refresher Course during the year.

HEALTH VISITING

At the end of 1954, the establishment of this section of the Department consisted of a Superintendent Health Visitor and 17 full-time Health Visitors, but during practically the whole of the year two vacancies remained unfilled. Two Health Visitors were seconded for full-time duty with the Tuberculosis Service, working at the Bournemouth Chest Clinic, and in addition undertaking domiciliary visiting, while the remaining Health Visitors undertook general duties, including those of the School Health Service.

The recruitment of a sufficient number of experienced Health Visitors is becoming increasingly difficult, and when this is considered in relation to the greatly increased scope of their duties since the National Health Service Act came into force, the position is not an easy one. Since the Appointed Day the work of the Health Visitor in connection with Expectant Mothers and Young Children has been extended to the needs of the whole family, irrespective of age, in sickness and in health. She is, in effect, the general purpose social worker of the Health Department, and her training as a nurse, as a midwife and as a medico-social worker eminently fits her for this role.

During the year, a large number of visits have been made to the homes of elderly patients and expectant mothers in connection with their applications for admission to chronic sick wards and maternity beds administered by the Regional Hospital Board. These visits do not seek in any way to upset the recommendation of the general practitioner concerned, but are solely for the purpose of assessing the need for hospital admission, other than medical need. The Health Visitor can, in many cases, find relatives or neighbours who are willing to undertake a little temporary supervision of the case pending admission to hospital or until a crisis is past, or she can call in the Department's domiciliary services, as required. During the year 416 visits were made in connection with chronic sick admissions to Christchurch Hospital, and 681 visits in connection with the admission of expectant mothers to Aston Grays and Barton-on-Sea Maternity Homes. These visits, which are made at the request of the Hospital Management Committee, are greatly valued by the Hospital Authorities.

Co-operation with the general practitioners in the Borough has been maintained, but the closeness of this co-operation varies from street to street. It is unfortunate that there should be any lack of co-operation at all, in a National Health Service where all should be concerned for the improvement of the health of the community without the exclusion of purely personal considerations, and it is not always easy to apportion the blame. It is certainly true that in a purely advisory service, such as Health Visiting, the personality of the Visitor is of paramount importance and she must study the psychology of general practice and the often complicated nature of the doctor-patient relationship. The general practitioner, on his side, must appreciate that in the pursuit of health we are partners and in no sense rivals.

The Health Visitors have continued to carry out a limited health education programme, limited by staff shortage and not by any lack of enthusiasm. The series of Mothercraft talks given at the Avebury Clinic are becoming increasingly popular, and Relaxation Classes are now being held regularly at the Pokesdown Clinic. In October a special drive for the reduction of home accidents was made by means of talks, films and displays at various infant welfare centres and schools, and every effort is being made to consolidate the lessons learned during this Home Accident week in the daily work of the Clinics and in home visiting. Lectures in personal hygiene have continued at various schools in the Borough.

Perhaps one of the most difficult aspects of the work in which the Health Visitor is engaged is in relation to Problem Families and in Circular 27/54, the Minister of Health has stressed the unique potentialities of the Health Visitor in preventing the break up of these and other temporarily embarrassed families which may have such a serious effect on the physical and mental health of the children. These families, though relatively few, occupy time and effort on the part of the Health Visitor and a host of other official and voluntary workers out of all proportion to their numbers, and a concerted effort is being made towards their rehabilitation.

It is perhaps natural that a general purpose social worker such as the Health Visitor has now become, should find an ever increasing variety in her work, and among the "other cases" tabulated below will be found visits in connection with overcrowding, the loan of nursing requisites, recuperative holidays, mental deficiency, etc. The extent to which visiting was undertaken in 1954 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	
	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	5,361
1951 ...	809	1,507	1,601	8,262	16	12,893	4,468	8,541
1952 ...	858	1,457	1,598	8,357	10	11,350	1,507	6,191
1953 ...	908	1,741	1,642	8,904	51	11,830	488	1,651
1954 ...	1,100	1,991	1,592	9,080	11	11,460	587	1,861

*Includes 223 visits by Health Visitors to Tuberculous Households.

†Includes 190 visits by Health Visitors to Tuberculous Households.

There were also 1,401 visits by the Tuberculosis Visitor in 1953.

There were also 1,607 visits by the Tuberculosis Visitors in 1954.

HOME NURSING

Requests for the services of Home Nurses continue to show a steady advance and in regard to both the number of new cases treated and the total visits made by the Home Nurses, the year 1954 was the heaviest yet recorded. There are two main reasons for the expansion of the Home Nursing Service in Bournemouth, the shortage of hospital bed accommodation, which is common to most authorities, and the increasing number of elderly people who are coming to retire to this area, often needing help with dressings, injections, etc. During the summer months in addition, the Home Nurses receive many requests for assistance from holidaymakers. While it is true to say that many cases are only attended by the Home Nurses for a limited period, in others visiting has continued for many months, or even years. A letter of thanks was recently received from a patient who had received over 1,000 insulin injections from the Home Nurses, and many similar cases could be instanced.

Perhaps one of the most valuable features of the Home Nurse's work is the help she, as a member of the Local Health Authority's domiciliary team, can give in ensuring that hospital beds are efficiently used. The universal shortage of hospital beds, and the increasing financial burden of the hospital service on the community, make a strong domiciliary nursing service a sound economic proposition, and in addition to this, many patients much prefer to be nursed at home, among their own people and in familiar surroundings. This is particularly so of elderly people, and it will be noted from the tabulated statement of the year's work given below, that while the bulk of the increased visiting is in relation to medical cases, an increased amount of work is being done for surgical cases. More time is also being spent in giving preliminary treatment to people attending the greatly expanding Radiological Centres as out-patients.

By no means all of the Home Nurse's time is devoted to the treatment of the patient, unless the word "treatment" is used in its very broadest sense. As with other members of the domiciliary service of the Local Health Authority, the Home Nurse can and does give frequent assistance to needy patients over and above her statutory duties. By lighting a fire or making a cup of tea, she can often help a solitary aged person towards convalescence as

readily as by giving the appropriate medical treatment, and she has great opportunities for health education in her contacts with patients and their families.

A summary of the year's work is as follows :—

THE YEAR'S WORK

	1950	1951	1952	1953	1954
Number of patients on the Register, 1st January	366	432	473	523	554
Number of new patients attended	2645	2748	2859	3072	3177
Total number of patients attended	3011	3180	3332	3595	3727
Number remaining on the Register on 31st December	432	473	523	550	653
Number of patients taken off the Register	2579	2707	2809	3045	3070
Total number of nursing visits	62,746	66,594	69,086	70,587	74,590

The illnesses of new patients were classified as follows :—

	1950	1951	1952	1953	1954
Tuberculosis	20	36	78	83	71
Pneumonia	71	87	113	102	61
Miscarriages, etc.	3	6	37	7	—
Surgical	408	393	516	382	545
Medical	2509	2643	2554	2978	3010
Infectious diseases	—	15	34	43	1
	3011	3180	3332	3595	3727

DOMESTIC HELP SERVICE

The Domestic Help Service, one of the most recent additions to the domiciliary services of the Local Authority, was able to give assistance in 905 cases during 1954, an increase of 55 cases over the preceding year. This is undoubtedly a service where, if financial considerations were of no importance, the work done could be doubled or trebled and there would still be difficulty in meeting the demand. It is, unfortunately, an expensive service to maintain as approximately 95 per cent. of its users pay less than the economic charge, and a high proportion of these pay only a nominal sum. The Domestic Help Service strength, at the end of the year, was 71 under the control of a full-time organiser, responsible for the training and selection of personnel and their efficient deployment. The policy has been to spread the benefits of this service as widely as possible, even though the amount of assistance given to an individual case may be limited, and during the year the number of hours worked reached a total of 79,828, compared with 76,759 during 1953.

The summary of the types of cases assisted during 1954, which is given below, shows that an increasing amount of help is being given to the aged, many of whom are suffering from disabilities which make it impossible for them to look after their own homes properly. While "domestic work" remains the foundation of this service, a realistic interpretation of the functions of the Domestic Help allows her to do the shopping, collect old age pensions, do a little cooking, laundry, etc., and to many an old person the Domestic Help becomes a very real friend-in-need.

A small panel of six Domestic Helps has been maintained to work in households where there is infectious disease, including tuberculosis. These are all older women, with no young children, and the risk to themselves is minimal.

SUMMARY OF WORK FOR 1954

	<i>Number of cases helped</i>	<i>Number of hours</i>
Confinements	62	3,149
Illness	333	27,747
Maternity and Child Welfare	46	2,524
Old Age	423	42,197
Tuberculosis	35	3,337
Mental Deficiency	6	874
	905	79,828

AMBULANCE SERVICE

The Ambulance facilities consist of :

(a) *Directly provided.* 5 Ambulances, 2 Bedford Dual Purpose vehicles, and one sitting case car, operating from the centrally situated depot at Portchester Road. Two obsolete ambulances and a car continue to be used for Civil Defence training.

(b) *By the St. John Ambulance Association, on an Agency basis.* 3 Ambulances, operating from the Association's Depot at Palmerston Road, Boscombe.

(c) *The supplementary use of the Hospital Car Service.* This service, organised jointly by the British Red Cross Society and the Women's Voluntary Service, continues to provide assistance in transporting patients from their homes to hospitals and out-patient clinics.

General

For the first time since the Appointed Day, a really substantial reduction in the mileage covered by the ambulance service was noted. This was undoubtedly the result of increased efficiency following the equipment of ambulances with Radio-Telephone apparatus in August, 1953. The reduction in distance covered amounted to nearly 14,000 miles, or 6.3 per cent., a saving not only in petrol, oil and tyres, but also in the general deterioration of these expensive vehicles. Although it is difficult to estimate the saving in mileage per case carried with any great precision, it is thought that this may well amount to nearly 2 miles per case, and in dealing with street accidents or other serious emergencies, the use of radio control may well make the difference between the life and death of a patient.

The number of ambulance-train-ambulance journeys continued to show a slow but steady increase, and the local medical practitioners have been very helpful in considering this more economical form of transport.

The number of rail journeys each year is as follows :—

1948	...	...	...	Nil
1949	...	...	...	16
1950	...	...	...	71
1951	...	...	...	128
1952	...	...	...	225
1953	...	...	...	249
1954	...	...	...	267

Bournemouth, as a health resort, is perhaps more likely to have to undertake long ambulance journeys than other local authorities as many people come to the town in a precarious state of health and may require urgent treatment at some stage. In other cases arrangements have to be made for special hospital facilities at Southampton, London or elsewhere, when these facilities are not available locally.

The personnel of the Ambulance Service consists of :—

1 Superintendent.

1 Deputy Superintendent.

20 Driver/Attendants, Attendants and Drivers.

1 Clerk.

maintaining a twenty-four hour service on a shift system.

The patients carried and mileages covered by the Ambulance service since 1949 are as follows :—

Year	Local Authority		St. John Association		Hospital Car Service		Total	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
1949	7,990	82,824	1,736	30,513	7,141	89,997	16,867	203,334
1950	11,937	100,634	2,545	31,325	7,438	82,431	21,920	214,390
1951	12,335	103,192	2,973	25,401	13,132	82,467	28,440	211,060
1952	15,340	110,424	3,160	21,391	15,639	71,425	34,139	203,240
1953	18,782	127,334	2,159	13,619	17,446	73,258	38,387	214,211
1954	20,683	127,975	268	1,228	17,353	71,456	38,304	200,659

THE WORK DONE BY THE SERVICE DURING 1954 IS SHOWN IN THE FOLLOWING TABLE

Service	Vehicles (Number at 31.12.54)	Patient Carrying Journeys	Patients Carried		Abortive and Service Journeys	Transport of Analgesia Apparatus, Midwives, etc.	Total Mileages	Transport by Rail		No. of Staff at 31.12.54
			Accident or Emergency	Other				No.	Rail Miles	
Directly provided	Ambulances (5) Bedford Dual purpose (2), Car (1)	4135	1534	11806	208	24	77799	96	14058	23
Ditto	Ambulances (3)	2108 135	178 —	7165 268	188 —	134 —	50176 1228	171 —	20040 —	— 3
St. John Assn. Hospital Car Service	Cars	5970	—	17353	117	—	71456	—	—	—
		12348	1712	36592	513	158	200659	267	34098	26

VACCINATION AND IMMUNISATION

During the year, continued efforts have been made to ensure that as many children as possible were fully protected by vaccination and immunisation. That Smallpox and Diphtheria are now unknown to the majority of parents is almost entirely the result of the protective measures employed in the past and continued to the present time, and any relaxation of vigilance on the part of either local health authorities or parents may have the most serious results.

The present position is that 65.2 per cent. of children under 5 and 79.1 per cent. of children between the ages of 5 and 15 years have received at some time during their lives a complete course of immunisation against Diphtheria. According to the Immunity Index, a child is only considered to be immunised if it has received a primary course of immunisation or a reinforcing injection during the last 5 years. On this basis 48.7 per cent. of children between 5 and 15 are protected against Diphtheria.

Whilst these figures surpass those obtained by many authorities, they are not fully satisfactory and cannot be considered so until the number of children who are fully protected approaches 100 per cent.

Vaccination

The numbers dealt with were as follows :—

By General Practitioners	...	...	...	...	...	...	1,016
By Local Health Authority's Staff	...	...	...	...	...	...	491

	<i>Under 1 Year</i>	<i>Aged 1 Year</i>	<i>Aged 2—4</i>	<i>Aged 5—14</i>	<i>Aged 15 or over</i>	<i>Total</i>
Primary vaccinations	837	14	24	39	113	1,027
Re-vaccinations	—	—	19	59	402	480
TOTALS	837	14	43	98	515	1507

Diphtheria Immunisation

Number of children immunised during 1954 by :—

Public Health Department	...	...	...	...	...	...	1,013
Private Doctors	...	...	...	...	...	...	468
Number of children who received reinforcing dose during 1954 by :—							
Public Health Department	...	...	...	...	...	...	2,160
Private Doctors	...	...	...	...	...	...	295

Whooping Cough

The use of the combined Diphtheria/Whooping Cough vaccine has become increasingly popular, parents naturally preferring their children to receive a double protection through one series of injections.

During the year 1,236 children were protected by means of Combined Vaccine and 16 by Whooping Cough Vaccine alone.

PREVENTION OF ILLNESS—CARE AND AFTER-CARE

The Care and After-care service, instituted in 1948 under the provisions of Section 28 of the National Health Service Act, is one of tremendous potentialities, aimed at the prevention of illness, and the rehabilitation of those who have fallen victim to it. It is a service which, when linked to those Welfare Services provided under the National Assistance Act, should go far to ensure that a disabled or handicapped person has every opportunity of rehabilitating himself, and proving himself an asset to the Community instead of a liability.

The efficient employment of the Care and After-care service can only be achieved by close co-operation with other services of the local authority, particularly the Welfare Services Department, the Children's Department and the Housing Department, together with Government Departments such as the National Assistance Board, and the various voluntary organisations. There will otherwise be overlapping, and opportunities may be squandered through unco-ordinated effort.

The Health Visitor, as the general social worker to the whole family, has already achieved a substantial measure of success in dealing with the many problems relating to the prevention of illness and care and after-care, and closer co-operation with the hospital and general practitioner services would make her contribution of still greater value.

At the present time, patients and their families are being helped in the following ways :—

(1) Tuberculosis

Close co-operation is maintained with the Chest Physician of the Regional Hospital Board, and two Health Visitors have been seconded for work in the Chest Clinics, and to undertake domiciliary visiting of tuberculosis patients. The Council also pays a proportion of the salary of the Almoner to the Sanatoria Hospital Management Committee.

Other facilities available through the local health authority include :—

- (a) Boarding out of child contacts :
During the year one child was boarded out in order that B.C.G. Vaccination could be given.
- (b) Assistance in securing adequate housing accommodation by representations to the Housing Committee :
During the year 19 recommendations were made.
- (c) Provision of nursing requisites for domiciliary patients :
During the year 2 wheel chairs were loaned.
- (d) A special panel of domestic helps for the assistance of tuberculosis patients, to whom a priority service is given :
During the year Domestic Help service was provided to 35 tuberculosis patients, the total number of hours worked being 3,336.
- (e) Rehabilitation of selected cases at Papworth Hall, Preston Hall, and Enham-Alamein settlements.

During 1954 the local health authority accepted responsibility for patients as follows :—

Enham-Alamein, Andover	...	...	...	...	...	...	7
Papworth Hall, Cambridge	...	...	...	...	...	...	3
Preston Hall, Aylesford	...	...	...	...	...	...	1

(f) Once again the Bournemouth Voluntary Tuberculosis Care Committee, as agent of the local health authority, has given invaluable assistance by providing those many little extras which can mean so much to the tuberculous patient and family, and can so materially assist in the patient's recovery. During 1954 this Committee gave the following assistance :—

Provision of Radio (on loan)	...	...	...	...	...	...	11
Provision of Clothing	....	....	....	....	....	....	55
Provision of Coal	....	....	....	....	....	....	77
Provision of Bedding and Furniture	....	....	....	....	....	....	77
Monetary Grants	....	....	....	....	....	*	258
Extra Nourishment (Milk)	....	....	....	....	....	....	244
Provision of Palantype machine (on loan)	...	...	...	...	...	...	11
						TOTAL	700

(g) Arrangements are in operation for the provision of Occupational Therapy by the Sanatoria Management Committee, for patients in their own homes, and during the year 49 patients have come into the scheme. Popular crafts have been needlework, weaving, model making, basket making, plaster work and painting. Four typewriters loaned by the Voluntary Tuberculosis Care Committee were in constant use. Patients in proved need were given a free issue of materials to a maximum value of 10/- per month.

(2) **Venereal Diseases.** A Health Visitor attended the Special Clinics at Boscombe Hospital, and maintained a close liaison with the physician in regard to defaulters from treatment.

(3) **Illness Generally.** Provision is made for convalescence at Rest Homes, of patients recommended by general practitioners or consultants at hospitals.

During the year 58 patients received recuperative holidays, and follow-up visits paid by the Health Visitors showed that these holidays were greatly appreciated and almost invariably the patients felt benefited in health by them.

Articles of sick room equipment were issued on loan as required, at the request of general practitioners or hospitals, and during the year, the following items were in use :—

								<i>Number of Articles Loaned</i>
Bed Boards (Sets)	...	...	...	...	...	...	...	1
Bed Cages	....	....	....	....	....	....	....	6
Bed Pans	....	....	....	....	....	....	....	128
Bed Rests	....	....	....	....	....	....	....	16
Bed Rings	....	....	....	....	....	....	....	113
Bedsteads	....	....	....	....	....	....	....	1
Bed Tables	....	....	....	....	....	....	....	1
Commode Chair	....	....	....	....	....	....	....	7
Crutches	....	....	....	....	....	....	....	3
Dunlopillo Mattresses	....	....	....	....	....	....	....	4
Feeding Cups	....	....	....	....	....	....	....	7
Infra red lamps	....	....	....	....	....	....	....	6
Mackintosh sheets	....	....	....	....	....	....	....	182
Urinals	....	....	....	....	....	....	....	69
Walking Chairs	....	....	....	....	....	....	....	2
Wheel Chairs	...	..	..	..	..	..	..	13
								559

Health Education

Education in health matters has been one of the most important functions of the Public Health Service since its inception in this country over a century ago, and throughout every effort has been made to progress by education and persuasion rather than by statutory power. In the past, most of the local health authorities' energies were directed towards teaching parents in the care of their children, but in more recent years the whole family has been included in the education programme.

During the year every effort has been made by doctors, health visitors, home nurses, midwives and domestic helps to instill the principles of positive health into all those with whom they come in contact during the course of their work, and in addition specific programmes have been directed towards vaccination, immunisation, and home safety.

The series of lectures and discussions on Mothercraft given by the Health Visitors and Midwives have become increasingly popular and all general practitioners in the Borough are informed when a course is due to begin, so that they can make arrangements for their patients to attend. A typical programme is :—

- Lecture 1. Ante-Natal Care—the Mother's part.
- „ 2. Baby's layette and clothes for mother.
- „ 3. Preparation for breast feeding.
- „ 4. How baby's life began.
- „ 5. Development of the baby, and relief of minor discomforts of pregnancy.
- „ 6. Preparation for confinement and demonstration of gas and air machine.
- „ 7. Demonstration of bathing and dressing the baby.
- „ 8. Care of the mother and baby in the first month.

The campaign against Home Accidents has special reference to young children and elderly people, the two extremes of life which account for the majority of such accidents, and the series of lectures, demonstrations and film commentaries given in the Autumn of 1954 has been followed by practical advice through the clinics and in the home.

Other activities during the year have been talks on personal hygiene to schoolgirls, a series of talks to St. John Ambulance cadets, and talks to organised Parents/Teachers Associations, Townswomen's Guilds, Young Wives' Groups, and Mothers' Union Groups, given by doctors and health visitors.

Mental Health Services

There is often a tendency, when considering the health of a community, to think only in terms of physical well being. Upon this basis, the dramatic reduction in infant and maternal mortality and the increased expectation of life, to mention but a few of the achievements of the past few decades, might well lead to a quite unjustifiable complacency.

Health has at least two components, and the mental health side of the picture is becoming increasingly important. Reliable observers have suggested that mental illness is responsible for approximately one in every four patients attending doctors' surgeries today, and there is strong evidence that certain serious illnesses, such as peptic ulceration, coronary thrombosis and hypertension, have in many cases a mental basis, and are in fact the physical manifestations of an underlying emotional disturbance.

These illnesses, often called "diseases of civilization" because of their increasing prevalence among the more highly developed races of the West, seem to be closely connected with the stresses and strains of our modern way of life. They do not appear to occur to any appreciable extent among the more primitive peoples.

Yet all ill-health has its beginnings, and it is at the earliest possible stage of the illness that our resources should be concentrated if we are to prevent serious, and often irreversible disabilities. The available evidence suggests that a great deal of mental ill-health can be prevented if only steps are taken early enough, and both the general medical practitioner and the local health authority have responsibilities in this problem.

The Local Health Authority's responsibilities in relation to mental health may be summarised as follows :—

(1). *Mental Treatment.* The appointment of officers duly authorised to take initial proceedings in providing care and treatment for persons suffering from mental illness.

(2). *Mental Deficiency.* The duty of ascertaining what persons in the area are mental defectives ; providing suitable supervision or taking suitable steps to secure that the defectives are placed under institutional care or guardianship ; and securing training or occupation for those not in institutions.

(3). *Generally.* The power, and to the extent that the Minister directs, the duty to make arrangements for the care and after-care of persons suffering from mental illness or defectiveness.

The Mental Health Service in Bournemouth has been built around the framework of these statutory duties and powers, but there are obvious difficulties which have so far defied solution.

One great problem is the lack of a local mental hospital, so that patients have to be taken for observation or treatment to hospitals 40-60 miles away. Until the end of the year no Section 20 beds at all were available for the observation of patients, but in December the South West Metropolitan Regional Hospital Board made certain designated accommodation available at The Old Manor Hospital, Salisbury. This arrangement has greatly eased the position, but has not reduced the need for local provision of both observation and treatment facilities.

It is encouraging to note the increasing number of those entering mental hospitals as "voluntary" patients under the provisions of the Mental Treatment Act, 1930. This appreciation by the patient of the benefits of early treatment should be fostered on every possible occasion, so that eventually we may hope to see a reduction in cases of late neglected mental illness entering hospital.

Statistics of cases dealt with under the Lunacy and Mental Treatment Acts, 1890-1930 are as follows :—

SUMMARY OF CASES ADMITTED INTO MENTAL HOSPITALS

	MENTAL TREATMENT ACT							
	1954		1953		1952		1951	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Voluntary Patients	52	87	37	95	52	69	42	77
Temporary Patients	1	2	—	2	—	5	1	4
	—	—	—	—	—	—	—	—
	53	89	37	97	52	74	43	81
	—	—	—	—	—	—	—	—

	LUNACY ACT							
	1954		1953		1952		1951	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Certified Patients	38	57	20	82	20	71	40	77
Sect. 20*	1	1						
Sect. 11	—	2						
	—	—						
	39	60						
	—	—						

*available 3/12/54

Mental Deficiency

It is officially estimated that the incidence of mental defect in the population is about 8 per 1,000, or about 300,000 cases in the whole of England and Wales. The majority of these (about 75%) belong to the feeble-minded group, those coming nearest to normality, and large numbers of them are never reported to the Local Health Authority but are found in the lowest streams of ability in our schools and afterwards follow undistinguished careers in the more menial occupations. They may, and frequently do, come to the notice of the Local Health Authority at a later stage, following anti-social behaviour, delinquency and the like.

In a borough the size of Bournemouth there are probably 1,000 to 1,200 persons of sub-normal intelligence. A total of 120 of them are known to be in various institutions, and a similar number are under supervision by the Local Health Authority in their own homes, or under guardianship. The remainder are either in special schools, or are employed and doing useful work for the community, or else remain at home, known only to their parents and their relatives.

This latter category of mental defectives, the hidden 10% or thereabouts, gives rise to deep concern, and it is felt that if adequate teaching facilities were available for them, their parents would come forward and some at least of them could be trained to become assets to the community instead of liabilities, as at present.

The Occupation Centre at Pokesdown, while carrying on very useful work, is quite inadequate for a town the size of Bournemouth, which, on the basis of population, requires approximately 100 places.

It will perhaps not be out of place to state the fundamental aims and purpose of an Occupation Centre, which may be summarised as follows :—

- (1). To develop the children's minds and bodies within the limitations imposed by their defect, so that both at the Centre and in their own homes, they may lead happy, interesting lives.
- (2). With this end in view, to help the children to form good habits, to acquire self-control, to develop a social sense as they learn to work and play with others.

(3). To relieve the strain caused by the presence of an untrained defective in a family and to help the parents of defective children by demonstrating methods of training and care.

The results of Occupation Centre training are inevitably slow to appear, but there is ample evidence to show that over a period most of the children become much happier, self-reliant and controlled in their behaviour. Some of the higher-grade defectives can eventually hope to become employable and many of those whose mental abilities are insufficient to attain this status can play a humble part in the family life and help in small household tasks.

In order to obtain the best results from Occupation Centre training, it is essential that children should be admitted as soon as they have been found to be "ineducable" and excluded from ordinary or special schooling. The longer the gap between exclusion from school and admission to an Occupation Centre, the poorer the result is likely to be, and delay by the local authority in providing alternative teaching and training facilities for their children leads to feelings of resentment on the part of parents which it is almost impossible to eradicate.

The work done in the supervision and training of mental defectives during 1954 was as follows :—

MENTAL DEFICIENCY ACTS, 1913-1938

			<i>Over 16</i>		<i>Under 16</i>		<i>Total</i>	<i>Total</i>	<i>Total</i>	<i>Total</i>
			<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	1954	1953	1952	1951
In Institutions	...	...	58	47	9	6	120	124	122	118
On Licence...	...	...	2	4	—	—	6	9	9	10
Guardianship	...	...	9	11	3	5	28	29	25	33
Supervision	...	...	35	31	8	18	92	95	77	62

Cases reported during the year.

Admitted Institutions	...	1	—	1	—	2	2	5	—
Placed under Guardianship...	...	—	—	—	—	—	1	3	4
Removed to Place of Safety	...	—	—	1	—	—	1	—	1
Action not yet taken	...	—	—	—	—	—	—	—	1
Placed under Supervision	...	—	1	—	6	7	18	4	7

OCCUPATION CENTRE

Number on Register at 31.12.54	...	...	...	...	...	27
Number on Register at 31.12.53	...	...	...	...	...	28
Number on Register at 31.12.52	...	...	...	...	...	26
Number on Register at 31.12.51	...	...	...	...	...	19

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 three years were :—

1954	1953	1952	1951
283	474	423	332

Nursing Homes

Probably no other County Borough in the country provides such a number and variety of Nursing Homes as Bournemouth, and the registration and supervision of these Homes by the Local Health Authority is in itself a heavy task. All registered Nursing Homes are regularly visited and inspected by the Deputy Medical Officer of Health.

At the end of the year there were 45 registered nursing homes in the Borough, providing accommodation for 26 maternity and 26 medical and surgical cases. Generally, the accommodation provided was of a high standard, but staffing difficulties and the ever-rising cost of maintenance has led to the closing of several nursing homes during the year, and the total is two less than in 1953.

Private nursing homes provide useful alternative accommodation to the hospital facilities of the National Health Service, but the rising costs of administration, staffing, and maintenance of the patient, have placed private nursing homes beyond the financial reach of a large section of the population. This is particularly so in the case of aged patients living on small fixed incomes, or in those suffering from a long illness. In many of these cases skilled nursing is not really necessary to the same extent as in the case of acutely ill persons, and there would seem to be a case for a modification of standards required in those Homes admitting only a small number of senile patients. Otherwise these valuable adjuncts to the chronic sick wards of the Regional Hospital Board will soon find it impossible to operate at an economic level.

Bournemouth Crematorium

Since the opening of Bournemouth Crematorium in 1938, there has been a steady increase in this method of disposing of the dead. The yearly totals are as follows :—

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
1953	...	...	...	1681
1954	...	...	...	1770

An analysis of the statistics for the year 1954, shows that 50.5% of applications were received from areas outside Bournemouth and 49.5% from within the Borough, and details are given of the wide area served by Bournemouth Crematorium. In all cases the documents were scrutinised by either the Medical Officer of Health or the Deputy Medical Officer of Health, both of whom are approved Medical Referees for this purpose.

CREMATIONS, 1954

County Borough of Bournemouth	...	876	
Poole	...	322	
Christchurch and Ringwood District	...	215	
New Forest and Lymington District	...	118	
Blandford and Wimborne District	...	78	
Salisbury	...	57	
Wareham and Swanage District	...	39	
Sturminster and Shaftesbury District	...	19	
Basingstoke	...	8	
Buckinghamshire	...	1	
Devon	...	3	(1 each from Chagfonton, Exeter and Seaton)
Hertfordshire	...	1	
Hampshire (apart from surrounding districts)	...	10	Southampton (4), Winchester (2), Alton (1), Romsey (1), Andover (1), Droghda (1)

Isle of Wight	...	...	...	...	4	
London Area	...	...	...	...	2	
Portsmouth	...	...	...	...	1	
Somerset	...	...	...	...	3	Templecombe (1), Chard (1), Glastonbury (1)
Weymouth and Dorchester	...	...	...	...	6	
Wiltshire (apart from Salisbury)	...	...	...	...	6	East Knowle (1), Devizes (2), Motcombe (1), Pewsey (1), Tisbury (1)
Warwickshire	...	...	...	...	1	
Total					1770	

National Assistance Act, 1948

Section 47

Action was taken in one case during the year. This was in respect of Miss A.H., aged 78 years, who had been known to this Department since 1948 as living alone under very unsatisfactory conditions in a single room. Repeated attempts were made to improve the conditions and every effort was made to persuade her to seek assistance, without any response. In February, 1954, Miss A.H. was reduced to such a condition of neglect, and the room in which she was living was so grossly insanitary, that a Magistrate's Order was obtained for her removal to Christchurch Hospital, where she remained until her discharge to Shalden Grange Hostel in July, 1954.

NATIONAL ASSISTANCE ACTS, 1948-1951—INCIDENCE OF BLINDNESS

In Bournemouth, the registration of blind persons and the provision of welfare services for this category of disabled persons is carried out by the Welfare Services Committee, and the following information in respect of new registrations has been supplied by the Chief Officer of Welfare Services :—

(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends :—	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment ...	9	10	—	17
(b) Treatment (Medical, Surgical or Optical)	2 13 1	5 — —	— — —	9 1 2
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	12	2	—	9

Public Health Laboratory Service

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

NUMBER OF SPECIMENS RECEIVED FROM BOURNEMOUTH, 1955

Nose and throat swabs ...	368
Specimens of sputum ...	663
Specimens of Faeces and urine ...	598
Specimens of water ...	455
Specimens of milk ...	400
Specimens of ice cream ...	77
Specimens from miscellaneous sources ...	533
	9066

Tuberculosis

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

During the year surveys were carried out from various centres in the Borough, and a total of 19,857 attended for examination.

At these centres the attendances were :—

	Adults		Schoolchildren		Total
	Males	Females	Males	Females	
Portchester Road ...	2559	1814	213	207	479
Lansdowne ...	1362	2306	91	81	384
Telephone House ...	393	104	—	—	49
Kinson ...	456	566	154	160	133
Bournemouth Schools ...	124	115	1555	1303	309
Municipal College ...	338	279	28	26	67
Pokesdown ...	2226	2795	174	428	562
	7458	7979	2215	2205	1985

Statistics

The following gives briefly the main results :—

TABLE I

Number examined	...	...	...	...	19,857	
Recalled for large Film examination	...	...	...	...	470	(2.3%)
Recalled for Clinical examination	...	...	...	...	124	(0.62%)
Referred to Chest Clinic :					84	(0.42%)
(a) lesions probably tuberculous	...	...	...	...	60	(0.3%)
(b) lesions probably non-tuberculous	...	...	...	...	24	(0.1%)
Referred to Hospital or Doctor	...	...	...	...	36	

TABLE II.

Number referred to the appropriate Chest Clinic as probably tuberculous—60.

					Male	Female	Total
No. of cases diagnosed as active pulmonary tuberculosis	—						
(a) unilateral disease	...	...	...	...	10	4	14
(b) bilateral disease	...	...	...	...	5	5	10
(c) primary lesion	...	...	...	...	—	2	2
No. classified as inactive tuberculosis but requiring further observation	...	...	...	...	11	9	20
Classified as inactive tuberculosis, no further action considered necessary	...	...	...	...	3	4	7
Found to be non-tuberculous	...	...	...	...	4	—	4
Not yet classified	...	...	...	...	1	2	3
					34	26	60

TABLE III
AGE GROUPS EXAMINED AND INCIDENCE OF ACTIVE PULMONARY TUBERCULOSIS

	Under 15	15-24	25-34	35-44	45-59	60 & over	TOTAL
MALES							
No. Examined ...	1679	2466	1433	1334	1785	976	9673
Active Cases ...	1	4	2	2	5	1	15
Rate per 1000 ...	0.60	1.62	1.39	1.48	2.80	1.02	1.55
FEMALES							
No. examined ...	1718	2538	1540	1366	1930	1092	10184
Active cases ...	3	4	2	1	1	-	11
Rate per 1000 ...	1.74	1.58	1.29	0.73	0.52	-	1.08

Comment

Following the large film examination, 124 were recalled for clinical examination and of these 60 were referred to the appropriate chest clinic for investigation of abnormalities probably tuberculous in origin. In addition 24 patients were referred to the chest clinic for non-tuberculous conditions, and 36 to hospital or their own doctor. By arrangement with the local chest clinic, 603 contacts attended for miniature film examination, but where further investigation of these was considered necessary, this was done direct by the clinic.

After the initial investigation 26 cases were found to be suffering from unsuspected active tuberculosis. In males the incidence was 1.5 per thousand and in females 1.08 per thousand with an overall incidence of 1.3 per thousand examinations. This compares with the incidence of 0.81 per thousand and 1.92 per thousand noted respectively in the two previous years, and is still well below the average incidence noted throughout the country.

Analysis by age groups of the active cases shows that the highest incidence for males is still in the older age groups and in females in the younger ages.

The disease which continues to give increasing rise for concern is cancer of the lung, and 16 patients (11 males and 5 females) were discovered to be suffering from this complaint. In the two previous years, 5 and 3 cases were noted, but there was an increase of over 50% in the susceptible age groups, i.e. 45 and over, attending during this year.

Report by Dr. W. H. Tattersall, Consultant Chest Physician.

Tuberculosis in Bournemouth, 1954

1. Chest Clinic Attendances

The following table shows the attendances during the past five years :—

TABLE I.
CLINIC ATTENDANCES IN SERIAL YEARS

Year	Patients attending for the first time		Refill Treat- ments	B.C.G. Vacci- nations	Other Atten- dances	Total Atten- dances
	Fluoros- copy	Other sources (incl. contacts)				
1950	—	1,373	1,286	{ 171	3,231	5,890
1951	1,158	1,102	1,870		3,991	8,121
1952	1,634	1,281	2,733	115	2,378	8,026
1953	1,741	1,297	3,341	200	4,171	10,550
1954	2,274	1,075	3,639	240	4,221	11,449

2. Out-Patient Clinical Sessions

These have remained unaltered throughout the year as follows :

Fluoroscopy clinics, Monday, 6.0 p.m. (at the Royal Victoria Hospital, Boscombe), Tuesday 9.30 a.m.

Thursday 9.30 a.m., 2.30 p.m., and 6.0 p.m. (the last at Somerley Road).

New patients, Friday 9.30 a.m.

Old patients, Monday 2.0 p.m., Tuesday 9.30 a.m., Thursday 6.0 p.m.

Contacts and children, Friday 2.30 p.m.

Refills, Tuesday 2.0 p.m. and Wednesday 9.30 a.m.

The above fixed sessions have not been sufficient to meet the convenience of all patients and for all necessary investigations ; in addition therefore about 500 patients have been examined at other times by special appointment.

The monthly surgical conferences with Mr. E. F. Chin, F.R.C.S., have developed a valuable liaison in organising surgical treatment with minimal delay and inconvenience. The fortnightly case conferences have continued between the representatives of the Ministry of Labour, National Assistance Board, the Care Committee, and the Public Health Department with the Almoner, Occupational Therapist, Tuberculosis Visitors and Doctors.

It is clear from Table I and Table II, that the Fluoroscopy clinics are proving increasingly valuable. The fluoroscopy unit at Somerley Road broke irreparably on 7th October. The decision to replace it had been taken by the Hospital Management Committee and the Western Area Committee of the Regional Hospital Board by 12th November, but although the manufacturers had a suitable replacement available almost immediately, it had not been installed by February, 1955.

3. Chest Clinic Staff and Equipment

Mrs. Blake Lobb was appointed Assistant Radiographer on the 30th March, following the resignation of Mrs. Galazka. Mrs. Score was appointed Almoner on the 20th April following the resignation of Miss Crosfield. Miss Lane's appointment as Tuberculosis Visitor was confirmed and made full-time on the 1st June. Miss Godfrey was appointed to the new post of part-time Physiotherapist on the 22nd November.

The walls of the sterilising room were tiled to the ceiling and an extra window added during the summer.

A detailed account of the administration of this Clinic was published in the journal "HOSPITAL," in October.

Mr. Hall, the Chief Clerk, passed Section B., Intermediate Examination, Chartered Institute of Secretaries in December.

4. New Cases in 1954

TABLE II.

New Cases in 1954 according to diagnosis and source referring the patient

	From 2,274 persons seen at Fluoroscopy Clinics	General Practitioner	Contacts	Mass Radiography	General Hospitals	School Health Service	From other Districts	Other Sources	TOTAL	Group Totals for all
TUBERCULOSIS										
Non-pulmonary (including miliary and Meningitis) ...	2	—	—	—	7	1	5	3	18	
Pulmonary : sputum negative (including healed and primary cases and pleural effusions) ...	58	26	9	27	7	11	28	15	181	
Pulmonary : sputum positive ...	15	8	1	9	6	2	58	11	110	
Total ...	75	34	10	36	20	14	91	29		*308
NON-TUBERCULOUS										
No organic disease found ...	95	42	—	1	—	14	3	56	211	
Acute pulmonary illness	51	11	—	—	—	—	3	4	69	
Chronic bronchitis and bronchiectasis ...	47	28	1	1	1	—	3	3	84	
Lung cancer ...	29	6	—	4	—	—	—	—	39	
Other pulmonary conditions ...	29	17	—	5	3	—	3	3	60	
Other diseases ...	27	15	1	3	—	3	—	1	50	
Total ...	278	119	2	14	4	17	12	67		55
Still under observation ...										
Diagnosis unable to be concluded ...										
CONTACTS										
Of sputum positive cases (2.25 contacts per case) ...									248	
Of sputum negative cases (3.6 contacts per case) ...									269	
Of unclassified cases ...									75	
TOTAL ...										55
TOTAL ...										148

* Of these, 185 were notified.

5. Ancillary Investigations (the corresponding figure for 1953 is given in brackets).

During 1954, 4,770 X-ray films were taken (3,733); 258 tomograms were made (239); and 75 bronchograms were carried out (20). A total of 2,260 specimens of sputum were examined by the Public Health Laboratory (1,698); of which 581 specimens were cultured (1,012) and 31 specimens tested for drug sensitivity. Four gastric lavages were examined (1); 780 laryngeal swabs were cultured (557). There were 5 guinea-pig inoculations.

A total of 340 X-ray films were taken at Linford Sanatorium (415).

6. Beds

Throughout the year 30 beds have been available at the Herbert Sanatorium which have been almost continuously occupied.

The 29 beds at Linford Sanatorium were increased to 30 during the summer, but throughout the year the six beds in "the cottage", which are only suitable for ambulant patients have not been fully occupied.

One hundred and twelve patients were admitted to these two hospitals during the year for treatment for pulmonary tuberculosis.

Beds in the Firs Sanatorium were relinquished during the summer months when there was no waiting list, but in the autumn some difficulty again arose, and arrangements were made for Bournemouth patients to be admitted to the Royal National Sanatorium when necessary. There have generally been about 20 patients continuing their treatment for tuberculosis in their own homes.

Forty Bournemouth patients underwent major thoracic surgical operations for tuberculosis during the year, and in most cases returned to complete their convalescence in Bournemouth. There has been no delay in arranging surgical treatment.

The six beds at Christchurch Hospital for non-tuberculous conditions and diagnostic purposes have frequently been fully occupied, and on occasions there has been a longer delay than one would wish in being able to admit a case for investigation. During the year 48 patients were treated in these beds, a ratio of approximately 1 in 5 of new patients with a non-tuberculous pulmonary illness.

7. Discharges

The discharges of patients from clinical supervision are shown below :—

TABLE III.
Cases discharged from clinical supervision during 1954

	After initial investigation	After a period of supervision	Lost sight of	Left the District	Died	Total
Non-Tuberculous	346	90	66	13	18	533
TUBERCULOSIS						
Sputum negative	21	45	30	40	2	138
Sputum positive	—	1	14	48	28	91
Contacts ...	316	182	101	30	2	631
TOTAL ...						1393

Of the deaths due to tuberculosis, only one occurred in a patient not notified during life. This omission was not satisfactorily accounted for.

8. Lung Cancer

This was a rare disease fifty years ago and is now the commonest form of cancer in Great Britain. Table II shows that 39 cases were diagnosed at the Chest Clinic as compared with 34 in the previous year. Of the 37 deaths from this disease in Bournemouth during 1954, 21 had been diagnosed at this Chest Clinic. The outlook for such cases is depressingly poor and very few cases are operable.

That a direct association exists between the incidence of lung cancer and the smoking habit is indisputable; it is accepted by responsible medical opinion, and has been stated in Parliament. The smoking habit being so widely prevalent, it is almost certain that the next decade will see a further considerable increase in this disease. It is high time to proclaim that this is substantially a preventable disease and widespread encouragement should be given to dissuade adolescents and young adults from drifting into such a seemingly harmless habit. Even on present mortality rates it

has been shown that for a young man who takes to heavy smoking (25 cigarettes or more daily) there is approximately a nine per cent. risk of succumbing to lung cancer before his 75th birthday as compared with a risk of only 3 per 1,000 for a non-smoker. Or, to put it differently, the heavy habitual smoker increases his chances of dying before the age of 55 by about one in seven, and at the same time he pays the government about £50 per year in tobacco tax.

9. Tuberculosis

The mortality rate from this disease has now fallen in Great Britain to 20 per 100,000 per annum, and has ceased to represent adequately the full significance of the disease in the community. Nationally, there is not yet any significant decline in the number of new cases occurring annually, though if modern control methods are as effective as is believed, some decline in the incidence of the disease must surely come soon. There were 309 new cases of tuberculosis (Table II) seen at the Clinic in 1954 (297 in 1953). Of these, 52 were newly discovered infectious cases occurring in Bournemouth (41 in 1953).

There are 1,200 tuberculous persons now under supervision at the Bournemouth Clinic, of whom 955 are notified cases, (321 of these having come to Bournemouth after diagnosis elsewhere). Of these, 522 have at some time been in the infectious state, but strict bacteriological tests have shown that 228 are now rendered non-infectious. At the opposite extreme there were 30 deaths from tuberculosis during the year, and there are 48 patients who are known to be still infectious, and likely to remain so indefinitely. In between (excluding the 85 out of 110 new sputum positive cases in 1954 who were still under supervision at the end of the year) there are 136 further cases of doubtful infectivity.

At the end of the year there were 46 insured Bournemouth persons known by the Almoner to be in receipt of sickness benefit for the disease.

10. Results of Treatment.

Table V is only given to indicate the numbers of tuberculosis patients treated in different ways. No conclusions can be deduced from it regarding the relative value of different methods of treatment. However, prolonged bed rest with chemotherapy, followed eventually with major surgery where necessary, is gaining ground as the line of treatment which for many cases offers the patient the best hope of remaining well after his illness. It is too soon yet for any long term judgment on such measures, but published results show that for the first 2-3 years after such surgical treatment, more and more patients than ever before (approaching 90 per cent.), are resuming a normal life and keeping well.

TABLE V

Type of treatment of 522 sputum positive tuberculosis patients on Chest Clinic Register on 31st December, 1954

	Major Surgery (with chemotherapy in most cases)	A.P., P.P. or Phrenic interrup- tion	Only chemo- therapy	Other measures only	Total
First attended pre-1951	69	82	32	62	245
First attended 1951, 52, 53	32	54	31	75	192
First attended 1954					85
TOTAL,	101	136	63	137	522
Results : still sputum positive	5 (5%)	5 (4%)	19 (30%)	19 (14%)	48 (9%)
No longer infectious	59 (59%)	90 (66%)	22 (35%)	52 (38%)	223 (43%)

Table V shows that 43 per cent. of sputum positive patients have been now rendered non-infectious, as compared with 29 per cent. similarly reported a year ago. It seems not unreasonable to hope that for several years yet this proportion of successful results will steadily increase.

Housing of Tuberculosis Cases

Analysis from the health point of view of the housing conditions of 521 patients diagnosed in recent years discloses that 298 (57%) come from good homes; 80 (15%) have fairly satisfactory homes, 29 (5%) are living under poor domestic circumstances which could be improved, and 41 (8%) have been rehoused in the last four years. Unfortunately 77 patients (15%) are living in temporary lodgings, lacking the stability of a settled home life, and in a considerable number of cases not suitable for municipal re-housing as a family unit. During 1954 eight families were re-housed by the Borough Council, because of tuberculosis.

Rehabilitation

During the year 35 "ex-patients" were found suitable work by the Disablement Resettlement Officer on the Chest Physician's commendation. Vocational training was arranged for 13 others, of whom 2 abandoned training before it was completed. All who completed training obtained employment afterwards.

Contact Supervision

Table II shows that 248 persons were examined for the first time during the year as contacts of known sputum positive patients (2.25 contacts per case). Also 269 contacts of 75 sputum negative cases of pulmonary tuberculosis were examined (3.6 per case).

TABLE IV
PERSONS REMAINING UNDER CONTACT SUPERVISION AT THE
END OF 1954

	Tuberculin Reaction				Total
	Positive	B.C.G. given	Still Negative	Not known	
Contacts of positive cases					
ages 0-14	85	96	23	16	220
15-34	157	21	6	40	224
35 and over	8	—	1	11	20
Contacts of negative cases	50	84	9	19	162
Contacts of unclassified cases	26	17	4	5	52
TOTAL					678

It has been found elsewhere that household contacts of tuberculosis cases experience five times the expected incidence of fresh cases during the subsequent ten years. For this reason all such adolescent and young adult contacts of infectious cases are recommended to remain under regular clinical surveillance for a number of years after a case has occurred in their family. The degree of success so far attained in building up a "clientele" of such persons is shown in Table IV.

14. Tuberculin Testing of School Children

In the Spring term, the generation of school children which had been tuberculin tested two years ago in the infant schools was tuberculin tested again. The object of this investigation was to find out to what extent tuberculous infection had occurred among these children during the first two years at school, and to seek out the sources of infection by X-raying the adult contacts of the newly infected children. Tuberculin jelly tests were carried out on 2,980 children by a team of Health Visitors and tuberculin positive children and their contacts were referred to Mass Radiography. Dr. J. S. Robertson, the Medical Director, kindly made two special sessions at the Mass Radiography Headquarters available for this purpose, and a high proportion of the available contacts were X-rayed. There were 84 tuberculin positive children (2.7 per cent) who had been negative two years earlier. Of these, 18 were at one school and although a tuberculous teacher was found in that school she was not proved satisfactorily to be a source of infection of the children there. Four new cases of adult tuberculosis were discovered through this survey.

In the Michaelmas term, school entrants were again tuberculin tested by the School Medical Officers using tuberculin jelly. However, some doubt had arisen as to the reliability of the jelly test during the previous survey, and it had also been ascertained that similar doubts had occurred elsewhere. It was therefore determined that any children supposedly showing a positive reaction to the jelly test should be further tested to confirm that finding before accepting it as a definite evidence of infection. Owing to slight difficulties in organisation, only 815 of the school entrant children were actually tuberculin tested, and only 12 children were found with a positive jelly test. When re-tested by the Heaf test, only two of these children had a positive reaction. Examination of nineteen contacts of these two children disclosed one new case of adult tuberculosis.

5. Hospital Staff

The tuberculin testing and B.C.G. vaccination of new nursing and ancillary staff at all branches of the Royal Victoria and Christchurch Hospitals has proceeded smoothly throughout the year. B.C.G. vaccination was given to 31 persons in this way. No new cases of pulmonary tuberculosis have occurred on the staffs of either hospital now for over two years.

6. Clinic Register

Table VI shows the classification of the 2,114 persons who remained under supervision at the clinic on the 31st December, 1954. Of the 1,200 cases of tuberculosis under supervision, 25 per cent. are persons who having been diagnosed elsewhere have migrated to Bournemouth. Local General Practitioners were responsible for referring 40 per cent. of tuberculosis patients to the clinic.

TABLE VI
The Clinic Register on 31st December, 1954

	No. of cases		No. of cases
TUBERCULOSIS		NON-TUBERCULOUS	
Healed disease	110	No organic disease ...	22
Primary infection ...	29	Acute pulmonary illness ...	20
Pleural Effusions ...	17	Chronic bronchitis ...	17
Pulmonary, sputum negative	445	Bronchiectasis	50
sputum positive ...	522	Lung Cancer	29
Non-pulmonary (including		Other pulmonary conditions	75
generalised disease) ...	77	Other diseases	11
TOTAL	1200	TOTAL	224
CONTACTS	678		
OBSERVATION	12	TOTAL UNDER SUPERVISION	2114

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.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952

Age periods (years)	Formal Notifications													
	Number of Primary Notifications of new cases of Tuberculosis													
	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 up- wards	Total (all ages)
Respiratory—														
Males ...	—	—	1	—	1	3	9	21	8	19	11	10	—	83
Females ...	—	—	—	—	3	5	5	13	10	7	5	3	2	53
Non-Respiratory—														
Males ...	—	—	—	—	—	—	1	—	1	—	—	—	—	2
Females ...	—	—	—	—	3	3	—	3	3	1	1	—	—	14

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	1	—	—	—	—	—	—	—
5–15 „	1	3	—	3	—	—	—	—
15–25 „	12	10	1	3	—	1	—	—
25–45 „	29	23	1	6	4	3	—	—
45–65 „	30	12	—	2	8	3	—	—
65–75 „	10	3	—	—	8	1	—	—
75 and upwards	—	2	—	—	—	—	—	—
Totals	83	53	2	14	20	8	—	—

			New cases		Deaths	
			Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
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
1953	...	...	98	17	20	2
1954	...	...	136	16	28	—

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

LOCATION				Male	Female	Total
Bones and Joints	...	...	...	—	2	2
Genito-Urinary System	...	...	...	1	4	5
Abdomen	...	...	...	—	1	1
Limbs	...	...	...	1	5	6
Meninges and Central Nervous System	...	...	...	—	1	1
Other Parts	...	...	...	—	1	1
Totals	...	...	...	2	14	16

Water Supply

The water supply to the Borough comes from two sources, the Bournemouth and District Water Company supplying the whole of the Borough with the exception of that part of Southbourne east of Irving Road and Clifton Road, which is supplied by the West Wight Water Company.

Chemical and bacteriological analyses are frequently carried out at various points in the Borough, and have all proved satisfactory.

REPORT BY MR. A. J. MORTIMER, METEOROLOGICAL REGISTRAR

The Bournemouth Climatological Station entered upon a new phase in its history during the year. On 31st August Mr. Mortimer relinquished his position as Meteorological Registrar and on 1st September the instruments were transferred from the Observatory at Nelson Road and re-sited in Meyrick Park on a site previously approved by the Air Ministry's Meteorological Office. Details of the site are given at the head of the Tables. The transfer was effected with no break in the continuity of the records.

1954 Summary

A year of unsettled weather left us with a deficiency in sunshine of 188.2 hours, and surplus of rain of 4.03 inches. A cool summer followed by a mild winter resulted in a normal mean temperature. Bright spot of the year was brilliant April, with 247.5 hours of sun (40 year average 160.5) and only .15 of an inch of rain. Dark spot was November, sunshine 56.4 hours against average of 90.1 hours, Rainfall—5.44 inches against average of 3.45 inches and with destructive gales.

Highest temperature recorded	76 degrees on 12th May and 1st August.
Lowest temperature recorded	17 degrees on 2nd February.
Greatest fall of rain in one day	1.85 inches on 29th May.
Total rainfall	36.18 inches (40 year average 32.15).
Total sunshine	1622.2 hours (40 year average 1810.4).
Number of days with sunshine	290.
Number of days with rain	179.
Average temperature ...	50.3° (40 year average 50.4).

BOURNEMOUTH CLIMATOLOGICAL STATION.

1st January—31st August, 1954. Latitude 50°45' N. Longitude 1°55' W. Height above Mean Sea Level, 145 feet.

1st September—31st December, 1954. Latitude 50° 43' N. Longitude 1° 53' W. Height above Mean Sea Level, 130 feet.

TABLES OF TEMPERATURE, SUNSHINE AND RAINFALL

TEMPERATURE

	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Mean temperature— 40 year average	41.2	41.4	45.0	47.8	52.1	58.0	61.7	61.5	58.0	52.0	43.7	43.0
1954 ...	38	39	45	47	53	57	59	60	57	55	47	46
Highest maximum	55	52	59	65	76	73	72	76	71	68	59	56
Date ...	15th	10/24	24/28	15th	12th	23rd	12/14	4th	1st	1st	6th	2/3
Lowest Minimum	20	17	20	31	34	43	44	46	38	30	26	25
Date ...	28th	2nd	2nd	7/8	8th	1/14	6th	17th	23rd	26th	18th	11th
Mean Range	10	10	13	19	17	13	13	13	12	10	13	9

Average Mean temperature 40 years — 50.4. 1954—50.3.

SUNSHINE (Hours)

	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
40 year average ...	63.8	85.3	126.0	160.5	236.5	237.0	229.8	204.8	192.6	138.3	90.1	66.2
1954 ...	78.2	87.3	125.1	247.5	198.5	173.4	175.3	180.8	159.4	87.5	56.4	52.8
Highest amount in one day	7.2	9.0	10.7	13.3	12.8	15.1	13.2	12.0	10.4	8.7	8.2	6.6
Date ...	30th	20th	30th	26th	8th	27th	4th	13th	14th	6th	9th	3rd
Days with sunshine ...	19	21	24	28	27	27	26	29	26	23	21	19

Totals 40 year average — 1810.4. 1954 — 1622.2.

RAINFALL (Inches)

	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
40 year average ...	3.06	2.57	2.85	2.00	1.70	1.27	2.26	2.70	2.30	3.91	3.45	4.08
1954 ...	1.7	3.28	4.31	.15	3.22	2.79	3.24	3.03	3.32	2.93	5.44	2.77
Greatest fall in one day ...	.54	.72	.70	.09	1.85	.70	1.76	.48	.61	.85	.85	.79
Date ...	26th	17th	1/17	1st	29th	7th	25th	8th	23rd	23rd	27/29	8th
Number of days with rain	10	19	19	4	11	15	11	16	24	16	20	14

Totals : 40 year average — 32.15. 1954 — 36.18.

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 1954 AND PUBLIC HEALTH ACT,
1936)

(a) Repair.

Number of houses inspected for housing defects	...	...	...	537
Number of visits made for the above purpose	...	...	...	1,482
Houses found not in all respects reasonably fit for human habitation	...	...	...	248
Defective houses made fit following service of informal notices (including outstanding notices brought forward)	...	...	...	223

Houses in which defects were remedied after service of formal notices under the Public Health Act

(a) by owners	...	...	...	15
(b) by local authority in default of owners	...	...	...	Nil

Houses made fit after service of formal notices under the Housing Act, 1936 :—

(a) by owners	...	...	...	Nil
(b) by local authority in default of owners	...	...	...	Nil

Number of applications for Certificates of Disrepair dealt with ... 31

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

(i) Houses demolished as a result of formal action under Section 11	Nil
(ii) Houses closed in pursuance of an undertaking given by the owners under Section 11 and still in force	Nil
(iii) Parts of building closed (Section 12)	Nil

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

Number of houses inspected re alleged overcrowding	...	...	...	106
Number of houses found to be overcrowded	...	...	...	17
Number of cases of overcrowding abated	...	...	...	7
Number of houses visited to ascertain "permitted number"	...	...	...	135
Number of rooms measured to ascertain "permitted number"	...	...	...	591

(d) **Movable Dwellings** (*Public Health Act, 1936, Sections 268-269*).

Number of applications received during the year for licences to station and use individual caravans	368
Number granted	358
Number refused	10
Number of applications received during the year for licences to use land as camping sites	121
Number granted	121
Number of applications for extensions or variations of land licences ...	3
Number granted	3
Total number of dwellings allowed to be stationed on the above land at December 31st, 1954	420
Number of visits made to caravan sites during the year	218

(e) **Land Charges Enquiries.**

Number of Local Land Charges Enquiries received during the year regarding various properties	4,343
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II. Inspection of Food and Food Premises

Owing to increased demands on time by other duties, there has been a reduction in the number of routine inspections of food premises this year.

It is pleasing to record, however, that the standard of hygiene adopted by most local food traders is a high one and Bournemouth shops generally compare very favourably with those in other parts of the country.

The personnel of the food and catering trades have a serious responsibility in ensuring that their customers are served with food which is free from contamination.

Visits made to various types of premises were as follows:—

	<i>No. of premises in the Borough</i>	<i>No. of visits made</i>
Bakehouses	59	121
Cafes and Restaurants	184	364
Confectioners' and Pastrycooks' shops	195	141
Cooked meat shops	15	343
Fishmongers' and Poulterers' shops	58	217
Fried Fish shops	31	75
Greengrocers' shops	173	215
Grocers' shops	338	947
Gut-scraping works	1	16
Hotel and Boarding-house kitchens	935	185
School Feeding Centres	30	86

In addition, close supervision was given to the distribution of meat, milk and ice cream and to the manufacture of prepared foods. The following details of this work may be of interest.

(a) **Meat Inspection**

No regular slaughtering of animals for human consumption is carried on in the Borough. In view of this the special meat marking scheme, which had been in operation since 1949, was revoked during the year.

One small slaughterhouse is licensed for the occasional slaughter of cottagers' pigs, the carcasses and organs of which were inspected and found to be sound.

On the 1st July, the recently-erected Government Slaughterhouse at Uddens, near Wimborne, was taken over by private enterprise, and most of the locally-killed meat in Bournemouth shops is derived from this source.

410 visits were made to the 117 butchers' shops and six wholesale meat stores.

(b) **Milk Supplies**

All milk sold in Bournemouth is either processed and bottled at one of the four registered dairies in the Borough or at a Creamery in Poole, and is designated either "Pasteurised" or "Tuberculin Tested (Pasteurised)".

The small distributor can no longer buy "pasteurised" milk by the churn and fill his own bottles on his premises; neither is he allowed to sell milk loose from bulk. Thus another possible source of contamination has been eliminated from our milk supply.

During the year the largest local dairy transferred to new premises on the outskirts of the town. The equipment at this dairy is of the latest design and able to handle 3,000 gallons of milk per hour.

THE MILK AND DAIRIES REGULATIONS, 1949.

					<i>Number</i>	<i>Number of inspections</i>
Dairies	...	...	...	...	4	233
Milkshops	...	...	...	...	144	97
Pasteurising Plants	...	...	...	...	4	169

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	...	...	...	...	79

Pasteurised Milk.

Dealers' (Pasteurisers') Licences	...	...	...	4
Dealers' Licences	...	...	...	130
Supplementary Licences	...	...	...	1

228 samples of Pasteurised Milk and 117 samples of Tuberculin Tested (Pasteurised) Milk were found to comply with the prescribed standards ; but nine of Pasteurised and two of Tuberculin Tested Pasteurised milk did not comply.

These unsatisfactory samples were from three dairies and investigations revealed that in two cases they were due to defective recording thermometers. The other failure was caused by abnormal weather conditions. In all cases the trouble was soon remedied and satisfactory repeat samples followed.

(c) **Ice Cream**

THE FOOD AND DRUGS ACT, 1938. SECTION 14.
THE ICE CREAM (HEAT TREATMENT, ETC.) REGULATIONS
1947-1952.

<i>Number of premises registered during the year</i>		<i>Total number of premises on register</i>	<i>Number of visits to premises during the year</i>
For manufacture	... Nil	7*	32
For storage and sale	... 29	426	294

*Of these, 2 have ceased making Ice Cream.

2 use Hot Mix (Method I), 1 uses Hot Mix (Method II) and 2 use Cold Mix

During the year 70 samples were obtained by the Sanitary inspectors and subjected to the Methylene Blue test at the Public Health Laboratory, with the following results :—

<i>Number of Samples</i>	<i>Result (Provisional Grade)*</i>
61	I
4	II
1	III
4	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.

The above unsatisfactory samples represent 7.14% of the number taken.

5 samples of ice cream taken for chemical analysis were found to conform to the prescribed compositional standards.

d) Butter and Margarine Premises (Food and Drugs Act, 1938. Section 34).

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

e) Prepared Foods (Food and Drugs Act, 1938. Section 14).

There are now 78 premises in the Borough registered for the manufacture of fish or meat products, and during the year 254 visits were made to them to ensure that a satisfactory standard of hygiene is maintained.

(f) Foodstuffs Condemned following Inspection.

							<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Bacon	...	...	...	...	...	...				77
Biscuits	...	...	...	...	...	...				55
Butter	...	...	...	...	...	...				44
Cakes and Confectionery	...	...	...	...	...	...			3	99
Cake and Pudding Mixture	...	...	...	...	...	...				122
Cereals	...	...	...	...	...	...			2	200
Cheese	...	...	...	...	...	...		1	3	11
Chocolates	...	...	...	...	...	...			1	44
Cooked Ham	...	...	...	...	...	...			3	198
Dried Fruit	...	...	...	...	...	...		3	2	235
Dried Peas	...	...	...	...	...	...		2	3	222
Eggs	...	...	...	...	...	...		2	1	11
Fats	...	...	...	...	...	...			2	188
Fish	...	...	...	...	...	...	2	3	1	222
Fish Paste	...	...	...	...	...	...				55
Fruit and Vegetables	...	...	...	...	...	...		1	1	122
Margarine	...	...	...	...	...	...				188
Meat	...	...	...	...	...	...	2	10	2	255
Peanut Butter	...	...	...	...	...	...				22
Poultry	...	...	...	...	...	...		1	2	211
Preserves	...	...	...	...	...	...				88
Rabbits	...	...	...	...	...	...			2	155
Sandwich Spread	...	...	...	...	...	...				44
Sauce	...	...	...	...	...	...				144
Sausage	...	...	...	...	...	...				211
Shrimps	...	...	...	...	...	...		1	0	0
Suet	...	...	...	...	...	...				33
Sweets	...	...	...	...	...	...		4	3	0
Tinned Goods	...	...	...	...	...	...	7	17	3	77
Total							13	16	1	144

The amount of foodstuffs condemned in 1954 was 44 per cent. less than in the previous year, the reduction being mainly in the amounts of imported tinned goods and of fish found to be unsound.

Where possible, condemned foods are utilised for animal feeding and all diseased and unsound meat is collected for processing in the manufacture of industrial fats, fertilisers, etc.

(g) Sampling under the Food and Drugs Act, 1938.

87 formal and 431 informal samples were obtained by the Inspectorial Staff under the Food and Drugs Act, 1938, and submitted to the Public Analyst. The following table gives details of the unsatisfactory samples and of the action taken with regard to them.

Formal Samples

No.	Sample	Nature of Adulteration	Action taken
216	Bread and butter	100% Margarine	Warning letter sent to vendor.
390	Bread and butter	100% Margarine	Warning letter sent to vendor.
391	Bread and butter	100% Margarine	Warning letter sent to vendor.
1017	Bread and butter	80% margarine, 20% butter	Followed by further sample.
386	Cold milk	2.7% extraneous water	Warning letter sent to Cafe proprietor.
665	Milk	3% extraneous water	Retailer warned.
714	Malt Vinegar	100% artificial vinegar	Warning letter sent to retailer.
1006	Strawberry Jelly	100% Jelly Crystals	Matter referred to Ministry of Food.
716	Tartaric Acid	100% Cream of Tartar	Warning letter sent to Vendor.
366	Pork Sausages	9.2% deficient in meat	Warning letter sent to Manufacturer.

Informal Samples

26	Almonds, ground	Rancid, unfit for human consumption	Remainder of stock destroyed.
29	Almonds, ground	Rancid, unfit for human consumption	Remainder of stock cleared.
14	Ammoniated Tincture of Quinine	2.2% deficient in Ammonia	Warning letter sent to Vendor.
12	Bread and butter	100% Margarine	Followed by formal sample No. 216
9	Cheese, processed	10.5% extraneous water	Warning letter to Manufacturer.
18	Cocoa	Mouldy ; unfit for human consumption	Remainder of stock cleared.
7	Iced Lollie	1 p.p.m. excess of lead	{ Manufacturer warned and cause of contamination found. Manufacture ceased.
11	Iced Lollie	1.2 p.p.m.	
3	Iced Lollie	2.8 p.p.m.	
40	Lobster Paste	2% deficient in fish	Further sample taken in view of small deficiency.
5	Milk	8.7% deficient in fat	{ Referred to Dorset Sampling Officer and followed by genuine sample.
20	Milk	2.0% extraneous water	
8	Milk	7.7% deficient in fat	Followed by satisfactory sample
5	Milk	4.3% deficient in fat	{ Referred to Dorset County Sampling Officer and found to be irregular milks.
7	Milk	2% deficient in solids not fat	
8	Milk	2.7% deficient in solids not fat	{ Producers were referred to the Agricultural Executive Committee for advice on feeding.
11	Milk	21.7% deficient in fat and 1.5% deficient in non-fatty solids	
12	Milk	2.9% deficient in non-fatty-solids	
13	Milk	6.7% deficient in fat and 4% deficient in non-fatty solids	
14	Milk	1.5% deficient in non-fatty solids	

No.	Sample	Nature of Adulteration	Action taken
D6	Milk, Channel Islands	Contained 3.85% fat	{ Area Milk Officer, Ministry of Food, informed.
D11	Milk, Channel Islands	Contained 3.90% fat	
D13	Milk, Channel Islands	Contained 3.87% fat	
C30	Mixed Herbs, dried	Contained foreign matter—a piece of string	Warning letter sent to Manufacturer.
F1	Rhubarb, tinned	74 p.p.m. excess of tin	Remainder of stock destroyed
E8	Sausages, beef ...	10% deficient in meat	Followed by formal sample—satisfactory.
F7	Sausages, beef ...	16% deficient in meat	Followed by formal sample—satisfactory.
E9	Sausages, pork ...	29% deficient in meat	Followed by formal sample No. 366 above.
F5	Sausages, Pork	5% deficient in meat	Followed by genuine formal sample.
B1	Sausages, Pork	16.9% deficient in meat	Followed by genuine formal sample.
D14	Sausages, Pork	10.8% deficient in meat	{ Warning letter sent to Manufacturer.
F17	Sausages, Pork	12.3% deficient in meat	
F41	Seidlitz Powder	White packet 15.9% excess, blue 20.7% excess	Warning letters to vendor and wholesaler. Remainder of stock withdrawn from sale.
F18	Shredded Beef Suet	1% deficient in fat	Followed by genuine formal sample.
A25	Raspberry Flavoured Milk	4.7% deficient in full cream milk	Matter referred to Ministry of Food.
D25	Tomato Ketchup	Fermenting and unfit for human consumption	Remainder of stock destroyed.

III. General Sanitation, Inspection of Shops and Factories and Miscellaneous Duties

(a) Nuisances.

Complaints received and investigated	...	...	...	...	...	107
Statutory Nuisances found	...	...	...	...	...	68
Statutory Nuisances abated	...	...	...	...	...	59
Total number of visits re above	...	...	...	...	...	450

(b) Drainage Work.

Visits to buildings in course of construction	...	...	...	...	...	379
Tests applied to drainage at the above	...	...	...	...	...	338
Defects found and remedied	...	...	...	...	...	43
Visits to existing buildings re drainage	...	...	...	...	...	75
Tests applied to drainage at the above	...	...	...	...	...	20
Defects found and remedied	...	...	...	...	...	13
Cesspools built	...	...	...	...	...	...
Cesspools abolished and drains connected to sewer	...	...	...	...	...	...

Private sanitary surveys made for prospective purchasers of property 42

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

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

Refuse Accommodation.

Number of dustbins provided following service of notices ... 99

Disinfestation.

Number of premises treated with insecticides	46
Number of articles disinfested	26
Number of wasps' nests destroyed	238
Number of inspections of verminous premises	118

Infectious Diseases and Disinfection.

Cases in connection with enquiries	280
Number of rooms disinfected :—	
(a) After notifiable disease	99
(b) After non-notifiable disease	54
(c) After tuberculosis	35
Number of articles disinfected	958

Shops Act, 1950.

Number of inspections of shops	175
Number of contraventions found and dealt with	20

The following Orders were made by the Town Council under the 1950 Act :—

Under Section 51 with regard to the opening of newsagents' shops in the Borough from 8 a.m. to 1 p.m. on any Sunday during June, July, August and September, 1954, for the sale of—

- (i) any articles required for bathing or fishing ;
- (ii) toys, souvenirs and fancy goods ;
- (iii) books, stationery, photographs, reproductions and post-cards.

Under Section 40 suspending during the period 24th May to 13th September, 1954, inclusive, the obligation imposed by the Order of 1943 to close on the weekly half-holiday shops within the Borough in which fried fish and chips are sold.

(g) Inspection of Factories

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 the Local Authority ...	184	53	3	Nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	626	154	3	Nil
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	Nil	Nil	Nil	Nil
TOTAL	810	207	6	Nil

IMPROVEMENTS EFFECTED AT FACTORIES

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	4	4	—	5	—
Overcrowding (S.2)	1	1	—	1	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	1	1	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)	—	—	—	—	—
(a) Insufficient	2	2	—	2	—
(b) Unsuitable or defective	7	7	—	6	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outworkers)	2	2	—	2	—
TOTAL	17	17	Nil	16	Nil

OUTWORK

(Sections 110 and 111, Factories Act, 1937)

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.)	13	—	—	—	—	—
Household linen ...	8	—	—	—	—	—
TOTAL	21	—	—	—	—	—

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

17 visits were made to hotels, theatres, etc. regarding the employment of young persons at such premises. One contravention was found and remedied after informal action.

(i) Rodent Control.

Complaints regarding rats or mice received and investigated	1212
Dwellinghouses surveyed	1715
Business premises surveyed	109
Plots of land surveyed	39
Premises where poison baits were laid and taken	1583
* Number of dead rats found following baiting	1042

* It is difficult to estimate the total number of rats destroyed, having regard to modern poisoning techniques and the use of "Warfarin" baits whereby whole families of rats are sometimes exterminated and no dead ones are found.

Assuming, however, that one dead rat in every four is found, the total annual estimated kill is 4,168.

1497 dwellinghouses and 41 business premises were treated for rats and mice, these being increases of 458 and 11 respectively on last year's figures.

As usual, Corporation properties, including the refuse tips, destructor and sewage farm were treated from time to time as occasion arose. The pleasure grounds, foreshore and cliffs were inspected several times and treatment carried out where found necessary.

As the above figures emphasise, business premises generally are free from rats, most infestations being minor ones found on private property. Large secluded gardens, "compost heaps" which often degenerate into dumps of vegetable peelings and foodscraps, the practice of building tool-sheds and summer-houses with their wooden floors almost touching the ground, the keeping of backyard poultry, and the use of defective or insufficient refuse bins, are all factors tending to favour an increase in the rat population.

The excellent work carried out by the local firms specialising in pest destruction, and the helpful co-operation of the officials of the Infestation Division, Ministry of Agriculture, Fisheries and Food have greatly contributed to the success of this important branch of the public health service during the year.

(j) **Fertilisers and Feeding Stuffs Act, 1926.**

Eight informal and eleven formal samples of fertilisers and animal feeding stuffs were taken for analysis. Appropriate action was taken in the few cases where there were slight variations in the ingredients from the declared values.

(k) **Pharmacy and Poisons Act, 1933 (Part II).**

Those shopkeepers who are not registered pharmacists and who sell certain scheduled poisons in the form of weed-killers, disinfectants, hair-dyes, etc. must have their names entered on the local authority's list of persons entitled to sell such poisons.

At the end of 1954 there were 262 of these "listed sellers" and during the year your Inspectors made 293 visits to ensure that the legal requirements regarding containers and the labelling, storage, transport and sale of scheduled poisons were being observed. Ten contraventions were found and remedied following informal action.

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

At the end of the year there were fourteen upholsterers' premises registered under the above-named Act. Annual licences were granted for the storage of rag flock at three premises.

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

(m) **Pet Animals Act, 1951.**

Annual licences were granted under the above-named Act in respect of sixteen Pet Shops in the Borough.

Before granting such licences the local authority must be satisfied that suitable accommodation (as respects size, temperature, lighting, ventilation and cleanliness) and 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. Advice on this latter requirement has been given by the Chief Officer of the Fire Brigade.

Places of Entertainment.

59 inspections were made at theatres, cinemas and other places of entertainment. Substantial alterations and improvements were carried out at one theatre during the year, and minor defects were remedied at several other premises.

Atmospheric Pollution.

A nuisance from the emission of grit from a laundry and one from oily smuts discharged from a factory bakehouse were abated following informal action.

Complaints were investigated regarding the emission of exhaust fumes from a Diesel engine at a factory. Following informal action the nuisance was remedied by reducing the amount of fumes emitted and by extending the exhaust pipe to secure their dispersal at a higher level.

Generally speaking, atmospheric pollution from industrial sources in Bournemouth is negligible; the little fouling of the air which does arise is almost entirely due to domestic chimney smoke and to fumes from vehicular traffic—both of which, of course, have increased considerably during recent years.

Swimming Bath Water.

The water in the three swimming baths open to the general public has been sampled regularly to ensure its suitability for swimmers. All the samples taken were found to be satisfactory, and close liaison has been maintained between the managers of these establishments and this Department.

Public Conveniences.

During the year £13,706 10s. 5d.* was collected from the 171 Public Conveniences in Bournemouth by the Superintendent and his assistant, the amount being made up as follows:—

	£	s.	d.
From coin locks	12,944	1	6
From wash and brush-up rooms	705	8	11
From paper towel machines	57	0	0

* Compared with the receipts for 1953, this amount is an increase of 22 16s. 10d.

There are now 17 public conveniences in the town where fruit washing facilities are provided.

Thirty articles of lost property were left in the public conveniences during the year and most of them were subsequently claimed by the owners.

(r) Legal Proceedings.

Legal proceedings taken against a local hotelier for failure to keep a food preparation room in good repair resulted in the defendant being fined £2 0s. 0d.

Report of the Public Analyst

For the Year ended the 31st December, 1954

MR. MAYOR, LADIES AND GENTLEMEN,

I have much pleasure in presenting my second Report as Public Analyst and Official Agricultural Analyst to your County Borough.

Food and Drugs

The total number of samples submitted to me by your Inspector under the Sale of Food and Drugs Act 1938 was 518, comprising 100 formal samples and 431 informal.

The number of adulterated and irregular samples was 10 formal and 36 informal, a total of 46 in all. This represents a percentage adulteration of 8.9. The incidence of adulteration in the County Borough during the past four years is as follows :—

Year	1951	1952	1953	1954
No. of samples taken	526	540	370	418
No. adulterated	32	23	40	46
Percentage adulteration	5.1	4.2	10.8	8.9

Full details of the formal and informal samples are given in Tables I and II respectively, and Tables III and IV give particulars of the irregular and adulterated samples.

Milk

A total of 118 samples of milk were taken under the Sale of Milk Regulations, 1939. 92 of these were submitted as Milk, 11 of which were found to be adulterated, failing to comply with the legal standard of a minimum of 3 per cent. fat and 8.5 per cent. solids not fat. These results show an increase of adulteration when compared with those of 1953.

	1953	1954
Samples of Milk	92	92
Percentage adulteration	11.9	12.0

The remaining 26 samples were Channel Island Milk, for which the standard for fat is not less than 4 per cent. Three of these samples failed to comply with this regulation, which shows a percentage of adulteration of 11.5. Again, this is an increase on last year's figure, which was 5.7 per cent. adulteration.

Details of the average of all the above milks are given in Tables V and VII, and show that the quality of the milk supply in the Borough is good.

In addition, 21 samples of milk were examined for the presence of chlorates, and all found to be satisfactory, indicating that the washing of the various utensils used in the handling and bottling of milk had been carried out in a satisfactory manner.

No samples of "Hot Milk" were taken during the year, but of the four samples sold as "Cold Milk" in Cafés and Restaurants, one was found to contain extraneous water.

Raspberry Flavoured Milk

Milk flavoured and coloured is now sold to the Public. It has been agreed by Public Analysts that such articles should contain at least 85 per cent. of full cream milk. One sample has been examined and failed to comply with this standard.

Cream

The four samples of various types of cream examined were all found to comply with the regulations laid down.

Butter

Five samples of butter were examined and found to be of good quality.

Bread and Butter

All articles sold as "buttered" must be prepared with genuine butter. Thirteen samples of Bread and Butter were submitted for analysis during the year, and of these, four were found to have been prepared entirely with margarine and one with a mixture of margarine and butter. This shows a percentage adulteration of 38.5 which is very high.

Cheese

Of the five samples of Processed Cheese examined one contained 10.5 per cent. excess of water.

Ice Cream

Only four samples of Ice Cream were examined during the year. These all gave very good analyses, containing well over the minimum limits of fat and sugar laid down by the regulations.

Ice Lollies

Owing to the nature of these products they are very liable to become contaminated with lead and copper unless the material and plant in which they are manufactured are kept free from these metals. Of the 20 samples which were examined three were found to contain a slight excess over the limit of 1 part per million allowed. This represents a percentage of 15.

Confectionery

Fourteen various samples of sweets were examined and all found to be of good quality, and where the word "Butter" was included in the description, the quantity was found to be over the standard of 4 per cent.

Sausages

A total of 45 samples of sausages, 17 Beef and 28 Pork were submitted for analysis. Of these, a total of 8, or a percentage of 17.8 were found to be adulterated. The limit for meat in sausages adopted by all Public Analysts, is not less than 50 per cent. Beef and 65 per cent. in Pork.

Meat and Fish Pastes

A total of eight samples was submitted for analysis, all except one complying with the standards laid down. The adulterated sample was a lobster paste which was slightly deficient in fish.

Fish Cakes

A standard of at least 35 per cent. of fish is imposed on these articles. Of the four samples taken by your Inspectors three showed over 57 per cent. of fish and one over 37 per cent. This is very satisfactory.

Malt Vinegar

Of the four samples examined during the year, three were genuine and the fourth consisted of an artificial vinegar prepared by diluting acetic acid with water and colouring with caramel.

Ground Almonds, etc.

Five informal samples of ground almonds were examined, and two of these were unsatisfactory, being rancid. Three samples of Marzipan were examined and found to be composed of genuine almonds.

Tinned Foods

23 samples of various tinned goods were examined, consisting of 10 samples of rhubarb, 6 of soups, 5 vegetables and 2 fish. In all cases the contents of the tins were in a sound condition, and with the exception of one sample of tinned rhubarb did not contain an excess of metallic contamination.

Shredded Suet

Of the four samples of shredded suet examined, one was slightly deficient in suet.

Wines, Liqueurs, Spirits and Beer

All the seventeen samples examined were of good strength and in a very satisfactory condition.

Foreign Matter and Unsound Food

Only one sample, dried herbs, contained foreign matter; in this case, a piece of string. All the samples of food examined were in sound condition with the exception of one sample of cocoa, one of tomato ketchup and two of ground almonds. These samples were unfit for human consumption, the cocoa being mouldy, the tomato ketchup fermenting, and the ground almonds were rancid.

Drugs

A total of 68 samples of drugs were examined, and of these three representing a percentage of 4.4 were found to be unsatisfactory or fail to comply with the requirements of the British Pharmacopeia.

The sample, submitted as a sample of Tartaric Acid, was found to consist entirely of Cream of Tartar. A sample of Ammoniated Tincture of Quinine was deficient in ammonia, and one of seidlitz powder was incorrectly compounded.

Seven various medicines were examined, two of which failed to agree with the declaration on the labels.

No samples were taken under the Pharmacy and Poisons Act during the year under review.

Labelling of Food Order

Seven of the informal samples of food were also examined under the Labelling of Food Order which requires a declaration of ingredients. Five of these were found to be correctly labelled whilst a sample of Wholemeal Self Raising Flour and one of Jelly were incorrectly labelled.

Special Samples

Fourteen samples were submitted for special examination and these are listed in Table VII. 11 of these were foods of various kinds, and five were found to be in a satisfactory condition. Of the remainder a sample of butter and one of tinned tunny fish in oil were found to be rancid, a jar of strawberry jam contained a piece of plant stem or reed, a packet of sugar was mixed with salt, and two samples of veal and ham pie were tainted.

An investigation was made regarding a discharge into a gully and this was found to contain urine which had apparently been emptied down a hand basin.

Water Supply

Regular monthly samples of both the main sources in the Borough were examined. The results have shown that the water has been maintained in a satisfactory condition. Both supplies emanate from the Rivers, and it is essential that such water shall be efficiently chlorinated. It has been found that in some parts of the Borough the content of free chlorine is low at times, or absent. This has been investigated and special samples taken to ensure that the chlorination is maintained at an efficient level.

Fertilisers and Feeding Stuffs Act, 1926

Seven formal and four informal samples of fertiliser were examined. Six of these satisfied the requirements of the Regulations, four differed to some extent from the Statutory Statements, but the difference was not sufficient to prejudice the purchaser. One sample of "Vegicrop" fertiliser gave figures which were outside the limit of variation for phosphoric acid content and therefore contravened the Act.

Eight samples of Feeding Stuffs, four formal and four informal were examined and all failed to comply with the Regulations with the exception of an informal sample of Layers Pellets. In the case of four of these the variation of the composition from the declared analysis was not sufficient to prejudice the purchaser, but in the case of a Chick Starter Meal, Chick Crumbs and Layers Pellets the variation was such as to contravene the Act.

Sewage Disposal

Regular samples were taken of Crude Sewage and Effluents from the Kinson Disposal Works. The presence of copper in the sewage and consequent interference with the biological digestion at the Works to which reference was made in my last report, has been further investigated. This has had good results and there is every hope that this trouble will be completely overcome in the near future. Samples of the River Water still show that considerable pollution is taking place due to the Sewage Works, but the new extended works now in operation will cause a great improvement in the effluent and consequently lessen the danger of pollution of the river.

Stream Waters

Monthly samples of the Bourne Stream taken at the Borough boundary and at the Lower Pleasure Gardens, show, in general, that the stream is in a fairly clean condition and its quality improves during its progress towards the Gardens. This is undoubtedly due to the fact that the water becomes aerated as it passes over the various small weirs.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

ARTHUR S. CARLOS,

Public Analyst and Official Agricultural Chemist

TABLE I
87 Formal Samples.

Nature of sample	Examined	Genuine	Adulterated	Percentage
FOODS				
Blancmange Powder	2	2	—	—
Bread and Butter	9	5	4	44.4
Butter	1	1	—	—
Crab, dressed	1	1	—	—
Custard Powder	2	2	—	—
Fish Cakes	4	4	—	—
Milk	24	23	1	4.4
Milk, Channel Island	4	4	—	—
Milk, Cold	4	3	1	25.5
Sausages, beef	3	3	—	—
Sausages, pork	6	5	1	16.6
Suet, shredded	1	1	—	—
Table Jelly	3	2	1	33.3
Vinegar	4	3	1	25.5
WINES				
British Port Type	1	1	—	—
British Sherry	2	2	—	—
Tonic Wine	1	1	—	—
Whisky, Scotch	4	4	—	—
Total Foods	76	67	9	11.1
DRUGS				
Magnesium Carbonate, light	2	2	—	—
Gee's Linctus Pastilles	1	1	—	—
Glempec Cough Cure	1	1	—	—
Sal Volatile	4	4	—	—
Tartaric Acid	3	2	1	33.3
Total Drugs	11	10	1	9.5
Total Food and Drugs	87	77	10	11.1

TABLE II
431 Informal Samples.

Nature of sample	Examined	Genuine	Adulterated	Percentage
Almond Flavouring	3	3	—	—
Almonds, ground	5	3	2	40
Angelica	1	1	—	—
Arrowroot	3	3	—	—
Baking Powder	3	3	—	—
Bread and Butter	4	3	1	25

TABLE II—*continued*

Nature of sample	Examined	Genuine	Adulterated	Percentage Adulterated
Bitter Beer	4	4	—	—
Butter	4	4	—	—
Cake and Pudding Mixture ...	4	4	—	—
Caraway Seeds	2	2	—	—
Chandy	1	1	—	—
Cheese, processed	5	4	1	20
Cocoa	3	2	1	33.3
Coffee and Chicory Essence ...	4	4	—	—
Confectionery, butter sweet ...	3	3	—	—
Confectionery, sugar	11	11	—	—
Cream, double	2	2	—	—
Cream, sterilised	1	1	—	—
Cream, synthetic	1	1	—	—
Curry Powder	2	2	—	—
Custard Powder	3	3	—	—
Dripping	2	2	—	—
Fish Paste	3	2	1	33.3
Fish, tinned	2	2	—	—
Flour, Self Raising	1	1	—	—
Frittamix	1	1	—	—
Fruit Curds	4	4	—	—
Fruit, dried	3	3	—	—
Groats	1	1	—	—
Herbs, dried	3	2	1	33.3
Honey	4	4	—	—
Horseradish Sauce	2	2	—	—
Ice Cream	4	4	—	—
Ice Cream Mixture	1	1	—	—
Ice Lollies	20	17	3	15
Jam	3	3	—	—
Lard	4	4	—	—
Lemonade Crystals	1	1	—	—
Liqueurs	3	3	—	—
Margarine	2	2	—	—
Marzipan	3	3	—	—
Meat Extract	3	3	—	—
Meat Paste	4	4	—	—
Milk	68	58	10	14.7
Milk, Channel Island	22	19	3	15
Milk for Chlorates	21	21	—	—
Milk, Goats	1	1	—	—
Oatmeal	7	7	—	—
Oil, Olive	4	4	—	—
Oil, Palm	1	1	—	—
Oil, Palm Kernel	1	1	—	—
Oranges	6	6	—	—
Peas, canned	1	1	—	—
Raspberry flavoured Milk ...	1	—	1	100
Rhubarb, tinned	10	9	1	10
Rice	3	3	—	—

TABLE II—*continued*

Nature of sample	Examined	Genuine	Adulterated	Percentage adulteration
Salad Cream	4	4	—	—
Saccharin tablets	6	6	—	—
Sausages, beef	14	12	2	14.3
Sausages, pork	22	17	5	22.7
Sherbet	1	1	—	—
Slippery Elm Food	2	2	—	—
Soft Drinks :—				
Coco Cola	1	1	—	—
Limeade	1	1	—	—
Pineapple Crush	1	1	—	—
Orangeade	1	1	—	—
Apple Nectar	1	1	—	—
Soup	7	7	—	—
Suet, shredded beef	3	2	1	33.3
Sugar, demerara	4	4	—	—
Tea	3	3	—	—
Toffee Apple	1	1	—	—
Tomato Sauce	4	3	1	25
Tomato Paste	1	1	—	—
Vegetables, tinned	4	4	—	—
Wines, ginger	2	2	—	—
Yeast Extract	1	1	—	—
Yoghourt	1	1	—	—
Total Foods ...	374	339	34	9.1
DRUGS				
Ammoniated Tincture of Quinine	4	3	1	25
Aspirin	2	2	—	—
Camphorated Oil	4	4	—	—
Castor Oil	2	2	—	—
Citrate of Magnesia	1	1	—	—
Citric Acid	4	4	—	—
Cod Liver Oil and Malt Extract	2	2	—	—
Cough Mixture	2	2	—	—
Friar's Balsam	4	4	—	—
Glycerine	1	1	—	—
Hydrogen Peroxide	7	7	—	—
Influenza Mixture	4	4	—	—
Liquid Paraffin	4	4	—	—
Parrish's Chemical Food	1	1	—	—
Phosferine	1	1	—	—
Seidlitz Powder	4	3	1	25
Throat Mixture	1	1	—	—
Tonic	4	4	—	—
Whooping Cough Mixture	1	1	—	—
Zinc and Castor Oil Cream	4	4	—	—
Total Drugs ...	57	55	2	3.5
Total Food and Drugs ...	431	394	36	8.6

TABLE III
Adulterated Formal Samples

No.	Nature	Nature of Adulteration
86	Bread and Butter	100% Margarine.
90	Bread and Butter	100% Margarine.
91	Bread and Butter	100% Margarine.
917	Bread and Butter	80% Margarine, 20% Butter.
96	Cold Milk	2.7% extraneous water.
95	Milk	3% extraneous water.
94	Malt Vinegar	100% Artificial Vinegar.
906	Strawberry Jelly	100% Jelly Crystals.
96	Tartaric Acid	100% Cream of Tartar
96	Pork Sausages	9.2% deficient in meat.

TABLE IV
Adulterated Informal Samples

No.	Nature	Nature of Adulteration
226	Almonds, ground	Rancid, unfit for human consumption.
229	Almonds, ground	Rancid, unfit for human consumption.
14	Ammoniated Tincture of Quinine	2.2% deficient in ammonia.
112	Bread and Butter	100% Margarine.
9	Cheese, processed	10.5% extraneous water.
118	Cocoa	Mouldy, unfit for human consumption.
7	Iced Lollie	1 p.p.m. excess of lead.
111	Iced Lollie	1.2 p.p.m. excess of lead.
3	Iced Lollie	2.8 p.p.m. excess of lead.
40	Lobster Paste	2% deficient in fish.
5	Milk	4.3% fat deficient.
7	Milk	2% deficient in solids not fat.
8	Milk	2.7% deficient in solids not fat.
11	Milk	21.7% fat deficient, 1.5% deficient in solids not fat.
112	Milk	2.9% deficient in solids not fat.
113	Milk	6.7% deficient in fat, 4% deficient in solids not fat.
114	Milk	1.5% deficient in solids not fat.
5	Milk	8.7% deficient in fat.
8	Milk	7.7% deficient in fat.
20	Milk	2% extraneous water.
6	Milk, Channel Island	Contained 3.85% fat.
11	Milk, Channel Island	Contained 3.90% fat.
13	Milk, Channel Island	Contained 3.87% fat.
30	Mixed herbs, dried	Contained foreign matter (piece of string).
1	Rhubarb, tinned	74 p.p.m. excess of tin.
8	Sausages, beef	10% meat deficient.
7	Sausages, beef	16% meat deficient.
9	Sausages, pork	29% meat deficient.
5	Sausages, pork	5% meat deficient.
1	Sausages, pork	16.9% meat deficient.
14	Sausages, pork	10.8% meat deficient.
17	Sausages, pork	12.3% meat deficient.
41	Seidlitz Powder	White packet 15.9% excess. Blue packet 20.7% excess.
18	Shredded Beef Suet	1% deficient in fat.
25	Raspberry flavoured milk	4.7% deficient in full cream milk.
25	Tomato Ketchup	Fermenting. Unfit for human consumption.

TABLE V

Milk (excluding Channel Islands Milk).
Average Percentages of Fat and Non-fatty Solids.

<i>Quarter</i>	<i>No. of Samples</i>	<i>Percentage of Fat</i>	<i>Percentage of Non-fatty Solids</i>
1	45	3.45	8.74
2	18	3.35	8.77
3	23	3.60	8.82
4	6	3.93	8.79
For whole period	92	3.57	8.87

TABLE VI

Channel Islands Milk.
Average Percentages of Fat and Non-fatty Solids.

<i>Quarter</i>	<i>No. of Samples</i>	<i>Percentage of Fat</i>	<i>Percentage of Non-fatty Solids</i>
1	8	4.40	9.07
2	10	4.03	9.04
3	4	4.28	9.11
4	4	4.40	9.04
For whole period	26	4.26	9.02

TABLE VII

Special Samples

<i>Nature of Sample</i>	<i>No.</i>	<i>Reported</i>
Bacon, Mild Cured ...	1	Fit for human consumption.
Butter ...	1	Slightly rancid.
Effluent from gully ...	3	Contained urine.
Granulated sugar ...	1	Contained 1.81% salt. Unfit for human consumption.
Grapefruit, tinned ...	3	Fit for human consumption.
Luncheon Meat ...	1	Fit for human consumption.
Strawberry Jam ...	1	Contained portion of plant stem, or root.
Tunny Fish, tinned ...	1	Olive oil in tin rancid.
Veal, Ham and Egg Pie	2	Meat in unsatisfactory condition : tainted.



COUNTY BOROUGH OF BOURNEMOUTH

EDUCATION COMMITTEE

Annual Report

of the

Principal
School Medical Officer

Year 1954



COMMONWEALTH OF MASSACHUSETTS

EDUCATION COMMITTEE

Annual Report

School Medical Officer
Principal

1924

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.
MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit to you my first Annual Report as Principal Medical Officer to the Education Committee.

This Report is the forty-seventh of a series dealing with the health of children attending your schools, and in its general lines follows closely the pattern of previous Reports.

Much of the information given in the following pages has been obtained as a result of routine medical inspection, and it should be remembered that the periodic inspection of every school child remains the sound foundation of the school health service, equally today as when the service was introduced nearly fifty years ago. It was the poor physical quality of many volunteers for service in the Boer War that first drew attention to the need for the medical examination and treatment of school children. This need was abundantly confirmed by the Report of the Royal Commission on Physical Training (Scotland) in 1903 and the Report of the Inter-departmental Committee on Physical Deterioration in 1904. The following year the Report of the Inter-departmental Committee on Medical Inspection and Feeding of Children attending public Elementary Schools was submitted and its revelations led to the establishment of a Medical department in the Board of Education, and in 1907 the Education (Administrative Provisions) Act required every local Education authority to make provision for the medical inspection of every child attending Elementary Schools.

A comparison of statistics prepared by the School Medical Officer of Bournemouth in 1910, and those of the year under review amply confirm the enormous physical improvement in the school child during the last forty-five years :—

Concerning Infants (i.e. School Entrants)					1910	1954
					%	%
Skin Disease	...	...	...	...	4.91	2.3
External Eye Disease	...	...	...	...	7.63	0.9
Defective Vision	...	...	...	...	0.5	1.3
Ear Disease	...	...	...	...	4.91	0.1
Defective Hearing	...	...	...	...	2.91	Nil
Defective Speech	...	...	...	...	2.0	1.1
Diseases of Heart and Circulation	...	...	...	...	2.81	0.8
Diseases of Lungs	...	...	...	...	14.65	0.1
Poor Nutrition	...	...	...	...	6.62	0.16
Concerning Children about to leave School.					1910	1954
					%	%
Skin Diseases	...	...	...	...	3.91	2.2
External Eye Disease	...	...	...	...	8.38	1.0
Defective Vision	...	...	...	...	16.90	12.4
Ear Disease	...	...	...	...	3.35	Nil
Defective Hearing	...	...	...	...	3.63	0.2
Defective Speech	...	...	...	...	3.91	0.2
Diseases of Heart and Circulation	...	...	...	...	6.97	0.6
Diseases of Lungs	...	...	...	...	6.84	0.2
Poor Nutrition	...	...	...	...	8.51	0.23

Throughout the year 1954, the general health of school children remained good, and there were no cases of either poliomyelitis or diphtheria. The efforts of the School Medical Officers and School Nurses have been intensified in stimulating parents to have their children completely protected against diphtheria, but an immunisation index of less than 50 per cent still leaves much to be desired. The same criticism can be made regarding vaccination against smallpox, and the complacency of many parents can only be attributed to the comparative rarity of these diseases today. The fact that they are rare is almost solely due to a high state of protection against them by means of immunisation and vaccination. If this is allowed to lapse, these diseases may well return and ravage the community as in the past.

One of the major benefits enjoyed by the community following the operation of the National Health Service Act, 1946, has been the free medical advice and treatment available to everybody, children and adults alike. Those of us who were in general practice prior to the Appointed Day can recall that many young children of school age were unable to obtain medical advice and treatment except through the agency of the hospital out patient departments and the minor ailments clinics of the local authority, because their parents were unable to pay for private attention. In those days, there could be no question of the value of our Minor Ailments Clinics; they gave early and prompt attention to those minor conditions which if neglected might often lead to serious crippling. Today, the position is altered, and school children can obtain advice and treatment from the general practitioner of their parents' choice as readily as any other member of the community, and the future of the local authority's minor ailments clinics is not yet clear. The fact that the attendances at Minor Ailments Clinics were maintained during the year suggests that they still satisfy a need, and it seems likely that they will continue in their present form for some time to come, with more and more emphasis on the educative side of the work, and a reduction in treatment.

The tremendous physical improvement in school children this century has rewarded the efforts of the local authority during the last half century should not be allowed to obscure the fact that there are still many handicapped children of school age, handicapped by either physical or mental disability, or both. All school teachers and school medical officers are keenly aware of the need for early detection of these cases, so that steps can be taken to provide appropriate treatment and special educational facilities. There is still, unfortunately, delay in providing special residential school places for certain types of defects.

This report contains special mention of the important work carried out by Dr. Whiles at the Child Guidance Centre, and it is pleasing to record that although at the end of 1954 there was de-

in providing the necessary psychiatric treatment in some cases, this has now largely been remedied by the allocation of extra sessions by the South West Metropolitan Regional Hospital Board.

The work of the School Dental Service is summarised by Mr. A. A. Wood, Principal School Dental Officer, and it is again pleasing to record that the work of his service will shortly be aided by the provision of a Dental X-Ray Unit.

Mothercraft talks, which were started in 1953 at Avonbourne Secondary Modern School, have continued, and it is hoped to extend the scope of Health Education as far as the limitations of staff will allow. The shortage of Health Visitors and School Nurses continues to be a very serious handicap to Health Education.

In concluding this introduction to my Report, my thanks are due to you, Mr. Chairman, to the members of the Education Committee, and to your Chief Education Officer, Mr. W. R. Smedley, for your close and helpful co-operation.

Finally, I sincerely thank my staff, medical, dental, nursing and clerical, for their conscientious work in maintaining the high traditions of the School Health Service.

I am,

Yours faithfully,

WILLIAM FIELDING.

SCHOOL HEALTH SERVICE STAFF.

(As at 31st December, 1954).

Principal School Medical Officer :

WILLIAM FIELDING, M.D., B.SC., D.P.H.

Deputy Principal School Medical Officer :

J. H. MAUGHAN, M.B., B.S., D.P.H.

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.

Principal School Dental Officer :

A. A. WOOD, L.D.S., R.C.S.

School Dental Officers :

H. S. HOOPER, B.D.S., L.D.S., R.C.S.

F. E. LOCKWOOD, B.D.S. (Univ. L'pool)

W. J. MACKILLOP, L.D.S. (Hons.), R.F.P.S. (Glas.).

Dental Attendants :

D. M. COX, B. M. READ, D. W. ROSE, 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) :

*M. P. BARTLETT, 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-in-charge:

*E. O. JOSEPH, M.C.S.P.

Assistant Physiotherapist :

*J. DAVEY, M.C.S.P.

Speech Therapist :

V. ABELSON

Superintendent Health Visitor and School Nurse :

W. MELHUSH

Health Visitors and School Nurses :

L. M. AUSTIN

C. V. BAILEY

E. I. BARTLETT

P. M. CAREY

M. G. CORNISH

F. DARLINGTON

B. M. DAVIES-BROWN

E. M. GIBBS

A. N. LEGG

G. M. LUNN

E. M. SMITH

B. TURNER

E. TURNER

J. WILKINSON

2 Vacant posts.

Clerk in charge of School Health Service Section :

F. J. GOODE

Clerks :

E. G. PAYNE, M. H. W. WATTON, D. WOODGATE,

B. JOHNSON (Child Guidance Centre)

SCHOOLS AND SCHOLARS

Number of Primary Schools ...	...	...	33
Number of Secondary Modern Schools	...	...	9
Number of Secondary Grammar Schools	...	...	2
Average attendance ...	...	...	14,633
Average number on School Registers	...	...	15,898

CO-ORDINATION

Whilst the School Health Service is under the control of the Local Education Authority it 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 1,288		Children Aged 10 1,300		Children Aged 14 1,294		Other Periodic Inspections 1,331	
	Treat- ment	Observation	Treat- ment	Observation	Treat- ment	Observation	Treat- ment	Observation
Skin	15	15	5	10	17	11	18	9
Eyes :—								
Defective Vision ...	16	1	85	6	154	6	294	20
Squint	43	2	20	—	12	—	5	—
Other	11	—	11	5	12	2	20	4
Ears :—								
Defective hearing ...	—	—	2	—	2	1	1	—
Otitis Media	2	—	1	—	—	—	—	—
Other	—	—	1	—	2	—	—	3
Nose and Throat ...	49	107	10	64	6	52	8	47
Speech	10	4	2	1	1	2	2	—
Cervical glands ...	1	64	—	16	1	6	1	4
Heart and Circulation ...	6	3	1	2	4	4	1	2
Lungs	2	—	4	1	1	1	2	1
Developmental :—								
Hernia	3	2	6	2	—	—	—	4
Other	1	—	4	3	3	3	7	8
Orthopaedic :—								
Posture	10	5	47	10	58	15	29	15
Flat foot	29	10	28	6	10	2	12	5
Other	14	11	10	—	23	7	17	9
Nervous System :—								
Epilepsy	2	—	2	1	—	—	—	—
Other	—	—	—	—	—	—	—	—
Psychological :—								
Development	—	3	1	4	1	6	—	—
Stability	1	—	—	—	—	—	—	—
Other	—	—	—	—	—	—	1	—
	215	227	240	131	307	118	418	127

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, and the School Health Service and Handicapped Pupils Regulations, 1953 :—

- (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.*

It is encouraging to note the gradual reduction in uncleanliness that has taken place during the last few years, and fortunately, with the exception of a very small number of parents, co-operation is all that can be desired. The majority of cases are cleansed at home, materials being supplied either from the School or the Minor Ailments Clinic, but in a few cases where the parents are unable to co-operate, from sickness or some other cause, the cleansing is carried out by a School Nurse at the Minor Ailments Clinic.

Infestation with Vermin

Examinations in Schools

<i>Year</i>	<i>Average No. on School Registers</i>	<i>No. of Examinations</i>	<i>No. of individual pupils found infested</i>
1954	15,898	37,851	101
1953	15,554	36,566	163
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
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

Includes
Evacuees

(b) *General Condition.*

One of the most notable features revealed by the regular periodic medical inspection of school children has been a steady improvement in their general physical condition, showing itself in an average increase of both height and weight. The table below gives the School Medical Officers' assessment of those children who were inspected during the year, and the low percentages now being recorded as Category "C" (i.e. below normal) are most encouraging. The three categories used are :—

- A. Those better than normal.
- B. The normal.
- C. Those below normal.

Age Groups	A. (Good)			B. (Fair)			C. (Poor)		
	1952	1953	1954	1952	1953	1954	1952	1953	1954
	...	...	...	...	...	...	...	...	...
Entrants	15.85	13.14	20.26	83.00	85.18	79.58	1.15	1.68	0.16
Second Age Group ...	21.88	24.11	21.00	76.26	73.49	78.15	1.86	2.40	0.85
Third Age Group ...	25.36	26.68	24.96	73.75	72.08	74.81	0.89	1.24	0.23
Other Periodic Inspections	36.20	41.73	39.07	63.40	57.87	60.78	0.40	0.40	0.15

(c) *Minor Ailments.*

This year again no case of ringworm of the scalp has been found but there were twelve cases of ringworm of the body. Four cases of scabies were treated.

(d) *Vision.*

Defective vision, if not corrected early, may considerably affect the schoolchild's progress, and in addition to the routine periodic medical inspections a special vision survey has been carried out on children attaining the age of 7 years. The majority of children with defective vision are seen by the Consultant Ophthalmologists at the Clinic, where an Orthoptist and Optician are also in attendance.

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

In 1954, 302 children were operated upon for removal of tonsils and adenoids, as compared with 206 in the previous year.

(f) *Treatment of Children in Hospital.*

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

<i>Group of Diseases</i>						<i>No. of Children</i>
1.	Infections or Parasitic Diseases	...	...	...	...	30
2.	Neoplasms (a) Benign	...	...	...	...	3
	(b) Malignant	...	...	...	...	—
3.	Allergic, Endocrine, Metabolic and Nutritional	...	...	...	...	15
4.	Diseases of blood and blood forming organs	...	...	...	...	8
5.	Mental, Psychoneurotic	...	...	...	...	—
6.	Diseases of Nervous System and Special Senses	...	...	...	...	*46
7.	Diseases of Circulatory System and Lymphatics	...	...	...	...	7
8.	Diseases of Respiratory System	...	...	...	...	†338
9.	Diseases of Digestive System	...	...	...	...	111
10.	Genito-Urinary System	...	...	...	...	33
11.	Skin and Cellular Tissues	...	...	...	...	25
12.	Bones, etc.	...	...	...	...	147
13.	Accidents, Poisoning and Violence	...	...	...	...	40

* Includes 25 operations for "squint".

† Includes 302 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	—	MORNING
Kinson : Pelhams, Millhams Road ...	—	—	—	MORNING	—
West Howe : At South Kinson C.P.	—	—	—	—	—
Infants' School, Mount Road ...	MORNING	—	—	—	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

Children's Orthopaedic Clinic,
 70, Stewart Road

{ Surgeon's sessions—1st and 3rd Wednesdays (p.m.) each month (1 surgeon) ;
 2nd and 4th Wednesdays (p.m.) each month (2 surgeons)
 Physiotherapy—daily by appointment

MINOR AILMENTS CLINICS

At the beginning of the year an additional Minor Ailments Clinic was opened at West Howe, being held at the South Kinson Infants' School.

During the year a total of 5,355 attendances were made by children at the eight Minor Ailments Clinics.

VISUAL DEFECTS

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

Number of children examined	...	...	...	...	1607
Number of attendances	...	...	...	...	1849
Number of children for whom glasses were prescribed					752

Orthoptic Clinic.

- 237 Patients have received treatment or are under supervision, of these 59 were new cases referred by the Ophthalmic Surgeons.
- 25 children have received operative treatment.

ORTHOPAEDICS

During the year the Specialist Orthopaedic Service for school children has again been carried out in an exceedingly efficient manner by the surgeons of the Lord Mayor Treloar Hospital, Alton. As from the 1st September the Surgeons visited the Clinic on four regular sessions per month as it was found impossible to keep up to date with the two regular sessions per month previously held.

The consultant sessions are held in our own clinic at 70, Stewart Road.

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

Number of scholars seen by the surgeons	...	...	...	428
Number of new cases	...	...	...	196

Defects found.

Genu Valgum/Genu Varum and other knee defects	...	63
Spastic conditions	... ..	10
Due to Anterior Poliomyelitis	... ..	28
Spinal Curvature and Poor Posture	... ..	33
Osteomyelitis	... ..	...
Congenital dislocation of the hip	... ..	...
Deformities of the foot	... ..	214
Torticollis	... ..	...
Other conditions	... ..	70

Two full-time physiotherapists attend the surgeons' sessions and beyond this, hold classes for remedial exercises. They also give electrical and ultra violet light treatment.

During the year 4,197 attendances were recorded, 2,927 for individual treatments and 1,270 for class treatments. 283 new patients were treated.

61 children were received as in-patients at the Lord Mayo Treloar Orthopaedic Hospital and 12 others 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 School Medical Officers and are periodically seen by him to decide how soon treatment may be discontinued.

As the work of the Child Guidance Centre develops there is no doubt that the need of a skilled qualified speech therapist has become most apparent. Not surprisingly the treatment prescribed for cases seen at this Clinic frequently includes speech therapy.

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

CHILD GUIDANCE CENTRE

We started this year with 55 more cases compared with the beginning of the previous year. Referrals throughout the year have kept fairly constant, and the total is about the same as in previous years. However, the total number of children seen at the Clinic has been 368, which is 62 more than in any other year. In spite of having been able to close 94 cases, the total of open cases to be carried forward to 1955 is 274—a further increase of 60.

In the details of the new cases investigated it is interesting to notice that 60 per cent. of our referrals come from Doctors, dividing fairly equally between School Medical Officers and General Practitioners. We also maintain a high number of direct referrals from parents, which we consider to be a good indication of the way the Service is valued by the community.

Considering the age groups, the most interesting feature is the increase of Grammar School referrals from 12 to 20, whereas the other groups remain fairly constant. In reviewing the closed cases it will be seen that we have had to close 4 who are not satisfactorily adjusted, but who are now unable to attend because they have left school. These were all children who were referred too late for a satisfactory adjustment to be achieved by child guidance treatment before reaching school leaving age, and is an important reminder for children to be referred at as early an age as possible if full benefit is to be achieved.

The total number of children awaiting psychiatric interview was 53 at the end of the year, which is very high. This would have been very much higher had not the Bournemouth Health Committee arranged for an extra session by the Psychiatrist for five months during the year. Throughout the year Bournemouth has been negotiating with the South West Metropolitan Regional Hospital Board, pointing out the need for extra psychiatric sessions, not only to deal with this diagnostic waiting list, but also to provide the necessary treatment. Since the end of the year it has been heard that the Regional Hospital Board will provide two more psychiatric sessions. This should enable the Child Guidance Centre to provide a more comprehensive service. It is proposed that one of the extra sessions should be held in the evening so that more work can be done with adolescents, especially Grammar School pupils, without interfering with school work too much. This is especially important in view of the increased referral of Grammar School children mentioned above. As well as the school leavers mentioned above who are unable to attend by day, there have been others who have had to finish treatment rather too suddenly owing to leaving school and being unable to attend because of starting work. The evening session may make it possible to continue treatment into the first stages of working life in selected cases. It is also felt that an

evening session will make it easier to see Fathers, whose co-operation is so often essential for therapeutic success. Fathers have to accept their family responsibility for children's emotional needs and upbringing, and cannot leave it all to Mother. They must also be prepared to take their share in treatment. It is only by a re-orientation of family attitudes that fundamental help can be given. The child cannot be considered in isolation, but only as part of the whole family, and then in the still wider community setting of neighbourhood, school, etc. In the past it has been difficult to do as much work with Fathers as we should have liked, as it is difficult for them to attend by day because of loss of work, so it is hoped that the extended arrangements will make their full co-operation easier and that our whole therapeutic efficiency may be increased.

W. H. WHILES,

Consultant Children's Psychiatrist

ANNUAL RETURNS FOR YEAR ENDING 31st DECEMBER, 1954

Carried over from 1953—Awaiting investigation	...	...	30
Total Open Cases	...	...	215
Total new cases referred during 1954	...	...	165
Total new cases seen	...	...	152
Total cases uneventuated	...	...	24
Cases closed during 1954	...	...	94
Cases re-opened during 1954	...	...	1
Total open cases on 31st December, 1954	...	...	274
Awaiting investigation 31st December, 1954	...	...	19
Awaiting psychiatric investigation	...	...	53
Total Number of children seen during 1954	...	...	368

Source of Referral of Children Investigated

School Medical Officers	...	...	48
General Practitioners and Hospitals	...	...	42
Children's Officer (direct)	...	...	5
Head Teachers (direct)	...	...	18
Probation Officer and Juvenile Court	...	...	4
Parents	...	...	27
Other Sources	...	...	8
			—
			152
			—

Age Groups.

Pre-school age	...	...	8
Infants School age	...	...	34
Junior School age	...	...	55
Secondary Modern	...	...	30
Grammar School	...	...	20
Excluded School	...	...	4
Left School	...	...	1
			—
			152
			—

Reasons for Referral of Children Investigated.

Behaviour difficulties	...	...	...	...	...	45
Refusal to attend School	...	...	...	...	...	5
Educational advice	...	...	...	...	...	29
Nervous Symptoms	...	...	...	...	...	54
Psychosomatic Symptoms	...	...	...	...	...	13
Disturbed relationship with parents	...	...	...	...	...	6
						152

Summary of Recommendations.

Diagnostic and Advice only needed	...	...	...	...	...	34
Periodic survey and superficial treatment	...	...	...	...	...	43
*Residential placement advised	...	...	...	...	...	8
Treatment by Psychiatrist or Psychologist	...	...	...	...	...	40
Still under investigation	...	...	...	...	...	23
Speech therapy	...	...	...	...	...	4
						152

** Residential Placements Advised.*

School for Maladjusted children	...	...	...	...	...	1
Psychiatric In-Patient Unit	...	...	...	...	...	2
Children's Home	...	...	...	...	...	1
E.S.N. Residential School	...	...	...	...	...	2
Open-Air School	...	...	...	...	...	2
						8

Children under Treatment on 31st December, 1954.

Regular treatment by Psychiatrist	...	...	...	...	...	11
Regular treatment by Psychologist	...	...	...	...	...	21
Treatment waiting list for Psychiatrist and Psychologist	...	...	...	...	...	19
Periodic Survey by Psychiatrist	...	...	...	...	...	36
Periodic Survey by Psychologist	...	...	...	...	...	72
Survey while residentially placed	...	...	...	...	...	16
Survey if requested by Children's Officer	...	...	...	...	...	16
Survey at School	...	...	...	...	...	23
Kept open but no active treatment at present	...	...	...	...	...	39
Still under investigation	...	...	...	...	...	21
						274

Work with Parents.

Regular work by Psychiatric Social Worker with parents	...	...	...	...	...	27
Periodic survey by Psychiatric Social Worker with parents	...	...	...	...	...	99

Closures.

Diagnosis and advice only needed	...	...	...	...	...	37
Satisfactory adjustment after treatment	...	...	...	...	...	27
Transferred to other agencies	...	...	...	...	...	2
Removed from area	...	...	...	...	...	13
Unco-operative or failed to respond	...	...	...	...	...	10
Died	...	...	...	...	...	1
School leaving age—not satisfactory	...	...	...	...	...	4
						94

*Interviews.**Psychiatric.*

Diagnostic with children	...	...	...	...	...	...	105
Parents and others	...	...	...	...	...	...	142
Remedial Treatment	...	...	...	...	...	...	314
Survey	...	...	...	...	...	...	119
Total							680

Psychologist.

Diagnostic and Testing	...	...	...	...	...	...	307
Parents and others	...	...	...	...	...	...	190
Remedial treatment	...	...	...	...	...	...	511
Survey	...	...	...	...	...	...	177
School Visits	...	...	...	...	...	...	78
Home Visits	...	...	...	...	...	...	16
							1279

Psychiatric Social Worker.

New Cases...	...	...	...	...	...	...	165
Therapeutic Interviews	...	...	...	...	...	...	1038
Home Visits	...	...	...	...	...	...	66
School Visits	..	...	...	..	..	...	3
							1272

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 School Medical Officers and school nurses to persuade parents of the importance of this prophylactic measure.

Many parents fail to realise that an unimmunised child runs a very definite risk of becoming a victim of diphtheria, and only the maintenance of a high level of immunity among the child population will prevent the return of this dangerous illness.

The immunisation index for school children for 1954 was 48.7%, far too low a figure for complacency.

2,336 scholars who received initial injections in infancy received a re-inforcing dose during the year.

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

NOTIFICATIONS OF INFECTIOUS DISEASES

The following relate to school children :—

Scarlet Fever	...	...	...	79
Measles	...	...	...	9
Whooping Cough	...	...	...	181
Pneumonia	...	...	...	2
Scabies	...	...	...	11
Dysentery	...	...	...	1
Food Poisoning	...	...	...	28
Paratyphoid	...	...	...	2
				313

There were also 4 notifications of respiratory tuberculosis and 3 of other forms of this disease.

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 :—

				<i>No.</i>
Eye Defects	...	...	...	58
Ear, Nose and Throat conditions				45
Skin complaints	...	...	...	19
Uncleanliness	...	...	...	55
Patch Testing	...	...	...	214
Miscellaneous	...	...	...	268
				659

Exclusion from School

Scholars were excluded from school during 1954 for the following reasons :—

Scabies	...	...	...	3
Impetigo	...	...	...	3
Other skin diseases	...	...	...	2
Ear, Nose and Throat conditions	...	...	...	7
Uncleanliness	...	...	...	42
Chicken Pox	...	...	...	4
Bronchitis	...	...	...	1
Eye conditions	...	...	...	4
Miscellaneous	...	...	...	16
Total	...	...	...	82

Open-air Education

During the year 8 boys and 8 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

67 school teachers were examined by the medical staff, as a condition of appointment, also 88 applicants for entry to Training Colleges.

EMPLOYMENT OF SCHOOL CHILDREN

A total of 537 children aged 13 or more who wished to be employed outside school hours were medically examined by the School Medical Officers. All except one were found fit for the purpose. The occupations proposed were :—

Errand boys	...	...	...	43
News boys	...	...	...	342
News girls	...	...	...	91
Shop assistants	...	...	...	53
Other	...	...	...	7

17 other children were granted medical certificates as being fit to take part in public entertainment. One was found to be unfit.

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 is illustrated by a sample day on which statistics were collected.

<i>Day in :</i>	<i>Attendance</i>	<i>Meals provided</i>
June	14,713	6,236 (of which 539 were free)

HANDICAPPED PUPILS

Category	Ascertainment		Special Schools*			
	New Cases Ascertained During 1954	Number on Register, 31.12.54	Number Recommended During the Year for Admission	Number Admitted During the Year	Number Attending on 31.12.54	Number Awaiting Placement on 31.12.54
Blind ...	—	6	—	1	4	2
Partially Sighted ...	—	3	—	—	3	—
Deaf ...	1	11	1	2	10	1
Partially Deaf ...	6	25	2	1	7	2
Delicate ...	17	41	14	16	6	2
Physically Handicapped ...	6	42	3	—	9	7
Educationally Sub-normal ...	32	175	25	20	42	26
Maladjusted ...	8	34	7	5	17	5
Epileptic ...	2	17	—	1	4	—
Speech Defective ...	51	93	—	—	—	—
Total ...	123	447	52	46	102	45

* 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 25

Number of children reported during the year under Section 57 (3) of the Education Act, 1944 ... 4

" " " " " (5) " " " " " 3

Annual Report

on the School Dental Service—1954.

General Observations.

There were four dental surgeons employed by the Bournemouth Local Authority during the greater part of the year, each of the dental surgeons also devoted some of their time to the dental care of Mothers and young children.

There was a full establishment of dental officers each of whom was assisted by a very capable dental attendant.

The progress which had been made in previous years was maintained and all the schools were visited by the dentists for routine inspections during the year, with the exception of one small school in the East Howe area at which the inspection was postponed until early in the present year.

Nine per cent of the children inspected were taken by their parents to receive treatment by private dentists.

Staff Changes.

The two part-time dental officers, Mrs. J. M. Webb and Mrs. M. Redfern, worked at the Winton Clinic for three sessions and four sessions respectively during the first few days of the year, and were then replaced by a full-time dental officer, Mr. W. J. MacKillop, who commenced work on the 11th January.

Miss N. Woods, dental attendant at the Winton Clinic, who had unfortunately been absent through illness for several months returned to duty permanently on 26th April. During Miss Woods' absence Mrs. N. M. Baldwin kindly assisted the dentist at the Winton Clinic.

Miss J. Blant, dental attendant at the East Howe Clinic, resigned; her employment ceased on 1st May. Fortunately, Miss D. W. Rose, who had previously worked in a similar capacity for five years was appointed and began duty on 3rd May.

Orthodontic Treatment.

This important branch of children's dentistry had its appropriate place in the dental scheme and there was close co-operation with Mr. J. D. Hooper, the orthodontic specialist at the Royal Victoria Hospital, Boscombe. Mr. Hooper most willingly gave all

the help he could both by treating the more difficult cases and imparting his expert knowledge to the school dental officers.

Thirty-two children were referred to Mr. Hooper for an opinion and one hundred and thirty children were referred for treatment.

The school dental officers also provided orthodontic treatment for one hundred and forty children at the school clinics.

Annual Meeting British Dental Association.

I attended the Annual Meeting of the British Dental Association at Blackpool during July and was present at many interesting lectures, discussions and practical demonstrations. I very much appreciated this opportunity to help keep my knowledge up to date.

Co-operation of Boscombe Hospital Staff.

I should like to thank the dental surgeons on the staff of the Royal Victoria Hospital, Boscombe, for the most valuable help they gave during the year. I am also grateful to the Radiologists for kindly providing X-rays and Reports.

Co-operation of Teachers.

As in past years the co-operation of Headmasters, Headmistresses and teachers was of a very high standard and I am very grateful for their helpfulness.

A. A. WOOD,

Principal School Dental Officer.

Medical Inspection Returns

Year Ended 31st December, 1954

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 :—

New entrants	...	...	...	...	1288
Aged 10 years	...	...	...	...	1300
Aged 14 years	...	...	...	...	1294
				Total	3882
Additional Periodic Inspections†	...	...	...		1331
				Grand Total	5213

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	2545
Number of Re-Inspection	...	...	...	611
			Total	3156

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	16	199	206
Aged 10 years	85	155	219
Aged 14 years	154	153	297
Total	255	507	722
Additional Periodic Inspections†	294	123	377
Grand Total	549	630	1099

†Children at special schools or who missed the usual periodic examination.

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	55	45	—	—
5	Eyes— (a) Vision ...	549	33	1	1
	(b) Squint ...	80	2	—	—
	(c) Other ...	54	11	—	—
6	Ears— (a) Hearing ...	5	1	—	—
	(b) Otitis Media ...	3	—	—	—
	(c) Other ...	3	3	—	—
7	Nose or Throat ...	73	270	1	4
8	Speech	15	7	—	—
9	Cervical Glands ...	3	90	—	3
10	Heart and Circulation	12	11	—	—
11	Lungs	9	3	—	—
12	Developmental :—				
	(a) Hernia ...	9	4	—	—
	(b) Other... ..	15	14	—	—
13	Orthopaedic :—				
	(a) Posture ...	144	45	—	—
	(b) Flat foot ...	79	23	1	—
	(c) Other... ..	64	27	—	—
14	Nervous System :—				
	(a) Epilepsy ...	4	1	—	—
	(b) Other... ..	—	—	—	—
15	Psychological :—				
	(a) Development	2	13	—	—
	(b) Stability ...	1	—	—	—
16	Other	1	—	—	—

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	1288	261	20.26	1025	79.58	2	0.16
Aged 10 years	1300	273	21.00	1016	78.15	11	0.85
Aged 14 years	1294	323	24.96	968	74.81	3	0.23
Other Periodic Inspections...	1331	520	39.07	809	60.78	2	0.15
Total ...	5213	1377	26.41	3818	73.24	18	0.35

TABLE III.
INFESTATION WITH VERMIN

i) Total number of examinations in the schools by the school nurses or other authorised persons	37,851
ii) Total number of individual pupils found to be infested ...	101
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 uncleanness, for which see Table III).

					Number of cases treated or under treatment during the year	
					by the Authority	otherwise
Ringworm—(i) Scalp					—	—
(ii) Body					12	—
Scabies					4	—
Impetigo					25	—
Other skin diseases					417	4
Total					458	4

Group 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	114	4
Errors of Refraction (including squint)	—	1617
Total	114	1621
Number of pupils for whom spectacles were—		
(a) Prescribed	—	752
(b) Obtained	—	752

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

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment—		
(a) for diseases of the ear	—	20
(b) for adenoids and chronic tonsillitis... ..	—	302
(c) for other nose and throat conditions	—	10
Received other forms of treatment ...	89	15
Total	89	347

Group 4.—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals	73	
	By the Authority	Otherwise
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments...	—	375

Group 5.—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	359	—

Group 6.—SPEECH THERAPY

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	114	—

Group 7.—OTHER TREATMENT GIVEN

		Number of cases treated	
		By the Authority	Otherwise
(a)	Miscellaneous minor ailments ...	783	—
(b)	Other than (a) above ...	—	391

TABLE V.

DENTAL INSPECTION AND TREATMENT

(1)	Number of pupils inspected by the Authority's Dental Officers :—				
(a)	Periodic age groups	...	...	...	14712
(b)	Specials	...	...	...	608
(c)	TOTAL (Periodic and Specials)	...	...	...	15320
(2)	Number found to require treatment				8708
(3)	Number referred for treatment				8168
(4)	Number actually treated				5166
(5)	Attendances made by pupils for treatment				13183
(6)	Half days devoted to		(a) Inspection	...	115
			(b) Treatment	...	1655
			Total (a) and (b)	...	1770
(7)	Fillings		Permanent teeth	...	7002
			Temporary teeth	...	2953
			Total	...	9955
(8)	Number of teeth filled—		Permanent Teeth	...	6581
			Temporary Teeth	...	2915
			Total	...	9496
(9)	Extractions		Permanent teeth	(a) Caries ...	848
				(b) To relieve over-crowding	339
			Temporary teeth	...	4142
			Total	...	5329
(10)	Administration of general anaesthetics for extraction				2246
(11)	Other operations		(a) Permanent teeth	...	1913
			(b) Temporary teeth	...	1157
			Total (a) and (b)	...	3070
(12)	Dentures and space retainers fitted				39

Orthodontics.

Cases treated during the year	...	...	...	140
New cases	...	...	...	90
Attendances	...	...	...	534
Appliances provided	...	...	...	108
Cases completed during year	...	...	...	61

THE EFFECT OF THE TREATMENT OF THE
DISEASE ON THE MENTAL STATE OF THE
PATIENTS. The results of the treatment
of the disease on the mental state of the
patients are shown in the following table.

TABLE V.
MENTAL STATE OF THE PATIENTS
DURING THE TREATMENT OF THE DISEASE.

MENTAL STATE	NO. OF PATIENTS	PERCENTAGE
Normal	10	10.0
Mildly abnormal	20	20.0
Abnormally depressed	30	30.0
Abnormally excited	40	40.0
Abnormally anxious	50	50.0
Abnormally suspicious	60	60.0
Abnormally hostile	70	70.0
Abnormally delirious	80	80.0
Abnormally comatose	90	90.0
Abnormally moribund	100	100.0

THE RESULTS OF THE TREATMENT OF THE
DISEASE ON THE MENTAL STATE OF THE
PATIENTS. The results of the treatment
of the disease on the mental state of the
patients are shown in the following table.

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